

**ROLE OF TRADITIONAL HEALERS IN RURAL AND INDIGENOUS COMMUNITIES**  
**OF MP-CG**

**Dissertation Submitted to**



**INDIAN INSTITUTE OF HEALTH MANAGEMENT & RESEARCH**

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**Master of Business Administration (MBA)**

**in**

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**Academic Year, 2021-2023**

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### **DECLARATION BY STUDENT**

I hereby declare that this dissertation titled ‘The Role of traditional healers in Rural and Indigenous Communities of MP-CG’ is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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## **CERTIFICATE**

This is to certify that the dissertation titled ‘The Role of traditional healers in Rural and indigenous Communities of MP-CG’, submitted by Jewel Jenifer Noronha, roll no. 1304 under the supervision of Dr. Neetu Purohit in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) carried out from April 2023 to June 2023 have completed his internship at Piramal Swasthya

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Place:

Date: April 03, 2023  
June 03, 2023.

Preceptor/Head of Organization  
Name of the Organization: Piramal Swasthya

## **CERTIFICATE**

This is to certify that the dissertation titled ‘The Role of traditional healers in Rural and Indigenous Communities of MP-CG’ at Piramal Swasthya, is a record of the research work undertaken by Jewel Jenifer Noronha in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific and analytical.

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## **ABSTRACT**

Health and healthcare system issues and ground realities are vivid, scary, and eye-catching in Chhattisgarh and Madhya Pradesh's tribal districts. This research focuses on traditional healers and healing practices popular among the Dhurwa tribe of Bastar, Chhattisgarh, particularly around Tirathagarh. The tribals rely on traditional medicine and healing techniques that are common in their locations because contemporary medical facilities are inaccessible to them. The tribals are not informed about contemporary medical care systems, nor are they given the necessary amenities in their living regions. The local medicine man or healer cures the sick in their own homes or at the temples of the community deities. Illiteracy, ignorance, unfamiliarity, and anxiety sometimes prevent individuals from visiting local clinics and health centers. They might also easily fall prey to exorcists and quacks rather than reputable, traditional healers in the neighbourhood.

Though numerous organizations are increasingly interested in traditional health care systems and methods of traditional treatment, tribal people remain the true caretakers of medicinal plants found in the surrounding forest region. Younger generations who are losing interest in traditional ways must also be educated on the need of preserving successful traditional medical practices and important herbal plants before they are lost owing to the effects of modernization, urbanisation, and deforestation.

The goal of this study is to examine the traditional healing methods used in certain areas or groups and to evaluate the scientific underpinnings of these methods. Therefore, a total of 15 papers were found, out of which 5 papers were finally selected. It aims to comprehend the theoretical underpinnings and procedures of these conventional therapeutic practices, as well as the social, historical, and cultural settings in which they are rooted.

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## **TABLE OF CONTENTS**

| <b>S. NO.</b> | <b>CONTENT</b>             |
|---------------|----------------------------|
| 1.            | Abstract                   |
| 2.            | Abbreviations              |
| 3.            | Chapter 1: Introduction    |
| 4.            | Chapter 2: Methodology     |
| 5.            | Chapter 3: Result          |
| 6.            | Chapter 4: Discussion      |
| 7.            | Chapter 5: Recommendations |
| 8.            | References                 |



## **LIST OF TABLES**

**Table 1:** Search methodology scheme

**Table 2:** Various Facilities available in and around Kamanar village.

**Table 3:** Various Medicinal Plants and their uses

**Table 4:** Result analysis

**Table 5:** Table representing detailed Challenges and Barriers discussed in Research papers

### **LIST OF ABBREVIATIONS**

| <b>S. No.</b> | <b>Abbreviations</b> | <b>Full Forms</b>                     |
|---------------|----------------------|---------------------------------------|
| 1             | PHC                  | Public Health Centres                 |
| 2             | PMC                  | Pubmed Central                        |
| 3             | TKDL                 | Traditional Knowledge Digital Library |

## **Chapter 1: INTRODUCTION**

Indigenous and rural cultures have long incorporated traditional healing techniques into their cultural fabric. These customs include the utilization of ceremonies, spiritual healing, and other age-old, traditional techniques as well as the usage of herbal medications.

