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Ethnomedicine and Traditional Health Care Practices among Bakarwals and Gujjars in the Baramulla District, Jammu and Kashmir, India

Durga Rao Pedada

Department of Anthropology, Faculty of Science, University of Delhi, Delhi 110 007
E-mail: draopedada@anthro.du.ac.in

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ABSTRACT Anthropologists studying socio-cultural factors have argued that beliefs and practices relating to ill-health in all human societies are a central feature of the culture. The values and customs related to ill-health are part of the wider culture and cannot be studied in isolation from it. One cannot understand how people react to illness, death, or other misfortunes without understanding the culture they have grown up in or acquired. This paper aims to understand the use of herbal medicine and traditional health practices among Bakarwals and Gujjars in the Baramulla district, Jammu and Kashmir, India. Data were collected from 46 key informants selected through purposive sampling. It was observed that traditional healthcare practices persisted among these tribal groups to address their health problems. It is recommended that the health professionals need to understand the belief systems and taboos of these societies to provide more effective services.

INTRODUCTION

Anthropological studies conducted around the world have generated a rich body of knowledge on health and disease. It identifies key areas for further study and inquiry. As an initial step, it has been necessary to differentiate the terms 'disease' and 'illness', since scientific work requires precision and standardisation in the use of concepts. This distinction has been made possible by the extensive local knowledge derived from numerous field studies undertaken by anthropologists in the field of medicine, especially among isolated, underdeveloped, non-literate, tribal and rural communities since the early 20th century (Cockerham 2017). Ethnomedicine recognises the unique health practices of each society which are culturally sensitive (Santosa et al. 2025). Whatever health beliefs prevail in a society that are supported by a combination of social and psychological factors. In the face of illness, some element of faith in therapies can serve important functions for individuals and groups. But the same factors that facilitate useful beliefs can also hinder medical development and beneficial health practices. The indigenous people acquire knowledge of various herbal plants and their benefits to cure diseases with the help of herbal healers and elders (Singh 2025). The spirit-doctor in simple societies diagnoses the disease, invokes the spirits and prescribes the proper therapy (Jha 2004; Rajpramukh 2005). In both complex and simple societies, it is crucial to understand the cultural traditions of those societies (Rao and Singh 2017; Joshi and Vashist 2018). Indigenous people used traditional medicine mainly from medicinal plants throughout the years to prevent and cure the diseases (Arciniega-De Sales et al. 2024). The plant products are mainly used as sources of medicines, cosmetics, manure and other food and industrial products for many years (Echeverri 2026). The ethnobotanical studies in India are contributing to the biodiversity conversation and traditional medicinal practices (Kiran and Savanur 2025). There is a need for indigenous practitioners to be involved in health planning. Anthropological studies are essential for enhancing the understanding to help the tribal people plan their own health care (Bharati 2003). However, all medical systems are both successful and fail in curing sick people. Physicians and scientists whose work is based on science, at times, must also act on the faith and belief of local communities. Medical anthropologists working in the modern health care system bridge the gap between patients and health professionals in rendering the services. Therefore, the present paper is an attempt to highlight the use of herbal medicine and traditional health care practices among Bakarwals and Gujjars in the Baramulla district of Jammu and Kashmir, India.

Objectives

The objective of the present study is to understand the use of herbal medicine and traditional

health care practices among Bakarwals and Gujjars in the Baramulla district, Jammu and Kashmir, India.

MATERIAL AND METHODS

The present study is based on the empirical data collected from 46 key informants who are experienced women of reproductive age and have knowledge of herbal medicine in the Baramulla district of Jammu and Kashmir in India. Out of 46 key informants, 14 were from the Bakarwal tribe, and the remaining 32 key informants were from the Gujjar tribe, who were selected proportionately using purposive sampling. This paper provides qualitative explanations pertinent to persistent beliefs and practices with reference to health-seeking behaviour, medicinal plants, and their therapeutic usage in the selected tribes.

RESULTS

The key informants were interviewed about herbal medicine, such as the local name of the plants and their therapeutic usage, and traditional health care practices in their communities at the time of survey were presented in this paper. Table 1 shows the ailments like cough, cold, fever, skin diseases, diarrhoea, anaemia, jaundice, abdominal pain, haemorrhage, rheumatism, gout, menstrual suppression, amenorrhea and dysmenorrhea, that are treated with herbal medicine by Bakarwals since they have faith in this medicine. The plant parts are made as decoction or a paste to treat their health problems as per their local knowledge. This herbal medicine is taken internally and sometimes it is used externally as per the prescription. Table 2 shows that some health problems like cough, fever, stomachache, diarrhoea, jaundice, abdominal pain, headache, urinary disorders, eye infection and constipation are treated with herbal medicine by Gujjars since they believe in this herbal medicine. The plant parts are made as a decoction or paste to treat their health problems, and this herbal medicine is used internally or externally as prescribed by the traditional medicine man. It is observed that both Bakarwals and Gujjars are in favour of herbal medicine due to their geographical conditions and faith in traditional medicine. Therefore, the useful herbal plants need to be grown in the settlements of these tribal communities under afforestation programmes.

