



## TRADITIONAL HEALTH CARE SYSTEM : BELIEF AND PRACTICES AMONG THE TRIBALS OF SOUTHERN CHHATTISGARH, INDIA

### KEYWORDS

Traditional health care, Gunia, Herbs, Southern Chhattisgarh

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**ABSTRACT** Health is the most precious gift of nature. And the tribal people depend on forests for their livelihood and most of the rural people still depend on traditional medicine as a primary health care source. In tribal (rural) areas due to the less availability of allopathic health care facilities and costly medicines people also go for indigenous treatment which is locally and easily available. In the region like Southern Chhattisgarh (Bastar and Dantewara district) where most of the people resides in rural areas (with large concentration of tribal population) and health for them is a gift of God. Baiga, Gunia and other folk tradition are still in practices. The paper highlights the present health care scenario, traditional health care system, folk practitioner, their belief and method of treatment. To assess the traditional health care system, data were collected by household surveys of sample villages, focused discussions with elder members of villagers, folk practitioners of the village and other indigenous medicine personals. Present studies; therefore bear special significance, to the study of traditional health care system of Southern Chhattisgarh as well as in India with a systematic recording the tribal knowledge of traditional beliefs and practice of medicine.

### INTRODUCTION :

Bastar and Dantewara district jointly occupies the Southern most part of Chhattisgarh state. Both district extends between 17 45 N to 19 45 N Latitudes and 80 18E to 82 10E Longitudes.



Fig. - 1 : Location map of the study area

Tribal population of the study region consist 70.29 percent (2001 census) of total population. Bijapur tahsil with 81.80 percentages (ST) has the highest concentration whereas as in the Jagdalpur tahsil ST population is 62.05 percent lowest.

Table 1 : Study area : Caste Structure (%), Tahsil wise

Sl. No.	Tahsil	ST Population	%	Sc Population	%	OBC and General caste-Population	%
1.	Keshkal	113941	73.35	4236	2.72	37143	23.91
2.	Narayanpur	82716	76.16	3853	3.54	22037	20.29
3.	Kondagaon	231349	68.83	16216	4.82	88526	26.33
4.	Jagdalpur	438482	62.05	14374	2.03	253800	35.91
5.	Dantewara	173714	70.33	10859	4.39	62405	25.26
6.	Bijapur	115948	81.80	4366	3.08	21424	15.11
7.	Bhopal Pattanam	80324	81.21	5306	5.36	13274	13.42
8.	Kosta	187442	80.98	1539	6.64	42464	18.33
	Total	1423916	70.29	60749	2.99	541073	26.71

Source : Census 2001

The Cultural mosaic of the study area is very unique. From time immemorial it is the melting pot of different cultures (Sarkar and Dasgupta, 1996). The original inhabitants of the study area are Gonds, Bhatras, Halbas, Murias, Madia/Marias (both Dandami and Abujh Marias or Hill Maria), Dhurwas and Dorlas. The tribal people of the area mostly depends on forest for their livelihood and upto 90 percent of the rural population still depends on traditional medicine as a primary health care source. And the Southern part of Chhattisgarh State is one of the area which is very rich in variety of medicinal plants

Indigenous or traditional health care system of the study area can be divided into two major groups. (a) Professional health care system (Ayurvedic, Homoeopathic, Unani, Siddha, others) (b) Non-professional folk health care system (Jori-buti, Jadu-tona, Magic, Mantra, Herbs etc.) The role of traditional medicine man in the tribal community of the study area is much more extensive than of a city physician. These medicine man are very respectable persons in the tribal society and people have full faith in them.

**METHODOLOGY :**

A district which have the tribal population more than 65% (according to census, 2001) have been selected as sample tribal area. Southern part of the state comprises of selective district out of which two districts, namely Bastar and Dantewara have been selected for the study of traditional health care system. And twelve (12) villages from the two district of southern Chhattisgarh have been randomly selected for sample study.

