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Herbal Medication-An Alternative Curative System Among Bhils in Udaipur District

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Rajasthan is widely known for its uniqueness lying into lakes, historical places, deserts, princely heritage and valor of the men (Nagda, 1999). Its inhabitants have presented the culture and beauty of Rajasthan for a long time. The present situation of life here is not very different from other parts of the country. Tribals of Rajasthan present a very gloomy picture facing the problems of poverty, illiteracy , low-income level, ill health etc. They as elsewhere in the cou-ntry are passing through a process of socio-cultural, economic and demographic transfor-mation. Rajasthan has the lowest literacy rate except the state of Arunachal Pradesh in the country. Rajasthan's health status is still far from satisfactory. Udaipur attains the 18th rank in Health Index (1997-98). The indicator used for Health Index is expectancy of life at birth. (Human Development Report, 1999).

The target population selected for the present study is a tribal community namely 'The Bhils', a major tribe of southern Rajasthan. Bhils form the second largest tribal group of the Rajasthan, first being the Minas.

AREA FOCUSED

The study was carried out among the Bhils in Udaipur district. Climate of district Udaipur shows a noticeable variation. Two villages of Udaipur district namely Madri and Jamun of Jhadol panchayat samiti have been selected to carry out the study. As per census report 1991 of Udaipur district villages Madri and Jamun cover total 2,453 hectare and 757 hectare area. 2468 persons live in 497 households in village Madri, thus giving rise the 4.96 size of the household on an average and village Jamun is inhabited by 754 persons residing in 165 households @ 4.63 members per household. In village Madri, 1655 persons and in village Jamun 754 persons belong to scheduled tribe category.

Village Madri is located on pucca road and it is 65 kilometers away from Udaipur on the south. It is well connected with Jhadol by pucca road. It is surrounded on the East by village Badipara and Ranjeetpura, on the West by village Naala-upla and Phalasiya, on the Southeast by Balvi - Badoliya and on the South by Lilri. The central area of the village is occupied by non-tribals i.e. caste Hindus in the plains. Tribal people are found more than a kilometer away on the top of the hills from the core area. The village Madri has a well developed market. As per field data there are 320 tribal households in Madri village besides about twenty households of Brahmins, sixty of Gurjars, seven of Kalals, twenty of Luhars, twenty five of Rajputs, seventy of Meghwal, ten of Darogas, ten of Nais, one of Kumhar, seven of Jains and Agarwals, one of Harijan and one of nut. Thus Madri is a mixed village. Village Madri is a gram panchayat too. It consists of Madri itself, Valvi Badoliya and Ranjeetpura villages. Tribal population of Madri is distributed in twelve 'Phalas'. Village Madri is electrified in 1991. The electricity in this village is used both for domestic and irrigation purposes as mentioned in the census report 1991.

Jamun is one of the villages under gram panchayat Madla. It is an interior village of Jhadol Panchayat Samiti. The approach to this village is through partly pucca road. It is about 80 kilometers away from the main urban center Udaipur. Umeria surrounds it on the east and on the north is Lilri. On the south it is surrounded by Madla and on the southwest is Uproli Singri. Village Jamun is away from main road and only the tribals living on the hills or slopes populate it. Village Jamun lacks a market. There is no shop of a barber, tailor or a luhar. Only two tea stalls and one general store are there. The tribals of the same village own all the three shops. Tribal population of village Jamun also settles down in total eight phalas. This gram panchayat includes 5 villages in it namely Madla itself, Jamun, Lilri, Umeria and Bijli. Village Jamun is still unelectrified. Total population of Madri and Madla gram panchayats are 3716 and 2863 respectively.

A facility of primary health center (PHC) and ayurvedic hospital at Madri serves the purpose

of health care of both of the villages at government level.

THE SAMPLE

It is intimated by Madri and Madla Panchayat samities that 320 and 200 tribal households occupy both villages Madri and Jamun respectively. So to make a representative sample of the universe 30 percent of tribal household in both villages are selected for the study. Total one hundred fifty six (156) households from these two villages have been studied.

Three components of socio-cultural dimensions viz. age; religious sect and education level of respondents are taken into account to accomplish the study.

