

Health and Traditional Medicinal Practices among the Hill Kharia of Odisha: Looking through the Anthropological Lens

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ARTICLE DETAILS

Article History

Published Online: 10 January 2019

Keywords

health, tribal, hill Kharia, medicinal plant, health care services

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ABSTRACT

Health is a big challenge for whole India, whether the tribal or other people. It is a keynote affair in all tribal society. Good health for tribal people has a social, economic and spiritual dimension. Tribal communities are not only economically backward but also have worth health indicators and deprived of modern health care communicable and non-communicable diseases and nutritional deficiency is major health problems in these populations. For the tribals, the concept of diseases and its treatment are diverse as per their cultural values. To the tribals, health, diseases and its treatment, death etc. everything's has different meaning but it is interesting noticed that each and every tribal community has belief on both benevolent and malevolent supernatural powers who are responsible for these all. The present paper is an endeavor to explore the repository of indigenous medicines used by the Hill Kharia of a particular village of, Mayurbhanj district, Odisha, India. The study is based on intensive fieldwork applying interview schedule, semi-participant observation, focused group discussion and case studies among the villagers of the studied village.

1. Introduction

India is the second largest country in the world in respect of human population after China. It occupies a unique position in the tribal Map of the world. There are 705 groups have been notified as Scheduled Tribe in India, they stand at 104,281,034 as per 2011 census and accounts for 8.6 percent of the total population of the Country (Census of India, 2011). The World Health Organization (WHO, 1992) has pointed out that traditional medicine is an important contributor to its health goals, as many as 80 percent of the World's people depend on traditional; medicine and in India, 65 percent of the population in the rural areas use Ayurveda and medicinal plants help meet their primary health care needs. Thus, traditional medicine practices, conserved over decades from old civilizations, can serve as an effective basis for the discovery and development of modern healing drugs. There are considerable economic benefits in the development of indigenous medicine and in the use of medicinal plants for the various diseases (Patnaik *et al.* 2007).

The tribal population growth India is known to the autochthonous people of the land. Tribals are often referred to as *Adivasi*, *Janajamiti*, *Vanya jati*, *Vanavasi*, *Paharia*, *Adimjati*, and *Anusuchit Janajati* or Scheduled Tribe, the latter being constitutional. The concept of the tribe emerged in India during the British period. Anthropology is a scientific study of human being; it basically covers everything. The Anthropological theory and methods have much to offer tribal health in the area of translating health of tribal knowledge into effective action. Anthropologist generally sees health as a broad construct, consisting of physical, psychological and social well-being (Rahn, 1999). As a multifaceted aspects health has been defined by World Health Organization (WHO) and then however as health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The health of an individual or of a community is concerned not only with physical and mental status but also

with social and economic relationship (Choudhury, 1994). WHO and then however health, illness, and health-seeking behaviors are not the same across cultures. Some scholars have reported that among tribal ethnic groups, health is seen as a fundamental rather than achieved concept. Health and illness are two antagonistic concepts; one is defined as the absence of other (Pradhan, 2013). The health and illness are two poles of a continuum. It is a major pathway to human development, which is the cornerstone for a healthy, wealthy and prosperous life and also a well-reflected and self-evident in the proverbial saying; "**Health is Wealth**". Anthropology is generally characterized as a "holistic" discipline which emphasizes the total social and cultural context in the explanation of the structure and the behavioral patterns of human groups. The common beliefs, traditional customs, myths, practices related to health and disease in turn influence the health-seeking behavior of autochthonous people (Balgir, *et al.* 2003). The origin of several systems traditional healthcare may be traced back to folk practices which are practiced and passed down from generation to generation.

On the basis of extensive fieldwork with the help of standard anthropological methods, it has been revealed that, although the Hill Kharia concept of disease and treatment is centered on religious beliefs and practices. They are largely dependent upon the local forests for most of their requirements from food to medicines. For the healthcare, they exhibit strong faith in indigenous herbs found in the forest around their habitat. They have their own methods and techniques of health practices like any other indigenous communities.

