

Ethnomedical Practices of Chenchu – A Case of Integrated System

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ABSTRACT Chenchu, a hunting gathering semi nomadic tribe in transition inhabit Nallamalai forest of Andhra Pradesh is subjected to a number of problems not only with regard to subsistence needs but also with regard to sustaining their culture and popular health practices. This situation is attributed not merely due to culture contact but also due to the changing ecological conditions. The ethno medical system of Chenchu constitute multiple practices such as magico religious, pressure application and use of plant and animal products displaying medical pluralism. This system further shows a new dimension of integrated medicine as all these ethno medical practices are provided within the same social space by a few personnel with amicable cooperation among themselves.

INTRODUCTION

Health and disease though often claimed to be the subject matter of medical sciences; the history proves that social sciences in general and anthropological research in particular have contributed significantly to them. The works of Rosen (1963), Dubos (1965) and Veith (1966) projected a common viewpoint that there exists a strong relationship between health and social situations which led to researches in understanding social and cultural dimensions of illness. These circumstances might have influenced the idea of conceiving medicine as a social science advocating the need for understanding socio economic conditions of health and to utilize social intervention to promote health and combat disease (Rosen, 1963). As the modern medicine became increasingly preoccupied with specific micro organisms as the agents of causing disease (Dubos, 1959; Galdston, 1963; Polgar, 1968), the interest in social and cultural context of disease has declined (Galdston, 1959). However, in the recent decades this has changed and we find both medical and social scientists showing keen interest in socio-economic and cultural aspects of health and disease. In this context Galdston (1963) proposed the need for more anthropological knowledge in treating disease which is increasingly confronted by pathogenic forces that are ecological, social and cultural in nature.

This trend has resulted in the development of medical anthropology that has occurred since mid of 20th century. But many ethnographic studies adhering to the holistic nature of the discipline, found to have focused in varying degrees upon

different aspects of indigenous perceptions of health and health seeking behaviour (Rivers, 1924; Clements, 1932; Evans Pritchard, 1937; Gillin, 1948 among others). The review presented by Caudill (1953) in his monumental paper shows anthropological interventions to solve health and disease related problems and continuing interest of anthropology in this direction. During early 1960's medical anthropology came into existence as a subfield within the integrated subject of anthropology. Fabrega (1972) has pointed out two focal areas of medical anthropology, one pertaining to ethnomedicine and the other to biomedicine. The ethnomedicine describes all the aspects of health seeking behaviour of an ethnic group or a community. Whereas when health and disease are dealt within the knowledge of western scientific medicine it is termed as biomedicine.

From the above analysis we realize that the domain of ethnomedicine is a cultural construct of health, disease, diagnosis and the related therapies. When it is culture specific generalization may not be possible on various aspects mentioned above, because what is considered disease in one culture may not be the same in another. For instance the Mano of Africa regard yaws as normal (Ackerknecht, 1946) and similarly the Yap islanders consider the intestinal worms necessary for digestion (Saunders, 1954). Whereas Mayan Indians of Guatemala regard worm infestation unpleasant and seek treatment only when they emerge through the oesophagus (Adams, 1953). But interestingly, as Frake (1961) point out the Subanun of Philippines makes finer discriminations between symptoms of skin disease than modern medicine.

The diagnosis in ethnomedical system mainly rests upon establishing the cause of disease. The cause of disease in this system is generally attributed to the relationship between the sufferer and his surroundings which are culturally interpreted. Polgar (1962) shows mechanical and emotional as well as magical and religious causes for illness while Glick (1967) emphasize upon religious and malevolent beings. In the Middle East illness is a cause of personal behaviour or due to the actions of someone (Shiloh, 1961). Alland (1964) find the Abron, attributing illness to some supernatural powers acted against the victim.