The highest number of persons falls in the age - group of 21-30 years. Examination of the factual situation of age groups of 31-40 years account for 23.96 percent and 33.33 percent respondents in villages Madri and Jamun respectively. The population falling in the age groups of 41-50 years and 51 years and above is the smallest constituting about 15 percent of the total sample in both villages Madri and Jamun as well.

Another variable chosen to put study in a right direction is type of religious sect followed by tribal respondents living in villages like Madri and Jamun. In village Madri, 32.29 percent and 67.71 percent respondents claim themselves as Bhagats and Non-Bhagats respectively. On the face of it 18.33 percent and 81.67 percent respondents in village Jamun are said to be Bhagats and Non-Bhagats respectively.

A person who can even write his name has been put into the category of literates. Bhils are also aware of this fact that one who can write his name is taken as literate. Hence many of the Bhils not willing to call themselves illiterate, have learned writing their names. In village Madri, two of the Bhil respondents are literate up to Post Graduate level. Both are working as teachers in the school of the village. In village Madri 32.29 percent respondents were illiterate. 16.67 percent respondents were educated up to primary level. This percentage goes as down as 9.38 percent respondents who were educated up to middle level. 11.46 percent had education up to secondary level or above. Level of education is found to be very low among the respondents of Jamun. In village Jamun, 45 percent respondents were found illiterate and 16.67 percent respondents were literate. 23.33 percent respondents had education up to primary level, 8.83 percent had education up to middle and only 6.67 percent respondents were secondary educated or above.

Besides sampling, non-participant observation, in-depth interview with the help of interview schedule, use of interview guide, group discussion (GD), and key informant are also used to collect first hand information.

DISEASE PATTERN AND HEALTH SETUP

Bhils believe in multi-causation theory regarding occurrence of diseases. It is observed during the study that apart from many seasonal diseases like fever, headache, cold and cough, skin disorders like boils, itching, eye diseases like conjunctivitis, trachoma, bronchitis, diarrhea, pain abdomen, constipation, people also suffer from tuberculosis, typhoid, asthma, malaria, anemia, worm infestation and sexually transmitted diseases. On the basis of fieldwork following inferences may be made :-

Firstly, the most frequent diseases among adult men are pain in different parts and joints of the body, fever and STDs, among women the headache, cough, cold, fever and STDs whereas the children mostly suffer from stomach disorders, skin diseases , diarrhea, measles and worm infestation.

Secondly, these people are not well familiar with tetanus, diabetes, kwashiorkor, hemophilia, cancer etc, but they have some knowledge about the spread of AIDS. The elderly people mentioned that the ailments like cancer and AIDS were unknown to them in earlier days.

Problem of Leucchorea is very rampant among tribals. A discussion with doctors, old ladies, ANM and herbalists show that about 80 percent tribal woman suffer from this problem. Bhil folk especially woman have different views regarding cause and cure of this problem. It is believed among tribal women that it's an infectious (contagious) disease. When a woman takes bath at the place or go to the toilet where another woman suffering from leucchorea has already made use of that particular place, it is believed that such disease is transmitted to that healthy woman. Tribal women mostly remain silent in such cases. They neither move to a male doctor for such gynecological problems nor they tell anybody in their family about it. In common

language leucchorea is known as 'Ghagh'.

It has been found that venereal diseases (STDs) like gonorrhea and syphilis are also very common in these two villages due to common sex. Bhils indicate syphilis by saying that "I am feeling very hot." Likewise Gonorrhea is very common among tribals. In the beginning they don't take care of it. Afterwards they go to a doctor or a herbalist. Mostly these problems remain uncured for various reasons as given below:

1. Bhils are not very regular to take prescribed course of the treatment. As soon as they start getting well, they leave the treatment before completing it. Many families have been detected during fieldwork where husband and wife both of them are severely suffering from STDs.
2. A great degree of laxity in sex is the major factor behind occurrence of STDs at large scale.
3. Doctor is not there in PHC. Whenever ANM approaches them, she gives iron pills and other antibiotics for a period of fifteen days to these patients, but this course never ends because ANM approaches them not before three or four months after one visit. Meanwhile the medicine finishes and thus problem of STD remains unsolved.
4. Moreover, some of the respondents told that these problems are not curable. Even Bhopa and other traditional healers are not competent enough to cure venereal diseases.

