

**Change and Continuity in the Folk Medicinal Practices  
among the Asurs of Jalpaiguri District, 1865-1947**

A Dissertation Submitted

To

**Sikkim University**



In Partial Fulfilment of the Requirement for the

**Degree of Master of Philosophy**

By

**Ananta Das**

Department of History

School of Social Sciences

July 2022

*Dedicated to my Family  
and  
the Asurs Community of the Nagrakata*

Date: 18/07/2022

### **Declaration**

I, **Ananta Das**, hereby declare that the research work embodied in the dissertation title “**Change and Continuity in the Folk Medicinal Practices among the Asurs of Jalpaiguri District, 1865-1947**” submitted to Sikkim University for the award of the degree of Master of Philosophy, is my original work and it has not been submitted earlier to this or any other University for any degree.

*Ananta Das.*  
**Ananta Das**

Reg. No.: 20/M.Phil/HIS/02

Department of History

School of Social Sciences

सामदुर, तादोंग - 737102  
सिक्किम, भारत  
92-251212, 251415, 251656  
- 251067  
- [www.cus.ac.in](http://www.cus.ac.in)



6th Mile, Samdur, Tadong-737102  
Gangtok, Sikkim, India  
Ph. 03592-251212, 251415, 251656  
Telefax : 251067  
Website : [www.cus.ac.in](http://www.cus.ac.in)

## सिक्किम विश्वविद्यालय SIKKIM UNIVERSITY


(भारत के संसद के अधिनियम द्वारा वर्ष 2007 में स्थापित और नैक (एनएएसी) द्वारा वर्ष 2015 में प्रत्यायित केंद्रीय विश्वविद्यालय)  
(A central university established by an Act of Parliament of India in 2007 and accredited by NAAC in 2015)

Date: 8.1.07/2022

### Certificate

This is to certify that the dissertation titled “Change and Continuity in the Folk Medicinal Practices among the Asurs of Jalpaiguri District, 1865-1947” submitted to Sikkim University for the partial fulfilment of the degree of Master of Philosophy in the Department of History, embodies the result of bonafide research work carried out by Mr Ananta Das under my guidance and supervision. No part of the dissertation has been submitted for any other Association, Degree, Diploma, and Fellowship.

All assistance and the help received during the course of investigation have been duly acknowledged by him. We recommend this dissertation to be placed before the examiners for evaluation.

  
**Dr Anira Phipon Lepcha**  
Assistant Professor  
Department of History  
School of Social Sciences

Anira Phipon Lepcha  
Assistant Professor  
Department of History  
Sikkim University



**Dr Veenu Pant**  
Professor  
Head of the Department  
Department of History  
School of Social Sciences

Prof. Veenu Pant  
Professor & Head  
Department of History  
School of Social Sciences  
SIKKIM UNIVERSITY  
6th Mile Tadong - 737102 Gangtok, Sikkim

ल, सामदुर, तादोंग - 737102  
सिक्किम, भारत  
3592-251212, 251415, 251656  
स - 251067  
ट - [www.cus.ac.in](http://www.cus.ac.in)



# सिक्किम विश्वविद्यालय SIKKIM UNIVERSITY

6th Mile, Samdur, Tadong-737102  
Gangtok, Sikkim, India  
Ph. 03592-251212, 251415, 251656  
Telefax : 251067  
Website : [www.cus.ac.in](http://www.cus.ac.in)

(भारत के संसद के अधिनियम द्वारा वर्ष 2007 में स्थापित और नैक (एनएएसी) द्वारा वर्ष 2015 में प्रत्यायित केंद्रीय विश्वविद्यालय)  
(A central university established by an Act of Parliament of India in 2007 and accredited by NAAC in 2015)

## Plagiarism Check Certificate

Date: 18.07.2022

This is to certify that plagiarism check has been carried out for the following M.Phil Dissertation with the help of URKUND SOFTWARE and the result is 2% tolerance rate, within the permissible limit of (upto10% tolerance rate) as per the norms of Sikkim University.

**“Change and Continuity in the Folk Medicinal Practices among the Asurs of  
Jalpaiguri District, 1865-1947”**

Submitted by Mr Ananta Das under the supervision of Dr Anira Phipon Lepcha,  
Assistant Professor of Department of History, School of Social Science, Sikkim  
University.

*Ananta Das.*

Signature of the Scholar



*Anira Phipon Lepcha*  
Countersigned by Supervisor  
Anira Phipon Lepcha  
Assistant Professor  
Department of History  
Sikkim University

*[Signature]*  
Voted by Librarian

## Document Information

|                   |                                      |
|-------------------|--------------------------------------|
| Analyzed document | Ananta for plag....docx (D141444533) |
| Submitted         | 2022-06-29 12:40:00                  |
| Submitted by      | Anira Phipon Lepcha                  |
| Submitter email   | aplepcha@cus.ac.in                   |
| Similarity        | 2%                                   |
| Analysis address  | aplepcha.sikkim@analysis.arkund.com  |

## Sources included in the report

|           |   |   |
|-----------|---|---|
| <b>SA</b> | <b>University of North Bengal, Darjeeling / Swapan Kumar Bhowmik_History.pdf</b><br>Document Swapan Kumar Bhowmik_History.pdf (D41501542)<br>Submitted by: nbuplg@gmail.com<br>Receiver: esh.manash.unb@analysis.arkund.com |  2   |
| <b>W</b>  | URL: <a href="https://www.ijsr.net/archive/v10i2/SR21128215154.pdf">https://www.ijsr.net/archive/v10i2/SR21128215154.pdf</a><br>Fetched: 2021-05-10 08:46:11  |  3   |
| <b>SA</b> | <b>North Bengal University, Darjeeling / Soumale Biswas_History.pdf</b><br>Document Soumale Biswas_History.pdf (D109879372)<br>Submitted by: nbuplg@nbu.ac.in<br>Receiver: nbuplg.nbu@analysis.arkund.com                   |  1 |
| <b>SA</b> | <b>Gauhati University, Guwahati / Utpal Nath_Mayong.pdf</b><br>Document Utpal Nath_Mayong.pdf (D15036352)<br>Submitted by: kkhlg@gmail.com<br>Receiver: kkhlg.gauhati@analysis.arkund.com                                   |  1 |
| <b>SA</b> | <b>Krishna Kanta Handiqui State Open University / Sanjeeb Mallick.pdf</b><br>Document Sanjeeb Mallick.pdf (D43210819)<br>Submitted by: library@kkhsou.in<br>Receiver: library.kkhsou@analysis.arkund.com                    |  1 |
| <b>SA</b> | <b>North Bengal University, Darjeeling / Monoranjan Sarkar_History.pdf</b><br>Document Monoranjan Sarkar_History.pdf (D86578422)<br>Submitted by: nbuplg@nbu.ac.in<br>Receiver: nbuplg.nbu@analysis.arkund.com              |  9 |
| <b>SA</b> | <b>North Bengal University, Darjeeling / Monoranjan Sarkar_History.pdf</b><br>Document Monoranjan Sarkar_History.pdf (D87678333)<br>Submitted by: nbuplg@nbu.ac.in<br>Receiver: nbuplg.nbu@analysis.arkund.com              |  1 |
| <b>SA</b> | <b>Visva-Bharati University, Santiniketan / Ph. D. Thesis (plagiarism).doc</b><br>Document Ph. D. Thesis (plagiarism).doc (D54364809)<br>Submitted by: rmanadev@gmail.com<br>Receiver: sujitkujur.vbun@analysis.arkund.com  |  1 |



Scanned with  
CamScanner  
secure.arkund.com/view/134971688-819577-653034#

Anira Phipon Lepcha  
18.07.22  
Asst. Professor  
Department of History  
Sikkim University

## **Acknowledgements**

I have received much support and guidance during my dissertation writing. Words fail me to express my heart-felt acknowledgement of my indebtedness and a deep sense of gratitude to my supervisor Dr Anira Phipon Lepcha, Assistant professor, Department of History, Sikkim University, for her restless support and guidance. She not only enriches my work with her academic excellence but also was always by my side whenever I needed her assistance in the minutest details of my work. Her endless encouragement endurance and patience kept my spirit shining. Again, my sincere thanks for her genuine concern and guidance without this dissertation would not have been completed.

With the acknowledgement, I especially thank you for your continued encouragement and for giving valuable suggestions to me Dr Veenu Path Head of the Department, Professor, Department of History, Sikkim University. I would like to accept this chance to thank all other faculty members of the Department of History, Sikkim University. Dr Vijay Kumar Thangellapali, Dr V. Krishna Ananth, Dr Sangmu Thendup, Dr S. Jeevanandam, Dr Khwairakpam Renuka Devi and Bidhan Golay Department of Political Science for their useful suggestions and guidance.

I render my dense wisdom of gratitude to the staff members of Central Library, Sikkim University, for providing me with all the information and available sources for my dissertation work.

This acknowledgement would not be complete if I do not express my gratitude toward Dhanbir Singh and his family, Jigme Dorjee Bhutia, Astha Rai, Govinda Chettri, Bikash Das, Bijay Das, Dipen Barman, Professor Kartick Chandra Sutradhar from

Cooch Behar Panchanan Barma University, Sanju Sarkar, Manojit Das Assistant Professor, Professor Sainen Debnath.

Last but not least, I convey my sincere gratitude to all the Asur Community who have provided ample information for my dissertation work and I owe my utmost gratitude to my family members: my father Mr Chittaranjan Das, mother Mrs Sima Das, my elder sister Dipa Das and her husband Biswajit Roy, and my younger sister Laxmi Das and her husband Mithun Sarkar, for their endless support and encouragement throughout the period of my dissertation.

Also, my appreciation and thanks to the people who directly or indirectly helped me in completing this dissertation work.

If any omission in this brief acknowledgements does not mean a lack of gratitude.

Thanking You!

