

# Health Studies in Indian Situation: Anthropological Perspective

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**ABSTRACT:** The emphasis of studies on health and medicine started since the beginning of the twentieth century by anthropologists. It is generally observed that, there is no linkage between traditional and modern treatment; and the traditional treatments are gradually being replaced by the allopathic medicines. Later, such type of issues have been studied within the broader framework of medical anthropology as a sub-discipline. Earlier studies in this line were made as an aspect of ethnographic research; but most ethnographic researches have not touched upon the aspects of health and medicine in general. Some of the studies were made under the names of primitive medicine, ethno-medicine, health culture, folk medicine as well. Such studies definitely touched upon the core areas of the medical anthropological researches i.e. health, ill-health, illness, medicine, etc. In the course of the formation of the sub-discipline of medical anthropology with some specific methodological orientation to study health and healing behaviours of the communities, the researchers have incorporated many relevant concepts in its methodological consideration. There is a long journey from the studies on the concept of anthropology of health and medicine to the concept of medical anthropology which will be discussed in this paper citing examples from the works of various authors in this line in India.

## INTRODUCTION

Anthropological studies on health of the human population within the backdrop of social as well as cultural formations attempt to draw attention on the interrelationships between health and other spheres of human society. This attention is directed not only for showing the interrelationships but also for providing directions of modifications for maintaining a healthy life in a given social and cultural situation. The focus on health studies has changed at present, after considering multiple factors, some of which affect directly and others indirectly on the health of human population. Such studies have some kind of

specialized notions and directions and for that reasons we cannot generalize properly about the outcome of the studies on health of the human population.

But, some of the outcomes of the health studies have far reaching consequences on the insights for further studies in different situations as well as different perspectives. Above all, it has been established properly that human health is intricately related with the multifarious factors and health must be studied in the context of that multifarious factors which are affecting health.

Anthropologists deal with cultural and biological aspects of human populations in terms of its origin, adaptation and human evolution. The studies on health and healing practices through traditional medicines

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are considered as an aspect of culture. The indigenous and traditional inputs continue to provide medicines which are popularly called as ethno-medicines. There are also many types of studies in the sphere of human biology and human genetics focusing on various aspects on the health of the population.

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There are many areas of interests within the vast field of medical anthropology. It deals with medicine in relation to religion, culture in relation to health of the population, bio-demography in relation to health, epidemiology in relation to health, culture in relation to therapeutic practices, culture in relation to ethno-medicine, ethno-medicine in relation to ethno-ecology, medical ecology, medical ethnography, ethnography in relation to health, community genetics in relation to health, medical pluralism and health, psychological aspects of health, nutrition in relation to health, health in relation to personal hygiene, health in relation to environmental sanitation and so on. Sometimes, such areas are interconnected to each other conceptually as well as practically; but methodological orientations dictate to choose the areas of interests. The holistic orientations are playing a role at the backdrop for the formation of medical anthropology as a sub-discipline.

The concepts and studies on the sphere of anthropology of health and anthropology of medicine

may vary from one culture to another depending on many causative factors which are yet to be systematically studied and analyzed by the medical anthropologists. The concepts change over time and new concepts emerge with the refinement to deal with the changing scenarios in any bio-cultural situation.

The concepts, studies and findings diffuse from one country to another and mutually influence each other. For example, many foreign scholars' contributions have a great deal of impact on the methodological orientation of the Indian scholars. Before going to concentrate on medical anthropological studies in India, we are trying to highlight few important works of the foreign scholars such as the contributions of Rivers ('24), Evens-Pritchard ('37), Ackerknecht ('42a, '42b), Bodding ('25; '27 and '40), Elwin ('53), Caudill ('53), Hughes ('60), Gajdusek ('76) and many others.

Rivers ('24) considered medicine, magic and religion as three kinds of social processes which are closely related and inseparable to each other. The practice of medicine had been viewed by him as a cultural system. His way of dealing with medicine within the backdrop of ethnographic research is considered as a pioneering work in the field of anthropology. Evens-Pritchard's ('37) ethnographic work among the Azande is also considered as an important work wherein he had emphasized on witchcraft, oracles and magic as ways of curing the diseases. Ackerknecht's ('42) contribution should be taken into consideration for studying primitive medicine and cultural patterns. He had published a series of papers in this aspect. Bodding ('25; '27 and '40) had contributed significantly through his ethnographic writings on the Santal community regarding their diseases and medicinal practices since 1920s which was published as memoirs of the Royal Asiatic Society of Bengal. These reporting are now considered as one of the corner stones of the beginning of medical anthropological researches not only by Indian scholars but by others too outside India.