There is one Auxiliary Nurse Midwife (ANM) (one in each) in both villages Madri and Jamun. People also take treatment from Village Health Guides (VHG) for minor ailments. Besides one ANM and one VHG at Madri, there is one private doctor. At the time of study, the PHC was not operating as the doctor had been transferred to Udaipur. When the localites were asked did they visit the PHC when it was operating? They said for some diseases they visited the PHC and for others they didn't. They visit the private practitioners of Jhadol and Udaipur city also when advised by their own private doctor. They go to referral hospital of Jhadol or Government hospital of Udaipur also. There is only one Ayurvedic hospital in the village Madri that always remains closed. It lacks stock of medicine and the patients mostly seek the advice of traditional herbal healers.

There are many Bhopas and herbalists who claim to treat the cases of snakebite and effect of evil eye successfully. Bhopas are believed to be capable to invoke the deities, to please the supernatural powers through offerings and worship and can provide amulets during illness especially for mental problems. A few traditional birth attendants (local untrained dais) in the village take care of the expecting mothers. Village Madri has three traditional herbal healers. One is about 70 years old and he is Dhanka by caste. Second is a Bhil Bhopa and he has a deep knowledge of herbs. The third one is also a Bhel who is around 40-45 years old. He has his general store in the village.

In the village Jamun, as there is no Government health facility available, people take treatment either from village health guides or from local healers. They approach the private practitioners at Baghpura (a nearby village) and Jhadol, if necessary. When the PHC was working at Madri they also used to visit the PHC of village Madri. There are two Bhopas only.

HEALTH SEEKING BEHAVIOUR

Health seeking behaviour stresses on preventive, curative, promotive and rehabilitative measures. It is motivated by life style of a person and values of the society. It is true that prevention is better than cure. But when a person or a society is failed to take proper prevention for the preservation of the health than it becomes must to adopt second measure of health seeking behaviour i.e. use of one or more curative therapy/ies as per the need.

Preventive measures like use of charms, amulets, worship of annoyed deities, pleasing of spirits, sacrificing animals and performance of other rites at the local level. Many schemes are being under taken by the government like mass immunization programme for children and adults against epidemic and other diseases, providing drainage system, safe and clean drinking water, roads, nutrition programmes for children, expectant and nursing mothers are some of the efforts to keep tribals healthy in these two villages Madri and Jamun as well.

Curative measures can be broadly divided into two categories viz.

1. Indigenous curative measures- Out of many modes only home medication and herbal treatment has been included in this paper.
2. Allopathic mode of treatment

Home Medication

When a Bhill falls ill, home medication is applied on him. This approach is quite common in both of the villages, Madri and Jamun. On the basis of fieldwork it is revealed that :

Mostly seasonal fevers, cough and cold are not taken seriously. They are cured at home. Tribals consider these ailments as normal phenomenon of life. When such physical disorder is found in family, they try to cure it at their own level. In both of the villages tribals try to diagnose the disease by touching the patients forehead face and looking into his eyes. Many treatments are made at home in order to make the patients fell better. Some of the treatments as revealed during discussion with tribals are given in table 1.

The home practices are observed in case of common physical ailments. But even after such practices, if the patient is not cured he is taken to the curer. This curer can be a traditional or a modern one (Table 1).

Herbal Treatment

It may be noted here that medical care contact stage is of immense importance among Bhils in both villages Madri and Jamun. The decision to seek systematic care is taken by the relatives, friends and neighbours as well. Then, patient is taken to the Bhopa, herbalist or a doctor whoever is thought to be more appropriate for the treatment of patient's trouble. "At this stage, the problem doesn't remain personal. In fact it is customary, therefore, for an individual to present his symptoms to his relatives and friends for their appraisal before he takes step to obtain medical treatment. The patient alone is not authorized to decide whether or not he is ill, even though he himself may be convinced that he is sick enough to warrant special attention, his intimates must still be persuaded of the seriousness of his complaint." (Foster and Anderson, 1978).

