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# Indigenous Health Practices Used for Antifertility Among Bharias of Patalkot, Madhya Pradesh, India

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**ABSTRACT** The rapidly growing population in developing countries and improvement in the quality and quantity of health aspects have been continuously engaging the attention of academicians, professionals and researchers. The use of indigenous health practices for anti-fertility purpóses is an ancient phenomenon among tribal and other populations. From a long time tribals and forests are related to each other. Their health, day to day needs, etc. are widely influenced by the natural biodiversity and environmental factors. The Bharias of Patalkot are one of the most primitive tribal population of Madhya Pradesh (India). They inhabit in a remote and inacessable ecological setup, using enormous range of wild plants for their basic needs and medicine. An attempt has been made here to explore the prospective adoption of the indigenous health practicies used for the antifertility purposes among Bharias of Patalkot. The present investigation is based on observations of folk healers and interview of 305 individuals.

Tribal populations all over the world use an enormous range of flora and fauna for their basic needs, sustenance and livelihood. They have developed a unique understanding of wild plants, herbs, etc., and have passed their knowledge through traditions, taboos, totems, folklore, by word of mouth from one generation to another. They have acquired specialized knowledge of disease patterns and curative therapy through hard experience, common sense and a trial and error method.

The Bharias of Patalkot are one of the most primitive and isolated tribal populations of Madhya Pradesh. They inhabit remote and inacessible ecological setup and use an enormous range of wild plants for their basic needs and medicines. The Bharias are closely associated with the Gonds, because of which they are mistaken to be belonging to the same group. This may be due to a few typical similarities of rituals and deities.

## MATERIALS AND METHODS

The present investigation is based on patricipant observations with folk healers and interview of 305 individuals of the Bharia tribe of Patalkot. The present investigation has been conducted through interview schedule. Simultaneously, group discussion and informal interview methods have also been used. All the villages (12) and hamlets (29) have been covered from Patalkot area. One sample has been selected randomly from each available household. In this regard representation of approximately the total population of Patalkot has been achieved.

The area constituting Patalkot lies between 22°-24' and 22°-29' north latitude and 78°-43' and 78°-50' East longitude. Patalkot is a bowl shaped formation, situated on the Satpura Plateau, the area being surrounded on three sides by hilly ridges while the fourth side is open on the north-west side towards the Dudhi river. The approach to Patalkot from outside is extremely difficult due to straight ridges and uneven terrain. Except for a few kilometers of *Kachha* forest road connecting three or four villages with the outside upland, the area lacks any communication. The whole of the area not only becomes completely cut off from the outside during the rainy season, but also movement is not possible even within Patalkot area (79 sq. kms). There are neither shops nor weekly markets or medical facilities. For attending markets government offices they climb up the ridges and have to walk from 5 to 25 kms on foot. The Patalkot valley has an altitude ranging between 3750 ft top 1500 ft above main sea level. Climbing is quite difficult and at places the hilly ridges are almost straight. In this regard, the Bharias of Patalkot are confined to remote and inacessible ecological