*Ananta Das*  
19.07.22  
- Ananta Das



## List of the Illustrations

| <b>TABLES</b>  | <b>Page. No.</b> |
|--|------------------|
| <b>CHAPTER: II</b>   | <b>24-83</b>     |
| <b>Table No. 2.1:</b> List of the Scheduled Tribes of West Bengal                          | 32               |
| <b>Table No. 2.2:</b> List of the Ethnomedicinal Plants of Asurs in<br>Nagrakata Block     | 38               |
| <b>Table No. 2.3:</b> List of the Diseases among the Asurs                                 | 57               |
| <b>CHAPTER: III</b>  | <b>84-104</b>    |
| <b>Table No.3.1:</b> List of the Health Centre in Nagrakata Block                          | 92               |
| <b>CHAPTER: IV</b>   | <b>105-127</b>   |
| <b>Table No. 4.1:</b> Folk Medicinal Practice in the Life Cycle Rituals<br>Among the Asurs | 106              |
| <b>Table No. 4.2:</b> List of the Traditional Food Preparation as Medicines                | 111              |
| <b>PHOTOGRAPHS</b>   |                  |
| <b>CHAPTER: II</b>   | <b>24-83</b>     |
| <b>Fig.2.1:</b> Google Map's view of the Asur village                                      | 28               |
| <b>Fig.2.2:</b> Asur men showing their ethnomedicine                                       | 37               |
| <b>Fig.2.3:</b> <i>Baksha Patai</i> collects from the Asur village                         | 55               |
| <b>Fig. 2.4:</b> Ethnomedicines of the Asurs   | 56               |



|  |                |
|--|----------------|
| <b>CHAPTER: III</b>  | <b>84-104</b>  |
| Fig.3.1: Primary School of Carri Line                      | 85             |
| Fig.3.2: Carri Line Primary Hospital                       | 95             |
| Fig.3.3: Bimla Asur, 55 years, Carri Line                  | 96             |
| Fig.3.4: Jhalo Asur, 66 years, F, Carri Line               | 96             |
| Fig.3.5: Sadhni Asur, 40 years, F, Matu Line               | 97             |
| Fig. 3.6: Mangri Asur, 65, F, Carri Line                   | 98             |
| Fig.3.7: Carron Tea Garden Hospital                        | 100            |
| Fig.3.8: Church of Carri line                              | 102            |
| <b>CHAPTER: IV</b>   | <b>105-127</b> |
| Fig.4.1: With BudhuAsur                                    | 119            |
| Fig: 4.2: Matar Patai (Pisum sativum)                      | 120            |
| Fig. 4.3: <i>Nakbail</i> Plant                             | 120            |
| Fig. 4.4: <i>Ulatkamal</i> (Devil's Cotton)                | 122            |
| Fig. 4.5: Diliram Asur                                     | 123            |
| Fig. 4.6: Left: <i>Karan</i> tree, Right: <i>Karan</i> oil | 124            |
| Fig.4.7: <i>Shilet</i> (Stone grinder)                     | 125            |
| Fig. 4.8: Jaynath Asur                                     | 126            |



## CONTENTS

|   |                 |
|---|-----------------|
| <b>Declaration</b>  |                 |
| <b>Certificate</b>  |                 |
| <b>Plagiarism Check Certificate</b>                                     |                 |
| <b>Acknowledgements</b>   |                 |
| <b>List of the Illustrations</b>  |                 |
|   | <b>Page No.</b> |
| <b>CHAPTER I: Introduction</b>  | <b>1-21</b>     |
| 1.1. Introduction   | 1               |
| 1.2. Statement of the Problem   | 8               |
| 1.3. Review of the Literature   | 9               |
| 1.4. Methodology of the Study   | 22              |
| 1.5. Objectives of the Study  | 22              |
| 1.6. Chapterization of the Study  | 22              |
| <b>CHAPTER II: The Folk Medicinal Practices of the Asurs</b>            | <b>24-83</b>    |
| 2.1. Introduction   | 24              |
| 2.2. Social Circumstances of the Asurs in Nagrakata Block of Jalpaiguri | 29              |
| 2.3. Regional and Historical Environment                                | 31              |
| 2.4. Folk Medicines of the Asurs  | 36              |
| 2.5. Religious Belief in the Folk Medicinal Practices Among the Asurs   | 81              |
| 2.6. Conclusion   | 83              |



|  |               |
|--|---------------|
| <b>CHAPTER III: The Changes in the Folk Medicinal Practices among<br/>the Asurs and the reasons for the same in the Nagrakata block of<br/>Jalpaiguri district</b> | <b>84-104</b> |
| 3.1 Introduction   | 84            |
| 3.2. History, Administration, Establishment of the Tea Gardens, Hospitals<br>and Schools   | 85            |
| 3.3. Administration  | 86            |
| 3.4. Absence of the Tradition of Transferring Knowledge  | 93            |
| 3.5. Lack of interest  | 93            |
| 3.6. Women Folk Medicinal Practitioners- <i>Dai Maas</i>   | 94            |
| 3.7. Male Folk Medicinal Practitioners   | 99            |
| 3.8. Cash in Hand-Wages  | 99            |
| 3.9. Us versus the other   | 100           |
| 3.10. Conversion to Christianity   | 101           |
| 3.11. Curtailment of their Traditional Rights over Forest  | 103           |
| 3.12. Conclusion   | 103           |

|   |                |
|---|----------------|
| <b>CHAPTER IV: The Continuity of the Folk Medicinal Practices Among<br/>the Asurs in the Nagrakata Block of Jalpaiguri District</b> | <b>105-127</b> |
| 4.1. Introduction   | 105            |
| 4.2. Traditional Food Preparation as Medicines  | 111            |
| 4.3. Oral Hygiene   | 113            |
| 4.4. The Role of the <i>Dai Maas</i>  | 114            |
| 4.5. Folk Medicinal Practices of <i>Ojha</i> or <i>KabirajPahan</i>   | 118            |
| 4.6. Conclusion   | 127            |



|                              |                |
|------------------------------|----------------|
| <b>CHAPTER V: Conclusion</b> | <b>128-132</b> |
| <b>APPENDIX</b>              | <b>133-134</b> |
| <b>BIBLIOGRAPHY</b>          | <b>135-144</b> |



# **CHAPTER-I**

## **1.1. Introduction**

The introduction of tea plantations in northern parts of West Bengal during the colonial rule has historical significance in the tea-producing areas like Terai and Dooars (Duars). The word 'Dooars' or 'Duars' has derived from the Indian term '*Duar*', meaning doors. This region is the doorway to Bhutan from the Indian plains through the eighteen doors, of which eleven are in West Bengal, and the remaining are in Assam.<sup>1</sup> Hence the name is given to this long and narrow tract of the Himalayan foothills lying in the northern plain of West Bengal. It belonged to the Kamta Kingdom under the Koch dynasty and taking advantage of the weakness of the Koch Kingdom in subsequent times, Bhutan took possession of it. The British annexed it in 1865 by the treaty of Sinchula, after the Bhutan war (1864) under the command of Captain Hedayat Ali. This region was divided into two parts: the Eastern Dooars and the Western Dooars. The Eastern part merged with the Goalpara district in Assam to the Eastern bank of the Sankosh river, which came to be known as the Eastern Dooars. The area lying from the Western bank of the Sankosh river to the Eastern bank of the Teesta River is remarked as Western Dooars.<sup>2</sup> Later, in 1869, the Western Dooars came to be known as the Jalpaiguri (Undivided) district. After 1947, the Jalpaiguri district acceded into the dominion of India, and it merged with the Union of India in 1949.<sup>3</sup> The European planters expanded

---

<sup>1</sup> Debnath, S. (2011). Evolution of Land Revenue in Western Dooars under the Bhutanese and the British. *Bi-Annual Journal: Geography Society of North Bengal A Research Journal of Social Science*, 1(1), 29-46. Alipurduar. p. 29.

<sup>2</sup> Sarkar, B. C. (2017). *The Living Condition of Tribal People as Tea Garden Workers in Dooars of Jalpaiguri District*. UGC Minor Research Project. Department of Geography. Ananda Chandra College. Jalpaiguri. UGC Approval Letter no- F. PHW-127/15-16 (ERO). p. 1.

<sup>3</sup> Ray, S. (2013). *Transformations on the Bengal Frontier: Jalpaiguri 1765-1948* (1ed.). London and New York: Routledge. p. 1.

their commercial empire in this area and created a distinct social space for the local peoples. The establishment of tea plantations, which served the Western capital and revenue, along with the large-scale cultivation of cash crops like tea, needed labourers for the work.<sup>4</sup> For this reason, British planters brought many labourers, including the Asurs, to the isolated tea plantation areas in the Jalpaiguri region.

The Asur tribe is a small Austroasiatic ethnic group and traditionally iron-smelters.<sup>5</sup> This ethnic tribe primarily lived in the Indian states of Jharkhand and Bihar, mainly in the Gumla, Lohardanga, Palamu, and Letehar districts.<sup>6</sup> They have rich history and culture. Their history has not gained enough attention from academicians. The Asurs of the Loha-Mohal's association with iron manufacturing. According to the oral tradition of the local tribes, a small group of Adivasi blacksmiths known as Asur are believed to have introduced the craft of iron smelting in this area.<sup>7</sup> The British government declared the Dooars as a non-regulated area to use the land for the colonial economy. In 1871 under the supervision of Mr Becket, the lands were divided into three categories like Land for agricultural purposes, Land for reserve forest and Land for tea cultivation. The first tea garden in the Jalpaiguri district was planted in Gazoldoba in the year of 1874, followed by Bagrakot in the year of 1875.<sup>8</sup> After establishing the tea plantation, the European planter brought them to the Jalpaiguri area as tea labourers. They are also members of the largest immigrant community of the Jalpaiguri as well as Dooars. They

---

<sup>4</sup> Das, B. (2018). Tea Plantation on Report: Health Service in Colonial Bengal. *Eastern Geographer*. XXIV (02). 60-69. ISSN: 0973-7642. p. 60.

