

# IMPACT OF INDIGENOUS MEDICINE ON WOMEN DISEASES WITH SPECIAL REFERENCE TO A VILLAGE OF DIBRUGARH DISTRICT

Dr. Ushamoni Kakoti

## Abstract-

Anything including different materials, things, skills that help in cure of diseases may be termed as medicine. Indigenous medicines are those medicine which are used different communities traditionally from a long time. Different herbs, montros etc are uses in cure of diseases through indigenous medicine. . In this research paper a study is made on women related diseases, women patient, indigenous women medicine provider of a selected village. we will discuss about women diseases and medicine after women medicine provider of the selected village. We are devide the diseases in to two category on the basis of medicine. These are Medicine of Common diseases and Medicine of Women related diseases.

## Keywords-

**Indigenous Medicine, Indigenous Medicine according of different communities , Traditional belief of Indigenous Medicine among communities, Impact and Changes of Indigenous Medicine on communities etc.**

## 1.0 INTRODUCTION

Anything including different materials, things, skills that help in cure of diseases may be termed as medicine. There are different types of medicine such as Indigenous medicine, Allopathic medicine, Homeopathic medicine, Ayurvedic medicine etc. Indigenous medicines are those medicine which are used different communities traditionally from a long time. Different herbs, montros etc are uses in cure of diseases through indigenous medicine. Allopathic medicines are discovered by modern medical science from time to time to cure of different diseases. Homoeopathic are discovered by Homoeopathic research and the ayurvedic medicines are discovered by ayurvedic research. But while treatment or cure of diseases people use different medicine as ayurvedic, allopathic depending on their traditional family belief, economic condition of family as well as impact of social belief also. In this research paper a study is made on women related diseases, women patient, indigenous women medicine provider of a selected village. The selected village is 1 no Mohmari of Duliajan legislative assembly, Dibrugarh district, where Merbil majuli village in East, Paashuti village in West, Pavojan in North and river Burhidihing is situated in South side. In the village there are total 411 no of family where 3 community are observed i.e. Kolita, Tea tribe, Nepali .Among them in Kolita community 7 no. s of women medicine provider ,among tea tribes 4 no. s In Nepali community there are only men medicine provider who only provide medicine of common diseases so they are not included in the research paper. The name of women medicine provider along with the medicine of the respective communities are mentioned below-

ETHNIC GROUP	NAME	AGE	DISEASES
KOLITA	MRS.RENU TAMULI	51	DAAT PUKE KHUWA
	MRS.NIRU KAKOTI	56	KASUMURIYA (PILES), MUKH LOGA.
	MRS.DEHESWORI TAMULI	74	KAANH (COUGH), SAAHONIYA.
	MRS.MAKONI TAMULI	59	KAAN GELA
	MRS.JEUTI DUTTA	70	MAHEKIYA PAT BIKH (MENSTRUATION PAIN)
	MRS.MALOTI DEKA	56	MAHEKIYA PAT BIKH (MENSURATION PAIN)
	MRS. KOMOLA PATHOK	51	AAL JIVA VAL KORA, JUIYA PURA, PNEUMONIA .

TEA TRIBE	JOBA MURARI	48	DAAT BIKH
	JOYMOTI GARH	71	GAA BIKH
	MRS.KALORI MURARI	69	GORVOPAAT RUDH, POLOMKOI PROKHOB.
	MRS.THUNGURI MURARI	57	MUKH LOGA , OPO DAWOTA LOMVA

In the village there are 3 types of sub communities in tea tribe community i.e. Murari, Gondo, Khariya. There are 13 nos of Khariyas who took vow of the Christianity in the year 2000 and after that they gave up the habit of using indigenous medicine. They go to the Church only and pray lord Jesus. They believed that there is nothing beyond and behind Jesus. But till now few old people believed indigenous medicine and some time they used it in cure of their diseases.

Nextly we will discuss about women diseases and medicine after women medicine provider of the selected village. We are divide the diseases in to two category on the basis of medicine. These are

### 1) Medicine of Common diseases

### 2) Medicine of Women related diseases

The term Common diseases referred to the diseases which is common among both men and women. For example – cough, tonsil etc. The medicine which help in cure of common diseases are called as common medicine diseases. The diseases which are observed among only women are called as women related diseases and the medicine which are uses for cure of such diseases are called as medicine of women related diseases. Some of the women related diseases are For –Mensuration pain, white discharge etc.

