



IJIRR

International Journal of Information Research and Review
Vol. 03, Issue, 01, pp. 1618-1624 January, 2016



Research Article

FOLK MEDICINAL PRACTICES IN HYDERABAD KARNATAKA REGION, INDIA

***Dr. Dundappa S. Amoji**

Library Professional, Central University of Karnataka, Kadaganchi, Kalaburagi – 585367, Karnataka - India

ARTICLE INFO

Article History:

Received 27th October, 2015
Received in revised form
19th November, 2015
Accepted 25th December, 2015
Published online 31st January 2016

Keywords:

Folk Medicine Practitioners,
Hyderabad,
Karnataka (HK) Region,
Diagnosis,
Treatment.

ABSTRACT

The Hyderabad Karnataka (HK) is most backward region with a rich tradition of folk medicinal treatment, which is rooted in the masses of this region since time immemorial and such kind of tradition, is still practiced in different strata of groups of the region. Total 361 practitioners are identified and interviewed for the study. According to the study male practitioners are dominated and the majority of folk medicine practitioners is illiterates. Most of the practitioners practice medicinal treatment as part-time basis and found almost practitioners are in aged group with well knowledge experience in their folk medicine practice. Practitioners provide treatment for all kinds of illness and treatment is more or less social service to the society in this region.

Copyright © 2015, Dr. Dundappa S. Amoji. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

India is a country of traditions. Of course, there's no country without its traditions in the world. But India has rich traditions, especially in the folk medicine practices observed by the ancient Indian history and mythology, the glory of folk medicine practice found in every nook and corner of the country—India. Folk medicine is an unofficial health-related practice that has traditionally existed, and is learnt informally and orally through observations and demonstrations. Folk medicine practice is usually kept within the family, and at the most trusted people within the community. Over time, it is transmitted from one to another, father to son and master to disciple, etc., and the practitioners of this folk medicine who provide treatment are known as “Traditional Practitioners”. Traditional Medicine (also known as indigenous medicine or folk medicine) comprises knowledge systems that developed over generations within various societies before the era of modern medicine (Wikipedia, 2015). Traditional medicine has been used for thousands of years with great contributions made by practitioners to human health, particularly as primary health care providers at the community level. Traditional Medicine has maintained its popularity worldwide. Since the 1990s, its use has surged in many developed and developing countries. (WHO, 2015,). Folk medicine has existed for as long as human beings have existed.

In an effort to cope with an environment that was often dangerous, humans, and their ancestors, began to develop ways of lessening pain and treating physical and mental problems. At first, many of the ways of treating these problems undoubtedly came through trial and error, using various plants and other methods derived from observation of how animals reacted to and treated illnesses and injuries. Over time, individuals within the family and tribal groups became more skilled at helping the sick and injured, and some of these became responsible for carrying out healing ceremonies, religious rituals, and other rites designed to ensure the safety and health of their communities (Encyclopedia of public health, 2002).

The Hyderabad Karnataka (HK) Region has jurisdiction over six districts consisting of Bidar, Gulbarga, Yadgir, Raichur, Bellary and Koppal, which was under the rule of Nizam's of Hyderabad before Independence and this region has a rich background of traditional knowledge and culture particularly folk medicinal value. Hyderabad Karnataka Region as a whole is considered as the most backward regions mainly because of its traditional base of rural folk. This is clear from the fact that, out of 28 districts in Karnataka state, Five Districts belonging to Hyderabad Karnataka Region stands in the rank of Gulbarga district (25), Bidar (23), Raichur (27), Bellary (18) and Koppal, (The Human Development Report, Karnataka, 2005). Further, High Power Committee, 2005) constituted by the Government of Karnataka to look into the problem of regional imbalance in the Karnataka State in its report revealed that, five districts of Hyderabad Karnataka Region as the most backward on the

***Corresponding author: Dr. Dundappa S. Amoji,**
Library Professional, Central University of Karnataka, Kadaganchi,
Kalaburagi – 585367, Karnataka – India.

basis of various socio-economic indicators assessed in the Karnataka State.

