A SOCIOLOGICAL ANALYSIS OF DUALITY OF MYSTIC PRACTICES OF AILMENTS WITH SPECIAL REFERENCE TO HARYANA

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Abstract: Mystic practices, such as tona totka and other magical forms of healing, hold a deep-rooted presence in Haryana, influencing both the socio-cultural and spiritual lives of its people. While these practices are often perceived as a source of relief for ailments and misfortune, they also reveal a darker dimension marked by the occurrence of some latent crime at these sites. This study with exploratory nature explores the duality inherent in these mystical practices—on one side offering hope and healing, and on the other, serving as a nexus for criminal activities. Using a sociological lens, the study delves into the cultural significance of mystic practices, analyzing their role in shaping the beliefs and behaviors of the local populace. Simultaneously, it examines the correlation between these practices and crime, particularly focusing on fraudulent practices, exploitation, and violence associated with faith healers and sacred sites. The research used convenient sampling and Kurukshetra as study areas to collect primary data with interview schedules, case studies and observation to understand whether these practices function as a form of empowerment or a gateway to social harm. The findings offer insights into how mysticism, belief, and criminality intersect, raising critical questions about regulation, public awareness, and the socio-legal implications of these traditional healing practices.

Keywords: Mystic; Duality; Crime; Beliefs; Exploitation; Violence Introduction.

INTRODUCTION

Religion has been a cornerstone of human civilization, offering meaning, solace, and guidance across cultures and epochs. It holds a profound influence on societies, shaping moral frameworks and fostering community cohesion (Chattopadhyay, 2007). In India, where spirituality is deeply intertwined with daily life, religion transcends the personal realm to become a public institution, revered and trusted by the masses (Kattimani, 2012). However, the sanctity of religion has not always remained unblemished; its immense social capital and authority have, at times, been manipulated to shield acts of harm and crime. In spaces where religious authority is absolute, transgressions such as financial fraud, exploitation, and gendered violence often hide behind the veil of divine intervention, leaving victims voiceless and justice elusive (Kakar, 1982).

Mysticism, as an extension of religious faith, occupies a particularly significant role in Indian society. Beyond worship and rituals, mysticism offers alternative means of addressing human suffering, especially in the realm of disease and ailment. Mystic healing practices, which often claim to transcend the limitations of modern medicine, are deeply rooted in the belief that the body and spirit are interconnected (Sax, 2014). Traditional healers, such as vaids, sadhus, and babas, play a critical role in the healthcare landscape of rural and semi-urban India, often serving as the first point of contact for the ill and afflicted (Pakaslahti, 1998). Systems such as Ayurveda embody this holistic approach, integrating physical, mental, and spiritual dimensions of health (Kessler et al., 2013).

Haryana, a state where the fusion of spirituality and traditional beliefs shapes everyday life, is a microcosm of this phenomenon. These practices are attracting individuals who turn to healers, shrines, and spiritual rituals in search of relief from physical, mental, and social afflictions. These practices address not only conventional ailments but also those viewed as stemming from supernatural causes, such as curses, possession, or bad karma. For the afflicted, these spaces symbolize hope and divine intervention, often serving as a final recourse when other avenues have failed.

However, the very attributes that make mystic healing spaces appealing—faith, trust, and the absence of formal scrutiny—also render them vulnerable to exploitation (Kessler et al., 2013). The sites of mystic healing, ranging from small village shrines to grand ashrams, are often regarded as spaces of divine intervention, where the boundaries between the sacred and the corporeal blur. Yet beneath this veneer of spiritual transcendence lies a complex duality: while these practices claim to offer healing, they can simultaneously serve as conduits for exploitation, crime, and harm (Sax, 2014). Under the guise of religious authority, individuals and groups exploit the faith of devotees for personal gain or to perpetrate harm. Financial exploitation, psychological manipulation, sexual violence, and even ritualistic abuse have been documented at such sites (Kakar, 1982). These transgressions, concealed under the sacred cloak of religion, highlight a troubling duality: the same spaces that promise healing and relief can also become arenas of harm and suffering. Women, children, and marginalized groups are particularly susceptible, as entrenched socio-cultural hierarchies often silence their voices and normalize their victimization (Trivedi et al., 2021). This study delves into the complex interplay between mysticism and harm in the context of Haryana, critically analyzing how religiously sanctioned spaces of healing can serve as sites for criminal activity. By examining the socio-cultural and structural factors that allow harm to persist in these spaces, the research aims to illuminate the dual role of mystic practices as both sources of solace and instruments of oppression. Through this exploration, the study underscores the urgent need for a nuanced understanding of the ethical, legal, and social dimensions of faith-based healing practices, challenging the unchecked authority often accorded to religion in contemporary society.

