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Traditional Community Healthcare System of Tribal-folk

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Abstract

This article highlights Traditional Community Healthcare Providers (TCHPs) and their challenges. India is the birthplace of Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy (AYUSH), with a continuous practice for millennia. Increasing public awareness of natural healthcare is driving demand for AYUSH products, fostering a dynamic market ripe for innovative businesses in the sector. The AYUSH industry in India is undergoing remarkable growth and is projected to grow from US$ 43.3 billion in 2024 to US$ 200 billion by 2030. The AYUSH healthcare delivery system in India is bifurcated into public and private sectors. The public sector focuses on promoting and providing access to AYUSH treatments through government institutions and centers across the country. On the other hand, the private sector plays a significant role in offering a wide range of AYUSH services, including specialized treatments, wellness programs, and herbal products. The North Eastern States will play an important role in this sector. North East India is a region rich in traditional medicine and healing practices. Many of these traditional practices have been incorporated into modern healthcare, making it a unique blend of traditional and modern healthcare practices. The region is also known for its indigenous medicinal plants and herbs, which are used in the treatment of various ailments. Some of the common medicinal and aromatic plants such as *phyllanthus embillica, phyllanthus ameras saraka asoka, aegle marmelos, ocimum, achorus, aloe vera, azadirachta indica* etc are widely found in the North Eastern Hill Region. Among the North Eastern states, Meghalaya and its three major tribes; Garo, Khasi and Jaintia, as well as plain people of West Garo Hills, have evidently rich traditional medicinal knowledge systems. Many initiatives are being taken by the government for research and development, setting up of institutions, and certification of Traditional Community Healthcare Providers (TCHP).

Keywords: Traditional healthcare, North Eastern Hill Region, Medicinal and Aromatic plants.

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Introduction

Before the introduction of modern science, technological advancement, and allopathic treatment in serving humanity, India witnessed ayurvedic era of the healthcare system. The basic ideology of the system is that health and wellness depend on a delicate balance between the mind, body, spirit and environment, and places great emphasis on preventive strategies rather than curative ones. In this system, plant herbs, their leaves, roots, and stems are the key source of medicine. Later, Yoga & Naturopathy, Unani, Siddha, and Homeopathy were introduced (Tiwari *et al.,* 2021). Now, as a whole, the AYUSH industry in India is undergoing remarkable growth, fueled by escalating consumer interest in traditional medicine, bolstered governmental support, and a burgeoning export market, heralding its significance in shaping India's healthcare and wellness domain. The AYUSH healthcare delivery system in India is bifurcated into public and private sectors. The public sector focuses on promoting and providing access to AYUSH treatments through government institutions and centers across the country.

On the other hand, the private sector plays a significant role in offering a wide range of AYUSH services, including specialized treatments, wellness programs, and herbal products (https://www.ibef.org/industry/ayush). In both cases, north-eastern states play an important role in the promotion of AYUSH due to it's reach medicinal bio-resources and ethnomedicinal practices. The ethnomedicinal practitioners are known as Traditional Community Health practitioners. These practitioners use their indigenous knowledge for the treatment of people and animal.

Ethno-medicinal treatment in Meghalaya

Northeast India holds about 65.45% of its total geographical area under forests, accounting for roughly 24.22% of India's total forest cover despite occupying less than 8% of the country's land NESAC 2023). https://nesac.gov.in/scientific-programmes/remote-sensing-and-gis/forestry-and-ecology/. Forests function as living pharmacies supplying herbs, shrubs, climbers, and trees used to treat fever, digestive disorders, wounds, respiratory infections, arthritis, and skin diseases. Common medicinal plants include Centella asiatica, ginger, turmeric, Acorus calamus, and various orchids and ferns unique to the Eastern Himalayas. The ethnomedicinal treatment is followed by the three major tribes of Meghalaya as follows.

Garos: The Garo tribe, primarily inhabiting the Garo Hills of Meghalaya, possesses rich traditional ethnomedicinal knowledge closely linked with forest ecosystems and indigenous healing practices.