Here Bhils are moderately aware of the fact that Bhopa is not always true and he cannot heal all the ailments. They believe that Bhopa can cure preferably mental diseases like hysteria, epilepsy etc. which is thought to be due to supernatural powers. For them, Bhopa is a mediator between the god (supernatural powers) and men (Natural world). But due to their deep rooted belief system his services are sought in the diseases such as typhoid, whooping cough, malaria, measles, tuberculosis, severe headache, snakebite, dogbite, diarrhea, physical weakness and scorpion sting also. It has been seen that for cure of many ailments tribals go to herbalist and Bhopa simultaneously. Actually traditional medicine establishes faith and assurance in the patient.

As stated above that allopathic therapy is not available to the Bhils and now days Bhils do not have blind faith about competency of the Bhopa, they prefer a mid-way called herbal medication. Herbal mode of treatment is quite preferable among Bhils. They have a lot of faith in herbal medicine as they have gathered this knowledge by trial and error and this knowledge is transmitted from one generation to other orally. Other reasons for the popularity of herbal medicines are:

Table1 : Some ailments and their treatments revealed by the triblas

	Ailments		*Treatments*
1.	Cold	a)	Mixture of jaggery + black pepper + Ginger + Turmeric + Garlic is given to the patient.
		b)	Lemon juice + black pepper + Ginger is given
2.	Diarrhea	a)	Fresh Yogurt is given to the patient.
		b)	Rice water
		c)	Lemon water is also very effective
		d)	Water of boiled Pulses.
3.	Scorpion Sting	a)	Roots of 'Aak' (*Calotropis procera* & *C. gigantea*) is crushed and applied locally.
		b)	Leafy juice of 'Kateli' (*Argemone mexicana*) is applied locally over the affected spot.
4.	Itching	a)	Paste of 'Neem' (*Azardichta indica*) leaves is applied over affected portion.
		b)	Boil the 'Neem' (*Azardichta indica*) leaves in a pot and take bath of it.
5.	Stomach Pain	a)	Sour curd with boiled rice is given to the patient.
6.	Fever, Malaria	a)	Bed rest is must.
7	Asthma	a)	'Dam' (A burning cloth or iron-piece) is applied on front and back of the neck. It is based on counter - irritation philosophy.
8.	Swelling in any part of body	a)	Make a solution of water and soil. This soil should be taken from snake's bambi. Apply locally.

1. Herbal medicine is easily available and it is within their approach.
2. Herbal medicines are cheaper as compared to allopathic medicine.
3. Sufficient stock of allopathic medicine is not always available. While in case of herbal medicine there is no problem like availability of stock. It can be obtained at any time in sufficient quantity from the nature and can be prepared on the spot. Even some of them may be used in raw form.
4. Herbal medicines are free from side effects. In fact some of them produce side benefits. Many herbal medicines act as a tonic. It increases resistance power of the body and lessens physical weakness. While it has been proved that most of the allopathic medicines cause after effects especially tribals complain about abdominal pain among them.
5. Last but not least, a very good number of the respondents had knowledge about find and use of various herbs available in the forest or near

Table 2 : List of some medicinal plants and their mode of use with respect to ailment