Understanding Tribal Health in India

Tribals are relatively isolated and autonomous groups, closely related to culture, environment and the social structure as they can be observed from the cultural and medical system in the clarification of diseases. The status of tribal health in India "very poor" and is affected by the general 'wide spreads

poverty, illiteracy, malnutrition, absence of safe drinking water and sanitary living conditions, poor maternal and child health services in effective coverage of natural health and nutritional services (Singh, 2008). According to Sonowal (2010) health in a tribal society is to understand not as phenomena in isolation but in relation to the magico-religious fabric of existence. The tribes in India have distinct health problems, mainly governed by multi-dimensional factors. Such as habitat, difficult terrain, varied ecological niches, illiteracy, poverty, isolation, and superstitions. The medical system in tribal societies is structured on the lines of the herbal and psychometric treatment. The healing practices include a touch of mysticism supernatural and magic, resulting in specific magic-religious rights etc.

Health Scenario in Odisha

The health scenario tribal of Odisha has been suffering from various communicable and non-communicable diseases. As per the ICMR report, 2003, the health strategy of Odisha has advocated the improvement in health status of the tribal population by reducing the morbidity and mortality in them. Tribal people suffer from different health problems such as malaria, diarrhea, tuberculosis, cold, Jaundice, skin diseases, nutritional deficiency diseases, genetic disorders like glucose-6-phosphate dehydrogenase (G6PD) deficiency and sickle cell anemia, etc. The analysis of health indices of the tribal population in Odisha is worse than the national average: infant mortality rate 84.2, under-five mortality rates 126.6, children underweight 55.9, anemia in children 79.8. The widespread poverty, illiteracy, malnutrition, absence of safe drinking water and sanitary conditions, poor maternal and child health services, ineffective coverage of national health and nutritional services, etc. are the major contributing factors for dismal health in tribal communities of Odisha.

2. Aims and Objectives

The study in this paper has the following objectives.

- i. To find out the Hill Kharia perceptives towards the cause of various diseases prevalent in the study area.
- ii. To understand the health and medicinal practices by the tribal of the study area.

3. Review of Existing Literature

Reviewing literature on tribal with respects to their health suggests very limited numbers of studies on tribal health with a specific research question. According to Pradhan (2013) has made an elaborated, the tribal societies, the system of cure is not only based on magico-religious practice but also on treatment with different herbs and plants. Tribal societies have developed their own medical system and some rudimentary knowledge base of medical techniques including the diagnosis of the disease at the individual level. People have known about the plants in their surroundings and also attribute cultural beliefs and practices to the plants. According to Guite and Acharya (2006) have tried to analyze that the acceptance of a particular health care system among the tribal people who mostly depend on its availability and accessibility. It is very interesting to note that while the tribal groups following traditional religion traditional medicines putting a religious or supernatural value on it. On the one hand, these people

continue to rely on age-old practices of herbal medicines which are sustainable given their closeness to nature and forests. But on a large scale disease caused by polluted water and lack of nutrients remain untreated. (Mohapatra *et al.* 2016) has focused on concepts related to health, illness and well being varies from individual to individual and community to community on basis of their respective geographical areas and their day-to-day activities, culture, costume, religious practice, and environmental factor all contribute to their health aspect. Gigoo (2009) found in his study that tribal people live in forests and depend completely on the land and forest for their daily needs. Hence, for their health problems, they prefer to be treated by the *vaidraj* or *vaidya* (traditional healer) with traditional medicine, which basically uses extracts from herbs found in the forests, Praharaj (2009) in his study the traditional health care system still finds its meaning of survival in tribal domain, the traditional medicines, healers and the priests can still relate a link between men, nature and the supernatural beings.

4. Geographical background of the Study area and the People Under Study

Mayurbhanj is one of the tribal-dominated districts with the highest percentage of the tribal population. It is lying on East Longitude of 85°40' and North Latitude of 21°16' and 22°34' in Mayurbhanj district of Odisha (www.mayurbhanjdistrict.nic.in). The present paper is an outcome of a field study in Bijatala area. The study was undertaken among the Hill Kharia tribe inhabiting the Kalatamak village in Bijatala block of Mayurbhanj district, Odisha, India.

