



Geographical Location and Environmental Condition of Jangalmahal and Its Effect upon Health and Hygiene of the Tribal during the 20th Century

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Abstract:

The existing overall situation in Jangalmahal and the living condition of the people of Jangalmahal is a much-discussed affair since the pre-colonial period. They exist in between availability of plentiful natural resources as well as adequate scarcity of some of the basic infrastructures. They get support and benefit from the Government as it initiated several rules, regulations, and facilities but Jangalmahal still lacks modern benefits and amenities.

The unavailability of minimum health and hygiene-related facilities and benefits during the twentieth century along with their existing geographical location and the environmental problem has a deep-rooted effect upon the life of the tribal of Jangalmahal. Such a situation also had an adverse effect on their health and hygiene.

Irrespective of all the difficulties, the tribal of Jangalmahal have sustained their originality in lifestyle, working process, faith, belief, ritual, and custom. This helped them to maintain their individuality and a distinct societal culture.

This work undertakes extensive research over their difficulties and reasons of possibilities of these in the midst of the whole situation of the country which has gone far off from several aspects of origin and originality during the period as mentioned above.

Keywords: *Jangalmahal, Tribe, Natural resource, health and hygiene, societal structure, geographical location, environmental problem.*

Introduction

*Na Jayate Mriyate wa kadachana
Nayang bhutwah bhabita wa na bhuya
Ajo nitya saswatohayang purano
No hanyate hanyamana sarire*

(Sri-Mad-Bhagavad-Gita: Chapter-2, Sloka-21)

(This is never born, nor does it die. It is not that, not having been, it again comes into being. This is unborn, eternal, changeless, ever-Itself. It is not killed when the body is killed.)

This *Sloka* refers to the sense of denial to the six kinds of modification inherent in a matter: birth, subsistence, growth, transformation, decay, and death.

The habitation of the tribal of Jangalmahal since its dawn of existence has passed through different transformations and changes in its natural, tropical, environmental, social, socio-economical systems. In fact, people of West Bengal in particular and of India, in general, have experienced such changes. It impacted upon the physical and mental well being of people including their faith, belief, value, norm, attitudes, and behavior pattern.

However, as noted in the above *Sloka* from Sri-Mad-Bhagavad-Gita, although there is an all over all-round progress in the country and its people in general, such an impact on the Tribal, of Jangalmahal is not distinct. Development of this region becomes an important aspect of the Government agenda in the twenty-first century.

Specifically in health and hygiene practices once the all corners of this state and the country has been facelifted with advance global facilities and privileges, the tribal very carefully and sincerely has been reluctant and passive to these facilities and privileges and has not given up their trust and confidence to their own systems, practices, and means. They have been using their own systems and practices and with these, they have not ceased to exist as a human being or a community and gone for extinction as had been several other alike groups in the country or in the globe. They exist and remain active. This research intends to find out how they overcome these difficulties of maintaining their health and hygiene, living under such adverse geographical and environmental situation; how out of so many eventualities, the tribal of Jangalmahal keep them inherently fit, smiling, cheerful being repulsive towards accomplishment of a life which is, as stated in the *Sloka* of Sri-Mad-Bhagavad- Gita: eternal, changeless and ever-Itself.

Geographical location and other related features of Jangalmahal

Jangalmahal is a place in South Bengal and it bears its significance and the special features in the map of South Bengal. This region is spread across three districts of West Bengal. It includes Salbani, Jhargram, Gopiballavpur, of Paschim Medinipur district, hill area of Susunia of Bankura district along with Panchakot and Bagmondi area of Purulia district.

