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## **Ethnomedicine in Question: A Study among Rabhas of Assam**

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Received: 06.09.2025; Accepted: 11.09.2025; Available online: 30.09.2025

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#### **Abstract**

*The term "ethnomedicine" denotes the traditional treatments used by indigenous healers, which use both material and non-material elements to cure, diagnose, and prevent diseases. Deeply ingrained in the distinct cultural, spiritual, and social contexts of indigenous communities, these practices include a variety of treatments, rituals, and therapies that frequently use natural herbs, animal products, and spiritual healing, which has been passed down through the generations. Indigenous healing serves as a vital healthcare option, especially for Indigenous populations who may have limited access to mainstream healthcare services. Even with the development of biomedicine and the growth of healthcare services, indigenous people still seek treatment from indigenous healers for emotional, psychological, and physical problems. However, there are growing concerns about the erosion of indigenous knowledge and the diminishing state of healing practices. As a result, ethnomedicine's usefulness, relevance, and continuity are now being questioned. This paper aims to explore the contributing factors that bring questions on continuities in the ethnomedicinal practices of the Rabha tribe of Assam. It also examines how deeply these healing practices are embedded in the health culture of that particular tribe.*

**Keywords:** Ethnomedicine, Erosion, Change, Continuity, Indigenous Knowledge.

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#### **Introduction:**

India is a diversified nation, where every state has wide varieties of ethnic communities and within this nation, Assam is one of the most important states. The state is home to a variety of flora, and animals as well as deep forests. Apart from the wide range of natural resources, the state has wide varieties of ethnic communities. Among the various tribal groups, Rabha is one of the most important tribes who live mostly near forest areas and depend completely on the forest for their livelihood. They not only gather food, fiber, and fuel from the forest but they also depend on the forest for their good health. They used forest herbs as natural remedies to combat many diseases and their knowledge of using nature as a healing system transmitted from generation to generation. They have different ideas of using natural resources as medicine to deal with diseases, which can be term as ethnomedicine. In rural Assam, especially in tribal areas, access to modern healthcare is limited. Despite the Government of India's efforts to establish Primary Health Care Centers (PHCs) throughout rural India, these centers often fail to meet the needs of the population due to factors like a shortage of doctors, medicines, and basic facilities. As a result, people in Assam continue to suffer from chronic diseases such as asthma, tuberculosis, jaundice,

malaria, anemia, maternal mortality etc. Many of them cannot afford private healthcare services, which leads them to rely on ethnomedicine. This indigenous healing system is not only affordable but also easily accessible in rural areas. Furthermore, it has the added benefit of being largely free from side effects. Apart from that socio-cultural factors are also an important factor that bound tribal people with their culture and practices. The Rabha tribe, like many others in Assam, continues to practice and benefit from ethnomedicinal practices. Among the Rabhas, this indigenous knowledge of medicine is very popular because it is linked to their culture and livelihood. From the time of immemorial, they used those medicinal plants for curative purposes for various diseases and benefits. In the context of the making of medicine, they used all the parts of plants and herbs to cure ailments without any harmful effects. However, there is a common observation that the plants are worsened and that Indigenous knowledge on resource usage is being degraded in a number of ways as a result of the changing lifestyle of the forest inhabitants as well as commercialization and socio-economic transformation on a global scale. Due to improper management of traditional medicine and a lack of organized, sustainable cultivation based on scientific data as well as a lack of awareness of social factors influencing plant use and market, the numbers of these plants are declining at an alarming rate, which ultimately had an impact on the practices of ethnomedicine. Moreover, the Rabhas are generally guided by the traditionally laid down customs and socio-cultural practices but the rapid pace of urbanization creates an effect on social, economic as well as political life which eventually imbalances the social structure of the community people and it also leads to the changes in the behavioural aspect of the health of that society. In a rapidly changing world, daily new things are invented and added to material culture and many of these are taken as an alternative to old ones, due to this trend indigenous practices are come into threat and forgotten by a new generation. Therefore, this study aims to explore the connection between ethnomedicine and the livelihood and culture of the Rabha people, as well as the factors contributing to the erosion of ethnomedicine within Rabha society.

**Objectives of the study:**

This study contains two important objectives:

1. To understand the role of ethnomedicine among the Rabha tribe.
2. To understand the factors contributing to the erosion of ethnomedicine among Rabhas.

**Methodology:**

This study is exploratory and descriptive in nature and to analyze the objectives, the paper uses a qualitative research approach. In-depth interview, observation and case study methods were used to collect primary data, whereas secondary data were collected from books, journals, research articles etc. The study is conducted in the selected village of Kamrup district of Assam.