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The Garos rely extensively on locally available medicinal plants for treating common ailments such as fever, skin infections, digestive disorders, wounds, and respiratory problems. Plants like Centella asiatica, Zingiber officinale, Curcuma longa, and Clerodendrum colebrookianum are widely used in herbal preparations, decoctions, and poultices.

Khasi: The Khasi people of Meghalaya in North-East India possess a rich tradition of ethnomedicinal knowledge closely linked to their forest-based lifestyle and sacred ecological beliefs. Traditional healers, locally known as nong ai dawai, utilize diverse medicinal plants collected from surrounding hills and sacred groves for treating common ailments such as fever, digestive disorders, skin diseases, respiratory infections, and wounds. The Khasi tribe utilizes a diverse array of over 85 medicinal plants for ethnomedicinal purposes, particularly for traditional bone setting, skin conditions, gastrointestinal issues, and fevers. Key plants often used include *Potentilla fulgens*(diarrhoea), *Zingiber officinale*(cough), and*Cinnamomum tamala*(gastric problems).

Jaintias: The Jaintia tribe, also known as the Pnar people, inhabit the hill regions of present-day Meghalaya and adjoining areas of Assam. Traditionally dependent on forest resources, the Jaintia community possesses rich ethnomedicinal knowledge closely linked with nature and spiritual practices. The tribe uses a wide variety of medicinal plants, with over 40 species commonly employed to treat ailments like diarrhoea, skin infections, diabetes, and injuries. Medicinal plants play an essential role in their primary healthcare system, where local healers utilize leaves, roots, bark, and rhizomes for treating ailments such as fever, stomach disorders, skin infections, wounds, and respiratory problems. Commonly used plants include *Clerodendrum* (hypertension), *Chromolaena odorata* (wound healing), *Allium cepa* (various illnesses), *Hiptage madhablata* (antimicrobial, anti-inflammatory and would healing), *Curcuma longa* (antimicrobial) and *Zingiber officinale* (rhizome).

However, these systems face growing threats from deforestation, climate change, biodiversity loss, cultural assimilation, and the erosion of oral traditions, making documentation and conservation increasingly important.

Challenges in Traditional Healthcare System

- **Limited Documentation:** Most traditional community health practitioners are, though culturally and traditionally rich, educationally disadvantaged. Whatever traditional

medicinal knowledge is gathered from their ancestors is technically faced with difficulties in passing it to the next generation or in documentation.

- **Inadequate medicinal plants:** Due to commercial crop production, many species of medicinal plants are extinct or rarely found in the jungles. A forest is the living pharmacy, but jhum cultivation (also known as burn and slash cultivation) highly practiced in the hilly regions, may impact the adequate supply of medicinal plant herbs.

- **Low-cost service:** Traditional Community Healthcare providers believe that it is a service to the community. If commercialized, the plant herb medicine may not work. Due to difficulties in finding for the desired plant herb, now started, charging a minimum fee, which is insufficient to build a proper healthcare service centre and other necessary required tools.

- **Lack of training and certification:** limited training to enhance their traditional knowledge and certification of their art and skills is a major challenge.

Government Initiatives for the Traditional Community Healthcare Practitioner:

For the promotion of the AYUSH sector, the Government of India has taken many initiatives.

1. **Institutions**: Tribal Research Institute, ICMR-National Institute for Tribal Health Research, Central Ayurveda Research Institute (CARI) in Guwahati, the North Eastern Institute of Ayurveda & Homoeopathy (NEIAH) in Shillong, and the North Eastern Institute of Ayurveda & Folk Medicine Research (NEIAFMR) in Pasighat, etc. are the institutions that encourage traditional medicinal usage and research and development.

2. **Tribal Health Care Research Programme (THCRP):** Central Council for Research in Ayurvedic Sciences (CCRAS) has been executing Tribal Health Care Research programme (THCRP) under Tribal Sub Plan (TSP) in identified Tribal dominated villages since 1982. The core objective of the programme is to study the living conditions of tribal people, which includes health-related demography, documentation of folk claims, and free medical health camps.

