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J O U R N A L S
editor@srujani.in
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A Study on Healing Traditions of the Mysabeda Community in Chitradurga District, Karnataka

Shivakumara S. B

Research Scholar, Department of Studies and Research in Sociology, Tumkur University
Tumakur.

Abstract:

This study examines the healing traditions and ethnomedicinal knowledge of the Mysabeda community, a tribal group residing in the Chitradurga district of Karnataka. Using a qualitative ethnographic approach, supported by secondary data and field insights, the research documents the community's reliance on locally available herbs, traditional healing rituals, and the oral transmission of medical knowledge. It further explores the threats faced by this indigenous system, including socio-economic marginalization, habitat loss, and generational discontinuity. Grounded in the frameworks of Medical Anthropology and Sustainable Livelihoods, the paper highlights the dual role of Mysabeda healing practices—as both primary healthcare alternatives and expressions of cultural heritage. The study advocates for community-driven documentation, integration with local health services, and youth-oriented transmission programs to ensure the preservation and sustainability of this indigenous knowledge system.

Keywords: Mysabeda Community, Traditional Healing Practices, Ethnomedicine, Medical Sociology, Indigenous Knowledge Systems

Introduction

India is home to rich indigenous knowledge systems that have historically guided health practices, social organization, and environmental management across diverse communities. Among these, the traditional medical systems of tribal groups have played a

vital role in providing low-cost, accessible, and culturally appropriate healthcare solutions in remote regions (Patwardhan et al., 2005). These systems, often transmitted orally across generations, draw heavily upon local biodiversity, ancestral wisdom, and community belief systems.

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Karnataka, in particular, harbors a significant tribal population that sustains these time-tested healing traditions, although they remain largely undocumented and under-recognized in formal health policies (Shiddamallayya et al., 2016). The Mysabeda tribe, primarily found in the Chitradurga district of Karnataka, has historically engaged in forest-based livelihoods, hunting, and itinerant subsistence activities. Over generations, the community has cultivated a robust understanding of medicinal plants and indigenous healing techniques.

However, the traditional medical practices of the Mysabeda are non-codified, meaning they are not formalized in written texts like Ayurveda or Siddha. Instead, they are preserved through oral traditions, rituals, and experiential learning. These practices encompass the use of wild herbs, roots, and animal products to treat a wide range of ailments—from headaches and skin infections to gastrointestinal disorders and snake bites (Lakshmana, 2018).

This ethnomedicinal system is not only central to the community's health but is also deeply embedded in their socio-cultural identity. It reflects an epistemology rooted in ecological sensitivity and collective memory, transmitted through patriarchal lineages and hands-on apprenticeship models (Veeresha & Krupali, 2018). The role of the traditional healer, commonly known as the vaidya, is highly respected within the community. This role combines herbal

pharmacology, spiritual mediation, and social counseling.

Despite their significance, these indigenous systems are now under increasing threat due to multiple factors: habitat loss from deforestation and mining, declining intergenerational interest in traditional knowledge, socio-economic marginalization, and the encroachment of biomedical healthcare systems. As studies in medical anthropology suggest, such transitions often lead to a rupture in community self-reliance and the erosion of cultural identity (Langwick, 2011). Moreover, mainstream health interventions rarely engage with traditional practitioners, thereby exacerbating the invisibility of these knowledge systems in public health planning (WHO, 2013).

In this context, the present study seeks to explore and document the healing traditions of the Mysabeda community in Chitradurga. It aims to uncover the depth of plant-based medical knowledge, the modes of knowledge transmission, cultural symbolism, and the socio-ecological conditions that sustain these practices. By adopting a sociological and anthropological lens, the study contributes to the discourse on indigenous health sovereignty and advocates for the integration of traditional knowledge systems into sustainable health and development frameworks.

Review of Literature

The literature on traditional medicine systems in India spans the disciplines of ethnobotany, sociology, anthropology, public health, and indigenous studies. This section presents a chronologically organized and analytically enriched review of scholarly work relevant to the healing traditions of the Mysabeda community. It emphasizes empirical, theoretical, and policy-linked studies, highlighting both the richness of India's indigenous medical heritage and the gaps in community-specific ethnomedical documentation.

