

INDIGENOUS HEALING AND HEALTH CARE BEHAVIOR: A NARRATIVE LITERATURE REVIEW

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Abstract. The general objective of this study is to explore the past and recent research published by scholarly journals in traditional healing and health care practices of Indigenous people with specific emphasis on the transition in health practices of the Rajbanshi community. From a series of reputable databases, including BMC, Elsevier, JSTOR, Sage, Science Direct, Springer, Taylor and Francis, Wiley and Shodhganga, one hundred thirty-four articles and theses were collected for further analysis. Using a narrative literature review, evidence from this work shows that the predominance of traditional medicine-related research is developed from theory and empirical studies, using random sampling and qualitative analysis. There are a wide variety of subject matters studied, but the research commonly focuses on Asia, Africa, USA and Latin America. This study positively contributes to our understanding of the development, nature of use, and recent trends in the use of traditional medicine and the healthcare behavior of Indigenous people.

Keywords: Narrative literature review, traditional medicine, culture change, medical pluralism, Rajbanshi, Healthcare Behaviour

Introduction

This paper examines Indigenous peoples' healing and healthcare practices, with a particular focus on the Rajbanshis of Koch Bihar district in West Bengal. The review aims to explore the transition in medical healing practices among Indigenous communities and to provide insights that can inform policymakers and researchers interested in traditional medicine. The paper is structured around three research themes: customary medical care provided by indigenous communities, the nature of the shift in indigenous health culture, and the diverse approaches to healthcare by traditional groups. The review acknowledges the dynamic nature of culture and its influence on health-seeking behaviors, as well as the inevitable changes brought about by external factors such as colonialism, modernization, and globalization. Traditional medicine, often referred to as indigenous or local medicine, is a system of ancient practices that vary widely and are typically transmitted orally through generations. It encompasses a broad range of healing practices, including herbal remedies, spiritual therapies, and manual techniques. The review highlights the use of traditional medicine among various ethnic communities in India and other developing countries, noting its importance for primary healthcare, especially in rural areas. The literature also discusses the socio-cultural aspects of healthcare systems, which include the beliefs, treatment options, and roles of healers and patients within a cultural context. Traditional healers, such as herbalists, bone setters, and midwives, continue to play a significant role despite the presence of modern medicine. The review addresses the changing patterns in indigenous healthcare culture, influenced by factors like colonialism and the introduction of allopathic medicine. It notes the resilience of traditional practices but also the challenges they face, such as the extinction of medicinal plants and the marginalization of certain healthcare traditions. Finally, the concept of medical pluralism is explored, which refers to the coexistence of multiple medical systems within a society. This pluralism can manifest as a preference for traditional medicine, the integration of traditional and modern practices by healers, or the use of various healthcare options by patients. In conclusion, the review underscores the need for a comprehensive understanding of the changing landscape of traditional medical practices among Indigenous communities, especially in the face of modern healthcare policies and practices. There is a call for further research to measure the impact of these changes and consider the integration of traditional and modern medicine for improved healthcare outcomes.

Methodology

For the research purpose, this paper defines the research of traditional healing and health care practices of Indigenous people as all of the research articles and theses related to conventional medicine use and care-seeking practices and behavior around the world, including both changes in care-seeking behavior and recent trends. A narrative literature review is performed for the present study on the lines of searches mentioned. The articles were gained from a reputable electronic database, both open and closed access, specifically BMC, Elsevier, JSTOR, Sage, Science Direct, Scopus, Springer, Taylor and Francis, and Wiley, and the theses were obtained from Shodhganga. The search terms include culture change, traditional medicine, ethno-medicine, the healthcare behavior of Indigenous people, and medical pluralism. The inclusion criteria are all types of articles, and articles related to humans only. The exclusion criteria are articles for which full text is not available or are grey literature. From search results, it generated 295 articles and eliminated 101 articles

because of duplication or irrelevant content, so it yielded 194 articles. From 194 number of articles, the articles further analyzed are 134 articles from 36 journals.