Elwin ('53a, '53b, '53c) had touched upon the folklore of diseases like leprosy and smallpox and also had written on diseases and therapeutic practices (Elwin, '86) among the Baiga tribe of Central India. His writings have emphasized on the ethno-medical remedies for a number of diseases including syphilis,

gonorrhoea, diarrhoea, fever, etc. among the Baiga tribe and the concept of the supernatural causation of diseases took a very prominent role, which were remedied by ritual medicine. The detailed ethnographic information with a focus on the prevailing diseases and ethno-medicines among the Baiga tribe may be considered unique because many ethnographic works had not included this aspect, although it is as important aspect of the ethnographic research. Caudill ('53) had written a review paper where he emphasized on medicine and considered it as a part of applied anthropology.

Hughes's ('60) contribution in this aspect is through an ethnographic account of an Eskimo village with a special emphasis on their world of sickness and their warmth and well-being. One of the important findings as noted by him was their comparatively early death and their death rate was 53 per cent before reaching 20 years of age. Tuberculosis is the causative factor for such a high rate among the younger generation. Besides, there is "a common disease for which no morbidity or mortality statistics are available, and one of which the local people are generally unaware, is echinococcosis, or 'hydatid disease,' caused by a minute species of cyst-forming tapeworm, *Echinococcus granulosus*" (p. 80). He had also given an account on the background of the sicknesses. Two examples are given here: "A sick person could not be cared for very adequately in the family room of the winter house, and serious problems arose with communicable diseases. It was impossible to isolate the patient from other family members in such a small area. Even in a summer house, a sick person had to be moved near the stove to be kept warm, since few houses had any provision for heat except in the kitchen"(Hughes, '60: 85). Besides, it has been noted that "Personal hygiene was not maintained at a every level, since water had to be hauled up from the lake in summer or melted from snow or ice in the winter. The understandable habit was to use a minimum. The custom of washing in urine was still practiced by a few of the older people, though most of the middle-aged and younger people preferred soap and water. Urine had the advantage of being easily available and of removing the ever-present oiliness"(Hughes, '60: 86). He has described with an analytical overture the facts, figures and

customs related to health and sickness behaviour of the Eskimos in the light of holistic understanding of the problem as well as situations in truest sense. He has also given proper attention in the health and sickness behaviour of the Eskimos in a village ethnography.

Gajdusek ('76) got Nobel Prize in physiology and medicine in the year 1976 for his work on 'Kuru disease', which is caused by the consumption of brains of deceased relatives by the South Fore female and children of New Guinea. During 1970s, a trend in viewing the causation of disease from the point of view of interdisciplinary research emerged. For example, 'kuru' was an incurable disease among the South Fore female and children of New Guinea. Gajdusek and his associates found that this disease occurred due to the practice of cannibalism, which was their cultural practice of the community. Thus, with this ethnographic knowledge, they cured 'kuru' by prohibiting eating brain within one generation. Shirley Lindenbaum, a cultural anthropologist studied the linkage between Fore rituals and kuru disease (Lindenbaum, '79). Initially, the study of medicine was viewed as a scholarly venture, but it has got the applied value after the discovery of Gajdusek and his team.

From the above discussion on various kinds of works conducted by various authors in different time frames, it is to be noted that there is a gradual shift of focus from viewing medicine as a part of culture. The shift is to view medicine as an applied anthropological research. There is also a trend of viewing ethnographic material of magic, religion, etc. as an inseparable aspect of medicine as well as viewing magic and religion as the ways of treatment of the diseases within the broader framework of ethnographic research.

