

Ethno-medicine and Tribal Health: A Study in Munchingput Mandal of Visakhapatnam District, Andhra Pradesh

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ABSTRACT: Research interest and activities in the area of ethno-medicine have increased tremendously in the last decade. Since the inception of the discipline, scientific research in ethno-medicine has made important contribution to the understanding of traditional medical knowledge and practice. In this context, this paper describes the prevalence of ethno-medical practices and practitioners in tribal populations of Munchingput mandal of Visakhapatnam district of Andhra Pradesh. This study was carried out among the Khond, Pengu Porja, Parangi Porja, Valmiki and Bagata tribal communities to examine the dynamics of ethno-medical practices by their practitioners.

INTRODUCTION

Large number of tribal population in India still depend on herbal medicine and indigenous methods of healing practices for various diseases they contract. However, the interior tribals still are not able to make use of the modern health care facilities due to their geographical isolation. In the tribal areas, most of the Primary Health Centers (PHCs) are located either at mandal headquarters or on the road side. Therefore the interior tribals have to walk long distances due to lack of proper transportation and approachable roads to avail the health facilities (Rajpramukh, '98, 2012). Hence they are in a way forced to confine themselves to indigenous methods of healing and for the cure of various kinds of diseases they approach the local medicine men and also use the home remedies. The tribals possess indigenous knowledge about the medicinal plants which are available in the forest environment where they continue to live centuries together (Pramukh and Palkumar, 2006).

Ethno-medicine, an area of interest in medical anthropology, refers to those beliefs and practices

relating to diseases which are the products of indigenous cultural development and are not explicitly derived from the conceptual frame work of modern medicine (Hughes, '68) Etymologically speaking, the term refers to the medicines that are traditionally associated with specific ethnic groups. Thus, it can also be conceived of as folk medicine, traditional medicine or indigenous medicine etc, (Mibang and Choudhari, 2003). Anthropologists, working in the health related fields in recent times have, in fact recaptured and given a formal name 'ethno-medicine' to the study of traditional non western medicine, and made it a part of their specialty. As medical anthropology has developed, especially in the broad areas of international public health and trans-cultural psychiatry, the practical as well as the theoretical importance of knowledge about non-western medical systems has become important. This recognition has sparked renewed interest in ethno-medical research, elevating it to assume major importance in medical anthropology. Ethno-medicine deals with the study of traditional medical practice which is concerned with

the cultural interpretation of health, diseases and illness and also addresses the health care seeking process and healing practices (Sharma, 2016; Krippners, 2003). The practice of ethno-medicine is a complex multi-disciplinary system constituting the use of plants, spirituality and the natural environment and has been the source of healing for people since millennia (Lowe *et al.*, 2000). The role of hygiene practice and its consciousness is one of prioritized attention for the promoting individual health. However, the ethno-medical practices can be used for the health and illness purposes that gives them confidence in shaping both physical and mental aspect of the individual health care (Pukkalla, 2016).

Elwin ('55) enumerates various gods who are associated with different diseases in the *saora* pantheon. There are gods associated with children's diseases, cough, cold, blindness, madness, diseases of pregnant woman, of animals and so on. Propitiating these gods directly or through shamans, they believe, can cure most of these diseases. The association between gods and diseases is so intimate that in many cases, the only thing as *saora* can say about a god is to name a disease he gives. The tribals have confidence in their own medicine. Herbal medicine offers conventional treatments, providing safe, well-tolerated remedies for chronic illness. The explosion of the ethno-medicine literature has been stimulated by an increased awareness of the consequences of the forced displacement and /or acculturation of indigenous people, the recognition of indigenous health concepts as a means of maintaining ethnic identities, and the search for new medical treatments and technologies (Foster, '76; Nichter, '92).

METHODS AND MATERIALS

The study was carried out in eleven tribal settlements of Lakshmpuram and Barada Panchayats. The field villages were selected on the basis of random sampling. The tribes covered under the study are, Khond, Pengu Porja, Parangi Porja, Valmiki and Bagata. A total of twelve medicine men/women were selected on the basis of purposive sampling. These medicine men belong to Pengu Porja and Khond tribes. About eight '*Guruvulu*' (local medicine men) and four '*Gurumais*' (local medicine women) were interviewed and the data collected and information gathered were

pertaining to traditional healing practices and ethno-medicines. Conventional anthropological methods like observation (participant and non participant), interview, schedule, interview guide and case studies were used to collect the empirical data.