Traditional System of Health Care of Indigenous Communities

The term traditional health care is included under a broader concept of traditional medicine. Defining traditional medicine is difficult as it has been variously viewed by different scholars with variable approaches. Patwardhan (2005) mentioned the absence of any uniform opinion for referring to the term under any one name. In the simple sense of the term, traditional medicine implies a system of ancient medicine beholding the tradition of any culture; the knowledge of which transcends through generations. The term “traditional” is prefixed to keep it aside and different from the “modern” system of medicine. Asha (2002) argues “not all health practices are health traditions”. In his opinion, for being traditions, the unwritten versions of medical knowledge must eternally be percolated through the generations without any external interference. WHO (2002) has defined traditional medicine as the “total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention, and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing.” Traditional medicine is also called indigenous medicine. The term presupposes the use of medical knowledge generated locally among people of a particular geographical area for the well-being of their health. Seeland (2000) explains, “Indigenous means that something is originating locally and performed by a community or socially in a place ... It is not formally taught but perceived in a particular context at a certain stage of perceiver’s consciousness that grows in the world of local events.” Following this tune, some scholars refer indigenous medicine as local medicine or local tradition. Gupta et al (2014) argues that “local health tradition is a vague term, mostly used to set apart ancient and culture-bound health care practices which existed long before the evolution of modern scientific medicine,” In the writings of the scholars, the terms traditional medicine, indigenous medicine, ethno- medicine, folk medicine are often found as being used synonymously meaning (Unnikrishnan, 2004). It is commonly believed that traditional medicines constitute the indigenous knowledge systems of developing or third-world countries, but in developed countries, it has also become popular. In developed countries, the usage of the terms non-conventional, alternative, complementary, and natural medicines is more common than traditional. It implies that the meaning of the term is contemplated as an available option between modern and ancient medicine. According to Patwardhan (2005), these terms indicate a group of healthcare practices classified by the criteria of “absence from mainstream modern medicine”.

Following the mode of function, traditional medicine operates in two ways within societies. In a broad sense, it can be construed as – a codified professional, or formalized system of medicine and a non-codified or non-professional or informal system of medicine. (Unnikrishnan, 2004). The former refers to the exoteric form of medical knowledge with an advanced theoretical base. Ayurveda, Siddha, Unani, Chinese, Homeopathy, and Acupuncture all belong to this category. The latter system is esoteric in nature and the inherited secret knowledge is orally transmitted without being disclosed (Datta & Datta, 2005). Ethnic community- specific health care practices, and specialized therapeutic techniques like bone setting, midwifery, poison healing, etc. fall within this group. A comprehensive and universally accepted definition of traditional medicine is „the diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/ or mineral based medicines, spiritual therapies, manual techniques, and exercises applied singularly or in combination to maintain well-being as well as to treat, diagnose or prevent illness (WHO, 2001). Thus within the sphere of traditional medicine, drugs used as curing ingredients, healing processes as well and healers all merge with their uniqueness.

In this section, the researcher has tried to segregate the studies in the following ways-

- i) The studies citing the use of traditional curing ingredients or medicines under Studies on Reported Use of Traditional Medicine.
- ii) The studies dealing with traditional therapeutic techniques used by the healers or practitioners and the faith, belief, or behavior of the patients towards traditional medicine within any cultural setting under Studies on Traditional Health Care System.

Studies on reported use of traditional medicine: While searching for literature, several ethno-medicinal and pharmaceutical articles were identified for review in this section. The use of traditional medicine has been noted particularly among the ethnic communities and the rural folks of different countries of the world. Within India, traditional medicines have been an integral part of the primary health care system, particularly among rural and indigenous communities since the ancient period. Several works providing considerable information about the use of traditional medicine among the rural and ethnic groups of India, from southern to northern and eastern through central to western India have been carried out. Ayyanar and Ignacimuthu’s (2004) ethno-botanical study entitled “Traditional Knowledge of Kani tribals in Kothalai of Tirunelveli hills, Tamilnadu, India” provides information on the use of medicinal plants in skin disease, snake bites, wounds and rheumatism by Kani tribes of Tirunelveli hills in southern Western Ghats of India. Another ethno-pharmaceutical study by Duraipandiyar, Ayyanar, and Ignacimuthu (2006) in the study entitled “Antimicrobial activity of some ethnic medical plants used by Peliyar Tribe from Tamilnadu, India” reveals that the medicinal herbs used by the rural Peliyar tribe of Tamilnadu have potential antibacterial properties which could be used in effective antibacterial drugs in future. Kingston et al (2009) in their study “Indigenous knowledge of using medicinal plants in treating skin diseases in Kanyakumari district, Southern India” have documented 30 plant species used for curing various kinds of skin diseases by the local people of South India. Kumar and Babu’s (2009), study of “Traditional

