

Indigenous Health Care Practices among Rajbanshi of Dakshin Dinajpur, West Bengal

Suvendu Kundu and Anita Bag*

Kolaghat Block Development Office, Purba Medinipur, West Bengal, India
**Deshapran Block Development Office, Purba Medinipur, West Bengal, India*
*Mobile: <09230314936>; <09230316926, 09046894256>**

*E-mail: <suvo_ab@yahoo.co.in>, <Suvendu.ansi@gmail.com>; *<anita.bag84@gmail.com>*

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ABSTRACT People living in rural areas often face obstacles in accessing basic health care services due to remoteness and backwardness of the areas in which they live. Understanding the health care needs of these people in these difficult circumstances with special focus on utilization of indigenous medical substances is significant for devising comprehensive programs. The present paper highlights to record the preventive as well as curative health measures as are still being practiced by the Rajbanshi's of Dakshin Dinajpur, West Bengal. For such matter, they largely depend upon biotic surroundings in spite of availability of modern medical facilities, which testify their intimate knowledge and close relationship with the natural environment in what they live in.

INTRODUCTION

Health is a complete component of three distinct interdependent aspects of a human being. A person can be stated as being completely healthy if he/she is satisfied with the three important stated health aspects (a) Body (Physical health-Health) (b) Mind (Mental health-Happiness) (c) Soul (Social health-*Atma*-invisible organization that operates body and mind). Even one cannot progress well if the other is not in its optimum condition. Health is also a relative and discernible matter of the concerned person. It may vary by virtue of different biological and socio-cultural variables like age, sex, food habit, education and culture (Tarafdar 2005). The study of indigenous beliefs and practices regarding health and diseases in different cultures is of great significance in understanding human behavior. An in-depth study of medicine from to emic point of view will help in understanding the cultural symbols and meanings and their integration with the culture (Tribhuwan 1998). Indigenous medicine has sustained itself through deeply rooted society's socio-cultural complexes. Indigenous medicinal substances, their nature, axioms and practices vary from one country to another or more precisely, from one culture to another. Even names practices and products vary from one place to another depending upon the socio-cultural heritage, religion and political identity. Indigenous medicine is a set of con-

cepts of health and illness that reflect certain values, traditions and beliefs based on the people's way of life, or culture. Indigenous health care system has been prevalent in every society since the beginning of the cultivation. The psychological and emotional dimensions in this care system have also been equally important in the healing practice. For a health care system to be relevant to the people it serves, it must be suited to economic and socio-cultural condition of the area and fit it peoples psyche or consciousness. The knowledge of health care practices acquired through long experience, generation after generation is called enculturation but in the present time it has lost the ethno knowledge due to the advent of modern medical facilities and their modern external forces. It would be rather late if this specialized knowledge still prevalent in some Indian communities, particularly in rural India, is not properly documented. Therefore, a systematic investigation on the indigenous health practices promises to throw light on the field of pharmaceutical research through which a vast section of rural people can also benefit.

In this paper an attempt has been made to record various health measures which are in practice among Rajbanshi of District Dakshin Dinajpur, West Bengal. The Rajbanshi are a landowning and agricultural community who are mainly settled in North Bengal, especially adjacent of Assam. They hold the status of sched-

uled caste in West Bengal. According to the census 2001, the Rajbanshi constitute 18.4 percent of total scheduled caste population.

METHODOLOGY

The present research work highlights the issue of indigenous health care practices among the Rajbanshis in the district of Dakshin Dinajpur, West Bengal. The basic data and information for the present analysis have been acquired through two months of anthropological field work done in January and February 2010. The present paper is based on 36 Rajbanshi families and the main concentration is in one village, that is Ajodhya under Balurghat police station of Dakshin Dinajpur. The distance of the village from the Balurghat town is about 20 to 25 km., which is near to the India-Bangladesh border.

The number of respondents from the sample of 36 households varies between 80 to 100 which means that one household does not have only one respondent. Efforts were made to select purposively traditional healers, and health care providers to be a part of the respondents. The study was done using both qualitative and quantitative methods. The field survey of the respondents was used for the former and key informant interviews, in-depth interviews, case studies; and focus group discussion (FGD) were used in qualitative analysis. The following indicators have been used in the analysis of the utilization pattern of indigenous medicinal substances:

A) Socio-economic condition, B) Major health problems, C) Physical factors, D) Resort pattern of treatment, E) Preferences for treatment, F) Perception of the causes of illness, G) Perception of the traditional healers and H) Health workers.