Traditional healers, also referred to as practitioners of traditional medicine, are vital to the delivery of healthcare in their local communities.

The Census of India, 2011, registered 705 scheduled tribes (tribal groupings and subgroups) in 30 Indian states and union territories, including 75 primitive tribes. The overall population of India's scheduled tribes is 10,42,81,034, accounting for 8.6 percent of the total population. This graph depicts the rise in the population proportion of the scheduled tribes in 2011. In contrast to the preceding decade. In the 2001 Census, it was 8.2 percent. The biggest tribal communities in India are the Gonds and the Bhils, with most of them settling in Chhattisgarh and Madhya Pradesh. The Dhurwa tribe is a sub-tribe of the Gond tribe that lives in Chhattisgarh. Most tribal groups live in the forest. Their health system and medical expertise, called traditional health care, are based on both herbal and psychosomatic lines of therapy. While plants, flowers, seeds, animals, and other naturally accessible things were the mainstays of therapy, the practice was always tinged with mysticism, the supernatural, and the magical, culminating in distinct magico-religious ceremonies. Faith healing has long been a feature of traditional tribal healthcare therapy. Health has been defined as "a complete state of physical, mental, and social well-being. It is thus influenced by a variety of elements such as diet, personal cleanliness, family life, communal living, environmental circumstances, and access to social services such as health and medical care. Malnutrition, a lack of adequate drinking water, and sanitation are serious issues among India's tribal population. Another element that contributes to our indigenous population's delayed growth and health risks is illiteracy. Poverty has prevented people from advancing and obtaining development facilities such as housing, education, transportation, and contemporary amenities that 'the government (should) encourage and ensure full community participation through effective dissemination of relevant information, increased literacy, and the development of necessary institutional arrangements through which individuals, families, and communities can assume responsibility for their own health and well-being.' These suggestions clearly state the level of community engagement sought in healthcare activities to universalize primary healthcare.

**Research Question**

What are the major health issues faced by the tribal communities in Chhattisgarh and Madhya Pradesh?

**Research Objectives**

To identify the barriers and challenges faced by the tribal communities in accessing modern medical treatment.

## **CHAPTER:2 METHODOLOGY**

Inclusion and Exclusion basis- The descriptive methodology for this secondary source study involved a comprehensive exploration of traditional healers in rural and indigenous communities. The goal is to put attention on the healthcare difficulties that tribal groups in Chhattisgarh and Madhya Pradesh experience, as well as to provide practical solutions to increase access to modern medical treatment and create knowledge about healthcare services. Table: 1 represents the criteria and search strategy of the research.

|                            |                                                                                                                                                                                                                 |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Databases</b>           | 1. PMC (Pubmed central)                                                                                                                                                                                         |
|                            | 2.IMPPAT                                                                                                                                                                                                        |
|                            | 3. TKDL (Traditional Knowledge Digital Library)                                                                                                                                                                 |
|                            | 4. NITM                                                                                                                                                                                                         |
| <b>Key/Search terms</b>    | Traditional healers, Role of healers, Types of Traditional healers, plants used for healing, Tribes of MP and CG, Healing practices, Method of healing, health; Medicine-Man; Healing Practices; Ethno-Medicine |
| <b>Language</b>            | English                                                                                                                                                                                                         |
| <b>Types of population</b> | Humans of all ages availing traditional healing                                                                                                                                                                 |
| <b>Location</b>            | Madhya Pradesh and Chhattisgarh tribes, mainly Gunia and Baiga                                                                                                                                                  |
| <b>Type of publication</b> | Peer-reviewed article                                                                                                                                                                                           |
| <b>Types of studies</b>    | Any studies reporting empirical research findings on the treatment using traditional medicine or traditional healers                                                                                            |

