
**INDIGENOUS HEALING PRACTICES AMONG
THE ADIYAN AND MAVILAN TRIBAL COMMUNITIES
OF KERALA: AN ANTHROPOLOGICAL STUDY**

A THESIS TO BE SUBMITTED TO
**THE UNIVERSITY OF TRANS-DISCIPLINARY HEALTH
SCIENCES AND TECHNOLOGY**



FOR THE AWARD OF THE DEGREE OF
DOCTOR OF PHILOSOPHY

BY

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UNDER THE GUIDANCE OF

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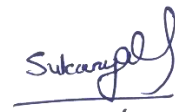
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BENGALURU - 560064**

DECLARATION BY THE CANDIDATE

I declare that this thesis entitled “**Indigenous Healing Practices Among the Adiyar and Mavilan Tribal Communities of Kerala: An Anthropological Study,**” submitted for the award of Doctor of Philosophy to THE UNIVERSITY OF TRANS-DISCIPLINARY HEALTH SCIENCES AND TECHNOLOGY, Bengaluru is my original work, conducted under the supervision of my guide **Prof. Sangeetha Menon** (and co-guide **Dr. M P Damodaran**). I also wish to inform that no part of the research has been submitted for a degree or examination at any university. References, help, and material obtained from other sources have been duly acknowledged.

I hereby confirm the originality of the work and that there is no plagiarism in any part of the dissertation.



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CERTIFICATE

This is to certify that the work incorporated in this thesis, “**Indigenous Healing Practices Among the Adiyar and Mavilan Tribal Communities of Kerala: An Anthropological Study,**” submitted by **Sukanya G,** was carried out under my supervision. No part of this thesis has been submitted for a degree or examination at any university. References, help, and material obtained from other sources have been duly acknowledged. I hereby confirm the originality of the work and that there is no plagiarism in any part of the dissertation.



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GLOSSARY

1. *Achappa* - Father's Father.
2. *Achappan* - Father's Father.
3. *Adikkum* - Possession.
4. *Adima* - Slave.
5. *Adiya bhasha* - The traditional language of the Adiyar tribal community.
6. *Adiyar* - A Scheduled Tribal Community.
7. *Adkath melotdevi* - Clan deity of the Mavilar community.
8. *Aduginte ereichiyum ellum* - Meat and bones of the goat.
9. *Ajjamuram* - Magico-religious object resembling a winnowing tray.
10. *Ajjan* - An ancestor spirit.
11. *Akka* - Elder Sister.
12. *Akkee* - Elder Sister.
13. *Akki* - Husband's Elder Sister.
14. *Aliyar* - Wife's Brother.
15. *Amb* - Arrow.
16. *Ambum villum* - Bow and arrow.
17. *Amede kalum odum* - Limbs and shell of the turtle.
18. *Amede tele* - Head of the turtle.
19. *Amma* - Father (in the Mavilar traditional language).
20. *Ammavasi* - New moon.
21. *Amme* - Father (in the Adiyar traditional language).
22. *Anachooru* - The distinct smell associated with elephants.
23. *Anangine kanuka* - A ritual practiced by the Mavilar community as part of their ancestral spirit worship.
24. *Anangine olikettna* - This is a ritual practiced by the Mavilar community, in which the spirit of the departed undergoes a transformative journey and turns into a deity known as *Theyyam*.
25. *Anangu* - Ancestor spirit worshipped by the Mavilar Community.
26. *Anchila* - Clan name of the Adiyar community.
27. *Anekomb* - A rice variety.
28. *Anna* - Elder Brother.
29. *Annan* - Elder Brother.
30. *Annen* - Elder Brother.

31. *Anthikk* - At the time of dusk.
32. *Anukkal praveshichal* - Viral infection.
33. *Appa* - Father.
34. *Appa* - Father's Elder Brother.
35. *Appa* - Mother (in Mavilan traditional language).
36. *Appan* - Father-in-Law.
37. *Appa* - Father.
38. *Aralu* - Butterfish.
39. *Arankittuneekkal/ Arankittu neekkal* - It is a ritual performed by the Adiyar community to safeguard the child inside the mother's womb and pregnant woman from the possession of evil spirits. This ritual is also known as *aramketbangal* and *kettimattal*.
40. *Arijola*- A maize variety.
41. *Arikoon* - A mushroom variety.
42. *Arikumil* - A mushroom variety.
43. *Aripodi* - Rice powder.
44. *Ari* - Rice.
45. *Ari varuthath* - Fried paddy grains.
46. *Arivekkinti* - It is a ritual performed to identify the cause of the disease or illness.
47. *Ariyittunokkal* - Ritual performed by the Adiyar community to identify the causes of disease or illness.
48. *Ariyu* - Rice grains.
49. *Arthe* - Common Rue.
50. *Asoom* - Disease.
51. *Athi pamu* - Wild fig.
52. *Athi pazham* - Fig.
53. *Atterachi kariyu* - Curry prepared using goat meat.
54. *Attaye* - Husband's Elder Sister or Husband's Sister.
55. *Attu charu* - Goat soup or curry made with goat meat and pepper.
56. *Avara* - Indian broad bean/hyacinth bean/lablab bean.
57. *Avva* - Mother.
58. *Ayyampanni* - Porcupine.
59. *Ayyanbala* - Malevolent spirit.

60. *Ayyanbala adichal* - *Ayyanbala adichal* means possession of a malevolent spirit.
61. *Badakk mant* - Clan name of the Adiyen community.
62. *Baicham puli* - Leaf of rosella plant.
63. *Bale* - Ribbon fish.
64. *Ballipani* - Bonded labor system.
65. *Banji neyyal* - Stomach ache.
66. *Bannathipullu* - Name of a bird called the oriental magpie robin.
67. *Barubedane*- Stomach pain.
68. *Batti* - Basket.
69. *Bava* - Husband's Elder Brother or Wife's Brother.
70. *Bavan* - Husband's Elder Brother or Wife's Brother.
71. *Bayaru ilaki poyalu* - Diarrhea.
72. *Beedi* - A thin cigarette made from tobacco.
73. *Beekkam*- Inflammation.
74. *Benjyil* - Stomach.
75. *Krumi kadi karanam* - Cause due to bacterial infection.
76. *Benni* - Asian bitter yam.
77. *Bethavadi* - A magico-religious object of the Adiyen community.
78. *Bethikkarathi* - Mid-wife or Female birth attendant.
79. *Bethikooli* - Mid-wife or Female birth attendant is known as *bethikkarathi*, and the payment given to the *bethikkarathi* for her services is called *bethikooli*.
80. *Betile kanakku* - The Mavilan community performs the *betile kanakku* ritual to identify stolen items.
81. *Kaphom chome beyatteenn povalu* - Presence of phlegm and blood in the stool.
82. *Beyatteenn povalu* - Diarrhea.
83. *Beyil poth* - Exposure to the sun.
84. *Beyilu kollinte* - Excessive exposure to the sun.
85. *Bhimanakolli Mathappan* - Ancestor spirit worshipped by the Adiyen Community.
86. *Bhoomi chood* - Earth warming up.
87. *Bhoomi* - Earth.
88. *Bhootha* - Malevolent spirit.
89. *Bhootha adichal* - Possession of ancestor spirit or malevolent spirit.

90. *Billu* - Bow.
91. *Brahmanakol* - The Mavilan community members place a long piece of bamboo underground as part of the marriage ritual.
92. *Chada* - An object resembling a bamboo winnowing tray.
93. *Chaimar* - Evil spirit.
94. *Chaimar koodiyal* - The possession of an evil spirit spread through the wind from the stream.
95. *Chakarakoon* - A mushroom variety.
96. *Chakarakumil* - A mushroom variety.
97. *Chali* - Common cold.
98. *Chalil kulichal* - Taking a bath in the canal.
99. *Challaminnam* - Clan name of the Mavilan community.
100. *Chamandi* - Clan deity of the Adiyar community.
101. *Chamayachan* - Deity worshipped by the Adiyar community.
102. *Chang* - Throat.
103. *Chanthayil ninn* - From the market.
104. *Chappile* - Leafy vegetables.
105. *Chappu* or *Choppu* - Leafy vegetables.
106. *Chara mundi pullu* - Grey Heron bird.
107. *Charayam* - Regionally distilled alcohol.
108. *Chathavari* - Roots of Indian Asparagus.
109. *Chathavar peyayi* - Spirit of the deceased person.
110. *Chayintheh* - Clan name of the Adiyar community.
111. *Chela* - Saree.
112. *Chemeenu* - Prawns.
113. *Chemmakaran* - Clan Head of the Adiyar community.
114. *Chemmamoppan* - Clan Head of the Adiyar community
115. *Chemmapula* - The Adiyar community performs two types of funeral rituals: the dry funeral ritual (*chemmapula*) and the green funeral ritual. A dry funeral ritual, called *Chemmapula*, is a secondary ritual conducted after a certain period of time after a person's death.
116. *Chennupatt* - Folk song of the Mavilan community.
117. *Cherakathi* - Knives.
118. *Cher* - A malevolent spirit whose medium is wind.

119. *Cheriyā Kannaladi* - The person who assists in rituals among the Adiyān community.
120. *Cheriyā pile* - Dry funeral ritual of the Adiyān community.
121. *Cheru payar* - Mung bean/Green gram.
122. *Cheruthen* - Stingless bee honey.
123. *Cheru tree* - Blistering varnish tree.
124. *Chinthekettu* - The tying style of saree.
125. *Chinthe* - Traditional dress of women of the Adiyān community.
126. *Chittappa* - Father's Younger Brother
127. *Chittappan* - Father's Younger Brother.
128. *Chittavea* - Father's Younger Brother's Wife
129. *Chittave* - Father's Younger Brother's Wife
130. *Chokk muttalu* - Refers to the possession of a malevolent spirit or *pei* (ancestral spirits). Its symptoms include fever, shivering, tiredness, dizziness, and blabbering. The other name for *chokk muttalu* is *chokkmūt*.
131. *Chomakinte* - Cough.
132. *Chome*- Cough.
133. *Chodayi kodal pazhukkum* - Causes body heat and leads to wounds in the intestine.
134. *Chood bashanam kazhinkinte* - Eating food that excessively raises body temperature.
135. *Chood karanam* - Excessive body heat.
136. *Chood peni* - Chickenpox.
137. *Choppu* - Leafy vegetables.
138. *Chorichil* - Itching.
139. *Choron* - Another name of the Mavilan community.
140. *Chudale* - *Chudale* means Yama, which means God of death.
141. *Chudukatta podi* - Brick powder.
142. *Chukk* - Dry ginger.
143. *Chumakintu* - Cough.
144. *Chumarvara* - Traditional wall painting.
145. *Chunnam* - Mineral-slaked lime.
146. *Churuli choppu* - Vegetable fern.
147. *Chuvanulli* - Shallots.

148. *Dahanakkedu* - Indigestion.
149. *Dahanakorav* - Poor digestion.
150. *Deiva kopam* - Anger of deities.
151. *Devvinu nercha marannal* - Fail to conduct the vow.
152. *Devv kovam* - Anger of deities.
153. *Devv kovichal* - Anger of deities.
154. *Dharmasthalam* - Clan deity of the Mavilan community.
155. *Dheham polliya pole varum* - Rashes appear as burns.
156. *Dheiva thara* - A place of worship.
157. *Dhevaradhana* - The act of imagining divine power in a stone or tree.
158. *Dhevv* - Deity.
159. *Dhodappa* - Father's Elder Brother.
160. *Dhodappan* - Father's Elder Brother.
161. *Dhoddave* - Father's Elder Brother's Wife.
162. *Dhrushti dosham* - Evil eye.
163. *Eachil chappile* - Leaves of Lindley's aporosa tree.
164. *Eadaminnam* - Clan name of the Mavilan community.
165. *Eavila* - Clan name of the Adiyar community.
166. *Edappadi Thira* - Deity worshipped by the Adiyar community.
167. *Eentinte Chappile* - Leaves of Queen Sago Palm trees.
168. *Ellotinj ponalu* - Bone fracture.
169. *Ellu pottiyal* - Bone fracture.
170. *Ente appenum achappenum thammadi ayinte, nanu ade gaddika padichinu.*
Roga maranu gaddika thanne cheyanu - My father and grandfather were ritual healers (*thammadi*). I have learned the healing methods from them. The ritualist should perform a healing ritual (*gaddika*) to cure some illnesses.
171. *Epozhum oro sookkedu vannal* - Constantly getting sick.
172. *Eppozhum ksheenam* - Always fatigued/extreme tiredness.
173. *Ert chorkk* - Ritual art forms of the Mavilan tribal community.
174. *Ert* - Ox.
175. *Eruth kali* - Ritual art form of the Mavilan community.
176. *Ethirpp shakthi koranj* - Weakened immunity.
177. *Gaddikakaran* - Ritualist who performs *Gaddika* ritual. In some hamlets, he is also known as *thammadi* or *thammadikaran*.

178. *Gaddika* - Ritual performed by the Adiyar community to find out the causes of illness and to cure it.
179. *Gadi thottu* - Wild honey.
180. *Gandhasala* - A rice variety.
181. *Gareshi* - A square-shaped object used to dry grains, fish, and mushrooms.
182. *Genji* - Porridge.
183. *Gumme* - Owl.
184. *Gunam* - Quality.
185. *Idangay* - A vessel used to measure grains.
186. *Idichilu* - Green Commiphora plant.
187. *Ilaikk kodukkal* - *Ilaikk kodukkal* is a ritual in which traditional food is offered to the ancestral spirits.
188. *Ila* - Leaves.
189. *Illi koomb* - Bamboo shoot.
190. *Illu* - Traditional House of the Mavilar community.
191. *Inangathi* - A pregnant woman's friend who participates in rituals associated with pregnancy.
192. *Ingleesh guliya* - Allopathy medicine.
193. *Ingleesh merunnadicha* - Chemical pesticide has been sprayed.
194. *Ingleesh valam* - Chemical fertilizer.
195. *Inji* - Ginger.
196. *Injikacilu* - A wild tuber variety.
197. *Ittiyamme* - Father's Mother.
198. *Ittiyavva* - Father's Mother.
199. *Janmi* - Landlord.
200. *Jeerakam* - Cumin seeds.
201. *Jeerashala* - A rice variety.
202. *Jogi Muttappe* - Clan deity of the Adiyar community.
203. *Jogiyachan* - The Adiyar community considers *Jogiyachan* as an ancestral spirit and worships them as a deity.
204. *Jola* - Maize.
205. *Jolamu* - Maize.
206. *Kachele* - Clan name of the Adiyar community.
207. *Kachilu* - Wild purple yam (tuber).

208. *Kadhale* - Dried prawns.
209. *Kadhamale* - Clan name of the Adiyar community.
210. *Kadumudinja choppu* - Leave of *Solanum nigrum* L.
211. *Thalakarakkam* - Dizziness.
212. *Kai-kal thalarcha* - Weakness or fatigue in the hands and legs.
213. *Ksheenam* - Tiredness.
214. *Kaivisham* - The practice of offering food or certain substances to influence, attract, manipulate, or repel someone.
215. *Kaivisham edukkal* - The practice of offering food or certain substances to influence, attract, manipulate, or repel someone is called *kaivisham*. *Kaivisham edukkal* is a ritual performed by the Mavilan community to remove or eliminate the effects of *kaivisham*.
216. *Kakkapula* - Dry funeral ritual practiced by the Adiyar community.
217. *Kalakot* - Clan name of the Adiyar community.
218. *Kalam* - A symbolic representation of deities, nature elements, figures, and other forms drawn on the ground using turmeric powder, brick powder, rice powder, and burned coconut shell powder.
219. *Kalam mariyal* - If weather changes.
220. *Kalappan* - The Adiyar community considers *Kalappan* as an ancestral spirit and worships them as a deity.
221. *Kal chuvakkum* - Leg turns reddish due to swelling.
222. *Kali* - Clan deity of the Adiyar community.
223. *Kallila Chemmam* - Clan name of the Adiyar community.
224. *Kalloorachan* - Clan deity of the Adiyar community.
225. *Kallumekkaya* - Mussels.
226. *Kal pazhutth kallikkunnu* - Swelling in leg.
227. *Kalu polannal* - Crack in the heels.
228. *Kaluvazha pazham* - Wild plantain or hill banana.
229. *Kambalam* - It is an art form and a ritual associated with the agricultural practices of the Adiyar community.
230. *Kanakk nokkginu* - It is a ritual performed by the Mavilan community to identify the causes of illness or disease.
231. *Kanakoorkke* - Oregano.
232. *Kanalu* - Vomiting.

233. *Kanam* - Bride price.
234. *Kanell* - A rice variety.
235. *Kanila* - Bamboo shoots.
236. *Kanjikkalam* - Earthen pot.
237. *Kanjira maram* - Wormwood tree.
238. *Kannaladi* -The person who assists in rituals among the Adiyar community.
239. *Kanner kazhipigin* - Ritual performed to remove effects of the evil eye (*kanner*).
240. *Kanneru* - Evil eye.
241. *Kannil irtt vann* - Eyes involuntarily close.
242. *Kann orumathiri thiriyum* - The unstable movements of eyeballs.
243. *Kannu chovapp* - Redness of eyes.
244. *Kanthari* - Bird eye chilis.
245. *Kanthari malak ila* - Leaves of bird-eye chilis.
246. *Kaphakett* - Due to phlegm/mucus.
247. *Kapham karanam* - Due to phlegm.
248. *Kappalathi amma* - *Kappalathi amma* is one of the many forms of *theyyam* performed and worshipped by the Mavilar community. It is also known as *Kappalathi theyyam*.
249. *Kappalathi* - Clan deity of the Mavilar community.
250. *Kappukettu* - Among the Mavilar communities, collecting certain medicinal plants requires special rituals. One such ritual is *kappukettu*, which involves tying the plant with a thread and plucking it after three days.
251. *Karadi nei* - Fat of the bear.
252. *Karama erachi* - Meat of turtle.
253. *Karame* - Turtle.
254. *Karamullu* - Thorn of wild Jessamine.
255. *Karanavar* - Maternal uncle.
256. *Karichathan* - Deity worshipped by the Adiyar community.
257. *Karichatte* - Clan deity of the Adiyar community.
258. *Karimi* - The person who performs funeral rites among the Adiyar community.
259. *Karinchamundi* - Clan deity of the Mavilar community.
260. *Karinjamundi* - Ancestral spirit worshipped by the Mavilar community.
261. *Karinkali* - Deity worshipped by the Adiyar community.

262. *Karippodi* - Burned coconut shell powder.
263. *Kari Tampira* - Clan deity of the Adiyar community.
264. *Karmi* - *Karmi* is a person who performs religious rites and also cures illness by performing magico-religious rituals among the Mavilan community.
265. *Karmoosa* - Papaya.
266. *Karmoos* - Papaya.
267. *Kasturi Meru* - Deer musk.
268. *Kathukuthu* ceremony - Ear piercing ceremony.
269. *Kattanellu* or *kattieri* - Bamboo rice
270. *Kattee* - Wild buffalo.
271. *Katterachi* - Wild meat.
272. *Kattil* or *Mettil* - At forest.
273. *Kattucheera* - Wild spinach.
274. *Kattu njaival* - Wild black jamun.
275. *Kattu thal* - Wild Colocasia stem.
276. *Kattuvellari* - Wild cucumber.
277. *Kavu* - Sacred groves.
278. *Kayal* - Bamboo.
279. *Kayil* - Spoon.
280. *Kayi* - Wild fruits.
281. *Keezhanelli* - Gale of the wind or *Phyllanthus niruri* L.
282. *Ketavellathil koodi pakarum* - It spreads through the contaminated water.
283. *Ketta vellam* - Contaminated water.
284. *Ketta vellathiloode* - Through contaminated water.
285. *Kettimattal* - It is a ritual performed by the Adiyar community to safeguard the child in the womb and the mother from the possession of evil spirits.
286. *Kinnam* - Bronze plate.
287. *Kinniyaminnam* - Clan name of the Mavilan community.
288. *Kinnaminnam* - Clan name of the Mavilan community.
289. *Kiran/Krakan* - *Kiran* is the person who handles all matters related to agriculture and the welfare of each hamlet of the Mavilan community. He is also known as *krakan*.
290. *Kocha* - Crane (bird).
291. *Kodal kariyal* - Damage of intestine.

292. *Kodal pazhutth punn varaum* - Causes ulcer or wound in the intestine.
293. *Kodal punnu* - Ulcer.
294. *Koipatt* - Folk song of the Mavilan community.
295. *Kolathinumel kolam* - *Kolathinumel kolam* is a ritual concept that signifies the merging of two or more distinct *theyyams* into a single form.
296. *Kolthen* - Bee honey found inside bamboo and tree pits.
297. *Konthana* - Women of the Mavilan community drape their clothing over their upper body in a unique method known as *kundachamkettu*. The right end of the cloth is tied around their upper body and draped below the hip. This part of the cloth traditionally used as a pocket or wallet is called *konthana*. The cloth tip is taken over the left shoulder and tied at the right side of the hip.
298. *Koodutalu chinthane* - Overthinking and tension.
299. *Kooli* - Malevolent spirit.
300. *Kooli adichal* - *Kooli* is a malevolent spirit. *Kooli adichal* means attack or possession of a malevolent spirit (*kooli*).
301. *Kooliyatt* - Women who have not gotten pregnant after several years of marriage undergo a ritual called *peyatt* or *kooliyatt*. The Adiyar community performs such a ritual.
302. *Kooran panni* - Mouse deer.
303. *Koormara minnam* - Clan name of the Mavilan community.
304. *Koottam* - A dry funeral ritual performed among the Adiyar community.
305. *Koovekrunk* - Wild arrowroot.
306. *Koppalan* - A caste name.
307. *Kora mundu* - A piece of cotton material used to cover the lower body.
308. *Korathi* - A *theyyam* form worshipped by the Mavilan community.
309. *Korathi theyyam* - A *theyyam* form worshipped by the Mavilan community.
310. *Koshti kanikkum* - They turn absurd or crazy.
311. *Kothikoodal* - *Kothikoodal* is a belief of the Mavilan community associated with the evil eye. They believe a person may fall ill if one shows greed or salivates (*kothikoodiyal*) while watching another person eat.
312. *Kotta* - Basket.
313. *Kottapaja* – Fruit of wild karanda plant.
314. *Kottooru Payimpe* - Clan deity of the Adiyar community.
315. *Koyilariva* - Sickle.

316. *Krunk* - Wild tubers.
317. *Kudaminnam* - Clan name of the Mavilan community.
318. *Kuduma theyyam* - Clan deity of the Mavilan community.
319. *Kudumbakaranavar* - Head of the clan.
320. *Kula dheivam* - Clan deity.
321. *Kuliyam* - A deity worshipped by both the Adiyam and Mavilan communities.
322. *Kuliyam adichal* - *Kuliyam* is the name of the deity. *Kuliyam adichal* means possession or attack of the deity (*Kuliyam*).
323. *Kuliyam thattiyal* - Attack or possession of deity due to anger.
324. *Kullil bannam vara* - Traditional wall painting.
325. *Kullumogal* - Postnatal ritual practiced by the Adiyam community.
326. *Kullu* - Traditional house of the Adiyam Community.
327. *Kumapatt* - Folk song of the Mavilan community.
328. *Kumbala chappile* - Leaves of ash gourd.
329. *Kumeri* - Shifting cultivation.
330. *Kumeru* - Shifting cultivation.
331. *Kumil* - Mushrooms.
332. *Kuminu* - Mushrooms.
333. *Kundachamkettu* - Women of the Mavilan Community tie their clothing over their upper body in a unique method called *kundachamkettu*.
334. *Kundalpanam* - Landlords refer to bonded laborers as *kundalpanikkar*. The sum of money paid to them is called *kundalpanam*.
335. *Kundalpani* - Bonded labor system.
336. *Kundalpanikkar* - Bonded laborers.
337. *Kundare Kunji* - Clan deity of the Adiyam community.
338. *Kunjamma* - Father's Younger Brother.
339. *Kunjamme* - Father's Younger Brother.
340. *Kunjappa* - Father's Younger Brother's Wife
341. *Kunjappe* - Father's Younger Brother's Wife.
342. *Kunnumooppam* - Clan head of the Adiyam community.
343. *Kunnupula* - Dry funeral ritual practiced by the Adiyam community.
344. *Kunt* - Hamlet or settlement of the Adiyam Community.
345. *Kuntham* - Spear.
346. *Kuntooru nedumpaliye* - Clan deity of the Adiyam community.

347. *Kunt pile* - Dry funeral ritual practiced by the Adiyar community.
348. *Kuntu* - Hamlet or settlement of the Adiyar Community.
349. *Kuppe todur* - Clan name of the Adiyar community.
350. *Kurathi* - Ancestral spirit worshipped by the Mavilar community.
351. *Kurathiyamma* - Goddess's name.
352. *Kurukkal* - Pus-filled sores that look like blisters (Pustules).
353. *Kurunthoti* - Broomjute sida plant.
354. *Kurusi* - A liquid mixture of water, lime, and turmeric.
355. *Kuruthola* - Tender coconut fronds.
356. *Kuttichathan* - Deity worshipped by the Adiyar community.
357. *Kutumam*- Clan of the Mavilar community.
358. *Kwang* - Wild tuber.
359. *Lankariyan* - Deity worshipped by the Adiyar community.
360. *Levo* - Younger Sister.
361. *Leyan* - Younger Brother.
362. *Machipatta* - Areca nut leaves.
363. *Machunanpatt* - Folk song of the Mavilar community.
364. *Madamushu* - A species of catfish.
365. *Madantamma* - A *theyyam* form worshipped by the Mavilar community.
366. *Madhooruamma* - Clan deity of the Mavilar community.
367. *Madhurakanji* - A traditional food made with rice and jaggery.
368. *Madmalandu* - Puberty ceremony of the Mavilar community.
369. *Madmara minnam* - Clan name of the Mavilar community.
370. *Madme* - Marriage.
371. *Makalu* - Daughter.
372. *Makan* - Son.
373. *Makenu* - Son.
374. *Make* - Son.
375. *Malakkari theyya* - Deity worshipped by the Adiyar community.
376. *Malayan* - A caste name.
377. *Malekkari* - Clan deity of the Adiyar community.
378. *Malikamma* - Clan deity of the Adiyar community.
379. *Malla minnam* - Clan name of the Mavilar community.
380. *Mallappa* - Father's Elder Brother's Wife.

381. *Mallappe* - Father's Elder Brother's Wife.
382. *Malle* - Clan deity of the Adiyar community.
383. *Mama* - Father-in-Law.
384. *Maman* - Father-in-Law or Mother's Brother.
385. *Mamee* - Father's Sister or Mother's Brother's Wife or Mother-in-Law
386. *Mami* - Mother's Brother's Wife or Father's Sister or Mother-in-Law
387. *Manam* - Flavor.
388. *Mananga meenu* - Malabar thryssa (fish).
389. *Mangalam kali* - Wedding related traditional art form of the Mavilar community.
390. *Mangalam* - Marriage.
391. *Manganam* - An earthen pot.
392. *Maniminnam* - Clan name of the Mavilar community.
393. *Manjalu neeru* - Puberty ceremony of the Adiyar community.
394. *Manjalu* - Turmeric.
395. *Manjapitham* - Jaundice.
396. *Manjapodi* - Turmeric powder.
397. *Manju kondal* - Exposure to mist or fog.
398. *Manthramurthy* - Clan deity of the Mavilar community.
399. *Mantla* - Clan name of the Adiyar community.
400. *Mantramurthy* - A *theyyam* (ritual art form) performed and worshipped by the Mavilar community.
401. *Mant* - Social division of the Adiyar community.
402. *Manu* - Deer.
403. *Manu toliyu* - Skin of deer.
404. *Maoolakuruvu* - Piles.
405. *Maraparamma* - Deity worshipped by the Adiyar community.
406. *Mari* - Clan deity of the Adiyar community.
407. *Mari dhevvakk* - To Goddesses *Mari*.
408. *Marikkul koduttal baidyam pinal buddhimuttakk. Pacha marntna patt la accaratta patt la pratyekam ariv betum. Int kappalathi dyyatta, ananntha la parthippum. Iint tintl mathiy sahayippum* - Treating snake bites is complex; healers with exceptional knowledge of herbs and rituals perform this

treatment. They also pray to the deity *Kappalathi* and ancestral spirits, which help detoxify the venom.

409. *Mari kovam* - Anger of Goddesses *Mari*.
410. *Mariyamme* - Clan deity of the Adiyen community.
411. *Marmalu* - Daughter-in-law.
412. *Marmayya* - Son-in-Law.
413. *Marnt ge petukna pachch marnt peyyppanaka ekkalam pumiattilla thaiyya anumati kenmpum* - We ask permission from the earth and the plants before collecting the plants for medicinal purposes.
414. *Maranth veche* - Sorcery.
415. *Marumakal* - Daughter-in-law.
416. *Marumukan* - Son-in-Law.
417. *Marunnu choru* - To improve the mother's health and heal her wounds after childbirth, the Mavilan community prepares and consumes a traditional food called *marunnu choru*. It is prepared with rice, wild spinach (*kattucheera*), garlic, pepper, and cumin.
418. *Marunnu kanji* - *Marunnu kanji* is a traditional food prepared with rice, gooseberries, fenugreek, and fennel seeds. It is consumed to cure postpartum wounds, boost the immune system and overall health.
419. *Masanan* - Deity worshipped by the Adiyen community.
420. *Masoori* - Chickenpox.
421. *Mathanu choppu* - Pumpkin leaves.
422. *Mavila basha* - The traditional language of the Mavilan community.
423. *Mavilan* - A Scheduled Tribal Community.
424. *Mavin koon* - A mushroom variety.
425. *Mavu* - Mango tree.
426. *Mayakkam* - Faint.
427. *Mayilayu* - *Mayilayu* is another name used to address the Mavilan community.
428. *Mayyan*- *Mayyan* is another name used to address the Mavilan community.
429. *Mazha nananjil* - Getting wet in the rain.
430. *Mazha nenaje* - Getting wet in the rain.
431. *Medam* - Malayalam month.
432. *Meenam* - Malayalam month.
433. *Meen* - Fish.

434. *Meenu* - Fish.
435. *Megidi* - Younger Sister.
436. *Megiye* - Younger Brother.
437. *Mel chood koodiyal* - If body heat is excessive.
438. *Melu kadechilu* - Body pain.
439. *Mere* - Husband.
440. *Mernth itta vellam* - Chlorinated water.
441. *Mernth odalil ethi* - The chlorine will enter our body.
442. *Mertti* - Wife.
443. *Midhunam* - Malayalam Month.
444. *Mommatte* - Clan name of the Adiyar community.
445. *Mookkuneeru karanamu* - Due to cold.
446. *Moolakkuru* - Piles.
447. *Mooree* - Bull.
448. *Moothra pazhupp* - Urinary infection.
449. *Muchakurangu tolum ellum* - Skin and bones of the monkey.
450. *Mudire* - Horse gram.
451. *Mulamchenda* - Traditional musical instrument of the Mavilar community.
452. *Muli pullu* - Water reed.
453. *Mullan panni* - Porcupine.
454. *Mullanpanti* - Porcupine.
455. *Mundaraminnam* - Clan name of the Mavilar community.
456. *Mundu* - Loin cloth/ dhoti is a traditional garment worn in South India.
457. *Muram* - *Muram* is a traditional magico-religious object made of bamboo, resembling a winnowing tray, and adorned with small bells.
458. *Muramket* - Dry funeral ritual of the Adiyar community.
459. *Mura* - Winnowing tray.
460. *Murikk* - Indian coral tree.
461. *Muringa* - Moringa tree.
462. *Murivu* - Wound.
463. *Murukkan pakk* - Pouch used to store betel leaves.
464. *Muteyu* - Country eggs.
465. *Muthira* - Horse gram.
466. *Mutire* - Clan name of the Adiyar community.

467. *Muttari* - Finger millet.
468. *Mutte pamu* - Yellow sapote or egg fruit.
469. *Mythini* - Husband's Younger Sister or Wife's Younger Sister.
470. *Myttiti* - Husband's Sister or Wife's Younger Sister.
471. *Nadan kozhiginte ereichiyum ellum* - Meat and bones of the chicken.
472. *Nadan kozhi nei* - Chicken fat.
473. *Nadan mutta* - Country eggs.
474. *Nadugaddika* - A ritual performed by the Adiyar community to protect the inhabitants of a specific region, irrespective of caste or religion, as well as their crops, plants, and animals.
475. *Nadu* - Geographical or local land division of the Adiyar community.
476. *Nadumooppa* - Community head of the Adiyar community. He is also known as *nattumooppa*.
477. *Naduneekkal* - A ritual performed by the Adiyar community to protect the inhabitants of a specific region, irrespective of caste or religion, as well as their crops, plants, and animals.
478. *Naduvadana* - Back pain.
479. *Nagam* - Clan deity of the Adiyar community.
480. *Nalappati* - Clan name of the Adiyar community.
481. *Nalla vellam* - Potable water.
482. *Nankke* - Wife's Brother.
483. *Nanu thammadi, gaddika sadang nanu nadathum. Sadang nadathi roga karanam nanu kantu pidippen rogavum mathuven. Vendappo nanu pache marnt kodukkum* - I am ritual healer (*thammadi*), and I conduct healing ritual (*gaddika*) to identify the causes of illness and cure it. I also provide medicinal herbs when needed.
484. *Nara* - *Dioscorea kalkapershadii* Prain & Burkill (wild tuber).
485. *Narakizhang* - *Dioscorea kalkapershadii* Prain & Burkill (wild tuber).
486. *Nare* - *Dioscorea kalkapershadii* Prain & Burkill (wild tuber).
487. *Nattumooppa* - The head of the *nadu* is called the *nattumooppa* or *nadumooppa*. *Nadu* refers to the local land division encompassing a group of Adiyar hamlets within a specific territory.
488. *Neekkal* - The Mavilar community performs the *neekkal* ritual to rid themselves of the harm caused by malevolent spirits.

489. *Neela jola* - A maize variety.
490. *Neerkoli* - Asiatic water snake.
491. *Neeroli namke* - Clan deity of the Adiyen community.
492. *Neeru beekkam* - Inflammation.
493. *Neeru kollal* - Sinusitis.
494. *Neeru veekkam* - Inflammation.
495. *Neeru vekkai* - Inflammation.
496. *Neerveche* - Inflammation.
497. *Neichanga* - A shellfish that lives in the paddy field.
498. *Nellikka* - Wild Gooseberry.
499. *Nendu charu* - Curry made using crab.
500. *Nendu* - Crab.
501. *Nerach mangeyum chakkeyum thinnal* - Eating a lot of mangoes and jackfruit.
502. *Nerambilu rettayottam koranjalu* - If there is a poor blood circulation.
503. *Nerandhali* - A tool made of wood that is used to flatten a mud floor by constantly punching it.
504. *Nerarempolappan* - A mushroom variety.
505. *Nidekooda* - Possession of ancestral spirit.
506. *Nide koodkin* - Possession of malevolent spirit.
507. *Nide muttiyal* - Attack or possession of malevolent spirit.
508. *Nide* - Spirit of a deceased person.
509. *Nilampolappankoon* - A mushroom variety.
510. *Ninga* - Husband.
511. *Nippu panam* - The amount of cash, rice and other items, provided by landowners to the Adiyans is called *nippu panam*.
512. *Nivilu pakamu* - Wild jamun fruit.
513. *Njandu* - Crab.
514. *Njaramb penanjai* - Twisting of the vein.
515. *Noolkettu* - *Noolkettu* is a postnatal ceremony practiced by the Adiyen community. During it, black thread is tied around the child's waist.
516. *Noonji* - A species of shell mussel.
517. *Noore* - *Dioscorea pentaphylla* L. (wild tuber)
518. *Nounji* - Freshwater snail.

519. *Odikaduppalu* - It is a ritual performed to eliminate the effects of sorcery (*odimari*) or illnesses caused by sorcery.
520. *Odimari* - *Odimari* means sorcery which is a magico-religious ritual performed by the Mavilan community to harm someone.
521. *Odi* - Sorcery.
522. *Odivekkinti* - Sorcery.
523. *Odi vekkuka* - The act of performing sorcery.
524. *Odiyu* - Sorcery.
525. *Okkal pullu* - Paddy straw.
526. *Omakayi* - Papaya.
527. *Onali* - A strainer used to separate rice gruel from cooked rice.
528. *Odimari karanamu onangatha muriv* - A prolonged wound caused due to sorcery (*odimari*).
529. *Ottakirangi nadannal* - Walking alone.
530. *Otta kuminu* - A mushroom variety.
531. *Pachemarnt kunte chele baidyanmark onchi berthna karnam pant ayin pannakye yyatlla acharannal pimpum. Chele acharannal piniyetat pinnijaukalg kayyent* - Apart from medicinal plants, some healers (*vaidhyan*) have knowledge about rituals that reveal the cause of the disease and help to cure it. Women are not allowed to perform some of the rituals.
532. *Pache marunt eppam beno appam poyi balikkum, sooriyan udikkunnatin mump balikkum. devvinyum peyinyum manassil nenakkum* - Medicinal plants are freshly collected, often before sunrise, and with prayers to deities and ancestors.
533. *Pacha mange* - Raw/unripe mango.
534. *Pache bellem kudichalu* - If we drink chilled water.
535. *Padilatha samayatth* - During menstruation.
536. *Padinjatta Paradevatha* - Clan deity of the Mavilan community.
537. *Pagadhi* - Malevolent spirit or evil spirit.
538. *Pagadhi adichalu* - Possession of malevolent spirit.
539. *Painara minnam* - Clan name of the Mavilan community.
540. *Paisathali* - The *thali* is the marriage ornament or sacred amulet tied to the wedding necklace, symbolizing marriage. *Thali* which is made up of coins is known as *paisathali*.

541. *Pakamu* - Fruits.
542. *Pakkathappan* - Clan deity of the Adiyar community.
543. *Pakkoon* - A mushroom variety.
544. *Pakumil* - A mushroom variety.
545. *Palaka* - A small wooden table.
546. *Palliyara* - Worship center of the Mavilan community.
547. *Palmakkaran* - A person who diagnoses illness through rituals among the Mavilan community.
548. *Palme rashi* - This is a ritual practiced by the Mavilan community to determine the cause of disease or illness.
549. *Pamb kadichal* - If snake bite.
550. *Pambu marunu* - *Pambu marunu* is a medicinal plant, and its leaves resemble snakes. Snake bites are treated using this medicinal plant.
551. *Pamp kadichalu* - If a snake bite.
552. *Pamu* - Fruits.
553. *Panathali* - The *thali* is the marriage ornament or sacred amulet tied to the wedding necklace, symbolizing marriage. *Thali* which is made up of coins is known as *panathali*.
554. *Pana thudi* - Traditional musical instrument.
555. *Panchi kumil* - A mushroom variety.
556. *Panchuruli theyyam* - Clan deity of the Mavilan community.
557. *Pandi* - A variety of millet.
558. *Panichood* - Fever.
559. *Pani mundu* or *Pattamtharam mundu* - Among the Mavilan community, men wore long clothes (e.g., long towels) covering their lower bodies up to their knees, known as *pani mundu* or *pattamtharam mundu*.
560. *Paniyan* - A scheduled tribal community.
561. *Panji*- Pig.
562. *Panjuruli* - A *theyyam* worshipped by the Mavilan community.
563. *Pantalpatt* - Folk song of the Mavilan community.
564. *Panti kuminu* - A mushroom variety.
565. *Panti* - Pig.
566. *Paradevatha* - Ancestral spirit worshipped by the Mavilan community.
567. *Parambariyam* - Hereditary.

568. *Parelu* - Hiffin carp (fish).
569. *Paruveh* - A small knife used to plow the paddy field.
570. *Patapatt* - Folk song of the Mavilan community.
571. *Pathimoont* - Dry funeral ritual of the Adiyani community.
572. *Pathi* - Worship center of the Mavilan community.
573. *Pathu para nellu* - Approximately 80 kilograms of paddy grains
574. *Pattam* - Traditional House of the Mavilan Community.
575. *Pava* - Husband's Elder Brother.
576. *Pavan* - Husband's Elder Brother.
577. *Pavatta* - Indian sorrel tree.
578. *Payaru* - Green gram.
579. *Payasam* - Sweet dish.
580. *Pazhakiya bhakshanam* - Stale food or contaminated food.
581. *Pazhe bashanam tinnalu* - If one consumes stale food or contaminated food.
582. *Pedippich* - Frightening.
583. *Pedipunugu* - Due to fear of something.
584. *Pei adichalu* - Affliction or possession of ancestral spirit.
585. *Pei* - Ancestral spirit.
586. *Pei chong* - Possession of a malevolent spirit.
587. *Pei koodiyal* - Possession of ancestral spirit.
588. *Pei mutt* - Possession of malevolent spirit.
589. *Pei paranju karayal* - Dry funeral rituals of the Adiyani community.
590. *Muram kett neekkal* - Dry funeral ritual of the Adiyani community.
591. *Pelappatt* - Folk song sung during the post-funeral ritual of the Adiyani community.
592. *Pemi* - Clan deity of the Adiyani community.
593. *Peni* - Fever.
594. *Peniyu* - Fever.
595. *Perachekkan* - Grandson.
596. *Perathipenn* - Granddaughter.
597. *Perikoon* - A mushroom variety.
598. *Perumpamb nei* - Python body fat.
599. *Perum thudi* - Traditional musical instrument.
600. *Perunthen* - Wild honey.

601. *Peyatt* - Women who have not gotten pregnant after several years of marriage undergo a ritual called *peyatt* or *kooliyatt*. The Adiyar community performs such a ritual.
602. *Pidikathavar* - Hateful people or enemies.
603. *Pilathi* - The ritual healer or shaman belonging to the Kanikkar tribal community.
604. *Pili Chamundi*- *Pili chamundi* is one of the many forms of *theyyam* performed and worshipped by the Mavilar community.
605. *Pirupiruthondirikkum* - Blabbering constantly.
606. *Pitmale* - *Pitmale* is a traditional food prepared using rice flour by the Adiyar community.
607. *Podi adichal* - Exposure to dust.
608. *Podikoova kwang* - Arrowroot.
609. *Podiyadichal* - Exposure to dust.
610. *Podiyu tattinte* - Due to dust.
611. *Poigavana pattu* - Folk song of the Adiyar community.
612. *Pokale* - Tobacco.
613. *Poliyamme* - Clan deity of the Adiyar community.
614. *Ponam krishi* - Shifting cultivation.
615. *Ponnachira minnam* - Clan name of the Mavilar community.
616. *Ponnankanni* - Sissoo spinach.
617. *Ponnuramma* - Clan deity of the Adiyar community.
618. *Pooja gaddika* - The Adiyar performs the *Pooja gaddika* ritual as an act of thanksgiving for curing illnesses.
619. *Pookkari* - Clan deity of the Adiyar community.
620. *Pookkari Make* - Clan deity of the Adiyar community.
621. *Poothan* - Ash gourd.
622. *Poothati* - Clan name of the Adiyar community.
623. *Poshakam* - Nourishment.
624. *Pothavayan* - Malevolent spirit or evil spirit.
625. *Poti atichalu* - If exposed to dust.
626. *Poti patille* - Dust allergy.
627. *Pottalu nokana Vaithiyathi* - Female bone setter belonging to the Adiyar community.

628. *Pottalu nokkana vaithiyakkaran* - Male bone setter belonging to the Adiyar community.
629. *Pradakshinam* - The Mavilar community customarily walks around the plant with prayers while collecting medicinal plants as part of the ritual.
630. *Pretirodha korab* - Weakened immunity.
631. *Pulakuli* - Ritual performed by the Mavilar community associated with childbirth.
632. *Pula* - *Pula* symbolizes a period of ritual impurity or mourning that falls upon a family after the death of a relative. This period is observed for 15 days among the Adiyar community. The community follows certain restrictions, such as not participating in religious activities or festive events and visiting temples.
633. *Pulingkanji* - A tangy dish made with rice and tamarind.
634. *Pullan* - Irish pollan fish.
635. *Pulli* - Granddaughter or Grandson.
636. *Pullu* - Birds.
637. *Pulpalli* - Deity worshipped by the Adiyar community.
638. *Pungalam* - Ritual associated with pregnancy among the Mavilar community.
639. *Pungamangalam* - Ritual associated with pregnancy among the Mavilar community.
640. *Punn onangan* - To heal wounds.
641. *Purlipatt* - Folk song of the Mavilar community.
642. *Puthya puthya sookked* - New kinds of diseases.
643. *Putooru* - Clan name of the Adiyar community.
644. *Puttari chunde* - Turkey berry.
645. *Putt kumil* - A mushroom variety.
646. *Puttukuminu* - A mushroom variety.
647. *Puttu* - Steamed rice cake.
648. *Puttuthenu* - Bee honey found inside tree pits and mud.
649. *Puttu thenu* - *Puttu thenu* refers to bee honey, found inside tree pits and mud.
650. *Putukoon* - A mushroom variety.
651. *Rakku* - Toddy.
652. *Rakthakorav* - Anemia.
653. *Rakthayottathinte korav* - Poor blood circulation.
654. *Ralan* - Husband.

655. *Ralante Akke* - Husband's Elder Sister.
656. *Ratham koodanu* - To increase hemoglobin level.
657. *Rathayottam kuranjal* - Poor blood circulation.
658. *Rattintamme* - Mother-in-Law.
659. *Rattintappan* - Father-in-Law.
660. *Ratti* - Wife.
661. *Ravula bhasha* - The traditional language
662. of the Adiyani (*ravular*) community.
663. *Ravular* - *Ravular* is another name used to address the Adiyani community.
664. *Retham kettal* - Blood impurification.
665. *Rogate Mari* - Clan deity of the Adiyani community.
666. *Roga varum* - Causes disease.
667. *Rusi* - Taste.
668. *Sama* - Little millet.
669. *Sath kittathe* - Lack of wholesome foods or nourishment.
670. *Sath* - Wholesome or nourished.
671. *Seru thenu* - Stingless bee honey.
672. *Sookked* - Disease or illness.
673. *Sooriya kuth* - Migraine.
674. *Sooriyanu poyinkinti kulikinu* - Usually taking a bath after sunset.
675. *Soorya prakasham thattathirikumbol*- When we do not receive sufficient sunlight.
676. *Sopana pattu* - Folk song of the Adiyani community.
677. *Suvasam mutelu* - Asthma.
678. *Suvasam muttlu* - Asthma.
679. *Taithama* - Hogweed.
680. *Takarachoppu* - Senna Tora leaf.
681. *Talachilav* - Clan deity of the Adiyani community.
682. *Tamaniminnam* - Clan name of the Mavilan community.
683. *Tennuppum neerum karanam* - Due to cough and cold.
684. *Tenupp karanam* - If exposed to cold weather.
685. *Thadachi pakamu* – Fruit of dhaman tree.
686. *Thaduppe* - Magico-religious object resembling a winnowing tray.

687. *Thaduppe rashi* - Ritual conducted by the Mavilan community to identify the cause of the disease or illness.
688. *Thaithal* - Traditionally processed bamboo used for house construction.
689. *Thakkaliyu* - Tomatoes.
690. *Thalaneer erkkam* - Cold.
691. *Thalaneerirakkam* - Cold.
692. *Thalanumbalam* - Headache.
693. *Thalarcha thonniyal* - If felt tired.
694. *Thalayadiyan* - *Kiran* supervises the shifting cultivation, while the *thalayadiyan* oversees social customs among the Mavilan community.
695. *Thali* - The *thali* is the marriage ornament or sacred amulet tied to the wedding necklace, symbolizing marriage.
696. *Thalu* - Stem of Colocasia.
697. *Thamarayila* - Pigeon peas leaves.
698. *Thamburakkanamar* - A polite and patronizing method of addressing the landlord.
699. *Thammadi* - A person who cures illness by performing magico-religious rituals among the Adiyar community. He is considered a ritualist and oracle.
700. *Thammadikkarar* - A person who cures illness by performing magico-religious rituals. He is considered a ritualist and oracle.
701. *Thanuppadichal* - If cold weather strikes.
702. *Thanutha vellam kudichal* - If one drinks chilled water.
703. *Thappubale* - *Thappubale* is a traditional bangle given by the offender to the clan head as a penalty for committing an offense.
704. *Thappu pizha* - A certain amount of money provided as a punishment for committing an offense is called a *thappu pizha*.
705. *Tharevedane* - Headache.
706. *Thatti* - Charcoal powder diluted in water.
707. *Thatti ulakki ponan* - A knee dislocation.
708. *Theepollal* - Skin burn.
709. *Thelipp* - Dry funeral ritual practiced by the Mavilan community.
710. *Thenge* - Coconut.
711. *Thenge kanakku* - It is a ritual performed by the Mavilan community to identify the cause of illness.

712. *Thenu* - Honey.
713. *Therike* - Traditional pot holder made from areca nut leaves.
714. *Thetali* - Slingshot.
715. *Theyyam* - The Mavilan community practices this ritual art form, and they consider the performers as visible manifestations of deities.
716. *Thile kuthalu* - Headache.
717. *Thile kuthnt* - Headache.
718. *Thirandu kalyanam* - *Thirandu kalyanam* is the puberty ritual the Adiyani community performs when the first menstruation or menarche begins.
719. *Thirunelli* - A place name.
720. *Thirunelli Perumal* - Deity worshipped by the Adiyani community.
721. *Tholasi* - Tulsi/ basil.
722. *Tholasiyu* - Basil.
723. *Tholu ulakki ponan* - A dislocated shoulder joint.
724. *Thondachan theyyam* - Clan deity of the Mavilan community.
725. *Thondi* - An Ivy gourd plant.
726. *Thonichal Thira* - Deity worshipped by the Adiyani community.
727. *Thoomba* - Hoe.
728. *Thore* - Pigeon.
729. *Thorth* - A piece of cloth which resembles a long towel.
730. *Thotavitiyu* - Touch me not plant.
731. *Thottil* - Cradle.
732. *Thovara* - Pigeon peas.
733. *Thudi* - Traditional percussion instrument.
734. *Thudupp* - A strainer used to separate rice gruel from cooked rice.
735. *Thulam* - Malayalam month.
736. *Thumba* - *Leucas aspera* (Willd.) (Leucas plant).
737. *Tirumnde Mari* - Clan deity of the Adiyani community.
738. *Tomara* - Pigeon peas.
739. *Tondamma* - Father's Father.
740. *Tondiyappa* - Father's Mother.
741. *Tondiyappe* - Father's Mother.
742. *Uchikk* - At mid-noon.
743. *Udumbinte nei* - Python body fat.

744. *Udumb* - Monitor lizard.
745. *Ulagarie* - Clan deity of the Adiyar community.
746. *Ulakuttu* - Clan name of the Adiyar community.
747. *Ulukk pidikkal* - A ritual-based treatment performed to cure the sprain in the Mavilan community.
748. *Ulukk* - Sprain.
749. *Uluva* - Fenugreek.
750. *Unda jola* - A maize variety.
751. *Ungame* - Father's Father.
752. *Ungamma* - Father's Father.
753. *Ungappa* - Father's Mother
754. *Ungappe* - Father's Mother.
755. *Ung* - Indian beech tree.
756. *Urkki aratkunut* - *Urkki* means ants. Mavilan community members prepare chutney using ants and their eggs called *urkki aratkunut*.
757. *Urumalekkettu* - A piece of cloth tied around the head by men of the Adiyar community is known as *urumalekkettu*.
758. *Urvararadhana* - Worship or veneration of soil and seed fertility.
759. *Uzhichilkkaran* - The male ethnomedical specialist who practices traditional massage therapy in the Adiyar community.
760. *Uzhichil* - Massage.
761. *Uzhichilkkarathi* - The female ethnomedical specialist who practices traditional massage therapy in the Adiyar community.
762. *Vadaku* - Vegetable-based chips.
763. *Vaidhyar* - Male herbalists or men with medicinal knowledge in the Mavilan community.
764. *Vaidhyathi* - Female herbalists or women with medicinal knowledge in the Mavilan community.
765. *Vaithiyakkaran* - Male herbalist or a man with medicinal knowledge in the Adiyar community.
766. *Vaithiyathi* - Female herbalists or women with medicinal knowledge in the Adiyar community.

767. *Vaithiyakkaran pache marunt tennit roga marugillngilu vaithiyakkaran thammadine kanan pareyum* - When herbal treatments are insufficient, healers (*vaithiyakkaran*) refer patients to ritualists (*thammadi*) who perform rituals.
768. *Vakkakathi* - Knives.
769. *Valeppa* - Clan name of the Adiyar community.
770. *Valliyoorkavu* - A temple name.
771. *Vallooramma* - Goddess name.
772. *Vannan* - A caste name.
773. *Vanpayar* - Black-eyed beans.
774. *Varikke chakke* - *Artocarpus heterophyllus* Lam. (A variety of jackfruit).
775. *Vasoori* - Chickenpox.
776. *Vavu* - Full moon.
777. *Vayar ingane veerth veerth verum* - Stomach starts gradually bulging and bloating.
778. *Vayaru veerkkalum vedhanayum* - Bloating in the stomach along with pain.
779. *Vayatil chood koodum* - An increased heat inside the stomach.
780. *Vayattkari* - Pregnant women.
781. *Vayyaya* - Disease.
782. *Vazhakamb* - Banana stem.
783. *Vazhakoomb* - Banana blossom or banana flower.
784. *Vazhapola* - Banana sheath.
785. *Vech kodukkal* - *Vech kodukkal* is a ritual in which traditional food is offered to the ancestral spirits (*pei*) to obtain their blessings and please them.
786. *Veeran Theyyam* - *Veeran theyyam* is one of the many *theyyam* forms performed and worshipped by the Mavilan community.
787. *Velian* - A rice variety.
788. *Vella jola* - A maize variety.
789. *Vellapokk* - White vaginal discharge.
790. *Venthapunn* - Burn wound.
791. *Veshamam* - Sadness or worry.
792. *Veshavaidhyan* - The male ethnomedical specialist who specializes in treating scorpion stings, spider bites, snake bites, and other insect bites in the Mavilan community.

793. *Veshavaidhyathi* - The female ethnomedical specialist who specializes in treating scorpion stings, spider bites, snake bites, and other insect bites in the Mavilan community.
794. *Veshavaithiyakkaran* - The male ethnomedical specialist who specializes in treating scorpion stings, spider bites, snake bites, and other insect bites in the Adiyan community.
795. *Veshavaithiyathi* - The female ethnomedical specialist who specializes in treating scorpion stings, spider bites, snake bites, and other insect bites in the Adiyan community.
796. *Vethikkarathi* - Midwife or female birth attendant.
797. *Visham theendiyal* - Venomous insect bite or snake bite.
798. *Vishnu moorthi* - Clan deity of the Mavilan community.
799. *Viyarppu illapo kulipat* - Taking a shower while sweating.

SYNOPSIS

The concepts of disease, etiology, healing practice, and health have been integral parts of culture since the origin of humanity. The concepts of health, disease, etiology, and healing practices have been deeply woven into the fabric of human culture across time and societies. Health and healthcare systems are built on diverse forms of knowledge, integrating personal experiences, practical insights, and hands-on expertise. This study aims to understand and document the indigenous healing practices of the Adiyar and Mavilar Tribes of Kerala within the context of their unique culture and conception of health and disease. The Adiyar and Mavilar tribal communities show distinct perspectives on health and illness, emphasizing a holistic understanding encompassing physical, mental, emotional, social, and cultural dimensions. Both communities view health not merely as the absence of disease but as the integration of various factors contributing to overall well-being. The concepts of illness in both communities are rooted in practical knowledge and sociocultural practices. Varied beliefs regarding the role of supernatural entities in disease causation suggest cultural, religious, or regional influences on community perceptions. Adiyar and Mavilar's health and illness concepts contribute to a broader discussion of cultural competence in healthcare and encourage a more inclusive understanding of health and well-being. Understanding these perspectives is crucial for bridging traditional and modern healthcare approaches.

Religious elements and belief systems significantly shape the lives of the Adiyar and Mavilar communities, impacting their health, social structure, and cultural practices. The worship of chief deities, clan deities, nature, and ancestral spirits is intricately woven into their healing traditions, reflecting a holistic and interconnected worldview. These communities' deep-rooted connection with their religious beliefs highlights the importance of maintaining harmony with nature and the significance of rituals in fostering community bonds.

Adiyar and Mavilar's food habits are strongly ingrained in their cultural, economic, and environmental contexts, underlining the importance of traditional knowledge in preserving their distinct food traditions. The Adiyar and Mavilar tribal communities have experienced changes in traditional food habits, and factors contributing to these changes are urbanization, globalization, and lifestyle alterations. Special diets during pregnancy vary between the communities, with unique food recommendations and

restrictions. Maternal health practices include specific postpartum diets to promote lactation and overall health. Both communities have historical food taboos rooted in religious beliefs. Additionally, "hot and cold" foods are crucial in their dietary practices, influencing choices during different seasons and health conditions. Despite cultural shifts, these communities still maintain some traditional food practices.

The Adiyani and Mavilan communities' understanding of causes of illness is multifaceted, including naturalistic (i.e., environmental and biological) and personalistic aspects (i.e., evil eye, possession of spirit and sorcery). This dualistic viewpoint emphasizes the community's multifaceted knowledge of health and illness, which combines cultural beliefs with practical observations of the environment and physical processes. This dualism emphasizes the complex relationship of cultural beliefs, environmental factors, and individual experiences in determining community health perceptions.

Among the indigenous healing systems of the Adiyani and Mavilan communities, disease diagnosis is a multi-stage process involving self-diagnosis, community involvement, ethnomedical specialists, and hospital consultations. Sociocultural factors shape the diagnosis, with visible external symptoms and internal cues guiding the identification. Various rituals also play a crucial role in uncovering supernatural causes. These diverse methods reflect the community's deep connection to their traditions, ancestor spirits, and holistic understanding of health.

Cultural beliefs, socioeconomic factors, accessibility to healthcare services, and the perceived efficacy of traditional and modern medical practices deeply influence the health-seeking behaviors and healthcare system choices of the Adiyani and Mavilan tribal communities. Despite a gradual shift towards modern medicine, traditional healing methods remain significant, particularly for ailments perceived to have supernatural origins. The preference for a holistic approach to healthcare reflects these communities' cultural values and the need for comprehensive care. Interventions must be culturally sensitive to effectively address the healthcare needs of these tribes. They must integrate traditional and modern medical practices while respecting the communities' beliefs and preferences.

The relationship between traditional healers and patients among the Adiyani and Mavilan communities is deeply rooted in trust, mutual understanding, and shared

cultural background. Traditional healing practices emphasize holistic care, addressing psychological, spiritual, physical, and social aspects of health. Patients actively participate in treatment alongside healers, fostering a collaborative approach to healing. Additionally, rite-de-passage (life cycle rituals) plays a significant role in these communities, serving as occasions to strengthen community ties and mark important transitions. Plants and sacred objects are intricately woven into these rituals, symbolizing prosperity, purity, and protection, reflecting the cultural values and beliefs of the Adiyar and Mavilar communities. Through these rituals, they maintain their cultural identity and seek guidance from ancestral spirits, affirming the importance of tradition in their lives.

Traditional healing practices among the Adiyar and Mavilar communities are deeply rooted in cultural beliefs and rituals. Guided by principles of respect for nature, ancestral blessings, and communal responsibilities, these practices blend herbal remedies, ritual ceremonies, and supernatural interventions. The significance of ethnomedicine lies in its holistic approach, addressing not just physical ailments but also spiritual and social well-being. Home remedies and the utilization of local flora and fauna underscore these communities' intimate relationship with their natural environment. Furthermore, the integration of promotive medicine highlights a proactive stance towards health maintenance. Despite modern influences, these healing traditions persist, embodying resilience and cultural continuity within these tribal societies.

The Adiyar and Mavilar tribal communities boast a rich tradition of ethnomedical specialists who play vital roles in healthcare. From *Vaithiyakkaran* (herbalists) to *Pottalu Nokkana Vaithiyakkaran* (bone setters) and *Vesha Vaithiyakkaran* (specialists in treating insect and snake bites), each one of them serves a unique purpose. *Bethikkarathi/Vethikkarathi* (the midwives who ensure safe childbirth practices), *Uzhichilkkaran* (the one who practices massage therapy to treat back pain, joint pain, and headaches), and *Thammadi* (the one who cures illness through magico-religious rituals) play a significant role in the lives of Adiyar community.

Ethnomedical specialists in the Mavilar community, including *Vaidhyans*, *Veshavaidhyans*, and *Karmis*, play vital roles in healing. *Vaidhyans* utilize herbal remedies passed down through generations to treat ailments like measles and fever. *Veshavaidhyans* specialize in detoxing venom from snake, spider, and insect bites by

performing specific rituals and using medicinal plants and animal matter. *Karmis*, often with magico-religious knowledge, diagnose illnesses and perform rituals for healing. Despite challenges in transmitting traditional knowledge, healers continue their vital roles, emphasizing the importance of ancestral blessings, rituals, and community involvement in preserving these invaluable healing practices. Their practices are deeply rooted in tradition, passed down through generations, and often guided by spiritual beliefs. Despite modern healthcare accessibility, these specialists remain significant in the community, bridging traditional wisdom with contemporary needs. Preserving and respecting their knowledge is crucial for maintaining the cultural and healthcare integrity of the Adiyen tribe.

Indigenous healing knowledge, deeply rooted in cultural traditions, offers invaluable insights into modern medicine. Transmitted orally across generations, it encompasses holistic approaches to health involving experiential learning and cultural immersion. While familial transmission remains significant, apprenticeship also plays a crucial role. However, shifting attitudes within communities, as seen in Adiyen and Mavilan communities, suggest evolving dynamics influenced by modernization and changing healthcare practices.

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CHAPTER I
INTRODUCTION

CHAPTER I: INTRODUCTION

This chapter presents the structure of the thesis and the methodology used in this study. This chapter provides components such as a statement of the problem, outlining the objectives of the study, formulating research questions, the theoretical frameworks of the study, elucidating the operational definitions of key concepts, highlighting the significance of the study, outlining the scope and limitation of the study, the research design, elaborating on the establishment of rapport, field encounter and experience, the significance and outcomes of the pilot study, describing the methods and techniques employed for data collection and data analysis, addressing ethical concerns of the study, and Chapterization.

The concepts of disease, etiology, healing practices, and health have been integral parts of culture since the origin of humanity. A close and inseparable relationship exists between the culture and healing practices among indigenous communities. Therefore, it is essential to examine the diverse notions of disease, healthcare practices, and diagnosis (Reddy, 1995, p.35). Healing and disease have socio-cultural roots and beliefs. Various philosophies and cultural backgrounds influenced the development of both traditional and modern systems of medicine. They approach health, sickness, and disease causation in different ways (Tolera et al., 2011, p.201).

For doctors to consider the implications of the healing practices in terms of biomedical treatment, they need to understand the tribal healing practices as well. “Those who can work with alternative medical systems and other healing methods will be better equipped to treat their patients” (Kirmayer, 2013, p.39). Every system of medicine revolves around the concept of healing. By comparing healing systems, researchers have illuminated both universal and cultural elements of healing (Kirmayer, p.40). The cultural variations of every facet of this general framework are revealed in ethnographic studies (Kirmayer, p.40). India has a plenteous heritage of medical and health care systems. Some prominent medical systems, like Ayurveda, Homeopathy, allopathy, Unani, Chinese Herbal Medicine, Siddha, etc., are prevalent in the country.

Medical anthropology is one of the major fields of anthropology. It examines how individuals from diverse cultures and social groups interpret the cause of illness, choose treatments, and seek assistance while ill (Helman, 2007, p.1). Furthermore, medical anthropology examines how historical, geopolitical, and ecological factors shape

diseases, the cultural significance of diseases, the social and psychological factors that impact health, disease, and sickness, and the influencing factors from the political and economic spheres. It also examines how different cultures establish and administer their medical systems (Browner, 1988, p. 682).

Ethnomedicine is a crucial component of Medical Anthropology, which studies indigenous healing systems, beliefs, and practices across various cultures. An ethnomedicine inquiry examines how people perceive health, disease, and illness, what treatments they access, and how they engage in healing practices (Pieroni et al., 2005, p.1). The study of traditional medicine holds significant importance within the field of medical anthropology.

The World Health Organization (WHO) defines traditional medicine as “It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.” Comprehending the diverse theories on indigenous healing presented by researchers necessitates a deep understanding of the culture and social structure of that particular indigenous community. Without this foundational knowledge, it becomes difficult to fully grasp the intricate and nuanced aspects inherent in their healing practices. The values, traditions, and ways of life of tribal communities intricately interweave with Indigenous healing practices, shaped by their cultural and social context.

1.1 STATEMENT OF THE PROBLEM

Each tribal community has its own traditional methods of treatment, which also depend on the environment in which the community lives. Physical, cultural, and social circumstances shape the indigenous healing practices of tribal communities. The advent of time, globalization, and technological advancements have changed or eliminated indigenous therapies. The Adiyar and Mavilan communities base their traditional healing methods on their lifestyle, habitat, beliefs, traditions, and taboos. Therapies and attitudes towards them have changed according to social conditions and habitats.

Though a few ethnographies of some of the tribes of Kerala are available, ethnographies with a focus on tribal health and medicine are relatively few. Very few studies in open

literature explore tribal beliefs and their connection to health, the role of tribal culture in concepts of health, disease etiology, or the relationship between these conceptions and Indigenous tribal healthcare practices.

The Adiyani and Mavilan tribal communities do not have a script for their traditional language, and their traditional knowledge remains undocumented. Therefore, conducting studies on this should be a crucial priority. Various health programs formulated and implemented by policymakers and health professionals in tribal areas do not succeed largely because they do not fully understand the beliefs and practices of these communities, which are closely tied to their health-seeking behaviors.

1.2 OBJECTIVES OF THE STUDY

The objectives of the study are:

1. To observe and document the life and culture of these communities.
2. To understand beliefs, practices, and concepts associated with health and disease.
3. To document their indigenous healing practices in the context of their cultures and concepts of health and disease.

1.3 RESEARCH QUESTIONS

The goal of the study was guided by the following questions to facilitate responses on specific information. The primary questions are:

1. What are the notions about health, disease, illness, and healing among these communities?
2. To what do they attribute the disease and illness in these communities, and how do they classify them on the basis of the same?
3. What are the different types of indigenous healing practices which exist among the Adiyani and Mavilan communities?
4. What are the various ways in which indigenous knowledge of healing has been transmitted from one generation to another?
5. What are the different ways in which the life and culture of Adiyani and Mavilan tribal communities are shaping their indigenous healing practices?

1.4 THEORETICAL BACKGROUND

Humans are always trying to understand multifaceted aspects of health and illnesses, and the various beliefs and practices surrounding healthcare and culture occupy a central role in shaping the healthcare practices of Indigenous communities. Multiple theories have been developed in the field of medical anthropology to understand how different cultural groups define concepts of health, disease, and treatment methods. In Medical Anthropology, researchers proposed four major theoretical approaches to understanding healthcare practices: the Biocultural Approach (also known as medical ecology), the Ecological Approach, Critical Medical Anthropology, and the Ethnomedical Approach. The researcher used the Ethnomedical theoretical approach in this study, focusing on community healthcare beliefs and associated practices, customs, and social roles. Additionally, the researcher used George M. Foster's *Principles of Disease Etiologies* (1976) and Arthur Kleinman's *Explanatory Model of Illness* (1980) to gain a deeper understanding of the causes of illness and the indigenous healing methods of the Adiyani and Mavilan tribal communities.

1.4.1 THE RATIONALE OF THE ETHNOMEDICAL PERSPECTIVE

Exploring traditional healthcare practices within Tribal Communities or any other indigenous communities reveals that the foundational core elements of healing practices, such as concepts of health and disease and choice of treatment methods, are inextricably linked with their cultural practices and belief systems.

While analyzing the four approaches within the realm of Medical Anthropology, namely the Biocultural Approach, the Ecological Approach, Critical Medical Anthropology, and the Ethnomedical Approach, the researcher understood that the Ethnomedical Approach places a higher emphasis on the significance of culture and the importance of an emic view regarding healing practices.

The following reasons influenced the reasons to use of the Ethnomedical Approach in the study:

- The Ethnomedical Approach places tremendous significance on the health-related beliefs, practices, cultural values, traditions, and customary laws within a community regarding healthcare behavior. Therefore, when conducting a

study about the Indigenous Healing Practices of Tribal Communities, employing the ethnomedical approach becomes crucial to gaining a deeper understanding of the roles played by beliefs and practices.

- The Ethnomedical Approach suggests that cultural values and customs influence health-seeking behavior. Notably, the Adiyani and Mavilan communities are guided by a set of customary laws and oral traditions associated with health-seeking behavior. As a result, the study places considerable importance on the Ethnomedical Approach due to its relevance in understanding these dynamics.
- Ethnomedicine encompasses the collective knowledge of healthcare administration regarding the cultural description of illness etiology, disease diagnosis, and treatment mode within a particular community's cultural framework. The Ethnomedicinal approach is significant in documenting collective knowledge of the healthcare approaches of the Adiyani and Mavilan communities.
- The ethnomedical Approach highlights the relationship between a community's healthcare practices, belief systems, and religious practices. This holistic healing approach includes rituals, ceremonies, herbal medicine prescriptions, and other practices. This correlation was particularly evident in the Adiyani and Mavilan communities.

1.4.2 EXPLANATORY MODELS (EMS) OF ILLNESS

Medical anthropology explores the diverse ways individuals from various cultures and social groups interpret the origin of illness, the treatment modalities they prefer, and whom they seek assistance in the event of illness (Helman, 2007, p. 1). Furthermore, it investigates “how these beliefs and practices intertwine with the biological, psychological, and social dynamics of the human body, encompassing both states of health and illness (Helman, 2007, p. 1)”. The healthcare beliefs of tribal communities play a vital role in traditional healing practices. Researchers have proposed numerous theories to understand the cause of illness and shed light on individuals’ attitudes toward seeking healthcare within different cultural contexts.

Comprehending the diverse theories on indigenous healing presented by researchers necessitates a deep understanding of the culture and social structure of the particular indigenous group. Without this foundational knowledge, it becomes hard to fully grasp the intricate and nuanced aspects inherent in their healing practices. Indigenous healing practices are intricately interwoven with values, traditions, and way of life, all of which are shaped by their cultural and social context.

Various theories related to health and illness discuss human conceptions of the etiology of illnesses, the diagnosis of diseases, treatment methods, and preventive and promotional healthcare practices in order to maintain good health. The “explanatory model,” developed by Arthur Kleinman in 1980, is a significant concept in ethnomedicine (Jaiswal, 2018, p.7). Arthur Kleinman has proposed a framework known as the Explanatory Models (EMs) to examine the process through which illness is patterned, understood, explained, and cured. A deeper understanding of the notion of health and disease within a community can be more effectively acquired by gaining insight into their explanatory model. The explanatory model proves immensely beneficial when seeking knowledge about ethnomedical practices. Grasping patients' explanatory models is crucial for delivering patient-centered care.

Both patients and practitioners carry explanatory models, and these models provide explanations for illness and treatment, serving as a guiding framework for making choices among the treatments offered by therapists. Additionally, they assign individual and societal significance to the experience of sickness (Kleinman, 1980, p. 105). From a structural standpoint, there are five fundamental queries that EMs strive to elucidate regarding episodes of illness (Kleinman, 1980, p.105), which are listed below:

1. Cause of the Disease.
2. The precise occurrence and the manner in which symptoms manifest.
3. The pathophysiological processes involved.
4. The course or intensity of the illness over time and the type of ill role (acute, chronic, disabled, etc.)
5. The appropriate treatments for the condition.

The patient's understanding of their Explanatory Models (EMs) is crucial in designing an effective treatment plan (Kleinman, 1980, p.106). Additionally, he proposes the

following open-ended queries that can be asked to patients to gain a better knowledge of their Explanatory Models (Kleinman, 1980, p. 106).

1. Do you have a name for your problem? What term or name do you use to describe it?
2. What are your thoughts on the potential factors or causes behind your problem?
3. Why do you believe it began, and when it happened?
4. What are the effects of your sickness? How is it functioning?
5. What level of seriousness is it, and will the course be short or long?
6. What is your prominent fright regarding your illness?
7. What are the significant issues that you have experienced due to your illness?
8. Which kind of healthcare service do you consider you must get? Describe the particularly significant outcomes you intend to obtain from the treatment.

The metaphors employed to express the experiences of both patients and practitioners reveal significant cultural influences (Kleinman, 1980, p. 107). In the case of Adiyani and Mavilan, the patients and traditional healers or ritualists belong to the same community, sharing a common culture. This shared cultural background contributes to a greater sense of satisfaction for the patients when receiving treatment from indigenous healing methods. The shared cultural background also assists the traditional healer to gain a profound and nuanced emic understanding of the illness experienced by the patients.

Exploring their explanatory model can give a deeper understanding of the Adiyani and Mavilan perspectives on health and illness. The researcher uses the Ethnomedical Approach, specifically the “explanatory model”, to understand the concept of health, illness, diagnosis of illness, and choice of treatment among the Adiyani and Mavilan Tribal Communities. The “explanatory model”, developed by Arthur Kleinman in 1980, is a significant concept in ethnomedicine (Jaiswal, 2018, p.7).

1.4.3 DISEASE ETIOLOGY BY GEORGE M. FOSTER

In Medical Anthropology, researchers propose multiple theories to elucidate the illness etiology of indigenous healthcare systems. Unlike Western medical perception, the primary emphasis in many healthcare systems lies not on the fundamental pathological mechanism but rather on the etiology when it comes to understanding an illness. This aspect holds significant importance, as it influences the majority of diagnoses by identifying causation and determining appropriate treatments that target specific causes (Glick, 1967, p.35).

Foster (1976) identifies two principal etiologies in his analysis of the notion of illness in non-Western healthcare systems. He points out that the majority, though not all, of the illness causes observed in non-Western medical systems can be explained by two fundamental principles: personalistic and naturalistic (Foster, 1976, p. 775). The author identifies disease as an independent factor that influences various aspects, such as healers, diagnostic methods, magic, and religious belief systems, which are dependent variables (Foster, 1976, p. 774).

The author considers the naturalistic cause of disease limited to the disease specifically, whereas the personalistic cause has a broader or common explanatory framework.

“A personalistic medical system explains disease as the active, purposeful intervention of an agent. This agent could be human (a witch or sorcerer), nonhuman (a ghost, an ancestor, an evil spirit), or supernatural (a deity or other very powerful being). The sick person is literally a victim, the object of aggression or punishment directed specifically against him, for reasons that concern him alone (Foster, 1976, p. 775)”.

The naturalistic cause of illness is described by the author as follows:

“In contrast to the personalistic system, the naturalistic system explains illness in impersonal, systemic terms. The disease is thought to arise not from the machinations of an angry being but rather from such natural forces or conditions like cold, heat, winds, dampness, and, above all, an upset in the balance of the basic body elements (Foster, 1976, p. 775)”.

The rationale for including Foster's Disease Etiology theory in this study lies in its ability to provide a structured lens for understanding and classifying the explanations of illness causation observed among the Adiyen and Mavilan communities. Both personalistic and naturalistic explanations are evident in their cultural narratives: illnesses may be attributed to spiritual forces, sorcery, or ancestral displeasure on the one hand, and to imbalances, environmental conditions, or dietary causes on the other. By employing Foster's framework, the study can systematically distinguish between these explanatory logics and connect them to the corresponding healing practices, whether ritual, herbal, or shamanistic. This framework, therefore, complements the ethnomedical approach and explanatory models by adding conceptual clarity to the analysis of how these communities perceive, categorize, and respond to illness.

Types of Healers: The types of healers present in a community and their healing methods are derived logically from the identified causes of illnesses. The Personalistic system contains numerous layers of causes of illness, requiring a healer with supernatural and mystical skills. In this system, the central focus for the patient and their relatives is not solely on the direct cause of the illness but instead on unraveling who is responsible and the underlying reasons behind its presence (Foster, 1976, p. 778).

Causes of Illness: Naturalistic etiology requires a healer with expertise in symptom treatment because it is characterized by a single cause. This healer is knowledgeable in therapeutic herbs, dietary limitations, and traditional therapeutic techniques like massage and the use of traditional cataplastm (Foster, 1976, p. 779). In the case of a naturalistic etiology, the individual with the illness or a member of his family does the diagnosis. However, in the case of a personalistic etiology, the practitioner of shamanism determines the cause using the divinatory method. Here, the patient feels he understands his condition by the time he stops using home remedies by reconnecting to a prior experience and, upon reflection, seeking expert help. The primary goal of a healer is to heal the patient (Foster, 1976, p. 779).

1.5 CONCEPTUAL DEFINITIONS

Health and illness are understood through social experiences and cultural definitions, which are the basis of medical anthropology (Hasty et al., 2022, p.517). Culture

profoundly influences our understanding of health, disease, and illness. Here are the conceptual definitions of the concepts of health, disease, illness, healer, and culture-bound syndrome as applied within the context of this research:

Health is defined as follows, “It is a state of complete physical, social and mental well-being, and not merely the absence of disease or Infirmary. A resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.” (WHO, 1986).

Disease is defined as follows, “Disease in the Western medical paradigm is malfunctioning or maladaptation of biological and psychophysiological processes in the individual.” (Kleinman et al., 1978, p.141).

The definition of illness given by Hasty et al. is as follows, “Illness is the individual’s sociocultural experience of a disruption to their physical or mental well-being. An individual’s perception of their own illness is shaped by how that illness is viewed, discussed, and explained by the society they live in.” (Hasty et al., 2022, p.516).

A healer is defined as “... a person who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background as well as on the knowledge, attitudes, and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causation of disease and disability.” (AFRO Technical Report Series, No. 1, 1976).

The Culture-bound syndrome is defined as follows: “Culture-bound syndrome is a broad rubric that encompasses certain behavioral, affective, and cognitive manifestations seen in specific cultures. These manifestations are deviant from the usual behavior of the individuals of that culture and are a reason for distress/discomfort.” (Balhara, 2011, p.210).

It is essential to explain why the researcher has chosen the term “indigenous” in the thesis title. India voted for the United Nations Declaration on the Rights of Indigenous Peoples (2007) and said that all of its people are indigenous. In academic and anthropological discourse, however, the term "indigenous" is often applied in a contextual sense to denote communities with distinct cultural traditions, knowledge systems, and historical continuity. The term "indigenous" is used in this study in a

second instance, particularly when referring to the Adiyar and Mavilam tribal communities of Kerala. These communities' healing methods are ingrained in their cultural and social life, transmitted intergenerationally, and rooted in their lived relationship with nature and community. Hence, the title of the thesis uses "indigenous" to highlight these distinctive, community-based systems of healing.

1.6 SIGNIFICANCE OF THE STUDY

The present study explores and documents the indigenous healing practices of the Adiyar and Mavilam tribal communities of Kerala within the context of their unique culture and concepts of health and disease. The tribal communities' perspectives on health, disease causation, healthcare beliefs, and practices are culturally specific and different from a modern medical point of view. While bringing modern medicine and healthcare programs to the tribal areas, it is essential to understand the healthcare approaches of the tribal communities. Hence, the present study on Indigenous healing practices of these two communities becomes significant and relevant in the present-day context.

Both Adiyar and Mavilams are lesser-known tribal communities, and data collection and recording are found to be very few. Various healthcare programs formulated and implemented by policymakers and health professionals in tribal areas do not succeed mainly due to a lack of understanding of the beliefs and practices of tribal communities associated with their health-seeking behavior from an emic perspective (insider view). Hence, it is fundamental to study the life and culture of these communities to get a complete understanding of these healthcare systems. Documenting their culture is crucial, as it serves as an identity for these communities.

Health is one of the crucial components of human development, and tribal communities follow more than one healthcare system. Hence, it is essential to study tribal healthcare practices, which will help understand their perspectives on health and illnesses, as well as their health practices and healthcare approaches. It is essential to document the Traditional Medicinal knowledge of Tribal communities, especially in a country like India where the Indigenous community population is more abundant in Knowledge of Medicine. From an earlier time, many Anthropologists studied traditional medical beliefs and practices of Indigenous communities, considering the community's point of

view (emic) through understanding their cultural beliefs. Those studies act as a bright spot for many of the problems associated with health programs. This study helps gain more insights into the healthcare beliefs and associated practices of Adiyen and Mavilan tribal communities.

1.7 SCOPE AND LIMITATIONS

The study aims to understand and document the indigenous healing practices of the Adiyen and Mavilan Tribal Communities of Kerala within the context of their unique cultures and conceptions of health and disease. The study explores multifaceted aspects, including the notions of Adiyen and Mavilan about health, disease, and healing, their classification of disease remarkably grounded on its cause, the diverse forms of indigenous healing practices prevalent within these communities, the transmission of traditional knowledge pertaining to healing through successive generations, and the influence of the life and culture of Adiyen and Mavilan tribal communities on their indigenous healing practices. These multifaceted aspects of health and healing will enable policymakers, healthcare professionals, and researchers to understand the emic perspective of the Adiyen and Mavilan Communities and develop more culture-friendly and traditional healing-centric policies and schemes in the future. Here, Adiyen and Mavilan can also be considered representative of any Tribal community or any other homogenous group in general.

The following are the limitations of this study:

One of the major limitations that the researcher faced in the data collection process was the hesitation of many healers who refused to disclose the names of medicinal plants due to maintaining secrecy, unfamiliarity with the plant names, or uttering the plant name aloud, which, they believe, could reduce or eliminate the medicinal property of that particular medicinal plant.

Secondly, due to secrecy, only some ethnomedical specialists, especially shamans, were willing to give interviews, and some would refuse to answer some of the questions.

Cultural beliefs play a significant role in healing practices among tribal communities. The third limitation of the study is that not all community members were willing to share data, so information was only gathered from those informants who were open to

sharing. This is because community members are sensitive to sharing data about healing practices with everyone.

The researcher tried to represent or depict key concepts of the study in the Adiya *bhasha* (the traditional language of the Adiyani community) and Mavila *bhasha* (the traditional language of the Mavilan community). While translating key terms from the Adiyani and Mavilan languages to Malayalam and subsequently into English, it is always possible to miss the core meaning of the original utterances. This constitutes the fourth limitation of the study.

The study's fifth limitation is that a few informants from the study population insist on keeping certain information, especially those rooted in cultural beliefs, confidential and secret. They do not want this information to be published or included in the Doctoral Thesis. The researcher had to accommodate these requests under ethical considerations.