LITERATURE REVIEW

One hundred and forty traditional practitioners were identified and interviewed for the study. These practitioners are locally known as “Vaidya” (Doctor). The study revealed that the non-codified health care tradition is practiced mainly by elderly persons of the age of 61 years and above. The practitioners learnt this tradition from their forefathers, and practitioners developed their own practices through experimentation, reading and learning. The majority of traditional practitioners do not charge anything, while few practitioners receive money as a remuneration (Upadhyaya *et al.*, 2014). Pandikumar *et al.* (2011) made a study of the healers trained in traditional ways, in Mayiladumparai block of Theni District, Tamil Nadu, India. Materials and methods the interviews and field observations were carried out in all the 18 village panchayaths. The interviews were conducted with 80 traditional healers, after obtaining prior informed consent. As a result this study recoded Jaundice had a higher value than all the illness categories studied.

Shukla and Chakravarty (2010) documented the traditional knowledge of medicinal plants that are in use by the Raj-Gond tribes residing in Korba district of Chhattisgarh. Raj-Gonds usually approach Baiga and Vaidhraj, who are the traditional healers. These healers also diagnose the disease through magico-religious methods. They identify the involvement of spirit, demons or deities. Raj-grands' are pluralistic in seeking treatment for various illnesses and diseases. However, they prefer the traditional healers. They documented the information on various herbs, including the derivatives or parts of the herbs they use, preparation of the drug for use, dosage and they warrant evaluating medical efficacy of these traditional medicines and documenting oral traditional knowledge, which persists among tribal communities. Arya and Agarwal (2008) explored that the folklore therapy of Almora district in Uttaranchal for the treatment of eczema, bone fracture, boils, sores and gingivitis for the betterment of the common people and wider application.

Traditional herbal medicine is predominantly practiced by the rural people of India, especially remote areas such as the Uttara Kannada District in Western Ghats of Karnataka. Local traditional healers play an important role in the management of reproductive health problems of the native population due to socio-economic and geographical factors. This study identifies herbal remedies not previously documented, that are used by indigenous people in the treatment of reproductive disorders (Hegde, Hegde and Kholkute, 2007). Traditional healers provide a substantial proportion of health care in resource-poor settings, including countries with high burdens of HIV in sub-Saharan Africa. Traditional healers have played many roles in HIV care. Seventeen traditional healers took part in interviews, focus groups, and participant observation sessions over a 2 year period. This study shows that traditional healers can provide a variety of community-based HIV services and are not obstacles in advancing care in the communities they serve (Furin, 2011). Herndon *et al.* (2009) revealed extensive medicinal plant knowledge of Amazonian tribal peoples is widely recognized in the scientific literature and celebrated in popular lore.

Despite this broad interest, the ethno-medical systems and knowledge of disease which guide indigenous utilization of botanical diversity of healing remains poorly characterized and understood. No study, to our knowledge, has attempted to directly examine patterns of actual disease recognition and treatment by healers of an Amazonian indigenous culture. Shoko (2007) presented the Karanga traditional system of therapy of illness and disease manifest in the treatments administered by the medical practitioners. In order to establish the traditional system of therapy of illness and disease, numerous interviews were carried out with healers, herbalists and elders in the field area. There was also the pressing need to be present in rituals and instances where healing was effected and to observe therapeutic processes.

OBJECTIVES OF THE STUDY

- To identify the folk medicine practitioners of Hyderabad Karnataka region involved in rendering folk medicinal treatment to the society.
- To understand the socio-economic and educational perspectives of folk medicine practitioners of Hyderabad Karnataka region
- To understand the working pattern, and source of income for folk medicine practitioners of Hyderabad Karnataka region and
- To explore the methods involved in providing treatment of patients, particularly the bone fracture.

MATERIALS AND METHODS

Identification of traditional practitioners

Availability of Folk Medicine Practitioners in Hyderabad Karnataka region is not traceable even in AYUSH Department, as these practitioners are not registered under its purview. The main source of identification of Folk Medicine Practitioners is mainly through students pursuing higher studies in the Gulbarga University, as majority of them are from rural backgrounds and they tend to use folk medicines. Besides, Primary Health Centers, Elder people of Villages, local Folk Medicine Practitioners and experiences of informal and oral communication in regards to folk treatment are the sources of data for the study.

