

CHAPTER V

Participants of Indigenous Health Care III

Medicinal Vendors in the Context

Indigenous medicine comes in full effect after a complete combination of part of medicinal plants and with *talan* as well. Medicinal plants are not available in all season and places. The knowledge disperses over a number of local plants. Men healers have to collect the medicinal plants combing a large area. From the immemorial time one specialist group of people perform role of traditional supplier of part of medicinal plants and *talans*. They are called as *baniya* or *bene*. They cater their service as traditional medicine vendors whose work is basically hereditary. In this field area they are few in number. They cater services especially in the weekly market; sometimes they do their business through *dashakarma* shops, which are different from Ayurvedic medicine shop. Materials sold by the *baniya* or traditional medicine vendors are collected from forest and adjacent area. Some materials are present after a processing through indigenous way. For the sake of income sometimes they sell the spices, seeds and worshipping articles. Some traditional medicine vendors can treat patients at their service places. Shops in weekly market are maintained by hereditary but sometimes inclusion and exclusion of new and old members also happen after directions of authority of weekly market. Traditional medicine vendors play crucial role like the regional indigenous men healers as well as with the patients. Men healers, traditional medicine vendors and patients maintain a relation through generations. Hereafter analysis of the reported data from traditional medicine vendors we can understand their essential role to continue the tradition of indigenous treatment system.

Generally traditional medicine vendors of these two field areas live in adjacent area of Jharkhand and cater their services in particular weekly days. Few traditional medicine vendors live in neighbouring villages of these two field areas. Though a few among them live adjacent the service areas at rental base in case of region under Purulia district. On the other hand many traditional medicine vendors live at adjacent villages at Nayagram region. In this respect, data is collected about their residence in near field areas and adjacent area of Jharkhand also.

Not only the caste like *Baniya* alone perform in this profession but people from other community also cater these type of services through a hereditary connection in case of Nayagram, twenty informant traditional medicine vendors come from different communities like Munda-(1), Tili-(2), Raju-(1), Swarnakar-(1), Tambuli-(1), Goyla-(2). In case of Purulia region we can found the community wise diversity is prevailed at greater degree.

Communities like Santal-(2), Kurmi-(9), Chasa-(2), Muslim-(1), Kuir-(1), Moyra-(1) are involved in this profession. Beside the Bene and Gandhabanik community perform the work as traditional medicine vendors other people have not followed any community trend to come in this profession. It reveals that in these two areas like the other expertise in indigenous treatment system medicine vendor's profession is confined to single community. This profession is also create attraction to other people have not long connections from their 3rd or 4th levels of progenitors. Among these traditional medicine vendors hereditary connection indicate that one culture of profession in the family play an important role in choosing profession of traditional medicine vendors.

The traditional medicine vendors are medium of rapid transformation of indigenous treatment system. Uses of *Talan* are very important factor in changing mode of indigenous medicine towards an institutionalised treatment system. In indigenous treatment *Talan* was less used but now a day all sort of preparation of tribal and folk medicines are associated with the *Talan*. In Traditional medicine vendors not only collect their materials from the traditional shop but also some vendors collect their materials from Ayurvedic shop also.

Table-40: List of visited weekly market for selection of medicinal vendors

Day	Places of weekly market	
	NYGM	BLMP
Sunday	Kesharrekha, Berajal, Negui, Nimainagar	Barabazar, Taltal(Kenda)
Monday	Baligeria, Kashia	Berajal, Kantadih, Patamda
Tuesday	Negui	Barabazar, Balarampur
Wednesday	Kharikamathani, Bhangapachhia	Bandowan, Baram
Thursday	Jamrughutu, Kalmapukhuria, Nayagram, Barsole	Sindri, Bamundih
Friday	Baligeria	Choto Urma
Saturday	Khabadi, Jharia, Dhumsai	Kantadih, Raghunathpur, Macha

ABBVR: Nayagram-NYGM; Balarampur-BLMP;

Table-41: Rationale for Tabulation and Analysis of Medicine Vendors (contd.)

	Title	Variables	Significance
1	Skill learning and educational status of medicine vendors	Age group, and educational categories like illiterate, I to VI, and more are considered with source of skill learning like parents, relatives, neighbours and others	By examining educational status, it is expected to get capacity of medicine vendors in their business and communication with their customers.
2	professional status of the medicine vendors according to age group	Age group, and educational categories like illiterate, I to VI, and more are considered with generation wise profession, self initiation from own interest, unemployment problems, and others	Profession by hereditary or not is prime question among the medicine vendors as this job basically continues in hereditary line. It regulates their knowledge, source of collection of materials and support to this job.
3	Collection of selling materials	Experience categories by up to 5 years, 6 to 10, equal and more than 11 years are tabulated with collection of material by self, employing local persons, or purchased from market	Persons involved in collection of components of medicine and required knowledge are considered for understanding selling the medicinal components.
4	Catering services in time and persons	Service provided in number of weekly days are placed with average number of customers	These tabulated forms of data help us to understand the efficiency of medicine vendors and his involvement as well as knowledge and skill.
5	Transformation and change among the medicinal vendors	Experience categories like up to 5 years, 6 to 10, equal and 11 to 20 years, equal and more than 21 years are tabulated with categories expressing the changes like no change, increasing sale of medicinal ingredients, change of knowledge and technology of medicine preparation and other.	The profession, skills are subject to change as par activities of medicine vendors. The categories to assess the change are important to understand the degree of transformation in this job.

