Traditional Beliefs and Ethno-medical Practices among Konda Reddis of Khammam District, Telangana

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ABSTRACT: The present paper discusses on the ethno-medical uses of plants by the Konda Reddi tribal people of Khammam district of Telangana. The health care practices among tribal societies are an important part of their culture. Tribal people have their own indigenous knowledge stock and the people have encouraged health care practices connected with their culture, tradition and ecosystem. For the last several years the tribal people here have been witnessing a gradual erosion of their ecology and traditional therapeutic practices with the ruthless encroachment of human settlements in their area. At the same time the advent of contemporary medicinal practices have remained much less accessible to these poor tribals, but however, some of the modern medicinal practices have found entry into their indigenous health care system. In the present study an attempt has been made to present some details of the traditional medicines or herbal medicines used by the Konda Reddi tribal people for the treatment of their many health problems.

INTRODUCTION

The meaning of 'health' continuously changes as a cultural concept and as a part of social structure and organisation and it adapts itself to changes in the wider society. Perception, the process by which information is gathered and interpreted is central to the analysis of social phenomena, and cultural analysis is crucial to the planning and implementation of health care services (Rao, 2008). Hence, to deal with the concept of health and illness it is necessary to include the causes of illness, the treatment seeking behaviour and the utilisation level of health care services (Reddy, 2003; Rao and Ramana, 2007; Reddy, 2004; Sinha,'94). Contemporary development in social sciences revealed that health is not only a biomedical phenomenon, but also one which is influenced by social, psychological, cultural, economic and political factors of the people concerned.

According to Mahanti ('94), 'the healing practices or health care systems were almost always assisted or supported by to touch of mysticism, supernatural and magico-religious rites'. Apart from tribal culture, traditional healing practices had been in use in many traditions. Tribal health status influenced by some factors acceding to him 'to examine the health of tribal communities, it is well recognize it as a product of complex interplay of several forces and factors some of which can be spelt out as: "(a) physical environment, (b) socio-economic state, (c) nutritional availability and dietary habits, (d) psycho-social culture, (e) health culture and health related behavior, (f) therapeutic systems in vogue, and (i) health delivery systems" (Sinha,'94:42-43).

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Konda Reddis inhabit on the banks situated on either side of river Godavari in the hilly and forest tracts of Khammam district of Telangana. Their population as per 2011 Census of India is 1,07,747, including several thousands inhabiting the neighboring West and East Godavari districts. Their primitive technology is of pre-agricultural times and characterized by digging stick, bow and arrow. Podu (*shifting*) cultivation is still practiced by Konda Reddis. The anthropology of sickness on the other hand focuses on the social relations which produce the forms and distribute on of sickness in society (Young,'82).

There are not much information available on the ethno-medicinal practices of Konda Reddi tribe. Hence, the present work has been undertaken to communicate on the ethno-medicine practices of Konda Reddi and their related to socio-economic status.

METHODOLOGY

Ethno-medicinal data were collected between the months of March to June 2017 from four tribal villages, namely Gogulapudi, Kannaigudem, Gopannagudem and Reddygudem which were selected with the help of aged persons in the villages on basis of the availability of traditional healers of Konda Reddi in the area. Key medicine men and knowledgeable persons were selected as informants using purposive sampling method. Most of the informants belong to an age between 40 and 70 years. The key informants selected from each sampled villages were the most knowledgeable ones as advised by the tribal elders of particular villages. The data have been collected by using schedules, interviewing the informers through semi-structured and open-ended questionnaire. The name of the plant, parts used, health problem for which used, etc. were recorded in detail. The study gave special attention concerning to the practices related to maternal and child care in the past and the recent changes that have been observed among the Konda Reddis of the study villages.

THE STUDY VILLAGES

Gogulapudi: Gogulapudi is a small village/ hamlet in Aswaraopeta mandal in Khammam district of Telangana State, India. It comes under Kavidigundla Panchayath. It is located 140 km towards east from the district headquarters Khammam, and 19 km from Aswaraopeta. .This place is in the border of the Khammam district and West Godavari district of Andhra Pradesh. West Godavari district Jeelugumilli is south towards this place. It is near to the Andhra Pradesh State border. Telugu is the local language here. Total population of Gogulapudi is 1153. Males are 558 and females are 595, living in 243 houses. Total area of Gogulapudi is 694 hectares.

