An Ethnomedicinal Study Among the Gond of Chhattisgarh: India

Dinesh Mishra, Arti Broker

Abstract: An ethno medicinal survey was carried out among the Gond tribal community residing in the Korba district of Chhattisgarh State, India. Gond is the largest tribal community of India. They are widely distributed all over the India. 40 traditional healers were contacted and in depth interviewed to gather their knowledge regarding medicinal plants. To know the perception of health and disease 200 Gond people have been contacted who were received treatments by these traditional healers. 45 medicinal species were recorded, which are used to cure the common ailments such as headache, stomach-ache, fever, joint pain, T.B., stone, paralysis, gynaecological disorders etc. by the Gond Community. The medicinal species used are achyranthus aspera, adhatoda vasica, asperagus racemosus, bambusa angustifolia, cassia fistula, datura alba, semecarpus anacardium etc. Bark, Root and tuber were the most frequently used plant part for the preparation of medicine.
Key words: Ethnomedicine, Gond, Korba, Chhattisgarh, India.

INTRODUCTION

Plants and animals and so the human beings have intimate biological relationships since remote past and have evolved along parallel lines cooperating and depending upon each other for existence. The primitive men during the course of their struggle for existence in the forest must have encountered the miseries of pains and sickness, sustained injuries and to liberate themselves from these sufferings should have looked towards their natural fellow friends-the plants. And this inevitably led to the experimentation through trial and error and discovery of the healing properties of plants. It must have begun perhaps with the "Miraculous healing effects" of the leaves of some plants with which they covered their wounds to avoid flies & with the soothing and stimulating effect of the leaves, roots and stems of same plants, which they chewed to satisfy their hunger. Once having been realized the significance of these "Wonder herbs" they started communicating about them to their fellow friends through signs and symbols.

Ancient literatures of world on medicines suggest that the primitive people of antiquity and those of earlier centuries have been using several kinds of medicinal plants for combating diseases. History is evidence of the fact that many valuable drugs of our modern medicine have been discovered by knowing that a particular plant was used by the ancient folk healers in one or more ancient cultures of world for the treatment of some kinds of ailments. And information that a plant was used by the traditional healers of ancient civilizations is often an indication that it is worth scientific study today.

In India, the traditional herbal medicine has a long history and is very deep rooted. It was practiced much before the beginning of Christian era and perhaps in the pre-vedic periods to which belong the Mohenjodaro and Harrapan civilizations. Written records of use of plants for causing human and animal diseases in India can be traced back to the earliest (4500-1600, B.C.) scriptures of the Hindus, the Rigveda. Ayurveda, the India indigenous system of medicine dating back to the Vedic ages (1500-800, B.C.) has been an integral part of Indian culture. The Vedic Aryans were familiar with medicinal plants. Several plants are described in the Atharva-veda. This was followed by monumental ancient treatise on the subject like Charak Samhita (1000-800, B.C.), Sushrut samhita (800-700, B.C.) and Vighatta's, Astanga Hridaya (Sinha, 1998).

Some knowledge of ancient Indian medicine and the medicinal herbs have desended through generations and survived through times among the primitive human societies of the day. These are the aboriginal tribal communities of India. The circumstances under which these people live such as scarcity of food, abject poverty, want of medicine and other basic needs of life combined with their natural curiosity towards their closest neighbor-the plants, among which they lived and sought their help in mitigating their woes and sorrows must have been the essential factor in preserving the knowledge of medicinal herbs and their utility to mankind. This knowledge they inherited from their ancestors and also by their own experience and have been passed on from generation to generation as folklore among these people.

Although traditional medicine flourished in India for quite a long time yet for a while it was subdued under the impact of modern medicine. With the coming of chemical revolution in world and boom of synthetic products including synthetic medicines, the faith in and the popularity of traditional herbal medicine gradually declined. But as science revealed the great hazards of synthetic medicines on human health combined with their high cost which is beyond the reach of common people, the traditional herbal medicine has once again started gaining importance all over the world but especially in the developing countries. In India large part of the rural and backward population still depends upon indigenous folk practitioners'. Even the urban population suffering from chronic diseases after losing all hopes from modern medicine turns their eyes towards the folk medicine.

The accomplishment of forest dwellers in understanding plants and properties of their roots, stem, leaves, flowers and fruits is simply a result of long and intimate association with their flora and their dependence on them. Since their knowledge is based on experimentation on human beings though highly empirical, it warrants careful consideration. It behaves us to take advantages of their extensive knowledge that still exists in many parts of the world for scientific scrutiny and adoption for posterity lest it be lost under the debris of modernism. There is need to chemically and pharmacologically analyze known biodynamic species and see their physiological effectiveness. A few may yield drugs for modern medicine to treat the same conditions for which they are used traditionally and

may lead to the discovery of new chemical compounds (Alam, 1997).