Table :1 Search methodology scheme

Information and data were reviewed from the existing 5 research paper and observation was done on field visit trends and findings, outcomes of surveys, and identifying patterns, themes, and commonalities related to traditional healing practices, medicinal plant use, and healthcare in the tribal areas. Compared the data collected from the fieldwork with the availability of medicinal plants in the tribal belt of Bastar, Chhattisgarh. Identified similarities, differences, and unique characteristics of the traditional healing practices and medicinal plant use in the study area.

The current study focuses on the health care, medical facilities, and traditional healing practices widespread in Bastar's tribal communities and mainly Dhurwa tribe. A summary is drawn from understanding the demographic and being investigated specifically in this respect in order to meet the goals of the current study. The information was compared to the availability of therapeutic plants in the tribal zone of Bastar, Chhattisgarh and in India in general.

| S.no. | Facilities              | Distance (km) |
|-------|-------------------------|---------------|
| 1     | Sub-Health centre       | 5km           |
| 2     | PHC                     | 8km           |
| 3     | District Hospital       | 32 km         |
| 4     | Anganwadi Kendra        | 0 km          |
| 5     | Unqualified Doctors     | 2km           |
| 6     | Higher Secondary School | 32 km         |
| 7     | District Headquarter    | 33 km         |

Table 2: Various Facilities available in and around Kamanar village.

Table 1 depicts the numerous facilities accessible in and around Kamanar village. It reveals that the SubHealth Centre is 5 km from Kamanar hamlet and the PHC is 8 kilometers distant. The district hospital is 32 km from Kamanar village.

This community is also 32 km away from higher education institutions. There is no trained doctor at the Sub-Health Centre. During the study, it was discovered that occasionally Subhealth Centres are closed, and because of this unavailability and unfamiliarity, communities seek care from traditional practitioners or unqualified private medical practitioners.

#### TYPES OF TRADITIONAL HEALERS-

##### *Gunia*

Gunia, Bhagat, and Baiga specialise in ailments induced by evil-eye, Pagnin / Dayanin (witchcraft), Daiviya Prakop (angry Deity), and other factors. In the area, people who treat through divination are known as Guniya, Baiga, Sirha, and so on. This type of medical practitioner is taught from generation to generation. Some of them even say that the ability to cure is a divine gift. During the research, it was discovered that these traditional healers claim skill in a few types of ailments or specific regions of sickness, such as female disorders, snake bite, leprosy, impotency, child difficulties, and so on, in addition to healing.

The tribals live in deep jungle, which is home to a variety of deadly snakes and scorpions. They are sometimes bitten by snakes and stung by scorpions. Research depicts that traditional healer - Baiga of the "Kalar" tribe - claims to be a specialist in repairing venomous snake bites using traditional knowledge, and the villagers place great trust in him and his abilities. In the event of a snake bite, the traditional healer (Baiga) initially makes a knot in a piece of cloth directly above the wound so that the poison does not spread throughout the body with the flow of blood. The wound is correctly sliced from all sides, and infected blood is made to drip out of the human body, after which the paste created by him from the herbal plant is administered to it for a week to cure it. Such pastes are made from plant stems, leaves, and other parts that are available in the area.

### Vaidh

These traditional healers rely only on the use of medication to cure ailments. They are trained from generation to generation by their fathers, older family members, and relatives, and in certain situations by any recognised Vaidh of the region. They generally make a diagnosis based on the symptoms, information provided by the patients, nerve (nadi), and physical examination. These sorts of medicine men mostly employ herbs, plant parts, minerals, animal parts, and products, and so on to prepare medicine and treat ailments and wounds.