Kannaigudem: Kannaigudem is a large village located in Aswaraopeta of Khammam district, Telangana with total 661 families residing. The Kannaigudem village has population of 2504 of which 1275 are males while 1229 are females as per Population Census of 2011. In Kannaigudem village population of children with age 0-6 years is 329 which make up 13.14% of total population of village. Average sex-ratio of Kannaigudem village is 964 which is lower than Andhra Pradesh State average of 993. Child sex-ratio for the Kannaigudem as per Census is 1006, higher than Andhra Pradesh average of 939. Kannaigudem village has lower literacy rate compared to Andhra Pradesh. In 2011Census, literacy rate of Kannaigudem village was 42.67% as compared to 67.02% of Andhra Pradesh. In Kannaigudem male literacy rate stands at 46.35% while female literacy rate was 38.82%. In this village about 92% of the population belongs to Scheduled Tribe and 0.7% is Scheduled Castes population.

Gopannagudem: Gopannagudem is a small village/hamlet in Aswaraopeta mandal in Khammam district of Telangana State. It comes under Kannaigudem Panchayath. It is located 138 km towards east from district head quarters Khammam, and 17 km from Aswaraopeta. This place is in the border of the Khammam district and West Godavari district. West Godavari district Jeelugumilli is south towards this place. It is near to the Andhra Pradesh State border. Telugu is the local language here. Total population of Gopannagudem is 2074. Males are 1078 and females are 996 living in 520 houses. Total area of Gopannagudem is 268 hectares.

Reddygudem: Reddygudem is a medium size village located in Aswaraopeta of Khammam district of Telangana State with total 118 families residing

there. Reddygudem village has population of 442 soul of which 222 are males and 220 are females as per the Census of India 2011. In Reddygudem village population of children with age 0-6 yeras is 49 which makes up 11.09% of the total population of the village. Average sex-ratio of Reddygudem village is 991 which is lower than Andhra Pradesh State average of 993. Child sex-ratio for the Reddygudem as per the Census is 960, which is higher than Andhra Pradesh average of 939. Reddygudem village has lower literacy rate as compared to Andhra Pradesh. In the Census of India 2011, literacy rate of Reddygudem village was 65.39% as compared to 67.02% of Andhra Pradesh. In Reddygudem village male literacy rate stands at 71.57%, while female literacy rate was found to be 59.18%.

There are four Primary Health Centre (PHC) in Aswaraopeta mandal. The PHCs are at Aswaraopeta, Koida, Velairpadu and Gummadivalli villages. For these four villages the PHC in Aswaraopeta is near around at a distance of 17 to 34 km.

RESULTS AND DISCUSSIONS

Results have been presented taking the four villages of Khammam district as a single unit for the present study.

TABLE 1

Age-wise population distribution of the four study villages of Khammam district of Telangana

Age intervals (in years)	Male	Female	Total
0-5	28 (9.89)*	31 (11.07)	59 (10.47)
6-10	22 (7.78)	16 (5.71)	38 (6.75)
11-20	41 (14.49)	61 (21.78)	102 (18.12)
21-30	62 (21.90)	69 (24.65)	131 (23.27)
31-40	49 (17.31)	42 (15.00)	91 (16.16)
41-50	38 (13.43)	34 (12.15)	72 (12.79)
51-60	29 (10.25)	18 (6.43)	47 (8.35)
61-above	14 (4.95)	9 (3.21)	23 (4.09)
Total	283 (50.27)	280 (49.73)	563 (100.00)

* Figures in parenthesis indicate percentage

The surveyed population was relatively young with about 58.61 per cent of the total population being below 30 years of age and only 4.09 per cent was above 61 years (see Table 1). Table 2 shows the family size, and Table 3 shows the marital status observed in the four study villages.

TABLE 2

Distribution of family size of Konda Reddis in study villages

Family size	Frequency
0-2 members	22 (14.67)*
3-5 members	124 (82.67)
6 and above members	4 (2.66)

* Figures in parenthesis indicate percentage

Table 2 shows that the family size of the Konda Reddi families in the study villages. Most of the families that is, 82.67 per cent among the Konda Reddis have 3-5 members. The average size of the household in the field area is found to be 3.68.

