

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 computerized 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.

Keywords: Traditional Healing, Herbs, Bastar and Chhattisgarh.

I. 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 in 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 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.

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

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. 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.

Table 3: Kind of Treatment Variables

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

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.

Table 4: Reason for Not Consultation

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.

Table 5: Status of Traditional Healer

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

Seeking of Traditional Healer

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 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).

Table 6: Seeking Traditional Healer for Treatment

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

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 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	Aegle marmelos	Bark
	Bis tendu	Diospyros ontana	Root bark
Chest pain	Kahua	Terminalia arjuna	Bark
	Kurma	Lecucas aspera	Whole plant
Cough and Cold	Pilikateri	Argemone exicana	Flower
	Ber	Ziziphus jujube	Bark
	Adusa	Adhatoda vasica	Leaves
Cuts & wounds	Ghritkumari	Aloe vera	Pulp
	Bhelawa	Semicarpus nocardium	Bark
	Kanghi	Abutilon indicum	Roots
	Kewanch	Mucuna pruriens	Leaves
Diabetes	Dhawra	Anogeissus latifolia	Bark
	Jamun	Syzygium cumini	Seeds
	Dumar	Ficus glomerata	Fruit and bark
	Gudmar	Gymnema sylvestre	Stem and leaves
Delivery problem	Rasna	Blepharispermum subsessile	Roots
	Bach	Acorus calamus	Fresh milk
Dysentery	Bhuiamla	Phyllanthus niruri	Whole plant
	Kudai	Holarrhaena antidysenterica	Stem bark
	Aithi	Helicteres isora	Seeds
	Amla	Embllica officinalis	Fruits
	Rasna Jadi	Blepharispermum subsessile	Roots
Ear ache	Harra	Terminalia chebula	Fruits
	Bad	Ficus religiosa	Leaves
	Dhatura	Datura alba	Seeds
	Andi	Ricinus communis	Fruit
Epilepsy	Mahka	Aegle marmelos	Fruit
	Brahmi	Bacopa monnieri	Leaves
	Jhadrin	Gloriosa superba	Leaves
	Shankpushpi	Evolvulus alsinoides	Leaves
	Satawari	Asparagus racemosus	Roots
Eye problems	Choulai bhaji	Amaranthus viridis	Leaves
	Ghritkumari	Aloe vera	Leaf pulp
Eczema	Atanjari	Helicteres isora	Leaves
	Bhuikumhara	Pueraria tuberosa	Leaves
Fever	Bach	Acorus calamus	Root
	Giloy	Tinospora cordifolia	Stem
	Bantulsi	Eranthemum pullchellum	Leaves
	Adusa	Adhatoda zeylanica	Leaves
	Bhuileem	Andragrophis paniculata	Leaves
Fracture	Anantmool	Hemidesmus indicus	Entire plant
	Harsingar	Nyctanthes arbortristis	Leaves and fruits
	Hadjod	Cissus quadrangularis	Stem
Giddiness	Tulsi	Ocimum basilicum	Entire plant
Head-ache	Keokand	Costus speciosus	Rhizomes
Hydrocel	Jangli haldi	Curcuma amada	Rhizomes
	Bhelava	Semicarpus anacardium	Seeds
	Arandi	Ricinus communis	Leaves
Irregular Menses	Dhawai	Woodfordia fruticosa	Corolla
	Gudahal	Hibiscus rosa-sinensis	Flower

Ailment	Common name of plant	Botanical name	Parts of plant
		Gudahal	
Itching	Chitrak	Plumbago zeylanica Chitrak	Entire plants
	Nirgundi	Vitex negundo	Entire plants
Jaundice	Muli	Raphanus sativus	Leaves
	Amar bel	Cuscuta reflexa	Leaves
	Bhui Amla	Phyllanthus nirurai	Whole plant
	Saan	Crotalaria sericea	Leaves
	Chirchita	Achyranthes aspera	Roots
	Mehandi	Lawsonia alba	Leaves
	Mahaleem	Melia azadirach	Bark
	Char	Buchanania lanzan	Bark
	Kahava	Terminalia arjuna	Bark
	Sarpokha	Tephrosia purpurea	whole plant
	Mahua	and Madhuca latifolia	Bark and seed
Joint Pain	Shatavari	Asparagus racemosus	Roots
	Nirgundi	Vitex negundo	Root, stem and leaves
	Karanji	Pongamia pinnata	Root, stem and leaves
	Keokand	Costus speciosus	Rhizome
Kidney Stone	Pathribhaji	Boerhaavia diffusa	Leaves
	Kulthi	Mycrotyloma uniflorum	Seeds
Leucorrhoea	Palas	Butea monosperma	Flowers
	Anar	Punica granatum	Flowers
	Ramdatun	Smilax macrophylla	Stems
Malaria	Bhuileem	Andrographis paniculata	Whole plant
	Giloy	Tinospora cordifolia	Stem
	Neem	Azadiracta indica	Bark
Male Impotency	Thekka	Alangium salviifolium	Entire plants
	Tejraj	Peucedanum nagpurense	Entire plants
Milk secretion	Anantmul	Hemidesmus indicus	Roots
	Satawri	Asparagus racemosus	Fibre
	Dudhi	Euphorbia hirta	Whole plant
Onset of Pregnancy	Keokand	Acorus calamus	Root
Painful menses and excessive blood discharge	Mahka	Aegle marmelos	Root
	Satawri	Asparagus racemosus	Root
	Jhagrin	Gloriosa superb	Root
Paralysis	Akarkara	Spilanthes oleracea	Entire plants
	Siris	Albizia lebbek	Barks
	Sehra	Bauhinia retusa	Barks
Piles	Tillai	Wendlandia exserta	Barks
	Bargad	Ficus benghalensis	Fruits
	Farsa	Butea monosperma	Gum
	Modga	Lannea grandis	Bark
	Tillai	Wendlandia exserta	Bark
	Fatera	Gardenia turgida	Bark
	Zimikand	Amorphophallus paeonifolius	Root
Respiratory Disorder (Asthma)	Amla	Emblica officinalis	Fruits
	Amarbel	Cuscuta reflexa	Fruits
Stomach Pain	Bargad	Ficus religiosa	Leaves and fruits
Swelling	Nirgundi	Vitex negundo	Entire plants
Snake bite	Bhuileem	Andrographis paniculata	Entire plants
	Sarpagandha	Rauvolfia serpentina	Roots
	Khas	Vetivera zizanoides	Whole plant
	Jhagrin	Gloriosa superba	Roots
	Manjita	Rubia cordifolia	Leaves
Scorpion Bite	Peng	Celastrus paniculata	Seeds
	Ramdaton	Smilax macrophylla	Whole plant
Tooth ache and Pyorrhoea	Koliyapad	Dioscorea daemona	Whole plant

Ailment	Common name of plant	Botanical name	Parts of plant
Tuberculosis	Bhelwa	Semicarpus anacardium	Seeds
Weakness	Keokand	Costus speciosus	Roots
	Satawri	Asparagus racemosus	Roots

II. 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 man 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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