Indigenous Healthcare Practices among the People of Himalayan Region of Jammu and Kashmir

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Abstract- In ancient Indian philosophical books like Ramayana, Vedas and Puranas have explained about the richness of the medicinal plants of Himalayan region. The indigenous people of Himalayan region acquire knowledge of various medicinal properties of several herbal plants and their uses to cure various diseases with the help of herbal healers and elders. These herbal plants form the basis of indigenous or traditional systems of healthcare used by the majority of remotely located people. At the same time, over-harvesting, degradation of medical plants, and losses of traditional medical knowledge in local communities are common problems in these resource areas. To keep in mind about the medical utilization and preservation of this traditional treasure of knowledge, the investigator has selected this topic with the aim to utilize the herbal plants in healthcare practices and to preserve it for the future generations with the help of education because education is the only way to aware, utilise and preserve such healthcare practices among the indigenous people. For the collection of data, interview schedule has been used by the investigator. In the present paper, it is observed by the investigator that indigenous people of Himalayan region uses more than 40 valuable herbal plant species that were identified with their relevant information and documented with regard to their botanical names, family, local names, utilization and parts used by the local regional people for different human ailments. The common diseases treated by the herbal practitioner were asthma, digestive problems, skin burning, cough, cold, snake bite, chicken pox, fever and diabetes.

Keywords: Indigenous healthcare practices, Medicinal plants, Himalayan region people, Education.

Introduction

India is a well known sub-continent for its traditional healthcare practices-Ayurveda, Siddha and Unani from ancient period. This system found in the ancient Vedas and other scriptures. It has a vast repository of medical plants that are used in traditional healthcare practices. The records of the Indian traditional healthcare practices are found before 5000 years ago (Adhikari & Paul, 2018). These wide differences in health infrastructure, facilities influencing the healthcare practices across different regions and ethnic groups of the nation. In addition to cultural beliefs,

knowledge and sustainability in Ayurveda, Yoga, Unani, Siddhi and Homoeopathy (AYUSH) specific healthcare practices has great impact on the health seeking attitude and utilization of these healthcare practices (Srikanth and et al., 2015). Various herbs and minerals used in Ayurveda were described by ancient Indian herbalists such as Charaka and Sushruta during the 1st millennium BC (Dwivedi and Dwivedi, 2007). The relevance of traditional medicine is seen in the context of promoting ecologically sensitive life patterns and technologies conducive to local natural conditions, because people's preferences and use of traditional medicine shows the impact, its various forms have on their well-being. There is a need for incorporating the contributions of these systems of health knowledge at national as well as international level into the dominant one to meet the limitations of modern medicine (Srikanth and et al., 2015). To keep in mind the importance of indigenous healthcare practices and medicinal plants, investigator has selected a area in which various kind of medicinal plants are existed. The area is located on the lap of greater Himalayas which in known as Paddar (A Sub-Division of Kishtwar District of Jammu and Kashmir). Gupta and et al. (2013) also mentioned in their study that this region provides a wide variety of plants (herbs, shrubs and trees) owing to its diversified landscape. Therefore, in the present study, the investigator has tried to explore indigenous healthcare practices and plants used as medicine practised by the inhabitants with the help of herbal healers and elders who have the knowledge these healthcare practices.

Area of the Study

Jammu and Kashmir in the Union territory of India located on the north of Indian sub-continent with full of natural resources like scenic beauty, fresh water, high mountains and various type of flora and fauna. There are various kind of medicinal plants existed in Union territory which have high economic as well as medical value. For the present study, the investigator has selected as specific area of Jammu and Kashmir i.e. Paddar (Sub-Division of Kishtwar District).



