

Tribal Medicine of India: an evolving ancient tradition

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A French physician, Jean Fillozat (1906-1982) an eminent researcher about history of Indian traditional medicine wrote:

“Indian Medicine has played in Asia the same role as Greek Medicine in the west, for it has spread in Indo-China, Indonesia, Tibet, Central Asia, and as far as Japan, exactly as Greek Medicine has done in Europe and the Arab countries...”

All ancient civilizations of the world developed their own medicinal systems, but India is especially renowned for its traditional medicinal systems—Ayurveda, Siddha, and Unani¹ and is considered to be the most methodical and the most holistic system. From ancient time till today use of the traditional medicine in India is continued, though it is not recorded properly. There are many communities in India who are practicing the traditional medicine in different ways. This subcontinent is a vast repository of medicinal plants that are used in traditional medical treatments. In India, about 70% of rural population depends on the traditional medicine whereas in the Western countries, approximately 40% of people are using the herbal medicines only.¹ Many of the remote tribes are completely reliant on the aforementioned traditional healing system which is again supplemented by Tibetan traditional medicines, and local medicinal knowledge confined to that tribe only. But the tribal traditional medicine is not explored with its full potential till date.

Studies on tribal health have been traditionally pioneered by anthropologists over the last few centuries. History of human evolution and migration in a specific geographical terrain is the chronicle of adaptation (or lack of it) of local tribes with various socio-political and environmental onslaughts. At present, it is estimated that in India 8.6% of the population belongs to so called “scheduled tribe” community spread across 705 districts. In states like Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, West Bengal, those in Northeast India, and Andaman and Nicobar Islands, majority of the country’s tribal people resides. People of these communities joined late in the roller-coaster ride of modern civilisation, hence many unadulterated customs and skills survived through generations. This helped in preserving the traditional system of

medicines and enriches our understanding of health and disease.

The tribal population of India lives in a belt stretching from eastern Gujarat and Rajasthan in the west all the way to eastern states of Nagaland and Mizoram. This region known as the ‘tribal belt’. These ‘tribal belt’ correspond roughly to three regions. The western region is eastern Gujarat, south-eastern Rajasthan, north-western Maharashtra as well as western Madhya Pradesh, is dominated by Indo-Aryan speaking tribes like the Bhils. The central region is covering eastern Maharashtra and Madhya Pradesh, western and southern Chhattisgarh, northern and eastern Telangana, northern Andhra Pradesh and western Odisha is dominated by Dravidian tribes like the Gonds and Khonds. The eastern belt centred on the Chhota Nagpur Plateau in Jharkhand and adjacent areas of Chhattisgarh, Odisha and West Bengal, is dominated by Munda tribes like the Hos and Santals.

The socioeconomic status of tribal population in India is poor and is affected by the general widespread poverty, illiteracy, malnutrition, absence of safe drinking water and sanitary living conditions, poor maternal and child health services ineffective coverage of national health and nutritional services which make for the ‘dismal health conditions prevailing among these vulnerable population’. In India the tribal groups differ from each other in various aspects- language they speak, cultural practices and traditions and socio-economic categories. As the majority of them live in remote areas like forest and hilly terrains, they often remain isolated and untouched by civilization and are largely unaffected by the developmental processes that go on around them.

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Health in a tribal society is understood not as phenomena in isolation but in relation to the magico-religious fabric of existence. Also most tribal communities define health, medical care and aetiology of disease in relation to social context.² Tribal health according to Singh,³ is largely 'influenced by interplay of the complexity of social, economic and political factors'... and their health behaviour by their culture. Thus understanding the culture of tribal groups is important in understanding the concept of tribal health.