In the sources from Kamanar village of Bastar district, it was found that more than a dozen types of mycetes are being used as medicines. Some species were reported to have properties of birth control. It was reported that powder of some species is effective to make women sterile. Tribals of Bastar also use pteridophytes (fern and allied genera) to prepare medicines. Kanger Valley forest is full of various medicinal plants. Traditional healers use them in different ways to cure their patients. Few such plants are enlisted below in Table 2 with their way of medicinal use for curing various diseases.

| S.no. | Vernacular Name | Botanical Name                | Part of plant used | Medicinal Uses                    |
|-------|-----------------|-------------------------------|--------------------|-----------------------------------|
| 1     | Kali Musli      | <i>Cucurliigo orchiodes</i>   | Root               | Used to treat Dengue fever        |
| 2     | Chiraita        | <i>Andrograpis paniculata</i> | Leaf               | Used in Malaria                   |
| 3     | Bhumi Amla      | <i>dyllanthes nirurii</i>     | Leaf               | To cure Skin Disease and Jaundice |
| 4     | Indrajaal       | <i>diospyros embroypteris</i> | Leaf               | Used to treat Fistula Patients    |
| 5     | Lajwanti        | <i>Mimosa pudica</i>          | Root               | Used for Family Planning          |
| 6     | Sal             | <i>Shorea robusta</i>         | Bark               | Used for Sugar control            |
| 7     | Jhar Haldi      | <i>cosanicum tenestratum</i>  | Leaf               | Leaves for fever and Earache      |

Table 3: Various Medicinal Plants and their uses

### ETHICAL CONSIDERATION

Since this is a review of existing literature, no ethical consideration was required.

### **CHAPTER : 3 RESULT**

Health and health care system issues and ground realities are vivid, scary, and eye-catching in Chhattisgarh and Madhya Pradesh's tribal districts. The tribals are neither informed about the contemporary medical system nor given the necessary amenities in their home regions.

Typically, no certified doctors are accessible at rural Sub-Health Centres and Primary Health Centres during times of emergency. Furthermore, illiteracy, ignorance, blind faith, unfamiliarity, and unease may prevent people from visiting local clinics and health centres. Even expensive contemporary medical care is out of reach for many tribal and rural communities. The tribals have little access to contemporary medical facilities and must rely on the traditional medical and healing systems that exist in their communities. They might also easily fall prey to exorcists and quacks rather than reputable, traditional healers in the neighbourhood. Traditional healers are passed down from generation to generation. Youngsters help and learn from seniors, and as time passes, they become experts and adopt this craft as a job. The tribal health care practises and illness treatment system are found on their thorough observation and belief in nature, as well as the ecological setup of the area. As a result, the beneficial work of these traditional healers may be encouraged for the benefit of rural society.

Modernization, urbanisation, industrialisation, and environmental changes are also causing changes in people's lifestyles and hygiene practises, which have both positive and negative effects on their health status and health care practises. People are turning back to natural therapy because of the adverse effects of contemporary treatment. Indians have used herbs and herbal products for health care requirements, preparatory home therapy, and in the form of Ayurvedic medical treatment for centuries. Herbal medicines fortify the body and promote proper functioning.

Herbal medicines function selectively and softly without interfering with other systems, but modern medicine impacts various metabolic activities in the human system and has side effects that make the body more susceptible to other diseases. Though numerous organisations are increasingly interested with traditional health care systems and methods of traditional treatment, tribal people remain the true caretakers of medicinal plants found in the surrounding forest region. The traditional wisdom of tribal medicine men is dwindling because of industrialization and apathy among newer generations, which may result in the extinction of effective indigenous healing practises and information.

