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Guardians of Traditional Wisdom: Ethnomedicinal Practices of Kondh Tribal Healers in Rayagada, Odisha

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Abstract

This paper examines the ethnomedicinal practices of the Kondh tribal community in Rayagada district through the lens of Indigenous Knowledge Systems (IKS). Drawing on fieldwork and interviews with practising Kondh healers, it argues that these healing traditions are far more than folk remedies—they form a coherent epistemological system rooted in ecological intimacy, cosmology, and intergenerational transmission. The diagnostic methods, herbal classifications, and ritual practices these healers employ reflect a deep understanding of the body, disease, and environment that pushes back against the epistemic dominance of biomedicine.

By situating ethnomedicine within wider debates on knowledge sovereignty and decolonisation, the paper makes the case for urgently preserving this medical wisdom, particularly as forests shrink, communities are displaced, and cultural life is eroded. Kondh ethnomedicine is not merely an alternative healthcare option—it is a philosophical framework woven into land-based identity and collective memory. Recognising it as a legitimate knowledge system matters for how we think about development, equity, and epistemic justice.

Introduction

Tribal medical traditions across India have long served as primary systems of healthcare, kept alive through oral transmission and an intimate familiarity with local ecologies. Yet these traditions are routinely pushed to the margins of formal knowledge structures—dismissed as superstition or "primitive belief." In places like Rayagada district, where dense forests meet significant tribal populations, indigenous healing continues to thrive as a living practice, not a relic.

The Kondh community, one of the major tribal groups in this region, maintains a deeply embedded relationship with land, forest, and ancestral cosmology. For a Kondh healer, medicine is inseparable from ritual life, spiritual belief, and ecological ethics. Plants are not passive substances—they are living entities with agency. Illness is rarely just biological dysfunction; more often, it signals a disruption of the relational balance between humans, spirits, and environment.

This paper argues that Kondh ethnomedicinal practices must be understood as an Indigenous Knowledge System rather than a scattered collection of folk cures. By centring fieldwork-based insights

from interviews with practising healers, it seeks to reposition tribal medicine within broader debates on epistemology, sovereignty, and decolonial thought. Specifically, the study asks:

1. How do Kondh healers understand and conceptualise illness and healing?
2. What epistemic structures underlie their medicinal practices?
3. How does indigenous healing challenge biomedical dominance?
4. What threats does this knowledge system currently face?

Through these questions, the paper contributes to broader scholarly efforts to reclaim indigenous knowledge from anthropological reduction and developmental marginalisation.

Theoretical Framework: Indigenous Knowledge Systems

Indigenous Knowledge Systems (IKS) are locally rooted, culturally transmitted bodies of knowledge that emerge from sustained interaction between communities and their environments. Unlike universalising scientific paradigms, IKS are relational, place-based, and cosmologically embedded—knowledge is not abstracted from life but woven into ritual, language, kinship, and ecology.

Within this framework, healing is not a technical intervention but a relational restoration. Disease is understood through multiple registers at once: physical, spiritual, ecological, and social. The healer operates simultaneously as herbalist, ritual specialist, and community mediator. Knowledge passes on orally, usually through apprenticeship, observation, and ritual participation rather than written documentation.

Indigenous Knowledge Systems also challenge the epistemic hierarchy that places Western biomedicine above all other forms of medical rationality. Biomedical thinking tends to locate disease within the individual body, relying on laboratory validation and standardised protocols. Indigenous healing, by contrast, situates illness within lived context—forest cycles, ancestral presence, dietary shifts, and spiritual imbalance.

In the Kondh context, medicinal knowledge is inseparable from land. Forests serve as both pharmacy and sacred geography. A healer's authority comes not from institutional certification but from experiential intimacy with plant life, seasonal rhythms, and inherited cosmological narratives. This epistemology resists reduction to pharmacology alone; its logic is holistic and ethically grounded.

Applying the IKS framework here allows the study to avoid romanticisation while still recognising the intellectual coherence of Kondh ethnomedicine. The healer is not a relic of tradition but a custodian of an alternative epistemic order—one that feels urgently relevant in an era of ecological crisis and healthcare inequity.

Methodology

This study is grounded in primary fieldwork conducted across villages of Rayagada district among members of the Kondh community. The research used qualitative ethnographic methods—primarily semi-structured interviews with ten practising tribal healers whose ages ranged from 36 to 73. Participants were

selected purposively, focusing on active practitioners who were recognised within their communities for specialised treatments.

