

Marginal Medicine and Modernity: A Study on Changing Medicines of the Santals in Colonial Eastern India

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ABSTRACT

The Adivasis had great link to nature not only for livelihood purposes but also for their socio-cultural existence. In fact, nature paved the way of their well physical health and hygiene. Therefore, medicines of the Santals was mainly nature based as their traditional medical practitioners (*Ojha*) used to collect numerous useful roots, leaves and branches of trees from nearby forest for medicinal purposes. The Santals were completely accustomed with their traditional healthcare system. Eventually, the Christian missionaries entered into their villages during second half of 19th century and took initiative to provide western healthcare service to the locals whom they considered primitive community in the context of colonial time. The introduction of western medicines to the aboriginals opened a new chapter in the history of the Adivasis. However, they did not respond immediately due to their age old prejudices and deep rooted belief system. Hence, they continued to use their own traditional healing system and retained their age-old medical perceptions *viz.-a-viz.* colonial modernity. This paper focuses on healthcare system of the Santals and the role of community practitioner in contrast to modern medical facilities that initiated by Christian missionaries.

Key Words : Santals, Healthcare System, Modern Medicines, Colonial Eastern India

INTRODUCTION

At present, Tribal history or more specifically Adivasi Studies becomes a popular field of history-writing in India. The term 'Adivasi' came in use with the formation of Adivasi Mahasabha (the great Council of aboriginal communities of India) in 1938. The term Adivasi has become a popular alternative of 'Tribes' or often translated form of 'Indigenous and Tribal Peoples.'¹ The concept of 'primitive', 'tribes' 'backwardness' became common terms for creating socio-economic divisions among the natives more categorically with the arrival of colonial rule. Hence, the term 'Tribe' was the product of the colonial modernity. The consensus of making the historical and 'primitive' was apparently unique mode of subject formation in colonial India. Similarly, determining the horizon of political possibilities in modernity through a delineation of the thing called time, the oppositional

categories of knowledge and practice became crucial.² Meanwhile, the colonial or western knowledge appeared in every sphere of India subcontinent. In recent time, some notable medical historians like David Arnold, Arabinda Samanta, Mark Harrison, Deepak Kumar, Poonam Bala, Achintya Kumar Dutta, Projit Bihari Mukherjee, Aparajita Dhar, Sujata Mukherjee and others have done tremendous research on the field of western medicine, public health, various diseases, colonial actions and impact on Indian society.³ But we have to keep in mind that before arrival of western medicine Indians had different kinds of medicinal knowledge existed among the natives on hierarchical basis called indigenous medical traditions, such as *Ayurveda*, *Unani*, and *Siddah*.⁴ On the other hand, the Adivasis had their own age-old traditional healthcare system and medical practices which often call 'Ethno-medicine' or 'Tribal medicine.' This traditional school of medicinal practice would be more

relevant to call as 'healthcare system of the Adivasis. 'Being so called 'Tribes' the Santals had distinct type of healthcare system of their own which developed through the ages and practiced from one generation to another. This healthcare system mainly depended on indigenous knowledge of nature and medicinal plants. Eastern India (Chotanagpur, Santal Parganas and Jungle Mahals) was the homeland of the Santals and natural environment of the region impetus to their survival strategies as well as traditional healthcare system.⁵ Moreover, they lived in close association of nature and forests provided them adequate healthcare resources. Eventually, they came into contact with western medicine and healthcare system under the influence of the Christian missionaries in colonial India.

Understanding the Adivasis and Ethno-Medicine:

The Adivasi History-writing has remarkably developed from last decades of twentieth century and with the beginning of twenty-first century considerable research has been conducted focusing on various aspects of Adivasi society.⁶ A number of historians like K. S. Singh, Suprakash Roy, S.P. Sinha, Dhirendranath Baskey, B.B. Chaudhuri, Suchibrata Sen, Ranajit Guha and David Hardiman, Sanjukta Dasgupta, Ashoke Kumar Sen, Prathama Banerjee and many others contributed a lot in this field of research. Historically speaking, the colonial officials turned anthropologists and Christian Missionaries were pioneers in the Tribal Studies or Adivasi Studies in colonial India. The term 'Adivasi' means the 'Original inhabitants' of a particular geographical location in India. According to David Hardiman that:

Adivasis tended to inhabit the hilly and forested regions of the sub-continent. Many lived from hunting and gathering combined with shifting agriculture. Some were found in adjoining plains regions, where they practised more settled peasant agriculture- sometimes independently, sometimes, as tenants or labourers for non-Adivasi landlords and usurers. Such peoples were described by the British as 'aboriginals' or 'early tribes', being characterized, so it was said, by their 'clan-based' systems of kinship and their 'animistic religious beliefs. 'Sometimes, they were defined in terms of their habitat, as 'jungle tribes.' By classifying them in these ways, the British created a conceptual unit that such peoples had not hitherto possessed. From 1930 onwards,

they claimed themselves assertively to be the 'Original inhabitants' of their tracts, calling themselves by Hindi term that expresses, such an idea that of Adivasi.⁷

However, there was no sufficient attention made in the traditional healthcare system and practice of the Adivasis. Exceptionally, P.O. Bodding's work on Santal Medicines and traditional healthcare system was a remarkable insightful study. Here, we make some concept of 'ethno-medicine' to understand the Santal healthcare system. According to George Foster and Barbara Anderson that 'Ethno-medicine' is the totality of health, knowledge, values, beliefs, skills and practices of members of a society, including all the clinical and non-clinical activities that related to their health needs.'⁸ In fact, the tribal medicine is sophisticatedly called ethno-medicine. The word ethno-medicine is now being used as a synonym for traditional medicine too. Traditional medicine can be divided into two groups, viz. folk medicine and tribal medicine. Folk medicine still prevailed in rural areas with some ritualistic specificity. On the other hand, the tribal medicine had developed among the Adivasis with help of natural resources in forest and hills. This refers to the study of traditional medical practice which was concerned with cultural interpretation of health, disease and illness and further addressed the healthcare seeking process and healing practices. The concept and practice of ethno-medicine was a complex multi-disciplinary system constituting the use of plants, spirituality in natural environment and it was the source of healing for the Adivasis through the ages.⁹ The knowledge and practice of this medicine was mainly kinship or clan based and verbally carried forward from generation to generation. Meanwhile, the Santals had great knowledge of nature and they knew the plants, trees and shrubs containing medicinal value. Similarly, natural environment of Eastern India (Santal Parganas and Chotanagpur and Jungal Mahals) provided them available medicinal resources for healing. On the other hand, colonial policy on forest preservation, growing activities of the Christian missionaries, introduction of western healthcare system left profound impact on the Santals in the field of healthcare system.

Santal Concept of Health and Healing:

Truly speaking, every community and culture, irrespective of its simplicity and complexity, has its own belief system, perception of health and healing practices

regarding diseases. The system of treatment or healing the diseases varies from community to community.¹⁰ Similarly, different Adivasi groups have their own way of perceptions of health as well as treatment of diseases and medicines. Actually, nature had played major role in the world of the Santals from birth to death. Their religious beliefs mainly depend on the natural spirituality, during colonial rule they were considered 'animists.' Kumar Suresh Singh has rightly argued that 'the tribes have always been and are still part peasant and part tribe or part forest dwellers. Forests are still part of life of most of them, of their economy, their culture, their belief system.'¹¹ Historically speaking, they lived in close relationship of jungle territory (forest track), where only forest was their unfailing friend for survival before arrival of colonial rule. Their different religious belief system and festivals reveal the symbiotic relationship with nature and in this context; 'Baha' (flower) festival of the community was a wonderful instance. The festival was all about to pay homage to nature by worshipping surrounding environment through the ages.

Generally, the Santals were known for their good physique as they were skilful agriculturists and hunters from one generation to another. Similar scenario found in Santal Parganas throughout the Colonial period. Hence, the Santals had own concept of their health as well as healing system. David Hardiman rightly argued that there was a clear link between the material poverty of the Adivasis and their poor health. This was a fate suffered by such people elsewhere in India.¹² P.O. Bodding a missionary ethnographer whose wife was a doctor by profession carried out a detailed study of the health and therapeutic practices of the Santal-Adivasis of Santal Parganas in the early twentieth century. He was once told by his Santal informants that they had not suffered from syphilis, tuberculosis or leprosy before the middle of the nineteenth century.¹³ Gradually, they affected many of these modern diseases due to destruction of forests and pollution of nature. Rev. P.O. Bodding observed the Santals from a close distance in colonial Santal Parganas and he sincerely recorded their philosophy on bodily health:

As among us we may hear a chill or a cold mentioned as something to be treated with respect, so the Santals thinking something analogous with regard to what they call *hadi*. This is with them the name for a swelling of certain muscles of the neck and back. It is very

common and painful, but soon cured when they use their excellent message. They have a saying, that *hadi* is the *raebaric* (lit. Marriage broker) of disease; from *hadi* many kinds of disease will arise according to their belief. I have heard a Santal give the following explanation: "Our body," he said, is like a *kol gadi* (lit. A machine carriage, any vehicle propelled by an engine). This moves by the power of the engine. As long as the engine works, we can go and come as we like;.....They are aware that errors of diet will produce trouble. The Santals generally live on a vegetable diet, because they can afford to eat meat often. When they get meat, they may take too much, or meat may be bad or not properly prepared, with the unavoidable result. They speak figuratively of this, saying that "the pig has rooted him up," the has battered him, the buffalo has struck him (with his horn), the meaning being that a person has got a disordered stomach through eating curry prepared from the kind of meat mentioned. It is, however, astonishing to observe what kind of meat and food a Santal can eat with impunity.'¹⁴

Hence, the Santals had clear concept of health and causes of diseases. Interesting to note that the Santali word *sir* has similarity what Bengalis use *sira* that was vein of human body and the blood flows along in the *sirs*. However, their attitude towards illness also important fact of healing practices. In general, if someone suffered from any physical illness, they did not disclose it before others. At first, they tried to find out the origin and causes of the illness and blamed the unnatural power or spirits with their preconceived beliefs on certain superstitions such as witchcraft.¹⁵

Role of Ojha:

A majority of Santals are still considered to be 'traditional minded' due to their strong emotion in their belief system. Moreover, during the colonial period, when someone in a family fell in illness, if it was not something unquestionably of a serious nature which demands immediate assistance by a 'doctor', - they would not as a rule call in a medicine-man immediately. They preferred to wait and see how it would go. There was the question of expense and bother, although this was not permitted to play any large role with them, if any role at all, in case of disease. They had also an idea, that they should let the

disease ‘become tired,’ as they expressed themselves; exhaust it so to say. At the same time, the members of the family applied the household techniques such as *sekao*, *iskir*, *tobak* and *soso* etc. and if the nature of the complaint seems to call for such. In Santal Parganas, almost every the Santals knew the use of one or more ‘*rehet-ran*’ (root-medicine) because they had great knowledge of such plants containing medicinal importance. Hence, however, the disease was of a pronounced nature, or not gave way to the household remedies in few days, they called in a ‘doctor,’ that was the traditional medicine-man popularly known as ‘*Ojha*’ from the village or neighbourhood. The medicine-man ‘*Ojha*’ played a key role in the Santal society for their survival from an unknown period of time. The ‘*Ojha*’ was considered a knowledgeable man with power of spirituality and therefore, supposed to extraordinary able to perform certain things that were the out of the capacity and power of common people. The following things were considered only possible for the ‘*Ojha*’.....

1. To consult the oracle, or, divination by leaves and oil
2. To ‘show’ rice
3. To make disease gather at one point of the body and to get the evil out by biting and sucking
4. To remove Bongas, or rather their symbols by digging
5. To exercise Bongas
6. To administer medicine

Besides, the *Ojha* was able to sacrifice in required occasions of the village and also had mastery on recitation of the *mantars* and *jharnis* (incantations).¹⁶ Hence, an *Ojh*’ had occupied a prime position among the Santals and occasionally, whenever the Santals felt any awkward or uncomfortable in village life, they went to invite him to visit their village. It was found that an *Ojha* also acted as witch-finder too because, the Santals strongly believed in witchcraft. Generally, they were supposed the malevolent women of the society. Similarly, there were many cases reported in colonial Santal Parganas on punishments and cruelty related witchcraft. E.G. Man carefully recorded that ‘before the Penal Code with its Draconian laws was in force, a young Santhal came running in to tell Amicus (a certain Assistant Commissioner) that his wife had been accused of witchcraft by a professional witch-finder; and as the son of the head of the village had been long ill, and was said to be under her influence, he had fears for her