knowledge system: a case study of Arakalgud Taluk, Karnataka” reported 82 species having medicinal values in Karnataka which are used by the local communities for the treatment of 62 different ailments. Kumar and Babu also reported that the use of traditional medicine is diminishing due to over-exploitation of the plant species but its importance as an alternative to modern medicine cannot be denied, hence conservation documentation seems essential. Sharma, Chhangte & Dolui (2001) have highlighted the rich reserve of medicinal plants and their use for its various therapeutic purposes by the local communities of the Mizoram area. Samal, Shah, Tiwari, and Agarwal (2003) in a similar study on the Central Himalayan region have found the prevalence of traditional medical practice based on locally available bioresources among the local people of the region. Saman, Dhyani, and Dollo’s (2008) study designated as “Indigenous medicinal practices of Bhotia tribal community in Indian Central Himalaya” documented 40 indigenous medicinal practices of Bhotia tribes. They have also pointed out the gradual extinction of medicinal plants due to increased commercial use, thereby leading to the discontinuation of indigenous medicinal practices. In another study on the western Himalayas, Mathur and Joshi (2013) documented the use of indigenous herbal medicine in the treatment of various ailments by the people of Nainital and Udham Singh Nagar. In the studies carried out in Eastern India, researchers have reported a large-scale use of medicinal herbs by ethnic communities. Das, Barua, and Das’s (2008) ethno-medical study found the use of plants among the Sonowal Kacharis of Dibrugarh, Assam for treating diseases. Goswami, Dash, and Dash (2011) have focused on the use of traditional medicine by the Bhumijas of Orissa in “Traditional method of reproductive health care practices and fertility control among the Bhumija tribe of Baleswar, Orissa”. This study revealed 18 plant species having the therapeutic quality of curing reproductive health problems and birth control. Das et al (2012) investigated that people of Bangladesh- both rural and urban have faith in traditional herbal medicines. Chowdhury, De Sarkar, and Ray (2014) in “Local folk use of plants in Dakshin Dinajpur district of West Bengal, India” identified 132 plant species as remedial ingredients for various diseases by the Santhal, Munda, Oraon, Rajbanshi, and other tribal communities of the area. Singh’s work (2015) on “Patterns of indigenous knowledge in Reproductive Health: A Study in Himachal Pradesh” highlights on practice of indigenous therapies for curing pregnancy-related problems. Ethnobotanical research has been carried out by Roy (2015) among the Rajbanshi communities of the Koch Bihar district of West Bengal who use different plants and plant products for common diseases. Bose et al’s (2015) inquiry on “Medicinal plants used by tribes in Jalpaiguri district, West Bengal” shows that a good number of plants are used by the tribal communities of Jalpaiguri district to treat common ailments. Outside India, several studies have also been carried out in several countries. Heggenhougen’s elaborative paper (1980) “Traditional Medicine in Developing Countries: Intrinsic Value and Relevance for Holistic Health Care” reported the use of indigenous medicine in Malaysia. Similar studies have been carried out by Brown (1992) and Darko (2009) depicting the reliance on traditional herbs by the people of Ghana. In all works of literature reviewed above, there were descriptions of disease-wise use of herbs by different communities throughout India and other developing countries. Researchers were unanimous about the effectiveness of traditional herbal therapies and pointed out their use by ethnic communities and rural people due to the availability of medicinal ingredients in plenty in their surrounding environment. Hence they thought of immediate documentation of their rich reserve of traditional medical knowledge, which, they fear, could face extinction with the change in the surrounding environment due to rapid urbanization, industrialization, and commercialization.

Studies on Traditional Health Care System: From the socio-cultural perspective, the term health care system embraces health care beliefs, treatment options, the role of physicians and patients, and the health care-providing institutions within any cultural setting. Culturally health care systems are viewed as local systems combining three sectors of healing processes. These are popular, professional, and folk healthcare systems (Kleinman, 1980). Keeping in tune with the socio-cultural concept of the healthcare system, the literature focusing on different therapeutic activities of traditional healers and the notions of healthcare beliefs and faith in traditional healthcare practices among various cultures have been studied. Stock (1981) studied the health care system prevalent among the Hausa community of rural Nigeria. His study included their health-related beliefs, the concept of health and illness, medicine, and different medical therapies practiced by the Hausa traditional healers. Based on the conceptual differences in therapeutic activities, the study noted seven important categories of healers including herbalists (mai magni), magician healers (boka), spirit possession cult (masu bori), barber-surgeons (wanzami), bonesetter (mad’ori), and midwives (sarge). Stock discussed that the importance of traditional healers couldn’t be ignored even where western medicine has proved to be effective. In a similar study on African spiritual traditional medicine, Mhame, Busia and Kasilo (2010) have described the nature of traditional midwifery, bone setting, and mental health care treatment procedures based on traditional “Ubuntu” philosophy. These researchers conform to the strategy of coordination between Western and traditional healthcare practice and foresee a bright future for African traditional medicine. Among the studies on Indian ethnic communities, Lone and Bharadwaj (2013), and Mahant (2015), have highlighted the practice of herbal treatment by rural folk of Jammu and Kashmir and the tribal of Bastar region of Chhattisgarh. Studies have shown that the rich floral reserves in the regions have helped in meeting the essential primary health care needs of the people. The hereditary-derived knowledge and the effective treatment procedures have accorded high prestige to the herbalists. In both studies, the researchers stress on inclusion of traditional practices at the primary healthcare level.

