

COLLECTIVE CASE STUDIES ON ETHNO-MEDICINE AND HEALTHCARE SYSTEMS AMIDST GLOBAL NATIVE FOLKS

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Abstract

Anthropologically, ethnicity delineates people who are categorized according to their ethnolinguistic languages or grouped in accordance to their explicit dialects, castes, cultures, traditions, customs, and admixture of various clans. The intermarriages among these groups gave rise to diversified miscellaneous ethnic groups all over the world having their own ethnicity, varied cultures, traditions, and ethnomedicines. Human societies have their own conceptualization of health and diseases which are accompanied by indigenous health practices and mechanisms, based on magico-religious concepts that unearthed the medicinal values of plants and animals. This process eventually led to the success of ethnomedicine and its contribution to Medical Anthropological Knowledge. The term ethnomedicine, which means to heal from within, is a deliberate effort to grasp, recommend, educate, exercise, and execute the various Traditional Medicines in different ethnic groups. Ethnomedicine is distinguished and practiced exclusively in primitive societies which have a common ancestry, similar clan, caste, geographical location, food pattern, cultures, traditions, and practices. Several thousand years ago (in antiquity) with the awareness of various ailments and diseases arose, numerous methods for treatment to cure innumerable diseases slowly and consecutively emerged in human society. This popularised the notion of ethnomedicine which preached that not only the physical body but also mental stability are paramount to having a disease-free life. Indian Ayurveda and Yoga, Traditional Chinese Medicine (TCM), African Traditional Medicine (ATM), and Unani Medicine of Mughal India, are a few examples of ethnomedicines. Medical Anthropologists unwrapped and divulged the ethnomedicinal facts, thousands of years that emerged from common descent and were practiced in indigenous societies of China, Africa, and India. The present article reflects the composition of preferred Case Studies in Medical Anthropology and ethnomedicine of Tribals of India, Glimpses of African Traditional Medicine (ATM), and Unani Methods to cure disease in the Indian Sub-continent. The study concluded the importance of ethnomedicine among Indians by stating that in 2022, World Health Organization (WHO) and the Government of India signed an

agreement in Gujarat, India, to develop an institute for 'The Global Centre for Traditional Medicine' which attempts to portray ethnomedicine in collaboration with Science and Technology for the betterment of human being.

INTRODUCTION

Ethnicity and Indian Civilization

Anthropologically, ethnicity in India can be dignified as ethnolinguistic languages in a group of people in accordance with their explicit caste, culture, tradition, and custom. These ethnolinguistic communities were pre-dominantly the Indo-Aryan and Dravidian communities that governed and ruled ancient India. Our country constituted a disparate group of people who were associated with varied ethnic communities and tribal groups which are further dichotomized into various sub-groups. The Aryan Civilization was the preponderant ancient civilization that invaded and ruled India. They hailed from Iran and Europe and were claimed as Indo-Aryan Ethnic groups those dominated Northern, Eastern, and Central India. The famous Indus Valley Civilization across the Indus river gave rise to the Dravidian-speaking clan of Dravidian Ethnic Civilization. These people ruled the Southern part of India (Sridhar, 2022; Michael and Bernard, 2001). The minor Communities constituted those people who took birth due to the admixture of various castes, cultures, intermarriages among various groups, and dominant invasions of Arabs, Mongols Persians, Turks, Afghans, and the British community. Thus rose the diversified ethnic groups of India such as Hindus, Muslims, Sikhs, Parsis, Sindhis, Iranies, and Tribals, with their varied cultures, customs, and traditions intermingled with their Ethno-medicines.

Ethnomedical History and Shamanism

The term ethnomedicine means "to heal from within." It is a deliberate effort to grasp, absorb, execute and impart the knowledge of various Traditional Medicines in different segments of the world. The ethnomedical histories disclosed the fact that ethnomedicines are practiced since ancient eras in the remote jungles and the medicinal substitutes are derived from various plants and animal products in primitive societies of ethnic groups having common ancestries of ethnicities. Ethnomedicine is observed practiced among the aboriginal people of typical dynasties or kinship groups, sharing more or less similar remote geographical locations, common food patterns or dietary habits, cultures, traditions, practices, and customs, reflected in different parts of the world. Ethnomedicine in India, also known as Shamanism, is observed as the knowledge passed on from one generation to another among the tribal folks in the form of mantras or hymns by the traditionally claimed Shamans or Folk Healers. Ethnomedicine constitutes the primordial form of therapy that originated and materialized in the primitive societies of mankind and took the appearance of contemporary medication and treatment today. It was observed that 30 to 40

