CHAPTER VII

INDIGENOUS NON PROFESSIONAL HEALTH CARE SYSTEM
(FOLK PRACTITIONER AND FOLK MEDICINE)
Good health is a primary necessity of the human being and every person wants to be healthy. In modern society illness is considered as some physical/biological imbalance in the body, whereas in tribal concept it is all related with the evil spirit, previous sin, angerness of god/goddess and ancestor. Their treatments are based on to compensate their previous sins and magic cure. Although, changes in their traditional treatment have been observed, due to contact with modern society, but it is not in large extent. Traditional treatment system i.e. jhar-phook and jari-buti, are the gift of ancestors to him. Continues use and experiments in dense forests and isolated areas they have enriched their knowledge of folk way of treatment. The man, who provide these facilities to the tribal people, are very much devoted towards his job. Baiga, Gunia, Panda and Ojha are the important among them. Herbalist and bonesetters are also important health facility provider in these areas. They are well known to the treatment/ailment of displacement of fracture of bone.

It is interesting to point out that some medicine men are well known in their affiliated areas for cure of snakebite, scorpion bite, dog bite and other insect bite. Snakebite curer is respected, because of his high ethics, self-sacrifices and devotion to duty. He leaves whatever work he is doing at any time of the day or night and goes to attend the patient either in his own village or another. From the moment he is called, he eats or drinks nothing until a cure has been observeded. Dais are another tribal health healer who gives their health services to women during pregnancy and post pregnancy period.

To diagnose and expel the evil spirit causing the disease is not only one his functions, the other are to ensure the protection and proper growth of the crops, to ensure a good catch when his people go to fishing, hunting and trapping, to lay the ghost of the dead properly, to protect cattle against the attacks of evil spirits, to make the course of love run smoothly, to act as a priest when necessary. In fact the role of medicine man in a tribal community is all-pervasive apart from being a doctor he
has to play a role of judge, soothsayer, magician and priest as well. So they have a better reputation and social standing among the tribal people.

**GUNIA**

Generally, Gunia means ‘man who knows’, have the best reputation as a health healer or have ability, virtue and power of magic. Gunia is supposed to have super power, which he acquires, in each particular case by various methods and devices. The Gunia almost never fall into a trance or into fits, when he is on work. His method of finding the truth, behind certain otherwise inexplicable facts, which baffle the ignorant mind of people, or showing a way out of misfortune or disease, is by divination and magic. Gunia’s task is to diagnose a case to play the intermediary role between man and the superhuman powers by revealing to his clients what exactly these invisible power demand from them.

Gunia thinks deeply about the patient and the disease, and try to know the factor behind it and also about the treatment. But the treatment system of the Gunia is different from other health providers. Gunia is powerful person having power of mantras, magic and tonatotaka. They gain power from graveyard in the night of full moon or new moon to pray bad evil. They are able to control evil spirit and gives order for many type of works, which is very hard to do for some one or person.

A Person, who is attacked by spirit, don’t want to go near the Gunia or sit nearby because the spirit knows the power of Gunia and always avoid. Affected person angers with family members and neighbours too, who suggested to go to consult them. Because Gunia force them to left the person. Gunia is the folk practitioner, who treats the patient, suffering from Jahar (Dinai) and gives him a new life.

There are several methods of divination applied by expert Gunia, most common, however, are the following three- one by means of winnowing fan and a guard another by using urda grains wrapped in a leaf and the third by measuring reeds of chirra grass. Scholar personally came in contact with Gunia in the Ghughri village and observed the diagnosis and treatment process. Gunia ask that the illness caused by some evil spirit or god. So it is must to find out the spirit behind it and how it will be
appeased, otherwise it may be difficult for the patient to recover. For this purpose he used the method known as Chirra grass. Now in order to find out how the offended deity can be placed, divination is started with the reeds of 'Chirra grass', taken from a broom. If the reeds appear longer at the second measurement, Gunia hold out hope for the patient recovery. But if the reeds appear shorter then it was before at the first measurement, he shakes his head and announces that the patient is going to die. However, this verdict is not final. The divination is repeated several times to exclude any mistake or to find out whether the spirit responsible for the accident, has changed its mind. He asked that this is a diagnosis system of disease. For the treatment of the disease they use different systems, which vary according to diseases.

**PANDA**

Panda is more honourable person in tribal tribal communities. Panda is the person, who worshipes in village temple and prays to god/goddess for the happiness of villagers and their crops and cattles. Tribal people of the study region believe that anyone (god/goddess/spirit) who easily and frequently falls into fits called Panda. The strange ability of falling into a trance is a sign that a spirit (bhut) or goddess (mata) has taken possession of the man and endowed him with superhuman power.

Panda find out the causes of epidemic or hazards, which influencing the life of villagers and responsible for the disease. If it will cause by angerness of god/goddess of the village then villagers come to the Panda and speak the cause of his/her angerness, ask what they want. After knowing the cause, the Panda worshiped and gives what they want i.e. puja or sacrifice.

The Bidai ceremony of Barimata, Chhotimata, Maraimata also done by Panda. He is the only person, who arranged the annual worship, sacrifices in village temple and prays to god for prosperity of the tribal communities. So he is a mediator between the god/goddess and villagers. It is generally the so-called Maraimata, who takes possession of a Panda, through occasionally; other deities may also do it.
Panda also tries to get over the villagers for many diseases of villagers. He uses jari-butí, sacrificed water, bhabhuti (ash), amulets and jhar-phook for ailments and prays to deities for get well soon to patient.

