



# Study Report on Traditional Medicinal Practices among the Tribal of Andhra Pradesh & Telangana



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Title : A Study report on Traditional  
Medicinal Practices among the Tribal  
of Andhra Pradesh and Telangana

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Published by : Centre for People's Forestry

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Year of Publication : 2017

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Design and Layout : Dhruti Designs

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## Acknowledgement

The work underlying this “Study of Traditional medicinal practices among the tribal of Andhra Pradesh and Telangana” has been carried out as part of the project with the financial support of BfdW. The author is grateful for this support. The author wish to express her gratitude to the trustees and DrSuryakumari, Director- CPF, who provided the insight and expertise that greatly, benefitted the study.

Author appreciate MsRuchiKukrettiKaushal, for her contribution during collection and compilation; and MrRajnikanth, SPO-SL for his support to the study, during collection of quantitative data and the sample specimen, collection of the medicinal plants.

A special thanks to our project partners Gramabhuydaya, Samyogita and the CPF field team, where the study was conducted and information was collected, i.e. Visakhapatnam, Srikakulam and Adilabad respectively.


This study is could not have been practically possible without the support of the Tribal Communities and the Healers. The Centre for People’s Forestry salutes their knowledge and recognizes their commitment and time that they gave for this study despite their pressing schedules.

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## Abstract

Indian folk medicine is an age old system practiced by primitive people, particularly; the tribal's residing in remote villages and forests. The knowledge gained over the years - through trial and error methods - about the medicinal uses of local flora are transmitted from one generation to another. It is an outcome of bold experimentation and useful observations made over several hundreds of years and are in fact considered as mother of all other traditional systems of medicine. This system is losing ground with time and getting influenced by modern medicinal practices. The depletion of the forest resources and lack of proper recognition to the traditional healers, is posing threat of losing the valuable age old knowledge. Traditional indigenous medicinal practice is a repository of knowledge that needs to dovetail with the innovations and practices of modern medicine for betterment of mankind.



The “Study of Traditional medicinal practice among the Tribals of Andhra Pradesh and Telangana” was primarily undertaken to document and recognize the sustainable indigenous medicinal knowledge and practices of the tribals located in the Eastern Ghats of Srikakulam and Visakhapatnam in Andhra Pradesh and in Adilabad in Telangana. It is a qualitative and quantitative study, where data were gathered through interviews, direct observation, focus group discussions and questionnaires, and analyzed.

The study brings to light that, how unique and innovative they were and how, over a period of time, the practices and knowledge is losing its ground and its impact on mankind, and environment,

It has also raised pertinent questions on sustainability and the increased vulnerability of traditional healers



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## Chapter 1

# Introduction

## 11.1 Background

Traditional medicine, as defined by WHO, include diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, manual techniques and exercises, applied singly or in combination to maintain wellbeing, as well as to treat, diagnose or prevent illness. The term “traditional medicine” refers to ways of protecting and restoring health that existed before the arrival of modern medicine. Not all health practices are health traditions. There are two criteria for calling a practice a tradition. Firstly, traditions are those practices that are self-perpetuating. They are practices that are transmitted without the intervention of any agency or institution. Furthermore, they form the unwritten repository of health practices that have been passed down the generations through word of mouth for at least one century and continue to be passed down even today (Shankar et al, 2001).

Based on this statement, traditional medicine and practices can be classified broadly into (a) traditional medicine with a systematic codified body of knowledge in the form of ancient scriptures like Ayurveda, Chinese and Tibetan medicine, Siddha, Unani etc.; (b) non-codified system of traditional medicine or folk medicine, which is transmitted by oral means and is mostly acquired through trial-and-error approaches; (c) spiritual or shamanistic medicine, which has a strong religious/spiritual element and is practiced only by highly specialized local experts and (d) allied forms of health knowledge such as Yoga, Tai-Chi, various forms of meditation and breathing techniques, massage techniques etc. All the above types of traditional medicine practices are found in India, which takes care of the primary health needs of about 70% of the Indian population. Among them, the non-codified and codified systems of traditional medicine share the equal task in managing primary healthcare. The non-codified system of traditional medicine is diverse and varies with geography, local flora and culture. It was developed in accordance with primary needs and locally available resources of a particular region. The system differs from one region to the other and is known by various names like indigenous medicine, ethno medicine, bush medicine, little traditions, folk/folklore medicine and many more. However, the practice is not formalized in many countries and to a large extent remains in non codified form.

Traditional health practices have developed from:

- Traditionally trained folk healers'/village physicians
- Folk healer's/village physicians who are not traditionally trained, but experienced in certain health practices (e.g. Dai, bone setters, specialists in treating poisons, jaundice, mental disorders)
- Old individual or different ethnic communities, including women treating the patients based on the knowledge acquired from their predecessors
- Individuals belonging to different professions (educated group) who acquired certain knowledge from their predecessors
- Ancient copper plate/palm leaf writings
- Organized groups of tribal communities/tribal physicians/older individuals
- Tribal physicians among the migrated groups of tribe settled in the plains

In India a great ethno botanical knowledge exists from ancient period. Written records on the use of plants for curing human and animal diseases in India can be traced back to the earliest scripture of the Hindus (4500 -1600BC), the Rigveda (Jain, 1994). Ayurveda, the indigenous system of medicine in India, dates back to Vedic ages (1500-800 BC). It has been an integral part of Indian culture (Weiss, 1987).

Folk medicine is an age old practice followed by primitive people, residing in remote villages and forests. They have attained knowledge about the medicinal uses of local flora over the years, through trial and error methods. It has gone with experimentation and useful observations made over time. This system is diminishing with time due to various factors. Second is the traditional practices are getting influenced by modern medicinal practices. Therefore; proper documentation is needed to preserve this ancient, non-codified traditional knowledge.

## 1.2 Literature review

For a long time, the tribal's have been the focus of study for social scientists; Indian tribes have been studied by scholars of different disciplines and from different points of view. This literature review discusses important research findings in regard to indigenous medicinal practices among the tribal's and highlights the limitations and opportunities of the practice and system.

Various research studies reviewed from the published literature have been classified into

- Ethno botany studies of tribes in Andhra Pradesh and Telangana
- Review of literature indigenous medicinal practice among the tribes in India and recent paradigm shift in practice
- Policy on traditional medicine

### **Ethno botany studies of tribes in India; specifically, Andhra Pradesh and Telangana**

Indigenous knowledge is essential to know the use, identification and cataloguing of the tropical plants. As tribal groups gradually disappear, their knowledge vanishes with them. It is therefore, necessary to document these claims in a systematic way by undertaking ethno botanical studies.



The most concise definition of the term ethno botany was forwarded by Jones (1941) who called it as a study of interrelationships of primitive men and plants.

In India, attempts have been made to document the ethno botanical wealth since 17th century, initiated by a Dutch governor Hendrik Adriaan Van Rheedee to Draakenstein and others. However, organized ethno botanical studies were intensified much later, with contributions of researchers like Janaki Ammal and SK Jain. The works of these authors encouraged scientists from India to take up scientific studies and now documentation is available from every state in India

Research publications available; mainly concentrate on documentation of medicinal plants formulations and usages (disease) from specific tribes and/or practices in restricted geographical areas. The status of traditional practice provides the basis for further management and conservation of the medicinal plants.

A survey undertaken for Council for Scientific and Industrial Research (C S I R) by Sehagiri Rao and Hemadri (1984) revealed that, even among the medicinal plants identified by ethno botanical studies in different parts of the state, only a few are commonly used by the pharmaceutical industries. The most commonly used herbal medicines include roots of *Hemidesmus Indicus* and fruits of *Emblica officinalis*, *Terminalia chebula*, *Strychnous noxvomica*.


Prof. K. N. Rao (1981) explained the traditional system of medicine with relation to human anatomy. He explained his personal experience in curing the diseases by means of herbs and herbal products. Ethno botanical information can be scientifically validated by means of phyto chemistry and pharmacognosy. Collecting the information from tribal should be clear and systematic, he said. He listed various medicinal plants studied by him and narrated their properties.



