

Chapter 17

Indigenous Medicines of India

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Folkland

The use of medicinal plants for healing diseases has been known to man ever since he was affected by diseases. When illnesses became frequent, ancient man started searching for drugs from the natural environment where he lived. Bark from trees, seeds, leaves, fruits and roots were all utilized for treating illnesses. We continue to use these remedies today, maybe in a more refined form (Petrovska, 2012). This knowledge from the past was transferred mainly through trial and error, and through the exchange of knowledge and experiences among diverse communities and regions mainly by means of oral communication. This exchange of knowledge continues even today, but with an incorporation of modern biomedicine into the traditional practices. This has led to Ayurveda,¹ Unani² and Siddha³ emerging as integral parts of modern medicine, or through complementing the modern biomedicine in India.

As identified by Kate Kelly in *The History of Medicine—Early Civilization Prehistoric Times to 500 CE* (2009), though India was rich in its knowledge and experience regarding the use of medicinal plants in healing, their knowledge remained unknown or rather ignored by the outside world due to many interferences including the way in which India developed then as a country, wars, and language barriers as it was hard for the rest of the world to decipher Sanskrit⁴ and so on. (Kelly, 2009)

Various studies conducted on traditional medicines suggest that medical practices such as dentistry and trepanations can date back to 7000 BCE in the Indian subcontinent (Sen & Chakraborty, 2016). There is evidence of how people of the Indus civilization placed emphasis on hygiene, drainage system and proper water management, thereby focusing on one's own health. Since exchange joints were created between Indian subcontinent and the west amid the Indus valley development, learning of prescriptions and different restorative wares were additionally among the things traded. Studies have found that many medicinal plants in use today have been used since the second millennium BCE, and are still used by Ayurvedic physicians and folk healers.

It is believed that the Vedic⁵ hymns of the migrant Aryan⁶ tribes are the earliest literary source of information available on the healing practices in the sub-continent during the Vedic period (c. 1500–c. 500 BCE). These hymns throw light on the diseases that were prevalent in the subcontinent during the Vedic period and their apparent causes. Most ailments, both physical and mental, were attributed to nasty spirits and being possessed by those spirits. Treatment included rituals, mantras, black magic, medicines and surgical intervention. Studies show that indigenous non- Aryan healing practices had greatly influenced the Aryan healers of the Vedic period.

During the post Vedic period, diverse cultures were interacting in small kingdoms, and the impact of this led to growing awareness of the influence of lifestyle on health and well-being. During the same time, Buddhism, Jainism and other new ascetic and philosophical movements emerged in the east. Many of these movements promoted experimentation in the field of medicine. Early Buddhist and Jain texts describe the use of medicines, surgical procedures, trepanation, purges and emetics, and various other practices. These texts also stressed the importance of inculcating humanistic values in one's life which could help in maintaining harmony and a healthy life style. Healing practices were integral to the Buddhist monastic tradition, and Buddha was regarded as "Healing Guru" (Healing teacher). Buddhist monks travelled to the west and different parts of Asia, spreading the Indian medical knowledge to those regions. A lot of Buddhist monks travelled to Sri Lanka during the reign

of Asoka the Great (304–232 BCE), thereby disseminating Indian medical knowledge in Sri Lanka.

Meanwhile the spirit of scientific enquiry and rational thinking which emerged as an influence of renaissance led to the questioning of old belief systems, and it was this cultural environment in the lower Himalayan regions that led to the emergence of Ayurveda as a scientific healing practice. Ayurveda greatly incorporated knowledge from tribal healers, learned physicians, and ascetic and yogic traditions such as Buddhism and Jainism.

The basic concepts and methods of Ayurvedic healing practices were elaborated and refined over the centuries, and knowledge from each source was put together during the early centuries of the current era in dissertations and verses composed in Sanskrit. *Caraka Samhita*,⁷ *Sushruta Samhita*,⁸ *Ashtangahridayam*,⁹ and *Ashtangasangraha*, are some of the earliest available works. These works are the main guidelines for the Ayurvedic practitioners, as they describe therapeutic methods in a systematic manner. Some other works specializing in various branches of Ayurveda were also written during this time.

