

**INDIGENOUS MEDICAL PRACTICES AMONG TRIBES: A  
SOCIOLOGICAL STUDY IN BANKURA DISTRICT OF  
WEST BENGAL**

**SYNOPSIS OF THE  
THESIS SUBMITTED FOR THE DEGREE OF  
DOCTOR OF PHILOSOPHY (ARTS)  
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# **Synopsis**

## **Title:- Indigenous Medical Practices among Tribes: A Sociological study in Bankura District of West Bengal**

### **Introduction:**

In India, the study of tribes is an important area in spite of globalization and globalized world. Unity in diversity is one of the most spectacular features of the population of India. India has the second largest tribal population in the world. As per Census 2011, the tribal population constitutes about 8.9% of the total population in India. The tribal people throughout the country have rich traditions, cultures and heritage with unique lifestyles and customs. The Scheduled Tribes are notified in 30 States/UTs and the number of individual ethnic groups, etc. notified as Scheduled Tribes is 705. The tribal population of the country, as per 2011 census, is 10.43 crore, constituting 8.6% of the total population. 89.97% of them live in rural areas and 10.03% in urban areas. The decadal population growth of the tribal's from Census 2001 to 2011 has been 23.66% against the 17.69% of the entire population. The sex ratio for the overall population is 940 females per 1000 males and that of Scheduled Tribes 990 females per thousand males.

Bankura is one of the fascinating rich tribal districts of West Bengal in Eastern India. It is a part of bio-geographic zone of the Deccan peninsula of Chhotanagpur. The tribes love to live in nature and maintain their livelihood with their own indigenous system. Procured from their own indigenous knowledge stock, the tribals have developed their own health care system naturally linked with culture, tradition and environment. Indigenous health care practices are considered as an integral part of their culture related to ecology, forest, nature along with beliefs, superstitions, religious faith and magic. Indigenous medical system is prevalent among them and they maintain their own system of the medicine and health care based on knowledge of herbs and shrubs with help of medicine man commonly known as Ojha, for diagnosis and treatment.

### **Objectives of the Study:**

Research objectives are vital step of any sort of research. Each and every research should have certain definite objectives. A properly formulated, specific objective facilitates the development of research methodology which helps to orient the collection, analysis and interpretation of data. Without particular objectives, research cannot be completed successfully. In the topic entitled **“Indigenous Medical Practices among tribes: A Sociological Study in Bankura district of West Bengal”**, the present researcher has some basic objectives for carrying out the research. The objectives of the study are:

1. To find out the indigenous medical practices among tribals in Bankura district.
2. To know the socio-economic status of tribals in Bankura district.
3. To know whether tribal people have strong belief on indigenous medical practices.
4. To find out the impact of indigenous medical practices on everyday life of tribals.
5. To find out the preservation method or process of medicinal plants for the whole years or during crisis period.
6. To know the role of aged or elderly parents of indigenous medical practices.
7. To explore the rules and regulations for using indigenous medical practices.
8. To find out the percentage of tribals who do not follow indigenous medicine.
9. To know the rules and regulation for using the plants.
10. To know the education level of advisor (medicine man).

### **Relevant of the Study:**

Therefore, following, Scope of the Study it can be apprehended that the present research holds immense value for both the current and upcoming generations. The application of these remedial measures can help bridge the gap that is currently present in the lives of the tribal medicinal practices with that of the modern biomedical practices in the society. With the encouragement of this inclusively, a new comprehensive social world can emerge in the future.

## **Review of Literature:**

A literature review can be a short introductory section of a research article or a report paper that focuses on recent research. An attempt has been made to complete and deduce important findings from these reviews in order to find out the research gaps. Literature based on Indian as well foreign context is considered here for the study.