Rationale for Tabulation and Analysis of Medicine Vendors (continued Table-41)

Cont	Title	Variables	Significance
6	Collection and preparation of selling items	Sources of collection like local area, from nearby forest, from market, from forest and market and others are considered with persons involvement in these activities like by self only, with assistance of family members, by hiring labour other.	Collection of medicinal ingredients and preparation of sellable medicinal items are major tasks of medicine vendors. People involvement in this sphere is important to this part of indigenous treatment system express the diversity and network.
7	Marketing and distribution of medicinal items by medicine vendors	Sources of collection like local area, from nearby forest, from market, from forest and market and others are considered with persons involvement in these activities like by self only, with assistance of family members, by hiring labourer, and other.	Peoples' involvement, extension network of people and degree of sustainability are analyzed in this table.
8	Extension of services of medicine vendors	Experience categories like up to 5 years, 6 to 10, equal and 11 to 20 years, equal and more than 21 years are tabulated with categories having business of few or many medicinal components. These are tabulated through distance covering, number of days catering services, place of rendering services and place of discussing the facing problems.	Number of places and their distances for catering services is very important to understand the level of extension of their services. Places for catering services are important to consider type of stake holders. Place of discussion is also useful to understand the processes and scope of dissemination of knowledge concerned medicinal items.
9	Information about the customers	Experience categories by up to 5 years, 6 to 10, equal and 11 to 20 years, equal and more than 21 years are tabulated with categories level of information about customers like name and habitation only, type of practices and nothing.	Information about the customers available to medicine vendors capable us to trace degree of cooperation, involvement and connected network among the different persons involved in indigenous treatment systems. Fragmentation of this integrated treatment system is major drawback to sustain this system. So from this table we also understand the vulnerabilities of Indigenous treatment.

Nayagram region is comparatively closer to Manusmuria (uni-ethnic village of Baniya caste) expresses a greater numerical strength than study area of Purulia. Twelve medicinal vendors come from this community. They are traditionally traders of indigenous drugs and maintain a good working relation with indigenous men healers of this locality. *Santal* community of this region is not involved in the profession. Other medicinal vendors come from the rest seven communities. Nineteen persons are educated among this category of service providers indicate that their financial condition and intensity to education are comparatively better than other categories of persons involved in this system.

Table-42: Community, age groups and educational status of medicine vendors

Age group (in Years)	Educational status				Total
	Ill.		Edu.		
	NYGM	BLMP	NYGM	BLMP	
Up To 50	1 Bene-(1)	-	9 Bene-(7), Tili-(1), Munda-(1),	8 Santal-(1); Kurmi-(5) Bene-(1),Chasa-(1)	18
51-70	-	-	8 Raju-(1),Bene-(2) Tili-(1),Goyla-(2) Swarnakar-(1) Tambuli-(1)	10 Santal-(1), Bene-(2) Chasa-(1), Kuri-(1) Kurmi-(4), Muslim-(1)	18
71+	1 Bene-(1)	-	1 Bene-(1)	2 Bene-(1),Moyra-(1)	4
Total	2	-	18	20	40

ABBVR: Educated-Edu.; Illiterate-III; Nayagram-NYGM; Balarampur-BLMP;

Medicine vendors of Balarampur come from seven communities, among them only three persons come from the traditional medicine vendor's category (*gandhabanik*). The people of *kurmi* community possesses major portion of total medicine vendors. Their strength is in this category with 45% of total population category. Only two tribal individuals involve in this profession in this area. All the persons under this category are educated.

Age Group Wise Skill Learning among the Traditional Medicine Vendors

Traditional medicine vendors are not like other shop keepers but an in depth knowledge and skill are necessary to earn their livelihood from this profession. In this concern they involve through their family members in identification of medicinal plants, parts of medicinal plants, changing morphology of medicinal plants, flowers, fruits, seeds, roots,

shoots etc part of plants. They have to know the wet and dried form of the part of medicinal plants. Age groups and education are helpful to earn their knowledge on the way to be good traditional medicine vendors. In generally our informant traditional medicine vendors are above forty years old. These families belong to the middle class families and get their education through a hardship. A few members of these families acquire services and other white colour job in this locality. Age groups are considered at an interval of ten years. Groups begin from forty years and remain up to more than 61 years. Educational statuses are considered by three categories illiterate, I to VIth standard and Matriculation and more. Three type of sources are available here to learn the basic and in depth information in this business. The families live at settlement in one village at single cluster and they deal a good relation with their fellow community. In this reason parents, relatives and neighbours are the main categories of sources.

