

Indigenous Traditional Healing Care: Belief & Practices among Tribals of South Bastar in Chhattisgarh

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ABSTRACT

Globally, about 85% of the traditional medicines were used for primary healthcare which are derived from plants. There is a need to document the indigenous knowledge related to Indian herbs and plants and their medicinal and other uses and convert it into easily navigable computerize data base for easy access and to secure patenting rights; to discourage other countries for patenting Indian heritage; to transfer knowledge to all sectors who are interested to know about our Indian Systems of Medicine; most of our knowledge is in Sanskrit, Arabic, Persian and other classical languages, which needs to be translated to other modern languages. The tribes of Bastar region are known for their unique and distinctive tribal culture and heritage in all over the world. Each tribal group in Bastar has their own distinct culture and enjoys their own unique traditional living styles. To assess the Tribals traditional healing practices and knowledge, data were collected by household surveys (viewed as the main component of the field work), oral histories (based on open discussions with widely recognized knowledgeable elders), Focused discussions with mothers at local health centers, local market surveys, questionnaires administered to elder members of villagers / healers and structured interviews with (both modern and traditional) professional health practitioners.

Present studies, therefore bear special significance, to be first of its kind to document the traditional knowledge of the primitive tribes of Bastar, Chhattisgarh as well as in India, with a systematic recording the tribal knowledge.

Key Words: Traditional Healing, Herbs, Bastar and Chhattisgarh.

Introduction

Most of the tribal pockets are undulating densely covered with thick forest cover and tribal are inhabited at hill tops, foot hills since last several hundreds of years. From the very beginning of human civilization men depend on nature for his food, shelter and medicine. (Panigarhi G & Murti SK, 1989). Since long Tribals and forests are inter-windily related to each other. Forests are not only the source of major and minor forest produces, but they depend much on forest for their day to day needs. Bastar district of Chhattisgarh state is one of the districts very rich is variety of plants. So far, very little documentation is available for the medicinal plants. Similarly, the primitive tribes, their socio-economic condition, knowledge of medicinal plants and livelihood security are still to be documented. Present studies, therefore bear special significance, to be first of its kind to document the traditional knowledge of the primitive tribes of Bastar, Chhattisgarh as well as in India, with a systematic recording the tribal knowledge. Sustainability of natural resources was observed around the settlements of Tribals practice of herbal medicine originated in prehistoric times when humans discovered through trial and error method that certain plants had healing power (Jain S K, 1965). There are several areas in Chhattisgarh state, difficult to approach as well as several tribes which are difficult to communicate and these are the areas and tribal people their knowledge required to be documented.

Assessment of the Data

In-depth quantitative and qualitative analyses of the data gathered from these various sources were still under way. Knowledgeable persons of tribal communities and traditional herbal healers were contacted and information was collected through interviews, observations and discussions held during field survey. The discussions revealed local name of species, plant part used formulation of herbal drugs used by traditional healers and tribal communities and the species were scientifically identified with their botanical names.

Study Area

In Chhattisgarh state, Bastar district is found to surround by Kanker district in north, Maharashtra state in the west, Dantewada district in the south and Odisha state in the east. The total forest area of Bastar is 7112 sq km, which is more than the 75% of total area of the district. The field study was carried out in the rural villages and forest villages of the Kachira, Dhurguda

Kurandi, Jamguda, Mundapara, Badepara, Arabal and Hatguda forest ranges of Bastar District (C.G).

Table 1: Selected villages and District in Chhattisgarh

| State | District | Block | Village | Surveyed Household |
|--------------|----------|--------|-----------|--------------------|
| Chhattisgarh | Bastar | Bastar | Kachira | 55 |
| | | | Dhurguda | 55 |
| | | | Kurandi | 55 |
| | | | Jamguda | 55 |
| | | | Mundapara | 55 |
| | | | Badepara | 55 |
| | | | Arabal | 60 |
| | | | Hatguda | 60 |
| Total | | | | 450 |

Observation & Analysis

Table 2 show that there were lots of Health institution as well as Ayurvedic dispensary 1.01%; Unani dispensary 0.33%; Sub Centre 7.74%; PHC 60.26%; CHC 16.83% and District Hospital 13.80%. The Chhattishgarh state is also served by state sponsored medical system in which

Primary Health Centers (PHC) are the key units for curing different diseases. However, these centers are not adequate in the state, and each PHC caters more than 31,000 populations against the stipulated norms of 20,000 for the hilly region. Apart from this inappropriateness in availability of PHCs in Bastar along with