thousand years ago when the awareness and recognition of disease just arose in human minds, several sufferings and discomfort due to them were perceived by human society. This mandated the numerous methods and treatments to cure the diseases which consecutively gave rise to various ethnomedical practices. Through time and space, ethnomedicine had branched and diverse all over the world, in small pockets of ethnic groups which speculated the fact that health, aliment, disease amidst human beings involve not only the physical body but also spiritual and mental stability which are paramount to lead a disease-relief. Shamanism as the name suggests, is a religious socio-cultural spiritual practice that was first recognized in Siberia, almost two centuries ago. Thus the fountains of ethnomedicine that the folk healers unearthed involved innumerable ceremonies, cultural traditions, processes, folklore, legends, and myths to empower mental and physical stability as the mysteries of mother nature furnished us not only with food, clothing, and shelter but also with countless herbal medicines to cure a variety of diseases. In India, the Shamans are observed in the hilly terrain of the Himalayan ranges, the Deccan Plateau in the West, and most of the tribal-infested jungles and highlands. (Jiang et al.,2013).

SIGNIFICANCE OF THE STUDY

Medical Anthropologists along with ethnobotanists unwrapped and divulged the facts that traditional medicine emanated thousands of years ago and was practiced in an indistinguishable manner in various indigenous societies of India and all over the world. The present study attempts to explore the fact that ethnomedicines in different societies appreciate the precious parameters for catalyzing the process of numerous indigenous healing systems, especially at the grassroots level. The study also ventures and reflects to explore the epidemiology of the disease in a particular society from a biological, sociocultural, and historical perspective which defines the disease from its root or materializing point. The study thus attempts to highlight the essence of a healthy life which lies in the interconnectivity of peace, and harmony of physical and mental well-being, enrooted at the grassroots levels of various ethnic therapies and home medications.

MATERIAL AND METHODS

Medical Anthropology solicits and reflects the various diseases prevalent in a particular society. The discipline incorporates various methods of data collection from varied urban and rural primitive societies. The study incorporates the qualitative and quantitative methods of data collection that strive to unrelate cultural patterns and ethics of life connected in a particular society which may eventually lead to the formation of a particular disease or ailment. The various epidemiological parameters affecting the disease incorporate varied methods of data collection which identify the models of the disease. Medical Anthropology largely incorporates ethnographic field research work, inclusive of participant and non-participant observations, in-depth

interviews, life histories, case study methods, measurements, biometric studies, and dermatoglyphic print studies. The various qualitative and quantitative data of the diseased person in a particular society are reflected via various biometric and psychometric data collected during the field study. Thus, this field of Medical Anthropology, a part of Biological Anthropology, has a rich legacy in the study of Health Care Systems, the functioning of various Non-Governmental Organizations, policies related to Health and Disease, various epidemiological factors affecting health, environmental parameters such as Water, Sanitation, etc. affecting health and disease in the society; all progressing positively towards contributing in Global Health Care System.

CASE STUDY OBSERVATIONS AND DISCUSSION

A few case studies in Ethnomedicines are reflected here, where the researchers were basically Anthropologists, Ethnobotanists, Social Activists, and Policy Makers.

Ethno-medicine in Baiga Tribes: The present article 'Ethnomedicine and Tribes: A Case Study of the Baiga's Traditional Treatment' was put forth by Vikram Singh, Shailly Deewan from Department of Social Work, Guru Ghasidas Vishwavidyalaya (A Central University), Koni, Bilaspur, Chhattisgarh, India. This article described the Baiga tribes of India who have conserved the biodiversity around them along with their natural habitat and have maintained their tradition of curing diseases with the help of various medicinal plants which had been in practice for a long time. Tribes derived both directly and indirectly, a substantial amount of their livelihood from the forests and also practiced agriculture as Shifting cultivation. Baiga tribes depended solely on the jungle for their food and their diet pattern included millets, coarse grains, plant products such as tubers, and animal supplements for survival. Thus apart from leading a semi nomadic life and practising cultivation, they are also skilled hunters and woodcutters. Baiga tribes believed that they are the ancestors of forests and thus engrossed themselves in the preservation and conservation of the forests and are skilled traditional healers in ethnomedicine and they use different parts of plant products for their cure. Apart from tribal medicines, they are also talented experts in priest's practices (faith-healing) which have particular importance in their lives with the help of local raw materials procured from their forest environment. They also obtain herbs and medicinal plants which have got therapeutic value, both for curative and preventive measures. The study highlighted here deals with the knowledge of these Baiga tribes in the field of Ethno-medicine in curing various types of diseases. The various techniques involved in the study by the researchers were preliminary surveys conducted at TenduBhata Village, Kota Block Bilaspur District, Chhattisgarh. The data used in the article was collected through purposive sampling and the case study method. The study reflected that the majority of the Baiga tribes being illiterate, relied a lot on the traditional knowledge from the forest for their livelihood. They basically used shrubs, herbs, and trees like Neem, Shitla, Jamti, Karanj, depending on the different species of plants available on a

