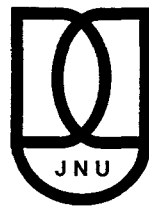


**ROLE OF TRADITIONAL HEALERS AMONG THE  
BHILS: A STUDY IN VILLAGE GHODAN KALAN  
OF UDAIPUR, RAJASTHAN**

*Dissertation Submitted to Jawaharlal Nehru University  
in Partial Fulfilment of the Requirements for  
the Award of the Degree of*

**MASTER OF PHILOSOPHY**

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Date: 21<sup>st</sup> July, 2008

### CERTIFICATE

The dissertation entitled “**Role of Traditional Healers among the Bhils: A Study in Village Ghodan Kalan of Udaipur, Rajasthan**”, is submitted in partial fulfilment for six credits for the award of the degree of **Master in Philosophy (M. Phil.)** of this University. This dissertation has not been submitted for any other degree of this University or any other University and is my original work.

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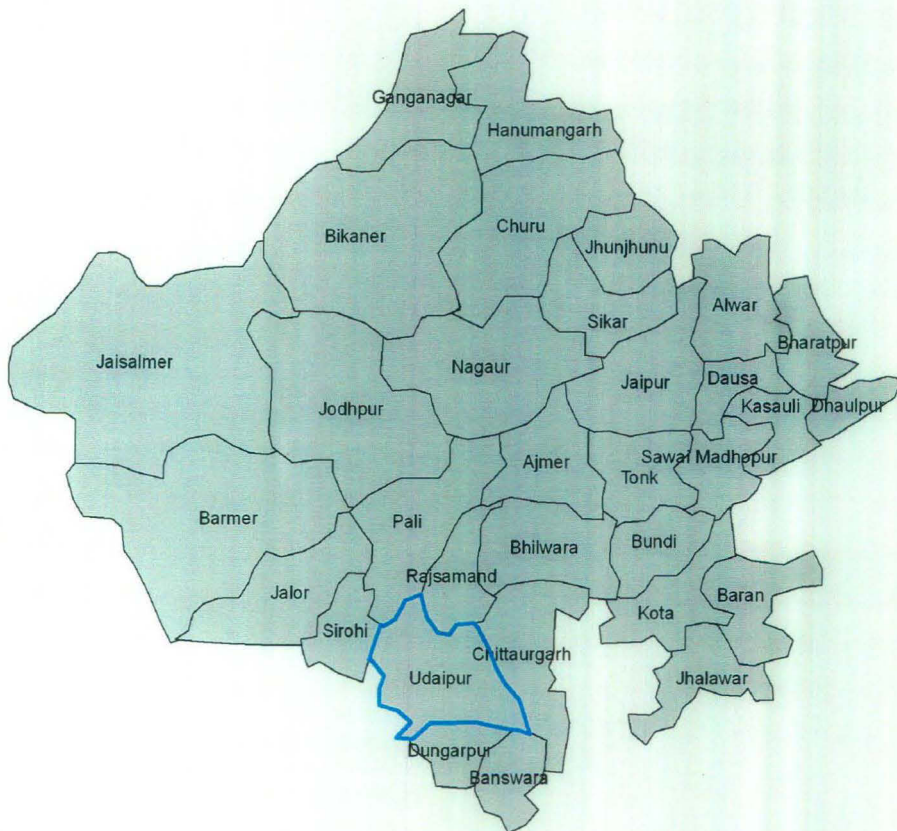
*My family and friends have been a great support. I Thank ma and papa for believing in me. I am grateful to mom and dad for their inspiration. Sourabh, my husband, has been my constant moral and emotional support. I owe my special thanks to him for his support and encouragement at every step. My sister, Sakshi, provided me with the constant support. Vineet, I am grateful for your encouragement. Neetu and Siddharth provided another home in Gurgaon. My intellectual debt to Raj is manifest in what follows. I really thank Mitul and Jaya for their love and care. I owe my thanks to Anjana for editing the chapters with keen interest. I am really grateful to Annamika, my room mate, for making me laugh during stressful times. I owe my special thanks to Kumaran for his intellectual inputs. Divya, thanks for always being around. I am particularly grateful to Shaweta for her constant moral support. To my parents and to Sourabh, with all my love, I dedicate this work.*

**MINAKSHI DEWAN**

## LIST OF TABLES

	<b>Page Nos.</b>
1. Scheduled Castes and Scheduled Tribe population Rural and Urban in Udaipur-2001	43
2. Number of SC/ ST students enrolled in Educational Institutions in Udaipur-2004	44
3. Literacy Rate by sex and by rural and urban areas of Udaipur District-2001	45
4. Government Medical Institutions in Udaipur District-2004	45
5. Infrastructure/facilities in Udaipur District	48
6. Population and Literacy Rates in Ghodan Kalan-1981, 1991, 2001	54
7. Sex Ratio in Ghodan Kalan-1981, 1991, 2001	54
8. Land use in Ghodan Kalan-1981& 1991	56
9. Category of workers in Ghodan Kalan-1981, 1991, 2001	58
10. Category of main workers in Ghodan Kalan- 1981, 1991, 2001	59
11. Socio-Economic profile of Healers	118
12. Political roles of the Healers	119
13. Healing role and role in festivals and rituals	120
14. Family profile of Healers and occupations	121

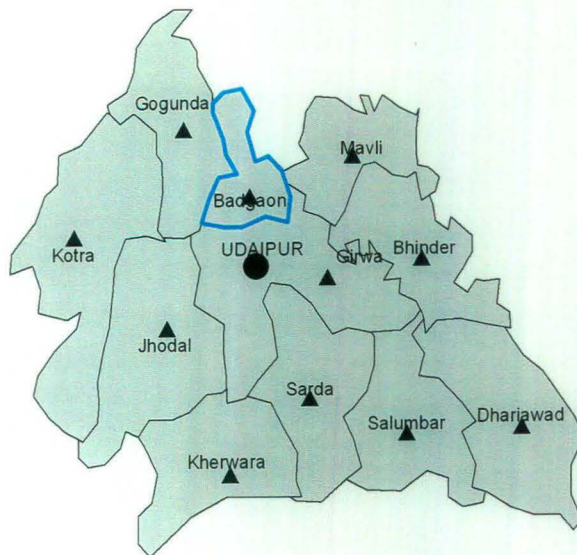
**MAP 1**  
**RAJASTHAN**



Source:- Rajasthan Human Development Report '2002

# MAP 2

## UDAIPUR



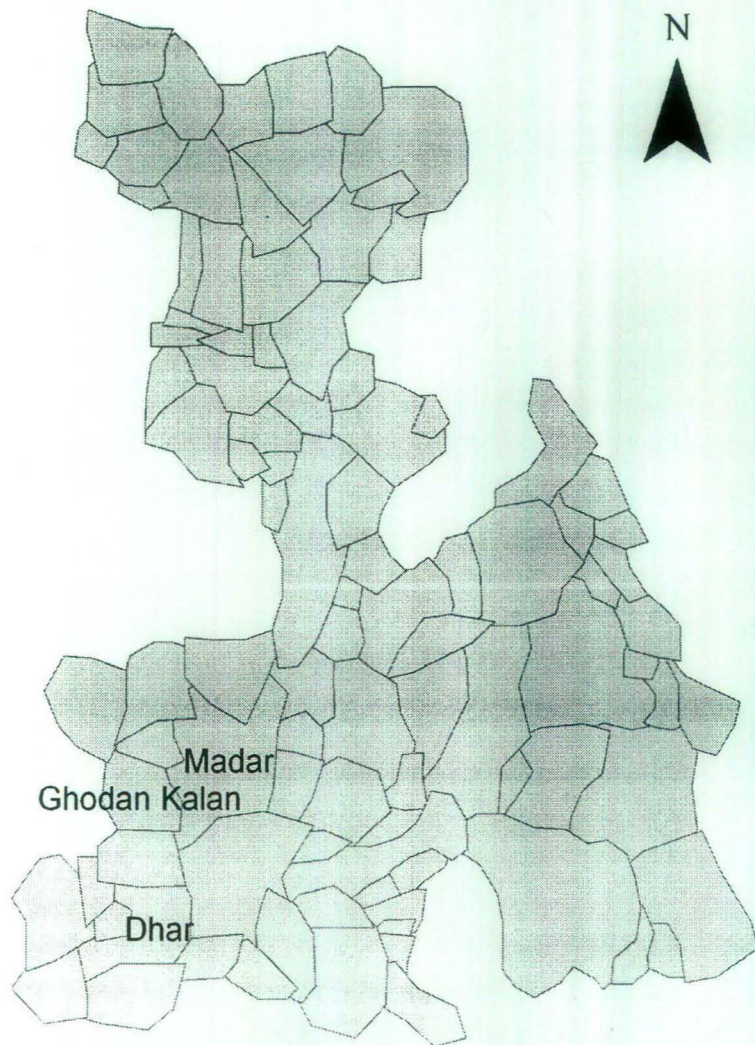
### Legend

- Dist. HQ
- ▲ Block HQ



Source:- Rajasthan Human Development Report '2002

**MAP 3**  
**P.S. BARGAON**  
**TEHSIL GIRWA**  
**DISTRICT UDAIPUR**



0 75 150 300 Kilometers

Source:- Rajasthan Administrative Atlas , Census Of India '2001

## **ABBREVIATIONS**

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
BJP	Bhartiya Janta Party
CHC	Community Health Centre
FRA	Forest Rights Act
ITDP	Integrated Tribal Development Project
MADA	Modified Area Development Agency
MFP	Minor Forest Produce
NGO	Non Governmental Organization
ST	Scheduled Tribes
SHG	Self Help Group
TRI	Tribal Research Institute



# CONTENTS

	Page Nos.
ACKNOWLEDGEMENTS	i
LIST OF TABLES	ii
MAPS	iii-v
ABBREVIATIONS	vi
INTRODUCTION	1-3
CHAPTER-1: A STUDY OF TRADITIONAL HEALERS AMONG TRIBALS: CONCEPTUALIZATION AND METHODOLOGY	4-22
• Traditional healers and their Role	
• Conceptualization of the Problem	
• Methodology	
• References	
CHAPTER-2: THE BHILS IN UDAIPUR: A LITERATURE REVIEW	23-52
• Bhils-A Literature Review	
• Udaipur District: An Overview	
• References	
CHAPTER-3 : VILLAGE GHODAN KALAN	53-70
CHAPTER-4: TRADITIONAL HEALING SYSTEMS AND HEALERS IN GHODAN KALAN	71-88
CHAPTER-5: SOCIO-ECONOMIC PROFILE AND POLITICAL ROLE OF THE TRADITIONAL HEALERS	89-121
• Profile of Healers	
• Annexure	
CHAPTER-6 : SUMMARY AND CONCLUSION	122-130
A GLOSSARY OF TERMS	131-133
BIBLIOGRAPHY	134-139

## INTRODUCTION

All societies have evolved their means to ensure wellbeing and alleviate pain and suffering caused by illness. Studies have shown that communities over a period of time have accumulated knowledge and have evolved a wide array of therapeutic techniques and procedures. In the Indian context one finds the coexistence of traditional systems like Siddha, Ayurveda and Unani together with the Allopathic system. Another healing system is Folk medicine, an oral tradition especially popular among tribal and indigenous communities. All these systems are different from each other in terms of tools, techniques, ideas and beliefs. Literature also points to a variety of practitioners across healing systems as well as within each system. With the advent of and access to modern medicine, as well as changes in social and material conditions, the role of traditional healers has undergone change even while people continue to take recourse to their healing practices. The current literature on tribal health also clearly points to the use of traditional healers together with the allopathic system by tribal communities. Besides their therapeutic role, healers may also perform other social roles like maintaining social order in the community. The traditional healers among tribal communities include a wide array of Herbalists, Shamans, Mid-wives, Diviners and Bone setters. But the literature within anthropology and psychology is largely concentrated around 'Shamans' and more so on describing their mystic role in terms of voodoo, witch craft etc.

There are very few studies that look at change in both the healing and other socio-economic roles of traditional healers with the influence of social, economic and political forces, like state intervention in terms of accessibility of health care services, through development programs, availability of other practitioners, industrial occupations and interventions of Non Governmental Organizations.

The social, economic and political aspects of tribal communities like marriage, occupation, traditional caste panchayats etc have undergone change. These changes have been brought about by a number of social, political and economic forces. The role of traditional healers has to be seen in the light of these

changes. Therefore, with this perspective these healers are not seen as static and unchanging, but that the contact of both the healers and the community with these forces will have a bearing on their role and practice within society.

The present study will look at the role of traditional healers among the Bhil tribe in a village of Udaipur district in Rajasthan against all these changes.

The broad objective is to study the changing role and type of traditional healers in the context of changing wider scenario at the socio-economic, political and cultural planes in Bhil villages of Udaipur. The sub-objectives are:

- 1) To document different kinds of healers in the past and present.
- 2) To study changes in the practices of traditional healers overtime.
- 3) To study the utilization pattern of the community and their assessment of changes in the healers.
- 4) To study the present social and political role of the 'traditional practitioners'.

The ethnographic study was conducted over a period of two and a half months in the village Ghodan Kalan of Udaipur district. The area was purposively selected by the researcher because of her familiarity with the district. Her three years (2003-2006) of work experience with the Bhil community of this district facilitated in conducting the present study. The study focuses on 19 out of the 24 healers found in the study village.

The study will take an Emic framework to study the role of the traditional healers in the community. It will study their role both from their perspective as well as from the perspective of the community. It will not look at the efficacy of their healing processes.

## **Outline of the Chapters**

The conceptualization and methodology of the present study are described in chapter one. A literature review on the role of traditional healers, is followed by conceptualization of the problem. A later section discusses the methodology of the study.

Since the study looks at the role of healers in the context of change, the second chapter is devoted to these changes. This chapter is divided into two parts. Its first part discusses various aspects related to Bhils in Rajasthan. The first section of this part, gives a brief conception of 'tribe'. The next section traces the history of the Bhils in the erstwhile Mewar region mainly in the pre-colonial and colonial times. The last section covers the material cultural, social and political aspects of the life-situation of the Bhils of this region in the past and present. The second part of the chapter deals with the profile of Udaipur district of Rajasthan state. This part especially tries to delineate the situation of Scheduled Tribes in the district.

The socio-economic, political and cultural characteristics of the village Ghodan Kalan are presented in Chapter three. This chapter also gives an overview of the 'health seeking' behavior of the community.

Different healing systems, healing processes and views of users are discussed in chapter four. This chapter documents different kinds of healers in the community and describes their healing practices in detail.

Chapter five delineates the socio-economic profile and political role of traditional healers. It presents the descriptive profile of 19 healers in the community. Their occupational history, the profile of their family members, their healing role as well as their other roles in the community.

The last chapter is devoted to a summary of the study, discussion and on the findings in the light of other studies, policy implications arising from the findings.

## CHAPTER 1

# A STUDY OF TRADITIONAL HEALERS AMONG TRIBALS: CONCEPTUALIZATION AND METHODOLOGY

The concepts related to health, illnesses and wellbeing varies from one community to another. As Roy Burman (2003) writes, “the concept of health in human groups is not defined merely in the clinical sense. It has rather cultural connotations and social moorings”. Likewise tribal communities have evolved their own meanings of health and illness. Chaudhuri (1986), states that among tribals diseases are commonly related to their belief in different deities and spirits. Mahapatra (1994) writes, “Universally there is a belief in some benevolent and malevolent spirits, ghosts. In some cases among the Buddhists, Hinduised, and Christianized tribal groups, there is a belief in supernatural beings or a hierarchical pantheon of anthropometric Gods and Goddesses. The spirits of dead ancestors in every culture play an important role in ensuring health, prosperity and protection to the family. But when these ancestral spirits are not properly honoured, worshipped or humoured, they invariably inflict some afflictions for the members of the family or cattle and crops”. Basu (1994) also points out “In a tribal society the common beliefs, customs and practices connected with health and diseases were found to be intimately related with their understanding of the causation of the diseases. The concept of health, disease, treatment, life and death among the tribes is as varied as their culture. Tribal society is guided by traditionally laid customs to which every member is expected to conform. The fate of the community and individual depends on this relationship. In most tribal societies there is an emphasis on the supernatural causation of illness and disease, as certain unseen forces are seen to intervene in human affairs. If men offend them the mystical powers will punish them by causing sickness, death or other natural calamities. Disease is seen to be caused by some breach of taboo, by hostile spirits of ghosts of the dead. They believe in the existence of benevolent and malevolent spirits, the former playing a protective role, while the latter is considered to be responsible for the cause of

disease and epidemic, magico-religious practices are often resorted to for the treatment of the disease". The above studies are in the conventional anthropological tradition, largely focused on the 'exotic' and 'supernatural' dimension of tribal health. Other studies also point out the naturalistic explanation and practices more sharply.

Foster (1976), pointing out two *principal* etiologies in non-western medical systems i.e. personalistic and naturalistic, states that "Correlated with personalistic etiologies are the belief that all misfortune, disease included is explained in the same way; illness, religion, and magic are inseparable; the most powerful curers have supernatural and magical powers, and their primary role is diagnostic. Correlated with naturalistic etiologies are the beliefs that disease causality is nothing to do with misfortunes; religion and magic are largely unrelated to illness; the *principal* curers lack supernatural or magical powers, and their primary role is therapeutic". Mahapatra (1994) also states that among the tribal communities diseases are usually thought to occur due to two reasons- a) due to belief in supernatural forces b) due to the physical factors like living in unsanitary conditions; though this is less commonly accepted. Swain (1994) also points out the physical reasons attributed to disease by the tribals are weather, food, accidents and natural calamities. Joshi (2004) also mentions two etiologies that are popular among tribes of Uttranchal i.e. illness caused by natural (*Bimari*) and supernatural forces (*Dos*). It is to this context and understanding of illness that the traditional healers are closely related.

### **Traditional healers and their Role**

Foster (1976) states "the kind of curers found in particular societies and the curing acts, in which they engage, stem logically from the etiologies that are recognized". In Tribal and many rural communities' traditional healers like shamans, herbalists etc play a very important and crucial role in ensuring the wellbeing of the community (Roy Burman, 2003). Many studies also point out the faith of rural and tribal communities in traditional healers. The traditional healers are a large category in themselves and include herbalists, shamans, diviners, *dai*, bone-settlers. Among Indian studies, Mckim Marriott (1955) in his study in

Kishan Garhi village in Uttar Pradesh, during the 50s, records the presence of a number of practitioners in this village. He writes “the facilities of western medicine are largely ignored by the inhabitants of Kishangarhi, but indigenous folk medicine, magical, sacred and secular flourishes in every village of northern India”. He records the presence of number of folk practitioners like priests, exorcists, magicians and secular physicians, as well as numberless minor technicians such as bone settlers, charms sellers, cuppers, cultists, surgeons and thorn pullers in the village. Carstairs (1955) also observes the presence of priests as healers in rural Rajasthan. The faith of villagers in supernatural, deities and gods specific to certain diseases also find space in his article. He writes that “the chief resort of families’ afflicted by sickness (or indeed any other trouble) was to the priests in number of shrines in the vicinity”. Sahu (1991) in his study on folk practitioners in Oraon tribe also records number of folk practitioners in the village like the *Bhaghamati* (witch doctor, or medicine man), the *Kushrains (Dai)* and *Pahan*. Joshi (2004) also records number of healers in Jaunsari village in Uttranchal. He groups them into five categories i.e. *Baman* (Astrologer, priest and Healer), *Mali* (Diviner and Shaman), *Jariyara* (pulse specialist and herbalist), female specialist (mid wife, masseur and gynecologist) and Doctor (non-traditional healers).

Within the limited literature on traditional healers, most of the work has been focused on describing the rituals and practices of shamans with neglect of others. Joshi (2004) also points out that “anthropological writings on traditional healers have focused largely on shamans. Other type of practitioners are either ignored or not taken account of. Barring few studies other types of healers have not been analyzed properly”. Baer *et al.* (2003) also point out that “Shamanism has been the focus of an extensive corpus of anthropological literature and continues to be a topic of considerable interest, not only among anthropologists but also among certain historians and writers who hope that shamanic traditions can provide spiritual guidance in our own troubled times”.

Kleinman et. al. (1979) try to look at the therapeutic value of shamans in a follow up study of the patients treated by a shaman in Taiwan, and relate these to early findings from a much larger study of indigenous healing in Chinese cultural setting. They conclude that “indigenous practitioners must heal”. They also point out that “Shamans treat three types of disorders: (1) acute, self-limited (naturally remitting diseases); (2) non-life threatening, chronic diseases in which management of illness is a larger component of clinical management than biomedical treatment of disease; (3) secondary somatic manifestation of minor psychological disorders and interpersonal problems. The treatment of disease plays a small role in the care of these disorders. The indigenous practitioner is well poised to maximize psychosocial and cultural treatment of the illness. Contrary wise, he may not be competent to effectively control severe and acute cases. The community members go to western style doctors for the control of potentially life-threatening diseases, diseases which western medicine is particularly effective in treating; and to *tang-kis* (shaman) for personally and culturally meaningful treatment of illnesses”. They caution that they don’t mean to imply that indigenous therapy is totally ineffective against all severe, acute, and life threatening chronic disease. They also recommend that there is a need for fundamental reconceptualization of clinical care and restructuring of clinical practice for them to understand both disease and illness. They also argue that most indigenous practitioners (especially sacred) cannot be trained to systematically recognize, refer, or treat disease. They cannot be incorporated into modern health care organizations.

Siikala (1978) tries to analyze the ritual performance of a shaman. Her premise is that the “the technique of communication used by the shaman as a creator of state of interaction between this world and the other world is fundamentally a role taking technique”. It is shaman’s role taking vis-à-vis spirit “counter roles,” in her view that distinguishes shamanism from other ecstatic endeavors. The psychic process of this Shamanistic technique, she argues, is the same, as used in hypnosis, which Sarbin defined as one form of role taking. Atkinson writes that “Drawing on role theory in both psychology and sociology, Siikala presents a model of interactions among shaman, spirits and human audience that leads to



altered states of consciousness. Particularly interesting is her discussion of depth of trance as it is shaped by the dynamics of a Shaman's role taking and with spirit and human alters”.

Kakar (1982) in his book 'Shamans, Mystics and Doctors' analyses the spirit possession and healing practices of traditional healers in order to explore the existing practices for the treatment of mental illness. He tries to analyze the methods adopted by the gurus of mystical cults, shamans, hakims, vaides and psychotherapists in the treatment of illness. His study is based on extensive fieldwork in parts of northern India. He uses number of cases to analyze practices and then compares them with the techniques of modern psychotherapy. He concludes that traditional healers establish a 'Cause and Effect' relation between the supernatural world and psychosomatic illnesses and treat patients according to their perceived cause of ill health.

Harimohan Lal (2000) in his study among Konda Reddis observes that folk practitioners were utilized for conditions or problems that were primarily psychological in nature. His study also shows plurality among traditional healers like shamans, herbalists etc.

Sahu (1991) in his study 'Health Culture in Transition: A case study of Oraon tribe in Rural and Industrial Nexus' highlights that the health culture of the tribal groups is not static but undergoes change in relation to the larger context; "the health behavior of a tribe revolves around the question of the degree of access and how social, economic and political considerations influence the access of Oraons to health institutions". He found out that Oraons from all walks of life in all the six study areas have considerable need of health services beyond their traditional health services. He also points out that due to the availability of western medicines and health services the traditional healers are gradually losing interest in their professions.

Joshi (2004) records the number of healers in Jaunsari villages in Uttranchal. He also describes the role of each healer in detail and stresses that shamans are not the only kind of healers that the people believe in. "They have a well defined regiment of healers who intervene at various stages in health seeking as well as

in avoiding and sorting out of generalized misfortunes". He also concludes that despite the easily availability of doctors, people continue to see *Jariyara*, *Baman* and *Mali* and sometimes both are consulted side by side. He also points out these healers also admire the powers of allopathic medicines and encourage people to visit allopathic doctors. He writes "they firmly believe that a doctor can only be successful if it is a *Bimari* caused by natural factors and is helpless if the cause is *Dos*". He also writes that "prevalence of multiple therapeutic modes makes Jaunsari a medically pluralistic setting. Different healers subscribe to distinct paraphernalia, etiology, diagnoses and preventive measure and treatment mode". But all the healers are complementary to each other.

Gellner (2006) draws the portrait of a *Tantric*-healer and described his practices in detail in Kathmandu valley in *Nepal*. The author points out that "his healing style is forceful, business-like, and frequently very earthy". He is a very known and established healer in the area. He has a Consulting room that is always packed with people except, Sundays and Wednesdays when he does not see patients. People visit the healer with problems related to physical symptoms, social and psycho-social problems and astrological queries. The diagnosis of the *Tantric*-healer is broadly grouped into: a) physical or psycho-physical, b) magical, c) Religious and supernatural causes, d) Astrological reasons. He offers treatment in the form of Physical (bottled powder and other medicines), Magical (Brushing blowing and giving empowered powder), religious prayers and Astrological advice.

Sagant (2008) in his study of shamans among the Limbu tribe of Eastern *Nepal* draws a portrait of a healer in order to delineate the cure that Shaman provides in hill regions. He points out that "by encouraging people to make peace with the past, the shaman in his own way takes up where political institutions leave off. He has same goals: to consolidate alliances, to remove obstacles, to the creation of network of social relations, and in order to accomplish this, cause old adversaries to come to terms, deep in their hearts, with conflicting relations, and accept them....The shaman has a monopoly over transmission of myths. It is well known that society reproduces itself through this transmission; identical from one generation to the next...illness is borne of the breakdown in social order.

The shaman guarantees social order". He also says that three phases can be discerned in shamanistic healing: a) the clinical examination: in which the shaman questions the community on recent past regarding the dreams, diet, social relations, and violation of taboos, etc. b) the symbolic horizon: This involves the diagnoses, the divination. The shaman indicates the spirit responsible, and a ritual to be performed. c) The layman's interpretation: finally the process of interpretation can begin, involving the patient and his entourage, sometimes the community as a whole. He also underscores that these shamans are very holistic in their approach.

Several studies identify the role of traditional healers beyond health care by relating the two-way interaction between the healers and the social structures.

Manna (2003) looks at the role of shamans known as Ojha or Gunin in three tribal communities (Lodhas, Mundas and Santhals) in West Bengal. She describes the role of medicine men in overcoming diseases by propitiating spirits and ghosts with various rituals. She writes that "These medicine men are also in a position to maintain peace and order not only by combating evil spirits but also suggesting ways of purification on the basis of which society can be stabilized". She also indicates the knowledge of these *ojhas* in administering herbs as well. She specifies that this role is gender specific; only men are assigned this particular role. She also writes that "traditional medicine men in Lodha, Munda and Santhal communities enjoy special prestige and privileges and in many cases their opinions are respected. So not only in treatment of diseases, the role of traditional medicine men is also very important in maintaining group solidarity".

Roy Burman (2003) in a study on 'Tribal Medicine: Traditional Practices and Changes in Sikkim' writes that people are using both traditional and modern practitioners i.e. doctors, shamans and lamas. This trend of practice of consulting the traditional medicinal practitioners is true for the young and old or male and female. He also points out that all the other tribal groups use both, except the Christian tribal groups, who prefer allopathic doctors. He also points out that people are reverting back to the traditional faith healers after consulting the doctors- more so for chronic and serious cases. He attributes this recent

trend of people reverting more to traditional healers to 'ethnic revivalism' through healing.

Gellner (2006) in another chapter named 'Priests, Healers, Mediums, and witches: the context of procession in the Kathmandu valley' discusses two main traditional healers i.e. healers and mediums among Newars. The author analyses these healing roles in the light of gender and caste. He writes "Healers, who are always male, are never processed, but rather acquire their powers by spiritual exercises and straight forward instruction. For women, the only path to practice is as a medium. Men do sometimes become mediums, but they are vastly outnumbered by women. Mediums are possessed, often on daily basis, by a tutelary deity; occasionally they are possessed by other deities as well". Both of them recommend specific acts of worship and rituals for certain ills. However, there are two means which mediums cannot make use of: astrology and Ayurvedic medicine. Healers themselves do not look kindly on mediums. He also points out that the emergence of 'mediums' is relatively new because in the past the women were not allowed to practice as mediums, they have been beneficiaries of political changes in the form of democracy. He adds that "in the modern period, male priests and healers may disapprove of them, but there is nothing they can do to stop people from patronizing them, and their disapproval now counts for nothing. Thus he points out that the emergence of medium role has to be seen in the light of a) pre existing cultural ideas about gender, priesthood and witchcraft; (b) various pre-existing practices involving possession of both men and women; and (c) Cultural and political changes in Kathmandu valley since 1951. He also points to the improved position of women due to these changes.