Considering the treatment of illness, it includes magico religious, mechanical and chemical procedures. Laughlin (1963) has listed out a number of indigenous therapeutic practices such as trephining, bone setting, baths, poultices, inhalations, laxatives, enemas, ointments and cuppings (Ackerknecht, 1942; Simmons, 1955; Huard, 1969). In ethnomedical treatment often more than one therapy is applied simultaneously aiming at quick relief. Even when materia-medica (chemical and herbal) methods are employed, magico religious elements also significantly form a part of the treatment, otherwise the course is construed incomplete.

Almost every ethnomedical research work provides us information regarding the kind of specialists who are actually involved in administering the different types of curative procedures. These specialists include Shamans, diviners, herbalists, midwives and masseurs (Nurge, 1958; Leiban, 1962; Maclean 1969).

With this backdrop the present study is aimed at analyzing the fast vanishing ethnomedical practices of Chenchu with an intention to underline their significance in the overall social situation and to project the ideal they set before the modern health care systems.

SOCIO-ECOLOGICAL SCENARIO

Chenchu is a hunting-gathering primitive tribe inhabiting Nallamalai forests of Andhra Pradesh. They subsist mostly on a variety of tubers, wild berries, leaves, honey and on game animals (Devarapalli, 1994). In their pursuit of food gathering and hunting they lead nomadic life in small groups living in temporary settlements. But much change is seen in their living pattern in the recent times (Devarapalli, 1996). The involuntary

settlement in the government sponsored housing colonies has initiated sedentary life among the nomadic Chenchu. But some of them still lead a semi nomadic life. Whether it is settled or semi nomadic life, the forests form their main stay not only in providing subsistence but also in meeting their physical and spiritual needs including health. But the dwindling forest cover of Nallamalai due to human activity has a setback on the life and practices of Chenchu on one hand and the local ecology on the other (Devarapalli and Kumar, 1999). The hitherto pristine Nallamalai forests are exposed to the non tribals' interventions in many ways disturbing the very natural balance of the forest ecosystem. The authorized as well as illegal means of felling trees, increased vehicular traffic in the forest, commercialization of non -timber forest produce, construction of multi purpose projects etc., have not only reduced the green cover but also caused serious threat to a number of medicinal plants and wild food resources of the Chenchu.

As a matter of fact, the Chenchu are widely scattered in forest and their dwellings are found on hill tops, hill slopes, hill plains and on the foot hills. Most of their dwellings are inaccessible and are distantly separated from the rural or urban centers where modern medical facilities are available. In spite of the non-availability of modern medical system the Chenchu are able to sustain themselves since the times immemorial. This indicates that sickness and disease have never conquered them absolutely. To put it in other words Chenchu have a mechanism of combating the biological ailments as could be seen from their local healing practices. Needless to say the genetic inheritance and the relative pollution free environment in which they live provide strong resistance against many diseases. Even then, ill health and pathology are ground reality in their life.

ETHNOMEDICAL PRACTICES

Chenchu, though practicing magico-religious treatment, the diagnosis of ailment and physical treatment are also established. They attribute sickness and disease to the wrath of supernatural and the malevolent spirits and to the envious witchcraft. The etiology of some of the diseases is traced to contaminated water and deficiency of food which may of course fall short of scientific justification in certain cases. The diagnosis of

disease is mostly based on physical symptoms and the nature and location of pain suffered by the patient. Depending upon the nature of disease the curing method is emphasized. But in general more than one curing method is employed including the use of modern or bio-medicine either in serial or simultaneously. Thus the health seeking behaviour of Chenchu include a number of practices such as household therapies, magico-religious practices, use of plant and animal products, pressure application and bio-medicine.

HOUSEHOLD THERAPY

Family among Chenchu serves as a primary unit of health service apart from providing all the other usual functions to its members. When any one in the family becomes sick they do not immediately rush unto either traditional or modern health services functionaries. The aged in the family try to administer certain treatment such as warming the body in case the patient is shivering, avoiding food and drink when there are vomitings, giving salt water when stomach ache is complained, and a number of other such health tricks. The home remedies also include vowing to the deities certain offerings. They also believe in the concept of evil eye which is managed through the practice of *disti*. This includes taking turmeric water mixed with lime, dry chilly and hair, rotated around the patient and is poured out. Similarly some food stuffs are also offered out, indicating the household therapy include materia-medica as well as magico-religious. Above all the kind of affection showered by the family members gives great solace to the sick, hastening the recovery.

