

Chapter-5

Practices of Informal Healing System in India

5.1 Introduction

Health, as mentioned earlier is an important elementary need of human life. It is also evident that healthcare practices are widely dispersed and varied across the world. On the basis of the recognition and legality by the government the healthcare practices are classified into two distinct categories one is *Formal* healthcare practice and another is *Informal* healthcare practice. The Formal healthcare system is an institutionalised, documented healthcare practices which received governmental approval and recognition. Whereas, Informal healthcare practices are those healing practices which are not legal before the eyes of law, neither documented nor institutionalised although large sections of people believed in these systems of medicine and follow the same from the time immemorial for their healthcare needs. Informal Healthcare system provides the bulk of healthcare services in many developing countries of the world. It is generally believed that Informal Healing System plays a pivotal role for securing the healthcare system in rural areas of several developing nations. It is also evidenced that these kinds of healthcare systems are not only effective and easily accessible but also affordable on the part of the rural population of the many developing nations in general and India in particular. Further, Informal Healing System has no precise definition which can be accepted universally rather it has a very shaky picture all over and hugely diversified in nature. It is also imperative to state that there have been an innumerable criticisms and objections regarding the practices of these kinds of Informal Healthcare Systems in India as well as in other developing countries. But the practice of Informal Healing system has not been diminishing rather it is continuing to be practised in every society and providing healthcare services to the people of the nation.

5.2 Definition of Informal Healing System

On the basis of the explanations given by the scholars like May Sudhinaraset, Mathew Ingram, Heather kinlaws lofthouse and Dominic Montagu regarding the definition of the Informal Healing System, it is revealed that

- The Informal Health Practices are those healthcare practices which are not based on the formally recognised training or the set of curriculum of an institution; both government and non-government. But it has different kinds of training and practices which is not formally mandated by any government or non-government organisations.
- Another important feature of Informal Healing System is its mode of payment. The health providers in these kinds systems received payment directly from the patient or the family of patient not from any institution. It is not mandatory to give cash in exchange of their services; rather the mode of payment can be in kind also. It is further interesting to mention that the healthcare practices of Informal Health Providers are generally regarded

as their service to community. Hence, they often do not encourage the system of payment in monetary form.

- Informal Healthcare Practices are basically not registered with any governmental regulatory bodies. It operates outside the purview of any registered regulatory organisations.
- These kinds of Healthcare practices are not documented in any written form. It is neither institutionalised nor recognised. The total knowledge system of these kinds of healthcare practices is transmitted from one man to other in oral form.

The practices of Informal healthcare system are heterogeneous in nature. There are different kinds of healthcare practitioners and healthcare practices in different parts of the world. These healthcare practices are further cherished and supported by certain caste groups and community. Hence, the informal healthcare system is much dispersed and wider in nature. Again, it is also evidenced that the Informal Healthcare Practices plays an important role for maintaining public health in most of the developing countries. These systems are more popular among the people from rural areas rather than the urban ones. (May Sudhinaraset 2013)

5.3 Informal Healthcare System: Pre and Post Independence

On the basis of the stereotypes set out by the British in India, modern healthcare practice started by them in India is often regarded as the formal healthcare system. The practice that has been followed from generation to generation in India in the name of Indigenous System of Medicine (ISM) was labelled as Informal Healthcare System in India. It is a well known fact that, India has an extremely rich heritage of different bio-diversity, ethno-cultural practices, knowledge and innovativeness etc. Hence, it is imperative to state that before the advent of the British in India, we already had a well established healthcare system in India which was known as Traditional Indigenous System of Medicine. This system of healthcare practice had a very strong theoretical foundation and the support of different Indian communities as well. It is also essential to state that the total healthcare system of this traditional Indigenous System of Medicine (ISM) is based on the very idea of '*Panchamahabhutta*' system and '*tridosas*' system which advocates that any living or non living being is composed of the five elements of nature i.e. *aakash* (sky), *vayu* (air), *jal* (water), *agni* (fire) and *prithvi* (earth). It is further stated that the complete equilibrium of all these elements in human body is so essential to lead a normal and healthy life. The imbalances of any elements of nature in human body lead to the disequilibrium in any three basic humours of life i.e. *kapha*, *baata* and *pitta* known as tridosas which ultimately causes the disease in human body. The knowledge system regarding the use of herbal plants, roots, barks and leaves were very vast and wide. Thus, it is well evident that the healthcare practices in India before the advent of the British were firmly established and prosperous. But with the onset of colonialism in India, the Indigenous System of Indian Medicine received strong set back as because of the introduction of Western bio-medicine in India. Hence, the Traditional Indian Indigenous System of Medicine (ISM) became an informal healthcare system and Western Bio-Medical System became a formal healthcare system in India. It is indeed interesting to

state that the policy formulated by the British government regarding the healthcare system of India was very biased. It encouraged, enhanced and facilitated the system of modern bio-medicine; on the other hand, it absolutely ignored discouraged and dismantled the age old practices of traditional indigenous system of medicine in India. With the lack of concern and recognition by the government in British India, the practices of traditional Indigenous system of medicine became very limited. Hence, it became an informal system of medicine which was not supported and recognised by the government of British India. However, it is also very important to state that, although these systems of medicine were not supported by the government of British India, but it was very much present in the Indian society in an obscure form. Large sections of rural population of India were totally dependent upon these kinds of healthcare practices for their various healthcare needs. Further, it is indeed important to state that India is the conglomeration of different ethnic communities, castes, races and cultures. Every ethnic community and group possesses certain values, norms, ethnic traditions and cultural practices which are different from the cultural practices of other communities and groups. Hence, in India, health is often viewed as a problem associated with these cultural norms or value system rather than a biological or physical problem associated with biological or physical science. Moreover, the healthcare practices of every community and group are different in various parts of India. Thus, these kinds of Informal healthcare practices are very much unorganized, hazy and dispersed in nature in India.