Hardiman and Raje (2008), analyze change in the practices of indigenous healing and their role in the tribal areas of Gujarat in the present context. They analyze this in the light of changes like intervention of protestant medical missionaries, influence of non-governmental organizations, influence of Christian Faith missionaries and development of public health services. They write that till the early years of 20<sup>th</sup> century, the communities solely depended on *Bhagats* (ritual specialist) for all sorts of illnesses and health problems. They point out that

this role was specific to males and indicate the ways in which a person could be initiated into becoming a *Bhagat*. But their practices were often characterized as superstitious by Colonial officials and missionaries and were depicted as 'witchdoctors' and often described as most difficult opponents. With the intervention of missionaries in the area of health, the communities accepted their services but authors indicate an apparent conflict between them and the *Bhagats*. Though after independence, the government introduced health care services in the area that were accepted by the community. But there are large unmet health care needs of people due to poor functioning of the primary health care institutions. This has also led to the proliferation of many quacks that practice allopathy and these are the main rivals of *Bhagats*. They also indicate that some of the *Bhagats* have adopted new kinds of strategies like the clinic kind of paraphernalia to adapt to the present times. Some herbalists complain of loosing their healing practices because of the destruction of forest and stringent forest policies. The authors specify that NGOs haven't been able to exert much influence on the tribal practices of healing. But in last two decades there is a renewed influence of Christian missionaries of different cults, which are also leading to large scale conversions and also influencing healing beliefs. They conclude that three forms of understanding of disease causation and healing coexists, without the displacement of one by another. These three forms are first, allopathic practitioners, second, healing by *Bhagats* and other traditional healers, and third, the practice of Christian faith healers. None of the three had the power to displace the other.

### **Traditional Healers among Bhils**

Jain and Agrawal (2003) in their study in two villages in Udaipur District in Southern Rajasthan' point out that Bhils believe in multi-causation theory regarding occurrence of disease. They write 'Doctor, ANM, *Bhopa*, traditional herbalist, traditional birth attendants are some of the health personnel. Home remedies are followed by treatment of *Bhopa* and herbalist. If the treatment is not cured by traditional healers, patient is taken to the allopathic doctor. Then if the patient doesn't get well then is again taken to the *bhopa*-the ultimate doctor

of the Bhil community'. They also point out that Bhils use lot of herbs and home remedies in the treatment of diseases because the herbs are easily available and accessible to them and are also cheaper as compared to allopathic medicines. They also point out that the poor functioning of public health services in this hilly and difficult region also compels people to resort to traditional healers more. But at the same time the authors point that 'Bhils do not find the use of allopathic mode of treatment compatible within their living conditions'.

Jain and Agrawal (2005) in another study in the same villages 'Perception of Illness and Health Care among Bhils: A study of Udaipur District in Southern Rajasthan' point out that Bhils of Udaipur believe in multi-causation theory regarding occurrences of diseases. The authors state that multi causal theory can be divided into four categories: 1) Physical or biological factors (climate change, lightening, heavy rains etc). 2) Supernatural forces (past sins, evil eye and breach of taboos). 3) Socio-cultural factors (contaminated air, unbalanced diet etc). 4) Man to Man factors (unsafe sex, laxity in sex etc). They point out three chief traditional healers among Bhils as *Bhopa*, Herbalist and a Dai. They write that 'each has got a special and significant role in treating and taking care of patients in the community'. They also point out that "*Bhopa*, herbalist and an allopathic doctor all compete to treat the person for the same problem by using their specialized skills". Their field data shows that 68.7 percent and 96.6 percent respondents in 2 study villages sought the help of traditional healers on priority basis. Even though allopathic treatment is sought very commonly, it indicates that both traditional and biomedicine coexist in a Bhil village. They conclude "In general, services of indigenous health practitioners are sought in all kinds of mental and physical discomforts. It is also believed that traditional healers do not have 100 percent hold over the treatment. Past experience of Bhils gives them the idea that the traditional healers like *Bhopas* cannot cure all diseases. A herbalist may cure them but partially. However, frequent relief from the allopathic drugs plays a major role in the context of use of the modern health care system".

## **Summary**

The above literature clearly points to the faith of the tribal and rural communities in traditional medicine men, sorcerers and Shamans. They also point out the plurality among the traditional healers like Shamans, Herbalists, Bite healers, Diviners, *Dai*. It also clearly reflects the bias of the researchers towards Shamans and the neglect of other healers. These studies can be broadly grouped into 3 categories: One in which the focus is on the therapeutic effectiveness of Shamanistic healing. The study by Kleinman et. al. (1979) reveals that Shamans should continue with their healing role. Kakar also tries to draw parallels with psychoanalytic technique. Second, are those that elaborate on the healing rituals of shamans and their holistic role. Studies by Manna (2003) and Sagant (2008) show the holistic role of Shamanistic healing. Third, are the ones that look at healing in the light of changes. The studies in this category indicate a situation in which different forms of understanding of disease causation coexist without the displacement of one by the other. One study indicated the renewed faith in traditional medicine and attributes it to ethnic revivalism. But these studies have largely concentrated on changes in healing practices in specific communities though there is very less systematic work in the current literature that specifically looks at the 'role of healers' in the light of all these changes and especially among Bhil Tribe. Several suggest that healers have a greater role than in health care. In turn, they also seem to be influenced by wider societal changes. One such study looks at the rise of a particular healing role in the light of gender and political changes. These dimensions need to be understood in greater depth and this study is an effort towards fulfilling that objective.

## **Conceptualization of the Problem**

Since independence, number of changes have taken place in tribal communities. These changes have been mediated by political, economic and social forces. These include interventions through state, NGOs (non governmental organizations), which have had its effect on different aspects of their life like livelihood and cultural practices. Our understanding is that the role of traditional

healers also has to be conceptualized with these changes. With this perspective, the practitioners are not seen as static and unchanging, but the contact of both healers and the community with other socio-economic and political forces will have a bearing on their role and practice in the society.

The study of folk practitioners within tribal health has been largely addressed by medical anthropologists. Till the 50s, these studies drew their theoretical framework largely from colonial anthropology and behavioral perspective within psychology. All these studies best highlighted the belief in supernatural forces and made ethnographic descriptions of the techniques used by faith healers and other medicine men. The social-political factors that also have influence on their 'healing role' have thus remained grossly ignored.

Similar studies conducted in India identified the presence of traditional practitioners along with other indigenous systems in the villages, but failed to elaborate on the role of folk medicine. The studies like Marriott (1955) and Carstairs (1955) took a similar approach. Some of them like Marriott (1955), Carstairs (1955), and Hasan (1967) also considered traditional medicine inferior to allopathic medicine. "These studies also laid stress on the alleged shortcomings in the culture of the people that hinders their acceptance of western medical practices, even when such practices were made accessible to them" (Sahu 1991).

The recent work on healers within psychology is still guided by a behavioral perspective. Atkinson (1992) points out "two dominant preoccupations of recent multidisciplinary work on shamanism, the psychological state of shamans and the therapeutic value of Shamanistic healing. Both reveal a quest on the part of behavioral scientists to find some rational basis- physiological, psychological, or medical- to explain existence and continuance of shamanistic practices". Following such an approach shamanism has been attributed to psychological state of the individual with emphasis given to neuro-psychological basis. The studies like Siikala (1978) drew from a similar approach. Similarly, some studies have also tended to focus on shamanism as a form of psychotherapy and tried to draw similarities with modern psychological theories like the one taken by Kakar



(1982). These studies have largely emphasized on psychological processes, again ignoring the cultural and political factors that have a bearing on healing systems.

Later work took a political- economic approach in the study of tribal health. Helt (1981) states (as cited in Roy Burman 2003) that “political economic forces play a dominant role in the shaping of health services of the community, for instance, through decisions on resource allocation, manpower policy, choice of technology, and the degree to which the health services are available and accessible to the population...”. Atkinson 1992 also points out that “new anthropological work following a wider trend in the discipline has grounded shamanistic trends in the history and political economy of certain regions and explored the relations between culture and politics, locally and in relation to state formations”. Banerji (1982) also took a similar approach in the conception of ‘health culture’. He saw ‘health culture’ of a community as a sub-culture of the overall culture of the community-the overall way of life; it is intimately linked to the overall culture that is mediated by various social, economic and political forces. Banerji (1982) writes “health culture covers an equally wide range of considerations, which intimately interact with one another to form a sub-cultural complex. Cultural perception of health problems, cultural meanings and cultural responses to these problems, both in terms of formation of various institutions to deal with various health problems and actual health behavior of people and groups, forms this sub cultural complex. Because of its cultural connotations, health culture is subjected to change as a result of cultural innovations, cultural diffusions and purposive interventions from outside to bring about a desired change in health culture. Such a connotation also links it closely with the overall way of life of the community-its overall culture. Further, as health problems of a population are usually a function of the latter’s ecological background, cultural, economic and social setting and the political structure, it is possible to link once again the entire spectrum of health culture to these issues because health problems form a key factor in the shaping of the health culture of the population”. Studies like Sahu (1991), Harimohan Lal (2003) and Roy Burman (2003) took a broader approach in studying tribal health. They looked at different political,

social and economic forces that have a bearing on the 'health culture' of the community. However, the change Sahu (1991) and Harimohan Lal (2003) examined is the shift of tribal groups to modern medicine as it becomes accessible. The recent studies (Roy Burman 2003, Joshi 2004 and Hardiman and Raje 2008) are indicating that the presence of both continues, and so we need to understand the present role of traditional healers. One such study by Gellner examines the change in the 'healing role' in the light of political and social changes in Kathmandu valley since 1951.

The conceptualization of the study draws from the approach taken by Gellner that any healing role is closely interlinked to the changing political and social system. This is also the idea behind Banerji's concept of health culture. As discussed earlier, the present study is looking at the role of 'traditional healers' among the Bhils in the light of changes that have occurred in the socio-economic and political spheres. Here the sub system of health interacts and is influenced by the changes in the larger social system. These changes will in turn influence the perception, practices and role of healers as well as community.

### **Research questions**

The main research questions posed were as follows:

- 1) What is the change in the types of 'traditional healers among Bhil villages of Udaipur?
- 2) What are the changes in the utilization pattern of health providers by the community?
- 3) What are the changes in the role of traditional healers in the social and political life as well as health care with changing socio-economic and political context including the entry of different types of health care providers at the village level (migration, primary health care services, RMPs, intervention of NGOs)?

## **Objectives**

The broad objective is to study the changing role and type of traditional healers in the context of changing wider scenario at the socio-economic, political and cultural planes in Bhil villages of Udaipur. The sub-objectives are:

- 1) To document different kinds of healers in the past and present.
- 2) To study changes in the practices of traditional healers overtime.
- 3) To study the utilization pattern of the community and their assessment of changes in the healers.
- 4) To study the present social and political role of the 'traditional practitioners'.

## **Methodology**

This is an ethnographic study of one village in Udaipur district and its traditional healers. The intensive field work was carried out for two and a half months across November, December and January. I purposively selected this district because of my familiarity with the Bhil community. I already had a fair understanding of the socio-economic and political aspects of the Bhil tribe. My three years of work experience (2003-2006) with the NGO Seva Mandir in similar villages of the district helped me substantially.

The village was purposively selected based on the following criteria: a) the majority of population should be from Bhil Tribe. b) There should be a presence of different kinds of healers (herbalists, shamans) in the study population. c) There should be a presence of modern medical facilities in the village and there should be some NGO intervention. The study is primarily qualitative in nature.

Secondary data was mainly collected in the month of October from libraries, census data and government departments on the Bhil Tribe and its traditional healers.

Primary data collection was carried out in the months of December and January through a) interviews with key informants i.e. members of caste panchayat, elected panchayat members, NGO workers, government school teachers, ANM

and ASHA b) Interviews with traditional healers c) Observation of the health care delivery of the healers and d) group discussions with the community.

The first thing I did was to collect information from workers of Seva Mandir regarding the village. Seva Mandir is an NGO with large presence in the area. It has its head quarters in Udaipur and zone office is in a close-by village. It undertakes various development programs in 583 villages in the Jhadol, Girwa, Kotra, Kherwara and Gogunda Blocks of Udaipur and Rajsamand districts.

Then, I also went about collecting all the relevant information from the village residents and built rapport with them. I visited all the hamlets and started meeting the key informants in the village. This village is quite well acquainted with the presence of outsiders because the NGO keeps sending volunteers to this village. They would enquire if I had come to conduct a survey in the village and I repeatedly explained the purpose of visit. This gave me a decent grounding to conduct interviews with the key informants. It was very difficult to find any community members (men and women) in the village during the day time because at that time of the year they were busy in cutting and collecting fodder that would be used for the large part of the year for feeding their cattle. I also conducted a group discussion with the community members and found that the community was really hesitant in discussing about their traditional health care practices and healers and hence it was decided to keep the group discussions for the end. Together with my interviews of key informants, I kept making a list of all health practitioners (traditional and modern) that the community goes to and also the health beliefs of the community. Doing that, I started my interviews with the traditional healers. In the beginning interviews were conducted more to build a rapport with them. Some were very hesitant in the beginning, to the extent that some seemed intimidated by my presence. Some even told me to visit others and not trouble them. On the contrary some others were very friendly and responsive. Though most of them had received meager formal education, some of them sounded very learned by virtue of their spiritual knowledge and rich experience. In the later rounds, gaining more support and confidence, the interviews were focused on their healing practices, challenges, experiences and changes. As I proceeded to gain deeper understanding about the community

through my interactions with its members, I went a number of times to some healers to fill the respective gaps and doubts. This was particularly challenging because most of the healers were either not in the village (commute to Udaipur for work) or were busy with their agriculture and cattle grazing work. I also visited the temples on Saturdays and Sundays to observe the rituals and healing practices administered there. These observations and interactions with the community members at the temple enriched the interviews. Then I conducted group discussions with the community members. They were not willing to discuss their preferences in a group scenario but would individually give me lot of information afterwards.

### **Limitations**

The researcher found it very challenging to conduct group discussions because firstly, the youth groups were not available during the day hours (commuting to Udaipur) and on their return after the long hours of work they were too tired to sit through the group discussions in the cold night hours. The women folk were very busy during the day hours and coming out in the night hours was not very feasible for them. Thirdly, the community members were very uncomfortable in discussing their health practices in a group situation. However, several individual interviews and conversations provided in-depth insights that were incorporated if corroborated by more than one respondent.

The short duration of fieldwork was another limitation. Several issues could have been probed deeper had more interviews been conducted with the same healers as well as more in-depth interviews with the community.



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## **CHAPTER 2**

### **THE BHILS IN UDAIPUR: A LITERATURE REVIEW**

As the study concerns the Bhils of Rajasthan, this chapter will delineate various aspects of the life-situation of Bhils in Rajasthan in general and Udaipur district in particular. The present chapter is divided into two parts. The first part discusses various aspects related to Bhils in Rajasthan. The second part of the chapter deals with the profile of Udaipur district of Rajasthan state.

#### **Part I**

##### **Bhils-A Literature Review**

Before, going into the details of the life-situation of the Bhils, it will be essential to understand the conception of tribe in academics as well as its functional understanding in public administration. The next section will try to understand various events mainly in the pre-colonial and colonial times in this area and its effect on Bhils. This will help to situate the current situation of the Bhils in Mewar region (that is the present Udaipur, Chittorgarh, Dungarpur and Banswara district). The last section will cover the material cultural, social and political aspects of life-situation of Bhils of this region in the past and present.

##### **Distribution of Bhil Tribe**

Bhils are one of the largest tribes of India. The areas where they live are located in several states, namely, Rajasthan, Madhya Pradesh, Gujarat and Maharashtra.

The ST (Scheduled Tribes) population of Rajasthan state is 7,097,706 constituting 8.4 percent of the total ST population in India. The scheduled tribes of the state constitute 12.6 percent of the total population of the state. Out of these, more than 90 percent of the total tribal population consisted of two main tribal communities-the Bhil and the Meena (Census 2001).



District wise distribution of tribal population shows that the districts having fairly high tribal population are Banswara district (72.3 percent), followed by Dungarpur (65.1 percent), Udaipur (47.9 percent), Sirohi (24.8 percent) and Sawai Madhopur (21.6 percent). Nagaur (0.2 percent) preceded by Bikaner (0.4 percent) has the lowest share of tribal population in the total population. Majority of Bhils are concentrated in the hill-locked districts of Udaipur, Dungarpur and Banswara districts (Census 2001).

## **Section I**

### **Conception of Tribe**

Beteille (1995) and Singh (1993) describe category of tribe as a colonial construction (as mentioned in Xaxa 2003). It was not that in the pre-colonial period there were no such groups identified as 'tribes' but were mainly identified by regional nomenclatures and were not categorized under the general category of 'tribe'. Thus this category of Tribe is mainly conceived by British and carried over by the Indian state after independence (Xaxa 2003). He further notes that the British mainly looked at them as a separate group more for administrative or functional purpose than actually making the criteria for their identification explicit.

Later this task of defining a criterion was undertaken by academia and there is no easy consensus there as well. In the anthropological/ social science parlance, there is considerable difference in the conception of tribe. In the initial phase, Stage theory of evolution of social and political organization (in other words Social Darwinism) along with technological evolution held the ground for defining the 'tribe'. In the Stage theory, a western life-style was conceived as one polar end and tribal people's life style constituted the other polar end. In this perspective, Godelier (1977) described tribes as early stage in the evolution of society. However, by the 1960s, some of the social scientists came with perspectives other than that of stage theory. State and other institutions were viewed as a common denominator/determinant in the conceptualization of tribe. Sahlins (1961) described tribes as distinguished by the absence of the State like features in their social organization. Morton Fried described tribes as a

“secondary phenomenon” which acquires its form and identity from some external source, one of them being state.

In the Indian context, two important approaches were used to define tribes (Xaxa 2003). As per the first approach, the anthropological reflection provided theoretical ground to the definition/criteria of tribes as held for administrative purposes. These theories attempted to define tribe in terms of societal characteristics/features like distinct territory, language, culture and government and in terms of segmental features. However, the second approach attempted to define tribe as distinguished from caste with a social structure of a definite type. Though these are essential characteristics to distinguish tribe from other social organization, they are not adequate (Betellie 1960 and 1974). Beteille (1986) preferred the historical approach over the evolutionary approach in defining tribe (Xaxa 2003). According to Beteille (1986), a tribe is defined as being outside the State and civilization, and it may be due to choice or as a mere necessity.

Xaxa (2003) writes that in the Indian context it is the administrative rather than academic classification that is given more relevance. The constitution defines Scheduled Tribe as ‘tribe or tribal community or part of or groups within such tribes or tribal communities as are deemed under article 342 to be scheduled tribes’. Many studies argue that there is little scientific basis on which the present categorization of Scheduled Tribes is defended. Xaxa (2003) writes “that the list is linked to the extension of administrative and political concessions to the groups concerned, the exclusion or inclusion of the particular group reflects political mobilization rather than a neutral application of criteria”.

The criterion of identifying tribes in census operations has also changed over time. In the census of 1901, tribes were described as groups that practiced animism. Further characteristics were added in the subsequent census operations. The 1921 census however, used the term primitive tribes. But the main criterion for distinguishing tribes from castes was the practice of animism. Xaxa (2003) further points out “that the list of Scheduled Tribes in the Constitution has its genesis in these administrative practices of the colonial regime”. After independence, greater efforts were made after to arrive at a set of

criteria for determining the status of groups as tribes. In 1951, a Tribal Welfare Committee was set up to decide the criteria but it could not arrive at set criteria. Similarly, in 1950, the Commissioner of Scheduled Castes and Scheduled Tribes sought the views of different states on this. The criteria that was put forward by different states included features such as physical characteristics, linguistic affiliation, cultural contact, occupation and ecological considerations. However, Ghurye (1963) pointed out that religion, occupation, and racial features were not adequate factors for distinguishing tribal from non-tribal groups. Thus in the Indian context there is no consensus on describing tribes (Xaxa 2003).

### **Tribal Development Programs**

As the first step to developmental initiatives, special multi purpose development projects were introduced in tribal areas. With less success of this strategy, the tribal sub plan strategy came into force since the Fifth Five Year Plan (1974-79). Xaxa (2003) writes that this marked a shift in policy from welfare to development. The plan entailed a separate budgetary head for the purpose. It recommended programs such as integrated credit-cum-marketing services, marketing of agriculture and minor forest produce, supply of inputs and essential consumer commodities etc. Alongside these programs, emphasis was laid on programs for prevention of land alienation, restoration of alienated lands, abolition of bonded labour, etc. were also included (Xaxa 2003).

For facilitation of the implementation of the development projects, Rajasthan state is divided into 5 areas. These are:

- A) Integrated Tribal Development Project (ITDP): Those blocks, *taluks*, or whole of districts with 50 percent or more of tribal population come under ITDP.
- B) MADA Planning (Modified Area Development Agency): These areas comprise smaller pockets of tribal concentration having a minimum total population of 10,000 with 50 percent or more scheduled tribe population.

- C) MADA cluster (Modified Area Development Agency): It includes areas with 5000 population with 50 percent of total population as tribal population.
- D) Plan for scattered population: This plan includes all those tribes of state that are not covered under any other program.
- E) Saharia project: Saharia is a primitive tribe in Rajasthan. This plan is formulated for their benefit.

In Udaipur district, 6 blocks completely come under ITDP. While the Girwa block of Udaipur district has only 81 villages that fall under ITDP.

Xaxa (2003) writes that with the introduction of the tribal sub plan, there has been an unprecedented increase in allocation of funds for tribal development. But he points out that the tribal sub plan strategy has not been able to bring about any perceptible improvement in the situation in tribal areas.

## **Section II**

### **Bhils in History**

As indicated earlier, Bhils inhabit many regions of the Indian state. During the pre-colonial and colonial period, many small and large principalities and kingdoms shared power in different regions of Rajasthan. As such it will be difficult to discuss the relationship of Bhils with different political formation in the State of Rajasthan. Since, this study is being carried out among the Bhils of present Udaipur district which falls in the erstwhile Mewar region of Rajasthan, the history of Bhils in relation to Mewar region is discussed here. This is to further understand the historical context and processes of change experienced by the Bhils of this region.

Erstwhile Mewar region is located in the extreme southern part of the present Rajasthan state. Geographically and politically Mewar in 1871 had "an area of 12,691 square miles (approximately 32,870 square miles) and a population of over 1.7 million (Sen 2002). Most of the Bhils inhabited this region. According to Sen (2002), "in the 19<sup>th</sup> century, most of the Bhils in Mewar lived in the hilly

southern part of the state, south of the city of Udaipur which was the seat of Maharana's (Rajput kings) *darbar* or court and bordering on the neighboring states of Idar, Dungarpur, Banswara and Pratabgarh, and in the Aravalli hills in the southwestern part of Mewar along the border with the state of Sirohi. The region was divided into two kinds of territories i.e. Bhumat and Magra. The southwestern part of Mewar was rocky, hilly and densely forested, and in the southern part of this area, the Aravalli range was broken into numerous low hills and narrow valleys between them”.

According to Mathur (2001), this area was under the control of Bhil chiefs till around fifth century. However, by sixth century onwards these areas were engaged in conflict with Rajput rulers. He further adds that Bhils resisted the intrusion of Rajputs in this region in the beginning, defending their rights over the areas occupied by them. But they eventually gave up and extended cooperation to the Rajput chiefs in some areas. As a result, Bhils withdrew to the interiors of the forest. The Rajputs who could not penetrate into dense forests and hills were, therefore, forced to maintain a cordial relation with Bhils (Mathur 2001). He also points out that inspite of this cooperation between Bhils and Rajputs, tensions persisted between them. Sen (2002) also points out that Maharanas of Mewar and Bhils shared an equivocal relationship. On one side Bhils were seen as allies, friends and even saviours of Rajput rulers of Mewar, especially in the legends of Bappa Rawal, the founder of Mewar in eighth century, and of Rana Pratap, hero of battles against the Mughals. But then there is another note that tells that rulers of Mewar perceived them as a group that needed to be circumscribed. Some authors (Mann 1978, Sen 2002 and Mathur 2001) also point out to the tradition where the *Raj tilak* of the Maharana who succeeded to the throne was done with blood taken from the thumb or toe of the Bhil from a particular family in recognition to the services rendered by Bappa Rawal, a mark of relationship between Bhils and Rajput rulers. The Gazetteers also point out that this practice continued till the time of Rana Hamir Singh. However, it seems that by the first decade of 20<sup>th</sup> century, most of the Rajputs came to dislike this tradition because ‘the ceremony conveyed the recognition of their need of investiture by an older and conquered race’ (Sen 2002).

Sen (2002) also writes that there are also evidences of inter-marriages between Bhils and Rajputs when they first settled in the area. However, by the nineteenth century these affinal relations became more rigid and the intermarriages between Bhils and Rajputs became rare. By the nineteenth century, the Bhils were reduced to the position of outcastes in Hindu society.

The late eighteenth and early nineteenth century was especially difficult for the Mewar region in general and the Bhils in particular. This difficulty was faced by the Bhils on two fronts. Firstly Maratha and Pindari mercenary armies attacked the Mewar region and brutally destroyed the Bhils and their dwellings. Secondly, the situation was compounded by the ravages of nature in the form of famine and scarcity of food. The old Mewar lineage crumbled under the weight of these developments (Sen 2002). The 1818 treaty with the British brought rescue to the Bhils on a short term basis. However, in the long term, the British control brought new difficulties for the Bhils.

The first task that the British-Rajput combine undertook was to promote trade and increase the resources of the state. They targeted the Udaipur-Ahmedabad trade route and thus aided the advancement of commerce in Mewar. This led the Raj to abolish the *Bolai* and *Rakhwali* taxes collected from merchants and travelers by Bhils for securing the route (the Udaipur-Kherwara section). The Bhils confronted the Raj and this became their first collective encounter with colonialism. However, in mid 1850s, the British had changed their stand, and were keen in letting the Bhils retain their rights on taxes because this meant security of the trade route. This was a good source of income for both the Bhils and Rajput rulers ((Mann1978, Sen 2002 and Mathur 2001). Then in late 1890s, construction of the Rajputana - Malwa railway line led to the misery of Bhils. This meant shifting of trade route from Chittaur to Mumbai via train and the exemption of *Bolai* on Udaipur-Kherwara route. This led to loss of sizable income of Bhils and huge gains for the Raj and rulers through taxes levied on opium trade. The second step of the Raj to exhibit control in this region was through the establishment of Mewar Bhil Corps in 1841 in Kherwara for controlling the activities of Bhils. This submission of Bhils and weakening of their position led to further exploitation at the hands of Rajput rulers in the form of enforcement of

more and more taxes. This accentuated the misery and wide scale migration of Bhils to other areas towards 1850s (Sen 2002 and Mathur 2001). Mathur (2001) also indicates that the British imposed restrictions on the use of forest produces by Bhils in several areas. They also imposed restrictions on the practice of shifting cultivation by Bhils. One of the notes by British officers said "In cases of illness and deaths, they consulted *Bhopas* and he declared that the witch was responsible for deaths". Another area to exhibit influence was through the preaching of Christian religion among Bhils by Christian missionaries. The first church was established in Udaipur in 1888. With this, these missionaries also started welfare activities among Bhils. This also led to some conversions to Christian fold among Bhils. The British also attacked their custom of witch-hunting that was very prevalent among them. All this meant political and social control of Bhils by the British.

Other important developments that influenced Bhils were socio-religious movements –the Bhagat movements that were organized in the nineteenth and twentieth century. All these movements were initiated from outside and were carried out by non Bhils to reform the Bhil society. The *Bhagats* among Bhils follow different sects. Among them the prominent sects are Mavji sect, Lasodia sect, Ram Dev panth and Kabir panth. The basic tenets of these sects were vegetarianism, follow non-violence, abstinence from liquor, among others. Their respective philosophies, principles, associated norms and sanctions assumed the form of a movement with large number of followers. Some of these movements also took shape of socio-political movements like the one started by Govindgiri in the 20th century. The popularity of Govindgiri among the Bhils alarmed the rulers and he was imprisoned and forced by colonial rulers to leave Mewar (Mann 1983 and Mathur 1995).