MAGICO-RELIGIOUS PRACTICES

Owing to their strong beliefs, the Chenchu at the onset of any disease try to invoke the supernatural or appease the spirits that were supposed to have caused the ailment. Basing on the severity they seek Shaman's intervention to name the spirit that was responsible for sickness and to know what offering would appease it.

The magico-religious practices are generally discharged by Shaman locally called *Gaddechepuwadu* in case of male and *Gaddechepunadi* if female. The sorcery practice is of three types – *Thappetagadde*, *Naadigadde* and *Bandasakunam*. In the first type, *thappeta*

(one side drum) is played all the night while invoking the spirits as the patient sit along with his close kin in front of the Shaman. The Shaman goes on playing the drum all the night or till the disease causing spirit is detected, which may some time continued for more than one day. Whereas in the second type, the pulse of the patient is felt at the elbow or at the armpit. It is said that the pulse beat very fast producing snoring sound which is predicted to be the work of evil spirit. In the third type, the Shaman keep a stone on his head while invoking spirits and as the stone on his head fall into his arms on reciting a particular name, then the trouble is predicted to have been caused by that particular spirit. As the deity or the spirit appears to the Shaman he inquires about the cause of sickness and the remedy. Then the patient has to make the necessary offerings like food stuffs and sacrificing chicken, goat and sheep with the assistance of the Shaman. In all the three above said practices the Shaman goes into trance while he is reciting names of the natural forces like earth, heaven, sun, moon, fire etc., and the super-naturals like Gangamma, Bouramma, Bramarambha, Maddileti etc. He also pronounces the names of the recently dead persons in the settlement including the close kin. The shaman communicates with the spirit and find out the remedy for sickness which may be very expensive sometimes. After the prediction the turmeric tainted thread is tied to the upper arm or neck or hip of the patient once it is prayed before that deity or spirit on making the vows.

APPLICATION OF PLANT-ANIMAL PRODUCTS

The use of various herbs for curing disease is nothing new in indigenous medical practices (Lieban, 1967; Messing, 1968). Apart from the magico-religious treatments Chenchu also use a variety of herbs and to an extent animal product in curing many a disease. The medication is done by experienced elders or shaman. Depending upon the ailment the medicine is administered orally or as external application. Those medicines that are orally administered are available in different forms such as pills, powder, paste, lotion and decoction. The treatment is accompanied by food restrictions such as avoiding sour edibles, salt and chilly powder in some cases.

It is found that no single individual is supposed to possess complete knowledge of herbal

Table 1: List of some of the diseases and herbal treatment

S. No.	Disease	Herbal Formula	Form	Mode of Application
1	Malaria	Nelavemu (<i>Andrographis paniculata</i>) leaf + Thippa theega (<i>Tinospora cordifolia</i>) root.	Pills	Oral Ingestion
2	Ulcer (Cancer)	*Annavedi leaf	Leaf bandage / leaf extract + coconut oil	External application
3	Excessive urination	Bodasaram (<i>Sphaeranthus indicus</i>) leaf	Extract	Oral ingestion
4	Urine withheld	Dusari theega (<i>Cocculus hirsutus</i>) leaf	Extract	Oral ingestion
5	Conjunctivitis	*Kannukuttuginja	Paste	Apply in eyes
6	Night blindness	Billudu (<i>Chloroxylon swetenia</i>) gum	Fluid	Apply in eyes
7	Cough	Sikireni (<i>Albizzia amara</i>) bark / *Penjutti root	Extract	Oral ingestion
8	Hoofing cough	Korinda theega (<i>Pterolobium hexapetalum</i>) stem	Necklace	Wear in the neck
9	Hydrocele	Thella gunta guraku (<i>Eclipta alba</i>) / kasinda (<i>Cassia occidentalis</i>) leaf	Palm pressed	Bandage
10	Excessive Menstrual bleeding	*Kaasipala leaf / *Pippentaku	Green leaf / leaf pills	Oral ingestion
11	Impotency	Bhuchekragadda (<i>Meruva oblongifolia</i>) + Nela Thatigadda (<i>Curculigo orchoides</i>) + *Meka mudusu gadda + Pennerugadda (<i>Withania somnifera</i>) + Maredugadda (<i>Dicaliphs hamiltani</i>) + Magasirigadda (<i>Pueraria tuberosa</i>) + Cowmilk.	Boil and make paste add honey	Oral ingestion