Hemadri (1981) gathered Information on 22 claims of Tribal and other Folk-lore Medicine on Rheumatism, from the aboriginals and villagers of Andhra Pradesh, Madhya Pradesh and Orissa States and presented in his article, proposing an in depth study into these claims on the same lines as those formulated for Ayurvedic research and in accordance with the advice of the author of Dhanwantari Nighantu.

Bodding (1925, 1927) published notes on the system of medicine practiced by Santals. He spent 30 years with them and reported 373 species used.

Jain (1963a) recorded the plants used by the tribal's of Madhya Pradesh. He (1963b, c) intensified studies



on the medicinal plants used by those tribal's. Jain (1965b) concentrated on the musical instruments and medicinal plants of the tribes of central India. Jain (1967) discussed the plants associated with healing of bone fracture in Indian medicine and folklore.

Jain (1973) studied the medicinal and food plants of Chenchu, Reddi, Valmiki and Gond tribes' of Andhra Pradesh and Saura and Kondh tribes in Orissa.

Hemadri and Rao (1983a, b) reported 11 claims of folklore medicine for leucorrhoea and menorrhagia and 26 medicinal plants extensively used for anti fertility, abortifacient and also for promoting fertility by the local tribes of Andhra Pradesh and Orissa.

Hemadri (1981) documented various medico ethno botanical claims of jyotismati from different tribal population throughout the India. Jyotismati (*Celastrus paniculatus* Willd.) is a woody climber of vedic lore. The plant jyotismati is used throughout the tribal population of India for wound healing, cough, insomnia, opium poisoning. The details of medico ethno botanical aspect of the plant jyotismati and the recent researches carrying out on the plant clearly indicate that jyotismati plays a key role in the healthcare system of India. He concluded that the indiscriminate use of seed and fruits may lead for its inclusion to the endangered list. So in search of its substitution the leaf and bark should be thoroughly studied experimentally and clinically. Now research regarding the other parts of this plant (stem bark, root, and leaf) is required to establish the useful therapeutic profile of the whole plant and to prove the ethno botanical claims.

Narayana Rao (1991) reported information on 42 plant drug currently used by the tribal people and folklore of Chittoor district of treating different ailments.

Pullaiah and Dharma Chandra Kumar (1996) studied ethnomedicobotany of Mannanur forest of Mahbubnagar district and enumerated 21 plants used by the tribal's for their medicinal uses in curing asthma, diarrhoea, snake bite etc.

Hemambara Reddy et al. (1996) surveyed plant crude drugs being used for snake bite by Chenchus inhabiting Nallamala forest, yielding 37 medicinally important species belonging to 27 families

Ramarao Naidu (2009) reported 63 medicinal plant species belonging to 63 genera and 38 families used as antipyretic agents by the tribal's of Srikakulam district.

Ramarao Naidu (2010a) dealt with ethnomedicobotany of Srikakulam district and reported 25 plant species belonging to 18 families used by the tribal's for curing dental disorders. And also reported 20 plant species belonging to 15 families from the same study area used for curing malaria.

Suneetha (2009a) dealt with 51 plant species fewer than 48 genera belonging to 29 families for the treatment of diarrhoea and dysentery by the tribal's of East Godavari district. They (2009b) reported 39 species belonging to 26 families for the treatment of cold and cough. They (2009c) also reported 45 ethno medicinal plants with 46 prescriptions traditionally utilized for curing bites.

Reddi (2009a) provided information on 37 flowering plant species under 35 genera belonging to 24 families used by the tribal's of Eastern Ghats as nephro protectors. They (2009b) also reported 42 species belonging to 41 genera and 33 families used for curing sexually transmitted diseases by the Adivasis of the same locality.



## **Review of literature indigenous medicinal practice among the tribes in India and recent paradigm shift in practice**

Mishra (2012) states in his study that historically, tribes have followed traditional healing practices. But today, not only the number of practitioners has decreased significantly, but also their dependence on modern health practices has increased. Villager's dependence on state initiated health management mechanisms like PHC and CHC have significantly increased. There is a need to capacitate the traditional healers by linking them with modern health institutions. If properly linked and managed, they can be an integrating force between tribal masses and the modern health practices. Also, the health centres need to be fully equipped round-the-clock with doctors and medicines. Revitalizing the traditional healthcare system based on native knowledge is a bottom up approach and shall be enduring.


Rosa, Elves 2004, discusses some of the links between biodiversity and traditional medicine, and addresses their implications to public health. Study explore the importance of biodiversity and ecosystem services to global and human health, and the risks which human impacts on ecosystems and biodiversity regards to human health and welfare.

Elsevier, 1983 the paper attempts to identify forms of traditional medicine which have the greatest potential for advancing primary health care goals. It differentiates traditional medical systems into types according to the kinds of medical knowledge which they depend on for preventing, diagnosing, and treating sickness., and assesses the relevance, for advancing primary health care goals, of particular classes of traditional healers—e.g. herbalists, midwives, bonesetters—and technologies within different types of medical systems. It derived that it is necessary to know something about the different ways in which traditional medical beliefs and practices are embedded, together with modern (cosmopolitan) medicine, in actual patterns of resort.

Jaiswal and Tripathy, 2007 in their paper describe the profile, knowledge and some practices of herbalists, indigenous and folk practitioners, compounders and others. Then discusse the reasons for lack of equity in health care access in rural areas and possible solutions to the problem. From the local healer's point of







view lack of successors, erosion of knowledge, conflicts with mainstream knowledge, lack of recognition, restrictive regulations for collection of medicinal materials, lack of adequate intellectual property protection, incompatibility of local ownership values with contemporary laws are some of the key concerns.

Bhatia, 2004 presents, the survey results of 93 traditional healers from three states. The survey states that these traditional healers are increasingly using homeopathy or modern medicine practice along with old techniques. The paper seriously puts doubts in conservation of age old practices.

Bhusan, 2008 has touched on important issue related to the Ayurveda and Unani industries covering a 20- year span. Study broadly discusses how the ingredient on traditional medical substances and its manufacturers. The author rightly distinguishes between Indian Indigenous medical product from medicine that is made in the kitchens of traditional physicians and families. Study gives a very good account of how the manufacturers make use of popular ideas on ingredients like sacred tulsi, neem, lotus, rose, mango, haldi, chandan, garlic, etc. for product promotion.

Sharma , 2012 -North eastern region of India comprising states of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura still follow the age old traditional healing systems based on Ayurveda, Unani and other allied practices. Each state is having its own dialect, plant and animal resources for meeting out the requirement of community including health facilities. They all adapt herbs, animal parts, mantras for keeping them healthy. It was observed that the traditional healers in this region belong to different categories like herbalist, diviners and birth attendants etc. Their method of treatment, ethics and significance of traditional healing practices are discussed in this paper. At the moment, scientific validation and recognition of traditional healing medicines are urgently required for revitalizing this loosing traditional knowledge.

## **POLICY ON TRADITIONAL MEDICINE(TM):**

WHO stated that national policies on TM “are needed in order to define the role of TM in national health care delivery systems and how it can contribute to health sector reform. (Abbot, 2014). Policy can also ensure that the necessary regulatory and legal mechanisms are in place for promoting and maintaining good practice, that access to TM is equitable, and that the authenticity, safety and efficacy of any therapies used are assured.

The number of countries developing TM policies is rising. According to the first WHO global survey on national policy and regulation of traditional medicine, only five Member States had a national policy on traditional medicine prior to 1990. By 2003, that figure had reached 45, while 51 countries reported national policies pending. The same trend is seen with national laws and regulations regarding herbal medicine.

Sen and Chakraborty, 2014 gives the road map of formulation of policy on traditional medicine practice. It reports; the national policy on traditional and alternative medicine was introduced in 1940 in the form of Drug and Cosmetic Act 1940. In 1959, Government of India recognized traditional Indian System of Medicine (ISM) and updated Drug and Cosmetic Act. Several expert committees for different ISM were established time to time and the earliest was established in 1962. In the year 1969, separate chapter related to Ayurveda, Siddha and Unani drugs was inserted in the Act. Later the act was modified again with some substitutions in the year 1983, 1987, 1994 and 2002. The Central Council of Indian Medicine (CCIM) is

constituted in the year 1970, which involved in the framing and implementing different regulations for ISM (i.e. Ayurveda, Siddha and Unani). Department of Indian Medicine and Homeopathy (ISM & H) was formed with the objective to develop the ISM. In 2003, this Department was renamed as Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH).

