



Research Paper

The Fragility of Tradition: The Changing Landscape of Ethnomedicinal Practices among Santal people

Dr. Soumita Chatterjee¹, Chaitali Karmakar¹, Sukanya Giri², Swati Manna², Dr. Sutapa Choudhury³

¹ State Aided College Teacher, Department of Anthropology, Shyampur Shiddheswari Mahavidyalaya, Ajodhya, Howrah, West Bengal, India, Pin- 711312

Email – rimly.anthro@gmail.com

¹ Research Fellow in Human Rights, Department of Anthropology, University of Calcutta, 35, Ballygunge Circular Road, Kolkata, West Bengal, India, Kolkata – 700019

² Undergraduate Student, Department of Anthropology, Shyampur Shiddheswari Mahavidyalaya, Ajodhya, Howrah, West Bengal, India, Pin- 711312

³ Associate Professor, Department of Anthropology, University of Calcutta, 35, Ballygunge Circular Road, Kolkata, West Bengal, India, Kolkata – 700019

**Corresponding Author: Dr. Soumita Chatterjee

Abstract

Ethno-medicine is rooted in traditional healing practices and examines the bioactive properties of plants and animals with special attention paid to ethnic groups who lack a proper supply of Western medicine. This study will consider the ethno-medicinal practices of Santal people, who are an indigenous tribe in South Asia, primarily in healing patterns and on intergenerational transmission. The intention is to identify the present healing practices by the Santals, especially ethno-medication, and the problems in transmitting indigenous knowledge from one generation to another. Field observation and interview methods have been applied to collect data for a sample of Santal people aged 15 and above from Puinan village, West Bengal. A questionnaire has been used to collect socio-demographic information, and data analysis is interpretative in nature. The data only prove that oral tradition is still the most important means of knowledge transfer in the face of challenges like modernization, biodiversity loss, and easy access to modern health care. Even though the preference order is shifting towards allopathic treatments, for the Santals, ethno-medicinal practices are important in their lives. This study implies that more research has to be done on animal-based ethno-medicine besides the obstacles in the way of learning transfer in the Santal community.

Key Words: Ethnomedicine; Santal; Tribal; Traditional Medicine; Traditional Knowledge Gap.

Received 01 Jan., 2025; Revised 08 Jan., 2025; Accepted 10 Jan., 2025 © The author(s) 2025.

Published with open access at www.questjournals.org

I. Background

The Santals mainly live within the territory of India and Bangladesh. They are the oldest (Sengupta, 2019) and third largest tribal population in India (Dutta & Sinha, 2022). They have a rich history connected with the natural environment and cultural practices. Traditionally, the Santals have identified themselves as natural beings, a perspective supported by various scholars who have examined their rituals and festivals (Mehta et al., 2022). This connection is manifested in their folklore, which serves as a resource of knowledge about their culture, customs, and identity (Mehta et al., 2022; Duarte, 2016). The creation myth called 'Binti', documented by Sitakant Mahapatra, highlights the importance of oral narratives in preserving the tribal identity among the Santals (Mehta et al., 2022). These stories reflect the worlds of the Santal community based on their deeply bonded relationship with nature and the environment. The ancestors of the Santal people have basically been hunters and gatherers by profession, but not only were they in a relationship with the landscape, but their social structure and their cultural practices were also formulated based on the resources at hand: those being land, water, and forest resources (Mehta et al., 2022; Majumdar & Chatterjee, 2021). The Santal community has encountered various challenges, such as colonization and societal changes in the past that interrupted their

ability to practice their own culture and traditions. The revolt of 1855 is a remarkable incident in their history that marks a period of famine. These stories often reflect the worldviews of the Santal community, which is deeply rooted in their bond with nature and the environment. Ancestors of the Santal community were mainly hunters and gatherers by profession, but they not only engaged with the landscape but also shaped their social structure and cultural practices around the resources available to them, such as land, water, and forest resources (Mehta et al., 2022; Majumdar & Chatterjee, 2021). Modern medicine complicates this situation further (Leonti & Casu, 2013; Gupta, 2022). Moreover, contemporary ethnomedicine within the Santal tribe reflects a blend of traditional knowledge and modern medical practices. Ethnomedicine, which includes the health beliefs and practices rooted in indigenous cultures, shows how the Santal people approach their health by drawing on their cultural traditions and deep connection to the natural world around them. (Duarte, 2016). This ongoing evolution of knowledge underscores the dynamic nature of Santal identity, rooted in both historical experiences and a continuous engagement with their environment. This study tries to understand the potential obstacles in the way of transmission of indigenous knowledge about ethnomedicine among the Santal people across generations.



