

## **ETHNOMEDICINAL INVESTIGATION FOR TREATING PILES AMONG TRIBAL PEOPLE OF BAJAG FOREST RANGE OF CENTRAL INDIA**

**MAHESH CHANDRA PAL, UDAI PRATAP SINGH AND RAHUL PATEL**

### **ABSTRACT**

Present investigation is mainly focused on little traditional knowledge on medicinal plants used to treat piles, cuts and wounds by tribal inhabitants of Bajag Forest Range of Dindori District, Madhya Pradesh. It has been shown that various medicinal herbs used by the tribals of the study area for the treatment of Piles. In order to collect authentic data, intensive anthropological field work was conducted, by using various anthropological tools and techniques. In addition, secondary data was also used for the present study. This study is largely an empirical investigation, which documents first-hand information of traditional health care system of tribal people under consideration. The ancestral knowledge of ethnomedicine of the tribals reveals that they are capable of treatment of piles.

**Keywords:** Traditional Knowledge, Medicinal Plants, Tribals, Piles, Ethnomedicine

### **INTRODUCTION**

Ethnomedicine has been used by human groups for cure of various ailments since their development. Medicinal plants play a vital role in providing health care to humans since the dawn of civilization (Pal, 2019). Tribal people have tremendous passion for medicinal plants and they use them for wide range of health-related applications. Humans, from prehistoric times, had been dependent on plant medicines and their dependence on plants for treatment of diseases is proved by facts of Ayurveda. But this knowledge is being gradually lost, because of rapid progress in allopathic medicines and impact of modernization and globalization on tribal groups. The ethnomedicinally important plants are the treasure of the Dindori District. Culture of tribals revolves round the forest, plants and plant products. Though, they are changing slowly towards relatively modern ways of agriculture, animal husbandry, etc. But when it comes to therapeutics, most of them rely upon their traditional ways of curing ailments, which they have learned from generation to generation of experiences of their

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ancestors. Tribals cure their ailments by using crude drug remedies. They use different parts of plants, which are locally available in curing different types of diseases. They also use plants for the treatment of animals. Traditional healers among the tribal people are capable of treating common cuts, wounds and even piles.

Piles are also called hemorrhoids. The term piles has been in use since 15<sup>th</sup> century for hemorrhoids. According to the medical science, piles or hemorrhoids are clumps of dilated (enlarged) blood vessels in the anus and lower rectum. The piles are classified in two categories. First is external piles (originating in rectum) and the second is internal piles (originating in the anus). Symptoms of piles are itching, mucus discharge, burning at the anus, severe pains, a sensation that the bowel is not really empty and bleeding without pain (Sundram *et al.*, 2019).

In the study area, the term used for piles is 'Risha', Risha means very slow bleeding. According to tribals and healers, piles is a very irritational disease which may block the anus and disturb day to day life of the patient. Tribals in the area, classify piles or Risha into two categories: first is called 'Gadrisha' (piles) and second one is 'Dat Risha' (pyriya). They further divide piles in two categories; first one is 'Khuni Risha' and second is 'Badi Risha'. 'Khuni Risha' is known as hemorrhoids in medical science. The symptoms for these ailments are same as in medical science, i.e., they also point out itching, burning and uncomfortable bowel movement as symptoms.

In modern medical system, piles are treated in many ways, such as use of injections, medicine and various types of surgery. In great traditional medical system, like AYUSH, near about 8000 herbal remedies for the treatment of piles are codified (Sundram *et al.*, 2019). Little traditional medical system or tribal medicine is also capable of providing a treatment and cure piles successfully. Tribals have very vast knowledge of ethnomedicinal plants and they use these plants for medical purpose since ancient period. They have gained this knowledge from their ancestors through oral tradition and preserved it.

