

Use of Indigenous Health Care in Eastern and North-Eastern Regions of India

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Abstract

The objective of this paper is to have certain ideas about the use of indigenous health care system in a few states of India situated in the eastern and north-eastern regions. For this purpose we have chosen six states namely West Bengal, Jharkhand and Orissa from the Eastern India and Assam, Manipur and Nagaland among the north-eastern states with the help of a structural questionnaire on the basis of household survey of tribal people we have arrived at certain conclusions about our selected theme and the health care system of these people based on indigenous knowledge. Altogether 300 households were surveyed and relevant conclusions have been drawn out. Excepting Nagaland, the remaining 5 states have demonstrated a similar pattern in this case and all of them exhibited of huge potential of this system particularly among the low income group of population considering the easy availability of medicinal plants seeds for this purpose.

Key words : Indigenous knowledge of health care, tribal medicine, patenting system

I. Introduction

In India and in many other countries of the world there is a gulf of difference between the tribal and non-tribal people in almost every respect of life we have tried to concentrate here only one aspect of it namely pre and post natal problems and prospects related to the healthcare system. It is observed that while the non-tribal people are dependant mostly on conventional healthcare system like allopathy, homeopathy etc, the tribals are in many cases dependant on their indigenous system as far as possible. Under the present system of economic reforms in India, the indigenous system of medicine has acquired great importance as there is scope of patenting of such goods and services which can adversely affect the Indian Economy for the several unethical practices adopted by the MNCs followed in this patenting process. In this paper we have derived our ideas in this direction through a field survey of 300 households with the help of a structured questionnaire distributed equally over 6 states namely West Bengal, Jharkhand and Orissa in the eastern India and Nagaland, Manipur and Assam in the North eastern India. What follows below is the detailed survey result of the 6 states and our observations based on the results. We shall also try to make some policy prescriptions based on these results.

Our questionnaire was designed to find out both the monthly expenditure of the house holds and also the expenses on health care. Our target was to determine the use pattern of traditional knowledge and medicinal plant for personal medical purpose and their dependency on indigenous knowledge in this context. We have also enquired about the knowledge of the households surveyed about the patenting system and the importance of such patenting in the current rules of

WTO. It was also enquired that whether there is any registration book of local traditional knowledge and local medicinal plants as according to the Bio diversity Act the local bodies should have one register on this subject which is called People's Bio-diversity Register as this can give an idea about the actual reality available in the surveyed areas. We have also considered how far the traditional knowledge of the tribals can be usable for non-tribal people also.

In this Survey we have chosen one or more major tribes from each state and with the help of local head of the village and a guide aware of the tribal language have selected the sample households to fill up the questionnaires distributed ahead among the people so that they can give their answers in a manner useful for further policy formulations.

We sincerely hope that the information gathered from this field survey from the six states mentioned here will be quite useful both as a supplement to the mainstream healthcare system and also the potential of their patenting for the interest of the Indian economy under the present system of globalization.

II. Statewise Results

I. West Bengal :

The 50 households of various tribal groups in North Bengal belong to various age groups but a maximum number of them lie between 40 to 60 years of age group. They belong to various occupational groups, but a large number of them are in the service. Dependence of the tribals on indigenous medicines is quite large. They use many common plants to cure various critical diseases like Tulsi, Thankuni, Arjun, Neem, Sephali, Chirota etc. based on their traditional wisdom. Unfortunately they have no idea about patent or user right and they also do not know anything about the process of registration necessary under the Biodiversity Act. It is necessary to take note of this fact for future action in this area.

It is true that these indigenous medicines are quite cheap and easily available in nature. Hence, the poor people who cannot buy costly medicines and a proportion of them even die without any treatment can easily be benefitted by this provided the accessibility of such knowledge is ensured for such people. Further there should be awareness among the non-tribals about the importance of such indigenous medicines. It is possible to use these indigenous medicines in our mainstream also and already different physicians in different streams are aware of their effectiveness. If used in a scientific manner the rural poor people in particular will be benefitted to a large extent.

Some of the important tribes interviewed in this survey are Munda, Oraon, Tudu and others. Actually speaking some of the plants used by these tribals are Basak (60%), Tulsi (60%), Thankuni (56%), Chirota (44%) and many more. The figures in brackets express the percentage of users among the sample households. Some other plants among them are, though used by a lower percentage of people are Patharkuchi, Sephali, Puinsak, Kulekhara, Black Kochu, Pineapple, Neem, Bannana, Aswathwa, Arjun, Guava, Amla etc. It may be pointed out that all the mentioned plants and trees are well known in the society for their effectiveness and if we can use them widely, the society will surely be benefitted by for curing the diseases.