Study Population

A total of about 534 folk medicine practitioners has been identified in Hyderabad Karnataka region and out of which, 361 (67.60%) folk medicine practitioners are interviewed and documented the research data in the light of the one of the objectives of the study. Although efforts were made to cover the remaining 173 folk medicine practitioners, but due to their non-availability, non-responsiveness nature and fear of their identity, has led to confine the study for 361 folk medicine practitioners. In this region practitioners are known as “Vaidya” (means Doctor) earlier studies as in other places of India (Lambert, 1996 & IGNOU, 2015). Practitioners belong to communities like Holiya, Madiga, Kambara, Kumbara, Badigera, Rajgonda, Lambani, Maratha, Wadder, Koli, Banjara, Kurubar, Hadapad, Lingayata, Christian and Muslim participated in the present study.

However, a collection of information on race and caste was avoided because of associated social stigma. Nonetheless, care was taken that the objective of the study was not affected.

Tools and Equipment used for Data Collection

The study is purely a field survey that involves documentation of the folk medicinal knowledge available in the public domain in the villages of Hyderabad Karnataka Region. Personal, Semistructured, open-ended Interviews and Observation tools were adapted for collecting the research data.

Field Visits

The investigator personally visited each and every folk medicine practitioner covered in the study of data collection and convinced the purpose of research, so that it could be possible to gather immense data from folk medicine practitioners in the Villages of Hyderabad Karnataka Region. Some time investigator had to make frequent visit for data collection and field visit took place from 13th August, 2013 to 21st April, 2014.

Data Analysis

MS-Excel 2010 has been used for data analysis of research data collected from folk medicine practitioners using powerful micros and functions of the software for tabulation.

SCOPE AND LIMITATIONS OF THE STUDY

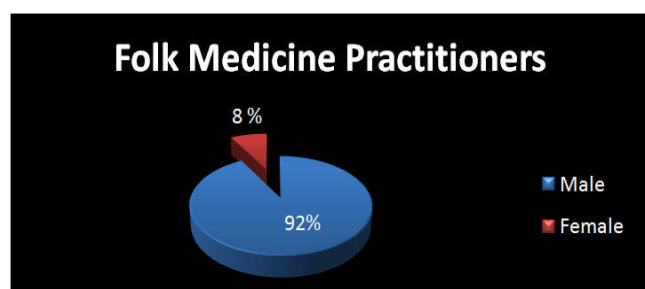
The research study is confined to four districts of Hyderabad Karnataka Region i.e., Bidar, Gulbarga, Raichur and Yadgir districts covering folk medicine practitioners pertaining human beings. The limitation of responsive behavior of folk medicine practitioners is due to confidentiality.

RESULTS AND DISCUSSION

A total of 361 folk medicine practitioners is covered in this study, in which 332 are Male practitioners (92%), whereas only 8% are Female practitioners (N=29).

Table 1. Folk Medicine Practitioners by Sex wise in HK Region

Districts	Male		Female		Frequency	Percentage
	No.	%	No.	%		
Bidar	86	87.8	12	12.2	98	27.15
Gulbarga	105	89.7	12	10.3	117	32.41
Raichur	92	95.8	04	4.2	96	26.59
Yadgir	49	98.0	01	2.0	50	13.85
Grand	332	92.0	29	8.0	361	100
Total						



This study shows that the majority of folk medicine practitioners is male respondents. It is also observed that, earlier studies show that majority of male practitioners other parts within the country (Panda & Mishra, 2012; Nunkoo & Mahomoodally, 2012 and Chellappandian *et al.* 2012) and elsewhere results have also reported a lower percentage of female practitioners (Ashu *et al.*, 2011; Muthee, 2011 and Cheikhoussef, 2011). The reason behind this could be the patriarchal society and patrilineal inheritance in this region, where medicinal practice is mainly passed on to male children who are considered heirs of the families. Similarity of male patrilineal inheritance reports from earlier studies of other region within Karnataka, the same situation is existed in an earlier study of another region in Karnataka (Upadhy, 2014).

