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RESEARCH ARTICLE

DOCUMENTING AND REVITALIZING LOCAL HEALTH TRADITIONS WITH NATURAL RESOURCE MANAGEMENT.

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Abstract

The uses of medicinal plants in traditional healthcare practices and its importance in providing clues to new areas of research and in biodiversity conservation is now well recognized. This study aimed to look into the diversity of plant resources that are used by tribal people for curing various ailments. Questionnaire surveys, participatory observations and field visits were elicited information on the uses of various plants.

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Introduction:-

Local health traditions (LHTs) or community and habitat specific practices, beliefs and customs related to health, form an integral part of the local lifestyles and include all aspects of health care like prevention, cure and promotion. Home remedies and health related customs that are prevalent in millions of households are living expressions of these traditions. These diverse and informal systems are passed on from generation to generation by words of mouth through millions of ordinary households as well as by specialized folk healers.

Any attempt to introduce local health traditions is handicapped from the start due to their oral nature and seeming absence of a theoretical foundation. It would seem that the test of their efficacy lies only in empirical evidences. In other words, for the most part they are merely considered to be a somewhat sophisticated version of the trial – and – error method based on keen local observations. The local traditions lack the theoretical rigour of either Ayurveda or modern medicines.

In India, LHT exist throughout the country, parallel to the codified, indigenous systems of medicines such as Ayurveda, Siddha, western biomedicines and Homeopathy, and are dependent on local natural resources. There are about 8,000 plant species and more than 200 animal and mineral sources are being used by 4,639 ethnic communities (Anonymous, 1987-1990).

The action of revitalization should start with a better understanding of the traditional practices in a systematic and comprehensive way. This makes a documentation exercise imperative. More micro- level initiatives will therefore be needed to tackle the issue of erosion, protection of intellectual property rights of the communities, and nurturing relevant practices to meet our growing primary health care needs.

Study area:-

The present study area, Kumaun (tribal pockets), lies between the altitudes 28^o 44' N and 30^o 49' and longitudes 78^o 45' and 81^o 1' E. Kumaun, at its eastern boarder separates with Nepal by Kali river, high transverse mountain spurs separate it from the Chamoli and Pauri districts of Garhwal, a natural water separates from Tibet and the southern limit of the Tarai belt demarcates it's southern boundary. The region constitutes six districts i.e. Almora, Bageshwar, Champawat, Nainital, Pithoragarh and Udham Singh Nagar.

The study is conducted specially in areas abundant with tribal inhabitation viz. Sitarganj, Khatima, Tanakpur, Rudrapur, Gadarpur and Dineshpur for the documentation of Tharu and Buxa local health traditions and Munsyari, Kapkot, Dharamgarh, Bageshwar, Askot and Champawat for Bhotiya and Raji/ Vanrawat local health traditions (Figure:1).

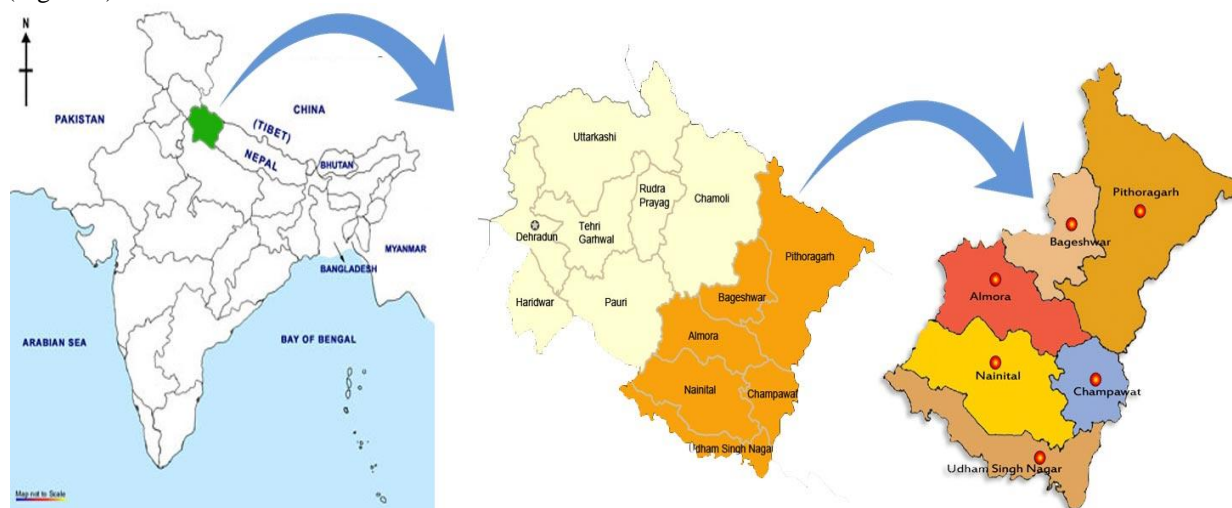


Figure 1:- Map: Study area.