II. Jharkhand :

In Jharkhand, the survey was conducted in and around Deoghar and the number of households included here is 55 and all of them belong to the Santal tribe. All the sample households belong to very poor income class and most of them are engaged in agriculture and some of them also are agricultural labourer. The average age group of the people interviewed is between 40 to 50 years.

Average expenditure per month of these persons is Rs.2000 to Rs.6000/- only. These tribal people depend highly on indigenous medicines and traditional knowledge.

Tribals use various types of plants for different diseases. In fact many of them can be used for the mainstream healthcare system also. They depend highly on the indigenous medicines and traditional knowledge to cure their diseases. Here also these people do not have any idea about the scope of patenting of their wisdom and they are also ignorant about the registration procedure of their traditional knowledge about their healthcare system. Naturally it is the duty of the authority to make them aware of their potentialities and go for patenting to capture the world market as far as possible in the near future. The poor non-tribals also can use them easily as they are quite cheap and easily available or cultivable in their fields.

Because of their high effectiveness in different diseases as shown by the use of various medical practitioners, it will be beneficial for them if these medicines are properly available and accessible to all. For the mainstream people also their use can be widely spread though at present many of them are used to their effective and efficient role in the healthcare system. The dependency of the tribal people on these medicines is quite high and they use quite a large number of plants for this purpose.

III. Orissa:

50 households were interviewed from the Kandha tribe of Orissa who are mainly dominated by farmers, agricultural labourers and concentrated in the poorer section of the society. Majority of the people surveyed belong to the age group 40 to 60 years. Considering the poverty of these people, their healthcare expenses are very vital. This amount annually vary from Rs.200 to Rs.1500 only depending on their income and family size. All persons included in this sample are dependent on traditional medicines mostly at a level medium or low. The very common plants used by the tribals are Ghritokumari, Arjuna, Bon Tulsi, Amla, Haridra, BishalyaKarani etc. There are many other types also used for the treatment of different types of diseases like Cough and Cold, Fever, Diarrheah, Joint pain, Headache etc. Unfortunately these people are ignorant about the potentiality of patenting their medicines and also about the registration process of traditional knowledge and practices. It has been noted that traditional medicines are very cheap and they can be easily cultivated or collected from nature. Hence, it is desirable that the authority will take proper action to spread the cultivation of such plants to ensure their availability among all sections of the people at large. These medicines are also highly fruitful and effective for the non-tribal also. Not only in Orissa but also in many other states of India the poor people can not afford the huge healthcare expenses. A major portion of the population die every year without going through any treatment considering the cheap price of the traditional medicines, the poor non-tribals also can use them provided they are properly available, accessible and the people are fully aware of these facts.

In India due to lack of proper education and money many poor people are compelled to take the treatment from quack doctors and naturally many of them die. By the wide use of these traditional medicines such unfortunate incidents might be prevented. Though according to Bio diversity Act there must be some authority for registration of medicinal plants and traditional knowledge, the survey shows just the opposite demanding immediate attention of the government in this matter. Considering the highly effective results of the indigenous medicines, the mainstream people also may be benefitted by their uses. For example, Bhuinnimba for fever and skin diseases and Patalagaranda for high blood pressure can give wonderful results. Moreover, there are plants like Ganga Simpli for Malaria, Kochila for worm biting, Dhannontori for decency

of animals, Karonja for Dental problems and Harjoda as it literally means for bone fracture. All these plants are used by the tribal people in a more or less wide manner.

IV. Assam :

For the north-eastern region, the surveyed states are Assam, Manipur and Nagaland. The dominant tribe interviewed in the survey was Rongmei of which 50 households were surveyed. In this sample set we find several types of persons engaged in various occupations like cultivation, service and others. Some were also students or engaged as self-employed persons. They belong to various income group also. The average age group of the interviewed persons is between 40-60 years. It was observed that the expense for health care for each household on average was Rs.200 to Rs.500, while the total household expenditure was between Rs.3000 to Rs.5000 per month.

It was further observed that these tribal persons were largely dependent on indigenous medicines. They use different types of plants like Nongmakha, Colelei, Pongdom, Pudina etc. to cure various diseases. It is unfortunate that almost all the persons are ignorant about patent and uses right and they have no idea about registration procedure for traditional knowledge and indigenous healthcare system as required by the law.

As these traditional medicines are very cheap and very easy to find out or easily available in nature, both tribal and non-tribal poor people who cannot afford expensive medicines, can surely be benefitted if these medicines are properly available and accessible to all. In countries like India, a major portion of the poor people are compelled to go to half educated medical practitioners with disastrous results. On the other hand, if the traditional medicines are used by the poor people and their importance and utility are properly propagated then the social benefit will be enhanced to a considerable extent. It is also necessary not to look down on the tribal medicines and knowledge to consider them quite inferior compared with the health care system available to the non-tribal people and they can be used in a profitable manner by the non-tribal people also.