Several studies have been carried out on the practice of traditional bone setting in both India (Monlai et al, 2013; Panda & Rout, 2011) and other countries, particularly Africa (Basse et al, 2009, Aderibigbe, Agaja, and Bamidele (2015). It has been found that traditional bone setting practice has been an important method of treatment in the health care system

of many developing countries. Despite the complications often arising out of this traditional practice as mentioned by Nwadiaro, 2006; Salati and Rather, 2009; Callistus et al, 2013; Kumma et al, 2013; traditional bone setters still attract patients from different socioeconomic backgrounds.

In the above-mentioned reviewed works, the scholars have discussed the practice of different types of traditional practices and healers ranging from herbalists to bone setters, and midwifery, spiritual treatments in both India and other countries. Researchers identified people's faith in traditional therapies and their effectiveness in the treatment of common to complicated cases of illness.

Studies on Nature of Change in Indigenous Health Care Culture

Cultural traditions are intrinsically predisposed to the dynamic processes of change over time. During the journey, cultural values, beliefs, and traditions may be exposed to several forces within or outside the society which trigger the process of change leading to either culture loss or modification of culture. Like many other cultural traditions, such a process of change is also reflected in the indigenous health care system. Unfortunately, the mosaic of transformations is rarely documented in traditional societies and hence is less studied. In this section, the literature concentrating on the pattern of change in traditional health care and its impact on community culture has been set down. As this study focuses on the effect of change in traditional medical culture particularly due to exposure to allopathic medicine in colonial dominion, works finding lineage to that idea are referred to here. In "Change and continuity in the medical culture of the Hmong in Kansas City" Lisa L. Capps (1994) indicated that the Hmong of Kansas City United States experienced metamorphosis in traditional medical culture owing to their experiences of war, refugees, Christian conversion, and exposure to allopathic medicine. Following Last's idea, Capps also identified the existence of differing non-Hmong medical thoughts and ideas within the ethnic Hmong culture. Sonowal and Praharaj's academic work (2007) "Tradition vs. Transition: Acceptance of health care system among the Santhals of Orissa" ascertained that the traditional values and system of medicine still have relevance in tribal societies. However increased exposure to the modern healthcare system due to government intervention in remote tribal villages forced them to keep faith in allopathic medicine, thereby leading to a state of transition of traditional Santhal healthcare culture. In a rural setting of Nepal, one research finding of Otto, Axinn, and Ghimire (2007) finds out how broader coverage of government healthcare facilities effectively could act in limiting the fertility rate. The authors stressed the role of people's perception of health and diseases coupled with provisions of governmental health care measures in regulating health care behavior. Cleetus (2007), pondered over a different aspect of change in traditional medical culture due to colonial intervention. In his opinion, under colonial dominion, with the influx of Western ideas, indigenous healthcare tradition was restructured in the name of "Ayurveda" under the leadership of higher castes. On the contrary, the healthcare traditions of ethnic minorities like Ezhava were marginalized. This unique deliberation on the caste politics of medicine during the colonial period makes this study novel. In the articles referred to above, the authors discussed the colonial patronization of traditional medicine. In their opinion, traditional therapies are still preferred by Indigenous and rural folk, particularly for common illnesses, yet, colonial politics, introduction of the Western idea of health and medicine, and above all efficacies of allopathic medicine have effectively changed people's health care attitude in the post-colonial period. The authors advocated the colonial theory of medicine and the marginalization of traditional medical culture.