RESULTS AND DISCUSSION

The preventive as well as curative health measures as practiced by the Rajbanshi's are discussed below.

Preventive Health Care

Health and Hygiene

During field work it was observed that one informant namely Nilu Barman, age – 39 (M),

till now prefers to go in for traditional treatment when his child or any family member suffers from any disease. Likewise, most of the people (77%) preferred the traditional or indigenous treatment. But they are aware about the concept of hygiene. Another informant namely Rekha Barman, age-21 (F) told us that she gives boiled drinking water to her children at time of dysentery. This method shows their hygiene awareness. Besides this, daily bathing, washing their cloth, sweeping their houses every day etc. are also common in every Rajbanshi family. Every family has a separate place to dump waste material, which is usually selected behind the premises. By noticing all these things it can be said that the present day Rajbanshi community has a general awareness with regard to health and hygiene and level of perception is quite satisfactory in comparison to other caste communities. They are in the habit of taking regular bath usually in the nearby pond, or well. Only a few families were found to have private bathing places adjacent to their houses. They clean their body with locally available soap. Their use of mustard oil for body is common. They have regular habit of brushing their teeth in the morning with green twig of 'Sal' (*Shorea robusta*) or 'Neem' (*Azadirachta indica*). Clothes are usually washed with the help of soap though the white wood (Sal) ash is also used for such purpose.

Division of labor in the family is sharply marked in the Rajbanshis's society which is also observed through various daily activities of household members such as a daily duty for the female member is to clean the rooms as well as the courtyard.

Pattern of Disease

The disease pattern can be divided as major and minor illness. Children are more prone to illness, which are seasonal and minor in nature. The women complain of reproductive health problems like constant discharge, urinary tract infection, anemia, complication related to pregnancy. The men are more prone to gastric problem and asthma. Their occupation demands them to stay back in the field for days since the distance between the village and the field does not make it feasible to communicate back and forth. There are also cases of mental illness, fits, epilepsy and polio in the village.

Seasonal Variation of the Disease

Certain climate is known to provide a suitable condition for some disease. In the area of present study the diseases were found to vary according to different seasons. The information about the seasonal variation in the context of disease, was collected from the record of Ajodhya Sub-Health centre. The diseases, which were found to be common in each season as per available records among the Rajbanshi are as follows –

Season	Disease
Summer	Dysentery, Malaria, Pain in joints, Fever
Rainy	Typhoid, Jaundice, Conjunctivitis, Cough
Winter	Asthma, Pain in throat, Headache, Chest pain

Utilization Pattern of Different Systems of Medicine

The dependence on indigenous medicinal substances is high among the Rajbanshi in this village due to the lack of proper modern medical facilities. 77% of them utilized indigenous medicine for minor and the major illnesses. Therefore, in this perspective folk practitioners and the utilization of indigenous medicinal substances is not seen as static and unchanging but their contact of other system of medicine and changing needs of the society produces changes in their role and practice in the Rajbanshi society (Table 1).

Food Habits

Rice is a staple food of the Rajbanshi. They consume various kinds of locally available vegetables such as potato, cabbage, brinjal, onion, and tomato. They take fish, meat and milk but it depends much on their financial condition. Intake of beef and pork is strictly prohibited. They consuming alcoholic drink prepared out of rice that is locally called '*Haria*' and another from date juice called '*tari*' particularly in winter.

Curative Health Care

Emic View of Indigenous Healing Practices

The Rajbanshi have a medicine man locally known as '*Kabiraj*'. In a village there is only one traditional medicine man. To be a medicine

man, one has to undergo rigorous training under a senior one. Diagnosis of disease is traditionally done through experience on the basis of symptoms such as body temperature, color of stool and urine, cough and headache etc. The curative prescribed by the Rajbanshi medicine man are primarily vegetative in origin. The major ingredients for preparing medicine are collected from neighboring biotic surroundings while a few substances are purchased from the local markets. The information on disease and curative were collected mainly from the medicine man, which were verified from the persons who had suffered earlier and were suffering at the time of enquiry. In every case the medicine man takes the pulse rate of the patient by touching the patient's wrist. Normally the pulse rate of the patient varies from disease to disease. This is the way of the medicine man's perceptions to get the idea about the disease that is growing in the patient's body by counting his/her pulse. The data includes the description of disease, its symptoms and curatives. The information as collected on the disease and their curatives are as follows.