#### VILLAGE STUDIES ON HEALTH AND DISEASES

The village studies started in 1950's as a method to understand the social situation in rural India. Many concepts have emerged through village studies in Indian situation such as the concept of dominant caste, concept of westernization, concept of parochialization, etc. Many Indian scholars have also contributed on the study of health and medicine through village studies, like Mazumdar ('26), Hussain

(’50), Bhowmick (1955), Chandra (’57), Majumder (’61), Khare (’63), Opler (’63), Hasan (’67), Mathews (’79), Hasan and Prasad (’59), Mukherjee and Nandy (’86), Nandy and Mukherjee (’90), Sahu (’91), Nandy (2005), Roy Burman (2003) and others.

The paper written by Hasan and Prasad (1959) is notable in this context because they have mentioned how knowledge of anthropology can contribute in the field of medical sciences. Nandy and Mukherjee (1990) has attempted to give an outline of the medical anthropological researches with reference to Indian situation.

Besides the authors mentioned earlier, there are many foreign scholars who have studied in India and contributed in this field, like Bodding (’25), Carstairs (’55), Leslie (’76), Basham (’76), Paul (’55), and others. We quote here a paragraph from the writings of Basham (’76), “Since even the most primitive of men have some rudimentary system of medicine, we may assume that in the protohistoric Harappa culture, which dominated the northwestern part of the Indian subcontinent for several centuries before and after 2000 B.C, there was a system of medicine with professional healers. Though this culture reached a high level of urban civilization, its surviving written records are brief and unintelligible, and therefore our knowledge of it is deficient in many particulars. We know nothing about its medical lore, though it may be suggested that, as in many other features of Indian life, the Harappa culture contain the seeds of much that was characteristic of later Indian medicine” (p. 18).

Paul (’55) edited a book collecting case studies from various parts of the world. In that book there are two case studies from India, one by G. M. Carstairs and another by McKim Marriott. Marriott (’55) has given a contrasting picture of the use of western medicine and rural medicine while studying an Indian village in Uttar Pradesh, to depict the doctor-patient relationship. He also highlighted different types of indigenous curers and how they were used to establish a relationship in this context. While Marriott studied a village of Uttar Pradesh, Carstairs (’55) had studied a village of Rajasthan from psycho-cultural approach and depicted the expectations of the patients within the cultural environment of the Indian society.

Leslie (’76) edited a comprehensive book on Asian medical system which may be considered as an important turning point in the broader field of medical anthropological research not only in India but also in other parts of Asia. In that book there are three important articles on India. In one of the articles Gupta (’76) has dwelt upon the Ayurveda in West Bengal. He had remarked, “From time to time since India become independent in 1947 governmental committees dominated by allopathic doctors have been appointed to inquire about the welfare of Ayurveda, but even their recommendations were not implemented because of health department of West Bengal and of the central government were directed by Allopathic physicians. These physicians as an organized body and are hostile towards Ayurveda”(Gupta, ’76: 377). In another article, Beals (’76) studied two south Indian villages and dwelt upon various kinds of diseases, folk interpretations of diseases, folk classification of diseases, and diagnostic practices, etc. These aspects are helpful to bring about the planned changes in the existing pluralistic system of medicine in India.

Majumdar (’61) published a chapter entitled as ‘Anthropology and Primitive Medicine’ in his famous book entitled ‘*Races and Culture in India*’ where he had stated that “the roles of the indigenous and the western practitioners have a lot in common, but the former is integrated into the life of the people while the latter is not”. He also stated that “There are many similarities in the elements constituting medicine, advanced or primitives, but as a recent inquiry has shown the most important fact about primitive medicine is the way in which it is integrated into a whole or a pattern, and it is in such pattern that primitive medicine differs from tribe to tribe, community to community. Magic, or primitive medicine, both have their strong points” (Majumdar, ’61).

In the 1960s, there were two important studies which were referred extensively in medical anthropological literature. The one is of Khare (’63), who had observed a distinction between higher castes and lower castes in terms of the ideas regarding the diseases. The higher castes’ idea regarding the diseases was centering around the ideas of great tradition, whereas the lower castes explained the cause

of diseases in terms of spirits and impersonal forces. His observation was based on a study of a north Indian village. The other scholar Hasan ('67) studied an Indian village and found that the cultural factors were associated with the health of the community. He categorized these cultural factors into two types namely, direct factors and indirect factors. Direct factors were those which directly affected the health of the communities. He found that there were various customs, beliefs, values, religious taboos, etc., which played an important role either in the spread of certain kinds of diseases or to control the disease. The indirect factors were the problems of delivering medical care to the sick persons which affected the health of the community as a whole.