ROLE OF MEDICINAL HERBS IN TRIBAL LIFE

Traditional health care system still persists in most of the tribal settlements in Visakha agency including Lakshmpuram and Barada panchayats, where the present study was carried out. Traditional health care system in Visakha agency area is referred to as '*Disari Vaidyam*'. It is very popular even today in almost all the tribes in the agency areas of Visakhapatnam district where *Guruvu* or *Gurumai* plays a key role in this system of medical treatment in tribal society. Herbal medicine has been largely used in the traditional health care system. Still large majority of the interior tribals are primarily depending on herbal medicine for various diseases. The tribals in the study area still have the belief in evil eye, sorcery, witchcraft and super natural powers or spirits. They attribute the causes for certain of the diseases to super natural powers.

Visakha agency area is ethno-botanically and ethnically very rich in the possession of high diversity of medicinal plants and herbs. Tribals possess a wealth of knowledge concerning the utilization and conservation of medicinal plants. The age old traditional knowledge is confined to certain family groups in the agency area for many centuries who established symbiotic relationship with the forests and forest flora and fauna form their principle sources of their livelihood. They employ wide variety of plants and animals for curative purposes in the native system of medicine. In recent times, tribal farmers started to cultivate medicinal herbs such as *pippalmodi*, papaya and turmeric in their kitchen gardens and agricultural farms. *Pippalmodi* has potential medicinal and commercial value. It is an economic crop which they cultivate through organic farming method. Some of the non timber forest produce collected by the tribals in the forest have medicinal value and these are procured by G.C.C. for distribution purposes to the pharmaceutical companies.

Herbal Medicine and its Significance

Still large majority of the interior tribals use herbal medicine to cure certain minor and major ailments. First

they try to cure certain ailments with home remedies, failing which they approach the local medicine men for treatment with the herbal medicine. The tribals have faith in their own traditional healers, and these traditional healers (tribal medicine men) have much knowledge in herbal medicine. They provide treatment to most of the diseases with the herbal medicine. In agency area 'Disarivaidyam' is very popular in which *Guruvu* or *Guravagadu* has a key role. The tribal people

in the agency area also collect the medicinal plants in the forest for marketing purpose as well as for their own use in the cure of certain diseases.

The following Table 1, shows the list of tribal medicine men identified during the fieldwork in the villages. A total of eight *Guruvulu* and four *Gurumai* were identified in the study area. Out of the twelve tribal medicine men, three belong to Khond tribe and the rest of the nine belong to Pengu Porja tribe.

TABLE 1

Local tribal ethno-medicine practitioners (Guruvulu and Gurumai) interviewed in villages

Name of the medicine man /puraja	Name of the village	Name of the tribe	Sex	Name of village the panchayat
1. Vanthapeddodu	Beriguda	Penguporja	Male	Lakshmi puram
2. VanthalaJhondhar(Pujari)	Beriguda	Penguporja	Male	Lakshmi puram
3. VanthalaHari	Beriguda	Penguporja	Male	Lakshmi puram
4. Vanthalakhondi (Gurumai)	Beriguda	Penguporja	Female	Lakshmi puram
5. Vanthalakothai (Gurumai)	Beriguda	Penguporja	Female	Lakshmi puram
6. Killosuvarna (Gurumai)	Beriguda	Khond	Female	Lakshmi puram
7. VanthalaJatti (Gurumai)	Beriguda	Penguporja	Female	Lakshmi puram
8. Korra. Somu	Arilliputtu	Khond	Male	Lakshmi puram
9. Korra.arjun	Kendiguda	Khond	Male	Barada
10. Girlee(Allangivarli)	Suttiguda	kondaKummari	Male	Lakshmi puram
11. Arilo.Royyala	Pella Ganduva	ParangiPoraja	Male	Barada
12. VanthalaRamu	Golliputti	Penguporja	Male	Barada

The following Table 2, shows the plants which are generally collected by the Visakha agency tribals for medicinal purposes. The information was gathered during the field work. They market them to Girijan Cooperative Corporation (G.C.C.). The G.C.C. procures these herbs like any other non timber forest produce and in turn supplies them to various pharmaceutical companies. The medicinal plant collection is one of the chief sources of income for the tribals living in the villages where fieldwork was conducted.