<sup>5</sup> Riskey, H. H. (1892). *The Tribes and Castes of Bengal* (1 ed.). Calcutta: Bengal Secretary Press. p. 11.

<sup>6</sup> Nath, P. (2019). *Adibasi Asur Samaj o Sanskriti* (1 ed.). Jalpaiguri: Ekhon Dooars. p. 21.

<sup>7</sup> Sarkar, S. K. (2001). An Aspect of Artisanal Technology in India-Some Methodological Argument. In A. K. Biswas (Ed.), *History, Science and Society in the Indian Context*. Kolkata: The Asiatic Society. p. 140.

<sup>8</sup> Sarkar, B. C. (2017). Op. Cit. p. 1.

were also used to clear the forest for the tea plantation. The 1991 census report reported that the Asurs lived in the district of Jalpaiguri, and their population was 3108.<sup>9</sup>

Folk medicinal treatment has always been a crucial phenomenon in human beings' lives from ancient to modern.<sup>10</sup> These folk medicinal practices have been used to treat and eradicate diseases for thousands of years.<sup>11</sup> In simple terms, folk medicinal practices mean a 'traditional knowledge' system passed on from one generation to another. These treatments of the illness, injuries, and sickness have been taken to explain important phenomena from the preliterate human being. Folk medicines are the mother of healthcare. More than 40% of the Indian flora is reported to be used for medicinal purposes.<sup>12</sup>

Before the advent of biomedicine, Indian society consisted of two important medicines: organized and folk medicines. The organized medicines mainly consisted of formal cultured hypothetical basics stated in several manuscripts consisting of complete divisions of medicinal practices like Tibetan, Siddha, Unani, and Ayurveda.<sup>13</sup> On the other hand, folk medicines are those groups of medicinal practices which are informal and passed on verbally since time immemorial and without any written form. These non-organized folk medicinal practices are again divided into natural and religious folk medicine groups.<sup>14</sup> Religious folk medicines based on religion and spirituality (a belief without scientific proof) have been linked to medicine and healing for centuries. People who believe in a sacred power view the world through the lens of mythic vocabularies

---

<sup>9</sup> Nath, P. (2019). Op. Cit. p. 5.

<sup>10</sup> Bhosale, P. S. (2019). *Tribal Herbal Practitioner* (1ed.). Delhi: Educreation. p.1.

<sup>11</sup> Ibid. p. 5.

<sup>12</sup>Uniyal, S. Kr., Sharma, V., & Jamwal, P. (2011). Folk Medicinal Practices in Kangra District of Himachal Pradesh, Western Himalaya. *Human Ecology*, 39(4), 479–488. Springer. <http://www.jstor.org/stable/41474626>. p. 479.

<sup>13</sup> Bhutia, J. D. (2020). *British Influences on Folk Medicine and Healing Practices in Sikkim*. (MPhil dissertation). Sikkim University. Sikkim. p. 1.

<sup>14</sup> Ibid.



and regulate their lives according to the models and injunctions outlined in their religious traditions. Natural folk medicines based on the environment get from herbal plants like roots, leaves, branches, etc.

The use of these common 'folk medicinal practices' is among many people. The people have developed their medicinal practices through their day-to-day experience and interactions with the flora of their habitation.<sup>15</sup> So, the origin of folk medicine is closely linked with the understanding of humans with nature. In this context, the Asurs are no exception. They had developed their medicinal practices. So, Asur's rich knowledge of folk medicinal practices and health-keeping behaviour deserves special attention. They generally have recorded their experiences and history with medicine in an oral tradition handed down from one generation to the next.<sup>16</sup>

In 1947, India became independent, and the planters, with the backing of the colonial government, exercised total control over labour. Though plantations are historically linked with colonialism, this linkage is not structural or inevitable. As colonies freed themselves from colonial rule and Jalpaiguri became independent, a new set of production relations developed. The British ruled Jalpaiguri from 1865 to 1947. Biomedicine gradually influences the all-ethnic communities of the tea gardens. 'By the First World War, enrolment in Indian medical schools and colleges began to soar. A growing number of Indian men and women entered the medical profession, finding employment with municipalities and local boards, commercial and state enterprises

---

<sup>15</sup> Barman, R. K. (2019). *Practice of Folk Medicine in Sub-Himalayan Bengal A Study on the Folk Medicinal Practices of the Rajbanshis in Historical Perspective (1ed.)*. New Delhi: Abhijeet Publication. p. 62.

<sup>16</sup> Changkija, S. (1999). Folk Medicinal Plants of the Nagas in India. *Asian Folklore Studies*, 58(1), 205–230. <https://doi.org/10.2307/1178894>. Nagaland: Nagaland University. p. 3.

(such as railways, factories, and tea estates), and private practice.<sup>17</sup> However, this was still mainly in the cities, leaving the small towns and districts to folk medicine, the practitioners of a revitalised indigenous medicine and the few, widely scattered public health institutions'.<sup>18</sup> The history of the diseases did not change their character but changed their medicinal practices. However, the cultural belief of the community, like Asurs of folk medicinal practices, are continuing with them. They use herbs for minor injuries and sickness and the risk of the loss of human life. The Asurs have learned to use local plants to cure different ailments. They generally have recorded their experiences and history with medicine in an oral tradition handed down from one generation to the next.<sup>19</sup>

A large number of Asurs live in the Nagrakata block in the Jalpaiguri district. This study will focus on the Asurs who are living in this area. They have maintained their traditional knowledge of medicinal plants and herbs and vast knowledge of folk medicine and its practices/uses in the adjoining areas. The coming of Christian missionaries to this region is also one of the important reasons why Asurs started to use biomedicines. The early new settlement of the Asurs in the colonial days was solely dependent on their village medicinal practices. However, with the introduction of modern medicinal practices, especially after the development of indirect British rule in the Dooars (1865) and direct British rule in Jalpaiguri (1869), the traditional healing practices of this region began to be discouraged.<sup>20</sup>

---

<sup>17</sup>Arnold, D. (2000). *The New Cambridge History of India: Science, Technology and Medicine in Colonial India* (1ed.). New York: Cambridge University Press. p.78.

<sup>18</sup>Ibid.

<sup>19</sup>Changkija, S. (1999). Op. Cit. p. 3.

<sup>20</sup>Ghosh, B. C. (1970). *The Development of Tea Industry in the District of Jalpaiguri 1869-1968* (1ed.). Siliguri: National Library. p. 7.

They have developed their mechanism in making herbal medicine and drugs with available natural elements for illness. Locally available herbs, plants, and their sub-products (like oil, paste, juice, etc.), food items made from vegetables and animal substances, etc., have extensive use in folk medicinal practices.<sup>21</sup> This work highlights the folk medicinal practices of the Asurs and their change and continuity in the post-colonial period. It has tried to find out why these folk medicinal practices change over time. There are many reasons for the change and continuity of the folk medicinal practices among the Asurs. Slowly and gradually, they started to use biomedicine after coming in contact with the European planters, who established dispensaries in tea gardens. Interestingly, they continued to use some of their folk medicinal knowledge to ensure a healthy life.

According to MacIver and Page, social change refers to a process responsive to many types of changes; changes in the man-made condition of life, changes in the attitudes and beliefs of men, and the changes that go beyond human control to the biological the physical nature of things.<sup>22</sup> H. P. Majumdar says that social change may be defined as a new fashion or mode, modifying or replacing the old, the life of a people, or society's operation.<sup>23</sup> More broadly, the terms change and continuity are a classic dichotomy within history and social science. Not all things change over time, and some things remain the same across long periods, sometimes lasting into daily life. 'Continuity' refers to things that stay the same, relatively unchanged, over time. This concept of continuity based on historical change necessarily involves comparisons over time. MacIver and Page also wrote that 'society exists only in time sequence.'<sup>24</sup> It is a being,

---

<sup>21</sup> Barman, R. K. (2019). Op. Cit. p. 28.

<sup>22</sup> Sharma, K. L. (2008). *Indian Social Structure and Change* (1ed). New Delhi: Rawat. p. 308.

<sup>23</sup> Ibid.

<sup>24</sup> Ibid. p. 310.

not a process and changing equilibrium of the present relationship. Social changes are distinct from culture or civilization.<sup>25</sup> The precise nature of such comparisons will vary depending on the concept of continuity used and the nature of the historical "matter" to which it is applied. We must assume here that meaningful comparisons over time are possible. The dichotomy is used to discuss and evaluate the extent to which folk medicinal practices a historical development or event represents a decisive historical change.<sup>26</sup> Whether the use of folk medicinal practices changes and remains unchanged mainly among the Asurs.

Historical research of the folk medicinal practice of India is not a new one. Many works have already been done in the context of India. However, most of the work was related to political and cultural history. The academicians have not gained enough attention to the folk medicinal practice of the Asurs. In the context of the Jalpaiguri, the many administrative works reports prepared by H. H. Risley (1892), J. F. Grunning (1911), W.W. Hunter (1876), A. C. Campbell (1851), D. Sunder (1895) and Francis Jenkin are most remarkable.<sup>27</sup> This work also will mention some of the folk medicinal practices used by the flora. Among the literature group, Smriti Kumar Sarkar has given serious attention to the technological history of the Asuras as iron smelters.<sup>28</sup> The Baraes, the Asurs, and the *Agaria's*, all of them were the Mundas. They are recognised as Asurs only as the primitive smith possessing a supernatural magical and healing power.<sup>29</sup>

---

<sup>25</sup> Ibid.

<sup>26</sup>Gerschenkron, A. (1962). On the Concept of Continuity in History. *Proceedings of the American Philosophical Society*, 106(3), 195–209. <http://www.jstor.org/stable/985175>. Philadelphia. p. 2.

<sup>27</sup> Barman, R. K. (2019). Op. Cit. pp. 12-13.