The outbreak of epidemics and dangerous diseases has not been infrequent in this area. Epidemics of cholera were comparatively rare with only three outbreaks. The outbreak of 1900 was of a severe type and the mortality at the capital and in the hilly tracts, notably at Kherwara, was very high. The area also faced epidemics of Bubonic plague in 1836 and continued till 1903. Measures were taken by Darbar to deal with the disease were evacuation and disinfection

of houses and segregation of victims. Inoculation was not attempted (District Gazetteer 1979).

According to Mann (1978), the Bhils of this region did not completely submit to the injustices of British and Rajput rulers. In 1918 they organized a Kisan agitation and later also protested against the practice of forced labour. The military was employed to control their resistance and hundreds of Bhils were shot dead. He also adds that their exploitation at the hands of British and Rajput rulers did not end till the independence of India.

In the post independence period, the government has taken different initiatives through the planned development programs as mentioned above. The tribal populations in this area have also received attention of Non Governmental Organizations. But they continue to suffer from socio-economic deprivations. Banerjee *et. al.* (2004) point out that this area with large tribal population reveals poor socio-economic indicators. The area is also prone to severe droughts and the worst hit in the area are the tribal populations. Centre for Environment and Food Security (2005) writes, "The Bhils of Udaipur experienced severe hunger during the 2002 drought and were forced to eat leaves, roots, stems, wild flowers, the bark and gum, dead animals and touristy leftovers". During 2001 also the area was hit by a severe drought. T. K. Rajlakshmi (2001) writes about the situation of Bhil tribe, "the tribal areas have been hardest hit. The grim situation in these tribal areas has been created by years of neglect, indifference and sheer callousness on the part of successive governments, both at the Centre and in the State... The plight of the tribal people is particularly sad. In times of acute shortage they are known to have eaten *chapattis*, made from a grass called *Godra*. Today, even this grass is not available. There is very little ground where the *Garasias* and the *Bhils* of Udaipur can settle down. The land is mostly rocky... These tribal people are completely dependent on rain... A natural calamity is often a great leveler. However, in the case of drought, the most affected are tribal people who have small, unproductive plots of land in the hills. They are also deprived of the *Charnot* or the common grazing land, as upper-caste people usurp them without facing any resistance... People say that



unemployment and hunger-driven deaths have become common in the villages of Udaipur”.

### **Section III**

#### **Socio-Economic and political aspects of Bhil life- Past and Present**

This section attempts to give a broad understanding of the socio-economic and political aspects of Bhil Tribe that broadly entails their social organization, political organization and religious life.

##### **1) Origin**

There are mainly two kinds of accounts that explain the origin of Bhils i.e. Mythological and Sanskrit literature. Sen (2002) points out that Sanskrit narratives indicate that the ‘twice-born’ had traditionally assigned low status to the Bhils. Mann (1978) and Sen (2002) point out that there is a frequent mention of Nishada in the ancient Sanskrit literature and is explained by the commentator Mahindra to mean Bhil and Bhilla. They further write that the Puranic accounts of the Bhils trace their descent from the thigh of Vena, son of Anga, a descent of Manu Swayambhu. Vena was childless and the sage therefore rubbed his thigh and produced ‘a man like a charred log with a flat face and extremely short’. He was told to sit down (*ni shad*) and was so known as Nishada, from whom sprang the Nishadas dwelling in the Vindhya mountains, distinguished by their wicked deeds’.

There is another construction that comes out through the stories that the Bhils tell about their origin. Deliege (1978) and Sen (2002) point out two stories of such accounts.

1) In the Bhil version, they originate from the incestuous union of a dhobi with his sister who, had a son. Rama presented him with a horse, but the son, being unable to ride it, left the horse in the forest to cut wood; and he and his descendents become forest men and started the Bhil tribe.

2) There is another myth that is related to Mahadev and his wife Parvati. Mahadev gave to Parvati’s five brother’s the bull Nandi and told them to be very careful of it since its hump was full of wealth. Upon reaching home, one of the five suggested slaying Nandi in order to obtain the

wealth. They killed him but no wealth was found in the hump. Parvati now appeared and told them that they should have yoked the bull to the plough and thus gained wealth from the mother-earth, but as they were so foolish as to slay the sacred animal, she would never look at their faces again, and left in high displeasure. For thus killing the sacred animal the Bhil has ever lived a miserable existence and been of no caste.

Deliege (1978) and Sen (2002) are of the view that these stories do not tell us much about the origin of the tribe but it definitely depicts an inferior self – representation of Bhils *vis-a-via* their superior Hindu neighbors.

## **2) Social organization**

### **a) Kinship**

Beyond their primary social unit, namely family, there is a larger framework of social network based on both agnate and cognate relationship. The kinship is related through the members of the family namely, father, mother, brother, sister and other blood decedents. The kinship ties also determine the role of different relatives in important life cycle rituals. For instance, on the occasion of birth, there is not much social interaction between larger kin, yet few of the nearest kin folks are invited. Child's paternal aunt officiates the naming ceremony of the child. The child's maternal aunt also plays an important role in this ceremony. She brings a calf and a pair of clothes for the child and her sister. But the marriage ceremony usually engages the extended kin folks of both maternal and paternal sides, when fixed payments are made to the specific relatives by the father of the girl from the bride-price received (Mehta 1998). Some authors point out that other aspect of kinship structure remains unchanged except change in the kinship terminologies in the recent past (Samantha 2003 and Srivastava 2004).

### **b) Lineage/ clan structure**

Mehta (1998) points out that Bhils are organized into a number of patrilineal exogamous groups or clans. Each clan is distinctively named and consists of related individuals belonging to common ancestors. The clans among the Bhils are generally named after plants or animals to which the clan members ascribe their origin. The tribe is thus divided into number of clans, each clan having a

common descent, and observes the rules of exogamy. Different authors give account of different number of Bhil clans as pointed by Deliege (1985). He also adds that beyond marriage, clans have little significance for them. Each clan has its own totems. The totem may be a plant, tree or an animal. Mehta (1998) and Samantha (2003) point out that all clan members invoke their respective totemic gods and goddesses locally known as *Devtas*. Mehta (1998) is of the view that the Bhils also observe the ranking of clan i.e. lower and upper groups in the society; they observe marital relations with the lower clans, while Samantha (2003) is of the view that all clans are of equal status.

### **c) Marriage**

Mehta (1998), states that Bhils follow clan exogamy: A man cannot marry within his own clan. While Deliege (1985) argues that more than clan exogamy they follow lineage exogamy in marriage alliances.

Mehta (1998) points out that child marriage is an unknown phenomenon among the Bhils. He also writes that marriages usually take place few years after the girl attains puberty, and they generally get married between the ages of 16 and 21.

The bride-price or *Dapa* is usually settled in front of the village head man and the concerned parties. The marriage alliances are usually fixed by the parents. It is the boy's father who usually undertakes the negotiations (Deliege 1985 and Mehta 1998). Marriage by elopement is also an accepted form of marriage among Bhils. The individual is totally free to choose ones partner and only a breach of exogamy rules can be a serious obstacle (Deliege 1985 and Mehta 1998). They also add that the question of social status is not the preoccupation in the arrangement of a 'good' marriage. However Deliege (1985) also points out that some authors indicate Bhils are adopting customs of Hindu castes concerning marriage, though, this phenomenon is yet to be conclusively established.

The *Natra*-divorce is permitted among the Bhils through intervention of the tribal council. Divorced women may marry again or are allowed to live with another man after the payment of fine by the second husband to the first (Mehta 1998 and Samantha 2003). Some authors point out that the Bhil villages closer to the

plains have started to look down upon the customs of Natra and Dapa (Srivastava 2004).

Marital alliance between the groupings like hill people or *Palia* or *Ujale* and of the plains or *Maile* or *Kolia* though not prohibited, is not liked. Mostly *Maile* marry *Maile* and *Ujale* marry *Ujale* (Samantha 2003). He also points out that Bhils don't approve of marriages with members of the Scheduled Castes and under such circumstances the girl or boy has to face serious repercussions. The Bhagat movements also questioned some of the social customs and beliefs of Bhils (*Dapa*, *Natra* etc) and also prefer marriage alliances among *Bhagat* families.

#### **d) Family**

Their descent is patrilineal and residence is patrilocal. Chaudhary (1978) writes that the family among Bhils is the smallest unit of social organization. The kiths and kins live side by side and mutually provide support to each other. Deliege (1985) and Doshi and Vyas (1992) and Samantha (2002) write that the Bhil family does not represent the joint family system. When a grown-up son marries, he is separated from his parents and establishes a new house. The land is divided when the father is still alive soon after the marriage. The youngest son continues staying with the father with his wife and inherits his father's plot and house.

#### **3) Language, dialects and linguistic affinity**

Deliege (1985), points out that some authors are of the view that the tribes of western central India belonged to the Indo-European speaking part of the Indian population. They are of the view that Bhils had their own language that was not of Indo-Aryan family. Bhili is pointed out as the original language that they use to speak. But there are very little traces of this in the dialect that they speak today. He adds that some authors are also of the view that the Bhili language is a corrupt form of Gujarati words. They are of the view that in different areas the Bhil dialect got merged with neighboring languages. But they still mark a similarity between the dialects among Bhils residing in different states.

Samantha (2002) points out in southern Rajasthan Bhils have a working knowledge of Hindi, while *Mewari*, *Bagadi* and other local dialects have replaced the *Bhili*.

#### **4) Economy**

Mann (1978) writes that the economy of Bhil society was different in the past than what it appears to be today. Mann (1978) quotes Haimendorf to have said that even till 1953, majority of Bhils in Dang, Gujarat were dependent on slash and burn cultivation. Mann (1978) points out that there was a change in the agriculture practices of Bhils. In the 1950s, the Bhils of Gujarat were primarily practicing shifting cultivation. He further points out that in the 1970s, stricter enforcement of forest laws led to further impoverishment of the Bhils since the land which the Bhils held was generally small in size and of low fertility and which could not produce enough food. Mann (1978) quotes Haimendorf to have said that majority of Bhils were dependent on minor produce for food and forest labour as a livelihood option. Mann (1978) further points out that as the economic institutions and their importance gradually became prominent they started affecting various aspects of their life. Mann(1978) quotes Ghurye to have said that "Majority of Bhil population engaged in non-agriculturalist pursuit are laborers, pursuits like charcoal preparation, collection of forest products like gum, lac and wood cutting comes under these industries". The introduction of money economy, the limitation of Bhil rights on land and forest, the increasing needs due to growing population introduced new problems among them.

Mann (1978) also indicates that now the Bhils of Rajasthan are primarily agriculturists. The land owned by Bhils in this area is largely small, poor quality and not so fertile. With the rapid growth of population and consequent pressure on land, a large number of them have become landless. As a consequence, almost all the families that depend on agriculture are also engaged in some subsidiary occupation like domestication of cattle i.e. cows, buffalos, goats and poultry birds etc together with labour work during slack season in construction works, roads etc. Those who are landless are largely engaged as agriculture labors. Doshi and Vyas (1992) and Samantha (2003) also point out a recent

trend among them of migration to towns and cities to seek work. Katiyar, Khandelwal and Kumar (2003) estimate that up to 64 percent of individuals in Udaipur migrate to cities and towns to seek employment. Few of the Bhils have also taken to entrepreneurship (Doshi and Vyas 1992). They are running small tea shops, cycle repair and small contractorship in mining and collection of Tendu leaves. A few of them are also employed as teachers, compounders, electricians, drivers and masons. Srivastava (2004) also writes that in the past most of the Bhils depended on shifting cultivation and collection from the forest. Now majority of them practice settled agriculture. Some of them closer to plains have also started using more advanced methods in agriculture than the ones living on the hillside. Some of them have also taken jobs as teachers, constables and compounders etc.

### **5) Political Organization**

Describing the political Organization, Samantha (2003) writes that the *Gameti* is the headman in the Bhil village and is supported by two *Bhansgarias*. The founder of the village becomes the first *Gameti*. The office is hereditary and follows primogeniture rule. The office of a *bhansgarias* is also hereditary. In any panch meetings the *Gameti* presides and other important person in the Bhil village is *Bhopa*, the medicine man. She adds that the function of statutory panchayat is restricted to the development activities. The traditional panchayat usually settles disputes regarding marriage, quarrels and also property disputes. She stresses that *Bhopa* and *Gameti* are two important persons whose views are valued on any issue.

Each cluster of 12 villages has a *baragaon Gameti*. All the 12 *gametis* of these villages ceremonially accept the *baragaon Gameti*. In the minor inter-village disputes the panch from both the villages sit and settle. If it gets impossible to arrive at a decision then the *baragaon Gameti* is invited to settle the dispute. A person once excommunicated can return to the Bhil fold only with the permission of *baragaon Gameti*. He adds that these days in the case of hill villages the political parties have a strong presence in the villages but they have not been able to undermine the position of the traditional offices like *Gameti*, *Bhopa* and

*Bhansgarias*, but that these traditional offices are losing their power in the plain villages to the political parties and statutory panchayats (Samantha 2003).

## **6) Religion**

According to Mann (1978) their religion and many other ways of living are inseparable. One or the other element of religion are connected to the social, economic and political life of the tribe. He is also of the view that inspite of the contact with many non-tribal communities; the Bhils continue to recognize most of their religious traits. But it is also not totally devoid of any outside influence. Mann (1978) and Mathur (2001) enlist the important deities of Bhils as *Inderraj*, *Veghdeo* (tiger god), *Barabij*, *Ghoraji*, *Sinadyo or Himaryo* (god of boundaries), *Jhapri*, *Kachumberdeo*, *Kalaji*, *Khetarpal* (god of fields), *Sati Mata*, *Mari Mata*, *Verei Mata*, *Kalika Mata* (all to protect against disease), *Ori mata*, *Sitla mata*, *Moti mata* and *Vejva mata*. They also worship gods of wider Hindu pantheon i.e. *Hanuman* and *Mahadeo*. The Bhils take *Mahadeo* as Supreme Being and as the creator of life and universe. *Bheru* is a powerful deity. They consider two forms of *Bheru* i.e. *Kala* and *Gora*. *Magra Baba* (god of hills) is also recognized and worshipped. They also propitiate deities like *Rebari Mata* (deity of travelers) and *Dharam Raja* (Virtuous king) etc.

Besides these, they also believe in some others found in natural as well as manmade surroundings like the goddess of sky provides general protection, *matri*, *Pipal* and *Dash* are the goddesses concerning trees. These are totemic goddesses. They also believe in objects of nature like clouds, air, sun and moon. These are always attributed to a sacred category. Mother goddess or *Dhartimata* is also venerated. *Nandervo*, the deity of corn, is propitiated and is believed to preside over the corn. The god of village settlement *Taranyo* is also recognized by Bhils and the image of this god is installed at the start of the village settlement that is believed to protect the village (Mann 1978 and Mathur 2001).

The ghosts and spirits also find an important place in their religion. They take different measures to pacify these spirits. They are of the opinion that these spirits house themselves in deserted and dilapidated structures, trees etc. They also believe that spirits are fond of meat and liquor and are appeased if provided

the same. They are believed to affect children, pregnant women and brides. These spirits are capable of taking possession of animals and human beings. They erect images of dead ancestors like *Bhumia* and *Matlok*, after death. They are believed to act as guardian spirits after certain rituals are performed. They also live in the fear of malevolent spirits which can cause harm to cattle and human beings. The common man's relations to the world of spirits are mediated by certain experts in the community. They are especially scared of witches (women), through their black magic they are believed to cause incurable diseases and even death. It is with the help of malevolent spirit *Sikotra* that the evil intentions are made effective (Mann 1978 and Mathur 2001). Samantha (2003) also points out that the Bhils from the plains respect all the gods of the Hindu Pantheon besides their own deities. They also seek advice of the Village Brahmin in all ceremonial occasions. Srivastava (2004) also mentions that tribal rituals of the ones closer to plains, associated with birth, death, marriage have undergone total transformation and the *Bhopa* has been taken over by the Brahmin.

As mentioned above, under the influence of Bhagat movements among Bhils, many of them took to the faith and tenets of Bhagat sects. According to Mann (1983), in the course of the growth of Bhagat movements, 2 distinctive trends emerged. Under one, there is no disturbance of the original order. But under the second, the supporters of the movement hit at the roots of the old order. This led to their decline in faith in their traditional religion, their dependence on *Bhopas* and other religious functionaries. Regarding Christianity, some authors are of the view that there have been conversions to the fold but this has affected the Bhils only marginally (Samantha 2003).

### **Religious head and Healer**

Many authors point out that the *Bhopa* is the religious head among Bhils. Mann (1978) points out that the *Bhopa* looks like any other Bhil except for his ceremonial dress and the ornaments that he occasionally wears. Samantha (2003) also mentions that the *Bhopa* is the medicine man as well as the priest. He makes offerings to the various deities. He is also the *principal* functionary in



the village. The *Bhopa*, when involved in a magical rite, is assisted by a *pujara and kotwal*. These two are associated with a *Devra* (temple) as petty secular and sacred functionaries. The priesthood of a *Devra* remains with the *Bhopa*.

Mann (1978) also points out that the relief mechanism against the witches is provided by *Bhopas*. They are believed to possess certain super-natural powers, especially when they are possessed by a deity and can therefore help in curing disease and sufferings caused by these malevolent spirits.

He is also seen as the powerful member in the community. Mann (1978) adds that because of being in possession of the religious power the *Bhopa* directs and controls many activities and his powers are never undermined by the community. For various matters he acts as a religious consultant. As a process of a identifying witch or a cause of a disease or any other ill-luck, a *Bhopa* makes his calculations by counting grain pieces or stones. In addition to the identification of a witch and cause of illness, a *Bhopa* also resolves cases of cheating, dishonesty and theft and his verdicts are highly respected by the people.

## **7) Festivities**

*Nauratra, Holi, Makar Sakranti, Diwali, and Gavri* are important festivals among Bhils. Besides these big festivals, they also observe some other festivals like *Amlī Egyaras, Akha tees* and *Dasa mata*. Unmarried boys and girls keep fast on this day of *Amlī Egyaras*. *Akha Tees* is considered to be a very auspicious day. The villagers prepare *ghoogri* (porridge of maize) and enjoy themselves while singing and dancing. *Dasa mata* fast is observed by the women for the prosperity of their families (Doshi and Vyas 1992). For the Bhils living close to the Hindus, *Diwali* becomes the most important festival (Samantha 2003). The view is shared by Srivastava (2004).

### **Bhil Gavri**

The *Gavri* festival is described by a few authors as a festival unique to the Bhils of Udaipur district (Chauhan 1963, Doshi 1969). *Gavri* is a 40 day cycle of enactments of episodes from Bhil epics which takes place during the rainy season of August and September. Chauhan (1963) also writes that this festival is

believed to bring benefits in the form of better crops to the Bhils and to be generally conducive to their well-being. The permission of holding the festival is sought from the Deity through the *Bhopas* (shamans). The deity is invoked and she is asked if she will like to be remembered again after three or five years. All the participants have to abstain from wine, taking meat and green vegetables and any kind of sexual involvement. The performers, all from one village, travel to several other villages where they are hosted and accommodated for a few days while giving the performances, before traveling on to the next host village. The pattern of village to village travel and performances reflects both kinship ties and socio-economic patronage (Chauhan and Chelawat 1966).

All roles are played by males, even those related to female deities. Women are forbidden from participating except as observers. The ritual drama involves re-enactment of stories about Mahadeo, also known as Shanker and his consort Parvati or Gouri who are locally represented as *Bhuria* and *Rai* respectively. The roles of *Bhuria*, *Rai*, *Bhopas* and *Hazuria* (helper in the temple) are fixed and rest is voluntary. These enactments are known to combine both religious epics and contemporary imagery (Chauhan 1963, Doshi 1969). The invoking of deities is an important feature of the initial and concluding ceremonies for the entire period. Both important and less important deities are remembered by the *Bhopas*. The *Bhopas* get possessed by the deities and keep striking iron chains over their shoulders and rest of the participants dance around the entranced *Bhopas* to express their joy at the success of *Bhopas* in invoking deities.

Many of these facets are undergoing change. Samantha (2003) points out that Bhil situation depicts stages of transformation. It has not uniformly affected the Bhils of plains *Maile* or *Kolia* and hills *Palia* or *Ujale*. They are equally prone to change but the degree of change differs. He further adds that the degree of change depends on their economic differentiation, association of Bhils with the caste people and also the terrain in which they live. He also points out that Bhil-Minas are in the process of formation of a group, claim to be higher than the Bhils, particularly those who are referred to as *Gameti*. They have also been separately enumerated in the census of India. Some of them also indicate that the Bhils near the plains have been able to reap the benefits of development

programs to some extent while the Bhils in the interior regions are more disadvantaged.

## **Part II**

### **Udaipur District: An Overview**

#### **Introduction**

The city of Udaipur derives its name from Rana Udai Singh who founded it in about 1559 A.D. It is part of the erstwhile princely State of Mewar. Udaipur district is situated in the southern part of Rajasthan and is oval in shape with a very narrow strip stretching towards the north. It lies between 23 degrees 46' and 26 degrees 2' north latitudes and 73 degrees 0' and 74 degrees 35' east longitudes. It is bounded in the north by Rajsamand district and on the south by Dungarpur and Banswara districts. On the east by Chittaurgarh and on the west by *Pañi* and Sirohi districts of Rajasthan and Sabar Kantha district of Gujarat state. The district covers an area of 12412 sq. km. The headquarters of the district is Udaipur city.

On 10<sup>th</sup> April 1991 the district was divided into two districts namely Rajsamand and Udaipur. Three sub-divisions viz: Bhim, Rajsamand and Nathdwara along with its seven tehsils viz. Bhim, Deogarh, Amet, Kushalgarh, Rajsamand, Railmagra and Nathdwara were dissected from this district to form Rajsamand district. The chapter will largely deal with data sets from census (2001) because of the non comparability with previous years due to division of district.

#### **Geography and Physical features**

The district is encircled from north to south by Aravali hills. The major portion of the district is covered with rocks and hills, which are well stacked with forests. The major and minor forest produce includes timber, coal, firewood, gum, bamboo, *tendu*, *kattlia*, honey, barks, wax and grasses.

The district receives annual rainfall of 65.80 centimeters which is more than annual rainfall of Rajasthan at 60.47 centimeters.

## Rivers Canals and Waterways

The main rivers in the district include *Som, Jakham, Sei, Sabarmati and Berach*. All these are non-perennial rivers. Besides, there are several artificial lakes and tanks in the district. Among them Jaisamand (Dhebar lake) is said to be one of the largest artificial lakes in the world. There are other important lakes like Udaisagar Lake, Pichhola Lake and Fateh Sagar Lake. Vallabhnagar and Bagolia are two other important tanks in the district in addition to a diversion scheme known as Dewas.

## Population

Total population of the district according to 2001 census is 2633312 persons, comprising of 1336004 males and 1297308 females. Rural population is 2142995 persons (81.3%) and urban population is only 490317 persons (18.6%). Thus, more people reside in rural areas than urban areas. The overall sex ratio in Udaipur has shown an improvement from 965 to 971, while the child sex ratio (0-6) is quite low at 941. However, the overall sex ratio of Scheduled Tribes is 985 (Census 2001). It is higher than the sex ratio of the total population in the district.

**Table 2.1: Scheduled Castes and Scheduled Tribe population Rural and Urban in Udaipur**

	Scheduled Castes	Percent of total population	Scheduled Tribes	Percent of total population
<b>Rural</b>	109234 (69%)	5	1231814(98%)	57.4
<b>Urban</b>	49023 (31%)	10	28618 (2%)	6
<b>Total</b>	158257 (100%)	6	1260432 (100%)	48

Source: District statistical outline, 2004

In 2004, Scheduled Tribes constituted 48 percent of the total population in Udaipur district. Scheduled Caste population is only 6 percent of the total population. Both are predominantly rural i.e. 98 percent and 69 percent

respectively. However Scheduled Caste constitutes 10 percent of urban population while Scheduled Tribe only about 6 percent.

## Education

Table 2.2 shows poor enrolment status of Scheduled Castes and Scheduled Tribes in educational institutions. However, interestingly ST enrollment is better than SC in schooling and professional collages.

**Table 2.2: Number of SC/ ST students enrolled in Educational Institutions in Udaipur (2004)**

S. No.	Type	Students Enrolment		
		(All)	Scheduled Castes to percentage of total students enrolled in institutions	Scheduled Tribes to percentage of total students enrolled in Institutions
1	Universities	4479	531 (11.8%)	298 (6.7%)
2	Colleges	10124	483 (4.8 %)	362 (3.6%)
3	Professional Colleges	2159	119 (5.51%)	246 (11.4%)
4	Middle and Upper Middle Schools	107557	9577 (9 %)	17428 (16.2%)
5	Upper Primary Schools	131656	4794 (4 %)	14858 (11.2%)
6	Primary Schools	274160	13365 (5 %)	46537 (17%)
7	Others	2927	267 (9 %)	1072 (36.6%)

Source: District statistical outline, 2004

Table 2.3 shows that the gap between the literacy rates of urban and rural areas is large. Similarly, female literacy is lower than male literacy in both rural and urban areas. The gap between male and female literacy is higher in rural areas as compared to urban.

**Table 2.3: Literacy Rate by sex and by rural and urban areas of Udaipur District**

	Year	Person	Male	Female
2001	Total	58.8	73.6	43.3
	Rural	51.9	68.6	35.1
	Urban	85.4	92.6	77.3

Source: District statistical outline, 2004

**Table 2.4: Government Medical Institutions in Udaipur District**

Allopathic Institutions		
Serial Number	Type	Number
1	Hospitals	20
2	Primary Health Centers	76
3	Dispensaries	10
4	Maternal and Child welfare Centers	11
5	T.B. Hospital	1
6	Sanatorium	1
7	Mental Hospital	-
8	Family Welfare Centers	17
Ayurvedic, Unani and Homeopathic		
Serial Number	Type	Number
1	Dispensaries	9
2	Hospitals	186

Source: District statistical outline, 2004

The above table lists large network of government and health care delivery institutions in the district. However the condition is very disappointing. A recent district level study (Banerjee *et.al.* 2004) showed the dismal functioning of public health services in Udaipur district of Rajasthan. It found rampant doctor absenteeism from the village level Government Primary Health Care, which was a significant factor for poor service delivery in the villages. Another important finding is that the poorest strata of population are the least users of the public health facilities.

### **Other Human Development Indicators**

Udaipur ranks low on Human Development Index at 27<sup>th</sup> rank out of 32 districts of Rajasthan. It also scores low on the Gender-related Development Index (GDI) at 4650 and ranks 25<sup>th</sup> out of 32 districts in Rajasthan (HDR Rajasthan 2002).

### **Health Indicators**

According to the Rajasthan Human Development Report (2002) various health indicators in Udaipur district consistently report poor health status outcomes with low life expectancy at birth being 59.1 years (1991), with high infant mortality rates at 92 per thousand live births, mortality (ages one to three years) at 120 and mortality (up to five years) at 129. NGO reports also indicate poor maternal and child health status in the tribal communities (Seva Mandir 2005).

### **Income and Poverty**

Per Capita income (1992/93) in Udaipur was Rupees 4038 and Poverty Head-count Ratio (1993-94) was 29.6% for rural and 27.0% for urban areas (HDR Rajasthan, 2002).