As trade links and exchange of medical knowledge advanced among the Indian subcontinent, West Asia and the Indian Ocean world, physicians from Persia and neighbouring regions brought their healing practices to India and influenced local healers and Ayurvedic practitioners. Soon Ayurvedic books were translated into Persian, Arabic, Tibetan and Chinese.

Unani, Rasashastra, Siddha, and Sa-Rigpa¹⁰ are some other formal healing techniques that have been practiced in the subcontinent. Unani, which is quite popular in India and Pakistan today, is an Arab medical

Kerala, India; indigenous medical practitioner treating a rheumatic patient





Preparing indigenous medicine

tradition that has its origin in the Greek Ionian medicine. Rasashastra is a healing method that uses medicines made of metals, especially mercury and gold, after purifying them using complex procedures and techniques. It believes that Rasa formulations when combined with yogic and tantric practices give extraordinary powers, such as arresting the process of ageing. The Siddha tradition is a healing method prevalent in South India, especially in the Tamil speaking region and continues to be popular there. It combines elements of Ayurveda, Rasashastra, Yoga and Tantra and uses metals prepared through complex procedures along with medicinal plants. The Siddha system had its origin from the influence of Chinese and Arab medicine. The Sa-Rigpa tradition practiced in Tibet and Himalayan regions is a combination of Ayurveda, derived from Vagbhata's *Ashtanghrdayam*, and folk practices along with a strong influence of Tibetan Buddhism.

The golden era of Indian traditional healing practices began to decline during the colonial era. However, during the pre-colonial period early Portuguese and Dutch settlers relied on the traditional medical systems they found in India for their healthcare needs. There were very few physicians amongst the early European settlers, and they did not have the medicines or the knowledge needed to prevent or treat diseases. During their reign in India from 1505, the Portuguese and Dutch governments decided to study and use Indian traditional medical knowledge. Several books on Indian medicine written during this period introduced Indian

medical knowledge to European medical schools, and botanical medical knowledge of India was greatly influential across the globe.

When the British East India Company was established in India in 1600, the Indian medical knowledge and local physicians were important resources for the British. The expertise of the local physicians was a great help to the newly arrived British doctors, struggling to deal with diseases unfamiliar and new to them. Later, as the British East India Company expanded, more and more British physicians came to India and started to work in different roles such as botanists, foresters, zoologists, geologists. Soon European medicine emerged as the dominant medical system and the British government gave secondary status to India's indigenous healing practices. Later, when the Indian medical services started admitting Indian nationals, many Indian students from the upper classes, Christians and Muslims became familiar with the European medicines and soon English medicines became the official health care system.

Even though western medicines were highly popular and dominant over Ayurveda and other traditional healing practices, a few Ayurvedic colleges offering diplomas were opened across the country, whereby students were able to study classical texts in Sanskrit, and this education system integrated Ayurveda and western concepts of medicines. Pharmaceutical companies also began to manufacture Ayurvedic and other forms of traditional medicines on a large scale. However, it was only after Indian independence that Ayurveda entered the mainstream medical system. This was the result of the efforts made by the Indian government of to recognize Ayurveda, Unani and Siddha as equally important as the allopathic medicines

In 1970, the Indian government passed the Indian Medical Central Council Act to standardize Ayurvedic teaching institutions, their curriculum and their diplomas. More recently, the government created the Department of AYUSH (Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy) to support research and development of traditional medicine, and to set standards and regulate the activities related to practice. Today, national and global acknowledgment of Ayurvedic healing has broadened up the plan of Ayurvedic tourism. The anxiety torn populace of the current world is turning towards naturopathic mending, for example, that of Ayurveda for mitigating, help and comfort, and there are huge number of therapeutic focuses including Ayurvedic Spas across India taking into account various types of issues extending from hair tumble to more severe ones including tumours and heart issues. The southernmost Indian state, Kerala possesses an unbroken tradition of Ayurveda. The legendary eight families of *vaidyas* (Ashtavaidyas) and their successors treated the entire state for centuries. Unlike the other states, the status of Ayurveda in Kerala is not alternative but mainstream. There are many luxury spas and Ayurvedic resorts across the country today, and a huge number of tourists flock to India for Ayurvedic treatments.