The region under Jangalmahal is mostly covered with deep Sal forest, dry rocky red colored soil, and unfertile land. Also, the area boasts of its possession of several rivers which are very prominent in the map of India. People of Jangalmahal laugh, sing, make merry, enjoy life, remain occupied with different rituals, worshipping of different local deities in course of sustenance of their life and along with miseries of scarcities, hardships and exploitations, and deprivations. Along with all these geographical and natural features the place is tremendously enriched with other natural resources like timbers, fuelwood, cattle, and other domestic grazing ground, and water resources. The locality contains a mix of different casts and class of people. It contains people from different tribal groups like Santal, Onrao, Muda, Lodha,

Bhumij, and also Dalit castes Namasudra, Bagdi, Bauri, and Chandal. People from upper castes like Brahmin, Kayastha, and Baidya also reside in this region.

The erstwhile Medinipur district which has been presently divided into two districts being East and West Medinipur respectively lie between 21⁰36' and 22⁰57' North latitude and 86⁰38' and 88⁰11' East longitude. Bankura lies between 22⁰38' and 23⁰38' North latitude and 86⁰36' and 87⁰46' East longitude.

Because of its geographical position, the weather condition varies in between extremes. The winter turns out to be extremely cold and during the summer arrives with its scorching heat, making life difficult in this region.

Environmental and Social conditions in Jangalmahal

During pre-independence colonial rule and in the early years of the post-independent India the lives of the people of Jangalmahal were left uncared. The tribal population remained the most neglected and unprivileged group of people who were unable to access the facilities of modern benefits and amenities of life. Few advantages in economy, education, health care, transportation, livelihood, employment, and social benefits were extended to them. Though the geographical area of Jangalmahal spread around three districts, the characteristics and living condition of people are almost similar: acute scarcity of the essential resources of life, difficult climate condition, dense forest absence of facilities of transport and facilities of local administration. Above everything tribal face difficulties because of the unavailability of suitable drinking water, means and scopes of medical facilities to combat with problems of treatment in difficult illness and disease and sustenance in difficult health-related problems – problems of malnutrition because of scarcity of food owing to acute poverty and unavailability, problem of suitable and adequate hygienic drinking water, death due to snake bite, difficulties caused by threats of wild animals, problems because of different infections, toxic elements, virus, and germs All these make life of tribal in Jangalmahal miserable.

Added to all those problems is the low illiteracy rate among the tribal of the area. People often in this place are alcoholic and consume country liquor which makes their life disastrous. They become vulnerable to different disease due to alcohol addiction. Consumption of cheap liquor often results in a high mortality rate.

The tribal belonging to Jangalmahal has inherited such problems since pre-colonial days and still up to the end of the previous century, the period of this study; they had lived almost a primitive life. But in the midst of all these, geographical, social and environmental adversities and hazards they have physically sustained, although their traditional state of affair of their health and hygiene face extinction. This research attempts to find out the reason behind their static living at the face of technological innovations and infrastructural facilities extended by the post-independent Government.

Elaborate studies have been done over different health-related problems of tribal of Jangalmahal. Much work has been undertaken by eminent experts, academicians,

research scholars, and social workers Also work of different foreign scholars like Walter G Griffith, John K. Thomas (Human Rights of Tribal, 2005), Aertthayel Mathew (Impact of Globalization upon Tribal, 2008), Fredrick Bart land (Ethnic Groups and Boundaries, 1969), Andre Beteille (Concept of Tribes with Special Reference to India, 1986), Herbert Risley (Ethnographic Glossary,1991)are extensive, addressing different areas of health, and medical benefits available to tribal of Jangalmahal and shortfalls thereof.

The work of different eminent Indian scholars undertaken at different periods in the nineteenth century and even in some cases earlier, draw the attention of research scholars undertaking research work presently. Those are considered as seminal work because of the close observation and extensive research on the tribal of Jangalmahal. The presentation of problems including health and hygiene-related problems are the outcome of very close interaction of the research workers with the concerned persons or victims of different physical ailments. Some of the outstanding scholarship in the field produced during the twentieth century influenced by scholars of the previous century include: Bijay Kumar Behera (Tribal Development in Orissa, 2009), Manibrata Bhattacharyya (Toto at Crossroads, 1998), Sumahan Bandyopadhyay (Ethnographic and Ethnological Writings in pre 1920s, 2010), Nirmal Kumar Bose (Tribal Life of India, 2002), Baidyanath Saraswati (Contributions to Understanding of Indian Civilization, 1970).