Chambers and Conway (1992) introduced the **Sustainable Livelihoods Framework (SLF)**, a foundational approach for analyzing the interconnectedness of environmental resources, traditional knowledge, and community resilience. While their study did not specifically focus on medicine, the framework offers valuable insights into how traditional healing systems function as livelihood strategies. These systems draw upon natural, human, and social capital—resources essential for the survival and well-being of rural and tribal populations. For nomadic and semi-nomadic communities such as the Mysabeda, healing practices are not merely health-related activities but are deeply embedded in cultural reproduction and economic survival. In regions with limited access to formal healthcare, traditional healing emerges as a crucial,

self-sustaining mechanism rooted in local biodiversity and community values.

Patwardhan et al. (2005) conducted a comparative analysis of Ayurveda and Traditional Chinese Medicine (TCM), emphasizing the importance of institutional legitimacy for traditional knowledge systems. While their study centers on codified systems, the authors critique the persistent invisibility of non-codified tribal practices in national health discourse. They advocate for greater investment in scientific validation, documentation, and inclusive policy frameworks that protect and promote diverse medical traditions, including those practiced by India's tribal communities.

Langwick (2011), in her work on medical anthropology and healing in Africa, explores traditional medicine not merely as a system of curing illness but as a process of restoring spiritual balance and social order. Her insights on ritual healing, symbolic efficacy, and the impact of colonial epistemologies offer a powerful analytical lens for interpreting the Mysabeda community's use of sacred herbs, spirit appeasement, and ancestral invocation in healing practices. Although geographically distant, her work aligns with anthropological perspectives that frame healing as a cultural performance—essential to understanding the sociological dimensions of Mysabeda ethnomedicine.

Shiddamallayya et al. (2016) documented the ethnobotanical flora of Chitradurga district, listing over 100 plant

species used in local healing systems. The study provides a detailed account of parts used, preparation methods, and disease-specific applications. However, its focus remains botanical and descriptive, offering limited insight into the sociocultural contexts in which this knowledge is practiced, transmitted, or contested within tribal communities. While valuable as a floristic foundation, it lacks ethnographic and sociological depth.

Lakshmana (2018) undertook fieldwork in Challakere Taluk, a region encompassing Mysabeda habitations, and recorded the use of over 60 medicinal plants in folk medicine. The study documents vernacular plant names, seasonal harvesting practices, and illness-specific applications. Importantly, it notes the oral mode of transmission and the presence of ritual taboos surrounding knowledge-sharing. However, the analysis remains largely taxonomic and does not sufficiently address the impacts of modernization, forest loss, or generational change on the continuity of this knowledge.

Veerasha and Krupalini (2018) present a more sociologically grounded study of the Kadugolla tribe's healing systems in Chitradurga. Through participant observation and semi-structured interviews, they examine the roles of traditional healers, gendered knowledge hierarchies, and the spiritual dimensions of illness. Their findings underscore that tribal medicine is not merely empirical but also symbolic and

performative—deeply embedded in ritual and collective memory. They advocate for the inclusion of tribal healers in primary health centers (PHCs), offering a policy model that could be extended to support the Mysabeda community's healers as well.

Together, these studies offer a multidisciplinary framework that informs the current research. However, most lack community-specific focus on the Mysabeda and often fall short in integrating sociocultural, ecological, and intergenerational dynamics critical to understanding and preserving such indigenous knowledge systems.

Conceptual Framework

The present study is situated within a conceptual framework that views traditional medicine as a culturally embedded and socially constructed system of knowledge. In the context of the Mysabeda community, healing is not merely a set of therapeutic practices but a dynamic institution shaped by ecological wisdom, ritual significance, social relationships, and historical experiences of marginalization. This framework conceptualizes traditional medicine as an indigenous epistemology—deeply rooted in local biodiversity and transmitted orally across generations through kinship networks, ritual performance, and apprenticeship models. Healing practices function not only as curative interventions but also as mechanisms of social

regulation, reinforcing communal values and maintaining collective identity.

Furthermore, the framework acknowledges that traditional medicine is intricately linked to the livelihood strategies of the Mysabeda, particularly as a nomadic or semi-nomadic tribal community that relies heavily on forest ecosystems for both sustenance and treatment. Ethnomedicinal knowledge thus serves as both a health resource and a survival strategy in the face of socio-economic marginalization, ecological degradation, and the erosion of intergenerational transmission. By integrating perspectives from medical anthropology, indigenous knowledge systems, and sustainability studies, this framework provides a multidimensional lens through which the healing traditions of the Mysabeda can be understood. It facilitates a critical engagement with the power dynamics that render tribal knowledge systems invisible or devalued within dominant biomedical and development discourses.