### 1.1 Aims and Objective

- (1) In Assam, there are different communities and ethnic groups observed in every village. The traditional belief, concept, custom etc. among the different groups are vary from each groups. So to study about their belief etc on indigenous medicine is one of the aim of this paper.
- (2) Another aim of this paper is to study the changes in uses of Indigenous Medicine.
- (3) To see the role of Indigenous Medicine in cure of men and women related diseases.
- (4) Another aim of this paper is to collect Indigenous Medicine scientifically.

### 1.2 Importance

- (1) Indigenous Medicines are collected from the respective communities, Which can help in drawing out the scientific values. So , we can't deny the importance of this medicine.
- (2) Another importance is that it helps in increasing the social value of the medicine. Because the social aspects such as social beliefs, tradition, customs etc. are related with different indigenous medicine.

### 1.3 Scope of Study

A selective study in made on indigenous medicines of both men and women diseases. Along with this, the belief related to men and women diseases are also included in the subject of study.

### 1.4 Research Method

In this paper the sociological method is applied. To collect the medicine investigation method is used and to give description about the villages historical method is applied. All the data s are collected through field study method with the help of a questionnaire. After that all the collected data s are explained through descriptive method.

## 2.0 Indigenous medicine of different communities

### 2.1 Indigenous medicine of Kolita community

In our study 7 women medicine provider were observed. They provide two types of Indigenous medicine. These are

- a) Medicine of common diseases
- b) Medicine of women diseases.

They provide medicine of such common diseases are *kaah, kesumuriya, sahaniya, kaan gela, juye pura ,mukh loga, daat puke khuwa , aal jiva vaal kora etc*

For the above mentioned diseases two kinds of medicine are provided. These are

1. Herbal medicine
2. Montro related medicine

The medicine which are collected from herbs are known as herbal medicine. The herbal medicine provided for *kaah, kesumuriya, sahaniya, kaan gela, juye pura , pneumonia.*

These medicines are-

**Kaah** : A paste of the ingredients as Leta guti (seed of a wild tree), jaluk (black pepper),keya bon r xipa (root of keya grass) and gave it for regular three days only in morning ( *Mrs. Deheswori Tamuli*)

**Kesumuriya** : Kaas kol ( curry banana), Amita (papaya) boil togetherly and provide the juice to drink only Saturday and Tuesday . ( *Mrs. Niru kakoti*)

**Kaan gela** : Three drops of kunduli (ivy gourd) leaf gives regularly for 7 days inside the ear ( Mrs. *Makoni Tamuli*)

**Sahoniya** : A mixture paste of 1 Leta guti and 5 jaluk to take one day.

**Juye pura** : A bandage pononuwa ( Tar vine) leaf paste in the injured spot. (Mrs. *Komola Pathak*)

**Pneumonia** : A mixture juice of jaluk, aada ( ginger) and Taj muri leaf to drink for three days.( Mrs. *Komola Pathak*)

**(2) Montro related medicine :**

i) **Aal jiva vaal kora montro** : In this case with the help of kosu tree (taro tree) the medicine provider memorise the following montros-

*Jom jom jom jom jom jaathi jaru  
Omukar ( patient name) jaathi komi poru*

ii) **Daat puke khuwa niramoiyor montro** : In this diseases a paste of banana roots and garlic are prepared and put it on the outside of mouth and memorises the following montro-