Laxmi, Nambiar, Narayan, examined the determinant, patterns and procedure of official recognition, and incorporation of different traditional, complementary and alternative systems of medicine (TCAM) in the public health establishment of low- and middle-income countries, with a particular focus on India. He states the complex procedure to validate the medicine preparation and inadequate evidence base for therapies and products. Public health systems in most countries have tended to establish health facilities centered on allopathy, and then to recognize different TCAM based on evidence or judgement, to arrive at health-care configurations that include with different levels of authority, jurisdiction and government support.

Rudra, Kalra, Joe, 2014 tried to understand the patterns of utilization of AYUSH care as it has been important for various reasons including an increased focus on its mainstreaming and integration with biomedicine-based health care system. AYUSH, an acronym for Ayurveda, Yoga and Naturopathy, Unani, Siddha, Sowa-Rigpa and Homeopathy represents the alternative systems of medicine recognized by the Government of India. The study finds that low-income households display a greater tendency for AYUSH self-medication. AYUSH care utilization is higher among patients with chronic diseases and also for treating skin-related and musculo-skeletal ailments. Although the overall share of AYUSH prescription drugs in total medical expenditure is only about 6% but the average expenditure for drugs on AYUSH and allopathy did not differ hugely. The discussion highlights major policy issues around mainstreaming of AYUSH care.

In the context of the above background the present study has been initiated with the following objectives.

### 1.3 Objectives of the study

- To document traditional versus current healing practices among the tribal communities in CPF project locations.
- To study the perceptions of the communities on the role of practitioners in the changing times
- To capture the traditional repository of knowledge (ethno-botany) with the people at HHs level and also at traditional healer's level.

### 1.4 Limitations of the Study

1. The information shared is based on the oral documentation of the healers and its accuracy is not validated by any means.
2. The specimen identification was based on the local name of the plant.



## Chapter 2

# Methodology

### 2.1 Universe of the study

Currently 33 different tribes reside in the states of Andhra Pradesh and Telangana. According to 2011 census the total tribal population of the then united Andhra Pradesh was 41, 99, 481, comprising of 6.31% of the total population of the state. The tribes within the state are spread over the plain as well as the hill areas.

The scheduled areas or Agency areas, extends over 30,030.77 Square kilometres constituting 10.91% of the total geographical area of the states. All the 33 tribes present a striking diversity marked by heterogeneous ethnic composition, diverse historical traditions and social and cultural levels. Of these 33 tribes, the Yanadis, Yerukala and Sugali are the populous tribes in the plain areas, while the Gond and Koya are the populous tribes in the Scheduled Areas. Kondh is the most primitive tribe in the state, thus representing the different social, cultural and economical levels of the tribes living within the state of Andhra Pradesh and Telangana.

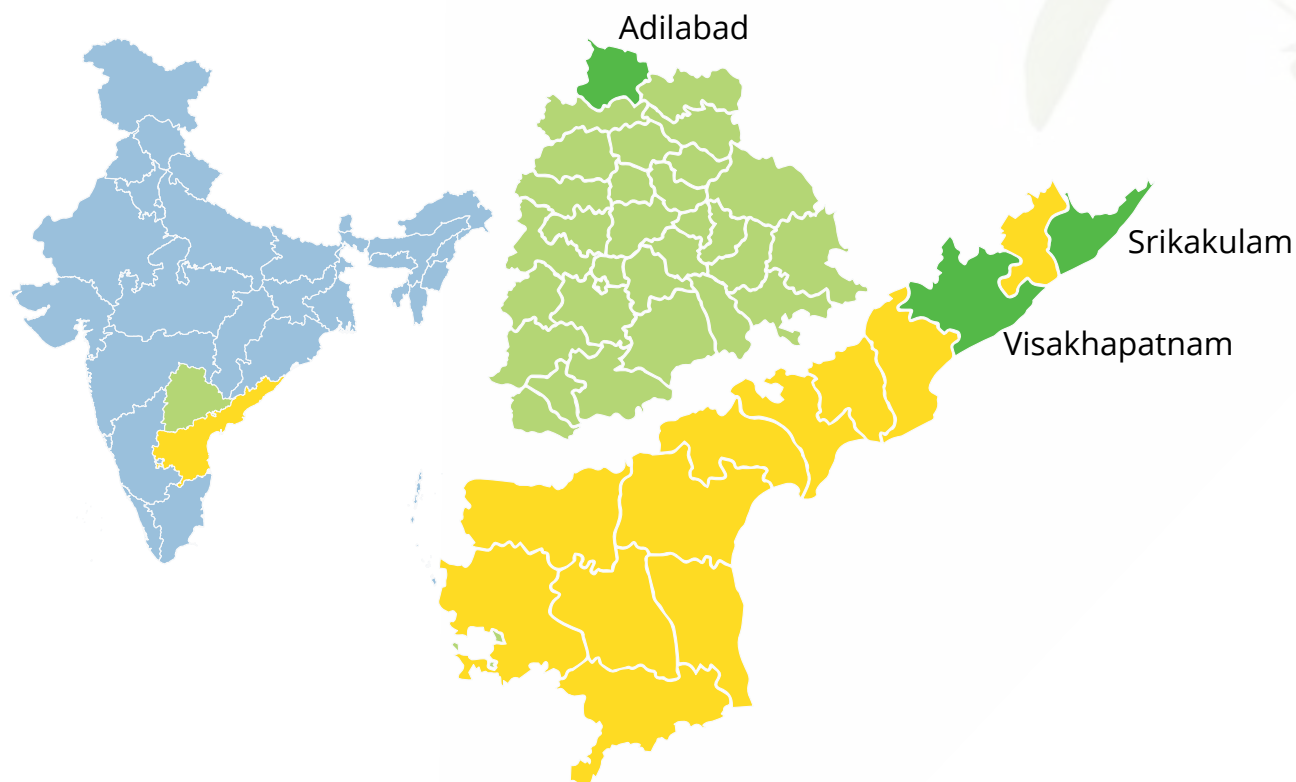
The 8 tribes namely the Gonds, Kolams, Naikpods, Savara, Kapu Savara, Jatapu, Kondadora and Kondh have been chosen for the present study as they are the major tribes in the agency areas of Utnoor in Telangana Seethempeta and Paderu in Andhra Pradesh state where CPF is working with the tribal's in 72 villages.

### 2.2 Sample area:

The study has been conducted in the CPF operational villages located in the Agency Areas of Srikakulam and Vishakhapatnam districts of Andhra Pradesh and Adilabad district of Telangana.



Fig-2.1: Map showing the study area



### 2.3 Sample size

A total of 50 traditional healers were surveyed, from the total villages of CPF operational area in the districts respectively. The households and the villages were selected through random sampling.

### 2.4 The Sources of Data

The study is based on primary data collected by both qualitative and quantitative techniques. The qualitative data was collected through Focused Group Discussion (FGD) and PRA. In all, 4 FGDs were conducted where different groups of healers i.e. Physiotherapist, healers, traditional midwife are well represented and the study captures their perspective. On an average one FGD group had 12-15 members as participants, who gave details about the diseases treated by them, mode of diagnosis of the disease, methods of medicine preparation, transfer of knowledge etc.

The quantitative data was collected through a structured questionnaire which was collected from different healers and also households including men and women, to ascertain the transition in the practice and also in a way to substantiate the findings of the FGDs.

Data on plant species, local name and parts used, diseases treated were recorded through periodic field trips. The plant specimen was identified with the help of herbal medicinal practitioners, traditional healers, elderly tribal people and village dwellers.