- P.O. Bodding (2011) in his famous book entitled "**Studies in Santal Medicine and Connected Folklore**". He revealed the connection of santal folklore with the unique attitude of the Santals towards various diseases and their treatment. Santals embrace a belief that diseases are caused by malevolent powers who are to be satisfied and appears through various attempts made by professional medicine-men, generally called Ojhas. Bodding collected the folksong current in the santal community, with the chanting of which the santal people try to pacify the spirits who are believed to be the originators of diseases. Bodding thoroughly travelled the places inhabited by the Santals, learnt Santali language, gathered experience about the social and religious customs of the Santals and all these are reflected methodically and mixed himself closely with the people having a distant culture and home-bred language and shown deep dedication to the study of the socio-religious fabric of the santal people.
- G.S Lavekar (2008) in his edited book entitled "**Tribal Health Care Research**". He described that India has a rich and time tested heritage of medical and health sciences. These systems have evolved based on flora, fauna, metal, mineral and animal bio-resources available in the vicinity.
- B. Malinowski (1922) in his book entitled "**Argonauts of the Western Pacific**" emphasized that, the belief and practices are not taken from the air, but are due to a number of experiences 7actually lived through in which man receive revelation of his power to attain the desired end.
- M. Marriott (1955) in his writing "**Western medicine in a village of Northern India**" and in B. D. Paul's edited book entitled "Health, Culture and Community" depicts his study on the village KrishanGarhi in Aligarh district of Uttar Pradesh. This study tries to explore the problems of introducing western medicine in the Indian village

community. Marriott has shown how the contracts and conflicts between the roles assumed by the indigenous and western medicinal practitioners resulted in obstacles to the acceptability of western medicine.

### **Theoretical Orientation**

There are different sociological and social anthropological theories which studied ethno-medical practices of tribal communities. There is not just one single theorist and theory to discuss about tribals' medical indigenous medical practices, but there have been several theories in sociology and social anthropologists have studied indigenous medical practices of tribal communities. Here, the present researcher has mentioned some relevant theories to prove that this study is a sociological study. The Theoriestare :James G. Frazer, Emile Durkhim, Max Weber, W.H.R Rivers, Talcott Parsons, B. Malinowskis, George M. Foster, Verrier Elwin, S.C.Dube and Sarat Chandra Roy.

### **Research Setting / Area Profile:**

#### **Jungle Mahals**

The term Jungle Mahals was well known long before the English penetrated the area. The area was known as Jungle Mahals at the time of Akbar when it formed a part of CircarGoalpar. At the time of MurshidQuli Khan, the area was transferred in 1722 to Chakla-Midnapur which was ceded to the East India Company in 1760. Between 1760-1805 Jungle Mahals area was officially recognised as an administrative unit. Several jungle tracts in districts of Birbhum, Burdwan, Bankura, Midnapur and Purulia were known as Jungle Mahals.

#### **The Bankura District**

The district of Bankura is located to Burdwan district and is separated from the district by river Damodar. Beside Bankura district are the Hugli district, districts of Midnapore and Purulia. Bankura is a triangular shaped area and its geographical area is 6,881.0 square kilometres. Bankura comprises 22 development blocks, Saltora, Mejhia, Borjora, Gangajalghati, Chhatna, Onda, Ranibandh, Simlapal, Bishnupur, Joypur, Indus etc. The tribal population of the district is 2.50 lakhs with the percentage of tribal population in total population being 11 percent. The Bankura district is fifth among all the districts of West Bengal; the proportion of total population is 6 percent. The Ranibandh block has constituted the apex of tribal concentration. Bankura district is in the Indian state of West Bengal. Bankura district comprises of three subdivisions:

- BankuraSadar
- Khatra
- Bishnupur

BankuraSadar subdivision consists of Bankura municipality and eight community development blocks. Bankura I, Bankura II, Barjora, Chhatna, Gangajalghati, Mejia, Onda and Saltora.

Bishnupur subdivision consists of Bishnupur and Sonamukhi municipalities and six community development blocks: Indas, Joypur, Patrasagar, Kotulpur, Soanmukhi and Bankura.

Khatra subdivision consists of eight community development blocks: Indpur, Khatra, Hirbandh, Raipur, Sarenga, Ranibandh, Simlapal, Taldangra.

### **Selection of the Area:**

In the concerned research, the present researcher has selected Chhatna community development block of Bankura district of West Bengal. The Chhatna block comprises total 277 villages, out of which the researcher has chosen 10 villages such as Amakunda, AnturiBana, Bahara, Chinabari, Cholagara, Rangametia, Satkhulia, SusuniaJamthol, SusuniaParasibana, SiuliPahari. The researcher chose these villages as these fulfilled the basic criteria relevant to research topic. The major reasons are: These villages are predominantly inhabited by Santali tribes; these villages are around the Jungle Mahal area. These villages are near the famous Susunia hill of Bankura district.