The study reports that a large population of folk medicine practitioners are in the age group of 51 to 70 (46.82%, N=169), followed by that of 71-80 (13.3%, N=48) and although it noted that, 22 folk medicine practitioners found to be above 80 years (6.1%), which implies that the significant number of folk medicine practitioners of HK region are mostly aged people. Although, it can be seen that 80 folk medicine practitioners are in the age group of 41-50 (22.2%), which shows that middle aged people also interested in following their elders in carrying out folk medicine system. But drastically changes found in the younger generation (20-40 years) that, the younger generation is disinterested in carrying out folk medicine in this region (11.6%, N=44). The main reason for disinterest in the younger generation towards folk medicine practice could be modern lifestyle.

Obviously, there is a threat, if younger generation doesn't involve themselves interestingly to carry out folk medicine practice, as a good number of practitioners are old age and may not be able to continue the practice for much longer (For instance, already 22 practitioners are above 80 years, in this region), and in many cases do not have trained heirs. It is observed that more than half of folk medicine practitioners are illiterates (64%, N=231), which indicates that the education is not a barrier to practice folk medicine. This is followed by 3.9% lower primary (N=14), 9.4% higher primary (N=34), 11.6% high school (N=42) and 6.4% PU level (N=17). However, only 4.7% folk medicine practitioners are having degree level education (N=17), which shows highly educated people disinterested to practice folk medicine in the district. This may be one of the reasons for non-documentation of folk medicine practices, which is rooted in the masses of the HK region for posterity and use.

Above table reveals that maximum of folk medicine practitioners is by Father's inherited (i.e., 31.3%, N=113), followed by Grandfather (24.9%, N=90), Forefathers (20.5%, N=74) and Teacher/Master (18.8%, N=68). As the learning process of folk medicine practice is only informally and orally through observations and demonstrations without any documentation, it is a process of disciple to acquire skills and knowledge while assisting their parents (e.g., Father or Grandfathers or Forefathers or Teacher/Master etc.). Hence, folk medicine practice existed traditionally since time immemorial in the HK region. Similar type of learning process can also be seen elsewhere in India (Panda & Mishra, 2012 and WHO, 2015) and other parts of the world (Muthee, 2011; Cheikhoussef, 2011 and Kraiprapun, 2007).

Table 2. Folk Medicine Practitioners by Age group

Districts	20-30		31-40		41-50		51-60		61-70		71-80		Above 80		Frequency	Percentage
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
Bidar	--	0.0	8	8.2	20	20.4	18	18.4	25	25.5	13	13.3	14	14.3	98	27.15
Gulbarga	1	0.9	11	9.4	23	19.7	30	25.6	23	19.7	24	20.5	5	4.3	117	32.41
Raichur	6	6.3	10	10.4	21	21.9	34	35.4	15	15.6	9	9.4	1	1.0	96	26.59
Yadgir	1	2.0	5	10.0	16	32.0	10	20.0	14	28.0	2	4.0	2	4.0	50	13.85
Grand Total	8	2.2	34	9.4	80	22.2	92	25.5	77	21.3	48	13.3	22	6.1	361	100.00

Table 3. Folk Medicine Practitioners by Educational Qualification

Districts	Illiterates		Lower Primary		Higher Primary		High School		PU Level		Any Degree		Frequency	Percentage
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
Bidar	60	61.2	7	7.1	9	9.2	9	9.2	5	5.1	8	8.2	98	27.15
Gulbarga	88	75.2	--	0.0	5	4.3	15	12.8	7	6.0	2	1.7	117	32.41
Raichur	51	53.1	5	5.2	16	16.7	15	15.6	6	6.3	3	3.1	96	26.59
Yadgir	32	64.0	2	4.0	4	8.0	3	6.0	5	10.0	4	8.0	50	13.85
Grand Total	231	64.0	14	3.9	34	9.4	42	11.6	23	6.4	17	4.7	361	100

