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Introduction

This book is an attempt to study the health status and ethnomedicine of tribes of Kerala in relation to their ecological and socio-cultural determinants. The health status of a tribal community reflects its ability to combine the cultural and biological endowments effectively with the eco-system of which it is a part. The tribal societies were leading a very sagacious and adventurous life in unfavourable environments. Each tribe has its own culture specific health problems though it is free from most of the languishing diseases of the modern society. There are different economic categories such as food gatherer-hunter, shifting cultivator, agriculture labourer, settled agriculturist tribes in the Western ghat region of Kerala. Sudden alteration in the eco-system through deforestation, influx of migrants and coalescence of alien culture have created new health problems. The frequent reports of out breaks of epidemics among tribal populations reveal the poor health condition and inadequacy of information to provide proper services. In this book the moot points of health of each of the above economic category are assessed and the causative factors explained.

The term ethnomedicine or tribal medicine denotes the medical beliefs and practices of tribes that have evolved in their own cultural and ecological milieu. It involves beliefs, knowledge, methods of diagnoses, therapeutic practices and pharmacopoeia educed from trial and error experiences of the tribes using herbs and other substances to treat diseases common among them. Thesess societies lived without the services of medical system such as allopathy, homeopathy, unani, sidha, ayurveda etc. But the researches on tribal medicine did show that inmates of the tribe have effective medicines for their diseases. Barring the magico-religious practices involved in their custom their prescriptions are rational and efficacious.

The tribal societies have developed a mechanism with which the practitioners preserve the knowledge and performance for their descendants. A cross cultural analysis of the initiation of the medical functionaries with the mode of their knowledge and the professional approach in terms of each of the economic category is made in the study. Avenues are also opened to assess the quantum of herbal, animal
and other substances used in the therapeutic practices of the tribes. The study reveals that irrespective of the different causes of illness there are common herbal and animal matter in the tribal repertoire because of the similar trial and error experiences they had with the available flora and fauna and also due to the fair chances of inter-tribal diffusion of knowledge on materia medica. The study also covers the present health care practices of seven tribes of Kerala in terms of the pluralistic medical facilities available.

A few Earlier Studies

Anthropologists like Majumdar and L. A. Krishna Iyer while attempting ethnographic notes, tried to study the sub-culture of tribal health and medicine. L. A. Krishna Iyer (1941), writing on the tribes of south Kerala observed that the climatic conditions considerably influenced the fertility rate of the people of the same tribe at different areas. According to him, the average rate of children per family is 1.6 among the Kanikkar of Pechipara, 1.5 among the Malavetar, 1.4 among the Ullatan and 1.7 among the Mala Arayar of Manimala. But, because of the improved climatic conditions the size of the family increased to 3 among the Kanikkar of Kulathoopuzha, 2.8 among the Mala Arayar of Thodupuzha and 3.8 among the Malapantaram of Achencoil. Iyer has also pointed out that the primitive tribes become extinct on account of their extirpation from their traditional soil as well as from the obnoxious effects of outside cultural contact.

Majumdar (1944) had identified the major threat to the security of Indian tribal life to be the occurrence of disease through alien culture contact against which the tribals possess no efficient therapeutic recipes. He cited the decline of population of Todas of Nilgiris from 2,689 in 1881 to 1,731 in 1891; 807 in 1901 to 748 in 1911 and then to 640 in 1931. Social and cultural practices took a major toll of the tribal presence and stirred up the spread of diseases. According to Majumdar (1944) the incidence of syphilis among the Khonds of Ganjam agency tracts in Orissa was very high mainly due to the social norms that made possible an indiscriminate mixing of sexes before marriages. In the three hamlets where he investigated 15 percent of the Khonds population including women and even children, showed syphilitic afflictions, congenital or acquired. When the man and wife with small children go for shifting cultivation young men and women remain behind in the hamlet. The bachelors of the hamlet sleep in one dormitory and the maidens share another one. As endogamy is prohibited by Khond custom, the bachelors of one hamlet migrate to the neighbouring small village and
share the sleeping apartment with the maidens of that hamlet. In this manner there is a shifting of scenes from hamlet to hamlet till each man finds his pair. This practice among the Khonds accounts for the high incidence of syphilis among them.

Nag (1980) holds that the population of most of the tribal communities of India is increasing and only that of the primitive communities declining. The tribes with a larger population base are well settled agriculturists, while the primitives which a small population base are isolated or seminomadic, subsisting on food gathering and hunting. He maintains that no thorough investigation has been made to find out the actual cause of the decline of population. But he has assumed it mainly due to the factors like the primitive economy, diseases, malnutrition and the low fertility of women. According to him the low fecundity was due to inbreeding based on demographic or cultural considerations.

The curative techniques of Urali tribe of Kerala in the backdrop of their magico-religious rites and spells were studied by Gnanambal (1954). It is believed by the Uralis that the diseases are caused by failure of performing certain religious ceremonies and the influence of spirits. Hence magical spells are performed with elaborate rites. The Urali exorcist utters the magical spells in an emotional setting. The solemn and imposing expression of the exorcist during the performance generally helps to produce immense faith in his subjects. He performs the functions of a physician and a magico-religious specialist. Most of the diseases are being treated with the help of juggling instrument and spells.

Among tribal societies there is a belief that extremely close relationship exists between the causes of illness and observance of morality, religion and magic. Elwin’s (1995) observations on Saora of Orissa reveal that the tribe attribute occurrence of diseases to the displeasure of various gods. He has listed the names of such gods associated with diseases like cough, colds, sore throat, blindness, rheumatism, boils, madness, ailments of pregnant women, afflictions of children and animals. These diseases are generally cured by propitiating the associated gods directly or indirectly through shamans.

Another interesting technique has been discussed by Vidhyarthi and Rai (1977). The Korwas and Kutias of Orissa perform magic in order to get rid of a wide variety of diseases. An ailing Korwa is beaten with an iron chain and a burning wick is inserted into the nose to cure the disease. The naming ceremony of the Kutia child is generally not performed when it has its first serious illness. Then the medicine man is