

Dependence on Forest over Food and Medicine: A Study among the Lodha's of Jhargram

SOVAN CHAKRABORTY

Assistant Professor

Department of Anthropology, Govt. General Degree College,
Gopiballavpur-II, Jhargram (W.B.) India

ABSTRACT

The Lodha's are also known as Particularly Vulnerable Tribal Groups, or PVTGs in India because to their low level of technology in farming, minimum literacy rate, lack of written language, negative population growth, and subsistence economy, they are classified as a more backward community than other Scheduled Tribes. They dwell in West Bengal's *Junglemahal* region, which includes the districts of Jhargram, West Medinipur, Bankura, and Purulia. Forest ecology has encircled their worldview in terms of health beliefs and practises. Their way of life, in particular Forests are inextricably linked to food, health practises, behaviour, treatment methods, the economy, the social-cultural system, religious practises, and festivals. They consider the forest to be a God. They are devotees of the natural world. The relevance of forest in food items collection, health practises and beliefs among them is the topic of this research.

Key Words : Forest, Health, Food, Lodha, PVTG

INTRODUCTION

The tribals dependent on forest for their very existence and used to get all the items like food, fuel, fodder and even medicine from the forest. Their cultural life, religion and festivals revolved round the forest. Though their main source of livelihood is cultivation but secondarily they have to depend on other source such as forest collection. Forest is their lifeline for survival. They have a symbiotic as well as naturally reinforcing relation with forests. The historical association with the forest made them 'children of the forest'. Many tribals make a living by collecting NTFP such as Sal and Kendu leaves, Mahua flowers, Sal seeds, fruits, resins, lac, Tassar cocoons, and so on.

Many people depend on wild fruits, timbers, leaves, wild animals and birds for food during lean months of the year. Subsistence tribals rely heavily on forest products, particularly on NTFP. Tribes have long relied on plants for medicinal herbs as well as animal parts for indigenous

methods of treatment. Khera (1963) discussed how ecology influenced the habitation, diet, condition of work and cultural parameter of work among the tribal communities.

Forests are strongly linked to health and food, particularly in primitive societies. According to several research, tribals who live in distant places have better health and eat a more balanced diet than tribals who live in less isolated and depleted forest areas (Chaudhuri, 1986). Medicinal herbs and plants which they have been using for treatment of diseases and maintaining health are today the source of modern medicine. However, perceptions of health, disease, and health-seeking behaviour differ by culture. It varies from culture to culture as an integral part of human ecology and cultural ways.

The different scheduled tribal communities are found in most of the states of India covering nearly 8.6% of India's total population (Census of India, 2011). The ST population in West Bengal is 5.8% of the total population (Census of India, 2011). The present study emphasises

the role of forest in the Lodha community's food pattern and health practises in the Jhargram district of India's West Bengal state. To better comprehend this study, tribal-dominated villages in West Bengal's Jhargram District were chosen. The settlement is in a rural region of the district, surrounded primarily by forest and dominated by the Lodha community.

Area, Population, Methods and Materials:

The purpose of this study was to evaluate the effect of the forest in tribal eating habits, traditional health behaviour, and practises among the Lodhas in the Jamunasole village of Jamboni block in West Bengal's Jhargram district. On all sides, the settlement was surrounded by forest. They have their own set of ideas and practises when it comes to health. A total of 124 households surveyed and 578 individuals were covered among them 49.04% were male and 50.96% were female. The major occupation of the people is collection forest products, hunt small games, labour work and Pre-agricultural work. The Lodhas in the studied area depends on forest products mostly but primarily they depend on agriculture (Bhowmick, 1963).

Primary and secondary data were used in the

present study. The data for this study was gathered using a variety of anthropological methods. Census and interview schedules were used to gather basic information on the hamlet and its residents. The information's on profile were collected from all households. Possible case studies were collected regarding their health belief and practices and food items. Regarding this appropriate documentation was also made.

Forest, Food and Medicine:

The studied people were discovered gathering edible roots and fruits for domestic consumption from the nearby forest and selling the surplus in local marketplaces. Their health status is also largely embedded with forest ecology. But the perception and cognition related to health care system and methods of treatment are very intimately connected with nature. Because nature is the only source of raw materials specially the roots, tubers, bark and other medicinal plants. The adjacent woodland is home to all of the Gods, Goddesses, beneficent and malicious spirits. A Table 1 depicts the plants that give the raw food materials to the researchers.

From the Table 1, it is seen that the plants from which they used to get fruits and vegetables from the

Table 1 : Different Plants Supplying Food items to the studied villagers		
Village Name	Name of Trees	Situation
Jamunasole	Sal (<i>Shorea robusta</i>)	Available in plenty; fruits -consumed as vegetables
	Bhungru (also Bhurru)	Fruits available in plenty
	Guava (<i>Psidium guayava</i>)	Fruits available in plenty
	Jaam (<i>Syzygium</i>)	Fruits available in plenty
	Mohul (<i>Modhuca longofolia</i>)	Flower- Plenty as vegetables, liquor preparation widely used; fruits - plenty; Seeds -extracted oil (Kochra) - extensively used.
	Kend	Fruits-Plenty (green) as vegetables; ripe- delicious, tasty; widely available in seasons
	Bon Khejur (Phoenix species)	Fruits available in June-July- plenty.
	Aam (Mango, <i>Magifera indica</i>)	Fruits - available in plenty.
	Kanthal (Jack fruit)	Fruits-green as vegetable; ripe one as fruit; available in plenty.
	Kul / Charkul (<i>Zizyphus jujuba</i>)	Available in plenty.
	Kham / Bon Alu (<i>Dioscaria</i>)	Roots-regularly available as vegetables.
	Kundri (wild)	Fruits as vegetable; readily available.
	Mushroom	Consume as vegetable; readily available
	Tamarind (<i>Tamarindus indica</i>)	Fruits – ripe one as fruit; trees available in plenty
	Honey	Available
	Small bird	Available
	Small animals	Available
	Eggs of ant	Available in plenty
	Wild pigs and deer	Available in plenty
	Rana Rani tree	Root as drinks - Available in plenty
Mahua (<i>Madhuca indica</i>)	Drinks - Available in plenty	