At the very outset of the independence of India, the traditional Indigenous system of medicine which was quite aloof at the time of British India received a positive acknowledgement from the new government of India. The public health condition of India was very poor and pathetic. There was an immediate need to address the health difficulties faced by the people of India during that time. Hence, various committees were formed to rigorously analyse the problems of public health and to suggest valuable solutions of the same. On the basis of the research and observations, different committees recommended several new programmes and policies to meet the ongoing health massacre of the country. It has also been observed from the analysis that the practices of traditional codified Indian healthcare system is very useful and effective to deal with the several diseases in India. It is more lucrative on the ground of accessibility and affordability. Apart from all this, the traditional codified healthcare system has a very strong theoretical foundation. Thus, it was accepted as an important alternative healthcare system at the initial stages of independence which developed as an essential healthcare system that was recognised and legalised by the government after few years. With the approval of the government for the practice of codified traditional healthcare system in India, it received an enormous opportunity to develop itself. As a result of which several medical institutions, research and analysis wings, colleges and universities were established through the years in India. The medical practitioners of these codified systems of medicine are given an equal status as that of the practitioners of modern bio medicine in India. Thus, at present, the traditional codified systems of medicine in India are regarded as *Formal Healthcare System*. The healthcare practices of several tribal groups and rural people in different parts of India, which have no written form, neither is it transmitted

through written documents nor by any literary texts or literature. These kinds of healthcare practices are totally based on local observation and community support. The practitioners of these kinds of healthcare system have not received an equal footing with the practitioners of codified healthcare system or the bio medical system. They have been treated as inferior and are levelled as fraud in many occasions. Hence these kinds of traditional uncoded folk health care systems are often regarded as the *Informal Healthcare System or the Informal Healing System* in India. The practice and the practitioners of Informal healthcare system in India are very wide and weird in its scope and nature. There are different kinds of Informal health providers who are specialised in different fields of treatments. Some are specialised in healing eye problems, some are associated with the problem of orthopaedic, some are like cardiovascular diseases etc. It is essentially important to mention that the designation and the name of Informal healers in different communities for the same profession are different. They have been designated as Vaidya, Jhankri, Kurmi, Bungthing etc by their respective communities. Some scholars and academicians have argued that the practices of these local informal healers are based on the trial and error method followed by profound local observation. Further, it has also been observed that the local healers expressed their hesitation to explain about the implication of their methods. Moreover, it is well evident that these systems of informal healing lack theoretical explanation of either Ayurveda system of Medicine or modern bio medicine. Renowned academicians like Darshan Shankar Unnikrishnan and others believed that the informal healthcare practices in different parts of India have very strong theoretical explanations in different chapters and verses of Ayurveda texts. It has been profoundly observed by the academicians and scholars that without the visible and expert performance of local informal healers, the classical texts and literature would have become only a complex theory and obscure formulae. They further argued that the entire local health tradition or the informal healing practices are totally based on the formulations and explanations of different classical texts and literatures which infact is not known by the practitioners of these systems of medicine. Most of the Informal health practitioners in rural areas do not know the exact logical reason why certain plants are useful for certain diseases. They prescribed these plants, leaves and roots on the basis of their long term interaction and observation with nature. As a consequence, they fail to explain the medicinal properties and values possessed by certain herbal plants, barks and roots. However, it is very true that, without knowing any theory or logical explanation of diseases and its curing system, these informal healers have been serving the society with their scattered knowledge of healings from times immemorial. Further, the Traditional Informal healing System which is often known as community based oral health traditions are embedded in the customs, values and cultural practices of different communities and groups of India Union. The various scholars have argued that like music and agriculture, the healthcare system in India also flourished as a folk culture in India. It is also stated that there are around 1.4 million local healers in India, who are specialised with the treatment of different diseases. These local healers are also well acquainted with several herbal plants and local foods. So, the healthcare practices of all these informal local healers are based on local resources and direct observation. It is evidenced from the report of All India Ethno Biological Survey that there are around 8,000 species of wild plants

which have been used in various healthcare needs by different tribal communities and rural people in India. Not only plants, these local healers also use several other items such as animals, metals and minerals to treat different diseases. (*Unnikrishnan, 2004*)

Table-5.1

Profile of Folk or Informal Healthcare System in India

1	Knowledge and Tradition of Common Folk
2	Evolution Direct Observation from Nature Totally Undocumented Verifiable by experience (Empirical)
3	Transmission One man to other Non-institutional
4	Social Acceptability and Legal validity Wider social acceptability Slowly eroding from the society It has no legal validity
5	Natural Resources Used Plants, animals, metals and minerals are used to treat different diseases
6	Promoters Households Traditional Birth Attendants Herbal Healers and Visha Healers Bone Setters Barefoot Vets

Source: Indian Medical Heritage

It is well evident from the sources that there are different kinds of traditional Informal healing practitioners in different parts of India. The healers of different informal systems are also specialised in different healthcare practices such as eye care, fractures, snake bite, mental disorder, traditional birth attendants etc. On the basis of the report of Voluntary Health association of India, only 6.3 percent of rural deliveries are institutionalised and the rest of the deliveries are managed by the local birth attendants. Most of these birth attendants have not received any training from the government but they are trained with their experience. The thorough and extensive research project has been made in the name of Foundation for Revitalising the local Health Tradition (FRLHT) by Darshan Shankar and his associates in the year 1998-2000. The primary objective of the research is to make an in depth analysis of local health traditions and to identify the effective healthcare practices of different ethnic communities at the household levels through the process of participatory methodology. It also tries to find out the methodology for the documentation