The plant specimen botanical names were identified by the help of Forest Flora of Andhra Pradesh: R D Reddy

## Chapter 3

# Study Findings

### 3.1 Background of the traditional healers:

The traditional tribal healers in the study area are mostly non folk lore and physiotherapist and the mid wives. The healers may belong to any tribal caste and community. Any caste or gender distinction is not visible in any of the study locations. Any person from any caste can take up the medicinal practice. But most commonly it is seen that it is a family tradition to take up the practice and to render service to the community. About 50 years back every village used to have at least one traditional healer in the village in Adilabad and Srikakulam, In Vishakhapatnam, 2-3, healers were available in one village in past but in current period is it reverse situation (Details in table 3.1). The local traditional healers take it as service to mankind and not as a source of income. The diagnosis of diseases and medicine are given free of cost. If at all cost is incurred for any particular ingredient that is compensated by the patient

### 3.1 Table on availability of healers in a village:

Districts	Availability of healers 50 years ago	Availability of healers in present day
Adilabad	One or two healer per village	One healer for 4-5 village
Srikakulam	One healer per village	One healer for 4-5 village
Vishakhapatnam	Two or three healer per village	One healer for one village



## 3.2. Learning of the practice

The custodians of herbal folklore are generally individuals or groups of families who have inherited their knowledge through oral traditions passed down through generations. This knowledge which is often regarded as a family treasure is not accessible even to the rest of the community to which the practitioner belongs and is therefore vulnerable to destruction and loss.

## 3.3. Diagnosis of disease and treatment

The diseases are diagnosed by physical verification based on external features, complaints regarding body parts, and symptoms; sometimes pulse count is also verified for diagnosis of the disease. Once the disease is identified the medicines are given for 1 or 2 days. Ideally the treatment is done in three phases. If not cured, the patient is referred to another healer. Few diseases that are treated by Traditional healers are listed below:

**Table 3.2: Few diseases that are treated by traditional:**

S.no.	Diseases	Patients (tick the appropriate)			Diagnosis of disease (Body external features and complaints, (pulse) & symptoms)	Nature of treatment	Local name of the plant	Botanical name	Part of the plant
		Male	Female	Children					
1	Jaundice	√	√	√	patient complain and physical examination -	Curative measures	Begunia-	<i>Vitexnegundo</i> Linn	leaves
2	Headache	√	√		patient complaints	Curative measures	Jada -	<i>Ricinus Communis</i> Linn	Seeds
3	Stomach ache	√	√	√	patient complain and physical examination	Curative measures	Tulsi -	<i>Ocimum Sanctum</i>	leaves
4	vomiting	√	√	√	patient complaints	Curative measures	Nalla karaka	<i>Terminalia chebula</i>	bark
5	joint pains	√	√		patient complain and physical examination	Curative measures	Kakibira	<i>Hugonia Mystax</i>	bark
6	fever	√	√	√	patient and physical examination	Curative measures	Bhuingkara		leaves
7	boils /septic	√	√	√	physical examination	Curative measures	Sara chhetu	<i>Buchanania Latifolia</i> Roxb	bark
8	migraine	√	√		patient complaints	Curative measures			
9	Pneumonia			√	patient and physical examination	Curative measures			
10	Piles	√	√		patient and physical examination	Curative measures	nil	nil	nil
11	Cancerous septic	√	√		physical examination	Curative measures	Jilledu	<i>Calotropis gigantea</i>	root

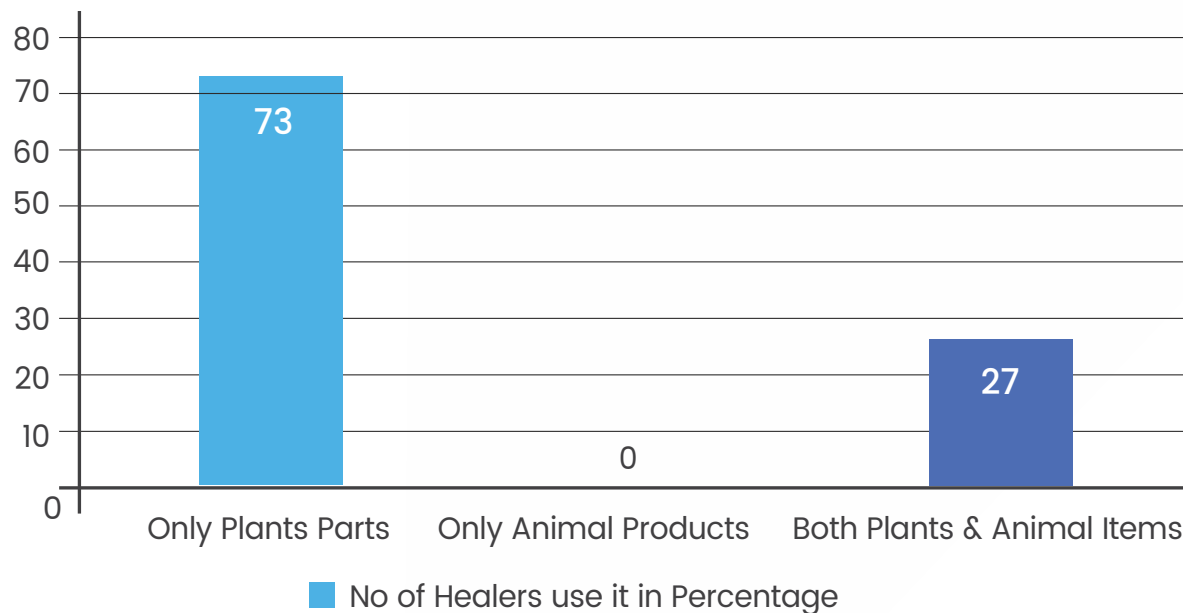


12	Worms	√	√	√	patient complaints symptoms- child is thin , malnourished	Curative measures	Devadaru	<i>Erythroxylum Monogynum</i>	root
13	Excessive menstrual discharge		√		patient complaints	Curative measures	Boddi tiga	<i>Rivea hypocrateriformis</i>	leaves and root
14	White discharge among female		√		patient complaints	Curative measures			
15	Problem in conceiving		√		patient complaints	Curative measures			
17	Dog bite	√	√	√	external features, and patient	Curative measures	Bapana, Chittia	<i>Indigofera parviflora, Phoenix pusilla</i>	Bapna bark, chitita leaf
18	Fox bite	√	√	√	external features, and patient	Curative measures	Bapana, Chittia	<i>Indigofera parviflora, Phoenix pusilla</i>	Bapna bark, chitita leaf
19	Cough children			√	external features, and patient	Curative measures	Bapna, chitita -		, Bapna bark, chitita leaf
20	Cough adults	√	√		external features, and patient	Curative measures	bamboo -smatra eeru -addier -		bamboo-- soft bark,ma- tra eeru- leaf juice),addier -root paste
21	Mouth blisters	√	√		external features, and patient	Curative measures	Rella chittu-	<i>Indian laburnum</i>	flower
22	Stomach ache - menstrual cycle		√		patients complaint	Curative measures	Patala Giridi -	<i>Rauvolfia serpentina</i>	soft root
23	Stomach pain	√	√		patients complaint	Curative measures	Sugandhi -	<i>Hemidesmus indicus</i>	root
24	Stomach crunch	√	√		patients complaint	Curative measures	Tippa tiga	<i>Dioscorea esculenta</i>	tipatiga stem
25	Snake bite	√	√	√	external features, and patient	Curative measures	Nagasarm -	<i>Phragmites karka</i>	roots and leaves,
26	Injury	√	√	√	external features, and patient	Curative measures	Kumproda-		leaves,
27	Diarrhoea	√	√	√	patients complaint	Curative measures	Pateru-Kanapa	<i>Cissampelos pareira, Eugenia acutangula</i>	creeper ,bark,
28	septic wounds with worms	√	√	√	external features, and patient	Curative measures	Seethaphalamu	<i>Annona squamosa</i>	seethapal leaves,
29	Malaria	√	√	√	patients complaint	Curative measures	javarapatta	<i>Cinchona officinalis</i>	bark
30	tooth ache	√	√	√	patients complaint	Curative measures	Chirmar		root
31	Cuts	√	√	√	patients complaint	Curative measures	bajramuli	<i>Sidaacuta Burm</i>	leaves