Table 2: Different Types of Health Institution in Bastar

| Types of Institution | No. | % |
|----------------------|------------|------------|
| Ayurvedic Dispensary | 03 | 1.01 |
| Unani Dispensary | 01 | 0.33 |
| Sub Centre | 23 | 7.74 |
| PHC | 179 | 60.26 |
| CHC | 50 | 16.83 |
| District Hospital | 41 | 13.80 |
| Total | 297 | 100 |

Chhattishgarh state the cost of modern medicines times higher than the cost of indigenous medicine. The survey indicates that the loss of knowledge on preparing medicine was due to the decline in number of *Vaidyas*. Despite of that they are coming forward to adopt this traditional healing practice professionally.

Kind of Treatment Availing by Villagers

In socio economic survey, Tribals were found to have firm belief and awareness of traditional methods of home remedy, however only 2.22 % families had an elder person as a source of information for home remedy because of the higher cost of treatment in other systems of treatment and non availability of public facility had forced them to depend on home remedies as for treatment.

| Variables | No. | % |
|--------------------|------------|------------|
| Govt. Doctor | 91 | 20.22 |
| Private Doctor | 58 | 12.88 |
| Chemist Shop | 10 | 2.22 |
| Traditional Healer | 91 | 36.66 |
| Herbalist | 69 | 15.33 |
| Priest in Temple | 5 | 5.55 |
| Nobody Consulted | 16 | 3.55 |
| Home Remedies | 10 | 2.22 |
| Fasting | 6 | 1.33 |
| Total | 450 | 100 |

Table 3 depicts majority of families 36.66% had accepted that they get relief from home remedies for common ailments, even though rest percentage of families of Bastar district were found to rely upon other means of treatment away from the village, this was observed due to awareness amongst the village people.

1) Reason of Not Consultation for Illness

Table 4 stated that there are many reasons like Don't believe in Allopath(55.80%), Don't believe in Ritual Therapy(3.08%), Don't have modern facilities(16.35%), Don't believe in Traditional healing(7.18%), Prefer Home remedies only(10.60%) etc..Because of those reasons they have suffering more from easily curable diseases. The low cost of herbal medicine is one of the reasons that discourage younger generation to adopt the *Vaidyas/Sirhas (Traditional Healer)* as a profession (Hemadri, Koppula & Rao S S, 1989). There is a sharp decline in the number of recognized *Vaidyas* in the study area, however, there are number of women and men in the villages who know the healing properties of some of the medicinal plant species.

| Reasons | No = 1688 | % |
|---|------------------|------------|
| Don't believe in Allopath | 942 | 55.80 |
| Don't believe in Traditional healing | 92 | 5.45 |
| Don't believe in Ritual Therapy | 52 | 3.08 |
| Prefer Home remedies only | 179 | 10.60 |
| No time for consultation | 24 | 1.42 |
| Don't have modern facilities | 276 | 16.35 |
| Don't have Traditional Healing Facilities | 123 | 7.28 |
| Total | 1688 | 100 |

Status and Role of Traditional Healer

A traditional method of using plants as a medicine was found to be prevalent in Bastar. Table 5 shows that 87.77% population answered that healing is Inheritance from elderly person where 3.33% people’s opinions are accidental detection gift from God, 4.22% said that training from the specialist and others 4.66%. The tribesmen consider diseases as manifestation of evil spirit or to the wrath of certain divine spirits. The usual theory of disease in tribal society is that disease is caused by the breach of some taboo or by hostile spirit of dead. Sickness is the routine punishment for every lapse and crime meted out to them by these spirits (Verma DM, Balkrishna NP & Dixit R D, 1993). Whenever an epidemic breaks out, the traditional healers perform magico-religious rites for the cure. Tribals’ belief in this regard is so deep rooted that even educated Tribals would not ignore the traditional healer (*Sirha/Gunia*). The traditional medicine men and other dignitaries still have a hold on the illiterate masses.

| Variables | No. | % |
|------------------------------------|------------|------------|
| Inheritance from elderly person | 395 | 87.77 |
| Accidental detection gift from God | 15 | 3.33 |
| Training from the Specialist | 19 | 4.22 |
| Others | 21 | 4.66 |
| Total | 450 | 100 |