To critically assess this paradox, it is imperative to review and engage with existing scholarly works that examine the intersection of religion, mysticism, power, and exploitation.

REVIEW OF LITERATURE

The following discourse on mystic healing practices draws from a diverse body of literature that addresses the sociological dimensions of spiritual authority, traditional healing, and their implications for individual and collective well-being. Thematically, this review is organized around the following core areas: cultural appropriation and colonial legacies, exploitation and abuse within spiritual practices, power dynamics and control, gender-based violence, and the need for ethical frameworks and legal regulations.

CULTURAL APPROPRIATION AND COLONIAL LEGACIES IN SPIRITUAL PRACTICES

One critical theme emerging from the literature is the commodification and appropriation of Indigenous spiritual practices, which is viewed as a continuation of colonial and gendered violence. Smith (2005) argues that the adoption and commercialization of Indigenous rituals by non-Indigenous individuals strip these practices of their sacred meaning and reinforce systemic oppression. According to Smith, spiritual appropriation is not merely cultural theft but a form of ongoing exploitation that disproportionately affects Indigenous women, linking it to broader historical patterns of physical and sexual violence. Her intersectional approach blends colonialism, race, and gender to critique how spiritual traditions are co-opted under capitalist and colonialist logics.

EXPLOITATION AND ABUSE IN MYSTIC HEALING PRACTICES

The theme of financial and psychological exploitation within traditional healing systems is prominently discussed by Gupta et al. (2014). Their research reveals that mystic healers sometimes exploit the trust of followers, especially those from vulnerable sections such as women, the poor, and the socially marginalized. The study highlights numerous instances of coercion in the form of excessive payments, rituals demanding valuable offerings, and sexual exploitation disguised as spiritual acts. These abuses are often protected by cultural reverence and secrecy, which discourages victims from seeking justice or even acknowledging the abuse.

POWER DYNAMICS AND MANIPULATION IN SPIRITUAL LEADERSHIP

Another important concern involves how spiritual authority can foster dependency and manipulation. Jones (2022) offers an in-depth exploration of how charismatic leaders, particularly in cult settings, use promises of healing and salvation to manipulate followers emotionally and financially. Vulnerability due to loneliness, economic hardship, or personal crises is systematically exploited to create an environment of control and conformity. The spiritual rhetoric used by such leaders often becomes a tool to silence dissent and foster psychological submission, making it difficult for followers to break away even when they suspect exploitation.

GENDER-BASED VIOLENCE AND SILENCING OF VICTIMS

Gender-based violence, particularly within spiritual institutions, emerges as a deeply troubling pattern. Gupta et al. (2014) and Aina-Pelemo & Olujobi (2024) both emphasize that mystic and religious leaders often exploit their positions of trust to perpetrate sexual abuse, especially against women. Aina-Pelemo and Olujobi's study in the Nigerian context reveals how cultural norms and religious doctrines enable the silencing of victims, who fear either spiritual retribution or social ostracization. These dynamics reinforce patriarchy within religious institutions, using spiritual authority as a shield for predatory behavior.