### **The Study Area and the People**

Dindori District of Madhya Pradesh was created on 22<sup>nd</sup> May, 1998. Dindori District is part of Jabalpur Division. The district is located on the eastern part of Madhya Pradesh, bordering the state of Chhattisgarh. Dindori touches Anuppur in east, Mandla in west, Umariya in north and Bilaspur District of Chhattisgarh State in the south. It is located 144 kilometers from Jabalpur, on state highway number 21, 104 km from Mandla and 88 km from holy place Amarkantak. Dindori is located at 81.34° longitude and 21.16° latitude. The holy river Narmada passes through the district. Dindori is situated at a height of 1100 feet from mean sea level amongst herbal-rich Maikal mountain ranges. The district is covered in seven blocks, namely Dindori, Shahpura, Mehandwani, Amarpur, Karanjia, Samnapur and Bajaj (District administration site, 2010).

The history of the district is similar to Mandla District, because the Dindori District was formed in 1998 after bifurcating Mandla. The original name of the Dindori was said to be Ramgarh till 1951, which was also a tehsil of Mandla. Later on, the name of Ramgarh was rebaptised as Dindori. Maurya, Sunga and Kanva followed by the Chalukya and Chedis dynasties ruled over the central India. Later on, the Haihayabansi's kingdom also reigned Garha-Mandla from 875 A.D. to 1042 A.D. After Baghel Raja of Rewa, Jodhe Rao Gond, a servant of king, assumed the dignity of royalty. The Gond Jadurai became the first king of Garha-Mandla. (Census of India, 2015).

Till 1835, Mandla was a tehsil of Seoni. In 1851, it was promoted to the status of district. There were 18 talukas when Britishers got the land of Ramgarh. Out of 2089 villages, 1039 villages had become part of the Sohagpur and 1050 villages remained in Ramgarh. With the help of Rewa king, Britishers got killed the brave queen of Ramgarh and suppressed the 1857 mutiny in Mandla. The Sohagpur area of Ramgarh was handed over to the king of Rewa. The remaining area was annexed to Dindori Tehsil, which became the new district on 22<sup>nd</sup> May 1998. (Census of India, 2015).

**Bajag Forest Range:** Bajag Forest Range is expended in eastern part of the Dindori District (Figure-1). It is 56 km. away from district headquarter and situated in Maikal hills at the side of Jabalpur–Amarkantak National highway. The height of the forest is 885 feet minimum from mean sea level and 1100 feet maximum from mean sea level. In the east of Bajag forest, there is Karanjija Range, in the west and south Samnapur Range and in north is Gadasarai (a part of Bajag range) Range. The Bajag forest range is spread between 22° to 22.50° North latitude and 81.15 to 81.20 longitude. The total area of Bajag forest is 30553 hectares. In this range, there are ten forest villages, namely Jalda, Bona, Khapripani, Khamera, Sheetalpani, Chada, Silpidi, Tantar, Tarach and Pondi (Parna, 2008).

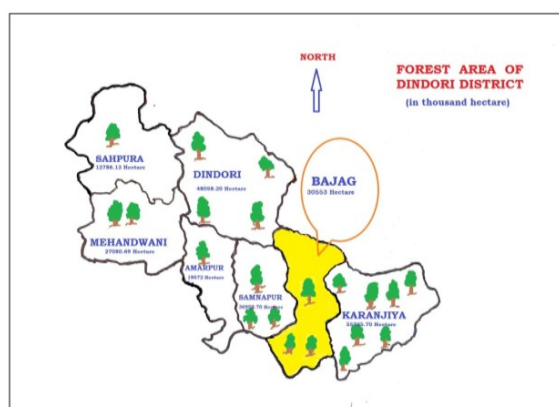


Figure-1: Map Showing the location of Bajag Forest Range

**Inhabiting Human Groups:** Most of the people who live inside the forest consist of various tribal groups. This includes Baiga, Gond, Kol, Dhoba, Agaria,

Panika, Pardhan, Bharia, Laman or Nayak and one backward class Aahir. Large number of Baiga reside in the forest followed by Gond. Kol is the third largest tribal community in the study area. The Kols reside outside of the forest.

