

SHORTER NOTE

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INDIGENOUS HEALTH PRACTICE OF THE MANKIDIA TRIBE OF ODISHA

Introduction

The tribal communities in India constituting 7.8 percent of total population out of which 62 inhabit in Odisha. In terms of tribal population, Odisha stands third in India after Madhya Pradesh and Bihar. Here, the tribal comprise 24.07 percent of the total population. In recent times, with the increased knowledge of life and culture of the tribal communities, the social scientists are taking interest in ethno-medicinal studies. Many works have been reported, specially from among the rural and tribal communities of India (Bhadra and Tirkey 1997; Sharma and Thakur 1997; Choudhury 2000). Ray and Sharma (2005) have given a description of ethno-medicinal beliefs and practices prevalent among the Savaras, a tribal community of Andhra Pradesh. Kumari (2006) gave an account on the concept of illness and disease and the application of folk medicine among the Sauras of Jharkhand. The World Health Organisation (WHO) has been promoting a movement for 'Saving plants for saving lives'. This is because of the growing understanding of the pivotal role medicinal plants play in providing herbal remedies to health maladies. India is the home of several important traditional system of health care like Ayurveda. This system depends heavily on herbal products. Several millions of Indian households have been using through the ages nearly 8000 species of medicinal plants for their health care needs. Over one and half million traditional healers use a wide range of medicinal plants for treating ailments of both humans and livestock across the length and breadth of the country. Over 800 medicinal plant species are currently in use by the Indian herbal industry. However, barring some 120 species, all others are collected from the wild. This collection often involves destructing harvesting when parts like roots, bark, wood, stem and the whole plant (herb) are used. Unregulated wild harvest, alongside habitat loss and degradation is leading to resource depletion which in turn is endangering the very survival of these species. No wonder, many of these species listed in the red data book of the IUCN and the Botanical Survey of India are valued for their medicinal properties.

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Thirteen tribal groups are identified as primitive tribes in the state of Odisha. Mankidia or Mandidi are one of the primitive tribes of Odisha. They are in fact, an offshoot of the Birhor, a jungle tribe of Chhotanagpur area of Bihar. The Mankidia belong to the same dark-skinned, short stature, long headed, wavy-haired and broad nosed race to which the Mundas, the Santhal, the Bhumis, the Hos and other allied tribes belong. Like other allied tribes the Mankidia speak a language classed within the Mundari group in the Austro-Asiatic sub-family of language (Mayurbhanj District Gazetteer, 1971). The Mankidia belong to the Mundari group of tribes and are concentrated in central-eastern India. In Odisha they are found mainly in the districts of Sundergarh, Sambalpur, Keonjhar, Dhenkanal and Mayurbhanj. In these regions they are locally known as Mankidi, Mankria or Mankar-khia because of their habit of eating and sharing monkeys. In the Oriya dialect *mankad* means monkeys, and *khia* means the habit of eating. These people are called as Mankidia in every part of Odisha, and there is no perceptible difference between them in different regions.

Though broadly branded as hunter-gatherers, the whole gamut of the Mankidia economy in the above-mentioned areas of Odisha involves the exploitation of forest resources and the maintenance of an essential economic articulation with caste peasants and the market economy of the larger society. The Mankidia collect jungle products and exchange them with the neighbouring settled Hindu peasants for their day-to-day livelihood. The jungle resources mainly collected by them are from the *bauhinia* creeper that grows profusely in these regions. From the barks of these creepers, various kinds of ropes and rope-products are made. Various minor forest products are also procured and exchanged in the neighbouring society. Hunting of wild game is another economic activity they carry out. But hunting is pursued occasionally and animals hunted are primarily for consumption. Sometimes they also sell live monkeys and skin of langur. Though hunting does not contribute much to their economy, they keep up a spirit of hunting and continue with this as a cultural norm. This article primarily focuses on the traditional health practices of the Mankidia based upon their belief structure and the available forest resources. Our knowledge of intimate relationship between man and plants in his immediate surroundings has been passed on to us mainly through surviving tradition (Jain 2004). However, with the passage of time and development of technological medicine and health infrastructure this knowledge is under serious threat. Ethno-medicinal beliefs and practices are influenced by culture. The relationships between human sicknesses, treatment, healing medicines and the rest of culture in a society are intimate. Concept of disease, classification of diseases, procedures of diagnosis is all influenced by culture. Indeed concepts of disease are cultural classification of illness. They do not, of course, cover a whole range of misfortune a community may face over a long period of time and in a general sense.