	Ailments	*Medicinal plants and their mode of use*
1.	Skin boils/ulcers	a) Apply stem juice of 'Ratanjotha'(*Jatropha gossipifolia*). b) Apply the paste of leaves of the tree 'Charm ranga'.
2.	Cough/Cold	a) Take 'Mahua'(*Madhuca indica*) liquor + Turmeric + Black Pepper + Cloves.
3.	Acidity	a) Leafy juice of 'Neem'(*Azardichta indica*) is given.
4.	Fever	a) Decoction of bark of 'Amar-bel'(*Amaranthus caudatus*).
5.	Vomiting	a) Root of 'Marod Phali'(*Helicteres isora*) is crushed in water and given to the patient.
6.	Dysentery	a) Stem of 'Satavari'(*Asparagus racemosus*) is crushed into water and given to the patient. b) Equal amount of gum of 'Tesu'(*Butea monosperma*) and 'Mango'(*Mangifera indica*) is given to sufferer.
7.	Conjunctivitis	a) Take root juice of 'Kateli'(*Argemone mexicana*). b) Crush the leaves of 'Babool' (*Acacia nilotica*) and apply it over eyes.
8.	Anemia	a) Take decoction of stem bark of 'Chandan'(*Pterocarpus marsupium*) once in a day for a period of seven days.
9.	Constipation	a) Leaves of 'Amar bel'(*Amaranthus caudatus*). in form of vegetable can be used. b) Seeds of 'Bherenda' (*Jatropha curcas* & *Jatropha gossipifolia*) are given to the patient.
10.	Scorpion sting	a) Paste of 'Vertuli'(*Dichrostachys cinera*) leaves is applied locally.
11.	Jaundice	a) Decoction of 'Amar bel' (*Amaranthus caudatus*) stem is used.
12.	Physical weakness	a) stem bark of 'Chandan'(*Pterocarpus marsupium*) is given b) Stem bark of 'Kachnaar'(*Bauhinia racemosa*) boiled in water is given to the patient. c) Boil garlic, raw turmeric and milk together. Its essence is given to the patient as a tonic.
13.	Cuts and Wounds	a) A paste made of seeds of 'Jait'(*Sesbania bispinosa*) is used as an ointment. b) Root powder of 'Kalcha' is applied locally.
14.	Stomach pain	a) Root powder of 'Aak' (*Calotropis procera*)and 'Dhatura' (*Datura* spp.) is given together.
15.	Skin Allergy	a) They rub the horn of Antelope locally.
16.	Cancer	a) Tonic (boiled garlic + turmeric + milk) is given to the patient.
17.	Sprain	a) They grind the raw turmeric and apply it on the affected spot when it is hot. b) They massage the affected spot with sweet oil (like mustard oil, groundnut oil, coconut oil or some other oil).
18.	Swollen Gums	a) Use the twigs of 'Ratanjotha'(*Jatropha gossipifolia*) as toothpaste instead of 'Babool'(*Acacia nilotica*) or 'Neem'(*Azardichta indica*) twigs. Swollenness disappears gradually but the process is very slow.
19.	Dental Caries	a) They set the gum of 'Babool'(*Acacia nilotica*) in hollow tooth, which really works. b) They burn the cover (hardest part) of coconut. Then they cover it with a brass thali and smoke gets collected on the thali. They fill that smoke in cotton. This cotton is put in the hole, which is helpful in getting over the pain.
20.	Ear Pain	a) Crush the leaves of 'Marua' (A bush) and squeeze its juice in the ear to get relief. b) Put warm 'mustard oil' in the ear.
21.	Tuberculosis	a) Patient is advised to sleep where the goats are tied. It is believed that goats eat each and everything and they create a specific kind of atmosphere where they are tied. This atmospheric air is helpful in curing tuberculosis.
22.	Hysteria	a) "Kanda" (*Allium cepa*) is given to the patient to eat.
23.	Cataract/Eye Swelling	a) A bee like small fly lives in hollow stems. It produces honey, if this honey is put in the sufferer's eye, he is cured. It also works when eyesight gets weaken.
24.	Burning/Injury	a) Apply mixture of turmeric powder and ghee.
25.	Early Abortion	a) A mixture of salt and 'Ajwain'(*Carum copticum*) is given in such cases. b) Red and Black 'Chirmi'(*Abrus precatorious*) is ground together and given to the patient.

their fields and huts.

Generally herbalists in these two villages don't make mention of their herbs and medicinal plants. They are too reluctant to talk about herbs and herbal medicines especially with outsiders. Many books also mention about various medicinal herbs and their uses. The information collected during fieldwork about some of the medicinal plants and their mode of use with respect to ailment is given in table 2.

ALLOPATHIC MODE OF TREATMENT

PHC at Madri lacks sufficient health personnels, adequate supply of medicines, equipments and work interest of the staff also. Only one private practitioner is there in the village Madri who is devoted to his profession and tribals do have faith in him. Tribals and other villagers visit the allopathic doctors not because of the governmental medical facilities existing in the area, but due to the impact of contact with urban culture. After seeking home medication and other traditional treatments, tribals consult the private practitioner. If the patient does not get cured by him, they move to referral hospital or the private doctor at Jhadol. Serious cases are further referred to the Medical College, Udaipur.