Interviews were conducted individually and covered areas of specialisation, diagnostic practices, plant knowledge, how healing skills are passed down, and the ethical principles guiding practice. Informal conversations and observational insights were used to supplement recorded responses. Given the sacred and community-bound nature of this knowledge, the research was careful to respect cultural protocols and avoided intruding on ritual elements that were considered restricted.

Rather than attempting to extract pharmacological data, this study approaches its material through the Indigenous Knowledge Systems framework—foregrounding relational epistemology, ecological embeddedness, and the non-commercial ethics that define Kondh healing.

Ethnographic Profile of Kondh Healers

The ten healers interviewed represent a generational spread within the Kondh community. Their ages and areas of specialisation reveal both the diversity and the continuity of this knowledge tradition:

- Sira Nagabanso (68) – Skin infections, menstrual pain, gastric disorders
- Hari Bandhu (48) – Jaundice, joint pain, oil therapy specialist
- Danburu (65) – Malaria, fever, migraine (Ardhakapali)
- Asumandangi (50) – Joint pain, respiratory issues, asthma
- Gajendra Nagabanso (45) – Fertility, irregular menstruation, snakebite
- Simanchal Mohantay (51) – Gastric disorders, jaundice, lactation support
- Bhaskar Gonde (43) – Skin allergies, eye infections, seasonal illnesses
- Papana (73) – Matra therapy specialist, urinary disorders, snakebite
- Kunnu Mohantay (36) – Malaria, bone setting, menstrual issues
- Devro Gonde (44) – Bone fixing, allergies, respiratory infections

That younger practitioners like Kunnu Mohantay (36) are actively practicing suggests intergenerational continuity—though how sustainable that continuity is remains an open question.

One particularly noteworthy figure is Simanchal Mohantay, a certified tribal healer and president of the Konnara Tribal Healers community. Unlike the others, he has independently studied Ayurveda and encourages fellow healers to align certain practices with Ayurvedic principles. His position sits at the interface of indigenous epistemology and codified traditional systems, raising important questions about adaptation, negotiation, and hybridisation.

Literature Review

Scholarly engagement with tribal medicine in India has largely grown out of anthropology, ethnobotany, and medical anthropology. Early ethnographic work tended to frame tribal healing as "folk practice," positioning it below institutionalised systems like Ayurveda or biomedicine. More recent

scholarship has pushed back against this hierarchy, arguing that indigenous epistemologies deserve recognition as structured knowledge systems rather than fragmented belief patterns.

Research on tribal communities in Odisha highlights the intimate relationship between forest ecology and therapeutic knowledge. Studies from districts such as Koraput and Mayurbhanj have shown that plant-based medicine is deeply embedded in ritual, agricultural cycles, and kinship systems. Even so, focused academic work on the Kondh healers of Rayagada district remains sparse.

Colonial ethnographies did take up the Kondh community, but typically through exoticising lenses that fixated on ritual sacrifice and "primitive" belief. Contemporary scholarship has begun to correct these distortions, situating the Kondh within complex socio-ecological and political frameworks. Yet systematic documentation of their diagnostic methods, ethical philosophy, and transmission systems still lags behind.

Within IKS discourse, scholars have argued that indigenous healing operates through relational epistemology—knowledge validated through lived continuity rather than laboratory replication. This framing is essential for repositioning Kondh healing as epistemically coherent rather than culturally residual.

Meanwhile, debates around intellectual property rights and biopiracy have intensified scholarly concern about indigenous plant knowledge. As pharmaceutical companies increasingly extract plant-based compounds, questions of community consent and benefit-sharing have moved to the centre. This places Kondh medicinal knowledge squarely within global conversations about epistemic justice.

The present study fills a gap in this landscape by offering primary ethnographic insight into living Kondh healers, with particular attention to diagnostic rationality, lineage transmission, and the ethics of non-commercialism.

Domains of Healing Practice

Analysing the interview data reveals five major therapeutic domains that cut across practitioners:

1. Infectious and Seasonal Illnesses

Malaria, fever, cough, cold, and skin infections are treated widely across the group. Healers typically rely on plant-based decoctions, leaf pastes, and root extracts—preparations that reflect intimate knowledge of local flora and its seasonal availability.

2. Reproductive and Women's Health

Irregular menstruation, fertility challenges, menstrual pain, and lactation support make up a significant portion of the care these healers provide. This is a dimension of indigenous healthcare that biomedical outreach programmes frequently overlook.