Traditional Health Care Practices in the Bakarwal Tribe

The Bakarwal tribe is a nomadic tribal group in Jammu and Kashmir. It is observed that the traditional healers (*peers*) are easily available in the settlements of Bakarwals who are known as mental health doctors. They cure the illness of the patients by *quranic* verses. It is believed that they have special power in healing illnesses of the local community and they bless the patients with *taweez* (amulets), and use clay and holy water as a remedy for illness. The *taweez* is given by *peers* for curing any illness, and *taweez* is believed to be the right practice to heal many diseases. The Bakarwals believe that *taweez* protects them from evil spirits and diseases. They also believe that the services of *peers* are effective since they diagnose the root cause of the illness and cure it.

Traditional Health Care Practices in Gujjar Tribe

Gujjar tribe is a semi-nomadic tribal community in Jammu and Kashmir. Their traditional health healer is locally known as a *hakeem* who performs rituals to heal illness of people in this community. The *hakeem* is approachable and he heals patients by using verses of Holy *Quran*. The *hakeem* gives a *taweez* (amulet), which is believed to be medicine and blessing to protect patients from diseases and evil spirits. He heals *jin* ghost (mental illness) and grants greetings from God. He gives medicine from plant parts and also advises patients on diet plans. He diagnoses the diseases by checking the heartbeat and analyses the root cause of the illness or disease. He provides easy and low-cost health services in the settlements of Gujjar tribe. There is a practice of serving *Tari*, a dish made of rice, ghee, milk and salt. It is served on Friday at the graveyard to make ancestors happy. It is noticed that similar traditional health care practices are also found among Bakarwals in Jammu and Kashmir. As stated by Rao et al. (2006), the harmful practices need to be discouraged and the practices, which are helpful need to be encouraged.

DISCUSSION

The people of simple societies are great believers of folk medicine. In many tribal societies various types of plants, leaves, creepers, bark, roots

Table 1: Medicinal plants used by Bakarwals to cure some health problems

Bakarwal vernacular name of the plant	*Family name*	*Part*	*Therapeutic usage*	*Disease/illness treated*
Ban	*Sarvo*	Leaves, flowers and seeds	Leaves, flowers and seeds are made into paste.	This paste is applied external for skin diseases .
Handh	*Taraxacum officinale*	Whole plant	The whole plant is boiled in water to make the decoction.	This decoction is given internally to cure fever and diarrhoea.
		Fresh leaves	The fresh leaves are boiled in water to make the decoction.	This decoction is given internally to cure anaemia.
		Dried leaves	Dried leaves are cooked.	Cooked dried leaves are given to mothers after giving birth to a child for her health. It is also given to cure haemorrhage.
		Root	The root is boiled in water to make the decoction.	This decoction is given internally to cure rheumatism, gout, and jaundice.
Boban	*Cirsium arvense*	Seeds	The seeds are made into paste.	This paste is given to girls and women for menstrual suppression and amenorrhea.
Hamesh bahar	*Calendula afficinalis*	Dried petals	The dried petals are made into paste.	This paste is applied external to cure wounds, rashes, infections, inflammation, and other skin conditions.
Shashedra	*Conyza bonariensis*	Whole plant	The whole plant is washed in water and used.	This plant is taken orally for managing dysmenorrhea (painful menstruation).
Jangli tethwan	*Artemisia moorcroftiana*	Whole plant	The whole plant is boiled in water to make the decoction.	This decoction is given internally to cure abdominal pain .
Kumber	*Bidens tripartita*	Leaves	Leaves are made into paste.	This paste is applied external on ulcers to cure.
Shall-lutt	*Conyza Canadensis*	Leaves	Leaves are boiled in water to make the decoction.	This decoction is given orally for cough and fever.
Mazan	*Casmos bipinnatus*	Flowers	Flowers are boiled in water to make the decoction.	This decoction is given orally for curing jaundice.

Source: Fieldwork 2023-2024

or bulbs, stem, flowers, fruits and seeds are used to cure diseases and wounds. Those who specialise in this treatment are accorded high status in the societies. For instance, various types of diseases are cured by applying the roots, stem or shoot and leaves of the plants available in their surroundings. The Himalayan region of Jammu and Kashmir is ethno-botanically and ethnically rich in the possession of high diversity of medicinal plants and tribes. The Bakarwals and Gujjars are nomadic tribes living in this region who have a symbiotic relationship with nature. Local individuals still rely on medicinal plants, but the flora in the wild is being degraded at an alarming rate (Mir et al. 2022). Medicinal plants are under increased threat due to environmental and anthropogenic pressures that have impacted their distribution and survival among different regions (Farooq et al. 2025). Another study pointed to deforestation as one of the major causes that destroys the natural medicinal plant resources used by Gujjar and Bakarwal tribes. These tribes are knowledgeable about traditional medicinal plants and shrubs. However, it was highlighted that due to urbanisation, the younger generation lacks knowledge of traditional plants (Ahmed 2019). It is observed that both Bakarwals