seasonal basis, and were experts in treating body pain, cough cold, stomach pain, headache, fever, cut wounds or small accidents. The study described the fact that the Baiga tribes preserved and conserved the Ethno-medicinal herbs with the help of various assorted and miscellaneous variability and specifications of innumerable varieties of flora and fauna. The Baiga believed in proper harmony of the body and stated that health and disease were related to the overall functioning of the body. The Baiga tribes differentiated a healthy person from an ill person through their daily routine work where they could easily differentiate in appearance and behavioral change of the diseased person. According to Baiga Tribe, customary law is based on the conservation of the motherland and these traditional treatment methods were the main source of livelihood. The Baiga tribes mainly considered the unhappy soul of the passed away progenitor, ghettos deities, evil spirits, and sorcerers witch hunting to be the cause of illness. Treatment of various illnesses among the Baiga tribes was believed to be positioned on both traditional and modern methods of determination of the various health problems where it was viewed that the tribal healers of Baiga tribes were experts in diagnosing the disease by calculating the pulse, observing eye colour, tongue, neck, etc. Thus enhancing ethnomedicine among the Baiga tribes for their sustainable livelihood, their treatment helped in biodiversity conservation and also the preservation of forest products respecting the mandate of Global Biodiversity (Singh and Deewan, 2018).

Encountering Illness among the Chuktia Bhunjia tribes of Odisha: Encountering Illness: Local Knowledge, Institutions and the Science of Healthcare Practices among the Chuktia Bhunjia Tribe of Odisha, India, was put forth by Bhubaneswar Sabar, Department of Anthropology, Vidyasagar University & India Department of Anthropology and Tribal Studies along with Dipak Midya, Department of Anthropology, Vidyasagar University, India. The researchers related the fact that the folk or local knowledge-based healthcare practices of Chuktia Bhunjia tribe of Odisha endeavored to ascertain the socio-cultural factors and use of ethnomedicine, taboos, traditional practices with its importance of existence and thus intensifying the substitute of modern healthcare facilities, in the rural tribal belt of Odisha. The study chronicled the associated beliefs, rituals, institutions, and practices concerned with healthcare in this tribal belt. The study was carried out in the form of interviews, observation, and case study by the anthropologists which revealed the fact that the healthcare practices of Chuktia Bhunjia involved customary beliefs, utilization, and preservation of flora, fauna, their pertaining laws which governed the access to various healthcare services. The study concluded that the science of tribal healthcare or Ethno-medicine among the Chuktia Bhunjia was inextricably associated with their own culture, beliefs, knowledge, customs, and traditions related to their ecology. The customary laws, taboos, magic, and rituals occupied significant space and influenced access to healthcare institutions. Ethnomedical knowledge was transmitted from one

generation to another in the same family. The study thus culminated in the documentation and promotion of such knowledge-based practices which offered the possibilities of various solutions to healthcare sustainability, as this knowledge was culturally transmitted from one generation to another. The study concluded that the science of Healthcare among the Chuktia Bhunjia is inextricably associated with their own culture, beliefs, knowledge, and ecology. The customary laws, taboos, magic, and rituals occupied significant space and influenced access to healthcare institutions. Their healthcare practices were structurally so static that it becomes difficult for the Chuktia Bhunjia to accept modern healthcare services. The study also reflected that Healthcare practices among the Chuktia Bhunjia were male-centric and women were marginalized in terms of access to healthcare services (Sabar and Midya, 2022).