FOLK MEDICINE

Indian folk medicinal stream is rich and diverse. It may not be popular, organized and codified like Allopathy or Ayurveda, but is distilled knowledge from the experiences of local healers and is prevalent in tribal and rural areas of India. Another major aspect of folk medicine is that

the methods of treatments and information regarding the medicinal value of plants are transferred orally from generation to generation. This folk tradition is mainly based on plants, and these are inexpensive indigenous remedies mainly popular among the tribes of India who live by the forests, valleys and mountains. A recent survey conducted in Kerala shows that out of the 4,600 flowering plants in Kerala that were studied, about 900 were deemed to possess medicinal value. The rural folk and tribal communities make use of about 2,000 species of lesser-known wild plants for various medical uses, and almost 80% of plants used in Sidha medicine are found in the forests of Kerala (Kerala State Council for Science, 2016). *Adivasis*¹¹ or tribes form 1.10% of Kerala's population. The major tribal communities, like Paniyan, kattunaykkar, kurichyar, Mala Aryan, have their own systems of treatment using herbs and plants in addition to other healing practices like sacrifices and prayers, for example. Their treatment methods and medicines are usually kept among themselves and they hesitate to disclose them to people outside their community. The reason behind this may include that the healers believe that they may not get the desired results if the treatment details are disclosed. They use treatment methods that are unfamiliar and seem very odd to the people outside their communities. For instance, leaves and flowering twigs of Kattukarpuram (Asteraceae) are burnt and the smoke from them is considered ideal for the treatment of asthma. Similarly, *neem* leaves (*Meliaceae*) are used for treating chicken pox. (*Tribal Medicines of Kerala*, 1998)

A study carried out by Dr. Rajendran at the Kolli Hills¹² and Tanjore district of Tamil Nadu observed that folk medical treatment available for children in those areas belong to three different categories—namely, medicines for consumption or for external application, physiotherapy and folk medicinal belief. This study has quoted several interesting folk medicines and practices popular in the rural areas of Tamil Nadu, especially at Kolli Hills and Tanjore district. Consumption of medicine begins even before the child is born. In the states of Kerala and Tamil Nadu, the expecting mother is made to consume saffron stamens mixed in milk. This practice is usually conducted as a ceremony and it is believed that child to be born will be of fair complexion if the mother does this. Yet another interesting practice in Tanjore district is that the new born child is made to sip boiled water that has few drops of donkey's blood in it. The rationale behind this practice is that child's immunity will be strengthened by doing so and the child will be audible and talk with clarity when it begins talking. Another unique practice observed in the study at Kolli Hills is that the mother of the newly born child ties a piece of *vasambu acoruscalamus* in her *thaali* when she believes that the child cries because of stomach pain. She takes a bit of *acoruscalamus* and chews well in her mouth and then spits the saliva alone into the mouth of the child. Such medicinal treatment is called *ThaaliKodiMarunthu* (Thaali Thread Medicine). *Thaali* is a sacred thread that a Hindu or Indian groom ties around the bride's neck during their marriage ceremony and identifies her as a married woman. *Thaali* is