Panda of Gatakhera village was interviewed during the field visit. He told that different god/goddess are worshiped for different kind of work. They are responsible for prosperity and prevention from disease. It is also important that worship and sacrifices will be given as they regard. If it not given, they become angry and do anything wrong with any person or whole village.

Thankurdeeo is a village diety, which worshiped every three years by the contribution of the villagers and, white goat will be sacrificed. Meat of the goat or prasad will not give to women and children they can take coconut only. Khairmai, also known as Maharanidevi lives in Thakurdeos Marai (temple), prevents from epidemics. Black Goat gives to her, when epidemic spread. Banjarin Mai is a goddess of the forest and Nageswar is god of snake. While Ratma is goddess of night, she got worship with hum and hen.

**BONESETTER**

Bonesetter is a local healer of the tribal village, who gives services for the persons who affected by bone-displacement or bone fracture. Generally tribal people work in dense forest, undulating surfaces and hilly areas. These areas are very dangerous to move anywhere. A little carelessness caused big problem i.e. displacement of bone or crack. But the bonesetters are the medicine man, who treats well with perfection, sometimes like orthopedic doctor. In displacement cases of bone they used Ramtila oil, which is prepared by the combination of different jari buties. Experienced hands set the bone easily. During the fieldwork one of the bonesetter answered that experience is the main basic factor of the bone setting. Man and woman both done this health care work. Generally this health care system passes from one generation to next, but sometimes other persons who are interested, can learn also.

Some women in the area are also bonesetter, but the work of woman bonesetter is different from man. They treat women and children.
Displacement of collarbone in infants is the common problem, but experienced hands bring smile on the face of crying children's. Their expert hands also press Chordant, (gums of infants which create problem due to cold) by only a little ash of cow dung cake or honey.

It is important that bonesetters are considered as experts in treatment of all type of fracture. A bonesetter, Devisingh of Sijhora village narrated the procedure of treatment. First of all they sets bone carefully appling ramtila oil. Then a paste called 'Pultis' of Harjore, seeds of lajwanti, amihaldi, ajwain with other jari buti, applied on the affected part of body. It is tied with sticks called Khapachhi (made of bamboo), for a particular period

OJHA

Ojha works as an assistant of, Baiga or Panda. He helps to Baiga or Panda in worship, sacrifices and other ceremony. He also instructs the persons of family for worship and complied all arrangements, required for the situation. Sometimes he also works as a Panda in small cases and try to avoid the illness and bad spirit. Generally he performs Jhar phook and magic. He uses mantra and magic in Sukharog (marasmus), Jaundice, Snakebite and other insect bite and also in other disease. He can able to avoid some weaker evil spirit without any help of Panda and make amulets to prevent supernatural causes.

During the fieldwork scholar asked questions to the Ojha of Migadi village that -How they diagnose disease. He answered that when he wants to prevent/save any patient from evil spirit or witchcraft, uses mantra and magic. Patient gives him rice in small quantity and make request to know the reason behind the illness. Ojha takes some rice (grain) and drops on the wooden stool (pata/pirha) one or two continue. But at the end all the rice are not stop on the pata, except one or two. Ojha counts them and after thinks about the reason and tells him, who is responsible for the illness or creating problem and how can patient get rid off.

Ojha also uses medicinal plants for the treatment of some common disease. He has a deep knowledge of local jari buti. Generally this knowledge gets transfer from generation to generation, because it is not in
A folk practitioner

Supatuma method

Chirra grass method

Folk Practitioners and their Method of treatment
the form of written text. Medicinal plants or herbs are collected from jungle and from bank of rivers. This knowledge is also necessary for him to give medicines to patient after the cure of evil spirit because the patient become weaker and herbs are necessary, for recovery from weakness.

DAI (WOMAN FOLK PRACTITIONER)

The Dais are one of the potent sources of health assistance to tribal women of the study unit who provide woman health and reproductive health care services, because all the village have not been benefited by the available government health care facility. At every stage of reproductive health problems, pre-delivery or post delivery, these Dais provide proper guidance in their traditional ways. It has been experienced that these old woman play vital role during the delivery and post delivery period. They also played an important role in reducing maternal and child morbidity and mortality. These Dais not only does their job professionally but also do the job in few families found like family member. It has been found that most of the Dais has been working in families for years.

Most of Dais are self-trained. Thus by and large, this represent a group of elderly, experienced and matured functionaries, who believes attitudes and ideas related to midwifery appeared to be more or less inflexible. The main aim behind adopting of this profession is to serve the community, as well as earn something. Interestingly it is found that these Dais have a well-defined area of operation, not only in her own village but also in some adjoining villages, if there were no other Dais. They knew their area very well. During field survey they told that they never faced any difficulty in defecting, any early pregnancy. Such a close relationship between dais and client, inescapably fostered mutual respect, confidence trust and interdependence, the like of which no sophisticated nurse who takes the right kind of community orientation can perhaps achiever.

During the field visit it has been noticed personally by the scholar that they have specialisation in their job as well as experienced enough.
During the interview one come to know that some of the experienced Dais can early tell the position of the baby and the chances of the baby’s survival. According to Dais as per experience the position of baby can be confirmed and even can be reversed or disarranged, can be arranged. These Dais are also able to estimate the time of delivery. The most significant thing is that of any problem or pains are expected during the delivery it is advised by the Dais to take the case to a near by primary health centre. Dais can also extend the time of delivery to avoid the delivery in the way. They say that in this way by slipping the uterus baby is slightly moved up and one or two hour’s duration is easily to ensure the safe delivery.