Chhattisgarh state is recognized as one of the predominant tribal State of India consisting of about $^{1}/_{3}^{rd}$ of total tribal population as per population census, 1991. The state is endowed with rich forest resources (44%) mainly of Sal, Teak, Bamboo and Mixed forests. The forest of the state is recognized as rich biological reservoirs of many medicinal and aromatic plant resources. Since immemorial times the tribes in the state utilize a large number of plants species occurring in these forests as herbal medicine for curing various diseases and health disorders.

THE GONDS

The Gonds one of the largest non ayan and Dravidian forest tribe of India, have been concentrated in the almost all region of Chhattisgarh. The Gonds are an agro-silviculture community who draw their livelihood from agriculture, collection of minor forest produce and hunting. They speak the Dravidian language and trace their origin and ancestry with the Pandava Prince and his spouse Hidimba from the great Hindu Mythology "Mahabharta". The Gonds are widely distributed in India, in Chhattisgarh state they are found in all the sixteen districts. The Dravidian language, Parji is their mother tongue and many of them are also conversant with the Indo-Aryan language, Halbi. Besides their mother language, they also speak Chhattisgarhi. They use the Devanagari Script. The men folk shave their head and both the men and women wear a necklace know as kandil. The older men and women wear a bamboo comb in their hair. They are non-vegetarians but do not eat beef. However they eat pork and red ants. Rice and gruel are their staple food. A variety of pulses like urad, moong, Kulthi and various roots and tubers are also eaten. They drink alcoholic beverages and both the men and women are fond of chewing tobacco. Monogamy is the common type of marriage but polygyny is not uncommon. The residence after marriage is patrilocal. The Dhurwa women take part in the house hold work, agricultural activities, basket making and collection of forest produce and fuel. After childbirth, they observe the tonsure and naming ceremonies on the sixth day. The Gond buries their dead and the purificatory rituals of Dumatel and Chutak are observed on the same day. Most of Gond has given up their traditional occupation of basket making. Their primary means of livelihood are agriculture and forest produce. They worship Dulhadev, Danteswari, who is the principal deity, besides several other deities like Maoli Mata, Tolingin Mata and Dongar Deo. They celebrate the festivals of Nuakhai, Amush porab, Dussehra and few others.

RESEARCH DESIGN

The present paper was based on two months survey in the 10 tribal villages of Korba district of Chhattisgarh State, India. The study focuses on the ethnomedicinal practices prevalent among the Gond tribal community of that area. The methodology used for this study includes, in-depth interviews, non participant observation, case studies and focal group discussion, appropriately covered different dimensions of this study. A triangulation was also conducted for the validation of the gathered data. The in-depth survey includes 40 tribal herbalists and 200 patients form 10 villages of Korba district.

CONCEPT OF HEALTH AND DISEASE AMONG GONDS

The Gonds are the largest tribal community in India, so their numbers are significantly high in the forest villages of Chhattisgarh. Like other tribal communities of the world the Gonds also have their well preserved age old traditions of folk healing practices. They uses a wide range of herbal plant species for the treatment of Cough and Cold, Jaundice, Headache, Male Impotency, Fracture, Dysentery, Chest Pain, Dog Bite, Paralysis and Urinary Disorders.

Among the Gonds, health and disease are concerned with the proper functioning of body. A healthy person seems to do their routine work without exhaust. She / He can take proper diet, perform their work with maximum efficiency are considered as healthy person. Any person who has physical abnormality like paralysis, polio, etc. is considered to be ill. If a person is unable to do routine work with maximum efficiency, has lack of concentration, loss of appetite and laziness are considered ill. Health and illness are related to many factors like climatic changes, improper food intake, unhygienic condition, intake of stale food, cold, animal bites. Unsatisfied soul of dead ancestor, clan/village deity, evil intrusion, sorceress and witchcrafts are also believed to be the cause of illness.

DIAGNOSIS OF DISEASE

Diagnosis of disease among the Gonds is based on both traditional and modern method of diagnosis of the health problems If a person falls ill they first approach the traditional healers, faith healers or modern medicinal practitioners available locally or nearby area. Every system has its own method of diagnosing the disease and that should be very systematic. The local traditional healers are the first where people reach to diagnose their health problems. They are expertise in diagnosing the disease by calculating pulse from various body parts, by observation of eye colour, tongue and neck. Local traditional healer may be categorized into two types according to their nature of work; first category stands for the person performing magico religious acts for diagnosing the disease and involved in rituals and religious ceremonies among the Gonds and other villagers called Pujari (Village Priest).