This conceptual orientation enables a nuanced understanding of Mysabeda healing traditions as a complex interplay of ecological adaptation, cultural continuity, and socio-political resistance—positioning traditional medicine not just as a practice of healing, but as a form of cultural resilience and epistemological assertion.

Theoretical Framework

This study draws upon two major sociological paradigms—Structural Functionalism and Symbolic Interactionism—to interpret the healing traditions of the Mysabeda community. These frameworks help illuminate the social functions, symbolic meanings, and performative aspects of indigenous medical practices within the community.

Structural Functionalism – Émile Durkheim & Talcott Parsons

From a Durkheimian perspective, healing practices are understood as expressions of collective consciousness—rituals that reinforce group cohesion and reaffirm cultural norms. In the Mysabeda context, traditional healing is not limited to curing illness but serves as a vital mechanism for maintaining social integration, transmitting shared beliefs, and preserving collective identity. Talcott Parsons' "sick role" theory is also instructive in this context. According to Parsons, illness is a form of deviance that disrupts the social system, and healing serves to reintegrate the individual into society. Among the Mysabeda, traditional healers (vaidyas) assign roles not only to the sick individual but also to kin members, ancestral spirits, and community elders. Healing rituals thus become occasions for restoring physical well-being and re-establishing social equilibrium, with participation from multiple social actors within the community.

Symbolic Interactionism – Erving Goffman

From a symbolic interactionist perspective, healing is viewed as a performative act laden with cultural meaning. Drawing on Erving Goffman's dramaturgical model, the traditional healer can be seen as performing a role on a symbolic stage, engaging with patients through culturally scripted behaviors designed to manage impressions and reinforce authority. Symbols—such as herbs, chants, sacred objects, and offerings—function as communicative tools that mediate the relationship between healer and patient. These symbols are interpreted within shared cultural frameworks, making the healing encounter an act of meaning-making rather than a purely biomedical transaction. The healer's ability to command respect, inspire belief, and structure the healing narrative plays a crucial role in the perceived efficacy of treatment.

This dual theoretical approach allows for a comprehensive understanding of Mysabeda healing traditions—viewing them not only as socially functional systems but also as symbolically rich, interactive performances that mediate health, identity, and community cohesion.

Objectives of the Study

1. To understand the traditional healing practices followed by the Mysabeda community
2. To examine the challenges faced by the Mysabeda community in

continuing their traditional medical practices.

3. To suggest ways to preserve and support these indigenous healing traditions through policy and awareness.

Significance of the Study

This study holds considerable significance in multiple dimensions academic, cultural, ecological and policy oriented by documenting the healing traditions of the Mysabeda community it contributes to the scarce literature available on indigenous health systems in Karnataka. The research brings to light the socio-cultural and spiritual dimensions of traditional medicine, emphasizing that healing for the Mysabeda is not merely therapeutic but also a means of sustaining identity, community cohesion and ecological balance. Through a sociological lens it uncovers the gendered patterns of knowledge transmission and the role of elder women in domestic healing dimensions often overlooked in formal documentation. The study also addresses critical challenges such as ecological degradation youth disengagement and institutional neglect all of which threaten the survival of these oral traditions. By doing so it offers insights into how traditional healing systems interact with modern pressures and policy gaps. Furthermore the study provides a valuable reference for integrating tribal knowledge into public health planning and biodiversity conservation. It supports ethical

documentation practices and intellectual property protection under the Biological Diversity Act (2002), while also informing educational curricula in ethno botany, sociology and indigenous studies. Ultimately this research advocates for the recognition of indigenous knowledge systems as valid living epistemologies, thereby promoting epistemic justice and inclusive approaches to health and cultural sustainability.

Methodology

This study adopts a qualitative ethnographic research design grounded in sociological inquiry. The objective is to explore the healing traditions of the Mysabeda tribe an oral, experiential and culturally embedded system of knowledge. Ethnography which allows the researcher to immerse within the social and cultural world of the participants is particularly suitable for understanding the lived realities of indigenous communities whose knowledge is largely unwritten and often marginalized. The study draws from both medical anthropology and interpretive sociology, aiming to understand how healing is practiced, transmitted and perceived within the Mysabeda worldview.