<sup>28</sup> Sarkar, S. K. (2001). Op. Cit. p. 146.

<sup>29</sup> Basu, D., & Datta, U. (1990). Some Anthroposcopic Traits among the Asur of Bihar. *Anthropologie* (1962), 28(2/3), 277–281. <http://www.jstor.org/stable/26295098>. p. 277.

## 1.2. Statement of the Problem:

Jalpaiguri region comprises many communities which mainly were immigrants. One of the immigrant communities is the Asurs. The Asur community uses numerous locally available herbs for medicinal purposes. They also believe in natural forces and evil spirits. The male Ojha is their spiritual leader, who performs many rituals to cure the sickness caused by the malevolent spirits. The *Dai Maas*, who are females, also join in these practices equally. This research mainly deals with the Change and Continuity of Folk Medicinal Practices among the Asurs in the three villages: *Carri Line*, *Factory line*, and *Matu Line* in Nagrakata Block of Jalpaiguri district from 1865 to 1947. However, this work has focused mainly on the given period, yet it exceeded the timeline or went beyond the prescribed time as this work tried to study the continuity of the said practices.

After the tea plantation in the Jalpaiguri district, the British planters brought many tea labourers, including the Asurs, widely known for practising folk medicines. However, the introduction of the policies by the British in the field of politics, religion, and economy in this region led to a gradual change in the traditional practices of folk medicine. On the other hand, the presence of the European Christian missionaries in this area has a significant impact on the derecognition of folk medicine. Their presence in this area had a significant impact on the derecognition of folk medicine. The Asurs continue to practice some of their folk medicinal knowledge despite the introduction of biomedicine.

### **1.3. Review of the Literature:**

Gerschenkron, Alexander. (1962). *On the Concept of Continuity in History*, this work looks at the twin concepts of historical continuity and discontinuity. In the process, some unobjectionable and practical concepts or concepts of historical continuity have emerged. This work throws light on the nature of conceptual tools of continuity in history. However, this work has helped to understand the concepts of changes and continuity.

Karant, G. K. (1995). *Change and Continuity in Agrarian Relations* entirely focus on transforming the Indian agrarian social structure. He mentions that there has been more of a state-initiated process than spontaneous. This agrarian history of India is replete with efforts to transform the social relationships in agriculture and changing scenarios. His study is on agrarian social changes, project changes, or their absence. This book has mainly focused on change and continuity as a process. It enables a reader to have a better understanding of the concept of change and continuity.

Singh, Yogendra. (1986). *Modernization of Indian Tradition* has attempted to analyse the processes of modernization in India from a systemic sociological perspective. This book has analysed the two concepts used here, 'social structure' and 'tradition'. Under the social structure, he has emphasised the processes of social changes and modernization with the help of contemporary social studies. The historiographic constructions are necessitated to establish the cognitive-structural attributes of the Indian tradition, which have been characterised as consisting of an element of continuity he has illustrated. His work influenced this research in the understanding of the change and continuity concept and social changes over time.

Pahari, Subrata. (1997), a vernacular work on *Unish Shataker Banglay Sanatani Chikitsya Byabosthar Swarup*, has described the medical system of India. He has mentioned the Ayurveda and Unani medical systems in the Nineteenth Century influenced the people from the beginning of human settlement. He has described the local medical system as important from ancient to modern India. Lastly, he has illustrated the impact of western medicines on the traditional system of medicinal practices. This work helped to know the folk medicinal uses and importance since ancient times.

Changkija, Sapu. (1999), in her research article *Folk Medicinal Plants of the Naga in India*, she has written about the folk medicinal practices among the Naga tribe. It highlighted the importance of natural flora in curing human sickness and preparing medicines from the flora. This work has shown all kinds of natural folk medicinal plants and their scientific name with local names. This work helps to know the importance of folk medicines and their uses.

Arnold, David. (2000). *The Cambridge History of India (Science, Technology, and Medicine in Colonial India)* writes that his work is based on three pillars. The first pillar was India's science, technology, and medicine traditions, themselves subject to wide internal variations and different historical influences and cultural practices, and the legacies these provided for the subsequent era of British rule. Secondly, the nature of western science, technology, and medicine practised in India, their social and intellectual impact, their organisational forms, and their dual relationship to India's colonial regime and metropolitan science in Europe. Thirdly, there was the authority of science, technology, and medicine as central attributes of India's modernity, drawing upon indigenous and Western sources and finding contested expression in imperial

ideology and nationalist agendas. This work has helped to understand the changes and continuity of the Indian indigenous knowledge of science, technology, and medicine.

Sarkar, Smriti Kumar. (2001). In his work *An Aspect of Artisanal Technology in India- Some Methodological Argument*, he mentioned the *lokavidya* as the living traditions of science and technologies and the artisan as a practitioner of *Lokavidya* or tragic hero fighting his lone battle against the Jagannath of heavy machine industry. He also mentioned that unchanging artisan technology in India largely contributed to the neglect of the artisans as a social force, passive and quite immune to the market's changing requirements. He also mentioned the methodology of artisan technology by referring to the conventional notions of what is meant by technology. This technology usually followed by an artisan in producing his goods has been described as artisan technology. He also mentioned his work as an important primitive artisan group, leading in this technological work. He has selected blacksmith as the theme of his discussion. India had been the specific occupation of the numerous workgroups belonging to that part of the Indian population presently known as 'tribe' who lived in different parts of the Indian subcontinent. His study concentrated on the contiguous areas from the Santhal Parganas and Chhota Nagpur to Birbhum of the present-day Bihar and the West Bengal state of India. He funded antiquities of its metallurgical tradition from this region. The area is called *Lohamahala*. The antiquity of this area associated with a small group of Adivasi blacksmiths known as 'Asurs' is believed to have introduced the craft of iron smelting in this region. Sarkar's work has enormously helped to understand the history of the Asur tribe and their primitive way of living and profession.

Ray, Subhajyoti. (2002), historically describes the colonial character of Dooars and North Bengal in his book *Transformations on the Bengal Frontiers: Jalpaiguri 1765-*



1948. The book's main themes are political economy, tribal economy, and the struggle against the oppression of Zamindars and Britishers by the local people. The book is an analytical history of the socio-economic changes brought about by colonial rulers in a frontier area of Bengal. He has not mentioned anything about the Asurs though their existence has been historically important in establishing tea gardens in the Jalpaiguri area.

In the work on *British Imperialism*, Johnson, Robert. (2003), has described the nature and introduction of British imperialism and rule in India. He has highlighted the New Imperialism and the effects of the British colonisation on the migration labours. He has also mentioned the importance of gender under British rule and its contribution to India with continuity. This work also helps to know the inter-war in British Imperialism and the Second World War in India. He also explained decolonisation after 1945 and the cultural legacy of Imperialism.

Bandyopadhyay, Shekhar. (2004), in his work *From Plassey to Partition and After*, has illustrated the idea of British imperialism building after the decline of the Mughal dynasty. The second chapter of this book helps to understand the influence and reason for the Christian missionaries coming to India.

Sharma, K. L. (2007), in his work *Indian Social Structure and Change*, has analysed the number of social changes. He has mentioned Gandhiji's non-violent concept of the evolution of Indian society under British rule. He has also included the different arguments or theories of the author and socialists. This work highly benefited from knowing the changes and continuity in the Indian society from the pre-colonial to the post-colonial period.

Keyes, Jonathan. (2009), in his work *Human Health: A Nation Way*, has illustrated the merges of astrological, shamanic, pagan, and healing concepts. It explains the relationship between human health and the natural world and astrology. He also mentioned learning, how to assess the energetic profile by looking at the elements, modalities, planets and signs in astrological birth. He has highlighted the imbalances in each area using simple therapies based on the four elements- Earth, air, fire, and water. He was rooted in astrology with special attention paid to balancing the energies of the signs and planets. He draws wide knowledge of spiritual practices and herbal medicinal plants which help to learn about folk medicinal practices and spiritual practices.

Debnath, Sailen. (2010). '*The Dooars in Historical Transition*' attempts have been made to unfold the unknown past of the Dooars at least for historians of Bengal in the past and present. This work for the first time argued the ground that the Dooars had not been a neglected jungle area in the past rather it was the centre of flourishing culture and civilization. He has highlighted the tribal people of the Dooars and their past history. In this study, Dr Debnath has illustrated the history of tea plantations in Dooars and land revenue settlement in the Dooars under the British and Bhutan. However, this work did not mention the history of the Asur tribe and their folk medicinal practice but the knowledge of the Dooars.

Debnath, Sailen. (2011), in his research article *Evolution of Land Revenue in Western Dooars Under the Bhutanese and the British*, has highlighted the land revenue history of Dooars and Bhutan. He pointed out Colonel Hedayat Ali's contribution to this region after 1865. However, this work comprehensively helped to know the history of the Dooars (Jalpaiguri) and their peoples.

Chandra, Suresh. (2011). In his work, *Social Change in Modern India* has mentioned that social changes result from various factors involved in the process of modernization of the traditional society. He highlighted the different theories that have been propounded to examine the nature and scope of the social change in modern India. He has a comprehensive and critically analyse of the process of social transformation in India.

Uniyal, S. Kr., Sharma, V., & Jamwal, P. (2011). *Folk Medicinal Practices in Kangra District of Himachal Pradesh*. They jointly worked on folk medicinal practices of the Kangra district's peoples. This work has highlighted the importance of folk medicinal use before modern medicines. This work has also mentioned the various flora medicines available in the Kangra district. However, this work highly helps to know the folk medicine uses and continuity.

Bhattacharya, Nandini. (2012). In her work '*Contagion and Enclaves Tropical Medicine in Colonial India*', she has mentioned the interaction between the colonial state and colonial enclaves. She has also mentioned that the epistemologies and therapeutics of western science and medicine informed the practices of colonialism in the tropical world from the eighteenth century to the twentieth century. She has investigated the links between tropical medicine and colonial enclaves. These traces out the history of the colonisation of the Darjeeling hills in north Bengal as one of the inter-relationships between colonial enclaves and the tropical world. This work has suggested that plantations and sanatoriums of the Darjeeling hill station were coterminous enclaves. However, her work has immensely helped to understand tropical medicine and changes in traditional medicine use among the tea plantation labourers.

