



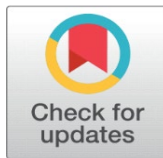


HEALTH AND MEDICINE PRACTICE OF THE INDIGENOUS KANDHA TRIBE IN COLONIAL ODISHA: A HISTORICAL STUDY

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ABSTRACT

The colloquial tribe of Kandha in Odisha had a differentiated and multifarious scheme of health and medicine closely estimated with their spiritualism beliefs, ecological understanding and social action. This paper discusses the natural laws of medicine used by the kandhas where their natural medicine is based on herbal medicines, rituals and folk medicine. This historical analysis dwells on the interplay between Kandha medicine system and colonial medical intervention using archival record, colonial report, ethnographic book, oral traditions. The results indicate that during the British colonial period, the policies to discourage the indigenous healing activities outsiders, especially the British citizens, promoted western medicines and legislature to limit its practice; however, the Kandhas remained resilient and managed to accommodate, negotiate, and even keep their indigenous knowledge intact. The paper also reveals how the discourse of colonialism constructed indigenous medicine as something superstitious and did not acknowledge its science roots. This study adds value to the wider discussion of indigenous medical history, knowledge system, and the politics/relationship of colonial power in Odisha by analyzing the response of Kandha who aggressively defied colonial rule by practicing healing strategies even during the colonial era.

Keywords: Kandha Tribe, Cultural Health Beliefs, Traditional Health and Medicine Practice Colonial Impact on Health and Medicine

1. INTRODUCTION

There is a significant array of the factors in which Indian experience with the colonialists has brought a lot of changes in the indigenous knowledge system, particularly in the health and medical system. There were a lot of tribal groups residing in the colonial Odisha out of which there was one of the oldest and most visible Adivasis population of tribe Kandha whose ethno-medical practise was strongly founded on tribal cultural beliefs, religion thought patterns, and environmental knowledge. The aim of the paper is to historically examine or research the health and medical practices of the Kandha tribe of British colonial rule with regard to the local systems that functioned or changed or fought with the colonialist of medical intrusion¹. Conventionally, the Kandha believed in a comprehensive concept of health and combined herbs, religious curing, spirit pleasing and the services of traditional healers, say Disaris and Jani². Illness and

health were not exclusive physical conditions as they were perceived to be related to spiritual powers, social stability and natural equilibrium. Even so, colonial rule introduced western medical approaches, sanitary against local belief systems and knowledge practices³.

In colonial Odisha particularly in the 19th and early 20th century, the British government initiated preventive health measures to manage epidemics and ensure people were healthy⁴. Such interventions however were very little known in the tribal areas or involved the tribal culture itself⁵. In most situations, the Kandhas approached representing the colonial medical practices with lot of suspicion and instead called their traditional healer and medicines. The forcing of the western medicine was frequently in discord with the local cosmologies and cultural insensitivity also served as the contributing factor to resistance or partial adaptation.⁶ Odisha is a significant Indian state with large population of ST and SC people. In the 2011 census, the Kandhamal District had a total population of 7,31,952, with 3,59,401 males and 3,72,551 females. The ST population is 2,81,000, whereas the Kui population is 1,951,001. Kandhamal district is one of Odisha's southernmost districts. The location is between 83° 30' to 84° 35' longitude and 19° 34' to 20° 34' latitude, according to the 2011 Census of India. The District Census Handbook for Kandhamal, part of Odisha's Village and Town Directory, offers thorough information on the district's topography, demographics, and administrative divisions. Consequently, this historical analysis will be directed at investigating the dynamics between indigenous health practices of the Kandha tribe and the colonialism health policies in Odisha. It examines how the traditional medical systems of the tribe survived, changed or became marginalized in the colonialism period. The historical analysis attempts to examine the intrigue surrounding the indigenous modes of the Kandha tribe health practices alongside the colonial health policies in the state of Odisha. It looks into the process where the traditional medical system within the tribe lived, changed or were eliminated under the colonial rule Health and Medicine Practice of the Indigenous Kandha Tribe in Colonial Odisha: A Historical study. The paper also demonstrates indigenous power in these negotiations of cultural and medical sovereignty against colonial control⁷. By looking at a particular tribal people within a colonial system, this work has a contribution to other literature on the social history of medicine as fixed or inferior, but it creates a more complete image of the ability to survive, adapt and perpetuate culture in the Kandhas approach to illness and health.⁸.

