

Ecology and Development: The Paradox of Indigenous and Modern Health Practices of Kondh Tribe of Orissa

Bibekananda Nayak

Assistant Professor –Cum – Assistant Director, Center for the Study of Social Exclusion and Inclusive Policy,
Babasaheb Bhimrao Ambedkar University, Lucknow

The present study “Ecology and Development: The Paradox of Indigenous and Modern Health Practices of Kondh Tribe of Orissa” is to analyses the interrelationship between ecology, health and development. Generally it is perceived that well being of individuals is the outcome of various factors like ecology, life style, availability of health care services, deforestation, etc. The health care services can be either in the form of modern or indigenous. It can be said that both modern and indigenous knowledge exist as complementary to each other. Even in this contemporary world, people resort back to the indigenous health care systems in absence of adequate modern medical care. There has also been institutionalization of indigenous system, which is integrated with the modern medical system.

Indigenous medical belief and practices have always been an integral part of khond tribal cultures. The khond tribes celebrate the meriah sacrifice for the benefit of nature and ‘penu’ (goddess). Traditional system of medicine continued to meet the health needs of most tribal populations as well as patronage at the urban areas. Even before the existence of modern medicine, these traditional practitioners have pursued training in indigenous system of medicine. Even though the old systems are considered as imperfect but still they stand as one of the challenges to modernity.

The history of traditional and modern medical systems in India has not been static. On the other hand, it has continually evolved and progressed. In India there are two parallel systems of medicine. One is the modern system commonly referred to as Allopathy and Homoeopathy. And the other is Ayurvedic, Siddha and Unani, commonly known as indigenous system of medicine.

Among kondhs both traditional medicine and western medicine are practiced side by side. Practitioners of traditional medicine represents a vast natural resource outside of official health services. It is well known that many tradition medical practiceners of various categories (such as hillers, herbalists, spiritualists, birth attendants or mid wife) have already undergone elaborate training in ancient systems of medicine, that had evolved reliable methods of treatments and pattern of medications, long before modern medicine came to existence. Though, the modern scientific medicine forms the basic for the development of the national health services in the country, ultimate objectives are to facilitate the emergence of integrated system of medicine. Even with the expansion of modern health care systems such as hospitals, primary health centers, infrastructures in the hospital, doctors, medicines etc, there has not been any decrease in the demand for traditional system. However, it has to be still explored how these two approaches of medicine can be synthesized to bring about an effective health service system.

Studying the Kondh tribe practices of both the modern and indigenous medical systems, it is a challenge to bring out their competence to serve and satisfy the basic health needs of the populations concern. It is also essential to focus on the integration of modern and indigenous medicine with different institutional systems like public health system in primary health care.

INTRODUCTION

Sustainable developmentⁱ is a parallel consideration of healthy environment, life, and human well-being. It is a multidimensional way of thinking about the interferences among natural, social and economic system of our world. Thus, the goal of sustainable development is to meet the needs of the present without compromising the ability of future generations to meet their needs. Communities are facing enormous challenges in the wake of globalization as their social, economic and environmental resources are damaged or depletedⁱⁱ. Since these elements are interconnected to everyday life condition, the quest for sustainability is very significant.

Although there is widely accepted definition of sustainable development, still there is lack of commonly accepted framework at the grassroot levels. The idea of sustainability is rooted in utilization of resources management, i.e. the technocratic notion of sustained yield. It refers to the exploitation of renewable resources, which can be maintained without endangering the future flow of the same resources with a minimum level of impacts. It promotes efficient use of resources, environmental harmony, equitable social order, stipulated time, without letting a small class of people to capture all the wealth and then devising policies to help it trickle down to the marginalized minorityⁱⁱⁱ.

Although the emerging paradigms give limited attention on the issues of health, the recent research studies world over, the issues of sustainability gave greater emphasis on social and economic conditions, regarding human health as a top priority^{iv}. The basic concern of these studies shows that societies appear to be able to enhance health without harming the health of the biosphere. In fact, many models on health shows that certain physical determinants are acknowledges as crucial elements. For instance, accesses to clean air and water, secure and nutritious food supplies and protection from the natural elements etc. are the great concern in this regard. It can also share certain common elements of reducing barriers of inequalities and promising the well being of human society. In this context, the discourse of sustainability provides a general theoretical framework to understand the broader concept of health.