and participatory assessment of such informal healthcare system in India. The Rapid Assessment of Local Health Tradition (RALHT) approach was adopted to conduct the survey for the said purpose. The survey was conducted in the rural and urban areas of the highly developed states in terms of Health and Education in India such as Karnataka, Kerala and Tamilnadu. As per the data of FRLHT, there are around 4000 ethnic communities in India. The survey teams interacted around with the respondents of 190 ethnic communities. On the basis of their survey it is revealed that there are different kinds of traditional healers possessing different kinds of healing specialisations in various communities. Such local healers called the *Mrga vaidyas (veterinarians)* often belong to the *kuruba* community. The task of birth attendants is often associated with *Ambatta* women and the diseases of children are mostly treated by *Vannans*. It is further stated that the home remedies, food habits and health customs vary in accordance with religion, region and community. The folk healthcare practices are embedded with the very social structures of different communities. The knowledge system and the methods of performing the rituals while treating different diseases by various communities are also not similar. The essential feature of the informal healing system is its wireless transmission of knowledge system. It is indeed imperative to state that the knowledge of healthcare practices in this kind of system is transmitted through oral methods or verbal methods. There is a total lack of documentation and the institutionalisation of these kinds of practices. Hence, the knowledge and methodologies of these kinds of healthcare practices are passed on from one generation to another or person to person by the direct verbal way. It is also well known that these kinds of healthcare practices survive and sustain in the society without the consent and concern of the government or any other non-governmental institutions rather with the support of the local communities and groups. The data prescribed by the Independent Commission on Health in India regarding the current status of the different informal healthcare practitioners in India are as follows;

Table-5.2

Rough Estimation of Informal Healing Practitioners in India

1	Traditional Birth Attendants	6,00,000
2	Local Bone Setters	60,000
3	Herbal Healers	1,00,000
4	Healers who treats 'visha' that is poison of snake or scorpion	60,000
5	Mrga vaidyas (veterinary practitioners)	60,000

Source: Indian Medical Heritage

Table-5.3**Categorization of Healers on the basis of treatment**

	<u>Category</u>	<u>Treatment provided</u>	<u>Example</u>
1	Visa vaidya	Poisonous bites	Poisonous bites of scorpion, snake etc.
2	Mrga vaidya	Any type of veterinary treatments	Indigestion, loose motion, ulcer, gastric etc
3	Traditional bonesetter	Fractures, sprains or any other injuries relating to human body	Fractures of hands, legs etc
4	Traditional Birth attendants	Treatment relating to expectant mother such as delivery, pre natal and post natal care etc.	pre natal and post natal care, normal delivery etc.
5	Spiritual Healer	Spiritual healing which includes the performance of different ceremonies and pujas to appease the different natural deities	Performance of various rituals and rites to calm down the wrath and anger of supernatural deities
6	Herbalist healer	Local healers who often use different natural raw herbal products.	herbal plants, leaves, roots and barks for the treatment of several diseases
7	General	Local health practitioners who treats several diseases like organ related diseases, paediatrics, gynaecological problems etc.	Diseases like jaundice, problems relating to eye, headache, fever etc.

Source: Documenting and Revitalising Local Health Traditions

It has been repeatedly argued that the roles of households in providing the healthcare facilities in Indian societies are immense. Every household is familiar with several natural plants for treating several diseases. The use of household medicine is more prominent and vibrant particularly in the rural areas than urban areas. It is well evident that the rural population of India rarely visit the medical professionals for their basic healthcare needs. Because, the basic ailments like fever, headache, loose motion etc can be treated as a part of their household medicine. Apart from their home remedies they prefer to visit some local traditional informal healthcare practitioners rather than any medical professionals.

Some blatant examples of natural resources for the use of home remedies in different parts of India are as follows:

Table-5.4

Some Natural Resources Used for Home Remedies in different Places

Sl No	Natural Resources Use	Heath Problems such as	Place
1	Cumin	Problems associated with Indigestion, fever, cough, burning micturition etc	Kerala
2	Coriander	Problems like skin diseases, throat pain and indigestion etc.	Karnataka
3	Clove	Problems of Toothache	Kerala Karnataka
4	Black pepper	Cold and Cough	Karnataka Kerala
5	Turmeric	Minor and major cuts and wounds	Karnataka, Kerala and Tamilnadu
6	Ginger	Problem of headache and indigestion	Karnataka, Kerala and Tamilnadu

Source: Documenting and Revitalising Local Health Traditions

Further, as per the report of the Foundation for Revitalization of Local Health Traditions based on the Rapid Assessment of Local Health Traditions, it is revealed that there are several effective and essential home remedies used in different parts of India. It is also reported that these home remedies are very useful and easily accessible. Hence it is used by the maximum households in India. On the basis of the report of FRLHT, these followings are the import health problems that can be treated at the household level.

Table-5.5

Treatment of Diseases at Household Level

1	Anaemia (Rakhtasokai)	14	Burning micturition
2	Abdominal pain during menstrual period	15	Burning sensation in the legs
3	Back pain	16	Chest pain
4	Bleeding from the nose	17	Chicken pox

5	Bleeding gums	18	Cholera
6	Blood clots in minor trauma	19	Constipation
7	Body itch	20	Cough and Cold in Children
8	Boils on the skin	21	Cracks in the heel/feet
9	Boils in the ear	22	Cuts
10	Boils on the eyelids	23	Dandruff
11	Breathing difficulty	24	Delivery care
12	Brittle teeth	25	Diarrhoea
13	Burning eyes	26	Different types of pain in the body
27	Dry cough	70	Pain in micturition
28	Dryness in the skin	71	Pain in the eyes
29	Ear ache	72	Piles
30	Ear discharge	73	Productive cough
31	Epilepsy	74	Redness in the eyes
32	Excess menstruation	75	Scorpion bite
33	Excess thirst	76	Skin rashes
34	Eyesight improvement	77	Snake bite
35	Fever, cough and cold	78	Sneezing
36	Foul smelling discharge	79	Sores
37	Gas trouble	80	Sour belching
39	General Healthy Promotion	81	Spider poisoning
40	General Weakness	82	Split hair
41	Giddiness	83	Sprain
42	Hair falling	84	Stomach pain
43	Hair growth	85	Tastelessness
44	Headache	86	Throat pain
45	Heartburn	87	Improvement of breast milk
46	Whooping cough	88	Toothache
47	Indigestion	89	Vata disorder
48	Indigestion / lack of appetite	90	Vomiting
49	Inflammation in the eyes	91	White discharge
50	Insect bite	92	Wounds
51	Intestinal worms	93	Yellowish urine
52	Irritation in the eyes		
53	Janni (one type of fever)		
54	Jaundice		
55	Joint Inflammation		
56	Joint pain		
57	Kanvizhi (eye disorder)		
58	Lack of appetite		