Table 2: Medicinal plants used by Gujjars to cure some health problems

Gujjar vernacular name of the plant	*Family name*	*Part*	*Therapeutic usage*	*Disease/illness treated*
Gueteer	*Adiantum venustum*	Leaves	The leaves are boiled in water to make the decoction.	This decoction is given internally to treat stomach-ache and cough.
Leesa	*Amaranthus caudatus*	Leaves	Leaves are boiled in water to make the decoction.	This decoction is given internally to treat diarrhoea and fever.
Janiadam	*Ajuga bracteosa*	Leaves	Leaves are boiled in water to make the decoction.	This decoction is given internally to treat diarrhoea.
Pahilgaus	*Achiuea Millefolium*	Leaves	Leaves are boiled in water to make the decoction.	This decoction is given internally to treat headache, fever, and urinary disorders.
Zand	*Indigofera heterantha*	Bark	Peeled bark from the rhizome is crushed and given orally.	The crushed bark is given internally to treat abdominal pain.
Meithkafal	*Atropa acuminate*	Whole plant	The whole plant is boiled in water to make its decoction.	This decoction is given internally to treat cough.
Khazaban	*Arnebia benthami*	Leaves and roots	The leaves and roots are boiled in water to make the decoction.	This decoction is given internally to mothers to increase lactation.
Abeithnoth	*Aquilegia fragrans*	Roots	Roots are dried and powdered.	The powder is given internally to cure jaundice.
Rasvat	*Berberis lyceum*	Roots and bark	Roots and bark of this plant are boiled in water till semi-solid mass is obtained.	It is applied external to cure eye infection.
Kuklipart	*Cuscuta europaea*	Stem	The stem is made into pieces.	It is given orally to prevent hair falling.
Datur	*Datura stramonium*	Seeds	The seeds are dried in the sunlight and crushed into powder.	This powder is given internally for cough.
Kruch	*Dioscorea deltoidea*	Roots	The roots are dried and powdered.	This powder is given internally with water to treat constipation.

Source: Fieldwork 2023-2024

and Gujjars possess a good knowledge concerning the utilisation of medicinal plants and they use a variety of plant species for curative purposes in their native system of medicine. As observed by Subramanyam and Rao (2007), plant medicine was widely practiced from age-old times in all parts of the world and it was believed to be much safer and easily accessible. The traditional medicines are effective and environmentally friendly (Wanzala and Minyoso 2024). The medicinal herbs play a vital role in human health care systems all over the world (Saggar et al. 2022). This knowledge passes down from one generation to another orally, which is now on the verge of extinction (Jan et al. 2021). The therapeutic use of plants by tribals and traditional knowledge of the communities need to be documented for future generations (Kamboj 2000; Filimban et al. 2026). The traditional medicine is affordable and the traditional health healers may also be involved in the modern medicare system to strengthen the modern health care system (Shehu and Rao 2020). People often use traditional medicine along with modern medicine and seek advice of Maulavis, Faqirs, and Sadhu-sant to solve their problems (Ahmed et al. 2025). In this way, it is found that indigenous medicine has been very helpful in the health care system of India in the past as well as at the present time. Furthermore, there is also a need to conserve these resources due to threats of sociocultural changes, urbanisa-

tion, and economic development (Hussain et al. 2025). The government, industry and academia must acknowledge the need for developing the sustainable medicines locally with an emphasis on a holistic and health society (Cordell 2026).This highlights the need to conserve the resources along with preserving the traditional ethnomedicinal knowledge of the local practitioners.

CONCLUSION

It was observed that the culture and geographical conditions of Bakarwals and Gujjars in Jammu and Kashmir made them believe in traditional medicine. These tribal groups in the Himalayan region rely on plant based medicine, which is environmentally friendly and these medicinal plants are available plenty in their surroundings. The traditional healers in this area possess high status since they heal sick people using the verses of Holy *Quran* and *taweez* (amulets) to ward off evil spirits. Therefore, the healing practices, which are helpful and culturally significant, need to be encouraged.

RECOMMENDATIONS

It is recommended that the services of traditional medicine men or women can be utilised in educating and exposing both Bakarwals and Gujjars to the modern interventions and available services. The herbal medicine and traditional health care practices of these tribes need to be documented and digitised for future reference. The herbal therapeutic knowledge of these tribes needs to be promoted by establishing drug research centres for their culture-based health needs. Therefore, herbal drug research in tribal areas needs to be encouraged by the Ministry of AYUSH, Government of India, to meet the health needs of tribes since they believe in herbal medicine.

LIMITATIONS

The present study collected data from the key informants who were experienced in herbal medicine and traditional health care practices. Therefore, further research needs to incorporate the perspectives of the local population to elicit information on ethno-medicine.

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AUTHORISATION AND DECLARATIONS

The article has not been published or sent for publication elsewhere.

ETHICAL APPROVAL STATEMENT

Not applicable since this article does not contain any studies with human or animal participants.

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