

## Chapter 4

Healthcare beliefs and practices in Armenia;

Ethnography of medical pluralism

The capital city of Armenia, Yerevan, which holds half the country's population at any one time, is a sprawling noisy city, a mixture of low-rise and high-rise tenements Soviet style and the rare building hinting at Armenian architecture. Wide boulevards fan out like spokes in a wheel from the central Republic Square where Lenin's statues once stood. Despite having been a Soviet city for 70 years, Yerevan is filled with reminders of Armenian history and culture. There are statues of Armenian writers, composers, architects, artists, and mythical and real heroes throughout the city. *Mayr Hayastan* (Mother Armenia), a massive statue perched high up on one of the hills on which Yerevan is built, towers over the city. On another hill stands the *Matenadaran*, the repository for ancient illuminated Armenian manuscripts. The *Matenadaran* is a distinctly Armenian site, and it was here that hundreds of thousands of Armenians marched to protest Gorbechev's treatment of the Armenians of Nagorno-Karabagh and where communist party members first tore up their cards – marking a turning point in Armenia's history. Its structure is reminiscent of the temple of *Garni*, an Armenian ruin from Roman days an hour's drive from the city.

The mountains, Big and Little Ararat (*Massis* is their Armenian name), provide a dramatic backdrop; so close, and yet unreachable, they lie just beyond Armenia's border with Turkey. According to folklore Ararat is where the gods lived, the sun set, and Armenian heroes were born (Petrosyan 2001: 33-35). According to Genesis 8:4 (St. James Version) it is where Noah's Ark came to rest "...in the seventh month, on the seventeenth day of the month." A famous stone sculpture in Nagorno-Karabagh of a man and woman in the shape of the Ararat

Mountains is called “We and our mountains.” The imagery carries no mystery for an Armenian. (see photos)

Yerevan is the center of life in Armenia, and the country’s valleys and mountains support that life, despite the harsh climate and rocky terrain. Nearly a thousand villages dot this tiny country, and supply the milk, bread, meat, fish, fruits, vegetables and greens that feed the city’s populace. The countryside is also dotted with hundreds of *vanks* (small churches or monasteries) built in the crevices of a mountainside or on the edge of a gorge. Neglected in the communist era, the *vanks* are now being restored, one by one.<sup>1</sup>

Armenians were illiterate at the time of their conversion to Christianity; they were a people without an alphabet. Greek and Syriac were the written languages of the royal court and the new church (Bedikian 1963:14). The church fathers realized that a people unable to read the Bible would not make the new religion their own; an Armenian alphabet had to be created. The job was given to a scholar and monk, Mesrob Mashtotz, who traveled widely in order to study the scripts of other languages. Upon his return to Armenia, according to legend, the Armenian alphabet was given to him by divine inspiration. Sainted for his accomplishment, his statute stands at the entrance to the *Matenadaran* holding a tablet on which letters of the Armenian alphabet is carved, as if the Ten Commandments.

Literacy was important in those early days, and has continued to be so. Armenia’s literacy rate of 98.8% has remained constant despite the chaos of the past decade (UNDP 1999). One woman I interviewed, Hasmig, credited the high literacy rate to the Armenian belief that women must be educated. She cited the 12<sup>th</sup> century scholar Mkhitar Gosh, who codified Armenian law and wrote that women must be knowledgeable. Paraphrasing him, she said, “It is the essence of the nation to have knowledgeable, educated women. The man is from the ‘outside’ but the woman, from the ‘inside’.” Her conceptualization of roles underscores not only the importance of women, but of education. The legend of the monk Mashtotz emphasizes

the significance of books, the Armenian language and the Bible; all are integral parts of Armenian culture. When I began to take an interest in alternative forms of healing in Armenia, I would find that the cultural belief in the power of books and of written language had surprising applications to health care.

### The Hospital Physicians Talk about Alternative Health Care

I have a flat in a busy part of Yerevan – across from the Medical Institute at the cross streets of Koriun, named after a 4<sup>th</sup> century Armenian literary figure, and Mkhitar Heratzi, named after the 12<sup>th</sup> century father of Armenian medicine. This is where I live, in a place where students are always going and coming, a place busy with traffic and noise. To get to my apartment I enter a courtyard through a wide archway. My flat is in a five-story walk-up, a stone building I was advised was more earthquake resistant than other types of Soviet construction. The neighborhood children play in the courtyard all summer – kick ball usually – running up and down, stopping to look at the American and trying out their English. Clearly articulating “*Goot morrhning*” or “*He-lo how arrre you?*” they run away before I can respond.

Opposite the entrance to our building is a row of small garages that have been put to other uses. One of my neighbors has turned his garage into a store where he sells a variety of basic necessities to the neighborhood and passers-by. The father, a pensioner, and his son, an out-of-work engineer, take turns standing in front of their garage-store, trying to eke out a living for the five members of their family. (The father had a leg wound that did not heal for years. I was happy when I learned he had found a new surgeon, a specialist in wounds, who cured him completely. It was not uncommon for people to have what I would consider a terrible affliction, and continue their daily activities without fuss.) Although my need for privacy is daily challenged by the fact that they know if I’m home or not, and who has come to visit me, their presence gives me a sense of security.

It was late in May 2003, and I had newly arrived back in Armenia. I was still not acclimated to the altitude, the time change, and the lack of running water except for a few hours each day, but I began calling friends to say I'm back, let's get together. I also told them about my interest in health care beliefs and alternative forms of healing, and asked if they knew anyone who used an alternative therapist. An American friend working in Armenia for many years said, "I think you should meet with a good friend of mine who is going to a healer."

"A healer?" I asked. "What kind of healer?"

"She'll have to tell you – I don't really understand what he is, although I went with her once for a session."

For the most part, "folk" and "alternative" healers were not sanctioned under the Soviets (Antonian 2003:50). I heard several stories about how people went to healers by sneaking through back streets and one about an old man who professed to having seen a vision, and then people began coming to him for cures. He was arrested, tried, convicted, and died in prison. On the other hand, healers who claimed their healing powers came from their inner bioenergy were not only tolerated, but encouraged by the Soviets (Rubins 1995). A woman named Juna, an Assyrian born in Georgia, gained fame after healing Brezhnev, and was taken to Moscow and given an institute. This opened the door to many such claimants. I recall the craze over a psychic named Gashparovsky, who in the late 1980s mesmerized the TV-watching Soviets, hypnotizing and healing people and foretelling the future.

The truth of the matter was that I had never asked about folk healers in Armenia, and so no one had ever told me about them. I couldn't believe that a contact had been made so quickly. I called her friend and we arranged to meet a few days later at her office. More surprises were in store for me later that week.

It was a Monday morning – my first day back at the local regional hospital where I often consult on patients with the local doctors. Haik, a colleague and friend, and the chief

doctor of medical and cardiac intensive care units, and I drove to the hospital together. On the way we stopped at the foreign embassy where he worked part-time to supplement his income. As we pulled up to the back door of the embassy, one of the guards approached the car and said, “Dr. Haik, I want to go to the *computer diagnostica*. Do you think the embassy insurance will pay for it?”

Haik turned to me and said, “See? We are just talking about this and look, he is asking about it.”

I was puzzled, thinking the guard was referring to a CAT scan. Haik explained that this *computer diagnostica* went over you with a sensor and then makes a diagnosis through the numbers that come up on the computer (see Appendix H). After Haik disappeared behind the gates, the embassy guard explained that his son’s pediatrician had suggested this computer thing to his wife. “It costs \$15 and is licensed by the Ministry of Health,” he told me with enthusiasm. The guard’s father had died of lung cancer last year and an x-ray had showed a round “something” on the guard’s own chest. He wanted to go to this *diagnostica* instead of the *computer tomographie* for follow-up. He was told the *diagnostica* didn’t give any radiation and was safer.

Back in the car, pulling out onto the main street, Haik was clearly annoyed. “The *computer diagnostica*! People don’t believe in coffee ground reading any more – but they believe in *computer* readings. They’ve added the scientific component to make it seem true.” Just then a black cat crossed our path and he said, “We don’t need black cats now!”

Twenty minutes later we reached the hospital -- a massive hospital in a densely populated suburb of Yerevan. The morning report took place in the doctors’ on-call room on the first floor of the hospital’s medical wing. The on-call room was furnished with a metal bed and thin mattress, two worn wooden desks on opposite sides of the room, a bench-like sofa, and a few chairs. A small TV was tuned to a news program on a Russian language station – muted,

it flashed scenes like a silent movie. No one was watching it. An x-ray viewing box hung on the wall over the couch.