A women health healer i.e. Dai Ladcho of Keolari village reported in detail about the woman and child health care. After two or three days of delivery they advised to take mother-’Hirwan pani’ (water). It is made up of tulasi and some other jari-butis. ‘Kanke pani’ (water) is also advised to drink, which is made up of roots of urai and some other herbs. When child is six months old, they made some lines and round on the stomach of child, by red heated bangles on the fire. It is called ‘pet akna’, after that water of heeng is applied on the affected place. It is believed that after this process child is secure from stomach disease and can digest milk easily. To protect from evil eye black bangles are given to mother and a black thread is worn in loin of the child.

FIELD ANALYSIS

Folk practitioner plays a vital role among tribal people to provide health care facilities. Easy availability, faithfulness, devotion and cheap treatment are the characteristics of local health healers of the study unit. Generally their work is running generation to generation, so the faith of people always with them. Their importance has been stabilised after coming into contact with modern medicine system because the modern medical system is costly and doctors are not available in isolated areas of the tribals.

Scholar personally conducted the field survey and came across various traditional healers and conducted interview personally. Finally
forty local medical practitioners from the entire study region has been interviewed and collected required information and data.

SEX WISE FOLK PRACTITIONER

Sex wise analysis of the folk practitioner in the region clears from (Table- 7.1) that 90.0 per cent among them are male. They are known by different name i.e. Traditional Faith Healer, Herbalist, Gunia, Ojha, Panda, and Bonesetter etc. Women, which are only 10.0 per cent, works as Dais and provide health care for mother as well as children in the region. These Dais are much experienced in their job, especially in delivery and post delivery services. A Dai of Ghutas village of Mandla has told that most delivery cases comes to her and for this work, she even goes to other villages.

Among the male practitioners most of them do this work as secondary job, after their other occupational activities i.e. farming, fishery, hunting etc. But few of them are totally professional.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Sex</th>
<th>Total No.</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
<td>36</td>
<td>90.0</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>04</td>
<td>10.0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>40</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Source** - Based on Field Survey

CASTE WISE FOLK PRACTITIONER

Although the Gond tribes are predominant in the region, but Baiga, which comes at second place known much as medicine man, Baiga constitutes 42.5 per cent among the medicine man. They are considered as chief priest, also by the other tribe of the region. Baiga generally works as priest and Gunia, they also provide their services as Herbalist and Traditional faith healer.

Gond folk practitioners constitute 27.5 per cent and provide their services as Gunia and Panda. Concerning social status they stand equal to
Baiga, Pardhan, which are basically herbalist represent 20.0 per cent of available folk practitioner in the region, some of them are bonesetter also, folk practitioner of Kol casts constitute on 10.0 per cent.

**Table-7.2**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Caste</th>
<th>Total No.</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gond</td>
<td>11</td>
<td>27.5</td>
</tr>
<tr>
<td>2</td>
<td>Baiga</td>
<td>17</td>
<td>42.5</td>
</tr>
<tr>
<td>3</td>
<td>Kol</td>
<td>04</td>
<td>10.0</td>
</tr>
<tr>
<td>4</td>
<td>Pardhan</td>
<td>08</td>
<td>20.0</td>
</tr>
</tbody>
</table>

**Total** | **40** | **100.0**

*Source* – Based on Field Survey

**EDUCATIONAL LEVEL**

Education opens the door of awareness. Level of the education among the tribal community is very low. Generally they prefer to collect the information and knowledge about the forest as well as their surrounding areas than books, so the interest about the education is very less among them. That's why the per cent of uneducated medicine man is higher (52.5) in the interviewed folk practitioners. Now a days government trying to give better facilities of education in these areas. But the interest of tribals is not go high, which is clear from the Table (7.3) that only 37.5 per cent practitioner have cleared primary school education and they forget the educational institute, only 5.0 per cent of them clears middle school qualification as well as 5.0 per cent of them are continued upto high school. Education aware the man and generates new ides and views about the life and behaviour. The higher educated practitioners of the region are more aware about their job. Their working as herbalist and way of treatment is more noticeable than others. They are attracting urban people from modern medicinal system to folk medicinal system, because the modern system of medicine is costly and rising new disease due to side effect. These practitioners also try to find out the scientific reasons behind the disease, avoiding the supernatural causes, which is an important factor.
Table-7.3
Educational level of Folk Practitioner

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Education</th>
<th>Total No.</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Primary</td>
<td>15</td>
<td>37.5</td>
</tr>
<tr>
<td>2</td>
<td>Middle</td>
<td>02</td>
<td>05.0</td>
</tr>
<tr>
<td>3</td>
<td>High School</td>
<td>02</td>
<td>05.0</td>
</tr>
<tr>
<td>4</td>
<td>Uneducated</td>
<td>21</td>
<td>52.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source – Based on Field Survey

AGE GROUP OF FOLK PRACTITIONER

The knowledge and use of different method of traditional health care depend upon long experience of a person in particular field. Experience in specific area is well related with age of a person, because this is general thinking that the experience increase with increasing the age. Another fact is that efficiency/ perfectness of a folk practitioner in health care practices is largely influenced by his knowledge about disease and their treatment methods. In this view, it is important to classify these folk practitioners in age groups and analyse the causes of such type of distribution. The selected folk practitioners have been grouped according to age in the Table (7.4).