Table-43: Age group wise learning skill among the traditional medicine vendors

Age group	Field	ES	Skill Learning				Total
			P	R	N	O	
Up to 40	NYGM	Ill.	1	-	-	-	3
		Edu.	1	1	-	-	
	BLMP	Illiterate	-	-	-	-	3
		Educated	2	-	-	1	
41-60	NYGM	I-VI	3	-	-	-	16
		-X&+	12	-	-	1	
	BLMP	I-IV	3	1	1	1	11
		-X&+	4	-	-	1	
61+	NYGM	Ill.	1	-	-	-	1
		Edu.	-	-	-	-	
	BLMP	I-IV	3	-	-	-	6
		-X&+	3	-	-	-	
Total			33	2	1	4	40

ABBVR: Nayagram-NYGM; Balarampur-BLMP; Educational status-ES; Illiterate-Ill.; Educated-Edu; Up to x or more-'-X&+'; Parents-P; Relatives-R; Neighbours-N; Others-O;

Age Group Wise Occupational Practice among the Traditional Medicine Vendors

In his table we can found that ninety Eighteen traditional medicine vendors learn their necessary skills from their parents. Especially the male counterpart of the families caters this type of knowledge to their successors. One medicine vendor learns skills from his relatives another vendor learn from experienced n traditional medicine vendors of their

village. Two vendors are illiterate and belong to Up to forty years and more than 61 years with single frequency. Eight traditional medicine vendors are educated with more than matriculation. No traditional medicine vendors learn their knowledge and skills from their neighbour indicate that a competition among the same occupational families is present in their village. Learning about the essential for this profession starts at a very early age by helping the earning member by processing, collection and preservations of materials under their business.

In Purulia region fifteen traditional medicine vendors learn their essential of this profession in their own family. One medicine vendor learn this skill from his relatives and three learn from their neighbours indicate an environment for good discussion is prevails among the traditional medicine vendors of Purulia. Educational statuses among the traditional medicine vendors are better than their counterpart of Nayagram. Threr is no any illiterate vendors among informants. Ten traditional medicine vendors are educated with up to or more than matriculation level.

This profession are like entrepreneurship on the basis of transformation in everyday necessity. Vendors cater their services by covering distant region and they have to need a basic education. In this regard vendors are care full about education of their children. Some write up about the dealing materials are also utilised in this profession and for this education get special importance.

The profession of medicine vendor is a rare occupational work, people come in this profession by hereditary connection due to Baniya or traditional medicine vendors are occupational caste. In the course of life all traditional medicine vendors are not come in this profession by the same way. Here, in this tabulated form of data sheet we consider the way to come this profession by correlation with their age group. Educational status is also a crucial factor to understand the causative factor to choose this profession. Educational categories and age group are remaining same as the previous table to find out the correlation. Traditional medicine vendors having a hereditary connection and work as helper of their progenitors get privilege over the non hereditary vendors. Collection of medicinal plants and other materials are made through a network. Hereditary business gets one age old route in this concern and they can focus themselves for further development of their business.

Table-44: Age group wise occupational practice among the traditional medicine vendors

Age group	Field	ES	Occupational practice				Total
			GW	SD&P	UP	O	
Up to 40	NYGM	Ill.	-	1	-	-	3
		Edu.	1	1	-	-	
	BLMP	I-IV	1	-	-	-	3
		-X&+	1	-	1	-	
41-60	NYGM	I-VI	3	-	1	-	16
		-X&+	11	-	1	-	
	BLMP	I-IV	-	4	-	2	11
		-X&+	1	-	1	3	
61+	NYGM	Ill.	1	-	-	-	1
		Edu.	-	-	-	-	
	BLMP	I-IV	2	-	1	-	6
		-X&+	-	-	1	2	
Total			21	6	6	7	40

ABBVR: Nayagram-NYGM; Balarampur-BLMP; Educational status-ES; Illiterate-Ill.; Educated-Edu; Up to x or more—X&+; Generation wise-GW; Self decision and planning-SD&P; Unemployment problem-UP; Others-O

Like skill learning the traditional medicine vendors come in this profession through their hereditary connection among traditional medicine vendors of Nayagram. One traditional medicine vendors come in this profession by own decision and belong to other caste. He asks help of other traditional medicine vendors for their expertise and go through self oriented training under the expert. One traditional medicine vendors come to mitigate his unemployment problems and learn the essential from his relatives at different habitation.

Two traditional medicine vendors have education of matriculation come in this profession through non hereditary and by their entrepreneurship.

Occupational life is not life among the traditional medicine vendors of Purulia. They learn the skills by hereditary stock but during choosing profession they are not come by default family occupation but they wander with different type of profession and return to this profession by sake better income as par the constrain of situation. They are come partially in other category. Out of other categories three have educational qualification of equal or more than matriculation. Four people come in this profession by their own decision and planning out of hereditary track. And they belong to educational categories like educated with I to IV standard. All the traditional medicine vendors of this category come from the same age group also, this indicate a good time for his profession what was main attraction to taking this type of profession as career. Traditional medicine vendors belong to other

category come from age group of more than 41 years categories, and prevail up to age group of more than 61 years age. This indicates a situation of uncertainty in occupation of that time.