The doctors filed in – some on time, some late, some with excuses, others not, acknowledging Dr. Haik, “the Chief”, with a nod as they filed past him and found places to sit in the crowded room. With few exceptions, the women in the room were quite striking. Their hair was thick and well-coiffed; their eyes were accentuated with liner and their lips with lipstick. They wore stylish clothes – tight-fitting pants or short, trim dresses – and spike-heeled shoes with narrow, pointed toes, the current fad here. (A woman freedom fighter I talked with during the war in Karabagh told me, “Armenian men love to see their women beautiful and so even in the trenches, I always put on lipstick.”) In contrast, the men were less than attentive to their appearance.

The rounds started. The doctors had little to say unless questioned directly. Haik, now in his capacity as chief, wrote in the large patient record ledger, and questioned each presenting physician, sometimes sternly: “And how did you treat the patient... Why?... What happened then?... Did you note it?” And so on. The head nurse, a round-faced, rosy-cheeked woman of about fifty walked in and out of the room, answering questions about patients while she managed the waiting families in the adjoining corridor.

There was a lot of confusion and discussion that morning. It seemed a repeat of what I had heard on other mornings. I thought, “Nothing has changed.” What I hadn’t realized was that things *had* changed – for the worse. The hospital had been privatized in the months during my absence, purchased by the chief doctor of the entire hospital. New rules, new ways of doing things, like who was responsible for what, how much patients would be charged, or who doctors were responsible to, were the issues concerning the physicians this morning. Their salaries were below \$20 a month, if they were paid at all.<sup>2</sup> Thus, the doctors had to rely on what patients gave them to live.

After morning report, Haik asked the doctors if they knew anything about alternative therapies being practiced in the city. He said, “Dr. Najarian wants to meet some alternative healers. Who do you know?”

The doctors, up to this point, had been quiet and distant. Now, all at once, everyone started to chatter, each one more forcefully and louder than the next! Their conversation was invested with a liveliness I had rarely witnessed with any group of doctors anywhere. Haik continued to be critical. He expressed his displeasure with the Ministry of Health for giving these practitioners approval to practice, which is not a license, but a stamp saying that they could do whatever it was that they did. The other doctors didn’t admit to believing that any of the alternative therapies worked; but around the edges of the conversations, if one listened closely, were the signs of believing or wanting to believe.

Someone mentioned *hekims*<sup>3</sup> (folk healers). “There is one in the city-- she treats only mastitis,” one of the women said. Two of the women doctors had gone to this healer and been cured. It was easy, they explained, talking at the same time, “She heals with natural herbs and honey...” emphasizing that they did not have to take any medication and there was no cutting of the breast.

Dr. Mardik, an intensive care specialist who was usually unassuming and soft-spoken, but now seemed somewhat agitated, explained that the *hekims* looked good because the *traditional*<sup>4</sup> doctors were so bad. “A good *snughjee* [orthopedic healer] is much better than any *traumatologist* [orthopedist],” he added. (I wasn’t sure whether he was extolling a good *snughjee* or commenting on the state of traumatology, but the comments were flying fast and I didn’t get to ask him.) This was certainly one way of explaining the growth of pluralism. Dr. Haik had already tried to explain it to me – the level of doctors was so low that people didn’t see any difference between a medical doctor and a healer.

Dr. Mardik went on to tell us about his neighbor who had everything from “heart to kidney disease, a man at death’s door.” Then he said, “I saw him the other day in the street and I couldn’t believe it. He looked so well. He told me he is now drinking a tea made of a special herb brought from Etchmiadzin. He says he is cured.” The others argued: “How could it be –to be so sick and get better just with tea...maybe he wasn’t so sick to begin with... and you don’t know if he really is better.” The young doctor backed down. He said maybe he didn’t know the details of the case; he would have to follow it to see what happened.

Someone else asked, “Isn’t massage and physical therapy simply part of *traditional* medicine now?” Another added, “Herbal therapy, too – isn’t it the norm in Armenia? I don’t think of these as alternative.” Leech therapy they agreed was in this category as well, since it was part of old Armenian traditional therapy.

No one had made a move to leave to start patient rounds: the conversation turned to less traditional therapies. One of the doctors who had been sitting quietly looked at Haik, the chief of the department, as if concerned about his possible disapproval, and ventured, “I know Yermonia, the psychic healer,” and offered to take me to see her. With that Anoush, another doctor, offered to take me to the Leech Therapy Center, and another to the *Computer Diagnostica* Center and to a magnet therapist. Yermonia worked out of the First Hospital, in the urology department, and the computer diagnostic office was in the Markarian Institute, a gynecologic hospital. Later, some of my other friends told me that the famous *snughjee*, known as Manouk’s son, worked out of a hospital as well.

An argument started over *magnet therapie*. At first everyone agreed that it was *charlatanism*, but then someone asked, “What about MRI? Isn’t that based on magnets?” Someone else argued that radiation wasn’t understood at one time, but it has an effect; magnetic (and magnetic imaging) therapy might be the same, something that has a real effect

that is not yet understood. I heard the same argument several times in the following weeks; it seemed logical.

*Acupuncture* was mentioned and another argument began. Some said that it is so old and tried; it must be part of *traditional* medicine. It doesn't matter that it is Chinese. Others rejected it on the grounds that it is based on Chinese culture. "Something Chinese has no place in Armenia. What does an Armenian understand of Chinese herbs?" The doctors continued one after the other – with no questioning from me – listing and commenting on various therapies such as injecting egg whites into veins to stimulate the immune system (no longer practiced due to problems), raw food therapy (a diet of raw food), and even urine therapy. The women told me that urine makes a good facial mask and laughed.

Before the session finished the doctors described a number of the folk remedies they used at home -- hot cabbage leaves painted with honey and iodine and placed on the chest for respiratory problems; using parts of cactus plants for a stuffy nose; and placing a 3 egg omelette with linseed oil over the pubic area for cystitis or even better, drinking a glass of whiskey to which chopped white onion and linseed oil had been added. They saw no contradiction between being physicians and using folk remedies.

### A Day at the Polyclinic

The next morning Haik and I made the same trip into the hospital. This time he dropped me off just inside the entrance gates, in front of a long, one-story building. Overgrown grasses with some budding roses peeking through them framed the entrance to the polyclinic. Just inside the entry was a large glassed-in area that held medical records and a receptionist. As I passed through to the foyer, I could see patients all along the long, dark narrow corridor, some standing, others sitting.

The doctor I was working with that day was in her small office, ready for her first patient when I arrived. She was a pleasant middle-aged woman (polyclinic doctors are all women), with long brown hair in a page boy style, hardly any make-up, and a clean white coat over her simple dress. She sat at one of the three small worn wooden desks in the office she shared with another doctor and a nurse. The window sills were lined with plants and the walls had drug company advertisements on them (see photos). Her doctor's salary, paid by the government, was a meager \$10 -\$15 a month. Although months went by without being paid their salary, these doctors and nurses showed up for work each day. They were dependent on whatever patients might give them in appreciation. But Dr. Meliné, as I will call her, said to me, "And what can our patients give us? Nothing – they have nothing to give."

All of the doctors I observed here knew each of the patients who come to them – they know their histories and their families, they have been in their homes and seen the hardships with which their patients must contend. There are no appointments; patients arrive at the polyclinic, retrieve their small medical record, and come to the anteroom of their physician. Usually a family member or friend comes along too. There is no place for the patient to lie down or undress; therefore they don't. The consultation is conducted in the open – standing or sitting – the door to the office is essentially open to the hall.

The first patient that morning was an elderly woman coming for follow-up. For my benefit, she reviewed her symptoms. She had vomited and that brought her to see Dr. Meliné who gave her Vision vitamins; these made her worse. (Vision vitamins were brought in by a humanitarian group some years ago.) Now it doesn't matter what she eats, the pain in her stomach is the same when it comes usually toward the end of the day. Dr. Meliné tells me that the patient has tried a variety of herb and flower remedies and something called lizard's tongue, the leaf of a green plant which is known to work for stomach ulcers. (see photo). Then, with a lot of vigor, Dr. Meliné said to the patient leaning over the desk toward her, "You know --

*spring always makes these things worse. When the spring passes – you’ll feel better.*<sup>5</sup> Stop worrying! You’ll be better.” Dr. Meliné wrote out a prescription for ulcer medication and told her to come back in a week.

A few more patients came and went and then an elderly man short of breath entered. His name was Kegham and everyone seemed to know him; he was alone. He told the doctor his blood pressure was 200 and that he had taken a *theophylline* tablet his neighbor gave him, but it didn’t help. He added that he didn’t feel at all well and couldn’t sleep at night because he was so short of breath. “Did you put your feet in hot water?” she asked. The patient said he had but it didn’t make him feel better.

