

Tribal Medicines



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The tribal communities of India are the autochthones having age-old customs and traditions. There is enormous diversity among the tribal communities as their locations vary from high altitude of Himalayas to the tropical dense forests of Central India and Chota Nagpur Plateau to the undulating northeastern landmass as well as the coastal and island ecosystems of the Andaman and Nicobar. Inhabiting 30 states/UTs, a total of 705 ethnic groups have been recognized as scheduled tribes by the Government of India. Nearly 104 million ST people constitute 8.6% of India's population. Majority of the scheduled tribes (nearly 90%) live in rural area with many of them living in the extremely inhospitable areas of India. This diversity is closely linked to the health problems, health-care resources, and its utilization as well as the quality of available health care.

Although it will not be appropriate to label something as tribal medicines as there is enormous diversity in the tribal societies and correspondingly in their medicines [1], yet, we may think of most commonly occurring characteristics of the tribal medicines. Firstly, the tribal medicines are largely related to specific cultural milieu.

Thus, 705 ethnic groups would imply 705 cultural flavors in the medicines. The tribal societies differ not only in the conceptualization of disease and its causative theory and classification but also in the way it is prevented and treated as well as the personnel who are identified as healers. However, the medicinal domain is also relatively more flexible and therefore is amenable to change, especially in the material and technological aspects, while the ideological aspect remains rather rigid.

Secondly, the magico-religious aspect of the tribal medicines is very significant, and it relates not only to the realm of supernatural beliefs and practices but also in the use and prescription of material-based medicines and techniques. Thirdly, tribal medicines are holistic, and thus the beliefs about disease and practices for health care are intermeshed in myriad other aspects of sociocultural life of the people. In particular, the moral and political aspects of the social life are reinforced by the medical beliefs. Finally, the tribal medicines are closely interacting with the biomedicines on the one hand and the new religious ideologies to which some of the tribal communities are converting on the other. In the process, with alternative and sometimes contradictory options on the scene, the tribal medicines are rapidly changing and are almost endangered.

The mortality among the scheduled tribes due to tuberculosis, tetanus, diarrhea, malaria, hemoglobinopathy, and sickle cell anemia is very high. More than three-fourth of the scheduled tribe children are anemic. The morbidity rate of asthma

among the scheduled tribes is higher than the other category of people. Similarly, due to very heavy intake of tobacco and alcohol among the scheduled tribes, cancer- and liver-related ailments are high among them.

Being living in the relatively isolated and remote regions of the country, the scheduled tribe population is underserved as far as the health service delivery is concerned in spite of the fact that there is a provision of having a health facility on every 3000 people as against 5000 people for the other category of people. Thus, only one-third of the tribal children are fully immunized making a large majority of children susceptible to large number of preventable diseases. As a consequence, child mortality and under five child mortality rates are highest for the scheduled tribes than for any other social group in India. Furthermore, more than 70% of the deliveries are conducted at home among the scheduled tribes. The scheduled tribe population was traditionally suffering from infectious disease due to poor preventive and curative health-care services. But, the health-related problems have further increased as they have additionally acquired the burden of non-communicable lifestyle diseases.

A plethora of agents and agencies are identified by the scheduled tribe communities as causing diseases. Firstly, the belief in health as a balance of natural forces gives rise to humoral imbalance as the causative agent for disease. Under such a belief system, different foods and drinks, activities, and living conditions are categorized under “hot-cold” categories, and any violation in the behavior is held as a cause of disease requiring appropriate healing action. Wrath of gods is another commonly held cause for disease and misfortunes in the tribal communities. Such conditions arise because people make promises to the divinities and later on do not fulfill their promises and in the process anger the divine forces which manifest their anger in the form of disease and misery. Involuntary possession by culturally postulated evil forces such as ghosts, demon, visitants, and wights is a very widely prevalent cause for diseases involving behavioral disturbances among many scheduled tribes.

Magic and sorcery are another popular causes of disease under which the black magicians are able to cast magic by means of controlling supernatural powers. Evil eye as a belief is also a very well-known cause of diseases to people, especially newborn and infants. In many scheduled tribe areas, belief in witchcraft is held as a cause responsible for the diseases and deaths to the people. Particularly in the central Indian tribal regions, the witchcraft accusations have been used as excuses to blame and often kill hapless women. Breach of taboo is also believed to be a cause of disease in many scheduled tribe communities, generally prevailing in communities where there is condition of hierarchy or social distance, where the breaching of the taboo with respect to sharing of food or other prohibitory activity is held to be a cause of disease.

Magico-religious practices are very closely associated with tribal medicines, and this fact is quite clearly reflected in their medicinal beliefs and treatment actions. However, there is very close relationship between magico-religious beliefs and therapeutic actions that are undertaken to treat the disease inducing cause. The tribal medicinal beliefs are very closely intertwined with the ecosystem which includes the forests, agricultural fields, rivers, streams, ponds, mountains, and other landmarks of the surroundings – both visible and invisible. Invariably, in between the human need and the actual use of the natural resources are the guarding spirits which are held as the custodian and owner of such resources. The diseases are explained as a cause when the human beings do not follow the known rules for the use of the natural resources whether these are in the form of floral or faunal or even the mineral and rocks. Besides custodians of nature, myriad other spirits are believed to exist in the outer world. These are the family and clan deities, the village and domestic animal deities, and the benevolent and malevolent deities. The becoming of sick by them is interpreted in the realm of disturbed relationship with these spirits. The treatment of magico-religiously caused disease involves treatment in a ritualistic manner under the able guidance of a known expert. Quite often, such rituals, depending upon the gravity of the situation,

demand animal sacrifice and elaborate feasts to the fellow villagers.