Scope of Indigenous Medicine

The study reveals that the Rajbanshi prefer cheap and free medicine. However, the constraints and inefficiencies of public health delivery system is in a very sorry state with the needs of the community looming large. In such a scenario the potentials and the scope of the indigenous medicine and locally trained *dais* become very important. The study also brings to light the preferences of indigenous medicine or home made remedies and the traditional healers by the respondents. Their faith in this form of medicine can play a vital role in the implementation of the government's plan of promoting Indian system of medicine in rural areas. The potential of the trained *dais*, *anganwadi* workers and traditional experts, if tapped can be instrumental in being the link between community and health institutions.

CONCLUSION

From the issue that has emerged from the study, it is clear that indigenous medicine is preferred as the first priority by the Rajbanshi

Table 1: Shows disease name with reference to their plants and their parts used

Local name of plants	Scientific name of plants	Disease name	Parts used and method
1)Bamunhati, 2)Ada	1)Clerodendron siphonanthus, 2) Zingibar officinate	Asthma (Hapani): Disease diagnosed on the basis of acute respiratory trouble	Roots
1)Apang 2) Bot	1) Achyranthus aspera 2) Ficus bengalensis	Boil (Phora): It is identified on the basis of inflammation on skin surface occasionally with pain and pus	Paste made of leaves in case of Apang and in paste out of green leaves from Bot
Kurchi	Holarrhena anitidysenterica	Dysentery (Amasha): It is diagnosed on the symptoms of loose motion with mucus and pain in stomach.	The bark of is used for this purpose.
Harjora	Vitus quadrangularis	Fracture (Harbhanga) in bone.	Paste prepared out of the bark.
1) Rasun 2) Bonada	1) Allium sativum 2) Zingibar cassusumuna	Hydrocele (Ekshira): This is diagnosed by the symptom of swelling testis region	The medicine is prepared with Allium sativum (Rasun), and Zingibar cassusumuna (Bonada) mixture paste is used twice a day, made from root.
1) Josthi madhu 2) Halud	1) Glycerrhizs glabra 2) Curcuma longa	Jaundice (Kamla): This is diagnosed by the symptom of pale yellowish color of eye and urine	In such a case Glycerrhizs glabra (Josthi madhu), green Curcuma longa (Halud) are powdered tablet are prepared from roots. One tablet is taken twice daily with water.
1)Apang 2) Swet Padma 3) Shimul Tulsi	1) Achyranthus aspera 2) Nelumbo nucifera 3) Salmalia malabaricum Ocimum sanctum	Leucoderma (Sweti): This is identified when skin becomes whitish in patches. worm (Dad): This is identified on the symptoms of skin rash circular in shape	Roots are the main ingredients. As curative the leaf of Ocimum sanctum (Tulsi) is mixed with common salt and is applied on the affected region.
Neem	Azadirechta indica	Pox (small or chicken)	The medicine man is visit the patient's house regularly in the morning and evening and chants incantation to appease Goddess 'Sitala' weaving a twig of Azadirechta indica (Neem) gently over the body of the patient from head to feet sitting by the right side.

till now because it is timeless and still close to the native people's heart. It is their indigenous knowledge linked to their culture, custom and tradition. These people are found to be well adjusted with the ecological niche in spite of the inaccessibility of modern medicinal facilities. The Rajbanshi till now practice their indigenous knowledge to cure as well as to prevent diseases. Though the impact of modern medicinal facilities on the indigenous health measures of the Rajbanshi is noticeably striking, the Rajbanshi are still found to be dependent on the surrounding biotic resources due to availability of herbal medicines. In the present article an attempt has been made to record some of the items of health measures, which are being practiced by the Rajbanshi, which is indicative of their awareness of the immediate environment.

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