Health is a vital indicator to determine the overall development prerequisites for a healthy society. World Health Organization (WHO) defines health as a state of complete physical, mental, and social well-being. It does not mean by just an absence of diseases and illness; instead it focuses on the ideal than actual. In other words, complete wellbeing of individual in which they are very much relate with social environment. In this perspective, determination of health status cannot be determined in terms of absolute quantity or quality because of social and cultural conditions vary according to the time and space. A universal and egalitarian programme of health services distribution however, cannot be enhanced without taking into account the background of socio-cultural structures^v. Therefore, health in nutshell is a social concept that was evolved and determined through the perceptions of group or community. Thus it differs from community to community. From a social point of view, the approaches of health focus on the

interrelated social, economic and environmental conditions that influence the life conditions of people.



Collection Turmeric by Kondh tribe

Health system is a distinct variety of knowledge system that was evolved from magico-religious overtones of earlier epochs into more systematic scientific discipline. Modern health care system in the western world achieved tremendous progress only after it merged with modern science during the last century^{vi}. This transition can be looking at a multi-factorial approach of health system in ancient period to mechanical model of health system in the industrial era. In the modern era, as a process of modernization, the traditional organic medicines were taken over by the modern medicine during the period of industrialization and then it expanded all over the world. Such a model emphasized much on multiplicity of determining factors which shape the biological perfection of a machine is called body. Along with these practices, a new discipline was also set apart from it, called professionalism. This approach eventually led to the individualistic and curative approach to health problems where sophistication of medical technology alone was considered to be sufficient to handle health problems. As a developmental strategy, modern health system became central concern in urban centers. In deed for the urban poor, in many cities do not have even basic level of health services. It shows that urbanization does not automatically equate with better health instead it may equate with different health problems and social conditions^{vii}. Similar arguments are also found from recent studies on health system show that modern system will be effective only when it find tuned with the socio-cultural and ecological factors of people.

We cannot deny the fact that indigenous medical belief and practices have always been an integral part of many human cultures. Traditional system of medicine continued to meet the health needs of most rural populations of the developing world and patronage at the urban areas as well. It is well known that many of the traditional practitioners have already undergone training in ancient system of medicine that evolved reliable method of treatment long before modern medicine came to exist. This traditional health care system has been a combination of practical knowledge, skills and wisdom about physical, mental and psychological ills of mankind^{viii}.

Ecological poverty can be simply defined as “the lack of a healthy natural resource base that is needed for a human society’s survival and development”. Thus solution lies in recognizing that “healthy lands and ecosystems used for sustainability, as they were for millennia, can provide all

the wealth that is needed for healthy and dignified lives”. This shows the recognition of value laden traditional knowledge systems and traditional systems of maintaining resources. While recognizing the importance of traditional systems, it has also to be acknowledged that old systems are not necessary perfect, and one of the challenges is to use traditional knowledge without further entrenching established inequalities of different kind.

In this context, the population health approach transcends the traditional biomedical perspective on health and focuses on the interrelated social, economic and environmental conditions that influence the health of populations over the life course. In addition, biological endowment, health is conditioned by a complex factors related to a person’s social and physical environments, and income situated in the context of national wealth and prosperity.

The health of populations and individuals is bound up with development. Here development entails change and often important alterations to people’s living environment. From a developmental perspective, often the determinants of health can viewed as an outcome of social policies of the state. In this approach paid greater attention on generating existing resources-material, cultural and social-to generate new approach under shifting circumstances. Here intervention and prevention strategies become core of developmental process to arriving at a successful transitional point^{ix}. This capacity of societal adaptability is crucial for rapid social and technological changes^x. Above all to enhance these strategies, the role of state is also important particularly in developing societies. It is also prerequisite for equitable distribution of public health infrastructure to all. While Indian society engineered the policies of health care system soon after independence, it has envisaged integrating both indigenous and modern system medicine. The institutionalization of indigenous medicine in the policy formation clearly shows that they can also contribute much in this field.



Kandula(ahar) cultivation by Kondh

Ecological context of social life

Sociologically speaking, the interrelation between human beings and their natural environments can be better explored along three dimensions- religious representations, subsistence modes, and the archetypal expressions of the contemporary environmental movement.