3. Musculoskeletal Disorders

Joint pain and bone setting appear repeatedly across the healer group. Bone fixing in particular represents a form of specialised manual knowledge that is difficult to codify and relies heavily on tactile skill and accumulated experience.

4. Toxicity and Emergency Care

Several healers treat snakebite—a recurrence that speaks to the ecological familiarity required to live and work in forest environments and to the real risks those environments present.

5. Chronic and Digestive Conditions

Gastric disorders and jaundice (locally called Pilia) are frequently cited across interviews, reflecting local interpretations of liver and digestive imbalance through dietary and seasonal frameworks.

Medicinal Flora as Ecological Archive

The healers collectively identified a wide range of medicinal plants, including Chitramola, Beguni, Kontakhoda, Saubahudeori, Lanka Patra, Arjun Gaccha, Bhui Umbula, Gangusiula, Tripura Dhatura, Hadsinkla, Hathjod, Devsonda, and Ama Haldi. Most of these are sourced directly from Rayagada's forest areas, reinforcing a point that recurs throughout the study: medicinal knowledge cannot be meaningfully separated from land access and environmental continuity.

The naming system itself is telling. It reflects vernacular taxonomy shaped by use-value, morphology, and ritual association—not Linnaean classification. For example, Arjun Gaccha corresponds to the tree known in classical Ayurveda as Arjuna, often used for cardiac conditions; but within the Kondh context, its use may carry distinct ritual or diagnostic dimensions that a purely pharmacological account would miss.

These plants are not merely pharmacological resources—they constitute an ecological archive encoded in language. The forest functions simultaneously as pharmacy, sacred geography, and pedagogical space.

Diagnostic Epistemology: Beyond Symptom-Based Medicine

The diagnostic practices described by the healers reveal layered epistemic frameworks—empirical observation combined with embodied knowledge built up over years of practice. Broadly, they include:

5. Symptom-based assessment – identifying fever patterns, changes in skin texture, digestive irregularities.
6. Eye colour examination – reading subtle shifts in scleral tone to interpret jaundice and systemic imbalance.
7. Naadi Pariksha (pulse diagnosis) – using bodily rhythms to detect internal disturbances.
8. Respiratory assessment – evaluating breath patterns for asthma and chronic cough.
9. Disease-specific observation – identifying tuberculosis through the particular characteristics of a prolonged cough.

While methods like Naadi Pariksha resonate with classical Ayurvedic diagnostics, the Kondh application remains locally contextualised. Diagnosis here is not confined to identifying pathology—it extends to relational imbalance between body, diet, season, and environment. These practices complicate

any simple distinction between "traditional" and "scientific," revealing instead parallel rationalities grounded in ecological familiarity and pattern recognition developed over generations.

Knowledge Transmission and Lineage Authority

Every healer interviewed in Rayagada district reported inheriting their knowledge through family lineage. This is not institutional training—it is intergenerational apprenticeship, observation, and gradual initiation into medicinal and ritual practice. Healing authority is embedded in kinship, tied to clan continuity rather than any external credential.

Several healers also spoke of an ancestral calling as a decisive factor in becoming practitioners. Healing knowledge is, in this sense, not only technical inheritance—it is cosmologically sanctioned responsibility. Within Indigenous Knowledge Systems theory, this kind of ancestral invocation is not merely metaphorical; it is epistemologically constitutive. Knowledge is relational, mediated through lineage memory and spiritual continuity.

The gender distribution among practitioners is worth noting: healing in the surveyed villages is predominantly male-dominated, with women healers being uncommon. This asymmetry invites further inquiry into how ritual authority is socially structured within Kondh society—particularly given that many treatments directly concern reproductive and menstrual health.

Ethics of Healing: Non-Commercial Knowledge

One of the most philosophically striking findings of this study is a belief shared by all ten healers: charging money for treatment is thought to diminish the efficacy of the medicine and risks causing healing knowledge to "return to Mother Nature." This is not simply a practical stance—it frames knowledge as a sacred trust, a gift, rather than a commodity.

This directly challenges neoliberal healthcare models. Healing here is framed as service, obligation, and ecological reciprocity. Payment, when it occurs at all, tends to be symbolic—offered in kind or voluntarily—not extracted as a transactional fee. The healer does not own the medicine; he mediates between ecological resources and community well-being.

Within Indigenous Knowledge Systems thinking, this ethical refusal of commercialisation is one of the clearest markers of knowledge sovereignty. It is also, arguably, one of the strongest reasons for treating Kondh ethnomedicine as a coherent epistemic system—not an informal practice.