Materials and Methods

The authors have conducted an intensive exploration to collect data in the tribal (Mankidia) dominated villages of Mayurbhanj District. Three villages of Jashipur Block namely, Thakurguda, Durdura and Matiagarh and one village from Khunta Block namely, Baniabasa of the district were covered. Rapport was established before data collection.



Researcher with practitioners during preparation of traditional medicine

The data were collected from the village medicine-men whose treatments are believed to be very effective and also from the local knowledgeable elderly persons and from the old women who conduct the delivery. The medicine men and the elderly persons of the community were interviewed for recording the local names, plant parts used, purpose of usage and the method of administration. In the collection of data, no structured questionnaire was used. Medicinal properties of plants were learned through in-depth, informal interviews. A number of group discussions were also conducted during the period of investigations. In the following enumeration, the cultural practices along with health care, health culture and its management keeping in view of ecological condition of the Mankidia.

Findings and Analysis

The old ways of healing have been passed from generation to generation, linking Mankidia to their history and culture, giving them a sense of identity and ownership. Healers are local people who practice traditional medicine as a service to others in their communities. The healer is a person of good conduct known to be trustworthy. The patient feels that he or she is on the same level

as the healer, unlike in western societies where the physician tends to hold him or her above the patient by virtue of exclusive knowledge and higher social status. Under ethnomedical system several practices are found among the Mankidia such as:

1. Herbal practices under which medicines are derived from the various plants sources.
2. Supernatural practices.
3. Ethnosurgery where incisions on the body, delivery, surgery, etc, are done

The Mankidia believe in folk medicine. They have their traditional healers upon whom they have considerable faith and confidence. The Mankidia have few common characteristics regarding perception of health and illness. Like many other tribal societies they also attribute a lot of diseases to the wrath of god, mischief of evil sprits and magic of human being. Treatment is based upon the removal of causative factor by appeasing god; controlling evil spirits through counter magic, use of sorcery and of course some herbal preparation. Thus religious practices of the Mankidia are closely related to their ecological conditions also.

Table: 1. Important medicinal plants used by the Mankidia for treatment of ailments

Sl.No.	Botanical name, author's, family and Local name	Parts used	Disease or condition	Mode of application
1.	'Kaincha' (<i>Abrus precatorius</i>)	Whole plant	Fever	Two spoonful decoctions of whole plant are taken orally twice a day for three days to cure fever. Seed paste is used for abortion
2.	Kanta siriso (<i>Acacia leucophloea</i>)	Bark	Diarrhea	Bark is kept for full night in cold water and the decoction is given in the morning to cure diarrhea. Bark decoction along with hot ghee given to child to cure dental carries
3.	Gheekuanri (<i>Aloe vera</i>)	Leaves	White patches	The fresh leaves juice is applied on the affected area once a day during morning hours until the white patches on face disappear.
4.	Nimba (<i>Azadirachta indica</i>)	Leaf, young shoot	Diabetes, skin disease	Aqueous extract of leaves is taken once a day in empty stomach continuously one month for treatment of diabetes. Leaves extract is given as a blood purifier and for removal of intestinal worms. Leaf paste is applied on skin diseases and in small pox. Young shoots are used as tooth brush
5.	Siali (<i>Bauhinia vahl</i>)	Bark	Dysentery	Barks of the stem and lime made into paste and are taken orally, twice

6.	Dhanua lanka (<i>Capsicum frutescens</i>)	Seed	Waist pain	a day for 3 days to cure dysentery. Seed powder mixed with castor oil is applied to cure waist pain
7.	Amruta Bhandra (<i>Carica papaya</i>)	Juice	Toothache	Juice extract is applied in case of toothache
8.	Lembu (<i>Citrus limon</i>)	Fruits	Diarrhea	Fruit is crushed and warmed slightly and applied to cure diarrhea.
9.	Karada (<i>Cleistanthus coinus</i>)	Shoot	Foot injury	Young shoot paste is applied on foot to get relief from injury caused by sand
10.	Bana kunduri (<i>Coccinia grandis</i>)	Leaves	Jaundice	Fresh leaves along with leaves of <i>Kalanchoe pinnata</i> and sugar are ground with water and taken twice a day for four to five days to cure jaundice
11.	Palua (<i>Curcuma angustifolia</i>)	Root	Dysentery	Roots and sugar are mixed with large quantities of water and given twice a day for three to four days to cure dysentery
12.	Nirmuli (<i>Cuscuta reflexa</i>)	Stem	Malaria	The stem and black pepper seed are pasted and taken with water to cure fever and malaria
13.	Mahula (<i>Madhuca longifolia</i>)	flower	Piles and fistula	Flowers (corolla) are boiled in water with a pinch of salt for half-an-hour; 5- 10 ml of this decoction is given with honey, thrice a day for seven days in piles and fistula