Material and Methods:-

Review of literature:-

An intensive literature survey was completed on the work done by several researches on documentation of ethno-botany and ethno-botanical utilization of resources found in Kumaun Himalaya. The study is based on interviews of knowledgeable persons, word of elderly people, extensive surveys of work area and identification of plants species of both lower and higher elevations Literature, related to ethno- medicinal uses of medicinal plants was also done i.e. Arya ,2001, 2002; Arya and Ved Prakash, 1999; Dhar et al., 1997; Gaur, 1987,1999; Joshi and Pande, 2000; Joshi et al., 1992, 1995; Pangtey et al., 1989; Tewari et al., 1992;. Anthwal et al., 2006; Bhatt et al., 2009; Kumari et al., 2009, 2011.

Participatory approach (General gathering and Interviews):-

Ethno-medicinal research involved the use of Participatory Rural appraisal (PRA) tools. These include the interaction with traditional herbal healers (Vaidyas) across the study area to gather the data on use of medicinal plants and the preparation of various herbal medicinal formulations. In order to gain an understanding of traditional healers and their practice, personnel interview and bilateral discussion were carried out in the premises of healers/informers to duly fill the LHT format. The interview itself covers few main topics: the type of people who are treated (i.e. patient or client groups), the process of healing, the healer's training and practice, his or her role in health promotion and education, and his or her relationship to practitioners of Western approaches to health care.

Results:-

For the analysis of the agreeableness and amiability of folklores and local health traditions prevailing among the tribal communities (Tharu, Buxa, Bhotiya and Raji/ Vanrawat) a comparative scrutiny was done on the data of percent of male and female healers with their literacy and illiteracy rate, the age group in which the traditional knowledge is mostly spread. Alongwith with these data, number of total single drugs, compound drugs, number of validated and non validated formulations is statically demonstrated.

During the tenure of the study, at the time of field surveys of all tribal pockets, total 65 folk healers were interviewed and 303 folklores were gathered. The knowledge of ethno- medicines was more prominent among men (58%) rather than women (42%) (Figure:2). The literacy rate among Raji/Vanrawat was very low (7%), total percent of literacy and illiteracy was 55% and 45% respectively (Figure: 3).

Total 262 single drug (86%) formulations and 41 compound drug (14%) formulations were predicted (Figure: 4), with higher number of plant origin which is spread mostly among the age group of 30-50 years. Lesser

cases of utilization of animal and mineral were found during the field survey. The number of specified drugs, mentioned already in the codified Ayurvedic texts was 56, while 247 formulations were new to any codified texts (Figure: 5).

It is analyzed that, from the data collected (Figure: 7), leaves (31%) are the prominent part used in maximum formulations following root (20%). It is also analyzed (Figure: 8) that leucorrhoea (23 formulations), Boils (14 formulations), jaundice (11 formulations), stomach-ache (10 formulations), fever, arthritis (9 formulations), bleeding piles (8 formulations), cuts and wounds (8 formulations), worm infestation (8 formulations) and kidney/bladder stones (7) are the ten prominent diseases among the tribes (Tharu, Buxa, Bhotiya and Raji/ Vanrawat).