Figure 1: In this image, the villagers of Puinan (Hooghly, West Bengal, India) are sharing their knowledge about the various traditional medicines in their lives. Three generations of a family have gathered to learn, and elders sit down one by one to explain medicinal plants and what they can be used for, with young members intently listening to them. It is reflecting a very long-standing tradition where knowledge is passed through generations and the young learn first-hand about natural treatments their community relies on for health and wellbeing.





Figure 2: People are explaining about the usage of traditional medicine and new generation explaining why they avoid to use traditional medicine.

II. Current use of ethnomedicine in healing practices among Santals

Santals mostly convey the method of traditional healing to the next generations as a part of their enculturation process. According to the participants in the field inquiry, traditional medicines are made out of extracts from both plant and animal resources. The present study shows that mostly women (32.7%) use traditional medicines today. However, young women go for allopathic treatment, for necessary vaccination, especially during their pregnancy. They also visit hospitals for any emergency and/or critical health condition. In the case of men, homeopathic treatments are the preferred ones.



Figure 3: The lady is explaining the use of Bakosh pata (in the native language), or Malabar nut leaf (*Justicia adhatoda*), for relief from cough and cold. She describes another variety of Malabar nut leaf that turns red when boiled and, according to her, tastes sweet instead of bitter like the green one. This red variety is also considered more effective.

III. Results

Total 193 Santals people lived in Puinan village, irrespective of genders. Hansda (15.51%), Soren (13.21%), Tudu (30.45%) and Murmu (40.83%) are the predominant clans of Santals in this village. Demographic profile shows that majority (55.18%) were female and 44.82% were male members in the Puinan village. Maximum number of the participants (25.86%) were adults. They belonged in the age groups of 48 to 58 years. 9.7% of the people belonged to the the group of above 58 years of age. Moderate number of individuals that is 24.13% and 24.71% belonged in 15 to 25 years and 37 to 47 years age groups respectively. This village has a poor educational status. Most of the respondents (58.62%) have only Primary education, 17.8% had completed Higher Secondary and only 2 women are graduates. Elderly persons are mostly non-literate. In terms of marital status 24.13% are unmarried, 49.42% are married, and 15.51% are separated. High propensity of child marriage is found among the persons, who were above 50 years of age irrespective of genders. This study covered information from two generations. All of the villagers including both male and

female were solely agrarian labors. A few people were engaged in some cottage industry, which were their secondary occupation.

The study depicts how education, gender, and other governmental interventions help to shape changing healthcare needs from generation to generation.