Since not all healers may be willing to disclose information through interviews, the researcher has employed diverse data collection methods such as participant observation and focus group discussions as alternative avenues for gathering insights. Collaboration with local language experts and community members fluent in both the traditional language and Malayalam helped the researcher to improve the accuracy of translations and interpretations. The researcher established connections with members of the Adiyani and Mavilan communities before embarking on their doctoral study (as part of the research work). This proactive engagement facilitated the development of trust with informants, enabling the researcher to gather data on rituals and other sensitive information effectively.

1.8 RESEARCH METHODOLOGY

A research methodology can be defined as the study of how research is conducted scientifically (Kothari, 1990, p.9). This study employs a mixed methodology, combining qualitative and quantitative methods.¹ Ethnographic research is a central

¹ The broad framework or perspective that directs the study's methodology, including its theoretical and philosophical tenets, is referred to as the "approach" in research (Creswell, 2014, p. 3). On the other hand, "method" refers to the specific techniques or procedures used to collect and analyze data (Berg & Lune, 2012, p. 4).

part of this study, supplemented by surveys and a comprehensive analysis of the community's health practices and cultural context. Section 1.8.5 explains the detailed methods, tools and techniques of data collection.

1.8.1 RESEARCH DESIGN AND APPROACH

The research design refers to the conceptual framework, which is the blueprint for collecting, measuring, and analyzing data (Kothari, 1990, p.31). The study was conducted among the ten selected hamlets of the Adiyar tribe of the Wayanad district and the Mavilan tribe of the Kasargod district of Kerala. This study employs a mixed methodology, combining qualitative and quantitative methods. An important characteristic of Anthropological study is its holistic approach (Srinivasu, 2018, p. 18). Usually, Anthropologists opt to study small communities, such as single villages or parts of tribes, which is known as the microscopic approach. This microscopic approach has the advantage of firsthand observation because it is thought to be more accurate and reliable (Srinivasu, pp.17-18).

- **Ethnographic Research:** Ethnography is qualitative research that involves collecting observations, interviews, and documentary evidence to create in-depth and comprehensive descriptions of various social phenomena (Reeves et al., 2013, p.1365). This research focuses on understanding these communities daily life and cultural practices through detailed observations and active participant interaction.
- **Ethnomedical Theoretical Approach:** A framework for analyzing health and illness within the cultural context of traditional medical systems, with an emphasis on beliefs, practices, and local health theories (Winkelman, 2009, pp. 12-14). This provides insights into the traditional medical systems, beliefs, and practices specific to the Adiyar and Mavilan tribes.

1.8.2 UNIVERSE OF THE STUDY

A 'Universe' or 'Population' consists of every item in any field of inquiry (Kothari, 1990, p.55). It is a group of objects (physical things) or individuals (humans) chosen for the study. According to the Census of India, 2011, the Scheduled Tribe Population of Kerala is estimated as 484839, constituting 1.45% of the state's total population. There

are 37 Scheduled Tribal Communities residing in Kerala among them. The researcher conducted the study among the Adiyar and Mavilar tribal communities. The Adiyar Community inhabits the Wayanad District, while the Mavilar Community resides in the Kannur and Kasargod Districts, Kerala.

The researcher conducted the study among the ten Adiyar settlements located in the Thirunelly and Mananthavady panchayats of Wayanad District and ten Mavilar settlements situated in the Pilicode, Kodom-Belur, Bedadka, Kallar, Kinanoor-Karinthalam, and Pullur-Periye panchayats of Kasargod District.

The researcher selected the Adiyar and Mavilar communities for the following reasons: only a limited number of researchers have undertaken ethnographic studies to understand their health-seeking behavior and healing practices. With respect to indigenous knowledge of health and healing, both communities are at the forefront of traditional medicine, and it is essential to understand, study, and document the healing practices of these communities. Both Adiyar and Mavilars are lesser-known tribal communities, and correspondingly, data collection and recording are very few. In this context, this study of the traditional healing practices of tribes holds significant importance.

Wayanad

The Wayanad District stands out as the most tribal populated District in Kerala (Census of India, 2011). In accordance with the study's objective, the researcher selected the most tribally populated region of Wayanad District as the study locale. The total tribal population of Wayanad District is 151,443. The district is located in South India. About eight Scheduled Tribal Communities reside in Wayanad, which include Paniyan, Kattunaickan, Adiyar, Kurichiyar, Vettakuruman, Wayanad Kadar, Mullukuruman, and Thachanadan Moopan.

Kasargod

The Mavilars, the fourth largest tribal community in Kerala, inhabit the Kannur and Kasargod Districts of Kerala State. The majority of the Mavilars inhabit the Kasargod District, which is why the researcher explicitly carried out the study in that district. Kasargod is located in northern Kerala and is known for its diverse languages. Furthermore, the district is culturally diverse and heavily influenced by neighboring

states. Mavilan, Malavettuvan, Koragar, Maratti, and Kudiya/Melakudi Scheduled Tribal communities inhabit the Kasargod district.

1.8.3 RAPPOR

Establishing rapport is one of the vital parts of the data collection process, especially in Anthropological Research. Building a harmonious relationship between the researcher and the participants will facilitate the production of more reliable data. The success of the field investigation relies on the acceptance of the researcher by the community. "To produce valid information, researchers must gain acceptance from the participants or community." (Roy, 2014, p. 685).

Over the past four years, the researcher worked on various projects focusing on the Tribal Communities of Kerala. Due to this, even prior to the Doctoral Study, the researcher possessed a foundational understanding of the cultural practices of the Adiyar and Mavilan Tribal Communities. This pre-existing familiarity with the community significantly facilitated the establishment of rapport.

From the initial phase of the fieldwork itself, the researcher got the opportunity to participate in various ceremonies and rituals of Adiyar, the Mavilan communities. These include the dry funeral ceremony, puberty ceremony, festival, and ritual associated with healing. By means of actively participating in these occasions is helpful to the researcher in identifying and making a rapport with the different types of healers, such as herbalists, bone-setters, midwives, ritual practitioners, shamans, and healers who provide treatment for snake bites, scorpion stings, spider bites, and other insect bites.

Furthermore, the researcher successfully identified more key informants. The researcher actively observed these rituals and ceremonies and employed quasi-participant observation for a better understanding of the events with the permission of community members. On certain occasions, the researcher even had the privilege of savoring traditional food from the events. This active participation in the rituals and ceremonies fostered the development of stronger connections and bonds between the community members and the researcher, and it also facilitated good rapport building. As a result, many individuals who participated in these events quickly recalled the

researcher during subsequent encounters. This rapport-building greatly facilitated the process of gathering data in a relatively seamless manner.

As Roy (2014) rightly pointed out, with time, the community members fail to recall the researcher as an outsider, instead taking them as their own relative or friend with good intentions, and this is true in the case of the researcher. Following several months of immersive fieldwork and successful rapport-building, the members of both the Adiyen and Mavilan communities saw the researcher as one of their community members. This perception extended to being considered a fellow clan member, granting the researcher the privilege not only to witness their rituals and ceremonies but also to participate in the rituals and ceremonies. In the last phase of the fieldwork, two esteemed healers from the Adiyen community went as far as to introduce the researcher as their granddaughter to another community member. These incidents provided significant protection and support to the researcher within the community.

1.8.4 PILOT STUDY

Generally, pilot studies are smaller studies that help plan or modify more extensive studies (In, 2017, p.601). Many researchers overlook the importance of conducting a pilot study despite its essential role. Its importance lies in providing researchers with insights into the feasibility of the study and aiding in the development of the most appropriate research design for a larger-scale study. Pilot studies help determine not only the sample size but also other aspects of the main study (In, p.604).

The researcher conducted fieldwork as part of the Pilot Study (September- November 2019) among Adiyen and Mavilan tribal communities prior to this Ph.D. study, which made rapport-building relatively easier for the researcher. The researcher also participated in one ritual and festival of these communities during the pilot study. In connection with the pilot study, the researcher also visited various government offices to collect the settlement-wise/panchayat-wise population-related data of the Adiyen tribes of Wayanad district and the Mavilan tribes of Kasaragod district.

These are some of the ways in which the pilot study benefited the researcher:

- Created the initial rapport with the members of the Adiyen and Mavilan Communities to ease further interactions.

- Gaining familiarity with the research settings and surrounding environment.
- Check the suitability and effectiveness of the research method, tools, and techniques.
- Understand the response rate of the research participants.
- Developing a better understanding of the field setup.
- It is also helpful to identify a few of the key informants.
- To check the effectiveness of the data collection instruments.
- Additionally, the researcher identified the hamlets where people still practiced traditional customs and cultural practices related to healing.

The following are the major findings of the pilot study:

- The pilot study enabled the researcher to understand the cultural practices and way of life of the Adiyar and Mavilar communities. Additionally, the researcher prepared ethnographic notes about the Adiyar Community.
- The researcher understood that the belief system of the Adiyar community heavily influences their healing practices.
- Among this community, the cultural bound syndrome is also very prevalent.
- Community healing practices include herbal treatments, ritual performances, and a combination of these (herbal treatment and ritual performance).
- The researcher also identified a few ethnomedicinal plants and their uses.
- The researcher participated in one of the healing rituals of the Adiyar community and collected data using quasi-participant observation.
- In addition to the fieldwork, the researcher also visited libraries to collect secondary data from various kinds of literature.
- Various ethnomedical specialists, including midwives (birth attendants), bonesetters, herbalists, and ritualists, have been identified.

1.8.5 METHODS, TECHNIQUES, AND TOOLS OF DATA COLLECTION

The research methods refer to any techniques or methods utilized in the conduct of research (Kothari, 1990, p.7). Researchers use methods to collect and analyze data. Researchers focus on the cultural and social interactions of people and groups to place specific events into a broader, more meaningful context (Curry et al., 2009, p.1). Data were collected mainly on indigenous healing practices, life and culture, healing rituals,

the concept of health, and disease causes according to these communities. The study facilitated data collection using methods such as ethnography, fieldwork, interviews, observation, transect walk, genealogy, case study, focus group discussion, and survey. In connection with fieldwork, the researcher conducted 7 months of fieldwork between October 2020 and April 2023. 40 in-depth interviews, 15 focus group discussions, 14 case studies, and a survey were conducted. Data were collected mainly on indigenous healing practices, life and culture, healing rituals, the concept of health, and the causes of disease according to these communities.

Various data collection tools are employed to gather data from the field: two interview schedules and one survey questionnaire prepared per the study's requirements. The interview schedule used to collect data through the interview method is called an interview schedule. A schedule is a form that is a data collection tool, and upon receiving information from participants of the study, the researcher will fill out the schedule, containing questions or blank tables. A questionnaire is also a data collection tool that the participant fills out (Roy, 2014, p.589). Researchers used one semi-structured open-ended interview schedule to collect data on the life and culture of these communities and other semi-structured open-ended interview schedules to gather the notions of Adiyen and Mavilan about health, disease, and healing. The classification of the disease is grounded on the cause of the disease, diverse forms of indigenous healing practices prevalent within these communities, the transmission of traditional healing knowledge through successive generations, and different ways in which the life and culture of Adiyen and Mavilan tribal communities influence their indigenous healing practices.

The study facilitates data collection by using the following methods:

1.8.5.1 ETHNOGRAPHY

Ethnography is a method that focuses on studying the culture of a particular community in detail. The ethnographic (specifically Descriptive) method is used to understand how culture influences the concept of healing and various practices associated with healing.

“Ethnography is the systematic study of the lifeways or particular patterns of a culture by observing, detailing, describing, and documenting them and to gain a better understanding of the people in their familiar environment” (Leininger,

1985).

The ethnographic method helped the researcher understand day-to-day practices and how culture influences healing methods and associated practices.

1.8.5.2 FIELDWORK

Fieldwork is an integral method of Anthropological research. The goal of fieldwork is to gain a deeper understanding of people within their natural setting. An observation and data collection process takes place during fieldwork. The present study is more or less ethnographic in nature and employs the fieldwork method. As part of data collection, the researcher conducted fieldwork among selected hamlets of the Adiyar and Mavilan communities. Fieldwork is extremely valuable as a method of providing firsthand insights, contextual understanding, data collection, and rapport building.

1.8.5.3 OBSERVATION

The most fundamental approach of scientific inquiry is observation; examining a phenomenon or an object while keeping it unaltered is known as Observation (Roy, 2014, p.688). The researcher used both participant and non-participant observation methods. In participant observations, the observer must actively participate in the phenomenon, whereas non-participant observations involve pure observation without participation (Roy, p.688).

During fieldwork, the researcher engaged as a participant observer by actively taking part in community rituals, ceremonies, and everyday interactions, while simultaneously documenting observations. This dual role facilitated the gradual building of trust and rapport, allowing access to healers, key informants, and cultural practices that might otherwise have remained inaccessible. Participation in events such as festivals, healing rituals, and communal gatherings enabled the researcher to be viewed less as an outsider and more as a trusted associate, thereby strengthening the reliability and depth of the data collected.

The researcher adopted the participant observation technique to gather data related to the ritual, which is associated with healing, diagnosis, and offering. This method helped to understand the healing process and various health and healing-related rituals. The quasi-participant method helped cross-check and validate the data collected through the

interviews. The researcher used a field diary to note down the information.



Photograph 1.1: Researcher with an Adiyen Community Healer During Participant Observation

1.8.5.4 TRANSECT WALK

The transect walk explores various aspects of the culture by walking along a defined path (transect) across hamlets. The researcher conducted a transect walk during the initial stage of the fieldwork, which helped the researcher identify the water resources and sanitation infrastructure.

1.8.5.5 GENEALOGY

Genealogy is a method for determining how inheritance affects a trait based on a family history. Using genealogy, the researcher gained insights into how healing practices were passed down through generations, shedding light on the role of inheritance in preserving these traditions. This approach helped the researcher identify the healers within a family and provided a nuanced understanding of how tribal communities maintain their cultural and traditional knowledge systems.

1.8.5.6 INTERVIEW

Interview is one of the important methods in Social Science research. An interview method can be described as a face-to-face meeting between individuals to discuss specific topics (Roy, 2014, p.689). Interviews were conducted with the key informants (above 18 years old) of the Adiyen and Mavilan communities to understand aspects of their traditional healthcare practices. Key informants were identified and selected from

Focus Group Discussions (FGDs). The researcher identified and selected key informants from Focus Group Discussions (FGDs). The researcher used the In-Depth Interview method and employed semi-structured open-ended questionnaires to collect data on the life and culture of these communities.



Photograph 1.2: In-depth Interview with an Adiyar Community Member

1.8.5.7 FOCUS GROUP DISCUSSION (FGD)

Researchers frequently use Focus Group Discussions (FGDs) as a qualitative research method to gain a deeper understanding of social issues. Instead of getting data from a statistically representative sample of a larger population, this method uses a purposely selected group of participants (Ochieng, 2018, p.20).



Photograph 1.3: Focus Group Discussion with Mavilan Community Members

The Focus Group Discussion method reassured the researcher about data related to

healing practices. The researcher selected key informants for conducting the case studies and in-depth interviews from the Focus Group Discussion and Observation method. Each FGD lasted up to 2-3 hours, and the researcher conducted it in the houses of informants within the settlement or in places convenient for them.



Photograph 1.4: Focus Group Discussion with Adiyen Community Members

1.8.5.8 CASE STUDY

An important method of qualitative analysis is the case study and the process of observing closely and thoroughly a social unit, whether it is a family, a community, a cultural group, or an institution (Roy, 2014, p.755). The case study assisted the researcher in gaining clarification on specific issues. Also, it served to compare the various healing practices of these communities. The Case Study method is also explicitly used to understand the Ethnomedical Specialists of the study population.

1.8.5.9 SAMPLING

This procedure of selecting respondents is the sampling technique, and researchers choose the respondents to form a 'sample' (Kothari, 1990, p.55). The researcher used a convenience sampling method to select the population. As a part of this study, the researcher collected data from settlements (Wayanad and Kasargod districts) where traditional healers mainly belonged to the Adiyen and Mavilan communities. It is not necessary to find traditional healers in all the settlements. Thus, it is crucial to identify the settlements where traditional healers live and incorporate them into our study.

Therefore, it was more suitable to consider the convenience sampling technique.

Culture and beliefs heavily influence the healing practices of tribal communities. Because of this, community members are sensitive to sharing their healing practices with everyone. However, not everyone in the community may be willing to share data. Thus, only those informants who were willing to share information were interviewed. Considering these aspects, a convenience sampling technique has been chosen.

The research focused on the Kasargod and Wayanad districts, which have the highest number of Mavilans and Adiyans. There are 204 Adiyans tribal settlements in the Wayanad district and 478 Mavilan tribal settlements in the Kasargod district. The researchers selected ten settlements from each of the tribal communities for the study using a convenience sampling method based on the objective of the study. They mainly focused on remote settlements. The researcher selected the most populated settlements from the panchayats, inhabited mainly by these two tribal communities.

The researcher selected the following Ten hamlets of the Adiyans Community for the study.

1. Erivakki
2. Gundikaparamb
3. Annicheroor
4. Pothumoola
5. Maniyil
6. Meenkolly
7. Vellachal (Kolidar)
8. Karimam
9. Kollimoola
10. Manthanmkunnu

The researcher selected the following ten hamlets of the Mavilan Community for the study.

1. Orottichal
2. Kalayanthadam
3. Pookkunnath Para
4. Kappalli
5. Mundamani
6. Panniyerinhakolli
7. Vengacheri
8. Kaduvanathotty
9. Edamunda
10. Jayapuram 1

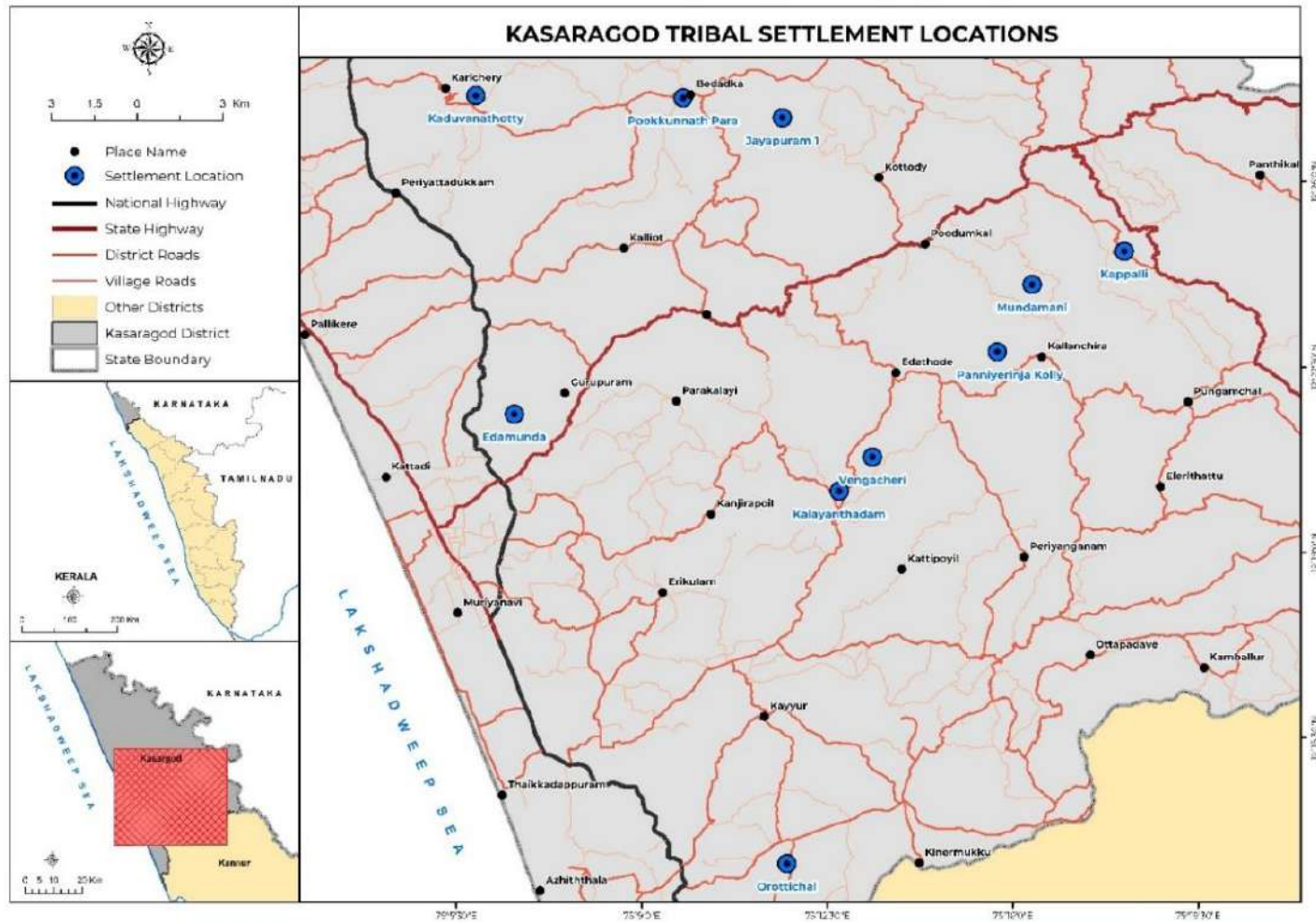


Figure 1.2: Hamlets of the Mavilan Community Selected for Study

1.8.5.10 SURVEY

The researcher also employed the survey method in the study. The researcher surveyed 100 participants from the Adiyar community and 100 from the Mavilan community. The participants included herbalists, healers, ritualists, shamans, midwives, individuals who had sought treatment from traditional healers, those who had recovered from culture-bound syndromes, healers in training or apprenticeship, and various other key informants.

The researcher used the survey method to gather information from a diverse group of respondents from the Adiyar and Mavilan communities. This method helped quantify the respondents' perceptions of health within these communities. While the qualitative method provided narratives of healing practices, the survey method allowed the researcher to collect information from a larger number of respondents in a structured manner. Presenting the findings through tables and graphs facilitated meaningful comparisons and strengthened the analysis.

The present study employed the following electronic devices: a camera, a video recorder, a voice recorder, a computer, a mobile phone, and visuals such as photographs and videos.

1.8.6 SECONDARY DATA COLLECTION

The researcher used secondary data sources in addition to the primary data. The researcher collected secondary data from various sources such as books, journals, magazines, articles, study reports, census reports, government reports, websites, and other relevant sources. The researcher conducted library work before and after the fieldwork at various private and public libraries in the Wayanad, Kozhikode, and Kannur Districts of Kerala.

The researcher engaged in extensive library research work at several prestigious Universities and Research Institutes, including the libraries of Calicut University, Kannur University, the Kerala Institute for Research, Training, and Development Studies of Scheduled Castes and Scheduled Tribes (KIRTADS), and the University of Madras. During the pilot study, the researcher visited various government offices to

collect the government reports and settlement-wise/panchayat-wise population of the study communities.

1.8.7 TRIANGULATION

The researcher used the triangulation approach in the study. Triangulation is a qualitative research technique that evaluates findings' validity by combining data from several sources using various methods (Patton, 1999, p.1189). It consists of collecting data from various sources to determine validity (Carter et al., 2014, p.545). In triangulation, information is cross-verified so as to enhance the accuracy and reliability of findings.

1.8.8 DATA ANALYSIS

The researcher mainly collected descriptive and qualitative data (except for data from surveys). Then, the researcher conducted a descriptive and interpretive analysis of the data, manually analyzed the quantitative data from the surveys, and presented it in the form of graphs, charts, and tables. The researcher transcribed the voice recordings of the interviews and Focus Group Discussions, segregated the data, categorized the transcribed data through a coding method, combined the codes into themes, and drew inferences. The researcher conducted a thematic analysis, organized the observations and findings into chapters, and presented them as thick descriptions, tabulations, and narratives. The researcher noted the data collected through the participant observation method in a field diary and later analyzed it. Additionally, the data collected through the case study method were analyzed, interpreted, and presented as distinct case studies within the relevant chapters. During the various stages of research, the researcher employed computational tools such as Google Sheets and Excel spreadsheets. The researcher took audio, video, and photographs as part of the documentation.

1.8.9 ETHICAL CONCERNS

An informed consent form in the Malayalam language explaining this study to participants and providing adequate information about this study enabled participants to decide whether to participate in this study. The Institutional Ethics Committee (IEC) of The University of Trans-disciplinary Health Sciences and Technology (TDU) Bengaluru reviewed and approved the research protocol, including the consent form.

The researcher obtained consent by signing the form along with the subject. The researcher has ensured that they conduct observations, interviews, recordings, and surveys in a manner that protects the privacy and safety of the participants. The researcher conducted focus group discussions, in-depth interviews with key informants, and case studies with consideration for the respondents' privacy and other specific requirements.

Ethical considerations for this study include the following:

- The researcher provided participants with enough information about the research to ensure they understood what participation entailed. Additionally, the researcher explained how the collected data would be used for the study.
- The researcher handled information related to the belief system very carefully.
- The researcher assured participants of anonymity or confidentiality as required and took steps to maintain it. For example, the researcher assigned pseudonyms to participants to protect their identities.
- The researcher made all consent forms available in Malayalam and collected all data with consent.
- The researcher ensured participants understood that the data they provided would not be misused in any way that could harm them.
- The researcher informed participants that their participation was voluntary and assured them they could withdraw at any time without any obligation.
- The researcher conducted interviews in isolated places with a limited number of people and ensured that sensitive belief system-related information was treated with anonymity and confidentiality. In cases where informants requested certain information to remain confidential or excluded from the thesis, the researcher honored these requests.

1.8.9.1 SELECTION AND WITHDRAWAL OF PARTICIPANTS

The researcher selected or excluded participants based on certain criteria listed below.

Inclusion Criteria

The researcher selected participants from the ten remote tribal hamlets of Adiyam and Mavilan Tribal communities. The researcher collected data from healers (those continuing their practice) and community members (elders or those with a depth of knowledge about the cultural practices and the community members who have recovered from culture-bound syndromes). The researcher collected data on the healing practices and ethnographic profiles from targeted populations and identified key informants. Identifying key informants is the process of identifying participants with extensive knowledge about healing practices and who are willing to share that knowledge with the researcher.

Below are the criteria for the selection of healers for interviews:

- The healers who are continuing their practice.
- The healers from the rural hamlets/settlements.
- Healers who are open to providing researchers with data pertaining to methods for healing practices.

Exclusion Criteria

Urban hamlets/settlements, Children, and those who were not willing to share the data were also excluded from the study.

1.9 FIELD ENCOUNTER AND EXPERIENCE

As an anthropologist conducting a study on the indigenous healing practices of tribal communities in Kerala, the researcher found the field encounters to be enlightening and immersive experiences. The researcher spent months living among these communities, building trust, and gaining insight into their traditional healing practices. Before commencing her doctoral study, the researcher built strong relationships with individuals from the Adiyam and Mavilan communities during her tenure as a research associate. This prior connection developed trust with the community members, facilitating data collection about rituals and other information for her research.

The researcher's fieldwork carries an adventurous feel, with some of the study sites situated near dense forest areas. Despite obtaining prior permission from the relevant

authorities, visiting these regions alone involves risks due to the presence of elephants, pigs, and occasionally even tigers. The researcher received a sudden warning while walking near a forest with an informant to visit a settlement. The informant detected the smell of an elephant (*anachooru*) nearby and urged the researcher to run from the area. Without hesitation, both ran away. The researcher found a newspaper article the next day detailing an incident in which a wild elephant attacked an individual gathering firewood in the same location the researcher had visited the settlement. This experience was one of the adventures the researcher faced.

Another striking experience occurred during fieldwork when the researcher planned to observe a dry funeral ritual. The researcher initially sought permission from the *chemmakaran*, the clan head of Adiyar, and was informed that only community members could participate. The researcher prepared to depart, but to their surprise, the *Chemmakaran* proposed a solution. They offered to integrate the researcher into their clan, the *Chemmam*, through rituals, thereby granting participation rights. Following the ritual, the *Chemmakaran* declared the researcher a member of the *Kallilla Chemmam*, allowing her to engage in the ritual. This experience illuminated the community's inclusivity, showcasing their willingness to welcome outsiders.

The Adiyar and Mavilar community members treated the researcher as a family member rather than an outsider. They have a strong sense of hospitality and inclusivity, welcoming researcher into their midst with open arms. Overall, the researcher's field encounters and experiences were incredibly rewarding and provided the researcher with a deeper understanding of these communities rich cultural heritage.

1.10 CHAPTERIZATION

This Thesis comprises six chapters.

The First Chapter is an introductory chapter that presents the structure of the Thesis and the methodology of this study. It comprises a statement of the problem, objectives of the study, research questions, the theoretical frameworks, operational definitions of key concepts, significance of the study, scope, and limitation of the study, the research design, establishment of rapport, methods, and techniques employed for data collection and data analysis, ethical concerns, and chapterization. In sum, this chapter provides a detailed understanding of the research design, scope, limitations, and ethical concerns.

The Second Chapter is a review of the literature, which clarifies the concepts that come across this study and provides the theoretical background for this study. Further, it also reviews existing literature, including books, journals, magazines, articles, study reports, census and various government reports, websites, and other relevant sources. It provides a theoretical background for the study by analyzing various scholarly works related to indigenous healing practices, offering insights to guide the development of research questions and identify research gaps.

The Third Chapter presents a brief ethnographic profile of the Adiyar and Mavilar Tribal Communities. This chapter consists of etymology, language, settlement patterns, housing, material culture, social institutions such as family, marriage, kinship, food, health and sanitation, dress and ornaments pattern, life cycle rituals, beliefs, faith and religious organizations, economic organizations, political organization, status of women, and folklore.

The Fourth Chapter discusses the concept of health and illness and the religious belief system of the study population and its influences on their healthcare beliefs in tune with the life cycle rituals, food habits, special diet associated with maternity care, food taboos, and hot and cold concepts of food. This chapter also explores the concept of disease etiology and diagnosis methods prevalent in the indigenous healing system of the study population. The chapter also discusses the concepts of disease etiology and diagnosis methods, connecting these findings to Foster's theory of personalistic and naturalistic causes of illness and Kleinman's Explanatory Model of Illness.

The Fifth Chapter describes the health-seeking behavior, ethnomedical practices, and indigenous healing practices of the study population. This chapter also explores the types of healing rituals, the role of ethnomedical specialists, the transmission of indigenous knowledge of medicine, the ethnomedical system, and healing. This chapter also discusses the influence of modern medical systems and healthcare approaches. The chapter also discusses the transmission of ethnomedical knowledge, highlighting the intergenerational transfer of healing practices.

The Sixth Chapter is the concluding chapter. It discusses the implications of indigenous healing practices for public health policies, emphasizing the need for culturally sensitive healthcare approaches through the triangulation of data from various sources to ensure the validity of conclusions. This chapter integrates the

findings of all observations made in this thesis to propose recommendations and suggestions for future research and policy resolutions and formulations. References and an appendix will follow this chapter.

CHAPTER II
REVIEW OF LITERATURE

CHAPTER II: REVIEW OF LITERATURE

This literature review clarifies the concepts in this study and helps provide the theoretical background for the present study. The review has five sections. The first section, An Overview of Medical Anthropology, discusses the major approaches of medical anthropology and an overview of the ethnomedical system. The second section discusses a literature review of significant studies on the healing practices of tribes residing outside India. The third section reviews major studies on the healing practices of tribes in Kerala and India. The fourth section provides a view of studies pertaining to the healing practices and other aspects of Adiyen tribal communities. Lastly, the fifth section gives a review of the studies related to the healing practices and other aspects of the Mavilan tribal communities.

The holistic perspective is one of the most essential aspects of Anthropology. A holistic view of culture provides a deeper understanding of people's ethnomedical practices when looking at health and illness across cultures. The healthcare system of a community influences all spheres of society. Every community empirically validates its traditional knowledge and utilizes it for disease diagnosis and treatment. The concepts of disease, etiology, healing practice, and health have been integral parts of culture since the origin of humanity. A close and inseparable relationship exists between the culture and healing practices among indigenous communities. Tribal communities have their own cultural and social practices to treat various ailments and illnesses that are holistic in nature. Tribal people are the richest repository of indigenous knowledge (Singh, 2017, p.8). Beliefs, practices, and rituals are also associated with the healing practices of these tribal communities. Indigenous healing holistically integrates nature, culture, and patient-centeredness rather than just treating indigenous people using medicinal plants. The traditional treatment of the tribal communities aims to promote the physical and mental health of the individual. Medical and social scientists have extensively studied biological and socio-cultural components of wellness and disease in the last few decades (Tribhuvan, 1998, p.2).

2.1 MEDICAL ANTHROPOLOGY

The first section provides an overview of Medical Anthropology and a description of major approaches in Medical Anthropology. Anthropologists have focused on the

health and disease-related issues affecting humans in the past three decades, which has resulted in the creation of a new field known as Medical Anthropology (Tribhuwan, 1998, p.1). Medical Anthropology is one of the most important fields of Anthropology. It examines when ill and how individuals from diverse cultures interpret the cause of illness, choose treatments, and seek assistance (Helman, 2007, p.1). Further, it examines how historical, geopolitical, and ecological factors influence diseases. It also investigates the social, cultural, political, economic, and psychological factors influencing health and disease. (Browner, 1988, p. 682).

2.1.1 MAJOR APPROACHES IN MEDICAL ANTHROPOLOGY

The Biocultural Approach (also referred to as medical ecology), the Ecological Approach, Critical Medical Anthropology, and the Ethnomedical Approach are the four major theoretical approaches proposed in Medical Anthropology to understand Healthcare Practices. The first approach is the Biocultural Approach, which focuses on measuring and understanding the impact of environmental limiting factors on the human body (Wiley, 1992, p.222). It also points out how the environment affects humans and culture. The discussion also highlights the connection between biological and sociocultural adaptations. The biocultural approach uses biometric and ethnographic data to explore how culture affects health (Hasty et al., 2022, p.526).

The second approach is the Ecological approach, also known as the Epidemiological Approach or Medical Ecology, which examines how elements of the natural and social environment combine to cause illnesses (Mondal & Das, 2022, p.2). The fundamental principle of medical ecology centers on “adaptation,” which involves the transformations, modifications, and variations that enhance the possibility of surviving, reproducing successfully, achieving well-being, and living in harmony with the surroundings (Jaiswal, 2018, p.5). A multidisciplinary approach forms the basis of medical ecology. It traces its roots back to Paul Baker’s research in the Andes and American Samoa during the 1960s and 1970s. It majorly focuses on the effects of the environment on health (Hasty et al., 2022, p.526).

The third approach is Critical Medical Anthropology, also known as political economic medical anthropology. This approach examines political and economic hierarchies responsible for health inequalities (Hasty et al., 2022, p.529). Its emphasis is on how

economic and political frameworks can affect health conditions, healthcare accessibility, and existing medical systems (Mondal & Das, 2022, p.2).

The fourth approach is the Ethnomedical Approach, which centers around a community's healthcare beliefs and associated practices, customs, and social roles. Mostly, people believe ethnomedicine to be merely the study of folk medicine. However, it means how any society maintains its health in a particular manner, and there are usually several ethnomedical systems in pluralistic societies (Jaiswal, 2018, p.6). According to ethnomedicine, the cultural values of a particular community or society mainly determine health-seeking behavior. Ethnomedicine is a collective knowledge about healthcare administration that helps us understand the cultural description of illness etiology, disease diagnosis, and mode of treatment within the cultural framework. Ethnomedical systems always have a strong connection with belief systems and religious practices, and this holistic healing approach includes rituals, ceremonies, prescription of herbal medicines, and other practices.

2.1.2 ETHNOMEDICINE

Ethnomedicine is a crucial component of Medical Anthropology, which studies indigenous healing systems, beliefs, and practices across various cultures. An ethnomedicine inquiry examines how people perceive health, disease, and illness, what treatments they access, and how they engage in healing practices (Pieroni et al., 2005, p.1). The study of traditional medicine holds significant importance within medical anthropology. Traditional medicine is stated precisely by The World Health Organization as follows: "Traditional medicine has a long history. It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness (cited in WHO global report on traditional and complementary medicine, 2019, p.8)."

2.2 INDIGENOUS HEALING PRACTICES OUTSIDE INDIA

This second section discusses a literature review of significant studies on the healing practices of tribes located outside India.

2.2.1 CAUSES OF DISEASE AND ILLNESS

Kahissay et al. (2017) conducted a sociocultural study on indigenous beliefs regarding the illness etiology among the Tehuledere community of Northeast Ethiopia. The study employed the qualitative ethnographic methodology. Additionally, the author has informed Murdock's Theory of Illness. Based on the study result, the author attributes illness to a combination of supernatural, natural, and societal factors. The authors suggest that an integrated primary care strategy must address the patient's needs in all three areas (Kahissay et al., 2017, p.1). One of the significant contributions of this study is that it emphasizes the significance of social factors in perceptions of disease etiology, and this study also employs a triangulation, which helps the validity of the study. The researchers have already informed Murdock's Theory of Illness, so there may be a chance of bias in the participants' responses. The strengths and limitations of the study methodology include the reliance on health extension workers as intermediaries and the potential biases in participant selection. The study's strengths include diverse data collection methods and theoretical framing, which enhance the robustness of the findings. This article helps the researcher to understand Murdock's Theory of Illness and its application.

In White's (2015) study, he discusses disease concepts, their causes, diagnosis, and curative practices, focusing on Ghana. According to the author, "good health" is typically defined as one's relationship with one's ancestors (White, 2015, p.2). Several causes of diseases have been identified, including witchcraft, the curse of deities, and disobeying taboos. The author also discusses the healing methods, the role of the diviner, and the merits and demerits of African traditional medicine in addition to diagnosing methods. The study emphasizes the importance of understanding and respecting diverse approaches to healthcare, highlighting the holistic nature of African traditional healing methods. The study's strengths include thoroughly examining cultural and spiritual perspectives on health and documenting traditional healing practices. Some of the weaknesses of the study are: The analysis relies heavily on anecdotal evidence and lacks empirical data to support its claims. Additionally, there is limited discussion on traditional healing practices' potential risks or limitations, such as the lack of standardized diagnosis and treatment protocols. This article helped the researcher conceptual understanding of health, disease, and etiology.

2.2.2 INDIGENOUS HEALING PRACTICES OF TRIBAL COMMUNITIES

Struthers et al. (2004) discuss traditional indigenous healing practices. According to the author, knowing about traditional healing is vital so that healthcare workers and nurses may incorporate it into healthcare that chooses traditional indigenous healing (Struthers et al., 2004, p.141). The diagnosis and therapeutic methods can vary significantly among different tribal communities and individual healers. People adapt many techniques according to different seasons and food sources found in inhabited areas. The author presents a comparison between Indian traditional medicine and Western modern medicine. The authors point out that many consumers seek holistic practices to regain or maintain health. If the patient uses traditional and modern medicine healthcare together, the ultimate goal is an integrative approach (Struthers et al., p.148). One of the strengths of the study is its comprehensive coverage. It delves into various aspects of traditional healing, including definitions, historical contexts, healer profiles, healing techniques, and cultural significance. This extensive coverage provides a well-rounded understanding of the topic. A more critical examination of specific healing techniques' efficacy, safety, and cultural relevance could provide readers with valuable insights.

2.3 INDIGENOUS HEALING PRACTICES WITHIN INDIA

This third section provides an overview of major studies pertaining to the healing practices of tribes in Kerala and India.

2.3.1 ETHNOMEDICINAL PLANTS

Purushothaman and Irfana (2020) explore the ethnomedicinal plants utilized among the Kanikkar and Kurichiyar Tribes within Kerala. The authors documented the information on the medicinal plants' botanical name, regional name, family name, parts utilized for medical purposes, administration method, and diseases for which they use it. According to the authors, botanical studies are essential for documenting traditional medicine and are part of biodiversity conservation and utilization (Purushothaman & Irfana, 2020, p.191). In their discussion, the authors point out that we should document medicinal plants because various medicinal plants can help develop novel drugs, especially in an era when urbanization, deforestation, fast modernization, and industrialization cause tribal communities and their cultural traditions to disappear.

Undeniably, tribal communities do not disclose their medicinal knowledge due to traditional beliefs, ultimately resulting in the loss of specific medicinal preparations (Purushothaman & Irfana, p.196). The authors mention that more than eighty percent of the population in a developing nation continues to depend on traditional healthcare approaches because they see them as harmless. This study only looked at the use of 19 medicinal plants (Purushothaman & Irfana, pp.192–193). By listing the medicinal plants used by these tribes and detailing their modes of administration and therapeutic applications, the study contributes to preserving traditional knowledge. It serves as a potential resource for future research and drug development. One notable limitation of the study is the lack of detailed information on the methods used to gather data from the tribal communities.

Thomas et al. (2017) describe the Malavettuvan and Mavilan tribal communities traditional knowledge of ethnobotanically important Zingiberales plants in the Kasaragod District of Kerala. Eleven plant species from five different families that are significant from the perspective of ethnobotany have been identified and documented in the study. Thomas et al. (2017) documented the plant's scientific name, regional name, family name, parts used, administration method, and diseases for which it is used (p. 230). These communities treat various ailments with these plants and use them to prepare food. As the authors stated, it is critical to document ethnobotanical plants because the study aids therapeutic research in various ways. They also discovered that these communities have rich indigenous medicinal knowledge (Thomas et al., p.228). In Ayurvedic medicine and other medical systems, Zingiberales are beneficial. One strength of the study lies in its focus on indigenous knowledge, shedding light on traditional medicinal practices and potential therapeutic uses. The study lacks a detailed discussion on the cultural significance and spiritual aspects associated with using these plants, which could enrich the ethnobotanical narrative.

Rajith and Ramachandran (2010) discuss the ethnomedicinal aspect of the Kurichya tribe of the Kannur district in their paper “Ethnomedicines of Kurichyas, Kannur district, Western Ghats, Kerala.” In this study, researchers have documented 50 medicinal plants of settlements in Kannavam used by the Kurichyans tribe of the Kannur district to cure their ailments. The authors documented the plant name, family, vernacular name, and ethnobotanical uses in the study. The researcher conducted surveys during different flowering periods. The author suggests that potential medicinal

plants could be cultivated in their backyards/kitchen gardens (Rajith & Ramachandran, 2010, p.253). The authors also document 50 different species of medicinal plants from 31 families. The author further believes that the data acquired from the indigenous population will help develop novel herbal preparations (Rajith & Ramachandran, p.253). One of the strengths of this study lies in its comprehensive documentation of ethnomedicinal practices among the Kurichyan tribe. One of the study's limitations is that it overlooks the socioeconomic and environmental factors that influence the availability and sustainability of traditional medicinal resources. A more nuanced examination of these contextual factors would enhance the study's relevance and applicability to conservation efforts and public health interventions.

2.3.2 INDIGENOUS BELIEFS AND PRACTICES

In his Thesis, Palzor (2019) describes the traditional healthcare system, belief system, health problems, and healing practices among the Garasia tribe of Rajasthan. One of his findings is that most responders prefer traditional healthcare approaches over contemporary medicine (Palzor, 2019, p.132). He also suggests that actions reinvigorating indigenous ethnomedical practices require much attention from the appropriate authorities (Palzor, p.148). The researcher conducted the study using a mixed methodology and an explanatory approach. A significant strength of this study is that it included detailed fieldwork transcripts related to health problems, beliefs, and practices within the Garasia tribes, perspectives of ASHA workers, maternal and child health, perspectives of traditional health practitioners regarding diseases and illnesses, and treatment modalities. This article helped the researcher to understand maternal healthcare practices.

Sheeba (2015) has discussed the medicinal practices of Kerala tribal people and their socio-cultural and historical aspects in her Doctoral study titled "Socio-Cultural Aspects of Healing Practices in Kerala: A Study of The Post-Colonial Tribal Experience." She also mentions that, during the post-colonial era, tribal people's social and cultural changes were insufficient to cause upheaval in their socioeconomic lives or for the promotion of tribal healing systems. Religion, art, livelihood, and social system are examples of social and cultural aspects that have influenced how a community's health and medical system has developed (Sheeba, 2015, p.2). The author examined how colonialism and Western medicine affected both tribal communities and

the medical system, and it also looked into the characteristics, transformation, and problems of the tribal medical system in the post-colonial setting. The author points out that during the colonial era, the tribal culture began to undergo destructive changes, which are still happening today, and these socio-cultural changes are woefully inadequate to upend either their social and economic life or the development of the tribal healing system (Sheeba, p.323).

Karua (2015) explored the traditional health approaches among the Santals tribe in his article “Traditional Healing Practices among the Santals and their Relevance: An ethnomedicine study.” The author says that Santals have deeply embedded notions of illness and disease due to their socio-cultural behavior and steadfast traditional beliefs, and to treat those who are ill, they employ a method that aligns with religious beliefs. The author noted that Ojhas are essential in the healthcare system and provide holistic and culturally relevant patient-centered healthcare (Karua, 2015, p.561). The author stresses that belief in traditional healing methods such as magic, charms, and herbal medicine has significantly decreased in the age of advanced science and technology. The Santals and other tribal communities no longer practice these methods. One of the key strengths of this study is its in-depth exploration of Santal traditional healing practices within their cultural and socio-economic contexts. The research could benefit from a more nuanced examination of the power dynamics and inequalities that may influence the transmission and preservation of indigenous knowledge within the Santal community.

Boban (2012) discussed tribal medicine in his paper “Tribal ethnomedicine: Prospects and Problems.” The author argued that many cultures inextricably link illness-related ideas and practices to religious beliefs and practices. Tribal community members believe that having a harmonious relationship with the supernatural protects them from diseases and other calamities. He also says that to understand the healthcare system, we must first comprehend the culture within which it operates. One of the strengths of this chapter lies in its interdisciplinary approach to studying tribal ethnomedicine. While the chapter acknowledges the importance of community involvement in healthcare decision-making, it falls short of offering concrete recommendations for fostering meaningful collaborations between traditional healers and mainstream healthcare providers.

Mishra and Sarma (2011) investigated the scholarly literature on Orissa's tribal groups' health and sickness. The authors divide the material into two categories: the first is a study of trends in morbidity and mortality among various tribal groups, and the second is a look at indigenous categories of illness, forms of indigenous healing practices, and the function of a healer (Mishra & Sarma, 2011, p.2). The authors claim that these studies on morbidity and mortality rates among tribes of Orissa offer significant insights into the disease burden among tribal communities in Orissa. Additionally, they provide an overview of the literature on tribal healers and medicine men, and the main "tribal health concerns" identified in the literature on morbidity and mortality are due to an insufficient biomedical scientific understanding of health, diseases, and access to related services. The authors also point out that an analysis of tribal communities' engagement with biomedical healthcare approaches and other state public health strategies is a gap in the existing literature (Mishra & Sarma, p.12). They attribute this gap to the portrayal of tribal worldviews of health and medicine as traditional and biomedicine as scientific, respectively. The discussion on mortality and morbidity trends offers valuable insights into the disease burden among tribal communities, highlighting the prevalence of infectious diseases and malnutrition. Additionally, exploring local notions of health, illness, and personhood provides rich ethnographic detail, enhancing our understanding of tribal worldviews and healthcare practices. One notable limitation is the lack of critical analysis regarding the efficacy and impact of biomedical interventions and public health programs on tribal communities.

In his book "Tribal Songs of Wayanad," Chandramohan (2010) discusses the traditional songs of the various tribal communities in Wayanad. The author examines the *gaddika* song, which the Adiyani community uses in healing rituals to appease the goddess *malekkari*. He also analyzed the song related to the life cycle rituals and agricultural practices. In addition, the author mentioned that *gaddika* is a ritual performed to determine the cause of the disease and prevent it from occurring in the future. During *gaddika*, they sing different hymns to praise the gods. In this, there are songs in praise of lord shiva and praise of *Malekkari*. Similarly, Adiyani performs the ritual known as *arankittuneekkal* in connection with pregnancy. This ritual safeguards the unborn child and the pregnant woman from the possession of evil spirits. The author also discusses songs that are related to *arankittuneekkal*.

Shrivastava (2010) investigates the healthcare system of the Munda tribe in her Doctoral Study, “The practice of herbal medicine: A socio-cultural study of the Munda tribe in Ranchi District of Jharkhand.” A key objective of this research was to grasp the indigenous healthcare practices and therapeutic measurements in their socio-cultural context. In addition to discussing how socio-cultural elements, for instance, age, gender, occupation, education, illness severity, and belief system affect herbal medicine use, the impact of socio-cultural factors is also discussed (Shrivastava, 2010, p. 257). The author also catalogs the herbs utilized by the study population. In their culture, spirits are essential in causing disease, and the people embed medicinal plants in their cultural fabric as remedies for disease. One of the primary strengths of this study lies in its qualitative approach, which allows for an in-depth exploration of the subject matter. Through interviews, observations, and participatory methods, Shrivastava provides rich insights into the beliefs, practices, and knowledge systems surrounding herbal medicine within the Munda community.

Mini (2008) explores tribal life and culture in a book titled *Gothrajeevitham Mayunna Vamsheeya Mudhrakal*. The author provided an overview of traditional medicine, traditional healers, magico-religious healing, poisonous healing, different types of healing, plant and animal matter as medicine, indigenous medicine research, the crisis of traditional medicine, and more. According to the author, tribal communities were less disease-prone during hunter-gatherer times (Mini, 2008, p.93). One of the limitations of this paper is that it does not focus on any particular community; it discusses traditional medicine in general.

Mini (2007) describes the medicine man of the Kanikkar tribal community of Trivandrum District of Kerala in a study titled “*Pilathi- The Medicine Man of Kanikkar*.” The ritual healer of the Kanikkar community is *pilathi*, who is also considered a shaman and has a thorough understanding of medicinal plants in addition to healing power acquired supernaturally (Mini, 2007, p.245). One of the significant aspects of this paper was that the author pointed out why Kanikkars mostly depend on *pilathi* and the indigenous healing healthcare system. The author gives two reasons for this. The first is that the tribal people think the modern medical system has many side effects. A second reason is the shared cultural tradition between the medicine man and tribal community members, the latter having more faith and confidence in the efficacy of its medical system (Mini, p.248).

Bindu (2007) describes the indigenous healthcare approaches of the Kattunayakan tribal community of Wayanad District in a book chapter titled “Ethnomedicine: Belief and Practices among the Kattunayakan of Wayanad, Kerala.” The author provides detailed explanations about the causes of illness, divination techniques, and warding-off rituals. The herbalist treats the patient with animal and plant matter (Bindu, p.230). The author also provided a list of 48 therapeutic recipes for specific diseases (Bindu, pp.230-237). Similarly, the author noted that it is challenging to separate ethnomedicine beliefs from religious rites (Bindu, p.238). Many non-tribal community members also consult with medicine men for some illnesses.

Boban (1998) conducted an intensive study on the indigenous healing systems of the Mannan and Muthuvan tribal communities of the Idukki district of Kerala. In his book, “Tribal Ethnomedicine: Continuity and Change”, he describes the influence of modern medicine on the traditional medical system. He explained that ethnomedicine is a multi-disciplinary system that uses herbs, religious beliefs, and nature, which have been agents of healing for humans for countless generations. Medical practice includes spiritual elements of health and illness. Indigenous people are the actual guardians of medicinal plants. The author finds that medical pluralism still exists in tribal communities (Boban, 1998, p.270). He sees tribal health as a cultural principle, a part of a social system, and an organization constantly evolving and adapting to changes in the larger society. One of the strengths of this study lies in its comprehensive exploration of three tribal communities and their medicinal traditions, offering insights into the diverse range of practices within these populations. The author missed addressing the role of food habits in the healthcare of the study population. A more robust examination of the external forces impacting tribal communities and their healthcare systems could enhance the contextual understanding of the observed changes.

Reddy (1995) explores various dimensions of tribal health, including socio-cultural and biological elements, in the article “Tribal Health: Social-Cultural and Biological.” The author states that the tribal community’s concept, perception, and treatment of disease differ from those of medical experts, and hence, tribal people do not readily accept medical healthcare services. The author suggested that the genetic marker data available for the tribal population of specific zones of the country is insufficient for a standard healthcare review (Reddy, 1995, p.52). He proposes researching the notion of health

and disease in tribal communities at the macro and micro levels.

2.3.3 CAUSES OF DISEASES AND ILLNESSES

Tiwari (1995) analyzed the health and disease patterns among the Shauka and Raji or Ban-Rawat tribes of Uttarakhand. He noticed that the environment in which they live, including both physical and socio-cultural environments, derives most of their illnesses (Tiwari, 1995, p.25). He says these communities massively depend on traditional healing, especially the spirit-possessed person, for curing various illnesses. They have developed their healing system, closely associated with their culture and belief system. The author provides biological and cultural explanations for health and disease in tribal communities.

Mathur (1995) describes an account of the ethnomedicine of the Irular of the Attappadi Valley and the etiology of illness and treatment in his paper “Ethnomedicine of the Irular of the Attappadi Valley.” He also claims that most Western doctors are unfamiliar with these illnesses of tribal communities and thus unable to cure them completely (Mathur, 1995, p.117). Focusing on the problem of culturally defined diseases is beneficial since it illuminates the dichotomy of traditional and Western medicine, which has implications for the analysis of social and cultural change and, in the real world, has implications for healthcare improvement. In this article, the authors explain the ethnomedical system of the Irular tribal community of Attappadi. In regard to the relationship between food habits and healthcare practices, the author needs to provide an explanation.

2.4 THE ADIYAN: ETHNOGRAPHIES

Sini (2019) explores Adiyani women’s role in terms of their social structure, cultural norms, and traditions in her article “Status of the Adiyani Women: An Overview.” The authors note that several elements, including social norms, economic participation, and community perceptions of the community towards a woman, influence the status of women. Economically, women have played a crucial role in the community. As wage laborers, women always have cash, so they play a vital role in running their families (Sini, 2019, p. 90). The authors point out that traditional social structure and norms play

an important role in preserving the privileges granted to women in society rather than restrictions.

Joyi (2017) provides a description of the tribes of Wayanad in his book *Wayanattile Gothrasamudhayangal: Jeevithavum Samskharavum*. The author has briefly described the Adiyani community in a chapter titled “*Adiyar: Melorachanteyum Keeyorthiyudeyum Pinmurakkar*” (Joyi, 2017, pp.33-34). The author explains myths associated with the origin of the Adiyani community, which appear in the *pelappatt* (a song sung during the post-funeral ritual of the Adiyani community). The author also briefly describes the study population’s clan system, housing pattern, traditional dress pattern, traditional ornaments, hairstyle, and lifecycle rituals. A significant aspect of this study is its detailed explanation of life cycle rituals, including birth, puberty ceremony, marriage, puberty ceremony, and death. The Adiyani community practices a healing ritual called *gaddika*, which the author mentions. Instead of highlighting the importance of healing rituals such as *peyatt* and *kooliyatt*, the author provided basic information. The study provides a broad understanding of the Adiyani community.

Ramachandran (2008) describes the ethnographic profile of the Adiyani Tribe of the Wayanad District of Kerala in her monograph titled “Adiyani.” The author examines the way of life of the Adiyani tribal community, explicitly emphasizing the settlement patterns, origin myths, house structure, livelihood, food habits, social organizations, festivals, religious practices, life cycle rituals, and a brief description of healing rituals. Healing rituals, such as *nadugaddika* and *peyatt*, have also been briefly pointed out by the author (Ramachandran, 2008, pp.33-34). According to the author, *nadugaddika* is a religious ritual the Adiyani community performs as part of the healing process (Ramachandran, p.148). One of the reasons for the lack of study is that crucial information regarding indigenous healing practices, such as causes of disease, healing practices, and ethnomedicine, is not mentioned in this study. An analysis of the review of the previous studies on the Adiyani community is also not included in the study. It is significant to take into account that this study provides detailed explanations of the livelihood of the study population. The study could provide a general understanding of the Adiyani community. This study helped the researcher to understand the life and culture of the Adiyani community.

A study by Ramachandran (2001) analyses the *gaddika* ritual (healing ritual of the Adiyar tribe) in her paper, “*Gaddika: Ritual and Reality in the Culture of the Adiyar Tribe.*” The author describes the *gaddika* as a male ritual performed in the patrilineal Adiyar Community (Ramachandran, 2001, p.29). The author says that even though females contribute a significant source of income to the family, there is no role for women in political, socio-cultural, and religious functions (Ramachandran, p.31). A thorough explanation of the *gaddika* (healing ritual) is crucial to this study. This study helped the researcher understand the healing ritual called *gaddika*.

Thurston (1909) gave an early brief description of Adiyar tribal life in his book *Castes and Tribes of Southern India*. Adiyar means “slave,” while *adimar* means “feudal dependence on a landlord” (Thurston, 1909, p.4).

2.4.1 HEALING PRACTICES

Rameshan (2020) discusses the *gaddika*, a healing ritual of Adiyar, in his article titled *Gaddika Anushtana Kalayil ninn Avatharana Kalayilekk*. The author discusses how ritual art forms have survived long after their creation and how the late P. K. Kalan, a tribal artist from the Adiyar tribe, popularized *gaddika*. The author discusses *gaddika* (healing ritual), *pooja gaddika* (thanksgiving rituals or rituals performed as an offering), *nadugaddika* (ritual to protect the inhabitants of a specific region, regardless of caste or religion), and the role of *natumooppa* (traditional political leader of Adiyar community). *Gaddika* was previously only performed as a ritual in homes, and the author describes how an artist named P.K. Kalan brought this ritual to the public platform as an art form (Rameshan, 2020, p.39). This article does not detail the functions, importance, and other characteristics of *Pooja gaddika*. This study helped the researcher better understand the healing ritual known as *gaddika*.

Indu (2015) explores the *gaddika* (healing ritual of the Adiyar Tribe) in her paper “*Gaddika: Ritual and Reality in the Culture of Adiyar Tribe.*” The author describes *gaddika* as a ritualistic art form performed to cure certain illnesses, such as smallpox and chickenpox, protect from disease, and ensure safe childbirth (Menon, 2015, p. 28). The author points out that *gaddika* can also be considered a healing ritual. The Adiyar community performs different types of *gaddika*, calling each *gaddika* by a different name. One of the study’s flaws is that the author does not mention the specific names

of the *gaddika* and instead uses the general term *gaddika*. Through this study, the researcher can better understand *gaddika* from various perspectives.

Nair (2008) discussed the health status and ethnomedicine of seven tribal communities in Kerala in his book “Tribal Health and Medicine in Kerala.” He conducted the study among the Cholanaikkan, Kurumbar, Paniyan, Adiyar, Kanikkar, Mulla Kuruman, and Kurichiyar Tribes of Kerala. He describes how the healers who belong to these societies acquire medicinal knowledge and obtain their status in the society. The author describes the means of subsistence, settlement patterns, hygienic conditions, food habits, demographic population, dress patterns, social organization, the concept of health, life cycle rituals, belief systems, causes of disease, healing practices, and ethnomedical practices of the study population. He also attempted to understand the herbal, animal, and other medicinal matters used in the indigenous healing of the Tribal communities (Nair, 2008, p.131). He mentioned that there might be common herbs and animal matter found in different tribal communities even if there are differences in illness causation beliefs. One significant aspect of this study is that the author discussed in detail the indigenous healing practices of seven tribal communities. However, the author missed to explain the relationship between food habits and healthcare. This study helped the researcher to understand the various ethnomedical aspects of the Adiyar community.

In a couple of the chapters of her book, *Keezhala Jeevitha Mudrakal*, Padmini (2008) discusses *Nadugaddika*, a traditional Adiyar healing ritual, and *kambalam*, a ritual and traditional dance associated with agriculture, and a few songs in the Adiyar language. As the author describes, the Adiyars perform the *nadugaddika* or *naduneekkal*, and they have specific boundary demarcation systems, including the areas they live in, and the Adiyars perform the *nadugaddika* for the prosperity and goodness of all communities irrespective of the caste or religion living within these boundaries (Padmini, 2008, p.8). According to the author, *nadugaddika* is performed not only to ensure prosperity for a region but also to protect it from diseases. He also explains the significance and salient features of *nadugaddika*. This study helped the researcher to understand the *nadugaddika* ritual and its significance.

2.5 THE MAVILAN: ETHNOGRAPHIES

Abraham (2020) investigated the complexities and challenges encountered while translating the Mavilan tribe's oral songs into English in a paper titled "The Future of Indigenous Languages: Challenges of Translating Mavilan Songs." When translating, the author encounters the difficulty of determining the extent to which the community's experiential knowledge can be effectively conveyed at the desired level by the community. According to the author, the Mavilan tribes' oral songs represent their way of life and act as a cultural tool to study them (Abraham, 2020, p.107). The translation needs to transmit their cultural heritage. Despite this, the English translation did not adequately convey the rich cultural meaning. One strength of the study is its thorough methodology, which involved fieldwork, video recording, transcription, and expert consultation to ensure accurate representation of the oral songs. One notable challenge is the difficulty in conveying the rich cultural nuances and meanings embedded in the Mavilan songs through English translation alone. The study fails to briefly describe Mavilan's culture and way of life, which is absent from the text. It is crucial to at least briefly explain the particular tribe's ethnographic profile when discussing tribal language or any other aspect of a tribal community.

Rakesh (2018) discusses the way of life and culture of the Mavilan tribal community in his article *Mavilarude Anushtana Jeevitham*. The author contends that we can better understand the various cultural practices of the Mavilan community by closely observing the *mangalam kali*, a traditional art form of the Mavilan community (performed particularly during marriage and other ceremonies), and the lyrics of songs sung during the *mangalam kali*. The author also discusses the clan system, worship system, *eruth kali* (traditional art form), and *theyyam* worship. The author of this study identifies the issues that the Mavilan community's *theyyam* performers face. It is possible that other communities' *theyyam* performers may discriminate against them based on their caste, which is one of the study's main contributions (Nileshwaram, 2018, p.82). The author of this study is from the Mavilan community, and we can see an emic (insider's perspective) understanding of Mavilan culture in this study. This study helped the researcher to understand the religious belief system of the Mavilan community.

Abraham (2018) conducted an ecocritical analysis of the songs of the Mavilan tribal community in her Doctoral Study titled “The Songs of Mavilan Tribe: An Ecocritical Analysis.” The author’s analysis of the Mavilan songs using the ecocritical theory neo-tiṇai poetics theoretical framework demonstrates how deeply ingrained the community was in the land. By analyzing the songs of the Mavilans, the author tries to determine how the culture of the tribe evolved into the Sangam age (Abraham, 2018, p.385). The Mavilan tribe has acquired the characteristics corresponding to each region while maintaining a kinship relationship with nature and the sacred. The author analyses Mavilan songs associated with agriculture, marriage, and rituals, and he emphasizes the songs of the tribe as a means of joining nature, agriculture, and the sacred. This study helped the researcher understand the Mavilan community’s folk culture.

Kunjambu (2011) discusses the life and culture of the Mavilan tribal community in his book *Nikkarena Putar Eche: Mavilan Adhivaikalekkurich Oru Anveshanam*. The author discussed the ethnographic profile of Mavilans. In one book chapter titled *Anushtanangalum Acharangalum*. (Kunjambu, 2011, pp.32-64), the author briefly describes the magico-religious healing practices, rituals for determining the causes of illness, and ethnomedical practices of Mavilan communities. The author has yet to discuss other significant aspects of the Mavilan healing tradition, such as disease etiology, healing practices, and ethnomedicinal practices, which is one of the study’s limitations. This study helped the researcher to understand the life and culture of the Mavilan community.

Suresh (2010) provided an overview of the indigenous agricultural practices and knowledge of the Mavilan tribal community in his article “Indigenous Agricultural Practices among Mavilan Tribe in North Kerala.” The author documents indigenous knowledge of weed removal, plant protection, harvesting, and storing methods in this article. The author’s article states that Mavilans used traditional methods of agriculture. Changes in land use patterns, guidelines for forest conservation, and the encroachment of people who are not tribes on their lands have changed the agricultural practices of Mavilan tribes (Suresh, 2010, p.103). This study helped the researcher understand indigenous knowledge of the agricultural practices of the Mavilan community.

Karipath (2005) discussed the Life and Culture of the Mavilan tribe in his book *Malayile Mavilanmar (Jeevithavum Samskaravum)*. The author goes into detail about

the ethnographic profile, including myths, hunting, material culture, house structure, dressing pattern, food habits, population distribution, social organization, life cycle rituals, political organization, religious belief system, festivals, magico-religious rituals, livelihood, taboos, indigenous healing practices, traditional games, leisure and recreation, and a few songs of Mavilan. Along with a brief literature review of studies on Mavilan, he also talks about the general description of the Tribes of Kerala. In this study, he briefly describes the healing practices of the Mavilan tribal community. He mentions three types of healing practices in the Mavilan community. One type of treatment is by giving herbal medicine, another is by conducting rituals using mantras, and the third is the combination of herbal medication and certain rituals (Karippath, 2005, p.201). This study helped the researcher to understand the life and culture and the religious belief system of the Mavilan community.

In his book *Mavilan Gothracharithrathin Oramugham*, Raju (2002) explores the life and culture of the Mavilan tribal community. The author discussed an ethnographic profile of Mavilans. The author discusses language, livelihood, food habits, birth, marriage ceremony, pregnancy, puberty, death, education system, worship system, and art forms of the Mavilan tribe. In addition, the author discusses how the landlord established slavery among the Mavilans (Raju, 2002, p.23). The study has not addressed the house structure, settlement pattern, material culture, indigenous healing system, and status of women of the Mavilan community. This study helped the researcher to understand the life and culture of the Mavilan community.

2.5.1 HEALING PRACTICES

Rajith (2013) studied ethnobotanical and ethnopharmacological investigation of plants used by the Mavilan and Koragar tribal communities in his doctoral study, “Ethnobotanical studies of Kasaragod district of Kerala state with special reference to Koraga and Mavilan Tribes.” The author cataloged 243 plant species from 80 families that the Koraga and Mavilan tribes used to fulfill their dietary and primary healthcare needs. He has also documented these communities customs, traditions, and belief systems (Ranjith, 2013, p.334). The author states that the majority of plant parts can treat 104 different types of ailments. It is crucial to carry out more research into indigenous healthcare practices through pharmacological and clinical research to comprehend the therapeutic properties of indigenous healthcare.

Suresh (2007) presents the Traditional healing practices of the Mavilan tribe in a book chapter titled “Traditional healing practices of Mavilan tribe: Approaches for an alternative paradigm” (Suresh, 20017, pp.239-243). He states that shamans are the foremost practitioners of ethnomedicine and that they have cured diseases using a combination of magico-religious practices and ethnomedicine (Suresh, p.239). The author emphasizes that traditional medicine follows a holistic approach. Additionally, he stressed the necessity of developing a multifaceted approach to addressing community health problems. The author suggests evaluating traditional medicine for its therapeutic value by utilizing a bicultural approach and adopting a two-way medicine system Suresh (p.243). The study missed to explain the etiology of the illness in the study population.

This literature review clarifies the concepts in this study and helps provide the theoretical background. The review has five sections. The first section is an overview of medical anthropology, discusses the major approaches of medical anthropology, and provides an overview of the ethnomedical system. The second section discusses significant studies on the healing practices of tribes located outside India. The third section provides reviews of major studies about the healing practices of tribes in Kerala and India. The fourth section provides a view of studies on the healing practices and other aspects of Adiyen tribal communities. Lastly, the fifth section gives a review of the studies related to the healing practices and other aspects of Mavilan tribal communities.

The literature review shows that while there have been numerous studies on tribal life and culture, there have been remarkably few on their indigenous healing system. Although researchers have conducted numerous studies on the life and culture of Adiyen and Mavilan communities, the literature review shows few studies on their indigenous healing system, beliefs about health and disease, and the relationship between food habits, disease, and treatment. While most studies on tribal healthcare systems focus on documenting ethnomedicinal plants rather than exploring their complexity and holistic understanding, researchers should conduct thorough research to change this perspective. The literature review suggests no comprehensive study on indigenous healing practices of the Adiyen Tribe of Wayanad and the Mavilan Tribal community of Kasargod. Documentation of medicinal plants is one of the important

elements of this comprehensive study on the Indigenous healthcare system employed by the tribal population. Other essential elements are as follows:

- Documentation of ethnomedicinal plants
- Classification of diseases and associated beliefs
- Concept of health and disease, and causes of disease or illness
- Healthcare Beliefs and Practices
- Functions and Significance of Ethnomedical Specialists
- Healing rituals and their significance
- The inextricable relationship between healthcare and food habits
- Pluralistic Healthcare Approaches

Indigenous healing practices vary depending on the culture of each tribal community. Therefore, it is impossible to understand the indigenous healing system of all tribal communities by studying the healing system of a single community alone. Every community has its unique indigenous medical system. Many issues faced by public health programs could be solved using the information on traditional medical beliefs and practices that anthropologists have gathered in past decades; their knowledge has a vital role in solving problems (Tribhuwan, 1998, p.1). When creating and implementing culturally appropriate healthcare systems and health education initiatives for the tribal and rural populations, the study of medically linked beliefs and practices of distinct communities acquires relevance (Tribhuwan, p.2).

CHAPTER III

ETHNOGRAPHIC PROFILE OF ADIYAN

AND MAVILAN

CHAPTER III: ETHNOGRAPHIC PROFILE OF ADIYAN AND MAVILAN

This chapter presents brief ethnographic profiles of the Adiyana and Mavilana Tribal Communities. It covers etymology, language, settlement patterns, housing, material culture, social institutions such as family, marriage, kinship, food, health and sanitation, dress and ornament patterns, life cycle rituals, beliefs, faith and religious organizations, economic organizations, political organizations, the status of women, and folklore.

An ethnographic profile is a description of a community, developed through immersive fieldwork involving observation, interviews, and participation. It captures various aspects of the community's life, including beliefs, rituals, social structures, and traditional knowledge. When studying the indigenous healing practices of Adiyana and Mavilana tribal communities, an ethnographic profile is essential for understanding the cultural context in which these practices are embedded. Indigenous healing often reflects deeply held beliefs and ecological knowledge, with traditional healers using rituals, medicinal plants, and practices.

In the view of Lewis, a tribe is defined as follows: "tribal societies are small in scale, are restricted in the spatial and temporal range of their social, legal and political relations and possess a morality, a religious and world-view of corresponding dimensions. Characteristically, too, tribal languages are unwritten, and hence, the extent of communications both in time and space is inevitably narrow. Tribal societies exhibit a remarkable economy of design and have a compactness and self-sufficiency lacking in modern society" (Lewis, 1968, p.147).

The Adiyana communities belong to the Scheduled Tribes and inhabit the States of Kerala and Karnataka. In Kerala, the majority of the Adiyans reside in the Wayanad district. As per the 2011 Census, the total population of the Adiyana community is 11,526, which includes 5515 men and 6011 women. Adiyans are commonly known as *Ravulars* within the community. According to the Adiyana community, their ancestors migrated to Wayanad from Karnataka for livelihood reasons.

Mavilans are also a Scheduled Tribal Community residing in the Kannur and Kasargod districts of north Kerala. The Mavilana community had the status of a Scheduled Caste until 2002, when the 2002 constitutional amendment granted Scheduled Tribe status to the Mavilans. According to the 2011 Census, the total population of the Mavilana

community is 30867, constituting about six percent of the total tribal population of Kerala. The researcher conducted the study among the Mavilan community who reside in Kasargod District.

3.1 SETTLEMENT AND HOUSING

Kerala, located in the southwestern region of India, is characterized by its lush landscapes, backwaters, coastal plains, and hills, and is home to diverse tribal communities with rich cultural heritage and traditional knowledge. According to the Census of India, 2011, Kerala's Scheduled Tribe Population is estimated at 484,839, constituting 1.45% of the state's population. The study focused on two Tribal Communities, Adiyar and Mavilan, out of the 37 Scheduled Tribal Communities residing in Kerala. The Adiyar Community inhabits the Wayanad District, while the Mavilan Community resides in the Kannur and Kasargod Districts, Kerala. The Wayanad District stands out as the most tribal populated District in Kerala (Census of India, 2011). The total tribal population of Wayanad District is 151,443. The district is located in South India. Kasargod is located in northern Kerala and is known for its diverse languages. Furthermore, the district is culturally diverse and heavily influenced by neighboring states.

Each Tribal community has its unique style for building its traditional house and has a particular settlement pattern. Adiyar communities traditionally build their houses and refer to them as *kullu* (house) and their hamlet as *kuntu*. *Kunt* is known for being attached to the name of each place (Pangajakshan, 1989, p. 263). There are typically four to twenty-five houses in each traditional hamlet of the Adiyar community (Ramachandran, 2008, p.10). The researcher observed only two traditional houses during the fieldwork. Adiyar hamlets are situated on slopes of small hillsides next to their landlord's agricultural lands (Ramachandran, p.10). Both men and women in the community participate in building the *kullu*, and people traditionally built houses using bamboo, straw, and mud in the past. They follow a particular style for the wall of their traditional house called *kullil bannam vara* (traditional wall painting). *Thatti* (charcoal diluted in water) is used to anoint the veranda, and this gives the veranda a black color. Community members collect bamboo needed for building houses from nearby forests and refrain from cutting bamboo during the new moon.

We won't cut bamboo during the new moon. According to our belief, bamboo is not that strong during the new moon, so people do not collect it during that period. Likewise, women do not collect bamboo during menstruation (KM², Personal interview, November 11, 2019).

Okkal pullu, or paddy straw, serves as a roofing material (Ramachandran, 2008, p.15). Men are in charge of building roofs, while women handle wall-related tasks. Women also do *chumarvara* (traditional wall painting). Unlike other tribal communities (i.e., Kurichyan tribal community), Adiyans do not construct separate rooms/ houses to stay apart from their home during puberty/ menstruation and childbirth. A *kullu* is extremely rare and has disappeared from the Adiya settlements today.



Photograph 3.1: *Kullu*: Traditional House of the Adiyans Community

² To protect the informants' anonymity, their full names have been replaced with their first letters and initials.



Photograph 3.2: *Kullil Bannam Vara*: Graffiti of the Adiyen Community

Mavilan refers to their house as *pattam* or *illu*. The Mavilans who lived in the hills used natural resources to build their traditional houses. They used dried *muli pullu* (water reed) and bamboo to build houses. Specifically, the house's roof comprises coconut, palm, and *machipatta* (areca nut leaves). Mavilan uses *nerandhali*, a wooden tool, to do the flooring by constantly punching it to flatten the surface. In the early days, families accommodated girls who attained puberty (during menarche) in separate sheds for seven days and conducted a puberty ceremony afterwards. Over time, people built earthen blocks and started constructing houses with them. In Mavilan settlements, concrete houses and tiled roofs are more common today.



Photograph 3.3: Traditional House of the Mavilan Community Under Construction



(Picture Courtesy: Dhanya K)

Photograph 3.4: *Thaithal*: Bamboo Material Prepared for the House Construction

3.2 ETYMOLOGY, ORIGIN, AND HISTORY OF THE PEOPLE

The Adiyian community members claim that their ancestors of the Adiyian community migrated from Karnataka to Wayanad for livelihood. The term “Adiyans” (the word *Adiyian* means slave) refers to them because they used to serve as servants of the landlords and upper castes in Kerala. They were known as *Ravular* before the landlord made them his serfs. The word “*ravular*” alludes to their subordinate status (Ramachandran, 2008, p.9). Thurston’s (1907) book titled “Castes and Tribes of Southern India” provides an account of the Adiyian tribal community. He says that the Adiyian means “slave,” while ‘*adima*’ means “feudal dependence on a landlord” (Thurston, 1907, p.4). Most of this community prefers to be known by their real name, ‘*Ravular*,’ freeing themselves from Adiyian, which means slave. Like other tribal communities of Wayanad, researchers believe they once migrated from the Mysore area. Their worship of certain gods and the names of their places of worship, associated with the Mysore region, support this conclusion (Pangajakshan, 1989, p. 263).

One of the informants opined that the name Mavilan came from the fact that they wore the leaves of mango trees as clothes in earlier days, and a few of the informants disagreed. Mango is called “*mavu*”; leaves are called “*ila*” in Malayalam. Another

popular opinion was that the name Mavilan came from their use of mango leaves for medicinal purposes and in rituals of the Mavilan community. There are different opinions regarding the origin of the name Mavilans. The Mavilan community members are known as *mayilayyu* and *mayyan*. H. A. Stewart, in the Madras Census Report (1891), describes the name Mavilan as having originated in the sense of those who collect and sell the medicinal herb ‘*Mavilav*.’ (As cited in Karippath, 2005, p. 14). In the early days, people from other communities described Mavilans as *choron*. The other names of the Mavilan community include *Mavilan*, *Mavilon*, *Mailon*, *Mayilan*, and *Malyan* (Karippath, p. 14).

3.3 POPULATION AND DISTRIBUTION

In Kerala, the majority of the Adiyans reside in the Wayanad district, and they are concentrated mainly in Thirunelly, Mananthavady, Panamaram, and Pulpally panchayats of Mananthavady taluk (Socio-Economic Survey, 2013). As per the 2011 Census, the total population of the Adiya community is 11,526, which includes 5515 men and 6011 women.

Table 3.1: Population Distribution of the Adiyans Tribe in Wayanad District

Community Name	Panchayat/Municipality	Population
Adiyans	Mananthavady	3113
	Vellamunda	15
	Thirunelly	5089
	Edavaka	181
	Thavinjal	49
	Pozhuthana	14
	Panamaram	1871
	Mullamkolly	14
	Pulpally	860
Total Population		11206

Source: Socio-Economic Survey, 2013

The Mavilans Tribal Community resides in the Kannur and Kasargod districts of north Kerala. According to the 2011 Census, the total population of the Mavilan community is 30867, including 14972 men and 15895 women. Mavilan constitutes 6.366% of the total tribal population of Kerala. The researcher conducted the study among the Mavilan community who reside in Kasargod District. In Kasargod district, they have mainly concentrated on Ajanoor, Madikkai, Pallikkara, Pullur Periya, Kayyur Cheemeni, Pilicode, Kuttikkol, Delampady, Bedaduka, Balal, Kallar, Kodom Belur, Panathady, Kanhangad (Municipality), East Eleri, West Eleri, Kinanoor, and Karinthalam Panchayats (Socio-Economic Survey, 2013).

Table 3.2: Population Distribution of the Mavilan Tribe in Kasargod District

Community Name	Panchayat	Population
Mavilan	Ajanoor	445
	Madikkai	1248
	Pallikkara	829
	Pullur Periya	2812
	Kayyur Cheemeni	302
	Pilicode	146
	Kuttikkol	1908
	Delampady	129
	Bedaduka	2721
	Balal	3000
	Kallar	2253
	Kodom Belur	4596
	Panathady	1576
	East Eleri	179
	West Eleri	2253
Kinanoor Karinthalam	1570	

	Kanhangad (Municipality)	587
Total Population		26554

Source: Socio-Economic Survey, 2013

3.4 MATERIAL CULTURE

The Adiyani community uses various advanced and traditional equipment and instruments, including agricultural and household equipment. In the past, most household items were homemade. Traditionally, Adiyani used a bamboo winnowing tray called a *mura* to perform winnowing. In contrast, they harvested paddy with a sickle called a *koyilariva*. They use bamboo to make several varieties of *kotta* (basket) and *batti* (basket). Farmers utilize a *thoomba* (hoe) for agricultural purposes.



Picture Courtesy: Aji Colonia

Photograph 3.5: Basket-Making by Adiyani Couple

Adiyani uses a square-shaped object called a *gareshi* to dry grains, fish, mushrooms, and *vadaku* (vegetable-based chips), and they use an *onali* to drain water from rice gruel. Some members of the Adiyani community continue to utilize *gareshi* in their daily lives. They make the broom from *kurunthoti* (Broomjute sida plant), using the *chada* (an object resembling a bamboo winnowing tray) to collect cow dung and soil. They

also employ several other pieces of equipment for agriculture. The researcher observed several of these objects in the field and found that many still use traditional household and agricultural equipment and tools.



Photograph 3.6: *Gareshi*: An Indigenous Type of Dryer



Photograph 3.7: *Onali*: A Strainer Used to Separate Rice Gruel from Cooked Rice

Like Adiyar, the Mavilan community has many unique tools and equipment, including household objects, agricultural equipment, traditional musical instruments, crafts, and items. *Ponam krishi* (shifting cultivation) was the traditional occupation of Mavilans, and shifting cultivation is known as *kumeri* among Mavilans. *Paruveh* is a small knife

used to plow the paddy field, and *cherakathi* and *vakkakathi* are the knives used by the Mavilans in their daily lives. *Thaduppe* (winnowing tray made of bamboo), *idangay* (measuring vessel), *kayil* (spoon), *manganam* (an earthen pot), *therike* (traditional pot holder made up of *machipata* which means areca nut leaf), *kanjikkalam* (earthen pot), and *thudupp* (vessel used to drain rice gruel from cooked rice) are some of the household objects of Mavilans, and they are predominantly self-made. Tools such as *thaduppe* (winnowing tray made of bamboo) and *cherakathi* (knife) are indispensable for specific rituals and ceremonies of Mavilans. *Amb* (arrow), *kuntham* (spear), and *thetali* (slingshot) are hunting tools, and Mavilans also used various traps for hunting. *Thudi* (traditional percussion instrument) is one of the major musical instruments used by Mavilans, and earlier, those were made from the skins of pythons or *udumb* (monitor lizard) along with plank wood. Since hunting is legally restricted, they are not hunting nowadays.



Photograph 3.8: *Therike*: A Pot Holder Made from Areca Nut Leaves

3.5 DRESS AND ORNAMENTS

The Adiyian community has unique traditional dress patterns in earlier times. The traditional dress of women of the Adiyian community is called *chinthe* in the Adiyian language, and *chinthe* is tied using *chela* (saree). One side of the *chela* is taken to the back through the right side of the shoulder, and the other is taken through the chest, both tied together at the right shoulder. This tying style is known as *chinthekettu*. The traditional dress of men was half *mundu* (dhoti) using *kora mundu* (cotton material), and in those days, they didn't wear shirts. A piece of cloth is tied to the head by men, and it is known as *urumalekettu*. In earlier days, most of them used ornaments made from natural materials, along with silver, brass, and bronze jewelry. In the Adiyian

community, women tend to get tattoos on their hands, faces, and foreheads, while men mostly tend to stay away from tattoos. Only a few older women wear *chinthe* (traditional clothing) nowadays, and no one else wears any traditional attire. It is also a specialty of Adiyans to have tattoos on their body parts (Narayanan, 1980, p.141).