All the religion offer collective representations of nature, which contrast their scientific representation. This can be examined when we look at the sociological classic by Durkehiem (*Elementary Forms of Religious Life 1915*). His study of religion explored it evolution, from anchorage in a totemic clan to an abstract trans-tribal god, meaning societal and religious representation coterminous with each other. Hence the correspondence between the religious and social reality becomes a matter of empirical enquiry. A mode of subsistence is a useful, analytic device that enables us to apprehend collective practices in relation to nature based economy. By inquiring into the specific types of labour entailed in practices upon nature; the level of technology; and the acquisition of skill through socialization and apprenticeships in particular ecological contest, we can develop the material aspect of subsistence mode. The cosmology characteristics of a mode of livelihood in the context of this study invites a critical analysis.

Environment and the public sphere in India can be better understood we focus on environmental representation and struggles. These are collective struggles against interventions that jeopardize subsistence from nature. For instance, Chipko movement and Narmada anti-dam agitation epitomizing the resistance to the destruction of environment. The whole gamut of understanding environment movement in India can be best examined by taking in to account its characteristics, ideologies and objectives.

HEALTH SYSTEM IN INDIA

The history of medical systems in India, traditional medicine has not been static, but continually evolved and progressed. In India there are two parallel systems of medicine, the modern system commonly referred to as allopathy and homoeopathy and Ayurvedic, Siddha and Unani system of medicine, commonly known as indigenous system of medicine. Now it has been spread over all over the world cutting across socio-cultural barriers^{xi}. On the backdrop of it, National Health Policy formulated in 1948 envisaged to promote and develop the indigenous system of medicine along with the modern Indian medicine. This Health policy package was included with the provisions for setting up of standardized education and training in all the Ayurvedic institutions and facilities for research and training on scientific lines to absorb the practitioners of indigenous medicine into state Health Organization^{xii}.

The presence of a dualistic medical approach recently in most of the countries results from specific historical events. In India traditional medicine and western medicine exists side by side during the last century. Indigenous medical believes and practices have always been an integral part of many human cultures. Traditional system of medicine continues to meet the health needs of most rural population of the developing world. Practicener's of traditional medicine represents a vast human resource outside of official heath services. It is well known as many tradition medical practiceners of various categories (such as hillers, herbalists, spiritualists, birth attendants or mid wife) have already undergone elaborate training in ancient systems of medicine that had evolved reliable methods of treatments and pattern of medications long before modern medicine came to existence. Though, the modern scientific medicine forms the basic for the development of the national health services in the country, ultimate objectives are to facilitate the integration and emergence of one system of medicine with its various sub- systems. Modern health care systems such as hospitals, primary health centers, infrastructures in the hospital, doctors, medicines etc are continued to expand and common peoples respect. Yet traditional

system are by no means on the decrease however, it is still not very clear how the two approaches to medicines can synthesize or cooperate and interact in the search for effective delivering of health services. Studying the synthesis of both the system of modern and indigenous medicine, of course, brings out their competence and to serve and satisfy the basic health needs of the populations concern and to be integrated with different institutional systems like public health system in primary health care.

Interaction between men and women with the natural resources base is of the economy trend to be systematically gendered. Broad division can be made between “productive” and “reproductive” activities. The gender division of labour, as it has developed over time, gives primary responsibility for reproduction in all senses to women. Reproduction includes not just biological reproduction and child care, but also home maintenance such as food production and processing, water collection, etc. and wider processes of socialization. People’s aspirations are usually directed to the production function. However, a certain level of reproductive activity including unpaid work done within the household, for care and nurture and household survival is a count for every level of productive activity. If adequate attention is not paid to reproductive needs, there is a potential check to, and possibly even collapse in, productive activity beyond a point, in much the same way as might happen if natural resources are degraded beyond a certain level.

Given the gender differences in responsibilities like choices and priorities are systematically undervalued, the resulting stress is bound to reduce the resilience of the system, and its implication would be at the productive and reproductive levels. This point can be understood and illustrated as the level of households where self-worth and individual health get eroded or communities, communal spaces, resource use and management. For example, uncultivated land in the ecosystem is especially important to women; it is the source of fodder, fuel, medical herbs, etc., all of which contribute substantially to activities in the reproductive domain. On this backdrop, gender concern is also very perquisite while we talk of sustainable development in relation to health.

From a human point of view, the assurance or achievement of better health is surely fundamental, and human health is closely bound with the health of the ecosystem. In so far as female life spaces are more oriented to care and nurture than male spaces are, in consequence of established roles, female choices with regard to natural resource management may have superior health outcomes and thus direct us towards a growth trajectory that is associated with better health.