59	Lice
60	Loose motions
61	Loose motions with blood
62	Loose motions with mucus
63	Malaria
64	Measles
65	Medicines in Pregnancy
66	Mouth ulcers
67	New born care
68	Noise in the ear
69	One sided headache

Source: A participatory Approach in Assessing Health Traditions

Moreover, academicians like G. Raju and G. Hariramamurthy have argued that millions of rural population use a large number of informal herbal home remedies for their different healthcare needs. The contribution of the informal local health tradition to the healthcare of the people of nation is immense. They further advocated that around 4600 ethnic communities are acquainted with and depends on about 8000 flowering plants for their different healthcare needs. These scholars have also believed that these healthcare traditions are largely neglected by both the government and non governmental organisations to a great extent. Hence, it is rapidly getting eroded from the society. They have prescribed several natural herbal plants to treat several diseases. The list of which are as follows;

Table-5.6

Name of Medicinal Plants used by Informal health Practitioners

SL No	English Names of plants used	Botanical names of the plants	Diseases or Ailments
1	Malabar nut	<i>Adhatoda vasica</i>	Diseases like Cough, white discharge, fever with cold
2	Rose mallow	<i>Hibiscus rosa-sinensis</i>	Fever due to exhaustion, irregular menstruation
3	Mignonette tree	<i>Lawsonia inermis</i>	Boils, cracked heels
4	Centella Asiatic pennywort or Gotu kola	<i>Centela asiatica</i>	Fever with cold and cough
5	Curry leaves	<i>Murraya Koenigii</i>	Diseases like gastric and early greying

6	Aleo indica Royle	<i>Aloe vera</i>	Piles, piles, eyesores, conjunctivitis, cuts and wounds.
7	Purple Fruited Pea Eggplant	<i>Solanum trilobatum</i>	Cold and cough
8	Pomegranate	<i>Punica granatum</i>	Dysentery, Diarrhoea
9	King of Bitters	<i>Andrographis alata</i>	Poisonous bites swelling
10		<i>Andrographis ovata</i>	Itching
11	False daisy	<i>Eclipta alba</i>	Fungal skin infection, liver toner
12	lemon	<i>Citrus limon</i>	Earache, excess body heat
13	Country borage	<i>Coleus aromaticus</i>	Cough, fever with cold
14	Yellow Berried Nightshade	<i>Solanum surattense</i>	Toothache
15	Common guava	<i>Psidium guajava</i>	Dysentery
16	Indian gooseberry	<i>Phyllanthus emblica</i>	Mouth ulcer
17	Indian lilac	<i>Azadirachta indica</i>	Boils, fever, deworming
18	Indian Echinacea	<i>Andrographis paniculata</i>	Poisonous bites
19	Greater galangal	<i>Alpinia galanga</i>	Cold, cough
20	Indian Ipecac	<i>Tylophora asthmatica</i>	Asthmatic cough
21	Indian Gentian	<i>Enicostemma littorale</i>	White discharge

Source: Health at Our Doorstep Reviving Home Remedies.

5.3.1 Informal healthcare Practices in different parts of India

It has been mentioned repeatedly that folk health tradition or the informal healthcare practices are diverse and disperse in India. It is eco system and ethno-cultural groups oriented. The practitioners of these kinds of healthcare systems are basically common

people like tribals, artisans, farmers, barbers, housewives, shepherds and wandering monks. Several scholars have also argued that there is a close interface between traditional informal folk healthcare system and traditional classical codified formal healthcare system. Both exchange their knowledge and methodology in several occasions while treating different diseases. Further, the Indian System of Medicine (ISM) comprises both codified (formal) and uncoded (informal) healthcare practices. It has a very old and rich tradition in India. Millions of rural people in India directly depend upon these kinds of informal healthcare systems for any of their healthcare needs. Some of the examples of these kinds of healthcare systems in different parts of India are as follows;

In the different areas of South India particularly in the various parts of the state of Taminadu there is a tradition of using transformer oil for certain kinds of diseases such as pains and aches of the different parts of human body. This transformer oil is a mineral substance and the use of it as a pain reliever is not known and recorded for any medical purpose. (Shankar 2001)

In the tribal district of Maharashtra known as Raighad district, it has been found that the people of the area use a particular seed of an exotic species to treat fish poison. This species was not there in the place earlier. It was introduced by the forest department in the area. But within two years of the introduction of the species, the tribal people started using it for the important medical purpose which is not even known in the country of its origin, Australia. (Shankar 2001)