Photograph 3.9: An Adiyian Woman in Traditional Dress

Like Adiyian, Mavilan also has a traditional dressing pattern. Women of the Mavilan Community used to tie their clothing over their upper bodies in a unique method called *kundachamkettu*. The cloth tip was taken over the left shoulder and tied at the right part of the hip. The right end of women's clothing is called *konthana*, and it was an older version of the wallet that we use today. It was used to keep money and betel leaves. After putting the necessary items in the *konthana*, they were folded and kept safely. Like women, men also used *konthana*. Most ornaments made of natural materials, along with silver, brass, and bronze jewelry, were used in the past. For men, long clothes (i.e., long towels) that covered up to their knees were used, and it was known as *pani mundu*

or *pattamtharam mundu*. There was also another cloth to carry on their shoulder, known as *thorth*. Sometimes, men tie that cloth on their heads and carry it with them.

3.6 LANGUAGE

A distinctive language is embedded in the way of life of the Adiyani and Mavilan tribes, as in all other tribes. The Adiyani community speaks a dialect of Malayalam and Kannada, which is known as the *ravula bhasha* (the dialect of *ravular*) (Ramachandran, 2008, p.9). Adiyani language has no script, and within the community, Adiyans speak the *ravula bhasha*, and with non-tribal members, they speak Malayalam.

The Mavilan community speaks a dialect of Malayalam, Tulu, and Kannada, known as the *Mavila bhasha* (the dialect of Mavilan). Mavilans in Kannur speak mostly *Mavila bhasha* within their communities and Malayalam with outsiders. Mavilans in Kasargod speak mostly *Mavila bhasha* within their communities and Tulu and Malayalam with outsiders.

3.7 FOOD HABITS

Food habits should be interwoven into economic and social structures and regarded as a broader cultural background component (Bennett et al., 1942, p.646). The food cultures of various ethnic communities can differ greatly, and livelihoods significantly impact tribal food cultures. Food is a cultural symbol and an element of a people's identity. As a result, studying each person's culinary habits is also a technique to learn about their cultural identity. Any ethnic food forms according to the topography, climate, occupation, and daily needs. (Mini, 2007, p.6). Agriculture serves as the Adiyans' significant means of sustenance, and they base their food habits on this agricultural sector. When there was no wage laborer, collecting roots, tubers, fruits, and leaves from the forest was common (Ramachandran, 2008, p. 18). They also incorporate other food resources from the forest into their diet.

The traditional food of Adiyani consists of rice, *kwang* (wild tuber), *chappu* or *choppu* (leafy vegetables), *kuminu* (mushroom), *pamu* or *pakamu* (fruits), *meenu* (fish), *pullu* (birds), *thenu* (honey), meat, *kattanellu* or *kattieri* (bamboo rice), and lentils. Crabs, clams (a species of clam found in rivers and paddy fields), leafy vegetables, and wild

tubers were once common foods among Adiyans to keep them healthy and able to work (Padmini, 2008, p.41).

Similarly to the Adiyans, the Mavilan consume rice, *krunk* (wild tubers), *chappile* (leafy vegetables), *kanila* (bamboo shoots), *kayi* (fruits), *kumil* (mushrooms), *thenu* (honey), lentils, *urkki aratkunut* (chutney made up of ants and ant eggs), *katterachi* (wild meat), *meen* (fish), and different types of meats, depending on the season. Mavilan consume red ants nesting in tree bark and ant eggs. These ant eggs and *kanthari* (bird eye chilies) are crushed, which is very special for people suffering from fever. Applying the ant and its eggs on the body is good for blisters (Mavuvalappil, 2011, p.22). The Fourth Chapter explains the relationship between food habits and healing practices in detail.

3.8 HEALTH AND SANITATION

Sanitation of a place relates to the health condition of the people of that particular place. The majority of houses in the Adiyans and Mavilan settlements have sanitation facilities. Access to clean drinking water is the most important component of a healthy life. Most of the Adiyans' drinking water source is the river, and they take water from a tap through a pipeline connected to the river for drinking purposes. Water from the well is used by the Mavilan community for drinking.

3.9 SOCIAL ORGANIZATION

Social organization encompasses the structured patterns of relationships and interactions within a community or society, influencing how individuals and groups connect and engage with one another.

3.9.1 FAMILY, MARRIAGE AND KINSHIP

Among Adiyans, people accepted cross-cousin marriages, and families commonly gave the bride price (Singh, 1994, p.51). Elders and the *chemmakaran* decide the wedding date (Narayanan, 1980, p.141). Families carry out the marriage rites at the bride's home and hold the wedding ceremony at the bridegroom's home. Both families organize a wedding feast (Singh, p.51). Among Adiyans, elders initiate marriages; in the past, families did not perform an engagement ceremony. Previously, families held the wedding at the bride's home, where they used *paisathali* or *panathali* (a mangal sutra

made of coins) as a *thali*, while a group of ladies sang *sopanapattu* (traditional song) throughout the event. Adiyar community members do not marry from their own or their sister clan, which forbids them. If a man marries a woman not belonging to the Adiyar community, he should pay *thappu pizha* (a certain amount of money as punishment). The majority of nuclear families are among Adiyars.

Society strictly prohibits getting a bride or groom from the same clan; in such cases, the chief will not hesitate to excommunicate (Karippath, 2005, p.30). Mavilans have adopted a nuclear family system of father, mother, and children. Married sons get a new *illu* (house) and start a new family with their wives. In every family, *Karanavar* (maternal uncle) occupies a prominent position (Karippath, p.30). Adiyar and Mavilan community members do not marry from their own or their sister clan, which forbids them.

Table 3.3: Kinship of the Adiyar: Terms and References

SI No	Kinship Common Term	Term of reference	Term of Address
1.	Father	<i>Appa</i>	<i>Appa</i>
2.	Mother	<i>Avva</i>	<i>Avva</i>
3.	Father's Father	<i>Achappan</i>	<i>Achappa</i>
4.	Father's Mother	<i>Ittiyamme</i>	<i>Ittiyavva</i>
5.	Father's Elder Brother	<i>Dhodappan</i>	<i>Appa/Dhodappa</i>
6.	Father's Elder Brother's Wife	<i>Dhoddave</i>	<i>Dhoddave</i>
7.	Father's Younger Brother	<i>Chittappan</i>	<i>Chittappa</i>
8.	Father's Younger Brother's Wife	<i>Chittave</i>	<i>Chittavea</i>
9.	Mother's Brother	<i>Maman</i>	<i>Mama</i>
10.	Father-in-Law	<i>Rattintappan</i>	<i>Appa</i>
11.	Mother's Brother's Wife	<i>Mami</i>	<i>Mamee</i>
12.	Father's Sister	<i>Mami</i>	<i>Mamee</i>

13.	Mother-in-Law	<i>Rattintamme</i>	<i>Amme</i>
14.	Elder Brother	<i>Annen</i>	<i>Anna</i>
15.	Elder Sister	<i>Akkee</i>	<i>Akkee</i>
16.	Younger Brother	<i>Leyan</i>	Called by name
17.	Younger Sister	<i>Levo</i>	Called by name
18.	Husband	<i>Ralan</i>	<i>Ninga</i>
19.	Wife	<i>Ratti</i>	Called by name
20.	Wife's Younger Sister	<i>Mythini</i>	Called by name
21.	Wife's Brother	<i>Bavan</i>	<i>Bava</i>
22.	Husband's Elder Brother	<i>Bavan</i>	<i>Bava</i>
23.	Husband's Elder Sister	<i>Ralante Akke</i>	<i>Akki</i>
24.	Husband Younger Sister	<i>Mythini</i>	Called by name
25.	Son-in-Law	<i>Marumukan</i>	Called by name
26.	Daughter-in-law	<i>Marumakal</i>	Called by name
27.	Grand Son	<i>Perachekkan</i>	Called by name
28.	Granddaughter	<i>Perathipenn</i>	Called by name
29.	Son	<i>Makan/Makenu</i>	Called by name
30.	Daughter	<i>Makalu</i>	Called by name

Over time, people have modified a number of Adiyen kinship terminologies, and they still use many of these terminologies today.

Table 3.4: Kinship of the Mavilan: Terms and References

SI No	Kinship Common Term	Term of reference	Term of Address
1.	Father	<i>Amme</i>	<i>Amma</i>
2.	Mother	<i>Appe</i>	<i>Appa</i>
3.	Father's Father	<i>Tondamme/ ungame</i>	<i>Tondamma/ Ungamma</i>
4.	Father's Mother	<i>Tondiyappe/ ungappe</i>	<i>Tondiyappa/ Ungappa</i>
5.	Father's Elder Brother	<i>Mallame</i>	<i>Mallamma</i>
6.	Father's Elder Brother's Wife	<i>Mallappe</i>	<i>Mallappa</i>
7.	Father's Younger Brother	<i>Kunjamme</i>	<i>Kunjamma</i>
8.	Father's Younger Brother's Wife	<i>Kunjappe</i>	<i>Kunjappa</i>
9.	Mother's Brother	<i>Maman</i>	<i>Mama</i>
10.	Father-in-Law	<i>Maman</i>	<i>Mama</i>
11.	Mother's Brother's Wife	<i>Mami</i>	<i>Mamee</i>
12.	Father's Sister	<i>Mami</i>	<i>Mamee</i>
13.	Mother- in-Law	<i>Mami</i>	<i>Mamee</i>
14.	Elder Brother	<i>Annan</i>	<i>Anna</i>
15.	Elder Sister	<i>Akka</i>	<i>Akka</i>
16.	Younger Brother	<i>Megiye</i>	Called by name
17.	Younger Sister	<i>Megidi</i>	Called by name
18.	Husband	<i>Mere</i>	<i>Eai</i>
19.	Wife	<i>Mertti</i>	Called by name
20.	Wife's Younger Sister	<i>Myttiti</i>	Called by name
21.	Wife's Brother	<i>Nankke</i>	<i>Aliyan</i>

22.	Husband's Elder Brother	<i>Pavan</i>	<i>Pava</i>
23.	Husband's Elder Sister	<i>Attiye</i>	<i>Attiye</i>
24.	Husband Sister	<i>Myttiti</i>	<i>Attiye</i>
25.	Son-in-Law	<i>Marmayya</i>	Called by name
26.	Daughter-in-law	<i>Marmalu</i>	Called by the name
27.	Grand Son	<i>Pulli</i>	Called by name
28.	Granddaughter	<i>Pulli</i>	Called by name
29.	Son	<i>Make</i>	Called by name
30.	Daughter	<i>Makalu</i>	Called by name

Over time, people have modified a number of Mavilan kinship terminologies, and they still use many of these terminologies today.

3.9.2 SOCIAL STRUCTURE

The Adiyar community demonstrates a strong social structure. The matrilineal tradition of the Adiyar community uses female lines for succession and inheritance. *Chemmam* (clans), *mant* (social divisions), and *nadu* (geographic divisions) are some of the social divisions that exist within the Adiyar community. Tribal social structure is abundant with rituals and ceremonies. They never try to ignore the rituals and ceremonies. The social structure of the Adiyar community is tightly knit with its various *chemmam* (clan) (Rameshan, 2020, p.37). *Nadu* refers to the local land division. A group of Adiyar hamlets occupies a *nadu* on a specific territory, and the *nadu's* head is called *nattumooppan*. The boundaries of a *nadu* are determined by hills and rivers (Ramachandran, 2008, p.27). One informant stated that they divided the *nadu* into five groups: the *ilerinad*, *anchurunad*, *akanad*, *puranad*, and *pakkanad*. The *nadumooppan* traditionally managed all community events. The Adiyar community has a strong social organization. Adiyar community traditional leaders, such as *nadumooppan*, *kunnumooppan*, *chemmamooppan*, are distinguished by a wide range of hierarchies. During the *kootta*, Adiyar's annual ritual, the *nadumooppan* resolves disputes between family members and individuals (Rameshan, p.37). *Thammadi*, who performs magico-religious rituals and healing. *Karimi*, who perform post-death rites and *cheriya*

kannaladi (assistants of *nadumooppa*) used to assist the *nadumooppa* in rituals and ceremonies. (Rameshan, p.37).

The clan of the Adiyar community is known as *chemmam*. The Adiyar people practice endogamy. The Adiyar community practices endogamy. They refer to the first three of 31 identified matrilineal *chemmams* as *mant*. The community solely chooses *nadumooppa* from the *mant*. The *chemmamakkaran* (head of *chemmam*) refers to the head of the *chemmam*. The members of the *chemmam* and *nadumooppa* will select *Chemmakaran*. The *chemmamakkaran* must carry out the ceremonies in the *chemmam*. The *mant* are distinguished from the others by their high social rank, and each *mant* has formerly been linked to a location or a specific direction. *Thirunelly mant*, *Badak mant* and *Puthur mant* hold high social status. In contrast, the others are *kottala*, *cheruvali*, *ulankuttu*, *muthukutte*, *kuppala*, *kalankotte*, *muthirae*, *momattae*, *idamalai*, *madacheri*, *kachalae*, *kadamalai*, *nalappadi*, *maragavu*, *sainty*, *thirumunda*, *karae*, *kallumalai*, *bayanattila*, *kundur*, *puthuru*, *pothadi*, *anjila*, *panalila*, *aevila*, *vellachat*, *onpathukudi* and *pavadalam* (Ramachandran, 2008, p.25).

Clear examples of the matrilineal tradition are evident among the Mavilans. The maternal tradition and the paternal tradition got mixed up later. Although the paternal tradition has gained the upper hand, the matrilineal tradition is seen from the ground through culture (Karipath, 2005, p.79). The Mavilan community follows a matrilineal system of inheritance and succession. The words *kutumam* denote a clan in the Mavilan language, also called *illam* nowadays. The researchers have identified twelve clans in the Mavilan community. The community prohibited marrying from one's clan. In earlier days, *Kiran* handled all matters related to agriculture and the welfare of each hamlet; people also know him as *Krakan*, and the community places great value on *Kiran*. In the olden days, it was customary to add a clan name to the family name of their masters (Karipath, p.30). In some regions, the tribal head of the Mavilan community is called *thalayadiyan*. He is the authority for the salvation and punishment of society (Karipath, pp.51-52). *Kiran* supervises the shifting cultivation, while the *thalayadiyan* oversees social customs. The landlord directly appoints *Kiran* (Karipath, p.53).

Table 3.5: Name of Clans

SI No	Name of Clan	
	Adiyan	Mavilan
1.	<i>Kalakot</i>	<i>Kudaminnam</i>
2.	<i>Mutire</i>	<i>Tamaninnam</i>
3.	<i>Mommatte</i>	<i>Eadaminnam</i>
4.	<i>Putooru</i>	<i>Maninnam</i>
5.	<i>Eavila</i>	<i>Madmara minnam</i>
6.	<i>Chayinthe</i>	<i>Painara minnam</i>
7.	<i>Kuppe tod</i>	<i>Mundaraminnam</i>
8.	<i>Badakk mant</i>	<i>Kudaminnam/ Challaminnam</i>
9.	<i>Mantla</i>	<i>Malla minnam</i>
10.	<i>Nalappati</i>	<i>Kinniyaminnam/ Kinnaminnam</i>
11.	<i>Kachele</i>	<i>Koormara minnam</i>
12.	<i>Kadhamale</i>	<i>Ponnachira minnam</i>
13.	<i>Ulakuttu</i>	
14.	<i>Poothati</i>	
15.	<i>Valeppa</i>	
16.	<i>Anchila</i>	

The researcher identified sixteen clans among the Adiyan community of Wayanad District and twelve among the Mavilan community of Kasargod District.

3.10 RITE-DE-PASSAGE: LIFE CYCLE RITUALS

Rite-de-passage (rite of passage is commonly known as Life cycle rituals) are the occasions or ceremonies that designate significant phases in a person's life (Singh, 2015, p.603). Adiyan and Mavilan communities perform various rituals related to birth, puberty, marriage, pregnancy, childbirth, and death. There had previously been

ceremonies for naming, tonsuring, and ear piercing. This section briefly describes the life cycle rituals, and Chapter Four provides a detailed description of the life cycle rituals. The Adiyen community still practices many rituals and traditions among the various tribal communities today (Padmini, 2008, p.5). Adiyans believe that if they failed to perform the rituals, they might have been affected by various illnesses and misfortune. The Adiyen Community requires the *nadumooppa* for every rite, from childbirth to death, to the point that the *nadumooppa* holds power in their social life (Rameshan, 2020, p. 37). *Nadumooppa* plays a significant role among the members of the Adiyen community. Among Adiyen, the sacred specialists known as *kannaladi* and *gaddikakaran* execute marriage, birth, and death rites and assume the role of shamans (Singh, 1994, p.51).

3.10.1 PREGNANCY AND CHILDBIRTH

The Adiyen community observes various rituals connected to birth. *Arangetbangal* is a significant ritual of the Adiyen community, marking the first pregnancy, and it takes place during the seventh month of pregnancy. The *arankittu neekkal* ritual expels demons from the pregnant woman's body (Chandramohanam, 2013, p. 66). They perform this ritual to ensure a smooth delivery and protect the mother and child from malevolent spirits or ghosts. They also perform it to promote the health of the unborn child and the mother. *Bethikkarathi*, or traditional birth attendants, support and help pregnant women during delivery and, afterward, caring for the mother and her child. The delivery takes place at the expectant woman's residence. In the past, Adiyen associated the 15-day *pula* or pollution period with childbirth. *Kullumogal* is one of the rituals connected to childbirth, and people perform it 28 days after birth. They pierce the ear at around five years of age; earlier, there was no special ceremony for this. In early times, people used *karamullu* (thorn of wild jessamine) to pierce ears (Pangajakshan, 1989, p. 263).



Photograph 3.10: *Amb* (Arrow): Hunting Device of the Adiyen Community

When we look into the Mavilan community, we see unique customs and rituals relating to pregnancy and childbirth. *Pungamangalam* is a ceremony performed by the Mavilan and associated with pregnancy. *Pungalam* is a ceremony performed in the seventh or ninth month for pregnant women (Karipath, 2005, p.57). It involves taking a pregnant woman to her house and is conducted during the seventh month of pregnancy.

When a child is born in the Mavilan community, whether a boy or a girl, the family must perform the *kathukuthu* (ear-piercing) ceremony; in the early days, people used *karamullu* (thorn) to pierce the ear, and afterward, they kept small stems of plants in the hole of the ear as earrings. *Mami*, the uncle's wife, has the right to bring the child in the seventh month.

3.10.2 THE PUBERTY CEREMONY

Adiyen practices *Manjalu neeru*, or the puberty ritual (Singh, 1994, p.51). The community carries it out in connection with the commencement of the first menstruation or menarche. The community often celebrates this highly significant ceremony on the fifteenth day or the next auspicious day following menarche (Syama, 2011, p. 92).

The Mavilan community also considers the puberty ceremony significant. The community performs the ceremony when the girl attains menarche, which in the Mavilan language is called *madmalandu*. The community celebrates it on the third or fourth day after attaining puberty.



(Picture Courtesy: Dhanya K)

Photograph 3.11: Ritual Associated with *Madmalandu* (Puberty Ceremony)

3.10.3 MARRIAGE

Among the Adiyans, elders in the household initiate marriage; in the past, they did not perform any engagement ceremony. Elders and the *chemmakkaran* decide the wedding date (Narayanan, 1980, p.141). Previously, the bride's home hosted the wedding, with *paisathali* or *panathali* (mangal sutra made of coins) serving as the thali. At the same time, a group of ladies sang *sopanapattu* (traditional song) throughout the event. Adiyans follow the custom of giving a bride price. The bridegroom and his family must give rice, coconut, tobacco, chili, coriander, onion, fish, and chicken to the bride as a bride price (Narayanan, p.141).

In the Mavilan language, people call marriage *Mangalam* and *Madme* (Karippath, 2005, p.63). In the past, Mavilans considered a boy ready for marriage when he could carry *pathu para nellu* (about 80 kilograms of paddy grains). The groom's party customarily visits the bride's house to meet her. A week before the marriage, the groom's family must visit the bride's house to give *kanam* (bride price), and the Mavilan marriage is a grand ceremony. Some members play the *thudi* (percussion musical instrument), while others sing. When the groom's party arrives for the wedding, they expertly beat the *thudi*, communicating through its beats. Before the marriage, they perform a ceremony called *brahmanakol* (they put a long bamboo beneath the ground with a particular ritual). On the wedding day, they perform *kuduma theyyam* (a ritual art form).

3.10.4 DEATH

The Adiyar community practices various funeral rites. They bury the deceased and spend 13 days observing death pollution. The *chemmakkaran* (clan head) receives the notification about the death in the community, and it is customary to bury the dead uniquely. They dig a special type of pit to bury the dead body. The digger first creates a straight-down pit six feet deep and then makes a tunnel to one side inside the pit (Thulaseedharan, 2014, p.43). The mourners bathe the dead body using turmeric and oil as part of the green funeral ritual. After various rites, *karimi* places the dead body inside the pit, which they cover with bamboo, grass, or wood, before filling it with soil. When a man dies, his wife observes the pollution until she completes the death ritual (*kakkapula*) (Singh, 1994, p.51). The Adiyar community performs various dry funeral rituals, including *kakkapula*, *chemmapula*, and *kunnupula* (Padmini, 2008, p.21). They hold a ritual known as *pile* or *kunt pile* seven days after death. They conduct a dry funeral ritual, *pathimoont*, on the thirteenth or sixteenth day after death. The family's financial situation determines when they can perform the *pathimoont* (also called *cheriya pile*). The *chemmakkaran* (clan head) oversees the ritual. Death pollution lasts for thirteen days, and during this period, family members cannot eat fish, pork, or oil (Menon, 1906).



Photograph 3.12: *Pathimoont*: A Dry Funeral Ritual of the Adiyar Community

The *Kootta* is one of the important rituals of the Adiyar community, and it falls under the death ritual. They conduct this ritual to please the spirits of people who died the previous year. *Nadumooppa* resolves disputes among the Adiyar community

members on that day through traditional political organizations. The purpose of the *Kootta* ritual is to appease the departed soul (Pangajakshan, 1989, p. 263).

Suppose a person dies in the Mavilan community. In that case, they appoint someone to inform all the relatives about the death, and the practice is to cremate the body. They bathe the dead body with turmeric as part of the ritual. *Thelipp* is a dry funeral ritual performed on the third or fifth day after cremation. The family prepares the dishes the departed soul likes and serves the food in the presence of the ritual performer, using the left hand on a leaf on top of an object made with *Kuruthola* (tender coconut fronds). Before offering a feast to the spirit, they conduct a ritual at the crematory ground. They then distribute food to those who come to participate in the ritual. Suppose the deceased was a *Theyyam* performer after bathing the deceased. In that case, the community inscribes the face of the *Theyyam*, the person last performed (Karippath, 2005, p.78).

The Adiyam and Mavilan communities observe various customs and ceremonies related to lifecycle events like birth, puberty, marriage, pregnancy, childbirth, and death. Although these rituals and ceremonies have changed a bit, they continue to be practiced today.

3.11 BELIEF, FAITH AND RELIGIOUS ORGANIZATIONS

Another practice is worshipping ancestors (Singh, 1994, p.51). Various deities, Gods, goddesses, nature, and ancestor spirits are all worshipped by the Adiyam. The Adiyam community has different deities according to their *chemmam* (clans), and apart from this, they also worship other common deities, ancestor spirits, gods and goddesses, and nature. *Karinkali, Masanan, Kuttichathan, Kuliyan, Malekkari Theyya, Chamayachan, Jogiyachan, Chamundi, Kalappan* and *Pakkathappan* are the main deities worshipped by the Adiyam community. The Adiyans believe the goddess *Mari* guards them against various diseases and calamities. The Adiyans actively worship deities such as *Valliyoorkavu, Thirunelli, Thonichal Thira, Edappadi Thira, Bhimanakolli Mathappan,* and *Pulpalli* (Pangajakshan, 1989, p. 263). They made various offerings to appease and obtain the blessings of these deities.

Tribal communities prioritize rituals in ritual art forms above artistic expression. In contrast, non-tribal members consider ritual art forms as pure expressions of artistic

creativity (Rameshan, 2020, p.36). The Adiyani community practices a ritual known as *gaddika* to determine the cause of the disease and treat it. The ritual art forms' presentation and atmosphere differ from other art forms (Rameshan, 2020, p.36). The Adiyani community has several forms of *gaddika*, including *gaddika*, *nadugaddika*, *puja gaddika*, and *aramnketbangal*. "Gaddika is a ritual performed by the Adiyans of Wayanad to ward off evil spirits and get rid of illnesses." (Jhony, 2010, p.137). The Adiyani community performs a ritual called *nadugaddika* to ensure the well-being and prosperity of the people, plants, and animals in the region. They also conduct it to enhance crop growth, achieve excellent harvests, and prevent diseases. P. K. Kalan, a tribal artist, translated the magical practice of *gaddika*, which embodies the wildness of tribal rhythm, the intensity of the magical atmosphere, and a glimpse of faith onto the public stage (Rameshan, p.37).

The Mavilani community worships *theyyams*, and people believe *theyyam* live in *pathi* (a worship center). According to the Malayalam calendar, *theyyam* performances occur from the Malayalam calendar of the 10th of *Thulam* to *Medam*. During these months, Mavilans refrain from celebrating any festivities except for *theyyam*. In addition to the Mavilani communities, other communities, like the *Malayan*, *Koppalan*, and *Vannan* populations, are also well-known for performing *theyyam*. Mavilans believe *theyyams* are their ancestors and that *anangu* (ancestors' spirits) become *theyyam*. It is customary to worship the ancestors' spirits after one year and to settle them in the houses through a ritual called "*anangine kanuka*." Later, unique offerings like *ilaikk kodukkal* are performed and worshipped at important ceremonies and rituals at home. According to the Mavilans, the presence of the ancestors infuses every aspect of daily life. The Mavilans worshipped their ancestors, *Kurathi*, *Karinjamundi*, and *Paradevatha*, who settled this way.



(Picture Courtesy: Dhanya K)

Photograph 3.13: *Pottan Theyyam* of the Mavilan Community

The Mavilan perform *dhevaradhana*, which involves imagining divine power in a stone or tree; *Urvararadhana*, which enjoins the sanctity of soil and seeds; and they also worship ancestor spirits (Karippath, 2005, p.87). *Pathi* is the worship center of the Mavilans. *Pathi* has been used to store weapons and ornaments of *theyyam*, and they believe that *theyyam* reside in *Pathi*. People have used *Pathi* to store weapons and ornaments of *theyyam*, and they believe that *theyyam* resides in *Pathi*. They usually perform *theyyam* in *Pathi* and *kavu* (sacred grove). Now, the term *Pathi* has transformed into *Palliyara*. The Mavilan community worships *Korathi* as one of the *theyyam*, and they perform it as part of the offerings and vows. According to Mavilans' belief, all the *theyyams* were residing in *pathi*, including *korathi*. *Madantamma* is an important deity of Mavilan (Karippath, p.87).

Panjuruli is one of the important *theyyam* worshipped by the Mavilan community. *Panji* means 'pig' in the Mavilan language, and many myths are associated with *Panjuruli theyyam*. The rituals and ceremonies associated with this *theyyam* also last for several days. *Paradevatha* is another *theyyam*, and this *theyyam* exists in other communities too. The myth of this *theyyam* is related to the Narasimha avatar of Lord Vishnu. In the past, many Hindu gods had no prominence in the Mavilan community, and later on, Hindu deities became popular among them.



(Picture Courtesy: Dhanya K)

Photograph 3.14: *Panjuruli Theyyam* of the Mavilan Community

Kappalathi Theyyam is also known as *Kappalathi Amma*. Mavilan worshiped it by placing a stone under the champak tree. *Kuduma Theyyam* is another *theyyam* worshipped by the Mavilan community. Mavilans believe that worshipping *kuduma theyyam* will bring abundant prosperity to the family. *Kolathinumel kolam* is a ritual concept that signifies the merging of two or more distinct *theyyams* into a single form.

3.12 ECONOMIC ORGANIZATION

Earlier, Adiyans worked as bonded laborers under landlords, and *kundalpani*, or *ballipani* was the term used to describe the bonded labor system in the Adiyani community. Bonded laborers were referred to as *kundalpanikkar* by landlords, and the payment was referred to as *kundalpanam* (Ramachandran, 2008, p.9). They were engaged in livestock rearing in addition to agricultural activities. In the past, during the *Valliyookavu* festival, which the people of Wayanad celebrate in March, landowners would provide an advance amount to bonded laborers (landlords regarded the Adiyani and Paniyan tribes as bonded laborers). The amount of cash paid to Adiyans by landowners is called *nippu panam*, and it includes money, rice, and other things.

The individual and his family members also pledged themselves against the loan amount. They had to labor for the creditor for just daily meals and nothing else in

compensation (Ramachandran, 2008, p. 10). The tribals were placed as bonded workers alongside the *vallyoorkavu* on the day of the *ponkuzhi* temple festivities, a Wayanad event, in the Malayalam month of *Meenam*, in Muthanga village (Mathur, 1977, p.98). Adiyans refer to landlords as *thamburakkanamar* (a polite and patronizing method of addressing), and they perform services for the landlord by residing on their property for at least a year.

A distinctive feature of Adiyans culture is a gender-based division of labor where husband and wife cooperate to sustain the family. Women perform various agricultural tasks, including replanting, weeding, and harvesting (Ramachandran, 2008, pp.22-23). Besides agricultural activities, women also collect forest resources, which include wild tubers, honey, mushrooms, wild fruits, leafy vegetables, bamboo rice, etc. Men used to plow and carry headloads, etc. (Ramachandran, p.23). Like all other communities, the Adiyans community's livelihood has changed significantly over time. Nevertheless, they principally base their livelihood on cultivating various crops, agricultural work, wage labor, etc.

In the same way as Adiyans, Mavilans are also primarily a foraging community that began to involve shifting cultivation later on. Prior to the advent of agriculture, they relied heavily on the forest and forest products. *Janmi* (the landlord) occupied their habitat, so they lived an agricultural life until he encroached upon them, with their primary occupations being hunting and gathering (Rajith, 2013). Mavilans first engaged in *kumeru* (shifting cultivation) and have since passed it on to settled agriculture. Traditional medicine is a field in which Mavilans have long been experts, and today, some practice it as a livelihood to support themselves and generate income. All members of the family engaged in shifting cultivation. All the members of the Mavilan family used to live by work. Those aged from eight years to 100 years old do their job. Those who cannot go to work in the paddy fields stay at home and weave baskets using the cane (Mavuvalappil, 2011, p.29).

Like other tribes, the honey collection was one of the primary means of livelihood for the Mavilan community in the earlier days. The honey varieties collected by them are *perunthen* (wild honey), *cheruthen* (stingless bee honey), *puttuthen* (bee honey typically found inside tree pits and mud), and *kolthen* (bee honey typically found inside bamboo and tree pits). Mavilans have a unique skill for finding the abode of small bees,

trapping them with an earthen pot, raising them in it, and collecting them year after year. They keep the bees away by firing them with palm leaves and husks of a coconut, and they protect themselves from the attacks of bees. In some of the hamlets of Mavilan, basketry was also one of the prominent livelihoods, and middle-aged people, especially women, engaged in basket making. Old-age women are experts in mat-making, making household objects, and other artifacts out of bamboo.

3.13 POLITICAL ORGANIZATION

A relatively rigid traditional political system governs the Adiyen community. Adiyen has its customary political institutions, with the *nadumooppa* serving as the supreme authority and made up of social and religious representatives (Ramachandran, 2008, p.27). Previously, the punishment for breaking the community's customary rules and regulations has been to provide *thappubale* (a traditional bangle). The *thappubale* makers use brass or copper. The *nadumooppa* has the power to punish anyone who breaks these laws. The community punishes people who violate its traditional laws; however, nowadays, the punishment involves paying a fine rather than providing *thappubale*. The offender's mistake determines how much the penalty should be for the offense. No one will be willing to defy the decisions, words, and actions of the *nadumooppa* (Rameshan, 2020, p.37). The vast majority of the Adiyen settlements still uphold this traditional political system.

All the tribal societies flourished in a strong social system. The elements of tribal society were the headman, tribe, family, and individual (Karipath, 2005, pp. 28-29). The Mavilan community also has a traditional political structure. The whole social structure of the tribals rests on the headman (Karipath, p.29). In earlier days, the *mooppa* was the supreme head of the Mavilan tribe. However, when Mavilan came under a squirearchy or landlord, the responsibilities went to a *kiragan*. He should have proper knowledge of the customs of the Mavilan community and their agricultural practices. He should be well-experienced and have leadership skills. As a community member, a person must obey many rules. The custom followed by the community is its law (Karipath, 2005, p.49). The squire plays a significant role in electing *kiragan*. *Kiragan* is directly under the squire and obeys his orders. In addition to carrying out all the duties of the tribe, *krakan* have all the powers among them. Mavilans have a system of governance with a *kudumbakaranavar* (head) and family men to assist the chief

(Karippath, p.29). *Krakan* wore a bangle as a symbol of power. Currently, the *krakan* position does not exist among the Mavilan community. Instead of *krakan*, *Mooppan* has a significant role in the Mavilan community. The chief would have one or more associates and the oldest person in the family to assist him in administrative matters (Karippath, 2005, p.29). Some of the tribes would have *karanavanmar* (headman), astrologers, and sorcerers to control the society as a whole (Karippath, p.29). They enforce strict prohibitions to ensure that the social rules passed down through generations are not violated (Karippath, p.29).

The traditional political system resolves conflicts relating to land partnerships, family members, separation and divorce, and other problems in hamlets in Adiyam and Mavilan. Nowadays, Adiyam's traditional political system predominates over Mavilan's.

3.14 STATUS OF WOMEN

In both the Adiyam and Mavilan communities, women had more or less equal representation in all aspects of life. They received equal rights to make decisions at the family level. They were allowed to participate in most religious rites and celebrations. However, they were not permitted to perform healing rituals. Women bear more responsibilities and heavier burdens than men do.

3.15 ETHNOMEDICAL PRACTICES

Ethnomedicine is a crucial component of Medical Anthropology, which studies indigenous healing systems, beliefs, and practices across various cultures. An ethnomedicine inquiry examines how people perceive health, disease, and illness, what treatments they access, and how they engage in healing practices (Pieroni et al., 2005, p.1). Ethnomedicine is a collective knowledge about healthcare administration that helps us understand the cultural description of illness etiology, disease diagnosis, and mode of treatment within the cultural framework. Ethnomedical systems of Adiyam and Mavilan communities always have a strong connection with belief systems and religious practices, and this holistic healing approach includes rituals, ceremonies, prescription of herbal medicines, and other practices.

3.16 KNOWLEDGE, TRADITION AND FOLKLORE

The tribal community of Kerala showcases its distinctive culture through its artistic creations. The art forms created in the particular tribal context reflect the rhythms of nature (Rameshan, 2020, p.36). These tribal artistic traditions remain alive today, with each community having its own unique artistic history. Both the Adiyans and Mavilan communities possess distinct artistic traditions. Below are the traditional art forms of the Adiyans Community.

Adiyans practice a traditional art form known as *kambalanati* alongside agricultural practices. Previously, landlords used *kambalam* as a technique to address incomplete agricultural work. On *kambalam* day, Adiyans and other tribal community members play traditional musical instruments, sing songs, and dance while completing agricultural tasks. After some time, the workers begin singing and dancing, helping them forget their workload and continue working. In one day of work, they manage to complete more farming tasks (Padmini, 2008, p.42). *Kambalanati* has evolved from being merely an art form into a ceremonial practice.

They regard *Gaddika* as a ritual art form. People consider it both an art form and a ritual. Performers present the *sopana pattu* and *poigavana pattu* during weddings and other events, along with a rich collection of folk songs representing their sacred sastra's oral history (Menon, 1906, p.5). Adiyans associate a wide variety of songs with their life events. These tribal songs remain oral traditions, never recorded anywhere. The most significant occasions include the *Valliyoor kavu* festival, *Onam*, *Nadunikkal*, and *Vishu*, which hold social, economic, and religious importance (Menon, p. 5).

Like the Adiyans, the Mavilans also have a unique artistic tradition. Mavilans are known for their distinctive art forms, such as *Mangalam kali*, *ert chorakk* (also known as *eruth kali*), and *theyyam*. *Ert chorakk*, one of the ritual art forms of the Mavilan tribal community of Kasargod, begins on the tenth day of the Malayalam month of *Thulam*. In the Mavilan language, “*ert*” means “ox.” The performers use *eruth kali* to maintain and restore agricultural prosperity and well-being. People believe wealth, happiness, and prosperity abound in the houses where *ert chorakk* is performed. They perform it in a *pati* (worship center) and later in homes. It promotes agricultural prosperity and ties to various myths and beliefs related to the festival.



(Picture Courtesy: Dhanya K)

Photograph 3.15: *Eruthkali*: A Ritual of the Mavilan Community

The Mavilan tribal community practices *Mangalamkali*, an art form closely linked to the lifecycle of Mavilans, particularly during puberty ceremonies and weddings. In the Mavilan language, the community refers to *Mangalamkali* as '*madhme*'. Men, women, and children of all ages perform *Mangalamkali*, including dance and singing. Performers use traditional musical percussion instruments: the *Perum thudi* and *Pana thudi*. Many songs in Malayalam and Tulu are part of *Mangalamkali*. The performance features various songs, including *Chennupatt*, *Pantalpatt*, *Patapatt*, *Machunanpatt*, *Koipatt*, *Purlipatt*, and *Kumapatt*. Perhaps these songs are sung during weddings to reinforce one's cultural awareness when all community members gather together. The Mavilan community's distinctive traditional percussion instrument, the *mulamchenda*, is made up of bamboo. It was employed earlier to keep animals and birds off of agricultural fields. *Mulamchenda* is used in various types of art forms nowadays.

The Mavilan community performs Theyyam, one of their ritual art forms, at the *kavu* (sacred grove), *pathi* (worship center), and houses. Mavilan performs more than 101 forms of Theyyam. *Kuduma Theyyam*, *Karinchamundi*, *Panchuruli*, *Kapalathi*, *Mantramurthy*, *Veeran Theyyam*, *Pili Chamundi* and many other *theyyams* are performed and worshipped by Mavilan. There are many rituals and ceremonies associated with *theyyam* performance. It is the only society that considers ritualistic arts as mere arts; however, ritual art forms are in the guise of faith, devotion, and magic (Rameshan, 2020, p.36).

Knowledge that is unique to a particular culture is known as traditional knowledge. A tribal community's traditional knowledge centers on its environment, spirituality, and

cultural traditions, passed down from generation to generation. In addition to the knowledge of plants and herbs, tribes use unique preparation methods and cultural beliefs to treat ailments with herbs and plants. A rich knowledge of local ecosystems and soil fertility underpins their sustainable agricultural practices, such as crop rotation and shifting cultivation. Environmental conservation is central to their way of life, with traditions like sacred groves, restricted hunting, and sustainable harvesting preserving biodiversity. Spiritual rituals and beliefs deeply influence their daily life, governing health, agriculture, and community well-being. They maintain a tribal identity through artisanal activities such as weaving, pottery, and basketry. Traditional food preservation techniques and environmental knowledge are part of indigenous food systems, abundant in locally sourced and seasonal foods. Preservation of history, moral values, and cultural teachings through oral literature, which includes myths, legends, and storytelling, is essential. We must preserve this traditional knowledge because they face threats to their distinctive legacy from modernization, climate change, and cultural degradation.

There has been a significant transformation in the cultural practices of the Adiyen and Mavilan communities. The traditional dwellings that were once prevalent among these communities have gradually diminished, giving way to the prevalence of concrete houses in their settlements. Despite changing their traditional dress pattern, the Adiyen community continues to wear their traditional attire during significant ceremonies and rituals. Conversely, the Mavilan community exhibits less preference for their traditional dress pattern. Both the Adiyen and Mavilan communities widely practiced tattooing. Similar to other communities, the livelihoods of these communities have undergone significant transformations. Their sustenance relies heavily on crop cultivation, agricultural pursuits, and wage labor, resulting in notable cultural shifts within these communities.

The economic structure and food culture of tribes are closely intertwined. Traditionally, the Adiyans and Mavilans relied on agriculture for sustenance, consuming a diet primarily composed of rice, finger millet, various grains, wild tubers, wild fruits, honey, bamboo rice, birds, wild meat, crab, and a variety of fish. Nevertheless, their eating patterns have significantly changed due to changes in their way of life. The implementation of the Forest Rights Act has prohibited hunting, leading to a dramatic transformation in their diet. As a result, the Adiyans and Mavilans have had to modify

their dietary preferences. Despite these modifications, the tribes still follow several rituals connected to various life phases, including birth, puberty, pregnancy, marriage, and death. Even if some of these customs have changed throughout time, following the life cycle rituals continues to be a crucial part of their cultural traditions.

Since a community's life and culture encompass all facets of social existence and reflect a certain age, they have tremendous historical worth. Tribal life and culture have unavoidably undergone significant changes due to industrialization and globalization, reflecting the experiences of other communities. The cultural heritage of a community serves as a repository of traditions, which must be preserved and transmitted to future generations. This research endeavor aims to compile an ethnographic account of the Adiyani and Mavilani communities. Like other tribal communities, the Adiyani and Mavilani communities have also witnessed lifestyle and culture changes. Nevertheless, they adhere to certain cultural practices unique to their community during ceremonial occasions. Consequently, there has been a discernible shift in the community's attitudes, accompanied by alterations in behavior, cultural customs, and religious convictions.

This chapter provides the ethnographic profile of the Adiyani and Mavilani tribal communities. It details the significant transformation in their socio-cultural practices. The results of the data analysis show that the tribal community prefers concrete houses over traditional dwellings, which has resulted in the gradual diminishing of traditional dwelling practices and led to the prevalence of concrete houses in their settlements.

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Consequently, there has been a discernible shift in the community's attitudes, accompanied by alterations in behavior, cultural customs, and religious convictions.

In sum, this chapter provides an ethnographic overview of the Adiyen and Mavilan tribal communities, detailing their lives, cultures, and socio-economic transformations over time. The findings reflect the intricate connections between their cultural practices and indigenous healing traditions, aligning with the study's objectives of documenting their lives, beliefs, and health-related customs.

CHAPTER IV

HEALTH, HEALTHCARE BELIEFS AND PRACTICES

AND

DISEASE AND ILLNESS ETIOLOGY

CHAPTER IV: HEALTH, HEALTHCARE BELIEFS AND PRACTICES, AND DISEASE AND ILLNESS ETIOLOGY

This chapter addresses the key research questions to explore the indigenous healing practices of the Adiyar and Mavilar tribal communities. It seeks to understand how these communities perceive health, disease, illness, and healing and how their cultural and social practices shape these notions. By examining the causes attributed to disease and illness, the chapter sheds light on how these communities classify and address health challenges through their indigenous methods.

The research questions addressed in this chapter are:

- I. What are the notions about health, disease, illness, and healing among these communities?
- II. To what do they attribute disease and illness, and how do they classify them on this basis?
- III. What are the different ways in which the life and culture of the Adiyar and Mavilar tribal communities shape their indigenous healing practices?

This chapter also presents their food habits, special diets associated with maternal healthcare, food taboos, the “hot and cold” concept of food, disease etiology, and disease diagnosis in the indigenous healing system of Adiyar and Mavilar communities. Illuminates the intricate web of health-related beliefs, practices, and cultural nuances within the study population, shedding light on their unique healthcare system. Cultural backgrounds, including beliefs, practices, and notions about health, illness etiology, food habits, and other aspects of health and illness, greatly influence health and healthcare practices.

Being healthy is not just about being well and free from diseases; it also involves engaging in social activities, eating and drinking in moderation, and participating in community rituals (Workneh et al., 2018). Health is a multifaceted concept that includes social, cultural, mental, and physical well-being. The terms health and illness defined by tribal communities are unique and holistic. It underscores the necessity of a holistic and well-balanced approach that includes individual behaviors and social and community-related factors. Different medical systems view health, disease, and causes of disease in different ways, and as a result, their approaches to health and disease are

different (Tolera et al., 2011). This diversity leads to distinct approaches in dealing with health and disease management. Understanding the specific treatments chosen by tribal healers requires understanding the nature of diseases and ethnomedical practices (Herndon et al., 2009). Herndon et al. acknowledge the interdependence of cultural beliefs, traditional healing approaches, and the specific health concerns faced by the tribal community. Social experiences and cultural definitions shape the understanding of health and illness, forming the basis of medical anthropology (Hasty et al., 2022, p.517). Culture profoundly influences our understanding of health, disease, and illness.

4.1 CONCEPT OF HEALTH, DISEASE AND ILLNESS

Health is defined as “A state of complete physical, social and mental well-being, and not merely the absence of disease or Infirmity. A resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.” (WHO, n.d, para. 1). The notion of health is a complex phenomenon among tribes embedded in their sociocultural environment. According to Professor Marshall Marinker, “Disease is a pathological process. The quality which identifies a disease is some deviation from a biological norm. Illness is a feeling, an experience of unhealth, which is entirely personal and interior to the patient. Sometimes, illness exists where no disease can be found. Sickness is the external and public mode of unhealth. Sickness is a social role, a status, a negotiated position in the world.” (Marinker, 1975, pp.82-83).

It is crucial to understand that health does not function solely as a result of medical care; instead, it connects with factors such as culture, economics, and social and political influences (Basu, 1993). Tribal communities comprehend health and illnesses as multifaceted concepts through various biological, sociocultural, and psychological lenses. Each community has its concepts of health and illness, which are subject to change over time. This notion also differs among the communities and individuals within the community. The tribal communities’ concepts of health and illness also depend on sociocultural factors. One may only deeply understand a community’s healthcare system by grasping its concept of health and illness. The concepts of health and illness are unique to every community and often neglected. The sociocultural beliefs and practices of Adiyani and Mavilan tribal communities deeply embed their concepts of health and illness. A fundamental understanding of health and illness

causation in the Adiyian and Mavilan communities is crucial to understanding their traditional healthcare system.

4.1.1 HEALTH: ADIYAN’S PERCEPTION

The notion of health among Adiyian tribes is a complex phenomenon rooted in their sociocultural environment. In the Adiyian community, the following indicators characterize a healthy person:

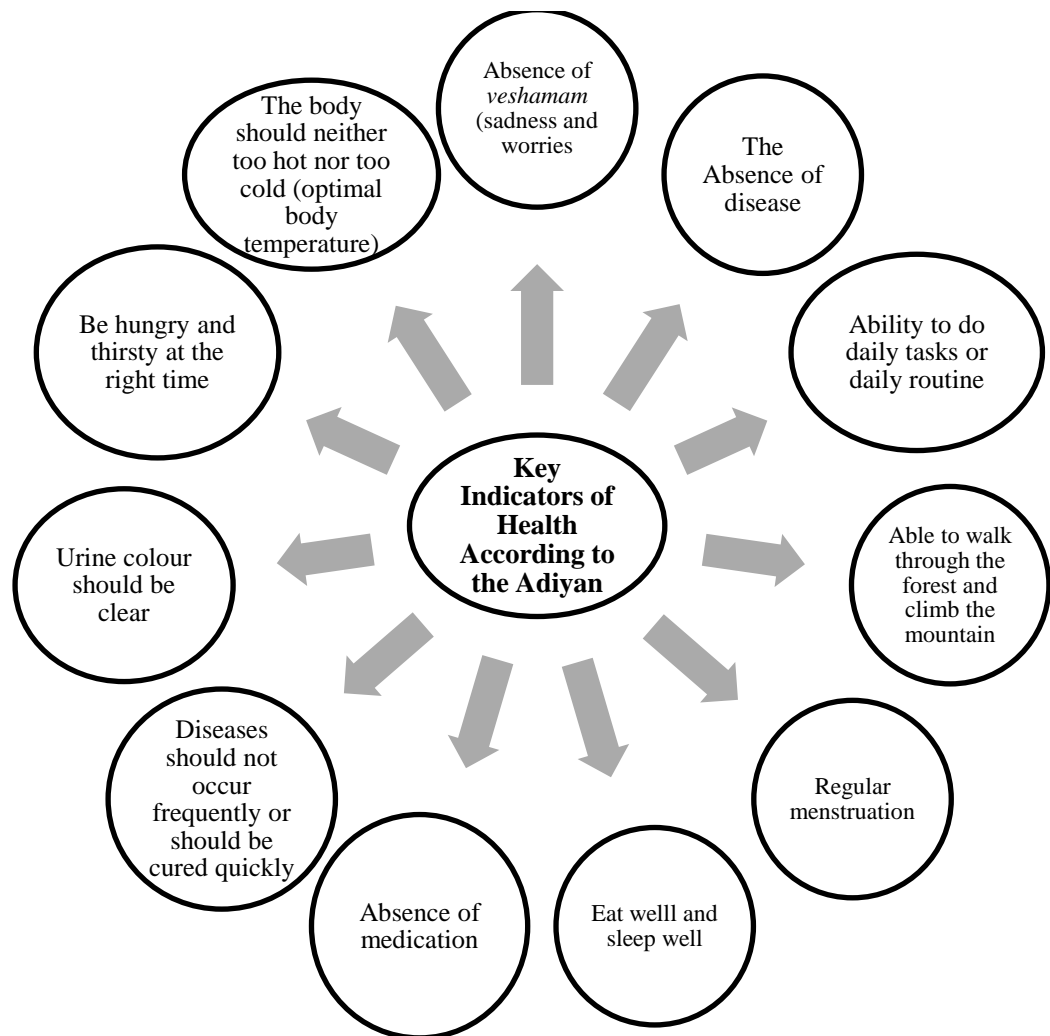


Figure 4.1: Key Indicators of Health According to the Adiyian Community

- ❖ **The Importance of Physical and Mental Health:** The first indicator about a healthy person is the “Absence of *veshamam* (sadness and worries),” which indicates the importance of mental health. Disturbances in the mind harm the body, and mental health is necessary for a person’s overall health. The second

point, “The absence of disease,” is a common aspect across various cultures and depicts the belief that someone in good health should not suffer from a disease. The third point, “Ability to do daily tasks or daily routine,” indicates the importance of physical health and proper functioning of the body, and one in good health should not have difficulties in their daily activities. In the Adiyani culture, a person capable of performing a full day’s work with vigor is considered to be in good health (Nair, 2008, p.116). The fourth point, “One should be able to walk through the forest and climb the mountain,” suggests the importance of physical strength, and communities that live in such geographical areas (i.e., hilly or forest areas) may consider this for cultural or practical reasons. The fifth point is, “In women, regular menstruation,” owing to the need for reproductive health, women who menstruate regularly are seen to be in good health. Overall, it points out that health combines a sound body and mind.

- ❖ **The Importance of Dietary Intake and Sleep:** The sixth, “One should be able to sleep well and eat well,” implies that dietary intake and adequate sleep are essential for a healthy life. They support mental and physical health by giving the body the resources it requires to operate at its best.
- ❖ **Preventive Health and Robust Immune System:** The seventh point, “Absence of medication,” indicates that one is in good health and does not require outside assistance for the body to perform at its best, which may also mean preventing disease. The eighth point, “Diseases should not occur frequently or should be cured quickly,” highlights the significance of having a robust immune system. The community values the capacity to prevent illnesses or quickly recover from them.
- ❖ **Health Awareness:** The ninth point, “Urine color should be clear,” indicates that one needs to be aware of physiological processes and possible health signs. The tenth point, “Be hungry and thirsty at the right time,” illuminates the harmony of body rhythm and proper bodily functioning. The eleventh point, “The body should neither be too hot nor too cold (optimal body temperature),” indicates that one should always be aware of their bodily changes.

4.1.2 HEALTH: MAVILAN'S PERCEPTION

The Mavilan community, like the Adiyar community, attributes specific indicators to a healthy person. The following indicators characterize a healthy person in the Mavilan community:

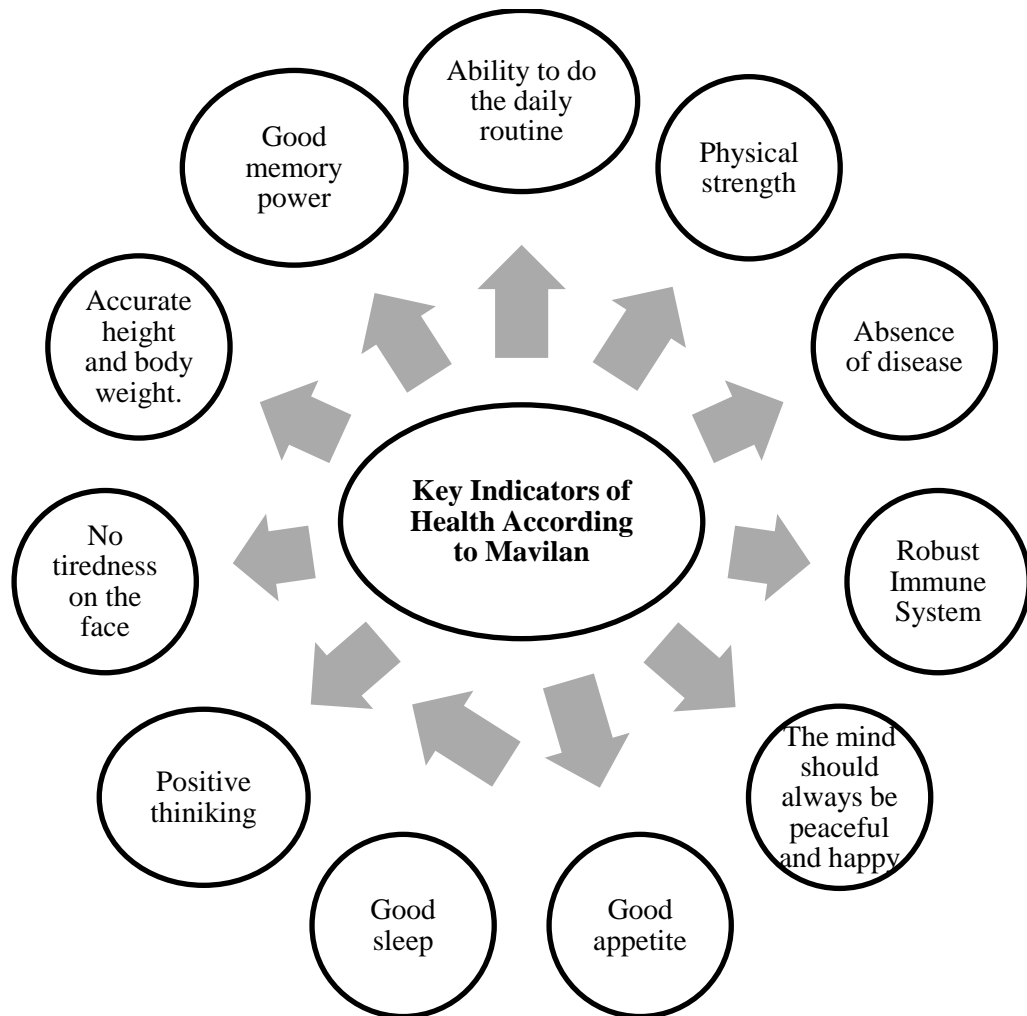


Figure 4.2: Key Indicators of Health According to the Mavilan Community

- ❖ **The Significance of Physical Health:** According to Mavilan, one crucial indicator of a healthy person is the “ability to do the daily routine,” which emphasizes the importance of physical health. Mavilan also suggests that “physical strength” is another indicator of a healthy person.
- ❖ **Preventive Health and Strong Immune System:** The next indicator of a healthy person is “Absence of disease,” which depicts the idea that someone in good health should not suffer from any disease, similar to Adiyar’s notion of a healthy person. Another indicator is a “robust immune system,” which also

exists in the Adiyar community. As part of preventive and promotional healthcare practices, the Adiyar and Mavilar communities consume a variety of ethnic foods, which contribute to a robust immunity system.

- ❖ **The Crucial Role of Mental Health:** The following points highlight the crucial role of mental health: “The mind should always be peaceful and happy” and “Absence of worries.” The Adiyar community also shares this concept.
- ❖ **The Significance of Sleep and Appetite:** Points such as “Good appetite” and “Good sleep” convey that dietary intake and adequate sleep are essential for a healthy life.
- ❖ **Optimism and Constructive Thoughts:** The point, “Positive thinking,” emphasizes the need and importance of positive thinking, optimism, and constructive thoughts in preserving overall health.
- ❖ **Energy Level and Vitality:** The point, “No tiredness on the face,” is a marker of vitality, energy, and well-being. This notion of cultural beliefs and understanding of health suggests that physical changes (e.g., tiredness on the face) can reflect internal states, including energy levels and vitality.
- ❖ **Body Weight and Height:** The point, “Accurate height and body weight,” demonstrates their belief that weight and height are significant health markers.
- ❖ **Cognitive Health:** It is important to note that the point, “Good memory power,” suggests the importance of cognitive health. A strong memory is emphasized as a sign of health, which is consistent with the idea that cognitive health is an essential component of general health. The Mavilar community has a holistic view of health, integrating the physical, mental, and cognitive elements.

For both Adiyar and Mavilar, the concept of health reflects holistic views. Being healthy is not just about being well and free from diseases; it also involves engaging in social activities, eating and drinking in moderation, and participating in community rituals (Workneh et al., 2018). For Adiyar and Mavilar, health is not only the absence of illness but also the integration of social, cultural, physical, mental, emotional, and cognitive aspects. It gives a comprehensive view of health, and this holistic viewpoint highlights the interwoven nature of the many factors influencing one's overall health.

The table and figure below provide Adiyani and Mavilan's perspectives regarding the characteristics of a healthy person. The researcher also employed the survey method in the study. The researcher conducted a survey involving 100 participants from the Adiyani community and 100 from the Mavilan community. The participants of the survey include the following: herbalists, healers, ritualists, shamans, midwives, individuals who had sought treatment from traditional healers, those who had recovered from culture-bound syndromes, healers in training or apprenticeship, and various other key informants. The table and figure were prepared based on the survey results.

Table 4.1: Healthy Person: The Perception among the Adiyani and Mavilan Communities

Perception regarding a healthy person	Adiyani	Mavilan
	Percentage	Percentage
Able to carry out daily routines, absence of disease, physical strength, and mental fitness.	35	2
Absence of medication.	6	0
Able to carry out daily routine.	15	31
Absence of disease.	4	30
Physical Strength and Mental Fitness.	3	15
The ability to carry out daily routines and the absence of medication.	5	0
The ability to carry out daily routines and absence of disease.	12	12
Able to carry out daily routines, physically strong, and mentally fit.	13	0
Absence of disease, ability to carry out daily routines, and mental fitness.	1	0
Able to carry out daily routines, physically strong, mentally fit, and absence of medication.	1	0
Absence of disease, ability to carry out daily routines, physical strength and mental fitness, and absence of medication.	1	2

The absence of disease and physical strength.	1	0
Able to carry out daily routines and physically strong.	1	0
Absence of disease, ability to carry out daily routines, and absence of medication.	1	0
Physical strength, mental fitness, and absence of medication.	1	0
Absence of disease, physical strength, and mental fitness.	0	8
	Total-100	Total-100

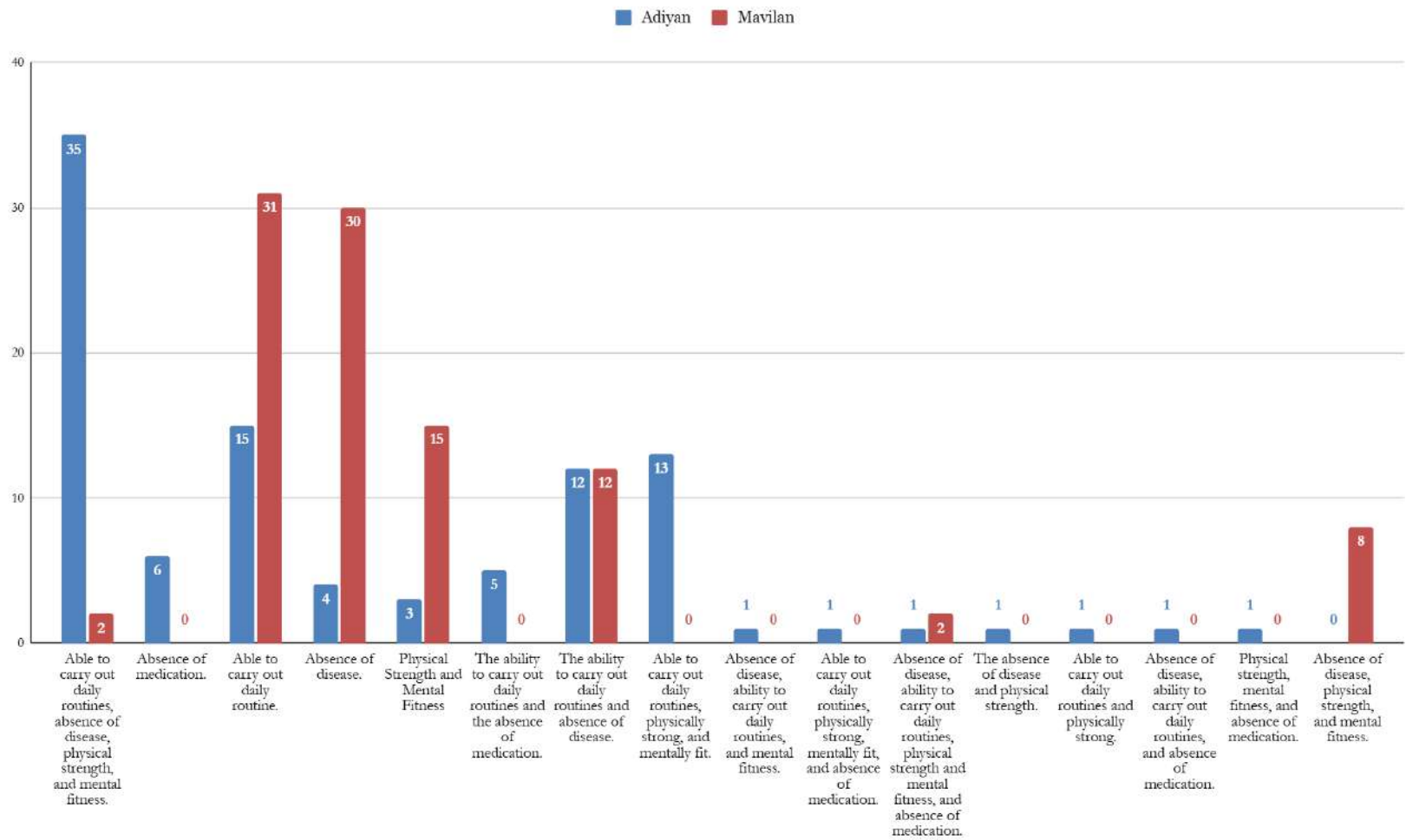


Figure 4.3: Healthy Person: The Perception among the Adiyan and Mavilan Communities

The table mentioned above and the figure present Adiyani and Mavilan's opinions regarding the indicators of a healthy person. The data is categorized based on different aspects related to health. Adiyani has a significantly higher percentage (31%) associating a healthy person with the ability to carry out daily routines, the absence of disease, and physical and mental fitness compared to Mavilan (2%). Mavilan has a higher percentage (31%) of associating a healthy person with the ability to carry out daily routines than Adiyani (15%). Mavilan also has a higher percentage (30%) associating a healthy person with the absence of disease than Adiyani (4%). Mavilan's perspective leans more towards the ability to carry out daily routines and the absence of disease, with a higher emphasis on the former. The data suggests that both communities consider the ability to carry out daily routines and the absence of disease as essential aspects of a healthy person. Mavilan's perspective of health is more balanced regarding physical, mental, and social aspects. The differences in perceptions suggest that cultural, personal, or contextual factors influence their views on a healthy person's indicators.

4.1.3 ILLNESS AND DISEASE: ADIYANI'S VIEW

There is no distinction between sickness, illness, and disease in the Adiyani and Mavilan communities. Therefore, the researcher simultaneously uses the terms disease, sickness, and illness. Every culture assigns various characteristics to individuals with an illness. Their traditional conception of illness, rooted in socio-cultural practices and practical experience, forms the basis for those characteristics and interpretations. The Adiyani identifies the following symptoms associated with the disease:

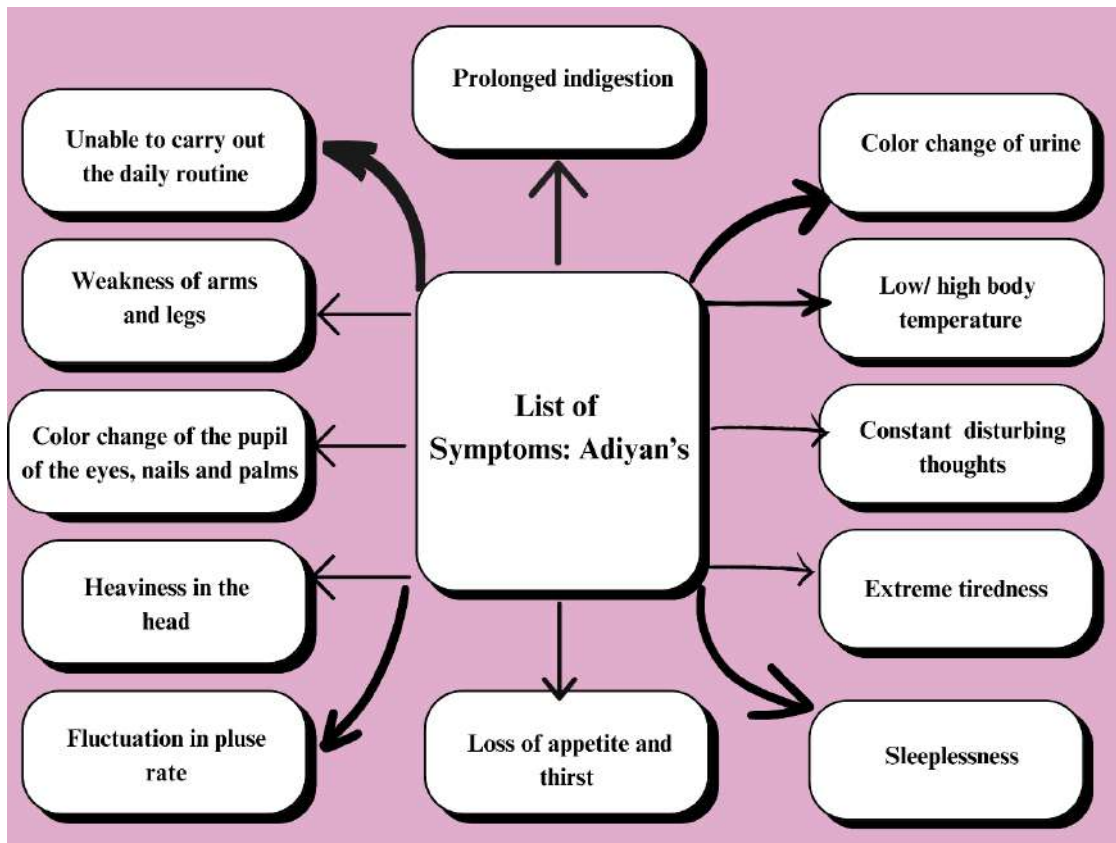


Figure 4.4: List of Symptoms: Adiyans

According to Adiyans, some of the symptoms of the disease include being unable to carry out daily routines, prolonged indigestion, color change of urine, low/high body temperature, constant disturbing thoughts, extreme tiredness, sleeplessness, loss of appetite and thirst, fluctuation in pulse rate, heaviness in the head, color change of the pupil of the eyes, nails, and palms, and weakness of arms and legs. The Adiyans community derives its concept of illness mainly from its sociocultural practices and practical knowledge.

4.1.4 ILLNESS AND DISEASE: MAVILAN'S VIEW

The Mavilan community identifies the following symptoms associated with the disease:

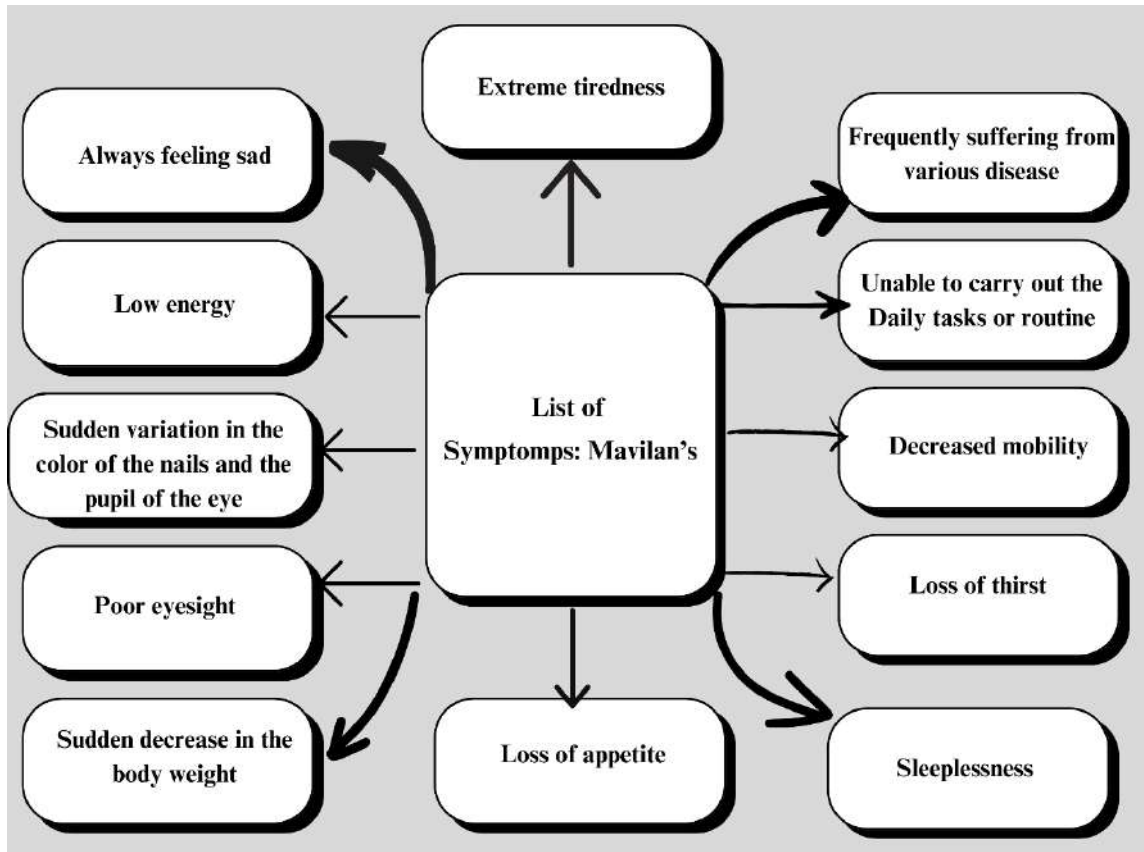


Figure 4.5: List of Symptoms: Mavilan's

Mavilan considers extreme tiredness, frequent suffering from various diseases, unable to carry out daily tasks or routines, decreased mobility, loss of thirst, sleeplessness, loss of appetite, sudden decrease in body weight, poor eyesight, sudden variation in the color of nails and pupils of the eye, low energy, and always feeling sad as some of the symptoms of the disease. The factors mentioned discuss the various aspects of disease, such as physical, mental, and emotional components. These provide an understanding of how the community views and recognizes health problems.

Adiyan and Mavilan primarily derive their disease and illness concepts from their sociocultural practices and practical knowledge. Integrating these traditional concepts of illness with modern healthcare systems will be helpful for the development of a

holistic healthcare system. It points out that health combines a sound body and a sound mind.

Disease and Illness Causation: The Role of Malevolent Spirits, Ghosts, Ancestral Spirits, and Deities

The following chart presents data on the perception of the role of malevolent spirits, ghosts, ancestral spirits, and deities in causing diseases among Adiyani and Mavilan communities.

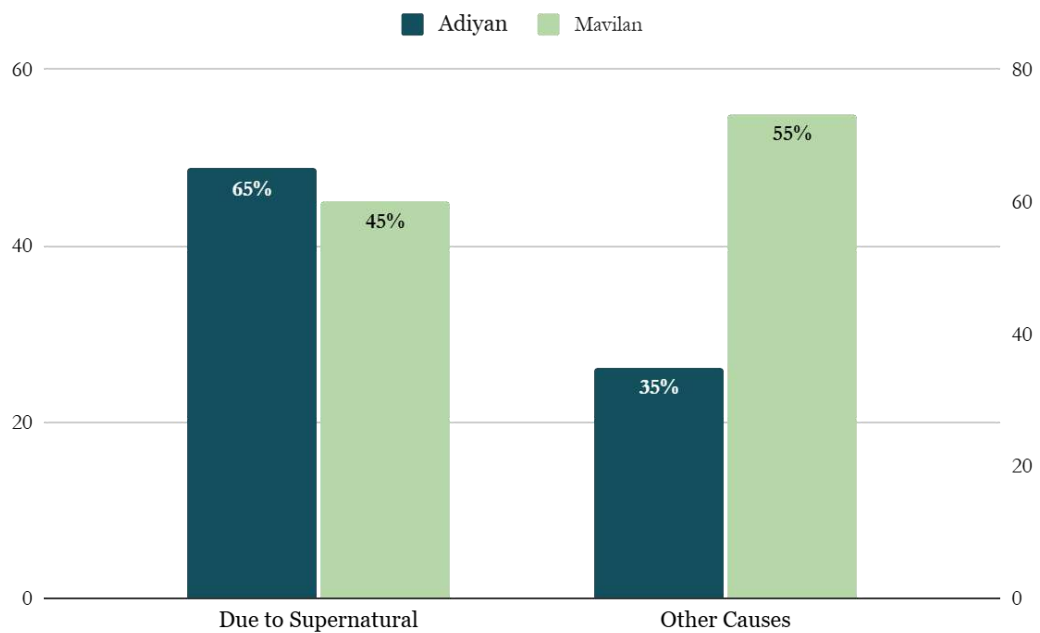


Figure 4.6: Bar Diagram Showing the Causes of Disease and Illness

A majority of the Adiyani community (65%) believes that malevolent spirits, ghosts, ancestral spirits, and deities can cause diseases. In comparison, 35% do not hold this belief. A smaller majority (45%) of Mavilans believe supernatural entities cause diseases, while 55% do not. Cultural, religious, or regional factors could influence the differences in beliefs, suggesting that different communities perceive disease causation differently. The survey results indicate that cultural beliefs strongly influence Adiyani's perceptions of supernatural causes of disease. The Mavilan community, however, places a greater emphasis on personal and social experiences.

4.2 SIGNIFICANCE OF RELIGION AND BELIEF SYSTEM

Religious elements and belief systems have undoubtedly influenced how people conceive and behave in various situations, affecting how health is maintained in the community and among individuals (Satrianegara et al., 2021, p.556). The religious belief system of tribal communities influences all spheres of their lives, including the social, cultural, economic, and political facets, and it explicitly influences healing practices.

The worship of the Gods and spirits drives social and cultural activities, forming the basis of a tribal society (Srinivasu, 2018, p.7). The Adiyana and Mavilan communities have been worshipping various deities. They have different deities according to their clans. In these communities, worshipping different deities according to clans further enhances the diversity of cultural and religious beliefs.

Most tribal communities have their deities for each clan. In addition to this, they also worship nature and other deities. The worship of nature reflects their connection with the environment and their respect, inclusiveness, and recognition of elements of nature in their lives. Living in harmony with nature may be inferred by this since it would show great regard for the Earth and its resources. They also have a custom of worshipping their ancestors' spirits. Most of the indigenous communities practice ancestral worship. By means of this, they are offering their gratitude to their ancestors and seeking blessings to protect them from illnesses and misfortunes. Here, they also pay respect to their forefathers and remember the importance of the continuity of generations.

The researcher observed animism, animatism, worship of nature, clan deities, and chief deities among the Adiyana and Mavilan communities. The flow chart depicts the Religious Belief System of the Adiyana and Mavilan and its significance in their Healing Tradition.

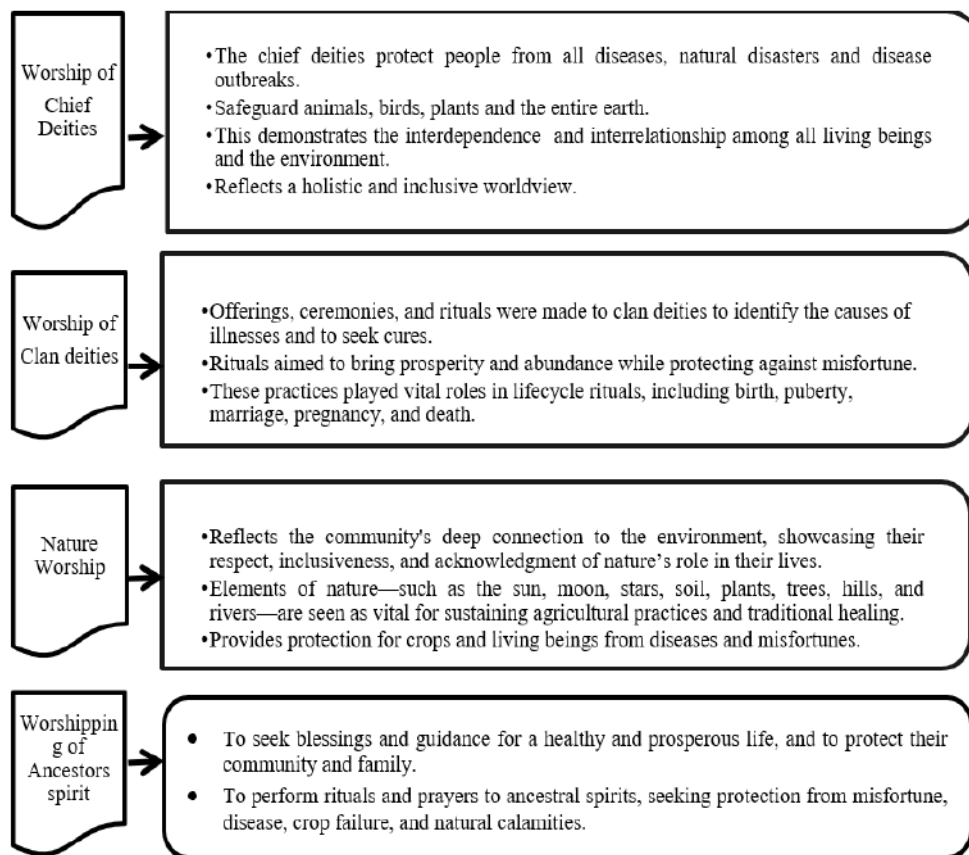


Figure 4.7: Healing Tradition: Significance of Religion and Belief System

Mari is an important deity worshipped by Adiyans. Adiyans believe *Mari* protects them from all diseases, natural disasters, and disease outbreaks. Each tribal community has a specific God associated with health, illness, and disasters (Srinivasu, 2018, p.7). Adiyans believe *Mari* protects humans, animals, birds, plants, and the earth. These types of beliefs demonstrate how all living things and the environment in which they live are interdependent or interrelated. It also reflects their holistic and inclusive worldview. *Karinkali, masanan, kuttichathan, kuliyan, malekkari theyya, chamayachan, jogiyachan, chamandi, kalappan, pakkathappan, karichathan, lankariyan, maraparamma, vallooramma, and mari*, are some of the deities worshipped by Adiyans community. Adiyans worship *Valliyoorkavu, Thirunelli, Thonichal Thira, Edappadi Thira, Bhimanakolli Mathappan, and Pulpalli* (Pangajakshan, 1989, p. 263). People make offerings to deities to appease them and obtain their blessings. *Thammadikkaran* performs the religious rites. Besides serving as a religious healer, *Thammadikkaran* also acts as an oracle and a healer (Ramachandran, 2008, p. 32). They

also refer to *Thammadikkaran* as *Thammadi*. However, *Thammadikkaran* does not always serve as a healer.



Photograph 4.1: *Pathi* (a worship center) of the Mavilan Community

The Mavilan community worships *theyyams*, and people believe *theyyams* live in *pathi* (a worship center). According to the Malayalam calendar, they observe the period from *Thulam* 10th till *Medam* as a time for *theyyam* performance. In addition to the Mavilan communities, other communities, like the *Malayan*, *Koppalan*, and *Vannan* populations, are also well-known for performing *theyyam*. Mavilans believe that many of the *theyyams* are their ancestors and that *anangu* (ancestral spirits) become *theyyam*. *Pathi* is the worship center of the Mavilans. *Pathi* has been used to store weapons and ornaments of *theyyam*, and they believe that *theyyam* reside in *Pathi*. In *pathi* and *kavu* (sacred grove), Mavilans usually perform *theyyam*. Now, the term *pathi* transformed into *palliyara*. The Mavilan community worships *Korathi* as one of their *theyyams*, performing it as part of their offerings and vows. *Korathi theyyam* is associated with agricultural practices. According to Mavilans' belief, all the *theyyams* were residing in *pathi*, including *korathi*. *Madantamma* is an important deity of Mavilan (Karippath, 2005, p.87). *Panjuruli* is one of the important *theyyam* worshipped by the Mavilan community. *Kappalathi theyyam* is also called *kappalathi amma*. Under the Champak tree, it is worshipped with a stone (placing a stone under the champak tree). *Kuduma theyyam* is another *theyyam* worshipped by the Mavilan community. Mavilans believe that worshipping *kuduma theyyam* will bring abundant prosperity to the family.

Kolathinumel kolam is a ritual concept that signifies the merging of two or more distinct *theyyams* into a single form. The *karmi* perform religious rites.

4.2.1 CLAN DEITIES

Adiyan and Mavilan communities worship various deities according to their clans. The researchers have identified sixteen clans in the Adiyan community of Wayanad District and twelve in the Mavilan community of Kasargod District. As a result of the worshipping of different deities according to clans, these communities cultural and religious diversity is further enhanced. Among these communities, clans and clan deities play vital roles in lifecycle rituals such as birth, puberty, marriage, pregnancy, and death. The blessings of clan deities are essential for Adiyans and Mavilans, especially in the healing process. Offerings, ceremonies, and rituals are made to clan deities to identify the cause of the illnesses, to cure them, to bring abundance with prosperity, and to protect them from misfortune. Both Adiyan and Mavilans worship a deity called *Kuliyam*. It is a stone kept under a tree (mostly a champak tree), and they imagine it has divine power. There may be a rooted cultural and religious significance to the stone, the tree (champak tree), and the believed divinity. The Mavilan perform *dhevaradhana* ritualistically by imagining divine power in a stone or tree (Karipath, 2005, p.87).

The following table represents the names of the clan and associated deities of the Adiyan community.