**Table – 2 : Sample villages : Population and folk Practitioners**

Sl. No.	Name of sample vilages	Total population (2001)	ST Population (2001)	Other population SC+OBC+GN (2001)	Tradition-alfolk-Practitioner (2009)
1	Karanjee	485	333	152	92
2	Chitra Kote	2969	1779	1190	79
3	BadeKilepal	6870	6147	723	60
4	Baniyagaon	3974	2488	1486	69
5	Lanjode	3967	2815	1152	88
6	Deogaon	819	491	328	52
7	Benoor	1673	936	737	62
8	Singanpur	3474	2385	1089	72
9	Kumarrash	824	804	20	34
10	Chitalanka	1400	997	403	31
11	Kabalner	1300	1254	46	59
12	Balud	2800	2769	31	90

Source : Census 2001 and filed survey : 2007 – 2009

Detailed questionnaire and schedule were prepared for vilage survey, household's survey, doctor and folk practitioner survey. Detailed question-naire was used to collect the vilage level and household information by visiting; all the 12 sample vilage during field work personal interview method of patient-folk doctor was adopted.

A group discussion with villagers was also conducted to collect information regarding traditional health care practices, folk way of disease treatment; their problems, accessibility of health care facilities rural population their beliefs traditions and other health care practice specially among tribals that is helpful the author to got the proper results.

**OBSERVATION AND ANALYSIS :**

**Modern Health Care Facilities :** In the study area medical services started from 1801 when central province was constructed and charitable dispensaries were established. It is reported that in 1874 there were three charitable institutions in the study area.

**Table – 3 : Study area : Modern health Facilities (2007)**

District	Dis-trict Hos-pital	CivilHos-pital	CHC	PHC	Sub-Cetre	Trdi-tioal	Bed
Bastar	1	3	12	62	372	47	527
Dantewara	1	-	9	36	240	36	308
Total	2	3	21	98	612	83	835

Source : Health Department, Raipur (2007)

Above table 3 shows the health facilities is inadequate for the study area, respect of total population.

**TRADITIONAL PROFESSIONAL HEALTH CARE FACILITIES :**

Due to remoteness and isolated living tribal groups of the study area are out reach groups. They live and interact with-in their own group with strong culturities and continue to live

in a close system. Table 4 shows study areas present status of professional traditional health care facilities.

**Table – 4 : Study area traditional professional health carefacilities**

District	Thasil	Ayur-vedic H.C.F.	Homeo-pathic H.C.F.	Other Traditional H.C.F.
Bastar	Keshkal	5	-	-
	Narayanpur	6	-	-
	Kondagaon	7	-	-
	Jagdapur	26	1	-
Dantewara	Bijapur	6	-	-
	Dantewara	13	2	-
	Bhopal- Pat-tanam	7	-	-
	Konta	10	-	-

H.C.F=Healthcarefacilities

Source : Ayurvedic Hospital, Jagdalpur and field survey 2007-09.

**TRADITIONAL NON-PROFESSIONAL HEALTH CARE BE-HAVIOUR :**

In the study area there are so many folk practitioner (traditional non-professional) approximately they are 3680. They highly concentrated in Konta, Bijapur, Dantewara, Kondagaon tahsil. Beside those data; Study areas every men thinks that they have a power to diagnose to any disease. In this reference the vital information has been collected from 260 sample folk practitioner. Table 5 shows the number of folk practitioner and disease are treated by them.

**Table – 5 : Bijap area : Year wise no. of folk practitioner and disease treated by them**

Sl. No.	Village	1981	1991	2001	2009	Disease treated by folk practitioners
1.	Kara-jee	127	126	99	92	Snake bite, watRoga, Dhatu Roga, Pim-plesetc.
2.	Chitra-kote	56	69	82	79	Dental pain, Joint pain, Paralysis, Bronchitis, Itch, Pneumonia, Diccup etc.
3.	Bade-kilepal	89	93	94	60	Skin, piles, Fracture, Dog-bite, Fistula, Dropsy, Jundice, Fever, etc.
4.	Baniyagaon	75	66	64	69	Hydrocele, Acidity, Indigestion, Constipation, Cough, Dropsy, Itch, etc.
5.	Lanjoda	121	109	98	88	Migraine, Pimples, Gastric, Mumps, Gout, Ring-worm, Rabbis, etc.
6.	Deogaon	44	59	55	52	Leucorrhoea, T.B, Dysentry, Gonorrhoea, Epilepsy, Dhat, etc.
7.	Benoor	79	79	64	62	Diabetes, Malaria, Jundice, Gout, etc.
8.	Singanpur	69	72	61	72	Bleeding, Weakness, Bad cold, Fever, Pain, etc.
9.	Kumarrash	44	45	38	34	Vomiting, Asthama, Bleeding, Cancer, etc.
10.	Chitalanka	56	50	41	31	Elephantties, Cal-cuei, Anemia, Piles, etc.
11.	Kabalner	56	56	58	59	Small-pox, Chicken-pox, Body-pain, Stomachache, Eczema, etc. Body-pain, Stomachache, Eczema, etc.

