

Traditional healing practice and folk medicine usage by tribals of Mujpathri and Tangnar Hamlets of Budgam, J & K, India

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ABSTRACT

Jammu and Kashmir has very rich tradition of folk medicine practices for the treatment of various ailments in tribal areas. A survey on traditional healing practice and usage of folk medicine was conducted in two hamlets of Budgam district from June 2017 to November 2018. All information was collected based on field studies and interviews with local people and traditional healers. The results indicate that while Mujpathri shows a greater overall engagement with traditional medicine driven predominantly by consultations with local healers, residents of Tangnar exhibit a relatively higher degree of self-reliance in preparing their own remedies. A significantly higher proportion of respondents in Mujpathri (10%) obtain their remedies directly from traditional practitioners compared to those in Tangnar (5%), yielding an overall mean of 7.5%.

Keywords: Budgam district, Mujpathri, Tangnar, folk medicine, Traditional healing

INTRODUCCIÓN

A traditional healer is recognized by their community as a competent healthcare provider who treats ailments using naturally available substances and traditional practices grounded in the community's socio-cultural and religious beliefs regarding physical, mental, and social well-being. These healers employ various medicinal formulations derived from natural sources and possess extensive knowledge regarding the use of diverse plants and herbs for both nutritional and medicinal purposes. Details of medicinal plants used in India were reported by Kirtikar and Basu (1993). Data from the World Health Organization (WHO) highlights that ethno medicine remains widely practiced across developing nations while rapidly gaining traction in industrialized societies. For example, traditional plant-based remedies constitute 30% to 50% of overall drug consumption in China, whereas in countries such as Ghana, Nigeria, and Zambia, herbal remedies serve as the initial treatment for 60% of children suffering from malaria. Furthermore, a growing global emphasis on traditional medical practices has made ethnobotanical research vital to the advancement and expansion of modern healthcare systems worldwide (Ahmed, 2007).

Recognizing the therapeutic value of local flora, numerous researchers have periodically documented and validated ethnomedicinal practices across various districts in Jammu and Kashmir, India (Abdul Rashid et al., 2008; Dar et al., 1984; Iqbal Chak et al., 2009). However, a review of existing literature reveals a lack of systematic research focusing on the traditional health applications of native plants within this specific region. Consequently, this study attempts to document key medicinal plant species utilized by the tribal community of Tehsil Tral in Pulwama district, Jammu and Kashmir, to manage various health conditions. Interesting micro-level research in West Bengal demonstrates a positive correlation between the prevalence of specific health conditions and the local abundance of therapeutic plants used to treat them (Das et al., 1986). Because indigenous communities face distinct health risks including animal attacks, insect stings, and substance abuse—they often turn to local traditional remedies managed by community members who specialize in these therapeutic practices. Earlier studies have shown that traditional healers are said to have a third eye capable of detecting both spiritual and physical health problems (Evans-Anfom E 1986).

Study Area and Study Sites

The valley of Kashmir is embedded in the midst of the Himalayan mountains lying in the north-west and south-east direction, roughly between the north latitudes 33° 01' to 35° 00' and 73° 48' to 75° 35' east longitudes at an altitude of over 1850m above mean sea level. The valley is enclosed into a separate climatic entity and experiences a temperate and Mediterranean type of climate with four distinct seasons – spring, summer, autumn and winter.

Methodology

Field surveys serve as the most effective methodology for conducting ethno-medicinal and folk medicine research (Jain et al., 1969). During field investigations across forested regions and neighboring villages, residents were surveyed regarding their primary healthcare choices during illness. Following the identification of local health practitioners,

researchers engaged directly with these healers to foster a mutual exchange of traditional medicinal knowledge—combining established Ayurvedic concepts with regional plant-based remedies used by nearby communities. During these sessions, insights on accessible single-herb and polyherbal Ayurvedic formulations available locally were shared with the healers to help expand their existing practices. This process relies on direct interviews and framing questionnaire (Q.A) with seasoned herbalists and traditional specialists to gather reliable, first-hand data. Specifically, this study focuses on documented practices gathered from traditional healers residing in two villages Mujpathri and Tangnar of district Budgam. For the purpose of studying human health and traditional medicinal practices and their use by local residents in day to day life, two sites were selected (Plate 1) the description of the is as follows:

Site 1 Mujpathri: The village is located in Khan-sahib block of Budgam district, approximately 25 km from Srinagar city at an altitude of around 1668m above mean sea level. The area experiences a temperate alpine climate with pleasant summers ranging from 13°C to 20°C. Meadows remain lush and green during this period. In early autumn, from September to October, temperatures drop to 10°C to 15°C and the valleys take on a golden hue. From post-October, heavy snowfall makes the region less accessible. The local weather is generally cooler and more humid compared to the main Kashmir valley.

Site 2 Tangnar (Doodhpathri valley) lies in the same high-altitude belt and shares a similar climate. The most favorable period is from April to August, with temperatures between 13°C to 30°C. During spring the snow melts and meadows bloom, while autumn offers comfortable 10°C to 20°C with clear skies and golden foliage. The region becomes snowbound in winter.

The surrounding villages in this belt are predominantly rural with agriculture and livestock as the main occupation. The ethnic groups including Gujjar and Bakerwal in the region rely on livestock for their daily needs.

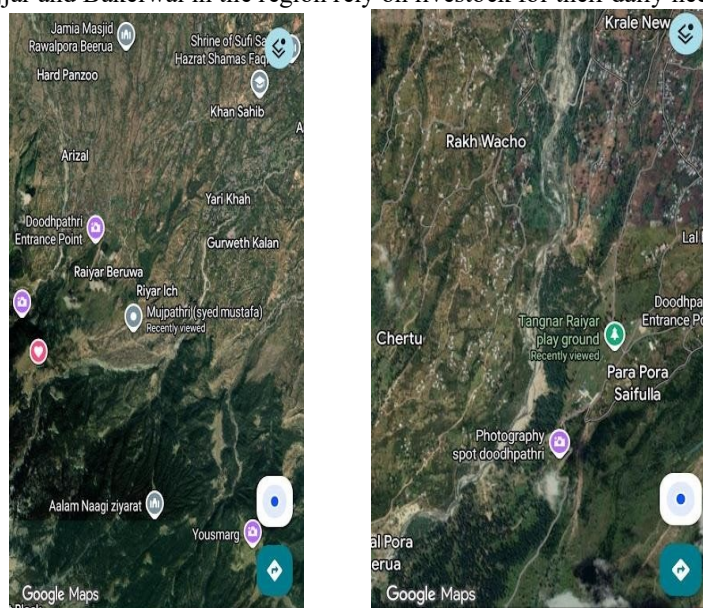


Plate 1: Map showing study Sites (Courtesy: Google maps)

QUESTIONNAIRE(Q.A)

01. Use of traditional medicine

☒ Yes

☐ No

Q.2 Number of visits to a traditional healer

☐ No visit

☐ 1-5 times

☐ 6-10 times

☐ 11-15 times

03. Why use of traditional medicines

☐ No side effect

☐ Easy available

☐ Easy to use

☐ Lesser cost

04. Drug addiction

- ☐ Smoking
- ☐ Tobacco
- ☐ Gutka
- ☐ Alcohol

05. Efficacy of traditional medicine

- ☐ Always effective
- ☐ Sometimes effective
- ☐ Never effective

06. Most common diseases?

- ☐ Urinary tract infections
- ☐ Joint problems
- ☐ Cough and cold
- ☐ Skin allergies

07. Cause of disease perceived by individuals

- ☐ Poor sanitation and problems with toilets
- ☐ Poor socio-economic condition
- ☐ Untreated drinking water
- ☐ Illiteracy

08. List of diseases/conditions for which traditional medicines are used*

- Bloating ☐
- Arm/Leg injury ☐
- Common cold ☐
- Frost bite ☐
- Swollen joints ☐
- Stomach ache ☐
- Warts ☐
- Toothache ☐
- Migraine ☐
- Fever ☐
- Skin diseases ☐
- Respiratory problems ☐
- Digestive disorders ☐

➤ Others: ☐

09. Commonly used medicinal plants

..... Used for:

10. Knowledge about traditional medicines/practices

➤ Source of knowledge:

- Elders/Grandparents ☐

- Traditional healers/Hakims ☐

- Personal experience ☐

- Books/Media ☐

- Others: ☐

➤ Do you think traditional medicine is effective?