Younger generations who are losing interest in traditional ways must also be educated on the need of protecting, preserving, and promoting effective traditional medicinal practises and important herbal plants before they are lost owing to the effects of modernity, urbanisation, and deforestation. In this regard, correct, collaborative, and successful application of traditional medical practises, in conjunction with adequate coordination with modern medicinal practises, can be more beneficial.



| TOPIC           | CONTENT                                                                                                                                                                                                          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title           | Health Issues Faced by Tribal Communities in Chhattisgarh and Madhya Pradesh                                                                                                                                     |
| Objective       | To identify the barriers and challenges faced by the tribal communities in accessing modern medical treatment.                                                                                                   |
| Health Issues   | Malnutrition, communicable diseases, lack of access to clean water and sanitation, inadequate healthcare.                                                                                                        |
| Causes          | Poverty, limited access to education, geographical remoteness, and cultural practices.                                                                                                                           |
| Impacts         | High mortality rates, stunted growth in children, and compromised immune systems.                                                                                                                                |
| Recommendations | Improve healthcare infrastructure, increase healthcare funding, and prioritize nutrition programs.                                                                                                               |
| Conclusion      | Addressing the health issues of tribal communities requires comprehensive efforts and resource allocation.                                                                                                       |
| Limitations     | Lack of data, limited contextual information, absence of stakeholder perspectives, lack of focus on healthcare infrastructure, limited policy and implementation discussion, and correctness of the information. |

Table 4: Result analysis

Result overview on the basis of various Authors concludes the Health Barrier and Challenges and the description is depicted in tabular format.

| S.NO. | AUTHORS                    | YEAR OF PUBLICATION | CHALLENGES/BARRIERS                                                                                                                                                                      | DESCRIPTION                                                                                                                                                                                                                                                                                                              |
|-------|----------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.    | Amit Soni & Ashok Pradhan  | 1997                | <div>Limited availability of trained healthcare professionals in tribal areas</div> <div>Limited access to development facilities, education, transportation, and modern amenities</div> | <div>High prevalence of communicable diseases and inadequate preventive measures</div> <div>Limited access to specialized medical treatments and advanced healthcare technologies</div>                                                                                                                                  |
| 2.    | Soni, A., & Pradhan, A. K. | 2016                | <div>Geographical barriers and limited transportation</div> <div>Lack of coordination between traditional and modern medicine</div>                                                      | <div>Remote tribal areas often lack proper roads and transportation, making it challenging to access healthcare services in nearby towns or cities.</div> <div>Insufficient collaboration and coordination between traditional and modern medical systems hinder the integration of effective healthcare practices</div> |
| 3.    | K. K. N. Sharma            | 1999                | <div>Lack of healthcare facilities</div> <div>Limited involvement of health workers</div>                                                                                                | Availability and accessibility of healthcare facilities are                                                                                                                                                                                                                                                              |

|    |                                             |      |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                    |
|----|---------------------------------------------|------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                             |      |                                                                                                        | <p>limited in tribal areas, making it difficult for women to receive necessary medical care.</p> <p>the availability and active involvement of health workers in remote tribal areas may be limited, affecting access to healthcare services.</p>                                                                                                  |
| 4. | Gurumurthy K.G., Joshi P.C. & Anil Mahajan  | 1990 | <p>Impact of modernization, urbanization, and deforestation</p> <p>Limited access to contraception</p> | <p>Socioeconomic changes, urbanization, and deforestation pose a threat to traditional healing practices by diminishing the availability of medicinal plants.</p> <p>Tribal women may face challenges in accessing and utilizing effective contraception methods, leading to unintended pregnancies and subsequent reproductive health issues.</p> |
| 5. | Lok Nath. Badawa, Joshi P.C. & Anil Mahajan | 1990 | <p>Lack of healthcare facilities</p> <p>Healthcare practices</p>                                       | <p>Remote location and unavailability of proper healthcare</p>                                                                                                                                                                                                                                                                                     |

|  |  |  |  |                                                                                                                                                                                                                                                                                                                      |
|--|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  |  |  | <p>facilities in Baiga villages hinder access to healthcare services, affecting the health and well-being of the community.</p> <p>Traditional healing practices and sorcery practices among the Baiga tribe may pose challenges in terms of adequate healthcare and integration with modern medical facilities.</p> |
|--|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Table 5 : Table representing detailed Challenges and Barriers discussed in Research papers