Dutta, Partha. (2012), *Tribes of North Bengal* work has highlighted the cultural society and politics of the tribes. This work intends to disclose the changes that have taken place in the culture, tradition and language of the tribal people and the plight they face in the fast-developing consumerist society of the modern world. This work also reveals that the Santhal, Oraon, Kheri and Munda tribes gradually lose their cultural identity. Then even their original languages are under threat of being lost in the mix of other languages. This study did not mention the Asur individually, however, gave the knowledge of the tribes of North Bengal.

Sharma, Madhuri. (2012). In her work on *Indigenous and Western medicine in Colonial India*, she focuses on the social history of medicine, reflecting the multiplicity and complexity of social interaction and encounters between indigenous and western medicine. She explored a variety of engagements and interventions in the patronage and professionalisation of modern medical science and institutional intervention. Her work also highlights the contradictions of harmony in the public sphere. She has analysed how Indian allopathic and indigenous medicine practitioners struggled with the demarcations. It has helped to understand the impact of colonial medicine on the indigenous communities and know more about indigenous medicinal knowledge.

Dutta, Rimi. (2014), has written a book on the *Concept of Health Disease and Treatment among the Toto's in Toto Para in Jalpaiguri district, West Bengal*. She has explained the indigenous medical knowledge of the Toto tribe from the theoretical aspect of medical anthropology, and cultural, ecological, and ethnomedical approaches. Her main works on the society and culture of the Toto's and their health, disease, and the traditional practice of their folk healers. She has mentioned many steps of traditional

medicinal practices. She has pointed out various types of herbs and different kinds of plants as medicine.

Sarkar, Shyamal Chandra. (2014), has edited the book on *Changing Society of twentieth-century Bengal*. This constitutes many articles on Jalpaiguri tea gardens. Bhattacharya, Sanchita's Social transformation of Rabha women: A special reference to Jalpaiguri & Sarkar, Susnata's Diseases and Encounters in Jalpaiguri tea garden: Twentieth-century scenario explained the social transformation and diseases of Jalpaiguri. However, these works did not mention the Asur community.

Barman, Binay & Sutradhar, Kartick Chandra. (2015) jointly edited this book with seventeen reputed authors, who worked on the *History and Culture of North Bengal*. Das, Mithun's article on *Ranjbanshis's Medicines* has mentioned their traditional medicines. Sen, Jyotirmoy & Barman, and Binay have worked on the *Geography of North Bengal*. This work also helped to understand the geography of the Jalpaiguri. However, there is no mention of the history and traditional folk practices of Asurs.

Pal, D. C & Jain, S. K. (2015) jointly worked on *Tribal Medicine*. This work has highlighted the tribal attitude toward diseases and treatment. They historically mentioned the medicinal plants which tribal people use. They have illustrated the tribal pharmacology and the Unani and Siddha system of medicines. In their last finding of this work on south-east Asian traditional medicine. This work highly influenced to know the folk medicinal practices among the Asur tribe by providing the importance of herbal medicines.

Sarkar, Bipul Chandra. (2017). In his work, the *Living Conditions of Tribal People as Tea Garden Workers in Dooars of Jalpaiguri District* has explored the living condition

of the tea garden tribal labours and the history of tea plantations in the Dooars region. He has mentioned the major tribes of this area and immigrants' tribes. His work consists of statistical analysis of the tribes. He has mentioned the presence of the housing structure and health facilities. He has also discussed the tribes living in the Dooars area in a nutshell. His work does not give detailed information about the Asurs, yet he has mentioned a line about *Lohara*, who engaged with iron smelting. Though he has worked on the living condition of the tribe in Dooar's area yet, he has not written anything on the folk medicinal practices.

Slouber, Michael. (2017) in his book '*Early Tantric Medicine*' (Snakebites, and Healing in the Garuda *Tantras*), has highlighted the Hindu god *Siva* and the text preserves rich medical and religious material from two of the five classes of his *Tantric* revelation. He mentioned that the leading scholars had deemed these medical *Tantras* lost. However, in his work with the *Kriyakala gunottara* has discovered several other original texts surviving in fragile manuscripts. He has illustrated that some clarification of the word "*Tantra*" is necessary before proceeding further. Indeed, in the popular imagination as well as in the minds of many scholars, *Tantra* is a religious tradition associated with depraved sexual practices and intentionally transgressive rituals involving the most impure substances.

Deb, Pamela. (2018). In her work *Tribal Habitat and the Characteristics of Their Houses: A Case Study of Oraon, Munda and Santal Tribes in Jalpaiguri district, West Bengal*. This work has dealt with the three major scheduled tribes of Jalpaiguri. The British brought them to this region during the last half of the nineteenth century and the first half of the twentieth century. The main reason was to work mainly as labourers in the newly established tea gardens, construct railway lines, and clear the reserved forests.

These Tribes, mainly from Santal Parganas, were brought to settle as agriculturists in this region. She has also explored the changing of the ownership of the tea gardens after the British left this region. However, these tribes did not leave the region and started to live here permanently. This work throws light on the present habitat and characteristics of their houses. It has also helped to know about the change and continuity of this region's social customs and tradition and the history of the immigrant tribal communities. However, she has not written anything on the folk medicinal practices of these tribes.

Saravanan, Velayutham. (2018). In his book, *Environmental History and Tribals in Modern India* has attempted to analyse India's environmental history from the period of colonial rule to the early twenty-first century from a historical perspective. Further, he has tried to describe the intervention of various factors. The objective of his work analysed the unexplored areas of environmental history in the late eighteenth to the twenty-first century. He has also largely confined to the Madras Presidency of the colonial period and Tamil Nadu post-independence. However, this work has enlightened the tribal and environmental history in the colonial and post-colonial periods. It has also helped to know the forest policy and the contribution of the tribe to forest preservation.

Barman, Rup Kumar. (2019). In his work on *Practice of Folk Medicine in Sub-Himalayan Bengal: A Study on the Folk Medicinal Practices of the Rajbanshis in Historical Perspective*. He has mentioned folk medicine as a common healing practice of a significant portion of contemporary world people. However, people have developed their medicinal practices through their day-by-day experience and interactions with the flora of their habitation. Indigenous castes and Tribal communities

have their medicines. He has also mentioned the knowledge on folk medicine, preventing food habits, folk culture, and health-keeping behaviour of the Rajbanshis in pre-colonial and early colonial periods. The Rajbanshis depend on their own village medicine. His area of research is Sub-Himalayan Bengal. He has mentioned the northern part of Bengal, i.e., Cooch Behar, Jalpaiguri, and Alipurduar. This book has highlighted the social composition and culture of the Rajbanshis. He has traced out some common diseases of sub-Himalayan Bengal. He has also mentioned the name of some Rajbanshis healers and their prescriptions, magical incantations, and folk songs on the medicinal practices of the Rajbanshis. This work through light on herbal medicines, the role of folk healers in society, and their culture. However, he has touched upon the Immigrant tribes and other communities while explaining their history, but he has not mentioned anything about the Asurs.

Bhosale, S. Prashant. (2019), in his work *Tribal Herbal Practitioner*, has mentioned the various ways the tribal practitioners contribute to the society of Khandesh. He has worked on traditional medicine and practice, ethnography, culture, and illness of tribes in Khandesh. He has also focused on the healing practice of the Vaidhu. He has mentioned many names of herbal plants and herbal practices in this community. This study has helped to understand the healing performance and use of folk medicine.

Nath, Pramod's (2019) book *Adibasi Asur Samaj O Sanskriti* is a Bengali vernacular source to know about the society and origin of the Asurs. He has mentioned how the Asurs are surviving in the western Dooars in the tea plantation area. His work highlights the Asur's folk culture, *Gotra*, relatives, foods, devotional or spiritual activity, folk dance, economic structure, etc. Although he has worked on the Asur's society and



culture of the Jalpaiguri area, his work has failed to focus on the folk medicinal practices of the Asurs.

Saha, Chandana & Adhikary, Sanat Kumar. (2019), edited *History of Northern part of Bengal: A New Perspective*. Most of the articles are very helpful. Ghosh, and Sujit's work on *William Carey: Father of Agriculture and Plant Science in Modern India*; and *Suppression and Suffering of Aboriginals: A Study of Tribal Dynamics* of Roy, Samhita. Through, light on some aspects of this study. Ghosh illustrated the plant science in modern India which is important for human uses in the health cure. Mr Roy also highlighted the aboriginal condition in the tea plantation area and their situation.

Bhutia, Jigme Dorjee. (2020), in his MPhil thesis, has worked on the *British influence on folk medicine and healing practice in Sikkim*. He has highlighted the formal and informal medicinal practices of the Lepchas, Bhutias and Nepalis of Sikkim. This work helped to understand the importance of the Folk medicinal practice and British or western influence.

Sengupta, Deb Kumar. (2020), *Development of Modern Medicine and Health Care facilities in Jalpaiguri District Since 1869*, explained the historical background of Jalpaiguri and the development of modern medicine and health care facilities in the district of Jalpaiguri. He has mentioned the political and administrative reforms in modern health practices in this area. This work has also investigated the recruitment of doctors and setting up of hospitals in different locations in detail. He believes that there were no modern medicinal facilities in Jalpaiguri before it was created as a district. He collected some data from Doctor Archibald Campbell that their only health service available was a small charitable indigenous dispensary located within the premises of Baikunthapur palace. His work mainly concerted on the development of modern

medicine and health care. However, he has not written anything on the folk medicinal practices of the tribe in the Jalpaiguri district. However, he did not work on the traditional health practice or herbal medicine practice. Therefore, it did not mention the herbal plant or traditional healers.