Also, some of the journals and seminar presentation papers show commendable work out of exhaustive and elaborate study upon the health-related areas of tribes of Jangalmahal involving different situations of the period of the previous century. Some of those research include: Asish Gosh (Herbal Folk remedies of Bankura and Medinipur Districts, 2002), D. Namhata& A. Mukherjee (Ethno-medicines in Bankura District, 1988), (Education and Health Problem in Tribal Development, 2008), Madhumita Setua (Jangalmahaler Upajatiya Samaje Swasthya, Rog O Niramaya, 2018).

All these works elaborately describe and analyze different health problems of tribal of Jangalmahal. These works explore elaborately the various difficulties faced by concerned tribal during the previous century and also the situations in the present days.

In spite of such a wide array of research on different perspectives of Tribal condition, very little has been done to address the impact of geographical location, social and environmental conditions upon the health and hygiene of the tribal of the region.

Objectives of the study

It has already been stated that the tribal of Jangalmahal hardly received the facilities and benefits, necessary for the sustenance of a bare minimum standard of living, including health and hygiene facilities, from pre-independence to post-independence period. Beginning of the twenty-first-century witness certain changes in their condition with the introduction of several Government schemes to facilitate their condition. At present, India is moving forward towards progress, prosperity, and

development including updated facilities in health care maintenance, medical treatment, curative treatment, child health and mother health care treatment, and natal care facilities. Almost nothing was done in this respect to tribal of Jangalmahal. The sunshine of these advantages and benefits could not penetrate the dark shades of deep Sal forest to reach the cottage of tribal of Jangalmahal and to bail them out of insecurities of physical agonies and calamities. Thus, the objective of this study is to identify, how geographical location had been a problem towards causes of unavailability of facilities of health and hygiene; how environmental situation prevented them from achieving the facilities of health and hygiene; tribal initiative to address their issues; how they are sustaining their existence over their health and hygiene-related problems avoiding the threat to their existence for such a long period in History.

Tribal of Jangalmahal and their confrontation with means of health and hygiene in the previous century

As discussed earlier, because of the geographical location of Jangalmahal the land is dry, availability of fountain, lake being a source of healthy and hygienic drinking water is scarce. Also because of the dense Sal forest access of sunlight is, in many situations, are inadequate, weather condition is extreme in different seasons – too hot in summer days and too cold in winter days, snake bite is very frequent and because of existence of venomous snakes in plenty, in most of the cases these turn fatal.

Also along with poor economic infrastructure, lack of education, primitive, social and individual practices and habits, and inadequacy of primary health care facilities make the tribal of Jangalmahal unable to achieve and enjoy the benefits of modern health and hygiene facilities.

But still being unable to achieve the aid of modern facilities tribal in Jangalmahal are confronting with their health care related problems, their cultural life is as colorful and self-contented as the affluent of rest of the country, but grief-stricken and miserable as well.

It deserves an analysis of an elaborate study how they confront with this problem. In fact, tribal of Jangalmahal as discussed possess a unique individual and societal culture. This consisted of their unique value sense, faith, belief, norms, and attitude. With this uniqueness, they develop a state of mind which helped them to overcome these scarcities and problems. They passively bear the pain of these problems and consider these by the sense of their faith and belief to be something inevitable. Over time, they developed a sense of resistance. Consequently, many of the health-related problems do not get the scope of developing mental worry and agony and also anxiety as happening for civilized societies, instead these so-called 'dark place' dweller tribal bear these and in course of time such diseases forget the victims and the victims also forget the disease. Many of the diseases, as seen in the civilized societies receive much attention, care, and significance. They are given importance by the physician; also the money and status of the victims are subject to absolute ignorance and indifference by the Tribal because of their strength of mind, cultural constructs, and

resilience, which they develop from an adverse geographical, environmental and social condition to which the tribal belong. A disease in many situations is given preference because of mental weakness or vulnerability of mind of the victim which is almost absent in the tribal community. This inherent nature is developed among tribal as they grow up, since their early stage of life, within the odds of geographical, environmental, and social conditions.