2) Seeking of Healer

Traditional

It’s observed from table 6 that villager’s first preference is to seek traditional healer for treatment (75.33%). Majority of young generation do not know many plants and their medicinal values. Only few younger are followed the medicinal practices and traditional knowledge in the Bastar. It is well known fact that health and disease are interested and their concept varies from culture to culture, especially in tribal and other backward communities because their concept of health and health seeking behavior is part of their culture. Health status and indigenous health practices of different tribal group is influenced by their entire way of life, like culture, included social and economic condition, nutrition, living conditions housing, education, food habits, taboos and superstition, socio-religious beliefs and

| Status | No. | % |
|---------------|------------|------------|
| Yes | 339 | 75.33 |
| No | 111 | 24.66 |
| Total | 450 | 100 |

practices, use of indigenous Medicare system, income communication and transportation, ecology, demography, socio biological practices, genetic attributes and health service etc. These entire interacting subsystems complex as a whole is termed health culture (Das & Sharma, 2007).

3) Highly Preference of Traditional Methods

Table 7 reveals that out of 450 families, 92 families (20.44%) had reported that they prefer allopath treatment for diseases, 339 (75.33%) families believe in traditional healing practices significantly hence they were availing Ayurved

| Kind of Treatment | No. | % |
|---------------------|------------|------------|
| Allopath | 92 | 20.44 |
| Traditional Healing | 339 | 75.33 |
| Ayurved Method | 09 | 4.22 |
| Total | 450 | 100 |

treatment (4.22%) also. Traditional health practices is in position but in addition to that the Tribals start accepting the modern health practices, this is due to the cultural contact and the welfare centre at the areas (Mudgal V, Khanna KK & Hajra P K, 1997).

Usefulness of Home Remedies

Living close to nature, the tribal people have acquired knowledge on the natural resources that exists around their habitat in the forest eco-system. These people have unique knowledge on use of different plant parts and their use in cure of ailment (Nadkarni, 2001). These communities are using different formulations made out of plant parts in cure of ailments in primary health care. Keeping in view of vastness of forest area and richness of vegetation, systematic efforts to exploit the valuable potential is still lacking with exception to sporadic attempts being made as evident by review of literature being done for investigators earned in Chhattisgarh on traditional health care by numerous ethno- botanists such as Oomachen and Srivastava, 1996. These traditional Indian systems of medicine in their classical forms are still very active.

Table 8 depicted that usefulness of medicinal plants were studied for disease ailments like cold, cough, fever, dysentery, small cuts and wounds, headache, menstrual abdominal pain, white discharge, and excess menstrual bleeding etc.

| Table 8:List of Some Medicinal Plants in Tribal Area of Bastar, Chhattisgarh | | | |
|---|-----------------------------|------------------------------------|-----------------------|
| Ailment | Common name of plant | Botanical name | Parts of plant |
| Body ache | Mahka | <i>Aegle marmelos</i> | Bark |
| | Bis tendu | <i>Diospyros ontana</i> | Root bark |
| Chest pain | Kahua | <i>Terminalia arjuna</i> | Bark |
| | Kurma | <i>Lecucas aspera</i> | Whole plant |
| Cough and Cold | Pilikateri | <i>Argemone excicana</i> | Flower |
| | Ber | <i>Ziziphus jujube</i> | Bark |
| | Adusa | <i>Adhatoda vasica</i> | Leaves |
| Cuts & wounds | Ghritkumari | <i>Aloe vera</i> | Pulp |
| | Bhelawa | <i>Semicarpus nocardium</i> | Bark |
| | Kanghi | <i>Abutilonon indicum</i> | Roots |
| | Kewanch | <i>Mucuna pruriens</i> | Leaves |
| Diabetes | Dhawra | <i>Anogeissuss latifolia</i> | Bark |
| | Jamun | <i>Syzygium cuminii</i> | Seeds |
| | Dumar | <i>Ficus glomerata</i> | Fruit and bark |
| | Gudmar | <i>Gymnema sylvestre</i> | Stem and leaves |
| Delivery problem | Rasna | <i>Blepharispermum subsessile</i> | Roots |
| | Bach | <i>Acorus calamus</i> | Fresh milk |
| Dysentery | Bhuiamla | <i>Phyllanthus niruri</i> | Whole plant |
| | Kudai | <i>Holarrhaena antidysenterica</i> | Stem bark |