Table-7.4
Age Group of Folk Practitioner

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Age</th>
<th>Total No.</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Below 25</td>
<td>06</td>
<td>15.0</td>
</tr>
<tr>
<td>2</td>
<td>25-50</td>
<td>21</td>
<td>52.5</td>
</tr>
<tr>
<td>3</td>
<td>Above 50</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source – Based on Field Survey

It is found from the Table that higher percentage (52.5) of folk practitioners belong to the age group from 25 to 50 years. It is also clear from above Table (7.4) that only 32.5 per cent of folk practitioners are of
old age (Above 50). In most of the tribal communities, treatment of disease depends on the knowledge and experience of the folk practitioner. With increasing age, they become more mature. In the age of above 50 years people leave their work due to weakness in their health, although they have more experienced. But due to weakness they cannot travel from one place to another. So they are unable to attend more patient. From present Table (7.4) it is found that only 15 per cent folk practitioners belongs to the below 25 age group.

**PROFESSION OF FOLK PRACTITIONER**

In tribal areas, social status of folk practitioners is very important and well known. It is noticed that these health care providers are very respectable people in their community. They provide various suggestions on the various aspects of village life. The environment in this profession with different specialisation is also an important factor because of the quality, which they are giving to the tribal for ailment of different type of diseases.

**Table-7.5**

**Profession of Folk Practitioner**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Profession</th>
<th>Total No.</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Traditional faith Healer</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td>2</td>
<td>Herbalist</td>
<td>08</td>
<td>20.0</td>
</tr>
<tr>
<td>3</td>
<td>Priest</td>
<td>08</td>
<td>20.0</td>
</tr>
<tr>
<td>4</td>
<td>Gunia</td>
<td>07</td>
<td>17.5</td>
</tr>
<tr>
<td>5</td>
<td>Bonesetter</td>
<td>04</td>
<td>10.0</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source* – Based on Field Survey.

It is found in clear from the Table (7.5) that higher percentage (35.5) of folk practitioners belongs to as a Traditional faith healer. These are the medicine man, which have a specialisation more than one category i.e. jari-butti, jhar-phook, bone setting etc.

Herbal cure is the most prevalent system of treatment in the study region. Satpura Maikal range is famous for jari-buties and believe as a
treasure of jari-buti. Generally (approximately) every person knows about herbal cure of any one disease prevailing in the study unit. But the herbalists are well-known medicine man of the region for specialisation and expertness in the profession. The 20.0 per cent of the folk practitioners of the study unit belongs to this category.

Priest or Panda are the medicine men, which perform the worship in village temple, annual worship or ‘Mela puja’ (fair puja), when epidemic, natural or supernatural health hazard attacks on the village. Panda is a man, who pointed out that what is the reason behind it and how can villagers get rid of the respective problem. Tribal people believe that the Panda is a mediator between god/goddess and themselves (tribal peoples). Sometimes god/goddess posses on him and ask about the health hazard and their cure. It is found that 20.0 per cent folk practitioners are involved in this health care system.

It is clear from the Table (7.5) that 17.5 per cent folk practitioner belong to the category of Gunia, who cure the supernatural causes, which are more prevalent in the region. Most of the tribal people believe that the supernatural things are responsible for most of the disease.

Only 10.0 per cent of the folk practitioners are working as a bonesetter. Tribal people live in forest and inaccessible area. They work in hilly terrain, so the sprain in muscles and fracture of bones are common. In these conditions bonesetters performs their better services. Their treatment system is based on locally available herbs with large experience.

PROFESSION AND AGE OF LEARNING

Youth stage always attracts for new achievement and it is clear from the Table that 67.5 per cent medicine man have been started their work from the youth stage. Working capacity, environment, serving to the needed person of the health and to do something better for the community are the factors, which attract them. Only 10.0 per cent folk practitioner accepted that they are related with this profession from childhood because of their paternal work or due to their own interest. It is very interesting that 7.5 per cent is denoted that the folk practitioner are learned it in their
old stage. Because they have no work due to ageing and they do not have much social responsibilities.

**Table 7.6**

**Profession and Age of learning**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Age of learning</th>
<th>Total No.</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Child hood</td>
<td>10</td>
<td>25.0</td>
</tr>
<tr>
<td>2</td>
<td>Youth stage</td>
<td>27</td>
<td>67.5</td>
</tr>
<tr>
<td>3</td>
<td>Old stage</td>
<td>03</td>
<td>07.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>40</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source – Based on Field Survey*

**SOURCE OF KNOWLEDGE**

It is clear from Table (7.7) that most of the folk practitioners (21.0) have opted this profession as inherent from their ancestors and the remaining 11.0 and 8.00 folk practitioners have got the knowledge from other sources and have started this practice their, own respectively.

**Table 7.7**

**Source of Knowledge obtained**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Source</th>
<th>Total No.</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Paternal</td>
<td>21</td>
<td>52.5</td>
</tr>
<tr>
<td>2</td>
<td>Self</td>
<td>08</td>
<td>20.0</td>
</tr>
<tr>
<td>3</td>
<td>Other</td>
<td>11</td>
<td>27.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>40</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

*Source – Based on Field Survey*

During the specific study of those folk practitioners who have adopted (21 practitioners) this profession from their ancestors, it is found that 52.05 per cent of these are involved in health care practice from their forefather’s time. It is found that some of the practitioners are under this category where health care practice in their family is continuing from their grandfather, where as the have started this work along with their father. From the analysis, it has been concluded that treatment through jari-buti and jhar-phook mostly related to the family in which the tradition is continuing for a long period. Their children become familiar with the forest
and jari-buties from the very early age and they continue to learn something throughout their life in this field.

