



STUDY ON THE USES OF TRADITIONAL FOLK MEDICINES BY LOCAL HEALERS IN THE GARHWAL REGION OF UTTARAKHAND

Zoology

Rakshita Kandpal G.B. Pant National Institute of Himalayan Environment, Kosi-Katarmal, Almora

Shikha Bora Department of Zoology, Kumaun University Nainital-263002, India

Mansi Arya Department of Zoology, Kumaun University Nainital-263002, India

Seeta Deoli Department of Zoology, Kumaun University Nainital-263002, India

ABSTRACT

The Uttarakhand has a rich diversity of ethnomedicinal plants and the Western Himalayan region is considered a rich heritage site in the traditional medicine system. Garhwal region of Himalaya has been the reservoir of enormous natural resources of medicinal wealth; since ancient times, the Himalayan flora has been used for various purposes, including some scientific therapeutic uses. India has traditional indigenous cultures called 'folk tradition' associated with using medicinal plants based on theories, beliefs, traditional knowledge, experience and skill. The present study was conducted in the ten villages of Alaknanda Valley of Garhwal Region (1100 m asl to 2162 m asl). This study addresses the status and collection of traditional knowledge on herbs used by local healers (Vaidyas) in the Garhwal region. During the extensive interaction, 29 vaidyas were found, of which four vaidyas belonged to the 30-45 years, 15 belonged to the 46-60 years, and the rest belonged to the 61-85 age group. Male and female, both the vaidyas have the experience of herbal healing from the year 10 to 50. Person-to-person interaction with vaidyas revealed that they specialized in treating the disorder, i.e., skin, chronic gastric, common disorders (Cold, cough, fever, stomach ache), diabetes, epilepsy, leucorrhea, jaundice, kasara (stomachache/ constipation in children), mental sickness, pneumonia, respiratory disorder (asthma), rheumatism, snakebite, sterility in women, urinary troubles, and Jau diseases in children (dizziness and unconsciousness). Vaidyas collected 79 herbs in ten villages of Alaknanda valley to treat several disorders. Local healers used the flower, fruit, root, shoot, leaves, stem, climber, and plant barks to treat diseases. During this study, nine herbal formulations were new, used by the vaidyas enumerated along with the parts used, modes and dosage with other plant compositions. In the remote areas, modern health and promoted services were unavailable; traditional vaidyas and ojha systems provided health services only to the community. However, unfortunately, it is declining due to the migration of the young generation to larger cities in search of better employment. Hence Indigenous knowledge of traditional medicine, resources, processes, possible aspects of intellectual property rights (IPR) and medicinal formulations should be documented.

KEYWORDS

Ethnomedicinal plants, Indigenous knowledge, Folk tradition, Herbs, Local healers.

INTRODUCTION:

Alaknanda Valley in the Chamoli district of Garhwal Himalaya presents an interesting flora concerning ethno-medicinal plants. The valley stretches in between 30°15'37.65" N to 30°46'12.47" N latitudes and 79°13'10.07" E to 79°29'51.69" E longitudes. Uttarakhand, India, is very rich in plant diversity, and in the case of Garhwal, the most significant Number of tribes inhabiting use traditional plants as folklore medicines. In India, traditional health care practices, particularly the use of medicinal herbs for healing, is a practice of time immemorial. According to Roger A. Johnson (1973) 'Religion is an extremely complex phenomenon. It encompasses beliefs and doctrines, myths and rituals, sacred scriptures and cultic objects, and the manifestation of transcendence in these many aspects' (Thapa, 2021). Approximately two million traditional health practitioners still use medicinal herbs for curing various ailments (Venkatesh 2002). Therefore, herbs have played a significant role in life from the primitive period till date. Most people use various indigenous plants as a source of medicine for healing some common illnesses. Using this traditional knowledge of medicinal plants is beneficial for conservation of biodiversity and traditions and for the community health care system (Gogoi *et al.*, 2019).

Study Area:

The present study was carried out in Alaknanda valley located at district Chamoli (Indian Central Himalaya). The valley starts from Karn Prayag (Pilgrimage site) on elevation of 800 m asl. and ends near Mana village, beyond the holy Badrinath Shrine, at 3219 m asl.

