

Chapter 5

**Heritage, Folk Medicine and
Kaviraji Treatment in Bangladesh**

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INTRODUCTION

Bangladesh and a significant part of South Asia possess a vibrant and thriving medical pluralism. Medical pluralism has been turned into an intrinsic feature of its medical system in historical and contemporary contexts (See, Rashid, 2017, Misra, 2010, Leslie, 1980, Banerji 1981; Sujatha 2003, Sujatha& Abraham, 2009). Multiple medical systems such as Biomedicine (the term used for allopathic medicine), Ayurvedic, Yoga, Unani, Siddha and Homoeopathy (AYUSH), Naturopathy, Kaviraji and other folk traditions are widely practiced in this region for primary health-care. Traditional medical practices (TMPs) involving the use of different medicinal plants vary greatly from place to place, region to region and community to community, as they are influenced by factors such as economy, culture, religion, education, ethnicity and environment. The cultural phenomena of super natural belief also plays a significant role in building different perceptions among different rural and ethnic communities on various statuses and conditions of their health, as many of these people view their illness as possession by evil spirits. Visits to shrines or shamans (a person who acts as an intermediary between the natural and supernatural worlds, using magic to cure illness) for folk methods of healing, are still observed in many places. Research shows that whether educated or not, rich or poor; some people still use folk medicine for specific diseases.

KAVIRAJI PRACTICES AMONG RURAL AND ETHNIC COMMUNITIES

Bangladesh is known as a country of villages with 87,310 villages (BBS, 2011). Among its total population, 89.35% are Muslims, followed by 9.64% Hindu, 0.57% Buddhist, 0.27% Christian and 0.17% others. The country has 7 divisions, 64 districts and 492 sub-districts. Each of the sub-districts is again composed of unions, wards and villages. Villages are the smallest unit of the government located at the lowest strata of society and 71.9% of the population lives in these villages mostly located in very remote hills, coastal and floodplain areas, and other rural and peri-urban areas; while the rest 28% of the population live in different cities and urban locations (Bangladesh Demographic Profile 2012). As a country of cultural, ethnic and language diversities, besides the majority Bengali population, it has about 50 small ethnic communities constituting about 1% of its total population. A majority of the rural and ethnic communities of Bangladesh still rely on the *kavirajes* for their primary health care.

TRADITIONAL MEDICAL PRACTICES: THE TREATMENT OF MOTHERS, GRANDMOTHERS AND THE KAVIRAJES

The traditional medical practices in rural Bangladesh are comprised of the household remedies given by Mothers and Grandmothers (*ma-o-nani-dadir chikitsya*) alongside kaviraji treatment. The kaviraji treatment is also known as *veshojo chikitsya* (herbal treatment) or *bonojo chikitsya* (treatment by wild forest herbs). Grandmothers, (both paternal (*dadi*) and maternal (*nani*) play a very significant role in taking decisions regarding the primary healthcare of their family members, especially of the



children and women. They possess certain rights to decide the treatment because of their personal knowledge, which they have inherited from their ancestors, and because of their age, wisdom and their position in the family. They primarily use different plants, herbs, roots, certain spices, vegetables, or other common items available in and around their homestead, grown naturally or through cultivation. In some cases, they also perform rituals based on faiths, and recite holy verses (mantras or *doas* [prayers]). It is important to mention that due to strong presence of purdah (covering the body to maintain the chastity, following social restriction for not mixing with male people), the rural women are not encouraged to go outside alone or even go to the male doctor in nearby city centres, unless and until they get very sick. In most cases, women feel too shy to consult with unfamiliar doctors, especially if the doctor is a male.

In case of the failure of a mother or grandmother's folk treatment, patients are taken to the village folk healers known as *kaviraj* or *vaidya*, who are generally familiar to them either as relatives or are village fellows. These *kabarajes* / *vaidyas* play a significant role in forming the important section of the primary healthcare system of Bangladesh. Almost every village of the country has one or more practicing *Kaviraj* (See, Shaheen et al., 2010). A survey report concluded that 39% of rural community members have knowledge about medicinal plants and 13% treats simple ailments with herbs (Khan & Chowdhury, 2010). They mostly use different plants or particular parts of plants and plant extracts in various combinations for different diseases. Some of the *kavirajes* also use snakes blood, birds or other animal parts, fish or fish oil and others chemicals as ingredients of their medicines. Dilution,

A *kaviraj* of Chittagong Hill Tracts. Diverse ethnic communities live in this region, which is the largest forest tracts of Bangladesh, and the community people mostly depend on indigenous medicine for healing. Photo: Tanveer



This couple is from the Santal ethnic community of North Bengal. Based in their home in the Chapainabganj District, they have been practicing *kaviraji* treatments for 40 years © Santosh

dose, administration time and mixture played a significant role in need of combinations of useful extracts by the traditional practitioners. In some cases, carrier materials show a significant function. The preparation of medicine by kavirajes is mostly based on leaves. Plant parts which are used for preparing medicines include barks, bulb, cord, fruit, flower, leaf, root, rhizome, seed, seed pulp, seed oil, stem fruits, and whole plants. Kavirajes rely almost exclusively on medicinal herbs in their formulations, which are simple and mainly consist of plant juice administered orally, or rubbed on the body parts as paste/cream or in other topical forms depending on the ailment. The proportion of the use of different parts of the plants, however, was observed in one study as leaf 35%, fruits 22.20%, roots, seeds 13.30% each; stem 11.10% and whole plant 8.90% (See,