Another village under study is Jamun which lacks any kind of modern health care facility. The village is connected with kaccha road, so it is difficult for Government health personnel to approach them. Neither ANM nor any health officer contacts them due to the lack of work interest. Tribals of village Jamun are fully dependent on their indigenous medical system. They rarely go to Udaipur and they hardly come in contact with non tribals.

One of the case study of the respondents who is educated up to P.G. and a teacher too in he school village is not in favour of the use of modern medicines. In his opinion traditional medicine is better, the reason mentioned by him is revealed from the foregoing paragraph:

He had only one son about ten years old. One day when he came to home in the evening of summers after having played with his friends he complained the stomach pain. Home medication was given to him, but was not effective as the pain increased and boy started crying. Neighbours of the teacher were of the opinion that some evil spirit has caused this pain and he must seek the advice of Bhopa. But the teacher did not listen to anyone and rushed to referral hospital of Jhadol. Due to lack of proper facilities and a doctor only a compounder came to see his son and asked him to get his son admitted in the hospital. A glucose drip and an injection were administrated to him. Some medicines were also given to the patient. By the afternoon, he found that there was a relief in his son's condition and he felt relaxed. Suddenly his son started vomiting and after 2-3 vomiting he died in the evening. The teacher did not know as to what had happened to his son and why did he die, when he was at a recovering stage. The teacher opines that perhaps, some wrong medicine was administered to his son. Therefore, he believes that it is always better to go to some Bhopa or other traditional healer because there is a fifty-fifty chance to live alive, whereas modern medicine causes extreme results either life or death. In allopathic medicine events take place very fast and being a layman in respect of modern medicine, patient and his attendants find themselves helpless and unable to take any decision against the hospital personnel further. If, it were a case of Bhopa and had he found no recovery, at least there was a chance to move to some other Bhopa in emergency.

This incident has affected adversely not only this particular respondent, but other educated respondents also.

CONCLUSION

In general, it has been seen that Bhils avail the facilities of both traditional and modern health care systems. Preference of the curer is also many fold process. In case of serious ailments Bhils prefer to go to Bhopa first and services of the herbalist may also be sought simultaneously. As far as the respondents of village Jamun are concerned, they are seldom approached by the ANM. So they have no other option but to go to a traditional healer only. If the patient is not cured then he is taken to the doctor in acute condition. If the patient doesn't get well evenafter doctor's prescription, he is again taken to the Bhopa- the ultimate doctor of the Bhil community.

More than 50 % respondents in the villages studied strongly believe in their age old and time-tested practices. A very low number of respondents prefer to go to a modern doctor. Factors like age, religious sect, a nominal exposure to outside world, lack of proper health care facilities

compel them to visit to only traditional health practitioners. Bhils do not find the use of allopathic mode of treatment com-patible within their living conditions.

Health seeking behaviour of the tribals cannot be underestimated by just categorizing them as irrational, superstitious, irrelevant, and illiterate. Before expecting some acceptable change in tribal's life, it is necessary to know about the socio-cultural attributes effecting health of a community. Sometimes they understand the utility of other modes of treatment especially the allopathic medicine, but they find the use of such systems inconvenient as it has its side effects like abdominal pain, headache, physical weakness and nausea etc.

Still it may be added here that absence of proper health care facilities are also responsible for the use of indige-nous health practices.

KEY WORDS Bhopa. ANM. VHG. Home Medication. Herbal Medicine.

ABSTRACT The study was carried out in two villages namely Madri and Jamun of Jhadol panchayat samiti in Udaipur district of southern Rajasthan from 156 Bhil respondents. Udaipur attains the 18th rank in Health Index (1997-98). A facility of primary health center (PHC) and ayurvedic hospital at Madri serves the purpose of health care of both of the villages at government level. Bhils believe in multi- causation theory regarding occurrence of diseases. Doctor, ANM, VHG, Bhopa, traditional herbalist, traditional birth attendant are some of the health personnels. Home medication is followed by treatment of Bhopa or/and herbalist. If the ailment is not cured by traditional healers, patient is taken to the allopathic doctor. If the patient doesn't get well evenafter doctor's prescription, he is again taken to the Bhopa- the ultimate doctor of the Bhil community. Treatment by a doctor and a Bhopa are two poles apart from each other. Herbal treatment finds its way in between two extreme therapies.

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