Mathews ('79) studied a village community near Vellore of Tamilnadu state of south India. On the basis of his findings he advocated for basic health education for the people of rural areas. His view is that 'health education may act as catalyst to change the existing health behaviour for the improvement of their overall health situation'. His insight for changing the health behaviour has come up from the intensive study of a village community comprising the economic, social and religious trends. He had also touched upon the dimensions of food and nutrition, disease classification, healers and health services, etc. Lastly he has incorporated in his book a dictionary of diseases by the local Tamil names.

Sahu ('91) contributed in the field of culture and health considering the issues of the impact of urbanization on the existing health situation of the Oraon tribe. His observation is based on the community-specific village studies. He studied an interior village named as Kokerma, Kardega as well as the Oraons living in and around Rourkela – a township developed after the establishment of the steel plant. He has tried to highlight his main focus of research on the basis of qualitative research and quantitative approach.

Roy Burman (2003) contributed in the field of tribal medicine mainly based on the village studies in the state of Sikkim focusing on their traditional medicinal practices and its changes. He is of the opinion that impure drinking water as well as lack of proper hygienic sense are the main causes of water and air borne diseases which was reflected in a table,

and acute diarrhoea is the cause of death as the main communicable disease. It is followed by acute respiratory infection, tuberculosis, pneumonia, viral hepatitis and measles. The fertility rate is high in comparison to India as a whole. He also dealt with the literacy as social indicators of health along with different sources of water and sanitary conditions of Sikkim. Besides, his observations are also based on the Kabi village in the North District of Sikkim and Barfung village of South District which gives both a micro and macro situation in terms of health care in Sikkim.

Nandy (2005) has provided an elaborate framework for the study of health among the Chik Baraik tribe of Chotanagpur in his doctoral dissertation which includes the implications of health in their day to day activities along with their bio-demographic features. "It gives a holistic orientation to look into health of the population under study and their strategies for survival coping with their immediate ecological niche. In the bio-demographic analysis of population health of the Chik Baraik community, the parameters of population pyramid, sex-ratio, age-group specific fertility, first birth intervals of the mothers, neonatal mortality, infant mortality, child mortality, pre-adolescent mortality, etc. have been taken into consideration with their cultural correlates, if any, to view population health in a comprehensive manner. Subsequently, it has been observed that 'there is a consistent trend of decline of neonatal mortality rate for mothers of successive younger age-groups when mothers aged below 55 years only are considered. This may suggest a secular trend of improvement in health care for the neonates. This is not so consistent when the neonatal mortality rate in samples of interior and near-urban villages are separately examined. Even then, the declining trend of neonatal mortality rate, with time, however, can be traced to some extent in the near-urban villages and for the female offspring than otherwise except for the youngest mother" (Nandy, 2005: 122-123). Such type of bio-demographic analysis has got health implications and micro-cultural connotations which have been elaborately brought out from the study. Besides, in the realm of cultural analysis the material as well as socio-religious aspects of culture have been taken into consideration which implies health

implications in almost every habits and practices which are very important for maintaining the healthy life in a specific eco-cultural environment. Particularly, settlement pattern, house type, source of water, environmental hygiene, personal hygiene, food habits, subsistence pattern have been taken into consideration in material aspect of culture. Again, the aspects of social structure of the Chik Baraik community their exogamous units, marriage rules, pre-marital and extra-marital sex relationships, attitude towards fertility, marriage rules, prescriptions during pregnancy, birth rites, death rites, etc. has been described in great details to explain the socio-religious aspect of culture. "The traditional attitude of the Chik Baraiks towards fertility was that an adequate number of children were necessary to ensure enough hands in the complex activities of weaving which was the main occupation of the tribe. In the change over from weaving to agriculture as the main occupation, the same attitude largely prevails among the people, except in the younger generation. The younger members of the Chik Baraik community realize that a large number of children would induce a pressure on the economy, as revealed through the group discussions. This change of attitude from that of having large number of offspring from the early days might be due to the loss of secure economic opportunities than earlier as well as the impact of modern culture" (Nandy, 2005:63). Such type of studies concerning health of the community as a whole with a bio-cultural approach may provide a comprehensive holistic understanding of the situation.