1.1. OBJECTIVES OF THE STUDY

- To explore the traditional health and medicinal practices of the Kandha tribe.
- To assess the impact of colonialism on these practices.

2. METHODOLOGY

Overview of the qualitative research methods used, such as ethnographic study, oral history, archival research, and analysis of colonial medical records.

1) Archival Research

Primary sources from the colonial period form the core of this research. Official records such as district gazetteers, administrative report, census record, medical reports, and settlement surveys from the Odisha State Archives. Documents such as the Annual Public Health Report, Sanitation Reports, and Tribal Welfare Reports provide insight into how the British viewed and intervened in indigenous health system.

2) Oral History and Indigenous Knowledge

Where possible, oral narratives and folk traditions passed down among Kandha elders will be consulted to capture live experiences, healing rituals, and cultural memories of health practices. Although the focus is historical, oral history serves as a crucial tool to supplement the colonial silenced or distortion regarding indigenous voices. Interviews (conducted or sourced from prior ethnographic work) with tribal healers (Disaris or Janis) and community elder help reconstruct pre-colonial and colonial-period practice.

3) Secondary Literature Review

The study engages with a broad spectrum of secondary literature on the social history of medicine, tribal studies, and colonial governance in Odisha. Scholarly work by historians such as David Arnold, Biswamoy Pati, Mark Harrison, and Deepak Kumar, along with ethnographic studies on Kandha tribes, are critically analyzed. This helps contextualize the Kandha medical worldview within larger debates about colonial medicine and indigenous resistance.

4) Ethnohistorical Analysis

The research employs ethnohistorical methods, combining anthropological insights with historical sources. It emphasizes indigenous cosmologies, beliefs surrounding illness and healing, and the social role of traditional practitioners. The symbolic and ritual dimensions of healing practices are explored alongside their pharmacological or practical aspects. This study faces certain limitations, such as the scarcity of indigenous written records, the colonial bias in official documents, and the challenges of accessing oral traditions from a historical standpoint. Care is taken to critically assess sources and triangulate data where possible.

3. THE KANDHA TRIBE: AN OVERVIEW

The Kandha tribe, also known as Kandhas, is one of the largest and most prominent indigenous communities in Odisha, predominantly inhabiting the districts of Kandhamal, Rayagada, Koraput, and Kalahandi. The Kandhas are renowned for their deep-rooted animistic beliefs, rich cultural heritage, and lifestyle that is intimately linked to the natural world and the ecosystem of the forest.

They traditionally practice their subsistence agriculture, hunting and shifting cultivation (padu), prime sources of livelihood¹⁰. Socially the Kandhas are grouped in clans and they have a totemic belief system. The elders of their community and village councils dictate their customs in sociology such that the group focus is on collective responsibility and religious awareness. This tribe worships a deity of the nature in form of a pantheon, most important of which is Dharani Penu, the Goddess of the Earth. The role of rituals and festivals in the life of the community cannot be underestimated, and they are frequently connected with health-related activities and agricultural oscillations¹¹. Probably the most noted thing about the Kandha society is the traditional healing-system that makes use of religious healers called Disari or Jani. These medical men fulfill the role of both doctors and religion officials and they were thought to know the herbs, charms, and spiritual rituals to cure disease¹². Kandhas believe that illness is usually caused by the displeasure of spirits, breaching of taboo, or witchcraft and healing is a medical as well as a ritualist act. This is true even though the Kandhas have been interacting with the outside world through the colonial authorities, missionaries and the development agencies that came in after independence centuries after. But the British colonial rule came with new challenges such as imposition of alien health policy, alienation of landed assets and the toppling of the traditional authority systems.¹³.

3.1. HISTORICAL BACKGROUND

The Kandha tribe was one of the most populace and well-known tribal communities in Odisha, majorly on the hilly, forest foundations of the south and central district, like- Kandhamal, Rayagada, Ganjam, Koraput, and Kalahandi¹⁴. Being classified as a Schedule Tribe by the Indian constitution, they are regarded as one of the primeval aboriginal people in eastern India with a rich socio-cultural heritage, which is very much linked to nature¹⁵.

1) Social Structure

The Kandhas social structure is founded on kutumba (clans) and lineage groups with some being organized around a totemic symbol, which can be an animal, a plant or a natural element ¹⁶. They live in egalitarian society and an important part in society is played by village councils (panch) which are led by respected elders in decision making, resolving conflicts and also in the performance of rituals. The jani or (priest), Mandal or (village head) and the Bismajhi (community leader) are some of the traditional leaders, who have specific religious and administrative responsibilities¹⁷. The rules of marriage are exogamous within clans, and the ties of kingship dominate the processes of establishing the social cohesion.