Collection of Raw Materials by the Traditional Medicine Vendors

Profession of medicine is not only a business but also it caters special type of service. It is not confined to collect the materials from other businessmen and producers. The traditional medicine vendors collect raw materials of indigenous medicines from forest and adjacent area, some time they plant some medicinal plant in their kitchen garden. Some time they employ labour from the tribal and other communities in relation of their expertise in identification of medicinal plants as well as the information about their seasonal variation and habitat. Cooperation among their co traditional medicine vendors in case of shortage of any medicinal materials is also maintained. They collect some of their selling articles from the designated *Dashkarma* shop of nearby town also. Generally they process the collected part of medicinal plants by self and bring this item as selling items. Mode of collection materials with help of any persons categories are considered with tenure of experiences of traditional medicine vendors. There are three experience categories at an interval of five years.

One medicine vendor collects his raw materials and selling materials from one or more source in respect of availability of the materials. But in way to representation of data I emphasize on the main source for collection of materials. Degradation of forest, extinction and endangered condition of medicinal plants and herbs collection of raw material is gradually going to hard. In this perspective the traditional medicine vendors have to depend upon big shops in town or big traditional medicine vendors. Big traditional medicine vendors can collect raw materials from a distant place and apply a greater mechanism (person, mode of communication and capital). Gradual increasing rate of price of medicinal materials bring a serious blow in business of medicinal materials to small level traditional medicine vendors. Employing skilled labour in collection of medicinal herbs is also gradually diminishing due to lack of interest and decaying of folk knowledge. This task is also tough and time taking process. They have wandering a large area by feet for search requisite parts of medicinal plants. Wage rate is also hiked. This hiked rate is not resembled to cost of medicinal materials.

Table-45: Collection of Raw materials by the traditional medicine vendors

Exp	Field	CS	ERS	DSM;	Total
up to 5	NYGM	-	-	3	3
	BLMP	2	-	1	3
6-10	NYGM	1	1	3	5
	BLMP	-	-	-	-
11+	NYGM	-	4	8	12
	BLMP	11	2	4	17
Total		14	7	19	40

ABBVR: Experiences-Exp;Nayagram-NYGM; Balarampur-BLMP; Collected by self-CS; Employing local residence-ERS; Designated shop or market-DSM;

Fourteen traditional medicine vendors under this study area in Nayagram depend upon shops in Kharikamathani, Rohini town and weekly markets of Rohini, Kukhrakhupi. Some vendors collect their raw materials from markets of Belda, Keshiary and Midnapore town. Two third of traditional medicine vendors have more than 11 years experience have the larger markets and have to depend upon the shops of town. Rest one third of this category is depending upon skilled labours of this area to collect the materials from forest and adjacent area as their main source. One medicine vendor keeps self collection as the main source of collection of raw material for selling medicinal objects. Medicine vendor having experience between 6 to 10 years, have representatives in each and every category of sources.

New comers in this profession have lack of sufficient knowledge and skilled persons as labour is not available tothem. They initiate the business by depending upon the designated big shop and perform their services as learners also.

Three medicine vendors collect their raw materials from Keshiary, Midnapore, Gopiballavpur, Jhargram and Belda. One medicine vendor with an experience of 6 to 10 years collect his all selling materials by self only from local forest and surrounding area. Two medicine vendors collect by self and also purchase the materials from Jhargram, Midnapore, Belda and Keshiary. One traditional medicine vendor purchases his materials from Kolkata only. Among the traditional medicine vendors having more than 11years experience, two collect their materials by self. Three medicine vendors collect their material by employing local tribal people, especially from Lodha tribe. Five traditional medicine vendors purchase their material from Kolkata along with from local towns like Gopiballavpur, Midnapore,

Belda, Dantan of West Bengal. Two traditional medicine vendors collect their materials from markets of Joshipur and Jaleswar of Odisha,

In comparison to Nayagram, Purulia region is more enriched in medicinal plants and other associated material in making of indigenous medicine. Indigenous treatment system is also more strong and popular in Purulia than Nayagram. In this reason, thirteen traditional medicine vendors of Purulia region collect their raw materials from forest. Vendors of this area are more versed about the essential knowledge in collection of raw materials of indigenous medicine. Three new comer vendors can collect their raw materials from forest by self. One vendor of this category is depending upon *Dashkarnma Bhandar* of Balarampur. Two vendors having experience of more than eleven years take regular help of skilled labour in these aspects. Four vendors depend upon big shops in this region.

Collection of Raw Materials and Preparation of Medicine

After collection of parts of medicinal plants and associated materials, are transformed through cleaning, cutting in perfect pieces, mixing up some preservatives. These processes have done with expertise hand. These processes are crucial in preparation of medicine. Some vendors also make few medicines for their sell also. Few vendors cater treatment to some remote villagers at weekly market and from their home also. Preparation or processing of medicinal materials is taken for market. All the traditional medicine vendors are male. No female come in this profession under this study area. These two tasks are crucial for traditional medicine vendors. Place of collection of raw material and persons involved in these consequent phases are important to get the integrated pictures of the activities of traditional medicine vendors. In this table, we can consider these things at single frame work.