Roy *et al.* (2010) contributed a community specific study with a broad holistic framework considering demographic profile, socio-economic profile, health profile and knowledge profile and tried to combine these aspects to understand the health and health maintenance system of the Dimasa Kacharis of Assam. In demographic profile, the age-specific fertility rates, total fertility rates, infant and adolescent mortality rates have been taken into account. The highest fertility rate is reported among the mothers of >44 years age-group which is followed by women of 35-44 years age-group, but it is reduced to 2.481 when mothers of all age-groups are concerned. Total infant and adolescent mortality rates are 10.891 and 11.386 respectively. The mothers of 25-34 years age-group

show highest infant mortality i.e. 17.391. In health profile, the health traits like body mass index, systolic and diastolic blood pressure, pulse rate, haemoglobin status along with anaemic status, blood glucose, nutritional status, etc. have been considered among the Dimasa Kacharis of Assam by Roy and his co-workers.

The above mentioned observations are mainly based on the intensive community-specific investigations in diverse situations of India. Through inclusion of much more information in this regard, we could build up a conceptual orientation which may be rooted in India tradition.

#### DISEASE SPECIFIC HEALING PRACTICES

At present, many researchers have shown their keen interests in dealing with the problems of health and medicinal practices in general. Although, anthropologists have special inclination towards the study of the tribal communities in particular, but now many researchers are dealing with the non-tribal communities with a special emphasis on their health problems. It is not possible to mention the studies conducted by many researcher on a number of diseases, due to space constraints, however we would like to present some of the studies conducted on major diseases which are frequently encountered in rural and tribal areas.

*Malaria:* Yaseen Saheb and Naidu ('87) published a note on the incidences of malaria and the National Malaria Eradication Programme with reference to the state of Andhra Pradesh. They have studied the incidence of malaria from the records of a public health centre. They found that the highest incidence of malaria was found in 1976 and gradually decreased in the succeeding years, up to 1980s. But incidence of malaria has suddenly increased in 1981. The reasons for the comeback of malaria has not been specifically discussed by them.

*Healing by the Diviner:* Lamba ('94) provided the indigenous healing practices among the Gonds of Madhya Pradesh. Lamba opined that their healing processes were based on the rituals practiced by the diviner and shamans. Their common healing practices had been based on the practice of exorcism and propitiation of Gods. For this purpose, the Gonds are

dependent entirely on the services rendered by the medicine man.

*Kala Azar:* Thakur and Roy Burman (2007) published a paper on Kala Azar which indicates that it is a serious health hazard not only in India but in the world as well. This disease is being spread by female sand fly which sucks bloods from the human host. The traditional healing practices if any is not clearly known.

*Tuberculosis:* Sharma (2010) published a review paper which has discussed the incidence of tuberculosis among various tribal communities in Andhra Pradesh and has also tried to explain possible contributing factors regarding the spread of tuberculosis among tribals. The disease specific studies as in case of tuberculosis have also been made by some authors such as Prasad ('93), Ray (2002), and Srinivas ('99).

*Diarrhoea:* Maity and Pal (2010) studied the prevalence of diarrhoea among the fishermen communities of east Midnapur district. Their studies revealed that females have higher prevalence of diarrhoea in comparison to males and they indicated from this study that, diarrhoea is still a major health problem among the studied communities. Pandey *et al.* (2000) conducted an epidemiological study of diarrhoea among the children under five years. Das and Padhy (2006) published a review article on ethno-medicine for diarrhoeal diseases. The study on diarrhoeal diseases is getting importance at present as it is a third bigger killer in the category of communicable diseases as stated by Maity and Pal (2010).

*Folk Perception:* Roy (2004) published a paper on the folk perception of disease and curative measures among the Zeme Nagas of north Kachar hills in Assam. He indicated from his study that "Folk medicine may not always be effective in curing when judged from Western biomedical perspective. But such medicines are always effective in the sense that it yields the desired results from the point of view of insider's perception."