In between his shallow heaves, he said, “If you don’t help me, I’ll die.”

Rising with stethoscope in hand, Dr. Meliné walked around the desk toward the frail old man and said, “You’re *not* going to die, Kegham, you’re going to *suffer!*”

I was stunned that a doctor would say such a thing to a patient. Here in this little polyclinic, the words seemed to echo harshly off the walls – but only for me. The words didn’t seem uncaring to the patient or the nurse. They were just a statement of fact, obvious to anyone who lived here in these times. Dr. Meliné seemed to be saying to the patient, “We’re all in this together – death would be too easy --you’re going to suffer just like the rest of us.” It also surprised me because up to this point I had not thought of Dr. Meliné as someone who was suffering. Cloaked in her white coat she prodded and encouraged her patients, hiding her own needs while she eked out a meager living. “Heart insufficiency...his lungs are filled all across the bottom,” she said, running her hand across his back to show me. Back at her desk she wrote prescriptions for a heart medicine, a vitamin, and a diuretic, and told him how to take them. She implored him to buy them, not to spend his money on drink, and to follow her instructions.

Another doctor came in just as Kegham was leaving, and asked after the door had closed, “Doesn’t Kegham have a big healthy son?” obviously wondering why the old man had

come alone. Dr. Meliné said, “Not any more,” shaking her head, “the son has diabetes *and* tuberculosis – he is very thin now and can’t work anymore.” She turned to me and said, “You know, when there is diabetes, you can’t do anything with the TB organism.” She wanted me to know that she understood the science of this, signaling that she did not only use the folk-models her patients understood (Helman 1985:294).

The next patient was also elderly, a woman with pain in her lower abdomen coming in for follow-up. Dr. Meliné asked a few questions about bowel movements, eating, and digestion. Without examining the patient she said, “You like herbs,” and gave her the following recipe: 1 liter boiling water; 1 orange with the skin; 5 gm onions; 5 gm garlic; 20 gm aloe (extract from the plant – can be prepared at home or purchased). She said, “Mix this all together, squeeze and strain it. Drink it at night before going to bed. It will kill all of the bacteria in your colon that is causing your pain. You are too old for medication – I don’t want to give you medication -- it is too strong for you.”

### A Hospital Consultation

Dr. Meliné accompanied me part of the way to the intensive care wing of the hospital where Dr. Haik’s office was. Despite my protests, she insisted; it was a question of making sure the guest was given safe passage, a courtesy rarely neglected. I climbed the four flights to his office, where we were meeting a patient (and his wife) whom I had promised to see. The patient was a 42 year old professor of philosophy and logic. A short, cheerful, talkative man, he said that his family was originally from Nagorno-Karabagh, a village called *Zovadegh* which means “place where the ocean is.” He laughed. “There was a river there – but Armenians are always dreaming – they love the ocean and wish they had one!”<sup>6</sup> Two months ago he had a heart attack, and was treated at the hospital formerly for communist party officials. A few weeks later he had what he called another heart attack; he said that he had received conflicting

information from different doctors and was looking for advice. We asked for more details, although a coherent history, following a linear time line, was difficult to obtain. Each time the story was told some detail was added by him or his wife, and the time frame changed: “It happened before – no after you went in...it was the first time there was more pain...” and so forth. Haik and I examined the cardiograms he brought with him; there is no doubt that he had a heart attack the first time, but not the second. The cause for concern was an area of the heart muscle that appeared to be at risk for more damage; this is consistent with his continued intermittent symptoms. We recommended cardiac catheterization at the cardiac center in Nork, to fully evaluate the status of his heart and determine how best to treat him. He had a lot of questions about risk factors, the need to do this, his symptoms, and he asked them over and over again. Finally, he and his wife agreed to make an appointment at the cardiac center, thanked us, and left.

Later in the week I interviewed him at home, where I learned that he was having a hard time accepting the risk of catheterization because he didn’t feel sick; he had no chest pain, had resumed his daily activities and was feeling quite well. He had also stopped taking his medications. For him, if there were no symptoms and no illness, there was no disease. His decision about catheterization was made harder because he didn’t really believe or trust doctors – and said so! “Yes – I do feel sick but only because *they* tell me I’m sick. After my first heart attack, I felt sick. Now, I don’t feel sick. When someone says, ‘You are sick,’ I don’t accept it.”

He went on to explain his position. “My whole life I trusted doctors. Maybe I was wrong. I met colleagues who would say to me, ‘Never go to the doctors, never trust the doctors, how can you go to doctors...’ Here is a concrete example: My doctor said, “Drink 1 glass of red wine a day. It is good for you.” I did it for a few days, but I didn’t feel so good. Then I asked a friend and he said, “I don’t drink red wine – it starts *arrhythmia* with me.” But who

knows? Is it good for you? Does it start *arrhythmias*? This guy who said this to me is a doctor, too. So whom do you trust?”

A week later I called to find out how he was doing. The cardiac center doctors had given him the same advice Hayk and I had, however he was still questioning the need for the catheterization and was in the process of consulting a few other doctors! This was a typical reaction to a serious diagnosis. Another doctor told me the following story: “I had a patient with metastatic cancer – the family didn’t tell her, of course. They were in a very high position. They didn’t believe the diagnosis. They even went to Moscow, to the thoracic center here. They went all over. This is typical. In the end, she died of metastatic cancer. But Armenians go from doctor to doctor. They never take anyone’s word for anything. If you tell a Russian they have cancer – they will get very sad but slowly accept their illness. Tell an Armenian and what do they do? They start searching for other answers.” This story also explained why patients often kept their medical records at home where they were always available if needed. It was a way of keeping control and questioning authority in at least one area of their lives.

The idea in the West that hypertension is the “silent disease” has not penetrated here, neither among the lay population nor apparently, among most doctors – not even the doctors at the Nork cardiac center who are performing by-pass surgery on an internationally acceptable level. I was surprised to hear from Susanne, a 39 year old teacher, how she had been advised to treat her husband’s hypertension: “You know, when the spring turns to summer and the summer turns to autumn, we have always been told that whatever illness you have gets worse. It is natural isn’t it? It must be that the air is changing. My husband’s blood pressure goes up then too – even more than usual. His blood pressure goes up and I lower it! I don’t take his blood pressure – I know it is high when he has symptoms – headache, pain in the neck, heartburn and a feeling of heaviness in the chest and neck. First I put his feet in hot water, then I give him some lemon juice to drink. If that doesn’t work, I give him a medicine my sister has

sent from the U.S. And, if that doesn't lower it, I call the emergency services and they inject him with something stronger." She continued: "I took my husband to see the cardiologists at the Nork center.<sup>6</sup> I was afraid that his blood pressure might be doing something to his heart. They evaluated him thoroughly – did blood tests, cardiogram and stress test and told us that his heart is OK." I was about to ask her why her husband didn't take his medication all the time, assuming that they would have advised him to do so at the cardiac center, when she added, "... and they told me not to give him medicine all of the time, but only when his blood pressure goes up." (I did not offer a contradictory opinion.) It seemed that patients and doctors were in agreement – if there are no symptoms, there is nothing to treat when it comes to hypertension.

#### A Doctor's Dilemma: Lost Values and Self-doubt

Anoush, the hospital doctor who had offered to take me to the Leech Therapy Center, picked me up in front of the polyclinic. She was driving her new secondhand car which she was thrilled to have. Alternating between Armenian and English, she told me about her 7 year old daughter's problem with adenoids. "I'm treating her with herbs – I'm afraid to have surgery. The pediatrician didn't help and neither did the ear, nose, and throat doctor, so I went to a homeopath. At least their drugs are not too strong and won't hurt the child. But you know," she said, turning toward me with a look of pleased surprise, "I think it is helping." She went on to talk about medicine while driving in and out between the cars, dodging vehicles left and right with aplomb.

"How can we work when we don't believe in anything any more?" she asked. "We don't believe in the laboratory – not even in the results of the CT scan. That is why people believe in all of these alternative things. The pulse diagnosis is \$20 or \$40 and they get an answer. There is no uncertainty." As she spoke I tried to put myself in her position. I imagined

how I would feel about working for so little money, having to rely on under-the-table gifts, and to top it all, to not be confident in what I was doing. It seemed like a lot to ask of a person.

Dr. Haik had expressed the same uncertainties at dinner the night before. “You know, I don’t understand what is going on. We have so many patients now, in Gyumri too, who have fevers of unknown origin. We check everything – everything is normal, but the patient has fever – the patient is sick – but we cannot find what the source is.” He continued, “We cannot trust the laboratories – nothing makes sense. You check it today, then again tomorrow, with the same lab or a different lab, and the result is different. I don’t understand it. And what do these patients have? Is there some kind of virus that we cannot find? Is there something new?”