ETHICAL GAPS AND THE NEED FOR REGULATORY FRAMEWORKS

The absence of ethical accountability and regulatory mechanisms in mystic and alternative healing practices is another major concern. Lutkajtis (2020) explores this in the context of the use of magic mushrooms for spiritual healing. Through ethnographic work, she demonstrates how the lack of ethical frameworks leaves individuals vulnerable to manipulation, abuse, and psychological harm at the hands of unregulated practitioners. Similarly, Gupta et al. (2014) call for community- level awareness and culturally-sensitive regulations to preserve the integrity of healing traditions without enabling harm. Studies highlight their deep cultural and spiritual significance, often providing psychological relief and fostering a sense of communal belonging. However, the literature also reveals darker aspects of these practices, including financial exploitation, psychological manipulation, and even gender-based violence. The intersection of spiritual authority, traditional healing, and socio-cultural hierarchies within Haryana remains underexplored, making it imperative to investigate how these practices manifest in a local setting.

OBJECTIVES OF THE STUDY

The following are the objectives of the present study:

To know the socio-economic condition of the respondents.

To identify the reasons for preference for mystic healing over modern medicine

To identify the types of harm or crime occurring at mystic healing sites.

To examine the societal response to crimes at mystic healing sites

To propose recommendations for safeguarding individuals at mystic healing sites

RESEARCH METHODOLOGY

This study is empirical in nature and uses a triangulation approach, combining both qualitative and quantitative techniques to explore the complex reality of mystic and religious healing practices. An exploratory research design has been chosen, as it helps investigate areas that are not well-studied and allows for a deeper understanding of hidden patterns and meanings found at healing sites.

TRIANGULATION OF QUALITATIVE AND QUANTITATIVE DATA

In the present study, both quantitative and qualitative data collection methods were used to gain a comprehensive understanding of mystic practices for disease healing in Haryana. Quantitative data were gathered through structured interview schedules administered to respondents across 9 healing sites of Kurukshetra, and analyzed using frequency tables and percentages. These data provide a broad view of the prevalence, gender patterns, and types of mystic practices observed.

However, to add depth to this statistical overview, qualitative data were also collected in the form of case studies and observational notes. This included in-depth narratives from practitioners and affected individuals, which were crucial in understanding the cultural logic, emotional dimensions, and ritualistic details not easily captured by quantitative methods. For example, while 93% of the respondents acknowledged visiting a mystic healer in the last year (quantitative data), the case studies revealed nuanced motivations behind such visits — including intergenerational beliefs, desperation after medical failure, or peer influence. One male respondent with skin problems stated, "Doctor ke paas sab kuch try kar liya, lekin daata ji ke paani se farak pada." ("I tried everything with the doctor, but it was the water from the shrine that made a difference.") One female respondent disclosed that she was asked to perform "ritual purification" involving physical contact, which she later realized was a form of exploitation masked as spirituality. These findings were not always evident in the quantitative data, where respondents tended to underreport sensitive or stigmatizing experiences. Thus, the triangulation not only enriched the interpretation of data but also exposed discrepancies between what is reported and what is experienced, highlighting how faith can be both a source of healing and a cover for harm. This comprehensive approach enhances both the credibility and depth of the analysis, making visible the coexistence of spiritual relief and potential criminality at mystic healing sites in Haryana.

SAMPLE OF THE STUDY

The universe of this study is Kurukshetra district, Haryana, renowned for its deep-rooted religious traditions. The research focuses on 90 respondents who seek mystic practices for healing at nine prominent mystic healing sites within the district. The selection of these locations was guided by convenient sampling, ensuring accessibility and relevance. To identify the respondents, we employed a snowball sampling technique, allowing insights to emerge organically through interconnected networks of believers and practitioners.

Following mystic sites of Kurukshetra district in which eight rural and one urban area were sampled for the study:

Table 1: Mystic Healing Sites in Kurukshetra: Diseases Treated and Respondents/ Patients Distribution

Sr.no	Name of Place/Site	Area of Place/Site	Disease Acclaimed to be Treated	Number of Respondents/Patients as per Disease
1.	Salpani Khurd	Rural	All type of body pain	08
2.	Hinga Kheri	Rural	Typhoid	04
			Fever	03
			Measles	04
3.	Morthala	Rural	Jaundice	08
4.	Kamoda	Rural	Skin diseases	10
5.	Murtzapur	Rural	*Dharana* (Navel Displacement)	05
			Kodi (liver and stomach pain)	05
6.	Sarasa	Rural	All types of disease	13
7.	Barwa	Rural	All types of pain associated with the human skeletal system	11
8.	Barwa	Rural	Snake bites	08
9.	Shahabad Markanda	Urban	Moles, Warts and all types of skin disease	11
				Total =90

