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## INDIGENOUS HEALTH PRACTICES: A COMPREHENSION OF KOLHA TRIBAL SOCIETY OF ORISSA

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**Abstract:** In the present article emphasis is given on the traditional health practices of the Kolha tribes of Orissa. Due attention is given not to prove whether the Kolha medicine is at par with their diseases, rather to know the cultural aspect of their health practice and associated preventive and curative medicines. Throughout the discourse the terms disease and medicine have been employed as perceived by the Kolha. To them disease means illness which is vulnerable to misfortune. The Kolha word Joributi (medicine prepared from herbs, shrubs or trees) usually bears the same meaning as that of modern medicine.

**Keywords:** Berberis vulgaris, Leucas aspera, Hibiscus rosasinensis, Swertia chirota, Andrographis paniculata, Plambago zeylanica, Erythrina variegata, Wedelia calendulacea.



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## INTRODUCTION

It is known to us that about 80% of India's population resides in villages. A considerable percentage of India's population comprises tribal's. of course, neither all of the rural people nor all the tribal's depend on indigenous medicines, but a majority does. The notion on diseases and the indigenous way of its treatment differ from one society to another within the framework of diverse cultural set-up. Present attempted is to understand the indigenous health practices, of the Kolha tribe. Among them, health hazards are due to various factors viz. infection, inadequate intake of calories and proteins, insanitation and ignorance. Whatever is the factor, the Kolha prefer to use their own medicines in most of the cases.

Objective of this study is to improve the understanding of folk treatment and some of its related cultural aspects. Better understanding might help to minimize the gap between the tribal's and the modern healing system. It will show how folk treatment still has a bearing to maintain health. Folk medicines, after pharmacologically proved, may be utilized in a wider perspective.

### Living condition

The Kolha population is rural. They are residing either on the hills or near the edges of forest. It is observed that the Kolha habitations have got no definite plan and the huts are mostly huddled together. Most of their huts are single roomed. Their main source of drinking water is a pond or a shallow well or a natural source like a rivulet which in most cases are away from their settlement. Their habitation lacks drainage system and sanitation. Neglect of sanitation is often evidenced by heaps of worthless matter near the dwellings. Ideas of hygiene are rudimentary. Due to the lack of easy available water source cleanliness is difficult to maintain specially in summer. Habitual body washing is not observed among them. Infants bath is very occasional. Even this occasional bathing is painful to the infants because the Kolha mothers are rather rough in their scrubbing of children. No adults were found to take attempt at toilet training of their children and there are no expression of disapproval or dislike if the child soils itself. Use of foot-gear among the Kolha is observed less.

For subsistence, the Kolha depend more on the forest product. Throughout the year, they collect roots, tubers, fruits, leaves and trap various birds and animals as their food items. The tubers like boenga, mondealu, tuemga etc. are very popular edible forest product to them. They relish eggs, larvae and pupae (hauko) of ants even in uncooked condition. The Kolha also eat dead animal's meat, called jilu (mostly meat of dead cow/buffalo) to sustain their living. The fruits which are eaten in considerable quantities in the seasons of availability are mangoes (*Mangifera indica*) jackfruit (*Artocarpus integrifolia*) etc. Sun dried corollas of the flowers of mahul (*Basia latifolia*) are widely used by the Kolha in the preparation of country liquor. The

dried flowers are also eaten as food almost throughout the year. Except few cases like the diet of a newly born baby's mother, there is no food taboo among the Kolha. To them, living constantly in fear of hunger, food taboos, perhaps has got no meaning.

### **Perception of environment in relation to health**

The Kolha neither had nor have a distinctive body knowledge in relation to the environmental effect on health. In their world view the principal crisis in each person's life such as birth and death can not be separated from normal health. According to them excess of heat or cold or wind are health hazards, whether morbid or fatal in their effects on man. They think, heat and cold are both necessary for man's survival, but when they occur in excess or out of season they are deleterious.

### **Disease type and social aspect**

It is to be noted that diseases such as malaria, dysentery, diarrhea and skin diseases are widely prevalent among the Kolha. Ulcer in the skin of the waist is very common. A number of people including children were found to suffer from serious eye diseases. The frequency of abdominal pain, high fever and seasonal cough are also worth mentioning.