### 3.4. Mode of medicine preparations:

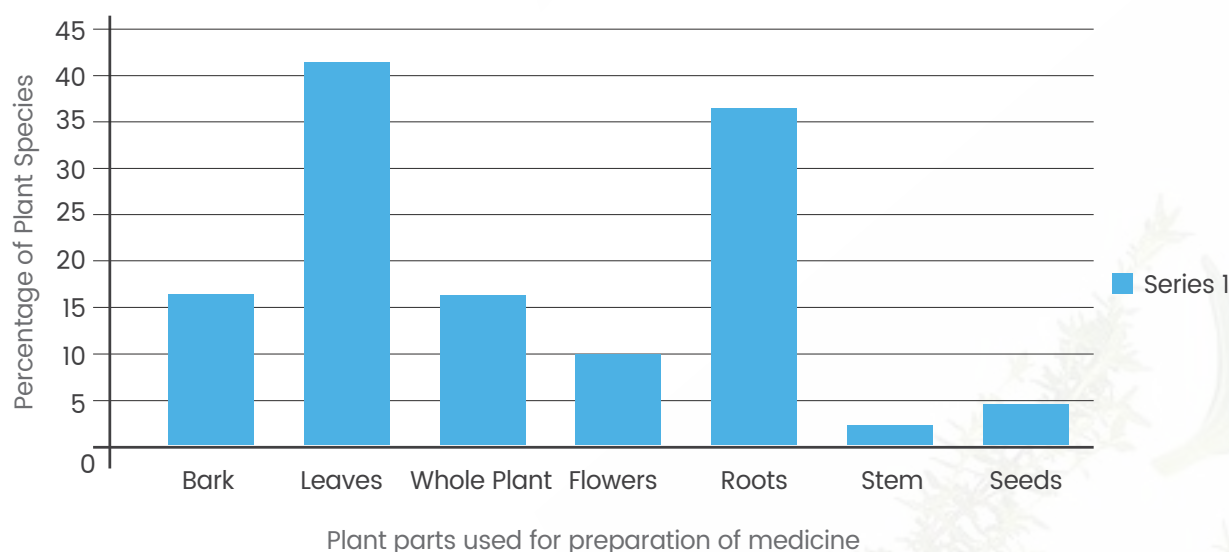
Traditional practitioners use both plant and animal sources as their medicine. 73 % of the practitioners use only plant source as medicine, while none of the practitioners use only animal sources in their preparations.

**Fig 3.1: Types of product used by healers for treatment**



Even though all plants parts are valuable, the preparation of the formulation requires specific parts. They use the flowers, bark, leaves, roots, grass and tree gum. Traditional practitioners prepare various forms of medicine like decoction, paste, wrapping, juice, etc. which vary from case to case. The same was suggested to patients for continuation during the course of treatment.

**Fig 3.2: Plant parts used from different plant species for the preparation of medicines in the study area.**



Processing of medicinal plants with cow milk, ghee, cow urine, and rain water collected on specific day, etc. was also observed. It was briefed by the practitioners that this treatment removes toxicity and/or enhances the medicinal property of plant material.

Animals and their products have constituted part of the traditional medicinal practice. Traditional practitioners of this region commonly use cow milk, butter milk, and cow urine in treating various disorders. 27% of practitioners use animal products as medicines (other than products from cow) along with plant medicines in the treatment.

The healers practice up to three levels of healing for each patient. If still it is not cured then they give up treating the patient, or refer the patient to another healer.

### 3.5: Availability resource, its collection and management practice

More information to be added: The healers collected the herbs from the forest and some from their fields which were naturally grown. Traditionally the resources were available within the periphery of the village boundary, near to forest. Only few species were needed to be collected from deep forest. But in current scenario the healers have to collect medicine from deep forest.

## COLLECTION AND MANAGEMENT PRACTICES

In order to conserve and manage the resources traditional rules are in practice to collect the herbs. The collection day varies from month (“Masa”), fortnight (“Pakshya”), day of the week (“Dina”), time (“Kaala”); star (“Nakshatra”) etc. Mostly in Srikakulam and Vishakhapatnam the herbs are collected once in 2-3 months on a full moon day. Mostly the healer goes alone to collect the medicinal plants Whereas in Adilabad the 4-5 healers goes in group once in 4-5 months for collection of medicinal plant. 12 percent of the practitioners follow certain rituals before collection of the plants, which differ from practitioner to practitioner. It was also observed that, practitioners fix the time (“Muhurtham”) for plant collection and accordingly they follow the rituals. The rituals include taking bath in cold water early in the morning, worshiping god or spirit, wearing white or orange cloth, facing specific direction (generally North or East) during collection, keeping complete silence till collection and observing fasting during collection.





Among the practitioners, 70% store medicinal plants and dispense to patients as per the need. 17% of the practitioners collect fresh plants or plant parts for their usage, while remaining were not clear about storage. Various parts of the plants like leaves, seeds, fruits, root, stem, flowers, etc., are sun dried and stored for future use for seasonal and/or rare plants. The storage conditions play a vital role in deciding safety and efficacy of the resultant medicine.

Traditionally Healers do not practice any systems for conservation, and regeneration of the forest resource used in healing. They do not undertake any plantations of herbal plants as it is a belief that if they do so then the herb will be ineffective. They look for herbs/trees as resource that grows naturally.

In the present days, the availability of resources has reduced. Due to deforestation; certain valuable herbs have been in the process of extinction.

**Table 3.3. Various medicinal plants identified by the healers in village periphery and forest**

S. No	Local name	Botanical name	Habit	Parts used	Aliments
1	Chiruboddi, Adi-vibankatiga, Boddi tiga	<i>Cissampelos Pareira</i>	Climbers	Leaves, Root	Fever, wounds, Diarrhea, Female gynecological ailments
2	Gummadi	<i>Cucurbita maxima</i>	Climbers	seeds	Anemia
3	Tippa tiga	<i>Dioscorea esculenta</i>	Climbers	Stem	normal stomach pain
4	Nalleru	<i>Cissus quadrangula L.</i>	Climbing herb	whole plant	Bone fractures. Also used for piles, asthma, digestive troubles, cough, and loss of appetite.
5	Antisha; Apamargamu; Uttaraene	<i>Achyranthes-Aspera</i>	Herb	whole plant	Insects bite, ear disorder, Bloating
6	Pindidonda	<i>Aerva Lanata</i>	Herb	Flowers	Urinary dysfunction
7	Ponnagantikura/	<i>Alternanthera sessilis</i>	Herb	whole plant	Skin diseases , Asthama
8	Vuluvanjel, Jerripothu mokka , Brahmadandi , Balu rakkasi, Mullu pucha	<i>Argemone mexicana L.</i>	Herb	whole plant	Malaria
9	Gadidagadapaku	<i>Aristolochia Bracteolata</i>	Herb	leaves and root	wound healing , bacterial infection
10	Puli	<i>Averrhoa bilimbi</i>	Herb	leaves	sexual disorders
11	Atikamamidi	<i>Boerhaavia Difusa</i>	Herb	whole plant	Anti inflammatory , Reduces swelling , Jaundice, urinary system
12	Madana	<i>Borreria Articularis</i>	Herb	roots	loose motion
13	Jiilededu	<i>Calotropis Gigantea</i>	Herb	root, leaves	snake bite , cough , cold
14	Kasinda	<i>Cassia Occidentalis</i>	Herb	whole plant	indigestion
15	Dusra Tigga	<i>Cocculus Laurifolius</i>	Herb	root , stem	hypertension
16	Adavi nabhi / Potti Dumpa	<i>Gloriosa Superba</i>	Herb	root , seeds	snake bite ,
17	Sugandhi pala	<i>Hemidesmus indicus</i>	Herb	root	normal stomach pain
18	Mullabanti	<i>Lepidagathis Crystata</i>	Herb	leaves	Fever, Inflammation
19	Ganneru	<i>Nerium Indicum</i>	Herb	root	toxic bites
20	Naga saram	<i>Phragmites karka</i>	Herb	Root	Stomach pain during menstrual cycle