Table-46: Collection and preparation of medicines of traditional medicine vendors

CRM	Field	P&P			M&D			Total Sample
		S	HL	NP	S	AFM	HL	
NF	NYGM	-	-	-	-	-	-	-
	BLMP	2	2	-	-	2	2	4
M	NYGM	-	-	-	-	-	-	-
	BLMP	1	2	-	1	1	1	3
M&F	NYGM	-	9	-	-	-	9	9
	BLMP	8	5	-	5	8	-	13
NP	NYGM	-	-	11	10	-	1	11
	BLMP	-	-	-	-	-	-	-
Colum total		11	18	11	16	11	13	40

ABBVR: Experiences-Exp;Nayagram-NYGM; Balarampur-BLMP; Collection of raw materials-CRM; From nearby forest-NF; From market-M; from market and forest-m&F; Not prepared-NP; Preparation and processing-P&P; By self only-S; By hiring labour-HL; Marketing and distribution;-M&D; With assistance of family members-AFM;

Nine traditional medicine vendors take help of skilled labours from their area for processing the medicine. Some time they take help of labour in preparation of medicine in purpose of treatment. They collect their raw materials from forest as well as local market. Eleven traditional medicine vendors of this area do not prepare medicine. They only prepare their medicine materials for use of men healers. In this area no traditional medicine vendors collect their medicine materials from forest and local area only. Eleven traditional medicine vendors of a medium level in their business collect process and carry the materials by self. They get help of their family members on requirement. Nine of these traditional medicine vendors go to selling their medicine materials by the help of skilled labour. They mainly take help from the labour in carrying the materials, setting the shop at temporary basis and carry the materials to house of traditional medicine vendors. Some time they take help of the labour in provide the materials to men healers at a distance in response to order.

In case of Purulia, eleven of selected vendors generally collect their raw materials by self. Among these traditional medicine vendors two collect their raw materials from nearby area, other than forest. They collect their raw materials from kitchen garden, adjacent bushes and hillocks and non cropped land. One man healer collects his raw materials from market only. Rest eight traditional medicine vendors collect their raw materials both from forest and market as they required. Nine traditional medicine vendors possess comparatively large level of business and employ labour in collection of raw materials at regular basis. Thirteen among them traditional medicine vendors collect their raw materials from both forest and

market. In case of marketing eleven traditional medicine vendors take help of their family members in marketing and distribution. This fact reflects the involvement at family level with the all sort of activities in profession of traditional medicine vendors. Only one medicine vendor hire labour in necessity of his business after collecting the medicinal materials from market

Service Catering

Provide raw medicine materials to men healers and some time to the patients are prime task of traditional medicine vendors. They cater their services in respect to number of their customers, popularity of services in their region. Dealing with different type and number of medicinal materials are also determinant factors about the frequency of catering services. Traditional medicine vendors with a larger business provide services to more number of customers and cater his services at different weekly markets and from his home. In this tabulation catering services at number of week days are considered with an average number of customers. The categories of frequency of customers are reckoned as 16 to 20, 21 to 35 and more than 36 customer par weeks. These data are collected from the traditional medicine vendors and few are verified in place of their catering services like weekly market.

Table-47: Service catering by the traditional medicinal vendors

DCSW	Field	ACPW			Total
		16-20	21-35	36+	
1-2	NYGM	1	3	3	7
	BLMP	2	1	-	3
3-5	NYGM	-	2	4	6
	BLMP	-	4	1	5
6+	NYGM	1	-	6	7
	BLMP	2	4	6	12
Total		6	14	20	40

ABBVR: Experiences-Exp;Nayagram-NYGM; Balarampur-BLMP; Number of days catering services in a week-DCSW; Number of average customers per week-ACPW;

One medicine vendor in this region provides his services in six days in week because he treats patients in the weekly markets. In this regard patients are not considering as customer. Out the seven traditional medicine vendors who provide their services in one or two week days in different weekly market. They have an average of more than thirty

customers. Six traditional medicine vendors cater their services by 3 to 5 days in a week have an average of more than twenty one customers. Among them four traditional medicine vendors have average customers of more than 36.

From the overall scenarios one medicine vendor gets more than five customers in a day. Number of customers is also depending upon size and rate of business of this weekly market. Location of market is also a crucial factor as the services of indigenous medicines come as alternative of modern medicine in remote and forest covered area. Among a number of traditional medicine vendors customers choose on basis of their previous relation and knowledge. Hereditary relation with the men healers and traditional medicine vendors are available in this concern. Knowledgeable traditional medicine vendors also discuss with the customers to cater more service with their materials.

