



Perception of Health and Illness: Reflections from Gond Tribe of Chhattisgarh, India

Dr. Harshdeep Singh Dhanjal¹ & K. K. N. Sharma²

*1*Anthropometrist Sports Authority of India, National Centre of Excellence, Jagatpur, Cuttack, Odisha; *2*Professor & Dean Department of Anthropology, Dr. Harisingh Gour Vishwavidyalaya, Sagar, M.P., India. E-mail: <dr.harshdeep.anthro@gmail.com>

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ABSTRACT

Health is an inevitable component of human life and a major characteristic for well being and overall social development. It is influenced by common beliefs, customs and practices in any society an individual lives in. Like every culture, tribals as well have their own belief and practices pertaining to health, disease and illness. In fact, every society has its own perception of health, illness and medical culture for treatment of the sick. Tribals, while living with the forests since long have acquired an unwritten form of knowledge (popularly known as indigenous or traditional knowledge) which is orally transmitted from one generation to another. The interaction of tribal people with nature is intertwined with their indigenous knowledge, the knowledge which is held by the members of a particular community evolved through many years of regular experimentation. It serves the routine needs of the tribals as well as crises situation of life including health. This knowledge helps tribal people to sustain with their needs of day to day life including their health. The study tries to explore the perceptions of health and illness of the Gond tribe of Chhattisgarh and their existing use of ethnomedicine and ethnomedical practices.

Introduction

Health is a substantial prerequisite of human life and one of the major characteristics and indicators for social development. The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being (WHO, 1980). Health may be considered as a product of multiple factors and the communities contribute to share the responsibilities of its maintenance. It can be described as a state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized (Parsons, 1972). Numerous factors influence health among which one of the most important correlates is culture. Every society has its own medical style, or medical culture for treating the sick by the practices. The practices pertaining to the treatment of sick are referred as ethnomedical practices. The cultural interpretations of health, disease and illness are concerned with the ethnomedical system and ethnomedicine addresses healthcare seeking process and healing practices of any community. These practices prevailing among the tribal and rural societies are the sum total of experience, understanding and wisdom of those people. The study of health and illness including how people think and how people act about well-being and healing is known as ethnomedicine (Quinlan, 2001). Although significant worldwide progress has been experienced in the field of curative and preventive medicine, still there are people living in isolation in natural surroundings far away from civilization with their own traditional or indigenous beliefs, values, customs, etc. whom we usually call 'tribals'. The tribals are integral part of Indian civilization possessing insightful cultural heritage. India, being a home to rich variety of tribal communities has a long history and the culture with which they live in determines their health and health seeking behaviour.

Tribal health, culture and ethnomedicine

Tribal beliefs and practices have been constructed and surrounded by their parochial perception of natural and supernatural component. Tribals are closely attached with their habitats and possess a deep connection with their land, water, flora and fauna. They are closely knot with the web of these entities which develops traditional or indigenous knowledge to interact with their environment. The deep-rooted attachment with their natural resources fulfils day to day and routine needs of their life including health. Tribal health is a requisite component of their everyday life which is believed to be regulated by some supernatural forces. The supernatural theory of illness among tribals provides an important basis for explanation of beliefs pertaining to health and illness. Every culture has its own beliefs and practices concerning diseases, irrespective of its simplicity and complexity (Mishra, 2012). It is culture according to Basu (2000) that determines the health behaviour of any community in general and its individual members in particular. Hahn (1995) mentions that cultural ideas play a key role in determining who needs medical care, when and for what conditions/illnesses and with what results. There is no exact definition for defining *tribal health* and therefore, a better understanding of health and its correlates had always been a matter of concern for the scholars, researchers and health professionals. Tribal health cannot be understood in isolation as it remains in close contact with some numerous complexities that are entangled with their socio-cultural beliefs and practices (Sonowal and Jojo, 2003). Hence, it is essential to consider the socio-cultural concerns, economic dimensions and environmental aspects to understand health and health related problems.

