

Health Condition Treated By THPs:

THPs(Traditional Health Practitioners) treat for the stomach ache & cold, 5 -7 percent THPs were treating for White discharge, Menstrual Disorders, Diarrhoea, Food poisoning, Dental Problem, Fracture and Bone Setting, Fevers, Jaundish, child delivery. 2-3 percent of the THPs were treating for cough, skin conditions, poisonous bites, Kidney Stone, Headache, Ear & eye problems only one percent THPs treating for anaemia, Worm infestation and Cuts and wounds. No THPs Paralysis, diabetes, Food Poisoning, paralysis. Many other 14 percent of the THPs treating for others diseases such as piles, stone pneumonia, malariya and cancer.²

% of THPs	5-7%	1%	2-3%	14%
Diseases treated by THPs	<ul style="list-style-type: none"> ✓ White Discharge ✓ Menstrual Disorders ✓ Diarrhoea ✓ Food Poisoning ✓ Dental Problem ✓ Fracture & Bone Setting ✓ Fevers ✓ Jaundish ✓ Child Delivery 	<ul style="list-style-type: none"> ✓ Anaemia ✓ Worm infestation & Cuts & Wounds 	<ul style="list-style-type: none"> ✓ Cough ✓ Skin Condition ✓ Poisonous Bites ✓ Kidney Stone ✓ Headache ✓ Ear & Eye Problems 	<ul style="list-style-type: none"> ✓ Piles ✓ Stone ✓ Pneumonia ✓ Malariya ✓ Cancer

2. Source: Rapid Village Survey to identify Traditional Health Practitioners and streams of their practices Submitted by Dr. Veena Dwivedi, (Principal Investigator), Asstt. Prof. Udaipur School of Social work, JRN, Rajasthan Vidhyapeeth, Udaipur, Rajasthan

Traditional Explanation of Sickness:

Accidents, calamities, diseases and losses are readily explained by holding some elements of supernatural or another responsible for. Among tribals, the diseases that are not severe or life threatening are dealt with the specific therapies suggested after diagnosis. However in serious and socially disturbing ailments the prognostic dimensions come to the fore. In the course of diagnosis distinction between natural and supernatural causation is recognized. It is misunderstood by tribals that a lot of sicknesses have natural causes and natural courses and are treated by traditional medical practitioners. These traditional practices focus not only on cure but on damage control measures as well to ensure speedy and uncomplicated recovery. Before starting any type of treatment one may tie charmed amulets for one cannot be always certain of physical etiology of the illness. Tying of charmed amulet is common preliminary act which serves two functions (i) if the disease is caused by external agents, and then the amulets may cure the disease. The charms also protect the individual against demonic interference. The efficacy of the amulets is generally for a limited period. If disease is not cured by amulet, a bigger ritual is required; (ii) an amulet may act as protection even if the cause is physical manifestation, for spirits can attack a person in physically weak state. The pox diseases-small pox (barimata), measles (choti mata) and chicken pox (acparo) are attributed to the wrath of three mother goddesses, The manifestation of the pox diseases caused by heat of her presence within the human body. Tribals propitiate mother goddess by observing religious rituals and festivals. These

propitiation rituals are well thought-out simple remedies. Tribals are aware that despite their worship their children may get inflicted with pox².

Sickness and Therapy among Tribal of Rajasthan:

As traditional medical systems have survived in this area for such along time, its therapeutic value and what is retainable of traditional system and how these can be upgraded through education, licensing and incorporation in to state health planning becomes important. The state health programmers are well intended but lack anthropological consultation. As a consequence, the traditional medicinal care practiced in the area having both herbal and ritual form of curing is not considered important. The cultural importance of ritual care and role of medicinal plants (their properties as they relate to healing, their symbolic values and their procurement from environment) in the traditional medical system of tribal is of great value. There are large numbers of illnesses where oral application of herbal preparations is a frequent part of treatment (e.g. fever, dysentery, diarrhea, malaria, cough and cold, eye-ailments, Guinea worm (nadu), stomachache etc.). However at some point the tribal see the limits of such phototherapeutic forms of treatment. Any illness that is associated with severe pain, long-lasting and not responding to herbal treatment requires the help of supernatural. Tribal relate their ritual needs to supernatural powers and ask for help and forgiveness. The state sponsored medical systems do not look at "indigenous medicine" as whole and fail to see the socio-cultural basis of its uses. The main strength of the Traditional Medical System (TMS) of tribal is its capacity to stand as Psycho support system. The explanatory model of TMS greatly emphasizes the notion of disharmony as a cause due to man's relations with the supernatural powers and other bodily related illnesses caused by drinking and eating wrong things. Transferability and transgressionality of supernatural wrath to the members of the society makes it a powerful force in social control.²

