

Health Care and Traditional Healing Practices among the Dhurwas of Bastar

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Abstract

Issues related to health and health care system and ground realities are vibrant, alarming and eye-catching in the tribal areas of Chhattisgarh and Madhya Pradesh. This paper emphasizes on traditional healers and healing practices prevalent among the Dhurwa tribe of Kanger Valley region of Bastar, Chhattisgarh, especially near Tirathagarh. The modern medicinal facilities are not easily approachable by the tribals and they mostly depend upon the traditional medicare and healing systems prevalent in their areas. The tribals are neither educated about the modern system of medical treatment nor provided with the required facilities in their residential areas. The local medicine-man or healer treats the ailing persons in their own houses or seats of the village deities. Illiteracy, unawareness, unfamiliarity and uneasiness sometimes stop them to go to the local dispensaries and health centers. Sometimes, they also easily fall prey of the exorcists and quacks in the area instead of good real traditionally trained healers. Though, various institutions are now concerned with the traditional health care system and means of traditional treatment, the tribal people are the real custodians of the medicinal plants spread in local forest area. Younger generation loosing interest in the traditional methods must also be made aware to protect effective traditional healing practices and valuable herbal plants before they get lost due to impact of modernization, urbanization and deforestation. Correct, collaborative and effective implementation of traditional medicinal practices along with proper co-ordination with the modern medicinal practices can prove more fruitful in this perspective.

Keywords: Health; Medicine-Man; Healing Practices; Ethno-Medicine.

Introduction

The Census of India, 2011 has notified 705 scheduled tribes (tribal groups and subgroups) in 30 States / Union Territories in India including 75 primitive tribes in India. The total population of the scheduled tribes in India is 10,42,81,034 [3] which forms 8.6 per cent of the total population of India. This figure shows the increase in population percentage of the scheduled tribes in 2011 in

comparison to the previous decade. It was 8.2 per cent in the 2001 Census. The Gonds and the Bhils are the major tribal groups in India and majority of them are settled in Chhattisgarh and Madhya Pradesh [11]. Dhurwa tribe is one of the sub-groups of Gond tribe residing in Chhattisgarh and Orissa.

Tribal communities are mostly forest dwellers. Their health system and medical knowledge over ages, known as traditional health care system, depend both on the herbal and psychosomatic lines

of treatment. While plants, flowers, seeds, animals and other naturally available substances formed the major basis of treatment, this practice always had a touch of mysticism, supernatural and magical, often resulting in specific magico-religious rites [1]. Faith healing has always been a part of the traditional treatment in the tribal health care system [2, 6] which is also observed by Soni [12, 13].

Health has been defined as "a state of complete physical, mental and social well being." It is, thus, a function of several factors including nutrition, personal hygiene, family life, collective living, environmental conditions and access to social services including health and medical care. Community participation in the developmental activities forms the foundation of the concept of 'primary health care' adopted by the nations of the world at Alma-Ata in 1978 in order to achieve the "health for all by 2000 A.D." the Conference declaration says: "primary health care is essential ... health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community, through their full participation at a cost that the community and country can afford to maintain at every stage of development in the spirit of self-reliance and self-determination [14]. It is felt that community participation in health care would lead to measure of self-reliance and self-help. The aim is to provide individuals and communities the means to promote their well being and in the process, to participate in their own health care [7].

Definition of 'health for all' is referred to the attainment by all the people of the world of a level of health that will permit them to lead a socially and economically productive life. It did not mean that by 2000, doctors and nurses will be available to everyone or nobody will be sick or disabled. But, it was hoped that the people will be so educated that they will take care of their health and use better preventive measures than now and thus, there will be an even distribution of health resources among the population in an acceptable and affordable way with full involvement. Malnutrition, lack of safe water supply and sanitation are major problems among the tribal population in India. Illiteracy is another factor which has many implications for the slow development and health hazards of our tribal population. Poverty has stopped them to come forward and attain the developmental facilities in terms of housing, education, transport and modern facilities [4].

International conference (1978) [14] further noted

that 'Government (should) encourage and ensure full community participation through effective propagation of relevant information, increase literacy and development of necessary institutional arrangements through which individuals, families and communities can assume the responsibilities for their health and well being.' These recommendations clearly spell out the extent of community's involvement desired in the health care activities to universalize the primary health care.