Yes ☐ No ☐ To some extent ☐

➤ Do you prefer traditional medicine over modern medicine?

Yes ☐ No ☐ Depends on ailment ☐

➤ Will you pass this knowledge to the next generation?

Yes ☐ No ☐ Not sure ☐

Results and Discussion Overall Utilization of Traditional Medicine

A comparative assessment between the two study sites reveals a higher prevalence of traditional medicine adoption in Mujpathri than in Tangnar. Overall, 15% of respondents in Mujpathri reported actively using traditional medicine, compared to 10% in Tangnar. The combined mean usage rate across both areas stands at 12.5%, indicating a persistent reliance on traditional healthcare practices within these communities.

The findings highlight distinct differences in how community members source their traditional remedies:

Reliance on Traditional Healers: A significantly higher proportion of respondents in Mujpathri (10%) obtain their remedies directly from traditional healers compared to those in Tangnar (5%), yielding an overall mean of 7.5% (Fig. 1)

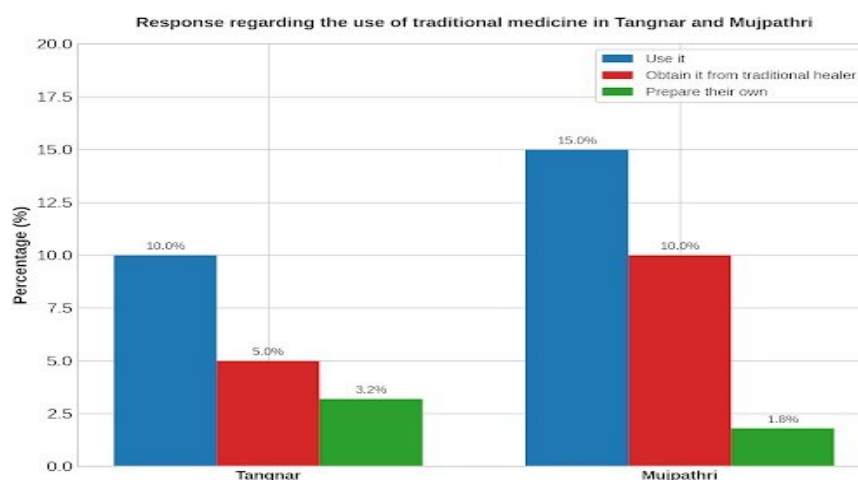
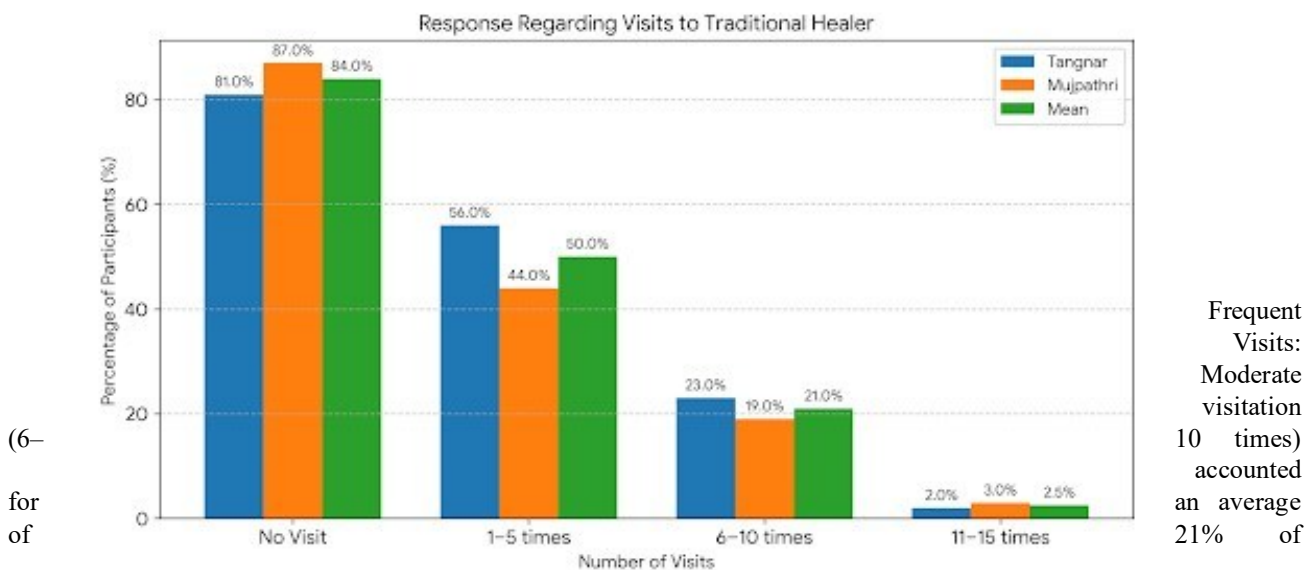