Interface with Codified Traditions: The Case of Simanchal Mohantay

Simanchal Mohantay, as president of the Konnara Tribal Healers community and a certified healer who has independently studied Ayurveda, represents a transitional figure in this landscape. His encouragement of other practitioners to align certain methods with Ayurvedic principles raises questions that deserve careful attention.

This interface does not necessarily signal assimilation. Indigenous systems are dynamic—not frozen in time—and engagement with Ayurveda may in some ways strengthen legitimacy and facilitate dialogue with mainstream healthcare. Yet it also raises an uncomfortable question: does codification

validate indigenous knowledge, or does it subtly subordinate it? Whether adaptation here means enrichment or erosion likely depends on whether local cosmology remains intact alongside any borrowed frameworks.

Challenges and Epistemic Marginalisation

The survival of Kondh ethnomedicine faces real and growing pressure from several directions.

Biomedical Dominance

State healthcare systems are structured around biomedical models, and tribal healers are often informally—or formally—dismissed as unscientific. While public health outreach is essential, the institutional framing frequently delegitimises local diagnostic systems such as pulse reading and ocular examination for jaundice, which are neither unscientific nor unproven—they are simply differently grounded.

Forest Degradation

Because medicinal plants like Chitramola, Lanka Patra, and Arjun Gaccha are forest-dependent, ecological degradation is a direct threat to therapeutic continuity. The forest is not only a pharmacy—it is also a cosmological anchor. Its loss does not merely reduce available ingredients; it disrupts the epistemology itself.

Legal and Policy Frameworks

Legislation such as the Forest Rights Act has attempted to recognise tribal land rights, but implementation gaps remain. Without secure forest access, the sustainable practice of medicinal knowledge becomes impossible. Meanwhile, integration efforts under the Ministry of AYUSH aim to incorporate traditional systems into national health frameworks—a well-intentioned move that nonetheless risks flattening localised knowledge into standardised categories, erasing cosmological nuance in the process.

Generational Transition

That younger healers like Kunnu Mohantay (36) are practicing offers some reassurance. But modernisation and migration introduce genuine uncertainty. Since healing is lineage-based and largely non-commercial, economic pressures may make it difficult for younger generations to justify continuing the practice.

Epistemic Sovereignty and Indigenous Knowledge Systems

The collective belief among Kondh healers that charging money diminishes medicinal efficacy is, in the language of IKS theory, an assertion of epistemic sovereignty. The healer does not own the knowledge—he is its steward, accountable to both ancestral and ecological communities.

Diagnosis through eye colour, pulse, and breath reflects embodied epistemology: knowledge acquired not through written codification but through sustained practice and inherited attention. This kind

of knowing challenges the assumption that laboratory validation is the only legitimate marker of medical knowledge.

Simanchal Mohantay's case shows that indigenous systems can engage with outside frameworks without necessarily surrendering their identity—but this interface demands critical scrutiny. The risk is always that codified traditions end up absorbing localised epistemic identities rather than learning from them.

Recognising Kondh ethnomedicine as a structured Indigenous Knowledge System repositions it from marginal folklore to intellectual tradition. In a world facing both ecological crisis and rising healthcare inequities, such systems offer something genuinely different: models grounded in sustainability, reciprocity, and relational accountability.

Conclusion

This study has examined the ethnomedicinal practices of Kondh healers in Rayagada district through the lens of Indigenous Knowledge Systems. Drawing on interviews with ten practitioners aged 36 to 73, it shows that Kondh healing is not an informal remnant of a pre-modern past—it is a coherent epistemic framework, sustained through lineage, ancestral sanction, ecological intimacy, and an ethics of non-commercialism.

The diagnostic techniques these healers employ—symptom analysis, eye-colour examination, pulse reading, respiratory assessment—combine empirical sophistication with cosmological reasoning. Their therapeutic range spans infectious disease, reproductive health, toxicology, musculoskeletal care, and digestive disorders, reflecting the breadth of what indigenous medical competence actually looks like in practice.

At the same time, forest degradation, biomedical dominance, policy gaps, and generational transition all pose real threats to this knowledge system. Protecting it will require not just documentation but genuine recognition of epistemic sovereignty—and the kind of secure ecological rights without which no healing knowledge can be sustainably practised.

Ultimately, the healers of Rayagada are not merely practitioners of alternative medicine. They are guardians of relational knowledge systems that integrate land, lineage, and lived experience. Preserving this tradition is not nostalgia—it is a matter of epistemic justice.

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