### **Research Methodology:**

In the present researcher, the researcher has applied direct face-to-face interview method.

Sample is a smaller representation of larger whole, it is the easiest method of social investigation. In this study the present researcher have applied purposive sampling method because to fulfile her purpose of the research.

In this present research study, the researcher has chosen 130 respondents from respective village area of Chhatna block of Bankura Jungle Mahal area

### **Research Findings:**

**Table 01:**The research work depicts that the total population of villages is 8168 out of which male population is 4153 and female population is 4015.

**Table 02:** The research work depicts that the majority **36(28%)** of respondents is within age group 70>.

**Table 03:** The research work depicts that majority **71(54.62%)** of the respondents population is female.

**Table 04:** The research work depicts that the majority **(3231)** of the population is scheduled tribe.

**Table 05:** The research work depicts that all **130(100%)** the respondents are Hindu by religion.

**Table 06:** The research work depicts that the majority **77(59.23%)** of the respondents are illiterate.

**Table 07:** The research work depicts that all **130(100%)** respondents have not migrated.

**Table 08:** The research work depicts that the majority **39(30%)** of respondents are daily labourers.

**Table 09:** The research work depicts that the majority **29(22.31%)** of the respondents' daily income is within the range of Rs. 2001-4000.

**Table 10:** The research work depicts that the majority **67(51.54%)** of the respondents carry voter cards as their ID cards.

**Table 11:** The research work depicts that the majority **85(65.38%)** of the respondents are provided with domestic fuel or Ujjawala gas as government facilities.

**Table 12:** The research work depicts that the majority **71(54.62%)** of the respondents cannot avail the safe drinking water in their villages.

**Table 13:** The research work depicts that the majority **87(66.92%)** of the respondents have no proper sanitary system.

**Table 14:** The research work depicts that the majority **130(100%)** of the respondents have been provided with government health care facilities like 'SwasthaSathi card'.

**Table 15:** The research work depicts that majority **73(56.15%)** of respondents disagree with the fact that there is no health centre in their locality / community.

**Table 16:** The research work depicts that the majority **39(30%)** of the respondents suffer from gynaecological problem.

**Table 17:** The research work depicts that the majority **102(78.43%)** of the respondents have not suffered from serious illness for 10 or more than 10 years.

**Table 18:** The research work depicts that the majority **130(100%)** of the respondents are not affected by Covid-19 pandemic.

**Table 19:** The research work depicts that the majority **70(53.85%)** of the respondents have undergone indigenous treatment during illness.

**Table 20:** The research work depicts that the majority **70(53.84%)** of the respondents neither visited to any modern doctor nor undergone any modern treatment.

**Table 21:** The research work depicts that the majority **93(71.54%)** of the respondents have not undergone any modern treatment after snake bite.

**Table 22:** The research work depicts that the majority **68(52.31%)** of the respondents think that diseases are caused by supernatural causes.

**Table 23:** The research work depicts that that majority **93(71.54%)** of the respondents strongly believe in indigenous medical practices.

**Table 24:** The research work depicts that the majority **98(75.38%)** of the respondents follow traditional medical practices regarding any diseases or illness.

**Table 25:** The research work depicts that the majority **75(57.69%)** of the respondents are fully cured by practising indigenous medical system.

**Table 26:** The research work depicts that the majority **43(33.08%)** of the respondents tie sacred threads on arms, around neck or waist etc. as one of rules and regulations.

**Table 27:** The research work depicts that the majority **92(70.77%)** of the respondents consider that music therapy acts as a way of medical treatment.

**Table 28:** The research work depicts that the majority **130(100%)** of the respondents consider music as a part of daily routine.

**Table 29:** The research work depicts that the majority **79(60.77%)** of the respondents consider dance therapy act as a way of medical treatment.

**Table 30:** The research work depicts that majority **89(68.46%)** of the respondents consider that for all time the role of aged people in case of indigenous medical practices.

**Table 31:** The research work depicts that the majority **95(73.08%)** of the respondents' believe in supernatural powers like ghost, witch, soul or spirit.

**Table 32:** The research work depicts that the majority **130(100%)** of the respondents think that tribals' social life is fully dependent on religion.