Fig.1:Response regarding the use of traditional medicine.

Self-Preparation of Remedies: Conversely, the practice of preparing traditional remedies independently is slightly more prevalent in Tangnar (3.2%) than in Mujpathri (1.8%), with an average of 2.5% across both locations

Overall Non-Utilization: The vast majority of participants across both regions (84% mean) did not make any visits to a traditional healer in the preceding year, with Mujpathri showing a slightly higher proportion of non-visitors (87%) than Tangnar (81%).

Low to Moderate Use: Among those who did consult a traditional healer, most did so infrequently. Half of the overall population (50% mean) visited between 1–5 times, with Tangnar recording higher engagement in this category (56%) compared to Mujpathri (44%).



respondents, while highfrequency visitation (11–15 times) was minimal across both sites (2.5% mean).

Most Common Conditions (Fig.2) Diarrhoea & vomiting recorded the highest reliance on traditional medicine across both sites (50.5% mean)

High Prevalence: Common cold (35% mean) and Arm/leg injury (25% mean) also show significant traditional medicine usage. The results indicate that while Mujpathri shows a greater overall engagement with traditional medicine—driven predominantly by consultations with local healers—residents of Tangnar exhibit a relatively higher degree of self-reliance in preparing their own remedies (Fig.3). Overall, formal practitioners remain the primary channel for acquiring traditional treatments across both study regions compared to household preparation (Fig.4),