As the heat of the day and traffic pressed in on us, Anoush talked about her family, saying that her children didn’t have the same values as she and her husband; she didn’t know what to do about it. When she was growing up, she said, everyone was equal – you couldn’t tell who was who (a theme I heard over and over again), but now her children know that some children come from families with a lot of money. She said, “My children are very smart. They see and understand everything and they ask, ‘Why don’t we have this, why don’t we have that?’ It isn’t that we don’t have -- we have a *lot* compared to some. So we don’t know what to tell our children. Should we tell them to study hard and to read books -- to become good doctors or teachers the way our parents taught us, or should we tell them to learn how to do business and to cheat to get ahead and have a lot of money? I really don’t know – I’m torn – they have to survive in this world. One day my little girl asked, ‘Why doesn’t our Daddy make a lot of money?’ When I explained she said, ‘Maybe we should change our Daddy.’ What do you say to this?”

Anoush’s question was not rhetorical; she was looking for an answer. I reassured her that what she was doing, teaching the values that she had been taught, was the better way. It seemed to matter to her what I thought. What she told me was upsetting to me too. I’d heard

these kinds of comments before but took them to be complaining from people mourning the loss of the old system, perhaps a bit too much. But I knew Anoush, and she was not in that category. It meant that fundamental changes might be taking place in Armenia, changes that would affect the long-held values of education and learning.

Many people I met had the same concerns, and others as well. They missed being able to travel outside of Armenia, because of the cost and the danger of the roads. One woman said, “What good is freedom if you are afraid to go anywhere?” An architect spoke of the breakdown of laws, and lost values, using the example of indiscriminate cutting of trees. He said: “I am not a Soviet person, their ideas disgusted me. But in Soviet days specialists went into the forest and labeled the trees -- this one is 50 years old, that one is 100, this one is about to fall and is rotted, and it will fall on that one, so it should come down. They would do a thousand trees this way, according to regulations. Now they cut the most beautiful, the most healthy, the most wonderful trees. And they do not even know the worth of these trees -- they use them for firewood!”

This man was in his mid-forties; he had had two heart attacks and then by-pass surgery in the past year, and had begun hiking in the mountains again. He said he did not know why he got sick, maybe from smoking or too much eating and drinking. He went on to say: “If God has made certain things, the greens, the water, the air, God has made it for you to live by. It is all richness for you -- to breathe, to be nourished, to live, to heal with, it is all given to you. If we have cut ourselves off from these then we are cut off and will be ill.” He was not saying that God would make him ill, only that illness was the natural consequence of being cut off. He seemed confident, though, that if people turned back to the “greens” and “grasses” they would “be saved.”

Going back to traditional ways, to things of the past, was a theme I heard over and over again. Victoria, a doctor in Gyumri, added yet another dimension in terms of health care. She

said, “My grandmother had a big apron that she wore over everything. In one pocket she kept raisins and walnuts. When she was 88 years old her health, her strength, and her memory were all in place. The knowledge she had was passed down generation to generation. We did not pay attention to what they were doing and what they said and ate. We did not pay attention to the fact that they wrapped their kidneys with cotton – cotton, not synthetic, cotton that absorbs sweat. They wore big belts that they crocheted. They kept their kidneys warm. They crocheted these for the mothers, the men and the children, too. They did not realize what they were doing, but they did it. And we did not understand.”

She shook her head sadly. “These customs are lost – no one does these things and women are sick with *pyleonephrit* and other kidney diseases. For centuries these things were known. You cannot buy these cotton belts in the market. These were homemade. Now – everyone is sick, sick, sick, sick!” (see photo of Victoria’s garden)

The doctors at the hospital in Yerevan had told me that people were coming to the hospital sicker than before, with multiple problems that had gone untreated or been poorly treated. Based on their observations and interactions with families, the doctors blamed the phenomenon on the patients’ inability to pay for hospital treatment. A 61-year old chemist made a different point about why so many people were sick when she said to me, “How can anyone be healthy in this environment?”

### The Leech Therapy Center

Anoush and I arrived on the street in Yerevan where the Leech Center was located. It was opposite a new sculpture of a black cat which had been presented to the city by an Argentinean artist. The cat was huge, shiny, and very black. It sat grotesquely at the base of a massive flight of stairs several stories high built toward the end of the Soviet era. Unlike

Yerevan's other, beautiful sculptures, it was the only one of an animal. No one was sure who had paid for it, but rumor had it that it was an Armenian-American.

The doorway of the Leech Therapy Center was painted white, but there was nothing to indicate what lay behind the door. Just inside the door and to the right, a young woman sat at a desk. On the left was a waiting-room area with two new sofas and a large upholstered chair. A small table was loaded with popular magazines and reading material and the walls were brightly painted, although bare.

Anoush took the lead, explaining who we were and why we had come to the woman at the desk. Although she was young and dressed in street clothes, it turned out that she was the director of the center. She welcomed us in, saying how pleased she was to have someone from America show interest in the center. She excused herself for a moment and reappeared with the Leech Center doctor, a woman in her late 40s or so, very straight in her posture, her hands in the pockets of her white lab coat. Smiling broadly (unusual for Armenian doctors), she spoke with great enthusiasm as the director and a nurse listened in. She was a medical doctor – a generalist or *therapeft* – who had worked in a polyclinic for many years. She was very happy she made the switch because here she could heal lots of different problems, whereas as a *therapeft* she was limited. She explained that the first consultation was free and then each treatment cost 4000 dram (less than \$8). Most patients required 8-10 treatments.

“Our sponsor is an Armenian woman who lives in Russia; she had to work for two years to get the Ministry people to come here. When they did they were impressed at how clean we are, at how clean the leeches are, how they are kept, and how we dispose of them. Finally, we received our license,” the doctor said, pointing to the certificates hanging on the wall over the director's desk. “However, we do not get any government support, and so everyone who comes has to pay.”

When it was time to go see the leeches at work I wondered if I were ready for this. I looked at Anoush. “Do you want to go in?” I asked her. Her eyes wide, she answered, “Yes – yes,” and followed me into the treatment area. There were four or five curtained cubicles. The doctor pulled aside the curtains shielding a young woman patient, quite matter-of-factly. Anoush and I tried to hide the shock we later confessed to each other at the grotesqueness of the leeches on the patient’s massive leg: the leeches looked like miniatures of the Black Cat just outside. (see photos)

The patient had come from Goris for treatment – a city 4 hours by car from Yerevan. She was around 30 years old. She was lying comfortably on a cot covered with a clean white sheet. She said, “I heard about this from my doctors in Goris. Even the surgeon told me that medicine could not help and he suggested that I try leech therapy. My problem started during the third month of my first pregnancy – my right leg started to swell. We rubbed it for a long time with all kinds of herbs, the wax of the beehive – not ordinary beehives, but the wild bees in the woods. I wrapped my leg in the petals of flowers and herbs too. The right leg got better from the honey, but then the left leg started to swell. I’ve had this problem for nine years. No doctor can tell me why. I am healthy – my baby was healthy – I had a normal delivery. No one in my family has any history of *phlebit* (phlebitis).”

The doctor came in and examined the patient’s leg, pointing out that her knee and the ankle, which were not visible when she started treatment, can now be delineated. The patient agreed, and told me her ankle felt better too, and that she felt better – lighter. The only problem her leg causes her, she explained, is that it feels heavy when she walks, and she has always had to wear trousers. A school teacher, on her feet all day, she felt bad because the children had seen her leg from time to time and knew something was wrong. I was amazed that she could stand all day, not just tolerating her disability, but making so little of it. She was typical of Armenian patients I had seen over the years.

The doctor, erect and smiling, said with extreme confidence, “We can cure a lot of things, even menstrual problems. When you put the leeches on the lower abdomen they start to sample the blood and know what is missing. The leeches are a small pharmacology laboratory - they diagnose what is missing and then they make the hormones that the body is lacking to cure the problem.” (This seemed her way of ‘individualizing’ therapy.)

After having a cup of coffee and some more conversation in the reception area on the benefits of leech therapy, Anoush and I took our leave. On the way to the car, Anoush said, “It is very interesting, isn’t it? Maybe we should all become leech specialists!”