safety.’¹⁷ There were two types of *Ojha* found among the Santals, amateurs, performed occasionally for curing people and the professionals, those who were serious and worked regularly. Interestingly, it was thought for a Santal man have some knowledge of the ‘*Ojha*’s science. There were in fact, a large number of Santals who had been contact with *Ojha*’ism and had received a smattering of this particular ‘knowledge’; they soon forgotten what they might had learnt and were not styled *Ojha*, but, as long as the course *chela*, disciple or disciple pupil and when the course was finished properly. Becoming a professional ‘*Ojha*’ was a time taking procedure. Rev. P.O. Bodding stationed at Mahulpahari in Santal Parganas for a long time and had been recorded the healing system. As a matter of fact, one had to become a disciple (*chela*) of a master *ojha* for the first time. It was customary, although in no way compulsory or obligatory with the Santals that young men (naturally never women) had to go through a course in this field. The course lasted ordinarily from one of the last days of May up to the end of September. The healer used to give his disciples the initiation as *ojha*. Later on, healer and his disciples commenced their begging in the villages for a season and used to return towards the end of the hot season. The custom reminded the young men that they should learn this *bidia* (process) as they expressed themselves. They consulted together and made up their mind to go to the healer and asked him to teach them. At the same time, intimating that they were prepared to meet all expenses what was customary. Practically, there was a healer in every village hence there was no need to go outside of the village. This lacked of interaction would naturally to some extent influence the teaching both as to form and as to contents. They commenced the course at the time of *ruhni* (the first day of which falls on the 13th day of the month of *Jhet*, as the Santals called *Jaishtha*) that was ordinarily one of the last days of May. They used to go to the healer (master) after having had their evening meal in their respective homes. In this way, they used to learn the healthcare system for the community.¹⁸

However, the medicine man had great knowledge of natural resources. Therefore, he knew the plants of medicinal importance and used to prepare necessary medicines for healing diseases after collection from nearby forests. They mostly used to collect some rare medicines in the early morning so that no other persons could learn the process.¹⁹ The following Table 1 of

Table 1 : Sample of Traditional Medicines

Disease/s	Medicine/s
<i>Ruateup potorlen khan</i> (when the hair falls off owing to fever)	<i>Sarjomrehet</i> (roots of <i>Ventilagocalyculata</i>)
<i>Boho adiololen khan</i> (to make the head cool if it feels very hot)	<i>Bharbharisakam</i> (the leaves of <i>Ocimumbasilicum</i>)
<i>Kaparjadi boho haso</i> (Neuralgia, headache)	<i>Lil kathirehet</i> (the roots of <i>Polygala crotalariodes</i>), Buch and Ham
<i>Met dak jorok</i> (watering from eye)	<i>Dare bankisakam</i> (the leaves of the large <i>VandaRoxburghi</i>)
<i>Jang rapudok</i> (Fractured bones)	<i>Khodebaharehet</i> (the roots of <i>Bod</i>), <i>lar rehet</i> (the roots of <i>Vitis adnata</i>), <i>kamrajrehet</i> (the roots of <i>Buettneriaherbacea</i>) etc, grind and applied as a plaster and affix splints.
<i>Mocha ghao</i> (Sores in the mouth)	<i>Nanha dudhi lota rehet</i> (the roots of <i>Ichnocarpusfrutescens</i>)and <i>kujrirehet</i> (the roots of <i>Celastruspaniculatus</i>), grind these together, cooked in mustard oil and applied to the affected part of mouth.
<i>Lutur Kalak</i> , (Deafness)	<i>Bin dimbu</i> (Piound and crush some of the roots and leaves if this, squeeze the fluid out into a leaf cup or something similar, warm this on the fire and drop into the ear.)
<i>Luturhaso</i> , Ear-ache	Squeeze the juice out of <i>dimbubahasakam</i> , the leaves of <i>OcimumBasilicum</i> , var into the ear. Roast <i>dare banki</i> , <i>Vanda Roxburghi</i> , squeeze out the juice and pour into the ear.
<i>Luturghao</i> , Ear sore	A Caterpillar found on either <i>gabla dare</i> , <i>Acacia Arabica</i> , <i>willd</i> or <i>icakgotedare</i> , Grind and cook in <i>utinsunum</i> , mustard oil and let him apply this oil daily with a feather.
<i>Kara met</i> , Blindness	<i>Bir poenirehet</i> , the roots of <i>kulaitaroprehet</i> .
<i>Chadrak</i> , Baldness	<i>Munga chal</i> , the bark of <i>Moringa pterygosperma</i> , Grind and smear on daily. <i>Bheladonja</i> , <i>Caesuliaacillaries</i> , <i>Roxb</i> .
<i>Janga kaupghao</i> (sores on the toes)	a. <i>Icacrehet</i> , the roots of <i>woodfordia floribunda</i> b. <i>Joka sakam</i> , (the leaves of <i>sida humilis</i> , <i>willd</i>) grind and apply of the consistency of porridge.
<i>Gumgumirua</i> (Low fever)	<i>Patal kohnda</i> (<i>Pueraria tuberosa</i>) <i>Edel poha</i> (a seedling of <i>bombax malabarcum</i>) <i>Tulsi sakamthora</i> (a few leaves of <i>Ocimum sanctum</i>). Mix and grind these to drink.
<i>Ghao</i> (any sore)	<i>Kuila</i> , (Charcoal), <i>Nim sakam</i> (the leaves of <i>Melia Azadirachta</i>). Grind, mix, heat and put in a piece of cloth and then apply.