Tribal habitat has always been supplemented and accompanied by forests and forest resources. Plants have been fulfilling basic needs of humans since ancient times. It would not be incorrect to say that medicinal plants in the tribal locality are an indispensable part of their ethnomedical system, the system or knowledge associated with medicinal plants and its practices exercised to cure diseases ranging from physical to cultural and associated health problems in their locale. Mishra (2012) states that tribal health system and their medical knowledge over ages had been known as '*Traditional Health Care*' or '*Indigenous Health Practices*' depends both upon herbal and psychosomatic lines of treatment and this practice always had a touch of magic, mysticism and magic. This knowledge is passed on from generation to generation through oral transmission and shows deeper understanding of their forest and forest resources. Ethnomedicine can be understood as a comparative study of traditional medicine practiced by different ethnic groups especially the indigenous peoples so called "Scheduled Tribes" in Indian context. It comprises medical dimensions of traditional or indigenous knowledge that is developed within societies over generations. The World Health Organization (WHO) defines traditional medicine as "the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences that are indigenous to different cultures. Whether understandable or not, it is used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness. Hence, it would be not incorrect to say that the inter-relationship between tribals, forests and ethnomedicine exists since time immemorial and tribals while living in forests have acquired a vast knowledge of the plants and their use for various purposes.

Health, illness and their correlates among numerous tribal communities of India had been studied by various scholars since many decades. Chhattisgarh state of central India is enriched with a diversity of tribal communities of which Gonds possess a special place for they are largest tribal groups of central India. The studies on perceptions pertaining to health & illness and an account of studies on ethnomedicine had been recorded by numerous scholars in Chhattisgarh state but records of these studies from Gonds of Surguja, Chhattisgarh are scanty. Keeping the preceding viewpoints, present study is an attempt to understand health and health seeking behavior among Gond tribe of Chhattisgarh. The study tries to explore the indigenous knowledge of health and illness gender and generation wise among young and old individuals of the Gond community along with existing ethnomedical practices.

Methodology

The study is based on extensive fieldworks carried out in fourteen villages of Surguja district, Chhattisgarh, India. Pre-tested schedules and interview method were used to obtain the information from the villagers regarding their perception of health and illness. Moreover, focus group discussions (FGDs) were held among villagers to acquire overall account of the health, illness and health seeking behavior. FGDs were held using purposive sampling method with the objective to gather insight information from young and old individuals of the community. One FGD of men and one of women was carried in each village and their groups were constituted depending upon their gender and generation. FGDs were conducted in the villages during afternoon as people had returned to their homes at that time after collecting forest products, cattle rearing and gardening activities. Besides, information pertaining to the use of medicinal plants was gathered from medicine men of the Gond villages. One medicine man from each village, i.e. a total of fourteen traditional healers were dealt for exploring the knowledge of some common medicinal plants used to cure some common ailments in their locale.

Area and Population of the Study

India is home to tribal people that constitute about 8.6 percent of the total population of the country. Nearly half of the country's tribal population resides in the Central Indian states of Chhattisgarh, Jharkhand and Odisha. The country constitutes 705 recognized scheduled tribal groups of which 75 tribal communities in 30 States/Union Territories are declared as Particularly Vulnerable Tribal Groups (PVTGs), formerly known as Primitive Tribal Groups (PTGs). Chhattisgarh, a central Indian state has one of the highest shares of scheduled tribe population in the country and as per 2011 census. Nearly 30.6 percent of the total population of state is scheduled tribe. Out of the total Scheduled Tribe population, 42,98,404 are Gonds (54.95%) and out of the total Gond population, 4,39,926 (10.23%) live in Surguja district.

Gond refers to the tribal people who live all over the Deccan Peninsula of India. They are amongst the largest tribal groups in South Asia and perhaps the world. Most of the Gonds describe themselves as hill people or *Koi* or *Koitur*, i.e. who settled in the Gondwana region, eastern Madhya Pradesh and western Chhattisgarh of the present day. Presently, Gonds live all over the central India and in the states of Maharashtra and Odisha. Many Gonds live around Satpura hills, Maikala range, Son-Deogarh uplands and Bastar Plateau. They habitually live in villages but in each village they live in a hamlet of their own. Originally they must have been nomadic hunters and food gatherers, but with course of time switched to shifting cultivation, retaining their close connection with the forest. All Gonds in some way or other are engaged in agriculture or work in the forests. They are basically farmers while some Gond communities have risen to the status of landowners and many are still landless labourers.