Traditional healers use their five senses to diagnose the diseases which are remarkable because they live in remote areas and lack of the modern scientific equipments for diagnosis and treatment; however, they treat diseases using medicinal plants and animals (Santhya et al., 2006). Documentation of such plants from the perspective of ethnobotanical angle is important for the understanding of indigenous knowledge systems. These resources are genetically important for future research. This study reveals that the Mankidia of the forest area of Mayurbhanj have a vast knowledge about ethnomedicinal uses of plants growing in their vicinity. The other tribal inhabitants like Kharia, Bhumija, Santals, Gonds, Kols and Mahalis live in deep forests and use a large number of plants for medicine. The tribal's are not interested to share their knowledge with others. However, after developing intimacy with some of the medicine men and other traditional healers, information on medicinal uses has been collected and is presented in this paper.

Conclusion

The Mankidia is one of the most primitive tribal groups of Orissa. In the eyes of modern world, they are considered backward, although they possess rich natural resources of their own. The Mankidia' profound spiritual resources draw their strength not just from their belief in a creator guardian God, but

their reliance on maintaining this deity's presence with them. Their most significant aspect is their 'religion' and their belief in nature and spirits. The work, culture and environment of the Mankidia also determine the adherence of the people to their traditional ways. Poverty affects the nutritional status of the Mankidia.



Offering of medicine to supernatural forces before administering

During the days of scarcity and slack seasons, especially those Mankidia who live in interior villages have to subsist on wild fruits, roots and leaves. They also eat rotten fish for many days. Malnourishment causes a decline in their health and they fall an easy prey to various infections, which due to negligence take a chronic form resulting in high morbidity and mortality among them. Although many of them now prefer to consult allopathic doctors for treatment and a large number especially women, the services of qualified doctors are inaccessible to a majority of Mankidia, especially in remote villages. So, inaccessibility is an important factor for the Mankidia for not availing the medical services of a qualified doctor. And where these are accessible, the doctors neglect the poor Mankidia patients. In such circumstances they prefer to go directly to nearby unqualified doctors, where good treatment at low cost is available. The Mankidia people's strong belief in traditional medicines and the medicine man do not prefer to show their ailing bodies to an outsider as they feel that it affects their way of living and belief system. As the aged ones consider themselves a liability on their offspring, they do not prefer to go for expensive treatments.

This section of the Mankidia population considers the diseases as the forerunners to their old age and opts for the traditional medicines. They also

consider themselves as the children of nature and do not want to go against it. But the younger generation depends more on borrowed thoughts and life styles and is in favour of adopting a changed medical system. They find it easy to get the medical facilities in exchange of hard cash obtained from sale proceeds of Surplus Agricultural Produce (SAP) and Minor Forest Produce (MFP) as well as from accepting wage earning pursuits either daily or on monthly basis. This group advocates for change in curing practices but overtly plays a supportive role for continuation of the age-old practices at least at the initial stage of the disease. They also believe that the fate of the individual and community depends on their relationship with unseen forces, which intervene in human affairs. The treatment of a patient is no more considered mere administration of medicine. Sets of restrictions have been imposed by the medicine men on the patients to observe. As a result, the enlightened traditional Mankidia medicine men advise the patients to consume certain types of food and reject certain others. The fibrous foods, animal proteins and ripen fruits are not advised for consumption. The Mankidia medicine man, now days, do not hesitate to advise a patient to go for alien food supplements, like Sago, Barley, etc. The attitudes of the patients as well as their relatives towards the medicine men and their methods of treatment have changed.

Some aspects in the field of the indigenous medicine have persisted and some have changed due to various factors, like modernization, planned development intervention, etc. The Mankidia population has been caught in the web of tradition and modernity and within therapeutic pluralism. The new generations are not very much interested in the indigenous methods of treating diseases. They are even not very concern about the importance of these herbal plants and its medicinal value. The growing disinterest in the use of the folk medicinal plants and its significance among the younger generation of the Mankidia will lead to the disappearance of this practice. Educated younger generation of the Mankidia should be encouraged by the Government to protect and cultivate these valuable herbal plants before they get lost due to the impact of modernization and urbanization and also due to deforestation.

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