TABLE 2

List of the medicinal herbs collected by the tribals in the Visakha agency

Name of the medicinal herbs			
Botanical name	Telugu name (vernacular)		
1. <i>Abrusrecatorius</i>	Guruvenda	9. <i>Boehaviadiffusasa</i>	Atikamamidi
2. <i>Achyranthesaspera</i>	Uttareeni	10. <i>Bombaxmalabaricum</i>	Mundlaboorugu
3. <i>Adathodaspp</i>	Addasaaramum	11. <i>Buteasuperba</i>	Teegamodugu
4. <i>Aeglemarmelos</i>	Bilavamu	12. <i>Caesalpinibonduc</i>	Gacheha kaya
5. <i>Aloe indica</i>	Kalabanda	13. <i>Cassia angustifolia</i>	Sunamukhi
6. <i>Andrographispaniculata</i>	Nelavamu	14. <i>Cassia tora</i>	Tantemu
7. <i>Argyriaspiciose</i>	Chandrapala	15. <i>Catunnaregamspinosa</i>	Munga
8. <i>Asparagus recimosus</i>	Pilli geddalu	16. <i>Celestruspaniculata</i>	Bavangi
		17. <i>Centellaasiatica</i>	Saraswati
		18. <i>Curculigoorchiooides</i>	Nelathodigeddal
		19. <i>Decalepishamiltoni</i>	Maredugeddal
		20. <i>Eclipta alba</i>	Guntagalagara
		21. <i>Goloriosasuperba</i>	Adavimabhi
		22. <i>Gymmemasylvestre</i>	Podapatri
		23. <i>Helicteresisora</i>	Nulitaata
		24. <i>Helicteresisora</i>	Sugandhipala
		25. <i>Holorhena anti dysientesica</i>	Dudipalageddal
		26. <i>Holetemaadakodien</i>	Nelagummadi
		27. <i>Ipomoea maauriteana</i>	Kumkuma
		28. <i>Mallotusphilippensis</i>	Dulagondi
		29. <i>Mucunaaruriens</i>	Bhootulasi
		30. <i>Ocimumbasilicum</i>	Tegada
		31. <i>Operculinaturpethum</i>	Nelaisirika
		32. <i>Phyllanthusamarus</i>	Errachintramulamu
		33. <i>Plumbagorosea</i>	Tellachitramulamu
		34. <i>Plumbagozeylanica</i>	Magasirigedda
		35. <i>Pueraria tuberosa</i>	Magasingedda
		36. <i>Solanumxanthocarpum</i>	Mullavanga

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37. <i>Syzygiumcumini</i>	Neredu
38. <i>Terminaliaarjuna</i>	Naramamidi
39. <i>Tinosporacordifolia</i>	TippaTeega
40. <i>Tribulusterrestris</i>	Chinnapalleru
41. <i>Vernoniacinera</i>	Sahadevi
42. <i>Woodfordiafruiticosa</i>	Seringi

The following Table 3 shows the plants and their medicinal properties and the parts used by the tribals of Visakha agency for medicinal purposes.

TABLE 3

The use of medicinal plants in the traditional health care system among the tribals of Visakha agency

Botanical name and family	Local name (Telugu)	Parts used	Medicinal properties and uses
<i>Acacia nilotica</i> (Mimosaceae)	Nalla Thumma	Bark	The decoction of bark powder is used to treat snake bite
<i>Gymnema sylvestic</i> (Aslepiadaceae)	Podapathri	Leaf	Latex of fresh leaves is dropped into two eyes of the victim to treat snake bites.
<i>Gymnema sylvestic</i> (Aslepiadaceae)	Podapathri	Root	Root paste is applied to the region of snake bite and root decoction is drunk in snake bite cases.
<i>Aervalenata</i> (Amaranthaceae)	Pindi Kura	Root	Root paste with curd is taken orally for relief from white discharge.
<i>Phoenix sylvestere</i> (Palmaceae)	Eetha	Root	Root decoction is drunk to control bleeding.
<i>Strychnosnux-vomica</i> (Loganiaceae)	Musti	Bark	The decoction of bark powder mixed with pepper seeds is taken orally to relieve menstrual and arthritic pains
<i>Pongamia pinneta</i> (Fabaceae)	Kaanugu / Kamu	Root bark	Root bark boiled in gingili oil is given orally to treat paralysis.
<i>Aristolochia india</i> (Aristolochiaceae)	Nallewari/Nagasaram	Root	Root paste is orally taken and applied to treat Scorpion bites.
<i>Plumbagorosea</i> (Plumbaginaceae)	Yerrachitramoolam	Root	1 inch root grinded and given to eat to a pregnant woman after 2nd month of pregnancy which causes abortion. Root paste is given to pregnant women as a abortifacient.
<i>Tylophoraasthamatica</i> (Asclepiadaceae)	AsmaTeega / Kukka Pala	Leaf	Leaves dried in the shade made in to powder. It is given internally % gram along with honey; dosage twice a day for 1-40 days. Leaf powder is taken orally in asthmatic conditions.
<i>Oroxylumindicum</i> (Bignoniaceae)	Pampena / dakki	Bark	Bark powder is orally given to children with breast milk as anti diarrheal agent.
<i>Holarrhenaantidysenterica</i> (Apocynaceae)	Kodisapala	Bark of the root	Root power mixed with pepper is given orally to child to correct indigestion.
<i>Aeglemarmelos</i> (Rutaceae)	Maredu	Bark	Bark decoction is drunk to get relief from fits in children.
<i>Achyranthesaspera</i> (Amaranthaceae)	Uttareni	Leaf	Freshly collected leaf juice is instilled into ears as a cure for tooth problem
<i>Ocimumbasilicum</i> (Lamiaceae)	Rudrajada	Leaf	Freshly collected leaf juice is instilled into ears for earache.
<i>Ricinuseomunies</i> (Euphorbiaceae)	Amudamuchettu	Leaf	Freshly collected leaves are mixed with pepper seeds and made into a paste. This mixture is given orally with cow's milk on empty stomach to cure for