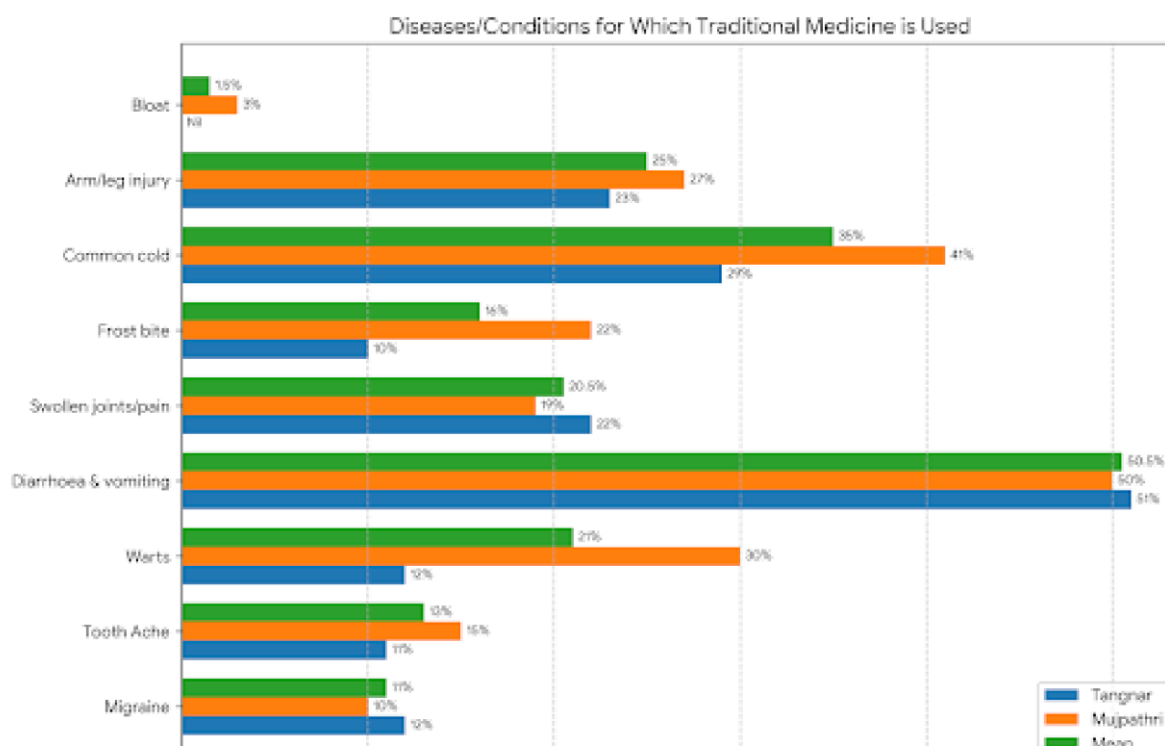
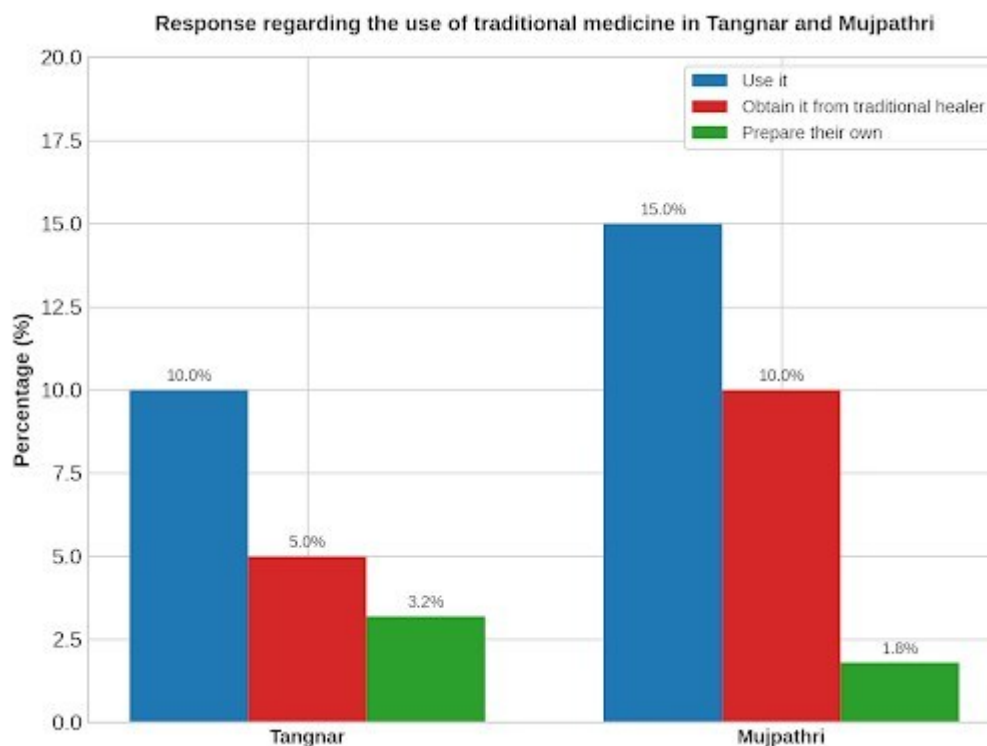


Fig.2 Common diseases for which traditional medicine is used in the study sites



Lowest Reliance: Bloat saw the lowest usage (1.5% mean), with zero reliance recorded in Tangnar.