**PATIENT CONSULTING STAGE WITH FOLK PRACTITIONER**

Generally the tribal people of the region are not aware about their health. When they become ill generally they avoid it but when the patient goes in severe condition they worried about it and consult the medicine man, it is clear from the Table (7.8), that 40.0 per cent folk practitioners are reported about this condition. This is all about the ignorance. But it is also depend upon the availability of the folk practitioner. As reported by the medicine man (35.0 per cent) consults them in early stage but sometimes patient suffer from various causes i.e. economic conditions, transportation, and availability of medicine man, carelessness. These are also responsible factors that the patients consult to the folk practitioner, are noted 40.0 per cent. After early stage as before the forthcoming stage or sever condition, patients are noticed 25.0 per cent.

**Table-7.8**

*Patient Consulting Stage with Folk Practitioner*

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Patient consulting stage</th>
<th>Total No.</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Early</td>
<td>14</td>
<td>35.0</td>
</tr>
<tr>
<td>2</td>
<td>Severe</td>
<td>16</td>
<td>40.0</td>
</tr>
<tr>
<td>3</td>
<td>Other</td>
<td>10</td>
<td>25.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>40</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source* - Based on Field Survey

**TREATMENT FEE**

Folk practitioners provide various health care facilities to the tribal people. As service, whether they charge anything for providing such facilities? If yes, then what they charge? To know all that, further study has been done.
For the treatment of general and critical diseases 35.0 per cent folk practitioner do not take any fee from patient. It is assumed by the traditional practitioners that if they get any kind of fee from the patient’s family, their treatment power will be lost. After confirming about this belief, it was explained by the local people that this is applicable on those folk practitioners, who only treat through jhar phook like Baiga, Ojha and Gunia etc. They uses this power for treatment of evil spirit snakebite, scorpion bite, other poisonous insects bite or bite of dog and other animal.

Table 7.9

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Fee Accepted</th>
<th>Total No.</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>26</td>
<td>65.0</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>14</td>
<td>35.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>40</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Source – Based on Field Survey

It is cleared from the above Table (7.9) that 65.0 per cent out of 40 folk practitioners were received treatment fee is cash or in some other forms like grains, forest products, wine, murga (cock) etc. Generally they do not take cash directly. They received it as gift during treatment process or puja ceremony. These folk practitioners also get money as a charge of materials used in treatment or pooja process. Apart from it, they also get some materials like pulse, wheat, rice, meet, oil and wine as treatment fee. Basically the tribal people of the study region are poor or economically not very sound and they preferred to give the material available with them to the folk practitioner as fee.

**DIAGNOSIS AND CURE PROCEDURE**

In the study area folk practitioner uses various treatment method i.e. jari-butii, jhar-phook and combined methods. Information about the preference of the different prevalent treatment method in the study area have been collected and presented in the following Table (7.10)
Table-7.10

Diagnosis and Cure Procedure

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Diagnosis and Cure Procedure</th>
<th>Total</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jari buti</td>
<td>05</td>
<td>12.5</td>
</tr>
<tr>
<td>2</td>
<td>Jhar phook</td>
<td>05</td>
<td>12.5</td>
</tr>
<tr>
<td>3</td>
<td>Jhaributi and Jhar phook</td>
<td>26</td>
<td>65.0</td>
</tr>
<tr>
<td>4</td>
<td>phook</td>
<td>04</td>
<td>10.0</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>40</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Source: Based on field survey

Combined jari-buti and jhar-phook method is widely used by the folk practitioners. It is cleared from above Table (7.10) in the study area jhar phook and jari buti based combined method is very popular and is frequent. In the study region 65.0 per cent practitioners give priority to this combined method. After studying and confirming about other methods, it is clear that jhar-phook method has equally important in the area. 12.0 per cent of the selected folk practitioners give priority to this method.

The third important method is jari-buti based treatment. The tribal people of the study area are fully dependent on different type of jari buti for their various general and specific health problems. Although these jari buties are found in the whole area under study, but these are available in large scale in the Baigachak area. There are only 8.00 per cent folk practitioners, who have started treatment by observing the symptoms of disease. These folk practitioners suggest different types of jari-buti in primary stage of treatment. Generally these practitioners treat cuts and wounds, bites, pain etc.

**OLD PRACTICES OF TREATMENT**

From the analysis of the collected data, it is found that among the interviewed 40 folk practitioners 80.0 per cent have learn the folk treatment method from their ancestors. When question was asked to them how your ancestors started this work? Most of them responded that this is
their ancestral activity. They have also explained that how and why their ancestors started this profession. Some practitioners’ answered that they have got the power of treatment and knowledge from divine. Remaining 20.0 per cent practitioners were unable to describe that how their ancestors have started this work.

FOLK MEDICINE

It has been truly said that medicine was conceived in sympathy and born out of necessity, that the first doctor was the first man and the first woman, was the first nurse. The prehistoric man, motivated by felling of sympathy and kindness, was always at the behest of his kind, trying to provide relief, during sickness and suffering.

Since his knowledge was limited, the primitive man attributed disease, and in fact, all human suffering and other calamities, to the wrath of Gods, the invasion of body by evil spirit and the malevolent influence or stars and plants. The concept of disease in which the ancient man believed is known as the ‘Super natural theory of disease’. As a logical sequence, the medicine he practiced, consisted in appeasing gods by prayers, rituals and sacrifices, driving out evil spirits from the human body by witchcraft and other crude means and using charms and amulets to protect him against the influence of evil spirits. The administration of certain herbs or drugs, whose effect is doubtful or nil, but hopefully may also be likened to kind or magic ritual associated with the need to do something. It is thus obvious that the medicine in the prehistoric times (about 5000 B.C.) was intermingled with superstition, religion, magic and witchcraft.