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<i>Abrus precatorious</i> (Fabaceae)	Yerragurivinda	Root	jaundice. Root paste is given orally to relieve gastric problem and stomach ache.
<i>Astrakanthalongifolia</i>	Neetigobbi	Leaf	Fresh leaves 2 pieces of rock salt + 2 pieces of garlic are mixed and packed in adda leaf/tendu leaf/modiga leaf warmed up and given to the patient for body swellings.
<i>Acalypha Indica</i> (Euphorbiaceae)	Muripinda	Leaf	These three types of leaves with 25 grams of turmeric are made into a paste and applied to sill for skin diseases.
<i>Aegla Malmalus</i> (Rutaceae)	Maredu	Leaf	
<i>Azadirachita indica</i> (Meliaceae)	Neen	Leaf	
<i>Strychnos nuxvomica</i> (Loganiaceae)	Musti	Bark	Bark paste with pepper seeds is prepared. This mixture is given orally to treat malaria fever.
<i>Argwemone mxicana</i> (Papavaraceae)	Balurakkasi / Kusuma	Root	Root paste of all the three plants is prepared and given orally as a cure for convulsions.
<i>Pavetta indica</i> (Rubiaceae)	Papidi	Root	
<i>Zeylanica</i> (Capparidaceae)	Adonda	Root	
<i>Oymidafabrifuga</i> (Meliaceae)	Somida	Bark	Bark powder is given orally as a remedy for white discharge and diabetes
<i>Litsea glutinosa</i> (Lauraceae)	Naramamidi	Bark	50 grams bark grinded and given along with raw egg single dose
<i>Asparagus racemosus</i> (Liliaceae)	Pilli peesara	Tuber	Tuber paste mixed with cow's ghee is given orally as a remedy to white discharge and as a restorative like tonic.

Source: Information gathered from fieldwork

CONCLUSION

Large majority of the interior tribals in Munchingput Mandal have no access to modern health care system due to ecological and geographical barriers. In general, the tribals have faith in their own medicine and their cultural significance. Some of them have knowledge in herbal medicine and they collect the herbs in the forest and in turn sell them to G.C.C. It is one of the sources of income to them apart from other non-timber forest Produce. A few tribal farmers raise 'pippallamodi' and turmeric which have medicinal as well as high commercial value. Medicine man is locally termed as *Guruvu* or *Goravagadu*. Some of the tribal women also have the knowledge in ethno medicine. The tribal woman who is practicing the traditional method of healing system is locally known as 'Gurumai'. Some of the *pujaris* among the tribes also act as priests and medicine men. *Disari Vaidyam* is very popular in the tribal settlements of Munchingput mandal, in which the Shaman (*Guruvu* or *Disari*) plays a key role. The local tribals also have access to the services of the shaman (*Guruvu*). *Disarivaidyam* should be promoted in the tribal areas of Visakhapatnam district and scientific recognition

should be provided to herbal treatment after thorough investigation by the government authorities. Due to deforestation, certain valuable herbs have been in the process of extinction. Such medicinal plants should be protected, conserved and regenerated. Medicinal plant cultivation should be encouraged in tribal areas, and tribal traditional medical units should be established at all sub-centre areas of each primary health centre, in which tribal medicine men services can be properly utilized along with the promotion of allopathic medicine too. In this regard a separate health policy is to be formulated to tackle the health issues of the tribals.

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