*Nomo gonopoti nomo gonopoti  
Daat puk jarisu moi  
Aadi odovut kun toi  
Omukar (patient name) datot bokhoti tur  
Nomo gonopoti nomo gonopoti  
Mur boson gurur daak  
Moi jimote koisu  
Hei mote ulai aah  
Nomo gonopoti nomo gonopoti*

iii) **Mukh loga vonga montro :**

*Om sivai nomo  
Praboti ye bule, jana moha dev krisi koribo lage  
Vikhar saawle pet novore  
Tumi krisi luwa  
Kuberor taale juwa, kothiya aana  
Bolovodro guhaair taale juwa  
Haal, nagol, juwoli dibo  
Indro r tale juwa maati dibo  
Jom rojar taale juwa  
Mohikh eti dibo  
Tumar brikhov ti re haal kora  
Tumi krisi loi juwa  
Ei buli kuwat kuberor ghorole goisil  
Kuberok dekhi ye bisruti hol  
Kot poduli muros dhaan saawul pori aase  
Butoli furies  
Provu kiyo aahile aamar ghorole  
Parboti ye bule krisi koribo lage  
Tumar ghor le kothiya bisari aahilu  
Teneke bulilot kothiya esugi dile  
Moha deve he khini olop taakor pale  
Provu taakor nedekhibo,  
Sunga ti homuli uburiyai nebakibo  
Jiman krisi koru bulile kothiya ulaai thakibo  
Teneke bulilot kothiya sungi ghorot tholehi  
Parboti ye bule jana moha dev  
Krisi paala ne  
Kothiya esungi paisu  
Paas dina krisi le gol  
Ei porbotor pora hi porbot le uvoti mur korile  
Khalok baam korile  
Baamok khal korile  
Krisi aarji bole dhorile  
Khenu joha, khenu bora, khenu khuti jun, maai gutiya  
Onak kheti koribole dhorile  
dhan ulaise, pokise  
krisi te hodasivor mon bohil  
khabo laage, bobo lage, ghor le aahibo lage  
vu vong nuhuwa hol*



Parboti ye khong uthi serepa ket kuri,  
 Daam- dhung ei bilaak sorji pothai dile  
 Pogolak hurai dege, ghor le gusi aahok  
 Tetiya hoda sivo oi jota hulukai loi kubabole dhore  
 Toot nepai gusi aahi bule maatri aanibo nuwarilu  
 Parbotir jotor eta aasil  
 Take baagh sorjibor mon gol  
 Pogola k hurai de goi, ghor le gusi aahok  
 Baagh goi naangolr hirolut lukai aase goi  
 He khini te haai-huwi mari uthil  
 Mohadeve tot nepai naangolr dila hulukai vu mari kubale  
 Baagh ye o' tot nepai gusi aahil  
 Parboti aai khong raag uthi bisurti khai krisi saabole gol  
 Dekhi, oh mur vaator aakal gusil ei buli kuwa t  
 Soku r pora duta khuba- khubi ulai poril  
 Krisi efalor pora puri nosto koribo dhorile  
 Moha deve aag pine haal baai jai  
 Aag pine sujoyo r taap paas pine kihor taap buli uvoti dekhile  
 Krisi puri nosto hol

Tero prohor poth moi krisi koru  
 Tene krisi purili buli naangolr mukhr pora trisul hulukai khedi gol  
 Tetiya khuba-khubi ulai prathona korile  
 Provu aamak haap nidibo  
 Parboti r sokur pora bekot hoisu  
 Aami tumar manos putro  
 Tetiya hoda sivo oi tohoti oinor putro naholi parbotir putro bulili  
 Gotike tohotok etiya aahar diw  
 Dew boriya, hum boriya, mongol boriya, budh boriya, bihospoti boriya, hukur boriya, honi boriya.  
 Ei haat baar r kaalo khonot tini muni baatot robi  
 Dora koinar gaat lagibi  
 Etiya tumalukok dhe- dheya porbot le khedilu  
 Fu...fu....fu....  
 Dapor jugot hnumontoi porbot aani gutabohi  
 He khini 614ee din dhe- dheya porbot ku uthai aanile  
 Raam ye tini khuj aag baahi vaar khon bridho aagulit thuwa bulile  
 Teti khone hnumontoi o' buli vaar pelai dile  
 Hei vaar provu r bidho o' aangulit seng seng vok vok koribo dhorile  
 Vai lokhai mur bidho aangulit ki hol suwa  
 Lokhmone dhonu hor jurilot khuba khubi ulai gol  
 Lokhmone hudhile tohot kun  
 Tetiya aami parboti r manos putro buli kuwat  
 Tohotok etiya tini khondo kori sokore kaatu bulile  
 Tolor khondo paatalole pothalu  
 Major khondo kolit vug koribole thow  
 Ei buli Lokhmon Hnumontror aaigya,  
 Parboti Hoda sivar aaigyat  
 (amukor) mukh loga jarilu pani krito hoi por  
 Sun khar kol khar mukh  
 Soniboriya, dewboriya, humboriya, mongolboriya, budhboriya, bihospotiboriya, hukurboriya  
 Ei haat baar r kaalo khonot ji dekhise hunise khuwa buwa vuje hobahe  
 Khetriyo, gonok, kolita, miri, misimi, vaai kokai, usor suburiya, kukur biyola  
 Ji dekhise hunise moi (amuke) amukr mukh loga jarisu paani krito hoi por