Illness in a person depend greatly on his/her stage of development which is specially marked in childhood and in old age. Among the Kolha, the stage infancy is marked by the symptoms diarrhea, dysentery and high fever. Constant crying are also common to the infants. For the infants, they observe certain social norms preventive measure. For instance access the parturient mother's compartment is strictly limited to those directly concerned, such as the midwife and few experienced women. After the bath on the 12<sup>th</sup> day the taboo on access is gradually lifted. The placenta is buried carefully in the ground, because it is their belief that if the placenta is eaten by the animals the flow of breast milk of mother will be choked and that would lead to cause harm to both mother and child.

As soon as the child is born the midwife takes part in cleaning the limbs of the child any cuts the cord with a piece of broken earthen pitcher. This sometimes caused tetanus and constant high fever. These are believed by the Kolha to consist mainly of malignant spirits. To strengthen the body against them, it is smoked on the 12th day over the fire kindled on the old clothes used by the child during the last few days.

The preventive measures, apart from smoking the newborn child and ritual bath on the 12<sup>th</sup> day, consist making its birth known to its ancestors through rites of invocation and by simultaneously appealing to them to help the child to remain free from harmful spirits. Sometimes the child is dressed with protective amulets attached to a string and worn as a pendant over the sternum or round the hips and over the lower abdomen.

In the later childhood fevers, digestive disturbances and infection diseases continue to occur. However, there is little anxiety about a child's health as long as it gives evidence of an abundant appetite. Death in old age is conceptualized by them as something preordained by supreme being of the universe. Sometimes it is said of a sick man that his time has come for it is written in his fate. The skin diseases like eczema is very much common among the aged males and females

### **Resource and preference**

There is always a choice of having help available to the patient to cope with the emergencies of life. The choice available to the Kolha includes private practitioners and medical assistance available through government primary health centre, which are not geographically close with the studied Kolha settlements. Also available, however, are traditional healers, colloquially refer as baid/rauria. At the private doctor's clinic and at the health center maximum number of Kolha patients were reported to be adult males. This is because men are generally mobile and more likely to be able to cope socially with modern doctors who are unable to speak the Kolha dialect. So it seems that sick children and women form the bulk of the patients treated by the folk doctors.

Why do the Kolha prefer folk doctors? To them, folk doctors are more readily available than any other source of medical care. The preference may be accounted for further from their comparative views on folk and modern systems of treatment as given below.

### **Treatment in folk system:**

1. Folk doctors are their neighbors with whom they have face to face relationship.
2. The medicines of folk doctors are either orally administered or applied externally.
3. The instruction are easy to understand and follow.
- 4 . There is no possibility of making a patient custodial.
5. The folk doctors, whenever approached, give herbal medicines at a nominal price.

### **Treatment in modern system:**

1. Their relationship with modern doctors is less close due to the diverse socio-cultural background.
2. Some modern medicines have to be injected –a method the Kolha view with apprehension.

3. The instructions are not always clear to the Kolha and sometimes, they are difficult to follow. Rest, intake of highly valued food etc. advised by the doctors are really precarious to the economically down-trodden Kolha people.
4. The instructions to make some patients custodial make irritation to the mind of the patient and their assistants.
5. Modern doctors prescribe certain medicines not easily obtainable for the Kolha.

### **Diagnosis of disease and cost of payment**

So far as diagnosis of the disease is concerned, the Kolha traditional healers face difficulty, particularly if confronted with anything different from the common disease of everyday occurrence. Homologous symptoms may be common to a wide range of somatic disturbances, and in these cases the traditional healers sometimes face problem. On the other hand digestive trouble, persistent headache, febrile states, skin diseases etc. are more concerned with them.

As part of diagnosis, sometimes, the healer asks the patient different questions to know the circumstances of the patient's birth, whether the patient's mother's confinement was normal or abnormal, whether the placenta was buried perfectly or not, what was the patient's infantile health and so forth. If the patient is a member of the locality, he will not usually need to ask any question, for he already knows the answers. The patient might be suffering from the effect of witchcraft, the malignant deeds of a personal enemy, or failure to carry out ritual obligations to deceased ancestral spirits. Keeping these in mind the healer observes the symptoms. Thus his examination though in most cases visual has a virtual ready-made working diagnosis derived from his life-long knowledge of the patient in his own social setting.