The Baiga are very primitive and one of the important tribes of central India. Baiga has been least affected by the modern and global civilization. Baiga are also known as Panda. Baiga means a priest; they believe that they are the descendants of mother earth. According to another legend, their community descended from a man called Nanga Baiga. They are village priests and medicine men (Elvin, 1939). Chattisgarhi Hindi is spoken by Baigas of Dindori District. They are below medium to short-stature with a long narrow head shape. Their diet consists of edible roots, fruits and tubers as well as rice and coarse grain. They are non-vegetarian. They eat pulses such as khesri and masur and are fond of drinking mahua liquor. Polygamy is prevalent in Baiga community (Singh, ). Baiga are divided in to 3 subgroups namely the Binjhwar, Bharotia and Narotia.

The Gonds are the second largest tribal group in Bajag Forest Range. The Gonds inhabit a contagious geographical belt passing through in Madhya Pradesh, Maharastra, undivided Andhra Pradesh, Bihar, Jharkhand Karnatka, West Bengal and Gujrat. However, their original place of habitation is considered to be Bastar region of Chattisgarh. According to census of 2011, the Gond tribe is the second most populous tribe in India. According to census of India (1961), the derivation of the name Gond is unknown. In fact the Gonds call themselves Koitur or Koi and the name Gond was given to them by outsiders. According to some, the nomenclature of the Gonds, as of Khonds, is derived from the hills in Telgu Khonds as Gonds. The basis of the Gond economy is agriculture. They are called 'Kisan' in Mandla-Dindori region in central India. They use plough for the farming. The main crops are kodo, kutki, paddy, jwar, makka, rahar, urada, masuri, batari, alsu ramtila, etc. (Agrwal, 2005). They also practice animal husbandry. The Gondi women playing an important role in animal husbandry and collection of fuel. At the present, the Gond of central India are engaged in various economic and social operations simultaneously. They are also in government jobs, sports and active politics in central Indian region. Their mother tongue is Gondi that belongs to the Dravidian family of languages. The Gonds can speak Hindi, Gondi, Marathi or Telgu, depending up on the place and situation. In the Mandla-Dindori area they use eastern Hindi or Chhattisgarhi dialect for communication and some people also use Gondi language for the communication within the community.

Kol is found in medieval texts such as Ram Charta Manas written by Tulsidas. It found its way into colonial literature in which not only the Austro-asiatic language speaking tribes, like Munda and Ho, but also the Oraon were labeled as Kol and their land as Kolhan (Singh, 1994). They are distributed in Madhya Pradesh, Maharastra and Oddisa with their major concentration in Madhya Pradesh. They inhabiting the districts of Rewa, Jabalpur, Mandla, Dindori,

Shadol and Damoh. At the present, they speak a local form of Hindi and use Devnagri script for both inter- and intra-group communication (Singh, 1994). The average Kol are below medium height and predominantly have long and narrow heads with a long or oval face and a moderately broad nose. The sickle cell traits have not been detected in this community (Negi, 1976). They are non-vegetarian and their staple food includes wheat, rice, jowar and different pulses. They consume alcoholic drinks which they purchase from market. The Kol are mostly landless people and a large section of them are labourers.

### **MATERIALS AND METHODS**

The field work for this study was conducted from October 2013 to January 2015. The data collector stayed with the tribal community of Bajag forest range and Bajag development block to observe various phenomenon and to records them systematically. During data collection, various techniques such as personal interviews and focused group discussions were employed. Demographic, socio-economic and ethnomedicinal data of the people was collected from the villages of Bajag Forest Range of Dindori District. The selected villages were in the forest of different gram panchayats, while two nearest villages from block head quarter were also considered for the study. A detailed interview schedule was developed for ethnomedicinal and health related investigations. Group discussion, interview and observation technique was also used for data collection (Figure-2).