Objectives

The objectives of the present study are:

1. To explore and understand perceptions of health & illness among Gond tribe of Chhattisgarh, India and highlight their underlying practice.
2. To explore the knowledge of the ethnomedicinal plants used for the treatment of some common diseases.

Results

Perception of Health and illness among Gond people

The perception of health & illness and responses from the individuals varied among the individuals of the society depending upon the age and gender of the individuals. Health, according to the perception

of Gond people is a physical characteristic rather than mental. They relate health and disease with body functioning. A person is considered healthy if he lifts goods well, walks well, has high working capacity and has good intake of food. A person is considered ill if he lacks concentration in doing any work, consumes stale food, intakes inappropriate food, lives in unhygienic condition, etc. Therefore, a person needs to consume good food, stay in hygiene, maintain sanitation and work well to remain fit and healthy. Extreme laziness, body pain, and loss of appetite are very important symptoms of an ill person. Gonds have a strong belief that health depends on the way of living, cleanliness, hygiene, sanitation, drinking pure water and the type of, quality & quantity of food they consume.

Cause of illness

The causal factors for illness among Gonds can be divided as physical and cultural. Physical factors (*natural factors to them*) include inadequate dietary intake, indigestion of meals, difficulty in breathing, change in body temperature, etc. whereas cultural factors are associated with some supernatural powers, unsatisfied souls of the deceased ancestors, souls belonging to their clan or village, intrusion of devil and spirit in human body, breach of taboos, evil eye of any person, etc. Sorceries and witchcrafts are moreover responsible for the cause of illness as reported by some elderly people of the Gond tribe. Illness among the Gonds is categorized as mild and severe. Mild illness does not require medical treatment whereas severe illness does. Mild illness is a short term condition and can be cured sooner whereas severe illness condition is prolonged and takes time to reconcile. Jaundice and paralysis are considered severe to them whereas cold & cough, stomachache, abdominal pain, etc. are considered mild. Traditional beliefs when concerned report that elderly Gond people have a strong belief in evil spirits and the God's displeasure for the cause of diseases and misfortunes in their society. Elderly Gonds report that this belief system among them is the gift from their ancestors which the young generation of their society is not willing to accept except few of them.

Diagnosis of disease and mode of treatment

Diagnosis of disease among Gond people occurs in two ways: traditional and modern methods. When a person (sufferer) reports some ill health condition or any symptom of being not well, he/she is taken to the traditional healer of the community, popularly known as '*Devari*'. The sufferer is asked the problem the subject is suffering with and the healer asks him to sit down. *Devari* checks out the pulse rate, examines the eyes and tongue of the ill person which helps him to diagnose the disease and ultimately he is able to determine the actual cause of the disease. He starts chanting some sacred chants with his eyes closed. After the enchantment gets over, the family members or the close kin of the sufferer are informed of the cause of illness and further, they give their consent to *Devari* to start with the healing procedure. The subject is asked not to move from his place and not to change the position during the entire process of healing. The illness associated with evil eye, evil words, evil touch and evil magic are considered mild and are cured by the healer with no trouble. It is very much likely that a specific symptom might be associated with a disease or more. There are few young people of the society who directly approach the modern medicine for the treatment of disease.

Results from the Focus Group Discussions (FGDs)

Several factors like communication facilities, urbanization, deforestation, migration, occupational mobility, frequent contacts with the neighbouring non-tribals, measures by the government, etc. have been identified by scholars since decades that had brought changes in tribal culture. There have been changes in thoughts and perceptions of the younger individuals of the tribal societies than the older. Young individuals adapt to change themselves in different ways and this reflects the cultural divide between young and old. It was found in the FGDs that older people of the community had strong belief and faith in their traditional healing method and traditional healer. The perception of health

and health seeking behaviors among the elderly Gonds is intertwined with their traditional beliefs and practices whereas young individuals of the Gond community have adapted themselves with physical environment, external forces and changing social, cultural and economic domains.

