2.1 Ethnobotany: A holistic approach

Since times immemorial, Ethnobotanical and Ethnomedicinal plants, have been used in virtually all cultures as a source of food, shelter, clothing, medicine and other household purposes as per the need. Of these the use of plant based health remedies are in boom since middle of the Nineteenth century. The widespread use of herbal remedies and healthcare preparations, as those described in ancient texts such as the Vedas and the Bible, and obtained from commonly used traditional herbs and medicinal plants, has been traced to the occurrence of natural products with medicinal properties. The use of traditional medicine and medicinal plants in most developing countries, as a normative basis for the maintenance of good health, has been widely observed. Furthermore, an increasing reliance on the use of medicinal plants in the industrialized and urbanized societies has been traced to the extraction and development of several drugs and chemotherapeutics from these plants as well as from traditionally used rural herbal remedies (WHO, 1998). Moreover,
nearly in all human communities, plant based remedies have become more popular in the treatment of minor ailments, and also on account of the increasing costs of personal health maintenance. Indeed, the market and public demand has been so great that there is a great risk that many medicinal plants today, face either extinction or loss of genetic diversity.

Medicine, in several developing countries, using local traditions and beliefs, is still the primary mainstream healthcare system. As defined by WHO, health is a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity. The practice of traditional medicine is widespread in China, India, Japan, Pakistan, Sri Lanka and Thailand. In China about 40% of the total medicinal consumption is attributed to traditional tribal medicines. In Thailand, herbal medicines make use of legumes encountered in the **Caesalpiniaceae**, the **Fabaceae**, and the **Mimosaceae**. In the mid-90s, it is estimated that receipts of more than US$2.5 billion have resulted from the sales of herbal medicines. And, in Japan, herbal medicinal preparations are more in demand than mainstream pharmaceutical products. Africa is a rich source of medicinal plants. Extracts of the plants/plant parts, commonly used as effective insecticides, pesticide, larveacide, fungicide and bacteriocide (Lemos, et al., 1991). One notable example is **Catharanthus roseus**, which yields anti-tumour agents such as vinblastine and vinvristine; and **Ricinus communis**, which yields the laxative--castor oil. In Botswana, Lesotho, Namibia and South Africa, **Harpagophytum procumbens** is produced as a crude drug for export. Similarly, **Hibiscus sabdariffa** is exported from Sudan and Egypt. Other exports are **Pausinystalia yohimbe**.
from Cameroon, Nigeria and Rwanda, which yields yohimbine; and *Rauwolfia vomitoria*, from Madagascar, Mozambique and Zaire, which is exploited to yield reserpine and ajmaline.

The use of medicinal plants like *Eupatorium perfoliatum* (bonest), *Podophyllum peltatum* (mayapple), and *Panaxquinquefolium* (ginseng) in the USA has long been associated with the American Indians. These plants have also been appreciated and recognised for their aesthetic and ornamental value. In Central America medicinal plants have been widely used - by the Maya Indians in Mexico, the Miskitos and Sumus in Honduras and Nicaragua, the Pech, Lencas, and Xicaques in Honduras, the Pipiles in El Salvador, the Talamancas in Costa Rica, and the Guaymis and Kunas in Panama. In Europe, some 1500 species of medicinal and aromatic plants are widely used in Albania, Bulgaria, Croatia, France, Germany, Hungary, Poland, Spain, Turkey, and the United Kingdom. The Maltese islands constitute an apt example where medicinal plants are widely used in every day life as part of folk medicinal remedies (Mara and Caincross, 1989).

Traditional and folklore medicine system from generation to generation is rich in domestic recipes and communal practice. Encompassing concepts and methods for the protection and restoration of health, traditional medicine has served as alternative medicine, new pharmaceuticals, and healthcare products. The best known examples of traditional medicine, differing in concept and protocol, are well-developed systems such as acupuncture and ayurvedic medicine that have been widely used to conserve
human health in China and India. Developed countries, in recent times, are turning to the use of traditional medicinal systems that involve the use of herbal drugs and remedies. About 1400 herbal preparations are used widely, according to a recent survey in Member States of the European Union. Herbal preparations are popular and are of significance in primary healthcare in Belgium, France, Germany and the Netherlands. Such popularity of healthcare plant-derived products has been traced to their increasing acceptance and use in the cosmetic industry as well as to increasing public costs in the daily maintenance of personal health and well being.