Source: https://zenodo.org/record/7138037#.Y1_vNnZBw2w

Paddar Sub-division is one of the remote areas of Kishtwar District situated on the lap of greater Himalayas with high mountains, virgin green meadows and rich flora and fauna. On the east side of Paddar district Kargil is situated, west and north side district Kishtwar, and south side Himachal Pradesh and district Doda. The caps of High Mountains of Paddar are covered with snow all the times. Virgin green meadows, fresh waterfalls, lust green forest, high traditional and cultural practices, art and architecture and various medicinal plants increases the value of the area. These medicinal plants are used by native people to cure various diseases. In the present study, the investigator has tried to recognize and find out the medical utilization of more than 40 species of medicinal trees, shrubs and herbs with the help of herbal healers and local elders.

Objectives of the Study

- To recognize the local medicinal plants in the usage of indigenous healthcare practices.
- To know the medical utilization of these medicinal plants in indigenous healthcare practices.
- To study the role of education in promoting and preserving these indigenous medicinal plants.

Research questions of the Study

- How to recognize and what is the medical utilization of local medical plants in the usage of indigenous healthcare practices?
- How education is helpful to promote and preserve these indigenous medicinal plants.

Methods and Materials

For the present study, data was collected from 30 informants who had the knowledge of medicinal plants and their medical utilizations were herbal healers and local elders. In which 10 were females and 20 were males, 10 were herbal healers and 20 were local elders. The open ended interview schedule technique was applied by the investigator to collect the authentic data from each respondent. The data had been collected in 30 days, by interviewing each respondent every day. There were nearly three hours had been spent with a respondent and collected all the required information. The local names of the plants, their medical uses and part used were recorded from each respondent while interviewing. While interviewing from all the respondents, there were more than 100 species of trees, plants, herbs and shrubs were notified but unable to find out the *Botanical name* and *family* of all these. So that the investigator has only 41 species of trees, plants herbs and shrubs were listed in the present paper along with their Botanical name, family belongings, local name of the plant, their medicinal uses and part used to cure diseases.

List of Medicinal Plants used in Indigenous Health Care Practices by the People of Paddar Sub-Division of Kishtwar District of Jammu and Kashmir.

S. No	Botanical Name	Family	Local Name	Medicinal Uses	Part Used
1.	Solanum nigrum	Solanaceae	Makoi (Kaagdaich brown)	To cure stomach infection, skin problems and skin allergies.	Fruit
2.	Clitoria ternatea	Fabaceae	Neelkanth (Pitkurh)	To control sugar and cure jaundice.	Flower
3	Selinum vaginatum	Apiaceae	Bhutkeshi	Used to cure vomiting, stomach pain and digestive system.	Root and flower
4	Seseli indicum	Apiacea	Jungli Ajwain	Promotes digestive system.	Seed and leaves
5	Mesua ferrea linn.	Calophyllaceae	Nagkesar	Used to remove weakness and cure cough, piles and arthritis diseases.	Seed, fruit and leaves
6	Datura stramonium L.	Solanaceae	Safed Datura	Paste of seed is applied on the belly to treat pneumonia and also used for joint pain.	Seed
7	Cuscutareflexa Roxb	Cuscutaceae	Amarbail (Leondhi)	It is used to cure epilepsy, jaundice and ethno-vertinary practices.	Whole plant
8	Arnebia benthamii	Boraginaceae	Laaljadhi (Kaahzuban)	Used to treat menstrual periods in females and weakness.	Flower, root and leaves
9	Asparagus racemosus	Asparagaceae	Shatavari	Root is used to cure diarrhoea, chronic colic and dysentery.	Root
10	Vitex negundo	Lamiaceae	Nirgundi (Churahie)	Juice of fresh leaves is used to treat menstrual periods in females and worms from ulcers.	Leaves