There are different discourses on the issues of sustainable development in relation with health status particularly social determinants like community life, life conditions, gender are the crucial variable in understanding health status. In other word, it is totally intertwined with the question of sustainability and above all balancing of ecology. Added to that, the recent discourse on post-structuralism unfolds tremendous potential of empirical enquiry to understand human relation with environment. A sociological study of this kind would definitely embark upon this issue. Therefore, it will negotiate the discourses of sustainable development with health.

INTERLINKING ECOLOGY AND SUSTAINABLE DEVELOPMENT

Ernst Haeckel in 1969 coined the word **ecology** and defined it as the total relations of the animal to both to its organic and its inorganic environment. Ecology is the scientific study of the distribution and abundance of organisms. This definition is static and leaves out the important idea of relationships. Ecology is about the relationships between the environment and organisms. The concern for ecology and health are being integral components of the concept of development. Also the need to recognize the voice of the people, the subject of development and their standpoint on the changes brought on them is being felt. No body including the people, whose development is in question, may be certain as the right or best path to sustainable development. But the people certainly have idea about the changes they are going through irrespective of the desirability of the changes. Health as one of the variable in the intricate nexuses in ecology namely, the plants and animal world, earth, water and other geographical factors. There is impact on health without reference to ecological factors. Their health conceptions and practices always invoke and subtle interrelation between body constitution, food intake, occupation, way of life, environment and ecology. Health and diseases are not regarded as problems pertaining to the body system in isolation. They are thought of as the function of the complex interplay of various factors bearing upon the condition of existence (Sujatha 2001: 231). However, it is found that, there exist the symbiosis relationship between the ecology, social health and sustainable development in regard to any society. While discussing the subject like ecology and environment in the context of social health, perhaps it is equally important to understand the traditional system of medicinal practices (Ayurvedic Medicine) and existing allopathic treatment.



Livelihood, Forest and Kondh tribe

CONCLUSION:

The Ecology, Health and Sustainable Development are interlinked to each other. The nature of life and nature of disease are dynamic relationship with their environment. The Indian systems of medicine consider disease as the state of disharmony in the body as a whole and as a result of internal factors and the external causes. Therefore, the treatment aims finding appropriate

internal remedies but also at the employment of all available means to restore the normal balance or equilibrium of the environment. The preservation of ecosystem has promoted the ethno-medicine. It helps the development of health system as well as nature.

REFERENCES:

- i. Add, Herl, Amir, Samin, George, A Frank and Andre Gunder (1985) *Development as Social Transformation: Reflections on the Problematic*, The United Nations University Press.
- ii. Ahluwalia A (1972), *Sociology of Medicine*, Indian council for social science research, New Delhi.
- iii. Bhatt, P. S (2004) *Environment protection and sustainable development*, APH publishing corporation, New Delhi
- iv. Bisht, R, *Environment health in Garhwal Himalaya*, Indus publishing company.
- v. Cambridge, Stuart (2002) *Development Studies*, New York: Oxford University Press.
- vi. Carledge, B (1994) *Health and the environment*, Oxford University press, New York and Tokyo.
- vii. Chaudhry, Ruddhadeb, ed. (1990) *Cultural and Environmental Dimensions of Health*, New Delhi: Inter-India Publications.
- viii. Chesworth, J (1996), *The ecology of health*, Sage publication, New Delhi.
- ix. Dasgupta (2001), *Human well-being and the natural environment*, Oxford University press.
- x. Dijurfeldt and Libdberg (1980). *Pills against parents parents: A study of the Introduction of Western Medecine in a Tamil Village*, Macmillian, New Delhi.
- xi. Doyal, L (1979) *The Political Economy of Health*, Pluto Press.
- xii. Dube, S. C. (1967) *India's Changing Villages: Guman Factors in Community Development*, Bombay: Elite Publishers Private Ltd.
- xiii. Keating, D.P etal (1999) *Developmental health and the wealth of nations: social, biological and educational dynamics*, The Guilford pres, New York.
- xiv. Loustaunau, M.O and Sobo, E. J, *The cultural context of health, illness and medicine*, London.
- xv. Mackinglay E (1984), *Issues in ppolitical Economy in health care*. Javistock, New York.
- xvi. Marriott P (1952), "Western Medecine in village of Northen India in B.D. Paul (ed.) *Health, Culture and Community*. Ruesel Saje Foundation, New York.
- xvii. Nayar, K. R (1998), *Ecology and Health: A systems Approach*, APH publishing corporation, New Delhi. ent, London and New York.