Plants, especially used in Ayurveda can provide biologically active molecules and lead structures for the development of modified derivatives with enhanced activity and/or reduced toxicity. The small fraction of flowering plants that have so far been investigated have yielded about 120 therapeutic agents of known structure from about 90 species of plants. Some of the useful plant drugs include vinblastine, vincristine, taxol, podophyllotoxin, camptothecin, digitoxigenin, gitoxigenin, digoxigenin, tubocurarine, morphine, codeine, aspirin, atropine, pilocarpine, capscicine, allicin, curcumin, artesminin and ephedrine among others. In some cases, the crude extract of medicinal plants may be used as medicaments. On the other hand, the isolation and identification of the active principles and elucidation of the mechanism of action of a drug is of paramount importance. Hence, works in both mixture of traditional medicine and single active compounds are very important. Where the active molecule cannot be synthesised economically, the product must be obtained from the cultivation of plant material. About 121 (45
tropical and 76 subtropical) major plant drugs have been identified for which no synthetic one is currently available. The scientific study of traditional medicines, derivation of drugs through bioprospecting and systematic conservation of the concerned medicinal plants are thus of great importance. However, it is the fact that, all the achievements in the field of plant based drug development was possible only after obtaining the medicinal importance of plants from the traditional medicine men or herbal healers and the tribals who used these plants to cure various ailments, since long period.

2.2 Ethnomedicinal Plant Research in India

Interest in ethnomedicinal plants as a re-emerging health aid has been fuelled by the rising costs of prescription drugs in the maintenance of personal health and well-being, and the bioprospecting of new plant-derived medicines and formulations. Based on current researches and financial investments, ethnomedicinal plants will, seemingly, continue to play an important role in health care system.

Ethnomedicinal plants are used at the household level by women taking care of their families, at the village level by medicine men or tribal leader or Vaidoo’s, and by the practitioners of classical traditional systems of medicine such as Ayurveda, Chinese medicine, or the Japanese Kampo system. According to the World Health Organization, over 80% of the world’s population relies upon such traditional plant-based systems of medicine to provide them with primary health care (Balandrin et. al. 1993).
Chinese, Indian, Arabian and other traditional systems of medicines make extensive use of about 5000 plants. India is proud to be rich in biological diversity and tenth among the plant rich countries of Asia, sixth as far as centres of diversity especially agrodiversity are concerned. Nearly three fourth of the drugs and perfumery products used in the world are available in natural state in the country. India possesses almost 8% of the estimated biodiversity of the world with around 1,26,000 species. It is one of the 12 mega biodiversity centers with 2 hot spots of biodiversity in Western Ghats and north-eastern region. The sacred groves are a miniature ecosystem conserving biodiversity in its pristine form. There are about 400 families in the world of flowering plants; at least 315 are represented in India. According to WHO, around 21,000 plant species have the potential for being used as medicinal plants. About 5000 species have been studied. There are at least 121 major plant drugs of known structure, but none of them is currently produced through synthetic means. For developing phytomedicines as a major area of concern, it would be essential to adopt a holistic interdisciplinary approach, have a scientific basis of the understanding of the plant systems, new innovations and their conservation for utilization in future on a sustainable basis (Sharma, 1997 and Joy et.al., 2001).

Allopathic medicine too owes a tremendous debt to medicinal plants: one in four prescriptions filled in a country like the United States are either a synthesized form of or derived from plant materials. Even from the earliest trade data available, it is clear that the global market for medicinal plants has always been very large. According to the International Trade Centre, as far
back as 1967, the total value of imports of starting materials of plant origin for the pharmaceutical and cosmetics industry was of the order of USD 52.9 million. From this amount, the total values grew to USD 71.2 million in 1971, and then showed a steady annual growth rate of approximately 5-7% through to the mid-1980s (Ambasta, 1986).

However, it is only during the last 3-4 decade that the real significance of the medicinal plants sector has begun to be realized. Interest in natural materials by the dominant economic powers had increased from the late 1960s to the early 1980s as new possibilities in biotechnology for the preparation or synthesis of new drugs. But by the mid-1980s, there was a renewed interest in natural materials and approaches to health care, coupled with recognition that technology alone could not solve the pressing health care needs of the world’s population.