TABLE 3

Marital status of the Konda Reddis observed in four study villages of Khammam district

Married			Unmarried			
Male	Female	Total	Male	Female	Total	Total
155	151	306	128	129	257	563
(50.65)*	(49.35)	(54.35)	(49.81)	(50.19)	(45.23)	(100)

* Figures in parenthesis indicate percentage

Marriage is almost universal among both males and females. The table reveals that the marital status of the Konda Reddi is 54.35 per cent married and 50.65 per cent boys and 49.35 girls are unmarried.

TABLE 4

Age at marriage among the Konda Reddis of four villages

Age at marriage (in years)	Male	Female	Total
13-17	5	13	18
	(3.23)*	(8.60)	(5.88)
18.23	102	103	205
	(65.80)	(68.22)	(66.99)
24-28	37	32	69
	(23.88)	(21.19)	(22.55)
29 & above	11	3	14
	(7.09)	(1.99)	(4.58)
	155	151	306
	(51.29)	(48.71)	(100)

* Figures in parenthesis indicate percentage

The age at marriage has changed considerably over a period of time. The present age at marriage for girls is 13-17 years in the field study area villages. This study results indicate a high proportion of

marriageable population of 18-23 years (males 65.80%, females 68.20%).

TABLE 5

Educational status among the Konda Reddis of four study villages of Khammam district

Level of education	Male	Female	Total
Primary	27 (9.54)*	19 (6.79)	46 (8.17)
Secondary	37 (13.07)	23 (8.21)	60 (10.66)
High school	35 (12.37)	35 (12.50)	70 (12.43)
Intermediate	29 (10.25)	21 (7.50)	50 (8.88)
Degree	22 (7.77)	20 (7.14)	42 (7.46)
Higher education	21 (7.42)	4 (1.43)	25 (4.44)
Diet	6 (2.12)	8 (2.86)	14 (2.49)
Illiterate	106 (37.46)	150 (53.57)	256 (45.47)
Literates	177 (62.54)	130 (46.43)	307 (54.53)
Total	283	280	563

* Figures in parenthesis indicate percentage

The literacy levels in the study area have been presented in Table 5. It is observed that an alarming situation is present in the study villages where the literacy levels of Konda Reddi is 54.53 per cent; of this 62.54 per cent are males and 46.43 per cent are females. The total illiterates are 45.47 per cent among them, 37.46 are males and 53.57 per cent are females. The educational levels in the study area is 8.49 per cent of the population up to primary level, 10.66 per cent up to secondary level, 12.43 per cent at high school level, and only 4.44 per cent are up to higher level.

TABLE 6

Occupational status of Konda Reddis of four study villages of Khammam district

Occupations	Frequency
Agriculture	308 (54.71)*
Labour	31 (5.51)
Private job	18 (3.20)
Government job	15 (2.66)
Business	12 (2.13)
Students	120 (21.31)
Children	59 (10.48)
Total	563 (100.00)

* Figures in parenthesis indicate percentage

Analysis of the occupational structure (Table 6) revealed that the majority 54.71 per cent of the economically active population was engaged in agriculture, and the remaining people work as labourers in the forest or on road constructions and other activities.

TABLE 7

Family income of Konda Reddis per annum in four study villages of Khammam district

Income level of households	Number of households
₹ 0 -10000	137 (91.33)
₹ 10000 -20000	5 (3.33)
₹ 20000 -30000	7 (4.67)
₹ 30000 -40000	–
₹ 40000 -50000	1 (0.67)
Total	150 (100)

Table 7 shows total household's income from various sources of the family. Income level gives the households a way of widening the range of consumption and expenditure pattern. It gives people the ability to buy different commodities instead of consumption limited varieties of commodity. It enables the people to pay for different food and non-food items. It is observed in the table that out of 137 households 91.33 per cent of the respondents stated that their income from all sources ranges between Rs. 40000 to ₹ 50000 per annum. 3.33 per cent of the household's respondents stated that their income ranges between ₹ 20000 to ₹ 30000.