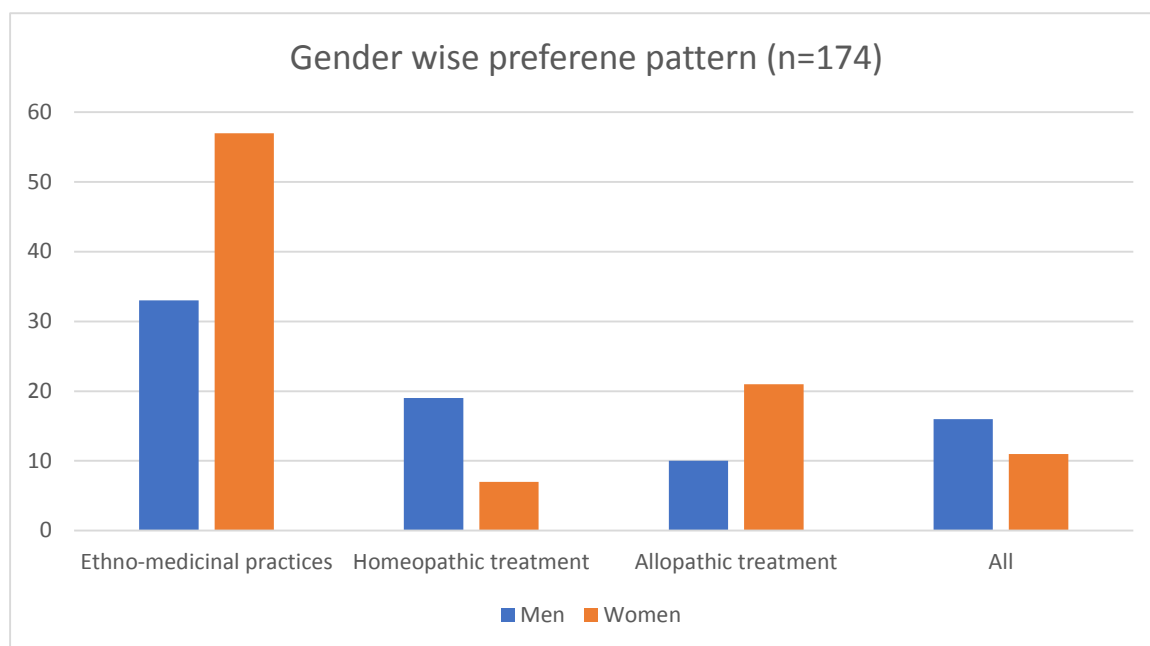


Chart- 1: Healing pattern preferred by Santal men and women shown on the basis of gender

Women, particularly in rural or more traditional settings, showed a higher acceptance of ethnomedicine than men (Chart-1). This is generally due to less exposure to the outside world and financial dependence on the husband that confines them to family remedies passed from generation to generation. One woman explained, "I rely on herbs and homemade remedies, as taught by my mother and grandmother. Visiting a doctor is costly, and we avoid troubling our husbands for minor issues when we can manage treatment at home unless it's very serious". Unlike this, males have a little more diverse perspective, they follow homeopathy treatment more than any other form of treatment. One of them stated that "I still hold in my mind the remedies my parents were using, but nowadays it's not possible to make traditional medicines at home due to my hectic work schedule. So, I prefer homeopathy since it is easy to find and cheaper than allopathic treatment."

