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Custodians Of Indigenous Healing: The Role Of Traditional Practitioners In Kalahandi District, Odisha

Sabitri Jal

PhD Research Scholar

Sambalpur University

Abstract

This paper investigates the role of traditional practitioners in Kalahandi district, Odisha, as custodians of indigenous healing systems embedded in cultural and ecological knowledge. Drawing on historical records, ethnographic insights, and primary field data, the study examines how healers—locally known as *Disaris*, *Baidyas*, and *Gunias*—have served as frontline healthcare providers for tribal communities across generations. It analyzes their diagnostic techniques, plant-based therapies, spiritual rituals, and the socio-cultural frameworks that confer legitimacy upon their practices. Despite disruptions from colonial interventions, restrictive forest policies, and the expansion of biomedical systems, these practitioners have exhibited remarkable resilience and adaptability. The paper also addresses contemporary threats posed by modernization and underscores the urgency of policy frameworks that recognize and integrate indigenous healthcare into mainstream health strategies. Findings reveal that traditional healers not only sustain community health but also contribute significantly to biodiversity conservation, cultural continuity, and the advancement of sustainable healthcare models.

Keywords

Ethnomedicine, traditional healers, indigenous knowledge, Kalahandi, biodiversity conservation, cultural resilience, medical pluralism

Introduction

Ethnomedicine, rooted in cultural traditions, serves as a vital healthcare system for tribal communities worldwide. It encompasses not only the use of medicinal flora but also spiritual and ritual practices that reflect a community's relationship with nature and its belief structures (Bodeker & Kronenberg, 2002). Across the globe, traditional medicine is increasingly recognized for its accessibility, affordability, and holistic approach—especially in regions where modern medical infrastructure is limited (WHO, 2013). In India, with its vast ethnic diversity and ecological richness, traditional healing continues to underpin primary healthcare in many rural and tribal areas.

Kalahandi district in Odisha is among the most significant reservoirs of ethnomedicinal knowledge in Eastern India. It is inhabited by tribal groups such as the Kondha, Gonda, Bhatra, Kotia, Pentia, and Meria, who rely heavily on forest ecosystems for both sustenance and health. Within these communities, traditional

healers—locally referred to as *Disaris*, *Baidyas*, and *Gunias*—are esteemed as guardians of physical and spiritual well-being. Their expertise is passed down orally through generations, grounded in keen observation of natural processes, experiential learning, and cultural continuity (Dash & Padhy, 2006).

These healers perform roles that extend beyond treating ailments; they are embedded within the socio-cultural and ecological frameworks of their communities. Their practices include herbal remedies, ritual healing for psychosomatic conditions, and spiritual interventions for culturally defined disorders. Their significance has endured through historical challenges such as colonial forest policies, periods of famine, and socio-economic shifts following independence (Majhi, 2021; Padhan, 2020). However, contemporary pressures—globalization, deforestation, and the dominance of biomedical systems—pose serious threats to these traditional practices.

This paper seeks to examine the historical context, cultural relevance, therapeutic practices, and current challenges faced by traditional healers in Kalahandi district. It advocates for the documentation and integration of this invaluable knowledge into sustainable healthcare models, while also emphasizing the importance of biodiversity conservation and cultural preservation.

Area of the Study

Kalahandi district is situated in the southwestern region of Odisha, India, between 19°03’N and 20°18’N latitude and 82°20’E and 83°47’E longitude. The district headquarters, Bhawanipatna, lies approximately 418 kilometers from the state capital, Bhubaneswar. Geographically, Kalahandi is bordered by Nuapada and Balangir districts to the north, Kandhamal and Rayagada to the east, Nabarangapur and Koraput to the south, and Raipur (Chhattisgarh) and Nabarangapur to the west. According to the Surveyor General of India, the district spans 7,920 square kilometers, ranking seventh in Odisha in terms of area (Majhi, 2021).

The region is predominantly inhabited by tribal communities who live in close proximity to forested landscapes. These indigenous groups have historically conserved local biodiversity through sustainable practices and deep ecological knowledge (Mohanty & Patra, 2022). Forests serve as a vital source of shelter, nutrition, and livelihood. Wild edible plants—consumed both raw and cooked—form an integral part of their diet, with flowers and seeds often prepared as food. Additionally, forest resources such as timber and firewood are used for domestic and economic purposes (Padhan, 2020).

The tribal populations of Kalahandi have cultivated a profound and enduring relationship with their natural surroundings. Their economic, social, religious, and cultural lives are intricately woven into the forest ecosystem, resulting in a symbiotic bond wherein the forest is perceived not merely as a resource but as a nurturing entity—akin to a mother caring for her child (Joshi, 2019). This interdependence reflects the holistic worldview and ecological stewardship practiced by these communities.