Gurumurthy [8] writes, "Apart from epidemiological considerations, 'health' can be more properly viewed as an index of human adaptation to micro-ecological niche. From this perspective, health management can meaningfully visualize the minimal requirements (rather than present day total dependence) of clinical-curative inputs in health planning and management. The wide-spread malnutrition (with tiny affluent section of overfed human beings), environmental degradation, biological epidemics and reduced immunological defenses, pollutants (chemicals) in food chains and their adverse effects can also be put in perspective. This may aid in formulating valid pragmatic development and health policies for human populations rather than merely increasing clinical curative input." An integrated ecological-cultural-population biology paradigm can help in health management with requisite (a) preventive, (b) ecological, (c) cultural and (d) clinical-curative components of health involvement [8]. Prior to the acceptance of western medicare system, people in the third world countries managed their health care through indigenous systems conducted by the native priests, shamans and herbal arios [8].

Man has intimate relationship with plants of his surroundings. Plants have played an important role in the social, cultural and economic life of a man. This close association and vital dependence on the flora has become an integral part of life. He discovered the use of plants through trial and error method. This empirical knowledge about plants passed on through oral tradition from generation to generation and gave birth to a new significant discipline called Aboriginal Botany later developed into ethno-botany in 1996, to denote the plants used by the aboriginals. Earlier in 1874, Powers had used the term aboriginal botany to refer to all forms of the vegetables used by the aboriginals. However, Scbutes (1962) defined it as study of the relationship that exists, between people of primitive society and their plant environment [10]. Tribal concept of health, diseases, treatment and life and death is varied and accordingly, the tribal society is guided by

traditionally laid down customs and every member of the society is expected to conform to it. The traditional herbal healing therapies contain many medicines for one ailment. Out of the various medicines, one is selected by the herbal healer against a particular disease according to the symptoms and secondary effects. Several plants are identified and used against one disease and are used according to their availability in the region.

A sub-branch of Medical Anthropology, i.e., Ethno-medicine deals with the study of traditional medicines, not only those that have relevant written sources (e.g. Traditional Chinese Medicine, Ayurveda), but especially those, whose knowledge and practices have been orally transmitted over the centuries. In the scientific arena, ethno-medical studies are generally characterized by a strong anthropological approach, more than a bio-medical one. Ethno-medicine refers to the study of traditional medical practice which is concerned with the cultural interpretation of health, diseases and illness and also addresses the healthcare seeking process and healing practices. The practice of ethno-medicine is a complex multi-disciplinary system constituting the use of plants, spirituality and the natural environment and has been the source of healing for people for millennia [10].

Various institutions are now concerned with the traditional health care system and means of traditional treatment, but the tribal people are the real custodians of the medicinal plants and associated knowledge. Out of 45,000 species of wild plants, 7500 species are used for medicinal purposes. The World Health Organization (WHO) has been promoting a movement for 'Saving plants for saving lives'. This is because of the growing understanding of the pivotal role medicinal plants play in providing herbal remedies to health maladies [14, 15, 16]. Since the ages, Indians are using herbs and herbal products for health care needs, preliminary domestic treatment and in the form of Ayurvedic medical treatment. Traditional healers use a wide range of medicinal plants for treating ailments of both humans and livestock wide across the country. Over 800 medicinal plant species are currently in use by the Indian herbal industry.

India implemented the 'Community Health Volunteer or Health Guide Scheme' to seek community participation in the primary health care and to cater to the day to day health needs of the rural people at their door steps. A volunteer is expected to promote education, to ensure the ministration of preventive health care measures, to provide the curative services for simple ailments and

to refer complicated cases to the community health centers or hospitals at higher level [5, 7].

Health and health related problems have now maximized in most of the societies, even though the health care facilities have increased in the cities and urban areas. The government is trying to extend it to the rural areas also, but it has not touched the interior areas of the hills and forests where our tribal brethren live. Still, they are at the threshold of modern medicine and almost depended upon their traditional method of treatment and faith healing system. Among the tribals the hold of the practitioners of medicine is greater in the supernatural sphere. The 'Ojhas', the 'Baigas', the 'Bhuva and Bhagats' and the 'Badawas' almost always make a tremendous impact on the ailing as they propound a theory of ultra-realism and mysticism that appeals to the simplistically guileless natives. In traditional societies and in various other tribal communities' large majority of the population make use of a system of medicine coupled with use of the herbals and other medicaments [9].