TABLE 8

Choice of seeking treatment by Konda Reddi households

Traditional	Modern	Both	Total
26 (17.03)*	36 (24.00)	88 (58.07)	150 (100.00)

* Figures in parenthesis indicate percentage

The above Table 8 shows that about 88 families (58.07 per cent) preferred to get treatment from both the traditional and the modern systems, thus taking advantage of both government and private sectors.

TRADITIONAL HERBAL MEDICINES

In the present study an attempt has been made to gather details of the traditional medicines or herbal medicines used by the Konda Reddi tribal people for the treatment of their different health problems. The important traditional herbal medicines used by the Konda Reddis of the four villages have been presented in Table 9.

TABLE 9

Some of the traditional herbal medicinal plants used by Konda Reddis of the four study villages of Khammam district of Telangana

Vernacular name of the plant used by the villagers	Botanical name	Plant part used	Health problem for which used
Addaku	*Bauhinia vahlii*	Bark	Blood dysentery
Nalleru	*Cissus quadrangularis*	Stem	Bone fracture
Ranapala	*Kalanchoe pinnata*	Leaves	Bone fracture
Atukusaru	*Scindapsus officinalis*	Root	Bone fracture
Jurubulagadda	*Ruellia tuberosa*	Leaves	Bone fracture and sprains
Seemaavisa	*Cassia alata*	Leaves	Bronchitis
Anapa kaya	*Lagenaria siceraria*	Leaves	Burns
Randabilla	*Cipadessa baccifera*	Leaves	Chickenpox
Allamu	*Zingiber officinalis*	Rhizome	Cold, cough and asthma
Moduga	*Butea monosperma*	Seeds	Contraceptive use
Guriginja	*Abrus precatorius*	Leaves	Cough and catarrh
Krishna tulasi	*Ocimum tenuiflorum*	Leaves	Cough and catarrh
Pampanga	*Oroxylum indicum*	Bark	Cough and jaundice
Pothorokonta	*Acanthospermum hispidum.*	Leaves	Cuts and wounds
Regu	*Zizyphus mauritiana*	Leaves	Dental disorders
Oodugachettu	*Alangiums alvifolium*	Flower buds	Diabetes
Usirichettu	*Phyllanthus emblica*	Fruit	Diabetes
Ganjai	*Cannabis sativa*	Leaves	Diarrhoea
Karubenda	*Pavonia zeylanica*	Root	Diarrhoea
Chiruboddhi	*Cissampelos pareira*	Root	Diarrhoea and piles
Ippa	*Madhuca indica*	Bark	Dog bite
Senchulam	*Oxalis corniculata*	Root	Dysentery and nervous weakness
Tellakasimi	*Zanthoxylum armatum*	Leaves	Dysentery and vomiting
Thulasi	*Ocimum basilicum*	Leaves	Earache
Lingadonda	*Diplocyclos palmatus*	Seeds	Fertility
Vasa	*Acorus calamus*	Rhizome	Fever
Guntagalagara	*Eclipta prostrata*	Plant	Filariasis
Gummaritheega	*Passiflora foetida*	Root	Giddiness
Seethachettu	*Clerodendrum serratum*	Leaves	Headache
Ankudu	*Wrightia tinctoria*	Bark	Intoxicant
Pumpullu	*Ageratum conyzoides*	Leaves	Itching
Buddakakara	*Cardiospermum halicacabum*	Leaves	Itching
Mangalakatthi	*Rubia c ordifolia*	Tuber	Jaundice
Maredu	*Aegle marmelos*	Leaves	Jaundice and piles
Jagipuvvu	*Woodfordia fruticosa*	Flower	Menstrual disorders
Turakavepa	*Meliaa zadirachta*	Leaves	Menstrual disorders
Adaviulli	*Urginea indica*	Bulbs	Menstrual disorders
Dulakondi	*Mucuna pruriens*	Seed	Oedema
Ventumkura	*Cleome gynandra*	Leaves	Paralysis
Kanuga	*Pongamia pinnata*	Root/bark	Paralysis
Parijatam	*Nyctanthes arbortristis*	Seeds	Piles