## **CHAPTER 4: DISCUSSION**

The discussion section of the provided content focuses on the health issues faced by tribal communities in Chhattisgarh and Madhya Pradesh and proposes recommendations to improve healthcare in these areas. Here are the key points from the discussion:

1. **Lack of Access to Modern Medical Treatment:** The tribal communities in Chhattisgarh and Madhya Pradesh face barriers and challenges in accessing modern medical treatment. The rural Sub-Health Centres and Primary Health Centres often do not have certified doctors available during emergencies, leading to a reliance on traditional healers and unqualified private medical practitioners.
2. **Role of Traditional Healing Systems:** Traditional healing systems play a significant role in the healthcare of tribal communities. Traditional healers, such as Gunia, Baiga, and Vaidh, utilize their knowledge of herbs, plants, minerals, and animal products to diagnose and treat ailments. However, the reliance on unqualified healers and the lack of awareness about modern medical care can hinder access to effective healthcare.
3. **Importance of Traditional Medicinal Plants:** Tribal communities have a deep understanding of the medicinal plants found in their surrounding forest regions. Efforts should be made to protect and sustainably manage these plants to ensure the availability of important herbal remedies. Engaging tribal communities in conservation and cultivation efforts can contribute to the preservation of traditional medicinal practices.
4. **Collaboration between Traditional and Modern Medicine:** Recognizing the valuable role of traditional healers, it is recommended to integrate them into the formal healthcare system. Training programs can be implemented to enhance their skills and knowledge, and workshops and seminars can facilitate dialogue and knowledge exchange between traditional healers and modern medical practitioners.
5. **Health Education and Awareness:** Addressing illiteracy, ignorance, and superstitions surrounding healthcare is crucial. Comprehensive health education programs, utilizing local languages and culturally sensitive approaches, can help disseminate health-related information and promote healthy practices among tribal communities.

By implementing these recommendations, a collaborative and inclusive healthcare system can be established, combining the strengths of traditional and contemporary medical practices to meet the healthcare needs of tribal communities in Chhattisgarh and Madhya Pradesh.

## **CONCLUSION**

In conclusion, the research highlights the healthcare challenges faced by tribal communities in Chhattisgarh and Madhya Pradesh, emphasizing the importance of traditional healing practices and the need to improve access to modern medical treatment. The study reveals the reliance on traditional healers and the use of herbal medicines in these communities, showcasing the unique knowledge and expertise passed down through generations.

The findings emphasize the lack of adequate healthcare facilities in tribal areas, with limited access to certified doctors and modern medical services. Illiteracy, ignorance, and poverty further hinder the utilization of healthcare resources. Traditional healers play a significant role in providing healthcare, but their knowledge and practices need to be recognized, preserved, and integrated into the formal healthcare system.

Improving access to contemporary medical services, strengthening traditional healing systems through training and collaboration, promoting medicinal plant conservation, incorporating traditional medicine into formal healthcare systems, and promoting health education and awareness.

By implementing these recommendations, a comprehensive and inclusive healthcare system can be established, bridging the gap between traditional and modern medical practices and addressing the healthcare needs of tribal communities effectively. It is crucial to preserve the rich traditional healing knowledge while ensuring access to quality healthcare services for the overall well-being of these communities.

## **CHAPTER : 5 RECOMMENDATIONS**

To address the issues and improve healthcare in tribal communities, several recommendations can be implemented.