Also the tribal are in general very conservative and indifferent towards modern systems and practices which sometimes turn out to be excess in respect of requirement. Tribal live within the odds of life, since their birth. They confront each day of their life with different health issues centering around virus, germs, parasites, and toxins. Because of these an inherent resistance to diseases developed in their body and consequently they develop potentialities which prevent them from being victims of different diseases like cholera, diarrhea, dysentery, malaria, smallpox, typhoid, viral fever, and different body infections. The urban residents often do not possess such resistance and become easy prey to such diseases.

Also because of their conservative mental attitude, tribal, in general, neither go for nor accept preventive health care measures like inoculation, and vaccination. They prefer to stay fit by giving in to their own medical knowledge system.

The tribal have the knowledge of different medicinal plants and herbs, which are available in plenty in their locality. They often use self-prescribed potions or as advised by their local doctors, called 'Kabiraj', or 'Fakir', or 'Folk Doctor'.

The different modern **Ayurvedic** and **Allopathic** medicine manufacturing plants and laboratories use different herbs and natural plants for producing medicines for different types of critical diseases. The tribal uses these herbs and medicinal plants, which are available in their locality in case of such disease being instructed by their local doctors like Kabiraj etc. and get relieved from the health-related problem. Mention of herbs which are frequently used by them are as follows:

Table 1: Uses of Medicinal Plants

Herb or Medicinal Plant	Disease	Method of use
Babla	Spermatorrhoea	Along with ghee and sugar, 12/15 gram of dried Babla latex is fried and consumed with a glass of milk once in a day for seven days.
Bel	Diarrhea and Heart problem	Juice extracted from the skin of tree trunk and branches are mixed with milk as instructed by Kabiraj
Bel	Stomach problem	Riped or green fruit as advised by Kabiraj, which is suitably boiled and mixed with molasses; taken regularly for a week cures stomach problem or maldigestion.
Neem and GolMorich	Diabetic and High blood pressure	Neem leaves (10/15) and GolMorich (10) boiled and taken regularly cures diabetic and high blood pressure.

Garlic	High Cholesterol level	Raw garlic bulb taken 4/5 numbers daily controls cholesterol level in the blood
Pathar Kuchi	Hyper Acidity and Indigestion	Soft leaves from the top of tree crushed with stone salt and juice thus extracted taken 2/3 teaspoonful twice a day for 7 days cure hyperacidity and indigestion.
Peyara (Guava) leave	A toothache, Swollen gum	Peyara leaves adequately boiled and drunk 2/3 times a day for 5/6 days relieves toothache and gum problems.
Pan	Boil, wound, cut	Pan coated with warm ghee provides a healing effect to boil, wound or cut.
Set Akanda	Wounds and Cut	The latex of the plant locally applied heals the affected area.
Tentul (Tamarind)	Cholesterol, Exhaustion	Consumed daily or in need as being advised by Kabiraj, it controls cholesterol or removes exhaustion
Lal Notey	Bleeding out of a deep cut	Juice of root applied to affected area provides healing effect.
Merry-Gold (Ganda)leave	Wound and cut	Leaves of merry –gold crushed and applied to provide curing effect
Hathi-Sur	Conjunctivitis and other eye problem	Leaves crushed and juice extracted if applied to affected eye 2/3 times a day, will produce remedial effect
Basab	A cough and Cold	Leaves suitably boiled and the syrup taken for drinking two times a day cures a cough and cold-related problems.
Kala-Megh	Liver ailment	For ailing liver, Kala Megh leave produces curing effect
Pine-Apple leave	Hookworm	Soft and tender leaves collected from the top center of the plant suitably crushed, and juice thus extracted to be consumed for drinking in an empty stomach, this cures patients affected with hookworm
Sajina	High blood pressure	Juice extracted from leaves and tree trunk-skin consumed regularly, as per the advice of Kabiraj control blood pressure level.