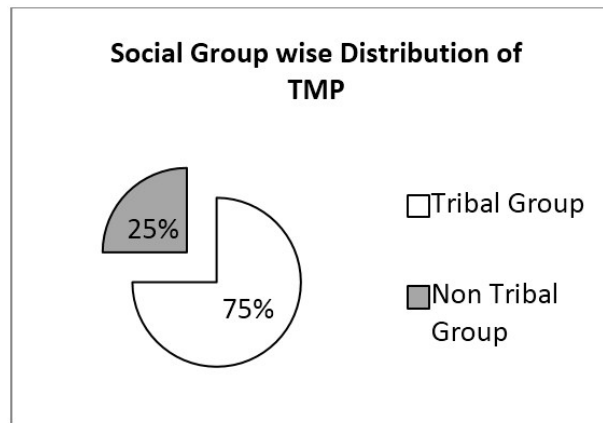
**Figure-2: Data collector with respondents**

### **RESULTS AND DISCUSSION**

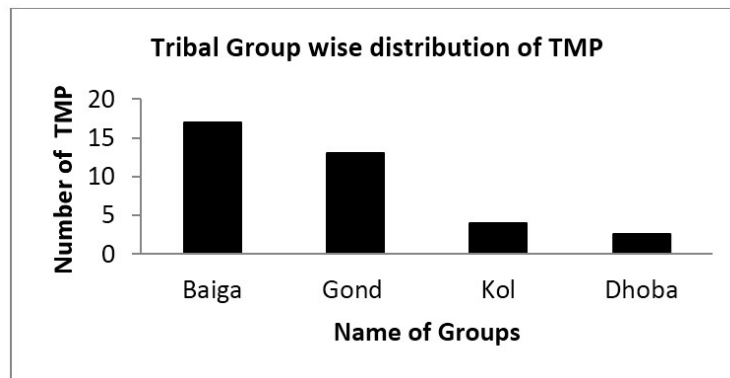
A total of 126 traditional medical practitioners (TMP) were identified by researcher and 84 TMP were contacted but only 48 traditional medical practitioners agreed for the interviews and knowledge share.

**Table-1: Caste or social group-wise distribution of traditional medical practitioners**

Social Group	Number of TMP	Percentage %
<b>Tribal</b>	<b>36</b>	<b>75 %</b>
Baiga	17	
Gond	13	
Kol	04	
Dhoba	02	
<b>Non Tribal</b>	<b>12</b>	<b>25%</b>
Panika	04	
Yadav	05	
Others	03	
<b>Total number of traditional Medical Practitioners = 48</b>		<b>100</b>

**Figure-3: Social group-wise distribution of TMP**

It is clear from Table-1 and Figures-3 to 5 that 75 % traditional medical practitioners belonged to the tribal groups and rest 25 % were from non-tribal groups, viz., Panika (OBC in Dindori District), Yadav, and other castes like Thakur, Soni and Mahra.