The list of plants used by the tribal people for various medical purposes is quite long no doubt but either due to ignorance or due to wrong use of these plants the results are not always very satisfactory. It is necessary that there should be proper training about the use of these plants in a more hygienic and scientific manner if we want to get more effective results from them.

V. Manipur :

In Manipur households from different tribes were interviewed coming from mainly poor and a few middle income classes and belonging to various occupations also. Their average age group lies between 20-40 years. In this survey the amount of health expenses is very vital and depending on the family income and number of members in the family this varies between Rs.50 – Rs.3000 on average where the range of total household expenses varies between Rs.5000 – Rs.20000. The tribal people obviously depend on indigenous medicines using a large number of plants like Meitheinui, Thingman, Neem, Haiberry etc. for various diseases. A significant result of this survey is that nearly 50% of the people are aware of the patent and user right while others are ignorant.

Since the medicinal plants used by the people are easily available and quite cheap, the poor people from both tribals and non-tribals can be benefitted from them provided they are aware of that and these are available in the market as well as accessible to them.

It has been pointed out that the traditional medicines are also scientific and this opinion is also shared by doctors. Naturally the poor people can be surely benefitted from such effective medicines as they can be available at a very low cost. So far as the people who are ignorant about the importance of patenting, the government should look after this fact and create awareness about

this feature as there is great potential and scope for patenting medicinal plants at least in this region. Besides we also can use these traditional indigenous medicines in our mainstream health care system also. Of course we are using at present some of them like Neemetc, but there is large scope for us to use them more widely and more effectively.

VI. Nagaland:

In Nagaland the surveyed households (numbering 50) belong mainly to the service sector though they belong to all types of income groups. The majority of them lie between 30 to 40 years of the age group. Their health expenses vary from Rs.200 to Rs.800 while the average income varies between Rs.500 – Rs.2000 only. All persons in the sample set depends on the traditional medicines, the degree of which is high for 64% of the people. The plants used by the tribals during diseases are Koitong, Lassen, Phetso, Themeera, Zu, Nokarusie, Ashuli, Athema etc. They are mainly used for various types of diseases like severe fever, bone fracture, skin problem and even brain and heart diseases too. In this state almost every one is aware of patent and user right. Moreover most of them are familiar to the registration procedure of traditional medicines which is exceptional for Nagaland.

Thus in Nagaland it can be said that dependency on natural and traditional medicines is present at a very high level among these tribal communities.

The cheapness and easy availability of these medicines increases their desirability so that the authority should take proper step to increase their availability by increasing their production.

Their high awareness of the patenting system also points to the need of the government to take adequate steps in this matter. In fact the tribal medicines are also useful for non tribals and in particular for the poorer sections.

Some of the tribes using medicinal plants are Angami, Sena, Lotha, AO, Rengame, Chakhasong etc. and some of the major medicinal plants used by them are Ze, Thsughusu, Lassen, Phetso, Japanza, Zutsi, Nagertong, Mecho Etc.

The Concluding remarks :

A number of conclusions may be derived from the above analysis of survey results. The most important of these are the following-

- a) Irrespective of the states, all tribal families are accustomed to the use of indigenous health care system on the basis of available medicinal plants and similar other commodities. These are quite numerous in some cases and in many cases they are used either as a complement or as a substitute to the mainsteam medicines. Though the use of such indigenous medicines are not equally important either in all the states or among different tribes, yet their use in the tribal life is quite substantial and considering their usefulness many non-tribal families also are engaged in their use whenever they are available. This is primarily due to the fact that these medicines contribute only a minor part of the total medical cost and therefore poor non-tribal families also are attracted to these items. It is necessary for the authorities to go for cultivation and availability of these items as this will help on the one hand the poor families and on the other this will protect the indigenous medical system properly.
- b) Use of indigenous medicine can be strengthened if proper patenting system is adopted for such goods and also for the protection on the one hand and also to enrich the national

resources on the other by preventing bio piracy by the foreign companies on the other. It is unfortunate that barring the exception of Nagaland, all the tribals in the remaining states of analysis are not properly aware of this aspect of the indigenous health care system. It is urgently necessary to make the people aware of the importance of this patenting system so that these may be protected in the future.

- c) It shows that we need to study properly and more intensively the different characteristics of indigenous health care system among the different tribes in different states of India so that this system can play its role properly for the Indian people in different states and also help the tribal people to save themselves from the exploitation of medical expenses as far as possible.

Note: - This is a part of the UGC sponsored major research project on IPR and Indigenous health care system in India with reference to eastern and north-eastern regions completed in the RabindraBharati University, Kolkata by the first author.

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