The following morning, in the pouring rain, I trudged along under my small umbrella, in soggy shoes, to the Leech Center. “We were afraid you might not come in the rain. We’re so happy to see you!” the director said. Another patient, a 55 year old woman, was waiting in the inner office to speak with me. She too had had swollen legs for many years. Her condition became worse after a nurse-neighbor administered two *systems*<sup>8</sup> to help her recover from a *grip* that was going around the city last spring. “My legs turned to rock, big and heavy – I could not walk because of these *systems*. I went to a vascular surgeon. He pulled up my dress – looked at my legs and said, ‘You need surgery.’ ” She wrinkled her face, mimicking the surgeon. “‘Take this medicine and come back in two weeks.’ Of course, I didn’t go back. I’ve seen what happens to people after surgery. First they cut your foot, and then before you know it they’ve cut your legs off. But I felt hopeless. Some days later, on TV, I saw a program about this center. I told my daughters ‘Take me there.’ They brought me on a stretcher – I couldn’t walk. After the first treatment I walked out – with help, but I walked!”

She said leech therapy has made her feel better all over, eliminating her dizziness and poor appetite, she assumed by improving her circulation. “From now on, whatever problem I have, it is the leeches!” she declared. “Here they receive you like family. They smile and treat you kindly. They make you feel good. Now I am better than before, much better. I go out

wearing a skirt – look at me!” She pulled the hem of her skirt up over her knees. I agreed: she looked quite healthy. (She was selected by the doctor here for me to interview; I wondered how many others there were who shared her feelings.)

In the past decade advanced technology has been introduced into the Armenian medical system – CT scan, MRI, and laparoscopic surgery of various kinds. Pediatric and more recently adult cardiac surgery are now available. And now the leeches have returned. Is this simply a question of money or is this, too, a return to tradition in a time of uncertainty? As one of the doctors at the hospital remarked, “If leeches were good enough for our ancestors, they are good enough for us.”

Hasmik, a woman in her late 40’s, later that week told me about an experience she recently had at a local hospital. She had fallen and hurt her arm badly; it turned out to be broken. “There is no dignity. I had to pay \$40 to the doctor. Then he said you have to pay to this nurse and that nurse. Everyone is looking at you every time you go in as if you must pay them all. I didn’t go back. Paying a bribe is a humiliation. And after all that the doctor didn’t do a good job. Look at my arm.” As she extended her left arm, I could see that the bones of her forearm were obviously misaligned. “There is no way of knowing who the good doctor is. I just went to the hospital. I forgot we had a good friend there, so I ended up with some bad doctor. I should have gone to the woman *snughgee* I heard about. The traditional healer has built his or her name based on the effect they have had, so the charlatans don’t last too long.”

## **Black Magic and Miracles**

### **The Cleaning**

On my first days back in Armenia I had asked friends about healers, and been referred to Sarah, who consulted with a psychic healer. Sarah had invited me to attend a ritual to clean the negative energy out of her home.

Sarah's home was a short but treacherous walk from my apartment up a steep hill. The sidewalks had been torn up for repair but there were no warning signs or roped-off areas. The pedestrian had to make her way as best she could. It seemed like the perfect metaphor for what was going on in Armenia – manage if you can, you are on your own.

The noon sun was nearly overhead as I made my way up the four flights to Sarah's front door, which was painted a purple-pink color she had told me I couldn't miss. Her apartment had two large rooms – bedroom and living room -- and a small kitchen. Like nearly all the Soviet-Armenian apartments I've been in, there were books and newspapers everywhere, and original paintings on the walls of flowers, village scenes, mountains. We sat in the kitchen while Sarah cut up fruit and made coffee, waiting for the “cleaner”, Aram, to arrive. While we waited I asked about a doll hanging on the wall in the living room, that looked like a witch. (See photo). Sarah told me it was a *good* witch, a fairy. She said she could feel its good energy. She said that *Hyuri Peri* was the fairy's name. We wondered aloud whether *peri* was really the same word as “fairy.”

“These are good, kind witches,” Sarah explained as she moved around the room lighting candles and incense. It felt strange to be doing this at midday, with bright sunshine pouring in through the windows. Sarah must have sensed this too, for she pulled the long heavy drapes across the windows. The room filled with the aroma of incense. “It is like the sleeping beauty story, there were good and bad witches in it,” Sarah said. There was little space to ask Sarah questions; her conversation was evenly paced but without pauses. Sometimes her voice was so soft I had to ask her to repeat herself. She did so, seeming to very much want me to understand.

We sat in the living room with our coffee, in comfortable chairs, under the *Hyuri Peri* doll. “You probably don't know about the origins of *tughtu-kir*,” she said, looking at me intently. *Tughtu-kir* means, literally, paper and letter; but the words are used to describe a

particular kind of curse, one made with letters written on paper. “In heathen days, one of our many gods wrote down everything about everyone and kept their life story – the good and the bad – in his breast pocket. Everything you write or think has energy. It creates a positive or negative energy. Good and bad are opposite, but they are part of the same. *Voodoo* is the bad energy. *Ner kortzoodiun* – it works on you inside – because it is against God. You cannot play with God’s design. *Tughtu-kir* is playing around with God’s plan and that cannot be.

“These ideas [about the power of letters on paper to curse someone] are everywhere – the Muslim East is very heavy with these ideas. To put the curse on someone you must have something of theirs, like their hair, take it to a bad person who writes [the curse] on paper, wraps the hair in it, and sticks needles in it. This is a *tughtu-kir*; and it must be hidden in the house of the person who is being cursed.”

Sarah asked me to come into her entry hall. Just opposite the front door, over a small shelf that held several candles (along with the phone and some papers), was a large, rectangular mirror in a gold-colored frame. Sarah pointed to streaks in the mirror; the streaks had a bronze tone. “See these?” she said. “These were not here before Aram started his cleaning. A few days ago I noticed them. It looks like streaks of blood. I called Aram and told him. He said he was not surprised – it is all of the negative energy. It comes into the mirror after the ‘cleaning.’ The blood streaks are further evidence, like the changing patterns of wax, that the ‘cleaning’ is necessary and that it is working. I know I must move the mirror – in *feng shui* you must not put a mirror opposite a door or all of the good energy, the *chi*, will leave the house. Am I right?” She was asking me since I had mentioned an interest in *feng shui*. Before I could answer the doorbell rang, and Aram stood on the threshold.

His appearance was quite striking, and unlike any other Armenian man I’d ever seen. First, he was tall, lean, and young, and carried himself straight with obvious pride -- not the common posture of Soviet men, which is hunched over with downward looking eyes. Aram’s

eyes darted everywhere and his face was open, conveying a readiness to talk. He wore a loose fitting shirt with a V-neck and no collar, a beaded bracelet, and a stone pendent carved with a replica of a figure from a pre-historic Armenian cave drawing.

Aram got to work immediately, placing blue candles around the mirror and lighting more incense. Then he went to the kitchen and took down a pot from over the refrigerator. Inside the pot he showed me the pattern the wax (melted candles from the last cleaning) had made. “The pattern shows the negative energy from the last cleaning. It’s not too bad, but there is obviously more to clean.”

He put the pot on the stove, and turned on the flame under the burner to begin melting the old wax. He poured some water into the pot, and added a few drops of holy oil (from the Apostolic Church; it is called *meron*) with some incense in it to make it “stronger”. As the wax heated in the pot, Aram stirred it to help it melt. He worked at the stove for nearly ten minutes, stirring the mixture of water, *meron*, and wax. When the wax had melted he poured it into another pan. Then he had Sarah sit on a chair in the foyer, facing the entry door, with her back to the streaked mirror. He draped a long satin scarf over her; it reached to the floor. She closed her eyes and clasped her hands in prayer. Holding the pan of hot wax and water Aram walked around her, holding the pan over her head, and to all sides of her. He was concentrating intently, his eyes half-closed. He may have been praying, trying to remove the negative energy from the house, to absorb it through the wax. The noise on the busy boulevard below us, *Mkhitar Heratsi* Street, didn’t seem to interfere with the “cleaning” process, or distract Aram or Sarah.

I tried hard to get into the mood, feel power in the ritual, and enter into the spirit of what was going on, even though I was unsure what was supposed to be happening, beyond a general idea that the wax was supposed to absorb the negative energy in the house. But how did it do that? And why did the pan of melted wax have to be near Sarah’s body? Why didn’t Aram

walk around the house with it? Was he taking the negative energy out of the house through her body?

I closed my eyes and tried to pray. It didn't work. I remained a voyeur; it felt wrong for me to be witnessing something so private. But my presence didn't seem to bother either Sarah or Aram, anymore than the street noise did.