considered holy, and it signifies the relationship with a lady's husband. Sometimes the ashes of the burnt *acorus calamus* mixed with hot water are given to children, and this is also a widely used practice. Folk medicines mostly consist of a lot of herbs in their treatment. When it comes to the children, they mostly avoid direct use of herbs, instead they use other goods available at home. Sometimes they burn the herbs and use the ash. Other odd practices of Kolli Hills region observed in this study include the use of a porcupine's intestine that has been taken out and dried completely. If a child below the age of six months suffers from diarrhoea, the dried intestine of porcupine is burnt in fire and then mixed in hot water. A few drops of the filtered water are then given to the child. If the child is above two years and suffers from fever, then the porcupine intestine along with cumin seeds and salt is ground, filtered and then administered. They believe that this will heal the ailment. If a child does not eat well and looks thin, then the white worms found in cow dung in a pit are cooked in *ghee* and then the *ghee* is filtered and administered to the children. By this the hunger of the child is stimulated, and the child gains weight. In order to arrest the diarrhoea, peacock's feather burnt and mixed with honey are also given. In some places, the paste of deer's horn mixed with honey is given in order to cure diarrhoea. The undigested food taken from the intestine of mountain monkey is taken and filtered with a cloth and that juice is given as the treatment for scabies among children. The whooping cough among children is treated with the burnt ashes of wild bats. At the same time, the bats found in houses are smeared with particular oil and are burnt. Then the burnt bats are ground and mixed with milk. This is given as a medicine for the whooping cough. A mother chews basil seeds well and spits the saliva into the mouth of a child that is below one year of age and suffers from stomach pain. Crabs found in paddy fields are caught live and battered well. The juice is taken and administered three times a day in order to get rid of the mucus problem. When a child is puny and looks different and pale then it is called as *savappu nooi*, pale disease. For children who suffer from such disease, the raw juice of crabs found in paddy fields is given twice a day for three days which in turn would cure the disease. For male children, female crab juice is given, and for female children, male crab juice is given.

The north-eastern states of India—Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura have over 220 ethnic groups. These states are predominantly inhabited by tribal people with a degree of diversity even within the tribal groups. The north-eastern population results from ancient and continuous flows of migrations from Tibet, Indo Gangetic India, present Bangladesh and Myanmar. They are home for primitive societies like Abor, Garo, Daffa, Khasi, Kuki, Mishi, Rabha, Naga, and Apatani. These ethnic groups are experts in traditional healing. Each of these groups has its own field of expertise and the techniques and medicines used in treatment which differs from one group to the other. A study conducted by Ramshankar et al. (2015) identified traditional healers in the north-east based on their expertise. They are herbalists common to all the north-eastern states and extensive knowledge but do not possess occult powers. They



diagnose and provide treatments for everyday ailments and are believed to be protectors from evils and misfortune. Diviners are observed in the remote villages of Assam and Arunachal Pradesh. Diviners are the most important mediators between humans and the supernatural. Unlike herbalists, no one can become a diviner by personal choice. They concentrate on diagnosing the unexplainable. (Ramashankar, Deb, & Sharma, 2015)

Another case study by Ray Tapan (2014) on Folk medicines and its contributions to primary health care in West Bengal identified specialized fields of traditional practice in India. Though healers are known by different names, these findings show a remarkable similarity between the healing traditions of the north-east and the rest of the country. He identified Kobiraj or Bidya (herbalists-who have extensive knowledge regarding plants and its medicinal values), Gunin or Munshi (Diagnosis specialist who is involved in communication with spirits, the supernatural and the physical entities that assist in the diagnosis), and Ojha (Healers who have a deep connection with healing culture. They are known as the 'god gifted' individuals of our folk society who may heal snake bites as well as common disease in a different ways, for instance through touch and stroke. Peer (Spiritualists. This sort of training mostly concentrates on the profound strength of a person. For the most part Spiritualist applies various types of considerate spirits that have good ends. They take care of different medical issues with the assistance of extraordinary compel. They have a place with Muslim people group, Shaman (witch doctor, shamanistic drug is an otherworldly type of prescription where a man's ailment is accepted to be caused by the possession of spirit. They use hallowed tunes or mantras to cure the sicknesses.

In Kerala, two main communities—Vannan¹³ and Pulluvan¹⁴—treat the children for their illnesses. It is a traditional healing system that is transferred orally from one generation to the next. At least one healer existed in almost all families of those communities. A famous healer by name Kotakkatt Kannan Peruvannan lived in a village called Kotakkatt in Kasargod district of Kerala. He was considered as a god for children, as he rescued thousands of children from their deadly ailments. Even the children of allopathic doctors were treated by Kannan Peruvannan. These systems are sometimes named after their respective communities, such as Vannanvaidyam,¹⁵ Pulluvanvaidyam,¹⁶ for example. The ethnic medical system is interlinked with magic and worships. Unfortunately, the number of traditional or ethnic healers from the Vannan and Pulluvan communities of Kerala are decreasing alarmingly, although there are few who have secured medical degrees in indigenous medicines.