### **Food Security**

Research on hunger in tribal areas of Rajasthan (Udaipur and Dungarpur) and Jharkhand points out that “among a total 1000 Adivasi households from 40 sample villages in Rajasthan and Jharkhand surveyed by Centre for Environment and Food Security (2005), a staggering 99 per cent were facing chronic hunger. The data gathered during this survey suggests that 25.2 percent

of surveyed Adivasi households had faced semi-starvation during the previous week of the survey. The data also suggests that 24.1 percent of the surveyed Adivasi households had lived in semi-starvation conditions throughout the previous month of the survey. Over 99 percent of the Adivasi households had lived with one or another level of endemic hunger and food insecurity during the whole previous year. Moreover, out of 500 sample Adivasi households surveyed in Rajasthan, not a single had secured two square meals for the whole previous year. A staggering 90.6 percent of total samples said that their food security had weakened in last 25 years. 54.9 per cent of the respondents identified decline in availability of minor forest produce (MFP) as the most important reason for weakening of their food security. Among the reasons sighted for the decline in MFP, forest depletion was identified as the most important reason behind decline in MFP availability, legal prohibition on MFP gathering for the sake of forest/wildlife conservation as the second important reason, population pressure as third, reduced forest cover due to development projects as fourth important reason, deforestation as fifth and other factors as the last and least important reason behind the decline in MFP availability” (Centre for Environment and Food Security 2005).

## **Economy**

### **A) Agriculture and Irrigation**

Though both Rabi and Kharif crops are grown in the district, *Kharif* remains the main crop of the district. Out of the total area under crops 88 percent is utilized for cereals, 7.29 percent for pulses, 5 percent by oil seeds and 0.12 percent for growing sugarcane. The important crops in the district in order of production during 2002-2003 were wheat, barley, gram, maize and rice (District statistical outline 2004).

The total net irrigated area in the district was 25201 hectares. Of this 90 percent is irrigated by wells and tube wells, 7 percent by ponds, 1.6 percent by canals and 0.31 percent by other sources. Wells are the most important source of irrigation in the district (District statistical outline 2004).



## B) Industries

Udaipur district is particularly rich in mineral resources. The important metallic and non-metallic minerals found in the district are ores of copper, lead, zinc and silver. Among industrial minerals rock phosphate, asbestos, calcite, limestone, barites, emerald and marble, etc. are important.

There are few big registered factories in the district, which include Zinc Smelter, Udaipur Cement works, Ayurved Sevaasharam Private Limited, Udaipur Cotton Mills, government press, Charbhujia Sugar Works, and Rajasthan Mineral Development Syndicate etc. Besides, there are also small scale mineral and forest based industrial units like manufacturing of general tools and hardware, printing and publishing presses etc.

The cottage industries found in the district include manufacture of agricultural implements, wooden toys, cloth dyeing and printing, leather shoe making and handloom weaving. The traditional industries like goldsmith, pottery, stone carving, etc. are mostly carried on in the homes of the artisans and cater to the needs of local and neighboring markets.

**Table 2.5: Infrastructure/facilities in Udaipur District**

S.No.	Type	Number
1	Registered Factories	893
2	Total electrified villages and Towns	2029
3	Total number of Roads	3502.75
4	Post offices	499
5	Telephone Centers	85
6	Telegram offices	17
7	Educational institutions	4715
8	Electrified villages (1998-1999)	83.9 %
9	Villages with Drinking Water Facility (1998-1999)	101%
11	Number of villages connected to roads	1055

Source: District statistical outline, 2004 and HDR Rajasthan, 2002

## **Administration**

The collector is the administrative head of the district and is also vested with the powers of District Magistrate. Each sub-division is under the charge of a sub-divisional officer and each tehsil under a Tehsildar who is also vested with powers of an Executive Magistrate. With the ushering in of democratic decentralization in 1959, 18 Panchayat Samitis were formed in the district. The panchayat Samitis are guided by the Zilla Parishad under the chairmanship of the Zilla Pramukh but supervised by the collector of the district, who is also the Ex-officio District Development Officer. The Panchayat Samitis have been entrusted with the implementation of development activities at the block level.

The district at present has 10 tehsils and 11 community development blocks. It has 10 towns and 2405 villages (2392 inhabited villages and 13 uninhabited villages) (District statistical outline 2004).

## **Summary**

Since the Scheduled Tribes constitute nearly half the population of the district, and are confined largely to the rural areas, the lower end of the district data represents their conditions. Educational status, health status, food security and status of rural health services in the area remain poor.

Though, the tribe has undergone considerable change, as discussed in part I, evident clearly in language, festivals, marriage and occupation, agricultural practices and political structures, it still retains certain distinctive institutions and practices. The changes are more prominent in the villages that are closer to the urban areas, while the more remote villages are still grappling with their earlier forms in the changing milieu.

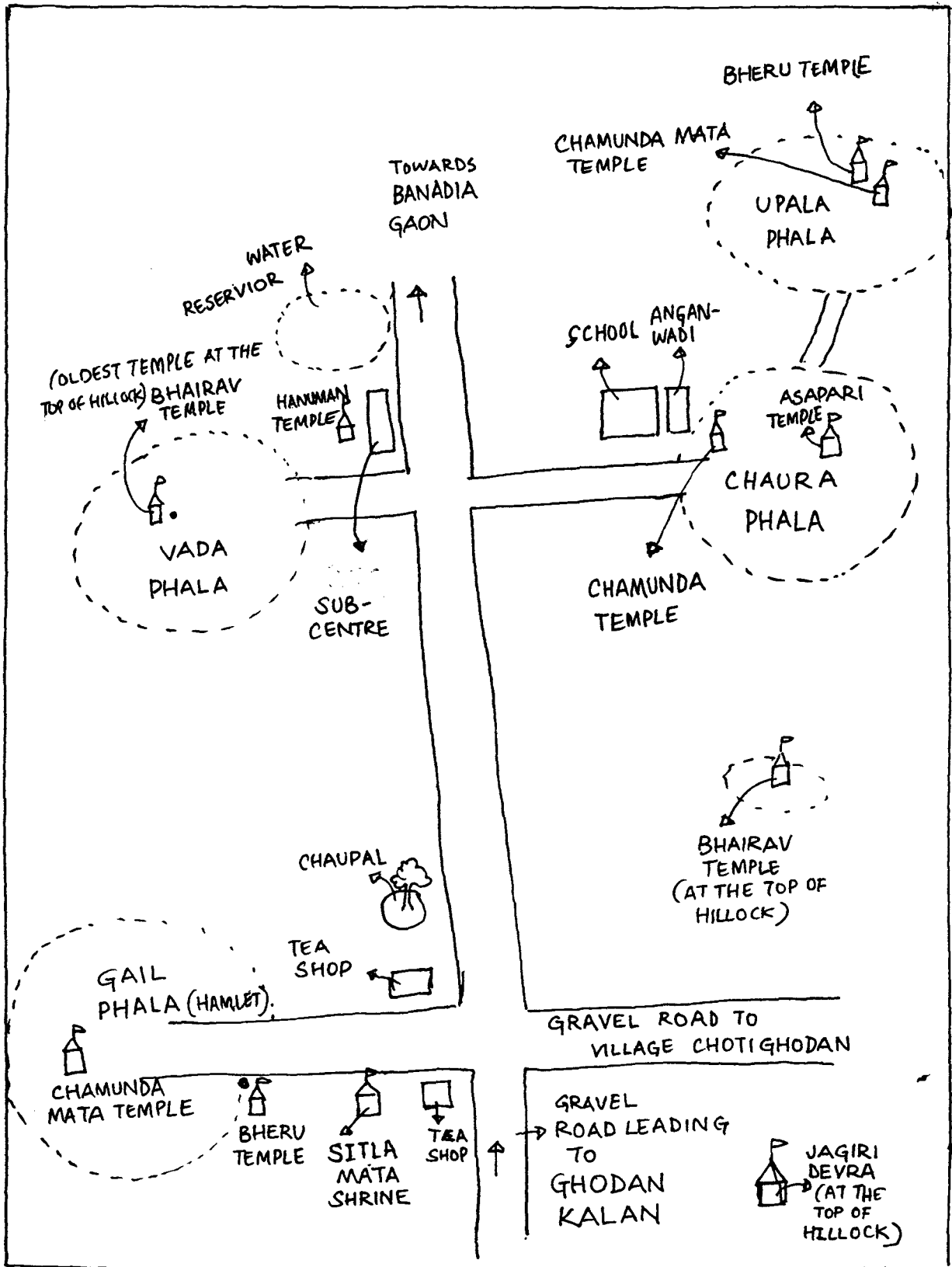
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# MAP 4 : GHODAN KALAN VILLAGE



## CHAPTER 3

### VILLAGE GHODAN KALAN

#### **Introduction**

Ghodan Kalan Village of Badgaon Panchayat Samiti with a *pakka* road built in 2006 is 20 kilometers from Udaipur district head quarters. As soon as one enters the village, one sees 2 tea shops and a lot of people sitting and chatting among themselves. There is also one utility shop and 2 vegetable vendors. This is also the bus stop of the village. This area is traditionally called *pal* that is meant for conducting meetings, exchanging news and passing messages and has a cemented area to sit. One can easily find one or two prominent village leaders sitting and chatting there. The women are not allowed to sit at the same level and they usually sit on the ground while they wait for the bus. This area is never bereft of people. One can get all important messages and news as soon as one enters the village from this point. The village is widely scattered with hilly terrain and is divided into 4 hamlets i.e. *Chaura*, *Gail*, *Vada* and *Upla*. Of these, *Gail* and *Chaura* hamlets are the most populated ones. It is surrounded by denuded hillocks all around. However, some patches are dotted with trees and wild shrubs. The village is also frequented by wild animals at night from close by dense forest area that is in Dhar village (7 Kilometers away) protected by the Forest Department.

As per the census report 1991 of Udaipur district, Ghodan Kalan covers total Area of 456 Hectares (Census 1991) and has a population of 949 (Census, 2001). It is surrounded by villages Banadiya, Dhar, Kaylo ka Gada, Choti Ghodan and Madar. Ghodan is a constituent village of the Gram Panchayat at Madar. Madar and Dhar are mixed caste villages, while Kaylo ka Gada, Choti Ghodan and Banadiya are primarily inhabited by tribal communities. This village falls under MADA (Modified Area Development Agency) area (see chapter 2).

One non governmental organisation (Seva Mandir) is active in the village. Seva Mandir has its head quarters in Udaipur. They have taken various welfare

programs in the village. Their activities are usually centered on the spread of education, developing awareness, achieving self sufficiency, natural resource development and getting villagers internally organized through elected village bodies like *Gram Vikas* committee.

## 1) Demography

There were 202 households with total population of 979, 484 males and 495 females, in 2001. Decadal percentage increase in population is 29 percent between 1981 and 1991 and 28 percent between 1991 and 2001, while the percentage increase in households is at 38.7 percent (1981-1991) and at 17.4 percent (1991-2001).

**Table 3.1: Population and Literacy Rates in Ghodan Kalan**

	1981			1991			2001		
	male	Female	total	male	Female	total	male	female	total
Population	294	297	591	387	379	766	484	495	979
Literacy rates	12.18	-	12.18	12.14	0.26	6.26	59.2	20.4	39.9

Source: District Census handbook: 1981, 1991 and Primary Census Abstract 2001.

**Table 3.2: Sex Ratio in Ghodan Kalan**

	1981	1991	2001
No. of households	124	172	202
Sex Ratio	1010	979	1023
Child sex ratio	Not available	1147	942

Source: District Census handbook: 1981, 1991 and Primary Census Abstract 2001.



As per the census report across the three decades, there is a favorable overall sex ratio at 1010 in 1981 that becomes unfavorable in 1991 at 979 and again becomes favorable in 2001 at 1023. While census report (1991 and 2001) show that the sex ratio in the age group of 0-6 is 1147 and 942 respectively. The Average household size is 4.8 persons (census 2001).

## **2) Education and literacy**

The literacy rate of the village is 39.9 percent with female literacy rate at 20.4 and male literacy rate at 59.2 (census, 2001). Table 3.1 shows that there has been a substantial increase in literacy rates from 1981 to 2001, even though it is still a low literacy rate and a wide gap exists between the male and female literacy.

The village has one primary and one middle school. The dropout rate is very high and the majority of these dropout children either take care of the household chores or take cattle for grazing (Seva Mandir, 2003).

## **3) Ethnic composition**

The village is inhabited mainly by tribal communities with 977 persons and 2 belonging to the other caste group i.e. *Kalal* caste (liquor distillers). It is inhabited by Bhil tribe with Katra, Kaluva, Goda and Dhoda clans. The village is dominated by *Katara* clan.

## **4) Amenities**

Village has a Sub Centre, one primary school located in Gail hamlet and one middle school in Chaura hamlet respectively, one aanganvadi, 3 community centers (2 in Chaura and one in Gail hamlets) and one fair-price shop of the public distribution system. It has 9 provision shops and 2 *Atta chakkis* (flour grinding shops). It is well connected with a private bus service that runs through out the day. The electricity in this village is used both for domestic and irrigation purposes as mentioned in the census report 1991. None of the households have their own toilets and defecation is done in the open, except for 8 households (in Gail hamlet) with toilets, built with assistance of the NGO Seva Mandir.

## Water sources

The open wells and hand pumps are the main source of drinking water. As per the panchayat samiti records there are 6 handpumps, 1 common well, 2 *anicuts* (water harvesting structures) and 1 tap water connection under *Panghat yojna* in the village. There are also two private tube wells and private wells in the agriculture fields.

## Land Use

**Table 3.3: Land use in Ghodan Kalan**

	1981	1991
Area available for cultivation	49 hectares	49 hectares
Cultivable waste (including Gaucher and groves)	355 hectares	358 hectares

Source: District Census handbook: 1981 & 1991

As per 1991 census the cultivable waste land (including *gaucher*<sup>1</sup> and groves) is 358 hectares and the area available for cultivation is very small at 49 hectares.

The people usually have privately owned grasslands (*Veda*) that they protect with fencing made of locally available stones. This also serves as cattle grazing area. They also collect fuel wood from these *Vedas*. These hillocks were not denuded in the past and provided for fuel wood, fodder for cattle, seasonal fruits and herbs. There is also a common grass land in the village that is protected by the community. They collect fodder from this land. They have appointed a watch man and built a fence for the same.

## 5) Economic characteristics

Jhimli Bai, 50 years old woman says, "In the past there was no dearth of food. Though we had limited cash then. The agricultural production was enough, there were lot of cattle, and forest was also dense. We use to collect honey, gum,

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<sup>1</sup> Gaucher: Grazing land

fruits etc from this forest. But, now it's totally denuded because of population pressure and we have to buy gum from the market". In the past, people used to primarily practice agriculture, had large number of cattle (goat, cow and buffalo) and used to depend on minor produce from the forest and common grassland. Nana Ba (55) also adds "*There was better to eat in the past, there were wild fruits, milk products etc. There were lots of trees. We use to get wild fruits, honey, herbs and gum etc from the forest. The agriculture produce was also better. We had lots of cattle and used to sell ghee in the market. Now we have to buy it from the market*".

The stone mines used to provide employment to large number of people in the past. They got closed because these stones have lost their market value. Increased burden on small area of agricultural land, unpredictability of rains, and depletion of vegetation has forced younger generations to go to Udaipur for seeking employment on construction sites. These people leave for work early in the morning and get back late in the evening. The younger generations usually stay back during festivals and busy agriculture season. Mostly, the elderly, young women and children are left behind to look after agriculture and cattle. Pitaji, 60 years old complains, "*The younger generation has no knowledge of agriculture and it is not sufficient to just depend on agriculture. There are no employment opportunities here and these government schemes also just provide employment to one person in the family, there are so many mouths to be fed*".

In the past the agriculture production was enough for subsistence and now they have to depend on the market and PDS for procuring food grains. Their dependence on market has increased manifold. Daluji (70) says "*we had so many cattle and we used to get milk and Ghee, we could also sell the surplus after keeping a good amount for our consumption. Now they have to be purchased from the market, there are less hands and resources to take care of the cattle and the fodder is also not easily available. This year the rains were scanty and we can't grow any Rabi crop*". Dali Bai commented on how there are lesser hands now to take care of cattle and agriculture, all the younger generations have to leave village for work and women and older men are the only ones left to take care of all this.

During the day time one can hardly find any young people. They leave early in the morning. Mohan, (23), says “we can’t depend on agriculture; otherwise we will die of hunger. I left school after 3<sup>rd</sup> standard and slowly started migrating to Udaipur for work at the age of 14. In the beginning I worked as a laborer on the construction sites and slowly graduated to the level of Veldar (helper). We all learn like this, we are initiated by the older ones. This phenomenon has become more prominent since last 10 years or so. Now there are buses and the village is also well connected by a pakka road. This work is very challenging and sometimes the contractors run away with our money and don’t pay our due”.

Hirji, (27), says “I started going to Udaipur since I was 15. In the beginning, I used to fix linter (roofs), then slowly I picked up the work of a Veldar and now I have graduated to a mistri (mason) on construction sites. There was no road when I started going to Udaipur and we had to walk number of kilometers through the hillocks to catch a bus” he recalls.

**Table 3.4: Category of workers in Ghodan Kalan**

Category	1981			1991			2001		
	Male	Female	total	Male	Female	total	Male	Female	total
Main workers	175	14	189	235	212	447	250	54	304
Marginal workers	-	11	11	22	49	71	27	159	186
Non workers	119	272	391	130	118	248	207	282	489

Source: District Census handbook: 1981, 1991 and Primary Census Abstract 2001.

Census data (table 3.4) indicates that the category of main workers substantially increased between 1981 and 1991 and showed a marginal decrease in 2001. However, women in the category of main workers showed a sharp decline from

212 (1991) to 54 (2001). The category of marginal workers has shown a continuous increase since 1981 and there are relatively more women in the category of marginal workers than men. This shows that more and more women are pushed into marginal work (less than 6 months).

**Table 3.5: Category of main workers in Ghodan Kalan**

Category	1981			1991			2001		
	Male	Female	total	Male	Female	total	Male	Female	total
Cultivators	62	4	66	156	93	249	17	2	19
Agriculture Laborers	5	8	13	77	119	196	11	3	14
Household industry, Processing, servicing and repairs	-	-	-	-	-	-	6	0	6
Other workers	108	2		-	-	-	207	282	489

Source: District Census handbook: 1981, 1991 and Primary Census Abstract 2001.

Table 3.5 shows that the Cultivators are substantially increased between 1981 and 1991 but show a sharp decrease in 2001. While the category of agricultural labor also shows a substantial decline from 1991 to 2001 and large numbers of people have shifted to other works category. This showed a tremendous shift from agriculture work to other sectors.

## 6) Housing pattern

The houses are clustered into 4 phalas (hamlets). *Gail* hamlet is dominated by the Katara clan, Chaura has 4 *Kaluva* families and rest are *Katara*, *Katara* clan

forms the majority in Vada which has 6 families from *Dhoda* clan, while *Upla* has largely families of *Kaluva*, *Goda* and *Katara* clan.

Majority of the houses are *kaccha* (mud plastered, wood etc). There are only 17 *pakka* (cemented) houses in the village. Their huts have one small room or two with a courtyard. They are constructed by the owners themselves. These hutments are complete in themselves as living and storage spaces, consisting of a small fire place for cooking, place for keeping cattle, storing of grains in addition to that used for dwelling purpose. Some times they also make separate cattle sheds. The walls of the houses are either made of mud or stones and the roofs are made of wood and clay tiles (baked by themselves). Now, they also procure these tiles from the market popularly known as 'Gujarati tiles'. The furniture consists of bamboo beds and they use both clay and metal utensils. Now, of course some households also own motor bikes and scooters. The families usually follow a nuclear pattern and separate huts are constructed soon after the marriage of the sons.

## **7) Diet and food habits**

The staple cereals are maize and wheat (Census 1991). Maize is usually eaten in winter season while wheat is preferred in summers. Barley and maize were staple foods earlier. They usually consume two meals i.e. brunch and dinner. Either seasonal vegetables or pulses are usually consumed with *rotis* (bread) for meals. Besides, they occasionally consume meat, eggs etc. The poorer households sometimes have to be content with just buttermilk and rotis. Butter milk forms an important part of their diet, but now, butter milk, *ghee* and other animal products have become scarce items because of the decrease in the number of cattle and have to be purchased from the market. There were wild fruits (*amla*, gum, mangoes) that were widely available in the past but have become scarce because of decrease in the vegetation cover. They don't usually buy fruits from the market because they can't afford it. Majority of households still use firewood and animal dung as fuel for cooking purposes.

Local liquor prepared from *Mahuwa* plays an important role in their life. *Mahuari* (local liquor) is an important part of ceremonial celebrations and is consumed irrespective of sex and age. Both men and women consume tobacco.

## **8) Traditional panchayat**

In Ghodan there is a public space called *chaupal* situated right at the entrance of the village meant for panchayat meetings. The village has one *panch* and a team of members that constitute the body of caste panchayat and are assisted by a *Kotwal* (messenger). The office of both *panch* and *Kotwal* is hereditary. This body is consulted in all major decisions in the village. The traditional panchayat is very active and powerful in this village. Though the statutory panchayat and state legal bodies have assumed some of the powers of the village, the traditional tribal leaders still continue to exert their influence in social matters like settlement of *dapa* (bride-price), elopement, adultery, family disputes and minor scuffles. Each cluster of 16 villages constitutes a *Chokla*. All the *panchs* and members of 16 villages ceremonially accept office bearers of the *Chokla*. Usually the disputes are settled at the village level but if it becomes impossible to reach any decision then it is taken at *Chokla* level. There are written rules and regulations of the caste panchayat on amount of bride price, rules for *nata*, fines for the cases of adultery etc. The amount for bride-price is fixed at 500 Rupees in this *Chokla*. The *Chokla* members also meet once a month near the famous religious temple (*Ubeshver Mahadev*) near Dhar village.

The office bearers of *Chokla* were selected in *Ubeshver Mahadev* on 5<sup>th</sup> of December, 2008. Before this all the prominent leaders sat and decided the representatives from this village. Then all the representatives from 16 villages went to select three office bearers of this *Chokla*. This process of selecting office bearers has been followed since last 10 years or so. This *Chokla* also has a corpus fund that is accumulated from the fines levied on cases. The traditional panchayat takes up following kinds of cases in the village (as reported in group discussions):

### **Dispute on crop destruction by cattle**

One day all the caste leaders were sitting on the *pal* and on my enquiry they said that they were sitting there to take some important decisions. It was a discord between two families where Somaji's cow had entered Kaluji's agricultural field and had destroyed the standing crop. Kaluji was blaming Somaji for the incident. Then one *Bhopaji* was entranced to find the guilty person in this case.

### **Case of wife battering**

Lali is married in Banadiya village. Her husband battered her and left her on the road at midnight. Later, she reached her maiden village (Ghodan) with the help of her neighbors. Then the caste panchayat meeting was called between the panchs of both the villages and the families involved. When the caste panchayat of Banadiya didn't cooperate the case was taken to *Chokla* and was also registered with the police by Lali's family. Later, this case was followed up in *Chokla* panchayat.

### **Case of elopement**

A girl from a close by village was already engaged with a boy in this village. The girl eloped with another boy from a Rajput community. When the panch from both the villages went to her place to discuss the case, the girl called up the police. So, all the panchs involved were locked up by the police.

## **9) Role of statutory panchayat**

With the constitutional amendments, the tribal communities also have an elected panchayat with some statutory powers related to developmental activities in the village. There are three Ward *Panchs* and one *up sarpanch* (assistant to sarpanch) from this village. In previous years women have also served as Ward *Panchs*.

One of the leaders pointed out "*we mutually hold a meeting and decide the candidates that need to contest for statutory panchayat elections. The year my wife stood for the post of Ward Panch, the village leaders discussed it and she was unanimously selected for that post from this Ward*". The role of these panchayats is limited to development activities in the village.



## 10) Gender Relations

Men, women and children all share the responsibility of work. Both women and children take cattle for grazing. Women also share the responsibility of agricultural work with men. They also take responsibility of household tasks like fetching water, cooking, collecting fuel wood. Sometimes men also help them in these tasks.

Usually girl children take responsibility of younger siblings when the mother is not around. In the past the girls were not sent to school but now they go to the village school. The dropout rate of girls is higher than boys. The increasing trend of males leaving for work in towns might further increase the burden of work on women and children.

The women are not allowed to sit in traditional panchayats; it's typically a male's job. Women are also not allowed to sit on the *pal*. But with reservation in statutory panchayat seats, women have also started holding positions in these panchayats. However, the actual participation of women in decision making is still very minimal. The NGO is making attempts to increase the participation of women in different developmental activities.

## 11) Festivals

Ghodan village celebrates festivals like Holi, *Diwali*, *Gavri*, *Makar Sakranti*, *Rakhi*, *Gayaras*, *Ghangoor* and *Navratri* and the villagers attend the fairs, like at *Akha Tij*. They also perform animal sacrifices on *Navratri* for the well being of the community.

## 12) Life cycle ceremonies

### Birth

Pregnant women are protected from the evil spirits and ghosts by several rites. A ceremony called *Garava* is conducted to guard the pregnant women (especially during first pregnancy) from an evil eye. *Bhopaji* takes 4 kinds of cereals and 1 *Bakara* (goat) and conducts prayers for their protection. Later, after the safe delivery, the *Bakara* (goat) is sacrificed. Traditionally, the child birth was assisted

by a *Dai* in the household. On the twelfth day, the *Dai* dresses the infant after giving a bath and ties a red and blue string around its waist. Then after one and half month '*surya pujan*' ceremony is performed. In this ceremony the close relatives get clothes and gifts for the child and the mother. They are served with liquor and meat. Champa Bai celebrated the *Surya pujan* of her daughter's son and invited all close relatives for the function.

### **Marriage**

Marriage is another important celebration in the community. It's an almost week long celebration. The entire kith and kin (*saga-sambandhi*) are invited for the celebration and they assist in the preparations of all the related functions. The idol of the clan deity is placed in the house with the help of the *Bhopa* before initiating the ceremony. The Family approaches the Brahmin priest for knowing an auspicious date and time for the *Lagan* (marriage ceremony). The rites such as *sagai* (engagement), *tel and haldi* (applying of oil and turmeric) and *lagan* (main ceremony) are important marriage rituals. The newly wed couples are taken to the clan deity to *Devra* to seek his blessings

### **Death**

The dead are cremated. All the community members collect and help the family in the cremation rites. Purificatory rite is observed on 11<sup>th</sup> day, the chief mourner shaves his head and beard and takes a bath. On the 12<sup>th</sup> day a *Nukta*, community feast is given to the villagers. There is a rule for the death ceremony that each family in the given hamlet has to contribute something in cash or kind for the ceremonial meal. The food is also cooked with the help of the community members.

## **13) Religion**

### **Temples and deities**

The community prays to both male and female deities. There are 25 temples in the village called as *Devra*. Each *Devra* has a *Bhopa* and more than one *Hazuria* (helper) is associated with it. Every hamlet has atleast one *Devra* of male and female deities. Most of the temples have a *kaccha* structure and only two have a

pakka structure. Among the common idols, made normally of clay and stone and housed in a *Devra* are those of *Bheru* and *mata*. These are procured from craftsmen outside tribal communities. The shrine of *Sitla Mata* is at the entrance of the village and temple of *Bheruji* is in all hamlets, on the top of a hillock. An important deity in the *Gavri* festival, *Kheda mata*, is on the *chauraha* (cross roads) of the village.

It is believed that *Bheruji Bavji* temple in *Vada* hamlet is the oldest temple in the village and as the population kept shifting to unoccupied hamlets the newer temples were also made. *Asapari* is the clan deity of both *Katara* and *Kaluva* community. There are specified days for conducting *seva* in the temple i.e. Sunday for female deity and Saturday for male deities.

- 1) *Chamunda mata* (female deity)
- 2) *Asapari* (clan deity)
- 3) *Bhreuji Bavji* (male deity that resides on a hillock)
- 4) *Avri Mata* (female deity)
- 5) *Sitla Mata* (Female diety and her abode is a shrine)
- 6) *Amba mata* (female deity)
- 7) *Kheda mata* (female deity).
- 8) *Kalka Mata* (female deity)
- 9) *Hanuman ji*

All deities have their own respective areas of influence and it is believed that annoyance of the deities can cause problems. Like *Avri mata* can cause paralyses, *Sitla mata* is related to chicken pox and small pox, *Bheruji Bavji* provides protection from evil spirits and mental illness.

Besides, these deities, a significant position is also occupied by spirits and ghosts. Different spirits are also linked with diverse types of diseases and problems. Annoyance of some of the malevolent spirits like *Sikotra*, *Bhut paret* (Ghosts) can cause disaster to their lives.