12.	Balud	126	113	98	90	Snake bite, Lower pain, Gastic, etc.
Total		942	937	852	788	

Source : District Health Office and field survey, 2007 - 2009

**STATUS AND DESIGNATION OF FOLK PRACTITIONERS** In the study region Gunia, Sirha, Dai etc. are the main health practitioner. They are treated as God. He/she is responsible for cure of any disease. Table 6 shows the status of sample folk practitioner.

Table – 6 : Sample folk practitioners : Designation

Designation	Frequency	in %
Gunia / Ojha	46	17.69
Sirha / Leske	19	7.31
Baiga	4	1.54
Bone Settar	15	5.77
Dai	26	10.00
Priest	10	3.85
Herbalist	11	4.23
Fakir Baba	6	2.31
Jantra Baba	5	1.92
Mantra Vidya	29	11.15
Magicine	21	8.07
Rudraksha and Mala Specialist	19	7.31
witchcraft and Scorrer	24	9.23
Combined Practitioner	25	9.62
Total	260	100

Source : Field survey, 2007-2009.

**EDUCATION OF FOLK PRACTITIONERS :**

From table no. 7 it is observed that education of traditional healer in the study area is very low. 40 percent of folk practitioners are illiterate and 23.46 percent of below 5th standard passed. Where only 25.38 percent are class 5th passed and 10.06 percent healer are middle class passed.

Table – 7 : Education of Sample Folk Practitioner

Educational Qualification	Frequency	in %
Illiterate	104	40
Upto 5 <sup>th</sup> Class passed	61	23.46
5 <sup>th</sup> class passed	66	25.38
Middle	26	10
10 <sup>th</sup>	3	1.20
10+2	0	0
College Degree	0	0
University Degree	0	0
Total =	260	100

Source : Field Survey, 2007-09.

**NATURE AND TYPES OF FEES :**

Fees structure shows respondents economic status. In the study area 49.62 percent folk practitioner preferred to take cash and different items as fees. Where 28.46 percent folk practitioner takes items only as fees.

Table - 8 : Nature of Fees of Sample Folk Practitioner

Types of Fees/Visit	Frequency	in %
Cash (only)	19	7.31
Items (Rice/Dal/Kosra/Kodo/Kutki/Vegetable/Hen/Egg/Milk/Landa/Mohua/Wine etc.)	74	28.46
Cash + items	129	49.62
Tree/Land/Seasonal (For cronic/Old diseases) crops.	16	6.15
Without Fees	22	8.46
Total =	260	100

Source : Field Survey, 2007-09.

**METHODS OF TREATMENT :**

In the study area 22.69 percent practitioner uses "Jhar-Phuk" and "Jori-buti" method both. And 20 percent practitioner uses only "Jhar-Phuk" method. While 18.08 percent practitioner uses only "Jori-buti" for their treatment. There are 15 percent practitioner uses magic method. And 13.10 percent practitioner uses Jantra / Mala method for their treatment (Table-9).

Table - 9 : Method of Treatment of Sample Folk Practitioner

Methods	Frequency	in %
Jhar-Phuk	52	20
Jori-Buti	47	18.08
Jhar-Phuk and Jori-buti	59	22.69
Mantra-Jantra-Mala	34	13.10
Magic	39	15
Stone/Mineral	13	5
Others	16	6.15
Total =	260	100

Source : Field Survey, 2007-09.