Table 4. Learning process of Folk Medicine Practitioners by Generation

Districts	Father		Grandfather		Father-in-Law		Forefathers		Mother		Grandmother		Mother-in-Law		Teacher/Master		Frequency	Percent age
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
Bidar	40	40.8	12	12.2	--	0.0	19	19.4	3	3.1	2	2.0	1	1.0	21	21.4	98	27.15
Gulbarga	42	35.9	30	25.6	--	0.0	16	13.7	4	3.4	--	0.0	--	0.0	25	21.4	117	32.41
Raichur	23	24.0	30	31.3	--	0.0	23	24.0	2	2.1	3	3.1	--	0.0	15	15.6	96	26.59
Yadgir	8	16.0	18	36.0	1	2.0	16	32.0	--	0.0	--	0.0	--	0.0	7	14.0	50	13.85
Grand Total	113	31.3	90	24.9	1	0.3	74	20.5	9	2.5	5	1.4	1	0.3	68	18.8	361	100.00

Table 5. Folk Medicinal Practitioners by Fees

Districts	Free		At the will of Patients		Nominal		Reasonable		Frequency	Percentage
	No.	%	No.	%	No.	%	No.	%		
Bidar	11	11.2	41	41.8	18	18.4	28	28.6	98	27.15
Gulbarga	15	12.8	34	29.1	40	34.2	28	23.9	117	32.41
Raichur	14	14.6	23	24.0	36	37.5	23	24.0	96	26.59
Yadgir	6	12.0	12	24.0	20	40.0	12	24.0	50	13.85
Grand Total	46	12.7	110	30.5	114	31.6	91	25.2	361	100

Table 6. Folk Medicine Practitioners by type of working pattern

Districts	Full Time		Part Time		Frequency	Percentage
	No.	%	No.	%		
Bidar	31	31.6	67	68.4	98	27.15
Gulbarga	24	20.5	93	79.5	117	32.41
Raichur	17	17.7	79	82.3	96	26.59
Yadgir	18	36.0	32	64.0	50	13.85
Grand Total	90	24.9	271	75.1	361	100

Table 7. Folk Medicine Practitioners by Years of Experience

Districts	Up to 5 Years		6-10		11-20		21-30		31-40		41-50		Above 50		Frequency	Percentage
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
Bidar	--	0.0	7	7.1	28	28.6	25	25.5	17	17.3	15	15.3	6	6.1	98	27.15
Gulbarga	2	1.7	7	6.0	41	35.0	19	16.2	28	23.9	16	13.7	4	3.4	117	32.41
Raichur	2	2.1	11	11.5	33	34.4	34	35.4	9	9.4	5	5.2	2	2.1	96	26.59
Yadgir	1	2.0	6	12.0	15	30.0	17	34.0	6	12.0	4	8.0	1	2.0	50	13.85
Grand Total	5	1.4	31	8.6	117	32.4	95	26.3	60	16.6	40	11.1	13	3.6	361	100.00

The study revealed that 46 folk medicine practitioners (12.7%) charge no fees to treat patients. They believed folk medicine is practicing to be sacred, and hence, they are providing service to society freely. If anybody forces to take any kind of fees, they graciously advice to donate to nearby temple or Budha Vihar or Masjid or Church or any kind of social work. However, It is also observed that 30.5% of folk medicine practitioners (N=110) receive fees at the will of the patients, 31.9% of folk medicine practitioners (N=114) charge nominal fees and 25.2% of folk medicine practitioners (N=91) charge reasonable fees. Amongst them a majority of practitioners (31.9%, N=114) charges nominal fees which are the actual cost of the medicine or a small profit. Now a day medical care is commercialized, which is not easily affordable to socially and economically backward people.

The practitioners of folk medicine are playing a significant role of well being of society in this backward region. Result reported that, more than three fourth of the practitioners in the HK region carry on folk medicine practice on a part time basis (i.e., 75.1%, N=271) and they are depending other main occupations for their livelihood. Therefore, normally they practice only on fixed days in a week as per their convenience and beliefs namely Sunday, Tuesday and Thursday. Although, in case of accidental cases like Snake bite, Scorpion sting, Bone fractures, etc., practitioners set aside all their works and attend to the patients. It shows loyalty of the practitioners towards folk medicine practice and their social concern. One fourth of practitioners in the HK region (24.9%, N=90) carry on the folk medicine practice as a full time basis.