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3. **Poshan Vatikas creation:** Poshan Abhiyaan was launched in the 8th March, 2018. Poshan Vatikas is a part of Mission Poushan help to meet the important dietary diversity gap that has been repeatedly revealed in surveys by providing different fruits, nuts, herbs, medicinal plants, and vegetables round the year. The main objective of introducing the concept of Poshan Vatika is to encourage community members to cultivate local food crops in their backyards. A nutrition garden ensures an inexpensive, regular and handy supply of fresh fruits and vegetables that are basic to good nutrition. Green vegetables and seasonal fruits contain vitamins and minerals that protect against micro-nutrient deficiencies and diseases.

4. **Ekalavya Model Residential Schools (EMRS):** It's a joint effort between the Ministry of Tribal Affairs and the Ministry of Ayush. It's promoting traditional medicinal knowledge support on their campus. This is a blended approach for modern and traditional medicinal systems which targets malnutrition, iron-deficiency anemia, and sickle cell disease.

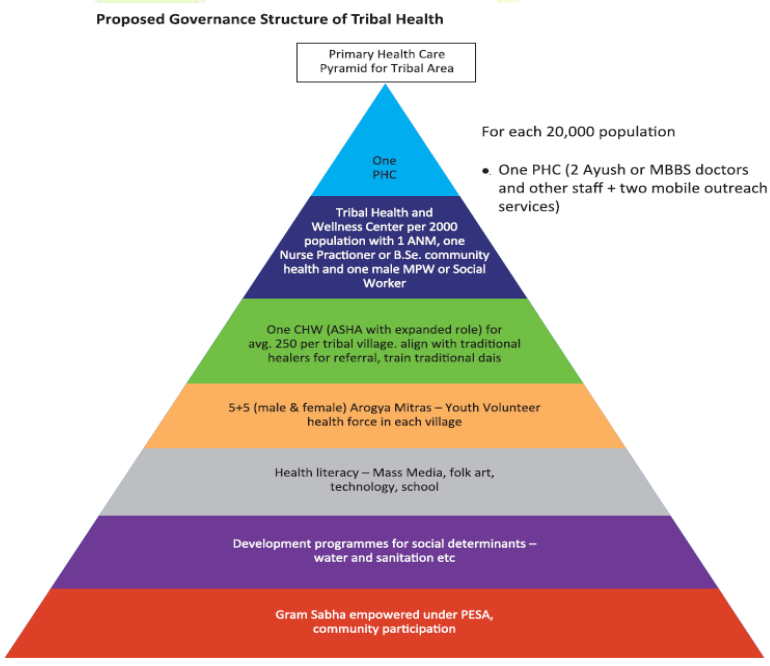

Figure 1: Road map for TCHP

5. **Tribal Health Research and the Tribal Health Observatory:** The Ministry of Tribal Affairs and ICMR–Regional Medical Research Centre, Bhubaneswar, for the establishment of India's first National Tribal Health Observatory – the Bharat Tribal Health Observatory (B-THO) under Project DRISTI. This collaboration will institutionalize tribe-disaggregated health surveillance, implementation research, and research-driven disease elimination initiatives in tribal districts with a focus on malaria, leprosy, and Tuberculosis, addressing a long-standing national gap in tribal-specific health data, analytics, and evidence-based planning (https://www.pib.gov.in/PressReleasePage.aspx?PRID=2215388®=3&lang=1).

6. **PM-JANMAN:** The objective of the scheme is to enhance the socio-economic conditions of Particularly Vulnerable Tribal Groups (PVTGs)by providing comprehensive development interventions. The scheme focuses on 11 critical interventions across various sectors, including housing, drinking water, healthcare, education, nutrition, livelihood, and electrification, to improve the quality of life for PVTGs. As per healthcare is concerned, strengthening the monitoring of healthcare services through Mobile Medical Units (MMUs) with the usage of technological tools like GPS etc.

7. **Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHP).** The Voluntary Certification Scheme for Traditional Community Healthcare Providers (TCHPs) seeks to assess and recognize their knowledge and skills against a structured minimum competency framework. The scheme aims to preserve traditional healthcare practices, strengthen service quality, and enhance the confidence and capabilities of TCHPs in delivering community-based care. It also promotes public awareness and enables better integration with government health systems while respecting the autonomy of community traditions.

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