Ethnomedicinal Study of Medicinal Plants used by Mizo tribes in Champhai district of Mizoram: The Ethno-medical study of the Mizo Tribes in Champhai district of Mizoram, India was carried out by T. B. C. Laldingliani, Nurpen Meitei Thangjam , R. Zomuanawma , Laldingngheti Bawitlung, Anirban Pal and Awadhesh Kumar from the field of Ethno-botany and Horticulture. The study described the details of the herbal plants in India, which had been used in countless and innumerable numbers, since ancient times for curing various ailments and diseases. The research emphasized that these plants are easily available with hardly any side effects when compared to modern medicine. The present article highlighted the ethnomedicinal plants in the Champai district of Mizoram which are located in the Indo-Burman Biodiversity region. Mizoram wilds are infested with vast jungles of tropical semi-green forests, tropical wet evergreen forests, and mountains of sub-tropical pine forests, located in the North East Region (NER) of India. It was also observed that ethnomedicinal knowledge in this tribe was transmitted from one generation to another orally in the same family among the local youths of the traditional healers. Since Champai belonged to a rural area of Mizoram, a huge population of the tribal relied on ethnomedicines. The various techniques used for data collection for the research were interviews with many informants across 15 villages of the Champhai district and data of 93 plant species from 53 families and 85 generations were recorded for ethnomedicinal research. The study reflected that the Mizo tribes had their own ways of treating and utilizing plants to heal various ailments. Plant leaves were the most frequently used part of the plant body and were usually used in the form of decoction. The other parts of the plants were used accordingly when needed. Thus, the study concluded that the tribals of Mizo, had extensive knowledge and grasp of the ethnomedicinal plants and they preferred them to the mn medicines. The native people in the study area had a unique way of utilizing medicinal plants to treat different kinds of ailments (Laldinglian et al., 2022).

The Dimensions of Tribal Health in Sahaydri Region: Assessment and Adminstration of Health in Tribal Communities: In The Dimensions of Tribal Health

in Sahaydri Region: Assessment and Administration of Health in Tribal Communities, Anurag Shukla from Public Health Policy and Tribal Health Department, Maharashtra, contemplated the fact that mingling of various societal vantage points or frame of mind and diversified belief systems, the tribal populations in India had long been neglected and rejected basic Healthcare services. The study reflected the gaping disparities in the health status of tribals, then vividly observed and compared with the general population. To assess the health status of tribal population and their access to public and private health care in post-economic reforms, an eight week long study was done by the researcher in the consecutive months of November and December 2012 among the three tribal communities i.e. Mahadev Koli, Katkari and Thakur in Rajguru Nagar taluka of Pune district. Data was collected in the form of interviews and recorded by visiting each tribal household. Panchayat members and local health administrative members were also actively included in their study where the data was analyzed. The study unfolded the fact that though in the tribal areas, the government has been trying maximum to improve the health status of these tribal people, it needs continuous attention to improve the health status in the rural areas where very little or nearly negligible improvement had been observed among of these tribal communities. Their habitation or their domain had inaccessibility to roads and the phenomena of landlessness was a common feature observed among these tribals. Most of the tribals were poverty stricken and dwelt below the below poverty line as they spend very little on their health care. They usually covered or curtailed their illness and had the inclination to underestimate their diseases or ailments. It was also observed that the rate of utilization of public health care services was also very low. Mahadeo Kolis, Katkari, and Thakur reported high maternal mortality, and infant mortality rates coupled with a tremendous amount of infectious diseases like Dengue fever, Malaria, Pneumonia and Tuberculosis. The study thus concluded that there could be historical reasons for their poor economic and societal status that needs to be highlighted and studied for their better implementation of health services and health policies for improving the health care systems (Shukla, 2020).

Traditional Chinese Medicine (TCM) and Modern Medicine from Natural Products: The comparative study of Chinese Medicine related to Modern Medicine was explained by Haidan Yuan, Qianqian Ma, Li Ye and Guangchun Piao College of Pharmacy, Yanbian University, China. The researchers put forward the importance of natural products along with the use of Traditional Medicines. Such forms of medicine were termed Traditional Chinese Medicine (TCM). The study revealed the importance of research in the use of natural products, traditional medicine, modern medicine and various possibilities, concepts and methodologies obtained naturally from natural herbal products. The unique characteristics of theory, application, role and modern research of eight kinds of traditional medicine systems were summarized in the study by the researchers. It emphasized the fact that Traditional Chinese Medicine still plays an important role in China, and has constantly developed through the past 5000 years

of medical practice and experience which is rich in data from “clinical experiments” and guarantees its effectiveness and efficacy. The researchers explained that it is notable to note that there is increasing convergence between Traditional Chinese Medicine and modern medicine. With the development of modern technology, it has become possible to determine the pharmacology and mechanisms of action of many Chinese herbs. Traditional Chinese Medicine is now an inseparable part of the Chinese public health system. In recent years, the study has gradually gained considerable approval as a complementary or alternative medicine in Western countries also. Chinese herbal medicine, which is the most important component of Traditional Chinese Medicine, is currently used in the health care of an estimated 1.5 billion people worldwide (Haidan et al., 2016).