Sources of Secondary Data

The study draws from multiple secondary data sources including Published academic literature, academic literature, Ethno botanical surveys, Government reports and policy documents.

Study Area

The area selected for this study is Chitradurga District in the central part of Karnataka, Chitradurga is characterized by a semi-arid climate, undulating terrain, rocky hills and patches of dry deciduous forest. These ecological features have historically influenced the livelihood patterns and health practices of tribal communities in the region.

The Mysabeda a Tribe live in scattered settlements along forest fringes and agricultural outskirts. The availability of wild medicinal plants in these zones has contributed to the development of a robust, orally transmitted system of traditional medicine. The community's close proximity to natural resources, spiritual sites and isolated landscapes makes this area a rich site for studying indigenous healing practices. Moreover the region's socio-economic marginalization, ecological pressures and limited healthcare access provide a crucial context for understanding the relevance and vulnerability of traditional medical systems in contemporary times.

Findings and Discussion:

Medicinal Plant Usage and Ethno botanical Knowledge: The Mysabeda community demonstrates extensive knowledge of local flora and their therapeutic uses as is common among many Tribes in Karnataka. Ethno botanical studies (Shiddamallayya et al., 2016; Lakshmana 2018) show that tribal healers in Chitradurga district commonly

use over 60 medicinal plants many of which are also employed by the Mysabeda. This includes *Terminalia chebula* (used as a laxative and cough remedy) *Tinospora cordifolia* (for fevers and detoxification) and *Vitex negundo* (for skin-related issues and muscular pain).

These plants are harvested from nearby forests, cultivated in homestead gardens or obtained through community exchange networks. This aligns with the Cosmo centric worldview common in tribal epistemologies, where health is linked with environmental harmony.

Modes of Knowledge Transmission

The transmission of medical knowledge within the Mysabeda community follows primarily oral, intergenerational and experiential modes, often limited to specific lineages or kin networks. Unlike institutionalized systems like Ayurveda, there are no written texts or manuals; instead knowledge is passed through observation, apprenticeship and storytelling. According to Veerasha and Krupalini (2018) such practices are deeply patriarchal, with elder male healers (*vaidyas*) often training sons. However the role of elder women in domestic healing practices is significant though under recognized. They typically manage treatments related to common ailments, child care, reproductive health and minor injuries. This indicates a gendered division in healing knowledge, where men occupy public roles as formal healers

while women sustain medicinal practices in private domestic spaces.

Ritual and Symbolism in Healing Practices

Healing in the Mysabeda community is not confined to biomedical outcomes but is embedded within ritual and spiritual belief systems. Certain ailments especially those perceived as chronic or untreatable by herbal means are attributed to supernatural causes such as ancestral displeasure, malevolent spirits or violations of cultural taboos. In such cases healing involves ritual performances, including chants, offerings and symbolic acts like tying herbal amulets, conducting forest pujas or engaging in dream interpretation. These rituals are led by traditional healers or elders and often take place in sacred groves or village shrines. This resonates with Arthur Kleinman's theory (1980) on culturally constructed illness narratives, where "illness" is not simply a biological disorder but a meaning-laden social experience.

Gendered Roles and Healing Authority

A nuanced analysis of gender roles reveals that while formal authority in healing rests with men particularly the *vaidya*, women play a vital role in sustaining everyday ethno medicinal knowledge. Women are often responsible for:

- Preparing decoctions and herbal mixtures at home.
- Identifying plants used during pregnancy or postpartum care.

➤ Teaching children about safe herbs for fever, cuts or insect bites.

However patriarchal structures prevent them from being formally recognized as healers in the community. Their knowledge is thus devalued or passed over in external representations such as government documentation or academic surveys. This reflects a broader issue of epistemic exclusion where women's roles in knowledge systems remain invisible despite their centrality.

Ecological Sensitivity and Seasonal Healing Patterns

One of the under-documented aspects of Mysabeda healing is its seasonal nature. Certain herbs are gathered only during specific months (e.g., post-monsoon for root-based medicines) and some treatments are synchronized with lunar phases, agricultural cycles or traditional festivals. This reflects a deep eco-synchronization in their knowledge system, where healing is embedded in broader environmental rhythms. For instance *Phyllanthus amours* is collected during the Kartika month for treating jaundice and urinary infections (Lakshmana, 2018). Such practices not only demonstrate ecological knowledge but also spiritual reverence for the forest.

