

Indigenous Health Care Practice of Tribal People: A Case Study of Gadadi Village, Kalahandi, District of Odisha

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ABSTRACT

Herbal medicine, spiritual beliefs, & procedure treatments and activities are utilized in indigenous healing beliefs and practices to make a diagnosis, cure, and protect each and every disease rather than ailments. According to the World Health Organization, it is mainly started practicing by indigenous or native communities, or near to 80% of the demography for certain Asian countries depend upon it for general practice. An ethnobotanical investigation of such tribal regions confirmed that indigenous tribes in Kalahandi district, Odisha, have been using 30 tree species. Herbal medicines have been identified to be more broadly used by modern medicine mostly in the study region. Paper plants for different diseases have become explored, as are their utilizes, horticultural identities, local names, parts of the plant used, and medicinal preparation.

Keywords: Traditional Medicine, Traditional Healer Practice, Environment, Superstitions, Traditional Health Care System

INTRODUCTION

Herbal Medicines (HM) are described as health care, perspectives, awareness, as well as belief systems that also include garden, wildlife, as well as nutrient treatments, religious forms of treatment, home remedies, and workouts, and, are utilized or alone in the mixture to classify, make a

diagnosis, but also stay healthy or to keep health. The Alma-Ata Declaration-"Health for All" of 1978 named for such integration of herbal medicine in all nations' primary healthcare systems, along with formal awareness of Primary Healthcare professionals in such processes. As just a result, the use of Folk Medicine has increased significantly in recent decades to meet the needs of main health care in developing nations and CAM (Complementary and Natural Treatments) in developed nations. Herbal medicines were already divided into two types proscribed but also semi. TM is divided into two types codified and semi-conventional healthcare processes. Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy are the codified and formally accepted systems in India and are collectively known as Health and family welfare. Approximately 65% of the Indian population presently utilizes traditional treatments. Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy have all been types of alternative medicine.

INDIGENOUS HEALTH CARE OF TRIBAL PEOPLE

In India, Adivasi communities' wellness conduct as well as general health have been influenced heavily by differing health

behaviours, including the use of indigenous herbal products, superstitions, and belief systems. Apart from it as well, such people have been affected by a broad range of environmental and climate variability (Basu, 1996:207-220).

In general, wellbeing is still a feature of not just medical treatment but also ultimate integrated, cultural, socio-, educational, and political changes. Each of these facets has a major effect on one's health, which in turn has an impact on each of those factors. As just an outcome, trying to improve women's quality of life and their health is extremely difficult unless certain attempts are connected to broader initiatives to transform the community. Better health, as well as a healthy society, go well together. This is only feasible when alongside effective such as nutrition, climate development, and skills training become more effective.

These same familiar belief systems, social norms, as well as practices related to both health and disease are intimately connected to treatment. This is essential to comprehensively understand all cultural influences on a nation's well-being. There is an affluence of well-being mythology in most indigenous tribes. The above folk music, which is found across different political and social processes, could be extremely beneficial and it may serve as an example of acceptable well-being and proper sanitation processes in a particular ecosystem. Mother and child care is a critical component of wellness conduct that is customarily overlooked in many tribal communities (Basu and Jindal, 1990).

The health service also impacts the various tribes' major health issues. There is little reason to suspect that Adivasi health care centers are insufficient. Those same organizations need not perform in conformity with local climates. Community Healthcare Facilities and semi were also commonly overloaded, with 30,000 people at every center point. These same various tribes and neighborhoods of Odisha begin to explain that continuing to expand the

current system of health-care delivery sequentially will not be a suitable solution to improving the Adivasi population's well-being and family welfare status; the point of treatment centers should have been based on the local needs, as well as taking geographic location and demography relevant factors, mineral wealth, manpower, and accessible suitability throughout the forested land.

The much more essential factors of various tribes' groups are sociocultural, ideological, and wellness improvement. Education is necessary again for young girl; it has recently been connected to their child's self-preservation. Child mortality is found to be significantly decreased whenever the mother has such a basic or higher education. Education has still become available here to the majority of Indian indigenous groups. Their own reply systems, knowledge, as well as proper learning, vary considerably all-over tribal communities and areas.

OBJECTIVE

To identify the health problems of the tribal people in the Kalahandi district.