**Results and Discussion:****1. Health Care Practices and the Role of Ethnomedicine:**

Health and sickness are intertwined, and individuals occasionally construct diverse healthcare facilities to combat disease. It appears that each community has its own distinct health culture and understanding of disease, and as a result, distinct medical procedures. In this regard, a number of studies offer their own perspectives, such as Basu's (1994) and Sonowal & Praharaj's (2007) study of tribal perceptions of illnesses, medical practices, and

health-seeking behaviour. Their research shows that tribal people's health and illnesses are simply a socio-cultural aspect that is heavily influenced by their beliefs. The tribal people are influenced by this dimension to identify the root causes of illness and the proper treatments, which may be connected to magico-religious activities and beliefs. In addition, Bhasin, 2004; Mishra & Mishra, 2006 show that tribal people primarily favour home remedies (herbal medication or non-herbal measures) and conventional forms of treatment (magico religious therapy of their priest and the herbal medicine of their local medicine man). People are hesitant to consult or approach doctors or clinics because of their dependence on these beliefs.

Mishra (2004) conducted a study on the tribal people's medical care practices and noted that two factors are crucial to the way that tribe's approach medical care. The first is preventative measures, and the second is curative measures. They work with priests, medicine men, and experts in sacred cults to execute rituals, employ charms and amulets, and sacrifice animals as part of their preventive measures. On the other hand, the local healer who adheres to the conventional medical system is consulted when it comes to the curative component. It takes place because society has a strong hold over their behaviours and thinking, which eventually affects their beliefs about spiritual power, ghosts, taboos, evil spirits, black magic, and superstitions. People in the tribal society seek out local healers to treat or cure illnesses or ailments that they believe were caused by evil spirits because of this belief. As a result, a number of tribal studies, including those by Basu (2000), Sonowal & Praharaj (2007), and Mishra et al (2013), show that tribal people use a variety of magico-religious activities and ethnomedicine to treat ailments. They trust supernatural forces, ghosts, taboos, evil spirits, black magic, and superstitious remedies to ward off and treat illnesses. They used to perform many ritual actions to treat their health as part of this belief system. Similarly, the Rabha people's approach to healthcare is based on both preventive and curative methods. They have their own perception of health and diseases, and to maintain their good health they have developed their own health care practices. The traditional healthcare system of Rabhas can be divided into two categories: one is magico-religious activities or practices (magico-religious beliefs and practices are carried out in the name of disease prevention and cure). The other category is the use of herbal or natural medicine. Two key components make up the magico-religious activities of disease remedies: the first is the treatment of illness through traditional religious practice and the second is praying to God for the identification and protection of people from the effects of evil. Among the Rabhas, various benevolent and malevolent deities are responsible for maintaining good health. Within benevolent deities *Risi* or *Ghardeo* or *Ghorgokhani* is the prime deity. So, for the prosperity and wellbeing of the family and the society, people worship this deity. Apart from that, Rabha worships *Baikho* (Goddess), *Kali*, *Manasa*, and other deities for the well-being of the people. Apart from that, *Pati* Rabha celebrated *Marang puja* during the month of *Jeth* (April-May) to maintain good health and well-being. Moreover, they worship *Sitola Devi* during the month of *Ahar* (July-August) to get rid of chicken pox and measles. However, in terms of malevolent deities who are also responsible for diseases, Rabha offers puja to them once a year for the well-being of the community.

In addition to this magico-religious affair of sickness treatments, herbal or natural medicine is another sort of traditional healthcare method used by the Rabha tribe. The *Ojah*

(local medicine men) utilize herbal or natural medicine based on their understanding of and experience with using herbs as a form of medication. To treat various frequent ailments like colds, cough, fever, headaches, malaria, dysentery, diarrhea, stomach pain, liver disease, jaundice, smallpox, skin problems, allergies, digestion disorders, tonsillitis, urinal problems, etc. several plants or herbs are used as medication. Therefore, the traditional medicine of Rabhas is based on both herbal measurement and non-herbal measurement. The table below presents a list of medicinal plants that the Rabha community is familiar with and uses for the treatment of various ailments.

#### Medicinal use of plants

Sl No.	Local Name	Scientific/English Name	Plant part used	Medicinal use
1	<i>Ram Tulshi</i>	Holy basil	Leaf	For Dysentery of child
2	<i>Koldil</i>	Banana flower	flower	To dry the sore
3	<i>Bihdhekia</i>	Fiddlehead ferns	Leaf	Reduce pain
4	<i>Arjun tree</i>	Terminalia	Bark	For heart disease
5	<i>Manimuni</i>	Centellaasiatica	Leaf	For urine infection
6	<i>Dubori bon</i>	Scutch grass	Leaf, root	For cough
7	<i>Himolugos</i>	Bombaxceiba	Bark	For jaundice
8	<i>Era pat</i>	Castor oil plant	Leaf	For skin disease and pain
9	<i>Sewaliphool pat</i>	Night flowering jasmine	Leaf, flower	For malaria
10	<i>Pategoja</i>	Bryophyllum	Leaf	For kidney stone

All of these medicinal herbs were gathered from the forest. However, deforestation and other factors have severely reduced the availability of ethnomedicinal plants. Despite this, herbal healers continue to preserve these plants through home gardening and apply them for various medicinal purposes.