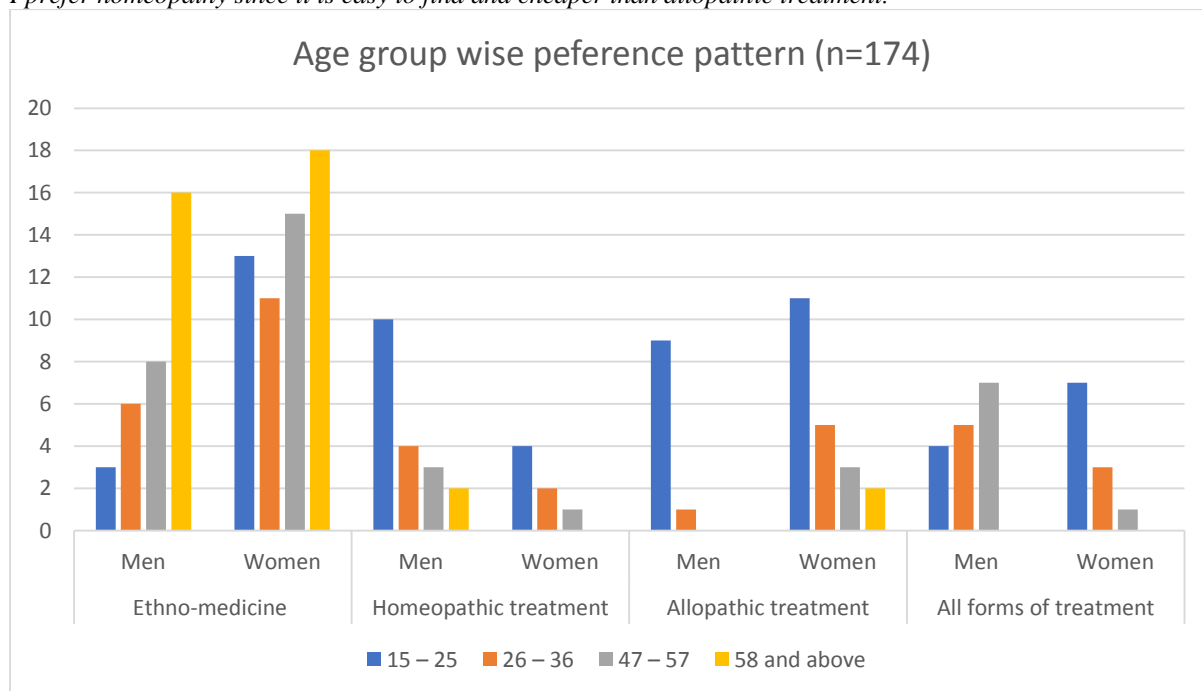


Chart-2: Preference of healing measures followed by the Santals shown on the basis of their age groups

Chart 2 represents a generational shift in that the tendency to rely on ethnomedicine declines sharply for youth. This trend is characterized by cultural and systemic changes spurred by improved scientific healthcare accessibility and information campaigns. Females, especially young adult females, are far more likely to rely on allopathic medicine, particularly for critical needs such as childbirth. Their preference grows from increased institutional healthcare reliability as well as policy support for modern treatment. One young lady stating *"Doctors and hospitals feel safer now. I know they can handle complications better than home remedies."* Another added, *"Government schemes and health workers have encouraged us to seek hospital care during pregnancy"*.

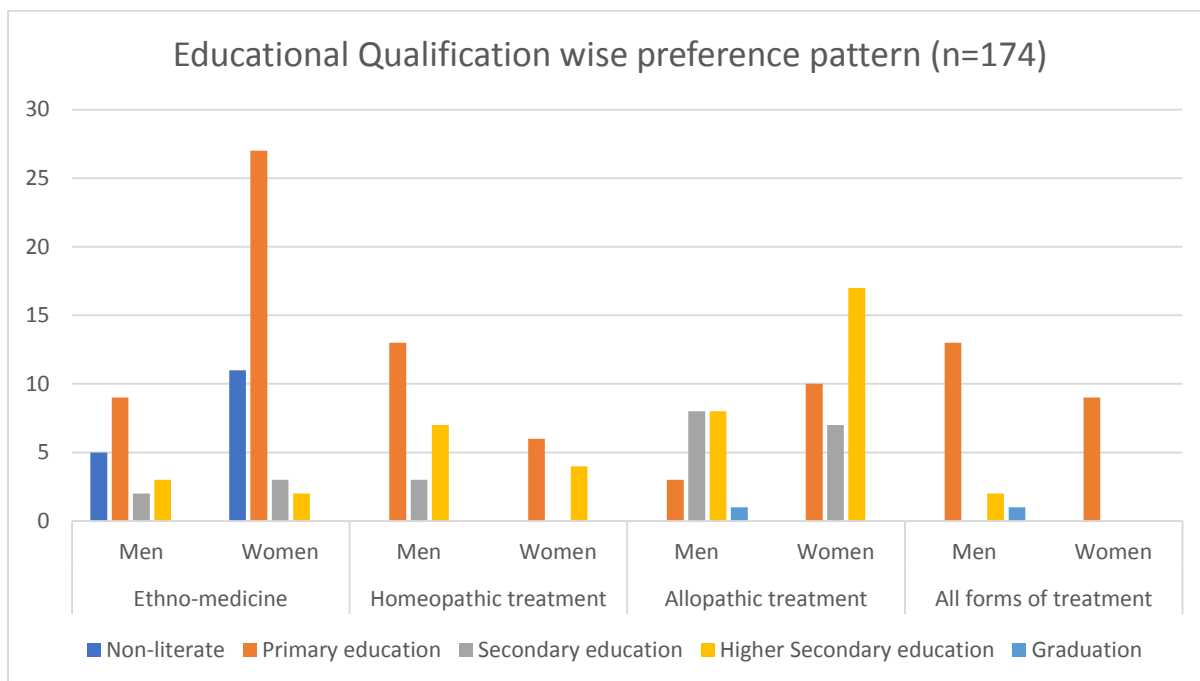


Chart- 3 Preference of healing measures followed by the Santals shown on the basis of their educational status