**Figure-4: Tribal group-wise distribution of TMP**

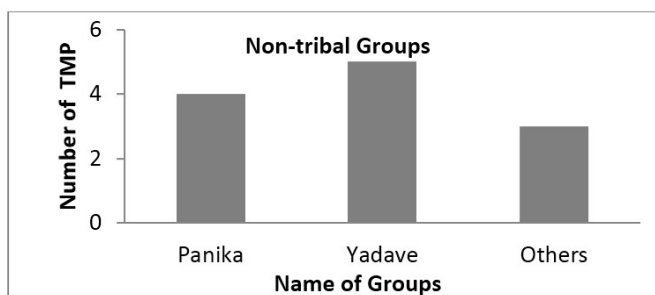


Figure-5: Number of TMP from non-tribal groups

Table-2: Gender-wise distribution of TMP

Gender	Number	Percentage %
Male	44	92
Female	04	8
Total	48	100

Table-3: List of medicinal plants used for treatment of piles

S. No	Local Name	Scientific Name	Family	Uses
01	Adusa (S)	<i>Adhatoda vasica</i>	Acanthaceae	The ripened leaves are used for the treatment of piles.
02	Bada Harra (T)	<i>Terminalia chebula</i>	Combretaceae	The fruit are very effective in piles related problems.
03	Badi Indrawan (C)	<i>Trichosanthes bracteata</i>	Cucurbitaceae	Boiled Roots of Badi Indrawan useful in Piles.
04	Bel (T)	<i>Aegle marmelos</i>	Rutaceae	The fruit pulp used as a paste for the cure of piles.
05	Bilai kand (H)	<i>Eulophia herbacea</i>	Orchidaceae	Tuber boiled with water and given twice a day for three days.
06	Chirchitta (H)	<i>Achyranthes aspera</i>	Amranthaceae	Prickly chaff bus seed used for the treatment of Piles.
07	Doobi (H)	<i>Cynadon dactylon</i>	Poaceae	The juice of plant is given to help for the stop of bleeding due to Piles.
08	Giloy (C)	<i>Tinospora cardifolia</i>	Menispermaceae	Seeds and leaves use for the treatment of piles.
09	Jangli kela (S)	<i>Musa rosacea</i>	Musaceae	Root of Jangli kela used in Piles.
10	Jangli suran (H)	<i>Amorphophallus paeoniifolius</i>		Araceae Tubers are used in piles with boiled water.
11	Kali musli (H)	<i>Curculigo orchoides</i>	Hypoxideaceae	Rhizome eaten with ajwain and salt for the treatment of Piles.
12	Karaiya (H)	NA	NA	Bark powder along with jaggery given twice a day for 21 days.
13	Kanghi (H)	<i>Abutilon indicum</i>	Malvaceae	Leaf paste is used as a medicine for the treatment of piles.
14	Lachkur (H)	<i>Mimosa pudica</i>	Mimosaceae	Lackur dara plant + leaves of eucalyptus, boiled

				together and a decoction prepared for use in piles.
15	Lahsun (H)	<i>Allium cepa</i>	Amaryllideceae	Bulb juice worked well in piles related problems.
16	Mahua (T)	<i>Madhuca indica</i>	Sapotaceae	Fried flowers are remedy of Piles. Powder taken twice daily.
17	Meethi neem (S)	<i>Murraya koenigii</i>	Rutaceae	Leaves used in the treatment of Piles,
18	Makoi (H)	<i>Solanum nigrum</i>	Solanaceae	The juice of plant given for the treatment of Piles, three times a day.
19	Mentha (H)	<i>Mentha piperita</i>	Lamiaceae	Oil is used for relief in burning and itching condition due to piles.
20	Oomar (T)	<i>Ficus glomerata</i>	Moraceae	root sap is given daily early in the morning for the treatment of Piles.
21	Palaas (T)	<i>Butea monosperma</i>	Papilionaceae	Crushed leaf paste is applied on piles infected anus opening.

Abbreviation- H- Herbs, S- Serbs, T- Tree, NA- Not available.

As can be seen in Table-2, only 8% females are traditional medical practitioners and males are dominating with 91% in the field of traditional healing system. The present study enumerated several plant species, recorded as ethnomedicinal plants used by the traditional healers of the Bajag forest, for the treatment of piles (Table-3).

**Table-4: Frequency of plant parts used**

S. No.	Name of Parts	No.
01	Root and root bark	04
02	Leaves	05
03	Stem bark	01
04	Seed	02
05	Tuber	03
06	Whole plant	04
07	Flower	01
08	Fruits	02

**Table-5: Distribution of Plants by Habits**

S. No.	Habit	No. of Plants
01	Climbers	02
02	Herbs	11
03	Shrubs	03
04	Tree	05
05	Total	21

Tables 1 to 5 reveal a picture of traditional knowledge of tribal India, especially in the context of central part of India. Our nation is a treasure of indigenous



knowledge and traditional health care system. India is rich in biodiversity and has a large diversity of floral species. The present study enumerates 21 ethnomedicinal plant species (Table-3) belonging to various families. Different plant parts are used as a medicine by the tribals of the study area; they used leaves, roots, flowers, fruits for the treatment of piles. According to present data, leaves are the most used parts, followed by tubers, fruits and whole plants. Images of a few specimen plants are presented in Figure-7.