#### *Nutrition, Mental Health and Human Genetic Studies*

Sahani (2003) has dwelt up on the nutritional and health status of the Jarawa communities of the

Andaman Islands. He has touched upon body mass index, weight-height ratio, waist-hip ratio, and nutritional habits, etc. He is of the opinion that the Jarawas are very healthy population, though they are suffering from some general diseases common among tribal populations. Mukhopadhyay and Bhadra (2003) have worked on obesity which is a critical health problem of the new millennium. Some of the authors suggested that, obesity is replacing under-nutrition and infectious diseases which are considered to be the contributors to ill-health. Gangopadhyay and Gangopadhyay (2006) studied the nutritional status of the Kolam tribe of Maharashtra state and considered nutritional parameter in the form of per capita consumption of nutrients like calories, protein, fat, calcium, iron, vitamin-A,B,C and nicotinic acid along with other parameters like physical measurements and haemoglobin concentration in blood. Their observations have come up from a village study and they portrayed a grim picture of their health status which is reflected in fat deposition as well as very poor haemoglobin status. Bulliyya (2003) has conducted fieldwork on the Kondhs of Orissa and discussed their health and nutritional problem. He has covered various aspects of health status like life expectancy at birth, sex-ratio, fertility, hygiene and sanitation, morbidity and mortality, nutritional status, etc. He found that, some of the Kondhs are suffering from the communicable and non-communicable diseases owing to poor living conditions.

Mishra and Kapur (2003) have discussed about the ethno-medical practices of the Saharia community. They found the mental diseases like epilepsy, insanity, etc. were caused due to the evil-spirit and these diseases were considered as demons. There are some specialists who employ their techniques through ritualistic spells and charms to control the demons of the diseases. The mental health problems are increasing day by day in India and abroad. Many researchers have focused their research on this topic. Ahmad (2003) has developed a socio-psychological approach to the study of mental health problems. Mahanta ('79), Sikdar ('71) and others have studied on mental health problems as studied by Ahmed. Ahmed observed that people of remote areas are having greater mental health problems than people living in urban areas. Danda and Talwar (2010) has

published a book on medical anthropology which has covered various issues related to health and medicine in Indian context. This book has touched upon the cardio-vascular diseases, diabetics, stress, hypertension, mental health problems, obesity, diarrhoeal diseases, etc. which is portraying the current trends of research in the broader field of medical anthropology.

HIV/AIDS is considered to be the most dreaded health threats in the 21st century. Many researchers are conducting studies on this disease with a view to control and prevent it. Khan and Ubachanchi (2004) observed that "biological and cultural factors need to be considered together if we are to reduce human suffering....Since HIV/AIDS knows no social and political boundaries, its preventive policies should be broad-based, vibrant and practically to ensure overall well-being in a coordinated manner. HIV/AIDS is a global problem. Global problems require global solutions."

The scientific advancements in the field of human genetics have contributed a new dimension in the field of medical anthropological research in general and the biomedical research in particular in India. New techniques have emerged to identify the molecular defects in human genome. The abnormal genetic defect has got some kinds of clinical significance. Balgir ('95) has dealt with genetic markers in the tribal population. He has mainly concentrated on some of the tribal communities in north-eastern India. Genetic knowledge was found to be useful for genetic counseling of the individuals or groups to cope up with the genetic problems for preventing the transmission of genetic diseases among the children.

Now-a-days, there are mainly two types of studies in the broader field of medical anthropological research. One type of studies are culture/community specific, centering on the central theme of health and medicine. Another type of studies are very much disease-specific like tuberculosis, malaria, diabetes, etc. At present there is a trend of studying each and every disease both from genetic as well as cultural point of view. Thus we find it is a long journey from the early decades of twentieth century regarding the formation of a separate sub-discipline of medical anthropology both in India and abroad. There are various approaches to deal with this subject matter,

as has been discussed with the help of some authors' contribution. This sub-discipline has developed its own uniqueness in Indian perspective considering the great human variation in India. At present, health as well as medicinal practices are discussed as a separate sub-discipline and have their own methodologies. In applied anthropology, medical anthropology is taken as an interdisciplinary branch taking both physical and social-cultural anthropology within its fold. The studies on health and medicinal practices can be categorized under several sub-branches like ecology and health, economy and health, epidemiology and health, demography and health, ethno-medicine and health, witchcraft and health, magic and health and so on, however, our approach should be holistic and within the bio-cultural framework while dealing with human health and its related problems.

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