As they have taken it their main occupation for their livelihood and they practice every day in a week. It is observed that, 32.4% (N=117) of folk medicine practitioners in HK region have 11 to 20 years of experience treating with their folk medicine, whereas 26.3% (N=95) have 21 to 30 years of experience, 16.6% (N=60) have 31 to 40 years of experience, 11.1% (N=40) have 41 to 50 years of experience and 3.6% (N=13) of practitioners have more than 50 years of experience. It is also noted that more than half of the practitioners (i.e., 54%, N=195) are having 21-50 years of experience in HK region. Overall the study shows that a good number of practitioners are highly experienced with practical knowledge of folk medicine.

METHODS OF TREATMENT

Folk medicine practitioners treat any kind of illness ranging from AIDS, Cancer, Malaria, Pyoderma, Gangrene, Animal bites, Arthritis, Impotence, High Blood Pressure, Infected Wounds and common cold etc. The practitioners use medicinal plants and animal sources as medicine to cure diseases. This sort of folk medicine is quite popular in Hyderabad Karnataka Region especially among different strata groups and still it is practiced in rural areas. The other terms used to describe folk medicine in this area are Traditional Medicine, Alternative Medicine, Herbal Medicine, and Home Remedies. For instance, Poultice - for treating infected wounds, Molasses - for treating sore throat, and a baby's teething problem, Fresh cucumber and wet bag of tea - for treating a bad eye, Garlic - for reducing high cholesterol and high blood pressure, The juice from neem leaves - for curing malaria.

Diagnosis

Disease diagnosis is a right way to proper treatment and faster recovery of patients. All practitioners set their own unique parameter to identify different types of diseases in this region. 220 folk medicinal practitioners examine external body features and symptoms for diagnosis with details provided by the patients. For instance,

(a) **Jaundice:** Practitioners specially check patients early in the morning with an empty stomach for change in eye color e.g., yellow color (Upadhyay, 2014),

(b) **Snake bite:** practitioners check for changes in tongue and taste by giving neem leaves and check the changes in skin of snake bitten spot to understand the status of poison in the body e.g., swelling. In cases like, Infertility, Impotence, Kidney problems, Bone fractures, Diabetes, Blood Pressures it was observed that, 6 folk medicine practitioners use modern diagnostic tools and report for their confirmation and effective treatment e.g., Urine test report for diabetes and X-ray report for bone fractures. The other categories of folk medicine practitioners use Nadi Pariksha (pulse examination) for disease diagnosis which helps further studies for the effective treatment. In this region 141 practitioners are specialists in "Nadi Pariksha" (Pulse Examination).

It is an important technique of diagnostics in Ayurveda (Lambert, 1996) and is followed also by allopathic practitioners (Shukla & Sinclair, 2009). Similar to Ayurveda, the traditional practitioners also define three humors viz. "Vata" (air), "Pitta" (fire) and "Kapha" (water). The practitioners examine for prognosis and diagnose the diseases by interpreting the imbalance in pulse pattern ("Nadi"), contributing to vitiated conditions of Vata, Pitta and Kapha (Tripathi & Sing, 1994). It requires good knowledge of diseases, proper training, dedication and skill in interpretation. Generally "Nadi" is examined at the wrist immediately below the thumb, but examination of the same in different parts of the body like foot, both sides of the neck, joints of hands and legs is also practiced by the traditional practitioners of this region like doing in Ayurveda (Joshi, 2005). Efforts have been made to understand the system of "Nadi pariksha" in modern scientific terms, which showed positive correlation with disease diagnosis (Singh & Sharma, 2012).

Treatment

Folk medicinal practitioners listen to all the complaints of patients carefully in their own languages, which makes patients to communicate comfortably with practitioners. It is noted that practitioners of this region know other languages like Hindi, Marathi, Urdu, Telugu, Konkani along with Kannada, which is the local language, it is also found that practitioners know other languages apart from Kannada from earlier studies of another part of Karnataka⁶. Practitioners are well aware about "*careful listing is the base for effective treatment and effective treatment is the way of perfect curing the illness*". After receiving all complaints from patients, practitioners carefully observe the mental and physical condition of the patients and on the bases of the patient's condition treatment will be given. It is also documented that practitioners claimed effective treatment for different types of diseases. 50 practitioners provide treatment for a single disease, 35 practitioners treat for 2 to 3 diseases, 78 practitioners treat 3 to 6 diseases, 90 practitioners treat 6 to 10

diseases and remaining 108 practitioners treat all types of diseases. Practitioners are having their own unique treatment procedures to treat diseases in the Hyderabad Karnataka region.