As displayed in Table-4, plants used for treatment of piles could be classified into climbers (2), herbs (11), shrubs (3) and trees (5); of these, herbs dominate. Of the various parts of a plant, the traditional healers are used roots (4), stem bark (1), seeds (2) and leaves (5), tubers (3), flowers (1), fruits (2) and the whole plant (4) for treatment of piles. Mostly, herbs have been found to be frequently used for the treatment of piles (Table-5).

It is observed that only 8 percent females are traditional medical practitioners and males are dominating with 91 percent presence in the field of traditional healing system. Majority of the traditional healers belongs to tribal community (75%). Among the tribal community, we found the 17 traditional healers belongs to Baiga, followed by Gond (13) and only four traditional healers from Kol tribes.

Gunia, Panda, Vaidh and Sunmai under study are called as traditional healers. The Gunias are only men. They use the Supa-Tuma, Kadhi and Jadi-Jantar (Herbs and Spell both) and Sumirani (prayer) to diagnose and cure of diseases. The Pandas are diviners or spiritualists. They are specialist in Dhumi-Dham and rare use of herbs for treatment. Panda get in touch with God or supernatural powers to diagnose and solve the problems of health related issues. Vaidhas are usually herbalist.

In every tribal community there are always certain persons who act as a mediator between supernatural powers and people of the community. Tribals of the Bajag Forest Range area are also not devoid of them. These types of people help tribals to overcome various problems.



**Figure-6: A traditional healer preparing drugs**

During the present investigation researchers interacted with traditional healers (Figure-6) through the interviews of 720 common tribal persons. Thereafter, each village headman and 48 traditional healers were interviewed with a view to understanding their perspectives in the age of modern medicine. In villages under study, plural medicine is found in therapeutic modes, i.e. etiology, diagnosis, prognosis and cure. This is due to the following category of healers existing in the tribal society of Bajag Forest Range:

**Guniya:** A Guniya is a witchdoctor of the tribe. A Guniya uses Jadi-Jantar and is a most important part of the society. Guniya used herbs with some spells. An ordinary Guniya confines his activities mainly to the war against diseases. He must be content with his Bahari Kari and Supa-Tuma and the occasional sacrifice of a pig, hen, goat to the household gods. In the Baiga and Gond tribal community, Guniya is called 12<sup>th</sup> Dev. According to Baiga myth, the youngest son of Naga Baiga whose name was Danattar was the first Guniya.

**Panda:** A Panda is a priest of the society. Panda always use Dhumi-Dham methods of diagnosis of diseases. Pandas very rarely use herbs or any other products as a medicine. Ash is used as a divine medicine and Panda also is a medium between God and people. Among the tribals of the study area, Panda is of no special importance.

**Dewar:** According to Varrier Elwin (1939), the highest grade of medicine man is the Dewar. The name is probably derived from Diabar, lighter of a lamp, and refers to the practice of divination by a lamp. The Baiga Dewar is treated with the greatest respect; he is competent to perform the Bidri Puja and other agricultural rites, He can close the boundaries of villages against the man eating tigers; he can stop earthquakes by driving a nail into a tree. Dewar can perform any magical rite within the limits of his jurisdiction.

**Vaidh:** A Vaidh is a herbalist of the society. Vaidh always use herbs for healing purpose. Vaidh never uses spell; if necessary he makes contact with Guniya for this purpose. There are many sub categories among Vaidhs, such as Asthi Vaidh, Vish Vaidh and Vaidh for cattle.

**Sunmai:** A Sunmai is a traditional birth attendant of the society. A Sunmai provides help in case of delivery in the study area. Most of the Sunmais have been initiated into this skill by their mothers.