The Dhurwa

Dhurwa tribe is mainly spread in *Darbha* and *Chintgarh* areas of Bastar. There are 44 scheduled tribes in Chhattisgarh and their total population is 78,22,902 (Male - 38,73,191 / Female - 39,49,711) which is 7.5 per cent of the total scheduled tribes' population of India, whereas the 30.6 per cent of the population of the state is scheduled tribe. Bastar is a tribal division of Chhattisgarh state situated between 17° 46' and 20° 34' North latitude and 80° 15' and 82° 15' East longitude and at an altitude of 2000 ft. Around 69% population of Bastar is tribal. This tribe had given birth to a famous warrior *Gundadhur* who led the tribal revolt in 1910. Dhurwa community celebrates a festival known as "*Gurgal*" continuously for one month every year which is known for its musical importance. They venerate Mawali Mai, Shetala Mata, Bhima Dev, Bhairam Dev, Patt Dev and Anga Dev. Singing and dancing are indispensable part of their life. Superstitions are prevalent among all the tribes the area. They do mainly basketry, hunting, gathering, agriculture and labor work for their survival.

Area of Study

Kamanar Village, *Darbha* Block, Bastar, Chhattisgarh

In the *Darbha* Block of Bastar, Chhattisgarh, the Kamanar village was selected for detailed study. The village Kamanar is situated in the *Darbha* Block and

located on the NH 212. The distance of the district headquarters, Jagdalpur is 32 km. There are 200 families living and the total population is 1005. Out of 200 families, 167 are Dhurwa, 6 families are Kalar, 8 families are Raut, 13 families are Madia, 4 families are Panara and 2 families are Mahar. Among them 223 are males and 205 are females.

The houses constructed here are of two types. Firstly, those made up of stones & Mud and secondly, made up of cement, bricks and RCC. The animals are kept outside the house. There are 1 Primary school, 1 middle School and 1 High School and 2 Anganwadi Kendra in the village. The Anganwadi Kendra takes care of small children and teaches them the basic activity of the life. In this village majority belong to Dhurwa tribe.

Research Methodology

Information and data is collected utilizing the scientific research methodology. The traditional healing practices are specially observed. A survey of the surrounding forest in the Kangar Valley Reserve Forest area is visited along with the Dhurwa medicine-man to locate and observe the use and utility of the herbs.

By means of a well formulated schedule, demographic and other relevant data are taken in the Kamanar village. The sample survey is conducted only among the Durwras of Kamanar village. In this

survey, 50 aged and 50 young persons were selected, randomly and on the basis of availability, as informants from the village.

Focused Group Discussions were also done for the collection of qualitative information and data. The first hand information on traditional uses of plants is collected with the help of Dhurwa medicine men. The medicinal uses and local/ tribal names of plants have been cross-checked and confirmed by means of interview of many informants (especially medicine-men) as far as possible in other localities of the district. The details about part of the plants/ herbs used, methods of application, etc. were specially recorded during the fieldwork.

The published literature has been compared with the data collected from the field. Data has been compared with the availability of the medicinal plants in the tribal belt of Bastar, Chhattisgarh in particular and those of India in general. The photographs of some very important medicinal plants have been taken for record.

Current Situation of Amenities and Healing Practices

The present study is based on the health care, medical facilities and traditional healing practices prevalent in the tribal areas of Bastar with special focus on the Dhurwa tribe. Field work is done in the Dhurwa hamlets and forest pockets of Darbha Block of Bastar Division. Kamanar village is studied especially in this regard to fulfill the objectives of the current study.

Table 1: Various amenities in and around Kamanar Village

Sl. No.	Amenities	Distance (kms.)
1.	Pucca Road	0.100
2.	Sub- Health centre	5.0
3.	PHC	8.0
4.	District Hospital	32.0
5.	Aganwadi Kendra	0.0
6.	Unqualified (Doctor)	2.0
7.	Primary School	0.0
8.	Middle School	1.0
9.	High School	3.0
10.	Higher Secondary	32.0
11.	Nationalized Bank	5.0
12.	Post Office	5.0
13.	District Headquarter	32.0

The table - 1 shows various amenities available in and around Kamanar village. It shows that Sub-Health Centre is 5 km. away from the Kamanar village and PHC is 8 km. away. The district Hospital is 32 km. away from the Kamanar village.