TREATMENT OF DISEASE

Ethnomedicinal system among the Gond is as old as the human civilization. Gond tribe has own system of treatment or cure of any ailments occurring in the village. The medical system consists of traditional herbal remedies, magico religious act and modern medical facilities available from nearby village. Preference of health care system depends on the causal factor and availability of practitioner. Gond approach traditional healers for their primary health care needs, due to easy availability, accessibility and affordability. They have great faith towards traditional system of medicine and traditional healers. Gond relies on medicine procured from plant origin because medicinal plant or forest flora is a part of their life.

CONCLUSION

The knowledge of Gond community regarding medicinal plants could be useful for research as well as development activities. To protect the knowledge of traditional plant use and the benefits derived from it, the state should acknowledge folklore and legitimise its role. Species that are in traditional herbal practice should be protected because rural communities depend on them. The

information collected from the Gond community and presented here shows that a certain richness and diversity of knowledge regarding traditional uses for plants still survives as a part of the cultural heritage of the community. Even on the basis of a informants, this pattern is particularly clear in medicinal uses (see, for instance, the large number of plants cited by traditional healers), and is confirmed by the results of the quantitative analyses (Table:1).

It is thus becoming crucial that this bio cultural diversity be recorded and preserved by means of proper documentation and an identification of the relative species before it vanishes definitively. It is also of great importance to consider this cultural heritage within the framework of a sustainable management approach, with the aim of preserving all the components of its environmental diversity.

REFERENCES

Ardales, V. B. and Harder, J. R. (1998): "Knowledge, Attitude and Practices of Traditional and Modern Medicines in Iloilo and Negros Occidental": A Research Project under Philippine Study on Community Participation in Essential National Health Research (ENHR). Philippines

AYUSH Report (1999): "Conservation and Sustainable use of Medicinal Plants": Dr.D.N.Tiwari; (ISM&H), Government of India, Planning Commission.

Barnes, J., Anderson, L. A. and Phillipson, J. D. (2002): "Introduction to Monographs: Herbal Medicines": The Royal Pharmaceutical Society of Great Britain, London, U.K. (2nd ed.): 3-29.

Caudill, W. (1953): "Applied Anthropology in Medicine": Anthropology Today: An Encyclopedic Inventor, (ed.) A. L. Kroeber. University of Chicago Press, Chicago.

Choubey, K (1999): "A Note on Health Care System among the Tribals of Bastar": Tribal Health Bulletin, 5 (2): 33-35.

Hand, W. D. (1980): "Magical Medicine": University of California Press. California.

Kala, C. P. (2005): "Ethnomedicinal Botany of the Aptani in the Eastern Himalayan region of India": Journal of Ethnobiology and Ethnobotany, 1(11) (URL: http://www.ethnobiomed.com/content/1/1/11).

Lalramnghinglova, J. H. and Jha, L. K. (1997): "Ethnomedicine from Mizoram North-Eastern India": Ethnobotany, 19 (1&2): 105-111.

Mallerein, Cornelia (2004): "Ruler, Protector and Healer: The Clan Gods Sulia, Patkhanda and Sikerpat of the Kondh Tribe": Journal of Social Sciences, 8(2): 143-153.

Mishra, D.; Chakravarty, M & Goutam M.P.2006, "Traditional Medicinal Practices among the Varipus Tribal Community of Kanker District of Bastar Division" Indian Forester, 132 (7).

Nigenda, G., Cifuentes, E. and Hill, K. (2004): "Knowledge and Practices of Traditional Medicine in Mexico: A survey of practitioners": International Journal of Occupational and Environmental Health, 10(4): 416.

Rosen, G. (1963): "The Evolution of Social Medicine. In Hand book of Medical Sociology". (Ed. H. Freeman, S. Freeman, S. Levine and L. G. Reeder) Englewood Cliffs, N. J.": Prentice Hall: 17-61

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Table: 1 - Herbal Plants Used by the Gond Healer for the Treatment of Diseases