TOOLS OF DATA COLLECTION

In the present work, we primarily used primary sources of data to gather relevant information about the research problem, but we also utilized secondary sources based on their availability. The data was obtained with the help of a well-structured closed-ended interview- schedule, case studies and as well as observing respondent's behaviors in the chosen locations. The interview schedule was designed bilingually in both English and Hindi to ensure clarity and comprehension for respondents, facilitating accurate and meaningful responses. After collecting the data, we meticulously interpret and analyzed data with the help of SPSS to identify any patterns or trends that could help us answer our research questions.

LIMITATION OF THE STUDY

There found the reluctance among a few respondents in sharing information, primarily due to concerns over confidentiality and fear that revealing such knowledge might provoke adverse consequences, including angering the healer, community and the deity involved.

Several respondents were unwilling to disclose the type of ailment they sought healing for or the nature of exploitation they experienced at these sites due to the stigma associated with such disclosures. This reluctance limited access to firsthand accounts of harm and abuse within these spaces.

Additionally, the study was highly time-consuming, limiting the scope to only the most important and famous sites. This focus excludes many other similar sites, which could have contributed to a broader understanding of the phenomenon.

However, these limitations were mitigated through the establishment of trust and rapport with respondents, as well as the incorporation of observational methods to supplement the collected data. Additionally, ethical considerations were strictly adhered to, ensuring respondents' privacy and well-being throughout the research process.

RESULTS AND DISCUSSION

The collected data has been neatly arranged in following tables and interpretated.

Table 2: Gender Distribution of the Respondents

Gender	Count	Percentage
Male	31	34.4%
Female	59	65.6%
Total	90	100%

The table illustrates that females' respondents are more inclined toward mystic healing practices than males, as observed in the fieldwork. Their participation percentage (65.6%) is nearly double that of males (34.4%). This gender disparity reflects deep-rooted societal and cultural factors that shape individuals' reliance on such practices.

Table 3: Age Group of the Respondents

Age Group	Count	Percentage
Below 18	3	3.3%
18–30	19	21.1%
31–50	51	56.7%
Above 50	17	18.9%
Total	90	100%

The table illustrates that the majority of respondents (56.7%) belong to the 31–50 years age group, indicating that middle-aged individuals are the most engaged in mystic healing practices. This age-wise distribution reflects that belief in mystic practices is more prevalent among adults and middle-aged individuals, and not very common in children and youth, possibly due to life experiences, health concerns, or societal influences.

Table 4: Education Level of the Respondents

Education Level	Count	Percentage
No formal education	69	76.7%
Primary school	7	7.8%
High school	6	6.7%
Graduate	8	8.9%
Postgraduate or above	1	1.1%
Total	90	100%

The table clearly highlights that an overwhelming 76.7% of respondents have no formal education, suggesting a strong correlation between low literacy levels and reliance on mystic

healing practices. This pattern suggests that limited exposure to formal education may reinforce traditional beliefs and reliance on alternative healing methods. It also raises critical questions about access to healthcare awareness and the role of education in shaping perceptions of mystic practices.

Table 5: Caste/Community Background of the Respondents

Caste/Community	Count	Percentage
Scheduled Caste (SC)	41	45.6%
Other Backward Classes	34	37.8%
General/Upper Caste	15	16.7%
Total	90	100%

The table highlights that Scheduled Caste (45.6%) and Other Backward Classes (37.8%) respondents dominate the study, while General/Upper Caste (16.7%) participation remains low. This suggests that marginalized communities rely more on mystic healing, due to historical exclusion and socio-economic hardships.