The importance of relationship, between people, believe conserving illness and their attempts to seek relief from it, has been repeatedly demonstrated by health workers all over the world. There is a growing feeling that illness and its treatment are biological as well as social
phenomena. Every community offers its own cultural guidelines as to what should be considered a disease, who should be approached for the purpose of treatment and whose word in the family should be taken as a final decision. And whether information relevant to the disease should be shared with any one beyond the family’s immediate circle. By and large, one comes across there different types of medical systems practised at three different cultural levels. Firstly, there is the level of primitive; this level the type of medicine is primitive medicine, i.e. medicine based predominantly on a supernatural theory of disease causation seeking therapy through medico-religious means.

Next comes, the folk cultural level and correspondingly what is practised at this level is refered to folk medicine, the theory involves, both supernatural and physical therapy. Thirdly, there is the modern level of society at which is termed as modern medicine recognising natural rather than supernatural cause of disease.

In folk medicine, there is treatment that magical or religious reutilisation’s however; effective this may be psychosocially in providing emotional catharsis and reassurance. All human groups have a pharmacopoeia and at least rudimentary medical techniques; some groups indeed, are exceptional in their exploitation of the environment for medicinal purposes and the degree of their diagnostic and surgical skill. In folk medicine and bone setting as well as massages, bloodletting, dry cupping, bathing, inoculation are found. It has been estimated that from 25 to 50 per cent of the non-western pharmacopoeia is empirically effective. In fact, our knowledge about the therapeutic efficacy of a large number of modern drugs is delivered from the experience of primitive peoples opius, hashish, hemp, coca cuchana, eucalyptus sarasaparilla, acacia, kousoo, copaibat, guaiac, jalap, podophyllin and many of the tranquilisers now used in psychiatric therapy and research.

A great part of the task of folk medicine, and especially of preventive medicine is born by cultural practices, although which oriented to different social purposes, have important functional implications for health. Thus, such as avoidance of the house in which a death occurred, theories of
contagion's food and water which require boiling or working, hiding of faecal and other bodily waste through fear of their use by sorcerers of witches and numerous others.

If we look around the world, we find that the rudiments of folk medicine still persist in many parts of the world—in Asia, Africa, South America, Australia and the Pacific Island. The supernatural theory of disease in which the primitive man believed is as new as today, for example, in India, one may still hear the talk of curing snakebites by 'Mantras'. Diseases such as Leprosy are interpreted as being punishment for ones past sins in some cultures.

Theories of disease generally have major relevance to the moral order, that is, to the control of man's behaviour in society. Disease is frequently seen as a working sign, a visitation from publishing agents for a broken taboo, a hostile impulse or an aberrant urge to deport from the approved way. Sickness is often interpreted as the supernatural way of indicating an act or intention of socially disruptive behaviour.

Folk medicine was practised since the Atharvavedic period. This medicine could be traced from ancient manuscripts, such as Atharvaveda, Kautilya's Arthasastra and even in the Ayurvedic samhitas of Charak and Shushruta, in the written work of Alberuni and the latter Muslim and European writers. Folk medicine still practised in the 20th century and this system is generally popular among the rural people of almost all developing countries. In India among the tribal society where traditional values are evident, this medicine system is the main source of health care delivery.

Folk medicine is a very important mean of health care in the study region. It is widely practised since long back, not only in Madhya Pradesh but also throughout the country. People of tribal areas as well as rural areas have more faith on folk medicine. They prefer folk medicinal system of the treatment of their every ill health conditions.

Madhya Pradesh has the largest number of tribal people in the country. Tribal population in the study region is distributed unevenly. Gonds and Baigas are the important inhabitant of the study area. Kol and Pardhan are some other tribal found in the study area. Thus there are
many tribal groups in the study area, and each group differs from another in some way or other, yet they have few common characteristics and one of them is the prevalent health care delivery system. Where wrath of Gods, mischief of evil spirits and magic of being are regarded as the main cause of disease, which forms the basis of folk medicine. It has its own diagnostic techniques, which lean heavily on foretelling that is divination. Treatment is based upon the removal of causative factor through appeasing God/Goddesses, exorcism, countermagic use of charms and amulets, jharphook and some herbal preparation.

With the early development of human society, the self-supported medical system has been evolved to prevent the recurrence of diseases, accidents and to check the adverse effects of unhealthy conditions. Modern Medical system is developed as a discipline with scientific background but is entirely based on traditional health care methods and its application. Since ancient time, the researches in the field of medicines have been regularly carried out to cure the diseases and to ensure better health of human being.

Every society has always been careful towards the health of its people. Traditional medical systems of folk medical approaches are related to various dimensions of this medical system. In any community, general concepts about treatment and medicine have been developed with the acceptance of their members, this way it become the local medical system. In such type of folk medical system, the belief of the people of community is associated uniformly. In this way these systems are scientific or semi scientific in nature. Traditional health care systems among the rural and tribal societies are based on their diseases and health related belief. Traditional medical system does not require any specific organised training but is transferred to the next generation on the customary basis. This is the uninstitutional aspect of cultural and medical values, which involved different aspects. This is the reason for which such systems have continued and have been widely accepted by all members of society as a model of their traditional belief.
The community members base the Folk medical system on its acceptance. The old members of respective communities are followed by younger it clearly proves the basis for the adaptation of this system. Traditional medical system is purely based on the logical recognition to their observations, ideas and beliefs about disease. This is the reason, for which difference is found in the causes of disease, their pattern and prevailing system of treatment in different countries. There differences depend on physical, cultural and socio-economic environment of the respective area of that country, practically the similar system is found in every community with slight variations. The speciality of the traditional medical care is directly related to individuals' socialisation, his values and behaviour. The process of variations in behaviour and socialisation of the community members, the prevalent health care system have been smoothly transferred between societies. The most important characteristic of the traditional medical system is more related to caused of disease rather than the disease symptoms. Basically it is preventive medical system.