In Nayagram, lack of health care infrastructures in modern health care weekly market and traditional medicine vendors play an important role to cater the health care services. In Bara Khakri weekly market one traditional medicine vendors also sells few types of homeopath medicines, readymade vitamin and tonic for general weaknesses, digestive problems etc. he also sells Livo Guard, *Danta manjan* along with his traditional medicinal materials.

In the study area under Purulia district, seventten of traditional medicine vendors attend more than three weekly days with their services. Twelve of traditional medicine vendors cater their services by six days and more. Five of traditional medicine vendors provide their services on six days in a week and get more than 36 customers at average. Some traditional medicine vendors are totally relying upon this profession for their entire earning. Prevalence of indigenous treatment at a greater degree than Nayagram gives the earning and faith to traditional medicine vendors of this region.

Area for Rendering Service

Medicine vendor is rare profession in respect to other clinical profession. They are very few in number in relation to men healers and customer of materials for indigenous treatment system. One has to wander an average of more than 15 kms to get one traditional medicine vendors. Traditional medicine vendors live in a cluster within a village. They live with their interrelations with ancestral stocks. It is difficult to abolish of this profession by one stock. In

their generation always more than one or two successors come in this profession by spontaneously as well through economic constrains.

Traditional medicine vendors cater their services through bi-cycle or motor bike from their house to weekly markets. Generally they meet one weekly market in a travel but in few cases they can cover more than two weekly markets by one journey. They go to the weekly market by group of two or three traditional medicine vendors and return by the same way.

The numbers of medicine materials are crucial for their skills to cater services. A greater number of medicine materials ensure more income and capacities to get more customers. Here the numbers of medicine materials are categorized by two divisions. The vendors sells more than ten items are categorised as 'Many' and vendors sells equal or less than ten medicinal items are reckoned as 'few'.

As weekly markets are located at irregular distances, the clusters of people and frequency of weekly markets at a given distance come in consideration. In this way a distance of 10 KMs are taken as unit of distance.

Table-48: Area for rendering service by traditional medicine vendors

Exp.	Field	MM	DCS			DGSW		
			up to 10	11-20	21+	1-2	3-5	6+
1-5	NYGM	F	-	-	1	-	1	
		M	1	-	1	-	-	2
	BLMP	F	1	-	-	1	-	-
		M	-	-	-	-	-	-
6-15	NYGM	F	-	2	-	-	1	1
		M	1	2	-	2	-	1
	BLMP	F	-	-	-	-	-	-
		M	-	2	-	-	1	1
16+	NYGM	F	1	1	1	3	-	-
		M	3	1	5	2	4	3
	BLMP	F	-	-	-	-	-	-
		M	8	6	3	2	4	11
Total			15	14	11	10	11	19

ABBVR: Experiences-Exp;Nayagram-NYGM; Balarampur-BLMP; medicinal materials-MM; Few-F; Many-M; Distance covering in service (in KM)-DCS; Days of giving services par week-DGSW;

Eight traditional medicine vendors travel more than 21 KMs to cater their service. Among them only two vendors deal their business with few materials and rest six vendors deal with many medicinal materials. More than sixty percent of this category has experiences of

more than 16 years. Five traditional medicine vendors have more than 16 years experiences go to their profession only one or two days in a week. Two traditional medicine vendors have an experience of equal or less than five years cover equal or more than six days service in a week with many medicinal materials. It is a good sign for future traditional medicine vendors.

One medicine vendor having an experience of 6 to 15 years caters his services from his shop at Kharikamathani. He deals with many materials for medicine preparation. One medicine vendor caters his services from his own home.

Among the traditional medicine vendors of Purulia region, only three vendors cover a distance of more than 21 KMs indicate the more frequency of weekly market and more earning from the weekly markets. Nine traditional medicine vendors travel within 10 km; among them eight cater their services with many medicinal materials. Eight vendors travel 11 to 20 KMs and out of them fourteen deal with many medicinal materials. These scenarios reflect the good economic conditions of vendors under study area of Purulia district. In Purulia region few vendors reside in rental house at Bara Urma, Kantadih express the necessity of less travelling in quest of greater number of customers. They go to native generally at Jharkhand (Baharabara block) and adjacent area on weekly basis. They do not establish any shop but cater services in weekly market which is another indication of frequent uses of materials of indigenous treatment system.

Area and Place of Rendering Service

Generally traditional medicine vendors cater their services from weekly markets, but in some cases vendors also provide their services from their home. The traditional medicine vendors live cluster from their generation to generation. They have some skills in treatment of mild and moderate health problems. People live in village of the traditional medicine vendors are also aware of treatment of few diseases. Some villagers also purchase some medicinal materials from traditional medicine vendors. These clusters create a social network relating to indigenous treatment system with associating with local men healers. Few men healers and patients come to the house of traditional medicine vendors at their emergency need.