#### 2. Erosion of Ethnomedicine among Rabhas:

The 'great tradition' in medicine is often explained as scholarly codified, formal, textual, official, and state recognition. The great tradition of medicine is officially known as AYUSH in India. However, 'little tradition' medicines described as popular, non-codified, informal, oral, unofficial, folk, indigenous traditional medicine though researched extensively are marginalized and not officially recognized and mainstreamed so far. The 'little traditions' medicine receives little attention despite its immense scope and coverage in the physical, psycho-social, spiritual, and emotional health of the vast majority of the rural, poor, and tribal populations (Reddy et.al, 2023). Today, ethnomedicine stands with problems and promises of legal legitimacy, evidence, and efficacy, conservation of nature and sustainable use of medicinal plants, indigenous people's rights over natural resources, and their culture and identity. In Rabha society also the richness of ethnomedicine is reflected in their therapeutic tradition, but due to various reasons nowadays the importance of ethnomedicine is declining. The growing concern is for the disinterest of the

younger generation. They are not willing to learn, mainly due to the non-recognition of their practices by the state. Lack of support or formal recognition from state authorities, as well as legal and regulatory barriers, can hinder the practice of ethnomedicine, as it does not create secure job opportunities and low economic gain from healing services. The migration of youths for education and employment and the depletion of medicinal plants is another reason. Secondly, ethnomedicinal practices are not available in codified form. It is transformed orally from generation to generation by healers. However, once a healer dies, the knowledge of ethnomedicine often fades away, as there is no system for its codification. Also, healers are primarily unorganized and lack official support to learn and practice medicinal practices making them unskilled in people's minds and fewer people prefer to treat their ailments from those healers. Third, the invaluable knowledge of the ethnomedicine of Rabhas is usually retained by the medicine men. Apart from general medicinal plants, some medicinal plants are kept very confidential by them with their clear intention that the healing power may lose its charm. They believe that, if they shared their secret treatment methods with others then the medicinal power is reduced when used. Therefore, they hardly shared such invaluable knowledge for fear of losing the potency of the plants and their application, which ultimately contributed to the erosion of ethnomedicine. Similarly, N.S.Jamir (2012) & Rajkumari (2013) from the perspectives of the Naga tribe of Nagaland and the Chiru tribe of Manipur said that traditional knowledge is confined chiefly to the folk healers and believed the knowledge of the medicinal efficacy of plants is lost to posterity so they do not divulge the secret in fear that their professional supremacy will be at stake and the use of medicinal potency of the plants would be weakened or nullified. Fourth, the language barrier is also contributing to the decline of ethnomedicine in Rabha society. The decreasing use of indigenous languages in the Rabha community is fostering ignorance towards traditional healing practices due to a lack of knowledge and understanding of the language. Fifth, contributing factor is modern health system dominance. The growing presence and influence of institutionalized healthcare systems may overshadow or dismiss alternative healing practices like ethnomedicine in Rabha society. Sixth, rapid urbanization also impacts ethnomedicinal practices. As community people more focus on the urbanized lifestyle, traditional practices, including ethnomedicine, may be replaced by more accessible, formal healthcare services. Seventh, cultural assimilation is another reason for the erosion of ethnomedicine in Rabha society. In the era of the dominance of global cultures and practices, various cultures are influenced by each other therefore it may overshadow the original indigenous traditions of Rabhas and lead to the loss of its uniqueness and originality. Eight, another important reason of declining of ethnomedicine is environmental degradation. Due to deforestation, commercial harvesting, and commodification of natural resources, valuable natural resources are declining at an alarming rate, which has also contributed to the erosion of ethnomedicine in the Rabha community.

Rabha people are struggling with rapid socio-economic changes, which have affected their lives and livelihoods. They are being displaced from their natural abode, their knowledge has been exploited and they have been deprived of their customary rights. Their health knowledge was disregarded, practices discouraged and resource rights denied. They feel that they are socio-economically and politically marginalized and think that they are illiterate, ignorant, superstitious, and live in the primitive stage of development. Thus, they see more problems in their own culture, knowledge, practices,

beliefs, and perceptions about health and illness, and focus more on modern health care, which ultimately gives fuel to the erosion of ethnomedicinal practices of their own.

### **Conclusion:**

Despite questions regarding the availability and utility of ethnomedicine in Rabha society, age-old practices continue to be widely used in remote areas, where marginalized communities rely heavily on herbal medicine and benevolent healing practices. With the rising cost of modern medicine and the often-non-functional primary healthcare systems in many such areas, traditional medicine remains the only viable option. Therefore, it is crucial to integrate and mainstream these practices in situ, ensuring they are accessible to communities at their doorsteps. By recognizing and supporting all forms of healing systems, we can achieve sustainable health goals and ensure health for all, given the limited resources available.

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