The global context briefly sketched above suggests several tremendous opportunities for India, a country unraveled in terms of diversity of medical systems and practices, in addition to being a major storehouse of biological diversity, with 2 of the 14 mega biodiversity areas of the world located within its borders. The global market would appear to be more receptive than ever to the mounting of a concentrated Indian effort at supplying it with medical materials and know-how. Such an effort would also appear to be increasingly remunerative for the country. India is of course already an active participant in the global medicinal plants market having been for some time the world’s largest supplier of raw materials (though an insignificant supplier of finished
products). Of the 74 species accounted for in one of the studies mentioned above, India was known to be exporting 22 and importing 8, while the German study quoted earlier, which is now underway, has found India to be Germany's largest trading partner by far. Moreover, medicinal plants are one of the most important components of the non-wood forest products sector which supplies over 80% of India’s net forest annual export earnings (Jain, 1991 and 2001).

Although only micro-studies are currently available in this regard, most of these indicate that current practices are both unsustainable, as they rapidly deplete the natural supplies of the country’s plant base, and inequitable, perpetuating impoverishment for those charged with stewarding and harvesting the resource, while a few profit in dramatic disproportion to their inputs. Negative impacts on local primary health care, as plants become diverted to national and international markets, have also been cited in some cases. To add to all of these negative aspects, the market in India has been shown to be highly inefficient and imperfect.

The need of the hour, then, is to re-plan India’s participation in the expanding global view, and a need to collate all the available information regarding medicinal plants existing resources and their development in the country in order to obtain a comprehensive overview which will provide the necessary insight for coordinated and effective action. Such an overview could form the basis of a renewed development of India’s medicinal plants sector, and a strategic exploitation of her comparative advantage in the global market on a sustainable and equitable basis.
There is no dearth of interest in medicinal plants amongst the Indian research community. As a single example, the International Development Research Center (IDRC) Medicinal Plants Network, a South-Asia focused initiative operating from New Delhi, already maintains an active database of over 900 Indian researchers and development specialists working on medicinal plants projects after only one year of active compilation.

Unfortunately, this interest has not resulted in the development of a strong and high-quality knowledge base for the sector. Instead, one finds in a review such as this one several instances where information is either unobtainable or unreliable.

Indian subcontinent virtually excels with the natural plant biodiversity and possesses enormous wealth of medicinal plants since ages. The writing from Ayurveda, Charakh-Samhita and Sushrut- Samhita supports these facts that, various plants and plant products from Indian subcontinent are being used by numerous communities since human civilization.


2.3. Indigenous peoples in India: a focal-point overview

Generally the indigenous peoples are known as "Scheduled Tribes", Adivasi has become the popular term for India's indigenous or tribal peoples. It is a Sanskrit word meaning "original people". Contrary to the official government position, this term reflects the widely recognized fact that the people in question are the earliest known settlers on the Indian subcontinent. Representatives of these peoples prefer to use the English term "indigenous peoples".

In the 2001 census, 84.33 million persons were classified as members of various Scheduled Tribes, corresponding to 8.2% of the total population of India. The census lists 461 groups recognized as tribes, while estimates of the number of tribes living in India reach up to 635. While the number of members of the largest tribes, such as the Gonds, Santhals, Oraon, Bhils or Nagas go into the millions others, such as the Onge or the Great Andamanese, are on the brink of extinction.

The majority of the indigenous and tribal peoples live in an almost contiguous belt stretching from Gujarat in the west to the seven states in the north-east, with the highest concentration in the central region, where more than 50% of the tribal people live. The highest ethnic diversity among the indigenous and tribal population is in the north-eastern region, where 220 distinct groups have been identified. They comprise approximately 12% of the
total indigenous population of India. While in Maharashtra, Gonds, Korkus, and Bhils are predominant.

India's tribal people are among the poorest in the country. The "Scheduled Tribes" have the highest poverty rate of the three categories of people officially distinguished. A 2001 census showed that 52.17% of them live below the poverty line. Among the Scheduled Castes this figure is 48.14% and among other people 31.29% (the overall figure for India given in the same survey is 37.09%). This dismal situation is reflected in the health and nutritional status of tribal villagers. Especially where access to forest products to supplement their diet and to provide additional cash income is no longer possible – either because the forests have been destroyed or their rights of access are being denied – under-nourishment and malnutrition is widespread.