Table 1

11	Bergenia ciliata	Saxifragaceae	Pashanbheda (Shupatair)	Roots have been used to cure bladder, heart and kidney diseases,	Root
12	Crataegus monogyna	Rosaceae	Hawthorn plant	Berries, flower and leaves are used to cure heart diseases, controls high blood pressure and high cholesterol.	Fruit, flower and leaves
13	Rosa centifolia	Rosaceae	Jungli Gulab	Petals are used to cure heart diseases, wound healing and improve blood pressure.	Flower
14	Mentha longifolia L.	Lamiaceae	Jungle pudina	Leaves are used to cure diarrhoea, cough, cold, and asthma and eye diseases.	Leaves
15	Verbascumthapsus L.	Scrophulariaceae	Jungli Tubaccoo	Leaves are boiled and used in abdominal pain. Leaves extract is expectorant, astringent and oil used in earache and to cure anti-fungal dieses in animals	Leaves
16	Betula utilis	Betulaceae	Bhojpatra	The bark of the tree is used to cure kidney disorders and skin cancer. In some places bark is also used to protect from evil effects of devils	Bark
17	Convolvulus arvensis L.	Convolvulaceae	Sonchal	Flower tea is used to cure fever and heal wounds.	Flower
18	Urtica dioica	Urticaceae	Bichubuti	The leaves are used to cure hypertension. Leaves are used also as a vegetables	Leaves
19	Skimmia anquetilia	Rutaceae (Lemon family)	Shangail	Leaves are used to cure cough, headache, snake bite and burns. It is also used in divine functions.	Leaves

20	Juglans regia L.	Juglandaceae	Akhrot	Fruit peel is used to treat dandruff, hair fall and ringworm. Bark and leaves are used as toothbrush.	Fruit peel and bark
21	Bergina ligulata (Wall.) Engl.	Saxifragacea	Zakhmi- hayat	Used to cure all types of infections, wounds and oldest injuries.	Root
22	Cannabis sativa L.	Canabidaceae	Bhang	Plant powder is used for cough, bronchitis and chest problems.	Whole plant
23	Cedrus deodar Loud.	Pinaceae	Deodar	Bark is used to cure rheumatism. Deodar oil is used to cure wounds and cuts in animals.	Bark and oil
24	Pinus roxburghii Sarg.	Pinaceae	Chir	Tree wax is used as crack cream. Resin and pollen dust along with water is used to treat cancer and tuberculosis	Tree wax
25	Pinus wallichiana Jacks.	Pinaceae	Kail	Unripe cone is used on swelling breast of females during nursing to flow milk smoothly. Resin is used to cure arthritis.	Fruit, Resin and tree wax
26	Coriandrum sativum L.	Apiaceae	Dhaniya	Leaf paste can be applied to cure skin diseases and stomach disorder. Fruit is also used for spices.	Leaves and fruit
27	Berberis lyceum Royle.	Berberidaceae	Keemal	Fruit is used to cure stomach ache, haemorrhoids and diaphoretic. Bark juice is used to cure eye diseases and fever.	Fruit and bark
28	Aesculus indica	Sapindaceae	Gug	Oil is used to cure rheumatism.	Seed and fruit

29	Cichorium intybus	Asteraceae	Dodhal	Root powder is used to cure anti-inflammatory diseases and juice of plant is used to cure rheumatism.	Root and leaves
30	Delphinium denudatum	Ranunculaceae	Mori Larkspur	Seeds are used to cure skin eruption and insecticides. Roots are used to cure toothache as toothbrush.	Seed and root
31	Galium aparine	Rubiaceae	Rangne (Scabrid bed straw)	To cure diuretic and for detoxification.	Whole plant
32	Indigofera gerardiana	Fabaceae	Kathi gerards indigo (Shaghal)	The dried roots are used for abdominal pain.	Root
33	Picrorhiza kurrooa Royle ex Benth.	Scrophulariacae	Kaud	Root powder are used to cure cough, fever and stomach ache	Root
34	Aconitum heterophullum Wallish ex royle	Ranunculaceae	Patis	Roots are used to cure chronic malaria, fever. Root powder mixed with honey is effective for children suffering from cough, fever and vomiting.	Root
35	Rubus ideaus	Rosaceae	Kandachh (Red raspberry)	To increases eye sight in human beings.	Fruit
36	Fragaria vesca	Rosaceae	Bhuanchh (Wild strawberry)	Fruit is used to remove weakness. Tea of roots is helpful in cold and cough.	Fruit and root
37	Curcuma aromatica	Zingiberaceae	Jungle haldi	Roots are used to cure bronchitis, cough and headache.	Root
38	Ayapana triplinervis	Asteraceae	Jabarpan	Used to remove the pimples of the face as well as body.	Leaves