**PLACE OF TREATMENT :**

Traditional healer are moves place to place for their treatment. Table 10 shows 51.54% healer likes to treatment at the residence of patients. While 20.41% healer likes to practice at their own house. And 28.07% folk healer likes to practice at common but isolated place.

Table - 10 : Sample Folk Practitioner : Place of treatment

Place	Frequency	in %
At the residence of practitioner	53	20.41
At the residence of patients	134	51.54
At common but isolated place i.e. temple, mataguri, river, bank, etc.	73	28.07
Total =	260	100

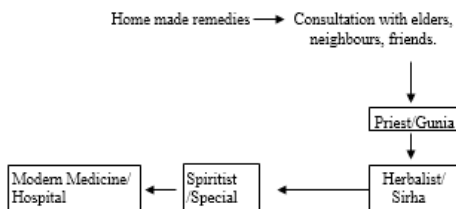
Source : Field Survey, 2007-09.

**HEALTH SEEKING BELIEFS AND BEHAVIOUR :**

According to tribal people of the study area, and their beliefs, the cause of illness are classified into three categories:

- Diseases produced exclusively by supernatural power – deities, ghosts etc.
- Diseases produced exclusively by magical means – sorcerers and witches.
- Diseases produced by natural means/any special cause.

When a person falls ill in an study village, he/she takes help of the following agencies in the order mentioned.



In the study area it is observed that maximum number of tribal people has believe on supernatural causes of diseases (Table 11). And people still believed that many diseases are due to curse of some God or Goddess, like Sitla Mata for small pox, Danteswari Mata for weakness, Murai Mata

for cholera, Didneswari Mata for madness, Jogini Mata for typhoid, Burha Deo for mumps etc.

**Table- 11 : Supernatural causes and related diseases**

Sl. No.	Supernatural cause	Name of the diseases	Specific cause of diseases
1.	Breach of taboos	Kodh (Leprosy), Garmi (Venereal diseases), Chamri rog/Nak Surki (Skin diseases).	Dreadful sin, Illicit sexual intercourse.
2.	Wrath of Gods and Goddesses	Syphilis, Plague, Cholera.	Disobey the religious law
3.	Intrusion of Evil Spirit	Matri, Lock jaw, madness, babbling.	-
4.	Evil Eyes	Nazar lagna.	A person may look at a clip and say how beautiful the child is ! This way have mysterious effect on the child's health.
5.	Sorcery	Physical/mental abnormality (Pagal Pan).	The sorcery may do some evil for a particular person or child.
6.	Ghost Intrusion	Physical/mental abnormality (Pagal Pan).	-

Source : Field Survey, 2007-09.

#### SOME METHODS OF TREATMENT (FIELD OBSERVATION) :

##### Example – A :

The Gunia / Bhumka takes some black mustard seeds and puts them in fire in the name of some omen. If there is a flame after throwing as good, if not, the omen is considered as bad. This process is repeated thrice. If all the three times the result is the same, it is very bad or very good omen. Then Ghunia starts his treatment he loudly sing a

Mantra and given some Jari-buti to the patients. When the patient does recover Ghunia demand his fees.

##### Example – B :

The simple recitation of mantra, without any ceremonies or apparatus, is often effective to defeat the nefarious activities of witches, to drive away trouble some ghosts, to save a man from different disease. For example if anyone have ear problem then folk practitioner recitas below mantra 21th times and rubbing by 'neem patta' on the effected place.

##### Mantra for Ear Problem :

**Asmin na goth banhi !**

**Karmahin na jayete dohai !**

**Mahabir je rahe kan ke pir !**

**Anjani putra kumari banye !**

**Putra Mahabal ke mar brahamachari !**

**Hanumantai namo namo duhai mahabir je !**

**Rahe pir mundo ke sab dukho dur bhagai !**

**(Local language).**

#### LOCAL MEDICINAL PLANTS AND TREATMENT SYSTEM IN SAMPLE VILLAGES :

The traditional health care system and treatment which tribal people of the study area are following, are based on their deep observation and understanding of nature and environment. The study area is rich in medicinal plants. Tribal people uses many common and uncommon plants for the treatment of their ailment and various diseases. Mostly herbs are used in the treatment of naturally caused diseases. Some medicinal herbs may not be available in time. Sometimes their indigenous herbs are often purchased from the grocer's shop.