Higher educational facilities are also 32 km. away from this village. It is also admitted by the people

that no qualified doctor is available in Sub-Health Centre. Only one compounder and one staff nurse are available there. Two posts are vacant there. During survey it was observed that sometimes Sub-Health Centre is closed and therefore due to unavailability and unfamiliarity villages go to traditional practitioners or unqualified private medical practitioners for treatment.

Types of Traditional Healers

Gunia

Gunia or *Bhagat* or *Baiga* specially deals in the diseases caused due to evil-eye, *Pagnin / Dayanin* (witchcraft), *Daiviya Prakop* (angry Deity) and other diseases. The persons who cure by divination are popularly known by the name of *Guniya*, *Baiga*, *Sirha*, etc. in the area. This sort of medicinal practitioners get training from generation to generation. Some of them also claim that they have got this specialty of curing as god gift. The deity came into their dream and blessed them with this art of curing diseases. It is observed during the study that these types of traditional healers claim their expertise in few types of diseases or certain areas of illness, such as, female diseases, snake bite, leprosy, impotency, child problems, etc. along with curing general seasonal diseases. The *Sirha* claims to be possessed by a super-human spirit or by a deity in whose authority he acts and who speaks through him.

For checking the type of diseases or effect of evil-eye/evil-spirit they depend upon symptoms told by the patients the deity worshiped by the *Gunia*. The deity comes into the dream and tells them regarding the causes and cure of the disease of particular patients. Some of them also use rice grains for this purpose. In this procedure, they believe that the angry Deity - *Deo* (god) / *Devi* (goddess) causes the illness. To know the trouble causing deity on the basis of the symptoms and discussion with the patient, the *Gunia* goes to the temple of his deity and does prayer. He takes some rice grains in his hand, takes the name of the assumed deity and throws rice grains on earth and observes position of rice grain. Such type of activity is repeated two or three times and if the position of rice grain is observed same all the time then it indicates and confirm the angry deity affecting the patient. If after this procedure, the *Gunia* observes the position of rice grains different in every turn then he opines that any other deity has affected that person and he again repeats the procedure on the name of another expected deity. The procedure continues till he becomes confirm regarding the angry affecting deity. Such types of activity take long time. Hence, many traditional healers depend on their deity to come in their dream and inform them regarding the angry deity, causes and cure of the disease of particular patient(s).

These types of practitioners do prayer, *jhar phook* along with using the locally available traditional medicines. Sometimes, special prayer with sacrifice

of animals (cock, goat, pig, etc.) besides other items with or without feast is done for cure. These types of traditional healers are also considered very sacred and treated with high prestige and regard, as their way of treatment is considered blessed by the god. One of my informant practicing as *Gunia* provided me detailed record of his way of treatment with case studies. He also works as forest guard in the local forest department and have good knowledge of medicinal herbs and plants spread in forest of Kanger Valley region.

The tribals roam in dense forest, where various poisonous snakes and scorpions are inhabited. Sometimes they become victim of **snake - bite** and **scorpion-sting**. In my area of study one of the traditional healers - *Baiga* belongs to "Kalar" tribe claims of having expertise in curing poisonous snake bite with his traditional knowledge and the villagers also have deep faith on him and his expertise. In case of snake-bite, the traditional healer (*Baiga*) first ties a knot, a piece of cloth just above the wound so that poison does not move into the entire body with flow of blood. The place of wound is properly cut from all the sides and infested blood is made to ooze out from the human body then the paste prepared by him from the herbal plant is applied on it for a week for curing. Such pastes are prepared from stem, leaves etc. of plant as per availability in the locality.

Vaidh

These types of traditional healers purely depend on the use of medicine for curing the diseases. They get training from their father, senior family members and relatives from generation to generation and in some cases they also get training under any recognized *Vaidh* of the area. They usually diagnose the disease on the basis of the symptoms, details told by the patients, nerve (*nadi*) and physical checkup. These types of medicinemen basically use herbs, parts of the plants, minerals, animal parts and products, etc. for preparing medicine and curing diseases and wounds. Some of them have also claim of getting some training under the government programs.