**Table 1: Indigenous medicines used for the antifertility purpose**

| S. No. | Name of folk medicine or herb | | Part of the herb used | Method of applying | Probable dosages | Duration |
|---|---|---|---|---|---|---|
| | Local/vernacular name | Botanical name | | | | |
| 1. | Gumchi | *Abrus pauciflorus* Linn. (Papilionaceae) | Seeds | Grind seeds and use with three years old Gur | 2-3 seeds twice a day | 3 days (only) |
| 2. | Tendu | *Diospyrus melanexylon* Roxb. (Ebenaceae) | Resin or fungs of dry stem | Resin used with Gur | Equal to tablets after mensuration once a day | 1-3 days or used only once |
| 3. | Kali Phar | *Cissampelos pareira* Linn. (Menispermaicae) | Root | Grind 1-1.5 feet stem and prepare three tablets | One tablet daily | 3 days only |
| 4. | Ganna<br>+<br>Tendu | *Saccharum officinarum*<br>+<br>*Diospyrus melanoxylon* Roxb. (Ebenaceae) | Flower<br>+<br>Resin | Grind and mix approximately equal items and prepare tablets | Two tablets per day<br>Ladies take rest half hour after taking tablet | 1-3 days |
| 5. | Satyanashi | *Argemone maxicana** | Root or Plant | Extract juice and add with liquor | one or two tea spoon root juice + one cup liquor, twice a day | 3 days |
| 6. | Chilahar | *Acacia torta** | Stem | Use datun twice a day | Twice a day | 7 days |
| 7. | Saihe (Animal) | Porcupine (*Hystrix*) (Zool. name) | Horn like needless | Dry it and rub on stone with water | 3-10 drops twice a day | 7-15 day |
| 8. | Chilahar<br>+<br>Pendra | Acacia torta*<br>Balanites *roxburghii* Planch (Simaroubaceae) | Stem<br>- +<br>Bark | Grind it | Only once 10-20 gms | After-effect on eye side menstruation and weakness |
| 9. | Agsrai | *Striga lutes lour* (Crophularsaicae) | Root | | | |
| | +<br>Almot | *Morinda cirti folia* Linn. | +<br>Root | | | |
| | +<br>Baus insect | (Rubiacae)<br>*Bettle* (Zool. name) | +<br>as it is | | | |
| | +<br>Tendu | *Diospyrus melanoxylon* Roxb. | +<br>Resin | Grind all the items and prepare tablets | One tablet twice a day | 2-5 days |
| | +<br>Imli | (Ebenaceae)<br>*Tamarindus Indicia* Linn. | +<br>Resin | | | |
| | +<br>Pathar ki Brath | (Leguminosae)<br>*Lichen* Sp. (grow on stones) | +<br>as it is | | | |
| | Awle ki Brath | *Lichen* sp. (grow on (Awla trees) | as it is<br>+ | | | |
| 10. | Indravan | *Trichosanthus bracteata Lam. voigh* (curcrbitaceae) | Root<br>+<br>seeds | 20 gms root powder + two and half seeds + three years old Gur | One tablet twice a day | 7 days after M.C |
| 11. | Rohani | *Soymidia febrifuga A. Juss.* (Meliaceae) | Bark/ Root | Grind with 3 years old Gur | 10-20 gms twice a day | 7 days after M.C. |
| | Adhipatti | *Adiantum philippense* Linn. (Pteridaceae) | Leaves | | | |
| 12. | Banjh kela | *Musa sapientum* Linn. (Musaceae) | Root | Grind it with sugar | 10-20 gms twice a day | 7 days after M.C |

setup. Patalkot is situated in Tamia block of Chhindwara district of Madhya Pradesh.

## RESULTS AND DISCUSSION

The Bharias of Patalkot depend for medical cure on indigenous health practices. There are no medical facilities available in their area even today. The initially do not prefer to go to allopathic doctors. In case of such diseases, which are beyond the cure of their indigenous remedies, they consult allopathic practioners occasionally. This is partly due to economic reasons and due to long distances and difficult terrain. The results of the study are presented in table 1.

The most effective antifertility herbal medicines are serial numbers 1,4,8,9 and 11. The medicines need further extensive probe. The botancial name which is star-marked, also needs exact botanical identification. Tendu's (*Diosyrus melanoxylon*) resin or fungus of dry stems is reported more effective for anti-fertility purposes. They do not practice any magico-religious act for antifertility purposes. It could be concluded from the foregoing brief reporting of indigenous health practices that :

1. There are a large number of herbal-medicines and plants used for anti- fertility purposes. These herbal medicines and plants should be explored through modern techniques and pharmaceutical investigations.
2. These herbal resources could be good source of income if extensively cultivated. Proper techniques of cultivation of such medicinal plants should be evolved within the same ecological conditions.
3. The reported medicinal plants were further investigated concerning the availability of various species, their botanical identification and their therapeutic values through scientific analysis.
4. A proper and reliable list of herban medicines with antifertility effects should be prepared for the awareness of the tribals, so that they use effectively indigenous health practices without relying on modern health and family welfare facilities.

In short, a sizeable medicinal bio-diversity exists in Patalkot area, which still awaits scientific exploration. Indiscriminate exploitation and unscientific deforestation should be checked so that rare plants do not become extinct. It is also worthwhile that there should be serious efforts to explore the indigineous health practices in other tribal populations. Such attempts will not only help us to know one of our most important cultural heritages but also promise to give new materials in the field of pharmaceutical researches. In this regard there is an urgent need for scientific management to protect and cultivate antifertility medicinal plants in Patalkot area.