Most of India's indigenous peoples have been forest dwellers for centuries. Traditionally, forests met most of their fodder, food, medicinal and other needs. A long process of turning forest areas into a source of revenue and timber, and exploitation of the mineral resources, has led to deforestation, loss of livelihood and displacement of indigenous peoples. The vast majority of the labour force among scheduled tribes is engaged in the agricultural sector (the figure for all India is 66.84%). This means that almost nine-tenths of tribal families rely on natural resources for their livelihood. The majority of these are engaged in permanent agriculture but shifting cultivation still forms the mainstay of the domestic economy in many upland areas, particularly in
the north-east. A few small groups in Central and South India and on the Andaman Islands live almost entirely from hunting, gathering and fishing.

Since tribal communities have been forced off most of the fertile plains they previously inhabited, the majority of tribal farmers cultivate marginal land, using rather extensive methods. Above all, irrigation is absent from most areas, the extensive rice terraces of some indigenous peoples, for example some Naga tribes in the north-east, being the exception. Forests have always, and for almost all tribal societies, been of vital importance for their livelihood. Shifting cultivators have tapped the regenerative forces of natural forest succession on fallow land, wild animals are hunted and represent an indispensable source of protein. Forest plants are gathered for food, fuel, medicine, spices, ornaments, dye etc., many of which are sold and represent the main source of cash for tribal villagers. Some tribal communities in Central India have become professional specialists, providing others artisanal products such as baskets, woven textiles, iron tools etc. A small but rapidly growing number are employed as industrial labors.

The status of tribal women is markedly better than that in the Hindu caste society. Women play an important role in the domestic economy of tribal societies, they are usually allowed to move freely, and have the right to choose their marriage partners or at least have a large say in this (it is always, at the very least, a family affair). Divorce is usually possible and much easier, and tribal widows – unlike their Hindu sisters – have no problem in remarrying. But, again, these are generalizations and there are indigenous societies in
which child and forced marriages are common. In many tribal societies, paying a bride price is part of the marriage arrangement. This stands in contrast to the dowry practice in Hindu society, which means that the birth of a baby girl represents a heavy economic burden for poorer families, with enormous repercussions on the status of women, and on the sex ratio in the population. Studies have shown that baby girls are less well looked after than boys. The possibility of pre-natal sex identification has led to a rapid drop in the births of baby girls.

In hardly any indigenous society do women participate in formal political decision-making. They are often consulted, by their husbands or in community meetings. But they are not members of village councils, and cannot become the chief. They also hardly ever play an important role in religion, although they may also be spirit mediums or healers. Generally, women are valued for their productive and reproductive functions. With the exception of a few matrilineal societies (such as the Garo and Khasi of Meghalaya in the north-east), women do not inherit land. And even among the matrilineal societies, the land is in reality managed and controlled by men. Indigenous women's right to land is usually only a usufruct right. But it is very important for unmarried women and widows. Ownership normally rests with their fathers, brothers or husbands. Men therefore tend to have greater control over agricultural production and products. However, tribal women do enjoy spheres in which they retain some control. On mainland India, in particular, gathering forest products - which has been very much a female activity - is
crucial for women to maintain at least some degree of autonomy since they have control over these products, i.e. they sell them themselves.