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|---|-----------------------------|-----------------------------------|-----------------------|
| Ailment | Common name of plant | Botanical name | Parts of plant |
| | Aithi | <i>Helicteres isora</i> | Seeds |
| | Amla | <i>Emblica officinalis</i> | Fruits |
| | Rasna Jadi | <i>Blepharispermum subsessile</i> | Roots |
| Ear ache | Harra | <i>Terminalia chebula</i> | Fruits |
| | Bad | <i>Ficus religiosa</i> | Leaves |
| | Dhatura | <i>Datura alba</i> | Seeds |
| | Andi | <i>Ricinus communis</i> | Fruit |
| Epilepsy | Mahka | <i>Aegle marmelos</i> | Fruit |
| | Brahmi | <i>Bacopa monnieri</i> | Leaves |
| | Jhadrin | <i>Gloriosa superba</i> | Leaves |
| | Shankpushpi | <i>Evolvulus alsinoides</i> | Leaves |
| | Satawari | <i>Asparagus racemosus</i> | Roots |
| Eye problems | Choulai bhaji | <i>Amaranthus viridis</i> | Leaves |
| | Ghritkumari | <i>Aloe vera</i> | Leaf pulp |
| Eczema | Atanjari | <i>Helicteres isora</i> | Leaves |
| | Bhuikumhara | <i>Pueraria tuberosa</i> | Leaves |
| Fever | Bach | <i>Acorus calamus</i> | Root |
| | Giloy | <i>Tinospora cordifolia</i> | Stem |
| | Bantulsi | <i>Eranthemum pullchellum</i> | Leaves |
| | Adusa | <i>Adhatoda zeylanica</i> | Leaves |
| | Bhuileem | <i>Andragophis</i> | Leaves |

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|---|-----------------------------|---------------------------------------|-----------------------|
| Ailment | Common name of plant | Botanical name | Parts of plant |
| | | <i>paniculata</i> | |
| Fracture | Anantmool | <i>Hemidesmus indicus</i> | Entire plant |
| | Harsingar | <i>Nyctanthes arbortristis</i> | Leaves and fruits |
| | Hadjod | <i>Cissus quadrangularis</i> | Stem |
| Giddiness | Tulsi | <i>Ocimum basilicum</i> | Entire plant |
| Head-ache | Keokand | <i>Costus speciosus</i> | Rhizomes |
| Hydrocel | Jangli haldi | <i>Curcuma amada</i> | Rhizomes |
| | Bhelava | <i>Semicarpus anacardium</i> | Seeds |
| | Arandi | <i>Ricinus communis</i> | Leaves |
| Irregular Menses | Dhawai | <i>Woodfordia fruticosa</i> Dhawai | Corolla |
| | Gudahal | <i>Hibiscus rosa-sinensis</i> Gudahal | Flower |
| Itching | Chitrak | <i>Plumbago zeylanica</i> Chitrak | Entire plants |
| | Nirgundi | <i>Vitex negundo</i> | Entire plants |
| Jaundice | Muli | <i>Raphanus sativus</i> | Leaves |
| | Amar bel | <i>Cuscuta reflexa</i> | Leaves |
| | Bhui Amla | <i>Phyllanthus nirurai</i> | Whole plant |
| | Saan | <i>Crotalaria sericea</i> | Leaves |
| | Chirchita | <i>Achyranthes aspera</i> | Roots |
| | Mehandi | <i>Lawsonia alba</i> | Leaves |
| | Mahaleem | <i>Melia azadirach</i> | Bark |
| | Char | <i>Buchanania</i> | Bark |

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|---|-----------------------------|--------------------------------|-----------------------|
| Ailment | Common name of plant | Botanical name | Parts of plant |
| | | <i>lanzan</i> | |
| | Kahava | <i>Terminalia arjuna</i> | Bark |
| | Sarpokha | <i>Tephrosia purpurea</i> | whole plant |
| | Mahua | and <i>Madhuca latifolia</i> | Bark and seed |
| Joint Pain | Shatavari | <i>Asparagus racemosus</i> | Roots |
| | Nirgundi | <i>Vitex negundo</i> | Root, stem and leaves |
| | Karanji | <i>Pongamia pinnata</i> | Root, stem and leaves |
| | Keokand | <i>Costus speciosus</i> | Rhizome |
| Kidney Stone | Pathribhaji | <i>Boerhaavia diffusa</i> | Leaves |
| | Kulthi | <i>Mycrotyloma uniflorum</i> | Seeds |
| Leucorrhoea | Palas | <i>Butea monosperma</i> | Flowers |
| | Anar | <i>Punica granatum</i> | Flowers |
| | Ramdatun | <i>Smilax macrophylla</i> | Stems |
| Malaria | Bhuileem | <i>Andrographis paniculata</i> | Whole plant |
| | Giloy | <i>Tinospora cordifolia</i> | Stem |
| | Neem | <i>Azadiracta indica</i> | Bark |
| Male Impotency | Thełka | <i>Alangium salviifolium</i> | Entire plants |
| | Tejraj | <i>Peucedanum nagpurensis</i> | Entire plants |