Dokari Dai/ Kursen Dai

These sort of traditional healers are usually local women specialized in dealing with pregnancy, delivery, women and child problems. They deal in child birth, massage of the new born child and pregnancy related problems. They get training from senior family members, specially their mothers, from generation to generation. Under the government

program some of them have been honored with the title and job of *Mitanin* with little monthly payment. They have been given proper training under various government healthcare related training programs and work as village health worker.

During the fieldwork in Kamanar village of Bastar district, it was found that more than a dozen types of mycotes 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 sort of medicinal plants. The 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.

Table 2: Medicinal Plants and their use

Sl. No.	Vernacular name	Botanical name	Parts used	Medicinal uses
1.	Lajvanti	<i>Mimosa pudica (Linn)</i>	Root, leaves, stem	Decoction of root useful in gravellish complaints, leaves and roots used in piles and fistula, leaves rubbed into a paste applied to hydroceel, leaves and stem in scorpion sting.
2.	Chirayata	<i>Swertia chiravita f. Gentianacea</i>	Leaves	Malarial fever
3.	Safed musli	<i>Chlorophytumat tenoutum bakfr</i>	Root	Tonic
4.	Kali Musli	<i>cucurligo orchiodes</i>	Root	Used Safed Musli and Kali Musli as pest in Dengue fever.
5.	Chiraita	<i>andrograpis paniculata</i>	Leaf	Used in Malaria fever, 60 gm. Leaf, with 60 gm. Dub grass, and chhana boiled with 2 lit. of water and used this water.
6.	Bhui Amla	<i>dyllanthes nirurii</i>	Leaf	Leaves for Skin Disease, and leaves with goat milk is used for Pilia (jaundice) fever.
7.	IndraJaal	<i>diospyros embroypteris</i>	Leaf	For Fistula Patients
8.	Lajwanti	<i>Mimosa pudica</i>	Root	Used for Family Planning
9.	Sal	<i>Shorea robusta</i>	Bark	Used for Sugar control
10.	Semal	<i>bombax malabaricum</i>	Root	Use root as Tonic
11.	Kali Haldi	<i>curcuma caesia</i>	Root	For Leprosy and Longevity
12.	Jhar Haldi	<i>cosanicum tenestratum</i>	Leaf	Leaves for fever and Ear Ache
13.	Amaltas	<i>cassia fistula</i>	Bark	Use Bark for Glands
14.	Khirni	<i>oxyselma coculatatum</i>	Bark	Alterative Tonic
15.	Pathra Kurlu	<i>gradinia gummifera</i>	Fruit and Seed	Fruit use as Tonic and Seed for Family Planning

Situational Analysis

A survey is done at Kamanar village to know about the general perception regarding health and popular

healing practices. An attempt has been made to know about the general people’s preferences and believes.

First Approach for Treatment

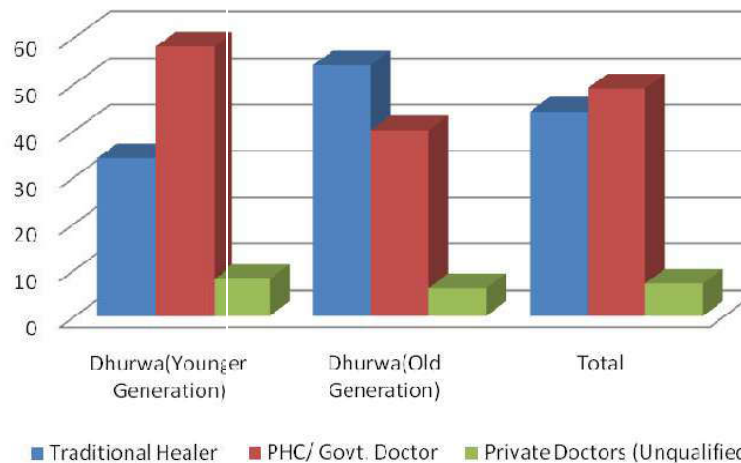


Table 3: First approach for treatment

Sl. No.	First Approach for Treatment	Dhurwa (Younger Generation)	Dhurwa (Old Generation)	Total
1	Traditional Healer	17 (34%)	27 (54%)	44(44%)
2	PHC/ Govt. Doctor	29(58%)	20(40%)	49(49%)
3	Private Doctors (Unqualified)	4(8.0%)	3(6%)	7(7%)
	Total	50 (100%)	50 (100%)	100(100%)

The above Table 3 and graph shows first approach for treatment. It points out that total 49 percent Dhurwa people first approach to PHC/ Govt. Doctors for treatment and 44 percent to approach to Traditional Healers. But when analysis was done regarding the tendency of the younger and older generations, it was observed that younger generation first approach to PHC/ Govt. Doctors (58 percent) for treatment, while older generation first approach to traditional medicine man (54 percent) for the treatment.