2) Lifestyle

Conventionally, the Kandhas have been subsistence farmers, who practice shifting cultivation (padu), and settled agriculture when it is feasible¹⁸. Forest collecting, hunting and small rearing of livestock are additional sources of their economy. The forest is the livelihood but at the same time the sacred area where she can get herbs, firewood, and wild fruits, and medicinal plants¹⁹. Their houses are normally made by mud walls and thatch roof, and are grouped in small scattered villages found near a forested hill.

3) Cultural Practices

Kandha culture is highly spiritual, animistic and it focuses on peaceful coexistence with nature. The tribe also has varied types of deities, spirits, and ancestral beings with the major one being Dharani Penu (Earth Goddess)²⁰. Kandha life implies numerous rituals and fairs that are associated with agriculture cycle, health, fertility and change of seasons. The festival such as Meriah, Bija Pandu, Parbata Puja and Chaitra Paraba are associated with community feast, music and dance in which both men and women actively participate in them²¹. Traditional healers like the Disari, Deheri and Jani play a major role that is highly respected. These people share spiritual knowledge and herbs in the management of sickness, tragedy, or spiritual disproportion²². The oral-traditions, folklore-songs and even myths being the tools of communication in different generations are the ecological knowledge of the whole tribe, their moral gradations and attitude to the world. The Kandhas are among many societies that have maintained their cultural and social heritage, even though the modernization and the historical forces of colonialism, missionary work and developmental policies of the state have influenced the societies. Nevertheless, they still experience problems of land alienation, displacement and loss of traditional knowledge system²³.

The Kandha tribe is predominantly concentrated in the south-central hilly regions of Odisha, especially in the districts of Kandhamal, Rayagada, Ganjam, Gajapati, Kalahandi, Koraput, and parts of Boudh and Nabarangpur²⁴. Their characteristics are large areas, dense in forests, hilly and uplifted topography and inaccessible terrain which contribute historically to relative independence of the Kandha communities and inhibit early colonial infiltration²⁵. The district of Kandhamal especially is considered as the cultural center of the Kandhas as the population constitutes a large proportion of the population of India²⁶. The tribe is found in anyupiter or prakash village usually dispersed and located in the hilltop or foothills near to the forest where basic forest resources are important to their subsistence economy which is shifting cultivation (Padu), hunting, and forest-gathering²⁷. Their settlements are often located near streams or forest patches, indicating a strong ecological awareness and dependency on natural surroundings. Historically, the Kandhas maintained dynamic relationships with neighboring tribes, such as the Kui, Soura, Paraja, and Gadaba, as well as with Dalit and caste Hindu communities in the plains²⁸. The interactions being at seasonal markets (haats), intermarriage in some areas and common ceremonial sites. Nonetheless, the relations between them were also characterized by occasional strife or social alienation as a result of the difference in culture and economic factor. The British colonialists lumped the Kandhas with other so-called hill tribes to suit themselves and so passed through similar experiences of land alienation, taxes and the activity of missionaries²⁹. In other places, interaction with the Soura and Paraja tribes also produced cultural borrowing, such as in the realm of agriculture, though the lowering of roads at the onset of the 20 th century added interactions between the Kandhas and caste Hindu populations, which occasionally resulted in acculturation, displacement or competition over forest resources³⁰. Despite this interaction, the Kandhas have retained a distinct cultural identity, language (Kui), and belief system. Their interaction has been shaped by a combination of ecological necessity, political resistance, and ritual boundaries, which allowed them to adapt without fully assimilating into dominate regional cultures.

4. CULTURAL AND SOCIAL ORGANIZATION OF THE KANDHA TRIBE

The Kandha tribe in Odisha is famous because of its unique and well established culture and social structure, which indicates their existence as a symbiotic relationship with nature, spiritualism and their group oriented values. They are tribal organized with the organization of societies into clan and bounds and social performance of rituals and social collaboration where their heritage has withstood centuries of pressure of outside forces and most especially during the time of colonization.