Source: P.O. Bodding²⁰

prescriptions shows the dependency on ethno-medicine or traditional healing system based on nature:

Public Health in Colonial Santal Parganas:

The concept of ‘public health’ is the core concern issue in the history of medicine in India. During colonial rule, this section flourished systematically, because it was developed with the introduction of western medical practices.²¹ However, a number of diseases began to spread in colonial eastern India such as malarial fevers, bowel complaints, influenza, ophthalmic, cholera, small-pox, skin diseases and so on. The colonial records revealed that from the end of the nineteenth century the British Government established some dispensaries for the people in different districts, because chronic epidemic like cholera spread throughout the region and turned to disruption basically in municipal towns like Deoghar. Eventually, small pox, skin diseases, malarial fevers

became usual causes of ill-health for the Santals too.²² The following Table 2 shows the public dispensaries existed in 1908:

Table 2 : Public Dispensaries

Name of places	Number of Beds in Dispensaries	
	Men	Women
Deoghar	24	8
Dumka	14	4
Sahibgunj	10	2
Jamtara	8	4
Godda	6	2
Rajmahal	6	2
Pakur	4	2
Amrapara	Nil	Nil
Bario	Nil	Nil
Barhait	Nil	Nil
Katikund	Nil	Nil

Source: L.S.S. O’Malley

Medical Service of the Missionaries:

It was a fact that western educated Santals were pioneers for changing situations colonial Santal Parganas in particular and Eastern India in general. In fact, they welcomed the modern healthcare system and western medicine with the help of the Christian missionaries. Despite the colonial Government did little in the field of education and healthcare facilities. Significantly, this task was adopted by the Christian missionaries who along with their hospitals and social service units and ran aboriginal schools of their own. Their social and spiritual programmes went hand to hand for the tribes specifically for the Santals. As a result, a large number of these Adivasis were converted to Christianity, which meant a change lock, stock and barrel, of aboriginal sets of values.²³ Truly speaking, the development in education not only responsible for the socio-cultural change but also it paved the way for changing mentality towards the western healthcare system. From 1871 onwards, various changes had been occurred in Santal Parganas due to certain socio-religious and political movements. There were many Santals declared themselves as *Sapha-Hor* (the pure men) after eschewing fowls, pigs, and intoxicating liquor but taking to *Ganja* (hemp, *Canabis Sativa*) and tried to bring it on a line with Hindu practices. It was a time of some social ferment and had also political repercussions. The impact might be corroborated by a reference to the Census Report of 1931, when 586,499 Santals declared themselves as Hindus in Bihar and 154,596 were in Orissa.²⁴ In addition these, there were couple of movements spread in different parts of colonial Eastern India. These socio-religious movements had profound impact on their physical and mental health.