When the "cleaning" was over Sarah made more Armenian coffee; as we sat and drank it she told me about her illness and misfortune. "For seven years I have been sick with one thing after another – low blood pressure, a bad marriage, no energy, a stroke, and my friends kept telling me there is *kir*<sup>9</sup> against me. I didn't believe them. They said black magic is on you. One day when I was cleaning my mattress I found it, I found this thing wrapped in white paper with needles sticking into it. I called my mother – and she said to leave it where it is! My mother is a physicist – how could I imagine that my mother has put this there? But it turned out that it is she who has done this, thinking it would prevent me from leaving my husband and help me to get pregnant. For seven years I have suffered. Now I am trying to come out. I found these *tughtu-kir* everywhere – not just one, but many. I threw them in the water but I should have burned them. I didn't know.

"I didn't know what to do so I consulted a bishop of the Armenian Church, a good friend of mine – an intelligent good man, a man I respect. He explained that certain priests in the church are exorcists and arranged for me to meet with one of them. It was terrible. He didn't pay attention to what I was saying. He didn't care about it enough to look me in the eye and listen to me. We were interrupted constantly – the telephone, people knocking on his door and coming in -- I left not knowing what I was going to do. And you know what happened? Aram saw me on a streetcar. We got off at the same stop and he approached me. He said, 'You are a woman of very great energy.' I was shocked. How did he know? And with that we became friends and I learned that he is a 'cleaner'."

Aram was smiling through this, obviously proud to be acknowledged, but in no need of reassurance. He definitely had a sense of who he was and his own power. As with the doctor at the Leech Therapy Center, Aram was quite confident about what he was doing. He was not at all like Anoush, who was racked with doubt and questions, or even Haik. Other researchers (Barker 1989:83) have noted that traditional or alternative healers exude self-confidence.

All the same I could not help wondering how to explain what I had just witnessed. Good (1994) struggled with the question in his discussion of Evans-Pritchard's (1976) study of witchcraft and became embedded in discourses about rationality, knowledge, and belief. It boiled down to asking myself, "How could a rational person, like Sarah, 'believe' in such things as negative energy in the wax, the streaks in the mirror, and the fairy on the wall?" Good writes that the anthropologist is limited by the use of the word belief (p.15) a problem for the empiricist, anthropologist (p. 10) and physician alike. What I did understand was that what I believed did not matter; the "cleaning" had taken place in Sarah's world and for her it was critical. For her it was not a matter of belief, it was knowledge.

A few nights later I was at Dr. Haik's house for dinner, and afterward his mother and I sat at the table talking, sipping tea, and eating cherries from her garden on the outskirts of the city. Haik's wife Lucine was cleaning up in the kitchen and Haik was tutoring his son in math. I asked Haik's mother if she believed in *tughtu-kir*. Lucine overheard me from the next room and came in laughing. "Oh so many people believe this," she said. "Anna, the wife of one of the doctors where Haik works went a few days ago to have a *tughtu-kir* cleaned. Her daughter was recently married and after the wedding she got cystitis, the mother-in-law got sick, and two or three other people in the family got sick. I would have said 'We got chilled and got sick.' It is normal isn't it? Also isn't it normal for a girl to get cystitis after having relations for the first time? But they were afraid that someone had done *tughtu-kir*. The wedding dress had a big balloon effect in the back and the *tughtu-kir* could have been placed in there. Women in the

family asked around for the best person to get rid of this – to clean it – and they found out it was a woman in a village near Gyumri, so they went to her. She told them what to do, they did it, and everything has been okay since then. The daughter has gotten pregnant, too! Well all of that could have happened anyway, but they think it was because they did a ‘cleaning’ of the curse.” With that Lucine left us alone again.

Haik’s mother, a short heavy woman, now having difficulty with her knees, didn’t comment on Lucine’s story. She told me her own. “My grandmother was a healer. People came to her from all over. I saw it with my own eyes. She had a flour strainer that she had put a nail in the side.<sup>10</sup> She held it sideways and would start naming the churches in the region. When the strainer started to move she would tell the people to go light candles in the church she was naming at that moment and they would be healed. It seemed to work. She didn’t turn the strainer. It moved on its own. Once, she recalled, a family came with their 6 year old child who had never uttered a word. Just when the strainer moved and she told them which church to go to the child looked at Stalin’s statue on their dining room table and said, *Babig* (grandfather) – I’ll never forget that.

“You know, when I was breast-feeding Haik an old woman came to see me. She said, ‘Don’t worry; I’m not going to give you the eye.’ But she must have because right after she left I developed mastitis, first in one breast and then in the other. I believe that she gave me the evil eye.

“My grandfather had a book of Armenian herbal and flower remedies and other traditional medical information. The book was written by Amerdovlat Amasiatzi.<sup>11</sup> We don’t know where that book is now. My grandfather had translated all of the flower names, from their scientific names to folk names. He knew every flower and how to use them, he knew where to find them in the mountains and in the fields. He really cured people with these remedies. I

remember reading the book. It even told you how to lie during sexual relations to have a boy or a girl.”

Haik, having finished helping with his son’s lessons, joined us in the dining room. He sat next to his mother, listening to her finish her story. He said, “I remember going into the mountains with him. It was something – it was the best thing for us in the summer. We left the city and spent our time climbing the mountains with him. He knew where the best mushrooms were too. Everyone would pick what they saw first, but he would say, ‘No, let’s keep going,’ and all of a sudden, an hour up into the hills, we would come upon the best mushrooms. I remember too that people came to him to be healed, especially of sores.” His mother added, “Yes, he used a mixture of ‘clean’ butter made from cow’s milk mixed with copper.”

Haik looked at me and added, “I’d almost forgotten about this.”

### Lunch in Gyumri

Gyumri, the second largest city in Armenia, close to the Turkish border and the most damaged by the earthquake of ’88, is a two-hour drive from Yerevan through the mountains. Upon arrival my driver had a hard time negotiating the potholes and cracks made by the earthquake – still waiting repair after all these years. He had to drive in a slow zigzag across the pavement, allowing other vehicles to pass as we inched along; the five-minute drive to our clinic took nearly twenty minutes. Patients came and went all morning and then, as noon approached, the nurses set up our usual lunch in one of the doctor’s consultation rooms. The doctor’s desk was cleared and set with the plastic dishes I had brought some years back, cups, and a variety of drinks, including *Jermuk*, the spring water Armenians love, and a bottle of their revered cognac<sup>12</sup>, traditional on any table even though we wouldn’t be drinking it today. My favorite *kebab* (barbequed ground meat) had been ordered and was already on the table -- hot,

wrapped in *lavash* (a thin white bread) with whole tomatoes, pickles, and parsley, basil, and tarragon.

As we began to eat I asked the doctors and nurses about treatments that they recommended to their patients. First I wanted to know about drugs or practices they prescribed that were not among those I prescribe (I knew they were aware of the difference). They started to talk and once again, as had happened during hospital rounds and at the polyclinic in Yerevan, the conversation became quite animated. These doctors suddenly had a spark that I had rarely seen at any time over the past 8 years I had known them. Was this because they were talking about something they knew about and I didn't? For the first time there was a reverse flow of knowledge -- they were imparting information to me. Or was it that this was their home ground, the familiar territory of Armenian home remedies, territory where they were very comfortable? I assumed it was some of both.

Dr. Maro began by saying: "In the Soviet days we didn't have so much medicine. We doctors used home remedies much more. We had good medicines in the Soviet times, but we started with home remedies and if they didn't work, then we moved on to drugs."

Dr. Anna added, "Yes, but once we saw the effect of these new drugs – the drugs that started coming after the earthquake – the speed with which they work and their effect, we started to use them more and more."

I asked if they thought the drugs available to them now were safer and better?

Dr. Maro disagreed strongly. "No. We don't know what is in these drugs. There is a drug mafia; drugs are cheap and there is no regulation. There was a program on TV the other night from Moscow and they showed that the drugs were just sugar. It had no chemicals in it."

Another doctor added, "We received amoxicillin from an aid organization that distributes free medicine to clinics. I opened a capsule. It was just a sugar-like powder. I smelled it. There was no drug odor. It wasn't labeled either. These past two years these things

started happening. They are even changing the expiration dates on drugs. This has weakened our belief in these drugs. We must be absolutely sure of what we are giving patients.”

A friend’s 73 year-old mother told me a similar story over dinner a few nights ago. She heard a program on the radio, also from Moscow, warning people that drugs coming from other countries such as India, China, and Poland, might contain poison and were dangerous to use. People were encouraged to use home remedies – things familiar to them. She and her husband had stopped taking their heart medicine and she was trying to get her neighbors to do the same. Instead, they were eating *gretchka*, a popular wheat grain, after soaking it in water overnight.