- xviii. Sujatha V. (2001), “ Internal to external- Transformation of the ecology and the body system: conceptions of ecology, health and development in South Indian villages” in Review of Development and change, Vol. Vi, June-December, pp.225-51.
- xix. Sujatha V. (2003), *Helath by the People:Sociology of Medical Lore, New Delhi*. Rawat publications.
- xx. Akerlee,O (1987) The best of both worlds: Bringing traditional medicine up to date, *Social science and medicine*, Vol.24, No.2, PP.177-181.
- xxi. Banerji, D (1975) Social and cultural foundations of health service system of India, *Inqiry*, Supplement to vol., 12th June
- xxii. Benerji, Debabar (1986) *Social Sciences and Health Service Development in India: Sociology of Formation of an Alternative Paradigm*.
- xxiii. Chambers, Robert (1979), “Editorial in Indigenous Knowledge”. *IDS Bulletin* page no.:- 1 to 3.
- xxiv. Dube S (1956), “Cultural factors in rural community development; *Journal of Asian Studies*, Vol.16, page no: - 19 to 30.
- xxv. Jingfeng,C (1988), Integration of traditional Chinese medicine with western medicine- Right or wrong?, *Social science and medicine*, Vol.27, No.5, PP.521-29.
- xxvi. Lele,S (2000), “Degradation, sustainability or transformation?”,*Seminar*, 486, PP.31-37.
- xxvii. Qader I (1985), “Health service system: an expression of socio-economic equalities”, *Social Action*, Vol. 35.

ENDNOTES

ⁱ This concept is originated in the industrialized countries on the backdrop of voracious use of resources has been accompanied by increasing discrepancies in resource consumption and welfare between industrializing and developing countries. Later on in 1992 United Nations Earth Summit, the discourses on sustainable development emerged as one of the most urgent topic for international policy.

ⁱⁱ <http://www.eeee.net/index.htm>

ⁱⁱⁱ *World Commission on Environment and Development* (1987), Oxford University Press, p.43

^{iv} King, M, (1990) Health as a Sustainable State, *Lancet*, 336, 664-667, Krishnaraj, Maithrey *et. al* (eds.) (1998) *Gender Population and Development*, Calcutta, Oxford University Press, pp.4-5, *World Summit on Sustainable Development Plan of Implementation*, see, <http://www.un.org>, Health Canada, (2003), What is Population Health Approach, see, <http://www.hc-sc.gc>, Rainham, G.C. Daniel, and McDowell, Ian, (2005) UNDP (2003), Sustainability of Population Health, *Population and Environment*, Vol. 26 (4), March, p. 304

^v Nayak, Bibekananda (2004) *Indicators of Rural Development: A Sociological Study*, Dissertation submitted to Centre for the Study of Social Systems, New Delhi, JNU, pp.53-54

-
- ^{vi} The western medicine figured in 1543 in its early development by *Vesalius De Fabrica Hmani Corporis*, the discovery of blood circulation by William Harvey in 1628 and later by other technical development for more see...Obeyesekere, G (1977) *The Theory and Practice of Psychological Medicine, The Ayurvedic Tradition, Culture, Medicine and Psychiatry* (1) pp.155-181
- ^{vii} Philip, R. David and Verhasselt, Yola, (eds), *Health and Development*, New York, Routledge, pp.9-10
- ^{viii} Ramesh, A and Hyma, B (1981), Traditional Indian Medicine in Practice in an Indian Metropolitan City, *Social Sciences and Medicine*, Vol. 15 (D), p. 69-70
- ^{ix} Keating, P. Daniel, and Hertzman, Clyde, (1999) Modernity Paradox, in Keating, P. Daniel, and Hertzman, Clyde, *Modernity Developmental Health and the Wealth of Nations: Social, Biological, and Educational Dynamics*, New York, The Guilford Press, p.8.
- ^x Keating, P. Daniel, (1999) Developmental Health as the Wealth of Nations, in Keating, P. Daniel, and Hertzman, Clyde, *Developmental Health and the Wealth of Nations: Social, Biological, and Educational Dynamics*, New York, The Guilford Press, pp. 337-338.
- ^{xi} Ramesh, A and Hyma, B, op. cit. p.70
- ^{xii} Keswani, N. H (1969) Modern Medicine in Traditional Settings in Poynter, F.N.L (ed.), *Medicine and Culture*, London: Welcome Institute of the History of Medicine, p. 189
-