Hill Kharia Tribe: An Ethnographic Sketch

There are 62 tribal groups in Odisha, among them, 13 are Particularly Vulnerable Tribal Groups (PVTGs). The Hill Kharia was identified as one of the Particularly Vulnerable Tribal Group of Odisha because of their dependency on forest economy, use of primitive technology for agriculture low literacy and practice of hunting and gathering for their sustenance. They also possess zero or negative population growth, extremely low level of literacy in comparison to the other tribal groups. They are divided into three broad social groups namely, the Pahadi Kharias or Hill Kharias, the Dalki Kharias and the Dudh Kharias. Of these three sections of the tribe, the Hill Kharias (identified as the PVTG of Odisha) is a high land tribal group. They are the semi-nomadic group. Kharia has a total population of 2.2 lakh as per Census 2011. They live in Mayurbhanj district of Odisha, particularly in the Similipal hill of the district. They trace their origin from a Pea-Fowl's egg. The tribe is primarily a forager community in the Similipal forest in Mayurbhanj district. They feel proud in identifying themselves as the descendants of the legendary Viswabasu Sabara, the first worshiper of Lord Jagannath in the hill cave (Patnaik, 2005). The Hill Kharias are entirely depending upon the forest for their livelihood. Traditionally they are shifting cultivators, but now shifting cultivation has almost stopped and has shifted to gathering and hunting etc. mode of life. Fishing and hunting are practiced as a subsidiary occupation. Mainly they have become as an agricultural labourer throughout the year.

They speak Kharia language, some of them know Odia. They survive in the midst of forest and are parasitic on forest produces. The economies of Hill Kharia are food gathering, hunting, and daily wage laborer. According to 2011 census total population of Hill Kharia of Odisha is, 2, 22,844 in which 1, 09,817 are males and 1, 11,027 are females. The sex ratio among the community is 1023 females per 1000 males and the average literacy rate is 28.89 percent (Survey SCSTRTI, 2007).

5. Material and methods

Several field trips were undertaken for collecting of medicinal plants during different seasons in 2017-2018. Information on the plants was gathered through oral interviews of the local tribal people, especially older persons, local medicine men, and herbalists. Throughout the interview, local plants name, usable plant parts, the preparation method for medicine application mode and dosage were recorded. The study is based on the assumption that perception of health and disease varies across cultures, which in turn influence the

health-seeking behavior among the people. Relevant anthropological methods were employed in the study. The study was conducted using both the combination of qualitative and quantitative methods and technique. It is based on both primary and secondary sources of data, but more emphasis is given on extensive fieldwork i.e. secondary data related to various attributes of population among the Hill Kharia. In the Hill Kharia society, traditional medicine man is locally known as, *Ojha*, local medicine-man, shaman and Priest etc.

Sample Selection

From the Mayurbhanj district, Bijatala block is selected for the present study. Three villages have been selected on the basis of the largest concentration of Hill Kharia population. These are a multi-ethnic village but dominated by the hill Kharia tribe. The entire village is surrounded by mountain and consists of 50 Hill Kharia households, having 68 are males and 78 are females respectively. There are three villages have been taken for the study. Such as, Kalatamak, Khejri, and Bhalujudi (Dehuri/Khadia sahi).

Table No. i
Name of the selected Villages, Panchayat and distance from the Block

Sl no.	Village Name	No. of sample Households	Name of the Panchayat	Block	Distance from the block (in KMs)
1	Kalatamak	25	Saragada	Bijatala	23
2	Khejri	10	Madheikacha	Bijatala	26
3	Bhalujudi	15	Bad Jharan	Bijatala	13
Total		50			

Source: Primary data, February, 2018

6. Results and Discussion

6.1 Indigenous healing method among the Hill Kharia tribe of Odisha

Indigenous peoples throughout the world, occupying different agro-ecological zones have generated vast bodies of knowledge related to the management of their environment (Pradhan, 2013) and this store of knowledge is known by many names. Such as indigenous knowledge, traditional knowledge, indigenous technical knowledge (Burman, 2007), local knowledge, traditional cultural knowledge, traditional ecological knowledge, and traditional environmental knowledge

The Hill Kharia has their indigenous methods of curing diseases. It cannot be said that the Hill Kharias are fully ignorant about the modern healthcare systems. They have their own medicine men to who have a practice based on

knowledge about the medicinal plants available in their natural environment and their effectiveness in curing diseases. They have their traditional healers upon whom they are considerable faith and confidence. They have few common features regarding the perception of health and disease. Thus religious practices of the Hill Kharia are closely related to their care system also. They have no temple. Their priest is known as *Dehuri*. They worship their village deity at *Baske* (village temple). They have different God and Goddess, such as *Gram Devi*, village deity for protection from diseases. They worship *Dharam Devta*, *Ban devta*, *Kudra*, *Laxmi* and *Kanapat* from protecting wild animals.