Studies on Pluralistic Health Care Behaviour in Traditional Societies

The concept of multiple medical usage commonly defined by the term "Medical Pluralism" can be explained as a state or condition of co-existence of more than one medical system within societies or the use of traditional and modern health care options by individuals and even the medical policy of integration of traditional medicine into orthodox or modern practice as a government endeavor. The connotation of the term bespeaks its plural use in diverse contexts. The works of social scientists reveal that plural medical systems are a ubiquitous and age-old phenomenon. It was Leslie who in the 1970s first evoked the concept of plurality in medical systems. Since then the concept of "medical pluralism" has taken a copious rush of academic interests. Leslie in his pioneering study on "Asian Medical Systems, A Comparative Study" (1976) noted the variety of treatment options in Asian medical systems arising out of different systems of medical practices with discrete historical and philosophical backgrounds. He pointed out that a variety of traditional medical systems (Ayurvedic, Unani, Chinese, etc.) are thriving along with "cosmopolitan" medicine across China, India, Japan, Sri Lanka, and many other Asian countries. He viewed pluralism as myriad ways of healing systems or treatment options. The classic work of Kleinman (1980) entitled "Patients and Healers in the Context of Culture" provides a model framework of plural medical systems embracing both traditional and modern scientific medicines. According to this model, health care has been outlined as a local cultural system composed of three overlapping sectors: the popular, professional, and folk. Kleinman's model is useful in understanding the nature of medical pluralism in developed and developing societies. Ernst in the edited volume "Plural Medicine, Tradition and Modernity" (2002), adopted the essays on historical, anthropological, and sociological case studies across the world to show how different medical traditions survive simultaneously and compete with each other. Cosminsky and Scrimshaw's paper (1980) "Medical Pluralism on a Guatemalan Plantation" discusses the complex healthcare behavior of the population on a Guatemalan coffee and sugar plantation. The study showed that the range of treatments extends from Mayan Indian, folk Latino, and Spiritism to cosmopolitan medical traditions. The authors addressed the pluralistic aspect of health care in terms of the complex and wide-ranging healthcare behavior of both patients and healers. Another interpretation of Los- Naturistas by Brunn and

Elverdam (2006) from urban Bolivia showed that this group of healers follows an integrated system of traditional and biomedical treatments. These healers though predominantly herbalists, yet, combine Western allopathic medicine in their treatment and have flourished as important healthcare providers in the Bolivian healthcare system. Amegbor (2014) enquired about health-seeking behaviour in the Asikuma- Odoben Brakwa district of Ghana from a pluralistic health system perspective. The findings from his work “Health Seeking Behaviour in Asikuma- Odobenbrakwa District: A Pluralistic Health Perspective” revealed that despite the government initiative of introducing allopathic medicine to Ghanaians, self-treatment and use of traditional medicine is still preferred by the majority. The preference for treatment is controlled by financial factors, familial relations, and also by media. Agarwal’s study “Health, Disease, and Cure: Cultural Ideas and Practices among the Murias of Bastar” (2014) focused on the traditional healing system of the Murias of Bastar, Chhattisgarh state. She examined the nature of the healthcare behavior of the Indigenous community in situations arising out of the virtual co-existence of both modern and traditional medical systems. Subedi (1992) in “Primary Health Care and Medical Pluralism Exemplified in Nepal” argues for an integration of traditional and allopathic medicine-based therapy for improved health status and better healthcare systems in developing countries. He stressed mutual trust, respect, and cooperation among local, indigenous, and modern healthcare treatments for enhancing the healthcare status. Under this thematic section, the works dealing with different aspects of pluralism have been addressed. In these articles, the authors pointed out different dimensions of pluralistic healthcare scenarios. In their opinion, medical pluralism can be viewed simply as the existence of more than one treatment option. Some opine pluralism as the prevalence of two extreme varieties of health care systems: traditional and modern or Western. The pluralistic nature of healthcare seekers for preferring successively or simultaneously available healthcare options also been considered by some scholars. From the healers’ perspective, the incorporation of traditional and modern healthcare practices into the healing activity presents another facet of pluralism. But Anthropologists like Stoner (1986) criticize this syncretic approach for blurring the identity of the healers.

Conclusion

The primary objective of this study is to analyze the trends and developments in research related to the use of traditional medicine and change in healthcare-seeking culture as presented in 134 scholarly journal articles and theses. The study concludes by showcasing the diversity of subjects, geographical areas, countries, data collection methods, data sources used in the research. By examining these articles, the study provides insights into the current trends and popular developments in the practice of traditional medicine-related research. Additionally, the study contributes to the policy practice of conventional medicine by underscoring the increasing interest in and growth of studies related to conventional medicine.

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