CONCLUSION

It is clear that folk medicines play an important role in curing diseases in India. Folk medicines build a close relationship with tribal, rural and semi-rural population. Sometimes medicine alone may not work in this system, but it works with magic, rituals and also with certain regimens. Lack of herbs due to deforestation, shortage of herbalists for identifying the appropriate herbs, patient's reluctance to follow strict dietary norms, breaking traditional links of therapists etc. are leading the extinction of this age old system.

RÉSUMÉ

L'histoire du système médical indigène en Inde est très ancienne ; en effet, les études montrent que la dentisterie et les trépanations ont été observées dès 7000 av. J.-C. Les connaissances médicales du passé ont été transmises en grande partie à travers l'expérimentation. La connaissance des traitements autochtones a été transmise oralement au sein de la famille et aussi parmi les membres des communautés. L'échange de connaissances traditionnelles se poursuit encore aujourd'hui. L'intégration de la médecine moderne a conduit à différents systèmes tels que l'Ayurveda, l'Unani et le Siddha qui ont été créés comme système médical intégral complétant le système traditionnel de médecine. La plupart des affections, tant physiques que mentales, étaient attribuées aux esprits néfastes et au fait d'être possédé par ces esprits. Les affections sont traitées grâce à la prière, aux rituels, aux mantras (hymnes), à la magie noire, aux médicaments et aux interventions chirurgicales. La médecine traditionnelle s'est développée à partir de textes et de traités védic / classiques comme Rigveda, Yajurveda, Samaveda et Atharvaveda (Quatre Vedas), Carakasamhita (texte sur la médecine indienne ancienne), Susruthasamita (texte sur la chirurgie indienne ancienne), Ashtangahridaya (texte sur la médecine et la chirurgie indiennes anciennes), Kashyapasamhita (texte sur la gynécologie indienne et la santé des enfants), et d'autres textes régionaux écrits sur des manuscrits en feuilles de palmier et des papiers. Le système médical populaire s'est développé grâce à des guérisseurs formés traditionnellement et expérimentés. L'Inde est privilégiée grâce à ce système médical ethnique issu d'une riche tradition.

NOTES

- 1 The traditional Hindu system of medicine (incorporated in Atharva Veda, the last of the four Vedas), which is based on the idea of balance in bodily systems and uses diet, herbal treatment, and yogic breathing.
- 2 The term for Perso-Arabic traditional medicine as practiced in Mughal, India, and in Muslim cultures in South Asia and modern day Central Asia.
- 3 System of traditional medicine originating in ancient Tamilakam in South India.
- 4 The primary sacred language of Hinduism; a philosophical language of Hinduism, Buddhism, and Jainism.
- 5 Vedas are large body of knowledge texts originating in the ancient Indian subcontinent.
- 6 The Aryan race refers to a racial grouping term used in the period from the late nineteenth century to the mid-twentieth century to describe Indo-Europeans.
- 7 Sanskrit text on Ayurveda (Indian traditional medicine).
- 8 Ancient Sanskrit text on medicine and surgery.
- 9 A compendium of the Ayurvedic system composed by Vagbhata.
- 10 Sowa-Rigpa medicine, is a centuries-old traditional medical system that employs a complex approach to diagnosis, incorporating techniques such as pulse analysis and urinalysis, and uses behavior and dietary modification, medicines composed of natural

materials (e.g., herbs and minerals) and physical therapies (e.g. Tibetan acupuncture, moxabustion, etc.) to treat illness.

- 11 The tribal groups' population of South Asia. Adivasimake up 8.6% of India's population
- 12 Kolli Malai or Kolli Hills is a small mountain range near Namakkal, Tamil Nadu
- 13 Ritual dancers
- 14 Snake-worshiping community
- 15 Therapy of the Vannan community
- 16 Therapy of the Pullivan community

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