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Study on Current Status of Traditional Health Practitioners in the Southern Aravali Region of Rajasthan

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ABSTRACT

Traditional health practitioners are valuable, respectable, accessible and affordable resources among tribal communities. Owing to socio-cultural attachment, they are often a preferred source of human and animal health-care. However, with the advent of industrialization and the impact there of on society in the form of urbanization, the traditional medical knowledge has been displaced by Western medicine. With steadily increasing populations, forests no longer remained the natural habitat and bodies of folk medicinal knowledge. On the other hand, no legal platform is in existence for protecting and encouraging the herbal plants and traditional knowledge. In the absence of legal protection, the indigenous knowledge and health practices are smartly enchased by the pharmacy companies without giving benefit to actual knowledge holders and protecting their rights. It has also discerned that traditional knowledge is rapidly disappearing due to cultural transform under the impact of urbanization. Thus, the current status of the traditional health-care system is at an alarming stage and it needs urgent attention. In the present work, we have given the role, practices and current status of traditional health practitioners in the Southern Aravali region of the Rajasthan.

Keywords Traditional health practitioners, Gunnis, Herbal medicines, Indigenous knowledge, Southern Aravali zone.

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INTRODUCTION

India has 45 thousand plant species of which around 20 thousand plans have documented medicinal value (Krishna 1996). The practice of the traditional health system has a long affiliation with the progress of human civilization which has passed through stone, Bronze, Iron, copper, machine, scientific and space-age (e.g., Space and Astrobiology). In each era, human has settled cultural setting with the ecosystem for his survival which ultimately set up a system of knowledge around communities that includes use of plant-based medicines, cosmetics, no-wood forests products and handicrafts. Thus, from thousands of years, tribal people have explored the hidden medicinal properties of plants to cure various diseases. Tribal is an ethnic group, which is characterized by residing geography, speaking a common dialect and having a particular set of cultural faiths (Narroll 1964, Majumdar and Madan 1967). The Indian subcontinent is dwelled by around 38 million tribals. As per the Scheduled Tribes Census of India 2001, 7.0 million tribal people relating to seven ethnic groups are inhabited in Rajasthan that is ~ 12.56% of the total state. The major tribes are Bhil Mina, Damaaria, Dhanka, Garasia, Kathodi, Koli Dhor, Mina, Naika-

da, Patelia and Sahariya which is mainly existing in following districts of Rajasthan: Sikar, Nagaur, Pali, Hanumangarh, Ganganagar, Jalore, Sirohi, Jodhpur, parts of Jaisalmer and Bikaner, Udaipur, Dungarpur, Banswara, Dausaa, Bhilwara, Churu and Jhunjhunun. In Southern Rajasthan, Banswara district has 72.27%, Dungarpur has district 65.14%, Udaipur district has 70.71%, Chittorgarh has district 55.04% and Sirohi district has 66.55% tribal population out of total sate census (Dunkwal and Bishnoi 2014).

Learning of indigenous knowledge of medicinal herbs arises from direct observations of animals in the wilderness. Animal and birds have a strong natural instinctive feel for the right medicinal herbs (Wynn and Fougere 2007). They consume them or rub their body parts against the medicinal plant to cure their ailments and illness. With these observations and their own experimentation by trial and error, tribal became experienced about the use of herbal medicines. With time, they achieved the skill of proper diagnosis and effective medicines procedure and prescription. These people are known as GUNI in modern terms (Ref:–https://jagranjan.org/traditional-medicines). GUNI is a Hindi word which means a person who has knowledge about medicinal plants, a procedure for making doses of medicines and its use in the treatment of a particular disease. GUNIS is dispersed all over the geography of India and has remarkable skills in solving common rural health issues for human as well as animal health issues. (Ref: https://jagranjan.org). They have an alternative naming in different regions in India, depending on regional dialects such as Vaidu, Vaidhyaraj, Amchis, Gaitas, Uche and Danga Bhagat (Ref:–http://www.gunimission.org). In the past different researchers have given different designations like ; tribal doctors, bare-footed doctors, herbal doctors, tribal medicine men (TMM), herbalists, folk healers and folk and laymen practitioners (e.g., Vedavanthi 2002 and reference therein). World Health Organization (WHO), International Union for Conservation of Nature (IUCN) and World Wildlife Fund (WWF) has recognized them as Traditional Health Practitioners (THPs). An officially THP is defined as a person who is recognized by the community where he or she lives as someone competent to provide health-care by using plant, animal and mineral substances and other methods based on social, cultural and religious practices (WHO Report 1978). Deb and Sharma (2015) have reported the categorization of THPs like herbalist, diviners and birth companions from their study on traditional healing practices in North-East India.