In a glass of water 3/7 small bamboo stick puts and memorise the above mentioned montro

**b) Medicine of women related diseases** : While studying among the Kolita community of women related diseases we observed only medicine of menstruation pain. Two women provide medicine for some diseases. They are-

Mrs. Jeuti Dutta : The root of *Satamul* with milk are boiled and gave it to drink on the second day of menstruation.

Mrs. Maloti Deka : She prepared juice of the bamboo leaves and gave it to drink when pain starts.

## 2.2 Indigenous medicine of Tea tribe community :

While studying among the tea tribe community we observed only 4 women medicine provider. They provide the medicines as –

1. **Herbal medicine** ( There are two kinds of herbal medicine i.e. common and women related diseases)
2. **Montro related medicine** ( There are two kinds of montro related medicine i.e. common and women related diseases)



The diseases of herbal medicines are *daat bikh*, *prokhobot polom*, *gaa bikh* etc. Medicines of such diseases are mentioned below-

- i) **Daat bikh** : A mixture of raw turmeric is prepared and gave it on the pained teeth.
- ii) **Prokhobot polom** : They believed that brinjal flowers should be put on the ear of the patient at the time of pain.
- iii) **Gaa bikh** : They believed that regular massage of pure mustered oil removes the body pain diseases.

The diseases of montro related medicines are *grovopat rudh*(control miscarriage), *Opo devote lomva*, *mukh loga niramoi*.

1. **Grovopat rudh r montro** : In a glass of water a knife put in to the water and memorise the following montro and gave it to drink to the patient.

*Biswo bosonta ja din ki korta*  
*Sweto dhari dudh dhari tin dhari*  
*Seer he, mokut nehi, mukut he seer nehi*  
*Sow nari, paar uteri*  
*Kobir ki jon jeera montra*  
*Sowa laakh bikhla maati kor be daai.*

2. **Opo dawota lomva niramoi montro** : In a glass of water a knife put in to the water and memorise the montro and gave it to drink to the patient. They usually provide it specially in case of small children.

*Hor gor gor*  
*Jenke vej le ten ke jai*  
*Jhor re orkaa jhor*  
*Jhor jhor buli ka.*  
*ar raan*  
*Nikol betiko kuti kuti raan*

3. **Mukh loga niramoi** :In a glass of water the below mentioned montro are memorise and gave to patients to drink

*Hai Maa Mohima Monosha*  
*Omkar(name of patient) asa Nojor Gujor*  
*Asa Jodi Asa*  
*Tui Asbek Owar Songe*  
*Hai Maa Mohima Monsha*  
*Hai Maa Mohima Monsha*  
*Hai Maa Mohima Monsha*  
*Nojor Gujor Aro Asa Jii*  
*Sarai Lai Jaa*  
*Hai Maa Mohima Monsha*

### 3.0 Traditional belief of indigenous medicine among communities

#### 3.1 Kolita :

- (1) Kolitas believed that in case of Mukh loga the glass of water where montros were memorised should not drink while breathing and should drink at East direction. They also believed that while memorising the montros if the medicine provider yawning frequently that means the disease is in a serious condition.
- (2) Kolitas also believed that all the Indigenous medicine should use on Tuesday and Saturday .The patient should give a *Manoni*(*Tamul, Paan, Toka etc*)at the time of taking the medicine from the provider .If someone have a desire to learn any medicine they also should give a Manoni to the provider.
- (3) Another traditional belief among the Kolitas is that if over bleeding problem arise in menstruation time the tiger nails should wear in chest. This diseases arise among those women who touched the mud of Crab cave during menstruation period.
- (4) According to the Kolitas of the selected village if any bitter food item take at night then hearing problem may be arise.