METHODS:

A field survey was undertaken across the various villages of upper Alaknanda valley to document traditional knowledge of herbal therapy found in the valley. Extensive interviews were conducted with traditional herbal healers (vaidyas) about their expertise and experiences, mode of getting healing knowledge, and semi-structured questionnaires were used to document the expertise and experience, etc. Two separate questionnaires were used for collecting information. The first questionnaire was used to collect information from traditional herbal healers, and the second was used to collect data from villages about traditional therapies. Experiences of traditional herbal healers in curing diseases/ ailments, the method of transmitting traditional

knowledge to the modern generation, their expertise in treating some severe diseases, and income through their profession were recorded. The Number of herbs used to prepare herbal medicine, valuable parts of medicinal herbs, and indigenous methods of preparation of herbal formulation was also recorded.

People's perceptions of traditional herbal healers were also documented using semi-structured questionnaires. In addition, knowledgeable senior citizens from villages were interviewed. Readily available therapy at the village level, diseases cured by the traditional herbal healers, and expertise and knowledge of vaidyas about curing diseases were also documented.

RESULTS AND DISCUSSION

In Uttarakhand, most traditional health care practitioners were herbal healers (vaidyas); they were accessible in remote, rural areas and were helpful in the community without modern health services. For example, in upper Alaknanda valley, 29 vaidyas were found. Based on extensive interaction with 29 traditional health care practitioners (vaidyas) in the upper Alaknanda valley, it was found that four vaidyas were in the age group of 30-45 years, 15 were in the age group of 46-60 years, and remaining ten were in the age group of 61-85 years. Younger did not consider this as a carrier building profession; subsequently, this profession is declining.

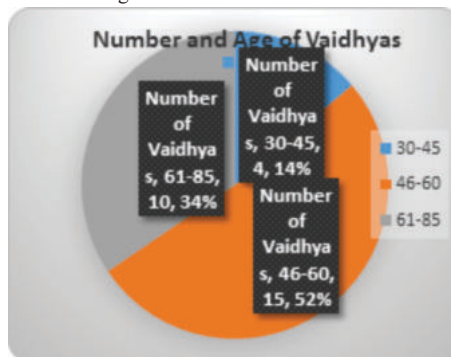


Fig 1. Different Numbers and age groups of vaidyas

About 16 vaidyas had experience treating patients from 10-20 years, seven had experience of more than 20 years, and three had experience from more than 30 years. One vaidya had the experience of more than 40 years, and two vaidyas had more than 50 years of treating experience. Thus the Number of highly experienced vaidyas was declining. Out of the 29 interviewed vaidyas, 22 were gents, and the remaining 7 were experienced ladies. Although lady vaidyas were few in Number, priority was given to male Numbers in a family to teach their profession, who would transmit the knowledge in the same family. If girls are taught the traditional knowledge will pass to another family after the wedding.

Number of Vaidhyas and their experience

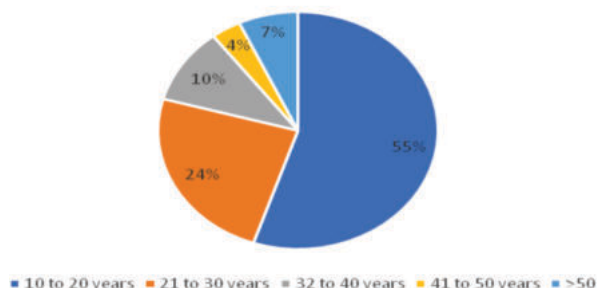


Fig 2. Number of vaidyas and their experience in traditional healthcare practices.

About 12 vaidyas were providing their services to a society free of cost. Among them, ten were earning less than Rs. 500 daily and two were earning more than Rs. 500 monthly. Vaidyas' earning was more than Rs. 500 monthly, practicing in remote villages from road heads such as Urgam, Srikot, Bemaru, Chinka, Bhangyul and Chormi villages situated at district Chamoli, as shown in the table 1.