The United Nations Educational, Scientific and Cultural Organization stated that the sustainability in development is not possible without identification of cultural heritage, a facilitator and operator of economic, social and environmental dimensions. In 1997, a non-profit autonomous body Quality Council of India (QCI) has been set up jointly by the Government of India and Indian Industry (https://www.qcin.org/). QCI has developed the registration criteria for training institutions for providing training to THPs for qualitative health-care. The Registration criteria provide a framework for the effective management and delivery of the competency-based relevant education and training aimed at the overall development of the participants to be effective THPs. John et al. (2014) have reported that the lack of training and education of THPs resulted in misdiagnosis and in appropriate treatment. The recent work of Rudra et al. (2017) has highlighted the need for accreditation and certification of traditional healing practices requiring extensive codification of folk practices. In the past also, an initiative has been taken by Rashtriya Guni Mission (RGM) to conserve reach and effective traditional knowledge of herbal medicines and promote THPs. RGM was founded in 1998 in Udaipur, Rajasthan and it was legally registered under the National Trust Act 1882. Under the RGM activities, the tremendous works have been done to strengthen the THPs, encourage communities towards traditional health systems, conserve medicinal plants, and promote and create awareness in the community about traditional knowledge. It is important to mention here that the RGM was started by Mrs Bhanwar Dhabhai, a social worker, in the year 1998 while she faced an incident of an outbreak of diphtheria in Charmar village, of Udaipur district where 15 children were died due to unavailability of proper health-care (http://www.gunimission.org/). In the Udaipur region much earlier work have been employed to study the traditional medicines uses by local tribal people for various disease in human as well in domestic animals (e.g., Thakhar 2004, Galav et al. 2013, Yadav et al. 2015,

Deora and Rathore 2017, Deora and Rathore 2018 and references therein).

From the above discussion, it is clear that the role of THPs has a great concern and significance for the conservation, promotion validation and codification of folk practices. The information about the ethnomedicine has been propagating through successive generations by oral folklore and therefore, it is rare to find written evidence of this rich knowledge. Also, rapid urbanization is resulting in destroying the forest resources including medicinal plants. It is, therefore, significant to study the role of THPs, before this valuable information is lost forever. In this view, present work focuses on the current status of THPs, particularly in the Southern Aravali zone of the Rajasthan.

MATERIALS AND METHODS

The Southern zone of Rajasthan covering Udaipur, Rajsamand, Dungarpur, Banswara, Pratapgarh, Sirohi, is mainly populated with Bhil, Meena, Garasia, Gameti, Damor and Kathodia tribal communities. The main occupation of these tribal is pastoral farming, livestock and to collect forest products. They keep age-old traditional medical knowledge through their long socio-cultural association with the forests. They possess accumulated valuable knowledge on the use of wild plants in their daily lives for food, fuel, fodder, clothing and health-care for humans and livestock. During surveys, group discussions, personal interviews with the ethnic groups of the study area ; it has observed that the people are very particular about the uses of the plant and its parts.

It is also important to note that the economic condition of the tribal of the study area is not satisfactory. Illiteracy, poverty and ignorance about personal sanitation are some of the factors causing disease among the tribal population. They cannot afford costly modern health facilities due to poverty. However, this region has a great benediction from nature in the form of the Aravalli hills which has an abundance of wild plants, some of which have been practicing as remedies for various ailments by rural and tribal people. In the present work information received through conversations and group talks with tribal people, traditional health practitioners and other rural people have presented.

RESULTS AND DISCUSSION

The traditional knowledge of medicinal plants diffuses through successive generations. However, it safeguarded like secretes within a family or any individual who is very familiar to THPs. It observed that the popularity of these ethnic people confined to the local area (up to surrounding villages). The reputation of a particular healer generally depended upon how one successfully-treated patient refers him to more needy people. It has also noted that they have no proper sitting or schedule in the form of a consultancy hut, but they do it in an ad-hoc manner. Some of them consult the disease occasionally. They have the occupation of livestock or small holding agriculture. The expertise and knowledge are not consistent among all ethnic people and also vary with the type of disease. A few are generalized, but some of them have expertise in a particular disease. For example, some of them are known with a type of application (fracture or birthing) and type of treatment (firing or message) or cure to certain animals. Also, some ethnic people keep supporters who can identify certain plants for certain diseases but not have knowledge of preparing medicine and making prescriptions of doses. The availability of plants depends upon the seasons (most of the plants available in the monsoon or post-monsoon season) and therefore they preserve some medicines in the form of the powder or paste. They prepare the medicines at the location of plants in the surrounding locality and also use other locally available ingredients like ghee, oil, honey and buttermilk. In our surveys, we have also found that some healers prepared the small garden of medicinal plants nearby to their house that is locally known as VADI. The medicines are either prepared from a single plant or combination of plants depending upon the type of disease. Also, for the same plant, different parts (leaves roots, bark) uses for different diseases. The special tool (known by NAAL in local dialect) made from different parts of the plant uses for giving an oral dose. Also, doses are given as fodder or mixed with cattle feed for certain diseases.