Sanjida et al., 2014). The local people and the healers had collected 60% of species from the wild sources (i.e. from the conservation area) followed by cultivated (13%) and domestic (7%) sources. It was also observed that, local people and the healers used the identified medicinal plants (MPs), mostly for curing cold ailments followed by cough, cut and wounds, fever, dysentery, skin diseases and other common ailments (See, Sanjida et al., 2014). Information and knowledge about such practices have been passed through generations and shared by their members that perfectly harmonize with their other cultural components. In most cases, the patient either recovers or dies. If he gets well, it is believed that the method of treatment used was a valid one, and this method becomes permanent. However, the death of the patient does not mean that the method of treatment was unsuitable, only that the patient was beyond its scope.

KAVIRAJ AND THEIR MODE OF MEDICAL PRACTICES IN BANGLADESH

There are kavirajes in almost every village of Bangladesh. Sometimes, they are called quack doctors (*hature dakter*). The term 'quack doctor' has a different meaning (a negative connotation) to the urban educated class. It means either they are not trained practitioners or they do not have the proper knowledge to giving the right treatment. *Kaviraj ghars* (folk healer's shops) are seen in every rural, peri-urban and urban setting. Besides these permanent, shop-based kavirajes, there are many kavirajes, who do their practices from their own homes in their villages, run shops in the local bazaars (local village markets) or open temporary stalls in different bazaars or *haats* (small local market places) which open on different days. These kavirajes are also locally called *aushod canvassers* (who sell medicine through canvassing by using sound systems and microphones). In some areas, kavirajes use their sons, daughters or their wives as their associates. It is also found that in areas with concentrations of Hindu, Muslim or ethnic communities (mostly belonging to the Christian or Buddhist religion), the kavirajes are also from the respective majority communities. In the city, kavirajes mostly run their shops in the area where the lower and lower-middle income people reside.

Doing treatment by using traditional medicine is also locally called *veshojo chikitsa* (herbal treatment). Kaviraji treatments are still popular for certain common ailments. However, a significant percentage of the rural households first seek treatment from the elderly people of their families (mother or grandmother) and then from the locally available kavirajes. It is also found that the lower and lower-middle income people of the urban or peri-urban areas still go the kavirajes at least for some ailments, while they also go to the biomedical practitioners as there are more biomedical doctors and health facilities in the urban and peri-urban areas compared to the rural areas. It is important to mention that in both hilly and remote rural areas, generally women and children who suffer from conditions such as fever, pain, common colds or general ailments such as anaemia, malnutrition, eye infection, common dental diseases, ear and other problems mostly prefer to receive home remedies first and then go to the kaviraj for their treatment. In various studies, it has been observed that the reason behind using traditional medicine and going to the traditional medical practitioners includes the availability of the herbal plants in the locality, or availability of the folk healers at nearby locations, the low cost of medicine they provide, low/no fees for consultation, the convenience of paying the fee later, no side effects and very easy access to the practitioners/healers. Some kavirajes add religious elements, rituals, amulets, and others to attract people from their own religious groups (Rashid, 2002).

THE ROLE OF THE KAVIRAJ AND THE VALIDITY OF THEIR PRACTICES

For many centuries, the Kavirajes have been enjoying considerable trust and support from their patients because of their holistic approach to treatment (Biswas, et. al. 2011:23-33). Three factors which legitimize the role of the folk healers include: their own beliefs, the beliefs of the community and the success of their actions (Laguerre, 1987). All these factors strongly endorse that herbal medicinal treatment cannot be simply dismissed as “quackery”. The Kavirajes not only treat the symptoms, but also try to find out the underlying cause(s) behind the appearance of the ailments through their knowledge accumulated over a long period of time. These Kavirajes both know the plants being used as well as possess the knowledge regarding the plants application in medicine. It is also interesting to mention that these folk/herbal medical practitioners do not have their own medicinal books and do not follow any standardized customs. As a result, the selection of a medicinal plant by a Kaviraj for treatment of any specific ailment is unique to the Kavirajes and varies considerably between Kavirajes of a particular area or even villages (Hossan et al., 2009, Nawaz, et al. 2009, Mia et. al.2009). It is very important to mention that each of these Kavirajes tends to keep his or her knowledge of medicinal plants within the family, and thus it is passed down from generation to generation. Over time, this knowledge becomes unique to the Kaviraj and his successor(s) (Jahan, et al. 2011). It is strongly believed that the knowledge possessed by thousands of indigenous medical practitioners, if nurtured through proper analysis, quality assessment and with advance researches, would be an asset for treating and preventing diseases of the rural people at minimum cost.