4.1. KINGSHIP SYSTEMS

The Kandha tribe belongs to a patrilineal and exogamous system of kingship which is clan-based. The kingship is a crucial aspect in determining the social relationships, the right to inheritance, marital relationships as well as the ritual obligations. Every clan (kutumba) is related to a particular totem which is commonly an animal or a natural object which is believed to be a sacred and a symbol of a common ancestry³¹. Members of the same clan are forbidden from marrying within their group, ensuring exogamy and strengthening inter village and inter-clan relationships³². Kingship terms extend beyond biological ties, fostering a strong sense of communal identity and mutual obligation. Marriage among the Kandhas is typically arrange within broader kingship network and involves elaborate rituals, bride-price payments, and

community feasting. Polygyny is permitted, though monogamy is common in practice. Post-marital residence is usually patrilocal, and property is passed down through the male line³³.

4.2. TRADITIONAL OCCUPATIONS

Traditionally, the Kandhas engage in subsistence agriculture, particularly shifting cultivation, which involves clearing patches of forest for seasonal crops like millets, pulses, and tubers. In recent decades, some have transitioned to settled agriculture, cultivating paddy in terraced fields³⁴. Alongside farming, forest-based livelihoods such as collecting firewood, medicinal herbs, fruits, and honey remain important³⁵. They also raise small livestock like goats and chickens and engage in hunting and fishing where permitted. Artisanal skills such as bamboo work, weaving, and herbal medicine are also practiced, especially by older community members and women. The knowledge of herbal healing, in particular, is passed down orally and remains a vital cultural asset of the community³⁶.

4.3. COMMUNITY ORGANIZATION

The Kandha community is governed through traditional institutions at the village level, such as the village council (panch) and roles like the Jani (ritual priest), Mandal (village headman), and Disari (medicine man and astrologer). These positions are often hereditary and are central to resolving disputes, performing rituals, and maintaining customary law³⁷. Decisions are made collectively, and social harmony is maintained through dialogue and consensus. These indigenous governance systems historically operated autonomously, although they have been increasingly influenced by modern state institutions, missionary presence, and legal changes during and after colonial rule³⁸. Nevertheless, traditional occupations, kingship norms, and communal structures continue to shape the daily life and cultural identity of the Kandha people.

4.4. THE ROLE OF HEALERS AND MEDICINE MEN/WOMEN IN THE TRIBAL SOCIETY.

In Kandha tribal society, traditional healers such as the Disari (herbalist-diviner), Jani (ritual priest), and Bejini (female healer) hold central positions both in health and religious life. These individuals are regarded not only as cures of illness but as intermediaries between the human, natural, and spiritual worlds. Illness is often believed to result from supernatural forces, broken taboos, or ancestral displeasure, and therefore requires both medicinal and ritual remedies.

The Disari diagnoses illness using divination and prescribes herbal remedies gathered from the surrounding forest. His knowledge is based on generations of oral tradition and personal apprenticeship³⁹. The Jani as the village priest, performs important healing rituals, especially those aimed at restoring spiritual balance and community harmony. Meanwhile, women healers, particularly elder women, specialize in midwifery, childcare, and herbal treatments related to gynecological issues, fever, and wounds⁴⁰.

These roles are deeply embedded in the social and cultural fabric of Kandha society and are essential to its resilience. During colonial rule, however, these traditional healers were often undermined or dismissed by western-trained medical personnel, though they continued to enjoy the trust of their communities⁴¹.

3) Indigenous Worldview of the Kandha Tribe:

The Kandha tribe of Odisha upholds an animistic and ecological worldview where human beings are seen as part of an interconnected universe comprising nature, ancestors, deities, and spirits. This worldview governs their understanding of health, illness, social norms, and environmental ethics. For the Kandhas, the Earth (Dharani Penu) is a sacred and living force, and all life forms are believed to have spiritual significance⁴².

The tribe's rituals, agricultural practices, and healing ceremonies are shaped by this indigenous cosmology. Illness, for example, is not merely a biomedical issue but often a spiritual imbalance caused by the wrath of deities or ancestral spirits. Healing, therefore, requires ritual mediation and offerings, not just herbal remedies⁴³.

Their worldview also emphasizes community harmony, reciprocity, and respect for natural resources. Forests, rivers, hills, and animals are seen as abodes of spiritual or manifestations of divine forces. As such, their livelihood practices such as shifting cultivation and forest collection are conducted with respect, rituals, and seasonal observances⁴⁴.

This indigenous worldview faced significant disruption during colonial rule, when Western rationalism, Christianity, and new administrative controls attempted to reshape tribal perceptions of nature, disease, and knowledge. Yet, despite such pressures, many aspects of the Kandha worldview persist and continue to inform their cultural identity today⁴⁵.