**Table 33:** The research work depicts that the majority **84(64.62%)** of the respondents think that tribals have relationship with the forest as they are fully dependent.

**Table 34:** The research work depicts that the majority **62(39.23%)** of the respondents' approach the 'Kabiraj' or medicine man during illness.

**Table 35:** The research work depicts that the majority **70(53.84%)** of the respondents think that tribals still believe in indigenous medical practices at 21<sup>st</sup> century.

**Table 36:** The research work depicts that the majority **46(35.38%)** of the respondents collect traditional medicines from forest.



**Table 37:** The research work depicts that the majority **37(28.46%)** of the respondents apply the method of drying for preservation of indigenous medicines.

**Table 38:** The research work depicts that the majority **54(41.53%)** of the respondents replied that young people use indigenous medicine in their daily lives.

**Table 39:** The research work depicts that the majority **85(65.38%)** of the respondents visit traditional healers for medicinal help.

**Table 40:** The research work depicts that the majority **93(71.54%)** of respondents believe in traditional medicine for slow improvement, availability, low price, less side effects.

**Table 41:** The research work depicts that the majority **70(53.84%)** of the respondents think that villagers are fully dependent on traditional medical practices even during the 21<sup>st</sup> Century.

**Table 42:** The research work depicts that the majority **54(41.54%)** of the respondents took government support to explore indigenous medicine around the world.

### **Conclusion:**

In the concluding part the present researcher has wanted to reveal some relevant ideas as well as scope of the study. The main scope is that we are modern people thought that tribal's are ignorant and backward their economical, political, cultural even medical practices are not so, advance but this perception is absolutely wrong in this study the present researcher have found that their institutional practices and even medical practices are so, advance in nature because for their treatment their using herbs, shrubs very scientifically. They are well known about the process of herbal medicine and they are well known how to use herbal plants properly and this practices are continuing from ancient period and this ethno-medical practices are transmitting from generation to generation. So, in this study the present researcher has wanted to revealed that tribal ethno-medical practices are more scientific and advance also it is not negligible and backward practices it is their way of life as well as culture. So, our main objective is that we have to protect and preserve them and their culture, this will be the only way of their development.

### **Remedial Suggestions:**

1. Some exploratory studies should be initiated to identify various plant species that have some medicinal bearings with the native medicine man being as active collaborator.
2. Systematically study of the tribal methods of extraction and application while comparing them with established systems so as to improve these native techniques and technology.
3. Since the forests are fast dwindling and many areas have been brought under industrial growth, the survival of the various species is threatened in their natural habitat, it is therefore necessary to develop scientific methods of cultivating the herb with the tribal participation.
4. Some law should be introduced to prevent destruction of various herbs due to industrial and other project activities.
5. Some training programmes should be initiated for the scientific methods of cultivation, extraction and marketing of medicinal plants.
6. Small units for processing and semi- processing of medicinal plants with tribal entrepreneurship should be promoted.
7. There is need for clinical testing to establish the efficacy of certain native herbs in curing endemic diseases.
8. Village herbarium is to be promoted with the local trained tribal healer as its curator.
9. Special tribal and folk medicine departments are to be created in various medical colleges and Life Science Departments.
10. It is essential to recognize the natural right of tribals in the herbs' growing, extraction, processing, semi- processing and their application either in raw or processed form for the treatment of various diseases.
11. Local government officials should establish a group of experts including botanists, anthropologist, local vaidyas and medical practitioners to prepare the documentations highlighting the vernacular name, botanical name, therapeutical value and toxic effect of the plants which are in use, so that the people can be familiar about the adverse effects of over dosages and chance contaminations of the poisonous plant parts.
12. Workshops may be organized for sharing of the knowledge and values of plant-based remedies among the tribal medicine men of different localities.

13. Advocacy measures may be taken for the practitioners for policy level changes to give them legal recognition.
14. A community knowledge register should be prepared at Gram Panchayat level highlighting the knowledge and resources on indigenous healthcare available in the area. This can be an authentic document to protect the indigenous knowledge of the tribal medicine men against pirating of their knowledge.
15. The tribal medicine men should be trained on quality preparation of medicine by standardized techniques to strengthen their practices and to prove the authenticity of the system.
16. They should be given recognition at the Panchayat level as health providers for the particular Panchayat.

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