contd. table 9

Pulichinta	*Oxalis latifolia*	Root	Piles
Pedharanaberi	*Leonotisne petiifolia*	Plant	Rheumatic pains
Piyaranga	*Thalictrum foliolosum*	Root	Rheumatism
Varnavalu	*Brassica nigra*	Seeds	Rheumatoid arthritis
Pacchaganneru	*Cascabelathe vetia*	Leaves	Ringworm and scabies
Karakkai	*Terminalia chebula*	Fruit	Sciatica
Rela	*Cassia fistula*	Bark	Skin diseases
Palasamu	*Butea superba*	Flowers	Snake bite
Rudrachama	*Caladium bicolour*	Tuber	Snake bite
Palateega	*Wattakakavo lubilis*	Leaves	Snake bite
Revadachettu	*Dillenia indica*	Bark	Stomachache
Puliadugumokka	*Urenalo bata*	Root	Stomachache
Budithagummadi	*Benincasa hispida*	Fruit	Stomachache and ulcer pains
Dishtiveru	*Pergularia daemia*	Leaves	Swellings
Edduadugu	*Elephanto pusscaber*	Root	Tongue dryness
Errakodijuttu	*Celosia argentea*	Leaves/flowers	Ulcers in stomach
Sahadevi	*Vernonia cinerea*	Leaves	Wounds
Adavijama	*Calycopteris floribunda*	Bark	Wounds and boils

The tribal people have abundant knowledge of plants from utilitarian point of view and also possess the skill needed for successful curing of diseases. Apart from those listed above, there are many other plants used in their indigenous medicinal practices. These plants are used either singly or in combination with other plants by making a recipe. However, it is said that a single herbal recipe is effective for treatment of a number of ailments. It is also informed by the villagers that a single plant is used for more than one ailment.

However, there is much need for testing these herbal medicines clinically for more effective treatment. The vast knowledge of this ethno-botany and herbal medicines can be systematically developed and effectively utilized. Such an intervention can definitely improve the tribal economy and also there is a chance of providing secure livelihood to the native tribes. As the tribal people are now in progressive contact with the modern society and getting attracted to modernization, so their knowledge of traditional uses of plants may soon gradually fade out from the knowledgeable tribal elders. Hence, this knowledge needs to be conserved and preserved for the future generation of the tribal society for their development.

PERSISTENCE AND CHANGE ASSOCIATED WITH MATERNAL AND CHILD CARE PRACTICES

It is universally known that the tribal communities have different beliefs and customs and practices related to all the life events. In the present study, an attempt has been made to see the change over the years in the traditional practices observed by the Konda Reddis. The study is also concerned to the practices related to maternal and child care.

MATERNAL CARE

Puberty

Traditional practice: Puberty marks the onset of reproductive life of the woman. The Konda Reddis observe pollution linked with puberty. In earlier days, the girl was taken out of the house and made to stay under the trees in forest and was kept hidden away from men. Males are prohibited from touching or looking at the girl. The girl is not permitted to touch the utensils or other items in the house. She has to sleep and eat in palm leaves. Maternal uncle of the girl brings seven palm leaves symbolising the seven days of the week. On the seventh day, the girl was given a purificatory bath and prays the village deity.

Current practice: More or less the whole traditional practice is followed. However, now-a-days, the girl is kept in a small separate hut. On the purification day, her maternal uncle gives offerings of new clothes and priest sprinkles turmeric water on the girl to remove pollution. After purificatory bath, the hut is burnt.

Pregnancy

Traditional practice: Konda Reddis do not follow any specific rituals in relation to pregnancy. Pregnancy is confirmed basing on missing of monthly cycle. The pregnant woman generally continue all her daily activities almost till the time of delivery. The pregnant woman is not permitted to go out of the house on the day of solar or lunar eclipse. She has to notice some simple rules of diet. She should avoid mangoes, papaya and the jack fruit which might make the child dribble and brinjal which will cause itching.

Current practice: More or less the whole traditional practice is followed. However, the girl is taken to a hospital for confirmation of pregnancy. Most of the Konda Reddis are now utilizing the modern health care services such as ANC, consumption of IFA tablets, taking TT injections and following the advice given by the health functionaries. The pregnant women are given rest after 6 months of pregnancy. Nutritious food is provided. But, restrictions on foods forbidden during pregnancy continue. Mostly the pregnant women continue the follow-up of the traditional medical care and monitoring by the health staff and elderly women up to the period when she is finally prepared for delivery.