- **The Kandha tribe's understanding of health, illness, and the body.**

The Kandha tribe of Odisha views health not merely as a physical condition but as a state of balance between the individual, the community, nature, and the spirit world. Illness is understood as a disruption in this balance often attributed to supernatural causes, broken taboos, or environment disharmony⁴⁶. According to Kandha belief, the body is both biological and spiritual, influenced by divine force, ancestral spirits, and malevolent entities. Ailments such as fever, paralysis, or infertility may be diagnosed by traditional healers (Disari or Jani) as the result of spirit possession, sorcery, or ancestral displeasure⁴⁷. Treatment involves not only herbal medicine but also ritual appeasement, sacrifice, or purification ceremonies to restore cosmic and bodily harmony. Pregnancy, birth, and death are surrounded by ritual practices to protect the individual from unseen spiritual forces. Even minor illnesses are treated within a community framework, involving the participation of kin, healers, and priests⁴⁸. Thus, the body is not seen in isolation, but as embedded in social and cosmic networks. During colonial rule, this holistic and spiritual understanding of the body often clashed with the rational-scientific approach of Western medicine, which marginalized indigenous health systems as “superstitious” or “irrational.” despite this, the Kandha people continued to rely on their traditional frameworks for healing and well-being⁴⁹.

- **Traditional Health and Medical Practices**

The traditional health and medical practices of the Kandha tribe are deeply rooted in their ecological knowledge, spiritual beliefs, and ancestral wisdom. These practices represent a holistic approach to healing, where physical, spiritual and environmental factor are seen as interdependent. Health is perceived as state of harmony between the individual, the community, nature, and supernatural forces. Kandha healing practices revolve around herbal medicine, ritualSpiritual and holistic approaches to medicine healing, and the involvement of traditional specialists such as the Disari (diviner-herbals), and Jani (ritual priest). These individual draw on extensive ethnobotanical knowledge, using forest plants to treat wounds, infections, fevers, digestive issues, stomach pain, snake bite and reproductive health problems⁵⁰. Treatment is not limited to the physical body. Ritual involving sacrifice, chants, offerings, and spirit communication are performed to appease deities or ancestral spirits believed to cause illness⁵¹. For example, if a patient suffers from prolonged fever or mental disturbance, the Disari may determine that a village deity has been angered, necessitating a community ritual to restore balance. Traditional birth practice, the Disari may determine that a village deity has been angered, necessitating a community ritual to restore balance. Traditional birth practices, bone-setting, wound care, and snakebite remedies are part of this indigenous medical system. Women play a key role as midwives and caregivers, using plant- based remedies for childbirth and postpartum care⁵². Despite pressures during colonial rule to replace these practices with Western medicine, the Kandha community continued to trust and rely upon their traditional healers due to their culture familiarity, accessibility, and perceived spiritual efficacy⁵³.

- **Medicinal Plants and Natural Remedies:**

Table 1

S.No.	Plant name (Botanical)	Local Name	Part Used	Ailment/Disease Treated
1	Azadirachta Indica	Neem	Leave, bark	Skin infection, fever, malaria
2	Ocimum Sanctum	Tulsi	Leaves	Cold, cough, respiratory problems
3	Curcuma longa	Haladi(Turmeric)	Rhizome	Wounds, inflammation, digestive issues
4	Andrographis panicul	Kalmegh	Whole plant	Fever, liver disorder, malaria
5	Terminalia chebula	Harad	Fruit	Constipation, stomach disorders
6	Tinospora Cordifolia	Guduchi	Stem	Fever, immunity booster
7	Zingiber officinale	Ada(ginger)	Rhizome	Nausea, cold, indigestion
8	Centella asiatica	Bramhi	Leaves	Memory enhancement, anxiety
9	Moringa oleifera	Sajana	Leaves, pods	Anemia, weakness, nutritional deficiency
10	Justical Adhatoda	Basanga	Leaves	Bronchitis, asthma, cough

11	Cassia fistula	Sunari	Bark, fruit	Constipation, Skin diseases
12	Eclipta abla	Bharingraj	Leaves	Liver problem, hair treatment
13	Aegle marmelos	Bael	Leaves, fruits	Diarrhea, dysentery
14	Rauvolfia serpentina	Sarpgandha	Root	High blood pressure, insomnia
15		Masia Kanda	Fruit	Malaria

Figure: 1 medicinal plants and remedies.