Besides curative practices which involve rituals, prayers, penance, charity, and other forms of appeasement and corrective practices, there are scores of preventive actions that people know of and rely upon to prevent the onslaught of the magico-religious forces upon them. The preventive practices involve the use of charms, amulets, and others forms of deterrents which are believed to stop the incoming of the magico-religious influence. Sometimes there are community-level preventive measures which are adopted to save the entire village from such forces. Under such circumstances, the entire boundary of the villages is magically protected through elaborate rituals.

The tribal people of India have a very close relationship with their forest, and it is for these reasons they are often referred to as *vanvasi* or *vanyajati*. The tribals view their forests not as giver of resources to be exploited but as an extension of their own self. This attitude is amply reflected in their use of forest-based medicinal resources. The medicines are held to be sacred containing “powers” obtained from the blessed forces. The forest-based medicines are generally known to the special class of people called the herbalists. The herbalists generally learn their skills under some senior herbalist or through self-gained knowledge. In different tribal communities, the herbalists are known by different names.

The forest-obtained medicines are used for bone setting; physical disease symptoms such as diarrhea, malaria, jaundice, fever, skin diseases, and weakness, during and after pregnancy; and many more occasions. Much before the biomedicines came into existence, the tribal people have been using plants, animals, and minerals from their forests as medicines. This knowledge has been obtained by hit and trial, by observing animal behavior, by observing natural signs on the plants, and by interacting with the knowledgeable herbalists. The knowledge about forest-obtained medicines is generally kept secret by the people. They fear that if they divulge about such medicines, the “power” of medicine to heal will vanish. It is for this reason that they do not share this

knowledge even with their close family members till an appropriate time when they feel they need to transfer this knowledge to a worthy person.

A wide variety of socially recognized people are found in the tribal communities who act as healers at the time of need. Broadly speaking, the tribal healers can be categorized into two groups – the natural healers and the supernatural healers. The natural healers consist of herbalists who are knowledgeable of the plant-, animal-, or mineral-based medicines. Generally, such healers also make use of sphygmological observations for ascertaining the nature of humors to prescribe a medicine. Sometimes, these herbalists exclusively deal with one disease and carefully guard their medicinal knowledge. The traditional birth attendant is one of the main natural healers who has access to herbal knowledge which is used for various gynecological purposes as well as for procreation of a healthy child besides knowing herbs for abortion and ease in delivery.

The supernatural healers among the scheduled tribes are a very wide category. Basically, such healers can be classified into two groups, namely, the magical and religious. In many cases, these two categories of healers are different, but at times one healer may combine both the roles. The healers relying upon magical powers are generally feared by the people as they are known to have mastered over the evil spirits through whom they can cast spell on people or perform sorcery over them. The healers making use of religious sphere generally know how to appease the spirit which is generally of benevolent type. As diviner or mediums, these healers not only act as mediator between lay people and the supernatural spirits but also know how to perform required ritual or supernaturally conducive action. The tribal healers everywhere have come under direct contact with the biomedicine or AYUSH doctors which is resulting in changing health-seeking behavior. There is direct conflict between the herbalists and the doctors, but even the supernatural healers are being challenged for their unverifiable practices. In many places, they are under criticism and attack. However, there is also resurgence of interest in the traditional healers. For example, the Nybus of Arunachal

and proponents of homopathy in Jharkhand is a case in point. In both these places, there has been a concerted effort by the people with government support to incorporate the traditional healers into the mainstream.

The traditional knowledge of plant-based medicine of the scheduled tribes of India has been a matter of great concern as there is a real danger of unscrupulous drug dealers taking away this precious knowledge for commercial exploitation. The scheduled tribe community which has been the custodian of this knowledge for centuries would be devoid of its legitimate profit which will unlawfully go to the biopirate. This is becoming a real danger because there is worldwide search for the indigenous medicines as an alternative to side effect-prone biomedicine. At a time when the global market for the herbal drugs is of 43 billion US dollars, there is cut-throat competition for seeking new and pristine knowledge about the tribal medicines. In a situation where only 1 out of 10,000 molecules comes out to be of medicinal use, knowing from the scheduled tribe is definitely going to save a lot of money for a drug company. Already, people in America and Japan have filed patents for known Indian medicinal plants like Ashwagandha, Kala Jeera, Kumari, Amaltas, etc. The scheduled tribe of India has been using a large number of plants for many diseases, and there is a real danger of this

knowledge getting pirated. There is need to carefully protect the intellectual property enshrined in the tribal medicines so that its commercial profits are shared by the tribals who are the real owners of the medicines.

The tribal medicines are under great threats. This threat is more in the area where the scheduled tribes are getting disempowered due to forced resettlement and rehabilitation. As the tribals are relocated from their natural forested habitat, the tribals are consistently losing on their indigenous knowledge pertaining to traditional medicines. At the same time, we also notice a trend where the educated elite are not only documenting but even demanding protection of their medicinal knowledge. This is particularly happening in tribal areas which are becoming politically and economically better off. The future of tribal medicines in such a scenario is not totally bleak as along with the effort to establish renewed identity, there is earnest attempt to rediscover the indigenous medicines as well.

References

1. Joshi PC (2004) Issues in tribal health and medicine. In: Kalla AK, Joshi PC (eds) Tribal health and medicines. Concept Publishing Company, New Delhi, pp 403–407