Table 6: Monthly Household Income of the Respondents

Income Range	Count	Percentage
Below ₹10,000	49	54.4%
₹10,001–₹25,000	31	34.4%
₹25,001–₹50,000	10	11.1%
Total	90	100%

The table underscores a strong correlation between economic hardship and reliance on mystic healing. Limited financial resources may drive these individuals toward traditional healing methods due to the high costs and inaccessibility of formal healthcare. This pattern highlights the urgent need for affordable medical alternatives and awareness programs to bridge the healthcare gap for economically disadvantaged communities.

Table 7: Frequency of Visits to Mystic Healing Sites

Frequency	Count	Percentage
Weekly	39	43.3%
Monthly	28	31.1%
Occasionally	17	18.9%
Rarely	6	6.7%
Total	90	100%

The field study suggest that mystic healing remains a regular and significant part of many respondents' lives. The data highlights the cultural

and psychological reliance on these practices, emphasizing their role in addressing health concerns, faith-based healing, or social traditions.

Table 8: Reasons for Visiting Mystic Healing Sites

Reason	Count	Percentage
Physical ailments	39	43.3%
Mental health issues	22	24.4%
Supernatural issues	14	15.6%
To seek blessings	10	11.1%
On advice from others	5	5.6%
Total	90	100%

The above data distribution depicts that many individuals turn to mystic practices when facing health-related challenges, particularly in cases where conventional medicine may be inaccessible, unaffordable, or perceived as ineffective. The notable percentage of visits for blessing and supernatural concerns reflects deep-rooted cultural and spiritual beliefs, warranting further exploration of the societal factors influencing these healing practices.

Table 9: Who Typically Accompanies Respondents?

Companion	Count	Percentage
Family members	49	54.4%
Friends or neighbors	21	23.3%
Alone	15	16.7%
Organized groups	5	5.6%
Total	90	100%

The table reveals that a majority of respondents (54.4%) visit mystic healing sites with family members, indicating that these practices are often a collective experience influenced by familial beliefs. 23.3% are accompanied by friends or neighbors, suggesting a strong community influence. The data underscores the social dimensions of mystic healing, where family and community play a crucial role in shaping participation and belief systems.

Table 10: Motivations for Choosing Mystic Healing

Motivation	Count	Percentage
Lack of access to healthcare	39	43.3%
Faith in divine powers	29	32.2%
Perceived affordability	9	10.0%
Failure of modern medicine	6	6.7%
Cultural or traditional beliefs	7	7.8%
Total	90	100%

The table reveals that lack of access to healthcare (43.3%) is the leading driver behind the preference for mystic healing, highlighting critical gaps in medical infrastructure and affordability. Faith in divine powers (32.2%) further reinforces the deep-rooted spiritual and cultural reliance on these practices. The findings underscore how a mix of necessity, faith, and tradition shapes the decision to seek mystic healing over conventional healthcare.

Table 11: Rituals or Practices during Healing Sessions

Ritual/Practice	Count	Percentage
Chanting or prayers	39	43.3%
Use of holy water/ash	31	34.4%
Sacrifices	10	11.1%
Physical acts	10	11.1%
Total	90	100%

The table reveals that chanting or prayers (43.3%) and holy water/ash (34.4%) dominate mystic healing rituals, reflecting deep spiritual beliefs. These findings highlight the ritualistic nature of mystic healing, where faith, symbolism, and tradition play a crucial role in the perceived effectiveness of the process.

Table 12: Awareness of Crimes at Mystic Healing Sites

Awareness Level	Count	Percentage
Yes, frequently	36	40.0%
Occasionally	29	32.2%
Rarely	15	16.7%
Never	10	11.1%
Total	90	100%

The table highlights a concerning reality—72.2% of respondents (40.0% frequently, 32.2% occasionally) acknowledge the presence of crimes at these mystic healing sites, pointing to underlying risks and vulnerabilities in these spaces.