Chart 3 reveals that a positive correlation exists between educational levels and the inclination for allopathic treatment since educated people are more aware of and have increased access to modern health care. Adolescents rely on family members for medical decision-making. One of them said *"Whenever I'm sick, my parents decide what's best"*. While school-going children receive exposure through schools and, consequently, an early familiarity with allopathic care. According to a school going girl *"We have regular checkups at school, and they teach us about medicines and staying healthy"*. Government health workers (ASHA karmi) play a pretty important role in rural areas because they consistently inform villagers that allopathic medicine works. What they have done and are doing has played a transformational role, particularly among lesser-educated populations.

III.I. Tentative obstacles for transmitting the ethno-medicinal knowledge to the next generations in the Santal community

The transmission of indigenous knowledge of medicine one generation to the next generation of the Santal community faces several obstructions. It is essential for recognizing, addressing and preserving this heritage, which is conveyed orally. The obstructions are discussed below:

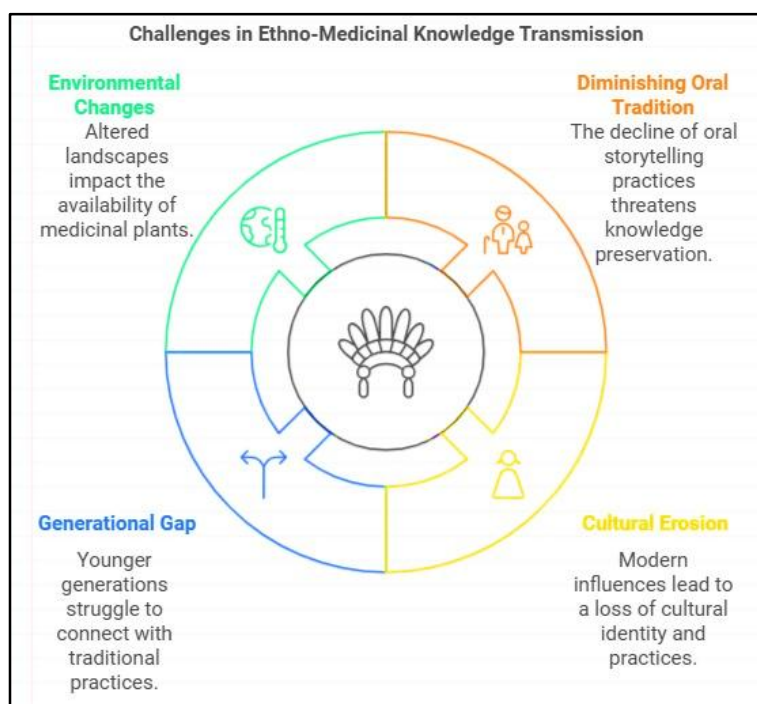


Figure 4: Diagram describing the Challenges in Ethno-Medicine Knowledge Transmission

- **Diminishing of the legacy of oral tradition**

The transmission of indigenous medicinal knowledge to the next generation of the Santal community faces many strong barriers, each one crucial to know and address in order to safeguard this invaluable legacy. First of all, there is a reliance on oral tradition. A 78-year-old Santal lady opined as follows:

“In the old days, we learned about traditional medicine from our parents and grandparents. They themselves learned from their parents and grandparents too. But no one wrote it down. Now that we’re getting old, we’re finding it hard to remember everything. And our children and grandchildren do not seem to know much about our traditional medicine. It is sad because we are losing our ancestors’ knowledge of natural medicine since it was never written down.”

In contrast to this, a 34-year-old Santal man narrated,

“Our grandparents have knowledge about ethnomedicine, passed down from their ancestors, but this knowledge was never written down. As a result, when it reached us, much of it had been lost. Our understanding of ethnomedicine is very limited, so we prefer to use modern medicine instead”.