The Hill Kharia have adopted the following method to rescue them from the different disease which caused due to various problem cited below in the table.

Table No. ii
Medicinal plants and methods used by Hill Kharia Community

Sl no.	Name of the diseases	Local name (Hill Kharia)	English Name/Botanical Name	Parts of the plant used	Medicinal Plants and Methods of used
1	Abortion	Rama Phala	Annona Reticulate (Annonaceae)	Seeds	Seed provide mixed with black pepper is taken by the pregnant women up to 7 days
2	Bleeding	Karanja	Millettia Pinata (Faba cease)	Bark	Extract of stem bark is taken for checking excessive bleeding after delivery
3	Blood dysentery	Pijuli	Guava (Psidium guajava)	Bark	The bark of guava along with the bark of mango is crushed and taken for

					blood dysentery
4	Blood purifier and digestive	Belo	Bael (Aeglemarmelos)	Leaves and fruit pulp	The leaves and pulp is boiled with water, 10-15 ml of infusion taken twice daily
5	Boils/wound	Botha	Tridax pocumbens (Asteraceae) aspera	Leaves	Apply the leaves paste of Bisyalyakarani plant in the injured part for healing
6	Cold and cough	Adda	Ginger (Zingiber officinale)	Rhizome	Rhizome is burnt and grated with five to ten seeds of black pepper taken orally to cure cold and cough
7	Delivery	Jada	Ricinus Communis (Euphorbiaceae)	Fruit	The oil is massaged gently on the belly for reducing delivery pain
8	Eye problem	Sabolo bhanga	Zingiberaceae Officinale Roscoe (Zingiberaceae)	Bark	Extract of stem bark is taken for checking excessive diarrhea
9	Diarrhea and Dyspepsia	Tejpatta	Cinnamomum Tamala	leaves	Apply the leaves paste of Tejpatta, 10-20 ml of infusion taken twice daily
10	Fever, Diarrhoea, and vomiting	Kadamba	Rubiaceae Anthocephalus Indicus Roxb	Bark	The bark decoction is taken orally for two times per day up to 2-3 days
11	Fistula	Amrutabhanda	Carica papaya (caricaceae)	Leaf	Latex is applied on anal fistula to cure it
12	Headache	Jada	Dumb (Dieffenbachia)	Seed	The oil extracted from seeds is orally applied on the scalp to get relief from pain
13	The increase of breast milk of a newly delivered mother	Gungia	-----	Roots	The root of the <i>Gungia</i> is crushed and made into a paste, taken orally as the cure for snake bite
14	Indigestion	Ada	Zingir officinale/ rhizomes	Leaves	Fresh leaves extract is given to cure the indigestion
15	Jaundice	Handi/Handia	Country beer	Beer	To drink 2 glass of country beer daily day and evening up to 3-5 days jaundice will be cured
16	Loose motion dandruff	Barakoli/Bir Didhedi	Ziziphus jujube Lam	Leaves	Leaves of Barakali
17	Malaria	Gangaseuli	Gangaseuli (Nyctanthes arbortristis)	Leaves	Gangasueli (<i>gayatursi</i>) leaves are boiled with ½ liter of water till it becomes 100 ml and mixed with leaves juice of <i>Osmium tenuiflorum</i> . This decoction is mixed with 50 ml of honey and prescribes for the three days to cure malaria
18	Milk secretion	Dimiri	Ficus hispida (Moraceae)	Fruit	Fruit is boiled and given to mother to prevent miscarriage and for more milk secretion
19	Mouth Ulceration	Sal	Dipterocarpaceae	Root, stem bark	Stem bark juice is given in Mouth Ulceration. Root extract is given in bleeding piles
20	Scabies	Neem and Karanjo	Neem (Pongamia Glabra)	Oil	<i>Neem</i> or <i>Karanja</i> oils massage to bossy scabies will be cured.
21	Snakebite	Aakaua	Calotropis	Root and latex	The root of the plant is crushed and made into a paste, taken orally as a cure for snake bite
22	Stem/ relief from abdominal pain	Barakoli	Zizyphus Mauritianna (Pharmaceae)	Bark	Stem bark paste is taken twice a day after food during pregnancy
23	Stem/ for contraception	Mandaro	Hibiscus rosa- Sineris is (Malvaceae)	Flower	The mixture of flower plant is taken by the women on the day menstruation for contraception
24	Sexual disability	Palash	Butea monosperma	Roots	The root of the <i>palas</i> is crushed and made into a paste, taken orally as the cure for the diseases
25	Stomach pain	Jada oil	Caster (Ricinus communis)	Seeds	The oil extracted from seeds is applied on the stomach