21	<b>alarkapatramu</b> , kon-davuchinta, mullamusti ..	<i>Solanum Trilobatum</i>	Herb	leaves	asthama
22	Nelamulaka	<i>Solanum Xanthocarpum</i>	Herb	Whole plant parts	cough, sore throat
23	Katakamu	<i>Strychnos Potatorum</i>	Herb	root , bark , seeds	anaemia
24	Edakulaphala	<i>Alstonia Venenata</i>	Shrub	Root and flowers	Leprosy, skin diseases
25	Esvaraveru / Nalla Eshwari	<i>Aristolochia Indica</i>	shrub	rizome, leaves root	itching , snake bites
26	Kakibira	<i>Hugonia Mystax</i>	Shrub	root	arthiritics
27	Adavi amudamu	<i>Jatropha Curcas</i>	shrub	leaves	skin diseases
28	Vettipala, jittuka theega	<i>Tylophora indica</i>	Shrub	Roots, Leaves, Bark	Asthama, common cold , Snake bite, Allergy
29	Kannapa	<i>Barringtonia Acutangula</i>	tree	leaves, seeds	malaria ,
30	Sara chhetu / Morli	<i>Buchanania Latifolia Roxb</i>	tree	leaves and bark	Skin allrgies, Constipation
31	Rela	<i>Cassia fistula</i>	tree	Flower	Mouth Blisters
32	Busi	<i>Clerodendrum Viscosum</i>	tree	leaf	asthama
33	Kondagogu	<i>Cochlospermum religiosum</i>	tree	Leaves and flower	cough, diarrhoea, dysentery,
34	Musti	<i>Couroupita guianensis</i>	tree	leaves	Common cold, stomach ache tooth ache
35	Badisa	<i>Erythrina varigeta</i>	tree	dreid stem bark , leaves	Anti inflammatory
36	Devadaru	<i>Erythroxylum Monogynum</i>	tree	leave , bark , seed	round worm
37	Kallaravi	<i>Ficus amothiana</i>	tree		
38	Buroni	<i>Ficus Heterophylla</i>	tree	whole plant	anemia
39	Nallatumma/ Malla-tumma	<i>Prosopis juliflora</i>	Tree	leaves, Flower and Bark	Infertility among females, Mouth blisters, Jaundice
40	Pariki	<i>Pterolobium indicum</i>	tree	leaves	Stomach pain during menstrual cycle
41	Avesi	<i>Sesbania Grandiflora</i>	tree	leaves	cough
42	Adavi mamidi	<i>Spondias Mangifera</i>	tree	leaves	diarrhhera
43	Nallmadi	<i>Terminalia Alata</i>	tree	Bark of the tree	diarrhoea,
44	Tummi	<i>Leucas aspera</i>	Weed	leaves	fever
45	Challagadda, pili tegalu	<i>Asparagus racemosus</i>		Roots	diarrhoea, piles, hoarseness of voice, cough, arthritis, poisoning, diseases of female genital tract,
46	Nallatiga	<i>Ichnocarpus frutescens</i>		Roots	treat wound, asthma, fever, skin diseases,
47	Bapanga	<i>Indigofera parviflora</i>		Bark of the tree	Dog bite
48	Patala Giridi	<i>Rauvolfia serpentina</i>		Root	Stomach pain during menstrual cycle
49	Billa	<i>Ximenia americana</i>		Root	Stomach pain during menstrual cycle

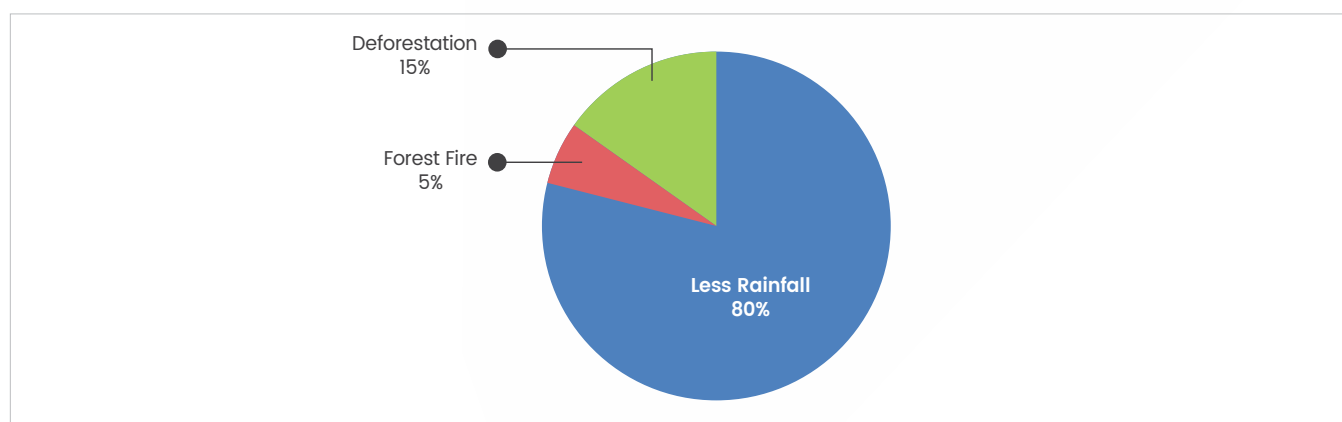
### 3.6: Constraints in traditional healing practices.

The tribal's have still faith in herbal medicine and traditional healing system of their own. But there are various serious Constraints which are posing threats to the age old practice

- a. Non availability of resources: The resources are not available conveniently; previously within 5-6 km of village boundary the resources were available in the forest. Now the resources are not available within deep forest as well. Minimum, healers have to travel for 10-12 km within deep forest to access the forest produce which is not easy.

Many plant species are getting depleted mostly due to less rainfall, forest fire in summer and deforestation is also another cause for depletion of rare species.

**Fig 3.3: Various Reasons for depletion of Medicinal Forest Resources**



- b. The traditional knowledge has seen no innovation in practice and did not keep in pace with time and new kinds of diseases - Malaria, dengue, cancer etc. thus there is stagnation in the knowledge as no new experiments by healers towards improving and value addition in knowledge
- c. Lack of interest among younger generation: Folk lore is an oral tradition passed on from one generation to another. The young generation is finding difficulty in adopting the practice and indolent to go and collect the herb. They are going for higher education and are more influenced by modern medicine. Migration from villages to cities is also there.
- d. The practice of knowledge transfer is weak and fragile and is still verbal. There are no written documents available. But when the current generation is not willing to take it from old generation, there is serious threat regarding its sustainability.
- e. Lack of recognition
- f. Lack of support from usual practitioners
- g. Any others:

**Quality issues:** misidentification of plant, faulty collection and preparation, Processing and harvesting issues: Indiscriminate harvesting,

**Infrastructure related issue:** Lack of sophisticated instrument, trained personal, utilization of modern techniques





## Chapter 4

# Conclusions and Recommendations

### CONCLUSIONS

Traditional health care practices among the tribal generally relate to ecology, forest and nature and has deep rooted linkages with their own culture, and beliefs. Traditional and indigenous system of medicine still persists among the tribal people. Their unique traditional system of health care which has passed down from generation to generation is still the prevalent system. The prevalence of indigenous health care system is found within the remote rural areas. Research study has shown that tribal people possess knowledge about phyto-medicines and are still depending on the traditional ethno-medicine and healing practices for their primary health care. These traditional practices carry huge importance in the region where modern health care facilities are either not available or difficult to access.

Apart from the research study claiming the centrality of traditional health care practices among tribal, it also shows the declining trend of traditional health care practices. The traditional medicine and traditional health care practices is under decline, it has got affected due to decreased dependence on the nature and its product. The degradation of forest, ruthless expansion of the urban area and many other modern development processes has affected the traditional relation between tribal, forest and health care practices. In this context, one could trace out evidences informing us about the continuous shifting of tribal health care choices from traditional medicinal practices to modern medicinal system because of its effectiveness and easy availability.

The research study has also found the current generation lack interest and positive attitude to carry forward the long age old tradition of herbal medicine practice. As there is no written documentation for treatment procedure or for identification of medicinal plants and mostly dependent on practice and learn method, the young generation is not willing to take such hardship to learn and practice it.

Presently developing nations such as India have an imperative need to systematically document the traditional knowledge on the use of medicinal plants among all the communities.