Delivery

Traditional practice: Deliveries are conducted at home by an untrained *dai* or an elderly woman. Either elderly women or dai will give some suggestions for safe delivery. The birth attendant instructs the women to urinate quite often in order to empty the urinary bladder. To stretch the muscles, mustard oil or castor oil is used to message the abdominal, pelvic regions. When the labour pains starts the birth attendant instructs the women to exert pressure on the abdomen with deep breath foe easing delivery. After the birth of the child the umbilical cord is cut with a bamboo blade or an arrow and the end is tied with a rope. The child is given a warm water wash only on the next day of birth. The child is rubbed with oil and the body of the child is dried keeping the baby in a room where there is a fire place for warming the room. The mother is given the bark of 'jalbu' tree, which is chewed to get protection from fever and pain. For menstrual sanitation clean clothes were given to the mother. The placenta is kept in a red pot and it is buried in mud near their house premises and it is believed that this practice will help the mother and her new born infant for good health and prosperity into the next generation. The mother and baby are given bath everyday but cramped to their house till the umbilical cord is dried and falls. At the completion of the period of impurity, a native ceremony is performed. First the mother re-plasters the floor of the house with cow dung and then takes bathe in a stream, washes her clothes and then cooks food for the first time after the delivery.

Current practice: There is a remarkable shift towards institutional deliveries. However, home deliveries are not uncommon. Wherever it is possible, the deliveries are attended the skilled ANMs / nurses or TBAs. Hence, to that extent, safe delivery practices are followed by Konda Reddis. However, in home deliveries conducted by unskilled and untrained women, now the umbilical cord is cut with a razor blade. The mother takes a purificatory bath on the tenth day after the delivery.

Other Practices at Delivery

Traditionally, the placenta after completely expelled is placed in an earthen pot and is thrown away far from the borders of the village. Now, the change observed is that the placenta is kept in an earthen pot and is buried underground. In case, the placenta is not completely expelled, the mother is given some herbal medicine collected from the forest. This is still followed in some interior villages. Others generally seek the help of government health facilities. The end of the cord is tied with thread and allowed to dry and fall. Immediately after cutting the cord, ash made from burning the tobacco leaf is applied to the end of the cord. This practice has faded out now and instead now usually some coconut oil is applied to the cut end of the tied umbilical cord.

NEW BORN BABY CARE

Baby Care Practices

Traditional practice: The new born child is given a bath with warm water one day after the birth. Before giving bath, coconut oil is applied to the body of the child.

Current practice: The baby is given a warm water bath on the same day of birth.

Regarding pre-mature baby care the traditional practice was that the mother used to hold the baby close to her body to keep the baby warm naturally. The current practice is that the premature baby is generally given all the necessary treatment at home on the advice of elderly women and health workers, and in case of an institutional delivery discharged after medical advice. In case of a home delivery, the child is taken to the hospital for necessary treatment if the condition is serious.

Breast Feeding

Traditional practice: The child is not given breast feed immediately after birth as it is believed that the first milk (Colostrum) is stagnant and it is not good for the child. Moreover, it is believed that the colostrum is very hard to digest. Hence the child is breast fed only after squeezing out colostrum several times on the second or third day of birth.

Current practice: Because of the continuous education and counselling by the health staff, those utilizing the modern services are initiating breastfeeding immediately and also feeding the colostrum. However, it has been found there are few mothers who still cling and support the traditional beliefs.

Pre-lacteal Feed

Traditional practice: As the breast feeding is not initiated early, the child is given some pre-lacteal food such as sugar water, honey etc. The child is fed these liquids by squeezing using a piece of cloth by their fingers. Some also prefer giving breast milk of other women also. This is continued till the breast feeding is initiated.

Current practice: The pre-lacteal feeding practices are reducing as most of the mothers are initiating the breast feed early. When it is necessary, they are using more hygienic methods for feeding the child i.e. using a spoon or cotton etc.

Weaning

Traditional Practice: As the tribal women breast feed the child for extended periods (up to 2 years), the weaning of breast feeding starts gradually beginning at 6 month age of the child. Initially some semi-solid foods such as gruels made up of cereals are given. It is also gathered that the little child is given some toddy in certain ill health situations by the tribal Konda Reddi women.

Current practice: More or less the same practice as mentioned above is being continued presently.