39	Achyranthes aspera	Amaranthaceae	Appamarg	Seeds are used remove weakness.	Seed
40	Rosa damascena.	Rosaceae	Gulaab	Oil is used to heal depression, nervous stress and old cough.	Flower
41	Morchella esculenta	Morchellaceae	Ghuchi	The powder of dries plant is used to cure wounds and stomach ache. It is also used as a vegetable by allied class of the society because of its high price and medicinal value.	Whole plant

Results and Discussion

The inhabitants of Paddar Sub-Division of Himalayan Region of Jammu and Kashmir are used a number of medicinal plants in their indigenous healthcare practices with the help of local herbal healers (known as Hakeems) and other elders who have knowledge of indigenous medicinal plants. The common inhabitants consult either Hakeem or elders before using these medicinal plants to cure their diseases. Some of these plants like Jungle Pudina (Mentha longifolia L), Jungle Ajwain (Seseli indicum), Peel of Akhrot (Juglans regia L), Red raspberry (Rubus ideaus), Wild strawberry (Fragaria vesca) and Ghuchi (Morchella esculenta) are commonly used in their daily life. In this survey, total 41 plant species belonging to 27 families used in indigenous healthcare practices to cure 57 diseases are documented in (Table 1). Highest number of plants are used from the family Rosaceae (5 species) and Apiaceae and Pinaceaea (3 species each). Two species each from the families: Asteraceae, Lamiaceae, Ranunculaceae, Saxifragaceae, Scrophulariaceae, and Solanaceae. Remaining families contributed single species. Most frequently curable diseases were cough, cold, fever and eye-sight, jaundice, rheumatism, diarrhoea, dysentery, aches (body, joint, stomach and head) as well as some chronic and severe diseases like tuberculosis and cancer also cured. Now it is said that indigenous healthcare practices have been proved very effective and treating diseases from mild to severe like coughcold to cancer.

It was found that most frequently plants have been used more than one part (34.14%), followed by root (17.09%), leaves (14.63%) flowers (9.75%), whole plant (7.31), bark (4.88%), fruit (4.88%), seed (4.88%) and tree wax (2.43%) are depicted in descending order in Fig. 1. All these medicinal plants are collected by native communities from surrounding areas especially in the seasons of spring, summer and autumns. There is a need of documentation on these indigenous healthcare practices as well as medicinal plants to preserve, promote and explore for future generations. Their promotion and exploration may develop the medical tourism exposure in the area. Because in this area, ruthless exploitation through unscientific and non-regulated

collection of medicinal plants in the recent times by the natives on the demands of pharmaceutical industries some of the medicinal plant species are at extinguishing, endangering and threatening stage.

Plant part used by the People of Himalayan Region of Jammu and Kashmir for various Ailments

Fig.1



Herbal medicinal system is considered the oldest form of healthcare known to mankind on this earth (Revathi and Parimelazhagan, 2010). With the development of the society different medical systems like chemist have taken prominent place but in the recent years, a global trend of interest has been noticed in the traditional system of medicines (Shil and Choudhury, 2009). The recent trend has been a growing interest in Traditional medicine/Complementary and Alternative Medicine (TCAM) and their relevance to public health both in developed and developing countries (Payyappallimana, 2010). Use of medicinal plants in traditional healthcare practices has been an ancient practice as well as important component of the health care practices in India.