To study the impact of traditional medicine and health practice among the tribals.

STUDY SITE

Kalahandi is located in southern Odisha. This is situated among 82°32' & 83°47' East longitude & 19°8' & 20°25' North latitude. This is surrounded on the north primarily by the Bolangir district, to the south by the Rayagada district, here to the east by the Kandhamal district, and the west by a Nuapada district. Demography but also locational area According to the census of 2011, its size has an area of 7920 people per square kilometres of 15.77 lakhs. The district is divided by 5.09 basis points of the particular territory & 3.76 basis points of its community. The district's total population is 199 kilometres, particularly in comparison to the state's density of 270 km² and population. It has 2236 settlements distributed along all 13 blocks as well as two subdivisions, the lower caste population is 286580 (18.17%), or the tribe (st

population is 449456 (28.50%), according to the census of 2011. The district's literacy level is 52.90, especially in comparison to the nation's price of 72.90. Wellbeing: Healthcare treatments are provided by a number of agencies in the district, including the government, private individuals, & volunteer groups. There has been 1 DHH number, 43 PHC numbers, 17 CHC numbers, and 248 numbers total. There have been 17 numbers in the sub-center with 572 beds facilities. There have been 20 natural herbal pharmacies. And during budgetary year 2017-18, the district had a boost in the number of herbal pharmacies. Environment: This same district's climate is typically tropical and humid from March through August, & windy from September through February. This same rainy season typically ends throughout June. This same district's average rainfall in 2018 was 1996.5 m.m., which was higher than the typical rainy season (1330.5 m.m).

METHODOLOGY

The current study has adopted both exploratory and descriptive methods of inquiry. The Case study, observation, and interview methods were also used as primary sources for the collection of data and information. To evaluate the indigenous healthcare practice of tribal people in Odisha Kalahandi District, an interview schedule with both close form and open-

ended questions was prepared for the respondents with a structured questionnaire. Special care was taken to cover mostly rural and tribal people as the sample respondents as this is a matter related purely to the rural and tribal populace. Secondary data and information were collected from books, journals, articles, etc.

Sample size:

The sample size is thirty tribal people from Kandha tribe of Gadadi village of Kalahandi district. This village has about thirty families and seven families have been randomly selected.

ANALYSIS & DISCUSSION

The Kanda also believes in natural causes of some common diseases like fever, and cold. Cough, headache, stomach pain, diarrhea, etc. yet the emphasis on the supernatural power puts a low threshold on the awareness of disease and pain, encouraging them to tolerate and accept. They do not care much for the common diseases unless it becomes very severe inflicting acute pain on the affected person. The herbal medicines used by Kanda for the treatment of some of their diseases are given below. Hence after extensive field survey the case study method was adopted to bring into focus the various ailments faced by the Kandha tribe of Gadadi village. Some case studies are discussed below.

Table 1: Indigenous utilize of plants against different diseases

SL. No	Local Name	Use Plants	Method of preparation
1.	Neem	leaf	A mixture of turmeric and lemon leaves is applied to the body
2.	Haladi	Power(gunda)	Mix turmeric and water and drink it for four days
3.	Harida	Power(gunda)	Mix oil and harida using everyday two months
4.	Beheda	Power(gunda)	Using in four weeks
5.	Tulsi	leaf	Honey and leaf use everyday
6.	Sajana	Drumstick	Drumstic smile in five days
7.	Sita tree	leaf	Sita leaf using in four days
8.	Mahul tree	Drumstick	Mahul tree drumstic using two days
9.	Honey	Rasa	Honey and tulsi leaf mix using one weeks
10.	Arakha	Rasa	Arakha rasa using in nail pain
11.	Alovera	leaf	Alovera rasa using in head pain
12.	Gagasiali	Root	Gagasiali root using in liang
13.	Kurkurdanti	Root	Using in the root by leg parts
14.	Pudina Patra	Leaf	Pudinapatra using in the leg
15.	Salamunji	Seed	Salseed using in dysentery time four times
16.	Dhaba Lata	Root	Dhabalata root using in malaknta time
17.	Tetuli	Seed	They are using dysentery time
18.	Bisalyakarani	Leaf	Bisalyakarani leaf are using in gheeeaa
19.	Mandarpatra	Leaf	Mandarpatra using in gheeeaa
20.	Rarktachui	Leaf	Rarktachui leaf using in burning legs