## 14) Health seeking

The community resorts to 2 kinds of systems i.e. first, their traditional healers and second, modern medicine practiced by people who are popularly known as 'Daktars'-who may work for the state or be in private practice, or may be fully qualified, partially qualified, or without any recognized medical training. With the introduction of allopathic medicines, community members have accepted it in a large way. But people very rarely depend exclusively on any one system. Usually people first consult *Bhopas* and later resort to modern practitioners. They prefer private practitioners for day to day problems and prefer 'Sarkari' (government hospitals) for major illness and the ones that require examinations and tests.

Medical facilities are available in the village through a sub centre. Besides, there is one Ayurvedic dispensary in Madar (near by village). For referrals there is a Community Health Centre (CHC) located in Badgaon panchayat Samiti, Udaipur RNT medical college and hospital and 1 TB hospital near Udaipur. Besides, there are quacks (popularly known as *Private Doctors/ bangali daktar*) that give allopathic medicines in nearby villages (Madar and Thur) and towns. They usually can't afford private nursing homes for treatment because of economic hardships.

Now the community is more receptive about immunization and also depends on allopathic medicines for large number of illnesses. But this dependence is not exclusive. Nani Bai, *Dai (traditional birth attendant)* points out "*In the past, they used to conduct deliveries at any place and would cut the chord with a Datri (sickle). People were very scared of taking any immunization and women and children would die of tetanus. Now people approach me on their own for immunization and checkups. Now they also approach me for condoms and contraceptive pills. In the past people would only resort to Bhopas and would attribute all complications to the evil eye. Now people resort more to modern practitioners than Bhopas. For more serious illnesses people go to Sarkari and for smaller ones they resort to private doctors. I have an infection in my thumb; I am getting both Jhada done from a traditional healer and also took Sui (injection) from the private daktar in Madar*".

Bagli Bai, Aanganvadi worker also points out that people resort both to *Daktars* and do *Desi illaj* (traditional medicine). *“I fell ill 2 years back. Initially, I went to the private Daktar in Madar and then I shifted to another one in Udaipur. They administered many injections to me. Side by side I also went to a Jaankar (herbalist) in Unnder village. There were no doctors in the past and people had to rely on Desi illaj and Bhopas for all kinds of illnesses”-She says.*

Shivji, the NGO worker also points out- *“people in the past were very scared of taking any immunization, now there is more receptiveness and awareness in the community. In the past people used to rely more on jungli Davai (herbs) and now they rely more on Sui (injections) and goli (tablets). The people prefer these private daktars over Sarkari for fevers etc. First they go to these private ones and then finding no relief they finally have to resort to Sarkari. Then side by side they also get it checked by bhopas (traditional healers)”.*

Jimli Bai, Dai by vocation also says-*“None of the pregnant women received immunization in the past and women would die of Tad ki bimari (tetanus). We used to cut the cord with Datri (sickle) and would assist delivery in any dirty place. Then, the NGO gave us training in conducting aseptic deliveries. With National Rural Health Mission, the things have become better. Now we don't take so much risk, we take them to the CHC or Udaipur (bada hospital)”.*

Pinku Lata, the ANM has been working in this village for the past 10 years. She says that seasonal illness (colds, coughs, diarrhoea and fevers) are more common in this village. She complains that she is burdened with motivating cases for sterilizations. She says *“we have to do this. Women have to be motivated, men don't agree for sterilization. My field area is very large and the area is very difficult-it's all hilly and scattered. These tribal people lack proper hygiene and cleanliness. Now there is more awareness, they approach me for immunization on their own. In the past I had to run around from house to house for immunization and pulse-polio. There is a great demand for condoms and Mala-D (contraceptive pills) also. But these people are more comfortable with these private doctors-she complains. They overcharge them but these people still go to them. These tribal people really believe in these bhopas, we are tired*

*of explaining them that this is all superstitious. Now, we tell them to seek proper treatment together with these bhopas. These Bhopas just give charms and don't administer any herbs".*

Two forms of understanding of disease causation coexist. The popular conception is 'Sharir ki bimari' (illness caused by natural forces) and Dosh-illness caused by super natural forces. For Sharir ki bimari they visit private, Sarkari and herbalists and for Dosh they rely on Bhopas.

Gulabji says *"my daughter is physically challenged since childhood because she fell in the shadow of Avri mata; this can not be treated by doctors. This is related to mata ka Doshan".*

Kishen, PDS (public distribution system) dealer also says *"people were averse to taking any immunization in the past. Now people rely both on doctors and traditional healers. They first go to these healers and get it checked if the illness is related to 'Sharir ki bimari' (illness caused by natural forces) and Dosh-illness caused by super natural forces. "For Sharir ki bimari we visit private and Sarkari doctors and for Dosh we have to resort to these Bhopas. For minor colds and coughs we rely on private doctors and for major problems we visit Sarkari hospitals. My one year old son fell ill. We went both to a private doctor and also got charms from a Bhopa, these younger children are very prone to evil eye".* ASHA under National Rural Health mission says *"these days' doctors also tell us that this is devi-devta ka chakker (related to supernatural)".*

The community members also believe that the health of the people was better in the past because there was better to eat. There is also an indication that the herbal medicines are slowly loosing their significance.

Shivji also point out that *"In the past people used to get fine with Jungli Davai (herbs) and Jhada, now these have become less effective because of newer illnesses".*

As Daluji (Bhopa), comments-*"In the past the health of the people was better, there was more to eat, better rains and people had more energy to work. 15 years back there was no access to any modern health care what so ever. People*

*had to depend on wild herbs, totka and Jhada, they had less access to cities and no body would listen to them in these big hospitals. Now people avail both modern health care and our traditional ones. They first visit a Devra and enquire whether its sharir ki bimari or its related to Devi- Devta ka Doshan. In the past people had knowledge of herbs, now it's dying-the young generation is not interested in learning it and the forest cover has also depleted".*

## **Summary**

This chapter shows that there was better food availability in the past because of a rich forest cover and better agricultural production. In the recent past, there has been a shift in occupation from agriculture to other sectors like construction.

The traditional healers still play an important role in caste panchayats. Inspite of growing utilization of modern medicine the importance of traditional healers continues. The following two chapters are about these traditional healers.

## References

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## CHAPTER 4

# TRADITIONAL HEALING SYSTEMS AND HEALERS IN GHODAN KALAN

The focus of this chapter is on healing systems, process and views of healers and users. Categories of traditional healers in village Ghodan Kalan can be grouped into four main categories based on the kind of therapy they administer. They can be further subdivided as follows:

1) *Jaankaar*-Herbalists

- A) Only herbalist
- B) *Jaankaar* and *Jhada*
- C) Bite healers

2) *Jhada* specialists

3) *Dai*

4) *Bhopa*, divided into three more categories:

- A) *Mutthi Akha*
- B) *Bhavdari Bhopa*
- C) *Bhavdari cum Totka cum herbal therapy*

These traditional healers usually practice healing along with their main source of livelihood. Women can practice as herbalists and *Dai* but rest of the categories are entirely male dominated.

There are 3 more health care providers in the community the ANM (popularly called *Behanji*), ASHA (Accredited Social Health Activist, link worker, who has not been given any local specific name yet) and the *Aanganvadi* worker. Lastly, there are 'quacks' (popularly known as Private Doctors/*Bangali Doktor*) that give allopathic medicines (trained as BAMS in this case).

## 1) The *Jaankaars*

*Jaankaars* (the knowledgeable ones) are persons who have knowledge about the use and dispensation of *jungli davai*- herbs. *Jaankaars* treat illness caused by natural forces (*sharir ki bimari*). These *Jaankaars* give *jungli davai* (herbs) for variety of illnesses like *tav*-fevers, *nikala*<sup>2</sup>, snake and scorpion bites, white-discharge problem among both men and women, stone formation, retention of placenta and headaches. Some of them are also trained in mechanical manipulations like massage for setting bones and *Dunti* (navel). *Jaankaars* also treat cattle for variety of problems like *Gabir* (injury during breast feeding), boils, bites etc.

### A) Only Herbalists

This healing tradition is usually learned under the guidance and training of a senior *Jaankaar*-under an oath of secrecy. The knowledge of herbs is a closely guarded secret. The knowledge is not necessarily passed on inter generationally. It is sometimes not even disclosed to one's own family members, unless the person is under training. One of the *Jaankaar* was very uncomfortable in even disclosing the name of his teacher and kept saying that he learned it from a '*Samajhdar*' (experienced one).

There are different procedures to prepare and administer these herbs as well as diagnose illnesses. They usually administer the herb in its finished form, may give it in the form of a paste or juice. One healer describes his healing practice as follows:

*"For snake and scorpion bites, I give a davai (herb) to drink and it is bitter in taste that induces vomit and the poison comes out of the body and in the end I give them butter-milk to drink. For white-discharge, I give davai- (herb) for 10-15 days and tell them not to eat sesame seeds, jaggery and buttermilk. Many people have got better with my davai-herbal medicines. For bone dislocation, I tie a Davai- herb on the inflicted part and also give herbs to boil in water and drink. I also give herbs for stone-formation, I ask for symptoms (pain in kidney*

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<sup>2</sup> Nikala: It is an illness described with symptoms of fever, cold, cough and vomit.

*and stomach, problem in urinating etc) and then I diagnose the problem. I first taste and test all these herbs on myself and then only administer them-they might be poisonous. We don't disclose the name of herbs to anyone; they will be rendered ineffective otherwise. For some, I need bark of the tree, for others I need root or gum of the plant. I grind them and then give these to people-sometimes 2-3 herbs have to be ground together. Some of these herbs have to be taken with milk and others have to be taken with water".*

*One healer says "When a person bitten by snake or scorpion comes to me, I first give them Neem leaves to eat to check whether it's a poisonous bite or not. If the neem leaves taste bitter then there is no poison and if they taste sweet then I conclude it to be a poisonous bite. There are separate herbs for both snake and scorpion bites-there are more cases during rainy season. I also give herbs for Nikala. I put some oil in the urine of the person and if a dot like thing is formed then it is diagnosed as Nikala. I give a davai to drink in hot water for 5-6 days and then tell them to take rest for few days".*

*Another one says "For snakebites I have to take the entire root (that looks like a potato) out and then we sow it back after cutting a required portion. My wife was a Dai, once she went for assisting a woman in childbirth and there was 'fetal death in the womb'. She was really scared and she came running to me. Then I went and gave that woman an herb to drink and the fetus was aborted, she is alive and healthy".*

*Jaankaars usually don't collect these herbs in advance and generally get them from the forest as and when the need arises. They have a good idea of the availability of these herbs in the surroundings. One of them says "We can't store these herbs in the house, they will lose their therapeutic value. We have to keep track of these herbs in all seasons-for others it might be a useless shrub but for me it's a medicine. Sometimes people also visit us at odd hours in the night and then we have to go to the hillocks and get the required herb. These herbs are widely available during monsoon season and some plants dry up during other seasons and then it's difficult to identify the roots that grow underground that we need for treatment".*

These herbalists feel that in recent decades it has become very difficult to collect *Davai* because of destruction of the forest and medicinal plants. One of the healers puts it:

*“These days it is getting increasingly difficult to find these herbs-some are still available during monsoons. One such important herb got dried up and it is not available anymore. Sometimes, I have to travel to far-off places to search for these herbs-its’ a very time consuming process and I have to spend money from my own pocket on travel fares”.*

Venaji (30) belongs to Katara clan of Bhil tribe. He works as a labourer on construction sites. His wife had developed some itching all over her body and this is popularly known as *khe mata ki bimari*. He went and told the symptoms to a healer Then they went together to search for herbs for this problem. Venaji told me that they left at 6 am and came back 9:30 am and could only collect 100-200 grams of herb whereas they need atleast 700 grams to extract oil from these dry thorn like herbs. He could accompany the healer because he is getting trained under him. Later, Venaji went to the healers sister in-law and asked her to extract oil after the required amount was collected.

These herbalists also feel that their practice has been compromised and they are loosing their power partly because of the difficulty in finding herbs and partly because of the increased interest of the community in modern allopathic medicines. As one of them puts it:

*“Now for fevers, Nikala etc people prefer going to these doctors and they visit me more for bites, these herbs take longer to work. While in the past people use to just consume these herbs and would get better with them-now people want quick relief”.*

One of them adds *“The younger generation is not interested in learning this. Who will take the trouble of searching and collecting these herbs in the forest? Now the vegetation is also scarce. These days people have more faith in doctors than jungli davai”.*

He also says that he is training his son but adds that this generation is not very interested in learning this and there is also scarcity of time.

Traditionally, the herbalists don't accept anything in cash or kind for their services as this is considered *Dharam ka Kaam*. One of them says:

*"I don't charge anything for my services, this is Dharam ka Kaam and I practice this tradition to serve my fellow beings. If I become greedy then some misfortune will befall on me. If people insist then I tell them to offer a coconut in the temple in the name of God. There is one healer in Lohira village, he has become commercialized and he demands money for his services"*.

Some of these *Jaankaars* also belong to the *Bhagat* tradition (*Das-Nami* in this village) popularly known as '*Maharaj*'. Their sect forbids them from eating non-vegetarian food and consuming alcohol. They also perform religious *bhajans* (devotional songs) in the company of other followers.

## **B) Herbal and *Jhada* combined healing**

The *Jaankaar* combines the use of herbs with *Jhada*. This is done by giving a blow on the inflicted part by brushing it with grass or feathers while simultaneously reciting *Mantras*. This is generally used for poisonous bites or for poison spread due to consumption of poisonous plants by cattle.

As one of them says *"I administer Jhada on cattle for boils, lice and tics and for poison spread due to eating poisonous beans. I also know how to give Dam (putting hot iron on inflicted part) for boils etc on cattle. I administer both Jhada and give Davai for snake and scorpion bites"*. He adds that he is also trained in mechanical manipulations like *matarna* for headaches (chant *mantras* with massage).

Another one says *"For snakebites I give herbs but for scorpion bites and for cattle I usually administer jhada. After administering jhada, I tell the person to go and check the scorpion and throw it elsewhere. We don't kill the animal because otherwise it will take 3-4 days for poison to go off the body of the person. He is also trained in mechanical manipulations like massage for headaches and Dunti"*.

This category of healers also doesn't accept anything in cash or kind for their services.

### **C) Bite healers**

Healers in this category specialize in curing bites among both cattle and human beings. They either give *jhada* or administer *davai* for curing bites. Though all herbalists have an expertise in treating bites together with other illnesses, this category exclusively treats bites. They follow different procedures for diagnosing cases, preparing and administering herbs.

One of them describes his practice:

*"I treat snake and scorpion bites for both humans and cattle. I learnt it from my father. These bites are more common during monsoon season and herbs are easily available during that time. We have to keep a track of these herbs in other seasons, the plant dries up and is eaten by cattle, and so the identification of the plant (to get the root) becomes very difficult. I don't store the plant because they dry up and become ineffective. I get them from the hillock as and when required. Sometimes people also visit me during odd hours at night and then I go to the hillock to collect the herb because the person bitten by these animals cannot wait till dawn. I receive 4-5 people during winter season for curing bites. I don't show the plant to others-otherwise its therapeutic value diminishes. Initially, I ask the person if it was a snake or a scorpion bite. I give different kinds of herbs for different kinds of bites. There is one herb that has to be taken with water that induces vomit and the poison comes out of the body. This herb looks like a potato and it grows underground. We have to take the entire thing out but we only need a small part for treatment. Then there is another herb, which has to be tied on the body part where one is bitten. After the person gets fine the herb has to be disposed off in a certain prescribed way. It has to be washed and dried in the sun and later given to the god. This herb is very difficult to find, now it no longer grows in this area. For bites, I administer wild herbs to animals also. Till date no one ever died after they received my treatment".* He doesn't accept anything for his services because he considers it *Dharam ka Kaam*.

In a large majority of cases, a father transfers the knowledge about herbs and other associated skills to his son. This role is also not pursued full time. They also maintain secrecy about the herbs and their practice.

## **2) The *Jhada* Specialists**

This category of healers doesn't administer any herbs but have specialized skills in administering *Jhada*. These healers give *Jhada* for snake and scorpion bites, boils, *Gabir*, swelling in the body due to injury, *Nikala*, for poison spread in the body of the cattle due to consuming poisonous beans or plants. This is done by giving a blow on the inflicted part by brushing it with grass or feather while simultaneously reciting *mantras*.

*Jhada* Specialists keep their knowledge and only disclose it to a person under training. The passing of knowledge is usually done inter generationally. This skill is not practiced full time. They don't accept anything in cash or kind for offering their services.

One of them describes his healing rituals as follows:

*"I give Jhada for snakebites, scorpion-bites, Gabir (injury during breast feeding), swelling in the body due to injury-it's all Annadata's blessing. I also give Jhada to cattle for bites and Gabir. I don't give any herbs and just administer jhada for all kinds of problems"* He asserts. *For bites, I usually look at the sting and can make out the kind of bite (snake or scorpion); I further support it by asking the person. I give them Neem leaves to eat and if they taste bitter then there is no poison and vice-versa"*.

He is very well versed with the names of all the snakes in the area and recites their name very proudly "*Kala, Kabria, Chiti, Hutaria, Lavaria, Lal, and Kheria* among others.

*"During Jhada, I recite the name of all these snakes and their respective poison. These mantras are very difficult to learn and this notebook will not be sufficient to write and record all the mantras, I remember all these by heart. There are more snakes and scorpions in monsoons. For bites, people usually don't visit any modern health care facility, they come to us. People visit me from close by*

villages (Banadiya, Choti Ghodan)". His son told me that he gives herbs for bites but the healer completely denies their use.

### **3) The Dais**

*Dais* are traditional birth attendants who assist women during childbirth. This role is only performed by women. They are usually older women in the age group of 45 and above. This is a sex specific role-they are usually initiated into this skill by their mother or mother in-law after marriage. Some of them also have knowledge in administering herbs for retention of placenta, diarrhoea and boils among children. Some of them also have expertise in handling complicated deliveries. With their association and training with the NGO, they have additional responsibility of ascertaining antenatal and post natal check ups and immunization of pregnant women in their village. They also accompany women for institutional deliveries. They traditionally don't demand anything but usually are given a token in cash or kind by the families. But now they get some honorarium from the NGO i.e. for assisting institutional deliveries they get paid Rs 200, 30 Rs for checkups and Rs 45 for Rs 3 tetanus injections.

#### **A Dai**

*She says "my mother was also a Dai but I only learned it after my marriage. My mother was very skillful and she could handle complicated deliveries, she could change the position of the fetus by giving massage-I don't know this. I have been practicing this since last 25 years or so and my association with the NGO has been since last 16 years or so. I was initiated and trained by my husband's aunt. Initially I used to accompany her and slowly I picked it up. These days no one accompanies me; I go alone. The younger generation is not interested in learning this skill".*

*"In the past people use to give me 4 aana or grains but now the NGO pays me. For assisting institutional deliveries, I get Rs 200, Rs 30 for checkups and Rs 45 for 3 tetanus injections. I also have some knowledge of herbs; I learned it from a Bhopa. I know of herbs for retained placenta and for Baccha pet me mari jaata (intra uterine fetal death). Panni Bai developed pain in 7 and half month's pregnancy, I gave her massage and she got better" She says.*



#### **4) The *Bhopas***

This category of healers deal with problems related to *Dosh* i.e. supernatural forces. This role (*Bhopai*) is typically a male job. There are three kinds of *Bhopa* in the community, they are:

##### **A) *Mutthi Akha***

This category of *Bhopas* doesn't get entranced by god or goddess but they have an expertise in preventing, diagnosing and treating *Dosh*. They have a skill in calculating *Dosh* that is responsible for the problem of the person concerned by looking at a handful of grains of maize. They also have an expertise in both preventing *Dosh* and treating it through *totka* (appeasement or propitiation of evil spirits with sorcery and magico rituals).

The skill is not necessarily learned inter-generational and can be achieved through apprenticeship. They usually don't have charges for diagnosing cases but have charges that go up to Rs 200 and more for conducting *totka*.

The rituals for appeasement of gods/ goddesses and spirits causing illness are generally performed during late night hours on an allocated day decided by the *Bhopa* in the presence of the entire family. This usually involves animal sacrifices and ingredients like tobacco, sweets, incense, maize, wheat etc. They also receive people from other caste groups as their clients (*Brahmin, Dangi and Mahajan*). Sometimes they also travel to far-off villages to perform rituals.

This category of *Bhopa* usually consumes meat and alcohol, charge money and appease malevolent spirits and ghosts that accept animal sacrifice-they are called *Adharmi Bhopas*. Their training is considered extremely difficult and they also have to spend time in the cremation ground to befriend the evil spirits. The relief against the evil spirits and black-magic is provided by these *Bhopas* and with this they are believed to help in curing illness and other human sufferings.

### **Appeasement of Sikotra Mata**

*Sikotra mata* is a malevolent deity and it is largely with her help that evil intentions are made effective. She is feared to cause harm to cattle, crops and can bring illness and misfortune to the family if annoyed.

Laluji (40) belongs to the *Katara* clan of the Bhil tribe. Laluji and his extended family appease their ancestors once a year for the well being of the family. This was performed by a *Mutthi Akha Bhopa* and a *Bhavdari Bhopa* on an allocated mid night in the presence of the entire family (brothers, sister in-laws and their children). There was a spread of items like tobacco, sweets, incense, maize, wheat, lemon etc to be offered to the good spirits or ancestors. In the beginning, the *Bhavdari Bhopa* came in a *Bhav* (trace) and *Mutthi Akha Bhopa* confirmed if this was a good time for initiating the process or not. Later, on receiving his approval the process was initiated. The rituals were performed in the ancestral hut of the family.

Later, a cock and goat were sacrificed and the sister in-law of Laluji was entranced by *Sikotra mata* and she (spirit speaking through her) was fed with whatever she demanded in her entranced state. *Mutthi Akha Bhopa* was the mediator and this took 4 hours to be accomplished. He charged Rs 150 for these rituals.

Meera (30) belongs to the *Katara* clan of Bhil tribe. She is the ASHA (Accredited Social Health Activist, a link worker) in the governments National Rural Health Mission. She narrated her story:

*"I fell ill five years back, I had a burning sensation in my feet and palms and severe stomach and body ache and I could not attend to any of my household responsibilities. I took treatment from both allopathic doctors and Bhopas simultaneously. This episode lasted for entire one year. Initially, I went to a Mutthi Akha Bhopa from my hamlet and took treatment from government hospital in Udaipur for few months. The Bhopa here did some rituals and charged Rs 21 and took a bottle of liquor. Then finding no relief, I shifted to a private practitioner (quack) in Udaipur. Then I left for my mother's place in Dhar village and my mother consulted another Mutthi Akha Bhopa there. Bhopaji diagnosed it as a*

*Dosh of Sikotra Mata. Then rituals were conducted to propitiate the angry spirit- he took 51 lemons and moved them around my head (while reciting mantras) and then did Jhada with Neem leaves. Later, a cock was sacrificed in my name. In the end all these ingredients were buried in a pit. He charged Rs 150 only because he was a distant relative. Then I got better and came back to my husband's place. Here, we trust the Bhopa whose totka is more effective".*

### **Diagnosing Dosh**

*Meera says "My brother also had a similar problem. He is around 27 years old and works as a mistri on construction sites in Udaipur. He lives in Dhar village (15 kilometers from Ghodan). It started with a severe stomach ache and we first took him to Udaipur Government Hospital and got all the examinations (X-ray etc) done, but nothing was detected. Finding no relief, we went to a private doctor in Udaipur and spend around Rs 1100 on his treatment and made three visits to this doctor. Side by side we also got Bhopai done and tried a number of them (Bhopas) to find relief. Initially, we went to a Bhopa in Dhar village and he diagnosed the problem as Sikotra ka Dosh. He also did totka to appease the deity and charged Rs 500 but this also gave a temporary relief and he developed the same symptoms again. This led us to another Bhopa in Gail hamlet of Ghodan village and he diagnosed it as purvej ka dosh (ancestor's anger). Then we also got a Bhopa from Nat (the community of performers) and he didn't demand any money but took one goat. We don't inter-dine with this community. Then in the end we visited another one in Vakal village of Gogunda block of Udaipur district. This Bhopa charged us Rs 2500 to conduct totka for appeasing Sikotra. This episode lasted us for three years or so. Later, we found out from another Bhopa that this illness was a result of the black magic done by my paternal uncle because of the family discord".*

She also added that most of the people here first visit a *Bhopa* and then if it's related to *Devi/Devta ka Dosh* then doctors are of less help. *Bhopas* with greater expertise demand more money and poor people have to be content with *Bhopas* of lesser expertise. She added, "*Bhopas in the past used to be happy with lesser*

*money and would be content with a liquor bottle or grains. But now they demand in cash. We have to visit them because it's our need".*

### **Pir (Sufi Shrine) Ka Dosh-Diagnosed by a Bhopa**

It is believed that the evil spirits close to shrines also cause problems. Gangaramji's wife could not see clearly and was accompanied by an ASHA to Udaipur Government Hospital. She was diagnosed for weak eyesight and was told to wear spectacles. She then also got it diagnosed by *Mutthi Akha Bhopa* and he told her that its *Pir ka Dosh* and she had to conduct rituals to appease the *Pir*.

### **Treating evil eye**

Laluji (40) belongs to the Katara clan of Bhil tribe. He lives in a *pakka* house in the *Gail* hamlet of Ghodan village. He said *"My buffalo was giving less milk since last few days and I got it checked by a Mutthi Akha ke bhopa. He diagnosed it as a problem of evil eye and did some totka. Now my buffalo again gives a good amount of milk"*.

*"My daughter (Kamla 14) also got a terrible stomach ache once late at night. We went and called Devo ba (Bhopa) and he did Mutthi Akha and diagnosed it as a problem of Nazar (evil eye) and then administered totka. This gave her immediate relief"*.

### **Dakan-A witch**

*Dakan* is most feared among the community and is capable of inducing pain and trouble that can even cause death. Females are seen to be more prone to get into witch craft. These *Dakans* are believed to trouble small children, pregnant women and newly married couples particularly.

Kamla (22) lives in *Upla phala* of Ghodan village. Kamla belongs to the Katara clan of Bhil tribe. Her husband works on the construction sites in Udaipur. She underwent childbirth in the CHC (community health centre) Badgaon. The girl child was not immunized because Kamla joined her husband in Udaipur for few months. Then her 6 months child developed rashes all over her body. Kamla

went to a *Bhopa* and he diagnosed it as a problem of witch. She got *Bhopai* done and also visited a *Bangali Daktar* in Udaipur. The child died in two months.

### **B) The *Bhavdari Bhopas***

This category of *Bhopa* gets *Bhav* (possessed by God and Goddess) and administers healing in his entranced state and is seen as a mediator between the supernatural forces and the community. He can diagnose *Dosh* (informs the person that what is causing problem) when entranced and then administers healing (he gives the person ashes to drink, charms to eat or wear). They also give charms known as *Dora* (sacred thread) to wear to protect against evil spirits. He is usually linked to a *Devra* (temple) and sits in the temple on specified prayer service days (Saturday is an allocated day for serving prayers to male gods and Sunday for female gods).

These *Bhopas* have a *Hazuria* (helper) to help conduct rituals and maintain temple premises; a male family member usually plays this role. *Hazuria* also plays a major role in communicating the words of god (the deity speaking through *bhopa*) to the community members. Because of this religious power the *Bhopa* controls and directs many activities and their authority is usually never undermined by the community.

This role (*bhopai*) is also typically a male job. Though women also get entranced, they are not permitted to perform rituals (*Bhopai*). Vardi Bai says “My daughter gets entranced but she can’t practice *Bhopai*, it’s typically the job of a male”.

*Bhopa* is also consulted before starting any new venture or major work. He also has a role in birth, marriage and death rituals. He also plays a vital role in the *Gavri* festival (festival meant for appeasing female goddess, who is closely linked to the prosperity and well being of the village as a whole). In addition to all this, *bhopa* also resolves cases of theft, dishonesty etc. He is not well versed with *totka* (*sorcery and magico rituals*) and do not appease malevolent deities and spirits.

These *Bhopas* don't charge anything for their services; it is considered *seva* and *Dharam ka Kaam*. This is usually passed on hereditary (father to sons) and the son is initiated into (*bhopai*) through specific rituals after he starts getting *Bhav*. He has to follow certain moral codes (like not eating non vegetarian food and liquor on specific days) being a *Bhopa*. This is usually a part time work and he follows his other livelihood roles otherwise.