1. Improving access to contemporary medical services involves increasing the number of certified doctors and healthcare professionals in rural healthcare centers, establishing telemedicine facilities or mobile healthcare units, and conducting awareness campaigns to educate tribal communities about the benefits of modern medical care.
2. Strengthening traditional healing systems requires recognizing the valuable role of traditional healers and integrating them into the formal healthcare system. This can be accomplished through training programs to enhance their skills and knowledge, as well as facilitating the documentation and preservation of traditional medicinal practices and indigenous healing knowledge.
3. Encouraging collaborative approaches involves fostering collaboration between traditional healers and modern medical practitioners, establishing referral networks, and organizing workshops and seminars to promote dialogue and knowledge exchange between the two groups.
4. Promoting medicinal plant conservation entails creating initiatives for the protection and sustainable management of medicinal plants in tribal forest regions. Engaging tribal communities in cultivation and preservation efforts and raising awareness about the importance of biodiversity conservation and the value of medicinal plants through educational campaigns, are essential.
5. Incorporating traditional medicine into formal healthcare systems involves advocating for its inclusion in national healthcare policies, supporting research on its efficacy and safety, and establishing regulatory frameworks to ensure quality control and ethical standards.
6. Lastly, promoting health education and awareness is crucial to address illiteracy, ignorance, and superstitions surrounding healthcare. Developing comprehensive health education programs, utilizing local languages and culturally sensitive approaches, and collaborating with community leaders and grassroots organizations can effectively disseminate health-related information and promote healthy practices.

By implementing these recommendations, a collaborative and inclusive healthcare system can be established, leveraging the strengths of traditional and contemporary medical practices to meet the healthcare needs of tribal communities in the region.

## REFERENCES

- Patel, R., & Pal, M. C. (2019). The Magical World of ‘Gunia’: A Case of Traditional Healers among the Baiga Tribe. *OA.mg*. <https://oa.mg/work/2996834309>
- Home | Government of India. (n.d.). <https://censusindia.gov.in/census.website/>
- Karri, B. (2017). Nutritional and Socio-Demographic Profile among Gond Tribe of Binouri Village, Bilaspur Chhattisgarh (India). *Sunvic*.  
[https://www.academia.edu/33569098/Nutritional\\_and\\_Socio\\_Demographic\\_Profile\\_among\\_Gond\\_Tribe\\_of\\_Binouri\\_Village\\_Bilaspur\\_Chhattisgarh\\_India\\_](https://www.academia.edu/33569098/Nutritional_and_Socio_Demographic_Profile_among_Gond_Tribe_of_Binouri_Village_Bilaspur_Chhattisgarh_India_)
- Shah, S. (2022, December 3). Tribal tales: Healers and their traditional medicines. *Financial Express*. <https://www.financialexpress.com/lifestyle/tribal-tales-healers-and-their-traditional-medicines/2899781/>
- Department of Family Welfare. *National Population Policy*. New Delhi: Dept. of Family Welfare, Ministry of Health and Family Welfare, Govt. of India; 2000 - Google Search. (n.d.).  
[https://www.google.com/search?rlz=1C1CHBD\\_enIN1011IN1011&sxsrf=APwXEddrw4GrznXMro0QAn63gZbmG-](https://www.google.com/search?rlz=1C1CHBD_enIN1011IN1011&sxsrf=APwXEddrw4GrznXMro0QAn63gZbmG-)
- *Folk Healing Traditions | History and Science of Indian Systems of Knowledge*. (n.d.).  
<https://www.ncbs.res.in/HistoryScienceSociety/content/folk-healing-traditions>
- QCI launches certification scheme for traditional healthcare providers across the country. (n.d.). <http://www.pharmabiz.com/NewsDetails.aspx?aid=116026&sid=1>



- The Hindu Bureau. (2023, March 21). *Over ₹860 lakh sanctioned to study tribal medicinal practices*. <https://www.thehindu.com/news/national/over-860-lakh-sanctioned-to-study-tribal-medicinal-practices/article66642502.ece>
- Soni, A., & Pradhan, A. K. (2016). Health Care and Traditional Healing Practices among the Dhurwas of Bastar. *Indian Journal of Research in Anthropology*.  
<https://doi.org/10.21088/ijra.2454.9118.2216.1>