Payment to the traditional healer is traditional. It is nominal, so at par with the Kolha economy. Except few cases, the payment made is always in kind. Generally the healers get invitation for country liquor in exchange of their services. They also get kids or chicken or sun-dried mahul (*bassia lati folia*) flower as their remuneration. Though country liquor may be taken in advance or interim, the healers are generally relied on payment by results, patients paid when cured. In most cases the payment in Kolha society is rather an obligatory part of the patients than a forceful demand of the healers.

### **Curing medicine and their use**

Plant products form the basis of the bulk of the Kolha cures, as might be expected of people living in an area with a highly concentrated and varied plant life. Their own doctors are able to draw on forest, mountain tops and canal sides. They make curative medicines from leaves,

bark, seeds, fruits and roots of trees, shrubs and forest creepers. Some of their prevailing plant medicines are discussed to understand the curative measure for diseases.

Cough and Cold (Khanshi/Sarang):

Generally the roasted skin of Hadda (*berberis vulgaris*) is given orally four to six times in a day to get cure from cough. In case of a person suffering from cough and cold for a long time, the juice extracted from the leaves of Gayas (*Leucas aspera*), Honey and Ginger (*Zingiber officinale*) are taken equal quantity and pounded together. The mixture thus avails is given ten to fifteen drops four times in a day upto four to five days. This is also given to a asthma patient.

Fever (Rabakateitana):

The bark of China rose (*Hibiscus rosasinensis*) and Chirota (*Swertia chirota*) is taken in equal quantity. The decoction of this mixture is orally administered for three times to get relief from high fever. In case of children the entire Kalmegh (*Andrographis paniculata*) is burnt into ashes and is given orally along with honey.

Headache (Malanghasu):

In case of severe headache the juice of the Chitamul (*Plumbago zeylanica*) is used to give tattoo mark on the forehead. Sometimes the entire sun-dried Vringaraj (*Wedelia calendulacea*) plant is sunk into the TIL (*Seasamum indicum*) oil for seven to ten days. After that the oil is use to relief headache.

Dental complain:

Few Baul (*Misusop selingisarnam*) flowers are chewed and swallowed for getting relief from toothache. The twig of Karanja (*Pongamia glabra*) is use as a tooth brush. It cures any complaint of the teeth.

Menstrual disturbances:

The extract from the leaves of Apamarga (*Achyranthus aspera*) is boiled in water and is given orally for two days, two times in a day, to a patient suffering from excessive flow of menstruation and pain. On the other hand he extract from the leaves of paldhua (*Erythrina variegata*) is used one time to clear the un-usual stop of menses.

Dysentry (Panijhara):

The extract from the leaves of Ambiliti (*Udseral chutrica*), the extract of Guduchi (*tinospora cordifolia*), and crushed Ginger (*Zingiber officinale*) are taken in equal quantity. All these are

then pounded with honey. The resulting mixture is given orally three times a day up to three or four days. It gives quick remedy from dysentery and even blood dysentery.

### **OBSERVATION**

Accounts of native modes of treating disease, of the beliefs and ideas associated with them appear regularly in the reports of early travelers. Sigerist (1967) reviews the history of primitive medicine and shows how large a body of information was already available to such writers as Tylor and Frazer. The medically qualified anthropologist W.H.R. Rivers in his Torres Straits Expedition of 1898, tried to understand the causal ideas and beliefs behind the medical practices of the people of the Pacific. The orientation of which River's work is an example was widely accepted in ethno medical research and remains so to some extent at the present time. But we see the same orientation in the proliferation of studies of social and cultural responses to illness from the emic point of view of a particular culture.

So far culture is concerned, the Kolha people have their own ideas about what to do to maintain health, what is the cause of disease and how it should be treated, which may be partly, have been discussed in the foregoing pages. Their plant medicines and associated ideas are worth mentioning. It is true that, we have been inclined to forget the distances which medical advances have created between the modern doctors and the folk patients. There is no doubt that anthropology can make a significant contribution to our current medical predicament, since anthropologists have fostered an interest in societies as seen from inside and are ideally placed to prevent the medical profession from adopting the worst pre-conceptions of outsiders. Like the Kolha medicines, there are large number of folk medicines which are in most cases remained endemic to certain people in the country. Though the confirmation of claims on efficacy of these medicines could be made only after detailed pharmacological investigations, yet there could be no two opinions on the utility of indigenous medicine for wider use.

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