It is observed that THPs either do not charge or

take very nominal charge for their services. Some THPs even do not drink a cup of tea in the houses of the people who called for their services, as they believed the potency of their medicines would diminish. In return, they expected the community to value and reimburse their services. In many cases, this found to be inadequate. It has found that the tribal and THPs of the study area have been confronting problems for few decades such as severe drought malnutrition, illiteracy, poverty, deforestation, soil erosion, sudden burning and intervention by forest officials. The recent Supreme Court decision (February 2019) for eviction of one million tribal forest dwellers drives tension among them and authors also understand the long term effect of this eviction on indigenous medicinal knowledge. The Supreme Court order rejects their ancient ownership claims on jungle land. However, the Traditional Forest Dwellers Act, 2006, preserves the rights of ancient tribal communities to live in and manage the jungles.

With the advent of urbanization, the new generation is not interested in the learning of rich traditional knowledge and therefore, traditional knowledge is now at its alarming phase. The lack of interest in learning of traditional knowledge among youngsters has reported by Taid et al. (2014) from the Dhemaji district, Assam. Thus, it is an urgent need for proper documentation and promotes government policies for conservations of this rich traditional knowledge. This issue has also discussed in the review work of Bookel (2016). However, there is some society like Jagran Jan Vikas Samiti run by social activists who have been working for the socio-economic status of tribal communities. This society is also working towards traditional knowledge and training of THPs.

The outcomes of the present study are summarized in terms of the following suggestions that could be used to make certain measures for the welfare of the tribals as well as THPs to control the present problems. Traditional health-care system should be included as an important component in National Health Policy as an alternate health-care. There is an imperative need for proper scientific documentation and pharmaceutical testing of herbal medicines. For this, the screening of selected medicinal plants used by THPs should be initiated to develop a new herbal drug from their formulations. A proper and systematic platform needs to promote scientific research and attract scientific societies. Traditional health-care system and THPs itself should be recognized by the government as a primary health worker so that these can practice without being intimidated and harried by Government officials. Proper credit, legal identify, dignity and honour should have given to THPs. This explored by the fact from the Sushruta that know the men-the hermits and huntsmen they have knowledge of medicinal herbs. A separate traditional herbal knowledge, training and health governing body should establish. The institutional training program should be implemented for THPs to enable prompt and appropriate treatment on human health, hygiene, cure and disease in animals as well as on various communicable and non-communicable diseases. *In situ* conservation should be employed: (a) By the protection of plants in biological and ecological reserves, (b) Protection of plants in their natural habitats through the concept of healing plant conservation zones. Herbal gardens need to breed for the *ex-situ* conservation of medicinal plants. Seed bank or germplasm banks should also be developed at an institutional level to conserve the rare or threatened plant species. The Research and Development project should be run to decrease exploitation pressure, cultivation of commercially more important as well as threatened medicinal plants and to develop genomic run-on (GRO) techniques. Efforts could also be made to increase revenue through gro-techniques.

CONCLUSION

In the present work, we have studied the current scenario of traditional health practices and the status of THPs. Based on interviews and group discussions with the local community, THPs and researchers in the field, the results of our study are presented herein-below.

It observed that the economic condition of the tribal communities of the study area is very poor and they generate their revenue only by agriculture and animal husbandry. THPs are not designated and not admired by the Government for their indigenous herbal medicine knowledge. It has seen that traditional medicinal knowledge, particularly in the

Southern Aravali region, is rapidly disappearing and the current status of the traditional health-care system is at an alarming stage due to urbanization and industrialization as well as lack of governmental policies and protection.

In today's rapid economic era, the dependency on modern synthetic medicine is continuously growing, which creates severe health predicaments due to its side effects. In this regard, it is significant to look towards indigenous herbal medicine knowledge that can resolve many health and hygiene problems. There is a need for preparing dictionaries for a local dialect of tribes and local names of medicinal plants with their Botanical naming. Also, scientific documentation and validation are necessary to conserve traditional knowledge and for an efficient cure.

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