Barman, Rup Kumar. (2021), has recently published a book, *The Raidak: A Transnational River from Bhutan to Bangladesh through India*. This book highlights the contribution of the Raidak river to the settlement of indigenous and immigrant tribes of the Alipurduar (after being separated from Jalpaiguri) district. He has stressed how the different communities survived and used this river for their personal use. However, he has not mentioned the Asurs particularly but has used the term ‘immigrant’ tribe of tea plantation.

Sarkar, Anil Kumar. (2021), in his work on *Tribes of the Sub-Himalayan Region*, has explored the traditional folklore, art, crafts, customs, rituals, etc of Mech, Rabha, Toto and Bodo. This work has explored their changing livelihood and various real problems they faced. He also discussed the socio-economic and political changes and their impact on these tribal communities. This study has the multidimensional aspects of the religion, culture, and folk medicine of the society.

Das, Ananta. (2021). In his research article on *The Tribes of Western Duars: A Case Study on Asur Tribe from Colonial to Post-Colonial Period*. This work tries to understand the history of origin, development, society, and culture of the Asur tribe from the colonial to the post-colonial period. He has explored the Asur’s culture and society and survived in new and isolated areas; however, he has not worked on their folk medicinal practices.

#### **1.4. Methodology of the Study:**

The qualitative method is used in this research, this research is exploratory and descriptive, research, based on both primary and secondary data. The primary sources include relevant archival documents, gazetteers and government publications, and tea garden management reports. The secondary sources include all the published books and research articles relating to Jalpaiguri, Folk medical practices, the history of the tribal communities and the concepts used in this research. Ethnographic data collection techniques like survey questionnaires and interviews work conducted to know the folk medicinal practices among the Asurs.

#### **1.5. Objective of the Study:**

2. To explore the Folk Medicinal Practices of the Asurs.
3. To examine the Changes in the Folk Medicinal Practices among the Asurs and the reasons for the same in Nagrakata Block of Jalpaiguri District.
4. To find out the Continuity of the Folk Medicinal Practices among the Asurs in Nagrakata Block of Jalpaiguri District.

#### **1.6. Chapterisation:**

##### **Chapter I: Introduction**

This introductory chapter is based on the introduction of the whole research work. This chapter includes the statement of the problems, a review of the literature, objective and methodology of the study.

## **Chapter II: Folk Medicinal Practices of the Asurs**

This chapter investigates the folk medicinal practices of the Asurs.

## **Chapter III: Changes in Folk Medicinal Practices among the Asurs and the reasons for the same in Nagrakata Block of Jalpaiguri District**

This chapter examines the various changes in folk medicinal practices over time and looks into the reasons for the same among the Asurs.

## **Chapter IV: Continuity of the Folk Medicinal Practices Among the Asurs in Nagrakata Block of Jalpaiguri District**

This chapter explores the continuity of Asur's folk medicinal practices.

## **Chapter V: Conclusion**

This concluding chapter summarises the significant findings of the research work.

## CHAPTER-II

### **The Folk Medicinal Practices of the Asurs**

#### **2.1. Introduction:**

History is the fulgent object of the whole world and the effort of human beings in historical research and investigation has enriched the knowledge of science since the development of civilization. The brightest reflection of the new trend is ‘social history’. The history-writing the folk medicinal practices is one of the most important parts of social history. In the nineteenth century from the beginning of the renaissance, many researchers and academicians influenced the writing of folk medicinal practices. However, they failed to find sources of the folk medicinal practice of the ancient period. One of the reasons was the less availability of historical sources and written evidence of the folk medicinal practices. In this way, R.N. Chopra illustrated that ‘with the advent of Muslim conquerors the decline was more rapid. Hindu Ayurvedic system of treatment was rapidly thrown into the background’.<sup>1</sup> A.L. Basham has also given the different argument that ‘The practitioners of these two systems seem to have collaborated because; each had much to learn from others, we have no record of animosity between Hindu and Muslim in the field of medicine.’<sup>2</sup> According to Rig-Veda ‘the earliest mention of the medical use of the plant, is to be found in the Rig-Veda which is one of the oldest repositories of human knowledge’.<sup>3</sup>

---

<sup>1</sup> Chopra, R. N. (1933). *Indigenous Drugs of India* (1ed.). Kolkata: Academic Publishers. p. 5.

<sup>2</sup> Basham, A. L. (1976). *Practice of Medicine in Ancient and Medieval India* (1ed.). California: University of California Press. p. 40.

<sup>3</sup>Pahari, S. (2011). *Unish Shataker Banglay Sanatani Chikitya Byabosthar Swarup* (1ed.). Kolkata: Progressive Publishers. p. 4.

In the Sanskrit term, '*Sharirang Bayadhi Mandirang*' means the body of the human is just the source of various kinds of disease.<sup>4</sup> So, the human body in the world is destroyed by various diseases, and its treatment is the solution for survival.<sup>5</sup> Besides, the natural tendency of all living beings is to alleviate pain in any way, be it scientific or unscientific. Although primitive man, by some instinct and some by imitation of animals, invented ways of treating the disease, in order to develop an integrated medicinal system and had to run long experiments. Because, at the beginning of civilization, their idea was limited and its cure was quite vague. However, since primitive man, in addition to his instincts, sought to treat painful diseases by following many animals. These animals could be identified as the primitive teachers of man in the field of medicine. In the field of medicine and many other fields, animals are the primitive guides of human beings.<sup>6</sup> With the development of civilization, as human thinking became more and more, in addition to folk medicine, various kinds of miracles, superstitions and religiosity entered the medicinal field, and what a wonder people have this intelligence. On the one hand, the treatment of diseases has created boundaries for such beliefs of superstition. On the other hand, wanted to alleviate their diseases and pain with the medicines which they have collected from their area. In this way, two completely different streams gradually developed around the medical system. One of them is an invisible drug or medicine based on a supernatural cure. Various herbals, animal, mineral, and metallic substances or natural remedies are used in this supernatural cure. Similarly, the two types of communities were formed around these two types of systems. One of them is the *Vaidya* and *Ojhaor Kabiraj Pahan* community, i.e., those who are basically the practitioners of miraculous sciences. The other is the

---

<sup>4</sup> Ibid. p. 1.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid. p. 2

completely pure Vaidya community, whose work is treated in a folkway. However, the two types of treatment mentioned in the evolution of the medical system were the responsibility of the *Vaidya* and *Ojha* or *Kabiraj Pahan*. Since then, many of them, or more, have gained experience through various researches, created a complete community of physicians, and the medicinal community has developed different types of medicinal systems based on their experience. Thus, several medicinal methods were developed at the centre of almost all the world's ancient civilizations.

The folk medicinal treatments are practised in a large part of India. From time immemorial to this day a large portion of India's population, especially the illiterate poor rural people and the indigenous tribal communities living in remote areas of the Dooars, their society have been resorting to this as a means of health care and treatment of illness. Theoretically, this medical system can be divided into two parts such as a supernatural cure and a natural cure. Contextual Note that both types of medicinal systems have two characteristics, namely - supernatural and natural.<sup>7</sup> The main obstacle in researching the history of the medical system in this country is the lack of necessary historical material. The tribes did not record their traditional medicinal knowledge; hence no written material is found. Moreover, no ruler or scholar (especially the tribal) showed any interest in this subject before the establishment of British rule in India. On the other hand, although the British government tried to determine their numerical position in the nineteenth century, the government or non-government initiatives in this country began to try to shape the medical system in the twentieth century. Apart from these, there are others in this regard, the disadvantages are the conservatism of the villagers, their tendency to distance themselves from civilized society, their tendency

---

<sup>7</sup> Ibid. p. 17.

to conceal their knowledge of medicine, their lack of rational education, and their belief in miraculous powers. However, in spite of all these difficulties, attempts have been made to form a continuous history of the folk medicine system on the basis of some scattered information.

The discovery of the Indus Valley Civilization reveals that there was an advanced civilization in this country before the arrival of the Aryans in India. Inhabitants of the Indus Valley civilization used *neem* leaves, rocks, deer and rhino horns, and various other metals as medicine to cure the diseases.<sup>8</sup> A major part of the folk medicinal system is *Jhar Fuk* (in Asuri and *totka* in Bengali) and or folk treatment. Some of the medicinal products that the Asurs use are not included in the list of Ayurvedic medicines. However, folk medicine has been found to use some herbal remedies and have some benefits in the Asur community.

The social history of medicine reflects the complicity of social interaction between folk and western medicine. They are exploring a variety of engagement and interventions in the patronage and professionalisation of modern and folk medicine among the Asurs. Their attitude and response toward the use of folk medicines are one of the important aspects which have been dealt with concerning a substantial folk medicinal belief. The nationalist historian R. C. Majumdar argued that the Indian medicines were outweighed due to the greater importance attached to western medicine introduced in this country during the British rule.<sup>9</sup> Historical development is closely associated with its natural environment. This natural environment helps to grow human habitation to maintain their healthy life through herbs. Nagrakata block of Jalpaiguri is no exception. So, it is

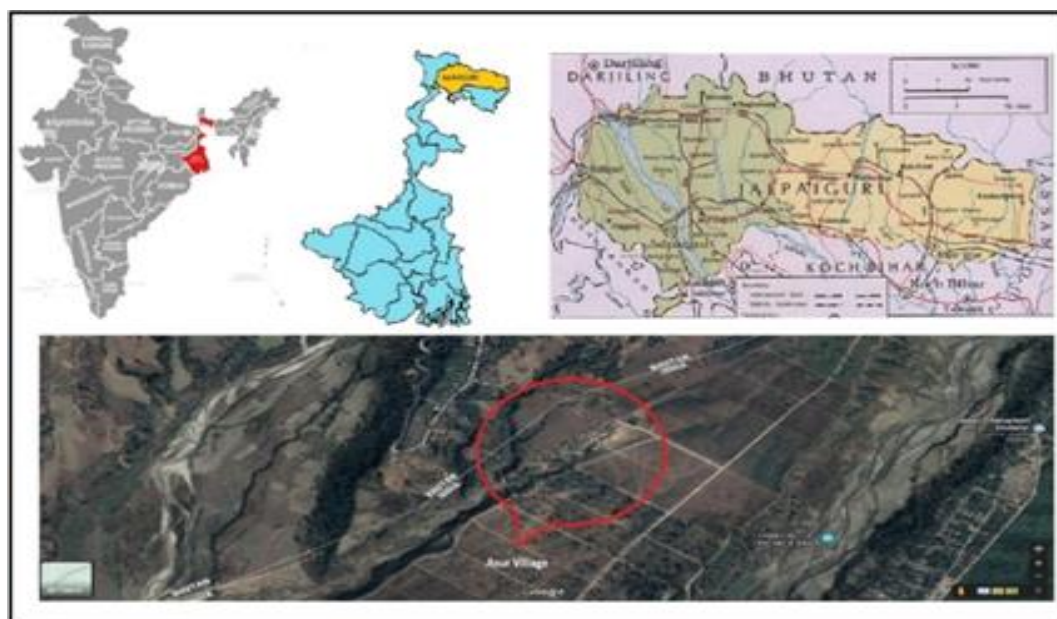
---

<sup>8</sup> Ibid. p. 18.