Ethnomedicine, Ethnomedical Practices and Tribals

Plants are one of the rich possessions of the forest. They had been used by the tribals as edibles, firewood, household tools, medicines, etc. and conserved & preserved since time immemorial. It has now been scientifically proven that plants possess and synthesize certain bio-active and chemical compounds that can cure multiple health problems and diseases. The study or comparison of traditional medicine based on such bio-active and chemical compounds of plants is studied under the discipline, ethnomedicine. Joshi (2019) says that ethnomedical system of the scheduled tribes has always been a matter of curiosity for the explorers and in a wider spectrum it can be understood as a traditional healing system. According to him, the traditional healing systems are indigenously rooted arrangements of social relationships, cultural patterns and therapeutic activities involving use of locally available or adopted resources used in the management of illness. On an estimate, some 80 percent of the world's population according to World Health Organization (WHO) depends mainly on traditional medicine for their primary needs and perhaps two billion people depend largely on medicinal plants. In India, around 25,000 effective plant based formulations are used in traditional and folk medicine and more than 1.5 million practitioners in India are using traditional medicine system for healthcare (Pandey et. al, 2013). During the study, some ethnomedicinal plants were known to the researchers from the respondents which were used by the Gond traditional healers for the treatment of various ailments in their community. The names of the medicinal plants, their local name, family they belong to and their uses are mentioned below:

1. *Acyranthus aspera*; (Amaranthaceae); *Chitawar*. Use: Roots are used for treating skin diseases.
2. *Allium sativum*; (Amaryllidaceae); *Lahsun*. Use: Buds of garlic are cut into small pieces, mixed with mustard oil and boiled. The obtained oil is applied on skin to treat eczema.
3. *Aloe vera*; (Liliaceae); *Ghritkumari*. Use: Leaf of this herb is cut longitudinally and tied on the wound, scar or burnt part of the skin to get healed. It is also used to get relief from headache.
4. *Andrographis paniculata*; (Acanthaceae); *Bhui Neem*. Use: Leaves used to cure fever, malaria and headache.
5. *Asparagus racemosus*; (Liliaceae); *Shatawar*. Use: Root of this climber is used to cure diarrhea, hydrocel & bronchitis.
6. *Azadirachta indica*; (Maleaceae); *Neem*. Use: Neem leaves are used as antiseptic and sometimes used to cure fever. Still some elderly people of the community use the branches as a toothbrush for strengthening of gums and germ free tooth.
7. *Bauhinia variegata*; (Caesalpiniaceae); *Kachnar*. Use: Young buds of this tree are grinded and a paste is prepared for applying on skin infections for their treatment.
8. *Cassia alata*; (Caesalpiniaceae); *Bada chakora*. Use: Bada chakora is a shrub and its flowers are consumed as vegetable and said to be of high nutritional value.
9. *Cassia fistula*; (Caesalpiniaceae); *Amaltas*. Use: This is a legume in habit and whole plant is used to cure fever.
10. *Cassia tora*; (Caesalpiniaceae); *Charota*. Use: Seeds of this shrub is grinded to make a powder. Paste is prepared from this powder and applied on skin for treatment of ringworm.
11. *Cissus quadrangularis*; (Vitaceae); *Harjor*. Use: Stem of this climber is given to the patient with fractured bone(s). It helps join the fractured bones and also used for deworming.
12. *Chlorophytum borivilianum*; (Liliaceae); *Safed musli*. Use: Roots of this herb are boiled and given to the lactating mother as this acts as a milk enhancer.