The doctors went on to say that pediatricians in the city were not prescribing drugs for children, but home remedies like placing newspaper coated with iodine, olive oil, and black pepper on a child’s congested chest. (They explained that the graphite from the print heats the body.) They described treatments for high blood pressure: “Yogurt, Jermuk and *oortz* (thyme)...or just Jermuk and lemon works if you put your feet in hot water.” Other recipes followed.

Tamara, the nurse in charge of the small pharmacy in the clinic, reached into her pocket and brought out a tiny notebook. Everyone looked at her, amazed at this little book and how much she has written in it. Tamara was a proud, attractive woman, with two of her three sons in the army. She explained that every time a patient came to fill a prescription, she asked them what they had done at home for their problem, or any home remedies that they used and liked. Then she shared her favorite ones with them! She wrote everything down in her little book. As she read the recipes to the group, there were comments and questions. Each person around the table listened intently. “I’ve heard of that...my mother used that one...I didn’t know about that... does it really work? What were those proportions? ”

The conversation that day told me that these doctors were thinking about what they were doing and how they were practicing. They, too, were turning back to more traditional

treatments. It wasn't simply a matter of cost; it was distrust of a system that was, as they saw it, becoming increasingly corrupt. No one could protect them from this corruption, they were on their own. It was up to them to check the medication, open capsules, and sniff the drugs. I wondered later if they had ever had to do this during the Soviet days.

I asked them what they thought about *tughtu-kir*.

Dr. Anna eagerly began: "Now, as for me, a doctor, I don't believe in *tughtu-kir* – but let me tell you what happened to my friend...." As she told the story, her eyes opened wider and wider, and all the others listened intently. Her story was about a family with a lot of sickness and how they finally found the *tughtu-kir* in the very pillow their sick son was using. The son had had 16 operations for pancreatitis, but was only cured after they found the *tughtu-kir* and had it removed. Dr. Anna finished her story with the disclaimer, "But, I don't believe!"

This problem of believing or not depends on the strength of the person. In other words, black magic works if you let it take you over. Lilig, a widow of many years and who raised two children after her husband's early death, said, "If you are strong nothing can harm you. No *kir* will hurt you. If you don't know where you are going, what you are doing, that *kir* will come and harm you."

Her husband died only months after her sister's husband died – one of kidney failure, the other of leukemia. I asked if she had any thoughts about this. She replied, "I often wonder what we did to someone that it came back to us. Or what our parents or their parents might have done. Otherwise, why should this have happened to us?"

But she held her husband responsible too. "Everything has its time. If you don't take care during that time, it will turn into something else. He was sick with his kidneys. It was very important. He didn't keep himself – he didn't pay attention until it was too late – what you eat, smoke, drink. You have to regulate yourself internally. I watched over him, but he didn't pay attention to himself." She brought out many different herbs and dried flowers to show me and

explained how she used them. She learned from other people and read books, and then prepared remedies. She tried them on herself first, and then gave them to friends and family. “For myself, and my children, we never use drugs – we have to really be desperate. Better to drink hot teas and the juice of berries rather than to take the strong medicines doctors give you, medications that might poison your system.” She told me how her daughter had had three swellings under her arm, and how she treated her with salves and juices. “If we had gone to a doctor --who knows what would have been done to her? They would have given her powerful medications and maybe even cut her.”

#### Holy Books and Other Healers

Back in Gyumri the following week we had another lunch-time discussion. This time the doctors talked about healing yourself through holy books. Sona, a young woman poet and journalist, joined us and told me about *Narek*. Everyone chimed in: “Ah, *Narek*, now there is no question about *Narek*,” Dr. Narine said. “Everyone believes in *Narek*.”

I said, “What is *Narek*?” They stared at me in disbelief at my ignorance. Then they explained it is a holy book, commonly referred to by the author’s name, St. Grigor *Narekatsi*; the book’s title is *Book of Lament*. It is a poem written in 1003. There was a lot of conversation about how the original *Narek* was more powerful than the copies around today. They agreed that if anyone had the original book, they would not show it to anyone for fear of it being stolen.

Sona, whom I first met several years ago when she was suffering from the sequela of rheumatic heart disease and who underwent cardiac surgery at the Nork center, told us that there are certain chapters and verses in *Narek* that hold the secrets of cures, especially for psychological illnesses. She said, “Not everyone can heal using the book. You have to know

what to look for, how to understand it. It is not given to everyone.” There was a lot of nodding and agreement.

Later that week one of the physicians in Yerevan, Armine, told me about another holy book. We had been talking about miracles. “It is a miracle that we are here as a people, isn’t it? By all rights the Armenians shouldn’t be here. So people believe in miracles. We get that from our ancestors, this belief in miracles.

“My family is from Van (Turkish Armenia) and they brought with them the *Van Soorp Averadaragan* (the Holy Gospel). In that book there are directions for curing and healing. We read it, but didn’t understand it all. I remember we had a relative who had a bed sore that had gotten as big as a fist. The surgeons finally said there was nothing they could do about it. We read the book and followed the instructions as best we could. We took linseed oil and boiled it till it smoked, then dropped an egg in it. It thickened and with prayers we wrapped it in a cloth and inserted it into the wound over and over again. Each time we took it out, it was black. We noticed that the wound began to close and slowly it healed until finally you could not see the place where the bed sore had been. The doctors were in disbelief. I used this several times in our hospital. But don’t tell our chief!”

Many of the other stories I heard were about cures for infertility. Susanne, the 39 year old schoolteacher who described how she treated her husband’s hypertension above, also told me about her own healing experience. After years of not being able to become pregnant, at a friend’s urging she consulted an old woman who lived in Yerevan who was known to have helped many women get pregnant. Susanne said: “She was indeed an old village woman, with no more than a 4<sup>th</sup> grade education. She scared me at first. She said she learned these treatments from her ancestors, passed down through the generations in her family. She never touched me. She only looked with her eyes and said without any hesitation, ‘This is what you must do and in two months you will be pregnant.’ She gave me a juice to drink three times a day. I don’t

know all of the ingredients but it contained a berry and pure honey – honey with no sugar added, from bees that had *never* been given sugar. She made tampons using linen-seed oil and pure honey again. She never put a hand on me. She said, do this for two months and come back. At that time I'll wrap you to make your organs warm and you will get pregnant.

“I did this exactly as she said and after two months went back. Now – again without putting a hand on me -- she said, ‘You are pregnant; I do not have to wrap you. If I do, you will lose the baby.’ I was shocked! I went to my doctors. They examined me with ultrasound and said that I must have an operation right away. They said there was a rapidly growing tumor in my uterus that had to be removed.

“I went back to the old woman and she said, ‘No, it is your pregnancy. They do not understand, but they will.’ A month later, the doctors begged forgiveness -- I was pregnant!!! The old woman gave me more juices to drink throughout the pregnancy to insure that I wouldn't lose the baby and to insure that the baby was beautiful – and that is what happened. I did the same for my second child and now I have two beautiful boys. That woman was a legend. No one knows what she did or how, but people came [to see her] from all over – even from England.”

Interestingly, Susanne had had several surgeries, including a partial gastrectomy for severe duodenal ulcer disease, and one of her sons had heart surgery. As with almost all of my respondents, her use of health care services was highly pluralistic; she consulted healers, surgeons, pediatricians, gynecologists and cardiac doctors whom she trusted, and a homeopath, in addition to using many home remedies. She doesn't think of herself as using different ‘systems’ of healthcare; it is all incorporated into one way of being. It is the way she is.

Yermonia, the Psychic Healer

Two doctors from Haik's hospital, Armine and Mariam, took me to meet Yermonia and to witness a healing session. Mariam, a gynecologist who specializes in ultrasound, was going to be healed. This was her second round of healing; the first, for an arm problem, had been totally successful.

I won't describe the entire session, which would be a book in itself, but will give the highlights. We climbed to the third floor of the Urologic Center in the First Hospital, one of the Medical Institute's teaching hospitals, and close to my apartment. The large anteroom was filled with men and women waiting for Yermonia. (Knowing I was coming, she had waited to begin her healing session.) She came out to greet us and as she walked through the anteroom, people rose and came toward her with big smiles of expectation. She smiled back, but her attention was on me, her hand outstretched and welcoming. She was a petite woman, with a square face, long brown hair in a smooth page-boy. She wore a full-length white lab coat over her dress and very high heels on her feet.

We went into her treatment room and talked first. She told me that in the late 1980s she was tested for bioenergy and told she was very powerful. (I was unable to find out how she was tested except that a machine was used to make the determination.) From that time on she began healing people. She required that all patients were baptized and followed certain religious requirements before she could heal them. Her photograph could heal also, but she had forbidden that any photos of her be taken because she had no control over how they would be used. She was the conduit for healing energy that came from above (she did not say from where); it went through her hands into the patient. But the patient had to believe or the healing would not happen.