Table 13: Types of Crimes

Crime Type	Count	Percentage
Financial exploitation	39	43.3%
Sexual exploitation	19	21.1%
Physical abuse	10	11.1%
Psychological manipulation	12	13.3%
Can't say don't know	10	11.1%
Total	90	100%

The table paints a stark picture of exploitation at mystic healing sites, where faith meets fraud—43.3% of respondents report financial exploitation, making monetary scams the most rampant crime.

Even more alarming are sexual exploitation (21.1%), psychological manipulation (13.3%), and physical abuse (11.1%), exposing the darker side of these spaces. These insights raise pressing questions about unchecked authority, societal blind spots, and the urgent need for intervention to protect vulnerable individuals from deception and harm in the name of healing.

Table 14: Personal Experience with Crime

Experience Level	Count	Percentage
Yes, personally	19	21.1%
Yes, someone I know	29	32.2%
No	42	46.7%
Total	90	100%

The data exposes that more than half (53.3%) of respondents have either personally suffered (21.1%) or know someone who has (32.2%) experienced crime at mystic healing sites. This widespread victimization raises urgent concerns about unchecked exploitation. While 46.7% report no encounters, the prevalence of abuse cannot be ignored. These findings demand immediate attention, urging deeper inquiry and stronger safeguards to protect vulnerable seekers from harm disguised as healing.

Table 15: Reasons Crimes Go Unreported

Reason	Count	Percentage
Fear of social stigma	39	43.3%
Fear of spiritual retribution	28	31.1%
Lack of legal support	13	14.4%
Dependence on the healer for further aid	10	11.1%
Total	90	100%

A culture of fear silences victims—social stigma (43.3%) and spiritual retribution (31.1%) keep crimes at mystic sites hidden, while lack of legal support (14.4%) and dependence on healers (11.1%) trap victims in secrecy. This unchecked cycle of exploitation calls for urgent awareness, legal action, and stronger support systems to break the silence and protect the vulnerable.

Table 16: Perception of Safety at Mystic Healing Sites

Perception	Count	Percentage
Completely safe	10	11.1%
Mostly safe	40	44.4%
Unsafe for certain groups	30	33.3%
Completely unsafe	10	11.1%
Total	90	100%

Perceptions of safety at mystic healing sites are divided—while 55.5% of respondents feel completely or mostly safe, a significant 44.4% acknowledge risks, especially for vulnerable groups. With 11.1% deeming these sites completely unsafe, concerns about exploitation and harm persist. This highlights the need for stricter regulations, awareness, and protective measures to ensure these spaces truly serve as places of healing, not danger.

Table 17: Demographics Most Vulnerable to Exploitation

Demographic	Count	Percentage
Women	39	43.3%
Children	21	23.3%
Elderly	12	13.3%
Poor and marginalized	13	14.4%
All groups equally	5	5.6%
Total	90	100%

Vulnerability at mystic healing sites is stark— women (43.3%) are the most at risk, followed by children (23.3%), the elderly (13.3%), and the poor and marginalized (14.4%). With only 5.6% believing all groups are equally affected, the data highlights a clear pattern of targeted exploitation, demanding urgent protective measures for these at-risk populations.

Table 18: Financial Expectations of Mystic Healers

Expectation	Count	Percentage
Voluntary donations	47	52.2%
Fixed fees for services	23	25.6%
Expensive offerings	11	12.2%
Regular payments/memberships	9	10.0%
Total	90	100%

Mystic healers primarily rely on voluntary donations (52.2%), but 25.6% charge fixed fees, and 22.2% expect costly offerings or regular payments. While donations may seem optional, the presence of structured financial demands raises concerns about monetary exploitation disguised as spiritual aid.

Table 19: Observations of Physical Harm during Rituals

Observation	Count	Percentage
Yes, it is common	29	32.2%
Rarely, but I have heard of it	41	45.6%
No, I have not observed any harm	20	22.2%
Total	90	100%

Physical harm during healing rituals is a recognized issue, with 32.2% respondents witnessing it firsthand and 45.6% hearing about such incidents. While 22.2% report no observations, the prevalence of these accounts signals a serious concern about the safety during these healing practices, demanding scrutiny and intervention.