2. Source: Rapid Village Survey to identify Traditional Health Practitioners and streams of their practices

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d. Role of Traditional Health Providers:

Role of TBAs:

Dais (TBAs) provides help to pregnant women at the first stage. With their experience and training, they give them some massage, etc., and refer serious cases to the ANM or the health centre. Some of them also provide primitive and preventive advice. To name a few tips given by the dais, they ask pregnant mothers to take more vegetables and a healthy diet, and advise them not to do heavy physical work activities like lifting heavy objects, etc., during pregnancy. The dais also advises the pregnant mothers to go for frequent health check-ups at the health centre and to get immunized during pregnancy.⁷

Mostly, they conduct deliveries by themselves; it is only in complicated cases that they ask for the help of ANMs and other better-qualified persons. If they realize during an advanced stage of pregnancy, that the delivery is going to be complicated, they advise the pregnant mother to go for institutional delivery.⁷

On being asked whether they conducted abortions, none of them admitted that they did. On being asked what they do in case someone comes to them asking for abortion, all of them replied that they would ask the concerned female to go to a qualified doctor in a government health institution.⁷

None of the TBAs interviewed was getting any help from the government agencies. They would like to have support from the state in the form of training and supplies. Some of the TBAs have already been trained, and the others expressed a keen desire to undergo training. All those who have been trained also expressed a desire to undergo further training.⁷

Role of Faith Healers and Herbalists:

These normally serve as the first stage of referral outside the home. Mostly, the same person acts as faith healer as well as herbalist. They mostly offer free service, and therefore people prefer to utilize their expertise as faith healers first. If things do not improve, they go for the herbal treatment.⁷

The faith healer part of the treatment includes performing Jhara, which consists of waving twigs of the neem tree in the form of a broom and chanting some mantras (incantations), which they believe drive away the evil spirit responsible for most of the sufferings of human beings.⁷

The herbalist part of the treatment includes administering some local herbs known to cure certain ailments. It was interesting to note that these traditional healers (faith healers and herbalists) are very keen to be integrated into the mainstream system of referral and training. They all expressed a keen desire to undergo any type of training, such that they can be useful centers for referral in future. They all seek recognition from the state and look forward to some monetary incentives in addition to the training.⁷

Role of Private Medical Practitioners (PMPs):

It was also possible to interview some of the private medical practitioners during the visits. Except for one, who was qualified in the ayurvedic system of medicine, all the others, though claiming to be qualified, did not have any proper training. What most of them have done is working with some qualified doctor for a couple of years and then obtaining a certificate, mostly from Uttar Pradesh or Bihar states. These certificates obtained by these practitioners are Ayurved Ratan, Vaid Visharad, etc. Even after obtaining the certificates in the ayurvedic system of medicine, most of them prescribed allopathic medicines, for which they are not qualified.⁷

These practitioners have a good load of patients; most of them say that they see around 300 cases per month. They claim to cure seasonal and non-specific diseases like diarrhoea, malaria, fever, allergy, vomiting, flu, etc. They said they referred complicated cases to government hospitals. But, the community leaders opined that they do not refer even serious cases to hospitals, but hang on till the last minute in order to earn more money.⁷

Most of the PMPs expressed a keen desire to undergo further training in government institutions. On being asked what they would like to learn, they said that they would like to undergo training in the latest research in medicine, in handling sophisticated equipment like X-ray machines, etc., and learning more about the latest medicines.⁷

All of them expressed keen willingness to be depot holders for contraceptives, but said that more efforts should be made to motivate people to accept modern methods of family planning.

7. Source: Health Seeking Behavior and Healthcare Services in Rajasthan, India: A Tribal Community's Perspective: Lakhwinder P Singh, Shiv D Gupta IIMR, Working Paper No. 1, Institute of Health Management Research, Jaipur