Ill-health or affliction by disease among tribes is often taken as incapacitation of an individual from perform his/her normal or routine work. Functional understanding of health among tribes make them often neglect symptoms of cough, cold, headache, weakness etc., as not serious since such symptoms often do not hinder them from carrying out their daily activities. Also, one universality of perception of disease at individual, family or society level among tribes is the interpretation of 'breach of trust' either by commission or omission of some act which displeases the spirits or disease causing agent. Such perceptions are revealed in the rituals that they perform by burning of incense sticks, ghee (purified butter) and offering of liquor and meat to propitiate the gods/spirits or the disease causing agents. Diseases such as measles, chicken pox, unsafe delivery, snake bite, fever, typhoid, malaria, pneumonia, tetanus, fits are believed to be caused by evil spirits and curse of gods.³

In spite of availability of modern medicine in many parts of India it is seen that tribal people prefer traditional healing as found by Muthu et al,⁴ among the tribes of Kancheepuram, Tamilnadu in health conditions like cough and cold, snake & insect bite, tooth infection, fever, headache etc. Socio-cultural and magico-religious beliefs and traditions,^{2,3} local customs and practices, and socio-economic factors, illiteracy and unawareness are some important decisive factors for this kind of choices. In some areas tribal people are shifting towards modern system of medicine but that can be largely attributed to the destruction of forest leading to non-availability of herbal and medicinal plants and in some cases proven effectiveness of modern medicines which is becoming acceptable to tribal population mostly by word of mouth promotion. Health education is also playing a major role. National Rural Health Mission (NRHM) with its components of Behavioural Change Communication (BCC) have been targeting to bring about change in health seeking behaviour among people especially in rural and tribal areas.

Health seeking behaviour among tribal women related to parenthood is taking a gradual change. This could be due to efforts made to provide quality reproductive health services- including institutional delivery, safe abortions, treatment of RTIs, and family-planning services, to meet unmet needs while ensuring full reproductive choice to women. It is observed that among tribal groups no 'special care' is given to pregnant woman except in critical cases.³ So special care

that is rendered to expectant mothers in terms of regular antenatal check up especially extra meal and rest is acting as a big motivator for the tribal population when it comes to acceptance of delivery services more than other services, offered by the PHCs. Also child birth is hardly associated with malevolent spirits so there is no felt need for traditional chanting and using local herbs when it comes to delivery services.

Lack of awareness and education among tribal groups also determine their health seeking behaviour. In Jharkhand lack of awareness and education coupled by difficulty in accessing the service caused 72% of the births to tribal mothers to have no antenatal check-ups as they felt it customarily not necessary.⁵ Among the tribal communities of Manipur a study carried out by Nambiakkim,⁶ showed that awareness and education imparted by Christian missionaries has led to practice of hygienic practices and decline in them seeking health care services from quacks and traditional practices.

Tribal health seeking behaviour often moves between different options- traditional, self-therapy and modern. Traditional/Indigenous medicine is embedded in folk systems and literate tradition. They consist of treatment by use of herbs, animals, minerals and other substances which are available in nature, culturally acceptable, cheap and affordable and based on ancient knowledge and wisdom. These herbs, animals, minerals, and other substances used to have both preventive/promotive and curative effects which in turn reinforces the traditional system of medicine in a tribal community. But if availability and affordability is ensured there is a high tendency of seeking health service from modern system, at least for some services like delivery. It has been observed that tribal people in parallel with the treatment by traditional system of medicine also adopt allopathic system of medicine for ailments and had more faith in private practitioner than the government doctor. Tribals want immediate relief and so often 'prefer injection to medicine'. That's why they prefer quacks as they are more affordable, always available and often prescribe injections for quick recovery. There are plenty of traditional medicines used by indigenous population in India. Studies were conducted to understand its effectiveness and utilisation. Details of these local herbal remedies are beyond the scope of this editorial. But it can be concluded that many of them still need rigorous well designed scientific study to prove (or disprove) their effectiveness.

It can be concluded from this review that health seeking behaviour of indigenous population in India is largely dependent on traditional and complementary medicine (T&CM) which in turn dependent on acceptability, availability and affordability of these products locally due to reliance on supernatural and cultural beliefs. Ethnographic research, medical anthropology and studies on health belief can open many facets regarding these treatment modalities which in

turn be helpful, not only for tribal population but in general in future to incorporate those in holistic modality of treatment.

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