It is observed that the tribal people of the study region are fully dependent on the locally available traditional health care system for their all most all health problems. Thus present classification is an attempt to understand the prevalent treatment method in a particular tribal area-Upper Narmada Basin. Prevalent treatment methods used by local folk practitioners can be divided into following groups. Treatment through jari buti, Treatment through Jhar phook, combined treatment (jari buti and jhar phook) and other treatment system.

**TREATMENT THROUGH JARIBUTI**

In the study area jari-buties are used frequently for the treatment of general disease like cough cold, pneumonia, fever, viral fever, malaria, dysentery, cuts and wounds stomach disorder and skin disease etc. Initially in the early stage of the illness the tribal people uses various jari buties on the basis of their own information, knowledge and experience. It is also a great fortune that the study region passes great abundance of medicinal plants. Harjor, Kalimusali, Safed musali, Punarnava, Damjari, Amla and many other jari buties are available, which are considered as
medicinal plant. Easy availability, of the jari buti is also one of the reason of their as medicine. This system of medical treatment is prevailing in the region right from a long ago. So the tribal people accepted it as a felt of ancestors. The knowledge of jari buti is being transfer from one generation to another by verbally.

**TREATMENT THROUGH JHAR-PHOOK**

In tribal community supernatural causes have been given more importance in treating the general diseases. It is common thinking among the tribal that due to their bad acts (sin) they suffer from various diseases like Tuberculosis, Leprosy and other. These diseases are assumed by the people as the punishment of god for the sin of his/her life on the otherhand, jadu-tona (sorcery) can make any person ill. Even the person can be killed by to this practice.

**COMBINED TREATMENT METHOD**

In this way Jari-buti and jhar-phook based treatment system are combined used for treating various health disorders. This is the main health care system among other available systems of the study area. Firstly they used jari-buti for the treatment. After confirming the results of jari buti, jhar-phook method is suggested or performed by folk practitioner. If needed, worship, pooja path is also done to ensure the quick recovery of the ill person.

Superstitions and its symptoms are considerably responsible and believed as the main cause for the ill health. On the other hand, medicine play very important role in the treatment of such ill health conditions. The treatment methods adopted by these local folk medicine men vary from time to time. The responsible causes for ill health conditions are such as sorcery (jadu-tona), evil spirits etc. It is must to know about the causes of disease and its nature, before starting the treatment. In case, if the reason of the disease is evil spirit, then attempt are made to identify the type and the place of ghost. It is a common belief of tribal people that the ghost may be of river, canal, well, tree or cemetery etc. In order to identify the type of ghost, various methods, applied by the folk practitioners are Supa tuma, Kadai pira, Chirra grass etc. In general, these methods are very lengthy
and complicated. After confirming the reasons responsible for the disease, folk practitioner starts treatment of ill person through jhar phook and pooja-path. Various types of treatment methods are being observed as an essential part of the regular tribal life. Their types of treatment methods naturally happen in tribal community and outsiders take interest with mixed fear.

OTHER HEALTH CARE METHOD

During the study it is found that in the study area tribal people also uses few medicines of Allopathic, Homoeopathic and Ayurvedic medical system. It is also true that in comparison to the urban areas in the tribal region generally there medicines are not frequently used. In the villages, where government health facilities are available, tribal people get medicines from these centres but they use them as per their wish. Generally the tribal people, who are living near by city or town areas, purchase some allopathic medicine as per their requirement. The tribal person come to nearby city centres to sale various forests products. Normally they purchase various allopathic medicines i.e. Aspro, Disprin, Paracetamol, Cough syrup, Iodex, Antiseptic creams etc. from medical shops for general health problems. It is also found that they prefer to use energy injection in place of tablets. Tribal people consume tablets irregularly, given by doctor. They also consult sometimes RMP doctors.

Although, percentage of this type of treatment providers are very limited in the area under study. But, the proportion of such medical practitioners has gradually increased in recent years. The Main reason for this due to increased government medical facilities and active participation of various non-government organisations. During the study in various areas of the region, it has been observed that tribal people have accepted their health care facilities when they become seriously ill. Apart from this, for general health problems they still use natural means and traditional treatment methods, which are easily available in their own village.
HEALTH DISORDERS AND METHOD OF TREATMENT

Field Observation

(1)  H.D.\(^1\)  -  Asthma
     P.C.\(^2\)  -  Due to cold or past sin
     M.O.T.\(^3\)  -  The powder of bark of Jamun is given with
                     water two time in a day, upto three successive
dsays.
     P.O.\(^4\)  -  Keolari (Mandla)
     L.N.\(^5\)  -  Jamun.
     B.N.\(^6\)  -  *Syzigium cumini.*