### **Healing practice of *Bhopas*:**

This is a temple of *Bheruji Bavji* (male god) and is known as *Jagiri Devra* because members of all caste groups (*Brahmin, Mahajan, Baniya, Dangi* and tribal communities) visit this temple. This temple (*Devra*) is primarily *Bheruji Bavji's*, but has statues and idols of other important deities also. The *Bhopaji* gets possessed by *Bheruji* and then starts the healing rituals. Healing sessions begin by the beating of drums by the *Hazuria* to offer prayer to the deity. This entire paraphernalia also initiates *Bhopa* into a trance and is usually repeated several times during the day. With this, each devotee offers incense, maize and coconut and prays, asking the deity about his problem. Then *Bhopaji* looks at the corn and informs the person what is causing the problem (usually communicated by *Hazuria*). He then gives a *jhada* with peacock feathers and then prescribes remedies to deal with the problem (tells them to visit a doctor, another shrine, gives them ashes to eat and charms to wear).

Daluji (50) from Ghodan village belongs to the tribal community and owns a small provision store near the village bus stop. He has developed tumor in his chest. The Doctors in Udaipur government hospital have told him to get this operated but he is apprehensive. So, he came to ask *Bheruji* for his approval.

Similarly, Nani Bai (from a tribal community) traveled 5 kilometers (from Dhar village) to ask *Bheruji* about the problem of her 11 year old daughter. Nani Bai says that she has a mental illness since she was young- it's *Devi's Dosh* (she fell in the shadow of a *Devi*). *Bheruji* (Deity speaking through *Bhopa*) said that he would cure her.

Mohanji of barber caste came to visit *Devra* with his wife. He said that he is a regular visitor of this temple. *“My wife has some gynecology problem, before visiting any doctor we came to ask Bheruji”*.

Rataji (40) belongs to a tribal community of Ghodan village. He wants to install a new pump set and came here to ask Bheruji.

Kali Bai (28) came with her two sons to visit the *Devra*. Her husband works as an electrician in Udaipur. Her 6-year-old son has developed some allergy on his body. She came to consult *Bheruji* about this problem. They have been taking treatment since last one year from a private practitioner (quack) but this allergy keeps coming back.

Champa Bai's daughter gave child birth 2 months back in CHC (community Health Centre) Badgaon. She came to ask *Bhopaji* a good day to return to her husband's house after the birth rites were performed at her maiden place. Then *Bhopaji* told her that next Monday will be auspicious.

### **Theft suspect**

Pitaji from Gail hamlet lost his herd of goats in a jungle and then went to a *Bhopa*. Udaji came in a trance and told him that they are lost in the jungle and he would find them in the morning in the west direction. Pitaji found them in the predicted location in the morning.

### **Pir (Shrine) Ka Dosh-Diagnosed by a Bhopa**

Hiraji (50) belongs to the Katara clan of the Bhil tribe and has been working as a mason in Udaipur for last 15 years or so. He got married twice with no children. He has developed some illness since last one month with symptoms of aggression, talking in foul language, not attending to his daily chores etc. *“He is a very God fearing person and is a Hazuria in the temple of Bheruji”*- says his cousin brother. They got it diagnosed by a *Bhavdari Bhopa* and he said that it's *Pir ka Dosh*. Then to ascertain they visited another *Bhopa* of *Bheruji* and he diagnosed it as *Bheruji ka dosh* and told them that there is no need to visit a doctor and *Bheruji* alone will take care of him.

### **C) Bhavdari cum Totka cum Herbal therapy**

This category of *Bhopas* have an additional expertise in *Totka*, they get entranced as well and also have a knowledge of herbs. They are usually much sought after *Bhopas* in the community.

#### ***Avri mata ka Dosh (female deity)***

*Avri mata* can cause paralyses and other problems among adults and children. The main temple of *Avri mata* is in Chittorgarh district.

1) Champa Bai, 45 belongs to a Kalva clan Bhil tribe. She lives in *Chaura* hamlet of Ghodan village with her husband and married younger son and grand children. She is a treasurer in the women Self Help Group of the village. Her youngest one year old grandson developed symptoms of pneumonia. They took him to the private practitioner in Madar village twice and he gave him some injections and tablets. Then later when the condition got serious the child was admitted in Udaipur Government Hospital for 10 days. They simultaneously consulted a *Bhopa (Bhavdari cum totka cum Jaankaar)* and he diagnosed it as *Avri mata ka Dosh*. The *Bhopa* suggested them to take treatment from Doctors and offer coconut, incense and sweets to *Avri Mata* on a Sunday (after the child gets better). She says that the *Bhopa* didn't charge anything for diagnosing *dosh*. "*We do both Bhopai and visit doctors these days*"-she says.

2) Jugguji (62) belongs to the Katara clan of Bhil tribe; he lives in a *kaccha* house with his wife and 2 sons. He was a *Bhopa of mataji* in the past. His left side of the body suffered a paralysis attack 3 years back. He says-"*I came in the shadow of Avri mata, this problem is not curable by doctors. I went to the temple of Avri mata in Chittorgarh district and stayed there for few days, later I also visited the temple of Mavli mata*".

#### ***Dakan- A witch***

Leela (20) belongs to Katara clan of Bhil tribe. She has studied till 3<sup>rd</sup> standard. She got married 12 months back and conceived within a month of her marriage. Her mother in-law is an Aanganvadi worker and her husband works on the construction sites in Udaipur. She says that she got all her tetanus shots and got her regular check-ups done in CHC Badgaon. She developed pain in 8<sup>th</sup> month



of her pregnancy and was admitted in Udaipur Hospital for 3 days. There they administered her some injections and conducted sonography. She was accompanied by ASHA and her mother in-law to Udaipur. Later, she got discharged and went to visit her parents in a close by village. There she developed pains and gave child-birth in 8th month but the infant died after 2 days.

She adds *“Then we got this diagnosed by a Bhopa and he said that this death took place because of Dakan. There are lots of Dakans in the village and they often cause this problem. We visited a Bhopa and got Mutthi Akha done”*.

### **Plurality of healers: Utilization by Bhil villagers**

#### **Nani Bai’s Story:**

Nani Bai (45) is a traditional Birth Attendant in *Jhalka* hamlet of Ghodan village. She belongs to the Katara clan of Bhil tribe. She narrates-*“My husband was ill, he had a breathing problem. Initially, he was admitted in Udaipur government hospital for almost 4 months, we had to spend lot of money. I also took Jungli Davai from Nana Ba and that also didn’t work. Then I also took herbs from a roaming herbalist (who visited our village) and paid him 500 rupees. Later, I visited a Bhopa in Kelvara and he also administered a Dam (put hot iron on the inflicted area). Nothing was working. He was a heavy smoker. We also got the tests done for tuberculosis but nothing was diagnosed. I also got Mutthi Akha done from a Bhopa and he said that this is sharer ki bimari and not Devi-Devta ka Doshan. My husband could not survive the pain and passed away few months back”*.

#### **Bagli Bai’s Story:**

Bagli Bai (45) lives in Vada hamlet of Ghodan village. She is an Aanganwadi worker (ICDS program). Bagli Bai developed symptoms of vomiting, fever and headache. She went to the private *Daktar* in Madar and took treatment for one week. Finding no relief, she went to a *Bhopa* and got *Mutthi Akha* done for *jaanch* (diagnoses). He told her that this is *Sikotra Devi ki dikkat* (problem related to *Sikotra*) and gave her charms to wear. He also told her that she should

promise for the appeasement of *Devi* after she gets fine. Bagli Bai says that they will do the rituals when the *Bhopaji* indicates.

## Summary

This chapter clearly shows that there are a multiplicity of healers in the community and all of them have specialized knowledge and skills in their respective area of healing. Their healing role clearly encompasses all spheres of the life in the community i.e. their health problems, problems related to cattle, disputes and finding auspicious day etc. Each healing role also entails certain norms and rules. Like *Jaankaars* follow certain procedures for the collection of herbs, preparation *Davai* and dispensation of herbs (tasting them before administering) etc. It also reinforces that two systems of healing and understanding of disease causation coexists without the displacement of one by the other. Sometimes community members also visit different traditional healers simultaneously. It is interesting to note that personnel of the formal institutions, such as the Aanganvadi worker and ASHA, also believe in the healing role of traditional practitioners.

The healers in the category of *Jaankaar* also feel that their healing role is getting compromised partly because of the depletion of natural resources and partly because of popularity of allopathic medicines in the community. These healers also complain that the younger generation is not interested in acquiring this knowledge. While, the same feeling is not frequently shared by other healers, like *Bhopas* whose practice is still thriving.

## CHAPTER 5

### A SOCIO-ECONOMIC PROFILE AND POLITICAL ROLE OF THE TRADITIONAL HEALERS

This chapter mainly looks at the socio-economic and political role of healers by examining the characteristics and background of individual healers in their given categories.

#### A) Socio-Economic Background of Healers

##### 1) Profile of Healers

A majority of healers are in the 40-60 age groups. Table 5.1 in the annexure shows that 8 healers fall in the 50-60 category, 5 are in their 40s, 2 are below 30, 2 are in their 60s and similarly 2 are in their 70s.

A majority of these healers belong to the Katara clan which is also the largest, the most influential and the oldest clan in the village. A majority of them practice agriculture with the exception of a few of the younger ones who go to Udaipur to work either as *mistris* or laborers on construction sites. Most of the older ones have worked on the stone mines in and around the village at some point in their lives. These mines were closed down because these stones were no more in demand.

9 of the 19 have never attended a school in their childhood, 9 of them have just received formal education till below the primary level, and one has studied up to class 8. But some of them can read news papers and also show interest in reading religious books. The older generation has also attended adult education camps organized by the NGO though their formal education has been limited.

##### 2) Profile of Families

All the healers live in *Kaccha* houses, except three who have a *mistri* in the family (Table 5.1 and 5.4). A majority of the healers (Table 5.4 in the annexure) have some family member of the previous generation in the healing role, especially paternal uncles or fathers. Their father's generation was usually either

involved in agricultural work or worked on the stone mines in and around the village. It shows that the healers in the past generations were also more confined to the village, though the next generation i.e. their sons and younger brothers are mostly going to nearby towns and cities to work on construction sites. Factors like better connectivity to towns, less employment opportunities in the village, depletion of forests and low agricultural productivity are the cited reasons. Most of them leave early in the morning and get back late in the evening. Some also migrate to other states during lean months.

Some of them are being trained as healers by their fathers. Mohan 22, (son of a healer) pointed out that *"I am only getting trained in Mutthi Akha because learning Jhada or herbs with it is a very time consuming process"*. The significance of *Jaankaar* tradition is declining in the community. There is also an indication of this phenomenon because the healing traditions like herbal medicine are not learnt inter-generationally in the recent past (also see the case study of Khema Ba), while the, *Bhopa* tradition is still practiced inter-generationally. Also because the collection of herbs is a very time consuming process and is not lucrative.

One healer says that *"Sometimes, I have to travel to far-off places in search of these herbs-its' a very time consuming process and I have to spend money from my own pocket on travel fares"*. He also says that the younger generation is not interested in learning the healing practice because it is a time consuming process and they have to go to Udaipur for work. He says *"who wants to go through this hassle especially when there is destruction of forest and medicinal plants have become scarce"*. Less faith of people in herbs is another reason cited by some healers. One of them says *"I have knowledge of herbs but I don't administer them because if anything goes wrong then I will be blamed"*. However, there is no such risk involved with *Jhada* alone.

Their family members are either active in caste panchayats, statutory panchayats, in government jobs (ASHA, *Aanganvadi* worker) or with the NGO. This further enhances their position of power within the community.

## **B) Ethics-Niyam**

Certain characteristics and practices of the healers are commonly perceived as adding to or detracting from their moral standing. Drinking of alcohol, eating of meat on prayer days and accepting fees are among them.

Majority of *Bhopas* say that they abstain from consuming any non-vegetarian food or alcoholic drinks on prayer service days (*Seva ka din*). The healers who have affiliation with the sect always abstain from eating any non-vegetarian food and alcoholic drinks.

As healers, certain ethics are practiced. Payment is one such issue and '*niyam*' related to use of herbs is another. Likewise the healers in the category of *Jaankaar* do not charge anything (cash or kind) for their services, while the healers like *Dai* and *Bhopa* (*Mutthi Akha and Bhavdari cum Mutthi Akha*) charge for their services. One must highlight that the *Dai's* have started receiving honorarium only in the recent past (see table 5.3). Most of the healers in *Jaankaar* category follow *niyam* in collection of herbs, dispensing them and there are also *niyam* in eating of these herbs (see chapter 4).

### ***Dharmi and Adharmi***

The community members often used the terms '*Dharmi*' and '*Adharmi*' for describing the traditional healers. *Dharm* refers to the expected professional duties and ethical norms like serving people as healers is considered '*Dharam ka Kaam*'. '*Dharmi*' is one who practices his duties and follows the ethical norms and *Adharmi* refers to one not abiding to such norms and duties.

The criteria used for differentiating between them were found to be varied but they were commonly a combination of two criteria.

### **Criterion 1: Following of *Niyam***

The '*niyam*' of not demanding or taking fees is a characteristic of a '*Dharmi*' healer. If a *Jaankaar* starts demanding money is an example.

The '*niyam*' is not to partake of non-vegetarian food on the weekly days of healing i.e. the 'days of Seva'. Those who follow this *niyam* are '*Dharmi*' and those who flout it are '*Adharmi*'.

### **Criterion 2: Kind of deities they appease**

The healers who appease malevolent spirits, ghosts and deities like *Sikotra* (that accept non-vegetarian food, liquor and animal sacrifice) are known as *Adharmi Bhopas*. They are paid (in cash or kind) because they take the burden of these spirits on their shoulders. The community members also say that these *Bhopas* were usually paid in kind in the past but now most of them demand cash for their services. Meera says "Now people have money to give but in the past there was very less cash available with people".

*Bhopas* of *Bheruji* are usually called *Dharmi Bhopas* because *Bheruji* does not accept any animal sacrifice but if these *Bhopas* do not follow *Niyam* then they are called as *Adharmi Bhopas*. The *Jaankaars*, *Jhada* specialists and bite healers are all *Dharmi*. The *Adharmi* ones are among the *Bhopas*.

### **Choice of Healer**

The role of each healer category in the treatment seeking process is different. A person with a problem will first visit a *Bhavdari Bhopa* and then if the *Bhopa* says that it's a *Doshan* related to *Sikotra* (*Sikotra* is called an *Adharmi Devi*) then they have to visit *Mutthi Akha* or *Bhavdari cum Mutthi Akha* for appeasing the spirit or ghost. But sometimes this is very complex and people visit number of *Bhopas* for even diagnosing the problem.

In Leela's case as discussed in chapter 4, they guessed the problem to be related to evil-eye and thus visited a *Mutthi Akha ke Bhopa* to confirm the same. They did not visit a *Bhavdari Bhopa* or a Herbalist for the same.

## **C) Other role of healers**

### **1) Political Role**

Table 5.2 in the annexure shows that nine of these healers are also attached to the NGO (Seva Mandir) either as grassroots workers or as members in village

development committees. This gives them the power to influence the implementation of different development programs in their village (both NGO and governmental) because of the exposure they have received through NGO trainings. Like Daluji was mobilizing the community members for writing a proposal for the need of a Balwadi centre (day care centre) in the more inaccessible hamlet of the village. He was collecting the names and number of children in the age group of 0-5 years for writing the proposal.

The healers are also active members of the caste panchayat and *Chokla* and some of them also have affiliations with political parties, especially Daluji and Gulabji. Out of the 11 members in the caste panchayat, 9 are traditional healers and of them, 3 are office bearers. Some of them are also very active with the functioning of statutory panchayats and also frequent Gram Sabhas for more information and influence. They are also very well versed with all the government programs. This is especially the case with *Bhopas*.

Among them, the *Dais* have also received trainings in enhancing their skills with the NGO, are issued identity cards by the NGO and also receive honorarium from the village corpus fund. This gives them the power to influence crucial decisions regarding the functioning of Self Help Groups and the ones especially related to the financial transactions.

Three healers (all *Jaankaars* with or without *Bhavdari*) are also active followers of *Das Nami* sect-popularly known as *Bhagats*. Their views are especially respected in different decisions concerning the village even if they do not hold any institutional post.

## **2) Cultural Role:**

The *Bhopas* play a vital role in ritual and ceremonial activities of the village that mark their importance in ensuring the wellbeing of the community. This also makes them powerful leaders.

The healers in *Bhavdari* category play a major role in *Gavri* festival as well as *Navratri* festivals and also have a role in birth, death and marriage rituals. The permission to play *Gavri* festival is sought from the deity by the *Bhopas*. The

deity is invoked by the devotees and she herself says whether she would like to be remembered again after three or five years. The main character in the *Gavri* i.e. *Rei* is also played by a healer in this village. *Rei* is a man dressed as a woman to represent the goddess *Gauri*.

The animal sacrifices that are performed (thrice a year) for the wellbeing of the community are also done by *Bhopas*. The *Garava* ceremony (see chapter 4) after the birth of the child is performed by *Bhopas*. They also give scared threads and charms to smaller children for protection against evil eye and ghosts.

### **Role of *Bhopas* in Marriage ceremonies:**

During a marriage ceremony in Choti Ghodan, a Brahmin priest was invited for conducting the rituals and he was also consulted for the date and time of the marriage beforehand.

Before the main ceremony, Hirji (*Bhopa*) came in a trance and announced that the rituals will be conducted successfully and after his permission the rest of the rituals were performed by the Brahmin priest. The rest of the chapter gives a detailed profile of each healer.

### **The *Jaankaars***

**1) Somaji (50)** belongs to the Katara clan of the Bhil tribe. He wears a *dhoti* and a shirt and can speak in Hindi. He wears his white clothes especially when he visits the *Dhuni*. Somaji has a very spiritual disposition and says "*Jeev (soul) is eternal and it leaves the body after death*". He also recites poems and verses in between the conversation. He is a *Bhagat* of *Das-Nami* sect and is popularly addressed as *Maharaj* by his followers. He says "*My Maharaj initiated me into this sect; I am the only follower in my entire family. This forbids me from consuming meat, alcohol and being greedy. I go to the Dhuni (the place for religious congregation) for performing Bhajans and Kirtans (singing religious songs). I occasionally consume charas and Ganja (opium); my followers get it for me*". He lives in *Gail* hamlet in a *Kaccha* house with his wife and an unmarried daughter. He says that he has never been to school but can manage basic calculations.



He has four daughters of whom three are married in nearby villages. His wife was an artisan with Sadhna NGO, as an embroiderer. He is the eldest of three brothers and one sister. His younger brother is an active employee with the NGO (Seva Mandir) while the youngest is an agriculturist.

His father is an agriculturist and his mother also assists his father in agriculture. His mother is also a *Dai* and is associated with the NGO Seva Mandir. His father is also a *Bhavdari Bhopa* of *Chamunda mata* (a female deity).

Initially, he used to work on stone mines and eventually shifted to Udaipur to work on construction sites. *"Then I fell down from the hillock and discontinued going to Udaipur for work. Now, I look for work in close by villages as a laborer"*. He is currently working as a labourer under 'National Rural Employment Guarantee Act'. He also looks after agriculture and his wife assists him in this work.

He has also served as an office bearer for 10 years in the elected village development committee (*Gram Vikas Committee*) initiated by the NGO Seva Mandir. He is highly respected in the community by virtue of his *Maharaj* (the lord) status. He also preaches the teachings of his *Maharaj* among the younger generation. Many young boys collect at *Dhuni* to sing Bhajans during night time. Men folk from adjoining villages also gather at *Dhuni* in large numbers during the religious festivals.

He gives herbs (*jungli davai*) for variety of illnesses like *tav-fevers*, *nikala*, snake and scorpion bites, white-discharge problem among both men and women, stone formation, retention of placenta and headaches. He is popular for his expertise in mechanical manipulations like massage for setting bones, headaches and *Dunti* (navel dislocation). He also treats cattle for problems like *Gabir* (injury during breast feeding), boils, bites etc. He doesn't disclose the name of his teacher and says that he learnt it under the guidance of a '*Samajhdar*' (experienced person). He adds *"I don't share my practice with anyone; the herbs are rendered ineffective if we do so. I have been practicing it for the last 30 years or so. I must have treated thousands of them till now. These days, I get more people with problems of bone dislocation, headaches and white-discharge"*.

He gets people from all age groups as well as caste groups (Mahajan- business community, Brahmins, Dangi- OBC and tribal communities). *"I don't deny treatment to any one because it is Dharam ka Kaam"*. He also receives people from close-by villages (Banadiya, Kheda, Choti Ghodan and Madar). He asserts that his practices are the same as his teacher's.

He says that these days it is getting increasingly difficult to find these herbs- some are still available during monsoons. He complains that one such important herb got dried up and it is not available anymore. *"Sometimes, I have to travel to far-off places in search of these herbs-it's a very time consuming process and I have to spend money from my own pocket on travel fares"*. He says that the younger generation is not interested in learning the healing practice because it is a time consuming process and they have to go to Udaipur for work. He says *"Who wants to go through this hassle especially when there is destruction of forest and medicinal plants have become scarce"*.

He doesn't charge anything for his services and says that it's *Dharam ka Kaam* and that it's greed to charge anything from people. He says that he practices this tradition to serve his fellow beings and that human beings have a bigger responsibility than any other living being. He complains that these days people have become greedy because of which all of them have to face natural calamities and illness. He asserts that if he becomes greedy some misfortune will befall him. *"There is one in Lohira village, he is very greedy and he over charges people for his services-he comments"*.

**2) Ditaji** (62) belongs to the Katara clan of the Bhil Tribe. He has received formal education till 1<sup>st</sup> standard. He wears a *dhoti* and a shirt and talks in a Mevari dialect. He is tall and well built. He also wears a white turban with black block print some times. He plays the role of the central character i.e. *Rei* in the *Gavri* festival. His father used to play this role in the past. He lives in Chaura hamlet in a *Kaccha* house with his wife.

He has two sons and two daughters and both the sons work on construction sites in Udaipur. Ditaji has nine siblings (three brothers and six sisters) of whom he is the eldest. His two brothers look after agriculture in the village and the

youngest goes to Udaipur for work. His one brother is an ex-ward panch and an active member in the caste panchayat. His youngest brother is also being trained in *Bhopai* by the father.

However, in the generation above him, his father and uncles never went to Udaipur and never worked on the stone mines either. They just looked after agriculture and cattle here. His father is an established *Bhopa (Bhavdari cum totka cum Jaankaar)* in Chaura hamlet and is also very active in the caste panchayat.

Ditaji now looks after agricultural work and cattle. He has around 2 *bhigas* of agriculture land, three cows and two calves. In the past he used to work on the stone mines (which got closed down). Now, he works as a laborer on the *Veda* of other community members.

He administers herbs for *nikala*, snake and scorpion bites, retention of placenta, *Gabir* (injury during breast feeding) and headaches. He says that he was trained by his father in this skill and has been practicing since the last 20 years or so. *"I don't charge anything for my services- this is meant to serve my fellow beings. This is Dharam ka Kaam but if people insist then I tell them to offer a coconut in the temple in the name of God. He insists that his practices have not changed overtime but now people rely less on Jungli Davai and more on modern practitioners. For fevers and nikala now people resort to modern practitioners because these herbs work slowly. I only receive people from this hamlet and now more people come to me for treatment of bites"*. He also complains that the young generation has no knowledge of herbs and agriculture. *"I abstain from eating non-vegetarian food, green vegetables and alcohol during Gavri (five weeks)"*, he adds.

### ***Jaankaar cum Jhada***

**3) Jhoraji (50)** belongs to the Katara clan of Bhil tribe. He wears a *dhoti*, shirt and always wears a white turban with black block print on it. He has a very spiritual disposition. Though he has attended school till 2nd standard, he is very fond of reading religious books and texts. He belongs to the *Das Nami* sect and is addressed as *Maharaj* by his followers. *"My sect forbids me from eating meat*

*and consuming alcohol. I can't even accept (Nukta)-my sect forbids me". He is a strict vegetarian and observes fasts on Monday and poornima (full moon night). He asserts that he doesn't entertain people who come to visit him after consuming alcohol. "We perform Bhajans and Kirtans (singing devotional songs)". He lives in a pakka house in Chaura hamlet with his younger son and his family.*

He has three children (two sons and one daughter). His sons work as *mistri* (mason) and *Veldar* (helper) on construction sites in Udaipur. His older son is a *Hazuria* (helper) in the *Devra* (temple) of *Bheruji*. His wife passed away a few years back, she was a *Dai*.

He has an elder brother and a sister. His brother looks after agricultural work. His father used to work on the stone mines in the village.

He used to work as a labourer on the stone mines in the village. He currently looks after his agriculture and cattle and he is growing wheat on his agricultural land. He says that he has a good hand in construction. The community centre and temple have been built under his assistance. He is a very active member in the caste panchayat. He is also an elected member in the village development committee (*Gram Vikas Committee*) initiated by the NGO. He has also served as a *Hazuria* (helper) in the *Devra* (temple) of *Bheruji*. He is always a part of important meetings of the caste panchayat mentioned in Chapter Three. I have also seen him sitting in a meeting organized by the NGO for taking decisions regarding the security of common grazing land with other elected members and prominent village leaders.

He gives herbs for snake bites, *Gabir* and *Nikala* and administers *Jhada* for scorpion bites and on cattle. He has a special skill in administering massage for *Dunti* (navel dislocation). He has been practicing this for the last 20 years or so. He is not comfortable naming his teacher and says that he was trained by a *Samajhdar* (experienced person). He receives 4-5 people in a month for seeking treatment, mostly from this village. He says that "*There is less illness during this season and they are more prominent during monsoon season, more people visit me during that time. I don't charge anything for my services because this is*

*Dharma ka Kaam. I am also training my older son in this skill. Now of course people resort to these modern practitioners more. But the ones who have trust in my services still come to me”.*

4) **Bhegaji** (40) belongs to the Katara clan of Bhil tribe. He says that he has never been to a school. He wears a *Dhoti* and a shirt and can speak in broken Hindi. He lives with his wife and children in a *kaccha* house.

He has five children (four sons and one daughter). The eldest son works as a laborer on construction sites, another one drives a tractor, the third one drives a bus in Udaipur and the youngest son and daughter study in middle school in the village. His wife assists him in agriculture and rearing cattle. His father used to work on stone mines in the village together with agriculture work. His *Kaka* (younger paternal uncle), father and father in-law are also *Bhavdari Bhopas*. He works as a *mistri* on the construction sites in Udaipur and says that he has been going to Udaipur since many years.

He administers herbs for snake bites and *Gabir* and administers *Jhada* for scorpion bites. He also administers *Jhada* on cattle when they consume beans of a poisonous plant (*Rosya*). *“I also give Dam (heat an iron rod and put it on the inflicted part) to cattle for boils. I have been practicing this since I grew up. I sought training from my father, I use to observe him and accompany him during the collection of herbs-he recalls. I receive more people from this hamlet itself. I am the only one among my 4 brothers who has been trained in this skill. I don’t charge anything for my services, this is dharma ka kaam. If I charge anything then my healing power will be rendered ineffective”-he says.*

### **The Bite Healers**

5) **Gomaji** (50) belongs to the Katara clan of the Bhil tribe. He wears a *Dhoti* and a shirt and can speak in broken Hindi. He has a very pleasant disposition. He is very fond of consuming local liquor (*Mahuari*) everyday. He says that he has never attended school. He very proudly says that he is a good mason and has assisted in the construction of his brother’s house. He lives in a *Kaccha* house in Gail hamlet of Ghodan village with his second wife.

He has two daughters and they both are married in near by villages. His father got married twice, Gomaji has eight siblings (three brothers and five sisters). Two of his brothers look after agriculture and one brother is a forest guard (with the forest department). His sister in-law works as ASHA in National Rural Health Mission.

His father was an agriculturist and also worked on stone mines. Their paternal uncle was a very popular *Bhavdari Bhopa*.