21.	Karla	Leaf	Karla leaf using in small baby dysentery
22.	Bela	fruits	Bela fruits are using mix and drinking
23.	Sikhakhai	Leaf	Sikhakhai leaf using in leg
24.	Kapamara	Root	Kapamara root using in ear
25.	Ghudatulsi	flower	Ghudatulsi flower using in house surround
26.	Khakbila	Seed	Khakbila seed using in hand death
27.	Lemon	Seed	Lemon seed using cover in dysentery time
28.	Rasuna	Rasa	Rasuna fruits are using in cold
29.	Piaja	Rasa	Onion fruits are using hair in fourth month
30.	Kuser	Rasa	Kuser rasa are using in rebecs kill in times.

Sources: Primary sources

The general health of indigenous tribes in Odisha's Kalahandi district is declining. Because the his/her separation, various tribes' people have poor nutrition. Since they are less knowledgeable & experience severe illness as a result of their poor socioeconomic status, most respondents have been unsure of a health care program & strategy. A total of twenty species of plants from 15 scheduled tribes & schedule cast 15 have been recognized as being utilized to classify up to 10 ailments or medicinal symptoms suggestive including fever, skin diseases, stomach pain, headache, diabetes, cough, and others.

Table 2: Traditional healer practice

Diseases	Traditional Practice	Time Span
Rabies	Fruit of Akhele tree	2 Months used
Fever/Malaria	Gangasiali leaves	4 Days used
Cough/ cold	Tulsi leaves	6 Days used
Head pain	Aloe Vera	2 Time
Tuberculosis	Bata root	4 Month used
Diarrhoea	Pijuli leaves	4 Times used
Skin disease	Nima Leaves	3 Days used

Sources: Primary data in Kalahandi District

The common ailments among the tribal communities such as Fever, Skin disease, cough, cold, Headache, tuberculosis, diarrhea, rabies, etc. People. Believe these diseases to be the work of spirits and black magic. In tribal society, the people depend on nature, magic, and religious beliefs to cure diseases. These ritualistic and magical functionaries are believed to have power over the vision of the deities and spirits and are most knowledgeable about the methods of propitiation for the being of the people. This is the common health practice of tribal people in these rural and tribal areas.

Diarrhea

The Dontari kanda use only one medicine for Hinjupata(dysentery) and baheniturkey (frequent loose and watery motion). Raw curry plantain with its peel is burnt, peeled and given to the patient.

Blood dysentery is called Netripota. Tadihiru and kumunditadihiu,(two different types of plantain roots) are pounded and the juice is squeezed and mixed together. About half a cup of the juice is orally administered daily to the patient in an empty stomach till cured.

Petaphampa(gastritis) is named as "pungawainga" by the dongaria kandha. About half a cup juice of 'kurei' and mango (B-Mangifera indica) bark is orally administered for one or two times.

FEVER (JARA)

Dongria kandha term for fever is Numberi which is recognized by the general symptoms of rise in the normal body temperature and pulse beat. Fever is the most common disease. They believe in two types of fever namely Numberi and Dadi or Pali numberi. The medicine man is the only person who is supposed to collect the medicine plants and prepare medicine out of them. He is specially equipped with the knowledge of diseases and medicines required. The medicines are not preserved as they believe that fresh collected plants are more effective than dried ones.

COLD(THANDA)

The dongaria kandha term for cold is "losom". It is reconized by the symptom of heavy flow of watery cough like substance from nose, giddiness and feeling of restlessness and cold sensation accompanied by aching of the limbs.

Continued and severe cases of cold compel the dongrias to use medicine. The skin of tarlu seeds and root of ketkaya plant is mixed and made paste. The paste is then diluted in water and 2 to 3 spoons of this diluted water is orally administered twice a day till cured.

COUGH(KASA)

The dongaria kandha term for cough is tanha. It is recognized by cough, cold and irritation in the throat. Whatever it continues for longer period and becomes acute, they use different kinds of herbal medicines.

The juice of mania bark and ginger is pounded together and the juice is squeezed on a small dish. About 2 to 3 spoonful of juice is orally administered daily once for 3 to 4 days.