Fig.4 Effectiveness of various medicinal practices in the selected sites

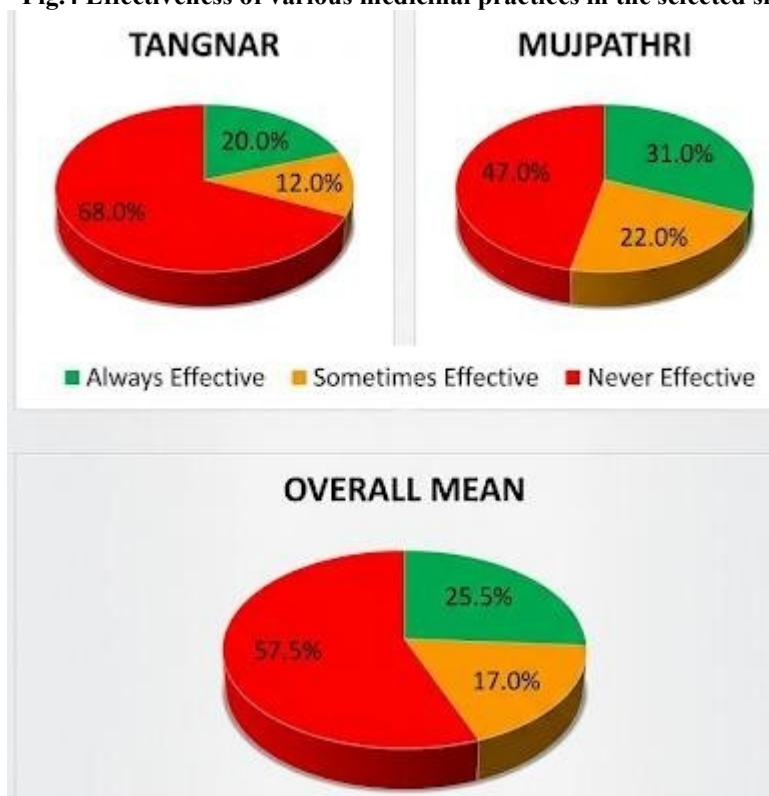


Table1: Usage patterns and acquisition methods of traditional medicine across the study areas of Tangnar and Mujpathri during the observation period from June 2017 to November 2018.

S.No.	Medicinal Practice	Treatment
1	Elettaria cardamomum	Antidiarrheal
2	Inula royleana (goji-phool)	Skin diseases
3	Sorbuscus	Vomit inducing herb
4	Plantago lanceolata (gull)	Arthritis and bronchial asthma
5	Duchesnia indica (Youngresh)	Dyspepsia and constipation
6	Saussurea lappa (Kouth)	Stomach ache, Rheumatism
7	Morus alba	Cuts and wounds
8	Tea	Frost bite
9	Sodium Bicarbonate	Toothache
10	Cold tepid sponge	Headache and fever
11	Leech Therapy	Thrombophlebitis
12	Egg Albumin	Stye
13	Mustard oil	Abdominal pain
14	Rheum webbianum (Pambchallan)	Astringent, powerful laxative, anti-bacterial and has tannins in the roots
15	Kehwa	Cough and cold
16	Turmeric powder	Swelling and headache
17	Taraxacum	Herbal medicine as mild laxative, for increasing appetite and for improving digestion. The milky latex has been used as a mosquito repellent and as a folk remedy to treat warts.

Conclusion

Because allopathic treatments are often expensive and accompanied by side effects, traditional medicinal plants play a vital role in addressing primary health concerns among the local tribal population. Although field surveys confirm that the region possesses a rich diversity of therapeutic flora, these valuable resources face severe decline due to biopiracy, overgrazing, rapid deforestation, expanding agricultural land use, shifting lifestyle patterns, and a diminishing knowledge base. Given these growing threats, it is critical to document and validate existing ethno-medicinal knowledge to ensure its broader acceptance and future application. Prioritizing targeted research and conservation efforts in these ecosystems is essential to preserve these natural remedies for both current and future generations. **Acknowledgments**

The authors extend their sincere gratitude to the local herbal practitioners and tribal residents of Mujpathri and Tangnar, Budgam for generously sharing their time and traditional wisdom regarding regional medicinal plants.

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