Table-49: Area and Place of rendering Service by traditional medicine vendors

Exp	MM	PRS				Total
		WMO		HWM		
		NYGM	BLMP	NYGM	BLMP	
1-5	F	1	1	-	-	2
	M	-	-	2	-	2
6-15	F	2	-	-	-	2
	M	1	1	2	1	5
16+	F	3	-	-	-	3
	M	6	3	3	14	26
Total		13	5	7	15	40

ABBVR: Experiences-Exp;Nayagram-NYGM; Balarampur-BLMP; medicinal materials-MM; Few-F; Many-M; Place of rendering services-PRS; weekly market only-WMO; Home and weekly market-HWM;

Four traditional medicine vendors cater their services from home also along with the weekly market. All the traditional medicine vendors cater their services deal with many medicinal materials. Three vendors of this category have an experience of more than 16 years. Some traditional medicine vendors follow an ethics to do not catering services from their own. They want to free their profession from their residence locality. Traditional medicine vendor's deal with few items does not cater their services from their home.

In Purulia traditional medicine vendors live in more close and strong tie with their local co-residents and hardly avoid catering their services from their home. Fifteen of total vendors cater their services from their home. In this relation family members other than traditional medicine vendors are also aware about the many medicine materials and provide services at stop gap basis. Above sixteen of traditional medicine vendors having an experience of more than 16 years provide their services from home. Like he situation of Nayagram, traditional medicine vendors deal with few medicinal materials do not cater their services from their home. Catering services through medicinal materials bring some risk in case of failure of medicine, in this reason the newly involved traditional medicine vendors avoid to cater services from, their home.

Information about the Customers (Patients, Men healers and Commoners)

The interrelationship among the personnel involved in catering services through Indigenous health care system is making the social and cultural rubric of people. People dealing with these types of services demand more cooperation, discussion and harmonized mind to bring

a success in this age old health care system. Traditional medicine vendors play an important role to support both men healers and patients by their services. Some patients search authentication of indigenous medicine after a positive conversation with traditional medicine vendors about qualities and affectivities of medicinal materials. Some time traditional medicine vendors have more effective knowledge about identification, sources of medicinal materials like plant products or non-plant products. Then men healers have to discuss with traditional medicine vendors to confirm and use the materials with more positive thinking about healing.

In these perspectives we may trace the mode of interrelationship among personnel from the available information about their other counterpart. Experiences of traditional medicine vendors are considered for their long involvement with this relationship. Information about the customers is categorised with three categories. Name and habitation is very common information about the customers to a businessman. Though majority of business are done in weekly market and traditional medicine vendors have to know the customer's name and address subject to long term relations and intensities to know their customers. Men healers of the rural area especially involved in indigenous treatment system have a common tendency to keep the practices at a secret. They also abide many usages to perplex their vendors and patients about their medicine as well as process of treatment. Traditional medicine vendors also some time do not want to get information about their customers after discouraging nature of customers. They help their client to keep secrets on their knowledge and skills.

Men healers of the same localities express rivalry relation due to competition, jealousy of fame, popularity, more earning from treatments. On the other hand these men healers go to collection their raw materials for preparation of medicine. In this regards traditional medicine vendors remain careful to keep the privacy and good relation with both men healers.

Table-50: Information about the customers (patients, men healers and commoners) by traditional medicine vendors**ABBVR:**

Exp	N&H		TP		N		Total
	NYGM	BLMP	NYGM	BLMP	NYGM	BLMP	
Up to 5	2	1	-	-	2	1	4
6-10	1	-	2	-	-	-	3
11+	5	8	7	6	1	4	13
Total	8	9	9	6	3	5	20

Experiences-Exp; Nayagram-NYGM; Balarampur-BLMP; Name and habitation only-N&H; Type of practices-TP; Nothing-N;

Nayagram traditional medicine vendors, eight of traditional medicine vendors know their customers by name and habitation only. Nine of traditional medicine vendors know the practices of their customers. Three traditional medicine vendors do not want to get any information about their customers.

Traditional medicine vendors of study area under Purulia region are more care ful about the privacy of their customers. The influence of supernatural agencies in treatment of indigenous system is more prevalent in Purulia than Nayagram. This is also one important factor to avoid getting information about their customers. Five of total medicines vendors do want get the information about their customers to keep their privacy and creating the reliability. Nine traditional medicine vendors have the information about the name and habitation of their customers. These are gradually adopted through a long term of transaction. Reliability between traditional medicine vendors and customers especially men healers come as outcome of frequent and prolonged interaction.

Area of Knowledge Dssimination

A good medicine vendor have to know a large body of knowledge about identification, habitats, parts of uses and suitable processing for medicine of a medicinal plants as well as non plants elements of medicine. In the sharing and learning these types of knowledge traditional medicine vendors disseminate knowledge among themselves according to their necessities.

Experience is an important criterion for knowing the information. Dealing with few and many things is also another factor of acquiring and disseminating the knowledge. Place of disseminating knowledge is important to understand intake and utilities of the knowledge.

In this table family is prime place to disseminating of knowledge about skill of traditional medicine vendors. They also disseminate knowledge among their fellow villagers during relevant discussion. Some they disseminate knowledge in the discussion of gathering of customers, different vendors coming from the many villages in weekly markets, shops for traditional medicine vendors at towns and the houses of their relatives.