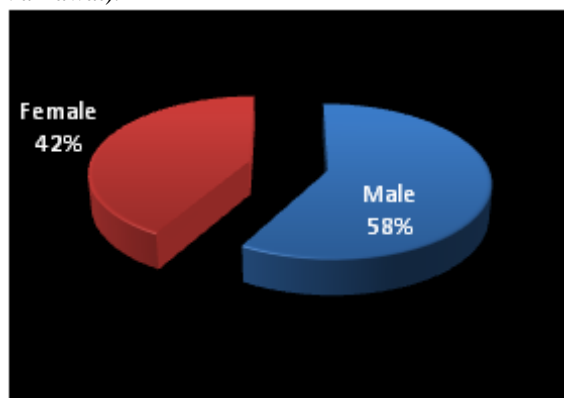


Figure: 2:- % of Male and Female folk healers among all tribes

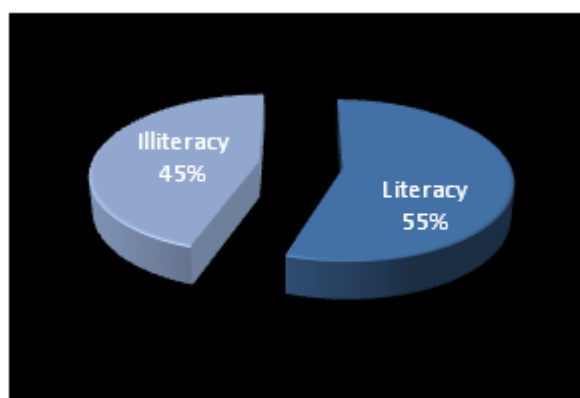


Figure:3:- % of Literate and Illiterate Folk healers among all tribe

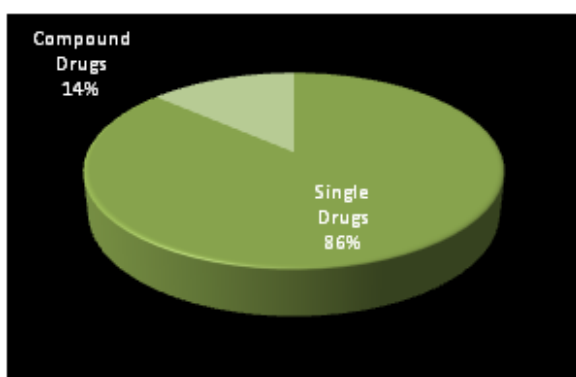


Figure: 4: Number of Single/ Compound drugs

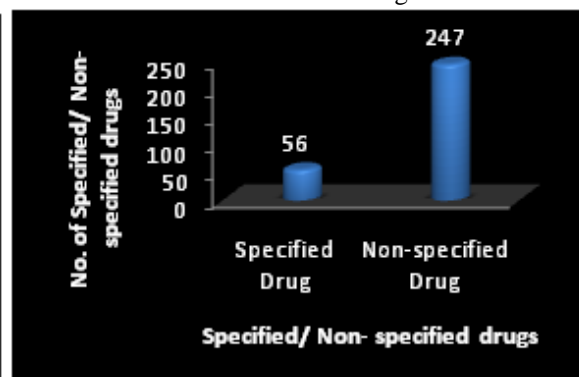


Figure: 5: Number of specified / non specified drugs In Ayurvedic texts

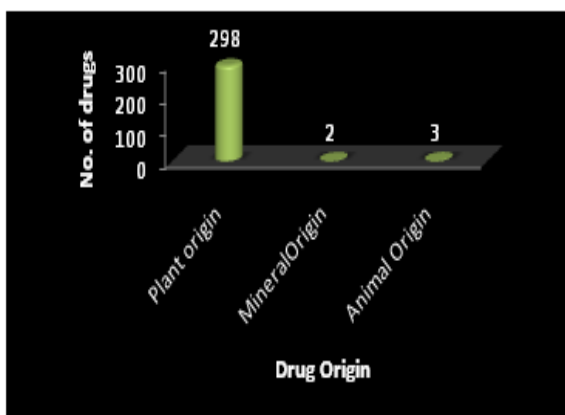


Figure: 6:- Drug origins

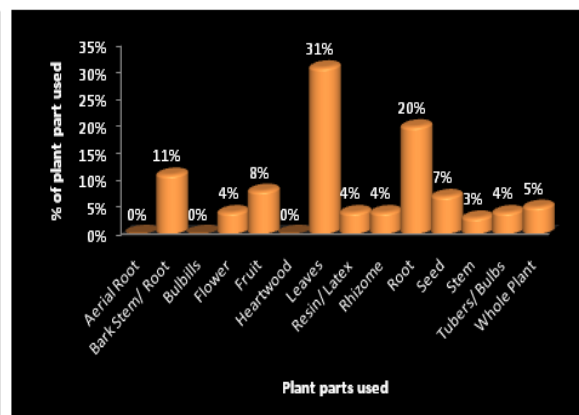


Figure:7:- % prominent plant part used in

LHTs

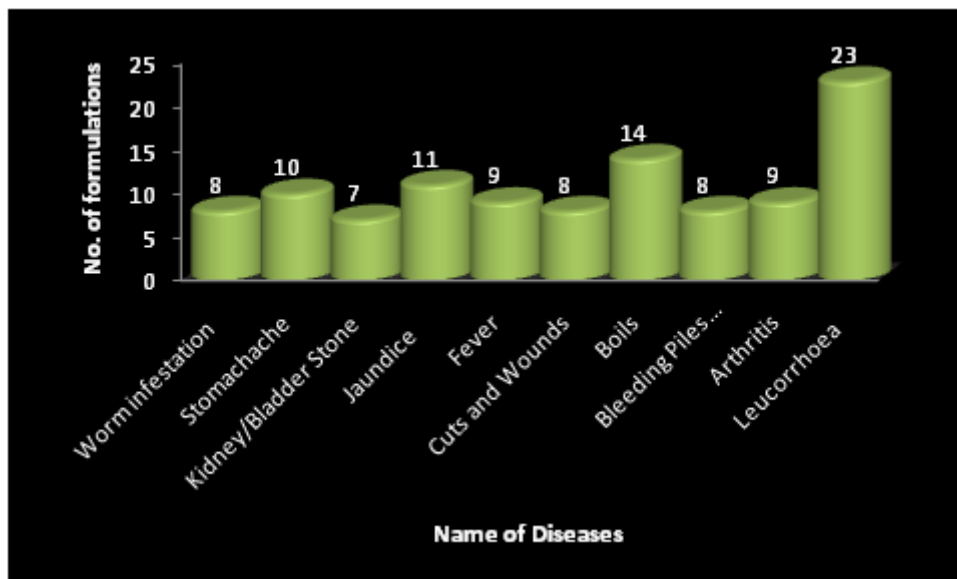


Figure: 8:- Number of top ten prominent diseases among tribes

Conclusion:-

Local health traditions (LHTs) or community and habitat specific practices, beliefs and customs related to health, form an integral part of the local lifestyles and include all aspects of health care like prevention, cure and promotion. Home remedies and health related customs that are prevalent in millions of households are living expressions of these traditions. These diverse and informal systems are passed on from generation to generation by words of mouth through millions of ordinary households as well as by specialized folk healers.

In India, LHTs exist throughout the country, parallel to the codified, indigenous systems of medicines such as Ayurveda, Siddha, western biomedicines and Homeopathy, and are dependent on local natural resources. There are about 8,000 plant species and more than 200 animal and mineral sources are being used by 4,639 ethnic communities (Anonymous, 1987-1990).

The tribal communities of Kumaun are still dependent on traditional vaidyas/healers for treating diseases due to isolation and relatively poor access of modern medical facilities. Except various plants/ mineral/animals, folk healers also used some alternative therapies such as magico-religious therapies and witchcraft.

The present study has been made to document the traditional/local medicinal systems, inventorization of plants used by tribes (Tharu, Buxa, Bhotiya and Raji/Vanrawat) to treat diseases through various traditional methods and assessment of phyto-sociological attributes of threatened medicinal plants used in ethno-medicines and their threat categorization in the Kumaun Himalaya