#### 3.2 Tea Tribes :

- (1) Tea tribes of the selected village believes that for cure of every diseases Maa Monosha is related .So the people should pray Maa Monosha
- (2) If the Opo dawota Lomva diseases arise among the elder people they show abnormal behaviour and in case of children their stomach expands.
- (3) If the Graam Puja is not celebrate regularly in the villages, many unknown diseases may arise among the people
- (4) Khodona, a traditional tea tribe tattoo should draw in their body which may help in removing pain from their body.

- (5) Another belief among them is that at Kaali Puja night the broom sticks should not keep out side from home. Because the witch may attack or harm to the people.
- (6) Among the tea tribe community the old men of Muraris never take fish. While asking the cause behind it they replied a historic story. They said it as, '*Mash khale vorit khohu hoi. Abar Longkar roja Rawon a tewr makor logot torko lagi vorira guriaisil. Maake diya ovihapor babai rawonor vorit bohut khohu hol. Tatia rawona maakok kakuti korat maake ai ovihapor pora mukto hoboloi nodit vori dhuboloi kola. Eiar pasot Rawona nodir panit vori jubuiar loga loga khohu bur maas hoi paniloi name gol.*' So, for this story they not eat fish.

#### 4.0 Impact and Changes of indigenous medicine on communities

##### 4.1 Impact and Changes of indigenous medicine on the basis of 150 women respondent

- (1) Among the Nepali community no women related medicine provider are available. So they uses that medicine which are available among the Kolita and Tea tribe community. There are few male medicine provider who provide medicine of common diseases and Nepali s also use that medicine.
- (2) There are different medicine observed for the women related diseases. But due to lack of proper use only few believe it.
- (3) Among 150 respondent 51 no. believe on modern medical science and indigenous medicine provider, 35 no. believe only indigenous medicine provider and 64 no. has comment.
- (4) Among 150 respondent 81 people believe in indigenous medicine provider because of the economic problem. As we know that modern medical treatment is very expensive. The local indigenous medicine provider are easily available within a short distance. So, 21 women prefer it. Other 48 women go to indigenous medicine provider when modern medical science fails in cure of their diseases.
- (5) Among the Tea tribe community one *dhai* (The women who helps in deliver of baby) also observed. But after getting free govt. Medical treatment and check up they need not to do that particular work. But in case of doing abortion of baby the believer and user of such indigenous medicine was observed.
- (6) In between the Herbal indigenous medicine and Montros related indigenous the women believes more on herbal indigenous medicine.
- (7) Among the 150 omen respondent majority believe on the medicine of common diseases. No. 113 s believed on *mukh loga*, 92 s believe on *kaah* and 88 believe on *gaa bikh*.

##### 4.2 Impact and Changes of indigenous medicine on the basis of 11 Medicine provider

1. People goes to take medicine from those medicine provider whom they believe most.
2. Due to the lack of user, medicine provider left the job of medicine providing.
3. Due to fraud medicine provider people are not interested to take medicine.
4. Due to deforestation problem many valuable herbs are not available in present days. So, medicine provider left their job.
5. The impact of modern science and technology helps in removing the habit of using indigenous medicine.

Groups-	Kolita	Tea Tribe	Nepali	Total (150)
Diseases				
Mukh loga	47	31	35	113
Daat puke khuwa	15	27	11	53
Juye pura	32	22	17	71
Kesumuriya	09	05	11	25
kaah	42	31	19	92
Kaan gela	11	07	03	21
Pneumonia	17	14	06	37
Saahoniya	31	16	11	58
Mahekiya. Pet bikh	38	10	04	52
Mahekiya. Pet bikh	10	00	00	10
Aal jiva val kora	07	00	00	7

Above Mentioned list is prepared on the basis of 150 women respondent of three community who believes the indigenous medicines. The medicines are provide only by Kolita medicine provider.