(2)  H.D.  -  Eye related problems
     P.C.  -  Deficient diet, polluted water, viral infection.
     M.O.T.  -  *The flower of Aam mashed in water, this
                     water is used for washing eyes during burning
                     eyes (heat stroke).
                     *Pure honey is applied in eye with small kari
                     (pick) to improve eyesight.
     P.O.  -  Lalpur (Dindori)
     L.N.  -  Aam
     B.N.  -  *Mangifera indica Linn.*

(3)  H.D.  -  Jaundice
     P.C.  -  Contaminated drinking water and dietary
                     habits.
     M.O.T.  -  Seeds of Jangli Kacharia fried in ghee and
                     gives first day one, second day two and so on upto
                     twenty one days.
     P.O.  -  Baklehta (Katni)
     L.N.  -  Kacharia.
     B.N.  -  *Cucumis sativus.*

1. H.D. – Health Disorder  2. P. C. – Probable Cause
3. M.O.T. – Mode of Treatment  4. P. O. – Place of Observation
5. L. N. – Local Name  6. B. N. – Botanical Name
(4) H.D. - Leprosy
P.C. - Impurity in blood, past sins, jadu-tona.
M.O.T. - Folk Practitioner gives juice of Mehndi leaves
to take orally and also applied on the skin for quick
relief.
P.O. - Bambhi Banjar (Mandla)
L.N. - Mehndi.
B.N. - Lawsonia inermis.

(5) H.D. - Malaria
P.C. - Mosquito bite (Anopheles.)
M.O.T. - Kara of Chirayta, Damjari and Gurbel gives
to cure malaria.
P.O. - Lakho (Mandla)
L.N. - Chirayata, Damjari, Gurbel.
B.N. - Swertia angustifolia, Anicostama lattoral,
Cusuta chinensis.

(6) H.D. - Piles
P.C. - Less use of liquid item in food, bad food
habit.
M.O.T. - Unripe Harra and sulphur powder fried in
same quantity of cow's ghee and given two times in
a day upto three days continue.
P.O. - Belkhadu (Jabalpur)
L.N. - Harra
B.N. - Terminalia chebula Retz

(7) H.D. - Worm.
P.C. - Impure water and food etc.
M.O.T. - New leaves of Neem gives with Ajwain to
remove worm.
P.O. - Chirai dongari (Mandla)
L.N. - Neem.
B.N. - *Azadirachta indica* A. Juss.

(8) H.D. - Sukharog (Marasmus)
P.C. - Lack of nutrients and effect of evil eye.
M.O.T. - The chain of Madar root tied round the neck of children.
P.O. - Tarach (Dindori)
L.N. - Madar (Akona)
B.N. - *Calotropis procera*.

(9) H.D. - Tuberculosis.
P.C. - Unhygienic living condition, deficient diet, religious belief.
M.O.T. - Powder of Tendu roots given with water three time in a day upto seven successive days.
P.O. - Indramul (Mandla)
L.N. - Tendu.
B.N. - *Diospyros melanoxylon* Roxb.

(10) H.D. - Typhoid
P.C. - Polluted water and food.
M.O.T. - Powder of bark of Girchi is given with gur three days regularly.
P.O. - Amahinota (Jabalpur)
L.N. - Girchi, (Kurai).
B.N. - *Holarrhena antidysantrica*.

(11) H.D. - Problems of post delivery period.
P.C. - Improper care of Mother.
M.O.T. - Seeds of Bidarikand (Patal kumbhera) grinded with sugar and milk proves helpful and considered as health tonic.
P.O. - Bablia (Mandla)
L.N. - Bidarikand (Patal Kumbhera)
B.N. - *Pueraria tuberosa* (Wild)
(12) H.D. - To under take abortion
M.O.T. - By taking two white Gunchi with lukewarm water ensures abortion.
P.O. - Sarai (Dindori)
L.N. - Gunchi
B.N. - *Abras precatorius Linn.*

(13) H.D. - To prevent/cure Abortion
P.C. - Evil eye, angerness of Goddess.
M.O.T. - Dry ginger four or five small piece with Mulethi taken with milk at night would reduced the risk of abortion.
P.O. - Kaudia (Katni)
L.N. - Ginger, Tulasi.
B.N. - *Zingiber officinale Rose, Ocimum sanctum Linn.*

(14) H.D. - Menstruation problem
P.C. - Break of taboo
M.O.T. - Folk practitioner gives to take Harsingar fruits with hot water, to avoid excessive bleeding during menstruation.
P.O. - Nunsar (Jabalpur)
L.N. - Harsingar
B.N. - *Nyctanthes arbor-tristis.*

(15) H.D. - Impotency/Unmanliness
P.C. - Doing wrong activities/previous sin, jodutona.
M.O.T. - Root of Kirkichau is rubbed with water and advised to take orally to treat the problem of impotency.
P.O. - Bhatvara (Katni).
L.N. - Kirkichau.
B.N. - *Gloriosa superba Linn.*
(16) H.D. - Problem of breast-feeding (lack of breast milk).
P.C. - Evil eye, improper care of mother.
M.O.T. - Kheer (a sweet prepared with milk) of unripe pappya made with cow’s milk is given to promote lactation.
P.O. - Dhanvahi (Jabalpur)
L.N. - Papita
B.N. - *Carica papaya*.

(17) H.D. - Massage of children
P.C. - Weakness
M.O.T. - Ajwain, Methi and Lahsun boiled in Ramtila oil and kept in a bottle. It is used to massage of children for good health.
P.O. - Sonpur. (Jabalpur)
L.N. - Ajwain, Methi, Lahsun.
B.N. - *Trachy spermum ammi, Trigonella foenum graecum Linn, Allium sativum*. 