The study provides some information such as: data base on local health traditions and local healers/vaidyas, demography of tribal communities of Kumaun region, more than 300 folklores of plant/mineral/animal origin with authentic validation according to Ayurvedic texts, inventorization of plant species used in traditional system along with the information on their distributional range, local name, life form part used, use pattern/ formulation and study clarifies leucorrhoea and jaundice as prominent diseases, which will help to make any policy for the health care management of tribal communities.

In general, traditional procedure based therapies are relatively safe, if they are performed properly by well-trained practitioners. But accidents do occasionally occur, most probably when practitioners are not fully trained. Therapies should be performed within accepted parameters keeping all the views and measures of safety and efficacy in mind. Serious adverse effects of therapies are rare, but supportive data on adverse effects are not radially available. The most effective safety measures are to ensure that the equipment used is of good quality, as well as ensuring that the practitioners who use it have sound and well supervised theoretical and practical training. The efficacy of most

forms of traditional procedure- based therapies depends heavily upon the proficiency of the practitioners, including their skills and experience.

Onwards concluding the study, now the action of revitalization should start with a better understanding of the traditional practices in a systematic and comprehensive way. This makes a documentation exercise imperative. More micro- level initiatives will therefore be needed to tackle the issue of erosion, protection of intellectual property rights of the communities, and nurturing relevant practices to meet our growing primary health care needs.

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