Note: *Botanical name could not be given as the plant is not physically verifiable due to the reasons discussed in the text.

medicine. Even shaman seek the help of some of the aged persons who have a better knowledge of herbal treatment indicating that this phenomena is diffused among the interested individuals instead of being concentrated in a few hands in spite of belief that, a herbal may not work well if it is known to every one. It so happens that, some times the patient him/her self administer the herbs. The parents may treat the sick children. Friends

and neighbours suggest one, to use so and so herb in a particular formulae to get cure. The increasing pollution and destruction of the forest led to the disappearance of many medicinal plants. Collection of medicinal plants on large scale by non-tribals by offering trivial benefits to tribals has been a great threat to those species.

Different types of diseases were identified by Chenchu such as infectious, ecological, venereal,

sex disorders, obstetric, gynecological, malnutrition, urological, cardiac etc. we find Chenchu using terms such as 'cancer', 'AIDS', 'heart attack' which are not in the traditional domain. Though these are borrowed from modern medicine, they are realized in their native context and lack universal affiliation with regard to diagnosis and treatment (Halpern, 1963; Lieban, 1967). Apart from treating disease they also provide herbal remedies for problems related to fertility, conception and termination of pregnancy. A brief list of remedies is presented here under (Table 1) which shows the various bio-products used in different formulae to cure different diseases.

Pressure Application

Another popularly used curative practice is application of physical pressure in the form of tight bandage, gentle palpitation or massage. Person suffering from severe head ache takes tight bandage around head with a smooth twisted cloth. In order to overcome post-natal pains and also to quicken the expulsion of post-partum abdomen is tightened by means of a cloth. In order to have strong gums and teeth the stick of *vempali* plant is used to brush teeth, and in the process it exerts pressure on gums. The skull of tortoise is used to gently push in the protruding rectum. When there is leg or hand sprain the particular limb is massaged with oil. If they suspect dislocation of bone or sinew the mixture of *morli* (*Buchanania* Sps) gum and rice powder is applied and tight bandage is made. When people feels sluggish and suffer body pains the entire body is massaged with oil. In some cases pressure application goes along with oral intake of certain herbal formulae.

DISCUSSION

The health culture of Chenchu described above include both ethnomedical as well as biomedical practices (the latter is not within the purview of the study). The various ethnomedical practices have deep rooted history within the culture derived to overcome the impediments on the way to a healthy life. All these practices are effective within the framework of the social and environmental context. The effectiveness of no single practice is suspected even though it is failed to produce the expected results. The household therapies prove that, the family as a basic social

unit address to the illness of the individual in addition to giving psychological strength. Similarly magico-religious activities apart from inducing self confidence and courage also provide medicine as the shaman is also a good herbalist. When we examine the course of treatment the above mentioned practices are not administered in serial but are employed simultaneously in the true sense of medical pluralism. Here the kind of natural environment also have an impact on the curative process as it extends relatively pollution free surroundings, forest based natural food and medicinal herbs.