CASE STUDY: BONE FRACTURE

Ubshetty Rathod, practitioner from Chauki Tanda, Tq.- Chincholi, Dist.- Gulbarga about 72 years age has been practicing folk medicine for the last 40 years. He is well known in this area for bone setting and large number of people within and outside state visit for taking treatment pertaining to bone fractures or misplacement. At first he examines fractured portion carefully and then skillfully sets the bone. As a next step he gives massage on fractured portion with *Castor oil*, after which crushed leaves of medicinal plants made into a paste and in Goat milk is smeared over the broken portion, which acts as bonesetter [Fig. 04]. Finally, it is tied with small pieces of bamboo as support [Fig. 05]. The same process is repeated for two to three times.



Fig. 01. Ubshetty Rathod, practitioner with Investigator



Fig. 02. Prepared medicine & goat milk, with other elements



Fig. 03. X-ray report of the patient in which bone fracture is seen



Fig. 04. Investigator with the patient (Medicine is smeared over a broken portion of his hand)



Fig. 05. Investigator with the patient (Finally, a broken portion of his hand is tied with small pieces of bamboos)

Conclusion

The investigation revealed that folk medicine practitioners still play a vital role in the primary health care of the people in Hyderabad Karnataka region, which is called a most backward region in the state with a rich tradition of folk medicine especially among different strata groups.

Folk medicine is still practiced in rural areas. This has been introduced and lacks proper documentation, including the rare manuscripts that deal with folk medicine. Practitioners of folk medicine are the guardians of traditional culture of medicine in this region since time immemorial. In the modern era, folk medicine practice should come up in front-line with new technological gadgets, in this context Libraries have a greater role to play in preserving the traditional knowledge, as they deal with every bit of universal domain of knowledge and hence occupy great relevance (Press Information Bureau, Govt. Of India, 2011). However, it is very much essential for the preservation and conservation of folk medical practices, which is rooted in the masses of the HK region for posterity and use.

Acknowledgement

Author is thankful to all the folk medicine practitioners of Hyderabad Karnataka Region who have responded and co-operated in providing required information and also express profound gratitude to all those who have helped to identify folk medicine practitioners in the region.