Table 4.2: Clans and Associated Deities among the Adiyan Community

Sl.No.	Name of the Clan	Associated Deities
1.	<i>Kalakot</i>	<i>Kalappan, Thirunelli Perumal, Kundare Kunji, Nagam, Kali, Poliyamme, Kottooru Payimpe, and Neeroli Namke.</i>
2.	<i>Mutire</i>	<i>Kalappan, Thirunelli Perumal, Kundare Kunji, Kalloorachan, Nagam, Kali, Poliyamme, Kottooru Payimpe, and Neeroli Namke.</i>
3.	<i>Mommatte</i>	<i>Kalappan, Thirunelli Perumal, Kundare Kunji, Nagam, Kali, Poliyamme, Kottooru Payimpe, Kalloorachan, and</i>

		<i>Neeroli Namke.</i>
4.	<i>Putooru</i>	<i>Pookkari Make and Kari Tampira.</i>
5.	<i>Eavila</i>	<i>Karichatte, Malikamma, Mariyamme, and Kuntooru Nedumpaliye.</i>
6.	<i>Chayinthe</i>	<i>Tirumnde Mari, Mari, Tirumunde Theyye, Jogiyachan, and Pookkari Make.</i>
7.	<i>Kuppe tod</i>	<i>Jogi Muttappe and Mari.</i>
8.	<i>Badakk mant</i>	<i>Jogi Muttappe and Mari.</i>
9.	<i>Mantla</i>	<i>Jogi Muttappe and Mari.</i>
10.	<i>Nalappati</i>	<i>Chamayachan, Tirumunde Theyye, and Ponnuramma.</i>
11.	<i>Kachele</i>	<i>Chamayachan, Malekkari, and Ponnuramma.</i>
12.	<i>Kadhamale</i>	<i>Chamayachan, Malekkari, and Ponnuramma.</i>
13.	<i>Ulakuttu</i>	<i>Pakkathappan, Ulagarie, Talachilav, and Rogate Mari.</i>
14.	<i>Poothati</i>	<i>Pookkari, Malekkari, Pemi, and Malle.</i>
15.	<i>Valeppa</i>	<i>Malekkari and Ponnuramme.</i>
16.	<i>Anchila</i>	<i>Pookkari Make.</i>

The following table describes the names of the clans and the associated deities of the Mavilan community.

Table 4.3: Clans and Associated Deities among the Mavilan Community

Sl.No.	Name of the Clan	Associated Deities
1.	<i>Kudaminnam</i>	<i>Adkath Meloth Devi, Kappalathi, and Chamandi.</i>
2.	<i>Taniminnam</i>	<i>Dharmasthalam, Madhooru amma, and Kappalathi.</i>
3.	<i>Eadaminnam</i>	<i>Kappalathi and Karinchamundi.</i>
4.	<i>Maniminnam</i>	<i>Vishnu moorthi, Karinchamundi, Thondachan Theyyan, Chamandi, Padinjatta Paradevatha, and Kappalathi.</i>
5.	<i>Madmara minnam</i>	<i>Kappalathi, Paradevatha, and Chamandi.</i>
6.	<i>Painara minnam</i>	<i>Kappalathi and Vishnu Moorthi.</i>
7.	<i>Mundaraminnam</i>	<i>Kappalathi, Panchuruli theyyam, and Vishnu moorthi.</i>
8.	<i>Kudaminnam/ Challaminnam</i>	<i>Thondachan theyyam, and Kappalathi.</i>
9.	<i>Malla minnam</i>	<i>Kappalathi, Vishnu Moorthi, and Manthramurthy.</i>
10.	<i>Kinniyaminnam/ Kinnaminnam</i>	<i>Muliyar devara kuduma theyyam, and Kappalathi.</i>
11.	<i>Koormara minnam</i>	<i>Kappalathi and Vishnu moorthi.</i>
12.	<i>Ponnachira minnam</i>	<i>Vishnu moorthi, Kuduma theyyam, and Kappalathi.</i>

4.2.2 NATURALISM: THE WORSHIP OF NATURE

Like other tribal communities, Adiyans and Mavilans adhere to naturalism, which is the worship of nature. They firmly believe that nature greatly influences their life. These communities ought to value the benefits of nature in all spheres of life, including health, happiness, prosperity, and agricultural or other forms of livelihood. They have beliefs and practices associated with natural elements, especially during planting, harvesting, and collecting medicinal herbs. They believe that natural elements such as the sun, moon and stars, soil, plants, trees, hills, and rivers play vital roles in agricultural practices and healing traditions. These natural elements protect the crops and living things from diseases and misfortunes. These communities have rituals and ceremonies associated with agricultural and healing practices, reflecting the interdependence between humans and nature. The Adiyans observe cows and cobras as totemic (Ramachandran, 2008, p.32). Some of the *chemmam* (clan) also worship the cobra.

Adiyans pray to the sun, earth, and plants before plucking medicinal plants. They also ask the plants for permission to be plucked by using mantras. Similarly, the Mavilans also pray to the sun and medical plants before collecting them and while preparing and utilizing therapeutic herbs. The Adiyans and Mavilans hold plants, soil, and sun in the highest regard as essential elements of nature, believing that illness cannot be treated without their blessings. Adiyans and Mavilans pray to the earth before planting to get blessings. They believed that if they ignored the rituals and ceremonies, the seeds would not sprout or grow, the harvest would not be abundant, or bad luck might arrive. The Mavilans have *urvararadhana*, which enjoins the sanctity of soil and seeds (Karipath, 2005, p.87).

4.2.3 ANIMISM: THE WORSHIP OF ANCESTRAL SOUL AND SPIRITS

Adiyans believe that their ancestors' spirits become deities after death. Many tribal communities share this belief. They worship ancestral spirits such as *Jogiyachan* and *Kalappan*. They believe connecting with their ancestors and receiving their blessings and guidance helps them maintain a healthy and prosperous life and protects their community and family. They also believe that if they do not appropriately perform the vows, prayers, rituals, and ceremonies required for the ancestral spirits, they will cause diseases, crops will perish, and natural calamities might occur.



Photograph 4.2: *Koottam*: A Ritual Performed to Appease Ancestral Spirits

Every year, they perform a ritual known as *koottam* to appease the spirits of their ancestors. According to the source, one may only live a healthy, prosperous, and wealthy life with the blessings of dead souls. Rituals like *koottam* help maintain bonds between community members and connect them with their past. These kinds of rituals also reflect a sense of belonging and social cohesion.



Photograph 4.3: *Gaddika*: A Unique Ritual of the Adiyar Community

The Mavilan worship ancestor spirits (Karipath, 2005, p.87). The Mavilan community performs various rituals to appease the ancestral spirits since they believe doing so can bring prosperity to the family. Mavilans believe that many of the *theyyams* are their ancestors and that *anangu* (ancestral spirits) become *theyyam*. It is customary to worship the ancestors' spirits after one year and settle them in the houses through a ritual called "*anangine kanuka*." Later, unique offerings like *ilaikk kodukkal* are

performed and worshipped at important ceremonies and rituals at home. The presence of the ancestors infuses every aspect of the daily life of Mavilan. The presence of the ancestors infuses every aspect of daily life. Mavilans worshipped *Kurathi*, *Karinjamundi*, and *Paradevatha*, the ancestors who settled this way.

In tribal society, the traditional healing systems of Adiyen and Mavilan communities need to be seen not only from a medical point of view but also through the lens of their social, cultural, and religious belief systems.

4.2.3.1 CASE STUDY NO. 1

Objective: To understand *aramketbangal*, a ritual performed in the Adiyen community in connection with the first pregnancy.

Information about the Informant/Case: Mrs. VK³ is an 88-year-old female from the Adiyen community who resides at Erivokki Colony.

Background or Description of the Case Study: Mrs. VK (88 years old) belongs to the Adiyen community and lives in the Erivokki settlement in Thirunelley Panchayat. In the 1970s, her family performed a ritual called *aramketbangal* for her first pregnancy. This ritual accompanies only the first pregnancy. She explained that the ritual is also known as *kettimattal*. Her family conducted the ritual at her home on a Friday evening during the eighth month of her pregnancy. They performed it to protect her and her unborn child from *bhootha* (a malevolent spirit).

They drew a kalam (a symbolic representation of a human figure) on the ground using rice powder, burned coconut shell powder, and turmeric as part of the ritual. Then, they sprinkled turmeric water over her body and rubbed a magico-religious object called *bethavadi* around her head and body. They tied a hen around her head and slit its throat. The ritual began in the evening and continued until morning. Mrs. VK recalled that the ritual eliminated her fears and empowered her. The *Nadumooppa* and *Thammadi* presided over the ceremony, and her family hosted a feast for everyone who attended. They performed this ritual to safeguard the health of the pregnant woman and her unborn child and to protect them from *bhootha*.

³ To protect the informants' anonymity, their full names have been replaced with their first letters and initials.

Interpretation: Nowadays, *aramnketbangal* is performed only in a few settlements. These rituals form part of preventive and protective healthcare practices. Adiyans believe that supernatural forces like *bhootha* attack or possess the pregnant woman and the unborn child and cause many diseases. Adiyans believe that sometimes, when they attack, even death occurs. They believe these rituals can prevent the possession of *bhootha* to some extent. They also believe that performing this ceremony can lead to a healthy childbirth. This ritual provides strength to the pregnant woman and her family. Pregnancy and childbirth are a fearful experience for any woman. Women are mentally and physically vulnerable during their first pregnancy and childbirth. The possibility of disease affecting the mind and body is relatively high during this time. This ritual helps eliminate the pregnant woman's fear and calms her mind. The Adiyans community believes that by performing this ritual, the spirits and deities will protect the pregnant woman and unborn child. It reflects the community's beliefs, traditions, and approach to addressing pregnancy-related concerns. Mrs. VK mentioned that after performing the ritual, all his fears disappeared, and she felt like he had received a special power. This case study suggests a psychological impact on the individual, alleviating fear associated with pregnancy and potential supernatural threats.

4.3 RELEVANCE OF FOOD AND ASSOCIATED PRACTICES

Food habits are supposed to be interwoven into economic and social structures and regarded as a component of the broader cultural background (Bennett et al., 1942). The food cultures of various ethnic communities can differ greatly, and livelihoods significantly impact tribal food cultures. As a result, studying each person's culinary habits is also a technique for learning about their cultural identity.

4.3.1 FOOD AND FOOD HABITS

Ethnic food forms according to the topography, climate, occupation, daily needs, etc. (Mini, 2007, p.6). Food habits among tribal communities are influenced not just by socio-cultural elements but also by financial circumstances.

The Adiyans rely significantly on agriculture for sustenance, and their food habits are rooted in this agricultural sector. When there was no wage laborer, collecting roots, tubers, fruits, and leaves from the forest was common (Ramachandran, 2008, p. 18).

They also incorporate other food resources from the forest into their diet. The traditional food of Adiyans consists of rice, *kwang* (wild tuber), *chappu* or *choppu* (leafy vegetables), *kuminu* (mushroom), *pamu* or *pakamu* (fruits), *meenu* (fish), *pullu* (birds), *thenu* (honey), meat, *kattanellu* or *kattieri* (bamboo rice), and lentils. Crabs, clams (a species of clam found in rivers and paddy fields), leafy vegetables, and wild tubers were once common foods among Adiyans to keep them healthy and able to work (Padmini, 2008, p.41).

Similarly to the Adiyans, the Mavilan consume rice, *krunk* (wild tubers), *chappile* (leafy vegetables), *kanila* (bamboo shoots), *kayi* (fruits), *kumil* (mushrooms), *thenu* (honey), lentils, *urkki aratkunut* (chutney made up of ants and ant eggs), *katterachi* (wild meat), *meen* (fish), and different types of meats, depending on the season. Mavilans consume red ants nesting in tree bark and its eggs. These ant eggs and *kanthari chilly* (bird eye chillis) are crushed, which is very special for people suffering from fever. Applying the mix of ants and their eggs on the body is suitable for removing blisters (Mavuvalappil, 2011, p.22).

Wild Tubers and Leafy Vegetables

In the past, tribal people lived solely on forest resources (Mini, 2007, p.6). The forest is home to medicinal, edible, and poisonous tubers. Tribal people can be precisely identified by these using traditional knowledge (Mini, p.7). Some of the tubers in the wild are poisonous, and others are itchy. These tubers are cleaned and explicitly eaten (Mini, p.6).

Adiyan communities consume a variety of *kwang* (tubers). They clean these tubers and explicitly eat them (Mini, p.6). The ones most commonly found in their diet include *nare* (*Dioscorea kalkapershadii* Prain & Burkill), *kachilu* (wild purple yam), *noore* (*Dioscorea pentaphyla*), *injakacilu* (wild tuber), and *benni* (Asian bitter yam).

In the Mavilan language, people refer to tubers as *krunk*. Depending on the season, numerous tubers are available, and major tubers included in their diet are *nara* (*Dioscorea kalkapershadii* Prain & Burkill), *benni* (Asian bitter yam), and *koovekrunk* (Wild arrowroot). *Narakizhang* is medicinal for hair growth, premature greying, vision enhancement, and blood purification (Mavuvalappil, 2011, p.20).

In the Adiyani language, people refer to leafy vegetables as *chappu* or *choppu*. *Choppu* is used to prepare the *bajji*, which means chutney in the Adiyani language. Various types of *choppu* consumed by Adiyani are *kadumudinja choppu* (leaves of *Solanum nigrum* L.), *takarachoppu* (senna tora leaf), *taithama* (hogweed), and *muringa* (moringa).

The Mavilani community uses a variety of leafy vegetables in their diet pattern, including *kattucheera* (wild spinach), *thamarayila* (leaf of pigeon pea), *baicham puli* (leaf of rosella plant), *kattu thal* (wild Colocasia stem), and *kanthari malak ila* (leaves of bird eye chilies). Both Adiyani and Mavilani communities included leafy vegetables in their diet. Through generations-long observations and trial and error, they learned from these forest resources about foods that increase immunity. Most of their food resources were medicinal (Mini, 2007, p.6).

Rice Varieties and Other Grains

Adiyani consumed *ari* (rice), *sama* (little millet), *jolamu* (maize), a variety of lentils, *tomara* (pigeon peas), and *mudire* (horse gram), and the majority of these are grown by themselves. They cultivate and use indigenous rice varieties such as *thondi*, *velian*, *gandhasala*, *jeerashala*, *anekomb* and *kanell*, as well as varieties of *jola* (maize) like *arijola*, *unda jola*, *vella jola*, and *neela jola*. Many legumes have medicinal properties and are the staple food of tribal communities (Mini, 2007, p.7). Bamboo rice, known as *kattanellu* or *kattyeri*, is gathered from the forests. Adiyani uses bamboo rice to prepare rice gruel, porridge, *puttu* (steamed rice cake), and *payasam* (sweet porridge).

The staple food of Mavilani is rice. Grains such as *avara* (Indian broad bean or lablab bean), *vanpayar* (black-eyed beans), *cheru payar* (green gram), *muthira* (horse gram), *thovara* (pigeon pea) were included in the diet by Mavilani.

Mushroom and Wild Fruits

Mushrooms are known as *kuminu* in the Adiyani language, and the season impacts their availability. The Adiyani identify mushrooms as edible based on their color, odor, size, and form. *Puttukuminu*, *otta kuminu*, and *panti kuminu* are some edible mushrooms. Not all mushrooms are edible, and some are poisonous; consuming poisonous mushrooms will result in indigestion or food poisoning. Adiyani are skilled at determining a mushroom's suitability for consumption based on color, odor, size, and form.

In the Mavilan language, mushrooms are called *kumil*. During the rainy season, people consumed a wide variety of mushrooms, including *arikumil*, *putt kumil*, *pakumil*, *nerarempolappan*, *chakarakumil*, and *panchi kumil*, as well as mushrooms harvested from mango trees and mushrooms that grow in rotting paddy. Mavilan ate all 16 species of mushrooms. *Arikoon*, *putukoon*, *nilampolappankoon*, *pakkoon*, *perikoon*, *mavin koon*, *chakarakoon* are some of the mushrooms consumed by Mavilan. Mushrooms from the rotting of paddy grass are the various types of mushrooms consumed by Mavilan (Mavuvalappil, 2011, p.19).

Mushrooms are a significant part of Adiyian and Mavilan's diets; sometimes, they are dried and stored for later use. These communities identify edible mushrooms with expert skills. In the Adiyian language, *pamu* or *pakamu* means fruits. Adiyians consumed *Nivilu pakamu* (wild jamun fruit), *thadachi pakamu* (dhaman fruit), *athi pamu* (wild fig), *mutte pamu* (yellow sapote or egg fruit), and other wild fruits. Mavilans consume various wild fruits. Similarly, Mavilan consumed about 39 fruits (Mavuvalappil, 2011, p.19). They also consume fruits gathered from the forest, such as *kottapaja* (fruit of wild karanda), *kaluvazha pazham* (wild plantain), *athi pazham* (fig), *kattu njaval* (wild black jamun), *nellikka* (wild gooseberry), and *kattuvellari* (wild cucumber). In the past, Mavilan used the thorn of *Canthium coromandelicum* (Burm.f.) Alston (wild jessamine) to pierce ears.



(Picture Courtesy: Dhanya K)

Photograph 4.4: *Kanila*: Apex of the Bamboo Stem Used to Prepare a Side Dish



(Picture Courtesy: Dhanya K)

Photograph 4.5: *Balli Manga* (Wild Grape)

Consumption of Honey

The Adiyen language refers to honey as *thenu*. They extract honey from hives built into rock formations and tree trunks. Their diet includes various honey types, such as *gadi thottu* (wild honey), *seru thenu* (stingless bee honey), and *puttu thenu* (bee honey typically found inside tree pits and mud).

The honey varieties collected and consumed by Mavilans are *perunthen* (wild honey), *cheruthen* (stingless bee honey), *puttuthenu* (bee honey typically found inside tree pits and mud), and *kolthen* (bee honey typically found inside bamboo and tree pits). After bringing the collected honey to the hut, they offer it to their ancestor spirits and goddesses, *kurathiyamma*, and only then will the honey be ready for eating (Mavuvappil, 2011, p.21). The Adiyen and Mavilan communities have unique knowledge of gathering honey from large trees, rocks, and pits without being attacked by honey bees.

Fish and Wild Meat

The diet of the tribal people was related to nature and the living environment. They were skilled at trapping wild birds (Mini, 2007, p.7). The Adiyen and Mavilan communities include birds, fish, and wild meat in their diet. Fish is a favorite meal of the tribal people, and they incorporated it into their diet by catching it from waterways, paddy fields, and streams (Mini, p.7). In the Adiyen language, people refer to fish as

meenu. They consume *bale* (ribbon fish), *aralu* (butterfish), *parelu* (hiffin carp), and other types of fish. The Adiyani community used a rectangular object called *garesi* (made of bamboo) to dry and store fish. In the Adiyani language, they refer to birds as *pullu*. The Adiyani people consume the meat of *thore* (pigeon), *kocha* (crane), *gumme* (owl), *chara mundi pullu* (grey heron bird), and *bannathipullu* (oriental magpie robin bird). Using traditional hunting tools like the *billu* (bow) and *amb* (arrow), they hunt birds and animals, cook them as curries, or roast them over an open fire. The Adiyans used to hunt small animals, roast the meat, or cook it as curry. They consume animal meat such as *panti* (pork), *mullanpanti* (porcupine), *manu* (deer), and *udumpu* (monitor lizard). Consumption of cow meat was previously prohibited. Hunting is legally banned, and the Adiyani community no longer engages in hunting activity.

Mavilans consume dishes prepared from fish and crab that they catch in rivers, paddy fields, and ponds. *Madamushu* (a species of catfish), *mananga meenu* (Malabar thryssa), and *pullan* (Irish pollan) are some of the fish varieties consumed by Mavilans. Some fish varieties (i.e., Irish pollan) are believed to have medicinal properties, and consuming those fish varieties can control asthma. To improve the mother's health and heal her wounds after childbirth, they prepare and consume a dish called *marunnu choru* using rice, *kattucheera* (wild spinach), garlic, pepper, and cumin. The community did not previously allow the consumption of cow meat.

Chewing betel leaves is essential for Adiyani. Every man and woman always have a *murukkan pakk* (bag) to store the betel leaves (Narayanan, 1980, p.141). Chewing betel leaves is a favorite pastime for men and women alike (Singh, 1994, p.51). Both Adiyani and Mavilan chew betel leaves.



(Picture Courtesy: Dhanya K)

Photograph 4.6: Ants and Ant Eggs Ready for Cooking

Nowadays, rice is the staple food of the Adiyan and Mavilan communities. The Adiyan community consumes a greater variety of rice and millet than the Mavilan community. Adiyan catches fish, shellfish, and crabs from the paddy fields, ponds, and rivers. Compared to the Mavilan community, the Adiyan community still collects more wild tubers, forest produce, bamboo rice, leafy vegetables, and honey (minimal quantity). The traditional diet of the Adiyan and Mavilan communities has undergone several changes, and this is because the forest resources are not as available as in the past, and there are restrictions on access to the forest and food resource collection; not only that, no one is interested in traditional food due to the difficulty of collecting it.

The table provided data on opinions regarding the changes in traditional food habits among Adiyan and Mavilan tribal communities.

Table 4.4: Opinions about the Changes in Food Habit

Food Habit	Opinion	
	Adiyan	Mavilan
	Percentage	Percentage
Undergone Chane	75	95
No Change	25	05
	Total- 100	Total- 100

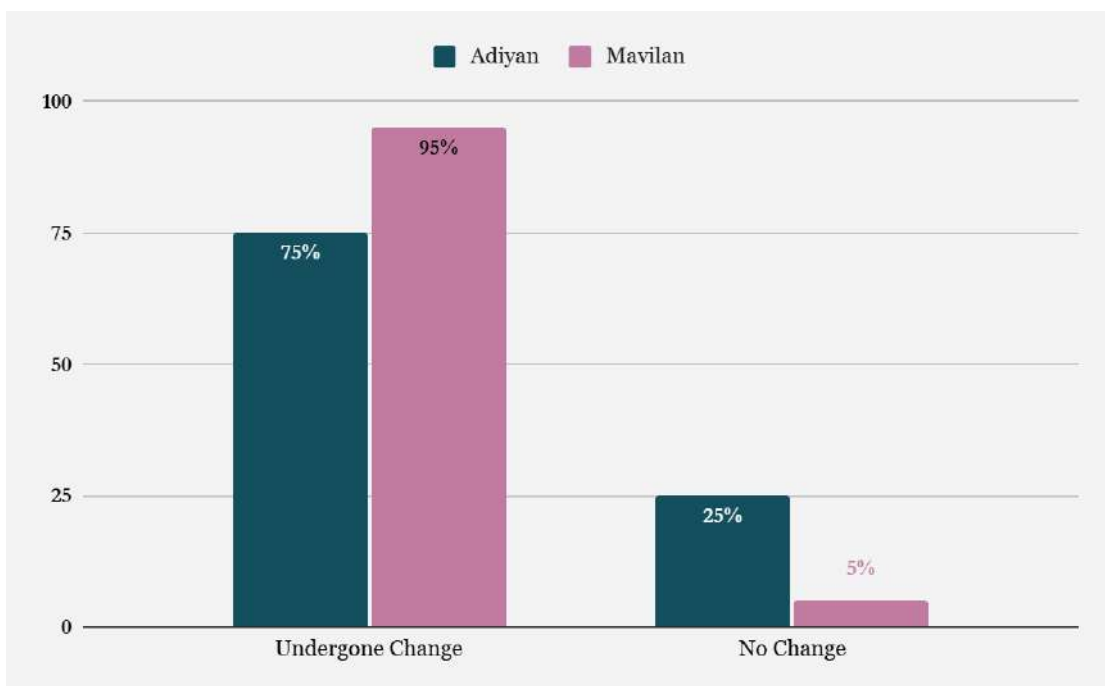


Figure 4.8: Opinions Regarding Changes in Traditional Food Habits

According to survey data, the majority of Mavilan community members (95%) believe that their traditional food habits have shifted. Likewise, 75% of Adiyans think their traditional food habits have changed. However, the percentage is slightly lesser when compared with the Mavilan community. As per the survey, 25% of the Adiyan community and 5% of the Mavilan report that their traditional eating patterns have not changed. A changing lifestyle, urbanization, globalization, and access to a wider variety of foods are all potential causes of modifications in traditional food habits.

4.3.2 MATERNAL HEALTHCARE: SPECIAL DIET

Dietary regulations may govern the particular stages of the human life cycle and link to significant events like menstruation, pregnancy, childbirth, lactation, funerals, etc. (Naik & Kasturiba, 2018, p.250). In earlier times, the Adiyani and Mavilan communities followed a special diet for women during pregnancy and after childbirth. These communities viewed pregnancy as a natural process and did not provide special care during this period. Women typically worked until delivery time approached but avoided heavy labor. The community prescribes and forbids certain foods for women during pregnancy and postpartum. They explicitly gave specific foods after childbirth to promote health, increase breast milk, reduce bleeding, increase iron content, and cure postpartum wounds. Similarly, they restricted certain foods to prevent bleeding. The community provides special care to the mother and baby after childbirth. In earlier times, the Adiyani community gave a drop of honey to the infant as soon as the baby was born. Adiyans believed that consuming honey cleaned the baby's stomach, promoted digestion, and was considered auspicious. However, they no longer practice it today. Today, the Adiyani and Mavilan communities only provide breast milk to the infant.

4.3.2.1 PRENATAL DIET

In earlier times, the Adiyani had a special diet for women during pregnancy. The following table lists the special diet the Adiyani community recommends during pregnancy and the rationale behind the recommendation provided by the Adiyani community and the researcher.

Table 4.5: Prenatal Diet Prescribed by the Adiyen Community

Sl. No	Food Name/ Ingredient Name	Benefits of the Food (Rationale behind the recommendation of the food; the Emic view)	Benefits of the Food (Rationale behind the recommendation of the food; the Etic view)
1.	<i>Nendu charu</i> (Crab curry)	Boost immunity and promote bone strength.	Crab contains calcium and promotes bone strength. ⁴
2.	<i>Payaru</i> (Green gram)	Boosts immunity and vitalizes energy.	Green gram contains protein ⁵ , which gives more energy and promotes overall health.
3.	<i>Kadumundinja choppu</i> (Leave of <i>Solanum nigrum</i> L.)	Promotes digestion.	Leaves of the Black nightshade plant promote digestion and gut health ⁶ .
4.	<i>Puttari chunde</i> (Turkey berry)	Promotes digestion.	Turkey berry promotes digestion. ⁷
5.	<i>Attu charu</i> (Soup or curry prepared using goat meat and pepper).	Promotes bone strength and increases <i>ratham</i> (hemoglobin) levels.	Goat meat is a rich source of iron, phosphorus, and calcium ⁸ , which helps promote bone strength and hemoglobin levels.
6.	<i>Muttari</i> (Finger millet)	Increase the <i>ratham</i> (hemoglobin) levels.	Finger millet is a rich source of iron that helps increase

⁴ Xu, Y., Ye, J., Zhou, D., & Su, L. (2020). Research progress on applications of calcium derived from marine organisms. *Scientific reports*, 10(1), 18425. <https://doi.org/10.1038/s41598-020-75575-8>

⁵ Mekkara Nikarhil Sudhakaran, S., & Bukkan, D. S. (2021). A review on nutritional composition, antinutritional components and health benefits of green gram (*Vigna radiata* (L.) Wilczek). *Journal of food biochemistry*, 45(6), e13743. <https://doi.org/10.1111/jfbc.13743>

⁶ Moyo, S. M., Serem, J. C., Bester, M. J., Mavumengwana, V., & Kayitesi, E. (2020). The impact of boiling and in vitro human digestion of *Solanum nigrum* complex (Black nightshade) on phenolic compounds bioactivity and bioaccessibility. *Food research international (Ottawa, Ont.)*, 137, 109720. <https://doi.org/10.1016/j.foodres.2020.109720>

⁷ Regina, A., Millicent, A. and Eric, M. (2018) Production of Tea from Turkey Berry. *Open Access Library Journal*, 5: e4316. <https://doi.org/10.4236/oalib.110431>

⁸ Tokysheva, G., Makangali, K., Uzakov, Y., Kakimov, M., Vostrikova, N., Baiysbayeva, M., & Mashanova, N. (2022). The potential of goat meat as a nutrition source for schoolchildren. *Potravinarstvo Slovak Journal of Food Sciences*, 16, 398–410. <https://doi.org/10.5219/1763>

			hemoglobin levels ⁹ .
7.	<i>Muteyu</i> (Country eggs)	Promote bone strength.	Country eggs contain a high level of proteins, vitamins, and calcium, which promotes bone strength. ¹⁰
8.	<i>Churuli choppu</i> (vegetable fern)	Promotes overall health.	Fern contains various vitamins (i.e., vitamin A and Vitamin C), calcium, protein, and iron ¹¹ that promote overall health.
9.	<i>Ponnankanni</i> (sissoo spinach)	Promotes overall health.	Sissoo spinach contains various vitamins (i.e., vitamin A) and micronutrients ¹² that promote overall health.
10.	<i>Thenu</i> (Honey)	Boost immunity.	Honey has many nutritional benefits. ¹³

Pregnant women should avoid cold and hot foods, as they are believed to affect the mother and baby (Tribhuwan, 1998, p.49). Adiyans restrict certain foods during pregnancy.

⁹ Anitha, S., Kane-Potaka, J., Botha, R., Givens, D. I., Sulaiman, N. L. B., Upadhyay, S., Vetriventhan, M., Tsusaka, T. W., Parasannanavar, D. J., Longvah, T., Rajendran, A., Subramaniam, K., & Bhandari, R. K. (2021). Millets Can Have a Major Impact on Improving Iron Status, Hemoglobin Level, and in Reducing Iron Deficiency Anemia-A Systematic Review and Meta-Analysis. *Frontiers in nutrition*, 8, 725529. <https://doi.org/10.3389/fnut.2021.725529>

¹⁰ Myers, M., & Ruxton, C. H. S. (2023). Eggs: Healthy or Risky? A Review of Evidence from High Quality Studies on Hen's Eggs. *Nutrients*, 15(12), 2657. <https://doi.org/10.3390/nu15122657>

¹¹ Chettri, Smriti & Manivannan, Subramanian & Muddarsu, Venkata. (2018). Nutrient and Elemental Composition of Wild Edible Ferns of the Himalaya. *American Fern Journal*. 108. 95-106. 10.1640/0002-8444-108.3.95.

¹² El-Sayed S. M. (2020). Use of spinach powder as functional ingredient in the manufacture of UF-Soft cheese. *Heliyon*, 6(1), e03278. <https://doi.org/10.1016/j.heliyon.2020.e03278>

¹³ Ranneh, Y., Akim, A. M., Hamid, H. Ab., Khazaai, H., Fadel, A., Zakaria, Z. A., Albujja, M., & Bakar, M. F. (2021). Honey and its nutritional and anti-inflammatory value. *BMC Complementary Medicine and Therapies*, 21(1). <https://doi.org/10.1186/s12906-020-03170-5>

The following tables list the foods restricted by the Adiyani community during pregnancy. The rationale behind the restriction by the Adiyani community and the researcher is also provided.

Table 4.6: Food Taboo during the Prenatal Period of Adiyani Women

Sl. No.	Food Name/ Ingredient Name	Disadvantages (Rationale behind the restriction of the food; the Emic view)	Disadvantages (Rationale behind the restriction of the food; the Etic view)
1.	<i>Omakayi/Karm oos</i> (papaya)	Adiyans consider papaya to be a heat-inducing food, and they believe that it might cause abortion.	The unripe (raw) papaya contains an enzyme called papain, which might cause uterine contractions ¹⁴ .
2.	Pineapple	Adiyans consider the pineapple as a heat-inducing food, and they believe that it might cause abortion.	The pineapple contains a substance called bromelain, which might cause uterine contractions ¹⁵ .
3.	<i>Chemeenu</i> (prawn)	Adiyans believe that it might cause indigestion due to allergy.	Some shellfish (i.e., prawn) may cause allergy in some individuals ¹⁶ .
4.	<i>Poathan</i> (ash gourd)	Adiyans consider the ash gourd to be cold-inducing food and believe it might cause the common cold.	No specific reason can explain the restriction of the consumption of ash gourd during pregnancy.

¹⁴ Ayodipupo Babalola, B., Ifeolu Akinwande, A., Otunba, A. A., Ebenezer Adebami, G., Babalola, O., & Nwifo, C. (2024b). Therapeutic benefits of *Carica Papaya*: A review on its pharmacological activities and characterization of papain. *Arabian Journal of Chemistry*, 17(1), 105369. <https://doi.org/10.1016/j.arabjc.2023.105369>

¹⁵ Mallory, J. J. (2018). Chapter 53 - Postdates Pregnancy. In *Integrative Medicine (Fourth Edition)* (5th ed., pp. 535–541). essay, Elsevier. Retrieved from <https://doi.org/10.1016/B978-0-323-35868-2.00053-0>.

¹⁶ Woo, C. K., & Bahna, S. L. (2011). Not all shellfish "allergy" is allergy!. *Clinical and translational allergy*, 1(1), 3. <https://doi.org/10.1186/2045-7022-1-3>

5.	<i>Mathanu choppu</i> (pumpkin leaves)	Adiyans consider pumpkin leaves a cold-inducing or cold food, believing they might cause the common cold.	No specific reason can explain the restriction of the consumption of pumpkin during pregnancy.
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The following tables list the food recommended by the Mavilan community during pregnancy. The rationale behind the recommendation by the Mavilan community and researcher is also provided.

Table 4.7: Prenatal Diet Prescribed by the Mavilan Community

Sl. No	Food Name/ Ingredient Name	Benefits of the Food (Rationale behind the recommendation of the food; the Emic view)	Benefits of the Food (Rationale behind the recommendation of the food; the Etic view)
1.	<i>Chathavari</i> (roots of Indian Asparagus)	To promote vaginal delivery.	Roots of Indian Asparagus promote reproductive health ¹⁷ .
2.	<i>Nadan mutta</i> (Country eggs)	Promotes immunity.	Country eggs contain a high level of proteins, vitamins, and calcium, which promotes bone strength ¹⁸ and overall health.
3.	<i>Cherupayaru</i> (Green gram)	Boost energy.	Green gram contains protein ¹⁹ , which gives more energy and promotes overall health.
4.	<i>Kattucheere</i> (wild spinach)	Promote bone strength and boost immunity.	Green leafy vegetables are a rich source of vitamins,

¹⁷ Pandey, A. K., Gupta, A., Tiwari, M., Prasad, S., Pandey, A. N., Yadav, P. K., Sharma, A., Sahu, K., Asrafuzzaman, S., Vengayil, D. T., Shrivastav, T. G., & Chaube, S. K. (2018). Impact of stress on female reproductive health disorders: Possible beneficial effects of Shatavari (asparagus racemosus). *Biomedicine & Pharmacotherapy*, 103, 46–49. <https://doi.org/10.1016/j.biopha.2018.04.003>

¹⁸ Myers, M., & Ruxton, C. H. S. (2023). Eggs: Healthy or Risky? A Review of Evidence from High Quality Studies on Hen's Eggs. *Nutrients*, 15(12), 2657. <https://doi.org/10.3390/nu15122657>

¹⁹ Mekkara Nikarathil Sudhakaran, S., & Bukkan, D. S. (2021). A review on nutritional composition, antinutritional components and health benefits of green gram (*Vigna radiata* (L.) Wilczek). *Journal of food biochemistry*, 45(6), e13743. <https://doi.org/10.1111/jfbc.13743>

			minerals, and antioxidants ²⁰ , which promote overall health.
5.	<i>Kanthari</i> (bird eye chilies)	Promotes overall health and boosts immunity.	Chillis (i.e., Bird eye chilies) are a rich source of antioxidants and vitamins ²¹ , promoting overall health and boosting metabolism.
6.	<i>Kumbala chappile</i> (leaves of ash gourd)	Boost immunity.	Ash gourd leaves have anti-inflammatory properties ²² .
7.	<i>Churuli choppu</i> (vegetable fern)	Promotes Overall Health.	Vegetable fern contains vitamins (i.e., Vitamin C), calcium, protein, and iron ²³ , promoting overall health.
8.	<i>Ponnankanni</i> (sissoo spinach)	Promote overall health.	Sissoo spinach contains various vitamins (i.e., vitamin A) and micronutrients ²⁴ that promote overall health.

²⁰ Sarkar, P., Lohith Kumar DH, Dhumal, C., Panigrahi, S. S., & Choudhary, R. (2015). Traditional and Ayurvedic Foods of Indian origin. *Journal of Ethnic Foods*, 2(3), 97–109. <https://doi.org/10.1016/j.jef.2015.08.003>

²¹ Bal, S., Sharangi, A. B., Upadhyay, T. K., Khan, F., Pandey, P., Siddiqui, S., Saeed, M., Lee, H. J., & Yadav, D. K. (2022). Biomedical and Antioxidant Potentialities in Chilly: Perspectives and Way Forward. *Molecules (Basel, Switzerland)*, 27(19), 6380. <https://doi.org/10.3390/molecules27196380>

²² Palamthodi, S., Kadam, D., & Lele, S. S. (2019). Physicochemical and functional properties of ash gourd/bottle gourd beverages blended with jamun. *Journal of food science and technology*, 56(1), 473–482. <https://doi.org/10.1007/s13197-018-3509-z>

²³ Chettri, Smriti & Manivannan, Subramanian & Muddarsu, Venkata. (2018). Nutrient and Elemental Composition of Wild Edible Ferns of the Himalaya. *American Fern Journal*. 108. 95-106. 10.1640/0002-8444-108.3.95.

²⁴ El-Sayed S. M. (2020). Use of spinach powder as functional ingredient in the manufacture of UF-Soft cheese. *Heliyon*, 6(1), e03278. <https://doi.org/10.1016/j.heliyon.2020.e03278>

During pregnancy, the Mavilan community prohibits women from eating certain foods. The Mavilan community restricts specific foods during pregnancy, and the following tables list these foods along with the rationale behind the restriction, as provided by the Mavilan community and the researcher.

Table 4.8: Food Taboo During the Prenatal Period of Mavilan Women

Sl. No.	Food Name/ Ingredient Name	Disadvantages (Rationale behind the restriction of the food; the Emic view)	Disadvantages (Rationale behind the restriction of the food; the Etic view)
1.	<i>Karmoosa</i> (papaya)	Mavilans consider papaya to be a heat-inducing food, and they believe that it might cause abortion.	The unripe (raw) papaya contains an enzyme called papain, which might cause uterine contractions ²⁵ .
2.	Pineapple	Mavilans consider the pineapple as a heat-inducing food, and they believe that it might cause abortion.	The pineapple contains a substance called bromelain, which might cause uterine contractions ²⁶ .
3.	<i>Njandu</i> (crab)	It might cause indigestion and stomach pain.	Some shellfish may cause allergies in some individuals ²⁷ .
5	<i>Kallumekkaya</i> (mussels)	It might cause indigestion and stomach pain.	Some shellfish may cause allergies in some individuals ²⁸ .

²⁵ Ayodipupo Babalola, B., Ifeolu Akinwande, A., Otunba, A. A., Ebenezer Adebami, G., Babalola, O., & Nwufu, C. (2024b). Therapeutic benefits of *Carica Papaya*: A review on its pharmacological activities and characterization of papain. *Arabian Journal of Chemistry*, 17(1), 105369. <https://doi.org/10.1016/j.arabjc.2023.105369>

²⁶ Mallory, J. J. (2018). Chapter 53 - Postdates Pregnancy. In *Integrative Medicine (Fourth Edition)* (5th ed., pp. 535–541). essay, Elsevier. Retrieved from <https://doi.org/10.1016/B978-0-323-35868-2.00053-0>.

²⁷ Woo, C. K., & Bahna, S. L. (2011). Not all shellfish "allergy" is allergy! *Clinical and translational allergy*, 1(1), 3. <https://doi.org/10.1186/2045-7022-1-3>

²⁸ Woo, C. K., & Bahna, S. L. (2011). Not all shellfish "allergy" is allergy! *Clinical and translational allergy*, 1(1), 3. <https://doi.org/10.1186/2045-7022-1-3>

4.3.2.2 POST-NATAL DIET

The Adiyian and Mavilan communities followed specific diets during pregnancy and after childbirth to ensure the health of the baby and the mother. They forbade eating certain foods for a few days or months after delivery. The communities also gave certain foods to promote lactation.

The following tables list the food the Adiyian community recommended immediately after childbirth. The Adiyian community and the researcher also provided the rationale behind the recommendation.

Table 4.9: Post-Natal Diet Prescribed by Adiyian Community

Sl. No	Food Name/ Ingredient Name	Benefits of the Food (Rationale behind the recommendation of the food; the Emic view)	Benefits of the Food (Rationale behind the recommendation of the food; the Etic view)
1.	After three days of childbirth, curry comprises <i>muringe choppu</i> (Moringa leaves), shallots, salt, and garlic.	Promote lactation and <i>punn onangan</i> (to heal postpartum wounds).	Moringa has galactagogue properties (a substance that stimulates lactation), which increase breast milk production. ²⁹
2.	<i>Atterachi kariyu</i> (Curry prepared using goat meat).	<i>Ratham koodanu</i> (to increase hemoglobin level).	Goat meat is a rich source of iron, phosphorus, and calcium ³⁰ , which helps promote bone strength and hemoglobin levels.
3.	After three days of childbirth, <i>bajji</i>	Adiyans consider horse grams to be	Horse gram is a rich source of iron (which helps produce

²⁹ Rotella, R., Soriano, J. M., Llopis-González, A., & Morales-Suarez-Varela, M. (2023). The Impact of *Moringa oleifera* Supplementation on Anemia and other Variables during Pregnancy and Breastfeeding: A Narrative Review. *Nutrients*, 15(12), 2674. <https://doi.org/10.3390/nu15122674>

³⁰ Tokysheva, G., Makangali, K., Uzakov, Y., Kakimov, M., Vostrikova, N., Baiysbayeva, M., & Mashanova, N. (2022). The potential of goat meat as a nutrition source for schoolchildren. *Potravinarstvo Slovak Journal of Food Sciences*, 16, 398–410. <https://doi.org/10.5219/1763>

	(chutney) comprises <i>mudire</i> (horse gram), garlic, pepper, and salt.	heat-inducing food. They help warm the body and increase <i>ratham</i> (hemoglobin level).	hemoglobin), vitamins, and proteins. ³¹
4.	<i>Alampe/kumilu</i> (mushroom)	To increase bone strength.	Mushrooms contain Vitamin D, which helps in the absorption of calcium ³² . Calcium is essential for strengthening the bone.

The following tables list the foods that the Adiyen community restricts after childbirth. The Adiyen community and researchers also explain the rationale behind the restriction.

Table 4.10: Post-Natal Food Taboos among the Adiyen Community

Sl. No.	Food Name/ Ingredient Name	Disadvantages (Rationale behind the restriction of the food; the Emic view)	Disadvantages (Rationale behind the restriction of the food; the Etic view)
1.	<i>Thakkaliyu</i> (tomatoes)	It might cause gassiness and bloating in babies.	Tomatoes have high acidic content, which can cause gassiness in mothers, but gas will not pass through breast milk and cause gassiness in infants. ³³ Maternal plasma pH is not affected by consuming tomatoes ³⁴ .
2.	<i>Paripp</i> (split pigeon)	Cause gas trouble.	In general, pulses (i.e.,

³¹ Prasad, S. K., & Singh, M. K. (2015). Horse gram- an underutilized nutraceutical pulse crop: a review. *Journal of food science and technology*, 52(5), 2489–2499. <https://doi.org/10.1007/s13197-014-1312-z>

³² Cardwell, G., Bornman, J. F., James, A. P., & Black, L. J. (2018). A Review of Mushrooms as a Potential Source of Dietary Vitamin D. *Nutrients*, 10(10), 1498. <https://doi.org/10.3390/nu10101498>

³³ Jeong, G., Park, S. W., Lee, Y. K., Ko, S. Y., & Shin, S. M. (2017). Maternal food restrictions during breastfeeding. *Korean journal of pediatrics*, 60(3), 70–76. <https://doi.org/10.3345/kjp.2017.60.3.70>

³⁴ Lawrence, R. A., & Lawrence, R. M. (2021). *Breastfeeding: a guide for the medical professional*. Elsevier Health Sciences.

	peas)		pigeon peas) might cause gassiness and bloating. ³⁵
3.	<i>Pootan choppu</i> (Ash gourd leaves)	Adiyans consider the ash gourd leaves to be cold-inducing food and believe it might cause the common cold.	No specific reason can explain the restriction of consuming ash gourd leaves during pregnancy.
4.	<i>Kwang</i> (wild tubers)	It might cause gassiness and bloating in the mother and infant.	In general, consumption of High-fiber food causes bloating in individuals ³⁶ . Consuming this can cause gassiness in mothers, but gas will not pass through breast milk and cause gassiness in infants. ³⁷
5.	<i>Chemeenu</i> (prawn)	Adiyans believe that it might cause indigestion.	Some shellfish (i.e., prawn) may cause allergy in some individuals ³⁸ .

³⁵ Skalickova, S., Ridoskova, A., Slama, P., Skladanka, J., Skarpa, P., Smykalova, I., Horacek, J., Dostalova, R., & Horky, P. (2022). Effect of Lactic Fermentation and Cooking on Nutrient and Mineral Digestibility of Peas. *Frontiers in nutrition*, 9, 838963. <https://doi.org/10.3389/fnut.2022.838963>

³⁶ Zhang, M., Juraschek, S. P., Appel, L. J., Pasricha, P. J., Miller, E. R., 3rd, & Mueller, N. T. (2020). Effects of High-Fiber Diets and Macronutrient Substitution on Bloating: Findings From the OmniHeart Trial. *Clinical and translational gastroenterology*, 11(1), e00122. <https://doi.org/10.14309/ctg.000000000000122>

³⁷ Jeong, G., Park, S. W., Lee, Y. K., Ko, S. Y., & Shin, S. M. (2017). Maternal food restrictions during breastfeeding. *Korean journal of pediatrics*, 60(3), 70–76. <https://doi.org/10.3345/kjp.2017.60.3.70>

³⁸ Woo, C. K., & Bahna, S. L. (2011). Not all shellfish "allergy" is allergy!. *Clinical and translational allergy*, 1(1), 3. <https://doi.org/10.1186/2045-7022-1-3>

The following tables list the food the Mavilan community recommends immediately after childbirth. The Mavilan community and researcher also provide the rationale behind the recommendation.

Table 4.11: Post-Natal Diet Prescribed by the Mavilan Community

Sl. No	Food Name/ Ingredient Name	Benefits of the Food (Rationale behind the recommendation of the food; the Emic view)	Benefits of the Food (Rationale behind the recommendation of the food; the Etic view)
1.	<i>Chathavari</i> (roots of Indian Asparagus)	Promote lactation.	Roots of Indian Asparagus promote lactation due to its galactagogue properties (a substance that stimulates milk production). ³⁹
2.	<i>Muringe chappile</i> (moringa leaves)	Promote lactation.	Moringa has galactagogue properties (substances that promote lactation), which increase breast milk production. ⁴⁰
3.	<i>Cherupayaru</i> (Green gram)	Boost energy.	Green gram contains protein ⁴¹ , which gives more energy and promotes overall health.
4.	<i>Marunnu kanji</i> (This dish is made with rice grains, gooseberries, fenugreek seeds,	To cure postpartum wounds, boost the immune system and overall health.	The carbohydrate content of rice makes it a good energy booster and vitamin C is abundant in gooseberries, which Vitamin C fortifies the

³⁹Gupta, M., & Shaw, B. (2011). A Double-Blind Randomized Clinical Trial for Evaluation of Galactagogue Activity of Asparagus racemosus Willd. *Iranian journal of pharmaceutical research : IJPR*, 10(1), 167–172.

⁴⁰ Rotella, R., Soriano, J. M., Llopis-González, A., & Morales-Suarez-Varela, M. (2023). The Impact of *Moringa oleifera* Supplementation on Anemia and other Variables during Pregnancy and Breastfeeding: A Narrative Review. *Nutrients*, 15(12), 2674. <https://doi.org/10.3390/nu15122674>

⁴¹ Mekkara Nikarthis Sudhakaran, S., & Bukkan, D. S. (2021). A review on nutritional composition, antinutritional components and health benefits of green gram (*Vigna radiata* (L.) Wilczek). *Journal of food biochemistry*, 45(6), e13743. <https://doi.org/10.1111/jfbc.13743>

	and fennel seeds)		immune system ⁴² . Besides being rich in iron ⁴³ , fenugreek promotes lactation ⁴⁴ , and fennel seeds often aid digestion (also improve appetite) ⁴⁵ .
5.	<i>Kattucheere</i> (wild spinach)	Promote bone strength and boost immunity.	Green leafy vegetables are a rich source of vitamins, minerals, and antioxidants ⁴⁶ , which promote overall health.

The following tables list the foods the Mavilan community restricts after childbirth. The rationale behind the restriction and the researcher's rationale are also provided.

Table 4.12: Post-Natal Food Taboo among the Mavilan Community

Sl. No.	Food Name/ Ingredient Name	Disadvantages (Rationale behind the restriction of the food; the Emic view)	Disadvantages (Rationale behind the restriction of the food; the Etic view)
1.	<i>Njandu</i> (crab)	It might cause indigestion and stomach pain.	Some shellfish may cause allergies in some individuals ⁴⁷ .
2.	<i>Kallumekkaya</i> (mussels)	It might cause indigestion and stomach pain.	Some shellfish may cause allergies in some

⁴² Chambial, S., Dwivedi, S., Shukla, K. K., John, P. J., & Sharma, P. (2013). Vitamin C in disease prevention and cure: an overview. *Indian journal of clinical biochemistry : IJCB*, 28(4), 314–328. <https://doi.org/10.1007/s12291-013-0375-3>

⁴³ Ahmad, A., Alghamdi, S. S., Mahmood, K., & Afzal, M. (2016). Fenugreek a multipurpose crop: Potentialities and improvements. *Saudi Journal of Biological Sciences*, 23(2), 300–310. <https://doi.org/10.1016/j.sjbs.2015.09.015>

⁴⁴ Betty, R. (2008). The many healing virtues of fenugreek. *Spice India*, 1, 17-19. [Google Scholar](https://scholar.google.com/)

⁴⁵ Liu, H., Li, J., Lin, S., Liu, T., & Zheng, C. (2021). Effects of dietary fennel (*Foeniculum vulgare* Mill.) seed powder supplementation on growth performance, nutrient digestibility, small intestinal morphology, and carcass traits of broilers. *PeerJ*, 9, e10308. <https://doi.org/10.7717/peerj.10308>

⁴⁶ Sarkar, P., Lohith Kumar DH, Dhumal, C., Panigrahi, S. S., & Choudhary, R. (2015). Traditional and Ayurvedic Foods of Indian origin. *Journal of Ethnic Foods*, 2(3), 97–109. <https://doi.org/10.1016/j.jef.2015.08.003>

⁴⁷ Woo, C. K., & Bahna, S. L. (2011). Not all shellfish "allergy" is allergy!. *Clinical and translational allergy*, 1(1), 3. <https://doi.org/10.1186/2045-7022-1-3>

			individuals ⁴⁸ .
3.	<i>Kumbalanga</i> (Ash gourd)	Mavilan considers the ash gourd to be cold-inducing food and believes it might cause the common cold.	No specific reason can explain the restriction of the consumption of ash gourd immediately after childbirth. In general, ash gourd has a cooling effect on the body, and there might be chances of causing the common cold if consumed in larger quantities.
4.	<i>Krunk</i> (wild tubers)	It might cause gassiness and bloating in babies.	In general, consumption of high-fiber food causes bloating in individuals ⁴⁹ . Consuming this can cause gassiness in mothers, but gas will not pass through breast milk and cause gassiness in infants. ⁵⁰
5.	<i>Paripp</i> (split pigeon peas)	Cause gas trouble.	In general, pulses (i.e., pigeon peas) might cause gassiness and bloating. ⁵¹

In the past, the Adiyar and Mavilan communities had special diets and maternity healthcare care practices in their homes. Apart from that, traditional healers, especially midwives (traditional birth attendants), also gave special care to the mother and child. Various cultural practices for maternal health care also exist within the community. These two communities used to follow a diet where the food consumed by the woman after giving birth did not affect the infant's health. Their food habits have changed significantly in the contemporary era for the Adiyar and Mavilan.

⁴⁸ Woo, C. K., & Bahna, S. L. (2011). Not all shellfish "allergy" is allergy!. *Clinical and translational allergy*, 1(1), 3. <https://doi.org/10.1186/2045-7022-1-3>

⁴⁹ Zhang, M., Juraschek, S. P., Appel, L. J., Pasricha, P. J., Miller, E. R., 3rd, & Mueller, N. T. (2020). Effects of High-Fiber Diets and Macronutrient Substitution on Bloating: Findings From the OmniHeart Trial. *Clinical and translational gastroenterology*, 11(1), e00122. <https://doi.org/10.14309/ctg.0000000000000122>

⁵⁰ Jeong, G., Park, S. W., Lee, Y. K., Ko, S. Y., & Shin, S. M. (2017). Maternal food restrictions during breastfeeding. *Korean journal of pediatrics*, 60(3), 70–76. <https://doi.org/10.3345/kjp.2017.60.3.70>

⁵¹ Skalickova, S., Ridoskova, A., Slama, P., Skladanka, J., Skarpa, P., Smykalova, I., Horacek, J., Dostalova, R., & Horky, P. (2022). Effect of Lactic Fermentation and Cooking on Nutrient and Mineral Digestibility of Peas. *Frontiers in nutrition*, 9, 838963. <https://doi.org/10.3389/fnut.2022.838963>

4.3.3 FOOD TABOO

In broad terms, a taboo prevents someone from doing a specific action (Meyer-Rochow V. B., 2009). People consider taboos to be unwritten regulations or rules that a community observes. The Adiyen and Mavilan cultural milieu observe various taboos. One of the crucial taboos found among these communities is food taboo. Food taboos have a lengthy history, and one should anticipate an appropriate reason for some dietary norms to exist (and survive) in a particular community (Naika & Kasturiba, 2018, p. 250). The term food taboo refers to the prohibition of consuming certain foods, which many tribal communities observe. Similarly, the Adiyen and Mavilan communities forbade the consumption of foods such as buffalo and cow meat. Both these communities believed that if they violated this taboo and ate their meat, deities, and ancestors would be angry, and they would get sick. Religious beliefs were the source of the majority of these taboos, and the violation of food taboos summoned the gods' anger, which led to the cause of the disease (Boban, 1998, p.152). In the past, the communities punished those who ate food that was taboo. There is more taboo food eaten nowadays than there used to be, and people no longer follow it as strictly as they used to.

As mentioned in the previous section of this chapter, the Adiyen and Mavilan communities also suggest avoiding certain foods during pregnancy and postpartum as part of health care. Certain foods were prohibited from being consumed while sick. These food restrictions do not come under food taboos.

4.3.4 HOT AND COLD FOOD

In many regions of the globe, the ideas of hot and cold play a significant role in food classifying systems and the etiology of illness (Pool, 1987, p. 389). The Adiyen and Mavilan communities also observe the concepts of hot and cold food classification. This classification is based on a particular cultural context, and regional variations also appear in it. The researchers considered that the systematic categorization of food into hot and cold forms the core of this belief system, which is constant (Pool, p.389). Below is the classification of hot and cold food among Adiyen and Mavilan.

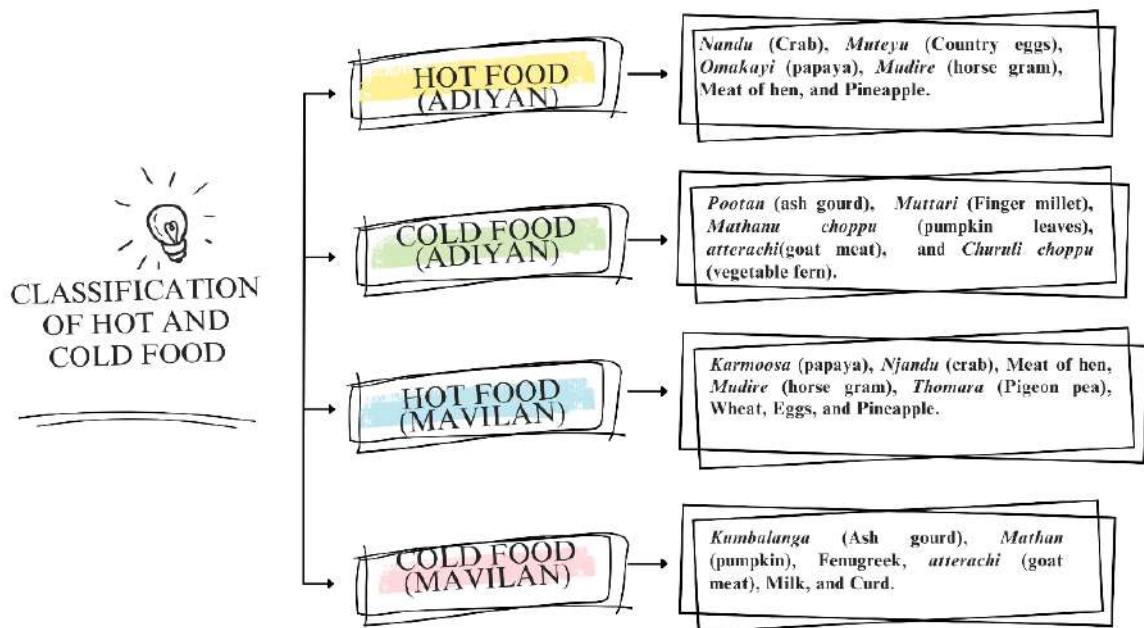


Figure 4.9: Classification of Hot and Cold Foods

A thorough understanding of the classification of hot and cold foods is essential to the diet during pregnancy, postnatal period, and illness, according to Adiyani and Mavilan. Many of the spices are considered hot food by Adiyani and Mavilan. Ethnologists have noted that fundamental beliefs about health and illness predicate the dichotomies of hot and cold seen in nature (Tribhuwan, 1998, p.2). Hot foods are recommended in the winter and rainy seasons to stay warm and maintain optimal body temperature. Cold foods are recommended during the summer because they cool down the body and regulate the body temperature by flushing out excess heat. There is a belief among the Adiyani and Mavilan communities that excessive consumption of ‘hot food’ and ‘cold food’ might lead to health problems. Pregnant and postpartum women should limit their consumption of hot and cold foods. For instance, Adiyans consider *omakayi* (papaya) a ‘hot food’ (heat-inducing food) and believe that it might cause abortion if they consume it during pregnancy. They base this belief on the fact that unripe (raw) papaya contains an enzyme called papain, which might cause uterine contractions (and may lead to abortion), especially when consumed during the first trimester.

Adiyani and the Mavilan community believe that “hot diets or substances” cause certain illnesses and address them with cold remedies. Conversely, they believe that cold diets

or substances cause diseases, and hot food cures them (Schutlur Mary, 1979, p.160). Schutlur's points apply to both Adiyān and Mavilan. For instance, Adiyān considers *varikke chakke* (variety of jackfruit) a 'hot food,' and excessive consumption can cause bloating and stomach pain. They prescribe tender coconut water (a 'cold food') to relieve the bloating. Another example is *pacha mange* (raw/unripe mango), classified as a 'hot food' by Mavilan, whose excessive consumption can result in stomach pain. They prescribe tender coconut water (a 'cold food' for Mavilan) to alleviate this discomfort.

4.4 INDIGENOUS HEALING SYSTEM: ETIOLOGY OF DISEASE AND ILLNESS

Among tribal communities, healthcare practices and beliefs are part of the culture; it is essential to examine the diverse notions of disease and healthcare and practices (Reddy, 1995). Healing and disease have some socio-cultural roots and beliefs. Every community possesses a definite understanding of illness and its etiology, regardless of its complexity. Various medical systems view health, disease, and causes of disease differently, and consequently, their approaches to health and illness differ (Tolera et al., 2011). Gaining a thorough understanding of the etiology of the disease is essential to grasping the indigenous healing system.

The study employed the Ethnomedical Approach, which centers around a community's healthcare beliefs and associated practices, customs, and social roles. According to ethnomedicine, the cultural values of a particular community or society mainly determine health-seeking behavior. Ethnomedicine is a collective knowledge about healthcare administration that helps us understand the cultural description of illness etiology, disease diagnosis, and mode of treatment within the cultural framework. In the study, the researcher has used the Principles of Disease Etiologies (proposed by George M. Foster) and Explanatory Model of Illness (postulated by Arthur Kleinman) to gain a deeper understanding of the causes of illnesses and the indigenous healing methods of the Adiyān and Mavilan Tribal Communities.

In the study, the researcher has addressed the following open-ended questions suggested by Kleinman to understand the Explanatory Models (EMs) of Adiyān and Mavilan Tribal communities. The study addressed the following questions.

1. What term or name do Adiyān and Mavilan call disease or illness, or how do they describe it?

In numerous indigenous communities, including the Adiyān and Mavilan communities, people might not call certain diseases or illnesses by a single term. Instead, they might characterize them based on their nature and symptoms. The researcher has documented both the native terminologies specific to these Adiyān and Mavilan traditional languages and the corresponding English approximations for these diseases and illnesses among the Adiyān and Mavilan.

2. What are the Major Causes of illnesses according to Adiyān and Mavilan Communities?

The researcher has addressed the emic perspective, which represents the insider view of the Adiyān and Mavilan Communities notion regarding the origin or etiology of the illnesses.

3. According to Adiyān and Mavilan, when and how does illness begin?

Adiyān and Mavilan believe that present illnesses might result from certain activities, such as failure to perform certain vows or exposure to excess heat and cold. They believed that illness is caused when certain negative actions disrupt humans' harmonious relationship with nature, deities, and ancestors. In addition, unexpressed or unresolved emotional issues from the past may also cause some of these symptoms, and past events and behaviors may influence a person's overall health.

4. What are the effects of the Illnesses?

Adiyān and Mavilans share a common belief that the origin of illness, the methods of diagnosis, and possible healing methods of an indigenous healing system require a perspective that extends beyond just Allopathic Medicine. They claim that these aspects deeply intertwine with belief systems, norms, and socio-cultural practices in a broader context, and cultural interpretation of an illness significantly aids in identifying effective treatment. These communities believe that illness affects both body and mind, destroying their balanced equilibrium.

5. How do Adiyani and Mavilan understand the level of seriousness of illnesses and choose the mode of treatment?

In both these communities, the seriousness of illness is determined based on its cause and the visible symptoms in the patients. They attribute some causes of illnesses to the anger of a deity or ancestral spirit. In those cases, the traditional healers and ritualists have a significant role in selecting the methods of treating the illness. The significance of Indigenous healing practices is that they focus more on patient-centered treatment.

6. What kind of Healthcare Practice do Adiyani and Mavilans prefer, and what is the significance of those treatments?

It is not only the Adiyani and Mavilan Tribal communities but a significant number of the indigenous communities that choose treatment methods depending on the underlying root cause of an illness. To understand these communities health holistically, one must see it in relation to the socio-cultural system and the religious beliefs and customs of the community. According to both communities, socio-cultural and religious factors enormously influence health and illness causation. Each method of treatment has its unique characteristics and significance. The Adiyani and Mavilan treat certain illnesses with herbal treatment methods. When herbal medicine alone is ineffective for treating a particular condition, ritualists or healers may execute specific rituals, either with or without prescribing herbal medicine. Rituals are performed as a remedial measure for the illness or as part of the diagnosis.

Through the study, the researcher attempted to understand the Explanatory Model of Illnesses of Adiyani and Mavilan tribal Communities by answering the above-mentioned fundamental queries developed by Kleinman (Kleinman, 1980, p.105).

As suggested in EMs (Kleinman, 1980), understanding Adiyans and Mavilan's Explanatory Models (EMs) is crucial in designing an effective treatment plan. It is possible for the classification of illness alone to impact healing practices quite significantly (Kleinman, 1980, p.209).

Foster Theory of Illness and Disease Etiology

Foster (1976) identified two principal etiologies in his analysis of the notion of illness in non-Western Healthcare Systems. He points out that the majority, though not all, of the illness causes observed in non-Western medical systems can be explained by two fundamental principles: personalistic and naturalistic (Foster, 1976, p. 775).

The author describes personalistic causes of illness as follows:

“A personalistic medical system is one in which disease is explained as due to the active, purposeful intervention of an agent, who may be human (a witch or sorcerer), nonhuman (a ghost, an ancestor, an evil spirit), or supernatural (a deity or other very powerful being). The sick person literally is a victim, the object of aggression or punishment directed specifically against him, for reasons that concern him alone (Foster, 1976, p. 775).”

The author describes the naturalistic cause of illness as follows:

“In contrast to personalistic systems, naturalistic systems explain the illness in impersonal, systemic terms. The disease is thought to stem not from the machinations of an angry being but rather from such natural forces or conditions as cold, heat, winds, dampness, and, above all, an upset in the balance of the basic body elements (Foster, 1976, p. 775).”

The author considers the naturalistic cause of illness limited to the illness specifically, whereas the personalistic cause is a component of a broader or common explanatory framework. The researcher employed Foster's theory (1976) of two principal etiologies to understand the causes of illness in Adiyar and Mavilan communities.

4.4.1 NATURALISTIC CAUSES

In accordance with Foster's (1976) theory of two principal etiologies, the causes of illness identified among the Adiyar and Mavilan communities are classified into naturalistic and personalistic causes.

The two main etiologies Foster (1976) identified in his analysis of illness in non-Western healthcare are personalistic and naturalistic (p.775). In the study, the researcher used two etiological principles proposed by Foster to categorize the illnesses

observed among the Adiyar and Mavilar tribal communities. Through fieldwork, the researcher has gathered the primary data regarding the prominent illnesses and diseases observed among the Adiyar and Mavilar communities and classified these diseases and illnesses by applying Foster's (1976) two principles of illness etiology, such as Naturalistic causes and Personalistic causes.

Below are the naturalistic causes of illness among the Adiyar and Mavilar communities.

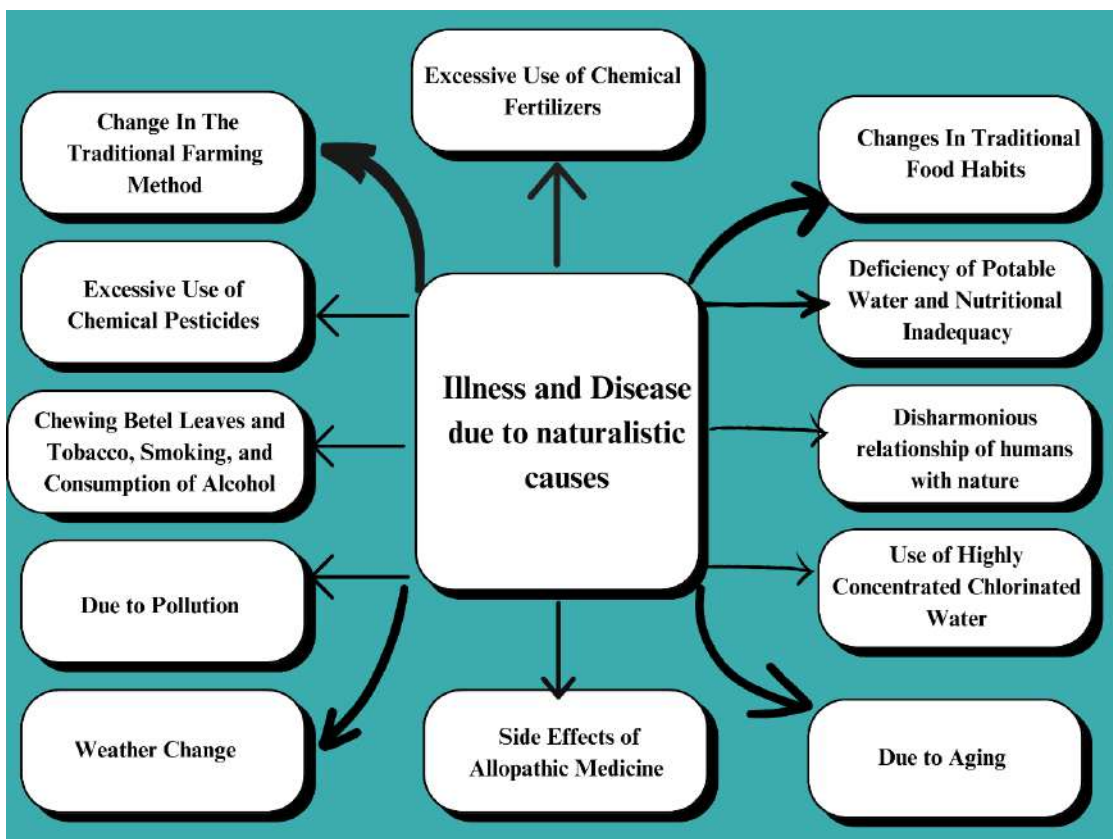


Figure 4.10: Illness and Disease Due to Naturalistic Causes

Excessive use of chemical pesticides and fertilizers, changes in traditional food habits, deficiency of potable water and nutritional inadequacy, disharmonious relation of humans with nature, use of highly concentrated chlorinated water, due to aging, side effects of allopathic medicine, weather change, due to pollution, chewing betel leaves and tobacco, smoking, and consumption of alcohol and, change in the traditional farming method are reported as naturalistic causes of illnesses by the Adiyar and Mavilar communities.

The flowchart suggests that pollution is key to disrupting the balance between humans and the environment. The Adiyar and Mavilan communities attribute changes in traditional farming methods and food habits, weather changes, excessive use of chemical pesticides and fertilizers, aging, side effects of allopathic medicine, smoking, and alcohol consumption to naturalistic causes of illness. It suggests that environmental issues and lifestyle choices can lead to health problems. The main takeaway is that to address these interrelated problems, it is necessary to have a more harmonious relationship with nature and reevaluate our lifestyle, farming, and healthcare practices.

4.4.2 PERSONALISTIC CAUSES

The following is a list of the personalistic causes of illness among the Adiyar and Mavilan communities:

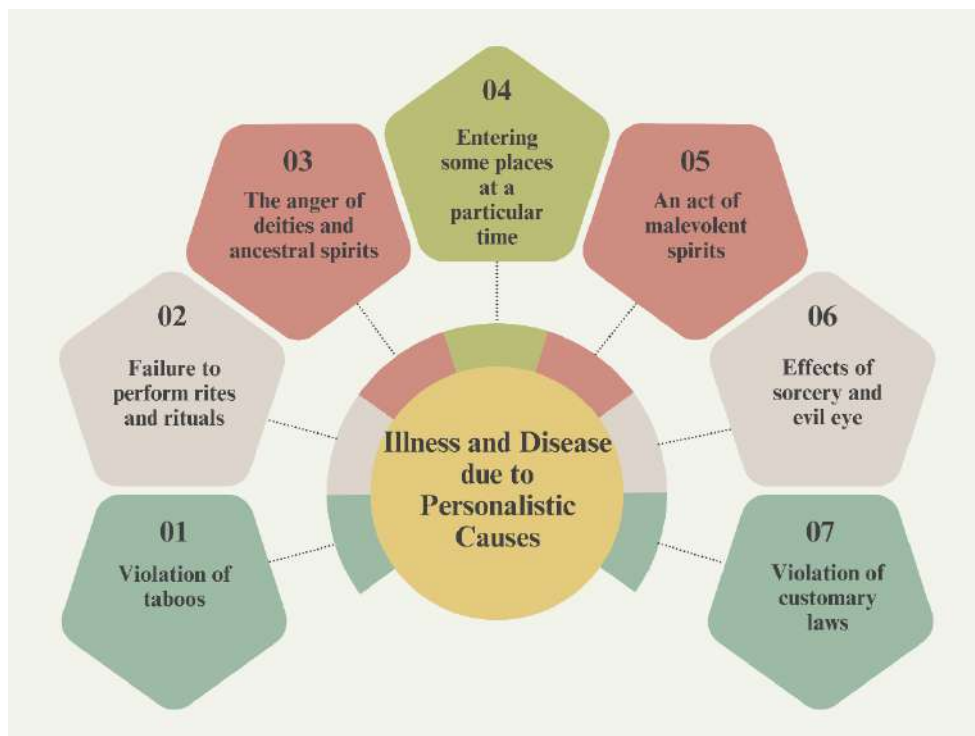


Figure 4.11: Illness and Disease Due to Personalistic Causes

The personalistic causes of illness among the Adiyar and Mavilan communities include violation of taboos, failure to perform rites and rituals, the anger of deities and ancestral spirits, entering some places at a particular time, an act of malevolent spirits, effects of sorcery and evil eye, violation of customary laws, and getting close to some trees.

The flow chart describes various personalistic causes of illnesses. It highlights the interdependence of actions and spiritual well-being, implying that following cultural laws, taboos, and rituals is critical for avoiding the negative impacts of spiritual entities' anger and malicious powers. The flow chart depicts a belief system in which certain behaviors or failures to follow norms and customs can result in harmful consequences. It also reflects the significance of tradition and ritual in sustaining harmony with the spiritual world, as seen through this cultural or religious lens.

The Personalistic and Naturalistic causes of illness suggested by Foster (Foster, 1976, p. 775) bear some resemblance to the concept of illness causation observed within the Adiyar and Mavilar tribal communities. Below are a few examples illustrating the classification of the etiology of illnesses and diseases within the Adiyar and Mavilar Communities, using Foster Theory principles of etiology. The subsequent section of this chapter provides further detailed classifications.

The Mavilar tribal community found both naturalistic and personalistic (Foster, 1976, p. 775) etiological principles. The naturalistic system of illness etiology attributes illnesses such as *peni* (fever), *banji neyyal* (stomach pain), *thalaneerirakkam* (cold), *sooriya kuth* (migraine), *chome* (cough), *manjapitham* (jaundice), *neeru veekkam* (inflammation), and *kannu chovapp* (eye redness) to it. Mavilar's concept of illness etiology includes various factors within its personalistic system, which includes *odimari* (*odimari* is a kind of magico-religious ritual performed to harm someone), *kanner* (evil eye), *dhevv kovichal* (Anger of deity), *bhootha adichal* (possession of malevolent spirit), the anger of ancestral spirits, and *nide* (attack of malevolent spirit). It is significant to highlight that diseases and illnesses are not merely attributed to the personalistic system but also intersect with naturalistic causes of illness. Naturalistic and personalistic etiologies coexist in the Mavilar Community, and from time to time, the two etiological principles overlap.

The Adiyar Community classifies the illness etiology under naturalistic and personalistic etiologies. The naturalistic system of illness etiology attributes illnesses such as *chood peni* (chicken pox), *peniyu* (fever), *sooriya kuth* (migraine), *thile kuthalu* (headache), *chomakinte* (cough), and *manjapitte* (jaundice). Adiyar concept of illness etiology includes various factors within its personalistic system, which includes *odi* (*odi* is a kind of ritual performed to harm someone), *kuliyar adichal* (deity), *bhootha*

(ghost), *pagadhi* (malevolent spirit), *pei koodiyal* (ancestral spirits), and *chokkmur* (malevolent spirit).

Naturalistic and Personalistic etiologies coexist within the Adiyani and Mavilani Communities, and from time to time, the two etiological principles overlap. Using this categorization of disease causation, health professionals and policymakers will be able to acquire a more profound understanding of the indigenous healthcare system of Adiyani tribal communities. Among tribal communities, health practices and beliefs are part of the culture apart from the social organization. Hence, it is essential to examine the diverse notions of disease and healthcare and practices such as diagnosis (Reddy, 1995). Healing and disease have socio-cultural roots and beliefs. A common belief is that having a harmonious relationship with the supernatural protects individuals from illness and disaster. Understanding the culture within which the healthcare system operates is essential before we can comprehend its operations (Boban, 1998).

The following table describes the illness names along with the perception of the cause of illnesses among the Adiyar Community:

Table 4.13: Perception of the Cause of Illness and Disease among the Adiyar Community

Sl. No	Name of the Illness/Disease		Perception/Causes
	Native Term	English Term	
1.	<i>Thile kuthalu/ Thile kuthnt</i>	Headache	<ul style="list-style-type: none"> • <i>Tennuppum neerum karanam</i> (Due to cough and cold) • <i>Koodutalu chinthane</i> (Overthinking and tension) • <i>Dhevinu nercha marannal</i> (Fail to fulfill the vow) • <i>Dhahanakkedu</i> (Indigestion) • <i>Manju kondal</i> (Exposure to mist during winter)
2.	<i>Sooriya kuthu</i>	Migraine	<ul style="list-style-type: none"> • <i>Beyilu kollinte</i> (Excessive exposure to the sun) • <i>Nerambilu rethayottam koranjalu</i> (Poor blood circulation) • <i>Parambariyam</i> (It is hereditary)
3.	<i>Peni/ Peniyu</i>	Fever	<ul style="list-style-type: none"> • <i>Tenupp karanam</i> (Exposed to cold weather) • <i>Pache bellem kudichalu</i> (Drinking chilled water) • <i>Pedipunugu</i> (Due to fright of something) • <i>Sooriyanu poyinkinti kulikinu</i> (Continuously taking bath after sunset)
3.	<i>Manjapitte</i>	Jaundice	<ul style="list-style-type: none"> • <i>Ketavellathil koodi pakarum</i> (It is spread by drinking contaminated water) • <i>Retham kettal</i> (Blood impurification)

4.	<i>Barubedane</i>	Stomach pain	<ul style="list-style-type: none"> ● <i>Dhahanakkedu</i> (Indigestion) ● <i>Nerach mangeyum chakkeyum thinnal</i> (Eating a lot of mangoes and jackfruit will increase body heat and cause stomach pain). ● <i>Pazhe bashanam tinnalu</i> (By means of consuming stale food or contaminated food) ● <i>Dhevv kovam</i> (Anger of deities)
5.	<i>Thalaneerirak kam/ Mookkuneeru</i>	Cold	<ul style="list-style-type: none"> ● <i>Mazha nenaje</i> (Wetting in the rain) ● <i>Pretirodha korab</i> (Immunity deficiency) ● <i>Poti atichalu / poti patille</i> (Dust allergy) ● <i>Viyarppu illapo kulipat</i> (Taking a shower while sweating)
7.	<i>Tummelu</i>	Sneezing	<ul style="list-style-type: none"> ● <i>Poti atichalu / poti patille</i> (Dust allergy) ● <i>Thalaneerirakkam/ Mookkuneeru karanamu</i> (Due to cold)
6.	<i>Chumakintu</i>	Cough	<ul style="list-style-type: none"> ● <i>Mazha nenaje</i> (Wetting in the rain) ● <i>Manju kondal</i> (Exposure to excessive mist during winter) ● <i>Beyilu kollinte</i> (Excessive exposure to the sun) ● <i>Kapham karanam</i> (Cough is caused by phlegm) ● <i>Suvasam mutelu</i> (Asthma)
7.	<i>Bayaru ilaki poyalu</i>	Diarrhea	<ul style="list-style-type: none"> ● <i>Chood bashanam kazhinkinte</i> (Eating food that raises body heat excessively) ● <i>Dhahanakkedu</i> (In digestion) ● <i>Pazhe bashanam tinnalu</i> (By means of consuming stale food or contaminated food)

8.	<i>Masoori</i>	Chickenpox	<ul style="list-style-type: none"> ● <i>Mari kovam</i> (Anger of goddess <i>Mari</i>) ● <i>Mel chood koodiyal</i> (Excessive body heat)
9.	<i>Melu kadechilu</i>	Body pain	<ul style="list-style-type: none"> ● <i>Bhootha adichalu/ Pagadhi adichalu</i> (Afflictions of malevolent spirit) ● <i>Pei adichalu</i> (Afflictions of ancestor spirit)
10.	<i>Beekkam</i>	Inflammation	<ul style="list-style-type: none"> ● <i>Neeru beekkam</i> (Inflammation) ● <i>Rethayottam koranjalu</i> (Poor blood circulation) ● <i>Pamp kadichalu</i> (If snake bite)
11.	<i>Kannu Chovanth</i>	Eye redness	<ul style="list-style-type: none"> ● <i>Pagadhi adichalu</i> (Possession of Malevolent spirit called <i>pagadhi</i>) ● <i>Thile kuthalu</i> (Headache) ● <i>Podiyu tattinte</i> (Due to dust)
12.	<i>Odivekkinti</i>	A prolonged wound with swellings and pain due to sorcery.	If someone performs <i>odiyu</i> (sorcery) to harm another person, the prolonged wound with swellings and pain will affect the victim. Black magic is associated with <i>odiyu</i> , and practitioners use specific mantras, rituals, and objects to harm their enemies.
13.	<i>Chokk muttalu</i>	<i>Chokk muttalu</i> refers to the possession of a malevolent spirit or <i>pei</i> (ancestral	Possession of a malevolent spirit or <i>pei</i> (ancestral spirits).

		spirits). Symptoms include fever, shivering, tiredness, dizziness, and blabbering.	
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Illnesses prevalent among the Adiyen communities can be attributed to personalistic and natural causes, as shown in the above table. The Adiyen community believes that a variety of physical, environmental, psychological, spiritual, and supernatural factors can contribute to illness. The causes range from physical conditions such as exposure to cold weather, dietary habits, and poor blood circulation and the spiritual factors like the anger of deities, possession by malevolent spirits, and sorcery. How the community views health reflects a holistic perspective that considers different aspects of health and well-being. The worldview of the Adiyen community reveals a complex interaction between traditional, cultural, and religious beliefs that assign causes to different diseases. Their beliefs incorporate a holistic understanding of health. This insight into their worldview can be valuable for healthcare providers seeking.

The following table discusses the Mavilan community's perception of the causes of various illnesses and the corresponding native and English terms for each disease and illness.