Some of the names of the plant and its medicinal effect have been mentioned above. The list is extensive, all of which are available in Jangalmahal. The indigenous healer of the area is known to Kabiraj and Fakir, these methods of treatment save the tribal from different health and hygiene-related problems.

Apart from these, there are other methods of treatment, known as the Magico – Religious method of healing. This system is an age-old system and its period and process of initiation in detail is another subject of research.

However, tribal have an unquestioned trust and reliance upon their medical system, particularly in medico religious healing. This system is practiced under the different experts in this area who are called ‘Ojha’, or ‘Gunin’. Under this system along with practices of different rituals including fasting and exhaustive physical performances

by the person who is the victim of disease or patient of some ailments, chanting of several local verses called 'Mantras' are to be undertaken. These verses are chanted by the person (Gunin or Ojha) under whose guidance the treatment was conducted and the verses are in most cases prayers to local Gods or Goddesses done in local languages. Here, mercy or favor of local gods and Goddesses are prayed in favor of the affected or sick person. Along with all these rituals different other activities are also undertaken in the practices of Magico-Religious-System: burning of Mastered seeds, burning of Bell or Mango wood, camphor, Rajan (Sulphur), Dhuna and others, which may be considered to possess remedial effect in ailments because of congestion out of cold, bronchitis etc. as is followed in Ayurvedic or conventional treatment process.

Also, the use of different other additives during treatment of Magico-Religious-System is not rare. For instance, the use of oil made out of different animal fat or direct use of animal fat and flesh is frequent in accordance with need are also practiced. In many cases application and messaging of fat of pig or snake and use of oil made from different animal, fish and others are in practice. In modern Ayurvedic and Allopathic treatment use of such 'therapeutics' are well-known brand and use of the very costly product with similar ingredients produced by reputed manufacturers are seen to be in present-day modern practices.

There are enough controversial observations and opinions regarding the treatment of Magico-religious-System. Scholars and researchers in this area consider this treatment to have logical bases and this is because of such logical base the victim come out of their ailments; it's not that out of nothing but just because of 'some chance' they come out of their ailments. Some are of the option in a reverse way.

Also the tribal are very much simple-hearted and mostly the pious people. The chanting of Mantras etc. by Gunins in local language revokes her faith and they believe their beloved deity is being prayed for their relief and cure. The victims expect to get favor and mercy of their beloved and trusted God and thereby overcome their problem of mental and also of the physical disorder by applying their own mental power and determination.

There are other means that justify the reasonability of such treatment. This treatment enforces several rituals which indirectly follow some strict disciplinary means – like control of food practice or fasting, some physical exercise like long time standing or carrying some load etc. And these practices in many cases cure different diseases or difficulties.

In many cases, the victims overcome the problem because of this system of treatment. However, in many cases, this treatment does not generate any remedy or result and the victim succumb to the disease. However, such possibilities cannot be ruled out in case of treatment of patients being under present-day advanced medical treatment practices.

Conclusion

It is observed in this case that adversities because of geographical location and environmental situation cause several adverse effects upon health and hygiene of the tribal in Jangalmahal.

They avoid going away from their different conventional methods of treatment which has been elaborately discussed in this work. Also for a long time including up to end of the previous century they had no other means in general of attending medical facilities other than their conventional practices since present-day methods could not penetrate the darkness of Sal forest and reach their cottage.

Tribal people of Jangalmahal had lived with these facilities of health and hygiene and satisfactorily as they had done century back avoiding their extinction.

Possibly these tribal of dark Sal forest are equally accessible to the danger of health and hygiene problem as the urban elites are since these later elite groups face the danger of several not curable disease and threats of life.