In South Gujarat, particularly in the district of Surat, local spiritual healers are very well known for providing healthcare facilities to the people. These spiritual healers are commonly known as *Bhagat* and *Bhuva* in the adjoining areas. Further, the term *Bhagat* is mostly used in the plains and hilly zones where the area is predominantly dominated by ethnic minorities whereas the term *Bhuva* is mostly used in the coastal zone predominantly gathered by multi caste groups. It is further stated that this bhagat is generally a local herbalist whereas bhuva is known as the local faith healer. The methods of diagnosis and treating various diseases by both the *Bhagat and Bhuva* are different. The former mostly uses the local herbal plants, leaves, roots etc for treating the different diseases whereas the latter mostly believes in the relationship of diseases with supernatural forces and divine powers. The methods used by these faith healers include chanting mantras, some therapeutic treatments alongwith some herbal plants etc. The healthcare system of this particular region is totally dominated by the informal healthcare practices of these *Bhagat* and *Bhuva* healers. However, this system of healthcare practice has not been supported by the concerned governmental authorities and medical system but it still survives due to the support of local ethnic community. (Prasad 2007)

Healthcare practices of the Muria tribe in the state of Chhattisgarh are also based on the culturally rooted belief system and the ethnic traditional healthcare practices totally different from modern medical system. The total healthcare system of this tribe is dominated by the spiritual healthcare practitioners or spiritual healers and herbalist healers who are locally known as '*Siraha and Gunia*'. These tribal people believe that

diseases occur in human body due to the unhappiness and wrath of different supernatural deities present in every society. These tribal people believe in the existence of several *devis* and *devtas* in society, and state that proper happiness and appeasement of all these *devis* and *devtas* are very essential to lead a happy and healthy life. Further, this tribal community has a strong faith in the presence of *sorcery* and *witchcraft* in the society. They have also argued that these *Siraha* plays a crucial role in protecting the people from the negative forces like *sorcery* and *witchcraft*. The methods used by *Siraha* for treating different diseases include therapeutics, chanting of mantras and performing rituals etc. Not only *Siraha* but *Gunia* also plays an important role for maintaining healthcare system in the society. These *Gunias* or the herbal healers often use the paste of Gobhi leaves to cure cold, use bark of moonga tree for headache, daur paan leaves for loose motion and neem leaves for fever and gaanza leaves for reducing pain etc. People of this tribal community have strongly supported the practices of these informal healthcare practitioners in the region and advocate that these healthcare practices are more effective, accessible and affordable than modern medical system. (Agarwal 2014)

On the basis of the survey conducted by Unnikrishnan and his team in the state of Kerala, It was found that the young housewife named Vimala Antharjanam was famous for the treatment of different kinds of poisonous bites. She was locally known as *visa vaidya*. Apart from poisonous bites she also treats several other diseases such as skin diseases, child care etc. The treatment provided by her included orally administered medicine, eye drops, herbal plants and strict food regulation. It is further stated that, the healthcare practices of Kerala both codified formal healthcare and uncoded informal healthcare are strongly interrelated with each other. Hence, these healthcare practitioners are very much acquainted with the methods and the knowledge written in the various classical medical texts such as *Susruta Samhita* and *Astanga Hrydaya* alongwith the uncoded knowledge system of treating various diseases. Further, she acquired the knowledge of treating several diseases through oral method, transmitted from her father to her as well as some documented knowledge taught by her guru. Apart from *visa vaidya*, there are several other traditional healthcare practitioners known as *Vaidyas* in the state of Kerala. The treatment of these *vaidyas* included some physical and psychological readings of sign and symptom of the diseases. They also thoroughly examine the actions and activities of the patients and start their treatment which included both use of natural herbal plants and the appeasement of supernatural deities. (A. Hafeel 2004)

Another *Visa Vaidya* from the small village called Urdigere situated in 15km east of Tumkur in Karnataka. The methods of treatment are not very lengthy and complicated. They first examine the eyes and pulse of the patients' alongwith other bodily symptoms and start their treatment. Their treatment involves basically the chanting of mantras followed by waving of broomstick to the patients. These *visa vaidyas* are popularly known as '*Mantrada Thirumalaih*'. The diseases treated by these *Thirumalaih* include poisonous bites of snakes, spiders, scorpions, and various types of blisters, boils, various wounds, sores, skin diseases, rashes, allergy and many more. Thousands of people come to *Thirumalaih* for the treatment of several diseases. The chanting of mantras and the

waving of broomstick are an indispensable part of the treatment of *local Vaidyas*. They believe that diseases occur due to the wrath and anger of different supernatural deities surrounded in the nature. Hence, proper appeasement of all these natural deities is very essential for maintaining health and prosperity in the society. Apart from mantras, these *vaidyas* also use some herbal powder made with the mixture of dried leaves, barks and roots of various herbal plants. Another important method of treatment of its patients is the use of balm. This particular balm is composed by a small lump of butter of cow's milk mixed with the extracts of certain herbal medicinal plants. It is indeed interesting to note that the *vaidyas* of this region receive a great support from the District Forest Department and the Foundation for Revitalization of Local Health Tradition to establish a separate clinic where they can treat the patients with severe injuries or problems. The service provided by these traditional healers or *vaidyas* are not expensive rather these *vaidyas* perceive it as a service to the community as they are the special ones chosen by their natural deities to serve the community. Hence, the service cost is minimal or free of cost sometimes. (A. Hafeel 2004)

A family of a small village called Belambar in Uttar Kannada District is very much popular for the treatment of Paralysis. It is evident from the sources that they are doing this kind of treatment from their last three generation. Moreover, a member of the family called Bommu Shivu Gowda, the winner of FRLHT Outstanding Folk Practitioner Award 1995 is known as the third generation member of the family who are associated with the treatment of these kinds of diseases. This family is known as Gowda family and the treatment they provide to the masses is known as '*Ankola Treatment*' for paralysis. People from different parts of India come to Belambar for their treatment. It is also well evident that the people from outside India also come to meet the Gowda family for their healthcare needs. This village is detached from urban civilisation and situated in the Sahyadri Hills to the north and the Arabian Sea to the South. People settled here since 200 years ago. The main occupations of the people are agriculture, forest produce and cattle grazing. People are fully dependent on traditional healthcare practices for all their healthcare needs and totally ignorant about modern allopathic medicine. The medicine used for the treatment of paralysis is popularly known as *Sanjivini or Ramabana* medicine. The local natural herbs and shrubs are used to prepare the medicines. The success story of this treatment is wide and immense. People from all over the world come to this place for treatment. The medicine prepared by Gowda family is popular not only in India but it is also exported to London, Germany, Japan, US, Sri Lanka, Middle East etc. (A. Hafeel 2004)