Table 4.14: Perception of the Cause of Illness and Disease among the Mavilan Community

Sl. No	Name of the Illness/Disease		Perception/Causes
	Native Term	English Term	
1.	<i>Tharevedane/ Thalanumbalam</i>	Headache	<ul style="list-style-type: none"> ● <i>Beyil poth</i> (Exposure to the sun) ● <i>Kaphakett</i> (Due to Phlegm) ● <i>Ayyanbala adichal</i> (Affliction of a Malevolent spirit called <i>Ayyanbala</i>)
2.	<i>Peni</i>	Fever	<ul style="list-style-type: none"> ● <i>Kalam mariyal</i> (Weather change) ● <i>Mazha nananjal</i> (Wetting in the rain)
3.	<i>Banji neyyal</i>	Stomach Ache	<ul style="list-style-type: none"> ● <i>Benjyil krumi kadi karanam</i> (Due to Bacteria) ● <i>Pazhakiya bhakshanam</i> (By means of consuming stale food or contaminated food) ● <i>Moothra pazhupp</i> (Urinary infection) ● <i>Kothikoodal</i> (Evil eye)

4.	<i>Kanalu</i>	Vomiting	<ul style="list-style-type: none"> ● <i>Dhahanakorav</i> (Poor digestion) ● <i>Kothikoodal</i> (Evil eye)
5.	<i>Talaneerirakkam</i>	Cold	<ul style="list-style-type: none"> ● <i>Thanuppadichal</i> (Due to cold weather) ● <i>Neeru kollal</i> (Sinusitis) ● <i>Chalil kulichal</i> (Taking a bath in the canal) ● <i>Beyil poth</i> (Exposure to the sun)
6.	<i>Sooriya kuth</i>	Migraine	<i>Soorya prakasham thattathirikumbol</i> (When we do not get sufficient sunlight)
7.	<i>Chome</i>	Cough	<ul style="list-style-type: none"> ● <i>Thanutha vellam kudichal</i> (Drinking chilled water) ● <i>Thanuppadichal</i> (Due to cold weather) ● <i>Kaphakett</i> (Due to phlegm) ● <i>Podiyadichal</i> (Exposure to dust)
8.	<i>Ulukk</i>	Sprain	<ul style="list-style-type: none"> ● <i>Kuliyam thattiyal</i> (Anger of a deity named <i>Kuliyam</i>) ● <i>Nide muttiyal</i> (Possession of Malevolent Spirit) ● <i>Njaramb penanjai</i> (Twisting of veins or muscles)
9.	<i>Manjapitham</i>	Jaundice	<ul style="list-style-type: none"> ● <i>Pazhakiya bhakshanam</i> (By means of consuming stale food or contaminated food) ● <i>Ketta vellathiloode</i> (Drinking of contaminated water)

10.	<i>Vasoori</i>	Chickenpox	<ul style="list-style-type: none"> ● <i>Anukkal praveshichal</i> (Due to the act of Virus) ● <i>Deiva kopam</i> (Anger of deities) ● <i>Chood karanam</i> (Excessive body heat)
11.	<i>Kai-kal thalarcha, Ksheenam & thalakarakkam</i>	Weakness or fatigue in the hands and legs, fatigue, and dizziness.	<ul style="list-style-type: none"> ● <i>Kanner</i> (Due to evil eye) ● <i>Nide koodkin</i> (Possession of Malevolent Spirit)
12.	<i>Neeru veekkam</i>	Inflammation	<ul style="list-style-type: none"> ● <i>Rathayottam kuranjal</i> (Poor blood circulation) ● <i>Ellu pottiyal</i> (Bone fracture) ● <i>Pamb kadichal</i> (If snakebite) ● <i>Visham theendiyal</i> (Venomous insect or snake bites)
13.	<i>Kannu Chovapp</i>	Eye redness	<ul style="list-style-type: none"> ● <i>Chood karanam</i> (Excessive body heat) ● <i>Podi adichal</i> (Exposure to dust)
14.	<i>Chaimar koodal</i> (Fever, shivering and headache)	Fever, shivering and headache	<i>Chaimar koodiyal</i> (Possession of an evil spirit). It spread through the wind from the stream.
15.	<i>Kanner</i>	Evil Eye	Evil Eye (Belief in the existence of a curse)

16.	<i>Onangatha Muriv</i> due to <i>odimari</i>	A Prolonged wound with swellings and body pain due to sorcery.	Suppose someone performs <i>odimari</i> (sorcery) to harm another. In that case, the victim will suffer from a prolonged wound with swelling and body pain. People associate <i>odimari</i> with black magic and use it to harm enemies through specific mantras, rituals, and objects.
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The Mavilan community's understanding of illness etiology is multifaceted, including both naturalistic (environmental, microbiological) and personalistic aspects (evil eye, possession of malevolent spirit, sorcery). This dualistic viewpoint emphasizes the community's multifaceted knowledge of health and illness, which combines cultural beliefs with practical observations of the environment and physical processes. This dualism emphasizes the complex relationship of cultural beliefs, environmental factors, and individual experiences in determining community health perceptions.

As discussed earlier, Adiyar and Mavilan suggest various factors can cause an illness. For instance, according to Adiyar, headaches can be caused by either of the following factors: *tennuppum neerum karanam* (due to cough and cold), *koodutalu chinthane* (overthinking and tension), *dhevvinu nercha marannal* (fail to fulfil the vow), *dhahanakkedu* (indigestion), and *manju kondal* (exposure to mist during winter). According to Mavilan, headache is caused either due to the *beyil poth* (exposure to the sun), or due to *kaphakett* (due to phlegm), or due to *ayyanbala adichal* (possession of a malevolent spirit called *Ayyanbala*). The disease is diagnosed based on the nature of occurrence, severity, and manifested symptoms. Adiyar and Mavilan communities employ various methods to determine whether a personalistic cause or the act of a supernatural force causes the illness.

The following table contains important transcripts from the interviews with the Adiyar communities about the causes of illness and their interpretations.

Table 4.15: The Concept of Disease and Illness Etiology among the Adiyar Community

SI No	Cause of Disease and Illness	Keywords	Interpretation
1.	<i>"A rise in bhoomi chood (warming of the Earth) will lead to an increase in various sookked (diseases). The Earth is excessively warming because it is not receiving the optimal levels of rain, warmth, or mist at the right times. This is due to unusual climate change. The excessive heat in the atmosphere will also result in various diseases affecting the stomach (vayattil sookked)."</i> ⁵²	<ul style="list-style-type: none"> ● <i>Bhoomi chood</i> (earth warming up). ● <i>Bhoomi</i> (earth) does not get the optimal rain, heat, warmth, and mist at the right times. ● <i>Sookked</i> (disease) ● Disease associated with stomach 	Weather Change and Climate Change: The transcripts suggest a causal relationship between the earth's warming and the emergence of disease, particularly stomach-related illnesses. They indicate that imbalances in weather conditions, such as inadequate or inappropriate rainfall, heat, and mist, contribute to the earth's warming. This irregularity suggests that these factors directly impact the health of the planet and, consequently, human health.
2.	<i>We used to catch nendu (crab), noonji (shell mussel), nounji (freshwater snail), and karame (turtle) from paddy fields. Nowadays, farmers spray paddy</i>	<ul style="list-style-type: none"> ● <i>Ingleesh valam</i> and <i>ingleesh merunn</i> (chemical fertilizer and chemical pesticide) 	Adverse Effects of Chemical Pesticides and Fertilizers: The transcripts suggest that chemical pesticides and fertilizers leave traces in the soil and drinking water sources. These chemical residues

⁵²Mrs. KM, Key Informant Interview conducted among the Adiyar community on 31.10.2021.

	<p><i>fields with ingleesh valam and ingleesh merunn (chemical fertilizers and pesticides). The edible aquatic creatures mentioned above (nendu, noonji, nounji, and karame) may contain residues of ingleesh valam and ingleesh merunn, which could cause punn in kodal (ulcers or wounds in the intestine). Consuming chapp (leafy vegetables) grown in the ridges of paddy fields sprayed with ingleesh valam and ingleesh merunn may also cause punn in kodal (ulcers or wounds in the intestine)."</i>⁵³</p>	<ul style="list-style-type: none"> ● <i>Nendu</i> (crab), <i>noonji</i> (a species of shell mussel), <i>nounji</i> (freshwater snail) and <i>karame</i> (turtle) inhabit paddy fields. ● <i>Kodal pazhutth punn varaum</i> (Causing of ulcer or wound in the intestine). 	<p>eventually enter the bodies of humans, fish, water creatures, and plants. The transcripts also imply a causal relationship between consuming aquatic creatures and vegetables from chemically treated paddy fields and developing ulcers or intestinal wounds (<i>punn in kodal</i>). This not only affects humans but also aquatic creatures and plants, highlighting the widespread impact of chemical residues on the ecosystem.</p>
3.	<p><i>"The manam (flavor), rusi (taste), and gunam (quality) of pandi (a type of millet) and kadhale (dried prawn) from the past are no longer present. This loss of sath (wholesome food or nourishment) leads to sookked</i></p>	<ul style="list-style-type: none"> ● <i>Manam</i> (flavor), <i>rusi</i> (taste), and <i>gunam</i> (quality) ● <i>Pandi</i> (a type of millet) and <i>kadhale</i> (dried prawn) ● <i>Sath</i> (wholesome or 	<p>Changes in Traditional Food Habits and the Deficiency of Wholesome or Nourishing Food: The transcripts suggest that today's food lacks quality and nourishment. They highlight a link between dietary changes and health outcomes, emphasizing the importance of maintaining traditional, nutritious food habits to prevent diseases. This awareness helps</p>

⁵³ Ms. JM, Focus Group Discussion conducted among Adiyar community on 06.11.2021.

	(disease).” ⁵⁴	nourished) is lost <ul style="list-style-type: none"> • <i>sookked</i> (disease) 	communities understand the impact of food choices on overall health and well-being.
4.	“For <i>vayatkkari</i> (pregnant women), we should perform <i>peyat</i> or <i>kooliyat</i> rituals. If these rituals are not performed, <i>pei</i> (a malevolent spirit) may afflict them, preventing them from having a healthy pregnancy. This can cause <i>roga</i> (disease) in the pregnant women and their unborn children, and in some cases, it may even result in death.” ⁵⁵	<ul style="list-style-type: none"> • <i>Vayatkkari</i> (pregnant women) • Fail to conduct <i>peyat</i> or <i>kaliyat</i> ritual (ritual associated with pregnancy) • Afflict with <i>pei</i> (malevolent spirit) • <i>Roga varum</i> (cause disease) • Even if it leads to death 	<p>The Significance of the Protective Role of Rituals: The transcript illustrates a cultural belief system that includes specific rituals designed to protect pregnant women and unborn children from malevolent spirits and potential diseases. Failure to perform these rituals is believed to have severe health consequences and may directly cause illnesses.</p> <p>Societal Role in Preserving Health: The Adiyani community plays a crucial role in safeguarding the health of pregnant women and unborn children by upholding and performing these rituals. The emphasis on communal responsibility highlights a collective effort to protect the health and well-being of vulnerable individuals (in this case, pregnant women). The transcripts underscore the interconnectedness of beliefs, practices, community involvement, and the overall well-being of the Adiyani community within its cultural context.</p>

⁵⁴ Mr. KK, Interview conducted among Adiyani community on 06.11.2021.

⁵⁵ Mrs. KS, Interview conducted among Adiyani community on 10.10.2021.

5.	<p>“If you enter the kattil or mettil (forest) during anthikk (dusk) or uchikk (mid-noon), the pothavayan will attack you. From the forest, the pothavayan (malevolent spirit) frightens you, and we believe that, due to this, we will suffer from panichood (fever) and verayal (shivering).”⁵⁶</p>	<ul style="list-style-type: none"> ● Anthikk or uchikk (during dusk or mid-noon) ● Pothavayan (malevolent spirit) ● If you get scared in the forest ● Panichood (fever) 	<p>Cultural Beliefs and Psychosomatic Influence: The transcript discusses a cultural belief system that links specific actions and locations to the cause of disease. It associates the fear triggered by encountering the malevolent spirit called <i>pothavayan</i> with the subsequent development of physical symptoms like <i>panichood</i> (fever) and <i>verayal</i> (shivering), implying a psychosomatic influence. This cultural interpretation of disease emphasizes the mind-body connection. It suggests a link between cultural beliefs, supernatural entities, and health outcomes.</p>
6.	<p>“If a member of the Ravular (Adiyan community, also known as Ravular) passes away, dry funeral rituals such as <i>pei paranju karayal</i> and <i>muram kett neekkal</i> should be performed. If we do not carry out these rituals, the <i>chathavar peyayi vann</i> (spirit of the deceased) will frighten us and cause <i>peni</i> (fever) and <i>verayal</i> (shivering).”⁵⁷</p>	<ul style="list-style-type: none"> ● If a member of the Ravular (Adiyan community, also known as <i>ravular</i>) communities passes away ● <i>Pei paranju karayal</i> and <i>muram kett neekkal</i> (dry funeral 	<p>Beliefs Associated with Life After Death and the Protective Role of Rituals: The transcript describes the Adiyan community's beliefs about life after death and the significance of funeral rituals. According to these beliefs, failure to perform the rituals provokes the deceased person's spirit, which may then frighten the living. This fear can lead to physical symptoms like <i>panichood</i> (fever) and <i>verayal</i> (shivering), suggesting a psychosomatic influence. The belief in life after death</p>

⁵⁶ Ms. NM, Focus Group Discussion conducted among the Adiyan community on 06.10.2021.

⁵⁷ Mrs. KM, Case study among Adiyan community on 09.10.2021.

		<p>rituals of the Adiyani community)</p> <ul style="list-style-type: none"> ● <i>Chathavar peyayi</i> (spirit of the deceased person) ● <i>Pedippich</i> (frighten us) ● <i>Peniyum</i> (fever) and <i>verayalum</i> (shivering). 	necessitates appeasing the ancestral spirits.
7.	<p><i>If we fail to fulfill our vow to Goddess Mari, she enters our body and causes masoori (chicken pox), also known as chood peni. However, if we fulfill the vow, she leaves, and the chicken pox gets cured.</i>"⁵⁸</p>	<ul style="list-style-type: none"> ● <i>Mari dhevvakk</i> (to Goddess Mari) ● Fails to fulfill the vow ● <i>Masoori / chood peni</i> (chickenpox) ● She (Goddess <i>Mari</i>) 	<p>Disease caused due to the act of Deities and Consequences of forgetting vows or not performing rituals: The transcripts provide insight into the cultural understanding of health and disease, highlighting the significance of maintaining a harmonious relationship with deities through religious practices. Failure to adhere to religious commitments could result in the deity's displeasure, manifesting the illness, i.e., <i>masoori</i> (chicken pox).</p>

⁵⁸ Mrs. JS, Interview conducted among Adiyani community on 10.10.2021.

The following table contains the important transcripts from the interviews with the Mavilan communities about the causes of illness and their interpretations.

Table 4.16: The Concept of Disease and Illness Etiology among the Mavilan Community

Sl. No	Cause of Disease and Illness	Keywords	Interpretation
1.	<i>“The earth's remaining nalla vellam (potable water) is vanishing because of the extreme heat. Potable water has numerous benefits (i.e., nourishment) and is good for our health. Our ethirpp shakthi (immunity power) is declining due to insufficient poshakam (nourishment) in the water, which will cause several diseases.”</i> ⁵⁹	<ul style="list-style-type: none"> ● <i>Nalla vellam</i> (Potable water) ● <i>Poshakam</i> (nourishment) ● <i>Ethirpp shakthi koranj</i> (immunity power is declining) 	Deficiency of Potable Water: The Mavilans believe that intense heat in the earth causes drinkable water to evaporate, resulting in insufficient nutrients in the remaining water. This nutrient insufficiency is linked to a reduction in <i>ethirpp shakthi</i> (immune function), eventually leading to various illnesses. The transcript emphasizes the importance of maintaining a sustainable and adequate potable water supply to support health and immunity.
2.	<i>“If someone enters the forest or water bodies during dusk or mid-noon, the kuliyan (deity) attacks. From the forest, the kuliyan frightens the person, causing</i>	<ul style="list-style-type: none"> ● During dusk or mid-noon) ● <i>Kuliyan</i> (deity) 	Cultural Beliefs and Psychosomatic Influence: The transcript discusses a cultural belief system concerning specific actions and locations that are believed to cause a disease. The association between fear caused by

⁵⁹ Mr. KS, Focus Group Discussion conducted among the Mavilan community on 13.06.2023.

	<i>them to suffer from fever, fatigue, shivering, and blabbering.</i> ⁶⁰	<ul style="list-style-type: none"> ● Fever, fatigue, shivering, and blabbering. 	encountering the <i>kuliyān</i> and the subsequent development of physical symptoms like fever and shivering implies a psychosomatic influence. The mind-body connection is emphasized in this cultural interpretation of disease. This suggests a connection between cultural beliefs and health outcomes.
3.	<i>“Nutritious food is no longer available; now, all the food we eat is adulterated. Consuming it causes new diseases, with the stomach being most affected.”</i> ⁶¹	<ul style="list-style-type: none"> ● Nutritious food ● Adulterated food ● Emergence of new disease 	Deterioration in Food Quality: The transcripts suggest that the transition from nutritious food to adulterated food reflects a decline in the quality of the available food sources. The transcript strongly argues that consuming adulterated food causes the onset of new illnesses. Several factors could cause the quality drop, including changes to agricultural practices (i.e., the use of chemical fertilizers and pesticides), changes to food processing techniques, or the use of toxic chemicals in the food production process.
4.	<i>“A person’s evil eye will cause people to experience extreme fatigue, fever, and tingling in the hands and feet. We</i>	<ul style="list-style-type: none"> ● Evil eye ● Fatigue, fever, and tingling in the hands and feet 	Cultural Belief in the Evil Eye and Ritual for Protection: The transcript illustrates a cultural belief in the existence of the evil eye and its effects. The evil eye is a belief in a curse caused by an envious gaze typically

⁶⁰Mr. AS, Focus Group Discussion conducted among Mavilan community on 13.06.2023.

⁶¹Mr. KB, Interview conducted among Mavilan community on 10.06.2023.

	<p><i>perform the Kanneru kazhipuginu ritual to get rid of this.”</i>⁶²</p>	<ul style="list-style-type: none"> • <i>Kanneru kazhipuginu</i> 	<p>motivated by envy. The person could understand the physical symptoms mentioned (fatigue, fever, tingling) as psychosomatic reactions caused by believing in the evil eye.</p>
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⁶² Ms. JB, Focus Group Discussion conducted among Mavilan community on 13.06.2023.

The following table contains the important transcripts from the interview with the Adiyar and Mavilar communities and it shows the similarities about the causes of illness and their interpretations.

Table 4.17: Table Showing Similarities in the Concept of Disease and Illness Etiology among Adiyar and Mavilar Communities

SI No	Cause of Disease and Illness	Keywords	Interpretation
1.	<i>“When we consume inglesh guliya (allopathic medicine) and undergo injections, our body temperature (especially in the stomach) will increase significantly, and our intestines may become wounded, leading to severe stomach pain due to the extreme heat. This extreme heat can cause the development of new types of sookked (diseases).”</i> ⁶³	<ul style="list-style-type: none"> ● <i>Inglesh guliya</i> (allopathy medicine) ● <i>Vayatil chood koodum</i> (increased stomach heat) ● <i>Puthya puthya sookked</i> (new kinds of diseases) 	Side effects of allopathic medicine: According to the transcripts, the Adiyars believe that allopathic medicine causes significant side effects and contributes to the development of diseases. It is highlighted that the consumption of allopathic medicine leads to a notable rise in body temperature, particularly in the stomach, and may contribute to the onset of diseases. This viewpoint reflects an emic perspective, meaning that the interpretation of side effects may differ from mainstream medical understanding. However, for a more comprehensive understanding, it is essential to consider scientific evidence.

⁶³ Mrs. BM, Interview conducted among the Adiyar community on 31.10.2021. However, this perspective is also aligned with the informants from the Mavilar community.

2.	<p>“Consuming food cooked with <i>kayikari</i> (vegetables) and <i>nell</i> (paddy grains) that have been procured from the market can cause many diseases. These <i>nell</i> (paddy grains) and <i>kayikari</i> (vegetables) purchased from the market have been sprayed with <i>ingleesh merunnu</i> (chemical pesticides), and the chemical residues will enter our bodies, causing <i>vayyaya</i> (disease).”⁶⁴</p>	<ul style="list-style-type: none"> ● <i>Chanthayil ninn</i> (from the market) ● <i>Ingleesh merunnadicha</i> (chemical pesticide sprayed) ● <i>Vayyaya</i> (disease) 	<p>Chemical Pesticides and Fertilizers and Their Side Effects: The transcripts suggest that the harmful effects of <i>ingleesh merunnu</i> (chemical pesticides) used on these crops, which farmers obtain from the market, lead to various health issues. It highlights that these chemical residues enter the human body and cause multiple health problems.</p> <p>Change in Traditional Farming Method: The transcripts suggest that modern farming methods have dramatically changed traditional farming, resulting in a loss of nutritional value in crops. It raises concerns about how these changes impact the dietary benefits of crops.</p>
3.	<p>“When we drink <i>mernth itta vellam</i> (chlorinated water), the excessive <i>mernth</i> (chlorine) enters our <i>odal</i> (body) and contributes to an increase in body heat, which can lead to <i>kodal pazhukkal</i> (intestinal</p>	<ul style="list-style-type: none"> ● <i>Mernth itta vellam</i> (chlorinated water) ● <i>Mernth odalil ethi</i> (the chlorine will enter our body) ● <i>Chodayi kodal</i> 	<p>Drinking of Excessive Chlorinated Water: The transcripts say that the Adiyar community believes chlorine in potable water (chlorinated water) results in the loss of water's natural benefits. Drinking chlorinated water may leave traces of chlorine in the body, contributing to the cause of diseases. However,</p>

⁶⁴ Mrs. KS, A Focus Group Discussion was conducted among the Adiyar community on 05.11.2021. However, this perspective also aligns with the informants from the Mavilan community.

	wounds). ” ⁶⁵	<i>pazhukkum</i> (causes body heat and leads to wounds in the intestine).	it is important to note that scientists need to test these beliefs to ensure their validity. Water treatment procedures reduce microbiological contamination to provide safe drinking water, and they typically keep residual chlorine content below regulatory standards.
4.	“Smoking beedis and chewing betel leaves with <i>pokale</i> (tobacco) and <i>chunnam</i> (mineral-slaked lime) can cause <i>punn</i> (sores) in the mouth and <i>chang</i> (throat). Constant consumption of <i>charayam</i> (alcohol and toddy) can lead to <i>kodal kariyal</i> (intestinal damage), which may prevent us from being able to eat any food.” ⁶⁶	<ul style="list-style-type: none"> ● <i>Pokale</i> (tobacco) and <i>chunnam</i> (mineral-slaked lime) ● Smoking <i>beedi</i> ● <i>Charayam</i> (alcohol) ● Cause sores in the mouth and <i>chang</i> (throat) ● <i>Kodal kariyal</i> (intestine will be damaged) 	Excessive use of Tobacco and Alcohol: The transcripts underscore the health risks associated with specific lifestyle choices, particularly the use of tobacco and alcohol. Excessive tobacco use, mineral-slaked lime, and smoking beedis are identified as potential causes of mouth sores and throat issues. Continuous consumption of alcohol and toddy may lead to damage to the intestine, resulting in difficulties with eating.

⁶⁵ Mrs. AS, Interview conducted among the Adiyān community on 31.10.2021. However, this perspective also aligns with the informants from the Mavilan community.

⁶⁶ Ms. KM, Focus Group Discussion conducted among the Mavilan community on 13.06.2023. However, this perspective also aligns with the informant from the Adiyān community.

5.	<p>“<i>Katerachi (wild meat), kattyeri (bamboo rice), and illi koomb (bamboo shoot) provide all the necessary health benefits. However, these foods are either unavailable or we are prohibited from collecting them, leading to a sath kittathe (lack of wholesome foods or nourishment), which causes asoom (disease).</i>”⁶⁷</p>	<ul style="list-style-type: none"> ● <i>Katerachi</i> (wild meat), <i>kattyeri</i> (bamboo rice), and <i>illi koomb</i> (bamboo shoot) ● Unavailable to eat ● <i>Sath kittathe</i> (lack of wholesome foods or nourishment) ● <i>Asoom</i> (disease) 	<p>Changing Food Habits, Lack of Availability of ethnic food, and Deficiency of Wholesome Food or Nourishment: The interpretation drawn from the transcript is that the unavailability or prohibition of consuming specific traditional foods, such as wild meat, bamboo rice, and bamboo shoots, due to factors like legal restrictions and also the changing food habits, results in a deficiency of wholesome nutrition. This deficiency is identified as a cause of the disease (<i>asoom</i>). The text indirectly highlights the importance of preserving access to and consumption of traditional and ethnic foods for maintaining health and preventing diseases associated with nutritional deficiencies.</p>
6.	<p>“<i>The elder god of death is called Chudale (Yama). Sometimes, Chudale might strike us, involuntarily causing our eyes to close (kannil irtt vann), and we may faint.</i>”⁶⁸</p>	<ul style="list-style-type: none"> ● Elder god of death is known as <i>chudale</i> (Yama) ● <i>Adikkum</i> (hitting) 	<p>Beliefs Associated with Life After Death: The transcripts describe the Adiyani community's beliefs about life after death. They believe that encountering the elder god of death, <i>Chudale</i> (Yama), directly causes disease. They perform dry funeral rituals to</p>

⁶⁷ Mr. MB, Focus Group Discussion conducted among Adiyani community on 06.11.2021. However, this perspective is aligned with the informants from the Mavilan community.

⁶⁸ Ms. BS, Interview conducted among the Adiyani community on 10.10.2021. However, this perspective is also aligned with the informants from the Mavilan community.

		<ul style="list-style-type: none"> ● <i>Kannil irtt vann</i> (eyes involuntarily close) and <i>mayakkam</i> (faint) 	<p>protect against <i>Chudale's</i> (Yama's) attack.</p> <p>The transcript depicts a religious or cultural belief system related to the concept of an elder god of death and the specific actions the community takes when encountering him. It highlights a worldview where death is not just a physical event but is intertwined with spiritual beliefs and practices.</p>
7.	<p><i>"Rakthakorav (anemia) occurs with aging. The body becomes meliyum (slim) and cheruthakum (shrinks). Due to rakthakorav (anemia) and rakthayottathinte korav (poor blood circulation), body pain and weakness may occur."</i>⁶⁹</p>	<ul style="list-style-type: none"> ● While aging ● <i>Rakthakorav</i> (anemia) ● <i>Rakthayottathinte korav</i> (poor blood circulation) ● Body pain and weakness 	<p>Aging and Disease Causation: This transcript highlights diseases associated with aging and the changes that occur in the body as a consequence. It aligns with the understanding that certain health conditions become more prevalent with age, with anemia as an example.</p>
8.	<p><i>"We were not permitted to eat the meat of kattee (wild buffalo) and mooree (bull). If we ate those meats, dhevv (deity) would become angry, and our stomachs would start bulging</i></p>	<ul style="list-style-type: none"> ● Meat of <i>kattee</i> (wild buffalo) and <i>mooree</i> (bull) ● Cannot be eaten 	<p>Socio-Cultural Norms of the Community & Disease and Illness Causation: According to the transcript, consuming specific meats, such as wild buffalo meat, is believed to cause divine displeasure</p>

⁶⁹ Mr. MA, Focus Group Discussion conducted among Adiyar community on 11.10.2021. However, this perspective is also aligned with the informants from the Mavilan community.

	<i>and bloating.</i> ” ⁷⁰	<ul style="list-style-type: none"> ● <i>Dhevv</i> (deity) becomes angry ● <i>Vayar ingane veerth veerth verum</i> (Stomach starts bulging and bloating) 	and subsequent health complications for the Adiyian community. This belief underscores the importance of adhering to cultural norms and taboos related to food consumption. A person who disobeys these customary laws is seen not only as violating social rules but also as invoking the wrath of the deity, which may result in illnesses such as bloating.
9.	“ <i>Pollution contaminates the clouds. Ketta vellaman (contaminated water) falls as rain. The rainwater is polluted, and that is why we suffer from chali (common cold) when we get wet in the rain.</i> ” ⁷¹	<ul style="list-style-type: none"> ● <i>Ketta vellam</i> (polluted water) ● As cloud ● <i>Chali</i> (common cold) 	Pollution and Disease Causation: According to the transcript, rainfall is contaminated in some way, most likely by cloud particles, and exposure to polluted rainwater is a direct cause of the common cold. More scientific studies are required to validate or invalidate whether pollutants cause the common cold or other health issues.
10.	“ <i>Pitharogam (jaundice) is caused by drinking ketta vellam (contaminated or polluted water). The main symptoms of pitharogam include</i>	<ul style="list-style-type: none"> ● <i>Pitharogam</i> (jaundice) is caused by drinking <i>ketta vellam</i> (contaminated or polluted water). 	Drinking Contaminated Water and Its Role in the Cause of Disease: According to the transcript, consuming <i>ketta vellam</i> (contaminated or polluted water) might cause <i>pitharogam</i> (jaundice). This is a common understanding, as contaminated water can

⁷⁰ Mr. SB, Interview conducted among Adiyian community on 10.10.2021. However, this perspective also aligned with the informants from the Mavilan community.

⁷¹ Mr. SA, Interview conducted among Adiyian community on 11.10.2021. However, this perspective also aligned with the informants from the Mavilan community.

	<p><i>vomiting (of yellow and green-colored fluid), yellowing of the eyes, and dizziness.</i> ⁷²</p>	<ul style="list-style-type: none"> • Vomiting (vomiting of yellow and green colored fluid), yellow color in the eyes, and dizziness 	<p>carry harmful pathogens or toxins that may lead to various health issues, including jaundice. It highlights the importance of water sanitation and hygiene in preventing these types of illnesses.</p>
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⁷² Ms. KB, Interview conducted among Adiyar community on 10.10.2021. However, this perspective also aligned with the informants from the Mavilan community.

The analysis of the transcripts reveals a complex tapestry of indigenous knowledge and cultural beliefs about the origins of diseases among the Adiyar and Mavilar populations. The analyses of the transcripts offer valuable perspectives on the health beliefs of both the Adiyar and Mavilar communities, highlighting significant commonalities between them. While some beliefs align with scientific understanding, others offer unique cultural perspectives. It is crucial to approach these perspectives with respect and consideration while integrating scientific evidence to understand health and well-being comprehensively. Further studies and collaboration between traditional knowledge and modern medical practices can enrich the understanding of health and well-being.

The following table discusses the Adiyar and Mavilar Communities Perceptions of The Conditions That Cause Diseases and Their Associated Symptoms.

Table 4.18: Causes and Symptoms of Disease and Illness

Sl No	Community Name	Conditions that Cause Diseases and Illness	Symptoms or Descriptions of the Diseases and Illnesses	Native Words
1.	Adiyar and Mavilar	Consuming the meat of <i>kattee</i> (wild buffalo) and <i>mooree</i> (bull).	Consuming the meat of wild buffalo and bull angers <i>Dhevv</i> , the deity, resulting in a bulging and bloated stomach.	<ul style="list-style-type: none"> • <i>Kattee</i> and <i>mooree</i> (wild buffalo and bull) • <i>Dhevv</i> (deity) becomes angry
2.	Adiyar and Mavilar	Entering into the <i>kattil</i> or <i>mettil</i> (forest) during <i>anthikk</i> (dusk) or in the <i>uchikk</i> (mid-noon).	From the forest, the <i>pothavayan</i> (a malevolent spirit) attacks and frightens you, causing fever <i>panichood</i> (fever) and <i>verayal</i> (shivering).	<ul style="list-style-type: none"> • <i>Pothavayan</i> (malevolent spirit) • Frightens you • During <i>anthikk</i> (dusk) or <i>uchikk</i> (mid-noon) • <i>Panichood</i> (fever) and <i>verayal</i> (shivering)
3.	Adiyar and Mavilar	Smoking <i>beedi</i> and chew <i>pokale</i> (tobacco)	This causes sores in the mouth and <i>chang</i> (throat), and because of this, they cannot eat <i>ganji</i> (food).	<ul style="list-style-type: none"> • Sores in the mouth and <i>chang</i> (throat) • <i>Ganji</i> (food)

		and <i>chunnam</i> (mineral-slaked lime).		
4.	Adiyan and Mavilan	Going outside the home during the observance of the <i>pile</i> (a mourning period).	If someone goes outside the home during the mourning period, they risk encountering a malevolent spirit (<i>pagadhi</i>). If the <i>pagadhi</i> takes possession, their eyes might involuntarily close, causing them to faint, and they may not remember anything for a while.	<ul style="list-style-type: none"> ● <i>Pagadhi</i> (Malevolent spirit) ● <i>Kannil irtt vann moodum</i> (eyes involuntarily close, and that person will faint)
5.	Adiyan and Mavilan	Getting close to the <i>cheru</i> tree (Blistering Varnish Tree).	The whole body starts to itch, and small <i>kurukkal</i> (pustules) pops up, resembling <i>ari varuthath</i> (fried paddy grains).	<ul style="list-style-type: none"> ● Itching ● Small <i>kurukkal</i> (pustules)
6.	Adiyan and Mavilan	Failure to conduct the <i>Vech kodukkal</i> ritual, in which food is offered to <i>pei</i> (ancestral spirits) to obtain their blessings and please them.	If someone fails to perform the ritual, the ancestor spirits will be disturbed, leading to nightmares. The person will suffer from <i>pani</i> (fever) and <i>verayal</i> (shivering).	<ul style="list-style-type: none"> ● <i>Pei</i> (ancestral spirits) ● <i>Vech kodukkal</i> (offering a feast) ● <i>Verayalum</i> (shivering) and <i>paniyum</i> (fever)
7.	Adiyan and Mavilan	Visiting a <i>dheiva thara</i> (a place of worship) during <i>padilatha</i>	The <i>pei</i> (malevolent spirits) attack and possess the person during this time. If a <i>pei</i> attacks a person, <i>Kann orumathiri thiriyum</i> (the eyeball movements	<ul style="list-style-type: none"> ● <i>Padilattha samayath</i> (during menstruation)

		<i>samayatth</i> (menstruation).	become unstable), <i>koshti kanikkum</i> (they may go crazy), <i>pirupiruthondirikkum</i> (they may blabber constantly), and the urine color changes from pale yellow to bright yellow and then to brick red. This condition is also known as <i>pei chong</i> and <i>pei mutt</i> .	<ul style="list-style-type: none"> ● <i>Pei adichal/pei chong/pei mutt</i> (possession of malevolent spirits) ● Eyeball movements become unstable ● <i>Pirupiruthondirikkum</i> (blabber constantly) ● Change in urine color
8.	Adiyan and Mavilan	<i>Pidikathavar</i> (hateful people or enemies) perform sorcery to harm someone.	When <i>odi</i> (sorcery) affects or afflicts someone, their legs swell, turn reddish, and develop rashes. They feel severe pain.	<ul style="list-style-type: none"> ● <i>Odi vekkuka</i> or <i>marnth veche</i> (Sorcery) ● <i>Pidikkathavar</i> (hatred of people or enemies) ● <i>Kal pazhutth kallikkunnu</i> (swelling of legs and appearance of rashes) ● <i>Kal chuvakkum</i> (legs become reddish color due to swelling)

9.	Adiyan and Mavilan	Walking alone (<i>ottakirangi nadannal</i>) during the <i>Ammavasi</i> (new moon) night or mid-noon can result in possession by <i>cher</i> (a malevolent spirit whose medium is wind).	<i>Cher</i> (a malevolent spirit whose medium is wind) might possess or afflict a person. When it attacks, the person develops rashes, which appear like burns and spread throughout the body.	<ul style="list-style-type: none"> ● <i>Ammavasi</i> (new moon) ● <i>Ottaikirangi nadannal</i> (walking alone) ● <i>Cher thattum</i> (possession of malevolent spirit and its medium is wind) ● <i>Dheham polliya pole varum</i> (Rashes appear as burns)
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The above table presents the Adiyian and Mavilan communities perceptions of the conditions believed to cause diseases and the associated symptoms. Both communities share strikingly similar views on the conditions that cause diseases. The Adiyian and Mavilan communities attribute various health conditions to cultural and supernatural beliefs. They often see illnesses as a consequence of violating cultural norms, angering deities, or encountering malevolent spirits. The Adiyian and Mavilan communities deeply intertwine their perceptions of diseases with their cultural and spiritual beliefs. The table highlights their worldview by emphasizing their value on rituals, respect for nature, and the observance of traditional customs, taboos, and interpersonal relationships in preserving health. Their understanding of the connections between actions, divine forces, and physical symptoms reflects a holistic view of health that integrates religious, social, and environmental factors.

4.4.2.1 CASE STUDY NO. 2

Objective: To understand the notion regarding the etiology of illnesses among the Adiyian Community.

Information about the Informant/Case: Mr. KM⁷³ is a 50-year-old male from the Adiyian community who resides at the Erivokki settlement.

Background or Description of the Case Study: Mr. KM (50-year-old) is a member of the Adiyian community and resides at Erivokki settlement in Thirunelly Panchayat. His primary source of livelihood is a daily wage. Seven years back, Mr. KM's sister suddenly died due to a chronic illness, and her demise made Mr. KM very weak. At that time, he suddenly began to experience swelling and tingling in his legs, and the pain was unbearable. He went and met the *gaddikakaran* (ritual performer). *Gaddikakaran* was knowledgeable about herbal medicine and rituals. *Gaddikakaran* provided herbal medicine to Mr. KM; however, his illness was not completely cured when he only took herbal medicine. Later, *gaddikakaran* performed *gaddika* (healing ritual) to cure Mr. KM's illness. *Gaddikakaran* is also known as *thammadi* in some settlements. *Gaddika* was held in the evening. It was also said that rice, coconut, and hen were given as a vow if the disease was cured. That is how the swelling and pain in

⁷³ In order to protect the anonymity of the informants, their full names have been replaced with their first letters and initials.

Mr. KM's legs went away. He stated that he had completely cured his illness by performing *gaddika* along with consuming herbal medicine.

Interpretation: Mr. KM was not able to bear the loss of his sister. The demise left Mr. KM physically and mentally exhausted. It was at that time that the swelling and leg pain came. Despite being mentally exhausted, Mr. KM became physically exhausted because of physical difficulties. The swelling and pain in Mr. KM's body were attributed to his sister's spirit. It made him even more scared and depressed. At that time, Mr. KM's herbal medicine could only heal his body. The *Gaddika* ritual also soothed his mind and gave him comfort. Mr. KM believed that the deities and ancestor spirits had healed him through *gaddika*. He also felt that his sister's soul had attained *moksha*. Here, the *gaddika* ritual healed Mr. KM's mind, and the herbal medicine healed Mr. KM's body. As the days went by, the sadness caused due to the demise of his sister gradually faded. His sister's demise made Mr. KM very vulnerable, and he could not recover quickly. A holistic treatment method is adopted here, and it heals both body and mind. *Gaddika* is a ritual performed to find out the cause of the disease and cure it completely. The reliance on a ritual performer (*gaddikakaran*) who combines herbal medicine with healing rituals reflects the community's traditional approach to health and illness. Understanding the community's perspective on illness and healing is crucial for culturally sensitive healthcare interventions. Recognizing the socio-cultural context of illness narratives is essential for effective communication between healthcare providers and community members. A holistic understanding of health, encompassing both physical and mental aspects, is evident in their treatment methods.

4.5 INDIGENOUS HEALING SYSTEM: DISEASE AND ILLNESS DIAGNOSIS

Healing systems refer to the broader, organized frameworks or traditions of knowledge that encompass the ways in which different cultures understand health, illness, and healing. Disease diagnosis is an integral part of the healthcare system and is especially vital for treatment. The identification of disease-causing agents is crucial in the treatment of indigenous healing systems. Every community has its traditional method of diagnosis. Likewise, the Adiyar and Mavilar communities also have their traditional method of diagnosis. The flowchart depicts the methods of disease diagnosis among the Adiyar and Mavilar communities.

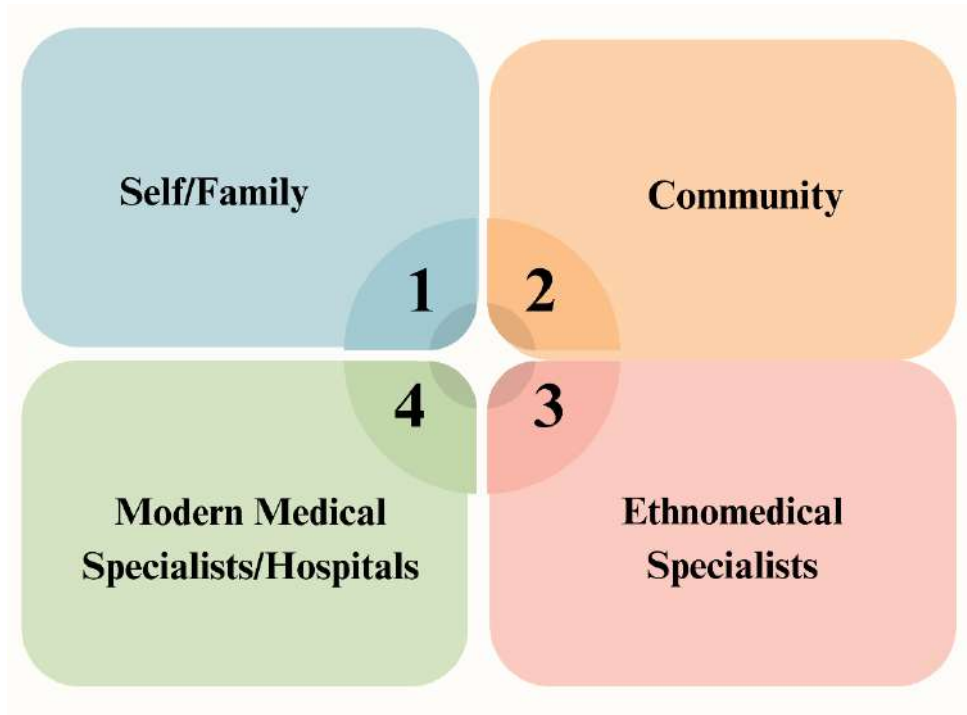


Figure 4.12: Methods of Diagnosis

The methods of preliminary disease diagnosis of the Adiyen and Mavilan communities share similar characteristics. However, these steps are not always followed in the same way and may change depending on the severity of the disease.

- ❖ **Self/Family of the Diseases:** An individual's ability to self-diagnose or a family member is the first step towards diagnosing a disease. By using previous experiences, such as symptoms associated with similar diseases, the patient attempts to diagnose the current illness. An informant from the Adiyen community, for example, mentioned that he had jaundice once and was able to make an initial diagnosis by understanding the symptoms that preceded the illness, regardless of when it occurred. A person suffering from bloating recalls what he ate the previous day and tries to diagnose the cause.
- ❖ **Diseases Diagnosis by Community Members:** The second stage is when community members try to diagnose a disease based on their own or others' prior experiences of an identical disease. For example, an informant from the Adiyen community mentions that because of the non-fulfillment of his vow to *Kuliyen* (a deity), he had constant nightmares, and later, that fear turned into a fever. The fever and nightmares disappeared after making a vow to the *Kuliyen*,

consulting the healer, and taking the herbal medicine. This informant's experience is helpful for his family or anyone else in the community if similar symptoms occur.

- ❖ **Disease Diagnosis by Ethnomedical Specialists:** The third stage of disease diagnosis is the diagnosis by the community's ethnomedical specialists (i.e., herbalist, shaman, ritualist, or any other healer). Ethnomedical specialists are used to make preliminary diagnoses by understanding the symptoms, having an immense conversation with the patient and the patient's family members, and through rituals and rites.
- ❖ **Disease Diagnosis from Modern Medical Specialists/Hospital:** The fourth stage of disease diagnosis is to visit the hospital and consult the doctor. Based on the doctor's advice, further diagnosis and treatment will occur. The community members visit the nearest primary healthcare center (PHC), family healthcare center (PHC), or other hospital, depending on their choice.

4.5.1 DISEASE AND ILLNESS: METHODS OF DIAGNOSIS

Sociocultural factors primarily shape the disease diagnosis among the Adiyani community. The Adiyans adopt various indigenous methods to identify the causes of various diseases or disease-causing agents. The level of disease diagnosis of the Adiyans has already been discussed. Their diagnosis method will be changed depending on the complexity and severity of the disease.

“When a person starts developing a disease, they may think that they have already experienced similar symptoms or suffered from similar diseases in the past.” (Informant AK, Informant Interview conducted among Adiyani community, October 2021)⁷⁴.

An informant⁷⁵ opined that people employ self-diagnosis for minor diseases. If they cannot diagnose it, family members or community members will discuss whether anyone previously had similar symptoms and try to diagnose it. If that also fails, they

⁷⁴ In order to protect the anonymity of the informants, their full names have been replaced with their first letters and initials.

⁷⁵ Informant SK, Interview conducted among Adiyani community on 10.10.2021.

consult ethnomedical specialists, who conduct the physical examination and enquire with the patient about any symptoms like pain, swelling, inflammation, itching, etc. If needed, Adiyar people perform a *gaddika* ritual to identify the cause of the disease. If the disease remains undiagnosed, they visit the hospital and consult the doctor.

4.5.2 DISEASE AND ILLNESS: SYMPTOMATIC DIAGNOSIS

Among Adiyar and Mavilar, ethnomedical specialists will diagnose the disease based on the symptoms. In terms of disease diagnosis, external or visible and internal or invisible symptoms are crucial. Here are the most crucial external or visible symptoms:

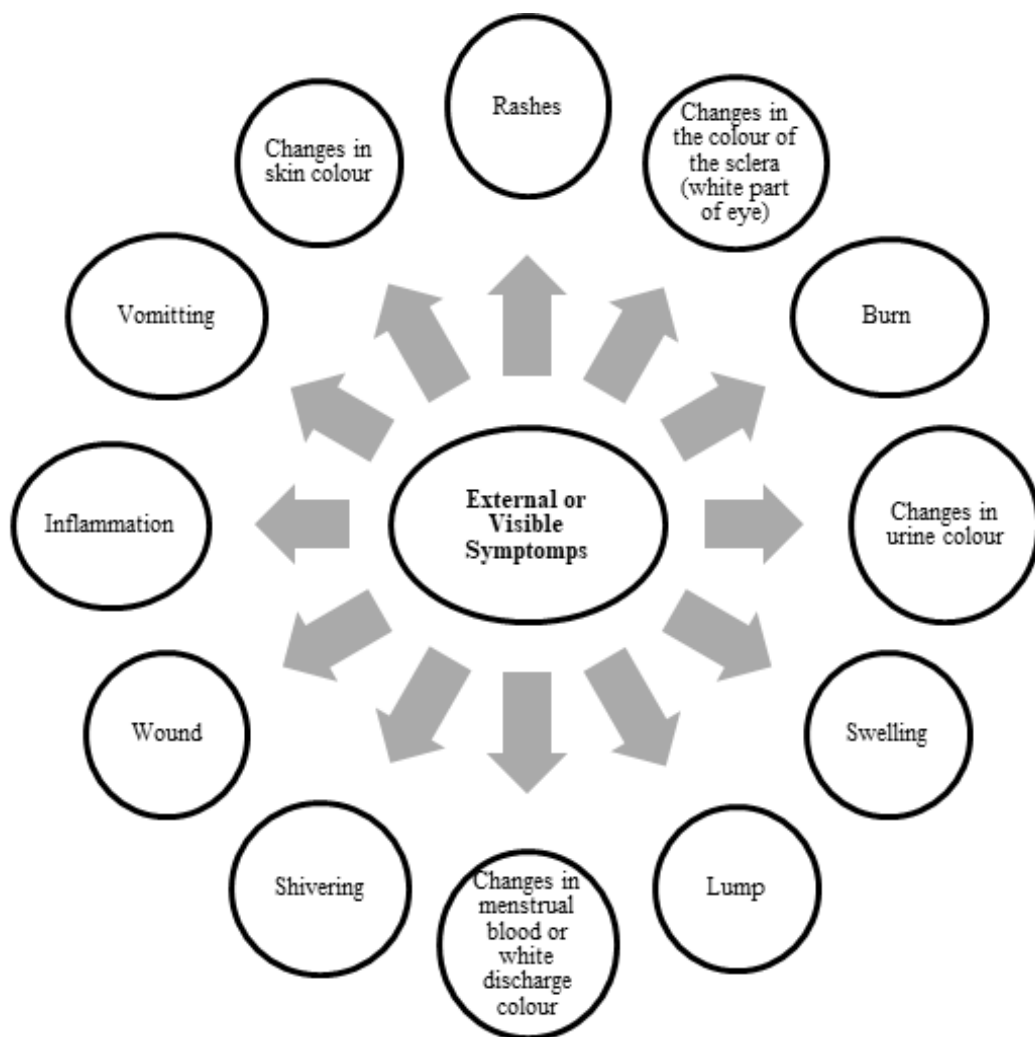


Figure 4.13: Disease and Illness: External and Visible Symptoms

There are several external or visible symptoms identified by the Adiyar and Mavilar communities, such as rashes, changes in the color of the sclera (white part of the eye), burns, changes in urine color, swelling, changes in menstrual blood color, changes in

white discharge color, lump, wound, inflammation, shivering, vomiting, and changes in skin color are some of the external or visible symptoms identified by the Adiyar and Mavilal communities. It is possible to diagnose the disease quickly due to the visible external symptoms. For instance, vomiting is one of the symptoms associated with indigestion. A person who vomits continuously may find out that it is because of indigestion by themselves. In the same way, chicken pox is also recognizable by its external symptoms, such as rashes and scabs.

Internal or invisible symptoms are crucial in disease diagnosis. Figure 4.14 shows the most important internal or invisible symptoms.

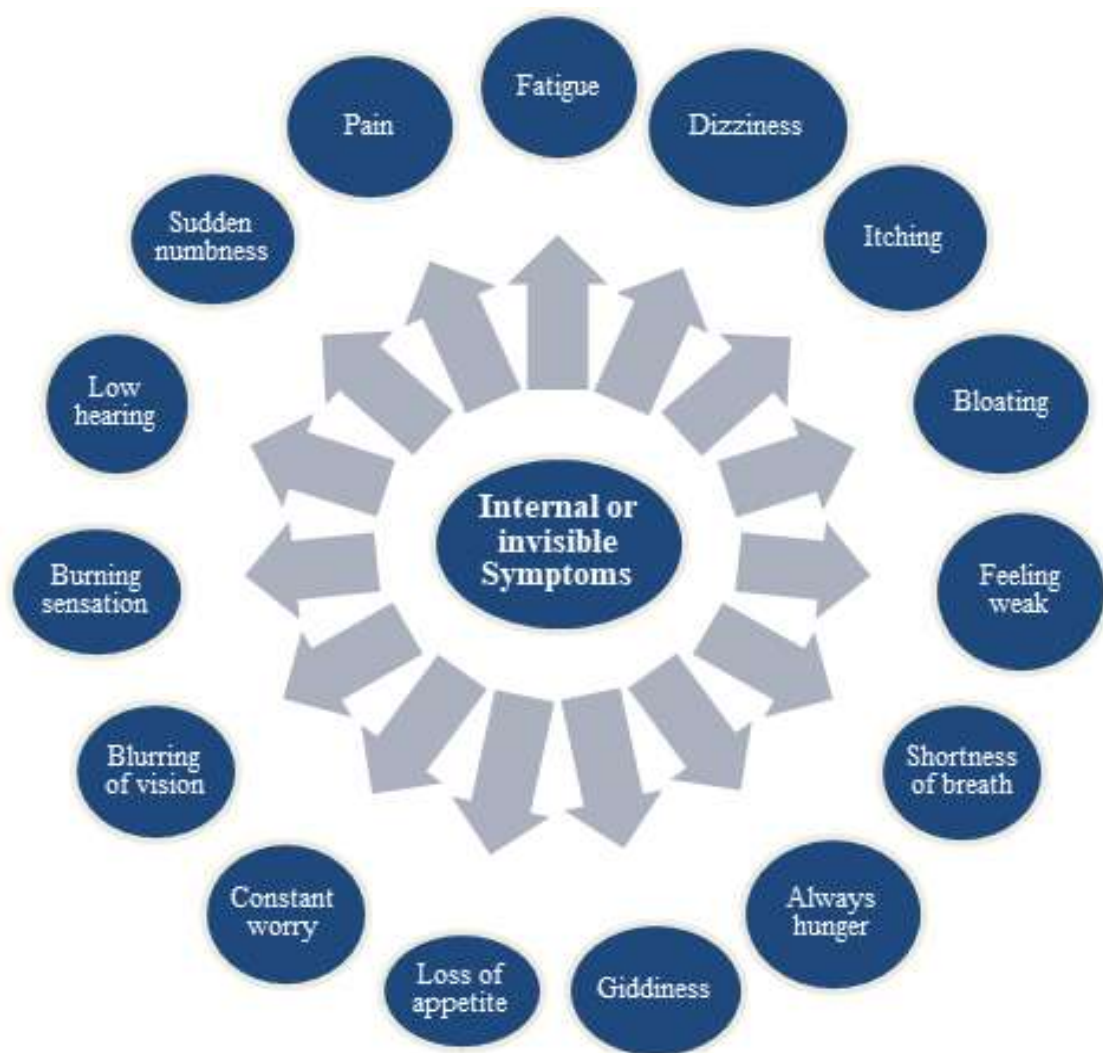


Figure 4.14: Disease and Illness: Internal and Invisible Symptoms

Pain, fatigue (extreme tiredness), dizziness, itching, bloating, feeling weak, shortness of breath, hunger, always thirst, giddiness, loss of appetite, constant worry, blurring of vision, sudden numbness, low hearing, and burning sensation are some of the internal

or invisible symptoms mentioned by the Adiyar and Mavilar communities. Many internal symptoms are invisible, and most can be felt by the patient or discovered by an in-depth examination.

4.5.3 DIAGNOSIS OF DISEASES AND ILLNESS: USING RITUALS AND TECHNIQUES

Ritual refers to activities containing basic regulations for accomplishing specific tasks or goals (Tribhuvan, 1998, p.16). Various rituals are performed among tribal communities to diagnose and treat illnesses. Adiyar and Mavilar believe that malevolent spirits, ghosts, evil eyes, and the anger of deities and ancestor spirits cause illness. These illnesses can only be diagnosed through employing Indigenous methods. Both these communities employ various traditional methods to diagnose the illnesses.

Some of the crucial ritualistic methods the Adiyar community employs to identify the cause of diseases or illnesses are given below:

***Arivekkinti* and *Gaddika*: Ritualistic Methods to Identify the Cause of Diseases Among the Adiyar Community**

Arivekkinti and *Gaddika* prominently serve as ritualistic methods through which the Adiyar community identifies the supernatural causes of diseases (Nair, 2008, p.127). The *Gaddikakaran*, an ethnomedical specialist, conducts these rituals and acts as an intermediary to enable patients to communicate with ancestral spirits.

The *Gaddikakaran* performs the *Gaddika* ritual at the patient's house. The ritual involves placing items such as coconut, rice, banana, and betel leaves in an *ajjamuram* (a magico-religious object resembling a winnowing tray) along with lamps. Participants also use a *bethavadi* (magico-religious object) in some settlements. Traditional musical rhythms from the *thudi* accompany the ritual, with the *Gaddikakaran* chanting mantras to synchronize the beats and invoke and appease the deities. As the ritual progresses, the deities possess the *Gaddikakaran*, who then declares the cause of the illness.

When a patient remains ill for an extended period, the *Gaddikakaran* customarily performs *ariyittunokkal*, a divination technique involving rice. The *Gaddikakaran* places a pinch of raw rice on the *ajjamuram* and counts it three times during this process. If the count is even in all three attempts, the *Gaddikakaran* validates the initial

suspicious about the illness's cause (Nair, 2008, p.128). If the count is uneven, the *Gaddikakaran* repeats the process to explore other potential causes of the illness.

Thaduppe Rashi: The Ritualistic Method to Identify the Cause of Illnesses Among the Mavilan

The Mavilan community uses *Thaduppe Rashi* as a ritualistic method to identify the causes of illnesses. In some settlements, people refer to this practice as *Palme Rashi*, which plays a vital role in the lives of the Mavilans. When someone falls sick or faces difficulties, the community conducts *Palme Rashi* to diagnose the issue and seek a remedy through the same ritual. The *rashikkaran*, the practitioner of the ritual, plays a significant role in the community and remains deeply involved in people's lives.

To perform *Palme Rashi*, the Mavilans use objects such as the *thaduppe* or *muram* (winnowing tray). They believe that the deity *Kappalathi* resides in the *thaduppe* and guides them in uncovering the cause of illnesses. During the ritual, the Mavilans place the *thaduppe* on a *palaka* (a small table) with rice spread over it. The *rashikkaran* assumes a possible cause, invokes the deity, and attempts to move the *thaduppe*. If it moves, they confirm the suspected cause. If not, they repeat the process with different assumptions until they identify the cause.

In some settlements, the Mavilans use a rice-counting method as an alternative to the *thaduppe* ritual. They place a pinch of rice on the *thaduppe* (considered a magico-religious object) and count the grains three times. Beforehand, the *rashikkaran* formulates hypotheses about the illness. To validate the suspicion, all three counts of rice must yield even numbers. If the counts do not align with expectations, they repeat the process until they achieve a consistent result.

4.5.3.1 CASE STUDY NO. 3

Objective: To understand the notion regarding the etiology of illnesses among the Adiyen community.

Information about the Informant/Case: Mrs. VS⁷⁶, a 50-year-old female from the Adiyen community, resides in the Meenkolly settlement.

Background or Description of the Case Study: Mrs. VS (50 years old) lives in the Meenkolly settlement. She shared that in 1983, a malevolent spirit called *bhootha* possessed her while she worked in the paddy field. On her way home, she passed through the forest and suddenly felt as though something had struck her. She became dizzy, started shivering, and developed a fever. Mrs. VS was terrified and believed the malevolent spirit, *bhootha*, attacked her because she had entered the forest at dusk. She also dreamt that the *bhootha* spirit was beating her. Mrs. VS believed that the *gaddika* (healing ritual) was the only cure for her condition. Mrs. VS's father, a *vaithiyakkaran* (herbalist) and *gaddikakaran* (ritualist), gave her herbs and performed the *gaddika* ritual. Initially, herbal medicine was administered, but the illness did not completely subside, so he performed the *gaddika* on a Friday evening. Mrs. VS said that her father identified the cause of her illness during the *gaddika* ritual. The *gaddikakaran* explained that the malevolent spirit had attacked her while she was in the forest at dusk, which caused her illness. Mrs. VS believed that fear, trembling, suffocation, and fever were symptoms of possession by the malevolent spirit. She was convinced that herbal medicine or consulting a doctor alone would not cure her illness. According to ritualists, dreaming of an attack by malevolent spirits was a key symptom of possession. After the *gaddika* ritual and taking herbal remedies, Mrs. VS's illness was completely cured.

Interpretation: Mrs. VS believed that entering the forest at noon or dusk could lead to an attack by *bhootha* (a malevolent spirit), which would cause fever and shivering. While walking through the forest, she suddenly heard a sound, got frightened, and immediately believed it was the *bhootha*. This fear triggered her symptoms of chills and fever. The Adiyen community believes that the *gaddika* ritual is the only way to

⁷⁶ In order to protect the anonymity of the informants, their full names have been replaced with their first letters and initials.

cure such ailments, and Mrs. VS's illness did not entirely subside due to the lingering fear in her mind. After the ritual, her fear subsided, and her symptoms alleviated. The Adiyani community diagnoses and treats illnesses through the *gaddika* ritual, attributing various causes to the same illness. They hold the belief that diseases caused by supernatural forces, deities, or ancestral displeasure cannot be cured by herbal remedies or medical consultations alone. They view rituals like *gaddika* as the only effective remedy for such conditions. The use of herbal medicine alone is seen as insufficient. Mrs. VS found complete relief only after the *gaddika* ritual. The Adiyani community rejects the idea that modern medical treatments or herbal remedies alone can cure illnesses linked to supernatural causes. Their cultural practices are central to their healthcare beliefs, indicating a worldview that may differ from mainstream medical perspectives. This case study provides valuable insight into the Adiyani community's worldview and highlights the interconnectedness of their beliefs, rituals, and health-seeking behaviors.

4.5.3.2 CASE STUDY NO. 4

Objective: To understand the notion regarding the etiology of illnesses among the Mavilan Community.

Information about the Informant/Case: Mr. KS⁷⁷, a 50-year-old male from the Mavilan community, lives in the Panniyerinjakolli Settlement

Background or Description of the Case Study: Mr. KS, 50 years old, belongs to the Mavilan community and lives in the Panniyerinjakolli settlement. He earns his livelihood primarily through daily wages. One day, while collecting firewood, he felt like a thorn had pierced his ankle. When he looked, he saw nothing, but he experienced mild pain. Upon returning home, the pain worsened, and he noticed swelling and inflammation in his leg. To treat the wound, he applied some herbs (he was unsure of their names) that he had found in the forest. He squeezed their juice and applied it to the wound. He stated that minor wounds typically heal completely within two to three days. However, after five days of applying the herbs, the wound showed no signs of

⁷⁷ In order to protect the anonymity of the informants, their full names have been replaced with their first letters and initials.

improvement, so he consulted a *vaidhyan* (healer) from the Mavilan community. The healer provided additional herbs, but after a week of use, the wound still did not heal.

The healer then performed a *thaduppe rashi* (ritual to identify the cause of the illness) and concluded that someone had performed *odimari* (sorcery) on him. *Odimari* is a form of black magic used to harm others through specific mantras, rituals, and objects. Mr. KS mentioned that a *vaidhyan* (one who knows rituals) performed an *odikaduppalu* ritual to remove the effects of *odimari*, and after the ritual, his wound healed.

Interpretation: Mr. KS felt sudden pain while walking through the forest. If a non-poisonous thorn caused the injury, the wound would likely have healed quickly with home remedies. However, if the wound was caused by a poisonous thorn, part of a snake's bone, or a bone from a dead animal, the healing process would have been slower. For example, the venom from a snake's fangs can cause severe pain, swelling, and fever. When the pain became unbearable, Mr. KS grew anxious. Having heard about *odimari* (sorcery) since childhood, he believed that this method could harm others or animals. Mr. KS thought that someone might have caused the injury through *odimari*, either targeting him or someone else.

Despite the application of herbs, the prolonged healing of the wound suggests that a poisonous object may have caused it. As the wound failed to heal, Mr. KS grew increasingly fearful. His fear decreased after the *vaidhyan* performed the *odikaduppalu* ritual to remove the *odimari*. After two weeks of using herbal medicine, the wound and its inflammation healed completely.

This case highlights how the cultural beliefs and practices of the Mavilan community strongly influenced Mr. KS's actions and reactions. The resolution of his fear and the subsequent healing after the ritual suggests a connection between mind and body in his recovery. His reliance on traditional healers (*vaidhyan*) and performing rituals (*thaduppe rashi* and *odikaduppalu*) reflect a deep connection to cultural and spiritual practices in addressing illness.

4.5.3.3 CASE STUDY NO. 5

Objective: To understand the notion regarding the etiology of illnesses among the Mavilan Community.

Information about the Informant/Case: Mrs. KS⁷⁸, a 62-year-old female from the Mavilan community, resides in the Kappalli settlement.

Background or Description of the Case Study: Mrs. KS (62 years old) lives in the Kappalli settlement. About 20 years ago, she experienced a severe fever accompanied by tremors and dizziness. After taking herbal medicine three times from the *vaidhyan* (healer) in the Mavilan community, she did not recover. She also reported smelling *beedi* (a thin cigarette made from tobacco) and feeling suffocated and fatigued. She then visited a hospital and consulted a doctor. After taking medication for a week, the fever, chills, dizziness, and suffocation subsided. However, the smell of *beedi* and fatigue persisted. The *vaidhyan* (healer) performed a ritual called *thaduppe rashi* (ritual to identify the cause of the illness) and concluded that a *nide* (spirit of a deceased person) possessed Mrs. KS. The *vaidhyan* claimed that the spirit of Mrs. KS's father, who had a habit of regularly smoking *beedi*, was the one possessing her. As a result, whenever her father's spirit possessed her, she would constantly smell *beedi*. The healer performed the *neekkal* ritual to rid her of the spirit. They also made a vow to a deity called *Kappalathi*. Afterward, the smell of *beedi* and fatigue disappeared, and Mrs. KS fully recovered from her illness.

Interpretation: The Mavilans believe that the *nide* (spirit of a deceased person) can attack humans and cause illness. This belief profoundly influenced Mrs. KS's thinking. When a *nide* possesses someone, the habits of the deceased person often manifest in the possessed individual (for example, the smell of *beedi* if the deceased person smoked *beedi*, or the smell of alcohol if the deceased drank alcohol). Mrs. KS likely experienced the smell of *beedi* and fatigue due to fear and memories of her father. Although modern medical treatment cured her physical symptoms, Mrs. KS found mental relief after performing the *neekkal* ritual. She believed that the ritual would rid her of the spirit

⁷⁸ In order to protect the anonymity of the informants, their full names have been replaced with their first letters and initials.

possession. After making an offering to *Kappalathi*, she felt safe from future attacks by the *nide*.

The Mavilan community believes combining traditional healing practices with modern medical treatment is essential for a complete cure. This case study illustrates the relationship between traditional beliefs, spiritual practices, and traditional medicine within the Mavilan community. It shows how the illness was perceived not only as a physical ailment but also as a manifestation of spiritual possession.

The Adiyian and Mavilan tribal communities show distinct perspectives on health and illness, emphasizing a holistic understanding encompassing physical, mental, emotional, social, and cultural dimensions. Both communities view health not merely as the absence of disease but as the integration of various factors contributing to overall well-being. The concepts of illness in both communities are rooted in practical knowledge and sociocultural practices. Varied beliefs regarding the role of supernatural entities in disease causation suggest cultural, religious, or regional influences on community perceptions. In both communities, 65% of Adiyians and 45% of Mavilans believe that supernatural entities cause illnesses. Adiyian and Mavilan's health and illness concepts contribute to a broader discussion of cultural competency in health care and encourage a more inclusive understanding of health and well-being. Understanding these perspectives is crucial for bridging traditional and modern healthcare approaches.

Religious elements and belief systems significantly shape the lives of the Adiyian and Mavilan communities, impacting their health, social structure, and cultural practices. The worship of chief deities, clan deities, nature, and ancestral spirits is intricately woven into their healing traditions, reflecting a holistic and interconnected worldview. These communities deep-rooted connection with their religious beliefs highlights the importance of maintaining harmony with nature and the significance of rituals in fostering community bonds.

Adiyian and Mavilan populations' food habits are strongly ingrained in their cultural, economic, and environmental contexts, underlining the importance of traditional knowledge in preserving their distinct food traditions. The Adiyian and Mavilan tribal communities have experienced changes in traditional food habits, with 75% and 95% acknowledging shifts, respectively. Factors contributing to these changes include

urbanization, globalization, and lifestyle alterations. Special diets during pregnancy vary between the communities, with unique food recommendations and restrictions. Maternal health practices include specific postpartum diets to promote lactation and overall health. Both communities have historical food taboos rooted in religious beliefs. Additionally, "hot and cold" foods play a crucial role in their dietary practices, influencing choices during different seasons and health conditions. Despite cultural shifts, these communities still maintain some traditional food practices.

The Adiyani and Mavilan community's understanding of illness causes is multifaceted, including naturalistic (environmental, biological) and personalistic aspects (evil eye, spirit affliction, sorcery). This dualistic viewpoint emphasizes the community's multifaceted knowledge of health and illness, which combines cultural beliefs with practical observations of the environment and physical processes. This dualism emphasizes the complex relationship of cultural beliefs, environmental factors, and individual experiences in determining community health perceptions.

In the indigenous healing systems of the Adiyani and Mavilan communities, disease diagnosis is a multi-stage process involving self-diagnosis, community involvement, ethnomedical specialists, and hospital consultations. Sociocultural factors shape the diagnosis, with visible external symptoms and internal cues guiding the identification. Various rituals also play a crucial role in uncovering supernatural causes. These diverse methods reflect the communities' deep connection to their traditions, ancestor spirits, and holistic understanding of health.

In summary, this chapter has highlighted the close relationship between the sociocultural practices and health conceptions of the Adiyani and Mavilan communities, shedding light on the complex web of health-related beliefs, practices, and culture. The results of this chapter demonstrate the holistic perspectives on health that Adiyani and Mavilan healing practices hold, integrating aspects of the social, mental, emotional, and physical domains. Cultural backgrounds, including beliefs, practices, and conceptions about health and illness, greatly influence Adiyani and Mavilan's healthcare practices. They see health as a holistic state encompassing more than the absence of disease, and sociocultural norms deeply influence it. They interpret symptoms such as digestive problems, fatigue, and changes in bodily functions through practical and cultural lenses. The belief that being balanced with these components wards against illness and bad

luck has led both communities to have a rich heritage of worshipping deities, nature, and ancestors. Although these practices have changed, traditional methods include special diets to support healing and wellness for expectant and new mothers. Both naturalistic causes (e.g., nutritional inadequacies, environmental changes) and personalistic causes (e.g., ritual violations, spirit anger) ascribe disease. These etiologies' coexistence draws attention to how intricate their indigenous healthcare system is, providing essential insights regarding their cultural perspective on health.

CHAPTER V

HEALTH-SEEKING BEHAVIOR

AND

HEALING SYSTEMS AND PRACTICES

CHAPTER V: HEALTH-SEEKING BEHAVIOR AND HEALING SYSTEMS AND PRACTICES

This chapter examines the intricate dynamics of health-seeking behaviors among the Adiyen and Mavilan tribes. It explores their choices between different healthcare systems and the coexistence of traditional and modern medical practices. This chapter examines the profound relationship between traditional healers and patients, characterized by trust and mutual understanding rooted in shared cultural backgrounds. Exploring healthcare beliefs and life cycle rituals, details, and ceremonies associated with birth, puberty, marriage, pregnancy, and death, incorporating plants and sacred objects. The chapter elucidates the guiding principles and practices employed by traditional healers, including home remedies, ethnomedical practices, and curative healthcare methods, emphasizing the significance of promotive medicine and ritual healing practices. Furthermore, it highlights the roles of ethnomedical specialists in preserving traditional knowledge and transmitting healing knowledge across generations.

This chapter looks into how these communities have passed down their traditional healing knowledge over the years and examines the many kinds of traditional healing techniques they use. By examining these practices and transmission methods, the chapter aims to provide a comprehensive understanding of the traditional healing systems and their continuity within these communities.

The research questions addressed in this chapter are:

- I. What are the different types of indigenous healing practices which exist among the Adiyen and Mavilan communities?
- II. What are the various ways in which indigenous knowledge of healing has been transmitted from one generation to another?

Different cultures have different perspectives on health and illness, influencing people's health-seeking behavior (Islary, 2014, p.1). Health-seeking behavior among the Adiyen and Mavilan tribes, like any other tribal community, is impacted by a range of factors, such as socioeconomic level, cultural beliefs, accessibility to healthcare services,

education, and indigenous healing methods. Social and cultural factors and magico-religious beliefs drive the health-seeking behavior of tribal communities (Kaushal, 2004, p.304).

Developing effective healthcare interventions requires an understanding of the unique dynamics of each tribal community. By collaborating with the communities, healthcare providers and policymakers can tailor their strategies to meet the unique needs and preferences of tribal communities. Tribal communities continue to believe in their traditional medical system, although they appear to be moving toward the modern medical system (Islary, p.11). The Adiyani and Mavilan are also undergoing a shift towards adopting modern medicine while retaining their belief in traditional medicinal systems. This shift reflects a complex interplay between cultural practices, accessibility, and perhaps changing health needs.

5.1 RITE-DE-PASSAGE (LIFE CYCLE RITUALS) AND HEALTHCARE BELIEFS

Life cycle rituals are occasions or ceremonies that designate significant phases in a person's life (Singh, 2015, p.603). They are essential for strengthening community ties and establishing the individual's place within them. Religious beliefs and life cycle rituals are integral to culture (Singh, p.603).

5.1.1 RITE- DE PASSAGE (LIFE CYCLE RITUALS), CEREMONIES, AND PRACTICES ASSOCIATED WITH HEALTHCARE

Adiyani and Mavilan communities perform various rituals and ceremonies related to birth, puberty, marriage, pregnancy, childbirth, and death. Many rituals are performed as a means of coping with life's challenges, and some are also connected to healthcare practices.

The Adiyani community still practices many rituals and traditions among the various tribal communities today (Padmini, 2008, p.5). Adiyans believe that if they failed to perform the rituals, they might have been affected by various illnesses and misfortune. Every rite, from childbirth to death, requires the *nadumooppa*, to the point that the *nadumooppa* holds power in the Adiyani Community's social life (Rameshan, 2020, p. 37). *Nadumooppa* plays a significant role among the members of the Adiyani

community. Among Adiyans, the sacred specialists known as *kannaladi* and *gaddikakaran* execute marriage, birth, and death rites and assume the role of shamans (Singh, 1994, p.51).

5.1.1.1 Rituals Associated with Pregnancy

The Adiyans community believes that pregnant women are prone to sudden illnesses, which they attribute to evil spirits. They perform rituals to protect the pregnant woman and the baby from these evil spirits. Pregnant women follow specific instructions and restrictions. The community forbids pregnant women from traveling in forests, water bodies, and worship centers during midday and dusk. They believe that pregnant women who visit these places at midday or dusk might become possessed by malevolent spirits. The Adiyans community believes that women can only become pregnant with the blessings of the deities, especially the clan deities. Adiyans believe that malevolent spirits will prevent women from conceiving if the spirits afflict them. Women who do not conceive after several years of marriage undergo a ritual called *peyatt* or *kooliyatt*.

Arangetbangal, a significant ritual of the Adiyans, connects to the first pregnancy and takes place during the seventh month of pregnancy. The community conducts the *arangetbangal* ritual to expel demons from the pregnant woman's body (Chandramohan, 2013, p. 66). They perform this ritual to ensure smooth delivery, protect the mother and child from malevolent spirits or other ghosts, and promote the health of the expectant mother and child. The ritual is performed at the husband's house. The participants draw a *kalam* (*Kalam* is a symbolic representation of deities, nature elements, figures, and other forms drawn on the ground using turmeric powder, brick powder, rice powder, and burned coconut shell powder.) using various powders, and the pregnant woman sits with her legs stretched out in the middle of the *kalam*. They use *manjapodi* (turmeric powder), *chudukatta podi* (brick powder), *aripodi* (rice powder), and *karippodi* (burned coconut shell powder) to draw the *kalam*. *Nadumooppan* plays an important role in this ritual, while *Kanaladi* (who officiates the religious rites) and *Karimi* also participate. The *nadumooppan* invokes the deity through mantras and songs. The ritual requires magico-religious objects such as *bethavadi* and *kuntham*. Participants circle a hen around the head and body of the pregnant woman, then chop the chicken's neck. The pregnant woman then rubs and

wipes the *kalam* with her legs while sitting with them extended, concluding the ritual. That night, the pregnant woman and her husband eat a special food called *pitmale* and chicken curry. The community prepares *pitmale* using rice flour. The Adiyans insist that performing this ritual is essential to ensure the safety of the mother and child during delivery. They believe stress and strain on the expectant mother and other family members could harm her health (Nair, 2008). Through this ritual, the community relieves some of the fear and stress experienced by the pregnant woman and her family members.

The Mavilan community also conducts special rituals and ceremonies related to pregnancy and childbirth. They perform a ceremony called *pungamangalam* to mark pregnancy. The Mavilans conduct *pungamangalam* during the seventh or ninth month of pregnancy (Karipath, 2005, p. 57). This ceremony, also known as *pungalam*, involves taking the pregnant woman to her house for delivery. They pour a mixture of turmeric and oil on the woman's head through a thread tied to her feet, and her *inangathi* (a pregnant woman's friend) assists with this. This ritual serves as a form of purification. A maternal uncle pours the mixture first, followed by other participants. They serve *pulingkanji* (a tangy dish made with rice and tamarind) and *madhurakanji* (a sweet dish made with rice and jaggery). The husband and wife eat together, and participants pour raw rice onto the woman's lap before she leaves the house without looking back. Compared to the Mavilan community, the Adiyans perform more rituals associated with pregnancy and childbirth.

5.1.1.2 Rituals Associated with Birth

In the past, in the Adiyans community, *bethikkarathi* (traditional midwives or birth attendants) actively assisted pregnant women throughout childbirth and cared for the mother and child afterward. Today, members of both the Adiyans and Mavilan communities rely on hospitals for medical care during pregnancy and delivery.

Traditionally, after childbirth, individuals used a bamboo knife or a new blade to cut the umbilical cord. They wrapped it in a cloth and buried it deep behind the house to prevent animals from eating it. They believed that the mother and child would fall ill if birds or animals touched or consumed the umbilical cord. To ensure safety, they buried the cord deep in the ground. Families held childbirth at the expectant woman's

residence. They observed a 15-day period called *pula* or “pollution” after delivery, refraining from worship because they considered it unclean.

Twenty-eight days after childbirth, families performed *kullumogal* (complete house cleaning) as part of a purifying ceremony. They marked the birth of a child with symbolic decorations: tying a bow and arrow (*ambum villum*) outside the house for a boy and hanging a cradle (*thottil*) for a girl. After *kullumogal*, families conducted the *noolkettu* ceremony, during which they tied a black thread around the arm or waist of the newborn for protection. Historically, the *bethikkarathi* tied the thread, but today, the child’s uncle performs this task. Families now celebrate this ceremony with feasts that feature traditional dishes like dried shrimp (*kadhale*) and Colocasia stem. Around the age of five, families pierced children’s ears without special ceremonies. They used thorns from wild jessamine (*karamullu*) for piercing and kept the holes open with small plant stems.

In the Mavilan community, family members provided special care to the mother and newborn after childbirth. They performed a ritual called *pulakuli* following the birth. For the *kathukuthu* (ear-piercing) ceremony, families used *karamullu* thorns and small plant stems as earrings. Families conducted childbirth at the woman’s mother’s home, and her uncle’s wife (*mami*) brought her there during the seventh month of pregnancy. Families honored *mami* with a special status and invited her to significant family occasions, treating her role like the *karanavar* (maternal uncle).

Both the Adiyar and Mavilan communities imposed specific restrictions on pregnant women. Families discouraged pregnant women from traveling to forests, water bodies, or places of worship during midday and dusk, believing those times exposed them to malevolent spirits. Families also prohibited pregnant women from participating in funeral rituals, fearing that the emotional impact of death could harm the mother. They believed disregarding these restrictions could cause discomfort or harm to both the mother and child.

5.1.1.3 Puberty (Menarche) Ceremony

For Adiyar and Mavilan, puberty (menarche) marks a significant ceremonial event that begins a transitional period. Today, people commonly conduct this ceremony minimally. Adiyar practices the *manjalu neeru*, or puberty ritual (Singh, 1994, p.51).

They perform it when the first menstruation or menarche begins. Adiyans call the *thirandu kalyanam 'manjalu neeru'* (Narayanan, 1980, p.141). After the girl attains puberty, she stays inside for seven days, and then the ceremony takes place at her house. The community often celebrates this significant ceremony on the fifteenth day or the next auspicious day following menarche (Syama, 2011, p.92). They hold the ceremony in a bamboo pandal in the home's outdoor area. During *manjalu neeru*, elderly women sing a traditional song called *sopanapattu* together.

The Mavilan community also considers the puberty ceremony very important. They perform the puberty ceremony when the girl attains menarche. In the Mavilan language, they call this ceremony *madhmalandu*. The community celebrates it on the third or fourth day after puberty. On the morning of the ceremony, close relatives apply turmeric paste, specially prepared *thali* (a natural hair conditioner for hair washing), and oil to the girl's body. First, the maternal uncle applies the oil and turmeric, followed by other relatives. Finally, the girl bathes in a pot of water.

Both Adiyans and Mavilan communities value the puberty ceremony. Since both are matrilineal, the maternal uncle plays a significant role in their life cycle rituals.

5.1.1.4 Rituals and Ceremonies Associated with the Marriage

Marriage is considered a universal social institution. Adiyans and Mavilans prohibit marriage between members of the same clan. Among the Adiyans, elders in the household initiate marriage; in the past, they did not perform any engagement ceremony. Elders and *chemmakaran* decide the wedding date (Narayanan, 1980, p.141). In the past, the bride's home hosted the wedding, where a *paisathali* or *panathali* (*mangal sutra* made of coins) served as a thali. A group of ladies sang *sopanapattu* (traditional song) throughout the event. Adiyans practice giving a bride price. The bridegroom and his family must give rice, coconut, tobacco, chili, coriander, onion, fish, and chicken to the bride as a bride price (Narayanan, p.141). Nowadays, Adiyans skip many of these customs.

In the Mavilan language, people call marriage *mangalam* and *madme* (Karippath, 2005, p.63). In the past, Mavilans considered a boy's age of marriage to be when he could carry *pathu para nellu* (nearly 80 kilograms of paddy grains). The groom's party customarily visits the bride's house to meet her. A week before the marriage, the

groom's family visits the bride's house to give *kanam* (bride price), and the Mavilans celebrate marriage as a grand ceremony. Some members play the *thudi* (percussion musical instrument), while others sing. When the groom's party arrives for the wedding, they competently beat the *thudi*. Through the beats of *thudi*, they communicate. A ceremony called *brahmanakol* (a long bamboo stem placed beneath the ground with a specific ritual) occurs before marriage. On the wedding day, they perform *kuduma theyyam* (ritual art form). Nowadays, many Mavilans skip many of these customs.

5.1.1.5 Death Rituals

Tribal communities customarily observe funeral rites. The Adiyani community observes various funeral rites, including burying the deceased and spending 13 days observing death pollution. They notify the *chemmakkarani* (clan head) about the death in the community, and it is customary for them to bury the dead uniquely. They dig a special type of pit to bury the body, digging it straight down to a depth of six feet and making a tunnel to one side inside the pit (Thulaseedharan, 2014, p.43). They measure the length and width of the body with a stick to make the tunnel. After performing various rites, the *karimi* places the dead body inside the pit, covers it with bamboo, grass, or wood, and finally covers it with soil. When a man dies, his wife witnesses the pollution until the death ritual (*kakkapula*) is complete (Singh, 1994, p.51). The Adiyani community observes various dry funeral rituals, including *kakkapula*, *chemmapula*, and *kunnupula* (Padmini, 2008, p.21).

Seven days after a death, the family holds a ritual known as a *pile* or *kunt pile*. A dry funeral ritual takes place on the thirteenth- or sixteenth-day following death, known as *pathimoont*. The family conducts the *pathimoont* (also called *cheriya pile*) based on their financial situation. The *chemmakkarani* (clan head) oversees the ritual. For thirteen days, family members refrain from eating fish, pork, or oil due to the death pollution (Menon, 1906).

Kootta is an important ritual in the Adiyani community, falling under the death ritual category. The community performed this ritual to please the spirits of those who died the previous year. On this day, the *nadumooppa* resolves disputes among Adiyani community members through the traditional political organization. The *kootta* ritual aims to appease the departed soul (Pangajakshan, 1989, p. 263). During the *kootta*, the *nadumooppa* resolves disputes between family members and individuals (Rameshan,

2020, p.37). After a person dies, the funeral rites depend on their social status in the community. The community performs special ceremonies if the deceased is a *chemmakaran* (Narayanan, 1980, p.141).