Over and above all these, the tribal are very strong and sturdy. They are full of life and sincerely laughing and merrymaking with their existing physical and mental fitness and physical vitality which they possess, as is observed, since the dawn of their existence which refers to their steadfastness and eternal feelings of mind of “the sense of denial to the six kinds of modification inherent in matter: birth, subsistence, growth, transformation, decay and death”.

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Picture 1: Interview time with Mr. Pralhad Kisku



Picture 2: Interview time with Mr. Kalipada Saren

References

- Swami Swarupananda, Advaita Ashram, 5 Dahi, Entally Road, Calcutta, October 1972, p-40.
- Basak, S.K., Medicinal Plants of Bankura (W.B.) and their Uses, *J Natl Bot Soc.* (1976) 61.
- Ghosh, R.B. & Das, D., A Preliminary Census and Systematic Survey of Antidiabetic Plants of Midnapur District, West Bengal. *India, Econ Taxon bot*, 23 (1999) 535.
- Ashis, G. (2003). Herbal folk remedies of Bankura and Medinipur districts, West Bengal. *Indian Journal of Traditional Knowledge*, 2(4), 393-396.
- Ghosh, A. (2003). Herbal Folk Remedies of Bankura and Medinipur Districts, West Bengal.
- Ghosh A. Herbal Veterinary from the Tribal Areas of Bankura District, West Bengal. *J. Econ. Taxon. Bot*, 1999; 23(2): 557-560.
- Namhata D, Mukherjee A. Ethnomedicine in Bankura District, West Bengal. *Indian J. App Pure Bio*, 1988; 3(2): 53-55.
- Namhata D, Ghosh A. Herbal Folk Medicine of Bankura District, West Bengal. *Geobios*. 1993; 12: pp 94-96.
- Namhata D, Mukherjee A. Some Common Practices of Herbal Medicines in Bankura District, West Bengal. *Indian J Forestry*, 1989; 12 (4): 318-321.
- Namhata D, Mukherjee A. Some Folklore Medicines of Bankura District, West Bengal. *J Econ Taxon Bot Add Ser*, 1992; 10: 265-266.
- Paul CR. Some Low-Cost Food Preservation and Processing Techniques by the Tribals of Bankura District, West Bengal. *J Econ Taxon Bot*. 2004; 28(3): 597-598.
- Ghosh A, Maity S, Maity M. Ethnomedicine in Bankura District, West Bengal. *J Econ Taxon Bot Addlser*, 1996; 12: 318-320.
- Ghosh A. Herbal Veterinary from the Tribal Areas of Bankura District, West Bengal. *J. Econ. Taxon. Bot*, 1999; 23(2): 557-560.
- Ghosh A. Ethnoveterinary Medicines for the Tribal Areas of Bankura and Medinipur Districts, West Bengal. *Indian J Trad Know*, 2002; 1: 93-95.
- Ghosh A. Herbal Folk Medicines of Bankura and Medinipur Districts, West Bengal. *Indian J Trad Knowl*, 2003a; 2: 393-396.
- Ghosh A. Herbal Veterinary Medicine from the Tribal Areas of Midnapore and Bankura District, West Bengal. *J Econ Taxon Bot*, 2003b; 27(3): 573-575.
- Ghosh A. Medicinal Plants Used for Treatment of Diabetes by the Tribals of Bankura, Purulia, and Medinipur of West Bengal. *J. Econ. Taxon. Bot*, 2006; 30(Suppl.): 233- 238.
- Ghosh A. Ethnomedicinal Plants Used in West Rarh Regions of West Bengal Nat Prod Rad, 2008; 7 (5): 461-465
- Choudhuri RHN, Soren AM, Mollah A. Some LessKnown Uses of Plants from the Tribal Areas of Bankura District, West Bengal. *Indian Mus Bull*, 1982; 14: 71-73.