But to the dismay of any one the ethnomedical practices of Chenchu are disappearing due to various reasons. The magico-religious practices are gradually vanishing due to culture contact with the outer world. The Shamans are getting scarce and they have to exercise their skills in the shroud of fear for they are suspected of practicing harmful witchcraft and often have to face the fury of the people, if there is a sudden suspicious death in the settlement. Due to the growing contact with the biomedicine the sorcery is losing its social base and people shy to accept it. Sporadically, activities of this nature encountered but are not admitted openly and no individual venture to declare that he/she is a shaman.

Though allopathic medicine is gradually advancing into Chenchu society, the use of herbs for treating various diseases is very popular. The ethnomedical knowledge of Chenchu is appreciable as it has recognized a variety of diseases and correspondingly diverse origins including magico-religious. They have identified disease due to infection, mal-nutrition, gastric disorders, sores and ulcers, and functional anomalies of various organ-systems especially reproductive system.

The transmission of herbal knowledge from generation to generation is hindered by the imposition of taboo which says if the herb is revealed to others its efficiency decreases or may not work at all, which in reality may serve the purpose of greed to exercise monopoly or may be aimed at protecting the very species from indiscriminate exploitation or both. Moreover the involuntary settled life from deep forest nomadism has curtailed their contact with a variety of medicinal plants and most of them failed to name any of them, and those that are able to mention the medicinal plant failed to identify them. Another probable reason for the loss of

ethnomedical knowledge is the displacement of their original dialect. Haimendorf (1943) pointed out that there is difficulty in ascertaining the nature of the Chenchu's indigenous religious beliefs that lie in the fact with the displacement of their original language. Since oral tradition is the means of communication and transmission of knowledge from generation to generation in unlettered cultures most of ethnomedical knowledge of Chenchu might have vanished from time to time. As such the ethnomedical practices of Chenchu are gradually losing its institutionalization during the course of time.

CONCLUSION

In spite of all the pit falls a critical examination of the available ethnomedical knowledge of Chenchu reveals its merits. The advantage of medical pluralism of late realized by the modern societies is conspicuous in the ethnomedical system of Chenchu. It incorporates psychotherapy by invoking supernatural, physiotherapy by using pressure application and Ayurveda and other allied systems by use of herbs and animal products. The ethnomedical practices of Chenchu as analyzed above not only present medical pluralism, but also show how the widely diversified practices are amicably administered as per the need and are readily available within the reach thus pointing at a further dimension of integrated system. From the emic view point no special value of superior or inferior is attached to any one of the practices. Each one is valid in its own right of resolving a part of the crisis. Shaman the champion of catering curative services have basic knowledge of almost all the practices and is not biased to any of them, rather suggest the patient to go for biomedicine if necessary. That may be the reason that the Chenchu do not express formidable resistance to allopathic treatment, but for its high cost.

It is high time to initiate appropriate measures to conserve the virtues of the vanishing ethnomedical practices for the reason that some of the practices worth scientific consideration and application perhaps in a refined manner. Those that are found to be harmful can be discarded. It has been argued by Shiloh (1965) and Kiev (1966) that modern medicine can more effectively serve populations in developing areas by utilizing certain of the resources of indigenous medical systems. Quisumbing (1951) has listed more than

eight hundred floral and faunal species from ethnomedical pharmacopoeia of Philippines which are efficacious in the treatment of maladies such as asthma, diarrhea, dysentery, malaria, diabetes, and kidney ailments. In the present day though the western medical system is so powerful and has almost ousted the traditional medical practices (Bhasin and Srivastava, 1991) the disappearing ethnomedical system of Chenchu sets two ideals before the modern system. The ethno-pharmacologically used bioproducts are to be subjected for scientific screening to identify the really useful herbal formulae. Secondly, the modern medical specialist should have the knowledge of the fundamentals of other scientific streams (such as homoeopathy, ayurveda, acupuncture, unani etc.) and should be able to appreciate the merits of other systems, so as to refer to them before the patient condition worsen and to minimize side effects.

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