HEADACHE

The dongrias kandha term for headache is kapadabisa. They use some herbal medicines in case of repeated occurrence of severe headache. The root of chapicreeper is pounded and rubbed on the forehead. The juice of begonia B-vitexnettle (B-tragia involuerata) seeds are also applied as substitute medicine, but it gives a burning sensation for some time.

SKIN DISEASES

The dongaria kandha term for Nima. They use herbal medicine in case of preparation from the nima using water. Once for 3 days, paste is applied on affected area.

RABIES

Rabies, an infection that injures the respiratory system and is potentially lethal even before symptoms are present, has been transmitted to human beings mainly through infected human scratching and biting. The virus is spreading through to the gastric juices of animals. This is needed, and the vaccine should have been conducted as quickly as possible upon visibility. From the outside of the kitchen, make absolutely sure only those dogs possess recent heartworm prevention.

CASE STUDY:

Case Study: 1

Name of Healer: Sukanti Dharua

Tribe: Dharua

Village: Keshpala

District: Kalahandi

Specialization: Gynaecological problems



Keshpala is a village in Odisha's Kalahandi District. Sukanti Dharua is the healer's name, and she is 40 years old. Traditional Birth Attendants (TBA) are indeed very essential in the Dharua groups throughout pregnancy and delivery. TBAs have already been beneficial because of the absence of antenatal care facilities. TBAs have really been given training by the federal govt but also non-government due to their functional importance. interviews were conducted with one TBA community. This year, the Gond tribe TBA will have did attend 9 delivery scenarios, while a Dharua Community TBA had also did attend 5 delivery scenarios. TBAs have been generally paid graciously, which isn't a significant source of money for people. Those who benefit from their own skills and talents.

Case study: 2

Name of Healer: Kamala Majhi

Tribe: Desia Kandha

Village: Muniguda

District: Kalahandi

Specialization: Jaundice and Skin diseases

Muniguda village in Kalahandi district where many foreign Vedanta companies visit and rich in natural resources. A Poor family with three sons practicing traditional medicine for their livelihood. Kandhia calls by all in that area for all problems and health disorders. He lost his father at an early age while he was very small, and learned the healing practices from her Guru who is famous now in their area. With help

of Govt got an IAY scheme house and lived with her three sons. Far from many nearby areas' patients travel to her and with a gentle smile, she treats and assures recovery. She is famous for the treatment of all Skin problems of Male and females in that community. Whenever there is any problem, he popularly prescribes the Banahaladi Root are boiled in water and this water is given orally with honey to cure the e problem. Banahaladi paste has been applied the ed on newborn children to prevent all types of skin diseases and also applied to dry up a child's naval (round of placenta) and cures other infections. A paste made with its Banahaladi and dudura leaves (datmetaletel) is applied to the two Brest swelling of women. Looking at the cultural dominance of alcohol consumption she always prescribes to avoid spicy food and no alcohol was anyways He charges only Rs. 100/- for treatment of major skin problems. He believed believes in the local god and asks everybody to pray for the blessing cured getting cured. Sometimes poor families could not give any money so he also takes the rice, dal, etc from them.

CONCLUSION AND SUGGESTION

Still, established countries such as India should systematically record indigenous practices about the use of plant species in all tribal regions or community members, some of which stay relatively untapped. That very documentation is essential even though old-aged Adivasi individuals are typically only one guard of these kinds of awareness, and also the quick defection of indigenous values & environmental assets as just a result of the industrialization in such given the example that unobserved understanding may well be lost for good. Record keeping of plant products used in herbal medicine can improve overall healthcare insurance while also promoting sustainable forest management and ecosystems studies. Such plant species could also be utilized in primary health care settings.

SUGGESTIONS

- To respect tribal areas, the influence of changing trends when tribal culture is influenced should be studied.
- Traditional healers must be trained in the natural science implementation of indigenous material medicine.
- There is a need for collaboration of traditional medicine systems (Traditional medical practitioners) with the modern national health system in inaccessible tribal areas with limited communications.
- Healthcare awareness should be created in rural areas.
- Proper healthcare facilities should be provided in the local area.

Conflict of Interest: None

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