In few cases traditional medicine vendors earn their knowledge from the Ayurvedic books, by consulting the Ayurvedic doctors, gardeners of medicinal herbal gardens about the medicinal plants. Men healers, traditional medicine vendors and knowledgeable patients are composed a complete group of disseminating the all around sort of knowledge about indigenous health care system. One traditional medicine vendors cannot confine him from knowing the matters of skills of traditional medicine vendors from all the possible sources. Now in this scope the major mode of disseminating knowledge are considered in discussion.

Table-51: Area in dissemination of knowledge of traditional medicine vendors

Exp	Field	MM	PDP			Total
			OFMKG	WV	O	
1-5	NYGM	F	1	-	-	1
		M	1	-	1	2
	BLMP	F	1	-	-	1
		M	-	-	-	-
6-15	NYGM	F	2	-	-	2
		M	3	-	-	3
	BLMP	F	-	-	-	-
		M	1	-	1	2
16+	NYGM	F	2	1	-	3
		M	9	-	-	9
	BLMP	F	-	-	-	-
		M	9	4	4	17
Total			29	5	6	40

ABBVR: Experiences-Exp;Nayagram-NYGM; Balarampur-BLMP; medicinal materials-MM; Few-F; Many-M; Place of discussing problems-PDP; With own family members and kin group-OFMKG;Within Village-WV; Others-O

Eighteen traditional medicine vendors learn get explanation and disseminate their knowledge among their family members. In most of the casers profession of medicine vendor come by hereditary and family remain the main cradle to new traditional medicine vendors in old cast. From a very early age boys fetch their knowledge about the skills of traditional medicine vendors. Each and every category of experiences categories along with

the frequency of dealing medicinal elements has their representatives. One medicine vendor disseminates his knowledge in within learned and resourceful persons of village. Another medicine vendor share and fetch his knowledge from the professional assemblage.

In case of Purulia places and perspectives of disseminating knowledge is more diverse and practical. Eleven traditional medicine vendors learn and disseminate their knowledge in their house orientation. Four traditional medicine vendors having more than 16 years experiences learn majority of his knowledge by discussing the knowledgeable people within their village. One new traditional medicine vendors having not more than five years disseminate his knowledge from the groping of professional medicine vendors and shop keepers. Four of total selected medicine vendors of this region having more than 16 years experiences disseminate knowledge in assemblage among the professional persons.

Two medicine vendors having an experience of more than 16 years consult book of Ayurvedic treatment. One medicine vendor discusses the necessary information in his shop.

Trends of Change among Traditional Medicine Vendors

Impact of social change and force of globalization in small scale business field are unavoidable in course rapid and intensive mobilization. The profession of traditional medicine vendors are not except from this process. Emergence of popular Ayurvedic products in not only in Ayurvedic medicine shop but also a large sector of commercial outlet like grocery, cosmetic shops, saloons etc create a vibrating impression to customers as well as men healers of indigenous men healers. The campaigning of weekly markets also penetrates the zone of purely traditional health care system with readymade vitamins, tonic, and different types of tablets, ointments and massage oils.

The change in this profession may be understood through the experiences categories of traditional medicine vendors. The trend of change come as outcome as increasing number of medicinal ingredients than before by a traditional medicine vendors, change introduced in knowledge and technology in processing of medicine with the resource of previously owned. Some traditional vendors begin treatment at small scale in quest of survival and prosperities.

Table-52: Trends of change among traditional medicine vendors

Exp	Field	TOS				
		NC	ISMI	CKTPM	ST	Total
Up to 5	NYGM	2	-	2	-	4
	BLMP	1	1	-	-	2
6-10	NYGM	3	-	-	-	3
	BLMP	-	-	-	-	-
11-20	NYGM	-	-	-	2	2
	BLMP	1	3	-	-	4
21+	NYGM	4	4	3	-	11
	BLMP	6	4	4	-	14
Total		17	12	9	2	40

ABBVR: Experiences-Exp;Nayagram-NYGM; Balarampur-BLMP; Transformation of skill-TOS; No change-NC; Increasing sale of medicinal ingrediants-ISMI; Change in knowledge and technology in processing of medicine-CKTPM; Starting treatment-ST;

The medicine vendors of Nayagram have their activities in markets and realm of their regular activities with customers not feel to bring change in to their practices. Four medicine vendors of this category having the experiences of more than 21 year keep their practice as same. Four out of total selected traditional medicine vendors of this region increase the number of dealing medicinal elements in course of strengthen his practice. Another five traditional medicine vendors enhance their knowledge in elements of medicine materials along with the utilised technology to preserve and make the medicinal materials more effective. Only two medicine vendors start treatment to patients in place of catering their services as medicine vendor.

Among under the study area of Purulia region, eight medicine vendors remain unchanged even on the verge of rapid change in acting market forces. They have more than twenty years of experiences at majority. Another eight of medicine vendors increase numbers dealing elements in response to rapid globalisation. They also come from the all available experience categories of this region. Four medicine vendors change their knowledge and change technology to preserve and make suitability of elements of medicine.