In the Mavilan community, one person is appointed to inform all relatives about the death, and the community cremates the body. As part of the ritual, they bathe the dead body with turmeric. *Thelipp* is a dry funeral ritual performed on the third or fifth day after cremation. The family prepares the dishes the departed soul likes and serves the food in the presence of the ritual performer, with the left hand on a leaf atop an object made with *kuruthola* (tender coconut fronds). Before offering the feast to the spirit, they conduct a ritual on crematory grounds. Then, they distribute food to those who participate in the ritual. If the deceased was a *theyyam* performer, they bathe the deceased and inscribe the face of the *theyyam* the person last performed (Karipath, 2005, p.78).

Compared to Mavilans, Adiyans adhere more to practice rituals and ceremonies. According to Adiyans and Mavilan belief, women can become pregnant only with the blessings of their clan deities. To ensure the health of the expectant mother and child and safe birth, they perform rituals and prayers to the clan deity and the spirits of ancestors. The Adiyans and Mavilan communities observe various customs and ceremonies connected to lifecycle events, such as birth, puberty, marriage, pregnancy, childbirth, and death. While the nature of these rituals differs between the two communities, they serve the same function. Despite a few changes over time, they continue to adhere to these practices today. Many of these rituals help them cope with life's challenges. For example, the *nadugaddika* ritual serves as preventive healthcare, and performing this ritual prevents disease outbreaks and ensures health and prosperity, according to the Adiyans.

5.1.2 PLANTS, OBJECTS AND ASSOCIATED HEALTHCARE BELIEFS

Life cycle rituals are the occasions or ceremonies that designate significant phases in a person's life (Singh, 2015, p.603). Many plants and objects are associated with life cycle rituals like birth, puberty, marriage, pregnancy, and death. Each of those plants and objects has significance and meaning associated with the lives of the Adiyans and

Mavilan communities. The following are the plants and objects associated with the life cycle rituals of the Adiyar community:

Table 5.1: Objects and Plants Associated with Rite-de-Passage (Life Cycle Rituals) and Healing Rituals among the Adiyar Community

Sl.No.	Name of the Ritual	Objects/ Plants Used	Associated Beliefs
1.	<i>Gaddika</i> (It is a ritual performed to identify the cause of illnesses and to cure them).	<i>Bethavadi</i> (magico-religious object).	Adiyars believe that <i>bethavadi</i> inherits the energies of ancestral spirits and <i>dhev</i> (deities).
2.	<i>Pathimoot</i> (dry funeral ritual)	<i>Muram</i> (A winnowing tray made of bamboo and adorned with small bells is a traditional magico-religious object).	Adiyars believe that <i>muram</i> inherits the energies of ancestral spirits. This object serves as a connecting medium between the ritual performer and ancestors' spirits.
3.	<i>Muramket</i> (dry funeral ritual)	<i>Muram</i> (A winnowing tray made of bamboo and adorned with small bells is a traditional magico-religious object).	Adiyars believe that <i>muram</i> inherits the energies of ancestral spirits. This object serves as a connecting medium between the ritual performer and ancestors' spirits.
4.	<i>Koottam</i> (dry funeral ritual)	<i>Muram</i> (A winnowing tray made of bamboo and adorned with small bells is a traditional magico-religious object).	Adiyars believe that <i>muram</i> inherits the energies of ancestral spirits. This object serves as a connecting medium between the ritual performer and ancestors' spirits.
5.	<i>Thenge kanakku</i> (It is a ritual performed to identify the cause of illnesses).	<i>Thenge</i> (coconut)	Adiyars believe that during the ritual of <i>thenge kanakku</i> , the coconut can identify the cause of illnesses when empowered by a mantra.

6.	<i>Arivekkinti</i> (It is a ritual performed to identify the cause of illnesses).	<i>Ariyu</i> (rice grains)	Adiyans believe that during the ritual of <i>arivekkinti</i> , the rice can identify the cause of illnesses when empowered by a mantra.
7.	<i>Betile kanakku</i> (It is a ritual performed to identify the stolen things).	<i>Betile</i> (betel leaves)	Adiyans believe that during the <i>betile kanakku</i> , the betel leaves will help identify the stolen things in the presence of a mantra.
8.	<i>Pathimoont</i> (dry funeral ritual)	<i>Thalu</i> (Colocasia stem)	During <i>pathimoont</i> rituals, Adiyans prepare a traditional dish made of <i>thalu</i> (Colocasia stem) and <i>kadhale</i> (dried prawns). They believe that this dish helps remove the ‘pollution’ associated with death, which prevents family members from worshipping the deity and requires them to follow certain restrictions.
9.	<i>Arangetbangal</i> (It is a ritual performed in association with pregnancy).	Adiyans use <i>aripodi</i> (rice powder), <i>karipodi</i> (burnt coconut shell powder), and <i>manjappodi</i> (turmeric powder) to draw the <i>kalam</i> , which is a depiction of a deity created with these natural pigments.	Adiyans believe that <i>kalam</i> has the power to destroy negative energy.

The above table describes the plants and objects associated with rituals such as pregnancy, birth, burial, and healing in Adiyans communities and their associated beliefs. They believe that most objects associated with rituals possess the blessings and power of ancestral spirits and deities, which help attain the purpose of the rituals. They frequently pass down these rituals through the generations, significantly impacting communities worldviews. People believe that a ritual like *arangetbangal* helps destroy

negative energy. Therefore, this ritual plays not only a protective role but also helps address challenges within the cultural context. Plants and specific objects are often used in rituals to convey symbolic meaning. For instance, the dish prepared during the *pathimoont* ritual, *thalu* (Colocasia stem) and *kadhale* (dried prawns), symbolizes the purification associated with death. Symbolism enables the conveyance of intricate concepts and the manifestation of culture.

The following are the plants and objects associated with the life cycle rituals of the Adiyar community:

Table 5.2: Objects and Plants Associated with Rite-de-Passage (Life Cycle Rituals) and Healing Rituals among the Mavilan Community

Sl.No	Name of the Ritual	Objects/ Plants Used	Associated Beliefs
1.	<i>Mangalam kali</i> (<i>Mangalam kali</i> is an art form associated with the wedding ceremony).	<i>Thudi</i> (Traditional percussion instrument).	<i>Thudi</i> is a musical instrument, according to the Mavilan, and it brings joy.
2.	<i>Kaivisham edukkal</i> (The practice of offering food or certain substances to influence, attract, manipulate, or repel someone is called <i>kaivisham</i> . <i>Kaivisham edukkal</i> is a ritual performed by the Mavilan community to remove or eliminate the effects of <i>kaivisham</i>).	<i>Kinnam</i> (Bronze Plate)	Mavilans believe that <i>Kinnam</i> , made of bronze, has strong absorption and attraction powers. They also believe it absorbs negative energy from the human body. In <i>kinnam</i> , they prepare medicine to remove or eliminate the effects of the <i>kaivisham</i> and use it in rituals to eliminate it.
3.	<i>Thaduppe rashi</i> (<i>Thaduppe rashi</i> is a ritual performed to identify the cause of illnesses).	<i>Thaduppe</i> (It resembles a winnowing tray made up of bamboo).	Mavilans believe that <i>Kappalathi</i> (a deity) resides in <i>thaduppe</i> and helps identify the cause of illnesses.

4.	<i>Punga Madme/ Punga Mangalam</i> (A ceremony associated with pregnancy).	<i>Vettile</i> (Betel leaves)	Betel leaves symbolize auspiciousness, prosperity, and fertility.
5.	<i>Punga Madme/ Punga Mangalam</i> (A ceremony associated with pregnancy).	<i>Manjal</i> (Turmeric)	Turmeric symbolizes prosperity and purity.
6.	<i>Kanakk nokkginu</i> (It is a ritual performed to identify the causes of illness).	Coconut	Mavilans believe that during the <i>kanakk nokkginu</i> , the coconut can identify the cause of illnesses when mantras are present.
7.	<i>Kanner kazhipigin</i> is a ritual performed to rid oneself of the <i>kanner</i> , which is a kind of curse.	Red chillis, Rock Salt, and Mustard.	Mavilans believe that red chillies, rock salt, and mustard have the power or ability to remove negative energy.
8.	<i>Neekkal</i> is a ritual performed to rid oneself of the harm caused by malevolent spirits.	<i>Vazhapola</i> (Banana sheath)	Mavilans believe that banana sheath absorbs negative energy in the presence of mantra.
9.	<i>Mangalam</i> (Marriage)	<i>Eachil Chappile</i> (leaves of Lindley's aporosa tree)	Mavilans believe that the leaves of Lindley's aporosa tree bring prosperity.
10.	<i>Mangalam</i> (Marriage)	<i>Eentinte Chappile</i> (leaves of Queen sago Palm trees)	Mavilans believe that the leaves of Queen Sago Palm trees bring prosperity.

The plants and sacred objects are associated with the cultural practices of the Adiyana and Mavilan communities in various ways. It also reflects how these associations are deeply rooted in their values, beliefs, and cultural practices. In many circumstances, rituals are essential to maintaining cultural identity, and they also believe these rituals safeguard individuals and communities from harm. Rituals become a way to connect

with the afterlife and ask for help or direction from the ancestral spirits. Plants and specific objects are often used in rituals to convey symbolic meaning.

5.2 HEALTH-SEEKING BEHAVIORS

Healthcare-seeking behavior is defined as “any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy.” (Olenja, 2003, p.61). Health-seeking behaviors among tribal communities differ significantly from those of nontribal communities. Social and cultural factors and magico-religious beliefs drive the health-seeking behavior of tribal communities (Kaushal, 2004, p.304). Understanding these factors is crucial for developing effective healthcare interventions that are culturally sensitive and respectful of the diverse perspectives within tribal communities. Seeking health positions itself within the larger framework of health behavior, which includes actions individuals take to prevent illness, preserve good health, and address any deviation from a state of good health (MacKian, 2003).

5.2.1 THE CHOICE OF HEALTHCARE SYSTEMS AND PLURALISTIC HEALTHCARE APPROACHES

Cultural beliefs, practices, illness etiology, socioeconomic status, education, healthcare facilities, and accessibility to the healthcare center influence the choice of the healthcare system or the choice of healing method. The Adiyen and Mavilan communities mainly base their selection of the healing method on the disease causation factors. For most naturalistic causes of illness (such as those caused by cold, heat, wind, dampness, or an imbalance in the body's basic elements), the Adiyen and Mavilan initially prefer traditional medicine; if it does not cure the illness, they turn to modern medicine. If the illness is still not cured, they then seek ritual treatment. They prefer traditional medicine, particularly the ritual healing method, for personalistic causes of illness (such as those caused by sorcery, an ancestor spirit, or an evil spirit). Some disease categories prefer traditional medicine, while others prefer modern medical practices. Ayurveda and allopathy are well-established in Adiyen-inhabited areas (Nair, 2008, p.141). Recently, both Adiyen and Mavilan have started utilizing modern medical practices.

The figure presents the preferences for the preferred healthcare systems of Adiyān and Mavilan. The researcher asked respondents to choose between the Ethnomedical System, the Modern medical system, or both.

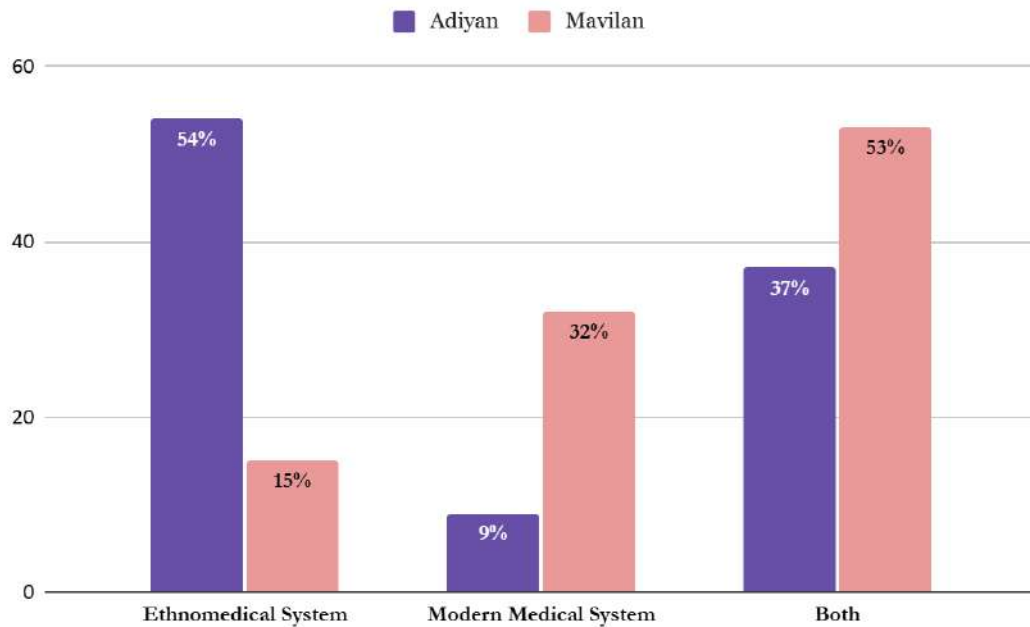


Figure 5.1: Preference of Medical Systems

Adiyān prefers the Ethnomedical system more (54% compared to 15% for Mavilan). Mavilan has a higher preference for the Modern Medical System (32% compared to 9% for Adiyān). The majority of respondents from both Adiyān and Mavilan prefer a combination of the Ethnomedical system and the Modern Medical System (37% for Adiyān and 53% for Mavilan). Cultural or contextual factors may influence this preference for an integrated healthcare approach.

Merits and Demerits of Allopathic Medicine According to Adiyar and Mavilar

The flowchart below presents the opinion of Adiyar and Mavilar regarding the Merits of Allopathic Medicine.

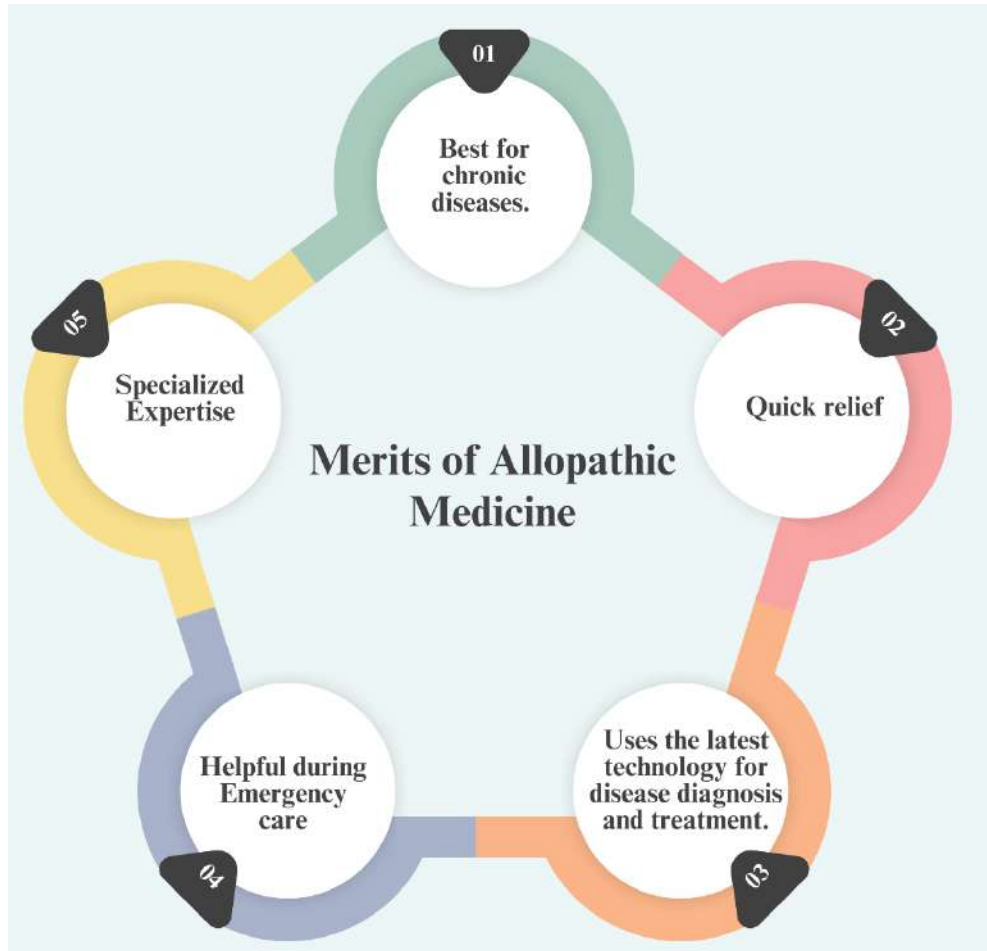


Figure 5.2: Merits of Allopathic Medicine in the view of Adiyar and Mavilar Communities

The diagram presents the perceived merits of allopathic medicine according to the Adiyar and Mavilar communities. They considered allopathic medicine a valuable healthcare system due to its effectiveness in treating chronic diseases, providing quick symptom relief, being crucial in emergency care, offering specialized expertise, and utilizing the latest technology for diagnosis and treatment. These merits suggest that these communities respect allopathic medicine for its comprehensive approach to healthcare and ability to address various medical needs.

The flowchart presents the opinion of Adiyar and Mavilan regarding the demerits of Allopathic Medicine.

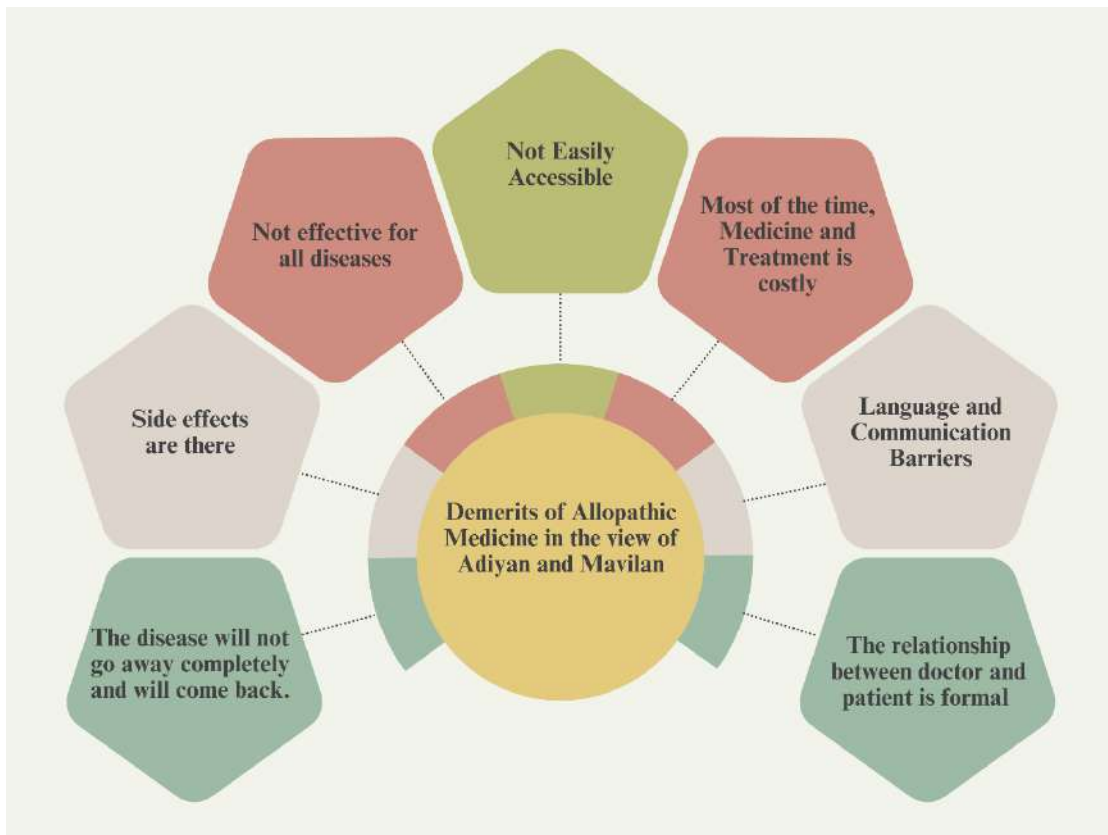


Figure 5.3: Demerits of Allopathic Medicine in the view of Adiyar and Mavilan Communities

The figure outlines the perceived demerits of allopathic medicine, according to Adiyar and Mavilan. According to Adiyar and Mavilan, allopathic medicine has several limitations and challenges that affect its accessibility, affordability, effectiveness, and the overall patient experience. They believe that allopathic medicine may not be readily available to everyone, possibly due to geographic, economic, or systemic barriers. The cost of allopathic treatments and medicines can be high, which may make it difficult for some individuals to afford the care they need. There can be difficulties in understanding and communication between healthcare providers and patients, which may be due to language differences or medical jargon. The interaction between healthcare professionals and patients in allopathic medicine is often professional and lacks personal rapport, which might affect the quality of care and patient satisfaction. They believe allopathic treatments may not cure some conditions permanently, leading to recurrence. Allopathic medicines and treatments can have adverse effects, which can

sometimes be significant and detrimental to the patient's health. They also suggest that allopathic medicine does not have a solution for every medical condition, and there are diseases for which it may not offer effective treatment.

Merits and Demerits of Indigenous Medicine According to Adiyan and Mavilan

The flowchart below presents the opinions of Adiyan and Mavilan regarding the merits of Indigenous medicine.

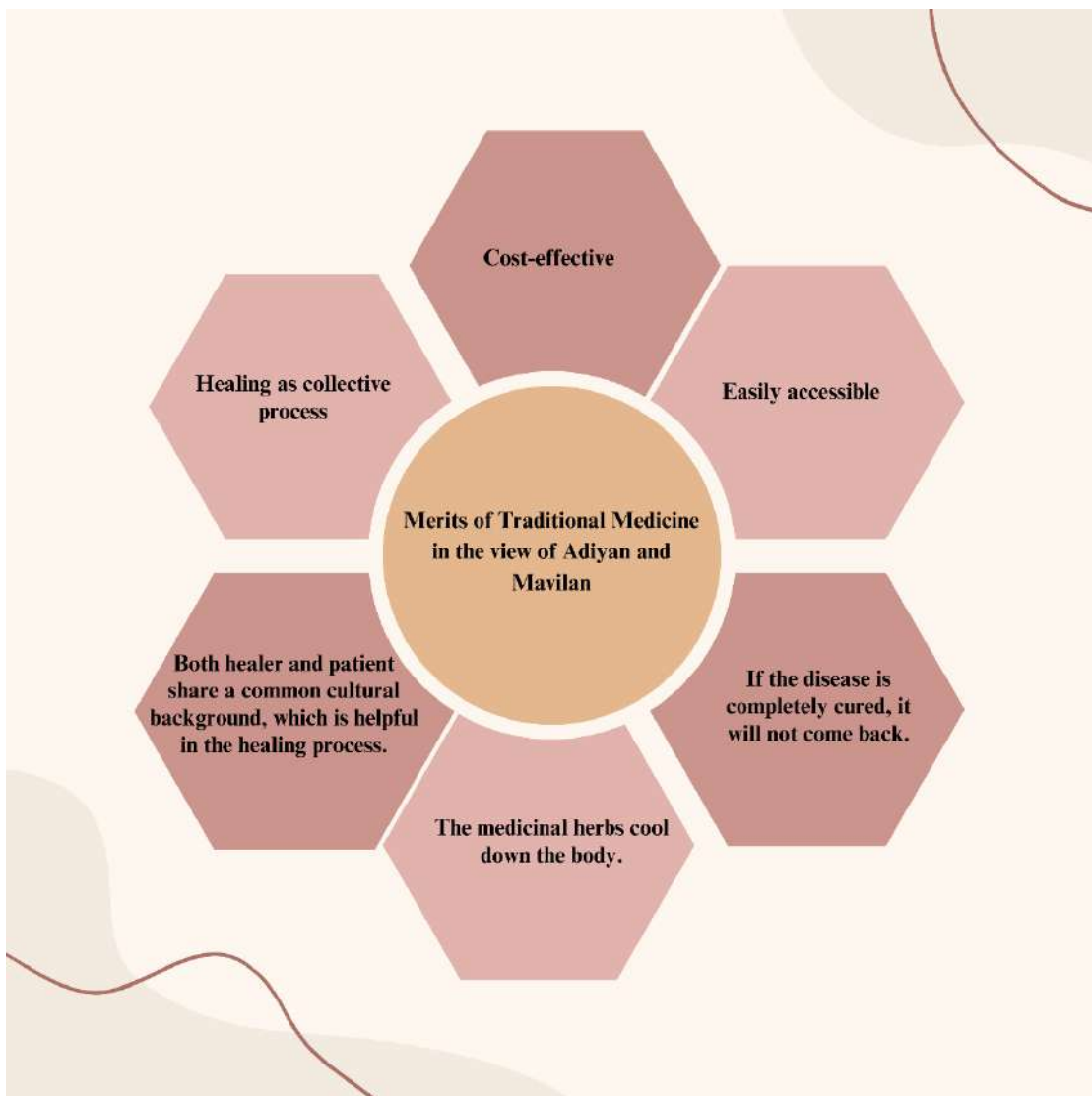


Figure 5.4: Merits of Traditional Medicine in the View of Adiyan and Mavilan Communities

The figure presents the perceived merits of traditional medicine, according to Adiyan and Mavilan. Indigenous medicine is likely less expensive than allopathic medicine, making it more affordable for people within these communities. Community members

may have more readily available access to traditional medicine, possibly due to the use of local resources or knowledge passed down through generations. They believe in the efficacy of indigenous medicine in not only treating but also permanently eliminating certain diseases. They also believe that medicinal herbs cool down the body. A shared cultural understanding between the healer and the patient contributes positively to the healing process. These communities do not see healing as an individual's journey but rather as a communal effort, which may involve support from the community, shared rituals, or collective prayers. In conclusion, the diagram suggests that the Adiyar and Mavilar value indigenous medicine for its affordability, accessibility, perceived effectiveness, cultural relevance, and community-oriented approach. It reflects an integrated health view encompassing physical, cultural, and social dimensions.

The figure below presents the Adiyar and Mavilar opinions regarding the Demerits of traditional Medicine.

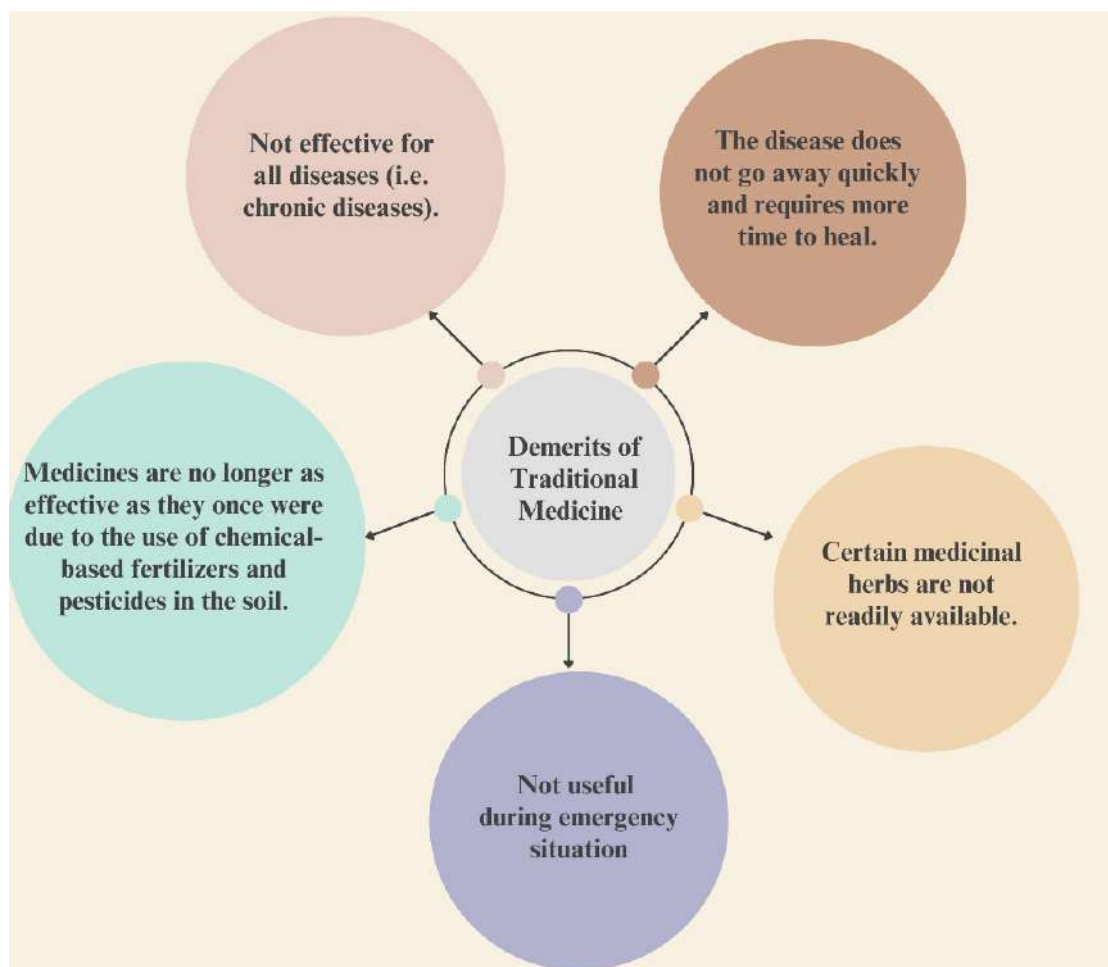


Figure 5.5: Demerits of Traditional Medicine in the View of Adiyar and Mavilar Communities

The figure outlines the perceived demerits of traditional medicine, according to Adiyana and Mavilan. The figure suggests that while traditional medicine has its merits, there are also significant limitations to its effectiveness and applicability. These include issues with the availability of resources (which could be due to overharvesting, habitat destruction, or other environmental factors.), limitations in treating certain types of diseases, ineffectiveness in emergency situations, slower healing processes (which could be a disadvantage in situations where rapid recovery is desired), and environmental impacts on medicinal herb potency. These demerits highlight the challenges faced by traditional healing practices in the context of modern health and environmental concerns.

The following table discusses illness and disease names, symptoms, causes, treatment methods, and reasons for selecting a particular treatment method within the Adiyar community.

Table 5.3: Illnesses, Diseases, and Treatment Methods among the Adiyar Community

Sl. No	Illness and Disease Name	Illness and Disease Name	Symptoms	Cause of Illness and Disease	Treatment Method	Reason for the selection of a particular treatment method
	Native Term	English Term				
1.	<i>Thile kuthalu/Thile kuthnt</i>	Headache	Headache	<ul style="list-style-type: none"> • <i>Thennuppum neerum karanam</i> (Due to cough and cold) • <i>Dhahanakkedu</i> (In digestion) • <i>Manju kondal</i> (Exposure to mist during winter) 	Traditional medicine	Easy to access, no side effects, and cost-effective.
2.	<i>Thile kuthalu/Thile kuthnt</i>	Headache	Headache	<ul style="list-style-type: none"> • <i>Dhevvinu nercha marannal</i> (Fail to conduct the vow) • <i>Pagadhi</i> 	Prefer ritual healing, and they will	Other healthcare systems offer no remedy; only indigenous healing systems provide one.

				<i>adichalu</i> (Possession of malevolent spirit called <i>pagadhi</i>)	complete the vow.	
3.	<i>Sooriya kuthu</i>	Migraine	Headache, vomiting, sensitivity to light, smell, and sound.	<ul style="list-style-type: none"> • <i>Beyilu kollinte</i> (Excessive exposure to the sun) • <i>Nerambilu rethayottam koranjalu</i> (poor blood circulation) 	Traditional medicine (herbal medicine and ritual healing) is preferred; if it does not provide a cure, then allopathic medicine is considered.	Traditional medicine is easy to access and cost-effective, and if it does not work, they can opt for allopathic medicine.
4.	<i>Peni/ Peniyu</i>	Fever	High Body temperature, headache, fatigue, loss of appetite, and cold.	<ul style="list-style-type: none"> • <i>Tenupp karanam</i> (Exposure to cold weather) • <i>Pache bellem kudichalu</i> (Drinking chilled water) 	Traditional medicine	Easy to access and cost-effective.
5.	<i>Peni/ Peniyu</i>	Fever	High body	<i>Pedipunugu</i> (Due to	Herbal medicine	Other healthcare systems offer no

			temperature, headache, fatigue, loss of appetite, shivering, and blabbering.	fright of something).	and ritual healing.	remedy; only indigenous healing systems provide one.
6.	<i>Manjapithe</i>	Jaundice	Yellowish Eyes, dark yellow colored urine, fever, abdominal pain, and vomiting.	<ul style="list-style-type: none"> • <i>Ketavellathil koodi pakarum</i> (It spread by drinking contaminated water). • <i>Retham kettal</i> (Blood impurification) 	Traditional medicine	Easy to access, more effective, and cost-effective.
7.	<i>Barubedane</i>	Stomach pain	Stomach pain, loss of appetite, and bloating.	<ul style="list-style-type: none"> • <i>Dhahanakkedu</i> (In digestion) • <i>Nerach mangeyum chakkeyum tinnal</i> (Eating a lot of mangoes and jackfruit will 	Traditional medicine	Easy to access and cost-effective.

				<p>result in increasing body heat and cause stomach pain).</p> <ul style="list-style-type: none"> • <i>Pazhe bashanam tinnalu</i> (By means of consuming stale food or contaminated food) 		
8.	<i>Barubedane</i>	Stomach pain	Stomach pain, loss of appetite, and bloating.	<i>Dhevv kovam</i> (Anger of deities)	Herbal medicine and ritual healing, with vows being offered.	Other healthcare systems offer no remedy; only indigenous healing systems provide one.
9.	<i>Thalaneerirakkam/ Mookkuneeru</i>	Cold	Running nose, headache, and headache	<ul style="list-style-type: none"> • <i>Mazha nenaje</i> (Wetting in the rain) 	Traditional medicine	Easy to access and cost-effective.
10.	<i>Chumakintu</i>	Cough	Cough, cold, running nose (maybe)	<ul style="list-style-type: none"> • <i>Mazha nenaje</i> (Wetting in the rain) 	Traditional medicine	Easy to access and cost-effective.

				<ul style="list-style-type: none"> • <i>Manju kondal</i> (Exposure to mist during winter) • <i>Beyilu kollinte</i> (Excessive exposure to the sun rays) • <i>Kapham karanam</i> (Cough is caused by phlegm) 		
11.	<i>Bayaru poyalu</i>	<i>ilaki</i> Diarrhea	Loose motion, stomach pain, and bloating	<ul style="list-style-type: none"> • <i>Chood bashanam kazhinkinte</i> (Eating hot food or food that excessively raises body temperature). • <i>Dhahanakkedu</i> (In digestion) • <i>Pazhe bashanam tinnalu</i> (By means of 	Traditional medicine is preferred; if it does not provide a cure, then allopathic medicine is considered.	Traditional medicine is easy to access and cost-effective, and if it does not work, they can opt for allopathic medicine.

				consuming stale food or contaminated food)		
12.	<i>Masoori</i>	Chicken pox	Skin rashes, itching, fever, headache, runny nose, and fatigue	<ul style="list-style-type: none"> • <i>Mari kovam</i> (Anger of goddess <i>mari</i>) • <i>Mel chood koodiyal</i> (Excessive body heat) 	Herbal medicine and ritual healing, with vows being offered.	Easy to access, more effective and cost-effective
13.	<i>Melu kadechilu</i>	Body pain	Body pain and always tired.	<ul style="list-style-type: none"> • <i>Bhootha adicha</i> (Possession of ancestor spirit or malevolent spirit) 	Herbal medicine and ritual healing. Vows will be offered.	Other healthcare systems offer no remedy; only indigenous healing systems provide one.
14.	<i>Beekkam/ neerveche</i>	Inflammation	Swelling, fever, and pain	<ul style="list-style-type: none"> • <i>Neeru beekkam</i> (Inflammation) • <i>Rettayottam koranjalu</i> (Poor blood circulation due to deep wounds or bone 	Herbal medicine	Easy to access, more effective, and cost-effective

				fracture).		
15.	<i>ilukk</i>	Sprain	Chronic pain and limited mobility	<ul style="list-style-type: none"> • <i>Njaramb penanjai</i> (Twisting of the vein) • Lifting a weight 	Herbal medicine	Easy to access, more effective, and cost-effective
16.	<i>Ellotinj ponalu</i>	Bone fracture	Chronic pain, swelling, bruises, limited mobility or not able to move.	Bone fracture	Consult allopathic medicine at the initial stage, and later consult a traditional healer	Depending on the severity of the fracture, consult allopathic medicine in the initial stage and a traditional healer later.
17.	<i>Odivekkinti</i>	A Prolonged wound with swellings and pain due to sorcery.	A Prolonged wound with swellings and pain.	Suppose someone performs <i>odiyu</i> (sorcery) to harm another person. In that case, the victim will suffer from a prolonged wound with swelling and pain due to sorcery. <i>Odiyu</i> is associated with black magic and is used to	Herbal medicine and ritual healing.	Other healthcare systems offer no remedy; only indigenous healing systems provide one.

				harm enemies through specific mantras, rituals, and objects.		
18.	<i>Chokk muttalu</i>	Possession by a malevolent spirit and <i>pei</i> (ancestral spirits) is called <i>chokk muttalu</i> .	Fever, shivering, tired, dizziness, and blabbering.	Possession of a malevolent spirit or <i>pei</i> (ancestral spirits).	Herbal medicine and ritual healing.	Other healthcare systems offer no remedy; only indigenous healing systems provide one.

The table reflects a combination of cultural beliefs and practical considerations in the health practices of the Adiyen community. Despite its accessibility, cost-effectiveness, and perceived effectiveness, traditional medicine is popular among people suffering from headaches to possessions. Ritual healing plays an important role, particularly when Adiyen believes illnesses are of supernatural origin. In some cases, if traditional methods fail, allopathic medicine is considered. A holistic approach combines herbal medicine, ritual healing, and vows for various illnesses, emphasizing efficacy and cultural significance. Additionally, the table highlights instances where traditional healing is chosen over other healthcare systems, as it is perceived as the only remedy for certain illnesses, reflecting the community's strong reliance on their traditional healthcare practices. When Adiyens suffer from chronic diseases or when their illnesses are severe, they prefer allopathic medicine.

The following table discusses the illness, symptoms, causes of diseases and illness, treatment methods, and reasons for selecting a particular treatment method among the Mavilan community.

Table 5.4: Illnesses, Diseases, and Treatment Methods among the Mavilan Community

Sl. No	Illness and Disease Name	Illness and Disease Name	Symptoms	Cause of Illness and Disease	Treatment Method	Reason for the selection of a particular treatment method
	Native Term	English Term				
1.	<i>Tharevedane/ Thalanumbalam</i>	Headache	Headache	<ul style="list-style-type: none"> • <i>Beyil poth</i> (Exposure to the sun) • <i>Kaphakett</i> (Due to Phlegm) 	Traditional medicine is preferred; if it does not provide a cure, then allopathic medicine is considered.	Based on the severity of the illness or the effectiveness of the treatment, a particular treatment is chosen.
2.	<i>Tharevedane/ Thalanumbalam</i>	Headache	Chronic Headache, dizziness, blurred vision, shivering, temporary memory loss and confusion.	<i>Ayyanbala adichal</i> (Possession of a Malevolent spirit called <i>Ayyanbala</i>)	Ritual Healing	Other healthcare systems offer no remedy; only indigenous healing systems provide one.

3.	<i>Peni</i>	Fever	Fever, headache, fatigue, and cold	<ul style="list-style-type: none"> ● <i>Kalam mariyal</i> (Weather change) ● <i>Mazha nananjal</i> (Wetting in the rain) 	Traditional medicine is preferred; if it does not provide a cure, then allopathic medicine is considered.	Based on the severity of the illness, a particular treatment is chosen.
4.	<i>Kanalu</i>	Vomiting	Vomiting, indigestion, bloating, stomach growling, and loss of appetite.	<i>Kothikoodal</i> (Evil eye)	Ritual Healing	Other healthcare systems offer no remedy; only indigenous healing systems provide one.
5.	<i>Kanalu</i>	Vomiting	Vomiting, indigestion, bloating, and stomach pain.	<ul style="list-style-type: none"> ● <i>Dhahanakorav</i> (Poor digestion) 	Traditional medicine is preferred; if it does not provide a cure, then allopathic medicine is considered.	Vomiting is not considered a severe illness, and treatments are easy to access and cost-effective.
6.	<i>Thalaneerirakkam</i>	Cold	Runny nose, watery eyes, sneezing and cough	<ul style="list-style-type: none"> ● <i>Thanuppadichal</i> (Due to cold weather) ● <i>Neeru kollal</i> (Sinusitis) ● <i>Chalil kulichal</i> (Taking a bath in a canal) ● <i>Beyil poth</i> (Exposure to the sun) 	Indigenous Medicine, specifically herbal medicine.	Easy to access and cost-effective, a cold is not considered a severe illness.

7.	<i>Sooriya kuth</i>	Migraine	Chronic headaches occur during sunrise and sunset, and they are accompanied by vomiting and hypersensitivity to smells, sounds, and light.	<i>Soorya prakasham thattathirikumbol</i> (When we don't get sufficient sunlight)	Traditional medicine is preferred; if it does not provide a cure, then allopathic medicine is considered.	Indigenous healing systems often provide remedies.
8.	<i>Chome</i>	Cough	Cough, cold, sneezing, headache, and runny nose.	<ul style="list-style-type: none"> ● <i>Thanutha vellam kudichal</i> (Drinking cold water) ● <i>Thanuppadichal</i> (Due to cold weather) ● <i>Kaphakett</i> (Phlegm) ● <i>Podiyadichal</i> (Dust) 	Traditional medicine, specifically herbal medicine.	Easy to access and cost-effective and has no side effects.
9.	<i>Ulukk</i>	Sprain	Back pain, swelling, inability to bend or lift, and bruising.	<i>Njaramb penanjai</i> (Twisting of the vein)	Allopathic medicine	Allopathic medicine is more effective.

10.	<i>Ulu</i>	Sprain	Chronic Back pain and inability to bend or lift.	<ul style="list-style-type: none"> ● <i>Kuliyathattiyal</i> (Attack of deity due to anger) ● <i>Nide muttiyal</i> (Attack of Malevolent Spirit) 	Ritual Healing	Other healthcare systems offer no remedy; only indigenous healing systems provide one.
11.	<i>Manjapitham</i>	Jaundice	Yellowish eyes, dark yellow-colored urine, fever, abdominal pain, and vomiting.	<ul style="list-style-type: none"> ● <i>Pazhakiya bhakshanam</i> (By means of consuming stale food or contaminated food) ● <i>Ketta vellathiloode</i> (Drinking of contaminated water) 	Traditional medicine is preferred; if it does not provide a cure, then allopathic medicine is considered.	Cost-effective and highly effective treatments have been available in Indigenous medicine.
12.	<i>Vasoori</i>	Chickenpox	Skin rashes, itching, fever, headache, runny nose, and fatigue	<ul style="list-style-type: none"> ● <i>Anukkal praveshichal</i> (Attack of Virus) ● <i>Chood karanam</i> (Excessive body heat) ● <i>Deiva kopam</i> (Anger of deities) 	Indigenous medicine, specifically herbal medicine, along with prayers and offerings, plays an important role in traditional healing practices.	Cost-effective and highly effective treatments have been available in Indigenous medicine.

13.	<i>Kanner</i>	Evil Eye	Fatigue, dizziness, excessive eye blinking, and body pain.	Evil Eye; The belief in the existence of a kind of curse.	Ritual Healing	Other healthcare systems offer no remedy; only indigenous healing systems provide one.
14.	<i>Kothikoodal</i>	<i>Kothikoodal</i> is a belief of the Mavilan community associated with the evil eye. They believe a person may fall ill if one shows greed or salivates (<i>kothikoodiya</i>) while watching another person eat.	Stomach pain, bloating, vomiting, and indigestion.	There is a belief that one may become ill if one shows greed or salivates while watching another person eat.	Ritual Healing	Other healthcare systems offer no remedy; only indigenous healing systems provide one.

15.	<i>Onangatha Muriv</i> due to <i>odimari</i>	A prolonged wound with swelling and body pain caused by sorcery.	There is a prolonged reddish wound accompanied by swelling and fever.	Suppose someone performs <i>odimari</i> to harm another person. In that case, the victim will suffer from a prolonged wound, along with swelling and body pain caused by sorcery. <i>Odimari</i> is associated with black magic and is used to harm enemies through specific mantras, rituals, and objects.	Ritual Healing	Other healthcare systems offer no remedy; only indigenous healing systems provide one.
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The Mavilan community relies on indigenous healing traditions (including herbal medicine and ritual healing) and allopathic medicine for various illnesses. In many cases, the community believes that these traditional methods are the only effective remedies. In many cases, allopathic medication is considered an alternative only if indigenous treatments fail. Mavilans often base the selection of treatment methods on the perceived severity of the illness or the effectiveness of the treatment. Cultural beliefs, such as the association of certain illnesses with evil eye or sorcery, play a significant role in shaping the healthcare practices of the Mavilan community. Mavilan community employs a holistic approach to healthcare, combining indigenous healing traditions with allopathic medication when necessary. Cultural beliefs, perceived causes of illnesses, and the severity of symptoms influence the choice of treatment methods. Adiyans often consider ritual healing the primary option for specific ailments with supernatural origins, and this aligns with their selection of treatment methods. Allopathic medicine is preferred by Mavilans when they have chronic illnesses or when the illness is severe.

5.2.2 RELATIONSHIP BETWEEN THE TRADITIONAL HEALER AND PATIENT

In the tribal healing system, the relationship between the traditional healer and the patient is very important since it reflects the social and cultural dynamics of the tribe. A holistic framework incorporating a person's psychological, spiritual, physical, and social components is frequently the foundation of healing in many indigenous societies. The dynamic between the healer and the patient intricately links these qualities. The Adiyans and Mavilan cultures emphasize trust as essential to the patient-healer interaction. The community frequently sees the healer, with specialized knowledge and skills, as a valued member. The patients interact intimately with the ethnomedical specialists in the same community (Boban, 1998, p.287). Mutual understanding, personal relationships, a sense of belonging, and a shared cultural background enhance the patient's trust in the healer. This trust enhances the process of healing. Along with the medicine men, the patient participates actively in the treatment process after the diagnosis, as the medicine men will explain to the patient the causes and treatments of the disease (Boban, 1998, p.287). This way, the patient and the healer work together to ensure successful treatment.

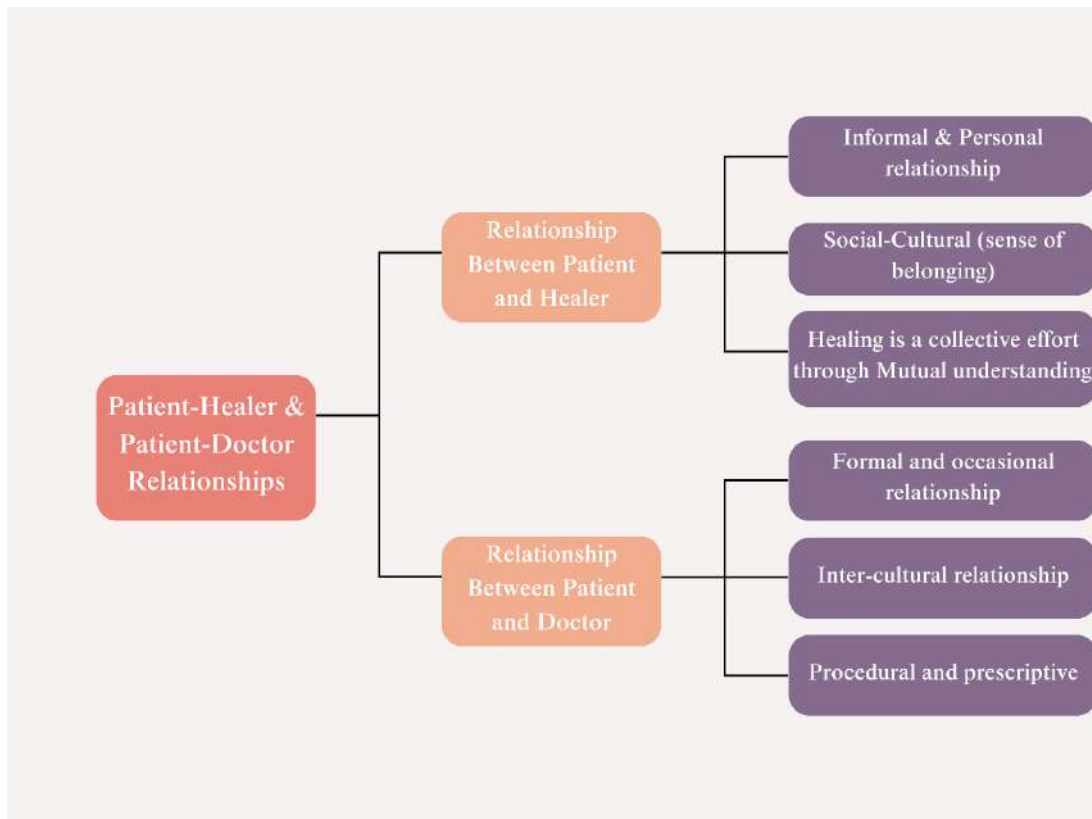


Figure 5.6: Patient-Healer & Patient-Doctor Relationships

Tribal healing generally employs a holistic approach, considering the patient's psychological, spiritual, and social well-being and treating their physical symptoms. The healer carries out conversations, rituals, and ceremonies to address all facets of the patient's life. The relationship between a patient and a healer is not exclusive to the patient; it frequently involves the community at large. The idea that an individual's health is linked to the community's overall health drives Adiyana and Mavilan to entail community engagement in their healing techniques. In this study population, rituals and ceremonies are an integral part of healing practices, and they contribute to a stronger patient-healer bond, which contributes to the healing process.

In the Adiyana and Mavilan communities, healers frequently act as mentors and counselors. Their guidance on relationships, lifestyle, and general well-being improves the patient's long-term health. In the patient-healer relationship, the healer provides continuous support and remains engaged with the patient's life even after the healing session. Doctors and patients have a formal relationship and come from different cultures (Boban, 1998, p.287). Acknowledging and addressing these cultural variations

is crucial for fostering effective communication and providing high-quality healthcare that is respectful and responsive to the diverse needs of patients.

5.3 ETHNOMEDICAL SPECIALISTS, THEIR ROLE AND SIGNIFICANCE

Similar to developed communities, folk societies also possess specialized healthcare experts such as herbalists, shamans, birth attendants, bonesetters, and massage therapists (Tribhuvan, 1998, p.250). These specialized healthcare experts are known as ethnomedical specialists. Ethnomedical specialists are vital in Indigenous healthcare practices among tribal communities. Ethnomedical specialists can provide valuable insights into treating and preventing disease by understanding communities' cultural, historical, and social aspects. Furthermore, ethnomedical specialists play a significant role in preserving and promoting traditional healing practices. In addition, they can contribute to integrating safe and effective traditional treatments into mainstream healthcare options as custodians of indigenous knowledge.

5.3.1 ETHNOMEDICAL SPECIALISTS AND PRACTITIONERS AMONG THE ADIYANS

Each tribal community has traditional healers who treat various diseases or illnesses. Through extensive fieldwork involving participant observation, interviews, and focus group discussions with community members, the researcher understood that six types of ethnomedical specialists treat various diseases and illnesses (i.e., cold, fever, dysentery, snake bite, bone fracture, spirit possession, etc.) in the Adiyans community. Each had a unique role in treating and caring for the sick in their community. A few informants mentioned that people typically did not refer to ethnomedical specialists by specific titles like "*pottalu nokkana vaithiyakkaran*," "*uzhichilkkaran*," or "*vesha vaithiyakkaran*." Instead, they commonly referred to them simply as "*vaithiyakkaran*."

The following is a list of ethnomedical specialists in the Adiyans community.

- I. *Vaithiyakkaran & Vaithiyathi* (Ethnomedical specialists who prescribe herbal medicine, use plant and animal matter for medicinal purposes, or possess medical knowledge.)
- II. *Pottalu nokkanana Vaithiyakkaran & Pottalu nokkanana Vaithiyathi* (Bone Setter)

- III. *Vesha Vaithiyakkaran & Vesha Vaithiyathi* (Ethnomedical specialist who specializes in treating scorpion stings, spider bites, snake bites, and other insect bites)
- IV. *Bethikkarathi/ Vethikkarathi* (Midwife or traditional birth attendants)
- V. *Uzhichilkkaran* (Those who practice traditional massage therapy)
- VI. *Thammadi* (A person who cures illness by performing magico-religious rituals)

I. VAITHIYAKKARAN AND VAITHIYATHI (HERBALIST)

The Adiyani community calls a person who has knowledge of medicinal plants and animal matters *Vaithiyakkaran* or *Vaithiyathi*. In the Adiyani language, the man with medicinal knowledge is called *Vaithiyakkaran*, and the woman with medicinal knowledge is called *Vaithiyathi*.

They use every part of the plant, i.e., leaves, roots, fruits, flowers, whole plants, stems, ripened fruits, and barks, for preparing medicines and healing purposes. Similarly, they use every part of the animal, i.e., bone, skin, secretions, and blood, for preparing medicines and healing purposes. Healers use certain parts of the plant to prepare individual medicines; in some cases, multiple parts are used depending on the specific requirements. Information regarding *Vaithiyathi* is under the heading Case Study number 6.

Background

The book *Tribal Health and Medicine in Kerala* (2008), written by Dr. Viswanathan Nair, mentions the *vaithiyakkaran* of the Adiyani community in chapter five, "Adiyani." The following outlines the important description of *Vaithiyakkaran* from the book.

- A *gaddikakkaran* skilled in dispelling evil spirits and administering herbal medicines is called a *vaithiyakkaran* (Nair, 2008, p.130).
- While some *vaithiyakkaran*s may only be familiar with a few therapeutic recipes, others may be well-versed in many (Nair, 2008, p.130).
- A *vaithiyakkaran* rarely has ready-made medicines on hand, and he typically only gathers the herbs after seeing the patient. Herbs are collected freshly, and

the dosage is prescribed based on the illness' severity and the quality of the herb (Nair, 2008, p.130).

- Both herbal and animal matters can used to prepare medicines, and different *vaithiyakkaran* use various medicines for a specific disease (Nair, 2008, p.141).
- *Vaithiyakkaran* treats most chronic illnesses with magico-herbal remedies (Nair, 2008, p.141).

5.3.1.1 CASE STUDY NO. 6

Type of ethnomedicinal Specialist : *Vaithiyathi* (Herbalist)

Individual Profile

Name	: Ms. JM ⁷⁹
Age	: 63
Gender	: Female
Hamlet Name	: Erivakki
Panchayat	: Thirunelly
Education	: IV std
Occupation	: Traditional Healer
No. of Years of Experience	: 16 years
Type of ethnomedicinal Specialist	: <i>Vaithiyathi</i> (Herbalist)

The reasons behind choosing the role of *Vaithiyathi* (Herbalist)

Ms. JM (*Vaithiyathi*/Herbalist) says that the patient is cured through the power or blessing of the deity and not by the *Vaithiyathi* (Herbalist). Accordingly, deities reveal the cause of the disease to the healers and suggest treatments. She also says that she became a healer because it was the deity's decision.

Important Roles or Functions of *Vaithiyathi* (Herbalist)

Ms. JM provides treatments for various diseases such as white discharge, rheumatism, stomach ache, headache, fever, back pain, inflammation, and neck pain. She prescribes medicines for specific diseases. In addition to their knowledge of herbs, some

⁷⁹ In order to protect the anonymity of the informants, their full names have been replaced with their first letters and initials.

vaithiyakkaran (male herbalists) and *vaithiyathi* (female herbalists) have knowledge of rituals performed to diagnose and cure diseases. However, only men with knowledge about the mantras and rituals can perform these practices. Women are restricted from conducting the rituals and are allowed only to administer herbs to the health seeker.

Traditional Diagnosing Method

The ethnomedical specialist primarily bases their diagnosis on the patient's physical symptoms. For instance, Ms. JM diagnoses conditions by examining inflammations, swellings, and wounds, as well as checking the pulse rate. She also gains insight into the illness through extended conversations with the patient. If necessary, the *vaithiyathi* consults the patient's relatives and friends. For example, infants with abdominal pain may curl up, touch their stomachs, cry when hurt, and refuse to drink breast milk. If their stomach is touched, they may cry more. These behaviors are indicative of abdominal pain.

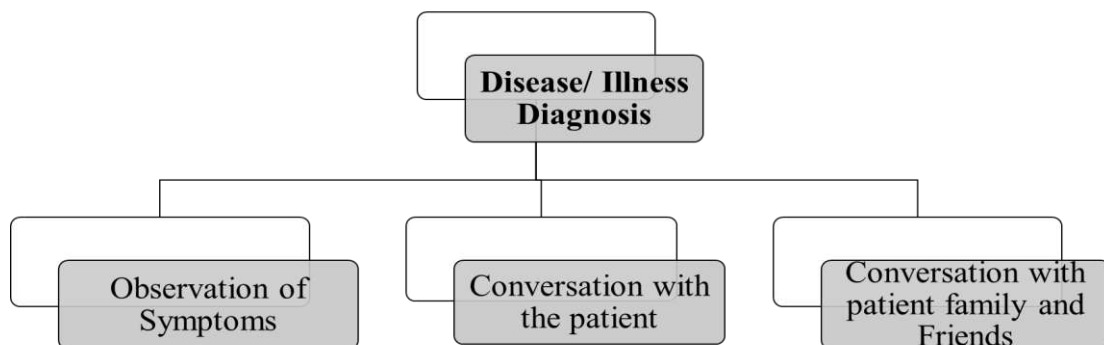


Figure 5.7: Disease and Illness Diagnosis

Ms. JM specializes in treating lumps in the body. The *vaithiyathi* observes lumps to determine whether they will dissolve on their own. Red-colored lumps commonly characterize dissolving lumps. Medicine treats most of the lump, breaking it down and expelling the core within five days. The *Vaithiyathi* then applies medicine to heal the wound. However, this method cannot treat all lumps.

If a lump breaks without expelling the core or does not break at all, the *Vaithiyathi* refers the patient to a hospital. Based on symptoms and disease severity, the *Vaithiyathi* prescribes medicinal herbs, creating individualized treatments.

Sometimes, medicinal herbs alone fail to cure the disease. In such cases, the Vaithiyathi refers the patient to a *thammadi*, who performs rituals to identify and treat the disease's cause. If the *Vaithiyakkaran* knows ritualistic healing, they perform the rituals to cure the disease.

Collection of Medicinal Plants and Associated Beliefs

Ethnomedical specialists use leaves, roots, fruits, flowers, the whole plant, ripened fruit, and stem as medicines. They freshly collect these parts when needed. They gather and dry some medicinal herbs as per their availability, especially when they are only accessible in certain seasons. Healers gather medicinal plants as needed from riverbanks, fields, and forests. If a medicine is unavailable, they substitute it with another medicine of the same potency. Sometimes, *vaithiyakkaran* or *vaithiyathi* work with assistants. These assistants often spend years learning and gaining knowledge of medicinal plants through their work. Ms. JM plucks the medicines only after praying and asking the plant for permission. *Vaithiyathi* prays to the sun, nature, and *pei* (ancestor spirit) to cure illnesses. They pray specifically to the Goddess *Mari* and other deities for healing and forgiveness for their mistakes.

Beliefs Behind Collecting Medicines

Ms. JM opined that healers should collect most medicinal plants before sunrise and avoid collecting them after sunset. The Adiyar community believes that medicinal plants "fall asleep" after sunset. When the healer plucks the plants during this time, they lose their ability to cure disease or significantly reduce their healing power. Ms. JM also mentioned that sunlight is essential for the plants, as they believe the Sun God bestows special power upon them. Women cannot pick medicinal plants during menstruation, and they are also not allowed to treat patients during this time. In the past, the *Vaithiyakkaran* would not eat food prepared by menstruating women. Ms. JM shared that God imparted the knowledge of 101 medicinal plants to the Adiyar community's ancestors. Her ancestors passed on this medicinal knowledge to the *vaithiyathi* through dreams. Her ancestors also believed the forest abounded with medicinal plants and herbs.

Medicinal Knowledge Inheritance and Transmission

The previous generations orally pass down the knowledge of medicines. For example, the parents, siblings, grandparents, or non-family members pass on the knowledge of medicines to the next generation. In the past, the following generation received medical knowledge only when a person knew they would pass away. The informant claimed that her ancestors also gave her the medicines she would need for treatment in her dream. The Adiyani community believes that if someone other than a family member receives the knowledge of medicines, the medicine's healing property ability will be lost, especially if the knowledge is transferred to someone outside the Adiyani community.

Attitude of Youngsters or New Generations towards Indigenous Healing

The younger generation of the Adiyani community shows no interest in learning about traditional medicine. Healers must gather all the necessary medicines from the forest and the fields. Still, nowadays, students, in particular, do not have enough time to do this alongside their studies. Ms. JM mentioned that no one in the community practices healing in the traditional way anymore. However, people in other communities are more aware of the importance of traditional medicine and continue to practice it. Interestingly, some tribals use allopathic medicine for minor ailments like colds despite having medicinal plants in their courtyards.

II. *POTTALU NOKKANA VAITHIYAKKARAN OR POTTALU NOKKANA VAITHIYATHI* (BONE SETTER)

In the Adiyani language, the person who treats fractures, breakage, and bruises is known as *Pottalu nokkana Vaithiyakkaran* (male bonesetter) or *Pottalu nokkana Vaithiyathi* (female bonesetter). Various studies have generally discussed the community's ethnomedical specialists; however, no one mentions the term bone setter anywhere. Case study number 7 provides more details about this role.

5.3.1.2 CASE STUDY NO. 7

Type of ethnomedicinal Specialist : *Pottalu Nokkana Vaithiyathi (Bone Setter)*

Individual Profile

Name : Mrs. BM⁸⁰
Age : 48
Gender : Female
Hamlet Name : Gundikaparamb
Panchayat : Thirunelly
Education : IIIrd std
Occupation : Daily wage
No. of Years of Experience : 7 years
Type of ethnomedicinal Specialist : *Pottalu Nokkana Vaithiyathi (Bone Setter)*

Local Narrative

Mrs. BM (48 years old) is a *Pottalunokana Vaithiyathi* (bone setter) from the Adiyana community. She is from Thirunelli panchayat of Wayanad and has been practicing for seven years. She acquired medicinal knowledge from her father, who is adept at performing *gaddika* (healing ritual). She wears a traditional dress called *chinthe*, which is the traditional dress of the Adiyana community. Mrs. BM lives in concrete houses, and her primary source of income is wage labor.

Additionally, traditional medicine is also a small source of income for her. She mainly treats fractures. People around the house are the ones who primarily come for the treatment. She refuses to do the treatment at night, and she believes that conducting treatments at night prevents people from getting any results; in other words, it fails to cure the disease.

The reason behind choosing the role of *Pottalu Nokkana Vaithiyathi*

Mrs. BM's father was adept at performing *Gaddika*, so she was interested in learning medicine from an early age. She said that Mrs. BM's father came to her in dreams and

⁸⁰ In order to protect the anonymity of the informants, their full names have been replaced with their first letters and initials.

imparted knowledge of medicines to her. With that, she started practicing traditional medicine. She believes that it is due to the blessings of God that she can treat patients and cure their diseases.

Role or Functions of *Pottalu Nokkana Vaithiyathi*

As mentioned earlier, the primary function of *Pottalu Nokkana Vaithiyathi* is to treat fractures and bruises. Additionally, Mrs. BM treats other minor ailments, such as vomiting, stomach pain, and headaches. The affected area swells when a bone is fractured, and she provides medicines to reduce the swelling. Only after the swelling subsides can she assess the severity of the fracture. If it is severe, she advises consulting an allopathic doctor. She initiates treatment only when she is confident of a full recovery. In the Adiyani language, a knee dislocation is called *thatti ulakki ponan*. At the same time, a dislocated shoulder joint is called *tholu ulakki ponan*.

Methods of Diagnosis of Diseases and Illnesses

The base for bone setters to diagnose a disease is primarily through the symptoms. If someone breaks a bone, the entire area swells. The broken part may bleed, and the skin color may change to dark red. Swelling alone does not indicate if someone has a fractured bone. Initially, bonesetters prescribe a medicinal herb to reduce the swelling. If the knee hurts, swelling accompanies the pain. Once the swelling subsides, practitioners begin *uzhichil* (massage), and the pain reduces only after the *uzhichil*.

The *pottalu nokkana vaithiyathi* (female bone setter) examines the painful area by touch. The bonesetter assesses the depth of the wound and observes the swelling to understand its severity. Twists in the veins may result in clots, which cause pain. The bonesetter massages the affected area to dissolve the clots. If a bone is fractured, then, a bandage is tied along with the medicine prepared from the medicinal plants. Additionally, they provide medicinal plant juice to reduce pain. In cases of severe fractures, the bonesetter refers the patients to an allopathic doctor.

If the injured area is severely swollen, the bonesetter advises limiting the affected area's contact with water. If there is a sprain, it takes 2 to 3 weeks to heal completely. A bone dislocation may cause swelling and pain. If the bone dislocates, the healer realigns it using a mixture of medicinal herbs (leaves) and barks. She keeps the names of these medicinal plants confidential due to her beliefs. If the pain is severe, she provides

medication. The healer repositions the bone through *uzhichil* (massage), and it takes 3 to 4 weeks to return to its normal position. Additionally, a fracture heals in 3 to 4 months. If the shoulder bone dislocates, she applies medicinal oil and secures it with a cloth for 4 to 6 weeks.

Traditional Treatment

There is a specific schedule for the treatment and collection of medicinal herbs. The bonesetter does not treat patients at night; one primary reason is that medicines are unavailable at night. Adiyam believes that they won't find any if they go to collect herbs at night. Therefore, they refrain from plucking at night. The bonesetter primarily uses the bark of a forest tree (the informant has not revealed the tree's name) as a remedy for bone fractures and swelling. She grinds the bark and applies it to the patient's wounds. Most patients who come for treatment with the bonesetter are in and around the hamlet of the bonesetter.

Diet and Bone Strength

Mrs. BM opined that people used to have nutritious food that strengthened their bones in the past, and illnesses were less common. She also mentioned that the rice available in those days was more nutritious than it is now. Due to lesser strength in the bones, fractures are more common these days. BM said eating mutton, fish, eggs, *nandu* (crab), and *chappu* (leafy vegetables) will increase bone strength.

Herbs Collection and Associated Beliefs

In general, Mrs. BM treats fractures and bruises from head to toe. She collects medicinal plants from forests, fields, and riverbanks. The *chappu* (leaves) and barks are collected to treat fractures and bruises. She grinds them together and applies the mixture to the wounded area. These medicinal plants are available throughout the year. If any one of the plants does not have the required medicinal properties, then other plants are considered as an alternative. If the required plant for treatment is not available, other plants with similar medicinal properties can serve as an alternative. For some patients, bandaging with medicinal herbs is required, whereas others may be tied with oil prepared using medicinal plants. If the patient does not recover using a particular medicine, then the bonesetter will give an alternative medicine. Before plucking any plant, Mrs. BM prays to God/clan deities and applies the medicine to the wounded place

to ensure it works effectively. Women are not allowed to collect medicinal plants during menstruation. Mrs. BM prays for recovering the patient's disease by touching the patient and always keeping God in her mind.

Knowledge of Traditional Medicines and their Transmission

Mrs. BM gained medicinal knowledge from her father. The healer transmits such knowledge when he is about to die. It is believed that if they reveal the details of medicinal plants before they pass away, then the medicinal quality and effect will be lost. They do not disclose until then. They show only one part of the plant and extract the medicine out of it, not disclosing in detail about the plant and its nature.

III. VESHAVAITHIYAKKARAN OR VESHAVAITHIYATHI (ETHNOMEDICAL SPECIALIST SPECIALIZING IN TREATING SCORPION STINGS, SPIDER BITES, SNAKE BITES AND OTHER INSECT BITES)

In the Adiyar community, those who treat snakes, spiders, and other insect bites are called *veshavaithiyakkaran* (for men) or *veshavaithiyathi* (for women). The men who detox poisons are called *veshavaithiyakkaran*, and the women are called *veshavaithiyathi*. Researchers have generally discussed traditional treatments in various studies but do not mention *veshavaithiyakkaran* or *veshavaithiyathi*. Case Study number 8 provides more details about *veshavaithiyathi*.

5.3.1.3 CASE STUDY NO. 8

Type of ethnomedicinal Specialist : *Veshavaithiyathi* (Female ethnomedicinal specialist specializing in treating scorpion stings, spider bites, snake bites, and other insect bites)

Individual Profile

Name	: Mrs. KI ⁸¹
Age	: 50
Gender	: Female
Hamlet Name	: Annicheror Colony

⁸¹ In order to protect the anonymity of the informants, their full names have been replaced with their first letters and initials.

Panchayat	: Thirunelly
Education	: Vth std
Occupation	: Daily wage
No. of Years of Experience	: 3 yrs
Type of ethnomedicinal Specialist	: <i>Veshavaithiyathi</i> (Female ethnomedical specialist who specializes in scorpion stings, spider bites, snake bites, and other insect bites)

Local Narrative

Mrs. KI (50 years old) is a *veshavaithiyathi* from the Adiyan community. She lives in Thirunelly Panchayat in Wayanad district. She wears a traditional dress called *chinthe*, which is unique to the Adiyan community. Mrs. KI lived in a tiled-roof house, and her primary source of income was labor work. Additionally, she practiced traditional medicine, which provided a small supplementary income.

Mrs. KI's family has practiced this treatment for the last two generations, and she has practiced it for three years. Her father was well-known in this field. She has treated over 100 people for insect, scorpion, and snake bites. She explained that it takes at least 12 days to detoxify the poison. According to her, when her father was ill and nearing death, he passed on his medicinal knowledge to her. She also believes that her ancestors imparted this knowledge to her in dreams.

The Reasons Behind Choosing the Role of *Veshavaithiyathi*

Mrs. KI said that *dhevv* (God) came to her in dreams and asked her to become a *veshavaithiyathi*. She also learned about medicines from her father. Since childhood, she has been accompanying her father to collect herbs. According to her, the treatment can be successful only if one has the blessing of *dhevv* (God).

Role or functions of *Vesha Vaithiyathi*

Veshavaithiyathi treats snake bites, scorpion stings, and other insect bites. She diagnoses the nature of the bite by examining the symptoms. If a snake bites, she can identify it through the symptoms. However, it is impossible to determine which type of snake caused the bite if the patient seeks treatment several hours after the bite (especially if the patient is unconscious and the body has turned blue). In such cases,

she advises consulting an allopathic doctor. She often provides first aid. In the event of a snake bite, she ties a cloth above the bite site to prevent the venom from spreading to the brain.

Traditional Method of Diagnosis

Mrs. KI explained that different insects, scorpions, and snakes inject poison into the body, causing various symptoms depending on the type of creature. Even if the same insect bites someone, the symptoms may vary.

She described the symptoms of a snake bite as follows: the patient will experience a sharp, painful sting at the bite site. A mark will appear in the affected area; sometimes, the snake's teeth may remain embedded. If the snake is a cobra, the area will turn blue. Still, the discoloration will be less noticeable if it is a different type of snake. The *neerkoli* (Asiatic water snake) is less venomous.

The area will swell for scorpion stings, and the swelling will be severe. The ethnomedical specialist often applies turmeric to scorpion bites. The pain can last up to 24 hours.

Traditional Treatment

Mrs. KI uses a medicinal plant with leaves shaped like snakes to treat snake bites. The Adiyani language calls this plant *pambu marunu*. Due to secrecy, Mrs. KI did not reveal the plant's name. People grind the *pambu marunu* and apply it to the location where the snake bite occurred. Gradually, the swelling reduces. When a snake bites someone, the ethnomedical specialist initially prescribes a medicine. If the patient shows no sign of recovery, the specialist gives an alternative medicine. The treatment begins with a prayer to God, asking for the power to heal the patient. *Chappu* (leaves), roots, and barks serve as medicines. Although she tries to grow most medicinal plants at home, they often do not thrive. If a snake bites the hand, the person should dip the hand in turmeric water. The *veshavaithiyathi* blows with her teeth to remove the venom. She removes the snake's teeth from the wound using thread or hair.

Diet and Treatment

The patient should follow a strict diet in case of a snake bite. They should not drink water until the treatment is over. One should consume food only after detoxifying the

venom and removing the snake's fangs. They should also avoid walking. A cloth is tied tightly above the bite area to prevent the venom from spreading to the brain. Each snake species has its own antidote, and knowing this helps prescribe the appropriate medicinal herbs. The venom of a rattlesnake takes a long time to detoxify. During this time, the patient should not eat.

Herbs Collection and Associated Beliefs

Adiyan believes that one should not kill a snake that bites a person. She notes the snake's teeth are white and very small, like a tiny fish bone. If teeth remain in the bitten area, there is a chance of venom. After removing the teeth, she keeps them in water mixed with raw turmeric to neutralize their toxicity. A snake-shaped plant is used as a medicine for detoxification purposes.

Adiyan community members pray to God and the snake to neutralize the poison. The patient won't be cured unless they receive blessings. She comments that a snake is a poor creature and will not harm anyone unless someone punishes or hurts it.

The Knowledge of Traditional Medicine and Its Transmission

Mrs. KI said that the next generation receives the knowledge of medicine only when the ethnomedical specialist is about to die; otherwise, they believe the knowledge will be lost. They have traditional songs, and some songs talk about medicinal plants. They also believe their ancestors imparted knowledge about medicines through dreams. They only share the knowledge when prescribed, whether it pertains to a song or a medicinal remedy. Those interested in traditional medicine serve as assistants to the *veshavaithyakaran* or *veshavaithiyathi*, learning about medicinal plants and the symptoms of diseases. Suppose someone asks the healer about a medicinal plant. In that case, the healer uses hints and descriptions about the plant as an identification instead of showing the medicinal plant directly. The informant opined that medicinal plants available today are less potent and lower in quality than those used earlier, which is one of the major reasons people prefer allopathic medicine.

IV. **BETHIKKARATHI/VETHIKKARATHI (MIDWIFE OR A FEMALE TRADITIONAL BIRTH ATTENDANT)**

The midwife or female traditional birth attendant is known by the name *bethikkarathi* (or *vethikkarathi*) among the Adiyar community. Only women can take on this role. Some women with expertise in childbirth and maternity care become midwives, whereas some others inherit the role from their mother or grandmother, hence becoming their successors. Women interested in providing maternity services acquire knowledge from previous generations and execute their skills accordingly.

A *bethikkarathi* wears *chinthe*, a traditional attire of the Adiyar community, in a distinctive style. The saree is draped on one side of the hip in a pouch-like manner. Inside the pouch, the *bethikkarathi* carries a traditional knife, betel leaves, areca nuts, and tobacco. Case Study number 9 provides more details about *bethikkarathi*.

Background

Dr. Bindu Ramachandran discussed *bethikkarathi* in her monograph 'Adiyar' (2008). In the Adiyar community, the woman who looks after childbirth is called *Bethikkarathi*. The important references mentioned about *Bethikkarathi* in the monograph are listed below.

- The *bethikkarathi* takes care of the childbirth with the help from other old ladies. They use a knife to cut the umbilical cord (Ramachandran, 2008, p.35).
- On the fifth day after the child's delivery, the lady's mother-in-law provides the *bethikkarathi* with *bethikooli* (payment for taking care of the childbirth), along with a few items like betel leaves, paddy, salt, oil, coconut, slaked lime, etc. Additionally, the *bethikkarathi* ties a black thread around the child's thigh and waist as part of the post-delivery customs (Ramachandran, 2008, p.36).

The description of *bethikkarathi* is also mentioned in the book titled 'Tribal Health and Medicines in Kerala' by Viswanathan Nair (2008). The key references from the book are listed below.

- An experienced Adiyar woman who attends deliveries is known as a *vethikkarathi* (Nair, 2008, p.120).

- Nair (2008, p.120) states that individuals conduct deliveries in an upright position, with the legs bent and spread sideways.
- To accelerate the expulsion of postpartum materials, women consume mashed leaves of *thondi* (*Bryonia grandis*) in pill form (Nair, 2008, p. 120).
- During the first ten days after childbirth, the *vethikkarathi* prepares food for the mother (Nair, 2008, p.121).

5.3.1.4 CASE STUDY NO. 9

Type of ethnomedicinal Specialist : *Bethikkarathi* (Midwife or A female traditional birth attendant)

Individual Profile

Name : Mrs. VM⁸²
 Age : 61
 Gender : Female
 Hamlet Name : Gundikaparamb
 Panchayat : Thirunelly
 Education : Illiterate
 Occupation : Traditional Healer
 No. of Years of Experience : 20
 Type of ethnomedicinal Specialist : *Bethikkarathi* (Midwife or A female traditional birth attendant)

The Reasons Behind Choosing the Role of *Bethikkarathi* (Midwife or A Female Traditional Birth Attendant)

Mrs. VM said she became a *bethikkarathi* (midwife) because of God's decision and embraced the role willingly. Her grandmother, who taught her about midwifery, was her inspiration. She always assisted her grandmother. One day, while working on a coffee plantation, a pregnant woman had labor pains. As there were no hospitals nearby, Mrs. VM initiated and treated the pregnant woman. Since then, she has continued to help patients when needed while doing labor work at the plantation. She humbly

⁸² In order to protect the anonymity of the informants, their full names have been replaced with their first letters and initials.

attributes the health and safety of the mother and baby not to her skills but to the blessings of the deity and ancestral spirits.

Traditional diagnosing method

By observing a woman's physical symptoms, a *bethikkarathi* (traditional birth attendant) can determine if a pregnant woman is in labor pain or any other pain. Vaginal delivery is encouraged by massaging using coconut oil on the abdomen, and the position of the baby's head is identified by palpating the abdomen. After the delivery of the child, the umbilical cord is tied using a thread and cut using a knife. Respecting their traditional beliefs, they bury the cord in a spot where no one steps on it. Following delivery, they breastfeed the baby, bathe it in warm water, and give the porridge to the mother. If they notice signs of infection, such as pus, on the baby's umbilical cord, they apply turmeric to aid healing.

The importance of *Bethikkarathi*

In earlier times, there were very few hospitals and treatment centers close to residential areas of these communities compared to this time. The Adiyans, who lived in forests, faced significant challenges quickly reaching hospitals and treatment centers. During such times, pregnant women were treated and cared for by the *bethikkarathi*, and looked after the mother and the infant completely.

The *bethikkarathi* used to take care of the mother and newborn for the first 7 to 10 days after childbirth. Traditionally, sharpened bamboo (*Kayal*) was used to cut the umbilical cord, which was prepared using a knife. Over time, midwives replaced blades and knives with sharpened bamboo. Later, the umbilical cord was buried underground.

The *bethikkarathi* bathes the mother using boiled water infused with palm leaves and other forest plants (the informant does not disclose the specific types of leaves). Then, the newborn is given a bath in warm water. The mother is given special medicinal herbs based on her needs and hot *genji* (porridge) prepared with coriander. Some mothers do not consume meat, fish, and eggs for the first ten days after delivery, whereas some other mothers consume them as part of their diet.

The Adiyans community does not build separate rooms or shelters for childbirth and menstruation. The new mother will be taken care of by the *bethikkarathi* inside the

room attached to the house, along with the assistance of the elderly women from the community. Men stay out of these spaces. The new mother's family will give rice, betel leaves, areca nuts, and sometimes cash as compensation. If the newborn is a boy, then a bow and arrow are placed in front of the house. If the newborn is a girl, then a cradle is placed in front of the (*kullu*) house as a symbolic representation.

Post-Natal Diet

Bethikkarathi prescribes a special diet for pregnant women and post-natal mothers. Soon after delivery, mothers feed their babies breast milk, while some people put a drop of honey on the baby's tongue as part of the tradition. The midwife prepares special foods such as moringa leaves and other leafy vegetables to increase breast milk production. Chapter four provides details of maternal healthcare practices and diet patterns.

Beliefs and practices related to childbirth

In earlier days, Adiyans observed a 15-day period of *pula* (*Pula* symbolizes the period/state of impurity. During such a period, certain restrictions are followed by the community, like not participating in religious activities or festive events or visiting temples). During the time of *pula*, a *bethikkarathi* cared for the mother and the infant completely. In connection with their traditional practice, the mother and child were given a separate room, and they were not allowed to come outside and restricted from entering the mother's room.

After 28 days of delivery, Adiyans performed a ritual called *kullumogal* (which means "cleaning the house" in the Adiyans language). This ritual marked the end of the *pula* period. Subsequently, families organized another ceremony called *noolkettu* (tying a black thread around the child's waist). Earlier, the *bethikkarathi* was used to tie the black thread around the child's waist. Now, this role is taken over by the child's maternal uncle.

Nowadays, *noolkettu* is celebrated by inviting family and friends on a larger scale. For this occasion, a special curry is made with *kadhale* (dried prawns) and the stem of colocasia. This special curry signifies the end of the *pula* period.

Until the *pula* period ends, the mother and baby are not allowed to leave the house. It is believed that if they step outside the house during the *pula* period, they may be possessed by a *bhootha* (malevolent spirit), causing high fever and shivering.

Knowledge of Traditional Medicine and its Transmission

Most women become *bethikkarathi* through succession. Women interested in becoming *bethikkarathi* acquire relevant knowledge and training from previous generations and demonstrate accordingly. Some women become *bethikkarathi* through succession, while others are interested in attending births and caring for children, acquiring knowledge of earlier generations, and demonstrating their proficiency. Nowadays, it's hard to find a *bethikkarathi*, as most people rely on hospitals for childbirth.

V. UZHICHILKKARAN OR UZHICHILKKARATHI (THOSE WHO PRACTICE TRADITIONAL MASSAGE THERAPY)

Uzhichil (massage therapy) is a method to get relief from back pain, joint pain, headaches, muscle pain, neck pain, sprains, arm pain, and leg pain. The community called traditional massage therapists as *uzhichilkkaran* (for men) or *uzhichilkkarathi* (for women). Ethnomedical specialists perform *uzhichil*, a traditional massage therapy, by understanding the disease through the position of the muscles, nerves, and veins to know the type of treatment to be given and direct the patient to the hospital if required. Case Study number 10 provides more details about *uzhichilkkarathi*.

5.3.1.5 CASE STUDY NO. 10

Type of Ethnomedicinal Specialist : *Uzhichilkkarathi* (The female ethnomedicinal specialist who practices traditional massage therapy.)