A list of common diseases and medicinal plants which used for their cure, in the study region; are provided in table 12.

**Table 12 : Name of medicinal plants and method of treatment.**

Sl. No.	Name of the Diseases	Causes	Use of plants name (local)	Botanical name	Parts used	Method of use /treatment
1.	Headache	Extrem work in sun light.	Kohka	Semicarpus anacardium	Seed	The seed is slightly broken and heated. The oil of the seed comes out and is applied on the forehead.
2.	Cold, cough, crackes in skin.	Work in rain or unhealthy living.	Tora (Mahua)	Madhuca longifolia	Seed	At first the oil is heated then the warm oil is massaged all over the body.
3.	Skin diseases	Unhealthy living	Karanj	Pongania glabra	Seed	Extracted oil is applied on the affected parts of the body.
4.	Malaria	Mosquito bite	Chiraita	Swerita Cirata	Bark	Grind it and soak in water overnight and the water is taken.
5.	Irregular Menstruation	--	Neem	Azadirachta Indica	Bark	Bark of neem tree is ground and soaked in water for few hours and then the water is drank.
6.	Diarrhoea	Use of dirty water	Duli	--	Root	It is grinded and soaked in water overnight. It is drank early in the morning.
7.	Asthama	Smoking, etc.	Harra	Terminalia Chebula	Leaf	Mixed and pasted and then it is consumed with water.
8.	Chest Pain	--	Arjun	Terminalia Arjuna	Bark	Bark is soaked in water over night and water is taken.
9.	Skin diseases	--	Gunchee	Abrus Precatorius	Seed	The seeds are pounded with water and the paste is applied on the affected part.
10.	Sexual Weakness	--	Semal	Boxbax Ceiba	Root	Root dipped in a cup of water overnight, next morning the softened roots are crushed and given with sugar, internally.
11.	Eczema	--	Harra	Terminalia Chebula	Fruit	Dry fruit powder of Harra internally with cow urine in treatment of Eczema.

12.	Morning sickness	--	Chirai Jam	Syzygium Cumini	Fruit	The dried pulp mixed with sonth (Dried Ginger) is boiled in water and decoction is prepared, uses internally.
13.	Snake bite and cold cough	--	Bhuikuriva	Rauwolfia Serpentina	Root	The root is used as a remedy for snake bite.
14.	Teeth Pain	--	Agya or Mutrilaha	Smilax Prolifera Roxb.	Twig	Twig used as tooth brush and used to prevent pyorrea.
15.	Snake/rat bite	--	Iswarmul	Aristolochia Indica	--	The whole plant is ground and consumed.
16.	Dysentery	--	Kumhi Ka Jhar	Pistia Stratiotes	Flower	Wet or fresh root is grinded and mixed with water. 1-2 flower is grinded for a single dose.
17.	Pregnancy	--	Soon-Sunia	--	Roof, Leaf	Leaf is grinded and mixed with water and taken orally.
18.	Irregular Menstruation	--	Karghie	--	Root, Stem	Root is kept in water for one hour and boiled with a glass of water. The mixture is boiled until the quantity becomes half. It can be taken orally before tea.

Source : Field survey, 2007-2009.

### CONCLUSION :

It has been noticed that it is the traditional form of medicine which strides ahead among the tribal people when both forms of medical systems are operating, tribal people turn towards the traditional medicine because it is free from side-effect, as well as it is inexpensive, easily accessible, informal and pays due respect to one's cultural traditions.

Statistics show that in the study area, there are large no. of traditional health care practitioners. If this enormous no. of medical practitioners are added to the modern medicine systems figure, then study area becomes one of the best patients-practitioners-ratio in the India. These enormous resources have not been systematically utilized by the health planners so far. So, this paper will provide adequate view to academic and researchers working on the promotion and restoration of indigenous knowledge systems of tribal communities of India and world.

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