Knowledge transmission through oral traditions and apprenticeships

Among the Kandha triba of Odisha, medical knowledge is traditionally passed down through oral traditions and apprenticeship- based learning systems. Healers such as the Disari or Jani do not written texts but instead acquire their knowledge through years of observation, participation in rituals, and direct instruction from elder healers⁵⁴. This system emphasizes practical experience, memory, and deep familiarity with local plants, spirits, and communal belief system. The transmission process is often intergenerational, with children or chosen apprentices from healer families learning medicinal uses of herbs, diagnostic rituals, and ceremonial procedures over time⁵⁵. The process also involves spiritual discipline, taboos, and often a ‘calling’ or dream vision signifying that the apprentice is destined for healing work⁵⁶. These oral traditions are embedded in the tribe’s cosmology, language, and sacred practices, making them difficult to separate from their cultural and spiritual life. Despite the intrusion of colonial health systems and modern healthcare, these oral-knowledge system remain vital in many Kandha communities today.

5. HEALING PRACTICES AND RITUALS

5.1. SHAMANISTIC PRACTICES, RITUALS, AND SPIRITUAL HEALING METHODS

Traditional medicine practice, also known as folk medicine, traditional medicine, and indigenous healing practice, focuses on health beliefs, cultural values, and social role. It has evolved from primitive or folk medicine to encompass the health maintenance system of any society. Health ethnographies cover the beliefs, knowledge, and values of specialists; the roles of healers, patients, and family members; and the legal and economic aspects of health practices. Pluralistic societies often have several traditional medicine systems, such as cosmopolitan medicine, which emphasize empirical research, natural medicine, which emphasizes health based on balance among bodily humors and intrinsic qualities. Humoral medicine, a form of therapy that restores equilibrium through applying remedies opposite to the body’s state, is found in various system such as Latin America, the middle East, Malaysia, Indonesia, and the Philippines. Ayurvedic medicine in India and Chinese traditional medicine combine humoral elements with other systems. Traditional medicine, as defined by the World Health Organization, is a combination of knowledge skills, and practices based on Indigenous theories, beliefs, and experiences. It is one of the oldest forms of medicine and is practiced by traditional healers, who use long-established methods passed down from one healer to another to treat various illnesses, many of which have psychological underpinnings. Traditional healers are recognized by their community as competent to provide health care using various substances and methods based on social, cultural, and religious backgrounds. They are believed to possess supernatural powers and the power to transcend themselves with the “spirit world”, providing healing to society members. This module focuses on tribal healing practices in India, which are unique to the region.

5.2. ROLE OF RELIGIOUS LEADERS AND HEALERS IN MAINTAINING HEALTH AND CURING DISEASES

Traditional medicine, also known as Ayurveda, homeopathy, naturopathy, Unani, Siddha, and folk medicine, is practiced in India and other parts of the World. Ayurveda aims to maintain balance in structural and functional entities, promoting good health. Treatment involves techniques, procedures, regimes, diet, and medicine. The philosophy of Ayurveda is based on the Pancha bhutas (five-element theory), which explains that all objects and living bodies are composed. Siddha emphasizes that medical treatment should consider the patient, environment, age, habits, and physical condition. The Unani System of medicine promotes positive health and disease prevention, originating in Greece and enriched by Arabs. It emphasizes the use of naturally occurring herbal medicines, although it uses ingredients of animal and marine origin. Homeopathy is a specialized method of treating diseases with potent drugs, which have been proven

to produce artificial systems in humans. Yoga and naturopathy practice can improve social and personal behavior, physical health, and mental tranquility. Naturopathy, on the other hand, is a drugless treatment system based on the ancient practice of applying simple laws of nature. Advocates of naturopathy focus on eating and living habits, purification measures, hydrotherapy, baths, and massage.

6. DISEASES AND TREATMENTS

6.1. COMMON DISEASES AND CONDITIONS AMONG THE KANDHA TRIBE (E.G., FEVERS, WOUNDS, INFECTIONS)

The Kandha tribe of Odisha has historically faced a range of health issues, many of which are closely linked to their environment, living conditions, dietary habits, and access to medical care. Common diseases include malaria, respiratory infections, gastrointestinal disorders, and skin ailments. Due to their forest-based livelihood and proximity to stagnant water bodies, malaria has been especially prevalent, often addressed through herbal treatments and ritual offerings⁵⁷. Respiratory infections such as chronic cough and bronchitis are widespread, particularly during the monsoon, when damp housing and poor ventilation are common⁵⁸. Diarrhea, dysentery, and women infestations are frequent among children due to unsafe drinking water and limited sanitation. Skin conditions like scabies, eczema, and wounds are also common and are treated with locally sourced herbal pastes and oils⁵⁹. During colonial rule, these health problems were often overlooked by state health agencies, which prioritizes urban and military populations. The Kandha people, therefore, continued to rely on traditional healers and spiritual interventions to treat most conditions⁶⁰.