Individual Profile

Name	: Mrs. TK ⁸³
Age	: 55
Gender	: Female
Hamlet Name	: Gundikaparamb
Panchayat	: Thirunelly

⁸³ In order to protect the anonymity of the informants, their full names have been replaced with their first letters and initials.

Education : Illiterate
Occupation : Traditional Healer
No. of Years of Experience : 10
Type of ethnomedicinal Specialist : *Uzhichilkkarathi* (The female ethnomedical specialist who practices traditional massage therapy.)

The reasons behind choosing the role of *Uzhichilkkarathi*

The reasons behind choosing the role of *uzhichilkkarathi* (one who practices traditional massage therapy) stem from Mrs. TK's family background. She gained medicinal knowledge and expertise in traditional massage therapy from her mother, who inherited knowledge from her mother, and this makes Mrs. TK the third generation involved in this field of treatment. From a young age, she assisted her mother and developed a keen interest in indigenous healing practices. After her mother's passing, she started providing treatments for patients on a full-time basis. Patients are often brought to her home for treatment, and she occasionally visits them.

The Diseases that *Uzhichil* Can Cure

In the Adiyar community, ethnomedical specialists perform *uzhichil* to treat conditions such as headaches (especially migraines), muscle pain, back pain, neck pain, arm pain, leg pain, joint pain, and sprains.

The Traditional Method of Diagnosis

The traditional method of diagnosis depends on the severity of swelling and inflammation. An *uzhichilkkarathi* evaluates these factors to determine whether they can completely heal the condition or if the patient should consult an allopathic doctor. Ethnomedical specialists use homemade medicinal oil to treat conditions such as headaches, neck pain, back pain, leg pain, hand pain, inflammation, and sprains and to treat injuries caused by lifting heavy objects. The process involves collecting leaves from the forest, grinding them into a paste, applying it to the affected area, and wrapping it with cloth. For internal consumption, they provide oral medicines for reducing pain before performing *uzhichil*. However, they do not disclose the names of the medicinal plants used, believing that revealing them would diminish their therapeutic properties. These names are shared only with their family members. The informant said that the

patient should also make a vow to aid in curing the disease, along with taking the medicines.

Traditional Treatment

Mrs. TK collects various leaves from the forest, grinds them, and prepares oil for *uzhichil*. She performs *uzhichil* using this oil, but sometimes she does it without it. If there is pain in a specific area, rock salt is wrapped in a cloth and applied to alleviate the pain and reduce swelling. When the swelling decreases, the pain also gets relieved.

The *uzhichilkkarathi* performs *uzhichil* using her hands, fingers (majorly thumb), elbow, feet, and legs by applying soft or firm pressure depending upon the type of treatment required. She chooses the technique based on the location and severity of pain in the body part. The choice of treatment depends on the location and severity of the pain; for instance, if the patient has mild pain, hands are used to perform *uzhichil*, and if the pain is sharper and heavy, then feet are used for giving stronger pressure. This ensures that ethnomedical specialists offer the patient appropriate treatments safely. Mrs. TK says by performing *uzhichil*, blood circulation increases, allowing it to reach every part and organ of the body and aid in reducing the pain. By identifying triggering points, they skillfully perform *uzhichil* on the neck, head, and other body parts.

The Benefits of *Uzhichil*

Mrs. TK mentions the following benefits of *uzhichil*:

- It Improves blood circulation.
- Boosts the function of nerves and veins by regulating blood circulation.
- It relieves muscle tension.
- Alleviates back pain, joint pain, upper back pain, and headaches, helping to cure associated conditions.
- It regulates blood circulation when performed on the entire body, energizing and rejuvenating the patient.
- It enhances the smooth functioning of organs by ensuring proper blood flow.
- It accelerates the flexibility of the body.
- It reduces the duration and frequency of pain.
- It promotes better sleep.
- It refreshes both the mind and the body.

- It reduces fatigue.

Indigenous Knowledge: Inheritance and Transmission

Those interested in learning *uzhichil* seek knowledge, acquire it from the previous generation, and gradually develop their expertise. Mrs. T.K. shares her medicinal and *uzhichil* expertise with her grandchildren to preserve this tradition and ensure continuity. Practitioners of *uzhichil*, known as *uzhichilkaran* (male) or *uzhichilkkarathi* (female), are rare nowadays.

VI. THAMMADI (A PERSON WHO CURES ILLNESS BY PERFORMING MAGICO-RELIGIOUS RITUALS)

The *thammadi* is a most important ethnomedical specialist in the Adiyan community. A *thammadi* is a person who cures diseases using magico-religious rituals and sometimes also has medicinal knowledge. The *thammadi* identifies the cause of a disease and performs rituals to cure it, while a *vaithiyakkaran* or *vaithiyathi* provides medicine when required. Only men can become *thammadi* as women menstruate, and menstruation is believed to be impure; hence, women are excluded from becoming *thammadi* in the Adiyan community. Case Study number 11 provides more details about *thammaadi*.

Background

Dr. Bindu Ramachandran mentions about *thammadi* in her monograph named “Adiyan” (2008) (Ramachandran, pp-31-33). The important descriptions from her monograph, referring to *thammadi* are listed below.

- The *thammadikkaran* performs a religious ritual called *gaddika* to cure the illness (Ramachandran, 2008, p.33).
- The *thammadikkaran* is a religious functionary in the Adiyan community. He serves as a religious healer, oracle, and herbalist. (Ramachandran, 2008, p.32).

5.3.1.6 CASE STUDY NO. 11

Type of Ethnomedicinal Specialist : *Thammadi* (A person who cures illness by performing magico-religious rituals).

Individual Profile

Name : Mr. KM⁸⁴
Age : 70
Gender : Male
Hamlet Name : Manthanmkunnu
Panchayat : Thirunelly
Education : Illiterate
Occupation : Traditional Healer
No. of Years of Experience : 10
Type of ethnomedicinal Specialist : *Thammadi* (A person who cures illness by performing magico-religious rituals.)

Traditional Method of Diagnosis

Mr. KM understands the patients' disease or illness based on their physical symptoms and conversations with the patients and their family members. Then, *Thammadi* performs rituals to determine the cause of the disease. They check the pulse, examine the color of the eyeballs and urine, observe any abnormalities in the patient's behavior, and employ traditional methods to diagnose illnesses.

Gaddika is a ritual performed by the *thammadi* or *nadumooppan* (the social head of the community). Some *thammadi* are knowledgeable in performing rituals and have expertise in traditional medicine. The Adiyar community believes in the existence of ghosts, demons, and evil spirits that can cause various diseases and other problems for humans. *Gaddika* aims to uncover the cause of the disease and provide a cure. The *nadumooppan* or *thammadi*, who is well-versed in such practice, performs this ritual, carrying it out only when the illness persists despite several treatments.

⁸⁴ In order to protect the anonymity of the informants, their full names have been replaced with their first letters and initials.

Traditional treatment

Gaddika is an important healing ritual that seeks to identify and cure the cause of disease. A *thammadi* performs it. The ritual typically occurs at the patient's home or the *thammadi*'s residence. During the ritual, the *thammadi* prays to deities such as *Mari*, *Thirunelly Perumal*, and other gods. *Thammadi* prefers to recite the mantras in a lower tone rather than speaking them aloud. *Thammadi* ties a black thread around the patient's hand as a symbol of blessings and protection from evil, marking it as the conclusion of the ritual.

Collection of Medicinal Plants and Associated Beliefs

Before collecting medicinal plants, the *thammadi*, the ethnomedical specialists, offer prayers and then start collecting them. Through prayer, they first seek permission from the plants before plucking them. They also pray to the sun, the moon, and medicinal plants; the divine, like the *peyy* (ancestral spirits); and the deities. They also seek blessings from Goddess *Mari*, who is responsible for getting rid of diseases. They pray for healing and forgiveness for their mistakes during ceremonies and rituals.

Role or Functions of *Thammadi*

Thammadi informs the community about the origin of diseases and how to prevent them. He also informs community members about taboos and advises them not to break them, warning that violations may lead to disease. He conducts *gaddika* rituals to uncover the causes of diseases and performs the *ariyittunokkal* ritual to identify their origins. *Thammadi* performs *aramketbangal* rituals to protect pregnant women and unborn children from the possession of evil spirits.

He carries out *pooja gaddika* rituals as acts of thanksgiving. He conducts *nadu gaddika* rituals to ensure the land's prosperity, protect agriculture, prevent diseases, and safeguard cattle. As a mediator, *Thammadi* connects community members with ancestor spirits to determine the cause of illnesses and find cures. He also serves as a link between the community and *dhevv* (deities), performing rituals to diagnose and treat illnesses.

Thammadi engages in healing practices, including performing rituals to cure diseases and providing patients with a magical thread infused with healing chants to aid

recovery. Some *Thammadis* possess knowledge of traditional medicines and provide them as needed.



Picture Courtesy: Aji Colonia

Photograph 5.1: *Nadu Gaddika* Performed by the Adiyen Community

Knowledge of Traditional Medicine and Its Transmission

In some settlements, people become *thammadi* through succession. In other settlements, anyone wishing to become a *thammadi* helps and assists the current *thammadi*. Later, they participate in all the ceremonies with the *thammadi* and gain knowledge of rituals, ceremonies, cultural practices, and medicinal knowledge. Nowadays, most community members in this generation are not interested in becoming a *thammadi*.

Below are extracts from the transcripts of the case study and interview with the ethnomedical specialists of Adiyen:

*Ente appenum achappenum thammadi ayinte, nanu ade gaddika padichinu. Roga maranu gaddika thanne cheyanu*⁸⁵. (My father and grandfather were ritual healers (*thammadi*). I have learned the healing methods from them. The ritualist should perform a healing ritual (*gaddika*) to cure some illnesses).

⁸⁵ Informant Mr. AK, Interview conducted among the Adiyen community on 31.10.2021.

*Vaithiyakkaran pache marunt tennit roga marugillngilu vaithiyakkaran thammadine kanan pareyum*⁸⁶. (When herbal treatments are insufficient, healers (*vaithiyakkaran*) refer patients to ritualists (*thammadi*) who perform rituals).

*Pache marunt eppam beno appam poyi balikkum, sooriyan udikkunnatin mump balikkum. devvinyum peyinyum manassil nenakkum*⁸⁷. (Medicinal plants are freshly collected, often before sunrise, and with prayers to deities and ancestors).

*Nanu thammadi, gaddika sadang nanu nadathum. Sadang nadathi roga karanam nanu kantu pidippen rogavum mathuven. Vendappo nanu pache marnt kodukkum.*⁸⁸ (I am a ritual healer (*thammadi*), and I conduct a healing ritual (*gaddika*) to identify the causes of illness and cure it. I also provide medicinal herbs when needed).

5.3.2 ETHNOMEDICAL SPECIALISTS AND PRACTITIONERS AMONG THE MAVILANS

In the Mavilan community, ethnomedical specialists play distinct roles in treating various diseases and illnesses (i.e., cold, fever, dysentery, snake bite, bone fracture, etc.). The following is a list of ethnomedical specialists in the Mavilan community.

- I. *Vaidhyan & Vaidhyathi* (Ethnomedical specialists who prescribe herbal medicine, use plant and animal matter for medicinal purposes, or possess medical knowledge.).
- II. *Veshavaidhyan & Veshavaidhyathi*: (Ethnomedical specialists specializing in treating scorpion stings, spider bites, snake bites, and other insect bites).
- III. *Karmi* (A person who cures illnesses by performing magico-religious rituals).

⁸⁶ Informant Mr. MK, Interview conducted among the Adiyar community on 09.01.2022.

⁸⁷ Informant Mrs. SM, Interview conducted among the Adiyar community on 10.01.2022.

⁸⁸ Informant Mrs. AS, Interview conducted among the Adiyar community on 09.10.2021.

I. VAIDHYAN (HERBALIST)

An ethnomedical specialist with medicinal knowledge of herbs (medicinal plants) is called a *Vaidhyan* (for men) or a *Vaidhyathi* (for women). They use various parts of the plant, such as leaves, roots, fruits, flowers, stems, ripened fruits, and bark, for medicinal purposes. Some *Vaidhyans* also incorporate animal matter into their remedies. While some practitioners store herbs for later use, others prefer to gather them as needed. Case Study number 12 provides detailed information regarding *Vaithiyathi*.

BACKGROUND

Kunjambu Mavuvalappil (2011) discussed *Vaidhyanmar* in his book “*Nikkareenna Putar Eche: Mavilan Adhivaikalekkurich Oru Anveshanam*” (2008). In the Mavilan community, a person with a medicinal knowledge of herbs (also animal matter) is called *Vaidhyan*. The author also discusses the various medicinal plants used by the healers of the Mavilan community. The important references mentioned about *Vaidhyan* in the book are listed below.

- Healers used to stay in patients' homes, collect medicinal plants abundantly available in the sacred groves, forests, and backyards within the village boundaries, prepare medicines as needed, and ensure quality (Mavuvalappil, 2011, p. 65).
- Through the use of herbal remedies, healers from the Mavilan tribe saved the lives of several humans and domestic animals (Mavuvalappil, 2011, p. 66)

5.3.2.1 CASE STUDY NO. 12

Type of Ethnomedicinal Specialist : *Vaidhyan* (Herbalist)

Individual Profile

Name	: Mrs. K C ⁸⁹
Age	: 58
Gender	: Female
Hamlet Name	: Kappalli

⁸⁹ In order to protect the anonymity of the informants, their full names have been replaced with their first letters and initials.

Panchayat	: Kallar
Education	: IV std
Occupation	: Daily wage and Traditional Healer
No. of Years of Experience	: 13
Type of ethnomedicinal Specialist	: <i>Vaidhyathi</i> (Herbalist)

The Reason Behind Choosing the Role of *Vaidhyathi*

Mrs. KC has been treating patients for 18 years. She learned medicinal skills from her father and practiced *uzhichil* (massage therapy). However, despite having medicinal knowledge, she had not begun treating patients. One day, a child in the neighbor's house fell ill with a fever. Mrs. KC's mother urged her to help the child, but she hesitated due to lack of experience. Eventually, moved by the child's suffering, she decided to step in. Her treatment successfully cured the child's fever. This refers to the beginning of her journey as a healer. Since then, she has mostly treated children and has helped 260 patients so far, primarily addressing illnesses related to measles, fever, and mumps.

Roles and Function

Mrs. KC opined that *Kappalathi* (a deity) and *Manthramurthy* (*Theyyam*) assist patients in curing diseases. She believes it is the *Vaidhyan's* duty to treat the illness and save the patient's life. If the patient does not recover, they should also be informed about it. Not everyone can cure every disease. Initially, Mrs. K. C. takes the medicine herself to test whether it will work; only then does she administer it to the patient. *Vaidhyans* should not demand money from patients; patients should pay the *Vaidhyan* whatever they wish to.

Traditional Method of Diagnosis

Mr. KC opined that each disease has its own symptoms. The *vaidhya* (or "*vaidhyathi*") asks about the symptoms of the patient and their family members. For example, a patient with a urinary infection will experience severe abdominal pain. Their urine will be yellow in color, and they may also experience fatigue. The ethnomedical specialists also use certain rituals (i.e., *palme rashi* and *thaduppe rashi*) to identify the cause of the disease or illness.

Collection of Medicinal Plants and Associated Beliefs

Mrs. KC plucks the medicinal plants only after praying and asking permission from the plant or tree. The best time to collect the medicine is during the sunrise, as the sun is believed to provide power to the plants to heal diseases. Ethnomedical specialists should harvest the medicine before dusk at the earliest. During menstruation, women should refrain from plucking medicinal plants, as doing so will prevent the diseases from getting cured. Before starting any treatment, one should pray to the *kula dheivam* (clan deity) and other gods. After preparing the medicine, Mrs. KC placed some of it in the hearth, and she believed that treatment should only begin after offering it to Agni Deva, the God of Fire. The medicinal plants are plucked only after taking a bath. The patient is diagnosed by examining their palms and eyes. Mrs. KC believes that she must personally administer the medicine to the patient for it to be effective and insists that the patient pray for their healing as well.

Knowledge Transmission

People of all ages gain knowledge on medicines from ethnomedical specialists by supporting them as assistants. Individuals from various communities seek treatment. Mrs. KC also suggested preserving medicinal knowledge.

II. VESHAVAIDHYAN/ VESHAVAIDHYATHI (HERBALIST SPECIALISING IN TREATING SCORPION STINGS, SPIDER BITES, SNAKE BITES AND OTHER INSECT BITES)

In the Mavilan community, individuals specializing in treating scorpion stings, spider bites, snake bites, and other insect bites are known as *veshavaidhyan* (for men) and *veshavaidhyathi* (for women). Their treatment focuses on detoxifying venom from the affected body. Case study number 13 provides more details about *veshavaidhyathi*.

5.3.2.2 CASE STUDY NO. 13

Type of ethnomedicinal Specialist : *Veshavaidhyan* (Ethnomedical specialist specializing in treating scorpion stings, spider bites, snake bites, and other insect bites)

Individual Profile

Name : Mr. M V⁹⁰
Age : 45
Gender : Male
Hamlet Name : Udhayapuram I
Panchayat : Bedaduka
Education : VIII std
Occupation : *Theyyam* artist and Traditional Healer
No. of Years of Experience : 16
Type of ethnomedicinal Specialist : *Veshavaidhyan* (Herbalist specializing in treating scorpion stings, spider bites, snake bites, and other insect bites)

The Reason Behind Choosing the Role of *Vaidhyan*

For the past 16 years, Mr. MV has been treating bites from snakes, spiders, and other insects. He inherited his knowledge of *theyyam* and traditional medicine from his grandfather, who taught him due to his keen interest in the subject since childhood.

Collection of Medicinal Plants and Associated Beliefs

Mr. MV advises that one should seek permission from the earth and the plants before plucking medicinal plants. Traditionally, people pluck these plants on Tuesdays or Fridays, though they choose other days if necessary. Certain medicines require special rituals, such as *kappukettu*, which involves tying the plant with a thread and plucking it after three days.

Mr. M V collects medicinal plants from forests, paddy fields, and river banks, but avoids plucking them at night. The Mavilans believe that plants sleep at night, and

⁹⁰In order to protect the anonymity of the informants, their full names have been replaced with their first letters and initials.

harvesting them during this time reduces their healing properties. However, they make exceptions during emergency situations.

Before plucking, ethnomedical specialists often sought permission from ancestors and deities, such as *Kappalathi*, whom the Mavilans worshiped. They harvest medicinal plants with rituals like *pradakshinam*, walking around the plant with prayers. Timing plays a crucial role. They collect certain herbs at sunrise, others at sunset, and some during solar or lunar eclipses, believing these times enhance the herbs' healing power.

During emergency situations, people use dried herbs to prevent venom from spreading, such as treating snake bites. They discreetly pluck plants and handle them, using only their hands and never with a knife. Rarely do they dry and store the herbs for later use.

Treatment for Snakebite: Diagnosis and Method of Treatment

Mr. MV believed that one could only acquire knowledge of medicinal practices and snakebite treatment through challenging experiences. He diagnosed snakebites by observing the person reporting the case, noting their movements and mannerisms of speech. From these observations, he determined which snake had bitten the patient. The shape of the snake's teeth, visible at the bite site, also helped him to identify the species. Mr. MV believed that snakes have four types of teeth, each delivering venom of varying potency.

To treat snakebites, he used natural remedies such as tree bark, roots, and leaves (the informant refused to reveal the medicinal plant's name due to secrecy). A specific creeper, sourced from the forest, was tightly tied above the bite to prevent the venom from spreading, especially to the brain. He kept the name of this creeper secret. He also placed a leaf on the patient's forehead and scalp, giving the patient an herb to smell. He administered the juice of another medicinal herb for drinking.

While performing these treatments, Mr. MV chanted mantras over water, which he believed helped identify the snake by inspecting the bite. He then poured 101 pots of water over the patient's head. Following this, he applied turmeric to the bite site and checked for any snake teeth left in the wound.

Using a vessel containing herbal medicine mixed with water, he chanted mantras again and began the process of venom extraction. During the treatment, he prayed to a deity

named *Kappalathi*, believing this invocation was crucial in removing the venom. The entire procedure began and ended with prayers to *Ajjan* (an ancestor spirit) and *Kappalathi*.

Knowledge Transmission

Mr. M V taught *Theyyam* and medicinal knowledge to new generations, reaching out to the Mavilan community and others. He observed that people from other communities showed more interest in learning than the Mavilans. Those people who are keen to acquire medicinal knowledge often accompanied him, ensuring they passed on the knowledge effectively.

III. KARMI (A PERSON WHO CURES ILLNESS BY PERFORMING MAGICO-RELIGIOUS RITUALS)

Karmi (a person who cures illness through magico-religious rituals) is one of the most important ethnomedical specialists in the Mavilan community. A *karmi* cures diseases using magico-religious rituals and sometimes also possesses medicinal knowledge. The *karmi* determine the cause of the disease and address it through rituals. Only men can perform these rituals, as women's participation is not allowed in the Mavilan community. *Palme rashi* or *thaduppe rashi* is a key ritual to determine the cause of disease or illness. Case Study number 14 provides more details about *uzhichilkkarathi*

5.3.2.3 CASE STUDY NO. 14

Type of ethnomedicinal Specialist : *Karmi* (A Person Who Cures Illness by Performing Magico-Religious Rituals)

Individual Profile

Name	: Mr. K M ⁹¹
Age	: 65
Gender	: Male
Hamlet Name	: Kalayanthadam
Panchayat	: Kalichanadukkam
Education	: Illiterate

⁹¹In order to protect the anonymity of the informants, their full names have been replaced with their first letters and initials.

Occupation : Traditional Healer and Daily wage

No. of Years of Experience : 15

Type of ethnomedicinal Specialist : *Karmi* (A Person Who Cures Illness by Performing Magico-Religious Rituals)

The Reason Behind the Selection of Healer and Ritualist

Mr. KM has been treating patients for the past 30 years. He learned medicinal knowledge and healing practices from his maternal uncle. Since childhood, he has accompanied his uncle, which sparked his interest in traditional healing.

Collection of Medicinal Plants and Associated Beliefs

Mr. K M collects the herbs while praying to a deity named *Kappalathi* and seeking permission from the plant. He believes that *Kappalathi's* blessing will cure the disease in the patient.

Diagnosis and Treatment

Mr. K M understands the symptoms by diagnosing the patient's eye color, urine, and palms. He also confirms if *nide* (possession of ancestral spirits is called *nidekoodal*) is possessed or not through a ritual known as *thaduppe rashi*.

Knowledge Transmission

Mr. K M understands the symptoms by diagnosing the patient's eye color, urine, and palms. He also determines the presence of *nide* (the possession of ancestral spirits, called *nidekoodal*) through a ritual known as *thaduppe rashi*.

Below are extracts from the transcripts of the case study and interview with the ethnomedical specialists of Mavilan:

*Pachemarnt kunte chele baidyanmark onchi berthna karnam pant ayin pannakye yytatlla acharannal pimpum. Chele acharannal piniyetat pinnijaukalg kayyent⁹². (Apart from medicinal plants, some healers (*vaidhyan*)*

⁹²Informant Mr. KA, Case study conducted among the Mavilan community on 20.10.2022.

have knowledge about rituals that reveal the cause of the disease and help to cure it. Women are not allowed to perform some of the rituals).

*Marnt ge petukna pachch marnt peyyppanaka ekkalam pumiyaattilla thaiyyta anumati kenmpum*⁹³. (We ask permission from the earth and the plants before collecting the plants for medicinal purposes).

*Marikkul koduttal baidyam pinal buddhimuttakk. Pacha marntna patt la accaratta patt la pratyekam ariv betum. Int kappalathi dyyatha, ananntha la parthippum. Iint tintl mathiy sahayippum*⁹⁴. (Treating snake bites is complex; healers with exceptional knowledge of herbs and rituals perform this treatment. They also pray to the deity *Kappalathi* and ancestral spirits, which help detoxify the venom).

5.4 HEALING PRACTICES

Traditional healing practices emphasize holistic care, addressing psychological, spiritual, physical, and social aspects of health. Patients actively participate in treatment alongside healers, fostering a collaborative approach to healing. Traditional healing practices among the Adiyar and Mavilar communities are deeply rooted in cultural beliefs and rituals.

5.4.1 TRADITIONAL HEALERS AND THEIR GUIDING PRINCIPLES AND PRACTICES

Adiyar and Mavilar healers follow specific guiding principles in their healing practices. Below are their primary principles:

- Adiyar and Mavilar healers pray to medicinal plants before they pluck them for medicine. They believe these prayers fully activate the plants' healing properties.
- During prayers, they seek permission to pluck parts of the plants and only proceed to pluck them.

⁹³Informant Mrs. KK, Interview conducted among the Mavilar community on 25.10.2022.

⁹⁴Informant Mr. MK, Interview conducted among the Mavilar community on 26.10.2022.

- People must pluck medicinal plants only after praying and ensuring personal cleanliness, such as bathing.
- Communities advise women not to pluck medicinal plants during their menstrual periods.
- People pluck medicinal plants after sunrise to maximize efficacy, but they pluck certain plants after sunset as an exception.
- Healers seek blessings from their deities and ancestors before they begin treatment to cure the illness fully.
- Healers only pass down indigenous knowledge of medicine and healing traditions to chosen successors.
- The community expects healers and patients to strictly follow customary laws and stay loyal to their collective well-being. They treat healing as a shared responsibility rather than an individual task.
- The treatment process does not discriminate against any gender.

5.4.2 ETHNOMEDICAL PRACTICES

Ethnomedicine is a crucial component of Medical Anthropology, which studies indigenous healing systems, beliefs, and practices across various cultures. An ethnomedicine inquiry examines how people perceive health, disease, and illness, what treatments they access, and how they engage in healing practices (Pieroni et al., 2005, p.1). Ethnomedicine is a collective knowledge about healthcare administration that helps us understand the cultural description of illness etiology, disease diagnosis, and mode of treatment within the cultural framework. Ethnomedical systems always have a strong connection with belief systems and religious practices, and this holistic healing approach includes rituals, ceremonies, prescription of herbal medicines, and other practices.

5.4.3 HEALING PRACTICE-DOMESTIC REMEDIES

Both Adiyans and Mavilans used to practice home remedies. They practiced home remedies for minor diseases such as colds, coughs, mild fever, headaches, vomiting, vomiting, dysentery, wounds, vomiting, jaundice, burns, and stomach pain.

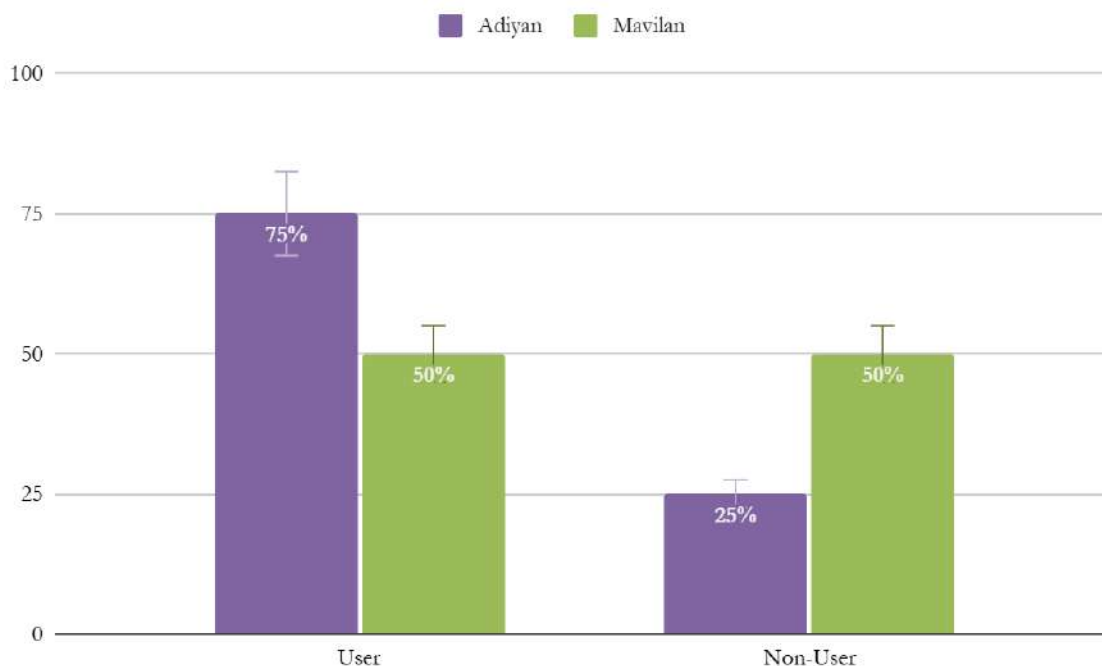


Figure 5.8: Use of Domestic Remedies

The above chart presents data on the practice of domestic remedies among Adiyani and Mavilan, with the percentage of their responses categorized as “User” or “Non-User.” In the Adiyani community, most (75%) practice domestic remedies. In comparison, a minority (25%) do not, and in the Mavilan, an equal number (50%) practice and do not practice domestic remedies. The Adiyani community appears more likely to use home treatments than the Mavilan community. The data suggests that cultural or individual preferences may influence the practice of home remedies.

The following table describes home remedies practiced by the Adiyani and Mavilan communities.

Table 5.5: Domestic Remedies for Illness and Disease

SI No.	Illness and Disease	Domestic Remedies	Community
1.	Cough	Drink the juice made from <i>thumba</i> leaves (<i>Leucas aspera</i> (Willd.))	Adiyani
2.	Stomach pain due to ulcer	Consume the curry made with <i>thumba</i> leaves (<i>Leucas aspera</i> (Willd.))	Adiyani

3.	Headache	Apply a paste of mustard seeds to the forehead.	Adiyan
4.	Cold and Cough	Drink the juice of <i>tholasiyu</i> (Basil).	Adiyan
5.	Dysentery	Drink the juice made from the guava leaves.	Adiyan
6.	Headache	Apply the paste of leaves of <i>pavatta</i> (Indian sorrel) to the forehead.	Adiyan
7.	Fever	Drink a mixture of garlic, pepper, and the bark of <i>ung</i> (Indian beech tree).	Adiyan
8.	Jaundice	Consume the chutney made from <i>keezhanelli</i> leaves (Gale of the wind or <i>Phyllanthus niruri</i> L.) on an empty stomach.	Adiyan
9.	Burn	Apply honey to the affected area.	Adiyan
10.	Stomach pain	Drink the juice made from the bark of <i>murikk</i> (Indian coral tree).	Adiyan
11.	Stomach pain	Drink the juice of the guava leaves.	Mavilan
12.	Vomiting	Drink the juice made from the bark of <i>murikk</i> (Indian coral tree).	Adiyan
13.	Jaundice	Drink the juice made from the leaves of <i>keezhanelli</i> (<i>Phyllanthus niruri</i>) on an empty stomach.	Mavilan
14.	Vomiting	Drink juice made from the bark of <i>ung</i> (Indian beech tree).	Mavilan
15.	Burn	Apply honey to the affected area.	Mavilan
16.	Fever	Prepare juice using roasted <i>jeerakam</i> (cumin), <i>chukk</i> (dry ginger), and basil leaves.	Mavilan
17.	Gas trouble	Consume the curry made from <i>thumba</i> leaves (<i>Leucas aspera</i> (Willd.))	Mavilan

5.4.4 CURATIVE HEALTHCARE PRACTICES

Healthcare practices are the specific actions, rituals, techniques, and interventions used to promote health, diagnose conditions, and treat illnesses within a healing system. Curative healthcare practices involve medical treatments directed at addressing present illnesses or conditions rather than preventing them. Tribal communities worldwide have distinctive, curative healthcare practices that have been handed down through the generations.

5.4.4.1 PLANT AND ANIMAL MATTERS AS A SOURCE OF MEDICINE

The Adiyen and Mavilan communities often deeply connect with their natural surroundings and utilize various plant and animal matter for medicinal purposes. Plants and animals may produce a variety of compounds with potential medicinal use. Traditional medicine uses herbs, roots, bark, leaves, flowers, tubers, other plant components, and animal matter such as organs, bones, skins, or secretions. These communities may have established a thorough understanding of the local flora and fauna, passing down traditional healing knowledge over generations.

The following table lists some of the plants the Adiyar community uses for medicinal purposes.

Table 5.6: Plant Matters Used as Medicine by the Adiyar Community

Sl.No	Name of the Plant (Local Name)	Name of the Plant (English Name)	Parts used as Medicine	Illness and Disease Name (Native Term)	Illness and Disease Name (English Term)	Benefits of the Plant
1.	<i>Podikoova kwang</i>	Arrow root	Root	<i>Kaphom chome beyatteenn povalu</i>	Phlegm with blood in the stool.	Cure the ulcer in the stomach and flush out the phlegm ⁹⁵ .
2.	<i>Tholasiyu</i>	Tulsi	Leaves	<i>Chome</i>	Cough	Flush out the phlegm. ⁹⁶
3.	<i>Tholasiyu</i>	Tulsi	Leaves	<i>Thalaneerirakka m/ Mookkuneeru</i>	Cold	Flush out the phlegm ⁹⁷ .
4.	<i>Arthe</i>	Common rue	Leaves	<i>Chokk mutalu</i>	Possession of a malevolent spirit is called <i>chokk mutalu</i> .	Protect from the possession of malevolent spirits. ⁹⁸
5.	<i>Kanakoorkke</i>	Oregano	Leaves	<i>Thalaneerirakka</i>	Cold	Flush out the phlegm. ⁹⁹

⁹⁵Mr. KA, Interview conducted among the Adiyar community on 01.10.2019.

⁹⁶Mrs. KM, Interview conducted among the Adiyar community on 04.10.2019.

⁹⁷Ms. Interview conducted among the Adiyar community on 05.10.2019.

⁹⁸Ms. KK, Interview conducted among the Adiyar community on 01.11.2019.

⁹⁹Mr. KA, Interview conducted among the Adiyar community on 09.10.2019.

				<i>m/ Mookkuneeru</i>		
6.	<i>Idichilu</i>	Green Commiphora	Bark	<i>Barubedane</i>	Stomach pain	Detoxify the body. ¹⁰⁰
7.	<i>Thumpe</i>	<i>Leucas aspera</i> (Willd.) (Leuc as plant).	Leaves	<i>Thile kuthalu/ Thile kuthnt</i>	Headache	Flush out the phlegm and cure the headache. ¹⁰¹
8.	<i>Thotavitiyu</i>	Touch me not plant	Leaves	<i>Murivu</i>	Wound	Heal a deep wound. ¹⁰²

¹⁰⁰ Mr. KA, Interview conducted among the Adiyar community on 06.10.2019.

¹⁰¹ Mrs. BM, Interview conducted among the Adiyar community on 01.11.2019.

¹⁰² Mrs. KS, Interview conducted among the Adiyar community on 01.11.2019.

The table below lists some of the plants used by the Mavilan community for medicinal purposes.

Table 5.7: Plant Matters Used as Medicine by the Mavilan Community

Sl.No	Name of the Plant (Local Name)	Name of the Plant (English Name)	Parts Used as Medicine	Illness and Disease Name (Native Term)	Illness and Disease Name (English Name)	Benefits of the Plant
1.	<i>Nara</i>	<i>Dioscorea kalkapershadii</i> Prain & Burkill (wild tuber).	Tuber	<i>Eppozhum ksheenam</i>	Always tired/fatigue	Provides energy. ¹⁰³
2.	<i>Nara</i>	<i>Dioscorea kalkapershadii</i> Prain & Burkill (wild tuber).	Tuber	<i>Vellapokk</i>	White discharge	It reduces the body heat and controls the white discharge. ¹⁰⁴
3.	<i>Manjalu</i>	Turmeric	Rhizome	<i>Neeru vekkal</i>	Inflammation	Reduce the inflammation. ¹⁰⁵
4.	<i>Tholasi</i>	Tulsi	Leaves	<i>Thalaneer</i>	Cold	Flush out the phlegm. ¹⁰⁶

¹⁰³ Ms. KS, Interview conducted among the Mavilan community on 11.11.2020.

¹⁰⁴ Mrs. BM, Interview conducted among the Mavilan community on 11.11.2020.

¹⁰⁵ Ms. KM, Interview conducted among the Mavilan community on 11.11.2020.

¹⁰⁶ Mr. KA, Interview conducted among the Mavilan community on 11.11.2020.

				<i>erkkam</i>		
5.	<i>Inji</i>	Ginger	Rhizome	<i>Vayaru veerkkalum vedhanayum</i>	Bloating	Promotes digestion and cures bloating. ¹⁰⁷
6.	<i>Inji</i>	Ginger	Rhizome	<i>Dhiahanakorav</i>	Indigestion	It promotes digestion. ¹⁰⁸
7.	<i>Vazhakamb</i>	Banana	Stem	<i>Banji neyyal</i>	Stomach ache	It helps relieve stomach pain by improving digestion. ¹⁰⁹
8.	<i>Vazhakoomb</i>	Banana	Blossom/ Flower	<i>Banji neyyal</i>	Stomach ache	Cures stomach pain. ¹¹⁰
9.	<i>Vazhakoomb</i>	Banana	Blossom/ Flower	<i>Dhanakorav</i>	Indigestion	It promotes digestion. ¹¹¹
10.	<i>Uluva</i>	Fenugreek	Seeds	<i>Nadurvedana</i>	Back pain during menses	Reduce body heat and promote menstrual blood flow. ¹¹²
11.	<i>Chuvanulli</i>	Shallots	Modified underground	<i>Kodal punnu</i>	Ulcer	It cures the ulcer and reduces

¹⁰⁷ Mr. KA, Interview conducted among the Mavilan community on 13.11.2020.

¹⁰⁸ Mrs. BM, Interview conducted among the Mavilan community on 11.11.2020.

¹⁰⁹ Mrs. BM, Interview conducted among the Mavilan community on 12.11.2020.

¹¹⁰ Ms. BK, Interview conducted among the Mavilan community on 12.11.2020.

¹¹¹ Ms. AK, Interview conducted among the Mavilan community on 13.11.2020.

¹¹² Mr. AK, Interview conducted among the Mavilan community on 12.11.2020.

			stem			body heat. ¹¹³
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The table below lists some of the animal matter used by the Adiyar community for medicinal purposes.

Table 5.8: Animal Matter Used as Medicine by Adiyar Community

Sl. No	Name of the Animal Matters (Native Term)	Animal Matter used as Medicine (English Name)	Illness and Disease Name (Native Term)	Illness and Disease Name (English Name)	Benefits of the Animal Matter
1.	<i>Amede kalum odum</i>	Limbs and shells of the turtle.	<i>Venthapunn</i>	Burn	Cures the wounds by rejuvenating the skin. ¹¹⁴
2.	<i>Amede tele</i>	Head of the turtle	<i>Maoolakuruvu</i>	Piles	Cures piles. ¹¹⁵
3.	<i>Muchakurangu tolum ellum</i>	Skin and bones of the monkey	<i>Suvasam muttlu</i>	Asthma	Cures asthma. ¹¹⁶
4.	<i>Nadan kozhiginte ereichiyum ellum</i>	Meat and bones of the hen	<i>Suvasam muttlu</i>	Asthma	Cures asthma. ¹¹⁷

¹¹³ Mr. MA, Interview conducted among the Mavilan community on 12.11.2020.

¹¹⁴ Mr. MA, Interview conducted among the Adiyar community on 11.05.2023.

¹¹⁵ Ms. KA, Interview conducted among the Adiyar community on 11.05.2023.

¹¹⁶ Mr. MS, Interview conducted among the Adiyar community on 13.05.2023.

¹¹⁷ Ms. KS, Interview conducted among the Adiyar community on 20.05.2023.

5.	<i>Aduginte ereichiyum ellum</i>	Meat and bones of the goat	<i>Suvasam muttlu</i>	Asthma	It cures asthma and provides energy and calcium. ¹¹⁸
6.	<i>Nendu</i>	Crab	<i>Suvasam muttlu</i>	Asthma	Cures asthma. ¹¹⁹
7.	<i>Amede tele</i>	Head of the turtle	<i>Maoolakuruvu</i>	Piles	Cure the piles by detoxifying the entire body. ¹²⁰
8.	<i>Manu toliyu</i>	Skin of the Deer	<i>Venthapunn</i>	Burn	Cure wounds by rejuvenating the skin. ¹²¹
9.	<i>Karadi nei</i>	Fat of the Bear	<i>Venthapunn</i>	Burn	Cure the wounds by rejuvenating the skin. ¹²²

¹¹⁸ Mr. AM, Interview conducted among the Adiyar community on 20.05.2023.

¹¹⁹ Mrs. MB, Interview conducted among the Adiyar community on 11.05.2023.

¹²⁰ Mrs. AM, Interview conducted among the Adiyar community on 10.05.2023.

¹²¹ Mr. MS, Interview conducted among the Adiyar community on 15.05.2023.

¹²² Mr. AM, Interview conducted among the Adiyar community on 16.05.2023.

The following tables list some of the animal matter used by the Mavilan community for medicinal purposes.

Table 5.9: Animal Matter Used as Medicine by the Mavilan Community

Sl. No	Name of the Animal Matters (Native Term)	Animal Matter used as Medicine (English Name)	Illness and Disease Name (Native Term of the Illness)	Illness and Disease Name (English Name)	Benefits of the Animal Matter
1.	<i>Perumpamb nei</i>	Python Fat	<i>Kalu polannal</i>	Cracked heels	Rejuvenate the skin. ¹²³
2.	<i>Karama erachi</i>	Meat of Turtle	<i>Chorichil</i>	Rashes and Itching	Cure the rashes and itching. ¹²⁴
3.	<i>Neichanga</i>	A shellfish lives in the paddy field	<i>Moolakkuru</i>	Piles	Cures piles. ¹²⁵
4.	<i>Madamushu</i>	A particular type of catfish species.	<i>Moolakkuru</i>	Piles	Cures piles. ¹²⁶
5.	<i>Mullan panni/Ayyampanni</i>	Meat of porcupine	<i>Epozhum oro sookkedu vannal & Thalarcha thonniyal</i>	Always sick and Tired	To boost community power. ¹²⁷

¹²³Mrs. KB, Interview conducted among the Mavilan community on 29.05.2023.

¹²⁴Mrs. KB, Interview conducted among the Mavilan community on 29.05.2023.

¹²⁵Mr. SM, Interview conducted among the Mavilan community on 29.05.2023.

¹²⁶Mr. MB, Interview conducted among the Mavilan community on 01.06.2023.

¹²⁷Mr. SM, Interview conducted among the Mavilan community on 01.06.2023.

6.	<i>Kooran panni</i>	Meat of Mouse Deer	<i>Epozhum oro sookkedu vannal</i>	Always sick	To boost community power. ¹²⁸
7.	<i>Meru/ Kasturi Meru</i>	Deer Musk	<i>Kooli adichal</i>	Attack or possession of a deity called <i>Kooli</i> .	To protect from the Possession. ¹²⁹
8.	<i>Udumbinte nei</i>	Monitor Lizard Fat	<i>Pamp Kadichal</i>	For treating Snake Bite	To inhibit or reduce the venom in the blood. ¹³⁰
9.	<i>Nadan kozhi nei</i>	Chicken Fat	<i>Theepollal</i>	Burn	Rejuvenate the skin. ¹³¹

¹²⁸Ms. BM, Interview conducted among the Mavilan community on 02.06.2023.

¹²⁹Mrs. KA, Focus Group Discussion conducted among the Mavilan community on 10.06.2023.

¹³⁰Ms. SK, Focus Group Discussion conducted among the Mavilan community on 10.06.2023.

¹³¹Mr. MM, Focus Group Discussion conducted among the Mavilan community on 10.06.2023.

5.4.5 PREVENTIVE HEALING PRACTICES

Many tribal communities base their healthcare practices on preventive medicine, which relies on traditional knowledge. This study focuses on the therapeutic characteristics and advantages of particular plants used by the Adiyani and Mavilan communities. The following table discusses the use of several plants, their local and English names, and the distinct benefits they provide. The goal is to learn how these plants contribute to the health and well-being of the communities.

Table 5.10: Preventive Healing Practices

Sl.No.	Name of the Plant (Local Name)	Name of the Plant (English Name)	Community	Benefits of the Plant
1.	<i>Nara</i>	Dioscorea kalkapershadii Prain & Burkill	Adiyani	It helps keep the body cool and prevents white discharge and menstrual cramps. ¹³²
2.	<i>Nara</i>	Dioscorea kalkapershadii Prain & Burkill	Adiyani	It helps to reduce fatigue. ¹³³
3.	<i>Manjalu</i>	Turmeric	Adiyani	It possesses anti-inflammatory properties. ¹³⁴
4.	<i>Tholasi</i>	Tulsi	Adiyani	It protects against cough and cold. ¹³⁵
5.	<i>Inji</i>	Ginger	Adiyani	It promotes digestion. ¹³⁶
6.	<i>Vazhakamb</i>	Banana Stem	Adiyani	It acts as an immunity booster and aids in detoxification. ¹³⁷
7.	<i>Vazhakoomb</i>	Banana blossom or Banana Flower	Adiyani	It acts as an immunity booster, helping detoxify and enhance digestion. ¹³⁸

¹³² Ms. BM, Interview conducted among the Adiyani community on 15.05.2023.

¹³³ Mr. AM, Interview conducted among the Adiyani community on 11.05.2023.

¹³⁴ Mrs. KA, Interview conducted among the Adiyani community on 10.05.2023.

¹³⁵ Mr. AK, Interview conducted among the Adiyani community on 11.05.2023.

¹³⁶ Mrs. AS, Interview conducted among the Adiyani community on 16.05.2023.

¹³⁷ Mrs. KM, Interview conducted among the Adiyani community on 15.05.2023.

¹³⁸ Mrs. KB Interview conducted among the Adiyani community on 11.05.2023.

8.	<i>Uluva</i>	Fenugreek	Adiyan	Cool down the body. ¹³⁹
9.	<i>Chuvanulli</i>	Shallots	Adiyan	It has anti-inflammatory properties and promotes immunity. ¹⁴⁰
10.	<i>Nara</i>	<i>Dioscorea kalkapershadii</i> Prain & Burkill (wild tuber).	Mavilan	Keep the body cool to prevent white discharge and menstrual cramps. ¹⁴¹
11.	<i>Nara</i>	<i>Dioscorea kalkapershadii</i> Prain & Burkill (wild tuber).	Mavilan	Helps to alleviate fatigue. ¹⁴²
12.	<i>Manjalu</i>	Turmeric	Mavilan	It has anti-inflammatory properties. ¹⁴³
13.	<i>Tholasi</i>	Tulsi	Mavilan	It helps protect against coughs and colds. ¹⁴⁴
14.	<i>Inji</i>	Ginger	Mavilan	It promotes digestion. ¹⁴⁵
15.	<i>Vazhakamb</i>	Banana Stem	Mavilan	It acts as an immunity booster and helps detoxify the body. ¹⁴⁶
16.	<i>Vazhakoomb</i>	Banana blossom or Banana Flower	Mavilan	"It acts as an immunity booster, helping detoxify and enhance digestion. ¹⁴⁷
17.	<i>Uluva</i>	Fenugreek	Mavilan	Cool down the body. ¹⁴⁸
18.	<i>Chuvanulli</i>	Shallots	Mavilan	It protects against coughs and colds and promotes immunity. ¹⁴⁹
19.	<i>Then</i>	Honey	Mavilan	It protects against coughs and

¹³⁹ Ms. KB, Interview conducted among the Adiyan community on 10.05.2023.

¹⁴⁰ Ms. KS, Interview conducted among the Adiyan community on 11.05.2023.

¹⁴¹ Mr. GB, Interview conducted among the Mavilan community on 02.06.2023.

¹⁴² Mrs. KR, Interview conducted among the Mavilan community on 29.05.2023.

¹⁴³ Mrs. KR, Interview conducted among the Mavilan community on 01.06.2023.

¹⁴⁴ Mr. GB, Focus Group Discussion conducted among the Mavilan community on 10.06.2023.

¹⁴⁵ Mrs. AM, Interview conducted among the Mavilan community on 02.06.2023.

¹⁴⁶ Ms. KB, Interview conducted among the Mavilan community on 29.05.2023.

¹⁴⁷ Mr. MD, Interview conducted among the Mavilan community on 29.05.2023.

¹⁴⁸ Mrs. KD, Focus Group Discussion conducted among the Mavilan community on 10.06.2023.

¹⁴⁹ Ms. KB, Interview conducted among the Mavilan community on 29.05.2023.

				colds and promotes immunity. ¹⁵⁰
20.	<i>Mullan panni/Ayyam panni</i>	Meat of porcupine	Mavilan	It helps to boost immunity power. ¹⁵¹
21.	<i>Kooran panni</i>	Meat of mouse deer	Mavilan	It helps boost immunity. ¹⁵²

The table presents various kinds of plants, each with distinct therapeutic capabilities and benefits for the Adiyar and Mavilan communities. The Adiyar and Mavilan communities strategically utilize specific plants as preventive medicine, suggesting a rich traditional knowledge system. The emphasis on cooling properties, anti-inflammatory effects, and immune-boosting capabilities reflects a holistic approach to health and well-being. The listed plants and their advantages support general health and well-being in the communities, demonstrating a harmonious relationship between traditional practices and healthcare.

5.4.6 RITUALS AND HEALING PRACTICES

Numerous rituals and healing practices exist, and they are frequently intricately linked to social, cultural, and spiritual beliefs. The healing rituals of tribal communities comprise an extensive range of cultural, spiritual, and therapeutic traditions intended to enhance well-being and reestablish equilibrium in diverse facets of life.

HEALING ILLNESS AND DISEASE WITH THE AID OF SUPERNATURAL AGENCIES

The Adiyar and Mavilan communities treated personalistic causes of illness using supernatural agencies. The personalistic causes of illness among the Adiyar and Mavilan communities include violation of customary laws, violation of taboos, failure to perform the rites and rituals, the anger of ancestor spirits, the anger of deities, entering some places at the wrong time, an act of malevolent spirits, effects of sorcery,

¹⁵⁰ Mrs. KA, Interview conducted among the Mavilan community on 02.06.2023.

¹⁵¹ Mrs. KG, Interview conducted among the Mavilan community on 01.06.2023.

¹⁵² Mrs.KG, Focus Group Discussion conducted among the Mavilan community on 10.06.2023.

effects of an evil eye, and getting close to some trees. Adiyar and Mavilan believe that rituals are the only way to cure illness caused by the anger of ancestor spirits, deities, malevolent spirits, sorcery effects, and evil eye effects.

In some cases, they combine ritual healing with herbal treatment. Sometimes, if the herbal therapies fail to cure the disease or illness, they opt for ritual treatments. They also diagnose diseases or illnesses with the help of supernatural agents (i.e., rituals). Chapter Four discusses some crucial methods that Adiyar and Mavilan use to identify the cause of diseases or illnesses. Below are the Ritual Healing Practices of Adiyars:

5.4.6.1 THE RITUAL HEALING PRACTICES OF ADIYAR

Rituals are defined as “a set of culturally governed symbolic activities, which gain meaning within a given context, situation or culturally defined place and that these rituals reveal socio-cultural concepts of the natives and are performed to accomplish tasks or goals in any social sphere (Tribhuvan, 1998, p.253).” The Adiyars employ various rituals and practices to cure illnesses believed to be caused by supernatural agents. Below are the ritual healing practices of the Adiyars:

Gaddika: The *gaddika* ritual aims to identify the cause of an illness and cure it. If malevolent spirits, such as a *bhootha*, possess someone, the Adiyar community performs a *gaddika* ritual. “*Gaddika* is a ritual performed by the Adiyars of Wayanad to ward off evil spirits and cure illnesses” (Jhony, 2010, p.137). The *gaddikakkaran* or *thammadi* conducts the ritual. At the patient’s house, they place coconut, rice, banana, and betel leaves in the *ajjamuram* (magico-religious objects resembling winnowing trays), along with lamps. In some settlements, they also use *bethavadi* (another magico-religious object). Some Adiyar community members play traditional instruments like the *thudi* in the background. The *gaddikakkaran* begins the ritual by whispering mantras to invoke and appease the deities. The rhythm of the *thudi* changes in accordance with the variations in the mantras. The *gaddikakkaran* eventually becomes possessed by deities and blesses the patient. *Pooja gaddika* is a thanksgiving ritual performed to express gratitude for curing illnesses. If someone recovers after a *gaddika* ritual, they may offer a hen or coconut to the deities for thanksgiving.

Nadugaddika: The Adiyar community performs a ritual called *nadugaddika* for the well-being and prosperity of humans, plants, and animals in the region. They also

conduct it to enhance crop growth, ensure excellent harvests, and prevent diseases. The community carries out *nadugaddika* as part of preventive healthcare. The ritual begins at the start of the Malayalam month of *Midhunam*, corresponding to June or July, and continues for seven days. To ward off illnesses brought on by the monsoon, the Adiyani community prays to the goddess *Mari*. A group of men dressed as women conducts the ritual. The Adiyani community believes that the goddess *Mari* eliminates disease and illnesses. The *nadugaddika* group visits the homes of all communities, regardless of caste or religion, to perform the ritual.

Arangetbangal/ Arankittu neekkal: *Arangetbangal* is a significant ritual among the Adiyani community, performed during the seventh month of a woman's first pregnancy. The ritual roots itself in preventive healthcare. Adiyans, believe it protects the mother and child from malevolent spirits, ensures a smooth delivery, and promotes overall health. The ritual takes place at the husband's house. A *kalam*, a symbolic drawing on the ground, is created using powders like turmeric (*manjapodi*), brick powder (*chutukatta podi*), rice powder (*aripodi*), and burned coconut shell powder (*karippoti*). The pregnant woman sits in the center of the *kalam* with her legs extended. The ritual is officiated by the *nadumooppa* (community head) and assisted by the *kanaladi* and *karimi*. The *nadumooppa* invokes the deity through chants and songs using magico-religious objects such as the *bethavadi* and *kuntham*. A hen circles around the pregnant woman's head and body before *nadumooppa* ceremonially cuts its neck. To conclude the ritual, the pregnant woman wipes away the *kalam* with her feet while remaining seated. The Adiyans believe that this ritual is essential for ensuring the safety of the mother and child during delivery. They contend that neglecting it could invite complications or harm caused by spirits. Additionally, the ritual helps alleviate stress and fear for both the expectant mother and her family, contributing to their mental well-being.

Kanneeru neekkal: Adiyans believe that if someone is affected by *kanner* or *dhrushti dosham* (evil eye), they might experience fatigue and pain in the arms and legs. To remedy this, they must perform a ritual, usually in the morning. This ritual is called *kanneeru neekkal*. The most important part of the ritual involves massaging the person with oil infused with specific spells. If the evil eye is not severe, they can take remedial

measures at home. They gather salt, pepper, rice, and mustard in the hand, revolve it three times around the person's head, and then place it in a furnace.

5.4.6.2 THE RITUAL HEALING PRACTICES OF MAVILAN

The Mavilans employ various rituals and practices to cure illnesses believed to be caused by supernatural agents. Below are the ritual healing practices of the Mavilans:

***Ilaikk kodukkal* (Offerings to Ancestors):** The Mavilan community performs the *ilaikk kodukkal* ritual to appease ancestor spirits, believing that doing so brings health and prosperity to the family. They offer rice flakes and hens as important offerings in the ritual. On the death anniversary, the family offers the deceased's favorite foods, including alcohol, meat, fish, and *rakku* (toddy). During the *vavu* (full moon), they make a special offering by serving their favorite foods on a leaf. If a crow comes to eat, they believe the spirit of the deceased is satisfied. For spirits who do not come in the form of a crow, they offer *rakku* as a substitute.

Healing Ritual for Children: Mavilan believes that when small children cry continuously at night, they indicate disturbances caused by a malevolent spirit. Mavilans believe these spirits are the souls of dead children. To ward off the spirits, salt, pepper, mustard, and rice are taken in hand and revolved around the child's head before being placed into a furnace. According to the community's beliefs, various ways exist to eliminate spirits. One method involves the family making offerings and prayers to *Theyyam*. In contrast, another involves draping charcoal, turmeric, iron, and sand inside a cloth and hanging it around a *kanjira maram* (wormwood tree). It is believed that if children die, their spirits might disturb the living, which is why children often cry at night. To resolve this issue, charcoal, turmeric, and iron are wrapped in cloth and hung around a tree at twilight.

Ward off Ayyanbala: *Ayyanbala* is an evil spirit that possesses people only on Tuesdays and Fridays, typically when traveling alone at night. The possessed individual vomits blood and faints, which indicates possession by the spirit. Only a *palmakkaran* (a person who diagnoses illness in the traditional Mavilan way) can identify the cause. A person can survive possession only after consuming *kurusi* (a mixture of turmeric, water, and lime), performing specific prayers, and chanting mantras. Only an adept and skilled person, familiar with the necessary spells, can carry out these rituals.

Kothiyedukkal: The Mavilan community practices the *kothiyedukkal* ritual to prevent animals, birds, humans, and spirits from coveting human food. Suppose a human's desire to possess manifests through a spirit. In that case, symptoms like a bloated stomach or inability to eat may appear. When no other solution works, Mavilan performs the *kothiyedukkal* ritual. Two methods exist for performing this ritual: the first method involves filling a vessel with *kurusi* water (a mixture of turmeric powder, water, and lime). The affected person sits with their legs outstretched and inserts a stick with a lighted wick into a pot. The ethnomedical specialists move the pot containing *kurusi* water over the person's body from head to toe three times. Afterward, the ethnomedical specialists inverted the pot over the vessel containing *kurusi* water, which is then completely sucked up. The sound of this suction reveals the cause of the covetous desire or illness. If the suction happens quickly, it indicates spirits are the cause; a slow, swallowing sound suggests humans are the cause; and a licking sound points to a dog. Once the ethnomedical specialists identify the cause, they remove it from the body. Finally, the practitioner empties the *kurusi* water in a specific manner to complete the ritual. At the end, the affected person drinks *kurusi* water. The ritual typically takes place in the morning or evening and is also used to remove the evil eye.

Kanner Kazhipigin: The belief behind the "*kanner*" (or evil eye) is that some people can cause harm or misfortune to others simply by glancing at them with jealousy or envy. Mavilan believes envious looks can bring misfortune, disease, or other adverse consequences. *Kanner kazhipigin* is a ritual performed to remove the effects of evil eye or ward off the evil eye. During the ritual, along with whispering mantras, red chilies, mustard, mud, and rock salt are wrapped in paper and rubbed on the patient's head and body. Afterward, they burn the paper. This ritual usually takes place at dusk in the patient's home. Mavilans believe that red chilies, rock salt, and mustard have the power to remove negative energy.

Neekkal: If malevolent spirits possess someone, a ritualist performs the *neekkalu* ritual to ward off the possession. The person sits in front of a leaf with sauteed rice ground into powder, a jungle geranium flower, ashes, and a wick. The ritualist then performs the rituals and prayers. While chanting prayers, the ritualist sprinkles ash on the possessed person at intervals. The ritualist places the wick in the *kurusi* (a mixture of water, lime, and turmeric). Once the ritual is complete, the ritualist discards all items containing the rice and wick towards the south.

The following tables discuss various rituals and their associated beliefs/purposes.

Table 5.11: Healing: Rituals and Their Purposes

Sl. No	Community	Ritual	Purpose/Belief
1.	Adiyan	<i>Gaddika</i>	To identify the cause of a disease and to cure it.
2.	Adiyan	<i>Arivekkinti</i>	To identify the cause of a disease.
3.	Adiyan	<i>Pooja gaddika</i>	Someone cured of a disease performs <i>pooja gaddika</i> , a thanksgiving ritual.
4.	Adiyan	<i>Nadugaddika</i>	The Adiyan community performs this ritual to ensure the well-being and prosperity of humans, plants, and animals in the region.
5.	Adiyan	<i>Arangetbangal/ Arankittu neekkal</i>	A ritual connected to the first pregnancy occurs during the seventh month to ensure a healthy and safe delivery.
6.	Adiyan	<i>Pathimoont</i>	<i>Pathimoont</i> is a ritual the Adiyan community commonly associates with a dry funeral.
7.	Adiyan	<i>Koottam</i>	The <i>kootta</i> ritual, part of the death rites, appeases the spirits of people who died in the past year. On this day, the <i>nadumooppa</i> (community head) resolves disputes among Adiyan community members through the traditional political organization.
8.	Adiyan	<i>Kullumogal</i>	<i>Kullumogal</i> is a ritual associated with childbirth. The Adiyan community performs it 28 days after giving birth. <i>Kullumogal</i> translates as “complete house cleaning.”

9.	Mavilan	<i>Thaduppe rasi</i>	The Mavilan community conducts <i>thaduppe rashi</i> to identify the cause of the disease.
10.	Mavilan	<i>Palme rashi</i>	To identify the cause of a disease.
11.	Mavilan	<i>Ulukk pidikkal</i>	To cure the disease, particularly muscle spasms.
12.	Mavilan	<i>Kanakk nokkginu</i>	To identify the cause of a disease.
13.	Mavilan	<i>Neekkal</i>	A ritual conducted to rid oneself of malevolent spirits.
14.	Mavilan	<i>Kanner kazhipigin</i>	A ritual conducted by the Mavilan community to eliminate the curse.
15.	Mavilan	<i>Punga Madme/ Punga Mangalam</i>	A life-cycle ritual conducted by the Mavilan community associated with pregnancy.
16.	Mavilan	<i>Thelipp</i>	<i>Thelipp</i> is a dry funeral ritual that the Mavilan community practices.
17.	Mavilan	<i>Anangine olikettne</i>	Through this ritual, the spirit of the departed undergoes a transformative journey, becoming a deity known as <i>Theyyam</i> .
18.	Mavilan	<i>Odikaduppalu</i>	A ritual performed to eliminate the effects of <i>odimari</i> or illnesses caused by black magic (associated with <i>odi</i> , which involves harming enemies through specific mantras, rituals, and objects).

Belief in Magico-Religious Healthcare

Both the Adiyan and Mavilan communities believe in magico-religious healthcare. The following diagram illustrates the data on the belief in magico-religious healthcare among these two communities.

The figure shows the percentage of respondents who answered 'Yes' or 'No' to the question of whether they believe in magico-religious healthcare."

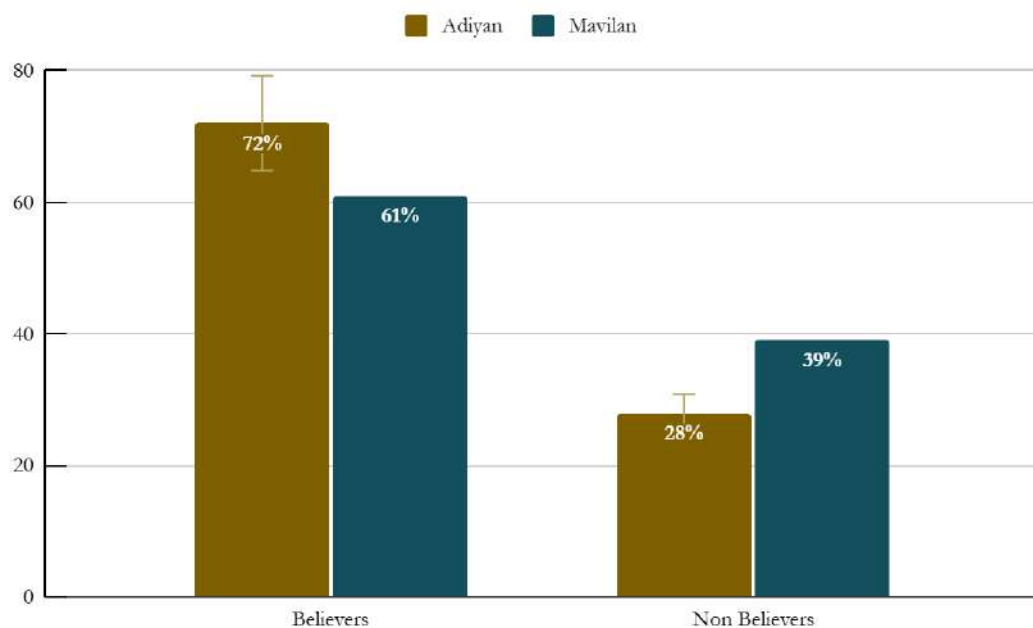


Figure 5.9: Believers and Non-Believers in Magico-Religious Healthcare

The majority of both Adiyan and Mavilan communities believe in magico-religious healthcare, with 72% and 61%, respectively. The Adiyan has a higher percentage of belief than the Mavilan. Mavilan has a higher percentage of non-belief (39%) than Adiyan (28%). Cultural, religious, or traditional factors within each community can influence belief in the magico-religious healthcare of the Adiyan and Mavilan communities, which is subjective. Understanding these differences can be valuable for healthcare providers to tailor their services and communication to better serve the diverse beliefs within these communities.

Mode of Treatment Method of Traditional Healer

The following figure presents data on the treatment methods employed by traditional healers for diseases in the Adiyani and Mavilan tribal communities.

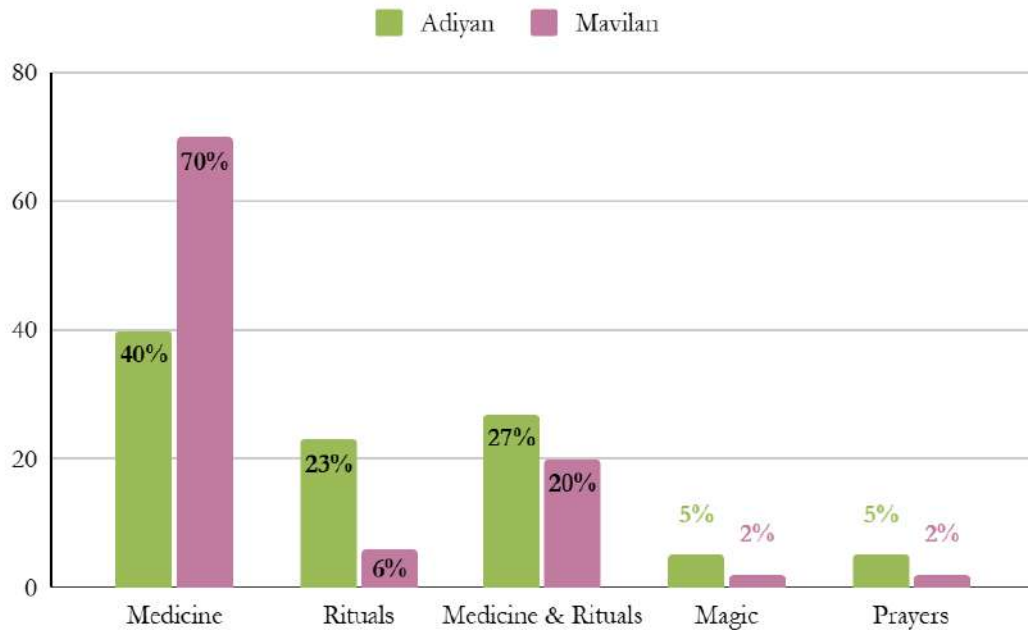


Figure 5.10: Methods of Treatment Employed by Traditional Healers

Prescription of medicine is the most common form of treatment in Mavilan communities (70%), whereas in Adiyani communities, medicine plays a minor role in treatment (40%). Adiyani respondents seem to engage more frequently in rituals (23%) compared to Mavilan (6%). A notable proportion of Adiyani (27%) and Mavilan (20%) respondents opt for a combination of medicine and rituals, and this suggests a dual-treatment approach that integrates natural remedies and cultural practices. A small percentage of respondents from both communities (5% Adiyani and 2% Mavilan) mention using magic as part of the traditional healing process. Both Adiyani and Mavilan respondents report a similar percentage (5% Adiyani, 2% Mavilan) for the use of prayers as a mode of treatment.

In both communities, healers combine herbal medicine and rituals, showing an integrated approach to healthcare. Mavilan and Adiyani communities use magic and prayers for healing as part of their traditional methods. Because of their diversity in treatment methods, traditional healing practices in these communities are rich and complex.

Healthcare System of Adiyam and Mavilan

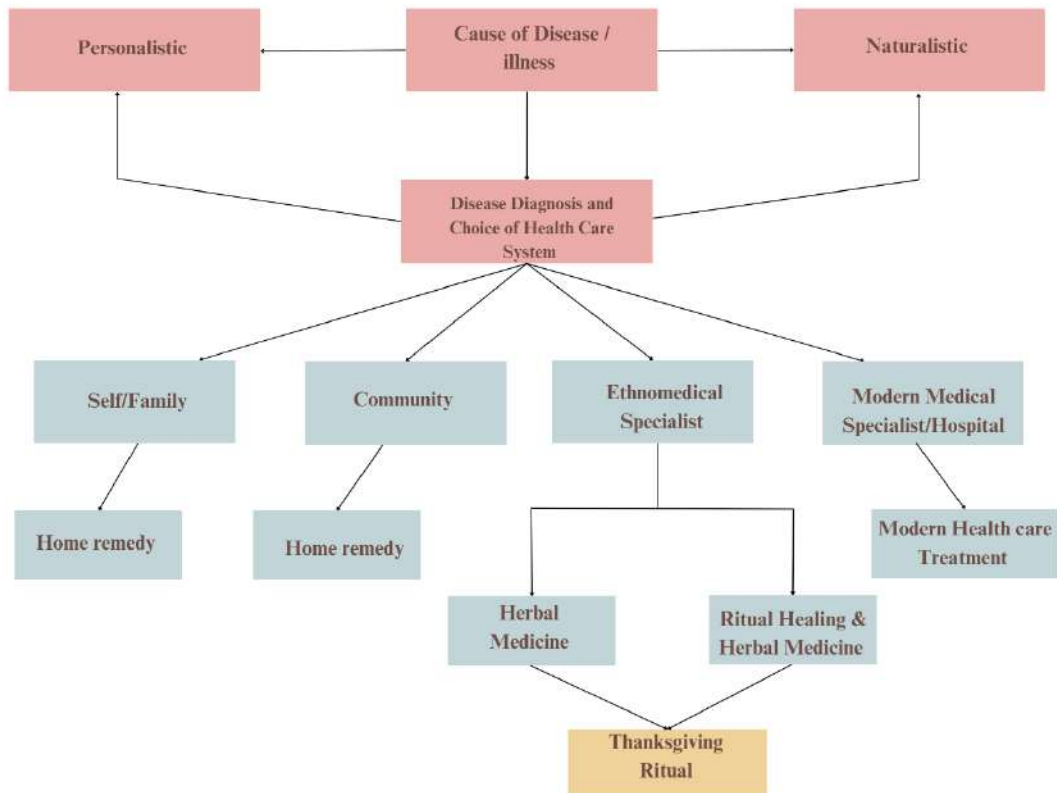


Figure 5.11: Components of the Healthcare System of the Adiyam and Mavilan Communities

Figure 5.11 provides the components of the Healthcare Systems of Adiyam and Mavilan. Foster (1976, p. 774) categorizes the causes of illness into Personalistic and Naturalistic. “A personalistic medical system is one in which disease is explained as due to the active, purposeful intervention of an agent, who may be human (a witch or sorcerer), nonhuman (a ghost, an ancestor, an evil spirit), or supernatural (a deity or other very powerful being). In contrast to personalistic systems, naturalistic systems explain illness in impersonal, systemic terms. The disease is thought to stem not from the machinations of an angry being but rather from such natural forces or conditions as cold, heat, winds, dampness, and, above all, an upset in the balance of the basic body elements (Foster, 1976, p. 775).” This dualistic viewpoint emphasizes the community’s multifaceted knowledge of health and illness, which combines cultural beliefs with practical observations of the environment and physical processes.

Once the individual or ethnomedical specialists identify the cause of illness, they diagnose the disease and choose the appropriate healthcare system. Diagnosing disease plays an integral role in healthcare, especially in treatment. An individual’s ability to

self-diagnose or rely on a family member is often the first step toward identifying the causes of the disease. The patient attempts to diagnose their current illness using past experiences, such as recognizing symptoms associated with similar conditions. In the second stage, community members diagnose a disease based on their own or others' prior experiences with similar illnesses. In the third stage, the community's ethnomedical specialists, such as herbalists, shamans, ritualists, bonesetters, or healers, diagnose the disease. These ethnomedical specialists typically diagnose by observing symptoms, having detailed conversations with the patient and their family, and conducting rituals. In the fourth stage, individuals visit a hospital and consult a doctor.

Sometimes, the patient, family, or community members make an initial diagnosis and prescribe home remedies. When ethnomedical specialists diagnose a disease, they may prescribe herbal medicine, use ritual healing, or combine both methods. If a modern medical specialist or hospital makes the diagnosis, the patient receives conventional medical treatment.

5.5 KNOWLEDGE TRANSMISSION

Tribal communities possess complex and dynamic indigenous healing knowledge, which they root in their cultural milieu and find in a profound grasp of the surrounding environment. It is transmitted orally from generation to generation. It is holistic in nature and considers each person's physical and mental health. Indigenous knowledge of healing is a priceless asset for modern medicine. This knowledge is highly significant since it has been used for millennia to treat and prevent diseases. The Adiyani and Mavilan communities pass down their indigenous healing knowledge through oral traditions, rituals, ceremonies, social interactions, and other cultural practices. This knowledge is formulated through experiential learning and by means of trial-and-error methods. It is considered collective knowledge or shared knowledge.

In earlier times, healers of Adiyani and Mavilan communities only transmitted or passed down the traditional healing knowledge to their successors when a healer became bedridden. Most healers recognized medicinal plants only by seeing them in person. Adiyani and Mavilan communities identified medicinal plants using specific characteristics such as shape, smell, taste, color, and the landscape in which the plants were grown. Sometimes, the names of medicinal plants are rarely known to Adiyani and

Mavilan communities. Some healers also believe that mentioning the name of the medicinal plant will reduce or lose its healing power.

Among the Adiyar and Mavilan communities, the fundamental processes for acquiring knowledge in the field of indigenous healing involve recreation, observations (non-participant observation during the beginning stages and participant observation at later stages of the healing practices led by the healer), and engaging in practice. Active participation in healing rituals and ceremonies is a significant aspect of knowledge acquisition. This hands-on experience is essential for gaining a deeper understanding of the cultural and spiritual aspects of healing. This immersive approach allows individuals to experience the rituals firsthand, fostering a deeper understanding of the cultural context and the healing process. Indigenous healing knowledge is holistic, incorporating spiritual, cultural, and practical elements that add to a complete understanding of health and well-being within a particular cultural context.

Traditional healing knowledge from one generation to another is a deeply ingrained and culturally significant process. The Adiyar and Mavilan communities transmit traditional healing knowledge in the following ways.

- ❖ **Transmission of knowledge at the family level (Through the Primary and Secondary Kin group)-** Transmission of medicinal knowledge at the family level (through the primary and secondary kin groups) is exemplified by transmitting healing knowledge from father to son/daughter and from grandparents to grandchildren. Below are extracts from the case study and interview transcripts that illustrate the transmission of healing knowledge at the family level.

“My father and grandfather were a thammadis (ritual healers). I have learned the healing methods from them¹⁵³.”

“I have learned healing knowledge from my maternal uncle by accompanying him¹⁵⁴.”

¹⁵³ Mrs. BM, Interview conducted among the Adiyar community on 31.10.2021.

¹⁵⁴ Ms. JM, Case Study conducted among the Mavilan community on 13.06.2023.

❖ **Transmission of knowledge from the healer to the apprentice-** Both Adiyar and Mavilan often transmit healing knowledge through apprenticeship. For many years, those seeking to learn medicinal knowledge and other healing practices have served as assistants to healers, learning through observation. Apprenticeship-based learning is experiential, emphasizing hands-on experience and practical application. In this context, the apprentice does not need to be a family member but rather a member of the broader community. Below is an excerpt from the transcripts of the case study and interview, which illustrate the transmission of healing knowledge from the healer to the apprentice:

“From the age of 15, I used to go to the forest with Kalan Vaidhyan (our settlement’s popular healer) to learn about medicinal plants. I also accompanied him when he visited patients’ homes for treatment¹⁵⁵.”

“I have observed and learned healing knowledge from Vishnu Vaidhyan. He was not just a healer but also a Theyyam performer¹⁵⁶.”

¹⁵⁵ Ms. SB, Interview conducted among the Adiyar community on 31.10.2021.

¹⁵⁶ Ms. KM, Case Study conducted among the Mavilan community on 15.06.2023.

The following figure presents data on the transmission of traditional medicinal knowledge among the Adiyan and Mavilan communities.

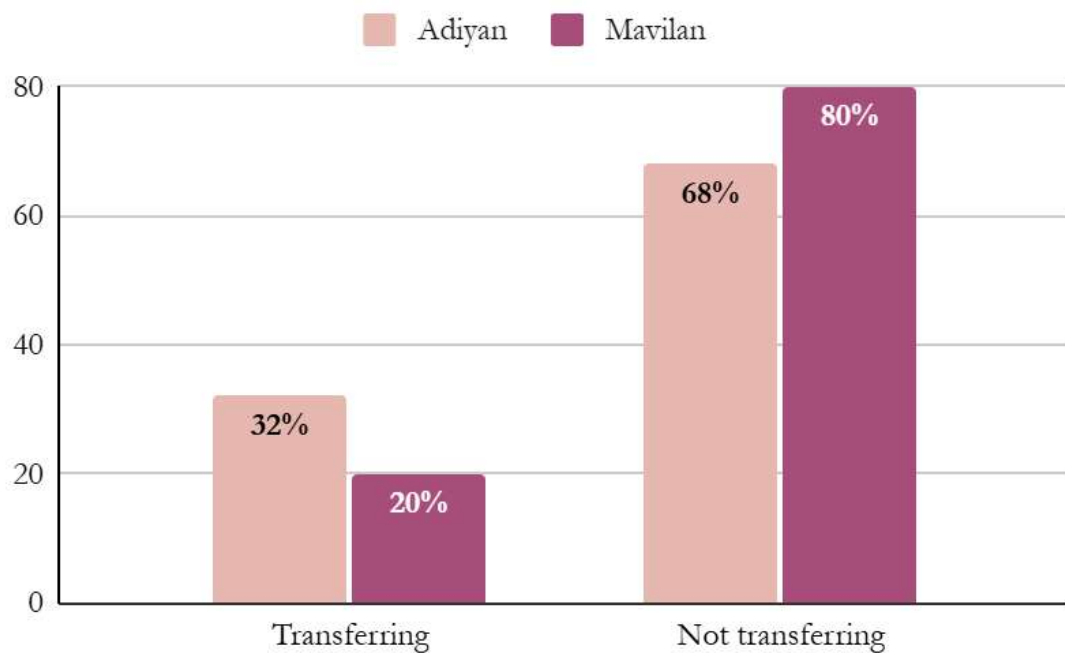


Figure 5.12: Opinions Regarding the Transmission of Traditional Medicinal Knowledge

Comparing the two communities, it is evident that a higher percentage of the Adiyan community believes in transmitting traditional medicinal knowledge (32%) compared to the Mavilan community (20%). More Mavilans (80%) believe that traditional medicine knowledge is not passed down, compared to the Adiyan community (68%). It may indicate a shift in attitudes influenced by lifestyle changes, an increase in modern medicine, or a decrease in traditional medicine usage.

Cultural beliefs, socioeconomic factors, accessibility to healthcare services, and the perceived efficacy of traditional and modern medical practices deeply influence the health-seeking behaviors and choice of healthcare systems among the Adiyan and Mavilan tribes. Despite a gradual shift towards modern medicine, traditional healing methods remain significant, particularly for ailments perceived to have supernatural origins. The preference for a holistic approach to healthcare reflects the communities' cultural values and the need for comprehensive care. To effectively address the healthcare needs of these tribal communities, interventions must integrate both traditional and modern medical practices while respecting the communities' beliefs and preferences and being culturally sensitive.

The relationship between traditional healers and patients among tribal communities like the Adiyar and Mavilar is deeply rooted in trust, mutual understanding, and shared cultural background. Traditional healing practices emphasize holistic care, addressing psychological, spiritual, physical, and social aspects of health. Patients actively participate in treatment alongside healers, fostering a collaborative approach to healing. Additionally, life cycle rituals play a significant role in these communities, serving as occasions to strengthen community ties and mark important transitions. Plants and sacred objects are intricately woven into these rituals, symbolizing prosperity, purity, and protection, reflecting the cultural values and beliefs of the Adiyar and Mavilar communities. Through these rituals, they maintain their cultural identity and seek guidance from ancestral spirits, affirming the importance of tradition in their lives.

Traditional healing practices among the Adiyar and Mavilar communities are deeply rooted in cultural beliefs and rituals. Guided by principles of respect for nature, ancestral blessings, and communal responsibility, these practices blend herbal remedies, ritual ceremonies, and supernatural interventions. The significance of ethnomedicine lies in its holistic approach, addressing not just physical ailments but also spiritual and social well-being. Home remedies and the utilization of local flora and fauna underscore the communities' intimate relationship with their natural environment. Furthermore, the integration of promotive medicine highlights a proactive stance towards health maintenance. Despite modern influences, these healing traditions persist, embodying resilience and cultural continuity within these tribal societies.

The Adiyar and Mavilar tribal communities boast a rich tradition of ethnomedical specialists who play vital roles in healthcare. From *Vaithiyakkaran* (herbalists) to *Pottalu Nokkana Vaithiyakkaran* (bone setters) and *Vesha Vaithiyakkaran* (specialists in insect and snake bites), each serves a unique purpose. *Bethikkarathi/Vethikkarathi* (the midwives who ensure safe childbirth practices), *Uzhichilkaran* (those who practice massage therapy to treat back pain, joint pain, and headaches), and *Thammadi* (a person who cures diseases through magico-religious rituals) play a significant role in the lives of the Adiyar community.

Ethnomedical specialists in the Mavilar community, including *Vaidhyans*, *Veshavaidhyans*, and *Karmis*, play vital roles in healing. *Vaidhyans* utilize herbal remedies passed down through generations, to treat ailments like measles and fever.

Veshavaidhyans specialize in detoxing venom from snake, spider, and insect bites, employing specific rituals and medicinal plants. *Karmis*, often with magico-religious knowledge, diagnose illnesses and perform rituals for healing. Despite challenges in transmitting traditional knowledge, healers continue their vital roles, emphasizing the importance of ancestral blessings, rituals, and community involvement in preserving these invaluable healing practices.

Their practices are deeply rooted in tradition, passed down through generations, and often guided by spiritual beliefs. Despite modern healthcare accessibility, these specialists remain significant in the community, bridging traditional wisdom with contemporary needs. Preserving and respecting their knowledge is crucial for maintaining the cultural and healthcare integrity of the Adiyan tribe.