Such documentation is necessary because older people are the only custodians of this knowledge and with fast disappearance of the traditional culture, along with depletion of natural resources, the unrecorded information may lose forever.

Documentation could benefit general health care and promote forest conservation, with cost effective medical treatment, which will be more indigenous and safer than modern medicine.

## RECOMMENDATIONS

**Streamline the Traditional healing practice with AYUS Program-** Herbal medicine is the first level of contact for rural people when they require medical care, it is vital for governments to take immediate steps to introduce the use of traditional medicine to supplement PHC. The government should provide environment to the people to take responsibility for their own health. Health education should be given to the people especially concerning the use of indigenous herbal remedies. The PHCs should impart education regarding the identification of various medicinal plants and their usage for the treatment of common diseases.

**Inventory and documentation** of various medicinal plants and herbs, which are used to treat common diseases, should be developed. There is need to explore the medicinal properties of plants, which are readily available, and extracts of animal and mineral substances used in traditional medicine, through careful observation and validation for application. The government should provide financial support to promote the potential role of traditional medicine in primary health care.

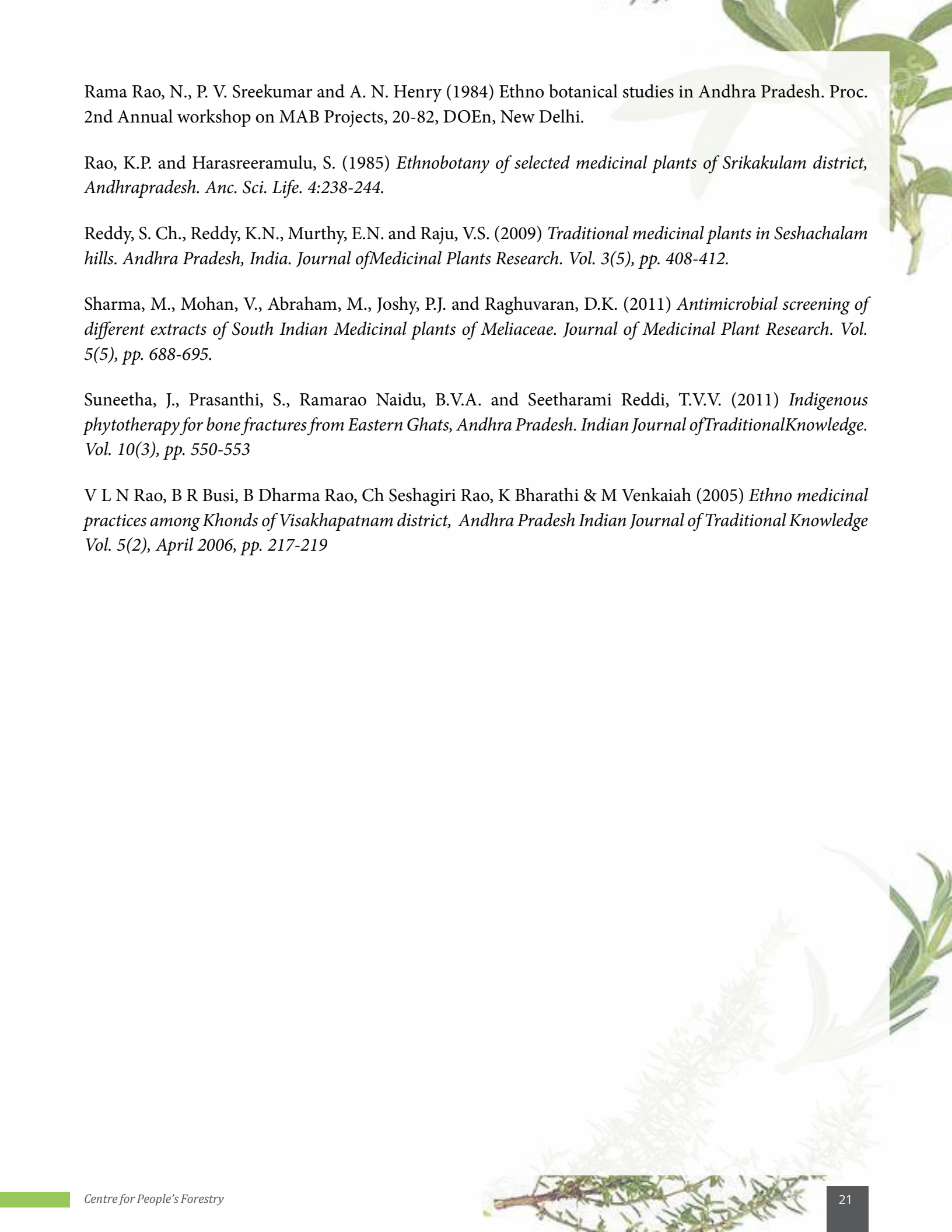
**For the preservation of medicinal plants,** establishment of community gardens and kitchen gardens is necessary. This will ensure sustainable supply of safe, effective and affordable medicinal herbs. Steps taken by various government departments and NGOs in this direction in recent years would definitely strengthen the traditional healthcare systems. This type of initiative will enable the developing countries to look inward rather than continuing to rely on expensive, imported medicines having side effects.



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## Annexure 1: Medicinal plant identified in the study area.



*Achyranthes-Aspera*



*Aerva lanata*



*Alstonia Venenata*



*alternanthera sessilis 9 flowers*



*Alternanthera\_sessilis*



*Argemone Mexicana*



*Boerhaavia diffusa*



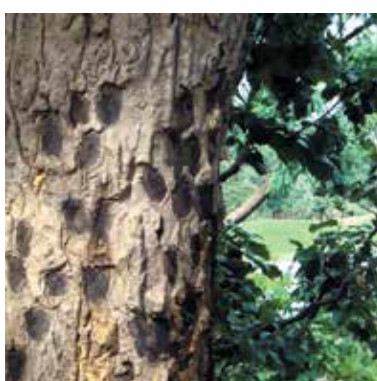
*Boswellia serrata & Terminalia alata*



*Buchanania angustifolia*



*Calotropis Gigantea*



*Casearia Wynadensis*



*Cassia Occidentalis*





*Chironji*



*Cissampelos pareira*



*Cissus Quadrangularis*



*Cochlospermum Religiosum*



*Alternanthera sessilis*



*Dioscorea esculenta*



*esculenta mavondro feuilles*



*Helitropium*



*Hemidesmus indicus*



*Impatiens balsamina*



*Leucas Aspera-Tummi*



*Nalla tiga*





*Pentas Lanceolata*



*Phragmites karka*



*Tanacetum parthenium*



*Solanum Xanthocarpum*



*Tylophora Indica Vettipala*



*Tanacetum parthenium*





## Annexure 2: Name and Photograph of the traditional Healers

S.no	Name of the traditional healer	Type of healing practice	Age	Name of the Village	Photo
1	Vanagiribheemanna	Treat general diseases	42	R.Kotturu	
2.	Satakabheemanna	Treat general diseases	51	R.kotturu	
3	Pujari ramanna	Treat general diseases	56	Gorrelagondhi	
4	Salebu bheemanna	Treat general diseases	45	Gorrelagondhi	
5	Muduva subbarao	Treat general diseases	55	Bhailuvedhi	
6	Vanthala gangannadora	Treat general diseases	71	Tumpada	
7	Marri apparao	Treat general diseases	75	Tumpada	
8	Pangi sanyasirao	Treat general diseases	65	Geddamputtu	
9	Battina Nageswarao	Bone setting	55	Geddamputtu	









12	Muduva suribabu	Treat general diseases	56	G.kotturu	
13	Seedari balaraju	Treat general diseases	50	Thotagunnaalu	
14	Vantala Kesavarao	Treat general diseases	50	Thotagunnaalu	
15	Killo laxmi	Dai,	60	Thotagunnaalu	
16	Gollori Kondamma	Dai	35	Panasapalli	
17	Pangi ksulamma	Dai, General health	65	Panasapalli	
18	Guntabalanna	Treat general diseases	65	Panasapalli	
19	Pangi mathyaraju	Treat general diseases	65	Panasapalli	
20	Vantala Venkateswarao	Treat general diseases	45	Nereduvalasa	
21	Pangi mohannarao	Treat general diseases	42	Kottabu	