2.4 Tribal and rural communities from Akola District (MS)

**Gonds:** The Gonds are one of the largest tribal communities in Akola District of Maharashtra residing in the hilly area. They are found in abundance in Akot and Telhara Tahesils of the District. The name by which the Gonds call themselves is Koi or Koitur which means unclear. Gonds are one of the largest tribal groups in the world. Gonds finds mention in almost the historical books of India. They settled in the Gondawa in the ninth and thirteenth century AD. In the fourteenth century they ruled several parts of the central India. They built number of forts, palaces, temples, tanks and lakes during the rule of the Gonds dynasty. The Gondwana kingdom survived till late 16th century. Gonds have been the warriors since the British period., Gonds tribe speak Gondi language which is related to the Telgu and the other Dravidian languages. However, in the study area Gonds are often seen speaking the local Hindi and Marathi. Gonds are mainly divided into four tribes namely - Raj Gonds, Madia Gonds, Dhurve Gonds, Khatulwar Gonds. But only Raj Gonds are predominant in this area. Gonds men wear Dhoti, which is the long piece of cotton cloth wrapped around the waist passing through the legs. Women wear soft cotton saris along with the Choli or blouse. The staple food of Gonds are the two millets known as Kodo or Kutki and rice. Gonds have been largely influenced by the Hindus and for the long time have been practicing the Hindus culture and traditions. They are the worshipers of Janani or the mother of creator. They use the title
Thakur. Gonds mainly worship Pharsa Pen, they also believe in several other Gods namely Mariaai – the Goddess of plague and other diseases, and Bhimsen – the Hindu God. Apart from these God and Goddess, their exist great number of deities and spirits in the beliefs of Gonds. According to them every hill, river, lake, tree is also inhabited by a spirit. They say that the earth, water and air are ruled by the great number of deities which must be appeased by sacrifices. They have priests and saints (devari/ bhagat) who perform all the religious formalities on all the occasions. Gonds also pay homage to the Gods of household, Gods of Cattle, Gods of fields. Animal sacrifice on the religious occasions is the common practice among the Gonds. Gonds fair and festivals are influenced from the Hindu traditions. Keslapur Jathra is the important festival of the Gonds. In this festival they worship the snake deity called Nagoba, whose temple is found in the Keslapur village of Indervelly mandal of Adilabad district. Gusadi dance is the most famous dance performed by the Gonds. It is performed by wearing head gears decorated with the feathers peacock and other birds. They wear cotton cloth around their waist. They smear ash all over their body and beards made of animal hair is also important part of the dance costumes.

Bhil: The Bhils are third largest tribed of India after Gonds and Santhals. They are descendents of original inhabitants of Indian subcontinent. They are suppose to be the best archers and excellent in geographical knowledge. These are most simple peoples and have faith in their culture and traditions. Their traditional dance is known as Ghoomer, where the dances specially young ladies and men go round and round in very high speed without loosing
balance. The ladies also do this dance by keeping more than two water pots (up to 10) on their heads. In the Olden days the Bhils used to live in hive like huts on isolated hill tops, living there for a few weeks and then constructing a new one. But now, they leave the huts only if a major disease breaks out or if the hut is considered inauspicious. Some of them have also begun to live in bricked houses. For the dresses, men wear turbans, waistcoat and a coat whereas the women wear saris. They are most of the time busy in hunting and habitual of alcoholic drinks prepared by crude method (in Marathi called as ‘Daru’) extracted from Moha (*Maduca indica*) flowers.

**Korku**: This tribe belonging to the Munda and Kolarian group of tribes is found on both sides of Satpuda range concentrated in Melghat in Amravati district, as well as in Akola and Buldhana districts that is from Melghat to Mahadeo hills in the north Vidarbha. People of this tribe have a liking for isolated and peaceful life and hence they prefer the hilly and forest region for settlement. As per the Census of 2001, the population of this tribe in Maharashtra was 181,402

Korku have not progressed much because of their isolation. In the past, the tribe did not lead a settled life. Even when settled, living in a permanent house is a taboo and these people prefer living in huts. Korkus are engaged in agriculture, animal husbandary, forest labour, and gathering Tendu leaves, honey, roots and fruits. Now-a-days, they are not engaged in hunting as they used to be previously. The age at marriage for a boy is 15 to 20 years, and for a girl 12 to 17 years.
Muthuwa is a village deity common in all Korku villages and is worshipped before all other worships. Lord Shri Krishna is a favorites deity. Arjun and Bhim are also revered by them as deities. They further worship Ravana, Meghnad, Dongardeo or the hill-god, Mata, and a deity offering them protection from tigers and other wild animals. The Sun and Moon which are called ‘Gomaj ’ in their dialect are worshipped by them as principal deities. Among themselves they talk in their Korku dialect, while with others they talk in Marathi or Hindi. It is from the Kherwarian group of languages. An average Korku male wears a tattered turban and a loin-cloth. Keeping the head uncovered is considered to be ominous. Females wear ‘Lubu ’ which is a ten-yard coloured Sari and Choli. Formerly wearing bodice was not common among some females. They appreciate contrasting colours rather than matching colours while wearing Sari and bodice. Some women wear typical Korku sandals called ‘Vayna ’ which are light and closed at the heel and normally they do not go out without sandals. They wear necklaces of cowrie, coral beads or coloured beads of glass, silver and brass ornaments and are fond of preparing garlands of flowers. Singing and dancing constitute their pastime activity. Males and females do not dance together and their dance styles are also different. Male dance is known as ‘ chusun ’ or ‘ Susun ’, while female dance is called ‘ Gaduli ’. Bhavai and Jeroti are important festivals. They also Celebrate Holi and Dassera. Their festival ‘ Bhave ’ which marks the beginning of a new year is celebrated on the new moon day of the month of Vaishakh. On the same day ‘ Ganamay ’, the children’s festival is also celebrated.
**Andh:** This community of agricultural labourers or marginal farmers surviving on the traditional occupation of agriculture and hunting is inhabiting in the hilly regions of Yavatmal, Akola, Buldana, Nanded and Parbhani districts. Russel is of the opinion that Andh come from Dravid group of people from Andhra or Tamilnadu. The name andhs might have been derived from Andhra and the people might have acquired this name after their migration. Short stature, dark complexion, thick lips, mesocephalic shape of head, broader nasal and facial profiles, are the physical characteristics of this tribe and in this respect they resemble Gonds to a considerable extent. The andhs are Hindus and worship Mahadeo, Khandoba, Ram, Krishna and Maruti and celebrate *Aashadh, Gudhipadva, Nagpanchami, Pola, Mahashivaratri, Dassera* and *Holi* festivals. The people of this tribe are meat eaters, and eat pork and the meat of birds. The tribe has its Panchayat and the head of the Panchayat is called ‘Mohataria’ while the office-bearers are called ‘Phoptia’ or ‘Dukria’. Agriculture is the main traditional occupation of the tribe, while hunting and collecting forest produce are followed as secondary occupations. They use to collect the Mahua flowers, honey and resins & gums from the bark of stem and after traditional processing, sale in the nearby town market.