Methodology

This study adopted a mixed-method research design incorporating both primary and secondary sources to examine the role of traditional practitioners in Kalahandi district, Odisha. The research was conducted between November 2023 and April 2025 and involved the following components:

Primary Data Collection

Primary data were collected directly from traditional practitioners through structured and semi-structured interviews, guided field walks, and participant observation. Interviews were conducted in Sambalpuri/Kosali, the local dialect, and documented in field notebooks. Audio recordings were taken with prior consent. The primary data included:

- Vernacular names of medicinal plants and their botanical verification
- Plant parts used and preparation techniques (decoction, paste, infusion, etc.)
- Dosage and mode of administration (oral, topical)

- Associated magico-religious rituals and healing practices
- Knowledge transmission methods and apprenticeship systems

Guided field visits were conducted with practitioners to identify medicinal plants in their natural habitats. Samples were photographed and compared with herbarium references for accurate identification (Jain & DeFilipps, 1991).

Sampling Technique and Participants

Purposive and snowball sampling methods were employed to identify traditional practitioners recognized for their healing expertise. A total of 12 practicing healers (Disaris, Baidyas, and Gunias) participated in the study, representing different tribal communities such as the Kondha, Gonda, and Bhatra.

Ethical Considerations

The study adhered to strict ethical guidelines, ensuring transparency and informed consent. Participants were briefed about the research objectives, and confidentiality of traditional knowledge was maintained. Community discussions were organized to validate findings and establish trust.

Secondary Data Sources

Secondary data were obtained from ethnobotanical literature, research articles, government reports, and the WHO traditional medicine strategy documents. These sources were used to triangulate field data and provide historical and comparative perspectives.

Data Analysis

Data were analyzed using both qualitative and quantitative approaches. Thematic analysis was applied to interpret narratives related to cultural practices, while descriptive statistics summarized the frequency of plant use, practitioner types, and treatment categories. Field photographs and observational notes supported the authenticity of the documented practices.

Results and Discussion

The study documented the practices, knowledge systems, and plant resources employed by traditional practitioners in Kalahandi district. Data gathered through interviews and field observations reveal that these practitioners continue to serve as essential healthcare providers, relying exclusively on medicinal plants and culturally embedded healing practices.

Role and Functions of Traditional Practitioners

The traditional practitioners—Disaris, Baidyas, and Gunias—were found to specialize in treating a wide range of ailments, including fever, diarrhea, wounds, skin infections, respiratory disorders, bone fractures, and reproductive health issues. Their treatment methods involved both herbal formulations and magico-religious rituals aimed at addressing physical and psychosomatic ailments.

Major Categories of Ailments Treated

- Gastrointestinal disorders (dysentery, diarrhea, stomachache)
- Respiratory illnesses (cough, asthma, cold)
- Dermatological issues (wounds, skin infections, boils)
- Musculoskeletal problems (bone fractures, sprains)
- Reproductive and maternal health concerns

Medicinal Plants Documented

The study identified 61 plant species used by practitioners, which included 30 tree species, 14 shrubs, and 17 herbs. These plants were primarily collected from forests and occasionally sourced from local markets. Below is a representative list of frequently used medicinal plants:

Preparation and Administration

Medicinal plants were prepared using various methods such as decoctions, powders, pastes, and juices. Administration routes included oral intake, external application, and inhalation. Practitioners often combined multiple ingredients to enhance efficacy and sometimes included additives like milk, honey, or oil.

Cultural and Ritualistic Practices

Alongside plant-based therapies, practitioners performed rituals to appease deities or ancestral spirits, especially in cases of mental illness or prolonged sickness. These rituals included offerings, chants, and the use of symbolic items like vermillion, rice, and sacred threads.

Conservation and Knowledge Transmission

The practitioners expressed concern about the declining availability of medicinal plants due to deforestation and overharvesting. Knowledge transfer occurs orally, primarily through apprenticeships within the family lineage, but younger generations show limited interest in continuing these traditions.

Local Name	Botanical Name	Plant Part Used	Ailments Treated
Arjuna	*Terminalia arjuna*	Bark	Heart ailments, high blood pressure
Ashoka	*Saraca asoca*	Bark, leaves	Menstrual disorders
Harida	*Terminalia chebula*	Fruit	Digestive issues, wounds
Bahada	*Terminalia bellirica*	Fruit	Fever, cough
Sunari	*Cassia fistula*	Bark, leaves	Skin diseases, constipation
Neem	*Azadirachta indica*	Leaves, bark	Skin infections, fever
Patalgaruda	*Rauvolfia serpentina*	Root	Hypertension, insomnia
Tulsi	*Ocimum sanctum*	Leaves	Cold, cough, fever
Sal	*Shorea robusta*	Resin, bark	Bone fracture treatment
Bhuin Neem	*Andrographis paniculata*	Whole plant	Fever, malaria

3.4 Preparation and Administration

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