In India, about 70 percent of rural population depends on the traditional Ayurvedic system of medicine. Most herbal healers/practitioners prepare medicine formulations by their own recipes and dispense to the patients (Jaiswal, 2018). Recent studies have been also reported that a majority of people believe in traditional healing in India and think that people should approach traditional healers first (Lakhan, 2020). Likewise, in Paddar Sub-Division inhabitants follow/use indigenous healthcare practices with the help of local herbal healers and elder who have the knowledge of these recipes. Both Prime Ministers Jawaharlal Nehru and Indira Ghandi also advocated the integration of the best of indigenous medicine with modern medicine (Borins,

1987). Therefore, the combinations of these therapies should also be studied to understand the importance of both (modern and traditional) medical systems in detail (Bodeker and Kronenberg, 2002). The best part of the popularity and acceptance of traditional medical system is the perception that all natural products are safe (Padma, 2022). Ethical, cultural and religious aspects to the conservation of these medicinal plant species have also important place (Kumar and et. al. 2012). On the basis of the above discussion, it can be said that the medical value of indigenous healthcare practices and medicinal plant will never be decreased. There is only a need to document these healthcare practices so that they can be explored, utilised and preserved at national as well as international level.

Role of Education in Promoting and Preserving Indigenous Medicinal Plants

These natural medicinal plants provide a lot of services to the community by curing various diseases. It was observed from last two decades that there is a quick decline in practice of traditional knowledge of natural medicines in new generations due to lack of interest and trust in indigenous healthcare practices, easy approach to allopathic drugs, loss of old assets, urbanization, and declining the adaptation of traditional healing practice professionally (Shankar and et al., n.a.; Numanovich and Abbosxonovich, 2020). The indigenous healthcare practice system must be included in the curriculum at secondary level. So that the importance of these healthcare practices, their medical utilization and preservation can be understand. Otherwise, the values of traditional healthcare system will be decreased. The existence of indigenous medicine is largely dependent on bio-resources, the natives have involved socially approved regulatory practices and adaptive strategies to conserve the bio-resources which are weakening as the local culture due to complexities in the society (Samal et al., 2010). There is a need of awareness and proper utilization of indigenous healthcare practices through education on over use and conservation of bio-resources as well as their promotion and preservation. Government should introduce some short term courses regarding the use of traditional healthcare practices to educate both of these health professionals and common people. (Hussain, and et al., 2013). Indigenous healthcare practice must be included in health policies by the Central as well as State government with special emphasis. Recording of indigenous healthcare system becomes increasingly essential in contemporary society (Negi and et al., 2011). From the above discussion it can be said that education plays a significant role in preserving and promoting indigenous healthcare practices all over the globe. Only with the help of education we can preserve, promote and save these valuable healthcare practices and medicinal plants through the process of research and documentation.

Conclusion

From the analysis of the present paper, it is analysed that the knowledge of indigenous healthcare practices is a hard-earned experience of the indigenous community of Paddar Sub-Division of Himalayan Region in Jammu and Kashmir, which ensures their physical health, promotes their economy and conserves their resources. It is very essential to document all the medicinal plants of the region, their medical applications, preservation and promotion. So that medical value of

these medicinal plants can be utilised properly for the upcoming generations. A number of studies should be conducted on this area and the government should sanctioned special research grants to preserve, promote and explore the medical utilization of such medicinal plants and healthcare practices.