The Santal community has traditionally passed down their profound knowledge of medicinal plants and healing practices through oral communication. This oral tradition has thus far been successful through generations; yet, it unintentionally causes loss or distortion of information over time (Ghosh & Guha, 2021). With the increasing immersion of the younger Santal individual in modern society and urban life, there is a risk that such important information will be lost without complete written documentation (Ghosh & Guha, 2021). Hence, this oral tradition needs to be valued, and the body of indigenous medicinal knowledge kept within the minds of the Santal community needs to be conserved and revitalized.

- **Loss of biodiversity in ecosystem**

Another challenge is the loss of biodiversity, which presents a big challenge to the continuity of knowledge on the traditional medicinal plant. As the natural habitats became degraded and the biodiversity started declining, the availability of medicinal plants and resources essential for traditional healing diminished (Alves & Rosa, 2007). 62-year-old Santal man stated as below:

“People are cutting down trees to build houses and factories. We are losing trees. Because of this, there are fewer trees and plants around. It is becoming difficult to find traditional medicinal plants because of all this urbanization.”

According to a 28-year-old Santal woman, *“As trees are cut down to make way for development, the number of medicinal plants decreases. This makes it difficult to find the plants we need for traditional remedies, leading us to rely more on modern medicine.”*

The Santal people have a deep connection with the environment and rely on specific plants for their medicinal properties. However, the fact that these plants disappear due to deforestation and urbanization as well as

environmental degradation is not only a threat to the practice of traditional healing among the Santal community but also limits the passing on of this knowledge to the young generations (Alves & Rosa, 2007). Efforts to save and restore local biodiversity, especially education on sustainable harvesting and growing of medicinal plants, should be done to help in preserving and passing on knowledge about indigenous medicines among the Santal community.

- **Modernization within the Santal community**

Modernity has flooded into the Santals' neighborhoods and brought different sorts of new ways of living, technologies, and thought patterns that take them further from their traditions. The availability and accessibility of modern medicine and health care, seemingly easier to obtain and implement, also keeps the young generations of Santals from embracing and mastering the pharmacopeia that their ancestors had bequeathed them (Ahmed & Tattwasarananda, 2018).

According to a 32 years old Santal lady,

“We don't know much about medicinal plants and herbs. We also do not know a lot about natural medicine, and we are not sure if they really work or not. That is why we do not use them much. These days, ASHA (Accredited Social Health Activist) workers visit every home to check on pregnant women and babies after they are born. They give polio drops to the babies. We have a health center in our village where we can go for check-ups for free, and they vaccinate our children. We also get free medicine from these health centers and government hospitals. I chose to have my baby in the hospital instead of with a local midwife because I know it is safer there.”

A 56 years old Santal man stated, *“I have noticed that the younger generation have less affinity towards traditional medicinal plants and herbs, so they rarely use natural remedies because they don't trust them. ASHA workers visit every home to check on pregnant women and babies and give them polio drops and other vaccines. Our health centers provide free check-ups and medicines and make modern healthcare more accessible. Young people prefer hospitals for childbirth as they are more inclined to believe in hospitals rather than local midwives.”*

This has resulted in a kind of cultural gap, as the new age practices are regarded above the old age wisdom of their elders by the young generation. Moreover, these challenges caused by modernization and balanced integration toward traditional and modern systems of healthcare are the most urgent steps needed in preserving this invaluable treasure of the indigenous medicines developed by the Santal community for future times.

- **Easy accessibility of modern medical treatments**

The most striking ones coming to the fore for being serious deterrents are the ready availability of treatments under modern medicine and medical professionals. With available modern health care, the young generation of the Santal people may increasingly opt for conventional medical practices, considered generally more efficient and dependable. The convenience of visiting doctors and medical facilities can undermine the inclination to learn and perpetuate the intricate knowledge of medicinal plants and traditional healing practices (Ghosh & Guha, 2021). According to a 42 years old Santal man:

“Finding plants for traditional medicine is difficult, but buying medicine from local shops is easy. Sometimes, health centers also give out medicines for free.”

As per the narration of a 71 years old Santal man, *“The ready availability of modern medical facilities is a significant barrier. Younger people often prefer conventional medicine for its perceived efficiency and reliability. This convenience reduces their motivation to learn and preserve the traditional knowledge of medicinal plants and healing practices.”*

This very important dimension of Santal culture needs to be preserved with a balance that acknowledges indigenous knowledge and modern care system within the healthcare provision infrastructure.