Table 1. Income of Vaidyas

S. No.	Per day income (Rs.)	No. of vaidyas
1	Free of cost	12
2	Negligible	5
3	>500	2
4	<500	10

Most vaidyas inherited professional knowledge of healing within family. Vaidyas, 4 in number learnt it by self education and only 2 vaidyas acquired expertise after training from other institutions. Among the vaidyas, knowledge was passed within the family; only one learnt within one generation, 5 vaidyas had the knowledge from two generations, 14 possessed knowledge from 3 generations and rest of the 3 vaidyas had learnt from more than three generations as shown in table 2.

Table 2. Mode of acquiring professional knowledge of traditional herbal healers (vaidyas) in upper Alaknanda Valley

S.No.	Professional Knowledge	No. of vaidyas
1	Inherited within family	
	• One generation	1
	• Two generation	5
	• Three generation	14
	More than three generations	3
2	Self-education	4
3	Training	2

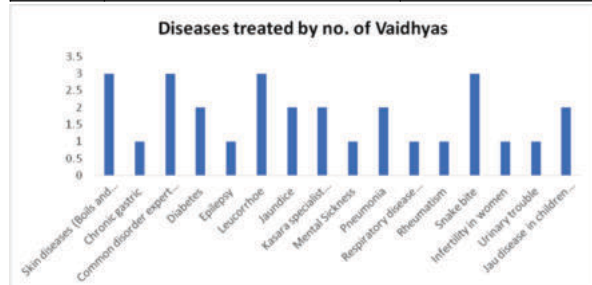


Fig. 3 Expertise available with traditional herbal healers (vaidyas) in the upper Alaknanda Valley.

According to vaidyas they were specialized for the treatment of disorders such as skin disorders (boils and ulcers), chronic gastric,

common disorders (cough, cold, fever, stomachache), diabetes, epilepsy, leucorrhea, jaundice, Kasara (stomach-ache/costiveness in children), mental sickness, pneumonia, respiratory disorders (asthma). Rheumatism (way), snake bite, sterility in women, urinary troubles, and jau disease in children (dizziness and unconscious) as shown in fig.3

Some of the vaidyas treated more than 1000 patients from different parts of India and sometimes from abroad. About nine vaidyas treated less than 500 patients, 8 vaidyas, treated 1000 patients and 9 vaidyas treated more than 1000 patients as shown in table 3.

Table 3. Patients treated by the vaidyas during their life.

S. No.	No. of patients treated	No. of vaidyas
1.	<500	9
2.	501-1000	8
3.	>1000	9

Majority of the vaidyas did self-help collection; sometimes, the support of alpine graziers was also taken for procuring high-value herbs from alpine meadows. About 14 vaidyas collected herbs themselves, 6 vaidyas got herbs through alpine graziers, 8 vaidyas in number, used both methods of self-herb collection and through graziers and 1 used standard herbs preparation/powder and pills of standard ayurvedic firms. In some medicinal herb's formulations, minerals such as *shilajit* and animal parts are also used, like snake *kaichuli*, porcupine intestine etc. Besides these, some vaidyas have their own garden in their home containing more than two dozen herbs.

CONCLUSION

Traditional health care practices (vaidya system, Ojha system and naturopathy) were well known among villagers of remote areas. The vaidyas and villagers know about medicinal plants and the uses of plant parts of their surroundings and those found at heights above 3000m for medicinal purposes. Therefore, the preference was given to the Herbal healing of the vaidyas system in the remote villages due to easy availability of the vaidyas. Vaidyas and knowledgeable senior villagers don't want to lose their knowledge of herbal healing and ojha practice, which is a substantial inheritance. But unfortunately, it is declining due to the migration of the young generation to larger cities in search of better employment. Some do not consider this profession good enough for career building and higher income. Hence, indigenous knowledge of traditional medicine, resources, processes, possible aspects of intellectual property rights (IPR), and medicinal formulations should be documented. Modern health and promoted services were unavailable in the remote areas till date; traditional vaidyas and Ojha systems were providing health services to the community.

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