This *Vaidya* system is also prevalent in the state of Karnataka. A small village known as Narasipura in the Shimoga district of Karnataka is famous for the traditional healthcare practice or the *Vaidya* system. The local *Vaidya* of the village named Narayana Murthy is popular for his healthcare practices. It is evident from the sources that he treats more than 600 hundreds patients daily. Narayana is basically a farmer by profession but his passion about healing made him a successful healer or *Vaidya* of the region. Moreover, it is further stated that the healing practices are very much inherent in nature and Narayana

inherited it from his fore fathers. The treatment of diseases provided by him is very wide and excessive in nature which includes diseases like cancer, kidney stones, asthma, blood sugar and heart disease etc. Narayana Murthy has a strong faith in his family deity. He used to appease his family deity before treating several diseases. The medicine which he prescribed is composed of different natural herbal plants, leaves, roots and barks. His methods of treatment is popular not in his region but also in different places. People from different parts of India and different strata of life visited his place for various healthcare needs. (A. Hafeel 2004)

The small village of Olangapuram in Vanur Taluk of Villupuram district is well known for the treatment of various eye related diseases in the traditional way. The healer associated with this treatment is popularly known as *Kannu Vaidya* (eye physician). It is evident from the sources that one of the important families of this village associated with the practises of these kinds of treatments from last ten generations is Mudaliar family. Presently, Nagaraja Mudaliar of the Mudaliar family is famous for the treatment of eye related diseases and locally known as Vaidya Nagaraja. Apart from eye problems, he also treats several other diseases such as skin diseases, paediatrics, toxicology and general medicine. Moreover he is specialised in pre and post operative eye therapy and treatment of cataracts by using traditional methods. This village is situated in the forest area and filled with various natural plants and herbs. The main occupation of the villagers is to collect and sell the fruits of *Phoenix sylvestris*, *Eugenia cumini* and *Spondias pinnata* and the flowers of *Nelumbo nucifera*. Moreover, it is also believed that the seeds of *Azadirachta indica* and *Madhuca Longifolia* and the leaves of *Agave roxburghiana* which can be found in forest contain 200 medicinally important plant species. This Vaidya Nagaraja has learnt all these traditional skills for treating diseases from his father through both practical and verbal ways. Apart from his traditional skills of medicine, he has also read several texts on *Peddabala sikshay* (local language), *Nadi nidanam* (study of the pulse and its correlation with astrology to diagnose, treat and provide a prognosis), *Sadrasa nighantu* (lexicon on plant drugs in different languages), *Niti sastra* (study of behavioural patterns) etc. The important medicines or drug formulations used by the *Kannu Vaidya* are *Tamradi varti*, *Candrodaya varti*, *Manjal mattirai srotanjaana*, *Karuppu mattirai*, *Nasika baranam sunthi* and *Ratnadi mattirai* which are composed of about 60 herbal and mineral ingredients. Some of the important eye diseases treated by *Vaidya Nagaraja* includes *Durmamsam*, (symptoms of which involve an external growth over the eyelid), *Pattalam* (the symptoms of which include an elongated growth over the white part of the eye) *Pittaneer* (the symptoms of which involve haziness of vision and inability to see the objects of distance) *Kannoi* (symptoms involve swelling and watering above the eyelids), *Kucchi padagal* (Symptoms of which includes the presence of any outside particles such as stick, sand, mud, insect), *Salesvaram* (symptoms involve persons unable to see nearby objects clearly). It is indeed interesting to state that all diseases mentioned above are treated with application of different natural herbal plants and minerals by *kannu vaidya*. (A. Hafeel 2004)

One of the important informal bonesetting hospitals is very famous in the southern part of Tirupathi which is popularly known as *Puthur bonesetting hospital*. The patients from several parts of the country visit the place for treatment. It is also evident from the sources that the medical practitioners of this hospital are very efficient and the services provided by them are also very effective. Moreover, the expense of the treatment is also very low. It is affordable to all the sections of society. Hence, the hospital is filled with patients all the time. People of the adjoining areas have great faith in the healthcare services provided by the *Puthur bonesetters*. So, when any kind of fractures or injuries occurs they directly prefer to go to the Puthur bonesetters rather than any orthopaedic medical centres. The man who is the most efficient in this healthcare practice is known as Markendaya Raju. His family is associated with this kind of healthcare services from last four generations. It is further stated that he acquired the knowledge of this healthcare practices directly from his father through the method of verbal transmission. He further argued that he is not practising this healthcare system for any commercial benefits rather for serving the community through his healing knowledge. For the treatment of bone setting these Puthur bonesetters totally depend on different natural herbal elements. They use different herbal plants, roots, leaves and barks for the treatment of this particular disease. (A. Hafeel 2004)