<sup>9</sup> Majumdar, R.C. (1971). *Medicine vide A Concise History of India* (1ed.). New Delhi: Indian National Science Academy. p. 257.



desirable to have an idea about the Jalpaiguri region to understand the folk medicinal practices of the Asurs. ‘Geographical location and socio-cultural format of the region for understanding the folk medicinal practices’ is essential.<sup>10</sup> The vast portion of the Jalpaiguri (including Alipurduar) is covered with deep forest and closely connected with Bhutan through the many doors. This jungle and forest with a large variety of wild animals are linked with the folk medicinal practices of the Asurs of this region. All these features have been placed in the Nagrakata block of Jalpaiguri district as a notable area of ethno-botanical study and showing the spotlight view of Asur village chronologically from the Indian map below.



**Fig.2.1:** Google Map’s view of the Asur village, picture taken on 07.04.2022

From the ancient period, man has been interested in controlling disease and gaining knowledge by which life span may be prolonged.<sup>11</sup> All cultures, irrespective of their simplicity and complexity, have a set of ideas for defining and treating disease, ways

<sup>10</sup> Barman, R. K. (2019). *Practice of Folk Medicine in Sub-Himalayan Bengal* (1ed.). New Delhi: Abhijeet Publication. p. 19.

<sup>11</sup>Dutta, R. (2014). *Concept of Health Disease and Treatment Among the Totos of Toto Para in Jalpaiguri District West Bengal*. (PhD thesis). University of North Bengal. Siliguri. p. 19.

of prescribing cures or easing pain and making statements about the probable outcome of the disease. This disease and illness are individual biological responses directed and shaped mostly by the cultural ideas learned at the course beginning of the civilization. Tribal society has created an adaptive strategy and own pharmacopoeia, be it magico-religious or scientific, to counteract the disease.<sup>12</sup>

## **2.2. Social Circumstances of the Asurs in Nagrakata Block of Jalpaiguri**

The folk medicinal practice of the Asurs in the Jalpaiguri has a brief idea about the social composition. Because this region has a societal format complex due to the admixture of different racial and cultural communities (40 tribal communities).<sup>13</sup> The Asur's culture and their physical stature highlight their concentration in this region since colonial rule (from the tea plantation). They belong to the scheduled tribe community and are mainly concerned about folk medicines; they have a special concentration in Nagrakata in the Jalpaiguri district. According to 'The Scheduled Castes and Scheduled Tribes order Amendment act,'<sup>14</sup> forty communities were enlisted as scheduled tribes in West Bengal, one of them being Asurs. The 1991 census reported that the total population of Jalpaiguri was 28,00,543, among them 5,89,225 were tribal peoples, and Asurs numbered 3108 respectively.<sup>15</sup> During the colonial rule, the British brought the Asurs to this region for tea plantation work. After the independence of India, this tribe started settling in the district of North Bengal like Cooch Behar, Darjeeling, and Jalpaiguri. However, their original motherland was Jharkhand and

---

<sup>12</sup> Ibid. p. 146.

<sup>13</sup> Deb, P. (2018). Tribal Habitat and the Characteristics of their Houses: A Case Study of Oraon, Munda and Santhal Tribes in Jalpaiguri District. *Indian Journal of Geography and Environment, Department of Geography*, 25-37. <http://vidyasagar.ac.in/journal>. Santiniketan. p. 25.

<sup>14</sup> Dutta, P. (2012). *Tribes of North Bengal: Cultural Society and Politics with Special Reference to West Bengal*. (1ed.). Kolkata: Progressive Publishers. p. 20.

<sup>15</sup> Nath, P. (2019). *Adibasi Asur Samaj O Sanskriti* (1ed.). Jalpaiguri: Ekhn Dooars. p. 11.

Bihar. Nevertheless, they continued to settle in this new land (Jalpaiguri) during British rule and after. This newly founded land of Asurs very much active in the Nagrakata block of Jalpaiguri district. Rup Kumar Barman illustrated that there are a few more immigrant tribal communities are Sub-Himalayan Bengal and Assam like Santhals, the *Oraons*, the *Mundas*, the *Malpaharias*, the *Mahali*, the *Lohar* etc.<sup>16</sup> This Lohar community is known as Asurs.

The Asurs have constituted the minor Scheduled Tribe community of the Jalpaiguri. The majority of them profess Christianity as their religion (they are converted to Christianity) and some are Hindus. However, Christianity is still flourishing in this region in a local tune, which will be discussed in the following chapters. Although the social and racial identity of the Asurs is faced with a plurality there is no confusion on the point that this community has maintained a close relationship with nature. This relationship is manifested through rituals, customs, traditions, and behaviour patterns unified by the common values and beliefs of the Asurs. Their artistic expressions and social traditions have developed a distinctive culture. The cultural characteristic of this community is closely attached to their primitive identity and the natural substance of their nearness. It has been already mentioned that the Asurs have transformed into Christianity through the process of missionaries' adaptation to the contemporary environment. However, they could not discard their primitive tribal culture. Rather, they have maintained primordial traditions in their own cultural lives. Cultural features, as well as the cultural synthesis of the Asurs, are again closely linked with nature and forest items. It is indicated that there is a close relationship between the Asurs and folk medicines.

---

<sup>16</sup> Barman, R. K. (2019). Op. Cit. p. 27

The Asur tribes were relatively isolated and autonomous groups during colonial rule. 'It has been noted all over the world that the tribal people devote a lot of their time, energy, and material resources to worshipping, and appeasing spirits, ghosts, deities, God, and goddesses.'<sup>17</sup> In tribal societies, health is not an isolated phenomenon but part of the magico-religious fabric of existence and the social, ethical and cosmic equilibrium. Among the tribes, health, disease, and medicine are inextricably linked to the area of social relationships and the magico-religious world.<sup>18</sup> Physical diseases, psychic disorders, and even death are mostly thought of as the result of personal hatred. They have been affected through the intervention of spirits, ghosts, gods, or other forces belonging to collective belief.<sup>19</sup> Nevertheless, the system of cure is not only based on magico- religious means but also on plant and animal products. Tribal people have developed pharmacopoeia and some rudimentary knowledge of medical techniques, i.e., magico-religious and herbal medicines are used to cure the sick either together or separately. Along with all these belief patterns, the socio-cultural practices of tribes put some sort of implications on the concept of health and hygiene. Sometimes it also acts as preventive medicine.<sup>20</sup>

### **2.3. Regional and Historical Environment**

Sub-Himalayan Bengal especially the Western Dooars region (Jalpaiguri) is most popular since the colonial period. This region foothill is covered with jungles and sated with wild animals and trees and the area belongs under 6,522sq. Km including

---

<sup>17</sup>Pahari, S. (2011). Op. Cit. p. 17.

<sup>18</sup> Das Gupta, R. (1993). *Economic, Society and Politics in Bengal: Jalpaiguri 1865 to 1947* (1ed.). New Delhi: Oxford University Press. pp. 39-40.

<sup>19</sup> Ghosh, B. C. (1970). *The Development of Tea Industry in the District of Jalpaiguri 1869-1968* (1ed.). Siliguri: National Library Publication. p. 11.

<sup>20</sup> Dutta, R. (2014). Op. Cit. p. 145.

Alipurduar with fascinating natural beauty.<sup>21</sup> However, in the colonial days' certain common diseases of the Jalpaiguri were also considered to be unhealthy for the Asurs. The British planters used to think twice before coming to join in this area.<sup>22</sup> The habited area of the Asurs has experienced both serious and common diseases caused by its geographical and biological features. According to the administrative district gazetteer of John. F. Gruning recorded that: '...the chief diseases that prevail in the Jalpaiguri are Malaria, Blackwater fever, Cholera, Jaundice, Goitre, and Venereal diseases.'<sup>23</sup> Western Dooars (1865) as well as 'Jalpaiguri (1869)'<sup>24</sup> has historical significance from the colonial rule in the northern part of West Bengal. This region is one of the unique districts from a socio-anthropological perspective. It has the highest scheduled tribe population in the state, and in terms of the diversity of tribes, this place is also enriched. All the forty tribal communities which are found at the state level exist in this region.<sup>25</sup>

**Table. 2.1: List of the Scheduled Tribes of West Bengal**

| SL.NO | NAME OF THE SCHEDULED TRIBE                          | SL.NO | NAME OF THE SCHEDULED TRIBE |
|-------|--|-------|-----------------------------|
| 1.    | ASUR   | 21.   | KORWA                       |
| 2.    | BAIGA  | 22.   | LEPCHA                      |
| 3.    | BEDIA, BEDIYA  | 23.   | LODHA, KHERIA, KHARIA       |
| 4.    | BHUMIJ   | 24.   | LOHARA, LOHRA               |
| 5.    | BHUTIA, SHERPA, TOTO, DUKPA, KAGATAY, TIBETAN, YOLMO | 25.   | MAGH                        |
| 6.    | BIRHOR   | 26.   | MAHALI                      |

<sup>21</sup>Source [www.google.com](http://www.google.com). Accessed on the area of the Jalpaiguri District. 19.03.2022.