6.2. TREATMENT METHODS AND THE ROLE OF DIVINATION AND SPIRITUAL INTERVENTION.

Among the Kandha tribe, treatment of illness is deeply embedded in both herbal knowledge and spiritual cosmology. Illness is often interpreted not only as a physical imbalance but also as the result of spiritual disharmony, ancestor displeasure, or malevolent forces. Thus, healing practices commonly combine herbal remedies with rituals, sacrifices, and divination⁶¹. The Disari or Jani traditional healers and ritual specialists play a dual role: as herbalists and as mediators with the spirit world. They may prescribe plant-based decoctions or pastes for physical ailment, but also conduct divination using rice grains, chicken entrails, or incense smoke to identify the spiritual causes of diseases⁶². If illness is attributed to a spirit or deity, appropriate rituals such as animal sacrifice or appeasement ceremonies are performed to restore balance⁶³. Healing thus becomes a communal and ceremonial process, involving the patient, family, and often the larger community. This holistic approach underscores the tribe's worldview, where the health of the body is inseparable from the well-being of soul, community, and environment⁶⁴.

6.3. SOCIAL AND CULTURAL IMPACT ON HEALTH:

How social and cultural factors influenced the understanding and treatment of diseases (e.g., taboos, rites of passage, and community health).

Among the Kandha tribe, the understanding of diseases is not limited to biological symptoms but is deeply influenced by social roles, cultural norms, and communal rituals. Health and illness are seen as reflections of harmony or disharmony within the individual, family, and wider community⁶⁵. Taboos play a significant role in preventing disease. For example, breaking food taboos, violating sacred spaces, or neglecting ritual duties can result in illness, believed to be punishment from ancestral spirits or village deities. Rites of passage, such as puberty ceremonies or marriage rituals, are also structured to spiritually 'cleans' and protect individuals during vulnerable life stages⁶⁶. The treatment of disease is often a collective endeavor, where the entire community may participate in rituals, sacrifices, or healing dances. The patient's recovery is not only a personal issue but a matter of social concern, linked to the health of the entire community⁶⁷. This cultural framing of health fosters a sense of shared responsibility and reinforces traditional authority, especially of the Disari (healer-priest) and elders⁶⁸. Such socially embedded medical practices helped maintain cultural continuity during colonial rule, even as Western biomedical models attempted to individualized and depersonalize healthcare⁶⁹.

6.4. THE COLONIAL IMPACT ON HEALTH AND MEDICINE

The imposition of British colonial rule in Odisha during the 19th century significantly disrupted indigenous systems of health and healing, including those practiced by the Kandha tribe. Colonial authorities introduced Western medicine, driven by a biomedical model focused on sanitation, vaccination, and epidemic control often disregarding indigenous belief systems⁷⁰. Public health campaigns, particularly against malaria, smallpox, and cholera, were largely urban centered and seldom reached remote tribal regions like those inhabited by the Kandhas⁷¹. Where interventions did occur, they were frequently met with resistance or mistrust, as colonial doctors failed to acknowledge the Kandhas' spiritual understanding of illness and the central role of traditional healers⁷². The British also categorized indigenous practices as superstitious or unscientific, thereby marginalizing tribal healers such as the *disari*. Missionary activity compounded this suppression, aiming to replace ritual healing with Christian medical care⁷³. However, these efforts were not always successful; many Kandhas selectively adapted Western techniques while continuing their own healing traditions in private or remote settings⁷⁴. This medical pluralism where western and indigenous systems coexisted reflects both the disruption and the resilience of tribal health system under colonial rule.

6.5. INTRODUCTION OF WESTERN MEDICINE

The British colonial presence in Odisha began in the early 19th century, particularly after the annexation of the Khurda region in 1803. With this political takeover came a new administrative system, including the introduction of Western medical practices, aimed primarily at protecting colonial officials, troops, and forces rather than the indigenous population⁷⁵. Western medicine in Odisha initially focused on epidemic control, especially during outbreaks of cholera, malaria, and smallpox. The British introduced vaccination campaigns (especially against smallpox⁷⁶), promoted sanitation reforms, and established dispensaries in urban centers and district headquarters⁷⁶. However, these efforts largely bypassed remote tribal communities like the Kandhas, who remained geographically and culturally distant from colonial medical infrastructure⁷⁷. Moreover, colonial authorities viewed indigenous medical systems with skepticism, branding them as primitive or irrational. This dismissive attitude alienated tribal populations, who often resisted or rejected Western interventions, especially when they conflicted with deeply held spiritual and communal health beliefs⁷⁸.