Usually, if domestic and traditional treatment is not found suitable or beneficial then only people go for modern treatment. But, with the development of education and awareness towards importance of health and health care and also with the advent of modern health care facilities and government health measures these people are becoming more attracted towards modern treatment and medicine instead of traditional healing practices. In usual practice, the type of treatment preference depends on the disease and condition of the patient.

Conclusion, Discussion and Suggestions

Issues related to health and health care system and ground realities are vibrant, alarming and eye-catching in the tribal areas of Chhattisgarh and Madhya Pradesh. The tribals are neither educated about the modern system of medical treatment nor provided with the required facilities in their residential areas. Usually, no qualified doctor is found available in Sub-Health Centers and Primary Health Centers of rural areas at the time of urgent need. Moreover, Illiteracy, unawareness, blind-faith, unfamiliarity and uneasiness sometimes stop them to go to the local dispensaries and health centers. Even costly modern medical treatment is out of reach of poor tribal and rural people. The modern medicinal facilities are not easily approachable by the tribals and they mostly depend upon the traditional medicare and healing systems prevalent in their areas. Sometimes, they also easily fall prey of the exorcists and quacks in the area instead of good real traditionally trained healers. Hence, people must be made aware and familiar regarding modern medical

facilities through Rural Health Worker and frequent camps in the villages.

Rural and tribal people mostly depend upon the traditional medicare and healing systems prevalent in their areas. The local medicine men or healer treats the ailing persons in their own houses or seats of the village deities and hence, they are easily accessible. Among the tribals the hold of the practitioners of medicine is greater in the supernatural sphere. Such type of traditional healers are recognize by different names in Chhattisgarh and Madhya Pradesh, such as, *Guniya, Baiga, Sirha, Bhagat, Badawa, Janka, Barwa*, etc. People also prefer to go to local *Vaidh* or *Dokri Dai* to get medicinal treatment. Thus, it is observed that they prefer the mix of medicine and prayer for their better treatment. Traditional healers get training from generation to generation. Youngsters assist the seniors and learn from them and as time passes they become expert and accept this art as profession. The tribal health care practices and system of treating diseases are based on their deep observation and belief in nature and it is also as per the ecological setup of the area. Hence, the good once of these traditional healers may be promoted for the welfare of the rural society. The government may give proper training to them through Rural Medical Service (RMS) program and appoint some of them as RMS doctors or Rural Health Workers in the village areas as already done by the government in the case of *Mitanin (Dokri Dai)*. This will not only promote the community involvement and awareness but also raise the status of healthcare, traditional healers and healing practices in the rural areas.

Modernization, urbanization, industrialization and ecological changes are also resulting as changes in the life style and hygiene practices of the people, which has both good and adverse effect on their health status and health care practices. Due to side effect of modern treatment people are again going back more and more towards natural therapy. Since the ages, Indians are using herbs and herbal products for health care needs, preliminary domestic treatment and in the form of Ayurvedic medical treatment. The herbal drugs provide strength to the body and stimulate normal functioning. The herbal drugs act selectively and gently without disturbing other systems whereas, modern medicine affects several

metabolic activities in the human system and has side effects which make body more susceptible to other diseases. Though, various institutions are now concerned with the traditional health care system and means of traditional treatment, the tribal people are the real custodians of the medicinal plants spread in local forest area. The traditional knowledge of tribal medicine men is diminishing day by day due to modernization and disinterest of the younger generations, which may lead to the disappearance of effective traditional healing practices and knowledge. Younger generation losing interest in the traditional methods must also be made aware to protect, preserve and promote effective traditional healing practices and valuable herbal plants before they get lost due to impact of modernization, urbanization and deforestation. Correct, collaborative and effective implementation of traditional medicinal practices along with proper co-ordination with the modern medicinal practices can prove more fruitful in this perspective.

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