All of the above healers are not fulltime practitioners. They do cultivation and other occupations apart from performing their domestic responsibilities. However, they do not take any fixed charges for healing services from people. They practice this in their spare time for the cause of serving humanity. The aggrieved peoples have to follow the cultural norms as per the established practices of the society so that the diseases do not reoccur in future.

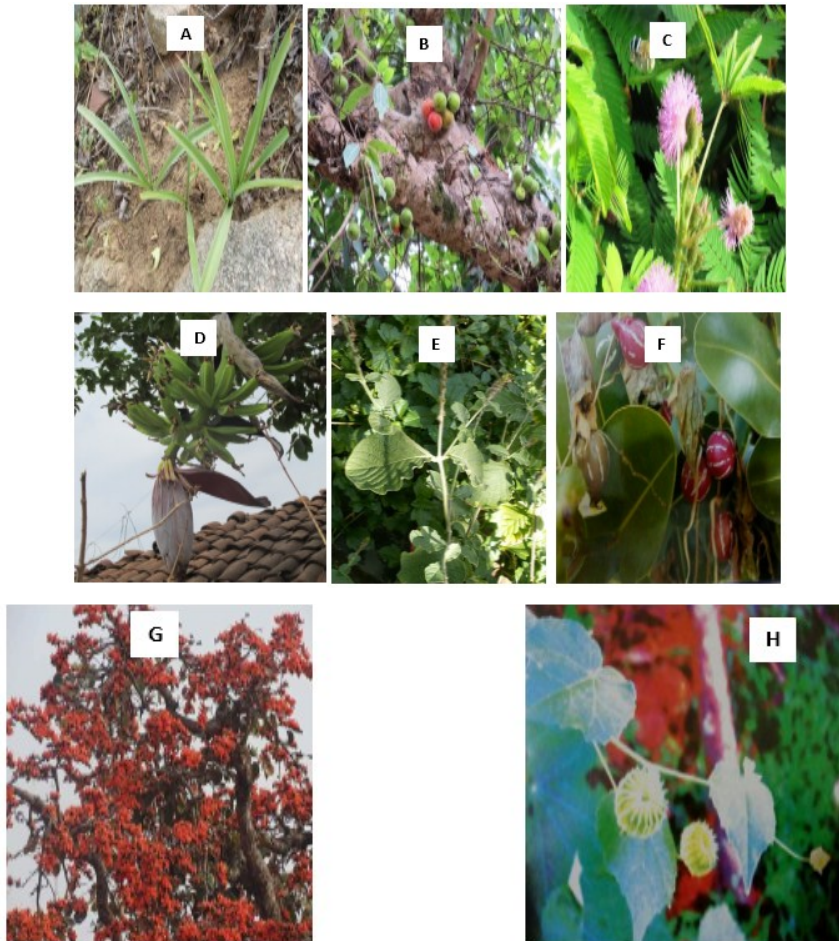
## CONCLUSIONS

Thus, the knowledge of ethnomedicinal plants encountered among tribal peoples

for the maintenance of health is infinite. Their understanding of ethnomedicinal plants for treating acute disease like piles is very significant and highly commendable. Traditional tribal health care management system is unique in nature and their knowledge system is entirely dependent upon rare natural resources. The tribals of the Bajag Forest Range of Dindori District of Madhya Pradesh are a rich knowledge source of medicinal plants for the treatment of various diseases and ailments.

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**Figure-7: Images of a few ethnomedicinal plants used for the treatment of piles by the tribal community of Bajag Forest Range of Dindori District of Madhya Pradesh [A- Musli (*Curculigo orchioides*); B- Omar (*Ficus glomerata*); C- Lackur dara (*Mimosa pudica*); D- (*Musa rosacea*); E- Chirchita (*Achyranthus aspera*); F- Badi Indrawan (*Trichosanthes bracteata*); G- Palash (*Butea monosperma*); H- Kanghi (*Abtalion indicum*).**



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