The room was a freshly painted white, with nothing on the walls, quite sterile in appearance. It was used by physicians in the morning, which is why Yermonia's sessions started at 2:00 p.m. The first patient was a 7 year old girl with severe musculo-skeletal

deformities. She came in with her mother and hopped up onto the treatment table which was covered with a white sheet, just like any cot in a doctor's office. After a few introductory remarks Yermonia placed her hands on the child, went into trance, and began the séance. Her hands moved over the child's deformities as she bent over so far that her hair fell forward and touched the child. She shifted her weight from foot to foot, causing her high heels to click in a rhythmic pulse that began slowly, picked up to a rapid tempo, and then slowed down again. Her clicking heels sounded almost like hands clapping. This went on for about two to three minutes, and then it was over. Yermonia stood up straight, turned, and went to the sink to wash her hands. The child rose and they hugged each other. This was the child's third session, so Yermonia didn't expect too much change yet. The mother told me that the first time she had brought the child to Yermonia, she could not walk. They were very hopeful of a full cure.

I asked Yermonia if our presence disturbed her. "No," she said. "You could have a wedding in here. Once I am in the séance trance, I don't hear anything. I am totally unaware that you are here."

Next, one of the physicians who had brought me here, Mariam, lay down on the cot. Mariam had already shown me that before her treatment with Yermonia she could not move her arm over her head and now she could. Her current problem was a disk in her neck, which was causing pain. She had said earlier that Yermonia had x-ray eyes; Yermonia had seen right through her and given her the dimensions of the herniated disk, which were the same as the CT scan. Later, after we took our leave, the two doctors and I had a chance to talk about the séance and Yermonia. I referred to Yermonia as a "people's healer" and the Mariam quickly corrected me.

"Bioenergy is not 'people' medicine; it is *kidoutiun* (academically-based knowledge). It has been studied for a long time. I have read all about it in many books. These bioenergy therapies are much more widely accepted and used in Moscow than here. We are behind."

Armine added, “In the 1980s there was a big convention of academics in the Academy of Sciences here that studied bioenergy. It was determined that this is very important and they brought a machine here to measure bioenergy in people. This was in the days when the Academy of Science members did not have to earn a living. Anyway, it was decided that Yermonia and enormous bioenergy.”

Mariam said, “We didn’t know about x-rays before – so now we know. I believe we simply don’t have all of the information [about bioenergy]. It will come in time and people will begin to understand and believe.”

Mariam admitted that she herself had gone to Yermonia as a last resort. “I could not even dress myself. After several treatments I could move my arm in all directions. Then for a while I noticed, after the treatments were all done, that I was feeling very vigorous and healthy – more energetic. That lasted for a while, but went away. Then one year later, I realized that I had not come down with any *grip* – the whole city was sick, but I wasn’t. A number of my friends who had gone to Yermonia had noticed the same thing. It was very unusual. I feel that my immune system has been boosted by this therapy. It must be from the energy she passed on to me.”

The two doctors told me about other patients who had been successfully treated by Yermonia, but said that she won’t take a cancer patient, even though she does relieve their pain.

Mariam made the point that money was not the issue for her. “I went [to Yermonia] because I had tried traditional medicine (biomedicine) for 3 years and I got nowhere with it. So people go because they don’t believe in traditional medicine anymore. When you see the level of the doctors now – what can you think? They come out of medical school and don’t know anything.”

Armine added: “The years of reading or working by candlelight [the years without electricity, when anything done at night had to be done by candlelight] – that stress has caused

a lot of problems with our young people. I sit here in diagnosis all day. People come and say: ‘I have a heart problem – a liver problem – my gallbladder hurts.’ But you search and they don’t have anything. They have *nervros*. People are nervous now from the social stress -- that is what they are suffering from too.”

There was no time to follow-up with her to learn more about what she meant– it would have to wait until my next trip.

#### Notes for Chapter 4: An Ethnography of medical pluralism

<sup>1</sup> One of the most beautiful of these is *Khorvi-rab*, located in the Ararat valley, at the base of the great mountain, where the barbed wires and lookout posts marking the Turkish-Armenian border are in clear view. It was built on the site where the Christian preacher Grigor was imprisoned for 13 years. As legend has it the king, who was not only gravely ill but had been turned into a boar, could only be cured by Grigor. Grigor was released, he baptized the court, and Armenia's official religion became Christianity in 301 A.D. (Petrosyan 2001:18).

<sup>2</sup> Even in a privatized hospital, doctors are government employees and “paid” by the government.

<sup>3</sup> *Hekim* or folk healer; (similar to ‘hakim’ in Persian which means ‘traditional healer.’) *Snughjee* is an orthopedic specialist; not only a ‘bone setter,’ but healer of sprains and various problems including spinal misalignment and disk problems. Both men and women can become *hekims* or *snughjees*.

<sup>4</sup> When Armenians say *traditional* medicine and *traditional* doctors they are referring to the professional sector, to the mainstream practitioners and medicine as taught in the university. Folk medicine is specifically *zhoghovourtagan* – the people's or folk medicine.

<sup>5</sup> The idea of symptoms worsening during spring and fall is common in other cultures, held by both doctors and layman. Various theories were put forth as a reason for this – one was that oxygen is decreased in the air during these times; another is that the air is more turbulent and therefore changes are more likely to occur.

<sup>6</sup> There is another story about the water – one that is almost like a fairytale – but real. It could start the way most Armenian fairytales start, ‘Once there was and was not, in the kingdom of Armenia...’ This story is about a group of Armenian scientists and doctors who shared a dream of building a replica of the 13<sup>th</sup> c. Armenian trading ship, Cilicia, and someday sailing it on the Mediterranean. They started 10 years ago, working whenever they could despite the difficult conditions life in Armenia imposed on them. Little by little the boat began to take shape. It was a surreal visual experience to see the ship on stilts, on the arid land of the Ararat valley, the great mountain in the background with no water in sight! (It was, but how could it be?) Their dream seemed no more than the ravings of madmen. But, today the boat is built, is sailing on Lake Sevan, and has been designated by UNESCO an official historical “monument.” Next year it will probably sail the

Mediterranean, fulfilling their dream. It is another example of people going back to what once was, as a way of coping with the difficulties of the present. (see photos)

<sup>7</sup> Susanne's son, a few years back, became unresponsive, was rushed to the Nork Center and operated on immediately. He had a congenital heart valve malformation that had gone undetected. The surgery was life saving. Therefore, knowing the cardiologists at the center, she took her husband there. She was also more sensitive to the issues of heart and hypertension; going to the center would not be a common thing for an Armenian to do.

<sup>8</sup> According to the doctors in Gyumri, *systems* are various types of intravenously administered fluids used to cure or relieve various illnesses – fever, the *grip*, chest discomfort, or even the vague feeling of not feeling well. Different mixtures are available consisting of sodium, potassium, calcium, magnesium, chlorides, and other “low molecular weight” substances. For example, one for *stenocardia* (heart stenosis) has *nitrostat* added. Purchased over the counter, without prescription, these *systems* are used at home and set up by a nurse who is a neighbor, friend, or relative. The use of *systems* may represent a flow model of illness and healing – fluids entering the organism and flowing through the body, ridding it of toxins while delivering medicine. These systems are very mild and their use does not contradict the idea that ‘medicine’ may be dangerous, especially since these are now made in Armenia. Further investigation is needed to fully understand their use and meaning. There is some indication that their use, however, is waning.

<sup>9</sup> In common usage people say, “*kir* was done on me” or “*tught* has been written on me.”

<sup>10</sup> The spinning strainer, a very old form of divination, is still practiced today (Antonian 2003).

<sup>11</sup> Amerdovlat Amasiatzi was a 15<sup>th</sup> century physician who, following in the tradition of Mhkitar Heratsi, wrote many medical texts, including a ‘Folk Book.’ His taxonomy of pharmacologic agents was written in five languages: Armenian, Greek, Latin, Arabic and Persian. His works are preserved at the Matenadaran, Yerevan and at the British Museum, London.

<sup>12</sup> It is said that Churchill preferred Armenian cognac to all others. The famed Armenian cognac factory, long a source of national pride, was sold 3 years ago by the government to the French firm Pernot, in a move by the French firm, Armenians believe, to eliminate the Armenian cognac as a competitor. Yerevan's water system was sold to the Italians, and the telephone rights to landline and cellular networks were given as a monopoly to a Greek firm. In terms of everyday life it has meant higher prices, including higher prices for cognac, once the affordable gift given with great pride to guests. And this has no doubt added to Armenians' sense of loss.