References

- Adhikari, P. P., and Paul, S. B. (2018). History of Indian traditional medicine: A medical inheritance. *Asian Journal of Pharmaceutical and Chlinical Research*, 11(1), 421-426. http://dx.doi.org/10.22159/ajpcr.2018.v11i1.21893
- Bodeker, G and Kronenberg, F. (2002). A public health agenda for traditional, complementary, and alternative medicine. *American Journal of Public Health*, 92(10), 1582-1591.
- Borins, M. (1987). Traditional medicine of India. Medicine afield, 33. 1061-1065.
- Deb, L., Laishram, S., Khumukcham, N., Ningthoukhongjam, D., Nameirakpam, S. S., Dey, A., Moirangthem, D. S., Talukdar, N. C., and Ningthoukhongjam, T. R. (2015). Past, present and perspectives of Manipur traditional medicine: A major health care system available for rural population in the North-East India. *Journal of Ethnopharmacology*, 169. 387-400. http://dx.doi.org/10.1016/j.jep.2014.12.074
- Gupta, S. K., Sharma, O. P., Raina, N. S., and Sehgal, S. (2013). Ethno-botanical study of medicinal plants of Paddar Valley of Jammu and Kashmir, India. Afr J Tradit Complement Altern Medical, 10(4), 59-65. https://dx.doi.org/10.4314/ajtcam.v10i4.10
- Hussain, N., Majid, S. A., Hussain, M. A., Abbasi, M. S. (2013). A survey of important indigenous medicinal plants of district Bhimber Azad Jammu & Kashmir, Pakistan. *International Journal of Advanced Research*, 1(7), 635-644. http://www.journalijar.com
- Jaiswal, A. (2018). Traditional health care and traditional medicine in India. Archaeology & Anthropology: Open Access, 9(3), 1-2. https://10.31031/AAOA.2018.02.000537
- Kumari, S., Batish, D.R., Singh, H.P., Negi, K., and Kohli, R.K. (2012). An ethno-botanical survey of medicinal plants used by Gujjar Community of Trikuta Hills in Jammu and Kashmir, India. *Journal of Medicinal Plants Research*, 7(28), 2112-2121. DOI: 10.5897/JMPR12.528
- Lakhan. R. (2020). Healing preferences among tribal patients with mental illness in India. Association for Helping Neurosurgical Sick People. https://doi.org/ 10.1055/s-0040-1713574
- Negi, V. S., Maikhuri, R. K., and Vashishtha, D. P. (2011). Traditional healthcare practices among the villages of Rawain valley, Uttakkashi, Uttarakhand, India. *National Journal of Traditional Knowledge*, *10*(3), 533.537.
- Padma, N. (2022). A review on social beliefs on herbalism and traditional health care practices in India. EPRA International Journal of Multidisciplinary Research, 8(11), 226-229. https://doi.org/10.36713/epra2013

- Pandey, M. M., Rastogi, S., and Rawat, A. K. S. (2013). Indian traditional Ayurvedic system of medicine and nutritional supplementation. *Evidence-Based Complementary and Alternative Medicine*, 1-12. http://dx.doi.org/10.1155/2013/376327
- Payyappallimana, U. (2010). Role of traditional medicine in primary health care: An overview of perspectives and challenges. *Yokohama Journal of Social Sciences*, 14(6), 57-77. http://www.who.int/whr/2006/en/
- Raan, V. K., Saini, M., Sharma, A., and Parashar, B. (2018). Morchella esculenta: a herbl boon to Pharmacology. *Interntional Journal of Development Research*, 8(3), 19660-19665. http://www.journalijdr.com
- Revathi, P., and arimelazhagan, T. (2010). Traditional knowledge on medicinal plants used by the Irula Tribeof Hasanur Hills, Erode District, Tamil Nadu, India. *Ethnobotanical Leaflets*.
- Samal, P. K., Dhyani, P. P., and Dollo, M. (2010). Indigneous medicinal practices of Bhotia tribal community in Indian Central Himalaya. *Indian Journal of Traditional Knowledge*, 9(2), 256-260.
- Sen, S., and Chakraborty, R. (2015). Toward the integration and advancement of herbal medicine: A focus on traditional Indian medicine. *Botanics: Targets and Therapy*, 5, 33-44. http://dx.doi.org/10.2147/BTAT.S66308
- Shil, S., and Choudhury, M. D. (2009). Indigenous knowledge on healthcare practices by the Reang Tribe of Dhalai District of Tripura, North East India. *Ethnobotanical Leaflets*.
- Srikanth N., Bhat, S., Singh, A., and Singh, R. (2015). Healthcare seeking attitude and utilization of traditional medicine in india- An overview. World Journal of Pharmaceutical Research, 4(7), 722-738.
- Sundararajan, R., Mwanga-Amumpaire, J., King, R., and Ware, N. C. (2019). A conceptual model for pluralistic healthcare behaviour: results from a qualitative study in South-Western Uganda. https://doi.org/10.1101/19008508