Table 2 : Name of the plants and Parts used in Indigenous medicine and treatment

Trees Local Name	Parts used	Diseases
<i>Orkho</i>	Bark	Tuberculosis
<i>Begnamadant</i>	Leaf	Snake bites, abortion, birth control
<i>Makorkenda</i>	Root	Dog bite, diarrhoea, dysentery, blood dysentery, jaundice, abdomen pain
<i>Sajna</i>	Bark Fruits and Leaf	Snake bites, migraine, head ache
<i>Hantipajar</i>	Roots	Fever, leprosy, paralysis
<i>Sarpagandha</i>	Whole plants	Arthritis, Snake bite
<i>Chirata</i>	Leaf	Headache
<i>Arjun</i>	Bark and fruits	Skin boils
<i>Anantmul</i>	Roots and leaf	Head ache
<i>Satamul</i>	Bark Fruits and Leaf	Diarrhoea
<i>Bel</i>	Roots	Digestion, stomach elements
<i>Kalmegh</i>	Whole plants	For the digestion. They swallow the dust added with water
<i>Kuchila</i>	Leaf	Cancer, malaria, leprosy, rheumatoid
<i>Sal</i>	Bark and fruits	Dysentery, blood dysentery, rangbat, menstrual disorder, dhatu
<i>Narichirchira</i>	Roots and leaf	Malaria, mumps
<i>Atkir</i>	Whole plants	Cancer, Jaundice, Head ache, Anaemia, Typhoid, Oedema, Pneumonia etc
<i>Ruhini</i>	Leaf	Fever, diarrhoea, tuberculosis, dhatu
<i>Katutjaung</i>	Bark and fruits	Menstrual disorder, malaria,
<i>Rohin chal</i>	Bark	Any part of the body swells the paste of <i>rohin chal</i> is applied on it after heating.
<i>Neem</i>	Leaf and bark	Small pox

nearby forest. The degradation of forest has directly affected their access to food. However, according to some elderly residents in Jamunasole village, there were many different types of fruits and vegetables in the forest when they were younger, but most of the fruit and vegetable varieties are progressively disappearing from the forest, and some are no longer visible.

The tribals have long been aware of the utilisation of certain plants (and, in some cases, particular animals or their ancestors) in the treatment of various diseases. They normally consult a doctor, a medicine man, or an ojha if the sickness is severe or cannot be cured with home medicines, or if it does not improve within a few days (The traditional medicine man). They believe that ojha, through magic, incantation, and other means, may cure the ailment. Traditional knowledge and wisdom-related treatments are available in the villages examined. Table 2 depicts the medicinal plants and their parts used in several ailments.

The forest does not serve only as the abode of ancestral spirits or totem objects of the tribal people but it has been observed that it also extends emotional support and supports the economy. The other function, which requires special mention, is the supply of medicine from forest. The indigenous people, owing to their long attachment with jungles, apply herbal as well as other

folk medicines and they get these remedies mostly from the nearby forests. The traditional health care system and treatment are based on their deep observation and understanding of nature derived through their observation of other animals in nature.

Traditional tribal medicine knowledge and documentation are badly needed. It is critical for the contemporary system to build on the foundation that already exists in tribal life rather than replacing it. Information regarding indigenous medicinal practises should be documented before they are forgotten in order to achieve this. A study of indigenous method of treatment may help to identify new methods of treatment of various diseases with certain modifications.

Summary:

The tribals, it has been noted, rely on the forest to meet their needs, particularly in terms of food, fuel, and fodder. They also acquire therapeutic herbs from the forest, in addition to these and other stuff. Even in terms of herbal medicine, those who lived in well-preserved forest areas collected numerous items from the forest and, as a result, had better health. A few topics of traditional knowledge and wisdom related to health in the context of tribal peoples may be included here as well. Disease and treatment in tribal societies, in particular,

cannot be fully comprehended in isolation.

The environment, particularly forest ecology, has a strong influence on health and way of life of the studied people. Though we only have a few ethno botanical research with the studied people, they all show that the people have a thorough understanding of the medicinal properties of various plants that they used it on a regular basis for indigenous treatment. It should be noted that many tribal societies around the world use various plant parts not only for therapy, but also for population control.

Documentation should be made, but one must also be conscious of the risks involved and the economic uses that can be made of it. There have been numerous instances where, following the release of scientific studies on traditional medicinal plants utilised by tribals, large quantities of these plants were harvested in bulk by outside

huge industries for commercial usage. Traditional medicine man, who rely on them for therapy, no longer have access to them. Regarding this, the studied people are deprived of their traditional system while also being denied access to the modern system.

REFERENCES

- Bhowmick, P.K. (1963). *The Lodhas of West Bengal*. Calcutta: Institute of Social Research and Applied Anthropology.
- Census of India (2011). *Census of India*. Office of the Registrar General, India, New Delhi.
- Chaudhuri, B. (Ed.) (1986). *Tribal Health: Socio-cultural Dimensions*. New Delhi: Inter India Publications.
- Khare, R.S. (1963). "Folk Medicine in a North Indian Village," *Human Organisation*, **22** (1) : 36-40.