The village called *Vallikkappatta in Malappuram* is very well known for the treatment of mental diseases. The family associated with the treatment of these diseases is known as Namboothiri family and the medical tradition they have established for curing this kind of disease is locally known as *Poomkutil mana*. There is no evidence of an exact starting date of this healthcare tradition. It is also locally believed that the practitioners of this tradition are born, not made. The knowledge system in this tradition is also transmitted from one generation to another. The treatment of this tradition includes physical exercise, herbal dosage and spiritual rituals such as special pujas and rituals of the family deities, the chanting of different mantras, medical treatments using methods like *virecana* (purgation), *dhara* (decoction pouring in head and body), *nasya* (nasal treatment), *sneha pana* (unction) etc. All these treatments are the part of the therapeutic armamentarium. It is indeed believed that all these treatments are actually the combination of all three modalities of treatment documented in the *Ayurveda* such as *Daivavyapasraya* (spiritual therapy), *Satvavajaya* (psychological) and *Yuktivyapasraya* (rational therapy). It is further stated that *Daivavyapasraya* involves the chanting of mantras, rituals and rites for the appeasement of different gods and deities, *Satvavajaya* is the practice which controls the mind from negative activities, *Yuktivyapasraya* involves proper diets and drugs for the patients. However, this ayurvedic explanation is not known by the practitioners of *poomkutil mana*. The practitioners of *Poomkutil mana* believe that the success of the treatment of this kind of diseases depends on the four important factors which are *sneha* (love), *ausadhi* (medicine), *paradevata* (family deity) and *samuham* (society). Society has given a very special impetus for the treatment of this type of diseases. It is further believed that *Poomkutil mana* is an example of community therapy where every patient constantly interacts with the members of family and community who immensely help

them from mental suffering and anxiety. Hence, this practice is very useful effective and popular in the region. (A. Hafeel 2004)

The study made by Tamal Mondal and Sayani Biswas entitled *Documentation on Some Ethno-Veterinary Medicinal Plants of Bankura District of West Bengal* shows that the tribal people of Bankura district of West Bengal are totally dependent upon the ethno medical healthcare system or informal healthcare practices for all their healthcare needs. On the basis of the survey, it is evident that this tribal people have used 35 herbal plants of 21 families for their different healthcare needs. It is further stated that the people of the areas like Jaypur, Shihar, Jayrambati and Baital have great faith in the practices of ethno medical system. The study also revealed that this tribal people are using several plants, leaves, roots and barks of trees for the treatment of various diseases. They hardly go to the any medical doctor for any of their healthcare needs. (Biswas n.d.)

The tribal people of Hooghly district of West Bengal are also familiar with the use of several traditional methods of healthcare system. An important study regarding the ethno medical folk healthcare practices or Informal Healing practices has been made by scholars like Priyanka Chatterjee and Ambarish Mukherjee. The survey of the study was conducted in the tribal dominated village of Hooghly districts of West Bengal through the administration of structured questionnaires and interviews with different stake holders of health. On the basis of the study it is well revealed that the tribal people of the region are still largely dependent on plants for their healthcare needs. It is further noticed that these people have a very strong faith in the practices of informal healthcare practitioners of the region. The study also elaborately discusses about the plants and leaves used by the tribal people for their different healthcare needs. Apart from the use of different herbal plants, people of this region also believe in the practices of different traditional healers who use herbal plants alongwith some therapeutic treatment to treat several diseases. (Mukherjee 2015)

The healthcare practice of Santal community of West Bengal is also an important example of an informal healthcare system in India. The study made by Subhra Basak, Samita Manna and Chanchal Kumar Manna regarding the healthcare practices of Santal community of Bankura district of West Bengal extensively shows that the people of this community have great faith in the healthcare services provided by the traditional healers and folk healers. It is also evident from the sources that the people of this community believe more in informal local traditional healers than the professionally trained medical practitioners for all their healthcare needs. Further, the practices of traditional healers or the folk healers of this region are not recognised by the government. Hence these traditional healthcare practitioners do not have any authorised medical license to profess their medical practice. But, still they are practising their unlicensed healthcare practices in their village. Although the traditional or folk healthcare system of Santal community has not been legalised by the government it has been widely accepted and supported by the community and society. (Subhra Basak 2016)

The healthcare practices of Pawra tribe of Nandurbar district of Maharashtra is also a blatant example of the practices of informal healing system in India. A survey was carried out in the year 2000 to 2005 by the research scholars of Interactive Research School for Health affairs, Medical College Campus and Bharati Vidhyapeeth University of Pune. The study revealed that the people of Pawra tribes are largely dependent on the healthcare practices of traditional healers. It has also been found that these people directly interact with nature and natural plants for their several healthcare problems. The study further proved that the people of Pawra tribe use several natural herbal plants, leaves and roots for their healthcare needs. They have an immense knowledge of using different herbal plants to cure different diseases. The knowledge system of all these informal healthcare practices of Pawra tribes has been transmitted through verbal methods from one generation to other. The study also shows that Pawra tribes use more than 500 plants for different diseases. It is also stated that the main occupation of this tribe is to collect the plants or plants parts such as fruits, gums, nuts, edible parts, barks, roots, leafy vegetables etc. The traditional healthcare practitioner of Pawra tribe is popularly known as *Bhagat*. The local people have rigorously believed in the knowledge and practices of *Bhagat*. (Jagtap S.D. Deokule S.S. 2009)

Death ritual practice of Karbi community of Assam shows that the belief system of their community regarding the healthcare system is quite different and astonishing. The study made by scholar Rukshana Zaman of Delhi University elaborately explored the traditional belief system of this community regarding their health and healthcare system. The study further extensively stated about the importance and role of the performance of different rituals for the wellbeing of community. It is also well evidenced from the study that the performance of death rituals is very important as per the traditional belief system and the customs of the society which is popularly known as '*Chomangkan*'. The role of a traditional healer as a mediator between human beings and natural deities seems very essential. It is these local healers who perform all the rituals on behalf of patients or patients' family to cure their different diseases. The performances of death rituals by the traditional healers have been considered as an important instrument to achieve the emancipation of the deceased. It is also generally believed that proper death ritual ceremony of the deceased is very essential for the well being of entire community. Hence, it seems that the health and healthcare practices of this community is totally based on the traditionally rooted belief system of the community. (Zaman 2003)