Acknowledgements

We would like to express our sincere gratitude to all those who have supported and contributed to the completion of this study. First and foremost, we thank the members of the Santal community in Puinan village, West Bengal, for their invaluable participation, willingness to share their knowledge, and hospitality during the fieldwork. Without their cooperation, this research would not have been possible. We also would like to thank Priti Ghosh for her assistance in helping us locate and reach Puinan village for our study. Her support was crucial in facilitating the fieldwork and ensuring its smooth progress.

Authors Contribution

Chaitali Karmakar identified the field area with the help of locals. Dr. Soumita Chatterjee and Dr. Sutapa Choudhury approved the chosen location. All three authors contributed to formulating the questionnaire

schedule. Both Chaitali Karmakar and Dr. Soumita Chatterjee did the fieldwork. Data analysis and interpretation was done by Dr. Soumita Chatterjee only, whereas co-authoring the manuscript was done by both Dr. Soumita Chatterjee and Chaitali Karmakar. Chaitali Karmakar selected and edited the photographs and also constructed the figures, charts for this paper. Dr. Sutapa Choudhury reviewed the manuscript, provided critical comments on it, corrected errors, and finalized the paper for submission.

Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this paper.

Reference

- [1]. Ahmed, N., & Tattwasarananda, S. (2018). MODERNIZATION AND THE SANTALS OF JHARGRAM: AN ETHNOGRAPHIC STUDY. *International Journal of Advanced Research*, 6(6), 1164–1174. <https://doi.org/10.21474/ijar01/7322>
- [2]. Alves, R. R., & Rosa, I. M. (2007). Biodiversity, traditional medicine and public health: where do they meet? *Journal of Ethnobiology and Ethnomedicine*, 3(1). <https://doi.org/10.1186/1746-4269-3-14>
- [3]. Duarte, N. (2016). *Editorial: Ethnomedicine in the Contemporary World*. International Society of Ethnobiology. Retrieved July 8, 2024, from <https://www.ethnobiology.net/editorial-ethnomedicine-contemporary-world/>
- [4]. Dutta, S., & Sinha, S. (2022). Territorial identity and boundary negotiations among Santhals. *Environment and Planning C Politics and Space*, 41(1), 199–217. <https://doi.org/10.1177/23996544221124963>
- [5]. Ghosh, S., & Guha, S. P. (2021). The traditional healing practices Vis-A-Vis Modern medicine among the santals: An anthropological study in Susunia Hill region of Bankura and Mousuni island of South 24 Parganas, West Bengal. *Man in India*, 101(3–4), 189–211.
- [6]. Gupta, P. (2022). *Role of local traditional healers in preservation of traditional knowledge and biodiversity conservation*. Spiritual Botany. Retrieved June 4, 2024, from <https://www.spiritualbotany.com/emerging-researchers/role-of-local-traditional-healers-in-preservation-of-traditional-knowledge-and-biodiversity-conservation/>
- [7]. Leonti, M., & Casu, L. (2013). Traditional medicines and globalization: current and future perspectives in ethnopharmacology. *Frontiers in Pharmacology*, 4. <https://doi.org/10.3389/fphar.2013.00092>
- [8]. Majumdar, K., & Chatterjee, D. (2021). The cultural dimension of environment: Ethnoscience study on Santhal community in eastern India. *International Journal of Anthropology and Ethnology*, 5(1). <https://doi.org/10.1186/s41257-021-00057-2>
- [9]. Mehta, A., Saraswat, S., & Paul, M. F. (2022). A critique of baby making supermarts: Surrogacy clinics in Kishwar Desai's *Origins of Love* (2012). *Research Journal in Advanced Humanities*, 3(4), 115–128. <https://doi.org/10.58256/rjah.v4i1.958>
- [10]. Sengupta, S. (2019). ORIGINS AND THE EARLY SETTLEMENTS OF THE SANTHALS THROUGH THE WRITINGS OF CHRISTIAN MISSIONARIES AND OTHERS. *Proceedings of the Indian History Congress*, 80, 733–741.