6.6. MISSIONARY ACTIVITIES AND THE ESTABLISHMENT OF CHRISTIAN HOSPITALS AND DISPENSARIES

During the 19th and early 20th centuries, Christian missionaries played a significant role in introducing Western medicine in Odisha, particularly in tribal regions like those inhabited by the Kandha tribe. Missionaries from societies such as the Baptist Missionary Society and the American Free Will Baptist Mission established dispensaries and small hospitals in rural and semi-urban areas as part of their evangelizing efforts⁷⁹. These institutions provided basic medical care, vaccinations, and treatments for common diseases like malaria, dysentery, and smallpox. While they filled critical gaps in colonial public health infrastructure, their primary motive was religious conversion, with medicine often used as a tool to gain the trust of tribal communities and introduce Christian teachings⁸⁰. Despite some acceptance especially during medical emergencies, many tribal groups, including the Kandhas, remained skeptical of missionary medicine, often preferring their traditional healers (*Disaris*) and ritual-based healing systems. Moreover, missionary medicine was typically concentrated around mission centers and rarely penetrated deep tribal interiors⁸¹. Nevertheless, the establishment of Christian medical institutions left a lasting mark, particularly through conversion-linked schooling and health programs, which slowly began to influence indigenous health perceptions and social structures⁸².

6.7. MEDICAL POLICIES AND REGULATION

British colonial governance introduced structured public health policies and sanitation reforms in India beginning in the mid-19th century, primarily as a response to epidemics such as cholera, smallpox, and plague. These policies were often urban-centric and designed to protect colonial personnel and infrastructure, with minimal concern for the health needs of indigenous or tribal populations⁸³. In Odisha, such policies included vaccination drives, establishment of municipal health boards, and laws promoting latrine construction, drainage, and isolation during epidemics. However, these efforts did not adequately reach tribal communities like the Kandhas, who lived in forested and hilly terrains far from colonial centers⁸³. The imposition of sanitary regulations such as compulsory vaccinations or forced quarantine

often clashed with tribal cultural beliefs, resulting in resistance or avoidance⁸⁴. Moreover, British health policy treated indigenous medical practices with contempt, labeling them unscientific, this led to the marginalization of traditional healers, whose roles in community health measures often alienated tribal populations, who saw colonial health policies as an extension of political control rather than as genuine welfare initiatives⁸⁵. The result was a dual medical system: while colonial medicine was institutionally dominant, tribal groups like the Kandhas continued to rely on their holistic, community-based system of healing, especially in times of crisis.

7. CONCLUSION

The health and medical practices of the Kandha tribe during colonial Odisha present a complex picture of resilience, adaptation, and cultural negotiation. Rooted in a holistic worldview, the Kandhas indigenous medical system combined spiritual beliefs, ecological wisdom, and communal healing traditions that had sustained them for generations. The arrival of British colonial rule, however, brought with it a new medical paradigm based on biomedicine, sanitation policies, and missionary intervention that often undermined and marginalized these local systems. While colonial health initiatives aimed at controlling epidemics and introducing Western medicine did achieve some penetration into tribal areas, they were largely met with suspicion and resistance. The lack of cultural sensitivity and the imposition of external medical models led to a limited acceptance of colonial interventions. Yet, this encounter did not lead to the complete displacement of tribal medicine. Instead, what emerged was a pattern of medical pluralism, where traditional and Western systems coexisted, often blending in response to local needs. This study underscores the importance of recognizing indigenous agency in the face of colonial power. The Kandhas did not passively receive colonial medicine; they evaluated, negotiated, and adapted practices based on their cultural frameworks and lived experiences. Their ability to retain core elements of their healing traditions despite systemic pressure reflects the enduring strength of indigenous knowledge systems. Understanding this historical interaction between colonial power and tribal health practices contributes not only to the social history of medicine but also to current discussions around indigenous healthcare rights, medical pluralism, and the need for culturally sensitive health policies in tribal regions today.

CONFLICT OF INTERESTS

None.

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