Table 20: Behavior of Mystic Healers Toward Devotees

Behavior	Count	Percentage
Respectful and compassionate	21	23.3%
Authoritative but fair	30	33.3%
Manipulative and controlling	25	27.8%
Exploitative and harmful	14	15.6%
Total	90	100%

Mystic healers walk a fine line between faith and exploitation—while 56.6% see them as fair or compassionate, a troubling 43.4% report manipulation or harm. This stark contrast calls for urgent scrutiny to protect devotees from hidden dangers.

Table 21: Ways to Reduce Harm at Healing Sites

Suggested Measure	Count	Percentage
Public awareness campaigns	38	42.2%
Strict legal regulations	30	33.3%
Educating communities	17	18.9%
Promoting accountability	5	5.6%
Total	90	100%

The findings suggest that public awareness (42.2%) and strict legal regulations (33.3%) are the most favored approaches to reducing harm at healing sites. Additionally, 18.9% emphasize community education, while 5.6% highlight the need for accountability. These insights stress the importance of systematic interventions combining legal, educational, and awareness-driven strategies to ensure ethical practices in mystic healing.

Table 22: Overall Opinion of Mystic Healing Practices

Opinion	Count	Percentage
Positive, they are beneficial	31	34.4%
Mixed, benefits and drawbacks	40	44.4%
Negative, they cause harm	14	15.6%
Neutral, no opinion	5	5.6%
Total	90	100%

The perceptions of mystic healing practices are diverse, with 34.4% respondents viewing them as beneficial, while 44.4% recognize both advantages and limitations. However, 15.6% perceive these practices as harmful, indicating a critical discourse on their efficacy and ethical implications. This underscores the need for further scholarly inquiry into their social, psychological, and cultural impacts.

Table 23: Recommendation to Visit a Mystic Healer

Recommendation	Count	Percentage
Yes, always	21	23.3%
Yes, but with caution	39	43.3%
No, never	20	22.2%
Depends on circumstances	10	11.1%
Total	90	100%

Faith meets skepticism—while 66.6% recommend mystic healers, nearly 43.3% urge caution. With 22.2% rejecting them outright, the debate underscores the fine line between belief and potential risk.

The above collected data from these respondents highlight the socio-cultural significance of mystic healing practices in Kurukshetra district of Haryana while also uncovering concerns regarding crime and harm at these sites. The data suggest that while faith-driven healing remains a crucial health-seeking alternative, incidents of exploitation, manipulation, and physical harm raise ethical and legal questions.

CONCLUSION

The study explored the complex and dual nature of mystic healing practices in Haryana, revealing how faith-based approaches to illness remain prevalent, especially where formal healthcare is inaccessible or distrusted. By examining mystic sites, healers, and devotees, the research has offered critical insights into the cultural, psychological, and spiritual dimensions of healing beyond biomedical frameworks. The study significantly contributes to the existing literature by documenting under-researched mystical practices and their social context, thus enriching the academic discourse on alternative health systems, belief-driven behaviors, and rural sociology in India. It also bridges the gap between sociological theory and lived experiences, offering a grassroots-level understanding of how mysticism intersects with health and culture.

However, the findings also bring to light the darker side of these practices, where unchecked spiritual authority may enable exploitation, financial fraud, gender-based violence, or psychological abuse. These harms often remain hidden under the veil of faith, making vulnerable individuals—especially women and marginalized groups—susceptible to manipulation and suffering.

From a policy perspective, the study underlines the urgent need for culturally sensitive health interventions, community awareness, and ethical regulations of healing spaces. It suggests that policies must not only recognize the cultural importance of mystic practices but also develop safeguards against their misuse. Public health strategies, legal monitoring, social work outreach, and establish scheme like anonymous helplines or digital platforms where individuals can safely report crimes or exploitation at healing sites without fear of retribution must work in tandem to ensure that spaces meant for healing do not become grounds for harm.

In conclusion, this research invites a more nuanced and ethically grounded approach to integrating traditional belief systems with public health, ensuring that faith remains a source of strength—not suffering.

Healer offering treatment(*Jhada*) to the patients at different sites

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