Immunization

Traditional practice: Traditionally, there is no immunization followed for the infant child. However, traditionally the child is given some home therapies and also herbal medicines to prevent and to cure certain diseases.

Current practice: Majority of the Konda Reddis families are accepting child immunization now-a-days. Using of traditional herbal medicines and home remedies is also being followed by some families of Konda Reddis residing in some interior areas of the district.

Although, there is a shift towards utilization of contemporary health care services for maternal and child health care, the persistence of some beliefs and traditional practices is also observed. It is felt that there is great need to educate and motivate the mothers to use the modern medical facilities and health care services in order to decrease the maternal and child mortality rate among the tribal populations of this area.

In Konda Reddi tribe there is a polarity of medicare system. With the introduction of allopathic medicine a large number of Konda Reddi people have accepted this system of medicine in a large way. This is more true with regard to the immunization programme. But the people very rarely depend exclusively on allopathic medicine. In this area the people have a greater option to consult the doctors both governments and private and consequently the pattern of treatments they follow have a wider range. It is not that some of the people have more faith in allopathic system of treatment, but it is the practicality of the situation in many cases which compels them to consult the traditional medicine men (*Vejju*) of the village for immediate attention and treatment.

Konda Reddi are extremely god fearing people and strongly believes in the supernatural power and

forces that surround them, and their socio-economic conditions are poor with low economic level. It is evident from all the four villages that the practice of the traditional medicine is still deeply entrenched. While spirit medium is called '*Mantragadu*' the native medicine man who serve as their doctor is known as '*Vejju*'. They believe that the supernatural wrath casts its spell occasionally in the form of varieties of illnesses, the 'shaman' looks at the cure for these illnesses as located in the very supernatural beings who cause them. Thus, the etiology of the disease and the cure of the disease are located in the same source, i.e. the supernatural. The 'shamans' are powerful stewards in a symbolic and meta physical domain which is central to 'supernaturalism' of this communities. By supernatural favour, the 'shaman' is believed to possess the gift of healing as well as having the knowledge about medicinal plants. An important element of the shaman's work is the performance of public rituals, in which divination and curing are accomplished through trance. When sickness is not cured for many days the patient's family approach the 'shaman' for cure, who is familiar with local medicinal herbs, trees, barks, and pastes made out of crushed leaves.

Lack of awareness among these tribal people about the measures needed to protect their health, and the distance of the medical health centre for getting facilities, the lack of all-weather roads for communication, and affordable transportation, insensitive and discriminatory behavior by the health centre staff at hospitals, non availability of medical facilities, financial constraints of the patients' families, etc have put them in immense trouble. Government programs to raise their health awareness and improve their accessibility to primary health care centre have not had the desired impact on the lives of the Konda Reddi families of the four study villages.

CONCLUSION

The tribal people have abundant knowledge of medicinal plants from the utilitarian point of view and also possess the skill needed for successful curing of diseases. Apart from the medicinal plants that have been listed in the table above, there are many other herbal medicines used in their indigenous medicinal practices. These plants are used either singly or in combination of other plants by making a recipe. However, it is said that a single herbal recipe is effective for treatment of a number of ailments. It is also informed that a single plant is used for more than one ailment. The vast knowledge of this ethno-botany and herbal medicines can be systematically developed and effectively utilized for curing most diseases of the tribal population. Such an intervention can definitely improve the tribal economy and also there is a chance of providing secure livelihood to the native tribes. As the people are in progressive exposure to modernization, their knowledge of traditional uses of plants will gradually fade out. Hence, this knowledge needs to be conserved and utilized for the future development. The present study has given some details of plants from which the traditional medicines or herbal medicines are being made by the medicine men of the Konda Reddi tribe.

It is universally known that the tribal communities have different beliefs, customs and practices related to their life events. Data on different traditional performs and the altered practices currently followed concerning their maternal and child health have been gathered and presented. It is observed that although there is a shift towards utilization of current health care services for maternal and child health care among the Konda Reddis, however there is adherence and persistence of some beliefs and traditional practices among the Konda Reddis of the four study villages. It is felt that there is great need to educate and motivate the Konda Reddi mothers to adopt and use the modern medical services and health care services provided by the government in order to lower the maternal and child mortality rate among these people.

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