S.N	Disease	Vernacular Name of the Plant	Botanical Name	Part Used
1	Acidity	Peepal	*Ficus religeosa*	Bark
2	Anemia	Raktvidar	*Trecomella undulata*	Whole Part
		Sawarn Chhiri	*Argemone mexiana*	Root
3	Arthirities	Amaltas	*Cassia fistula*	Fruit
		Kala	*Datura alba*	Flower
		Malkangani	*Celestrus paniculata*	Seed
4	Asthma	Aonla	*Embilica officinalis*	Fruit
		Arjun	*Terminalia arjuna*	Bark
		Bans	*Bambusa angustifolia*	Bark
5	Blood Pressure	Arjun	*Terminalia arjuna*	Bark
6	Blood Purifier	Anantmul	*Tylophora asthamatica*	Roots
7	Chest Pain	Alsi	*Linum usitatissimum*	Seed
		Arjun	*Terminalia arjuna*	Bark
8	Constiption	Patal Kumhara	*Pueraria tuberosa*	Tuber
9	Contraceptive	Gataran	*Caesalpinia bonduc*	Seed
		Gular	*Ficus glomarata*	Fruit
10	Convulsion	Ramdatun	*Smilex mecrophylla*	Root
11	Cough	Ber	*Zizyphus jujuba*	Roots
		Bhilawa	*Semecarpus anarcardium*	Seed
12	Delivery Complications	Kali Musali	*Cucurligo orchiodes*	Tuber
13	Dysentry	Bans	*Bambusa angustifolia*	Leaves
		Bel	*Aegle Marmelos*	Pulp
		Gular	*Ficus glomarata*	Bark
14	Ear Ache	Saja	*Terminalia tomentosa*	Bark
15	Fever	Adusa	*Adhaatosa vasika*	Root
		Bhui Neem	*Andrograpis paniculata*	Leaves
		Van Tulsi	*Ocimum album*	Root
16	Fracture	Arjun	*Terminalia arjuna*	Bark
		Chitki	*Acyranthus aspera*	Leaves
		Hadjod	*Nictanthus arbortristis*	Stem
17	Gonorrohea	Ramdatun	*Smilex mecrophylla*	Roots
18	Heaache	Ghritkumari	*Aloe Vera*	Leaves
19	Hydrocel	Harra	*Terminalia chebula*	Fruit
		Satavar	*Asparagus racemosus*	Tuber
20	Indigestion	Dulli	*Celastrus*	Seeds
21	Itching	Nirgundi	*Vitex negundo*	Leaves
22	Jaundice	Bhui Aonla	*Phyllanthes niruri*	Root
		Amarbel	*Cuscuta reflexa*	Stem
23	Joints Pain	Satavar	*Asparagus racemosus*	Tuber
24	Malaria	Bhui Neem	*Andrograpis paniculata*	Whole Part
		Chirayata	*Swertia Chirata*	Whole Part
25	Male Impotency	Bidari Kand	*Pueraria tuberosa*	Tuber
		Kali Musali	*Cucurligo orchiodes*	Tuber
26	Menstrual Problem	Ashok	*Saraca indica*	Root
27	Milk Secretation	Anantmul	*Tylophora asthamatica*	Roots
		Satavar	*Asparagus racemosus*	Tuber
28	Piles	Arjun	*Terminalia arjuna*	Bark
		Kalihari	*Gloriosa superba*	Tuber

29	Pneumonia	Bhilawa	*Semecarpus anarcardium*	Seeds
30	Red Discharge	Ashok	*Saraca indica*	Leaves
		Raktvidar	*Trecomella undulata*	Leaves
31	Skin Disease	Chitawar	*Acyranthus aspera*	Roots
		Chitrak	*Plumago rosea*	Root
		Rehna	*Soymida febrifuga*	Bark
32	Stomach Ache	Bhui Aonla	*Phyllanthes niruri*	Whole Part
33	Stone	Bidari Kand	*Pueraria tuberosa*	Tuber
34	Swelling	Karanj	*Pongamia glabra*	Root
		Peng	*Celastrus paniculata*	Seed
35	T.B.	Amaltas	*Cassia fistula*	Root
		Rohan	*Soymida febrifuga*	Bark
		Sarpgandha	*Rawolfia serpentina*	Root
36	Tooth Ache	Akarkara	*Spilanthes oleracea*	Whole Part
37	Urinary Problem	Haldu	*Adina cordifolia*	Bark
		Lajwanti	*Smilex mecrophylla*	Whole Part
		Ramdatun	*Smilex mecrophylla*	Tuber
38	Weakness	Keokand	*Sostus speciosa*	Tuber
		Safed Musali	*Cholophytum tuberosa*	Tuber
		Satavar	*Asparagus racemosus*	Tuber
39	White Discharge	Ramdatun	*Smilex mecrophylla*	Root
40	Womitting	Adnichar	*Buchanania lanzam*	Root