Groups –	Tea Tribe	Kolita	Nepali	Total-150
Diseases				
Mukh loga	11	00	00	11
Data bikh	31	04	09	44
Grovopaat	31	00	4	35
Prokhov polom	17	00	07	24
Gaa bikh	41	26	21	88
Opo dewota loga	30	03	03	36

Above Mentioned list is prepared on the basis of 150 women respondent of three community who believes the indigenous medicines. The medicines are provide only by Tea Tribe medicine provider.

### 5.0 Conclusion:

In conclusion it can be said that from the primitive there is a traditional belief of indigenous medicine among the people of India .In the great book 'Athorwoveda' there is a very widely explained about the uses of indigenous medicine. In the present day, although modern science and technology has entered in many aspect of human life yet many people believe and use indigenous medicine in cure of their diseases till now also. After study in the selected village we attain the following conclusion -----

- 1) Although they get proper facility of modern medical science yet there are also some believer and user of indigenous medicine among the villagers.
- 2) Few women of new generation also use indigenous medicine because of family impact. But they are not interested to learn the indigenous medicine specifically the Montros.
- 3) The medicine provider had left the job of providing medicine due to the lack of patient. For example Tonsil diseases.
- 4) Among the ethnic group the uneducated tea tribe people are interested in it of the selected village .

There are community observed in every village of Assam .In our study 3 ethnic groups were observed. Sometime they use some indigenous medicine of other groups also which shows the cultural harmony of our society. Traditional beliefs also observed among the ethnic groups in case of indigenous medicine. On this topic more research can do in future.

## BIBOLOGRAPHY

### ASSAMESE

1. Kotoki, Rotan kumar : *Aahom rajotott sikitsha hewa*, Dibrugarh, Baani mondir ,1<sup>st</sup> publish-2009
2. Khanikar, Gunaram : *Samogro Bonosudhi*, Guwahaati, Rekha publication, 1<sup>st</sup> publish-2012
3. Gogoi, Lila : *Asomor Sanskriti*, Dibrugarh, Bonolota publication,1994
4. Gogoi, Saw Lukesawer : *Asomor Lukosanskiriti (2)*, Nogaw, Krantikal prokason,1<sup>st</sup> publish-2011
5. Chudhori, Prosenjit : *Asomor saah bonuwa aaru ekoiso sotikar bidrot samaj*, Guwahati, Student Stros,1<sup>st</sup> publish-1989
6. Dewri, Indibor : *Jokti aaru Jonosomaaj*, Guwhati, Asom Prokashn Porikhadh,1<sup>st</sup> publish-2007
7. Boruah, Birinci kumar : *Asomor Lukosanskiriti*, Guwahati, Beena Lib., 1<sup>st</sup> publish-1961
8. ,, ,, : *Asomiya vasa aaru Sanskriti*, Nolbari, Jarnal emproriam,9<sup>th</sup> ed.2001
9. Mohonto, Keswda(trns.) : *Athorbobed*, Guwahati, Asom prokason porikhod,2<sup>nd</sup> ed.2007
10. Saikia, Nogen : *Gobeshona podhoti porisoi*, Dibrugarh, Koustov prokason,4<sup>th</sup> ed.2010
11. Sharma, Nobin chandr : *Lukosanskiriti*, Guwahati, Chandr Prokaasan,2013

### ENGLISH

1. Baishya, Dinesh : *Traditional Science & Material Culture of Early Assam*, Guwahati, EBH publishers,1<sup>st</sup> publish-2009
2. Bedi, Yash pal : *Social and Preventive Medicine*, Delhi, Atmaaram and sona publication-1980
3. Chhetri, Harka Bahadur : *Adivasis and Culture of Assam*, New Delhi, Anshah Publication,1<sup>st</sup> publish-2005

### ARITCLE IN ONLINE JOURNAL

1. Ahluwali, Aneeta : Sociology of Medicine in India an Approach, *Economic and Policital weekly*,2.22 (June-3,1967): 5-7. Web.5 Sep.2013
2. Hufford, David : Folklore Studies Applied to Health, *Journal of Folklore Research*,35.3 (Sep-Dec 1998) : 295-313 Web.16 Sept.2013