22	Regam Rajarao	Snake poison ,	45	Kottabu	
23	Regam Bonjubabu	Treat general diseases	47	Kottabu	
24	Boina Bhavani	dai	31	Kurudumetta	
25	Regam Sanjeevarao	Treat general diseases, physiotherapist	45	Kandulapalem	
26	Kimuduboina Varahamma	Dai, general health	62	Kandulapalem	
27	Regam Sanyasirao	General health	60	Kandulapalem	
28	Marribaskarao	Bone setter	52	Chintada	
29	Pangi Kameswarao	Treat general diseases	42	Chintada	
30	Tamarla Kantanna	Treat general diseases	55	Chintada	
31	Arka Narayana	Physiotherapist	45	Luxettipet	

32	Arka Sedmarao	Treat general diseases	60	Luxettipet	
33	Yerma Kasiram	Treat general diseases	50	Mattadiguda	
34	Urvetha Ramu	Physiotherapist	66	Ramnagar	
35	Athram Gangaram	Treat general diseases	50	Heerapur-J	
36	Pendur Jaithu	Treat general diseases	60	Ramnagar	
37	M. Kamalabai	dai	48	Gadiguda	
38	Kumra Mothiram	Snake poison	39	Sedwai	
39	Madavi Faggu	Treat general diseases	53	Sedwai	
40	Sidam Balu	Treat general diseases	45	Sedwai	
41	Katti Patel	Treat general diseases	75	Khandow(G)	



42	Arika Chinna	Treat general diseases		
43	Arika Pedda Bogamma	Treat general diseases, dai	Godiapadu	
44	Arika Raju	Treat general diseases	Godiapadu_1	
45	Biddiki Addayya	Treat general diseases, snake poison		
46	Gorapati Appa Rao	physiotherapist	Mamidijola	
47	Haripuram Simhachalam	Treat general diseases	Seedhi	

## Annexure 3: Questionnaire for Traditional healers/ medicinal plant gatherers/ Ayush / Community members/ Traditional mid wife

Name:

Age:

Gender: Male / Female (Put a tick mark)

Caste / Tribe:

**Tick which one suits you the most:**

1. Traditional medicinal practioners
2. Medicinal plant gatherer
3. Ayush consultant
4. Traditional mid wife
5. Community members

**I. Answer the following questions: (If you are traditional medicinal practice nor/medicinal plant gatherer/Ayush consultant)**

1. Since when are you into collection of the medicaments / treatment of diseases (IN YEARS) : 2Years
2. How have you learned the practice: family tradition / self experiments / reading books / formal training at education institution? (put a tick mark)
3. Annual Income in INR:
4. Sources of income:

Source of income	Then (15 years back ) in INR	Now (currently ) in INR
Practicing of medicine		
Selling of medicinal plant		
NTFP collection		
Agri culture		
Labour work		
Others		

5. What are the most common diseases treated by you in the locality?

Disease	Name of the medicinal plants you are using	From where do you collect	Which part of these plants is used as medicine?	How the medicine is prepared
ache when delivery the baby				

6. Are you giving any instructions for the usage of the medicinal plants? Yes / no

7. If it so, what are the instructions?

8. The treatment given by you is disease precaution measures or curative remedies (put a tick mark )  
Yes / No

9. Any religious believes behind it? Yes / no ( put a tick mark )

10. if yes describe

11. Do you believe that, the plants are the best remedy for the diseases? Yes / no

12. In case the disease is not cured, do you refer the patients to doctors? Yes / no

13. If yes, how often and for which ailments?

14. Where do you get the resource for healing? I.e. medicinal plants, roots etc? Collect it from forest  
/ cultivate it / purchase it.( put a tick mark on appropriate )

15. If purchased , from whom do you purchase :

16. How is the knowledge conserved and maintained : oral tradition / written books

17. Do you the follow any books written in ancient days? Yes / no

i. If yes name of the book and author \_\_\_\_\_

## II. Answer the following questions: (if you are medicinal plant gatherer)

ii. From where do you collect it forest / markets / kitchen garden ( Put a Tick mark)

iii. How did you learn to identify the medicinal plants and its parts?

- Forefathers / family
- Learned from someone outside the family
- Training

iv. How far one need to go to collect these items from forest : (Put a tick mark on appropriate)

- Then 0-5km / 6-10km / beyond 10 km
- Now 0-5km / 6-10km/ beyond 10 km



- v. Which all medicinal plants are available before but not available now?

**List:**

- vi. Reason for depletion of medicinal plants :  
vii. How was the resources managed and conserved?

**III. Questions for the community members (as service receivers and also to tap the household medicinal practices)**

1. What are the various common diseases in your locality? Name them
2. Are you depending on the hospitals for the treatments? Yes / no
3. If No, What do you do, when you are affected with the diseases? , Put a tick mark (Home remedies / go to traditional healers)
3. If you use home remedies, please name out some of disease for which home treatment is practiced?

Disease	Name of the medicinal plants you are using	From where do you collect	Which part of these plants is used as medicine?	How the medicine is prepared v

4. Can we see these plants in the nearby forest? Yes / No
5. Will you help us to collect some sample of these plants? Yes / no ( if possible collect some sample or pictures of the medicinal plant or its parts )
6. If you don't get cured by the home treatment, what do you do then? (Put a tick mark )
  - Go to traditional healers
  - Go to the hospitals or doctors
7. Do you still believe in healing through traditional healer / home remedy or will prefer going to doctors. (put a tick mark)
8. If you prefer going to doctors now, then for which ailment, name them:

Date of data collection

Signature of the investigator

## Annexure 4: Checklist for the Focus Group Discussion

### Background information:

Name:

Gender:

Age:

Highest level of Education:

Primary occupation:

Secondary occupation:

### Table:

Local name	Botanical name	Plants parts that is of medicinal importance	Process of using it	Used for which diseases	Availability

### GENERAL

- Who were/are the traditional healers
- Any specific community/caste
- Were they male/female then and now

- No of village covered by one TH
- No's of TH healers around a habitat then and now
- Were animal healers different from human healers
- Their role and status in the society
- Were any specific communities coming to healer
- Are TH hereditary or by knowledge
- Kind of training undergone and by whom
- Is the practice of going to TH increasing decreasing or same
- List of some prevalent ailments then and now and their cures

## RESOURCE

- Where were the medicines/ resource available?
- List of some medicinal plants / herbs used and for what
- Did they have to pay a cost / fee for the resource to the govt.?
- Resource management to ensure sustenance – mgmt practice
- Was the trading the resource or only using for healing?

## RIGHTS

- Where were/are the resources available- forest, CPRs, market etc
- Free access to the resource Y/N
- If N than what is the current situation
- Does it come under NTFP/MFP ... status of Giri Card

## PATIENTS

- Men/women or children
- Faith in TH or Institutional system – PHC or allopathic Drs etc
- What kind of ailments they used to come for now/then




## SUSTENANCE

- Livelihood – what is the main source of livelihood or secondary
- What other livelihood options do they undertake to survive
- Current status of TH then/now

## KNOWLEDGE REPOSITORY

- Do they document their knowledge? YES/ NO (put a tick mark)
- i. If no then what were/are the ways to pass on to the next generation? \_\_\_\_\_



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- ii. Are they connected/linked to mainstream health practioners/programs e.g. Ayush etc? YES/NO
  - iii. Are they practicing preventive and curative health
  - iv. Malaria- Does traditional healing practice cures Malaria and how
  - v. What are the traditional healing practices at HHs level?
  - vi. Is it with the women/men
  - vii. How is it passed
  - viii. Name the disease and cure
  - ix. There perception on the change that has taken over a period of time. Has the change benefitted them if Y how and N why?
  - x. What were/are the support mechanisms – (govt, NGOs etc) how they have changed over the time... and what are their expectations in future from CPF on it?
  - xi. Before they were in their own shielded environment. Over a period of time what are the external factors that have influenced them/lifestyle and their impact.
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*ISBN: 978-93-83820-41-2  
For private circulation only*