13. *Curcuma aromatica*; (Zingiberaceae); *Van haldi*. Use: It is a rhizome and used as an antiseptic and for wound healing like turmeric.
14. *Curculigo orchioides*; (Hypoxidaceae); *Kali musli*. Use: Its habit is tuber form and used to cure delivery complications.
15. *Cuscuta reflexa*; (Convolvulaceae); *Amarbel*. Use: Leaves and stem are used to cure jaundice.
16. *Dioscorea hispida*; (Dioscoreaceae); *Baichandi*. Use: This is used for healing wounds. Bark, stem, roots and tuber are dried, grinded and mixed together. Paste is prepared from powder and applied on wounds.
17. *Ficus religiosa*; (Moraceae); *Peepal*. Use: Bark of peepal tree is dried and crushed and a coarse powder prepared. This is soaked in water for overnight. The coarse residue is filtered and water is consumed for treatment of stomach problems and curing indigestion.
18. *Lawsonia inermis*; (Lythraceae); *Mehndi*. Use: Leaves of this shrub are crushed and mixed with water to make a thick paste. This paste is applied on skin for treating skin infections.
19. *Ocimum album*; (Lamiaceae); *Ban Tulsi*. Use: Roots and leaves of this shrub help to cure fever and cold & cough.
20. *Peuraria tuberosa*; (Fabaceae); *Bidari Kand*. Use: It is a tuber and used for treating stomachache maternity problems.
21. *Phyllanthus emblica*; (Phyllanthaceae); *Amla*. Use: Gonds treat amla as one of the best remedies for being healthy and fit. Amla fruit is consumed in different ways and used specially to cure respiratory problems.
22. *Rauwolfia serpentine*; (Apocynaceae); *Sarpagandha*. Use: Roots of sarpagandha shrub are used for the heart patients for treating hypertension.
23. *Saraca indica*; (Fabaceae); *Ashoka*. Use: Bark of this tree is dried, crushed to make a powder and then boiled with mustard oil. It is then applied on body where there is skin infection.
24. *Spilanthus oleraceae*; (Asteraceae); *Akarkarha*. Use: Flower bud of this herb is chewed to cure tooth ache.
25. *Swertia chirata*; (Gentianaceae); *Chiraita*. Use: Whole plant of this shrub helps cure fever and paste of leaves is applied on the infections of skin for their treatment.
26. *Terminalia arjuna*; (Combretaceae); *Arjuna*. Use: Bark of this tree is grinded to prepare a powder which is consumed with lukewarm water which is a remedy for bone setting and helps curing lung problems.
27. *Terminalia chebula*; (Combretaceae); *Harra*. Use: Harra fruit & bark of this tree are dried in sunlight, mixed together and consumed with lukewarm water for treating hydrocel.
28. *Terminalia elliptica*; (Combretaceae); *Saja*. Use: Bark powder is consumed with water to get rid of headache.
29. *Tylophora asthamatica*; (Asclepidaceae); *Anantmul*. Use: Roots of this plant are used to increase milk secretion among lactating mothers.
30. *Urginea indica*; (Asparagaceae); *Jangali pyaaj*. Use: One of the best tubers having high medicinal value for treatment of heart problems.

Discussions

In order to understand the perceptions of health, illness and health seeking behavior among tribal communities, it is important to know the way of recognizing sickness and the way they treat them. Moreover, studying tribal health should be advocated with tribal understanding of health, aspects of illness and diseases, belief, faith, practices and interaction with the modern world. Three terms are interchangeably used in English language for designating a pathological state of any individual: *disease*, which refers to the biological dimension and abnormality that can be diagnosed in organs or body system; *illness*, which refers to the subjective dimension that refers to an individual's experience of

mental and physical circumstances; and *sickness* which involves both disease and illness, and highlights link between illness and society. Despite used interchangeably, all three terms viz. disease, illness and sickness have different meanings that reflect different perspectives. Illness is universal and common to almost every human society and its perception has evolved since times. There exists a strong belief in several cultures that illness or misfortune is a result of possession by spirits, bad deeds of past life, ghosts, evil spirits and witchcraft (Archer, 1947; Jakobsen, 1998). Weinert & Long (1990) have mentioned in their study that '*health focuses on ability or lack of ability of an individual to perform any key role and those roles are especially associated with work responsibilities of their families*' and the above stated assertion stated by them is also reported from Gond tribe of Chhattisgarh in the present study. Health among Gond people is understood as the ability of a person to perform work and accomplish his role in the community, i.e. health can here be understood as functional rather than clinical which is similar to the perception of health as explained by Mahapatra (2014).