REFERENCES

- Arya, K. R. and Agarwal, S. C. 2008. Folk therapy for eczema, bone fracture, boils, sores and gingivitis in Taragtal Province of Uttaranchal. *Indian Journal of Traditional Knowledge*, 7(3), 443-445.
- Ashu, M., Agbor, A. M. and Naidoo, S. 2011. Knowledge and practice of traditional healers in oral health in the Bui Division, Cameroon. *J Ethnobiol Ethnomed*, 7, 6.
- Cheikhyoussef, A., Shapi, M., Matengu, K. and Ashekele H. M. 2011. Ethnobotanical study of indigenous knowledge on medicinal plant used by traditional healers in Oshikoto region, Namibia. *J Ethnobiol Ethnomed*, 7,10.
- Chellappandian, M., Mutheeswaran, S., Pandikumar, P., Duraipandiyan, V. and Ignacimuthu, S. 2012. Quantitative ethnobotany of traditional Siddha medical practitioners from Radhapuram taluk of Tirunelveli District, Tamil Nadu, India. *J Ethnopharmacol*, 143:540-547.
- Encyclopedia of Public Health 2002. Retrieved on 15th July, 2015 from http://www.encyclopedia.com/topic/folk_medicine.aspx
- Furin, J. 2011. The role if traditional healers in community-based HIV care in rural Lesotho. *Journal of Community Health*, 36(5), 849-856.
- Hegde, H. V., Hegde, G.R. and Kholkute, S. D. 2007. Herbal care for reproductive health: ethno medicobotany from Uttara Kannada District in Karnataka, India. *Complementary Therapies in Clinical Practice*, 13(1), 38-45.
- Herndon, C. N., Uiterloo, M., Uremaru, A., Plotkin, M. J., Emanuels-Smith, G. and Jitan, J. 2009. Journal of Ethnobiology and Ethnomedicine. *Journal of Ethnobiology and Ethnomedicine*, 5, 27.
- High Power Committee 2005. Report of the High Power Committee for readdressed of regional imbalances in Karnataka. Retrieved on 2nd May, 2012 from <http://planning.kar.nic.in/node/56.html>.
- IGNOU: Indira Gandhi National Open University - centre for traditional knowledge systems. [http://www.ignou.ac.in/ignou/aboutignou/icc/ctks/introduction].
- Joshi, R. R. 2005. Diagnostics using computational nadi patterns. *Math Comput Model*, 41, 33-47.
- Karnataka Human Development report 2005. Retrieved on 22nd August, 2013 from http://planningcommission.nic.in/plans/stateplan/sdr_pdf/shdr_kar05.
- Kraipeerapun, K. 2007. The development of ethnobotay curriculum for students in rural schools: an approach that incorporates the needs and insights of local communities. *Int Educ J*, 8, 67-70.
- Lambert. H. 1996. Popular therapeutics and medical preferences in rural north India. *Lancet*, 348, 1706-1709.
- Muthee, J. K., Gakuya, D. W., Mbaria, J. M., Kareru, P. G., Mulei, C. M. and Njonge, F. K. 2011. Ethnobotanical study of anthelmintic and other medicinal plants traditionally used in Loitokitok district of Kenya. *J Ethnopharmacol*, 135:15-21.
- Nunkoo, D. H. and Mahomoodally, M. F. 2012. Ethnopharmacological survey of native remedies commonly used against infectious diseases in the tropical island of Mauritius. *J Ethnopharmacol*, 143, 548-564.
- Panda, A. K. and Mishra, S. 2012. Some belief, practices and prospects of folk healers of Sikkim. *Indian J Tradit knowledge*, 11, 369-373.
- Pandikumar, P., Chellappandian, M., Mutheeswaran, S. and Ignacimuthu, S. 2011. Consensus of local knowledge on medicinal plants among traditional healers in Mayiladumparai block of Theni District, Tamil Nadu, India. *Journal of ethno-pharmacology*, 134(2), 354-362.
- Press Information Bureau, Govt. of India 2011. Protection of traditional knowledge by utilization of TKDL. Retrieved on 12th July, 2013 from <http://pib.nic.in/newsite/erelease.aspx?relid=71166>.
- Shoko, T. 2007. Karanga traditional medicine and healing. *African Journal of Traditional, Complementary and Alternative Medicines*, 4(4), 501-509.
- Shukla, R. and Chakravarty, M. 2010. Study of traditional medicinal practices among the Raj- Gonds of Korba district of Chhattisgarh. *Studies on Ethno-Medicine*, 4(3), 211-216.
- Shukla, S. and Sinclair, A. J. 2009. Becoming a traditional medicinal plant healer: divergent views of practicing and young healers on traditional medicinal plant knowledge skills in India. *Ethnobot Res Appl*, 7,039-051.
- Singh, M. and Sharma, T. 2012. Proposal for exploring possibilities for finger photoplethysmography as a substitute for pulse diagnosis in Ayurveda. *Int J Comput Sci Commun*, 1,77-79.
- Traditional medicine (also known as indigenous or folk medicine). Retrieved on 10th July, 2015 from https://en.wikipedia.org/wiki/Traditional_medicine.
- Traditional medicine. Retrieved on 11th July, 2015 from http://www.who.int/topics/traditional_medicine/en/
- Tripathi, A. K. and Sing, R. H. 1994. Role of nadi pariksha in the diagnosis of udar roga. *Anc Sci Life*, 13(3 and 4),248-252.
- Upadhya, V., Harsha, V. H., Shripad, B. and Sanjiva, D. K. 2014. Non-codified traditional medicine practices from Belgaum Region in Southern India: present scenario. *Journal of Ethnobiology and Ethnomedicine*, Retrieved on 17th June, 2013 from <http://www.Ethnobiomed.com/content/10/1/49>.