Cultural Identity and Social Cohesion

Healing is not an individualistic act but a collective community process. Illness is viewed as a disruption in both the body and the community's social harmony. Healing rituals often involve not only the

patient but family members, elders and spiritual intermediaries. These collective rituals reaffirm **communal bonds** and shared belief systems. Thus healing acts as a **mechanism for social integration** in Durkheimian terms especially during crises like epidemics, childbirth complications or spirit possession cases.

Dual Engagement with Biomedical Systems

Recent studies (Veeresha & Krupalini, 2018; WHO, 2013) note that tribal communities increasingly exhibit dual health-seeking behaviour using traditional medicine for common ailments but seeking biomedical intervention for emergencies or chronic illness. This selective engagement indicates that the Mysabeda are not “anti-modern,” but adaptive and pragmatic navigating between systems based on accessibility, trust and affordability. However the lack of formal referrals or recognition mechanisms means this coexistence remains unstructured and undervalued.

Challenges

While traditional healing remains functionally relevant, several structural and socio-cultural challenges threaten its continuity:

Loss of Medicinal Plant Habitat

The depletion of forest resources due to deforestation infrastructure development and commercial plantations in Chitradurga has significantly affected access to key medicinal species. Herbs like *Justicia adhatoda* and *Evolvulus*

alsinoides, once easily available are now difficult to locate. This ecological displacement severely weakens the material base of the healing system (Shiddamallayya et al., 2016).

Erosion of Intergenerational Continuity

Many elderly healers express concern that youth are uninterested in learning traditional medicine due to formal education pressures, cultural stigma and migration for wage labor. The absence of formal apprenticeship programs documentation systems or state incentives contributes to the rupture of transmission chains.

Social Stigma and Cultural Marginalization

Traditional healing is often dismissed as “superstition” or “unscientific” by external actors including healthcare workers, media and even younger tribal members influenced by modern ideologies. This results in internalized stigma where communities begin to undervalue their own knowledge systems leading to cultural alienation.

Lack of Policy Recognition and Legal Protection

There is currently no formal recognition of tribal healers in Karnataka’s health governance system. Unlike Ayurveda or Unani practitioners tribal vaidyas are not registered have no rights under medical regulation and are often excluded from welfare schemes or training initiatives. Moreover the absence of IPR protection under the Biological

Diversity Act exposes their knowledge to bio piracy without benefit-sharing mechanisms.

Digital Divide and Exclusion from Technological Platforms

As India advances toward digital health infrastructure (telemedicine, digital health IDs), tribal communities like the Mysabeda risk being digitally excluded. Their analog oral-based systems find no place in digitized records AI-based diagnostics or app-based consultations further widening the knowledge gap and access disparity.

Recommendations

Community-Led Documentation Initiatives

There is an urgent need to document the medicinal knowledge held by Mysabeda elders, especially as oral traditions face intergenerational rupture. This should be done through participatory ethnography where community members are actively involved in recording plant uses preparation methods and healing rituals ensuring cultural sensitivity and ownership of knowledge.

Creation of Tribal Medicinal Plant Nurseries

To address the challenge of ecological degradation the Forest Department and biodiversity boards should support the establishment of community-managed nurseries for high-demand medicinal plants. These can serve both conservation and livelihood purposes while reinforcing

traditional knowledge around sustainable harvesting.

Youth Engagement through Cultural Education

Educational institutions and NGOs working in tribal regions should introduce localized modules on ethno botany and tribal knowledge systems in school curricula. Storytelling sessions, herb identification workshops and digital storytelling can bridge generational gaps and restore pride in traditional practices.

Conclusion

The healing traditions of the Mysabeda community in Chitradurga District reflect a deep-rooted system of indigenous knowledge shaped by ecology, spirituality and cultural memory. Their use of locally available medicinal plants and ritual-based healing illustrates an alternative community-centric approach to health. This knowledge passed down orally through generations forms an integral part of their identity and survival strategies. However these practices are increasingly threatened by environmental degradation youth disengagement and lack of policy recognition. The exclusion of tribal healers from formal health systems and the absence of legal protection for their knowledge further exacerbate their marginalization.

This study highlights the ecological conservation, gender-inclusive recognition, and respectful integration of traditional healers into public health frameworks. Preserving the Mysabeda's

healing traditions is not only about cultural heritage it is a step toward ensuring equity, sustainability, and knowledge justice in health systems.

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