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|---|-----------------------------|------------------------------------|-----------------------|
| Ailment | Common name of plant | Botanical name | Parts of plant |
| Milk secretion | Anantmul | <i>Hemidesmus indicus</i> | Roots |
| | Satawri | <i>Asparagus racemosus</i> | Fibre |
| | Dudhi | <i>Euphorbia hirta</i> | Whole plant |
| Onset of Pregnancy | Keokand | <i>Acorus calamus</i> | Roots |
| Painful menses and excessive blood discharge | Mahka | <i>Aegle marmelos</i> | Root |
| | Satawri | <i>Asparagus racemosus</i> | Root |
| | Jhagrin | <i>Gloriosa superba</i> | Root |
| Paralysis | Akarkara | <i>Spilanthes oleracea</i> | Entire plants |
| | Siris | <i>Albizia lebbek</i> | Barks |
| | Sehra | <i>Bauhinia retusa</i> | Barks |
| Piles | Tillai | <i>Wendlandia exserta</i> | Barks |
| | Bargad | <i>Ficus benghalensis</i> | Fruits |
| | Farsa | <i>Butea monosperma</i> | Gum |
| | Modga | <i>Lannea grandis</i> | Bark |
| | Tillai | <i>Wendlandia exserta</i> | Bark |
| | Fatera | <i>Gardenia turgida</i> | Bark |
| | Zimikand | <i>Amorphophallus paeonifolius</i> | Root |
| Respiratory Disorder (Asthma) | Amla | <i>Emblica officinalis</i> | Fruits |
| | Amarbel | <i>Cuscuta reflexa</i> | Fruits |
| Stomach Pain | Bargad | <i>Ficus religiosa</i> | Leaves and fruits |

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|---|-----------------------------|--------------------------------|-----------------------|
| Ailment | Common name of plant | Botanical name | Parts of plant |
| Swelling | Nirgundi | <i>Vitex negundo</i> | Entire plants |
| Snake bite | Bhuileem | <i>Andrographis paniculata</i> | Entire plants |
| | Sarpagandha | <i>Rauwolfia serpentina</i> | Roots |
| | Khas | <i>Vetivera zizanoides</i> | Whole plant |
| | Jhagrin | <i>Gloriosa superba</i> | Roots |
| Scorpion Bite | Manjita | <i>Rubia cordifolia</i> | Leaves |
| | Peng | <i>Celastrus paniculata</i> | Seeds |
| Tooth ache and Pyorrhea | Ramdaton | <i>Smilax macrophyla</i> | Whole plant |
| | Koliyapad | <i>Dioscorea daemona</i> | Whole plant |
| | | | |
| Tuberculosis | Bhelwa | <i>Semicarpus anacardium</i> | Seeds |
| Weakness | Keokand | <i>Costus speciosus</i> | Roots |
| | Satawri | <i>Asparagus racemosus</i> | Roots |
| | | | |

Conclusion & Recommendations

According to data 75.33% of Tribals sought Traditional Healing and 4.22% believe herbal methods of treatment. The use of plant species as remedies is probably as ancient as men itself or the most part, the knowledge of medicinal plants is still transmitted orally. 7.44% of the families had derived the knowledge of home remedies from their elders. Thus it is clear that Tribals are seeking for their traditional knowledge and also want to learn and save their

traditional healing culture. For integrate the Tribals alienated from traditional practices of forest conservation, it is essential to strengthen the tribal institutions which are many instances. A place for traditional herbal remedies in the health care system will be established only if recommendations for their use are based on studies that make them credible and acceptable.

It has been realized that medicinal herbs are going to play an important role in future material. It is anticipated that some significant conclusions would emerge from the ongoing study. So, this paper will provide adequate view to academics and researchers working on the promotion and restoration of Indigenous Knowledge Systems (IKS) of tribal communities of India and world. Therefore it is necessary that suitable requirements are needed in order to protect the traditional knowledge in particular area with reference to medicinal plant utilization and it was found that traditional ethno-medicine still persists among the tribal's in District Bastar of Chhattisgarh.

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