26	Stomach pain	Patalogarudo/ sarpagandha	Rauvolfia serpentine (Apocynaceae)	Roots	The root of the plant is crushed and made into a paste gives for drink one glass stomach will be cured
27	Snakebite	Apamarang	Achyranthes Aspera (Amaranthaceae)	Roots	The root of the plant is crushed and made into a paste gives for drink one glass stomach will be cured
28	Swelling and Indigestion	Padina	Lamiaceae (Mentha Spicata)	Leaves	Leaves paste of decoction mix with water and are given in throat
29	Vomiting	Kagji Nimbu	Lemon Citrus Aurantifolia Christm (Rutaceae)	Fruit	Tender fruit grated with water and given to the patient. Lemon juice with salt and sugar prevent further vomiting

Sources: *primary data, April-June, 2018*

6.2 Indigenous healing method

The Hill Kharia belief system

For the health care the hill Kharia people have to go Bijatala Public Health Centre (PHC) 27 km away from the village to get medical care. People also avail the facility of Rairangpur hospital 41 km and for serious patient avail the facility in Baripada district sub-divisional which is 98 km away from the village. The Hill Kharia was been introduced to modern health care system through government PHCs and hospitals etc. Even the private clinics had also flourished in recent years in the tribal villages. But, they were found deeply intertwined with traditional practices of health care (Purahit, 2014), in his study and had said that where modern medicine failed the traditional healer could satisfy deities by performing some ceremonies in which the diseased person also had to offer things like the black hen and goat to the respective deities. And after giving these offerings to the respective deities and performance of Puja at **Baske** the modern medicine did respond people said. People deeply believed that there were some diseases, which the modern medicine could not work out, but the traditional medicine could, as they were equipped with some supernatural powers.

6.3 Process of Diagnosis among the Hill Kharia

Among the Hill Kharia, traditional medicine practitioners are known as "**Ojha**". With the help of two Sal leaves the "**Ojha**" diagnoses the ailment. He rubs oil on the patient and then sprinkles vermilion on his body. Along with it, he chants mantras. Finally, he looks and reads into the leaves. It is believed that the "**Ojha**" can see the cause then read the procedure to cure the disease by reading into the leaves. Accordingly, he proceeds with his treatment if he proclaims

that the person is possessed by an evil spirit, and then the treatment is very different. It is tried to cure by mantras only. If the patient is not suffering from spirit then "**Ojha**" gives herbal medicines.

7. Conclusion

This is an empirical attempt to study the traditional healing practices among the Hill Kharia a Particularly Vulnerable Tribal Group (PVTG) of Mayurbhanj district, Odisha. The study reveals that the Hill Kharia has vast knowledge about ethnomedicinal use of plants growing in their vicinity. It has been well revealed in this study that these tribal societies have been changing at a certain pace in terms of their health-seeking behavior. The tribals inherit a rich traditional knowledge about the flora investigated and apply this knowledge for making crude herbal medicines to cure different diseases. But it is observed that the traditional knowledge which formed the basis for the origin of alternative medicine also paved way for the evolution of modern medicine. However, the study certainly points out that the traditional reproductive health care system still finds its meaning of survival in the tribal domain. In this study, it is also found that the Hill Kharias are in favor of taking the modern medical facilities; the older generation still has a preference towards traditional medicine. Presently, very few elders in these communities are practicing traditional medicine. If this trend continues, within a few years, there will not be a single elder member in the tribal community who would speak about the traditional medicine. From the study, the conclusion emerges that the traditional knowledge held by the traditional medicine of ethnomedicine practitioner is valid and scientific.

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