He narrates his history of employment. *"For some years I worked on these stone mines then these were closed down, that was the time when we had to look for alternatives. Then I started going to Udaipur to seek employment on construction sites. For initial years I worked as a labourer and slowly graduated to the level of a mistri (mason). Now, I earn Rs 150-200 as wages per day. This year the rains were scanty and we could not cultivate the Kharif crop, now we will have to purchase wheat from the market"*. He has around two *bhigas* of agricultural land.

He administers herbs for snake and scorpion bites. He learned it from his father and says that he practices whatever he was taught. He hasn't learned it from anyone else. *"My kaka (paternal uncle) was an established Bhopa and he knew totka (sorcery) and Jhada very well, none of us learned totka (sorcery) and Jhada from him"*. Gomaji has not trained any one in this healing skill till now. He has been practicing this healing for the last 30 years or so. He usually receives people from this hamlet only-*"there are also other healers in the vicinity. I receive more people for treatment during the monsoon season as these bites are more common during that time of the year. We never show the plant to others, otherwise its therapeutic value diminishes. These herbs are more readily available during the monsoons and we have to keep a track of these herbs in other seasons also. The herb that is crucial for the treatment is not found here anymore, I have to travel to far off places to get it-he complains. I don't accept anything for my services, this is Dharm ka Kaam. If they insist then I tell them to offer a coconut in the temple"*.

## **The Jhada Specialists**

**6) Shiva Ba (55)** belongs to the Katara clan of the Bhil tribe. He lives in a *kaccha* house in Vada hamlet with his married sons. He has studied till 2nd standard. He has a spiritual disposition and is very fond of reading religious texts. He also showed me one book; it was a mythological book on Lord *Rama*. He says that he has also read *Ramayana*. He wears a *dhoti* and a shirt and speaks in a mix of *Mevari* and Hindi languages. He is very knowledgeable and likes sharing his views on healing practices, their festivals and culture. He explained to me the significance of *Gavri* festival. He also introduced me to many other healers in the community. I also joined Shiva Ba during his lunch breaks and he would clear my doubts regarding different local terms like *kotwal* and *Sikotra*. He also explained the constitution of caste panchayat to me.

He has four children (two sons and two daughters). Both his sons work as masons on construction sites in Udaipur while his daughters are married. His wife helps him in sharing household responsibilities and looking after cattle.

He has five siblings (three sisters and two brothers). His eldest brother runs a provision shop in the village and the youngest one looks after agriculture. His youngest brother is a *Mutthi Akha ke Bhopa* and his paternal cousin is also an established *Bhavdari Bhopa* in the village. This cousin brother is also a very active member in the caste panchayat. His sister-in-law is an Aanganwadi worker. His father passed away when he was a young child and their grandfather (who was also a *Bhavdari Bhopa*) supported them. His father used to work on the mines and look after agriculture.

*"I used to work in stone mines here but never went to Udaipur for work. Now, I look after cattle and agriculture. My brothers also never went to Udaipur for work and worked in the stone mines here. Now, agricultural production is very meagre and the younger generation is not interested in pursuing it. In the past we used to grow maize, wheat, sugarcane and barley in our fields but now the rains are scanty and the agriculture fields have become smaller in size owing to divisions and increase in family size. This place had a thick jungle and we used to get amla,*

*gum and other wild fruits*”-recalls Shiva Ba. He is currently working as a laborer under National Rural Employment Guarantee Act.

He is also an active member in the caste panchayat. He very proudly shares his experience of rallies (organized by political parties) attended by him in Delhi and his interactions with people from other regions and communities. *“Many years back during Indira Gandhi’s time, I went for a rally in Delhi. I was accompanied by many others from this village. The train was really packed and this was my first experience of traveling by a train”*-he recalls. He is also a *Hazuria* (helper) in the temple of *Bheruji* (male diety) and goes to the temple on every Saturday for *Seva*.

He administers *Jhada* for bites (snakes and scorpion), *Nikala*, *Gabir*, boils and also administers *Jhada* on cattle when they consume beans of a poisonous plant (*Rosya*).

*“I learned it from my mota ba (grandfather). We don’t discuss our healing practice with anyone, else it’s rendered ineffective. I have been practicing this since last 25 years or so. People come to me from different villages around Ghodan like Banadiya and Choti Ghoran. In the beginning less people used to come to me for Jhada but now with faith in my practice many come to me”*.

He added that he has knowledge of herbs but doesn’t administer them because if anything goes wrong then he fears that he will be blamed.

*“I don’t accept anything for my services-this is Dharam ka Kaam. These days some Bhopas don’t follow dharam, they don’t follow the rituals properly and that is the reason that their healing power is getting diminished. Now there is more illness because people are less dedicated to God, they don’t feed birds and have become greedier. I am training my older son in this as well”*.

### **The Dais**

**7) Jimli Bai** (60) belongs to the Katara clan of Bhil tribe. She speaks in a *Mevari* dialect and has a very assertive and confident disposition. She wears a *saree* and is very thin. She resides in a *Kaccha* house in *Gail* hamlet with her husband.



She has four children (three sons and one daughter). Her oldest son works as a laborer on construction sites and is a respected herbalist in the community. The second son is an active worker with the NGO and the youngest one works on the construction sites in Udaipur. Her husband is a *Bhavdari Bhopa*.

She picked up this work from her husband's aunt. She says that her mother was also a *Dai* and could handle really complicated deliveries. She has been practicing this for the last 25 years or so. She is associated with the NGO and they also give her trainings on safe delivery practices. In the past people use to give her four *annas* or grains but now the NGO pays her. For assisting institutional deliveries, she gets paid Rs 200, Rs 30 for checkups and Rs 45 for 3 tetanus injections. She also points out that "*Now people prefer institutional deliveries because of Rural Health Mission*".

She also has some knowledge of herbs that she learned it from a *Bhopa*. She administers herbs for retained placenta and for 'intra uterine fetal death'. She adds that the present generation has less knowledge of herbs and now people are also less reliant on them.

**8) Nani Bai (45)** belongs to the Katara clan of Bhil tribe. She makes a conversation in Mevari dialect but can understand Hindi very well. She says proudly that she has never been to a school but can manage her signatures. She is making arrangements for her son's marriage ceremony and says that she has chosen a more educated girl for her son, so that she can comfortably interact with the likes of well educated. She was busy cutting and collecting fodder during my stay in the village. She resides in a *kaccha* house in Vada hamlet with her youngest son.

She says that she got married at a very young age but had her *Gauna* (the custom in which after marriage the woman starts staying with her husband only after a gap of few years) much later i.e. five years after her marriage and says that she was very scared of her husband in the beginning. She has five children (three sons and two daughters). "*All my sons work as masons in Udaipur and my elder daughter works as a helper in a private dental college*". Her husband passed away few months back, he was an agriculturist and also worked on the

stone mines. *"My mother was a Dai and my father was a Bhavdari Bhopa and also had knowledge of herbs"*.

She narrates her journey of becoming a *Dai*:

*"My mother was a Dai in the village but the young/unmarried girls were not meant to accompany their mothers during child birth. Initially, after my gauna I started accompanying my husband's paternal aunt, who was a Dai in the community I would observe her conducting child birth and slowly picked up the job. I have been practicing as a Dai for the last 15 years or so and my association with the NGO Seva Mandir is seven years old. My training sessions with the NGO gave me more confidence and community members also listen to me more. I also have knowledge in dispensing herbs for boils, eye-flu, tooth ache and (Aaval) delayed placenta that I learned from my father. People of all age groups and sex come to me. I get 7-8 people in a month. I don't discuss my knowledge of herbs with anyone; otherwise it will become commonplace and who will give me importance? I don't demand anything from the community; I feel happy with whatever they offer me. Some give me maize, some 30 rupees and some nothing at all-this is meant to serve people. But now I get paid Rs 200 for assisting institutional deliveries, Rs 30 for checkups and Rs 45 for three tetanus injections by the village corpus fund"*.

### **The Bhopas**

**9) Daluji** (50) belongs to the Katara clan of Bhil tribe He is the most educated Bhopa in the community. He has studied till 8<sup>th</sup> standard. *"I did 3<sup>d</sup> standard from this school in Ghodan and then went to the school in Madar village, we had to walk almost seven kilometers to reach the school"*-he recalls. He wears a *dhoti* and a shirt and speaks in fluent Hindi. He also wears a printed turban on important panchayat meetings. He is a very active community member and is addressed as a *matsahib* ('teacher sir') by the community. He has a very pleasant disposition and is always well informed about the whereabouts of the community members as well as the surrounding villages. He took me around to introduce me to the prominent members on my second visit to the village. He lives in a *Kaccha* house in Upla hamlet with his wife and sons.

He has five children (three sons and two daughters). One son works as a *karigar* (skilled labour) in a silver factory and the other two work as *mistris* (masons) on construction sites in Udaipur, his sons were not interested in studying. Both his daughters are married in near by villages. His wife has also served as a Ward *panch* few years back.

He has six siblings (three brothers and three sisters) and he is the youngest of them all. His second brother passed away recently and the one older than him looks after agriculture. His eldest brother was a *Bhopa* and Daluji took over (started getting *Bhav*) after his brother suffered an attack of paralysis. "My *Kaka* (younger paternal uncle) was also a *Bhopa*, it is inter generational", he adds.

He narrates his occupational history:

*"I never went to Udaipur for work. Initially for 2 years, I worked in the government guest house as a peon but this was just a temporary position. I have a very long association with the NGO (Seva Mandir), 30 years or so- he recalls. I started working as a teacher in the adult education camps organized by the NGO. Now, I am the aansh kaalin karyakarta (cluster level worker) with the NGO, I assist the women Self Help Groups in the village. I have also received number of trainings and have been part of a number of exposure tours (across states) organized by the NGO. I have also served as office bearer in the mini cooperative bank in Madar village".*

He also looks after the development work initiated by the NGO or government, such as the measurements of the work done by the labourers, maintenance of registers, etc. He is also an authorized person to look after the common grazing land when it is open to the community for cutting fodder. He also often goes to Badgaon for getting the widow pensions sanctioned and regarding other social security schemes.

He is also a very active member in the caste panchayat and attends all the meetings regularly. Jivaji came to Daluji and told him to write a letter to the village panchayat of the adjoining village in lieu of some unresolved case.

Lalki Bai (70) a widow, was rendered homeless by her two sons on charges of theft. Daluji went to their house in Gail hamlet to enquire about the case.

He has around four bhigas of agriculture land, eight cows, four goats and two buffaloes and is currently growing wheat on his agricultural land.

He is a *Bhavdari Bhopa* of *Kheda mata* (female diety). *Kheda mata* is considered the most important deity in the *Gavri* festival. “*I don’t administer any herbs; I just administer Jhada in an entranced state and tell people the cause of the problem. I have performed twice in Gavri festival as a Bhopa*”-he says proudly. “*I also perform animal sacrifices for the well being of the entire community. I don’t accept anything for my services-it’s meant to serve people. I eat non vegetarian food and local liquor (Mahuari); it’s acceptable to Mataji (female deity)*”.

**10) Laluji** (45) belongs to the Katara clan of the Bhil tribe. He has studied till third standard and says that he is very good at mathematical calculations. He has a very lively and friendly disposition. His demeanour is welcoming. He lives in a *Kaccha* house in Vada hamlet with his two sons.

He has three children (two sons and one daughter). Both his sons work on construction sites in Udaipur. His daughter is married. Lehri Bai is his second wife, his first wife passed away few years back.

He has four siblings (one brother and three sisters). His elder brother looks after agriculture and is a *Kotval* (messenger in caste panchayat). His paternal cousin brother is a *Mutthi Akha ke Bhopa* and his other paternal cousin is a *Jhada* specialist in the village. His sister in-law is an *Aanganwadi* worker. His father was mainly an agriculturist.

Currently, he looks after agriculture and cattle and says that he has never gone to Udaipur for work. Though he worked as a labourer on stone mines (*patthar Kattha tha*). These mines got closed down and now most of the people from the younger generation have to leave the village for work. Agriculture has become limited due to unpredictable rains and insufficient produce.

He is a treasurer in the caste panchayat *Chokla* (one *Chokla* represents caste panchayat of 19 villages). He is also an office bearer in the village development committee (*Gram Vikas* committee) initiated by Seva Mandir.

(Somaji's water pipe in the agricultural field was found broken and he blamed Nathu ji for this. Later this issue was brought to Lajuji. Lajuji in his entranced state told him that this pipe has not been broken by Nathu ji but the cause is something else.)

He is a *Bhavdari Bhopa* of Bheruji (male diety). He narrates:

*"I am the fourth generation of Bhopa in my family, I get Bhav of Bheruji. I am the Bhopa of the oldest Devra in the village and I started getting Bhav one year after my father's death. I could practice as a Bhopa only after a ceremony was conducted. I don't administer any herb, neither do I have knowledge of Totka (black magic and sorcery). My father also didn't have any knowledge of herbs or Totka. I just do Jhada and tell people (when entranced) the cause of their problem-whether it's related to devi-devta or its Sharir ki Bimari. I also participate in Gavri festival".* He says that he abstains from consuming meat and alcohol on Saturdays (allocated prayer service day of Bheruji). He says that he doesn't charge anything for his services, this is *Dharam ka Kaam*.

**11) Gulabji** (65) belongs to the Katara clan of Bhil tribe. He has studied till 4<sup>th</sup> standard. He has a very authoritative persona and wears a *Dhoti*, a shirt and always wears a red *Safa* (turban). He speaks Hindi and *Mevari* dialect. He displayed a high level of discomfort in answering questions. He is popularly addressed as Galla ba (respected person) by the community members. He lives in a *Kaccha* house with his daughter and second wife.

He has five children (two sons and three daughters), one son passed away in an accident. His youngest son has a fair price shop and is the most educated youth in the entire village. While the other son works as a *mistri* on construction sites in Udaipur. He has two living wives and he currently lives with his second wife and daughter (who is physically disabled).

His father and grandfather were also *Bhavdari Bhopas*. His two nephews are also *Bhavdari Bhopas*. He says, “*My father use to look after agriculture and cattle-there was enough here and there was no need for them to move to towns for work*”.

He has around 10 *Bhigas* of agricultural land and currently looks after his agriculture and cattle. He says that he has never gone to Udaipur for work.

“*I have also taken part in Gavri festival*”, he adds. He is a very active member of caste panchayat and is also an active follower of BJP (Bhartiya Janta Party). He usually presides over the meetings of caste panchayats in the village. He has been a part of number of rallies organized by political parties and has travelled across states. One day I saw Gulabji sitting at the *pal* and during our conversation he said:

*‘I am going to attend a meeting of Congress-I in Badgaon, I have been invited. We have to attend the meetings of other parties also. I have traveled long distances to be a part of these political rallies. I have been to Punjab, Delhi and Goa also. There was a very big rally of BJP in Jaipur few days back, but I could not attend it because there were two deaths in the village. I also stood for the post of sarpanch in panchayat elections but lost it by nine votes’.* He has also been very active with the NGO Seva Mandir. He comments that the younger generation has to abide by the caste panchayat; they have to face repercussions if they deviate.

He is a *Bhopa* of *Asapari* (clan deity). He adds “*I don’t give any herbs and nor do I have any knowledge of Totka. I just administer Jhada when I am entranced, I don’t take anything for the services-I do seva*”.

**12) Udaji** (75) belongs to the Katara clan of Bhil tribe. He seems like an old wise man with a very friendly disposition. He wears a *Dhoti* and a shirt. He helps his wife in sharing a lot of household responsibilities. He is very tall and looks physically fit. He says that he has never attended school. He lives in a *Kaccha* house with his wife in *Gail* Hamlet.

He has four children (three sons and one daughter). His oldest son works as a labourer on construction sites and is a respected herbalist in the community. While the second son is an active worker with the NGO and the youngest one works on the construction sites in Udaipur. His wife is an oldest *Dai* in the community and is associated with the NGO Seva Mandir. His father was also a *Bhavdari Bhopa* and used to look after agriculture and cattle. His nephew is a popular *Mutthi Akha Bhopa* in the community and is an active member in caste panchayat.

He says that he has never gone to Udaipur for work and mainly looked after his cattle and agriculture work. He is currently growing wheat on his agriculture field. He is a follower of the Congress party but says that he never stood for panchayat elections; “*my younger son was once elected as a ward panch*”.

*“I started getting Bhav at a very early age, I get Bhav of Chamunda Mataji (female diety).I don’t have any knowledge of Jungli Davai and Totka. I don’t accept anything for my services-it is Dharam ka Kaam. He adds, now people have to resort to modern medicines because this Jungli Davai doesn’t work anymore. Now the illnesses have also increased because fruits and milk have become scarce commodities”.* He says that he refrains from consuming non vegetarian food and local liquor on Sundays (prayer days).

**13) Hirji (27)** belongs to *Bhumdia* clan of Bhil tribe. He has a very pleasant disposition and likes attending *Bhajans and Kirtans*. He wears a *dhoti* and a shirt on Saturdays for Seva (prayer Service) and wears a trouser and a shirt on other days. He also wears a silver pendant in a black thread with the image of a God engraved in it. He can speak in fluent Hindi and had studied till 2<sup>nd</sup> standard. He lives in a *Kaccha* house in Choti Ghoran (adjoining revenue village) with his wife. *Bhopa* of temple is 27 years old. He belongs to *Bhumdia* clan of Bhil tribe. He is serving as a *Bhopa* for the last 2 years or so. “*My father was also a Bhopa of Bheruji Bavji*”. He goes for work on construction sites in Udaipur but stays back on Saturdays for Seva (prayer Service). He is a strict vegetarian and says that *Bheruji* doesn’t accept animal sacrifice and is a *Dharmi Devta*, it will be sinful for him to consume non-vegetarian food.

His two children died of some illness at a very young age; he recalls this with lot of pain. He has four siblings (two brothers and two sisters). He says that his father used to work on stone mines and would look after agriculture and cattle. *"My father was also a Bhopa of Bheruji Bavji"* -he says. His younger paternal uncle and paternal cousin are the *Hazuria's* in the temple of *Bheruji* (male deity).

*"I started going to Udaipur since I was 15. In the beginning, I used to fix linter (roofs), then slowly I picked up the work of a Veldar and now I have graduated to a mistri on construction sites. There was no road when I started going to Udaipur and we had to walk number of kilometers through the hillocks to catch a bus. 'I have not been going to Udaipur for work since last few months, have been recovering from an illness"*. He is currently cultivating wheat on their agricultural land with irrigated water and will resume his work on construction sites in Udaipur.

He complained that *"The sarpanch of Madar panchayat had promised to install a hand pump in the temple and didn't keep his promise and I will teach him a lesson when he asks for my cooperation the next time"*.

He is serving as a *Bhopa* for the last two years or so, he gets *Bhav*. *"I take an early morning shower on Saturdays and then only I enter the temple. I don't administer any herbs; I just do Jhada in an entranced state and give people ashes to eat. People come here for all sorts of problems-illness, bites and to seek permission of Bheruji"*. He is a strict vegetarian and says-*Bheruji* doesn't accept animal sacrifice, he is a *Dharmi Devta* and it will be sinful for him to consume non-vegetarian food. *"I performed in Gavri this year. I don't charge anything for my services- this is Dharam ka Kaam. If people donate anything in the temple then it remains with the temple. If Bhopas become greedy and demand money their healing will not work"*. He says that nowadays people have lost faith in herbs and are scared of consuming them.

### ***Mutthi Akha ke Bhopa***

**14) Mohanji** (55) belongs to the Katara clan of Bhil tribe. He seems to be a very powerful person in the community. He wears a *Dhoti* with a shirt and speaks in both Hindi and *mevari* dialect. In the beginning, he was very scared of being



interviewed and seemed to be intimidated by my presence but eventually became friendly. He says that he has just attended school till 1<sup>st</sup> standard. He lives in a *Kaccha* house in *Gail* hamlet with his wife.

He has five children (two sons and three daughters). Both his sons work as *Veldars* on construction sites in Udaipur. His wife shares the responsibility of agriculture and cattle with him. He is the only child of his parents and his father passed away when he was a very young child. They were supported by his paternal uncle who is also a *Bhavdari Bhopa*. His father was an agriculturist.

*“Previously, around 15 years back I use to maintain registers etc on the stone mines. Now, I just look after my agriculture and do Bhopari”*. He is a very powerful leader in the caste panchayat and is often seen at other crucial village meetings also. One day he was telling Shivji, an NGO worker, to go and attend the *Chokla* meeting at Ubeshver ji because he has to attend a death ceremony in another village.

He is a *Mutthi Akha ke Bhopa* and is popular for his skills in *Totka* in this village and even surrounding ones. He conducted three *Totkas* in one month in one hamlet. He charges from Rs 50 to Rs 400 and more depending on the kind of rituals. The family also has to spend additional money in arranging for ingredients like (*Ghee*, oil, sweets, tobacco, hen etc). He says that he was trained in these rituals by some one outside the family but shows discomfort in naming the person. He says that he receives people from all caste groups (*Dangi*, *Brahmin*, *Mahajan* and tribal communities). He will also train one of his sons in *Bhopai*. He jokingly comments, *“With the coming of these doctors my earnings have come down”*. He is very fond of consuming local liquor and starts consuming it early in the morning.

### ***Bhavdari cum Totka cum Herbal therapy***

**15) Udailalji** (40) belongs to the Kalal clan of Bhil tribe. He wears a *Dhoti* and a shirt and has good command in Hindi language. He has studied till 2<sup>nd</sup> standard and had to leave school because his father passed away. He says that his mother was very poor and could not afford the school fees. He has a very authoritative voice and gives his opinion on different aspects of village life. He

rides his own scooter when he goes to Udaipur for work. He lives in a *Kaccha* house in Upla hamlet with his wife and children.

He has five children (three sons and two daughters). His 2 sons go for work to construction sites in Udaipur and the youngest one studies in school. His elder daughter is married and the younger one looks after cattle. He has 5 brothers (2 older ones passed away) and 3 sisters; he is the youngest of them all. His father use to work in stone mines as a laborer and use to look after agriculture. *"My brothers also worked as labourers in these stone mines here. My father and grand father were also Bhavdari bhopa and my elder brother is also a Mutthi Akha ke Bhopa"*.

*"For few years I worked as an instructor in Non Formal Education Centre run by the NGO. Then eventually I started going to Udaipur to work as laborer on construction sites. I slowly graduated from a laborer to a Veldar and now to a mistri. In the past the connectivity was poor (there were no connecting buses) and I had to travel all the way to Udaipur on a bicycle"*, and proudly adds that, *"Now I have my own scooter for transit. Now every youngster has to migrate for work, there are no opportunities here"*. He says that he doesn't sit in caste panchayat meetings, it demands time. He is very famous in the entire village for his performance in Gavri festival and takes great pride in it.

He gives *Jhada* when entranced, has knowledge in dispensing herbs and is well trained in massages for setting bones, especially problems related to spinal cord. He says that people come from far off villages for getting this fixed. He gets *Bhav* of *Chamunda mata* and administers healing when entranced. He is also well trained in *totka*. He is training his older son in *Bhopai*, and says that he has the caliber for learning all this. He doesn't consume alcohol on prayer service days i.e. Sundays. *"I usually stay back on Sundays or leave after the morning Seva in the temple is done"*.

**16) Khema ba (78)** belongs to the Katara clan of the Bhil tribe. He is the oldest healer among all. He is very active and usually sits on the *Pal* (bus stop) and chats with the community members. He wears a *dhoti* and a shirt and turban is always a part of his attire. He wears a black and white turban. He speaks in

fluent Mevari dialect and looks very experienced. He laughs and says that “*I have never been to a school*”. He lives in a *pakka* house with his youngest son in Chaura hamlet.

He has nine children (three sons and six daughters). His two sons look after agriculture in the village and the youngest one goes to Udaipur for work. His eldest son is a *Jaankar*. His second son is an ex-ward panch and an active member in caste panchayat.

He has five siblings (four brothers and one sister). My grandfather and *Kaka* (younger paternal uncle) were also a *Bhopa of mataji* and also had knowledge of herbs. He himself never migrated to Udaipur and never worked on the stone mines either, he just looked after agriculture and cattle here.

Khema ba is a *Bhavdari Bhopa cum Mutthi Akha cum Herbalist*. His father also knew all three. But he has trained his eldest son only as an herbalist and the youngest one as a *Mutthi Akha*. And his son who is a herbalist is not teaching his son about herbs but is getting him trained in *Mutthi Akha* instead.

He is a very active member in caste panchayat. He was also active with the NGO and says with pride that he used to address meetings of 200 people alone.

*“I have managed so many development programs (like this community centre) of NGO and convinced people about them. I have addressed meetings of 200 people in the village alone”.*

He narrates that in the past the village was ruled by feudal lords and the land was not in their name and they had to pay huge sums of taxes to lords. Later, things become better with the coming of Congress government. *“In the past the rains were better and we use to grow maize, Barley, wheat and fruits and milk products were in abundance. Now our children have to go to Udaipur for work. I used to play the role of Rei in Gavri festival, now my eldest son plays that role”.*

He is an established *Bhopa (Bhavdari cum totka cum Jaankaar)* in Chaura hamlet; he gets *Bhav* of *Asapari mata* (female diety). He says *“I give Davai, I do Jhada and I am also an expert in Totka. Though I was trained in Bhopai by my paternal uncle but I got training in herbs from my maternal uncle”.* He refrains

from eating non vegetarian food and consuming alcohol on prayer days and during *Gavri*. He doesn't comment on whether he accepts anything or not (but the community members have indicated his acceptance of payment in cash for *totka*). He is training his youngest son in *Bhopai* and says that all of them have different calibers and he has trained them accordingly. He receives more people from this village itself. He complains that in the past *Manak* (people) use to consume more *jungli Davai* (herbs) and would get better, now they don't have trust in *jungli Davai*-they are scared. They have shifted to modern practitioners; *I only give herbs to the ones who trust me.*

**17) Pitaji (55)** belongs to the Katara clan of the Bhil Tribe. He has a very pleasant disposition and is quite friendly. He wears a *dhoti* and a shirt and speaks in fluent *mevari* and Hindi. He lives in a *Kaccha* house with his wife and married children.

He has six children (three sons and three daughters), all his children are married. All his sons work as *mistri* in Udaipur. *"These government schemes only give employment to one person in the family, but there are lots of mouths to feed"*-he comments. His father and grandfather were also *Bhavdari Bhopas*. *"None of my other brothers are trained in totka, I am the only one. I am also training my younger son in this"*- he adds.

*"I also worked in these stone mines for few years. Then I went to Udaipur for work for 15 years or so. Now, I don't go to Udaipur because I can't carry heavy loads. In those days we used to get paid a very meager amount of wages-he recalls"*. He currently looks after his agriculture and cattle and has seven *Bhigas* of agriculture land. He says that his father was a very active member in caste panchayat. He is also a very active member. *"People listen to me and they keep dropping in for advice"*, he says

He gets *Bhav* of both *Kalka Devi* and *Bheruji*. He is also well trained in *totka* and in dispensing herbs. He administers herbs for snake and scorpion bites, *Gabir*, *Nikala* and Boils. He has been practicing this for last 30 years or so. *"The training for black-magic and sorcery is a tough one and some times we have to go to the cremation ground and appease the dead. People come to me from far-*

*off villages –even from Gogunda tehsil. I follow dharam and don't demand anything for my services, just take bus fares”.*

**18) Lalu ji (40)** belongs to Katara clan of the Bhil tribe. He wears a trouser and a shirt. He says that he has never attended school. He lives in a *pakka* house with his parents.

He has three children (two sons and one daughter), daughter is getting married soon. One son goes to school and the other one is looking for work. His wife is a member in women SHG. Lалуji has nine siblings (three brothers and six sisters) and he is the youngest of all. His two brothers look after agriculture in the village. His father never went to Udaipur for work and never worked on the stone mines either, he just looked after agriculture and cattle here. His one brother is an ex-ward panch and an active member in the caste panchayat. His father is an established *Bhopa (Bhavdari cum totka cum Jaankaar)* in *Chaura* hamlet and is also a very active member in the caste panchayat too. Lалуji has been going to Udaipur to work on construction sites since last 10 years or so.

He is a *Bhavdari Bhopa* of *Asapari Devi* and is also getting trained in *totka* by his father. He usually stays back on Sundays for Seva but sometimes has to leave because of work compulsions.