Indigenous healing knowledge, deeply rooted in cultural traditions, offers invaluable insights into modern medicine. Transmitted orally across generations, it encompasses holistic approaches to health involving experiential learning and cultural immersion. While familial transmission remains significant, apprenticeship also plays a crucial role. However, shifting attitudes within communities, as seen in Adiyan and Mavilan communities, suggest evolving dynamics influenced by modernization and changing healthcare practices.

In this chapter, the researcher explores the profound relationship between traditional healers and patients, highlighting the trust and mutual understanding that stem from their shared cultural backgrounds. It also examines healthcare beliefs and life cycle rituals in detail, focusing on ceremonies associated with birth, puberty, marriage, pregnancy, and death, and we incorporate the use of plants and sacred objects. The chapter elucidates traditional healers' guiding principles and practices, including home remedies, ethnomedical practices, and curative healthcare methods, emphasizing the significance of promotive medicine and ritual healing practices. Furthermore, it highlights the roles of ethnomedical specialists in preserving traditional knowledge and transmitting healing knowledge across generations.

The chapter explores the intricate relationship between the cultural beliefs of the Adiyan and Mavilan communities and their health-seeking behaviors, emphasizing how social, economic, and magico-religious factors deeply influence these practices. It highlights the communities preference for traditional healing methods, such as

ritualistic and herbal treatments, and examines how these methods coexist with modern medical systems. The chapter comprehensively explains how indigenous healing knowledge is transmitted across generations, aligning with the research objectives. It illustrates how cultural and social factors shape healthcare practices in these communities.

The findings illustrate how cultural contexts, societal values, and spiritual beliefs shape the communities healing practices, reflecting a dynamic interplay of tradition and adaptation in response to evolving healthcare needs. The Adiyar and Mavilar communities choose their healing methods based on the factors that cause diseases. These communities initially prefer traditional medicine for naturalistic causes, such as imbalances in the body's elements. If this approach proves ineffective, they then try modern medicine, followed by ritual treatment if necessary. For personalistic causes, like sorcery or ancestral spirits, they prefer traditional medicine and ritual healing. In the Adiyar areas, both Ayurveda and allopathy have established a presence, and the communities have increasingly adopted modern medical practices. They influence their treatment choices based on the severity of the illness and the perceived effectiveness of the remedies. For illnesses attributed to supernatural causes, they deem rituals essential, often using herbal treatments alongside or prior to ritual healing. Supernatural agents play a role in diagnosing and treating these conditions.

CHAPTER VI
CONCLUSION

CHAPTER VI: CONCLUSION

The study aims to understand and document the indigenous healing practices of the Adiyan and Mavilan Tribal Communities of Kerala within the context of their unique cultures and conceptions of health and disease. The tribal communities' perspectives on health, disease causation, healthcare beliefs, and practices are culturally specific and different from a modern medical point of view. While bringing modern medicine and healthcare programs to the tribal areas, it is essential to understand the healthcare approaches of the tribal communities. Hence, the present study on Indigenous healing practices of these two communities becomes significant and relevant in the present-day context. There has been a significant transformation in the cultural practices of the Adiyan and Mavilan communities. The traditional dwellings that were once prevalent among these communities have gradually diminished, giving way to the prevalence of concrete houses in their settlements. Despite changing their traditional dress pattern, the Adiyan community continues to wear their traditional attire during significant ceremonies and rituals. Conversely, the Mavilan community exhibits less preference for their traditional dress pattern. Similar to other communities, the livelihoods of these communities have undergone significant transformations. Their sustenance relies heavily on crop cultivation, agricultural pursuits, and wage labor, resulting in notable cultural shifts within these communities. Even if some of these customs have changed throughout time, following the life cycle rituals continues to be a crucial part of their cultural traditions. Tribal life and culture have unavoidably undergone significant changes due to industrialization and globalization, reflecting the experiences of other communities. The cultural heritage of a community serves as a repository of traditions, which must be preserved and transmitted to future generations.

Adiyan and Mavilan tribal communities show distinct perspectives on health, emphasizing a holistic understanding encompassing physical, mental, social, and cultural dimensions. Both communities view health not merely as the absence of disease but as the integration of various factors contributing to overall well-being. The Adiyan community highlights mental and physical health, dietary habits, preventive measures, and bodily awareness in defining health. In contrast, the Mavilan community emphasizes physical health, mental well-being, preventive health practices, and positive thinking. While both communities share some commonalities in their perceptions, such as the importance of daily routines and the absence of disease, there

are notable differences, possibly influenced by cultural or contextual factors. Cultural beliefs shape the distinct perspectives of Adiyani and Mavilan tribal societies on what constitutes a healthy person.

Adiyani and Mavilan communities share a holistic perspective on illness, combining physical, mental, and emotional components. The concepts of illness in both communities are rooted in practical knowledge and sociocultural practices. Varied beliefs regarding the role of supernatural entities in disease causation suggest cultural, religious, or regional influences on community perceptions. Integrating these traditional concepts into modern healthcare can contribute to a more holistic healthcare system. Exploring Adiyani and Mavilan's health and illness concepts contributes to a broader discussion of cultural competency in health care. It encourages a more inclusive understanding of health and well-being. Understanding these perspectives is crucial for bridging traditional and modern healthcare approaches.

Religious elements and belief systems significantly shape the lives of Adiyani and Mavilan communities, impacting their health, social structure, and cultural practices. The worship of chief deities, clan deities, nature, and ancestral spirits is intricately woven into their healing traditions, reflecting a holistic and interconnected worldview. These communities' deep-rooted connection with their religious beliefs highlights the importance of maintaining harmony with nature and the significance of rituals in fostering community bonds. The complex interplay between religious practices, societal customs, and healthcare underscores the need for a nuanced understanding of the Adiyani and Mavilan healing systems that go beyond conventional medical perspectives.

Adiyani and Mavilan food habits are strongly ingrained in their cultural, economic, and environmental contexts, underlining the importance of traditional knowledge in preserving their distinct food traditions. Adiyani and Mavilan tribal communities have experienced changes in traditional food habits. Factors contributing to these changes include urbanization, globalization, and lifestyle alterations. Special diets during pregnancy vary between the communities, with unique food recommendations and restrictions. Maternal health practices include specific postpartum diets to promote lactation and overall health. Both communities have historical food taboos rooted in religious beliefs. Additionally, "hot and cold" foods are crucial in their dietary practices,

influencing choices during different seasons and health conditions. Despite cultural shifts, these communities still maintain some traditional food practices.

The Adiyani and Mavilan community's understanding of illness causes is multifaceted, including naturalistic (environmental, biological) and personalistic aspects (evil eye, spirit affliction, sorcery). This dualistic viewpoint emphasizes the community's multifaceted knowledge of health and illness, which combines cultural beliefs with practical observations of the environment and physical processes. This dualism emphasizes the complex relationship of cultural beliefs, environmental factors, and individual experiences in determining community health perceptions.

In the indigenous healing systems of Adiyani and Mavilan communities, disease diagnosis is a multi-stage process involving self-diagnosis, community involvement, ethnomedical specialists, and hospital consultations. Sociocultural factors shape the diagnosis, with visible external symptoms and internal cues guiding the identification. Various rituals also play a crucial role in uncovering supernatural causes. These diverse methods reflect the communities deep connection to their traditions, spirits, and holistic understanding of health. Cultural practices play a crucial role in their healthcare beliefs and practices, indicating a distinctive worldview that may differ from mainstream medical perspectives. Adiyani and Mavilan believe that herbal remedies or medical consultations alone cannot cure illnesses caused by supernatural forces, deities, or ancestor displeasure. They believe that performing healing rituals is the only effective remedy for such illnesses.

Cultural beliefs, socioeconomic factors, accessibility to healthcare services, and the perceived efficacy of traditional and modern medical practices deeply influence the health-seeking behaviors and choice of healthcare systems among the Adiyani and Mavilan tribes. Despite a gradual shift towards modern medicine, traditional healing methods remain significant, particularly for ailments perceived to have supernatural origins. The preference for a holistic approach to healthcare reflects the communities cultural values and the need for comprehensive care. To address the healthcare needs of these tribes effectively, practitioners must design culturally sensitive interventions, integrate both traditional and modern medical practices, and respect the communities' beliefs and preferences.

The relationship between traditional healers and patients among tribal communities like

the Adiyar and Mavilar is deeply rooted in trust, mutual understanding, and shared cultural background. Traditional healing practices emphasize holistic care, addressing psychological, spiritual, physical, and social aspects of health. Patients actively participate in treatment alongside healers, fostering a collaborative approach to healing. Additionally, life cycle rituals play a significant role in these communities, serving as occasions to strengthen community ties and mark important transitions. Plants and sacred objects are intricately woven into these rituals, symbolizing prosperity, purity, and protection, reflecting the cultural values and beliefs of the Adiyar and Mavilar communities. Through these rituals, they maintain their cultural identity and seek guidance from ancestral spirits, affirming the importance of tradition in their lives.

Traditional healing practices among the Adiyar and Mavilar communities are deeply rooted in cultural beliefs and rituals. Guided by principles of respect for nature, ancestral blessings, and communal responsibility, these practices blend herbal remedies, ritual ceremonies, and supernatural interventions. The significance of ethnomedicine lies in its holistic approach, addressing not just physical ailments but also spiritual and social well-being. Home remedies and the utilization of local flora and fauna underscore the communities' intimate relationship with their natural environment. Furthermore, the integration of promotive medicine highlights a proactive stance towards health maintenance. Despite modern influences, these healing traditions persist, embodying resilience and cultural continuity within these tribal societies.

The Adiyar and Mavilar tribal communities boast a rich tradition of ethnomedical specialists who play vital roles in healthcare. From *Vaithiyakkaran* (herbalists) to *Pottalu Nokkana Vaithiyakkaran* (bone setters) and *Vesha Vaithiyakkaran* (specialists in insect and snake bites), each serves a unique purpose. *Bethikkarathi/Vethikkarathi* (the midwives who ensure safe childbirth practices), *Uzhichilkaran* (those who practice massage therapy to treat back pain, joint pain, and headaches), and *Thammadi* (person who cures diseases through magico-religious rituals) play a significant role in the lives of Adiyar community.

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employing specific rituals and medicinal plants. *Karmi*, often with magico-religious knowledge, diagnose illnesses and perform rituals for healing. Despite challenges in transmitting traditional knowledge, healers continue their vital roles, emphasizing the importance of ancestral blessings, rituals, and community involvement in preserving these invaluable healing practices.

Only a limited number of ethnomedical specialists from the Mavilan community offer their treatments, both within their own community and to individuals from outside communities. Among these specialists, one notable healer has established a treatment center in a town area, making their services more accessible to a broader population. People from various regions seek treatment at this center for conditions such as back pain, varicose veins, chronic headaches, and tumors. Only one healer from the Adiyani community is known to offer treatments to individuals from outside communities professionally. However, many healers within the Adiyani and Mavilan communities primarily focus on providing care and treatments to members of their own community.

Their practices are deeply rooted in tradition, passed down through generations, and often guided by spiritual beliefs. Despite modern healthcare accessibility, these specialists remain significant in the community, bridging traditional wisdom with contemporary needs. Preserving and respecting their knowledge is crucial for maintaining the cultural and healthcare integrity of the Adiyani tribe.

Indigenous healing knowledge, deeply rooted in cultural traditions, offers invaluable insights into modern medicine. Transmitted orally across generations, it encompasses holistic approaches to health involving experiential learning and cultural immersion. While familial transmission remains significant, apprenticeship also plays a crucial role. However, shifting attitudes within communities, as seen in Adiyani and Mavilan communities, suggest evolving dynamics influenced by modernization and changing healthcare practices.

By analyzing the results of this study, policymakers will be able to formulate healthcare programs that will best suit the tribal communities, especially Adiyani and Mavilan, and thus help them improve their health in general. The results of this study, such as the emic view (insider view) of the concept of health, illness, healthcare practices and approaches, and pluralistic healthcare approaches, will help them formulate healthcare

programs that suit their needs.

Compared to Mavilan, Adiyans predominantly utilize indigenous healing systems, possibly influenced by their geographical location, relative isolation, and access to natural resources. Adiyans mainly incorporate elements from their environment into their healing systems, reflecting their unique cultural and ecological context. The Adiyans community more commonly chooses ritual healing practices than the Mavilan community. This preference may stem from cultural traditions, spiritual beliefs, and the availability of resources within their respective environments. The contrast between the Mavilan and Adiyans communities is evident in their respective approaches to healthcare. Mavilans may have a more diverse range of healthcare options due to factors like urbanization and access to modern medical facilities.

POLICY RECOMMENDATIONS

Various governmental and non-governmental institutions have made efforts to record and preserve tribal traditional knowledge and ethnomedical practices. However, integrating such knowledge into the broader system is still in its early stages.

Addressing the various cultural, social, and economic aspects of tribal communities is essential to fostering their healthcare practices. Integrating the following strategies can improve the overall health outcomes of the Adiyans and Mavilan tribal communities (and other tribal communities) and encourage them to adopt healthcare techniques while honoring their Indigenous healing practices.

- The curriculum for medical courses should include Indigenous knowledge (i.e., Indigenous medical knowledge). An inclusive approach should be adopted in the preparation of the curriculum and syllabus.
- Enhance the Public Distribution System (PDS) to include or replace current offerings with nutritious foods that align with tribal communities traditional dietary preferences, mitigating nutritional imbalances caused by changes in food habits due to shifts in traditional subsistence practices.
- Promote sustainable farming methods to address food insecurity and ensure access to nutritious food. Implement nutrition education programs that encourage healthy eating habits while respecting and preserving traditional diets.

- The researchers should document the indigenous knowledge (i.e., Indigenous medical knowledge). It should be transmitted and included in the education.
- Understanding the tribal community's perspective on health, illness, and healing is crucial for culturally sensitive healthcare interventions. Recognizing the socio-cultural context of illness narratives is essential for effective communication between healthcare providers and community members. Their treatment methods reflect a holistic understanding of health, encompassing physical and mental aspects.
- Integrating traditional healing practices alongside modern medical intervention is crucial in achieving a complete cure. Tribes often adopt a holistic treatment method that heals both body and mind.
- Governments can enhance the accessibility of healthcare services by constructing clinics and other healthcare facilities within or near tribal villages. Tribal communities should confront the significant challenge posed by the limited availability of essential medicines, which they often need to purchase from medical outlets. To ease financial constraints, stakeholders must ensure that access to medicines, diagnostic tests, and related expenses is readily available without imposing a financial burden. The researcher is not advocating for replacing Indigenous health practices with biomedical support but rather for a complementary system that addresses urgent health needs while respecting and incorporating traditional knowledge.
- A healthcare provider from a diverse background and an ethnomedical specialist can collaborate to ensure effective communication and understanding. As a result, healthcare professionals become more familiar with the unique health beliefs, rituals, and remedies embodied by different cultures. Healthcare providers should be culturally sensitive and open to understanding diverse beliefs and practices.
- Addressing linguistic barriers by providing healthcare information in tribal languages is recommended. Additionally, employing community health workers or interpreters proficient in both regional and tribal languages would be beneficial. To promote health awareness, use culturally appropriate resources and techniques, such as narrative storytelling, community events, drama, and art forms.

- Establish integrated hospitals where ethnomedical specialists can play a role. Collaborative efforts between traditional healers and modern medical practitioners could be beneficial in specific contexts. Develop alternative hospitals where ethnomedical specialists can take on the roles of medical specialists.
- Engage tribal leaders and elders in healthcare initiatives to gain support and involvement.
- Encourage and train medical professionals to understand and respect the cultural norms, practices, and traditions of the tribal communities.

SUGGESTIONS

- Acknowledging and respecting cultural beliefs can enhance patient trust and contribute to more holistic healthcare approaches.
- In addition to community members, indigenous medical knowledge should be widely helpful to the general public.
- Culture should be preserved, and it should be helpful from a broader perspective.
- Provide information related to intellectual property rights in tribal languages.
- Engage tribal communities in healthcare decision-making to empower them.

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APPENDIX

OPEN ENDED QUESTIONNAIRE

Personal Information

Community Name :

Informant Name :

Hamlet Name :

District :

Taluk :

Village :

Block Panchayat :

Pincode :

Phone Number / Whats app :

Email :

Age :

Gender :

Education :

Occupation :

Income :

Marital Status :

Ethnographic Profile

1. സമുദായത്തിന്റെ പേരെന്താണ്?
2. സമുദായത്തിന്റെ പരമ്പരാഗത പേര്?
3. സമുദായത്തിന്റെ മറ്റ് പേരുകൾ ഏവ?
4. ഗവണ്മെന്റിലെ ലിസ്റ്റിൽ ഔദ്യോഗികമായി സമുദായത്തിന്റെ പേരെന്താണ്?
5. സമുദായത്തെ മറ്റ് സമുദായങ്ങൾ എന്ന് പേരിലാണ് അറിയപ്പെടുന്നത്?
6. സമുദായം ഏതു പേരിലാണ് സ്വയം അറിയപ്പെടുന്നത്?

7. സമുദായത്തിന്റെ പേരിന്റെ ഉത്ഭവം എന്താണ്?
8. സമുദായത്തിന്റെ ഉത്ഭവവുമായി/ആവിർഭാവവുമായി ബന്ധപ്പെട്ട പുരാവൃത്തമോ ഐതീഹ്യമോ മറ്റ് കഥകളോ ഉണ്ടോ?
9. ഒന്നിലധികം കുടുംബങ്ങളുടേതായി താമസിക്കുന്ന സ്ഥലം പരമ്പരാഗതമായി ഏത് പേരിൽ അറിയപ്പെടുന്നു ?
10. പ്രാദേശികമായ തരം തിരിവുകളുണ്ടോ ? (Geographical Division)
11. സമുദായത്തിന്റെ പരമ്പരാഗത വീടിന് പറയുന്ന പേരെന്താണ്?
12. പരമ്പരാഗത വീട് ആരാണ് നിർമ്മിക്കുന്നത്?
13. വീട് നിർമ്മാണത്തിൽ സ്ത്രീകൾക്കുള്ള പങ്ക് എന്തൊക്കെയാണ് ? സ്ത്രീകൾ ഏതെല്ലാം ജോലികളിലാണ് ഏർപ്പെടുക ?
14. വീട് നിർമ്മാണത്തിൽ പുരുഷന്മാർക്കുള്ള പങ്ക് എന്തൊക്കെയാണ് ? പുരുഷന്മാർ ഏതെല്ലാം ജോലികളിലാണ് ഏർപ്പെടുക ?
15. സങ്കേതത്തിൽ പരമ്പരാഗത വീടുണ്ടോ?
16. വ്യത്യസ്ത തരത്തിലുള്ള പരമ്പരാഗത വീടുകൾ ഉണ്ടോ?
17. ഉണ്ടെങ്കിൽ ഏവ? അവ എങ്ങനെയാണ് നിർമ്മിക്കുന്നത്?
18. ചുമരെയുത്തുണ്ടോ ?
19. ആരാണ് ചുമരെയുത് ചെയ്യുന്നത്?
20. ചുമരെയുത് നിർമ്മിക്കാനാവശ്യമായ സാമഗ്രികൾ എവിടെ നിന്നുമാണ് ലഭിക്കുന്നത്? അവ എങ്ങനെയാണ് നിർമ്മിക്കുന്നത്?
21. കൃഷിയുടെ ആവശ്യത്തിനായി അതായത് ശേഖരണത്തിനായി ഏതെങ്കിലും രീതിയിലുള്ള മുറികൾ ഉണ്ടായിരുന്നോ?
22. ആർത്തവ കാലത്ത് സ്ത്രീകളുടേക്ക് താമസിക്കാനായുള്ള പ്രത്യേക വീടുണ്ടോ/ മുറിയുണ്ടോ?
23. പ്രസവവുമായി ബന്ധപ്പെട്ട് താമസിക്കാനായുള്ള പ്രത്യേക വീടുണ്ടോ/ മുറിയുണ്ടോ?
24. ദൈവിക ഇടങ്ങളുടേ/മുറികളുടേക്ക് പറയുന്ന പേര്?
25. പരമ്പരാഗത അടുപ്പിന്റെ നിർമ്മാണം എങ്ങനെയാണിരുന്നത് ?
26. വെള്ളം എവിടെ നിന്നുമാണ് ശേഖരിക്കുക ?
27. സന്ധ്യ കഴിഞ്ഞാൽ കിണറ്റിൽ നിന്നും/ പുഴയിൽ നിന്നും വെള്ളം കോരാറുണ്ടോ ?
28. ആർത്തവ സമയത്ത് സ്ത്രീകൾ കിണറ്റിൽ നിന്നും വെള്ളം കോരാറുണ്ടോ ?
29. സ്ത്രീകളുടെ പരമ്പരാഗത വസ്ത്രധാരണരീതി

30. പുരുഷന്മാരുടെ പരമ്പരാഗത വസ്ത്രധാരണരീതി
31. പെൺകുട്ടികളുടെ പരമ്പരാഗത വസ്ത്രം
32. ആൺകുട്ടികളുടെ പരമ്പരാഗത വസ്ത്രം
33. വയോധികരുടെ പരമ്പരാഗത വസ്ത്രം
34. പരമ്പരാഗത വസ്ത്രത്തോട് ചേർന്ന് ആയുധമോ പണമോ സൂക്ഷിക്കാനായി കീശ ഉണ്ടോ ?
35. ചടങ്ങുകൾക്ക് ധരിക്കുന്ന പ്രത്യേക വസ്ത്രം
36. ജനിച്ചയുടനെ കുഞ്ഞിന് ധരിപ്പിക്കുന്ന വസ്ത്രം? അതിന് പ്രത്യേക നിറമുണ്ടോ?
37. മതപരമായ ചടങ്ങുകളിൽ ഉപയോഗിച്ചുവരുന്ന തുണിയുടെ നിറം എന്താണ് ? അത് ഏത് തരം തുണിയാണ്? എവിടെ നിന്നാണ് അത് വാങ്ങുന്നത്?
38. ഇപ്പോഴത്തെ വസ്ത്ര ധാരണ രീതി എന്താണ്?
39. സമുദായത്തിന്റെ പരമ്പരാഗത ആഭരണങ്ങൾ ഏതെല്ലാമാണ്?
40. സ്ത്രീകളുടെ പരമ്പരാഗത ആഭരണങ്ങൾ ഏതെല്ലാം ?
41. പുരുഷന്മാർ ആഭരണങ്ങൾ ഉപയോഗിക്കാറുണ്ടോ ? ഉണ്ടെങ്കിൽ ഏതെല്ലാം?
42. പച്ചകുത്താറുണ്ടോ?
43. ആരാണ് പച്ച കുത്തുന്നത്?
44. പച്ച കുത്തുന്ന മിശ്രിതം ആരാണ് തയ്യാറാക്കുന്നത് ? എങ്ങനെയാണ് തയ്യാറാക്കുന്നത്?
45. എന്തിനുവേണ്ടിയാണ് പച്ച കുത്തുന്നത് ? പച്ചകുത്തുന്നതുമായി ബന്ധപ്പെട്ട് എന്തെങ്കിലും പുരാവൃത്തങ്ങളോ ഐതിഹ്യങ്ങളോ ഉണ്ടോ?
46. പരമ്പരാഗത ഭക്ഷണരീതികൾ എന്തെല്ലാമാണ്?
47. ദൈനന്ദിന ഭക്ഷണ ക്രമങ്ങൾ എങ്ങനെയാണ്?
48. വ്യത്യസ്തയിനം കിഴങ്ങുകൾ ഏതൊക്കെയാണ് ഭക്ഷണത്തിൽ ഉൾപ്പെടുത്തിയിരിക്കുന്നത്?
49. വ്യത്യസ്തയിനം ഇലകളിൽ ഏതൊക്കെയാണ് ഭക്ഷണത്തിൽ ഉൾപ്പെടുത്തിയിരിക്കുന്നത്?
50. വ്യത്യസ്തയിനം പഴങ്ങളിൽ ഏതൊക്കെയാണ് ഭക്ഷണത്തിൽ ഉൾപ്പെടുത്തിയിരിക്കുന്നത്?
51. വ്യത്യസ്തയിനം കൂണുകൾ ഏതൊക്കെയാണ് ഭക്ഷണത്തിൽ ഉൾപ്പെടുത്തിയിരിക്കുന്നത്?
52. വ്യത്യസ്തയിനം തേനുകൾ ഏതൊക്കെയാണ് ഭക്ഷണത്തിൽ ഉൾപ്പെടുത്തിയിരിക്കുന്നത്?

53. വ്യത്യസ്തയിനം ധാന്യങ്ങൾ ഏതൊക്കെയാണ് ഭക്ഷണത്തിൽ ഉൾപ്പെടുത്തിയിരിക്കുന്നത്?
54. വ്യത്യസ്തയിനം പച്ചക്കറികൾ ഏതൊക്കെയാണ് ഭക്ഷണത്തിൽ ഉൾപ്പെടുത്തിയിരിക്കുന്നത്?
55. വ്യത്യസ്തയിനം മത്സ്യങ്ങൾ ഏതൊക്കെയാണ് ഭക്ഷണത്തിൽ ഉൾപ്പെടുത്തിയിരിക്കുന്നത്?
56. വ്യത്യസ്തയിനം പക്ഷികൾ ഏതൊക്കെയാണ് ഭക്ഷണത്തിൽ ഉൾപ്പെടുത്തിയിരിക്കുന്നത്?
57. വ്യത്യസ്തയിനം ഇറച്ചികൾ ഏതൊക്കെയാണ് ഭക്ഷണത്തിൽ ഉൾപ്പെടുത്തിയിരിക്കുന്നത്?
58. വ്യത്യസ്തയിനം ആമകൾ ഏതൊക്കെയാണ് ഭക്ഷണത്തിൽ ഉൾപ്പെടുത്തിയിരിക്കുന്നത്?
59. ജനനവുമായി ബന്ധപ്പെട്ട ചടങ്ങുകളിൽ ഏതൊക്കെ ഭക്ഷണയിനങ്ങളാണ് ഉള്ളത്?
60. ഗർഭധാരണവുമായി ബന്ധപ്പെട്ട ചടങ്ങുകളിൽ ഏതൊക്കെ ഭക്ഷണയിനങ്ങളാണ് ഉള്ളത്?
61. പ്രസവത്തിൽ ചടങ്ങുകളിൽ ഏതൊക്കെ ഭക്ഷണയിനങ്ങളാണ് ഉള്ളത്?
62. വിവാഹവുമായി ബന്ധപ്പെട്ട ചടങ്ങുകളിൽ ഏതൊക്കെ ഭക്ഷണയിനങ്ങളാണ് ഉള്ളത്?
63. മരണവുമായി ബന്ധപ്പെട്ട ചടങ്ങുകളിൽ ഏതൊക്കെ ഭക്ഷണയിനങ്ങളാണ് ഉള്ളത്?
64. മരണാനന്തര ചടങ്ങുകളിൽ ഏതൊക്കെ ഭക്ഷണയിനങ്ങളാണ് ഉള്ളത്?
65. ഗർഭിണിക്ക് പ്രത്യേക ഭക്ഷണക്രമമുണ്ടോ? ഉണ്ടെങ്കിൽ ഏതെല്ലാം?
66. പ്രസവിച്ച സ്ത്രീക്ക് പ്രത്യേക ഭക്ഷണക്രമമുണ്ടോ? ഉണ്ടെങ്കിൽ ഏതെല്ലാം?
67. ആചാരാനുഷ്ഠാനവുമായി ബന്ധപ്പെട്ട ഭക്ഷണയിനങ്ങൾ ഏതെല്ലാമാണ്?
68. മറ്റ് ചടങ്ങുകളുമായി ബന്ധപ്പെട്ട ഭക്ഷണയിനങ്ങൾ ഏതെല്ലാമാണ്?
69. പുതിയ കാലഘട്ടത്തിലെ ഭക്ഷണ ക്രമം?
70. ഭക്ഷണം പാകം ചെയ്യാനായി ഉപയോഗിക്കുന്ന പാത്രങ്ങൾ / ഉപകരണങ്ങൾ ഏതെല്ലാമാണ്?
71. ഇറച്ചി, മീൻ, കൂൺ തുടങ്ങിയവ ഉണക്കി സൂക്ഷിക്കുന്ന പതിവുണ്ടോ?
72. ദൈവങ്ങൾക്ക് വെച്ച് കൊടുക്കുന്ന പതിവുണ്ടോ?
73. ഏതെല്ലാം ഭക്ഷണങ്ങൾക്കാണ് വിലക്കുള്ളത്?

74. സമുദായത്തിന്റെ പാരമ്പര്യ തൊഴില് ഏതാണ്?
75. ഇപ്പോഴും ആ തൊഴിൽ തന്നെയാണോ ചെയ്തു വരുന്നത്?
76. വനവിഭവങ്ങൾ ശേഖരിക്കാറുണ്ടോ?
77. കിഴങ്ങുകൾ എങ്ങനെയാണ് തിരിച്ചറിയുന്നത്?
78. തേൻ എങ്ങനെയാണ് ശേഖരിക്കുന്നത്?
79. കൂണുകൾ ശേഖരിക്കാറുണ്ടോ?
80. ഭക്ഷ്യയോഗ്യമായ കൂൺ എങ്ങനെയാണ് തിരിച്ചറിയുന്നത്?
81. മീൻ പിടുത്തം ഉണ്ടായിരുന്നോ? ഉണ്ടെങ്കിൽ എങ്ങനെ? ഏതെല്ലാം?
82. പക്ഷികളെ വേട്ടയാടി പിടിക്കാറുണ്ടോ? ഉണ്ടെങ്കിൽ ഏതെല്ലാം?
83. എങ്ങനെയാണ് പക്ഷികളെ വേട്ടയാടിയിരുന്നത്?
84. മൃഗങ്ങളെ വേട്ടയാടി പിടിക്കാറുണ്ടോ? ഉണ്ടെങ്കിൽ ഏതെല്ലാം?
85. കൃഷി ചെയ്യാറുണ്ടോ?
86. പരമ്പരാഗത കൃഷി രീതിയെക്കുറിച്ച് പറയാമോ?
87. ഇപ്പോഴും പരമ്പരാഗത കൃഷി രീതി തന്നെയാണോ അവലംബിക്കുന്നത്?
88. ഏതൊക്കെ ഉത്പന്നങ്ങളാണ് കൃഷി ചെയ്യുന്നത്?
89. കാർഷികോപകരണങ്ങളുടേ ഏതെല്ലാമാണ്?
90. സമുദായത്തിൽ ഇല്ലം, തറവാട്, കുലം എന്നിവ ഉണ്ടോ? ഉണ്ടെങ്കിൽ ഏതെല്ലാമാണ്?
91. ഓരോ കുലത്തിനും പ്രത്യേകം ആരാധനാമൂർത്തികൾ ഉണ്ടോ?
92. സമുദായത്തിന് പ്രത്യേകം ഗോത്രതലവന് ഉണ്ടോ?
93. ഗോത്രതലവന് സഹായികൾ ഉണ്ടോ? അവരെ എങ്ങനെയാണ് തിരഞ്ഞെടുക്കുന്നത്?
94. ഗോത്രതലവന്റെ ചുമതലകളും കർത്തവ്യങ്ങളും എന്തെല്ലാമാണ്?
95. സമുദായത്തിന് ഭൂമിശാസ്ത്രപരമായ പിരിവുകളുടേ ഉണ്ടോ?
96. ഏത് ദായക്രമമാണ് പിന്തുടരുന്നത്?
97. സമുദായത്തിൽ സ്ത്രീകളുടെ പദവി എങ്ങനെയാണ്?
98. ഊര് തലവൻ ഉണ്ടോ?
99. ഊരു ഭരണം ഇന്നും നിലവിൽ ഉണ്ടോ?
100. ദായക്രമത്തെ ആസ്പദമാക്കിയാണോ തലവനെ തിരഞ്ഞെടുക്കുന്നത്?
101. തലവന് പ്രത്യേക അധികാര ചിഹ്നങ്ങളുടേ ഉണ്ടോ?
102. കുറ്റം ചെയ്തവർക്ക് എന്ത് ശിക്ഷയാണ് നൽകുന്നത്? ആരാണ് ശിക്ഷ വിധിക്കുന്നത്?

103. പിഴ നൽകുന്ന സംവിധാനമുണ്ടോ ?
104. ശിക്ഷയ്ക്ക് പകരമായി പിഴ അടയ്ക്കാൻ പറ്റുന്ന സംവിധാനമുണ്ടോ?
105. സമുദായത്തിൽ നിന്നും പുറത്താക്കാറുണ്ടോ ?
106. പ്രദേശത്തെ വിവിധ കുറ്റകൃത്യങ്ങളെക്കുറിച്ചും അതിന്റെ ശിക്ഷാവിധിയെക്കുറിച്ചും പറയാമോ ?
107. പണ്ടുകാലത്തെ ശിക്ഷാ വിധികളും ഇന്നത്തെ ശിക്ഷാവിധികളും തമ്മിൽ എന്തെങ്കിലും വ്യത്യാസം ഉണ്ടോ ? ഉണ്ടെങ്കിൽ എന്തെല്ലാമാണ്?
108. പരമ്പരാഗത വിവാഹരീതികളെന്തൊക്കെയാണ്?
109. വിവാഹത്തിന് എന്തൊക്കെ ചടങ്ങുകളാണ് ഉണ്ടാവാറുള്ളത്?
110. വിവാഹശേഷം വധുവും വരനും ഏത് വീട്ടുകാരോടൊപ്പമാണ് താമസിക്കുക?
111. മറ്റ് സമുദായത്തിൽപ്പെട്ടവരെ വിവാഹം കഴിക്കുന്നതിന് വിലക്കുണ്ടോ?
112. അത്തരത്തിൽ വിവാഹിതരാവുന്നവർ ശിക്ഷ നേരിടേണ്ടി വരാറുണ്ടോ?
113. ഗർഭധാരണവുമായി ബന്ധപ്പെട്ട് എന്തൊക്കെ ചടങ്ങുകൾ ആണുള്ളത്?
114. ആദ്യത്തെ ഗർഭം ധരിക്കുമ്പോൾ മാത്രമാണോ ഈ ചടങ്ങുകൾ നടത്താറുള്ളത്?
115. പ്രസവം എവിടെ വെച്ചാണ് നടക്കുക ?
116. ആരാണ് പ്രസവം നോക്കുന്നത്? അവർക്ക് പ്രതിഫലം നൽകാറുണ്ടോ ?
117. പ്രസവം നോക്കാൻ അറിയുന്ന ആരെങ്കിലും സമുദായത്തിൽ ഉണ്ടോ?
118. പ്രസവത്തോട് അനുബന്ധിച്ച് വേറെ എന്തെങ്കിലും ചടങ്ങുണ്ടോ ?
119. ജനനവുമായി ബന്ധപ്പെട്ട് എത്ര ദിവസത്തെ പുലയാണുള്ളത്?
120. പുല കഴിഞ്ഞയുടനെ എന്തെങ്കിലും ചടങ്ങുണ്ടോ ?
121. പ്രസവം കഴിഞ്ഞ് എപ്പോഴാണ് ഭർത്താവിന്റെ വീട്ടിലേക്ക് വരിക ?
122. പണ്ട് കാലത്ത് എവിടെയാണ് പ്രസവശേഷം കുഞ്ഞും അമ്മയും താമസിക്കുക ?
123. കുഞ്ഞിന് ചരട് കെട്ടുന്ന ചടങ്ങുണ്ടോ ?
124. ഗർഭധാരണവുമായി ബന്ധപ്പെട്ട് എന്തൊക്കെ ചടങ്ങുകൾ ആണുള്ളത്?
125. ജനനവുമായി ബന്ധപ്പെട്ട് എത്ര ദിവസത്തെ പുലയാണുള്ളത്?
126. പുല തീരുന്നത് വരെ ആ പെൺകുട്ടിയെ എവിടെയാണ് താമസിപ്പിക്കുക ? പ്രത്യേക മുറി ഉണ്ടോ ?
127. പുല കഴിഞ്ഞയുടനെ എന്തെങ്കിലും ചടങ്ങുണ്ടോ ?
128. പെൺകുട്ടിക്ക് പ്രത്യേക ഭക്ഷണ ക്രമം ഉണ്ടോ ഈ സമയങ്ങളിൽ ?

129. മൃതദേഹം ദഹിപ്പിക്കുകയാണോ മറവ് ചെയ്യുകയാണോ ചെയ്യാറുള്ളത്?
130. മരണവുമായി ബന്ധപ്പെട്ട ചടങ്ങുകൾ എന്തെല്ലാമാണ് ? ഈ ചടങ്ങിന് ആരാണു നേതൃത്വം നൽകുന്നത്?
131. ആരാണു ചടങ്ങുകൾ ചെയ്യാറുള്ളത് ആണമക്കളോ പെണ്മക്കളോ ?
132. മരണ വിവരം ആദ്യം അറിയിക്കുന്നത് ആരെയാണ് ?
133. മരണാനന്തര ചടങ്ങുകൾ എന്തൊക്കെയാണ്?
134. മരണം നടന്ന് ഒരു വർഷത്തിന് ശേഷം നടത്തുന്ന ചടങ്ങുകൾ ഏതൊക്കെയാണ്?
135. മരിച്ചവർക്കായി വർഷംതോറും എന്തെങ്കിലും ചടങ്ങ് നടത്താറുണ്ടോ ?
136. വെച്ചുകൊടുക്കൽ ചടങ്ങുണ്ടോ ?
137. സമുദായത്തിന്റെ ആരാധനാമൂർത്തികൾ ഏതെല്ലാമാണ്?
138. ഓരോ കുലത്തിനും പ്രത്യേകം പ്രത്യേകം ആരാധനാ ദൈവങ്ങൾ ഉണ്ടോ ?
139. ആരാധനാമൂർത്തികളുടെ വേഷവിധാനം, ആഭരണം & ആയുധങ്ങൾ എന്നിവയെക്കുറിച്ച് പറയാമോ ?
140. ഓരോ ആരാധനാമൂർത്തിയുമായും ബന്ധപ്പെട്ട് കഥകളോ മിത്തുകളോ ഉണ്ടോ?
141. പ്രകൃതി, മൃഗങ്ങൾ എന്നിവയെ ആരാധിക്കുന്ന പതിവുണ്ടോ ?
142. പൂർവ്വികാത്മാക്കളെ ആരാധിക്കാറുണ്ടോ ?
143. ആത്മാവിനെ ആരാധിക്കാറുണ്ടോ ?
144. ആരാധനാലയങ്ങൾ, കാവുകൾ, തറകൾ എന്നിവയെക്കുറിച്ച് പറയാമോ ?
145. ആരാധനാമൂർത്തികളുമായി ബന്ധപ്പെട്ട ചടങ്ങുകളെക്കുറിച്ച് പറയാമോ ?
146. ആരാധനാമൂർത്തികളുമായി ബന്ധപ്പെട്ട ഉത്സവങ്ങളെക്കുറിച്ച് പറയാമോ ?
147. ആരാധാലയങ്ങളിൽ ചടങ്ങുകളും പൂജകളും മറ്റും നടത്തുന്നത് ആരാണു ? എങ്ങനെയാണ് ഇവരെ തിരഞ്ഞെടുക്കുന്നത് ?
148. പ്രധാന ഉത്സവങ്ങൾ എപ്പോഴാണ് നടത്തുന്നത് ?
149. സമുദായത്തിന്റെ ഐശ്വര്യത്തിന് വേണ്ടി എന്തെങ്കിലും ചടങ്ങുകളോ കർമ്മങ്ങളോ നടത്താറുണ്ടോ?
150. ദൈവത്തിനു നേർച്ചയായി എന്തൊക്കെയാണ് നൽകാറുള്ളത് ?
151. ദൈവത്തെ പ്രീതിപ്പെടുത്താനായി എന്തൊക്കെ ചടങ്ങുകളാണ് ചെയ്യാറുള്ളത് ?
152. ദൈവത്തെ പ്രീതിപ്പെടുത്താനായി നേർച്ച നൽകാറുണ്ടോ? ഉണ്ടെങ്കിൽ എന്തെല്ലാം?

- 153. സമുദായത്തിന്റെ പ്രധാന കലാരൂപങ്ങൾ ഏതെല്ലാമാണ്?
- 154. ഓരോ കലാരൂപത്തിന്റെയും വേഷവിധാനം, പാട്ടുകൾ , തുടങ്ങിയവയെക്കുറിച്ച് പറയാമോ ?
- 155. സ്ത്രീകളും പുരുഷന്മാരും ഒരുപോലെ കലാരൂപങ്ങളിൽ പങ്കെടുക്കാറുണ്ടോ ?
- 156. ഏതെല്ലാം കലാരൂപങ്ങളാണുള്ളത്?
- 157. പുതിയ തലമുറയിൽപ്പെട്ടവർ പാരമ്പര്യ കലാരൂപങ്ങൾ അവതരിപ്പിക്കാറുണ്ടോ ?

The Concept of Health and Illness

- 158. നിങ്ങളുടെ അഭിപ്രായത്തിൽ, ആരോഗ്യമുള്ള ഒരു വ്യക്തിയുടെ നിർവചനം അല്ലെങ്കിൽ സവിശേഷതകൾ എന്താണ്? ദയവായി വിവരിക്കുക.
- 161. താഴെ പറയുന്നവയിൽ നിന്ന് ആരോഗ്യമുള്ള വ്യക്തി എന്നാൽ എന്താണ് അർത്ഥമാക്കുന്നത്?
 - a. ഒരു രോഗവും ബാധിക്കാത്ത വ്യക്തി
 - b. ദൈനംദിന ജോലികൾ ചെയ്യാൻ കഴിയുന്ന വ്യക്തി
 - c. ശാരീരിക ക്ഷമതയുള്ള വ്യക്തി
 - d. ഒരു മാനസിക ആരോഗ്യം
 - e. ശാരീരികമായും മാനസികമായും ആരോഗ്യമുള്ള വ്യക്തി
 - f. ഒരു തരത്തിലുള്ള മരുന്നും കഴിക്കാത്ത ഒരു വ്യക്തി
 - g. മറ്റുള്ളവ (ദയവായി വ്യക്തമാക്കുക)
- 162. ആരോഗ്യത്തിന്റെ നിർവചനം സ്ത്രീകൾക്കും പുരുഷന്മാർക്കും ഒരുപോലെയാണോ? ഇല്ലെങ്കിൽ ദയവായി വിശദീകരിക്കുക.
 - a. അതെ
 - b. ഇല്ല
- 163. നിങ്ങളുടെ അഭിപ്രായത്തിൽ രോഗം എന്നാൽ എന്താണ് അർത്ഥമാക്കുന്നത്? ദയവായി വിവരിക്കുക. രോഗത്തെ നിർവചിക്കുക
- 164. ആരോഗ്യത്തിന്റെ കാര്യത്തിലും രോഗത്തിന്റെ കാര്യത്തിലും പൂർവ്വികർക്ക് എന്തെങ്കിലും പങ്കുണ്ടോ?
- 165. പ്രകൃതിയും ആരോഗ്യവും രോഗവും തമ്മിൽ എന്തെങ്കിലും ബന്ധമുണ്ടോ?
- 166. രോഗവും ആരാധനാ മൂർത്തികളും തമ്മിൽ എന്തെങ്കിലും ബന്ധമുണ്ടോ?
- 167. നിങ്ങളുടെ കുലദൈവങ്ങളെ പട്ടികപ്പെടുത്തുക. അവരുടെ പ്രാഥമിക കർത്തവ്യങ്ങളെക്കുറിച്ച് വിശദീകരിക്കുക.

- 168. നിങ്ങളുടെ പ്രധാന ആരാധനാമൂർത്തികളെയും അവരുടെ പ്രാഥമിക കർത്തവ്യങ്ങളെക്കുറിച്ച് വിശദീകരിക്കുക.
- 169. നല്ല ആരോഗ്യം നിലനിർത്താൻ സഹായിക്കുന്ന ഏതെങ്കിലും പ്രത്യേക ആരാധനാ മൂർത്തികളുണ്ടോ?
- 170. ഏതെങ്കിലും പ്രത്യേക രോഗത്തിന് കാരണമാകുന്ന ഏതെങ്കിലും പ്രത്യേക ആരാധനാ മൂർത്തികളോ പൂർവ്വിക ആത്മാക്കളോ ഉണ്ടോ?
- 171. ആരോഗ്യം നിലനിർത്താൻ ആരാധനാ മൂർത്തികളും പൂർവ്വിക ആത്മാക്കളും നിങ്ങളെ സഹായിക്കുമോ? ഉണ്ടെങ്കിൽ, എന്തുകൊണ്ടാണ് നിങ്ങൾ അങ്ങനെ വിശ്വസിക്കുന്നത്?
 - a. അതെ
 - b. ഇല്ല

Food Habit and Healthcare Practices

- 172. പരമ്പരാഗത ഭക്ഷണക്രമത്തിൽ മാറ്റം വന്നിട്ടുണ്ടോ? ഉണ്ടെങ്കിൽ എന്തുകൊണ്ടാണ് ആ മാറ്റം വന്നത്?
 - a. അതെ
 - b. അല്ല
- 173. ഗർഭിണിയുടെ ഭക്ഷണക്രമം എന്തൊക്കെയാണ്?
- 174. ഗർഭിണിക്ക് ഏതൊക്കെ ഭക്ഷണങ്ങൾ കഴിക്കുന്നതിന് വിലക്കുണ്ട്? എന്തുകൊണ്ടാണ് ആ വിലക്കുള്ളത്?
- 175. പ്രസവിച്ച സ്ത്രീയുടെ ഭക്ഷണക്രമം എന്തൊക്കെയാണ്?
- 176. പ്രസവിച്ച സ്ത്രീക്ക് ഏതൊക്കെ ഭക്ഷണങ്ങൾ കഴിക്കുന്നതിന് വിലക്കുണ്ട്? എന്തുകൊണ്ടാണ് ആ വിലക്കുള്ളത്?
- 177. ഗുരുമതിയായ ഉടനുള്ള ഭക്ഷണക്രമം എന്തൊക്കെയാണ്?
- 178. മഴക്കാലത്ത് പ്രത്യേകമായി കഴിക്കുന്ന ഭക്ഷണങ്ങൾ എന്തെല്ലാമാണ്? എന്തുകൊണ്ടാണ് അവ കഴിക്കുന്നത്?
- 179. മഴക്കാലത്ത് കഴിക്കാൻ പാടില്ലാത്ത ഭക്ഷണങ്ങൾ എന്തെല്ലാമാണ്? എന്തുകൊണ്ടാണ് അവ കഴിക്കാത്തത്?
- 180. ചൂട് കാലത്ത് പ്രത്യേകമായി കഴിക്കുന്ന ഭക്ഷണങ്ങൾ എന്തെല്ലാമാണ്? എന്തുകൊണ്ടാണ് അവ കഴിക്കുന്നത്?
- 181. ചൂട് കാലത്ത് കഴിക്കാൻ പാടില്ലാത്ത ഭക്ഷണങ്ങൾ എന്തെല്ലാമാണ്? എന്തുകൊണ്ടാണ് അവ കഴിക്കാത്തത്?

- 182. ശരീരത്തിന് ചൂട് കിട്ടാൻ വേണ്ടിയും കുളിർമ കിട്ടാൻ വേണ്ടിയും ഏതൊക്കെ ഭക്ഷണങ്ങളാണ് കഴിക്കാറുള്ളത്?
- 183. പൊതുവിൽ ഏതൊക്കെ ഭക്ഷണങ്ങൾ കഴിക്കുന്നതിന് വിലക്കുണ്ട്? എന്തുകൊണ്ടാണ് ആ വിലക്കുള്ളത്?
- 184. ദയവായി ഉത്സവവുമായി ബന്ധപ്പെട്ട ഭക്ഷണ വിഭവങ്ങൾ പട്ടികപ്പെടുത്തുക
- 185. ശരീരത്തിലെ രക്തത്തിന്റെ അളവ് കൂടാൻ ഏതെല്ലാം ഭക്ഷണം കഴിക്കണം?
- 186. രോഗ പ്രതിരോധശേഷി വർദ്ധിക്കാൻ ഏതെല്ലാം ഭക്ഷണം കഴിക്കണം?
- 187. കുടിവെള്ളത്തിന്റെ ഉറവിടം
 - A. കിണർ
 - B. പൈപ്പ്
 - C. പുഴ
 - D. കുളം
 - E. പമ്പ്
 - F. മറ്റുള്ളവ (ദയവായി വ്യക്തമാക്കുക)

Disease Etiology

- 188. രോഗം വരാൻ ഉള്ള കാരണങ്ങൾ എന്തൊക്കെയാണ്?
- 189. പുതിയ പുതിയ രോഗങ്ങൾ വരാൻ ഉള്ള കാരണങ്ങൾ എന്തൊക്കെയാണ്?
- 190. പണ്ടത്തെ അപേക്ഷിച്ച് ഇന്നത്തെ കാലത്ത് രോഗങ്ങൾ കൂടുതൽ ആണല്ലോ? എന്തുകൊണ്ടാണത്?
- 191. പരമ്പരാഗത ചികിത്സാരീതിയിൽ വൈദ്യൻ രോഗത്തിന്റെ ഉത്ഭവം കണ്ടെത്തുന്നതെങ്ങനെയാണ് ? (ഉദാഹരണം: രോഗിയോട് ചോദിച്ചു അറിയുക, ചടങ്ങുകളിലൂടെ, ബന്ധുക്കളോട് ചോദിക്കുക, മറ്റുള്ളവ)
- 192. നിങ്ങൾ വീട്ടുവൈദ്യങ്ങൾ പരിശീലിക്കാറുണ്ടോ? ഉണ്ടെങ്കിൽ, ഏതൊക്കെ രോഗങ്ങൾക്കാണ്?
 - a. അതെ
 - b. ഇല്ല
- 193. നിങ്ങളുടെ സങ്കേതത്തിൽ കാണപ്പെടുന്ന പൊതുവായ ആരോഗ്യപ്രശ്നങ്ങൾ എന്തൊക്കെയാണ്?
- 194. ദുരന്തമാക്കൾ, പ്രേതങ്ങൾ, പൂർവ്വിക ആത്മാക്കൾ, ആരാധനാ മൂർത്തികൾ മുതലായവ ഏതെങ്കിലും തരത്തിലുള്ള രോഗത്തിന് കാരണമാകുമോ?

- d. അതെ
 - b. ഇല്ല
195. ഉണ്ടെങ്കിൽ, എന്തുകൊണ്ടാണ് നിങ്ങൾ അങ്ങനെ വിശ്വസിക്കുന്നത്?
- d. എന്റെ അനുഭവം
 - b. എന്റെ ബന്ധു/സുഹൃത്തിന്റെ/സമപ്രായക്കാരന്റെ അനുഭവം
 - c. വ്യക്തിപരമായ ധാരണ
 - d. സാംസ്കാരിക ആശയം
 - e. സാംസ്കാരിക വിശ്വാസം
 - f. മറ്റേതെങ്കിലും (ദയവായി വ്യക്തമാക്കുക)
 - g. പ്രത്യേകിച്ച് കാരണമൊന്നുമില്ല
196. അമാനുഷിക ശക്തിയുടെ പ്രവർത്തനത്താൽ നിങ്ങൾക്ക് ഏതെങ്കിലും രോഗം അനുഭവപ്പെട്ടിട്ടുണ്ടോ? ഉണ്ടെങ്കിൽ, അവ എന്തൊക്കെയാണ്? വിശദീകരിക്കാമോ?
- d. അതെ
 - b. ഇല്ല
197. കരിങ്കണ്ണ് (evil eye) മൂലമുണ്ടാകുന്ന രോഗങ്ങൾ എന്തൊക്കെയാണ്?
198. ഒടി വെക്കുന്നത് മൂലമോ മറ്റ് മാന്ത്രിക ശക്തി മൂലമോ ഉണ്ടാകുന്ന രോഗങ്ങൾ എന്തൊക്കെയാണ്?
199. ദുരാത്മാവ് മൂലമുണ്ടാകുന്ന രോഗങ്ങൾ എന്തൊക്കെയാണ്?
200. ദൈവകോപം മൂലം ഉണ്ടാകുന്ന രോഗങ്ങൾ എന്തൊക്കെയാണ്?
201. കാലാവസ്ഥാ മാറ്റങ്ങൾ മൂലമുണ്ടാകുന്ന രോഗങ്ങൾ എന്തൊക്കെയാണ്?
202. മാറുന്ന ഭക്ഷണശീലങ്ങൾ രോഗത്തിന് കാരണമാകുമോ? ഉണ്ടെങ്കിൽ, അവ എന്തൊക്കെയാണ്?
- d. അതെ
 - b. ഇല്ല
203. ഒരു വ്യക്തിയുടെ ആരോഗ്യവും രോഗവുമായി കർമ്മ ഫലത്തിന് എന്തെങ്കിലും ബന്ധമുണ്ടോ? ദയവായി വിശദീകരിക്കുക.
204. താഴെപ്പറയുന്നവയിൽ ആരോഗ്യവും രോഗവും സംബന്ധിച്ച ഏറ്റവും നിർണായകമായ ഘടകം എന്താണ്
- d. പൂർവ്വിക ആത്മാവ്
 - b. ആരാധനാ മുർത്തികൾ
 - c. പ്രകൃതി
 - d. മറ്റുള്ളവ (ദയവായി വ്യക്തമാക്കുക)

205. താഴെപ്പറയുന്നവയിൽ രോഗം സംബന്ധിച്ച ഏറ്റവും നിർണായകമായ ഘടകം എന്താണ്
- e. പൂർവ്വിക ആത്മാവ്
 - f. ആരാധനാ മുർത്തികൾ
 - g. പ്രകൃതി
 - h. പ്രേതം
 - i. ദുരാത്മാവ്
 - j. മോശം ഭക്ഷണക്രമം
 - k. വൃത്തിഹീനമായ സാഹചര്യങ്ങൾ
 - l. ശരീരത്തിലെ മാറ്റങ്ങൾ
 - m. വൃത്തിഹീനമായ കുടിവെള്ളത്തിന്റെ ഉപയോഗം
 - n. മദ്യം അല്ലെങ്കിൽ പുകയില അല്ലെങ്കിൽ മറ്റ് ദോഷകരമായ വസ്തുക്കളുടെ ഉപയോഗം
 - o. ബ്ലാക്ക് മാജിക് അല്ലെങ്കിൽ മന്ത്രവാദം
 - p. വിലക്കുകൾ ലംഘിക്കുക
 - q. ആചാരങ്ങളുടെ ലംഘനം
 - r. ദുഷ്ടാത്മാക്കൾ
 - s. മറ്റുള്ളവ (ദയവായി വ്യക്തമാക്കുക)
206. രോഗവുമായി ബന്ധപ്പെട്ട ഘടകങ്ങൾ എന്തൊക്കെയാണ്?
- a. ഭക്ഷണ ക്രമത്തിലെ മാറ്റം
 - b. കാലാവസ്ഥാ മാറ്റം
 - c. കടുത്ത ചൂട്
 - d. അതിശൈത്യം
 - e. പോഷകമില്ലാത്ത ഭക്ഷണം
 - f. വൃത്തിഹീനമായ വെള്ളം കുടിക്കുന്നു
 - g. ശരീരത്തിൽ ജലത്തിന്റെ കുറവ്
 - h. മറ്റുള്ളവ (ദയവായി വ്യക്തമാക്കുക)
207. നിങ്ങൾ മാന്ത്രികമായ-മതപരമായ ആരോഗ്യ സംരക്ഷണത്തിൽ വിശ്വസിക്കുന്നുണ്ടോ?
- a. അതെ
 - b. ഇല്ല
208. പരമ്പരാഗത വൈദ്യന്മാർക്ക് എല്ലാ രോഗങ്ങളും സുഖപ്പെടുത്താൻ കഴിയുമെന്ന് നിങ്ങൾ വിശ്വസിക്കുന്നുണ്ടോ?
- a. അതെ
 - b. ഇല്ല

209. പരമ്പരാഗത വൈദ്യന് രോഗം ഭേദമാക്കാൻ ദൈവികമോ അമാനുഷികമോ മാന്ത്രികമോ ആയ ശക്തിയുണ്ടെന്ന് നിങ്ങൾ വിശ്വസിക്കുന്നുണ്ടോ? ഉണ്ടെങ്കിൽ എന്തുകൊണ്ട്?
- a. അതെ
 - b. ഇല്ല
210. പരമ്പരാഗത വൈദ്യൻ നിങ്ങളുടെ രോഗത്തെ എങ്ങനെ ചികിത്സിക്കുന്നു?
- a. പച്ച മരുന്ന്
 - b. അനുഷ്ഠാനങ്ങളും ചടങ്ങുകളും
 - c. പ്രാർത്ഥനകൾ
 - d. പച്ച മരുന്ന് & അനുഷ്ഠാനങ്ങളും ചടങ്ങുകളും
 - e. മന്ത്രിച്ച് ചരട് കെട്ടൽ
 - f. മറ്റുള്ളവ (ദയവായി വ്യക്തമാക്കുക)
211. പ്രസവത്തിലും ഗർഭാവസ്ഥയിലും അനുഷ്ഠാനങ്ങൾക്കും ചടങ്ങുകൾക്കും എന്തെങ്കിലും പ്രസക്തി ഉണ്ടെന്ന് നിങ്ങൾ വിശ്വസിക്കുന്നുണ്ടോ? ഉണ്ടെങ്കിൽ എന്തുകൊണ്ട്?
- a. അതെ
 - b. ഇല്ല
212. നിങ്ങളുടെ അഭിപ്രായത്തിൽ, താഴെ പറയുന്നവയിൽ ആർക്കാണ് കൂടുതൽ രോഗസാധ്യതയുള്ളത്, അതിനുള്ള കാരണം എന്താണ്?
- a. കുട്ടികൾ
 - b. വൃദ്ധർ
 - c. പുരുഷന്മാർ
 - d. സ്ത്രീകൾ
213. ഒരു വ്യക്തി ആരോഗ്യവാനായിരിക്കണമെങ്കിൽ എന്താണ് ചെയ്യേണ്ടത്?
- a. ആരോഗ്യകരമായ ഭക്ഷണം കഴിക്കുക
 - b. ധാരാളം വെള്ളം കുടിക്കുക
 - c. സാമൂഹിക നിയമങ്ങൾ പാലിക്കുക, സാമൂഹിക ആചാരങ്ങളിലും ചടങ്ങുകളിലും നടത്തുകയും പങ്കെടുക്കുകയും ചെയ്യുക.
 - d. ദൈവത്തിൽ വിശ്വസിക്കുക, നല്ല കാര്യങ്ങൾ മാത്രം ചെയ്യുക
 - e. പുകയില, ലഹരിപാനീയങ്ങൾ എന്നിവ ഒഴിവാക്കുക
 - f. മറ്റേതെങ്കിലും (ദയവായി വ്യക്തമാക്കുക)
214. താഴെ പറയുന്ന കാരണങ്ങൾ കൊണ്ട് ഏതൊക്കെ രോഗങ്ങൾ ഉണ്ടാക്കുന്നു?
- a. പൂർവ്വിക ആത്മാവ്

- b. ആരാധനാ മുർത്തികൾ
- c. പ്രകൃതി
- d. പ്രേതം
- e. ദുരാത്മാവ്
- f. മോശം ഭക്ഷണക്രമം
- g. വൃത്തിഹീനമായ സാഹചര്യങ്ങൾ
- h. ശാരീരത്തിലെ മാറ്റങ്ങൾ
- i. വൃത്തിഹീനമായ കുടിവെള്ളത്തിന്റെ ഉപയോഗം
- j. മദ്യം അല്ലെങ്കിൽ പുകയില അല്ലെങ്കിൽ മറ്റ് ദോഷകരമായ വസ്തുക്കളുടെ ഉപയോഗം
- k. ബ്ലാക്ക് മാജിക് അല്ലെങ്കിൽ മന്ത്രവാദം
- l. വിലക്കുകൾ ലംഘിക്കുക
- m. ആചാരങ്ങളുടെ ലംഘനം
- n. ദുഷ്ടാത്മാക്കൾ
- o. മറ്റുള്ളവ (ദയവായി വ്യക്തമാക്കുക)

The Choice of Healthcare System

215. താഴെപ്പറയുന്നവയിൽ ചികിത്സയ്ക്ക് നിങ്ങളുടെ ആദ്യ മുൻഗണന ഏതാണ്?

- a. വീട്ടവൈദ്യം
- b. പരമ്പരാഗത വൈദ്യൻ
- c. പ്രാഥമികാരോഗ്യ കേന്ദ്രം
- d. കുടുംബാരോഗ്യ കേന്ദ്രം
- e. ക്ലിനിക്
- f. ഹോമിയോപ്പതി
- g. ആയുർവേദം
- h. മറ്റേതെങ്കിലും (ദയവായി വ്യക്തമാക്കുക)

216. പരമ്പരാഗത ചികിത്സാരീതിയിൽ നിങ്ങൾ സംതൃപ്തനാണോ?

- a. അതെ
- b. ഇല്ല

217. പരമ്പരാഗത ചികിത്സയിൽ നിങ്ങൾ സംതൃപ്തരായിരിക്കുന്നത് എന്തുകൊണ്ട്?

- a. ചെലവ് കുറഞ്ഞതാണ്
- b. എളുപ്പത്തിൽ ആക്സസ് ചെയ്യാവുന്നതാണ്
- c. കൂടുതൽ ഫലപ്രദമാണ്
- d. പാർശ്വഫലങ്ങൾ ഇല്ല

- e. മറ്റേതെങ്കിലും (ദയവായി വ്യക്തമാക്കുക)
218. ബയോമെഡിക്കൽ ഹെൽത്ത് കെയറിന്റെ ചികിത്സയിൽ നിങ്ങൾ തൃപ്തനാണോ?
- d. അതെ
 - b. ഇല്ല
219. ബയോമെഡിക്കൽ ഹെൽത്ത് കെയറിൽ നിങ്ങൾ തൃപ്തനല്ലെങ്കിൽ, അതിന് പിന്നിലെ കാരണങ്ങൾ എന്തൊക്കെയാണ്?
- d. ചെലവേറിയതാണ്
 - b. ചില രോഗങ്ങൾക്ക് ഫലപ്രദമല്ല
 - c. ക്ലിനിക്കിലേക്ക് അഥവാ ആശുപത്രിയിലേക്ക് ഉള്ള ദൂരം കൂടുതലാണ്
 - d. ആശുപത്രി ജീവനക്കാർക്കും ഡോക്ടർമാർക്കും സഹകരണ മനോഭാവമല്ല
 - e. മരുന്നുകൾ ലഭ്യമല്ല, പുറത്ത് നിന്ന് വാങ്ങണം.
 - f. അപര്യാപ്തമായ സൗകര്യങ്ങൾ
 - g. പാർശ്വഫലങ്ങൾ കാരണം
 - h. മറ്റേതെങ്കിലും (ദയവായി വ്യക്തമാക്കുക)
220. നിങ്ങൾ എന്തെങ്കിലും പ്രതിരോധ മരുന്ന് (preventive healthcare practices) ഉപയോഗിക്കുന്നുണ്ടോ? ഉണ്ടെങ്കിൽ, അവ എന്തൊക്കെയാണ്?
- d. അതെ
 - b. ഇല്ല
221. നിങ്ങൾ ഏതെങ്കിലും ആരോഗ്യ സംരക്ഷണ മരുന്ന് (promotive healthcare practices) ഉപയോഗിക്കുന്നുണ്ടോ? ഉണ്ടെങ്കിൽ, അവ എന്തൊക്കെയാണ്?
- d. അതെ
 - b. ഇല്ല
222. ചികിത്സാ രീതികൾ തിരഞ്ഞെടുക്കുന്നത് സംബന്ധിച്ച് ആരാണു് തീരുമാനമെടുക്കുന്നത്?
- d. സ്വയം തീരുമാനിക്കുന്നു
 - b. കുടുംബനാഥൻ
 - c. കുടുംബത്തിലെ മുതിർന്നവർ
 - d. സമുദായ തലവൻ
 - e. ഭർത്താവ് അല്ലെങ്കിൽ ഭാര്യ
 - f. ഭാര്യയും ഭർത്താവും

223. ഏത് ആരോഗ്യ സംരക്ഷണ സംവിധാനമാണ് നിങ്ങൾ കൂടുതൽ ഇഷ്ടപ്പെടുന്നത്? എന്താണ് കാരണം?
- a. പരമ്പരാഗത വൈദ്യം
 - b. ബയോമെഡിക്കൽ ഹെൽത്ത് കെയർ സിസ്റ്റം
 - c. പരമ്പരാഗത വൈദ്യം & ബയോമെഡിക്കൽ ഹെൽത്ത് കെയർ സിസ്റ്റം
224. രോഗം വന്നയുടൻ ഏത് ചികിത്സാ രീതിയാണ് തിരഞ്ഞെടുക്കുക? (ഉദാ: പരമ്പരാഗത ചികിത്സാരീതി, വീട്ടു വൈദ്യം, അലോപ്പതി, ആയുർവേദം, ഹോമിയോപതി, മറ്റുള്ളവ) എന്തുകൊണ്ട് അവ തിരഞ്ഞെടുക്കുന്നത്?
225. ഏതെല്ലാം രോഗങ്ങൾക്കാണ് പരമ്പരാഗത ചികിത്സയെ മാത്രം ആശ്രയിക്കുന്നത്? എന്തുകൊണ്ട്?
226. ഏതെല്ലാം രോഗങ്ങൾക്കാണ് പാരമ്പര്യേതര ചികിത്സാരീതികളെ ആശ്രയിക്കുന്നത്? എന്തുകൊണ്ട്?
227. ഏതെല്ലാം രോഗങ്ങൾക്കാണ് വീട്ടു വൈദ്യം ചെയ്യുന്നത്? ആരാണ് മരുന്നിനെക്കുറിച്ച് പറഞ്ഞു തന്നത്?
228. പരമ്പരാഗത ചികിത്സാരീതിയുടെ ഗുണങ്ങളെക്കുറിച്ചും ദോഷങ്ങളെക്കുറിച്ചും വിശദീകരിക്കാമോ?
229. അലോപ്പതി, ഹോമിയോപതി തുടങ്ങിയ മറ്റ് ചികിത്സാരീതികളെക്കുറിച്ച് ഗുണങ്ങളെക്കുറിച്ചും ദോഷങ്ങളെക്കുറിച്ചും വിശദീകരിക്കാമോ?
230. ഒന്നിൽ കൂടുതൽ ചികിത്സാ സമ്പ്രദായങ്ങളെ ആശ്രയിക്കുന്നത് എന്തുകൊണ്ടാണ്?
231. രോഗിയുമായി സംഭാഷണത്തിൽ ഏർപ്പെടാറുണ്ടോ?
232. രോഗത്തെക്കുറിച്ച് എങ്ങനെയാണ് മനസിലാക്കുന്നത്? ഓരോ രോഗത്തിന്റെയും തീക്ഷ്ണത അഥവാ തീവ്രത എങ്ങനെയാണു മനസിലാക്കുന്നത്?

Healthcare Beliefs and Life Cycle Rituals

233. ഗർഭധാരണവുമായി ബന്ധപ്പെട്ട ചടങ്ങുകൾ എന്തെല്ലാമാണ്? അവ ആരാണ് നടത്തുന്നത്? എന്തിനാണ് നടത്തുന്നത്? വിശദീകരിക്കാമോ?
234. ജനനവുമായി/ പ്രസവവുമായി ബന്ധപ്പെട്ട ചടങ്ങുകൾ എന്തെല്ലാമാണ്? അവ ആരാണ് നടത്തുന്നത്? എന്തിനാണ് നടത്തുന്നത്? വിശദീകരിക്കാമോ?
235. പൂതുമതി ആവുമ്പോൾ നടത്തുന്ന ചടങ്ങുകൾ എന്തെല്ലാമാണ്? അവ ആരാണ് നടത്തുന്നത്? എന്തിനാണ് നടത്തുന്നത്? വിശദീകരിക്കാമോ?

- 236. മരണവുമായി ബന്ധപ്പെട്ടു നടത്തുന്ന ചടങ്ങുകൾ എന്തെല്ലാമാണ്? അവ ആരാണു് നടത്തുന്നതു്? എന്തിനാണു് നടത്തുന്നതു്? വിശദീകരിക്കാമോ?
- 237. വിവാഹവുമായി ബന്ധപ്പെട്ടു നടത്തുന്ന ചടങ്ങുകൾ എന്തെല്ലാമാണ്? അവ ആരാണു് നടത്തുന്നതു്? എന്തിനാണു് നടത്തുന്നതു്? വിശദീകരിക്കാമോ?
- 238. ഗർഭധാരണം, ജനനം, പൂതുമതി ചടങ്ങ്, വിവാഹം, മരണം എന്നിവയുമായി ബന്ധപ്പെട്ട ചടങ്ങുകളിൽ ഏതെല്ലാം സന്ധ്യങ്ങളാണു് ഉപയോഗിക്കുന്നതു്? എന്തുകൊണ്ടാണു് അവ ഉപയോഗിക്കുന്നതു്?
- 239. ഗർഭധാരണം, ജനനം, പൂതുമതി ചടങ്ങ്, വിവാഹം, മരണം എന്നിവയുമായി ബന്ധപ്പെട്ട ചടങ്ങുകളിൽ ഏതെല്ലാം ഉപകരണങ്ങളാണു്/ വസ്തുക്കളാണു് ഉപയോഗിക്കുന്നതു്? എന്തുകൊണ്ടാണു് അവ ഉപയോഗിക്കുന്നതു്?

Indigenous Healing Practices

- 240. മരുന്ന് ശേഖരിക്കാൻ പോകുന്നതിനു് മുൻപ് ഏതെങ്കിലും ആചാരാനുഷ്ഠാനം / ചടങ്ങ് എന്നിവ നടത്താറുണ്ടോ?
- 241. രോഗകാരണം നിർണയിക്കുന്നതിനായി ഏതെല്ലാം ചടങ്ങുകളാണു്/ അനുഷ്ഠാനങ്ങളാണു് നടത്താറുള്ളതു്?
- 242. രോഗം മാറുന്നതിനായി ഏതെല്ലാം ചടങ്ങുകളാണു്/ അനുഷ്ഠാനങ്ങളാണു് നടത്താറുള്ളതു്?
- 243. രോഗങ്ങൾ വരാതിരിക്കാനായി ഏതെങ്കിലും ആചാരാനുഷ്ഠാനം / ചടങ്ങ് എന്നിവ നടത്താറുണ്ടോ?
- 244. രോഗം മാറി കിട്ടിയാൽ എന്തെങ്കിലും ചടങ്ങ് (നന്ദി സൂചകമായി) ചെയ്യാറുണ്ടോ?
- 245. നാടിന്റെ ശാന്തിക്കായും അഭിവൃദ്ധിക്കായും ഏതെങ്കിലും ചടങ്ങ് നടത്താറുണ്ടോ?
- 246. കൃഷിയുടെ അഭിവൃദ്ധിക്കായി ഏതെങ്കിലും ചടങ്ങ് നടത്താറുണ്ടോ?
- 247. ഗർഭിണിക്കുവേണ്ടിയും ജനിക്കാൻ പോകുന്ന കുഞ്ഞിന്റെ ആരോഗ്യ രക്ഷയ്ക്കു് വേണ്ടിയും ഏതെങ്കിലും ചടങ്ങ് നടത്താറുണ്ടോ?
- 248. രോഗം വരാതിരിക്കാനായി വഴിപാട് നടത്താറുണ്ടോ? ഉണ്ടെങ്കിൽ ഏതെല്ലാമാണു്?
- 249. രോഗം വരാതിരിക്കാനായി എന്തെല്ലാം വരാതിരിക്കാൻ എന്തു് പ്രതിരോധ മുൻകരുതലാണു് സ്വീകരിക്കുന്നതു്?
- 250. മഴക്കാലത്തും വെയിലുകാലത്തും മറ്റ് എല്ലാ കാലാവസ്ഥയിലും വരുന്ന രോഗങ്ങൾ തടയാനായി എന്തൊക്കെയാണു് ചെയ്യാറുള്ളതു്?

(ഉദാഹരണം: പ്രത്യേക ഭക്ഷണ ക്രമം, പച്ച മരുന്ന്, ചടങ്ങുകൾ, നേർച്ച, മറ്റുള്ളവ)

- 251. രോഗം വരാതിരിക്കാൻ എന്തൊക്കെയാണ് ചെയ്യേണ്ടത്?
- 252. രോഗ പ്രതിരോധശേഷി കൂട്ടാൻ എന്തൊക്കെയാണ് ചെയ്യേണ്ടത്?
- 253. ആരോഗ്യം വെക്കാൻ വേണ്ടി പ്രത്യേകം ഭക്ഷണം കഴിക്കാറുണ്ടോ?
- 254. ഏതൊക്കെ രോഗങ്ങൾ സുഖപ്പെടാനാണ് പച്ച മരുന്നിനോടൊപ്പം ചടങ്ങുകളും നടത്തുന്നത്? എന്തുകൊണ്ടാണ് അവ നടത്തുന്നത്?
- 255. ആചാരങ്ങളിലൂടെ മാത്രമേ ചില രോഗങ്ങൾ സുഖപ്പെടുത്താൻ കഴിയൂ എന്ന് നിങ്ങൾ വിശ്വസിക്കുന്നുണ്ടോ? ഉണ്ടെങ്കിൽ, എന്തുകൊണ്ടാണ് നിങ്ങൾ അങ്ങനെ വിശ്വസിക്കുന്നത്?
 - a. അതെ
 - b. ഇല്ല
- 256. പരമ്പരാഗത ചികിത്സാരീതിയ്ക്ക് ചില മാറ്റങ്ങൾ സംഭവിച്ചിട്ടുണ്ടെന്ന് നിങ്ങൾ കരുതുന്നുണ്ടോ? ഉണ്ടെങ്കിൽ, എന്തുകൊണ്ടാണ് അത് മാറ്റിയത്?
 - a. അതെ
 - b. ഇല്ല
- 257. നിങ്ങൾ ഏറ്റവുമധികം ചികിത്സിച്ച രോഗം ദയവായി സൂചിപ്പിക്കുക.
- 258. നിങ്ങൾ കൂടുതലായി ഉപയോഗിച്ച ചെടികളുടെ/ മരത്തിന്റെ പേരുകൾ ലിസ്റ്റുചെയ്യുക.
- 259. പരമ്പരാഗത വൈദ്യശാസ്ത്രത്തെക്കുറിച്ചുള്ള അറിവ് ഒരു തലമുറയിൽ നിന്ന് അടുത്ത തലമുറയിലേക്ക് കൈമാറ്റം ചെയ്യപ്പെടുന്നുണ്ടെന്ന് നിങ്ങൾ കരുതുന്നുണ്ടോ? ഇല്ലെങ്കിൽ, എന്തുകൊണ്ട് ആ അറിവ് കൈമാറ്റം ചെയ്യപ്പെടുന്നില്ല?
 - a. അതെ
 - b. ഇല്ല
- 260. കഴിഞ്ഞ കുറച്ച് വർഷങ്ങളായി പരമ്പരാഗത വൈദ്യന്റെ റോള് മാറിയിട്ടുണ്ടോ? അതെ എങ്കിൽ, അത് എങ്ങനെ മാറി?
 - a. അതെ
 - b. ഇല്ല
- 261. ആരോഗ്യത്തെയും രോഗത്തെയും കുറിച്ചുള്ള കാഴ്ചപ്പാട് സമുദായ അംഗങ്ങൾക്കിടയിൽ മാറിയെന്ന് നിങ്ങൾ കരുതുന്നുണ്ടോ? അതെ എങ്കിൽ, അത് എങ്ങനെ മാറി?
 - a. അതെ
 - b. ഇല്ല

262. വ്യത്യസ്ത രോഗങ്ങളുമായി ബന്ധപ്പെട്ട പൊതുവായ ആരാധനാ മുർത്തികൾ ഏതൊക്കെയാണ്? ദയവായി വിശദീകരിക്കുക.
263. നിങ്ങളുടെ പ്രദേശത്ത് ലഭ്യമായ ആരോഗ്യ സംരക്ഷണ സ്രോതസ്സുകൾ (health care systems) ഏതൊക്കെയാണ്?
264. രോഗ ചികിത്സയുടെ ഭാഗമായി ഏതെല്ലാം ഉപകരണങ്ങളാണ്/ വസ്തുക്കളാണ് ഉപയോഗിക്കുന്നത്? എന്തുകൊണ്ടാണ് അവ ഉപയോഗിക്കുന്നത്?
265. രോഗം വരാനുള്ള പ്രത്യേക കാരണങ്ങൾ എന്തൊക്കെയാണ്?
- a. മോശം ഭക്ഷണക്രമം
 - b. വൃത്തിഹീനമായ സാഹചര്യങ്ങൾ
 - c. ശാരീരിക കാരണങ്ങൾ
 - d. വൃത്തിഹീനമായ വെള്ളം കുടിക്കൽ, മദ്യം അല്ലെങ്കിൽ പുകയില അല്ലെങ്കിൽ മറ്റ് ദോഷകരമായ വസ്തുക്കളുടെ ഉപയോഗം
 - e. ചീത്തകണ്ണു
 - f. ബ്ലാക്ക് മാജിക് അല്ലെങ്കിൽ മന്ത്രവാദം
 - g. നിഷിദ്ധമായ അല്ലെങ്കിൽ ആചാര നിയമങ്ങളുടെ ലംഘനം പൂർവ്വിക ആത്മാക്കൾ
 - h. ദൈവത്തിന്റെ കോപം
 - i. ദുഷ്ടാത്മാക്കൾ
 - j. മറ്റുള്ളവ (ദയവായി വ്യക്തമാക്കുക)
266. താഴെ സൂചിപ്പിച്ചിട്ടുള്ളവയ്ക്ക് വേണ്ടി എന്തൊക്കെ ചടങ്ങുകൾ / അനുഷ്ഠാനങ്ങൾ നടത്താറുണ്ട്?
- a. ഒടി മാറാൻ
 - b. കണ്ണേർ മാറാൻ
 - c. രോഗം മാറാൻ
 - d. ദുരാത്മാക്കളുടെ ആക്രമണത്തിൽ നിന്നും രക്ഷ നേടാൻ
 - e. രോഗങ്ങൾ വരാതിരിക്കാൻ
 - f. പരേതാത്മാക്കളെ പ്രീതിപ്പെടുത്താൻ
 - g. ദൈവത്തെ പ്രീതിപ്പെടുത്താൻ
 - h. വിഷ ചികിത്സയ്ക്ക്
 - i. ഐശ്വര്യത്തിനും അഭിവൃദ്ധിക്കും കൃഷിയുടെ സമൃദ്ധിക്കും വേണ്ടി
 - j. രോഗകാരണം കണ്ടെത്താൻ
 - k. രോഗം മാറിയാൽ നന്ദി സൂചകമായി
267. ചെടികൾക്ക് ഏതെല്ലാം ഗുണങ്ങളാണുള്ളത്?

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268. വൈത്തിയക്കാരൻ & വൈത്തിയത്തിയെക്കുറിച്ച് വിശദീകരിക്കാമോ?
269. പൊട്ടലു നോക്കണ വൈത്തിയക്കാരൻ & പൊട്ടലു നോക്കണ വൈത്തിയത്തിയെക്കുറിച്ച് വിശദീകരിക്കാമോ?
270. വെയവൈത്തിയത്തി & വെയവൈത്തിയക്കാരനെക്കുറിച്ച് വിശദീകരിക്കാമോ?
271. ബേത്തിക്കാരത്തിയെക്കുറിച്ച് വിശദീകരിക്കാമോ?
272. ഉഴിച്ചിലക്കാരത്തി & ഉഴിച്ചിലക്കാരനെക്കുറിച്ച് വിശദീകരിക്കാമോ?
273. തമ്മാടിയെക്കുറിച്ച് വിശദീകരിക്കാമോ?
274. പരമ്പരാഗത വൈദ്യത്തെക്കുറിച്ചുള്ള അറിവ് ആരാണ് പകർന്നു നൽകുന്നത്? അവ എങ്ങനെയാണ് പകർന്നു കിട്ടുന്നത്?
275. ഏതെല്ലാം രോഗങ്ങൾക്ക് ഏതെല്ലാം ചികിത്സാരീതികളാണ് തിരഞ്ഞെടുക്കുന്നത്?
276. താഴെ പറയുന്ന രോഗങ്ങൾ വരാൻ കാരണങ്ങൾ എന്തെല്ലാമാണ്? അതോടൊപ്പം ലക്ഷണങ്ങൾ വിവരിക്കാമോ?
- പനി
 - തലവേദന
 - ചെന്നിക്കുത്ത്
 - ചുമ
 - ജലദോഷം
 - അസ്ഥി പൊട്ടൽ
 - മുറിവ്
 - ഉളക്ക്
 - വീക്കം
 - മഞ്ഞപിത്തം
 - വയറ്റിളക്കം
 - വസൂരി
 - വ്രണങ്ങൾ
 - കണ്ണു ചുവപ്പ്
 - പാമ്പ് കടിച്ചാൽ

277. മുകളിൽ സൂചിപ്പിച്ച രോഗങ്ങൾ ചികിത്സ എടുക്കുമ്പോൾ അനുസരിക്കേണ്ടുന്ന പദ്ധതികൾ എന്തൊക്കെയാണ്? ഏതെല്ലാം ഭക്ഷണ പദാർത്ഥങ്ങൾ കഴിക്കണം അതുപോലെ തന്നെ കഴിക്കരുത്?
278. മുകളിൽ സൂചിപ്പിച്ച രോഗങ്ങൾ വംശീയ വൈദ്യം ഉപയോഗിച്ച് ചികിത്സിക്കാറുണ്ടോ? വിശദീകരിക്കുക?
279. മുകളിൽ സൂചിപ്പിച്ച രോഗങ്ങൾ മാറ്റാനായി മാന്ത്രിക ചടങ്ങുകൾ നടത്താറുണ്ടോ?
280. മുകളിൽ സൂചിപ്പിച്ച രോഗങ്ങൾ വരാതിരിക്കാനായി എന്തെങ്കിലും പ്രത്യേക പ്രതിരോധ പ്രവർത്തനങ്ങൾ (ഉദാ: ചടങ്ങുകൾ/ അനുഷ്ഠാനങ്ങൾ/ ഭക്ഷണ ക്രമം/ പ്രാർത്ഥന/ ചർമ്മജ്വലനം/ നേർച്ച) ചെയ്യാറുണ്ടോ?