On the other hand, basically, after the great *Hul* (1855-56), the Christian missionaries initially with the help of the colonial Government entered in Santal Parganas district and started work among the Santals and left permanent impact through their various benevolent services, of course to fulfil their evangelical agenda.²⁵ The Church Missionary Society (CMS) and the Indian Home Mission (IHM) renamed as the Santal Mission of the Northern Churches (SMNC) in 1910, worked more inclusively on the different aspects of the Santals such as documenting the traditions, providing western education and modern health facilities. This was resulted gradual emergence of educated class among the Santals, were more equipped to accept necessary changes towards modernity. The first medical dispensary of the Mission

was opened at Benagaria in 1874 during the Famine of the region and a Santal was made its in-charge, who had previously been trained under a European doctor.²⁶ But in broad canvas the missionary medical service was started in Santal Parganas with the arrival of a missionary couple namely Dr. and Mrs. Johansen at Benagaria in 1902. Dr. Larsen took up medical work at Dumka in 1915. After married Rev. P.O. Bodding in 1923, she moved to Mahulpahari, where she opened a small hospital. When Bodding couple left India in 1934, it was a setback for missionary medical work as the hospital of Mahulpahari was closed down.²⁷ But, the hospital at Benagaria remained in functioning under able missionary leadership. Dr. Borg carried on the work of Benagaria Mission Hospital from 1915 to 1928. Later, Dr. Banerjee a Bengali-Christian doctor also joined the hospital in 1921 and served many years. A new hospital was dedicated at Benagaria just before Dr. Borg left India in 1928. Eventually, his responsibility was taken over by an American doctor named Dr. Erling Ostergaard. After end of the Second World War the missionary medical facilities became more available for the Santals at Benagaria hospital as many American doctors and nurses reached at Benagaria in 1946. Dr. And Mrs. Kristofer Hagen, Ms. Alice Axelson and Mr. Hilma Gjerde were notables among them. Dr. Hagen decided to move the sixty-bed hospital from Benagaria to Mahulpahari in 1949. Significantly, a new ninety-bed hospital called the Mahulpahari Christian Hospital was completed in 1951 at Mahulpahari and Dr. Hagen became its first Medical Superintendent. Next year, Dr. Hagen couple left India and Dr. Otto Forman became the Superintendent. Ultimately, Dr. Stephen B. Hansdak, a Santal became the Medical Superintendent in December 1969 for the first time of course it was a historical moment for the Santals.²⁸

But colonial modern health centres and missionary activities had its own limitations and hence, there was very little impact on the community as because they were deeply accustomed with their traditional healing system or plants medicine. On the other hand, the colonial Government had not done much for making them aware towards the western medicines. Hence, most of the villages were under grip of '*Ojhas*' (the traditional medicine men) as they occupied a respectful position among the Santals. In fact, they deeply believed in their traditional healing system.

Conclusion:

However, it has been noticed that the Santals as an aboriginal community had different kind of living and healing system through the ages. Their perception of health based on simple thinking of life and livelihood. They were dependent heavily on their traditional healing system *i.e.* ethno-medicine, which prevailed in the natural environment and village surrounding. Moreover, the Santals were inhabitants of nature for their survival in terms of socio-cultural continuity and healing practices from one generation to another. Though, the colonial period brought rapid changes in Adivasi-nature relationship by encouraging forest destruction for commercial purposes and imposing various restrictions upon the Adivasis. The colonial state fostered fencing Indian forestry and the mode of operations were dictated more by the commercial and strategic usages of different species of the forest than broader social or environmental considerations, which led to the conflict between the state and the Adivasis.²⁹ Eventually, the forest-dependent communities were systematically deprived from their traditional rights. Hence, their healing system also disturbed and ordinary Santals began to detach from nature and gradually lost their medicinal knowledge even for certain simple disease. As a result, the people of a Santal-village had to depend on traditional healers for any kind of health crisis. The post-colonial disruption of symbiotic relations between human and nature remained continued. Gradually, with the Government's healthcare schemes and establishment of various primary healthcare centres at villages definitely brought some remarkable changes in the attitudes of the Santals in eastern India. In spite of that the Santals still have some believes in their traditional healthcare system and medicine-man (healer) in certain cases at village level.

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