Role of African Traditional Medicine (ATM) in the Management of Oral Diseases: According to the review on the African Traditional Medicine in the Management of Oral Diseases, Naidoo and Agbor from the Department of Community Dentistry, University of Western Cape-South Africa, explained the role of Traditional Medicine in the management of oral diseases. The study stated that Contemporary African communities operate a pluralistic health care system whereby highly sophisticated biomedical healthcare co-exists and even competes with traditional medical practices. Though most patients opt for dual consultations, the introduction of biomedicine has never replaced traditional indigenous medicine and traditional healers are consulted for several reasons making dual treatment of a common occurrence disease in many communities. Factors such as the lack of healthcare workers, and inequalities in the health sector due to socio-cultural and socio-economic disparities prevent people from patronizing both healthcare systems. Therapeutic methods used by African traditional healers include herbalism, psychotherapy, simple surgical procedures, rituals, and symbolism. The types of medication used by traditional healers are classified as preventive and prophylactic medications. Some practices of traditional healers included tooth extractions with medicinal plants and also in other practices resulting in exposure to blood. The study concluded that Traditional African Healers have special qualities that make them highly effective in primary oral health care, therefore, making them inevitable stakeholders in primary oral health care delivery (Naidoo and Agbor, 2016).

Unani Methods of cure in the Indian Sub-continent, An Analytical Study: The study was conducted by Arshad Islam who explained that in the Islamic civilization among the Unani physicians, a number of local herbs and their studies of medicinal properties were used in their daily practices. Many Unani Indian medicines were of Ayurvedic style, and comprised of Ayurvedic medical practice. Indo-Persian physicians in Muslim India developed a special aptitude in Unani, prescribing courses of treatment that calibrated medicinal and lifestyle regimens with the physical and metabolic properties of the patients related to their occupation, socio-economic status, geo-climatic conditions in a remarkable and unique style that is not seen in modern

medicinal systems. The art of writing prescriptions became an important discipline in Unani medicine based on seasonality as well as the condition and symptoms of the patient. They used new techniques in the preparations of Unani formulations, such as khamira, a semisolid Unani medicinal compound that was one of the rarest inventions of Indian physicians because of its unique flavour and medicinal significance. By the apex of Mughal culture, there was little differentiation between Ayurvedic and Unani medicine in India, and they were not viewed as fundamentally distinct by Indian scholars at that time. The Unani and Ayurvedic systems adopted drugs from each other. The study thus concluded that the present-day medical system of India should gain enormous knowledge from Unani, Ayurveda and Traditional Chinese Medicine to enhance their expertise in curing diseases (Islam, 2018).

WHO INSTITUTE “GLOBAL CENTRE FOR TRADITIONAL MEDICINE IN INDIA”

In March 2022, The World Health Organization (WHO) and the Government of India signed an agreement to initiate an institute - ‘Global Centre for Traditional Medicine’ which was launched in India by Hon Prime Minister, Mr. -Narendra Modi on 21st April 2022. The Centre had focus on - equipage the strength and positivity of ethnomedicine with the aid of Science and Technology, thus creating awareness among the people of the positivity and potential of traditional medicine throughout the world. A total of 174 members out of 194 had realized the positivity of traditional medicine and the government of these countries requested WHO for further research into Traditional Medicines, their products, uses, and practices. “For many millions of people around the world, traditional medicine was the first port of call to treat many diseases,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General, who also added that The agreement between the Ministry of Ayush and the World Health Organization (WHO) established the WHO-GCTM (Global Centre for Traditional Medicine) at Jamnagar, Gujarat was a commendable initiative where the centre established in Jamnagar, Gujarat pivots on four deliberate areas such as evidence and learning, data and analytics, sustainability and equity and innovation and technology thereby fulfilling the beneficence of ethnomedicine for Global Health and Sustainability Development (WHO, 2022).

CONCLUSION

The study of case studies of ethnomedicine concludes the fact that since the origin of mankind around 60,000 years ago, in the course of Paleolithic times, the practice and study of ethnomedicine evolved and branched in various healing practices, customs, and traditions among homo sapiens to survive the harsh environmental conditions of Mother Earth. It aided to identify various plants and animal products with medicinal properties and used them for curing multiple illnesses and diseases which sequentially expanded into several medicinal practices including

ethnomedicinal or traditional medicines, modern medicine, alternative medicine, and holistic medicine, all for the betterment of human beings.

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