The elderly people of the Gond community are primarily depended on traditional health care practices for treatment and possess strong belief in traditional healer. The traditional healer possesses good status in the society and he acts as a medium between man and nature the supernatural entity providing them spiritual security. He is sympathetic, understands the patient well, has a good behaviour, can appease the deities & ancestors and possesses strength to control the evil spirits. Young individuals, on the other hand do not give much emphasis in seeking this knowledge from the elderly. Indigenous knowledge has its own specificity; it is transmitted orally and is an unwritten tradition that is culturally transmitted from one generation to another. There are two matters of concern in the Gond community for deterioration of their indigenous knowledge: extensive deforestation that has resulted in depletion of medicinal plants; and lack of interest among young individuals of the community in absorbing this knowledge. For the traditional healers too, the number of individuals to accept this indigenous or traditional knowledge is decreasing gradually for lack of practicing traditional health care system among new generation. Although many rural communities of the world are isolated from the reach of modern medicines and doctors which make them still rely upon traditional medicinal systems, contrary findings have been observed in the study. Young generation of the Gond community is of opinion that modern treatment methods have replaced the traditional medicine system for they are easier to access nowadays and much facilitated than the traditional method. According to some young Gond individuals, they have been largely exposed to the outside world since long and interest to accept their traditional healing practices is gradually decreasing among them. Besides their knowledge of health and illness, thirty medicinal plants belonging to different species are found to be used by Gonds for treatment of some common problems like fever, diarrhea, toothache, indigestion, skin infections, etc. and some severe problems like jaundice, hypertension, hydrocel, etc. This shows a rich diversity of plant species and cultural heritage found in their locality.

Conclusion

It is apparent from the preceding discussions that Gond people possess their own way of understanding health and illness and possess own method for the treatment of some common and some severe diseases in their locale. Almost all the elderly individuals of Gond tribal community choose traditional medicine over modern medicine due to the reason that these are easily accessible, available and affordable to them. Dependence and inclination of elderly Gonds on traditional healer indicates of their strong belief on traditional healing system and trust on the healer whereas a noteworthy gap between the young and old people's perception of accepting traditional medicine shows that the active intervention of external forces that are operational in their locales not letting the young to access knowledge from the old. This eventually results in depletion of the traditional knowledge which is a treasure for their sustenance. There is an urgent need to take required measures for making the youngsters of the society aware regarding

value of this indispensable knowledge. More studies shall be carried out to understand perceptions of health and illness among various other tribal communities of the Chhattisgarh state and country that would be helpful to prepare a standard criterion for understanding health among tribal communities and understand the disease patterns & etiology. Furthermore, sustainable harvesting of medicinal plants having commercial values for pharmaceuticals shall be done by adapting all the possible conservational measures.

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References

- Archer, W.G. (1947). "The Santal treatment of witchcraft". *Man in India*. 27(2): 103–121.
- Basu, S. 2000. "Dimensions of Tribal Health in India". *Health and Population-Perspectives and Issues*. 23 (2): 61-70.
- Hahn, Robert A. 1995. *Sickness and Healing: An Anthropological Perspective*. New Haven: Yale University Press.
- Jakobsen, F.F. (1998). "Interpretations of sickness and misfortune among Beja pastoralists". *Anthropology and Medicine*. 5(2): 145–167.
- Joshi, P.C. 2019. Ethnomedical Practices and Indian Scheduled Tribes. *Romanian Journal of Sociological Studies*. New Series. 2: 111-124.
- Mahapatra, L. K. 1994. "Concept of Health among the Tribal Population Groups of India and its Socio-economic and Socio-cultural Correlates". In: Salil Basu (ed.), *Tribal Health in India*. Delhi: Manak Publishers, pp. 1–12.
- Mishra, M. (2012). "Health Status and Diseases In Tribal Dominated Villages Of Central India". *Health and Population-Perspectives and Issues*. 35(4): 157-175.
- Parsons, T. (1972). "Definitions of Health and Illness in the light of American Values and Social Structures", in E. Jaco (ed.), *Patients, Physicians and Illness*. 2nd edition. New York: Free Press.
- Quinlan, Marsha. B. (2011). "Ethnomedicine in Merrill Singer and Pamela I. Erickson (ed.) *A Companion to Medical Anthropology*, Wiley-Blackwell, London, pp 381-403.
- Sonowal, C.J., Sunil Kumar Jojo. 2003. Radiation and Tribal Health in Jadugoda: The Contention Between Science and Sufferings. *Studies in Tribes and Tribals*. 1(2): 111-126.
- Weinert, C., Kathleen A. Long. 1990. "Rural Families and Health Care: Refining the Knowledge Base". *Marriage & Family Review*. 15(1-2): 57–75.
- World Health Organization. (1980). *The Primary Health Worker*. Geneva: World Health Organization.