A Muslim kaviraj displays his medicines and herbs while preparing in the local market of North Bengal, a poorer part of the country © Santosh



DESTRUCTION OF FOREST, OVEREXPLOITATION OF MEDICINAL PLANTS AND ILLEGAL TRADING

In many parts of the country, the forest land is over exploited. The reserve forest area is shrinking at an alarmingly rate. Many of the kavirajes now face difficulties in finding the plants they and their forefathers used to make some of their medicine. They complain that many of those plants are either now extinct or endangered. It is also reported in the media that there is an increasing number of gang drug traders who have a very strong network for illegal and unsustainable collection of medicinal extracts/barks from different areas including all the reserved forest tracts like the Sundabans, CHTs, Madhupur, Sylhet and others. They not only trade these medicinal plants in Bangladesh, but smuggle these to other countries. Many of the illegal drug traders try to use the local poor people as their suppliers, which in turn contributes to the depletion of hundreds of local rare medicinal plants. An immediate step is required to formulate suitable conservation strategies for naturally growing ethno-medicinal plants to overcome depletion of natural resources, and to make the process more eco-friendly. The increasing commercialization of various local herbal properties and the use of ecological knowledge for medicine and other purposes without the formal consent of the local/indigenous people have now become major concerns for the survival of many of the intangible cultural properties associated with kaviraji practices.

CONCLUSION

From the above discussion, it is clearly understood that the traditional medical practices have immense cultural, economic and religious impacts on the society. In most of the cases, the rural and ethnic communities prefer to undergo kaviraji treatment as it is less expensive, has no side effects, and is easily accessible in the locality. Some people still doubt conventional medicine and continue to use non-conventional medicine as an alternative while others use it in complement to conventional treatment. It is important to note that in most societies, such traditional medical knowledge has not been documented properly, but transmitted orally through many generations.

Thousands of plant species, found in various ecological situations, are used in folk medicine by the rural and ethnic communities of Bangladesh, many of which are not even literate but have gained knowledge about the effective plant-based formulations of medicine from their ancestors. Even with a strong existence and significant use of traditional/herbal medicine among the major rural communities in Bangladesh, the traditional medical practitioners (TMPs) are still not officially well recognized and they face questions of validation and standardization. Indigenous medical knowledge and practices, which possess very high historical and cultural value for the country, need to be designated immediately



for their future protection, preservation and documentation. Not only this, pursuing the selection of more medical practices for recognition by the UNESCO as Intangible Cultural Heritage of Humanity is also important for the encouragement and involvement of local folk medical practitioners. As a country of rich indigenous medical practices, knowledge and heritage, we need to develop an integrated plan to protect the roots, herbs, plants and other ingredients used by our local folk medical practitioners. Kaviraji treatment, a part of traditional medical practices, is a very strong component of our cultural heritage. Our many beliefs, rituals, knowledge, wisdom, folk practices, physical performances and exercises (yoga and meditation) are very closely associated with this traditional medical practice. So, considering kaviraji treatment as a heritage of Bangladesh, it is very important to take various steps to protect, promote and safeguard its various properties. Funds need to be allocated for recognizing the individual/group/community holders, and subsidies provided for the training of successors to keep their practice ongoing with the necessary scientific modifications. Further studies are also needed to explore the socio-economic backgrounds of the traditional medical practitioners and the people using traditional medicines, and the efficacy and safety aspects of preparation, the use of medicine and the process of treatment in Bangladesh. In-depth studies will be required to protect and safeguard the various cultural properties associated with kaviraji treatments. It is strongly believed that the knowledge which is possessed by thousands of kavirajes, if nurtured through proper analysis, quality assessment and with advanced research, would be an asset for treating and preventing diseases of the rural people at minimum cost. Kaviraji knowledge and practices, which possess very high historical and cultural value to the country, are needed to be designated immediately for their future protection, preservation and documentation.



An old kaviraj in a rural market in Tanore, Rajshahi, displaying his tools, raw materials, and medicines to attract clients © Santosh

RÉSUMÉ

Le patrimoine, la médecine populaire et les pratiques médicales traditionnelles sont très étroitement liés les uns aux autres. La préservation du patrimoine consiste à comprendre le passé et à développer un sentiment d'identité. Les pratiques médicales traditionnelles (PMT), une forme de patrimoine culturel immatériel (PCI), constituent une partie de l'identité culturelle des différentes communautés du Bangladesh et manifestent la diversité de ses populations dans leurs relations avec leur culture, leur religion, leur origine ethnique et leur système écologique. Un pourcentage significatif de la population, qui vit dans des collines éloignées, des côtes, des plaines d'inondation et des zones rurales, dépend toujours de différents médecins traditionnels pour les soins de santé primaires. Les guérisseurs populaires (appelés localement kavirajes) appartiennent à différentes religions et groupes ethniques et jouent un rôle très important dans la pratique des soins de santé de la plupart des populations rurales pauvres, de la classe moyenne et inférieure. Les kavirajes du Bangladesh dépendent principalement de diverses plantes, poissons, parties animales, herbes, racines et autres ressources sauvages pour leurs pratiques médicales. Le présent document aborde différents aspects du traitement kaviraji et ses répercussions sur la communauté.

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