**Banjara:** The Banjara is one of the most important ethnic group in Maharashtra. The sheer identity of Maharashtrian Banjara is an agriculturist and shepherd. Various views are expressed about the origin of the name of the tribe. According to one view the word Banjara has come from a persian word ‘Biranjar’ which means one who carries rice. Similarly the word Laman which is used interchangeably to refer to this tribe means a human group adapt at
carrying goods to a long distance. The word Laman appears to have been derived from the Sanskrit word Lavan which means salt as the community was the chief carrier of salt. Banjara community is the largest Gypsy community in India.

The traditional occupation of this community started to decline when the British constructed roads and introduced railway. As a result, some groups took to agriculture, animal husbandry and labour. The Descendants of Rathod clan are numerically predominant in the community. Each clan is divided into a number of Gotras. For example Chavan clan has six Gotras etc.

Lord Balaji is the chief deity of this community. They hoist the flag of Balaji on their huts and worship it. The flag is removed during mourning period, and at the time of performance of rites connected with vows and those concerning the deities. A new flag is hoisted on the full-moon day in the month of Jyestha, and on Diwali. They also worship Pohra-Devi, Tulja Bhavani, Ambabai and other Hindu deities. The Banjaras have preserved the ‘Tanda ’ Culture which is their distinctive feature. The chief of the Tanda is called Naik. The Banjaras have their own dialect. Inspite of the influence of the regional languages on their dialect, it has preserved its basic linguistic identity. Banjara women are well-built, and have attractive features and fair complexion. Their apparel is specific. Females wear Phetia or Ghagra (a kind of Frock) and Choli (bodice) called Kachali which covers only the front part of the body and leaves the back uncovered. Embroidery work is done on Choli and cowries are embeded on it. Odhani, a special cloth for covering the upper
part of the body, is called as “Chhay or tukri”. When a girl attains six or seven years of age a small packet containing some rice, cowries, and betelnut is tied at both the ends of the *Odhani*, with one end falling on the front and the other on the back. This indicates the unmarried status of the girl. After marriage the two packets are tied at the waist. The females these days are very fond of ornaments. When unmarried, they wear ivory bangles on both the forearms up to the elbows, up to the upper arms after the marriage. They also wear a special ornament called *Ghugari* as a symbol of husband. The married women tie their hair on the head and tuck a wooden comb in it. The unmarried females wear a garland of cowrie called *Sadak* from the waist hanging along the *Ghagra*. A peculiar practice in the marriage ceremony of this community is that before marriage a bride is made to rehearse weeping which is called in the Banjara dialect ‘ Thanko modar ’ or ‘ Dialo ’. The dead person is cremated, if married, and buried if unmarried. Banjara celebrate *Holi*, *Diwali* and ‘*Teej* ’ which is a festival of virgins with great pomp.