5.4 Development of Healing Practices from Informal to Formal

It is well evident from many textual sources that human beings and diseases are inseparable and intermingle with each other. In every successive developmental stages of human civilization diseases are present. Starting from Stone Age till today, diseases have been seen as an integral part of human existence. However, the methods of diagnosis as well as the technique and technology of treating the diseases have been repeatedly changing throughout the years. It is also believed that medicine originated in the very embryonic state when the uncultured, uncivilized people tried to protect themselves from the hostile elements of nature or to avoid some unfavourable conditions relating to their

health. But, the medicine developed during that period of time was highly therapeutic in nature; hence it was called the therapeutic medicine. During that period, primitive people used to perform several rituals and rites to appease the different natural deities. Apart from rites and rituals, they used to offer several sacrifices and yagya (puja) to calm down the wrath and anger of different natural deities. Moreover, primitive people are often regarded as believers of '*Animism or Naturalism*'. They profoundly believe in the existence of natural deities both in the form of benevolent and malevolent nature. Hence, they consider that diseases occur due to the unhappiness and the wrath of different supernatural deities. Thus, proper appeasement of all these deities was very essential to secure good health and well being in the society. These kinds of primitive healthcare practices include therapeutic treatments, rites and rituals, animal sacrifices etc. With the passage of time human civilization developed, healthcare system too changed and developed in a larger scale. But, still in various parts of the world, these types of primitive healthcare systems are very much present in different forms. In case of India, it is blatantly present in every ethnic and tribal community across the country which is often regarded as an Informal folk healthcare system in India. In the process of development, people came in contact with different natural herbal plants. They started using various natural plants, leaves, roots and barks for different healthcare emergencies. It was infact a trial and error method in its initial stage, but later on with the experience they became familiar with the use of several natural herbal plants for various diseases. Thus, in this stage of human development people largely depend on natural plants for their different healthcare needs. However, it is also well evident from various sources that apart from natural herbal plants people also had great faith on therapeutic medical treatment and the practices of various rituals, rites and sacrifices. Thus, both types of healthcare practices were developed simultaneously at this stage of human development. Again, with the growth of human mind and knowledge, belief system and religious dogmas, healthcare practices have also been developed in different forms. But the basic idea of healthcare system remained the same that is human life is an integral part of the nature and any ailment of human life can be treated by nature itself. Hence, the very systematic concept and analysis of the nature of life have been developed in the line of human development. Human minds started investigating the various truths of nature and beings. As a consequence, different texts and scriptures regarding religion, society and nature have been written and documented. It is perhaps, in this line of development that the systematic knowledge and idea about the nature of life has been developed, which blatantly states that life is constituted by the five elements nature i.e. *sky (aakash), vayu (air), energy (agni), water (jal) and prithvi (earth) known 'Panchamahabhuta' System.* By understanding the very nature of human existence, people developed the highly effective and systematic medical tradition which could alleviate all human sufferings and physical problems in the names of *Ayurveda, Unani, Sidha, Showa-rig-pa* etc in different time and space. The medical treatment and the method of diagnosis in this healthcare tradition is highly systematic and written in documented form. The knowledge systems of this medical tradition are transmitted through written documents such as various texts, scriptures and books regarding the methods, techniques and formulation of different medicines and medical treatments. Hence, it is considered as *Formal healthcare system.*

Further, with the growth of human minds, social system, religious thoughts together with science and technology, medicine and medical system also developed in various forms. Accordingly, the Western bio medicine or modern medicine became the dominant healthcare system all over the world. Various new techniques and the methods of diagnosing the treatment have been developed. Modern sophisticated medical instruments together with super deluxe facilities in the healthcare system are a vibrant example of today's healthcare system in different parts of the world including India. Drastic changes have been noticed in the sphere of healthcare throughout the years. However, with the advancement of medicine and medical system, the costs and the expenses of the medical facilities also develop in a larger scale. It is also very interesting to note that various countries of both West and East have developed the idea of health insurance in a very successful way to provide such modern sophisticated medical facilities to its citizens. However, countries like India, where the provision of health insurance is very low and minimal, only handful of citizens are enjoying such facilities. Hence, a large section of general masses in India are not in a position to access such modern sophisticated medical facilities due to the lack of wealth. Thus, it is very obvious that the rural areas of India having lack of modern healthcare facilities together with low level of accessibility of healthcare and poor economic condition facilitates the practices of different informal healing practitioners in different rural areas of India. Further, it is not only the matter of efficacy, accessibility or affordability of informal healthcare practices rather it is the very culturally rooted belief system of the different ethnic communities which actually facilitates the practices of informal healing systems in many parts of India. It is also generally believed that in the process of development of medical systems in various successive stages, some portions, parts or entire healthcare regime of certain stages have been neglected and not acknowledged properly. Hence, they started becoming obsolete from the scene such as the primitive therapeutic medicine and many more other home remedies used by primitive people. But, the very essence of such primitive healthcare practices is still present in most tribal communities of different parts of India. The early religions of human civilization such as 'animism and naturalism' are still present in various parts of the country. The therapeutic methods of treatments followed by customary rites and rituals, offering of animal sacrifices are still widely prevalent in many areas of India.

5.5 Conclusion

It is revealed from the above discussion that the informal healthcare practices are actually the earliest form of healthcare practice across the globe. These kinds of healthcare systems are present in almost all the communities of India. Further, some prominent scholars like Unnikrishnan and Darshan Shankar have argued that there is a close relationship between formal healthcare system of medicine and informal healthcare system of medicine. It is very incomplete to study the formal healthcare system without having a good knowledge on informal healthcare system and vice-versa. The systematic theoretical explanations of all these informal healthcare traditions are there in the oldest medicinal text of India which is popularly known as '*Ayurveda*' a formal healthcare

system. Thus, informal healthcare practices are not inferior or lesser than any other codified formal healthcare practices in case of efficacy and efficiency. Moreover, it plays a crucial role to alleviate the sufferings of millions of rural population in India.