**19) Deva ji (35)** belongs to the Katara clan of the Bhil Tribe. He usually wears a pant and a shirt but wears a *dhoti* and a shirt on *seva ka din* (prayer service days). He has never been to school but can easily read and write. He has attended education camps of the NGO. He lives in a *Kaccha* house with his wife and children.

He has five children (two sons and three daughters). His sons go to school and one daughter is married and other two help in household chores. His father use to look after agriculture. His father and grandfather were also *Bhavdari Bhopas*, “*My father was a very established Bhopa*”-he says. He works as a *mistri* in Udaipur; he has been going there since last 15 years or so. He is a follower of *Das Nami* sect and likes attending to their *Bhajans*.

He is a *Bhavdari Bhopa* of *Bheruji* (male diety). He administers herbs and says that he has very little knowledge of *Totka*. He administers herbs for fevers, *Nikala*, boils and also gives herbs to cattle for loss of appetite. He doesn't name his teacher and says that he learned it from a *Samajhdar* (the knowledgeable one). "*I am practicing this since last 10 years or so. We don't share our secret of herbs with any one, otherwise who will come to us. We first taste all the Davai before administering them on others; we don't want to take the blame on our head. There is one in 100 who has knowledge of these herbs. Some Jungli Davais are very difficult to be found now, they got lost with the forest cover. Now people have less trust in Desi davai (local remedies)-they rely more on private Daktars. The younger generation is not interested in learning this, they only have superficial knowledge of these herbs, they leave early in the morning and only get back in the evening*". He says that he doesn't consume any non vegetarian food or alcohol and observes a fast on Saturdays (*Seva day*).

## **Summary**

This chapter clearly shows that healers, especially *Bhopas* have a significant political and cultural role in the community. Apart from their already strong position in traditional panchayats, some of them have also worked with the NGO as grass roots workers. Some *Bhopas* are also active with the political parties. This further enhances their position in the community. The family members of some healers also hold important positions in statutory panchayats and the NGO.

Certain characteristics and practices of the healers are commonly perceived as adding to or detracting from their moral standing. Their following of *Niyam* like not eating non-vegetarian food and consuming liquor on *Seva* days enhances their moral standing as healers. Healers of *Jaankar* tradition also have to follow *Niyam* in terms of preparing and dispensing *Davai*. Accepting any kind of payment is another *niyam* that healers of *Jaankaar* tradition also have to follow. However, the healers like *Dai* and *Bhopa* (*Mutthi Akha* and *Bhavdari cum Mutthi Akha*) charge for their services. However, *Dai's* have started receiving honorarium only recently. Similarly there are also criteria for labeling healers as

*Dharmi* and *Adharmi*. This is determined by the kind of deities they appease and their following of *Niyam*. All *Jaankaars* fall in the category of *Dharmi*, while most of the *Bhopas* fall under *Adharmi* category. But it is the *Jaankaars*, the *Dharmi* ones, who are loosing their healing power in the community.

The healing tradition of *Jaankaar* seems to be under threat and the younger generation is not interested in pursuing it further.

## Annexure

Table 5.1 Socio-Economic profile of Healers

Number	Category	Name and Age	Clan	Educational Status	Type of Housing	Other Occupations
1	1)Jaankaar	Somaji (50)	Katara	Never attended School	Kaccha	Laborer and agriculture
2		Ditaji (62)	Katara	1 <sup>st</sup> standard	Kaccha	Laborer and agriculture
3	1A) Jaankaar cum <i>Jhada</i>	Jhoraji (50)	Katara	2 <sup>nd</sup> Standard	Pakka	Agriculture
4		Bhegaji (40)	Katara	Never attended School	Kaccha	Mistri and Agriculture
5	1B) Bite Healers	Gomaji (50)	Katara	Never attended School	Kaccha	Mistri and Agriculture
6	2) <i>Jhada</i> specialist	Shiva ba (55)	Katara	2 <sup>nd</sup> standard	Kaccha	Laborer and Agriculture
7	3) Dai	Jimli Bai (60)	Katara	Never attended School	Kaccha	Agriculture
8		Nani Bai (45)	Katara	Never attended School	Kaccha	Agriculture
9	4 A) <i>Bhavdari Bhopa</i>	Daluji (50)	Katara	8 <sup>th</sup> standard	Kaccha	NGO worker and Agriculture
10		Laluji (45)	Katara	3 <sup>rd</sup> standard	Kaccha	Agriculture
11		Gulabji (65)	Katara	4 <sup>th</sup> standard	Kaccha	Agriculture
12		Udaji (75)	Katara	Never attended School	Kaccha	Agriculture
13		Hirji (27)	Bhumdi a	2nd standard	Kaccha	Agriculture and Mistri
14	4 B) <i>Mutthi Akha Bhopa</i>	Mohanji (55)	Katara	1 <sup>st</sup> standard	Kaccha	Agriculture
15	4 C) <i>Bhavdari</i> cum Totka cum Jaankar	Udailalji (40)	Kalal	2 <sup>nd</sup> standard	Kaccha	Mistri
16		Khemji (78)	Katara	Never attended School	Pakka	Agriculture
17		Pitaji (55)	Katara	1 <sup>st</sup> standard	Kaccha	Agriculture
18		Laluji (40)	Katara	Never attended School	Pakka	Mistri
19		Devoji (35)	Katara	Never attended School	Kaccha	Mistri



**Table 5.2: Political roles of the Healers**

No.	Category	NGO	Caste panchayat	Other
1	1)Jaankaar	yes	no	Maharaj in a sect
2		no	no	no
3	1A) Jaankaar cum <i>Jhada</i>	yes	yes	Maharaj in a sect.
4		no	no	no
5	1B) Bite Healers	no	no	no
6	2) <i>Jhada</i> specialist	no	yes	no
7	3) Dai	yes	no	no
8		yes	no	no
9	4 A) <i>Bhavdari Bhopa</i>	yes	yes	no
10		yes	yes	no
11		Yes	yes	no
12		no	no	no
13		no	yes	no
14	4 B) <i>Mutthi Akha Bhopa</i>	yes	yes	no
15	4 C) <i>Bhavdari</i> cum Totka cum Jaankar	no	no	no
16		yes	yes	no
17		no	yes	no
18		no	no	no
19		no	no	Follower of a sect

**Table 5.3: Healing role and role in festivals and rituals**

No.	Category	Dharmi- Adharmi	Vegetarian/ Non vegetarian	Role in Gavri	Role in other Festival (Navratri)	Other rituals (Birth, Death, Marriage)	Fees
1	1) Jaankaar	Dharmi	Vegetarian	No	-	-	No
2		Dharmi	N.Vegetarian	Yes	-	-	No
3	1 A) Jaankaar cum Jhada	Dharmi	Vegetarian	No	-	-	
4		Dharmi	N. Vegetarian	No	-	-	No
5	1B) Bite Healers	Dharmi	N. Vegetarian	No	-	-	No
6	2) Jhada specialist	Dharmi	N. Vegetarian	No	-	-	No
7	3) Dai	Dharmi	N. Vegetarian	No	-	-	Yes
8		Dharmi	N. Vegetarian	No	-	-	Yes
9	4 A) Bhavdari Bhopa	Adharmi	N.Vegetarian	Yes	yes	Yes	No
10		Dharmi	N. Vegetarian	Yes	yes	Yes	No
11		Adharmi	N. Vegetarian	yes	yes	Yes	No
12		Dharmi	N. Vegetarian	Yes	yes	Yes	No
13		Dharmi	Vegetarian	Yes	yes	Yes	No
14	4 B) Mutthi Akha Bhopa	Adharmi	N. Vegetarian	No	-	-	Yes
15	4 C) Bhavdari cum Totka cum Jaankar	Adharmi	N. Vegetarian	Yes	yes	Yes	Yes
16		Adharmi	N. Vegetarian	Yes	yes	Yes	Yes
17		Adharmi	N. Vegetarian	Yes	yes	Yes	Yes
18		Adharmi	N. Vegetarian	No	yes	Yes	Yes
19		Adharmi	Vegetarian	Yes	yes	Yes	Yes

**Table 5.4: Family profile of Healers and occupations**

No.	Category	No. of children	Father's Occupation	Occupation Of Children	Healing Role	Other roles of family members
1	1)Jaankaar	4	Agriculture	Agriculture	Father: <i>Bhopa</i> Mother: Dai	Brother: NGO worker
2		4	Agriculture	Mistri	Father: <i>Bhopa</i> Brother: <i>Bhopa</i>	Brother: Ex-ward panch and active in caste panchayat.
3	1A) Jaankaar cum <i>Jhada</i>	3	Mines and agriculture	Mistri	None	-
4		5	Mines and agriculture	Drivers and student	Father: <i>Bhopa</i>	-
5	1B) Bite Healers	2	Agriculture and mines	Household work	Uncle: <i>Bhopa</i>	Brother: Active with NGO
6	2) <i>Jhada</i> specialist	4	Agriculture	Mistri	Brother: <i>Bhopa</i>	Brother: Active in caste panchayat.
7	3) <i>Dai</i>	4	-	NGO worker and mistri	Husband: <i>Bhopa</i> Son: Jaankaar	-
8		5	-	mistri and Veldar	Father: <i>Bhopa</i> Mother: Dai	-
9	4 A) <i>Bhavdari Bhopa</i>	5	Agriculture	Mistri	Father: <i>Bhopa</i>	Wife: ex ward panch
10		3	Agriculture	Mistri	Father: <i>Bhopa</i>	Brother: Kotwal
11		5	Agriculture	PDS dealer and mistri	Father: <i>Bhopa</i>	-
12		4	Agriculture	NGO worker and mistri	Father: <i>Bhopa</i>	Son: NGO worker
13		none	Agriculture and mines	-	Father: <i>Bhopa</i>	Uncle: active in caste panchayat
14	4 B) <i>Mutthi Akha Bhopa</i>	5		Mistri	Uncle: <i>Bhopa</i>	-
15	4 C) <i>Bhavdari</i> cum Totka cum Jaankar	5	Agriculture and mines	Veldar and student	Father: <i>Bhopa</i>	-
16		9	Agriculture	Mistri, Agriculture and laborer	Father: <i>Bhopa</i>	Son: ex ward panch
17		6	Agriculture	Mistri, Veldar	Father: <i>Bhopa</i>	Uncle: active in caste panchayat
18		3	Agriculture	student	Father: <i>Bhopa</i>	Brother: ex ward panch and father active in caste panchayat
19		5	Agriculture	student	Father: <i>Bhopa</i>	-

## CHAPTER 6

### SUMMARY AND CONCLUSION

The village Ghodan Kalan is 20 kilometers away from Udaipur district head quarters. The village is well connected by a *pakka* road. It is dominated by the Bhil tribe.

#### Health seeking in Ghodan Kalan

Medical facilities are available in the village through a sub centre. Besides, there is one Ayurvedic dispensary in Madar 6 kilometers away. For referrals one may visit the Community Health Centre (CHC) located in Badgaon Panchayat Samiti. The Udaipur RNT Medical College and Hospital and the TB hospital near Udaipur are other options. Besides, there are quacks (popularly known as *Private Doctors/bangali daktar*) that give allopathic medicines in nearby villages (Madar and Thur) and towns.

In addition, 24 traditional healers are found in the village itself. There are 3 more health care providers in the community who are part of public services or programs, the ANM *Behanji*, ASHA (Accredited Social Health Activist, link worker, who has not been given any local specific name yet) and the *Aanganvadi* worker.

In Ghodan Kalan, there is a situation in which two forms of understanding of disease causation coexists. These two forms are '*Sharir ki Bimari*' (natural) and '*Devi/ Devta ka Doshan*' (supernatural). This understanding also determines the choice of healers. For '*Sharir ki Bimari*' they resort to *Jaankaars* or allopathic system and for problems related to '*Devi/ Devta ka Doshan*' they resort to *Bhopas*. Foster (1976) also points out two principal etiologies in non-western medical systems, i.e. personalistic (supernatural) and naturalistic. Mahapatra (1994) also states that among the tribal communities diseases are usually thought to occur due to two reasons, i.e. due to belief in supernatural forces and

due to the physical factors like living in unsanitary conditions. Joshi (2004) also mentions 2 etiologies that are popular among the tribes of Uttranchal, i.e. illness caused by natural (*Bimari*) and supernatural forces (*Dos*).

In Ghodan Kalan, 2 kinds of systems, i.e. the traditional healers and modern medicine coexist. The latter is practiced by people who are popularly known as '*Daktars*'-who may work for the state or be in private practice, or may be fully/partially qualified, or without any recognized medical training. Roy Burman (2003) also observes a similar phenomenon in rural Sikkim and writes that people are using both traditional and modern practitioners, i.e. doctors, shamans and *lamas*. Joshi (2003) also concludes that despite the easy availability of doctors, people continue to see the traditional healers and sometimes both are consulted side by side. Hardiman and Raje (2008) also record the coexistence of both the systems in their study in rural Gujarat.

In Ghodan Kalan, in the past there was an exclusive dependence on the traditional healers because modern health care was almost inaccessible, now, the community has accepted the allopathic system also in a large way. This was also observed by Hardiman and Raje (2008) in rural Gujarat.

Now in the village, the community members rarely depend exclusively on any one system. They usually consult *Bhopas* first and later resort to either herbalists or allopathic doctors and sometimes they use all simultaneously. This is true for both old and young, rich and poor. This is also true for health workers like the ASHA and *Aanganvadi* worker who have much better access to modern health care.

The community prefers private practitioners (the *Daktars* who may be partially qualified or without any recognized medical training) over the government ones for day-to-day problems. These private *Daktars* have a flourishing business in these rural areas. But the community members prefer *Sarkari* hospitals for illnesses that require examinations and tests. Now, the public health care system is also especially used for Immunization and Pulse-Polio.

## Traditional Healers

There are 4 main categories of traditional healers in Ghodan village. These are: 1) *Jaankaars*, 2) *Jhada* specialists, 3) *Dai* and 4) *Bhopa*. There are also subcategories within each category. These healers subscribe to distinct paraphernalia, etiology, diagnoses, preventive measures and treatment modes. Sahu (1991), Harimohan Lal (2000) and Joshi (2004) also record a number of healers in tribal villages.

These traditional healers usually practice healing along with their other main source of livelihood, i.e. either agriculture or labour work on construction sites. Women can practice as herbalists (though usually dominated by males) and *Dais*. The rest of the categories are male dominated. There is only one woman herbalist that the researcher came across in the village. The healing roles, on the whole, are more male dominated. Women also get possessed but are not allowed to practice *Bhopai*.

Gellner (2006) points to the emergence of a new healing role, i.e. 'mediums'. He also writes that in the past the women were not allowed to practice as mediums, they have been beneficiaries of political changes in the form of democracy. But there are certain practices like astrology and Ayurvedic medicine that mediums cannot make use of. This can be further explored.

1) *Jaankaar* healing tradition is usually learned under the guidance and training of a senior *Jaankaar* under an oath of secrecy. Their knowledge is a closely guarded secret. It is sometimes not even disclosed to ones own family members, unless the person is under training. Some of them do not even name their teachers. This knowledge is usually, but not necessarily, passed on inter-generationally.

There are different procedures to collect, prepare and administer these herbs as well as diagnose illnesses. They usually administer the herb in its processed form, i.e. in the form of a paste or juice. *Jaankaars* usually don't collect these herbs in advance and generally get them from the forest as and when the need arises. They have a good idea of the availability of these herbs in the surroundings. Some *Jaankaars* also administer *Jhada* with herbs.

2) *Jhada* specialists do not administer any herbs but have specialized skills in administering *Jhada*. These healers give *Jhada* for snake and scorpion bites, boils, *Gabir*, swelling in the body due to injury, *Nikala*, for poison spread in the body of the cattle due to consuming poisonous beans or plants. This is done by giving a blow on the inflicted part by brushing it with grass or feather while simultaneously reciting *mantras*.

3) *Dais* are traditional birth attendants who assist women during childbirth. This role is only performed by women. They are usually older women in the age group of 45 and above. This is a sex specific role, they are usually initiated into this skill by their mother or mother-in-law after marriage. Some of them also have knowledge in administering herbs for retention of placenta, diarrhea and boils among children. Some *Dais* also have expertise in handling complicated deliveries.

It is important to note that these *Dais* have also taken up new roles like motivating women for antenatal and post natal check ups and immunization because of their association with the NGO. They also accompany women for institutional deliveries.

4) *Bhopas* deal with problems related to *Dosh*, i.e. supernatural forces. This role (*bhopai*) is typically done by males; females are not allowed to practice this. There are three kinds of *Bhopas* in the community:

#### **A) *Mutthi Akha***

This category of *Bhopas* do not get entranced by a god or goddess but they have an expertise in preventing, diagnosing and treating *Dosh*. They have a skill in calculating *Dosh* (responsible for the problem of the person concerned) by looking at a handful of grains of maize. They also have an expertise in both preventing *Dosh* and treating it through *totka* (appeasement or propitiation of evil spirits with sorcery and magico rituals).

#### **B) The *Bhavdari Bhopas***

This category of *Bhopas* gets *Bhav*-possessed by the god and goddess and administers healing in an entranced state and is seen as a mediator between the

supernatural forces and the community. They can diagnose *Dosh* (inform the person what is causing the problem) when entranced and then administer healing (give the person ashes to drink, charms to eat or wear). They also give charms known as *Dora* to wear to protect community members against evil spirits. They are usually linked to a *Devra* (temple) and sit in the temple on specified prayer service days (Saturday is the allocated day for serving prayers to male gods and Sunday for female gods).

### **C) *Bhavdari cum Totka cum Herbal therapy***

This category of *Bhopas* has an additional expertise in *totka*, they get possessed as well as have knowledge of herbs. They are usually much sought after *Bhopas* in the community.

### **Profile of healers**

Majority of healers are in the age group of 40-60 years. A majority of these healers belong to the Katara clan which is also the largest, the most influential and the oldest clan in the village. A majority of them practice agriculture with the exception of a few of the younger ones who go to Udaipur to work either as *mistris* or laborers on construction sites. Most of the older ones have worked on the stone mines in and around the village at some point in their lives. These mines were closed down because these stones were no more in demand.

9 of the 19 have never attended a school in their childhood, 9 of them have just received formal education till below the primary level, and one has studied up to class 8. But some of them can read news papers and also show interest in reading religious books.

### **Profile of families**

A majority of the healers have some family member in the healing role especially paternal uncles or fathers. Their father's generation was usually either involved in agricultural work or worked on the stone mines in and around the village. It shows that the healers in the past generations were also more confined to the village, though the next generation i.e. their sons and younger brothers are mostly going to nearby towns and cities to work on construction sites. Family



members of these healers are also active with NGOs, in statutory panchayats and government jobs.

### **Ethics or *Niyam***

Certain characteristics and practices of the healers are commonly perceived as adding to or detracting from their moral standing. Their following of *Niyam* like not eating non-vegetarian food and consuming liquor on Seva days enhances their moral standing as healers. Healers of *Jaankar* tradition also have to follow *Niyam* in terms of preparing and dispensing *Davai*. Accepting any kind of payment is another *niyam* that healers of Jaankaar tradition also have to follow. However, the healers like *Dai* and *Bhopa* (*Mutthi Akha* and *Bhavdari cum Mutthi Akha*) charge for their services. Though, *Dai*'s have started receiving honorarium only recently.

### ***Dharmi* and *Adharmi***

The community members often used the terms '*Dharmi*' and '*Adharmi*' for describing the traditional healers. *Dharm* refers to the expected professional duties and ethical norms like serving people as healers is considered '*Dharam ka Kaam*'. '*Dharmi*' is one who practices his duties and follows the ethical norms and *Adharmi* refers to one not abiding to such norms and duties.

This is determined by the combination of two factors like the kind of deities they appease and their following of *Niyam*. All *Jaankaars* fall in the category of *Dharmi*. While most of the *Bhopas* fall under *Adharmi* criterion.

### **Role of Traditional Healers**

In Ghodan Kalan the healers play a significant role. Their healing role is visible in all spheres of the community life i.e. their health problems, problems related to cattle, disputes, birth, marriage etc. It comes out clearly that in contrast to the allopathic system; healers have a 'holistic' role in the community. Sagant (2008) also records the role of healers in maintaining the 'social order' in the community.

Healers, especially *Bhopas* have a significant political and cultural role in the community. Apart from their already strong position in Traditional panchayats, some of them have also worked with the NGO as grass roots workers. Some *Bhopas* are also active with the political parties. This further enhances their position in the community. Manna (2003) also writes “traditional medicine men in Lodha, Munda and Santhal communities enjoy special prestige and privileges and in many cases their opinions are respected. So not only in treatment of diseases, the role of traditional medicine men is also very important in maintaining group solidarity”.

### **Change in the role of healers**

Chapters 2 and 3 clearly point that some aspects of the Bhil tribe have undergone changes in the last few decades. In some areas the changes are rapid while in others they are gradual. There have been changes in the areas of occupation, marriage customs, language, political organization, etc in Bhil communities. Some of these changes also have a bearing on the role of healers which needs further study.

With the changing occupation patterns and cash assuming an important role, some categories of healers have also started demanding fees and honorarium in cash. It is important to note that the healing role of *Dai* also seems to be changing with the introduction of the Rural Health Mission. Now, the community members prefer institutional deliveries and *Dais* also receive more honorarium by encouraging institutional deliveries. But this may differ for more inaccessible villages.

In village Ghodan, one category of traditional healers, i.e. herbalists, also feel that their healing role are getting compromised and they are losing their healing status partly because of the destruction of forests and medicinal plants and partly because of the growing interest of the community in modern medicine. Some *Jaankaars* also feel that these herbs are less potent in dealing with ‘newer’ illnesses. Harimohan Lal (2000) records a similar phenomenon. Hardiman and Raje (2008) also point out that some herbalists complain of

loosing their healing practices because of the destruction of forest and stringent forest policies.

In some other areas (villages) of Udaipur, it can also be related to both destruction of forest and fewer rights granted to communities on forest produce on account of forest laws. However, progressive acts like the Forest Rights Act (FRA) might help in securing the rights of communities on important forest products including herbs.

### **Emerging Issues**

1) Occupational activities in the past generations were more confined to the village. However, the past decade, has seen an increasing trend among younger generations moving towards bigger cities to seek employment in the unorganized sector. This will have a bearing on the health practices and beliefs of the community. Now, the healers of younger generation are also moving towards cities and towns. This will also affect the availability of traditional healers and their other roles in the community. Among other factors, this might also have a substantial bearing on the well-being of these communities.

2) The villager's treatment seeking practice shows that they have worked out a complementarity of roles of the various types of traditional and modern health care providers.

3) There is a stronger and more powerful role of *Bhopas* relative to the herbalists. *Bhopas* have also become more powerful with their new roles in statutory panchayats and as NGO workers. But it is the *Jaankaars*, the *Dharmi* ones, who are loosing their healing power in the community.

4) In future, traditional systems especially the herbalist tradition will face a threat. Firstly, because of the destruction of forests and secondly, because of the less interest, time and declining faith of the younger generation in pursuing this tradition. There is already an indication of this phenomenon because the tradition of herbal medicine was also practiced inter-generationally in the past. Now, as younger ones are more interested in only picking up *Bhopai* or *Mutthi Akha* than learning about herbs, only these traditions have remained inter-generational.

Lack of remuneration is another reason. Some *Jaankaars* have also stopped administering herbs and rely more on *Jhada*.

5) The Government policies have to take note of the fact that the healing tradition of local herbal medicine is dying. Policy initiatives have to be taken to strengthen their role in a community that already faces so many deprivations.

6) What this loss of herbalists and greater power of *Bhopas* implies for the health culture is important to study further. It would also be of significance to examine the use the traditional healers make of their powerful role in the village in spheres other than healing.

## A GLOSSARY OF TERMS

<i>Amla</i>	A berry with high nutritional and medicinal value (Emblica Officinalis Gaertn)
<i>Aaval</i>	Placenta
<i>Agarbatti</i>	Incense stick
<i>Anicut</i>	Water harvesting structure
<i>Atta Chakki</i>	Floor mill
<i>Ba</i>	Respected old man
<i>Bai</i>	A Woman
<i>Bhopa</i>	Priest/healer
<i>Bhopai</i>	Practice of Bhopa
<i>Bhav</i>	Trance
<i>Bakara</i>	Goat
<i>Bhut Paret</i>	Ghost
<i>Bhajans</i>	Hindu devotional songs
<i>Bada</i>	Big
<i>Bada Gaon Gameti</i>	Headman in caste panchayat of cluster of villages
<i>Bimari</i>	Illness
<i>Behanji</i>	Sister
<i>Bolai</i>	Taxes levied on travelers and merchandise
<i>Chokla</i>	Caste Cluster
<i>Chaupal</i>	Platform
<i>Chauraha</i>	Cross-Roads
<i>Charnot</i>	Common grazing land
<i>Dai</i>	Traditional Birth Attendant
<i>Dapa</i>	Bride Price
<i>Datri</i>	Sickle
<i>Dam</i>	Putting hot iron on the a boil of tumor
<i>Dakan</i>	A witch
<i>Daktars</i>	Local term for doctors
<i>Devra</i>	Temple
<i>Desi</i>	Local
<i>Devi</i>	Goddess

<i>Devta</i>	God
<i>Dharam</i>	Moral or ethical duty
<i>Dharmi</i>	One who follows his/her moral duty
<i>Dharti Mata</i>	Mother Goddess
<i>Dhoti</i>	Sarong
<i>Doshan</i>	Problems caused by super natural forces
<i>Dunti</i>	Navel
<i>Gabir</i>	Injury during breast feeding
<i>Gaucher</i>	Grazing land
<i>Ganja</i>	Marijuana
<i>Gameti</i>	Headman
<i>Gram Panchayat</i>	Village level elected council
<i>Gram Vikas Committee</i>	Village Development Collective
<i>Ghee</i>	Clarified butter
<i>Goli</i>	Tablet
<i>Haldi</i>	Turmeric
<i>Hazuria</i>	Helper to priest
<i>Illaj</i>	Treatment
<i>Jaankaar</i>	Knowledgeable ones
<i>Jhada</i>	Blow
<i>Jungli Davai</i>	Herbs
<i>Kaam</i>	Work
<i>Kaccha</i>	mud plastered
<i>Karyakarta</i>	Worker
<i>Kaka</i>	Paternal Uncle
<i>Kisan</i>	Farmer
<i>Kotwal</i>	Messenger in caste panchayat
<i>Lagan</i>	Marriage ceremony
<i>Mahuwa</i>	<i>Madhuca indica</i>
<i>Mahuari</i>	Local liquor brewed from Mahuwa flowers
<i>Maharaj</i>	Revered follower of <i>Bhagat</i> set
<i>Manak</i>	People
<i>Mata</i>	Mother Goddess
<i>Mat Sahib</i>	Teacher Sir

<i>Mistri</i>	Mason
<i>Natra</i>	Custom of widow remarriage
<i>Nikala</i>	Illness described with symptoms of cold, cough and fever
<i>Nukta</i>	Community Dining
<i>Pakka</i>	Cemented/Gravel
<i>Pal</i>	Platform
<i>Panch</i>	Headman
<i>Panghat Yojna</i>	River bank Scheme
<i>Patthar</i>	Stones
<i>Pir</i>	A Sufi Shrine
<i>Phala</i>	Hamlet
<i>Poornima</i>	Full moon
<i>Rakhwali tax</i>	Taxes collected for duties performed as watchman
<i>Roti</i>	Bread
<i>Safa</i>	Turban
<i>Saga-Sambandhi</i>	Kith and Kin
<i>Sagai</i>	Engagement
<i>Samajhdar</i>	Experienced one
<i>Sarkari</i>	Government
<i>Seva</i>	Service
<i>Sharir ki Bimari</i>	Illness related natural processes
<i>Sikotra</i>	A Malevolent spirit
<i>Sui</i>	Injection
<i>Surya Pujan</i>	Offering prayers to sun god
<i>Tad</i>	Tetanus
<i>Tav</i>	Fevers
<i>Tel</i>	Oil
<i>Totka</i>	Sorcery
<i>Upsarpanch</i>	Assistant to elected headman
<i>Veda</i>	Privately owned grasslands
<i>Veldar</i>	Helper on construction sites
<i>Ward Panch</i>	Head of a ward (village elected council)

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