<sup>22</sup>Ghosh, B. C. (1970). Op. Cit. p. 16.

<sup>23</sup>Gruning, J. F. (1911). *Jalpaiguri District Gazetteer*. Allahabad: Pioneer Press. p. 23.

<sup>24</sup> Ray, S. (2013). *Transformations on the Bengal Frontier: Jalpaiguri 1765-1948* (1ed.). New York: Routledge. p. 1.

<sup>25</sup> Deb, P. (2018). Op. Cit. p. 1.

|     |             |     |                |
|-----|-------------|-----|----------------|
| 7.  | BIRJIA      | 27. | MAHLI          |
| 8.  | CHAKMA      | 28. | MAL PAHARIYA   |
| 9.  | CHERO       | 29. | MECH           |
| 10. | CHIK BARAIK | 30. | MRU            |
| 11. | GARO        | 31. | MUNDA          |
| 12. | GOND        | 32. | NAGESIA        |
| 13. | GORAIT      | 33. | ORAON          |
| 14. | HAJANG      | 34. | PAHARIYA       |
| 15. | HO          | 35. | RABHA          |
| 16. | KARMALI     | 36. | SANTAL         |
| 17. | KHARWAR     | 37. | SAURIA PAHARIA |
| 18. | KHOND       | 38. | SAVAR          |
| 19. | KISAN       | 39. | LIMBU          |
| 20. | KORA        | 40. | TAMANG         |

**Source:** Tribal Development Department, URL <http://adibasikalyan.gov.in/html/st-list.php>. Accessed on:27.04.2022.

The British ethnographer and colonial administrator, a member of the Indian civil service who conducted extensive studies on the tribes and castes of the Bengal Presidency, Sir Herbert Hope Risley, had also recorded a similar description in 1892 about the diseases of the Asurs. According to him: ‘chain practice adult as well as infant marriage, but the latter is considered more respectable. Polygamy is permitted if the first wife is barren or suffers from an incurable disease or any serious bodily defect. The demons of Cholera, fever and other diseases are propitiated in a riverbed or in the thick jungle, where spirits delight to dwell, with offerings of goats, fowls, ducks, pigeons, and

flowers. The regular priests have nothing to do with this ritual, which has been condemned as unorthodox'.<sup>26</sup>

The history of diseases did not change its character in the early twentieth century of Jalpaiguri. The tribes of the Jalpaiguri used to suffer from common diseases. In the mid-nineteenth century, during the travel of Mr J. D. Hooker through this area in 1854, Jalpaiguri was very much prone to malaria fever because of its climate and weather.<sup>27</sup> William Wilson Hunter has also vividly illustrated the general health condition and common diseases of Jalpaiguri. He mentioned that 'the principal endemic diseases of the district of Jalpaiguri are Malaria's fever, both remittent and intermittent, with all their complications and squal. These fevers are attributed to malaria generated by the decomposition of the rank vegetation, which abounds throughout the Jalpaiguri and also liver ailment, anaemia, and anasarca malaria are common throughout the district.'<sup>28</sup> According to the Settlement Officer of Jalpaiguri, J. A. Milligan has described that 'till about ten years ago, the intensely malarial climate of the Western Duars was accepted with resignation by the inhabitants, European and Indian alike as an inevitable part of their environment'.<sup>29</sup> The Malaria Commission of the Royal Society visited Jalpaiguri in 1901 to understand the severity of malaria. The commission found that the malaria indemnity of Duars was extraordinarily high and that black water fever was common in the locality.<sup>30</sup>

---

<sup>26</sup>Risley, H. H. (1892). *The Tribes and Castes of Bengal*. (1ed.). Kolkata: The Bengal Secretary Press. p. 279.

<sup>27</sup>West Bengal District Gazetteers: Jalpaiguri (1981). Calcutta: West Bengal. p. 270.

<sup>28</sup> Hunter, W.W. (1876). *A Statistical Account of Bengal*. (1ed.). Districts of Darjeeling and Jalpaiguri, & State of Koch Behar. London: Trubner. p. 321.

<sup>29</sup> Milligan, J. A. (1919). *Final Report on the Survey and Settlement Operations in Jalpaiguri 1906-1916*. Kolkata: Bengal Secretariat Press. p. 24.

<sup>30</sup>Gruning, J. F. (1911). Op. Cit. p. 47.

Most of the immigrant tribes of the tea garden think that disease and death are caused by supernatural powers. Once in a way, their trust appears as a common feature of their belief system.<sup>31</sup> All these characteristics have a considerable impact on the outlook of the immigrant tribe towards diseases and illness. These outlooks equally exist in the views of the Asurs toward the diseases. Before analysing the folk medicinal practices of the Asur, the attitude of the Asurs towards the diseases shall be discussed.

This community has developed its folk medicinal practices along with the specific nature of the diseases prevailing in its locality. Here, are some of the identified specific attitudes, viz. treating and healing injuries and illnesses through folk medicines, curing the ailment by religious belief and isolation of the patients who suffer from incurable diseases.

In the early nineteenth century, Buchanan Hamilton recorded that ‘bites of snakes are cured in the name of *Bishahari*, and smallpox in *Sitala*’.<sup>32</sup> Belief in supernatural beings and propitiation of the demi-gods for healing actually was the outcome of the non-availability of modern medical facilities like hospitals, doctors, and dispensaries. After the Jalpaiguri (1869) formation, the district had only one hospital in Jalpaiguri town that could receive only 32.86 patients a day of health as well as in the prevention, diagnoses, improvement or treatment of physical and mental illness’.<sup>33</sup> Folk medicine is often called alternative, indigenous and complementary medicine. These terms are often comparable. However, only traditional and indigenous medicine can be accepted as folk medicine.

---

<sup>31</sup>Paul, D. C. & Jain, S. K. (1998). *Tribal Medicine*. (1ed.). Kolkata: Naya Prakash. p. 11.

<sup>32</sup>Barman, R. K. (2019). Op. Cit. pp. 54-55.

<sup>33</sup>Kushari, A. M. (1981). *West Bengal District Gazetteer: Jalpaiguri*. Government of West Bengal. Kolkata: Honorary State Editor. p. 273.



## 2.4. Folk Medicines of the Asurs

The practice of folk medicine is a universal phenomenon. It is known as ‘traditional medicine’, and is extensively used as a health-seeking attitude, particularly where the mainstay health care is unavailable. It is often underestimated as a part of health care. However, the proven quality, safety, and efficacy of folk medicines have drawn much attention. Consequent to the World Health Organization, ‘traditional medicine is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures whether explicable or not, used in the maintenance’.<sup>34</sup> In historical aspects, “...the folk medicine incorporates healing practices and ideas on health care which are confined to a particular group in a cultural and are usually transmitted orally”.<sup>35</sup> The folk medicinal practices of a particular community are basically confined within the close circle of that community. This folk medicine has prevailed in almost all countries since the beginning of human settlement. Most primitive communities, with their day-to-day experience and interactions with nature, gradually developed the technique and methods for healing with the available plants, animals, and other natural substances.<sup>36</sup> The ancient civilization of India, China, Greece, the Arabian world, Egypt and South East Asia, and many other countries had developed traditional folk medicinal practices. These of course led to the growth of classical medicines like Ayurveda, Unani, Siddha, Naturopathy, Yoga, and Chinses classical medicine. In India Ayurveda, Siddha, Unani and Tibetan medicines are more advanced with codified and institutionalized forms. At one time, little-known and un-institutional folk medicinal practices continued to survive among the tribal communities, with no exception of the Asur community. The folk medicines are based

---

<sup>34</sup>World Health Organization. (2013). *Traditional Medicines Strategy: 2014-2023*. Hong Kong. p. 15.

<sup>35</sup> Barman, R. K. (2019). Op. Cit. p. 62.

<sup>36</sup> Ibid.

on oral tradition or belief system, magic, cosmological speculation, etc. These are generally called ‘folk medicine’, tribal medicine, indigenous medicine, or ethnomedicine.<sup>37</sup>



**Fig.2.2:** Asur men showing their ethnomedicine, picture taken on 07.02.2022.

Folk medicine is quite different from institutionalized classical medicine. The main features of folk medicine are- Firstly, it is oral and transmitted through the oral traditions. Secondly, it is based on locally available fauna, flora, and minerals, Thirdly, it encompasses important areas of healthcare like mother and childcare, treatment of common illnesses through nutrition and home remedies. It also deals with broken bones, poisonous bites from snakes and other animals, veterinary care, and treatment. Nature-specific community culture is related to healthcare and practices magical-religious forms of healing.<sup>38</sup> Examining all the features mentioned earlier of folk medicines, this

---

<sup>37</sup> Ibid. p. 62.

<sup>38</sup> Ibid. p. 63.

work will analyse the folk medicinal practices of the Asur tribe. The folk medicine of the Asurs society addresses both the supernatural and empirical theories of the diseases. There are many systems of medicines like herbal, home remedies, and use of the indigenous mediums through the women's participation in the parturition in the women's delivery time and many folk mediums also used by the village *Kabiraj Pahan (Ojhas)*.

**Table-2.2: List of the Ethnomedicinal Plants of Asurs in Nagrakata Block**

| SL No | Name of the Medicines Plants (Asurs) and local name.   | Scientific Name of the Medicines | Diseases or Ailment    | Composition of Medicines | Dose of the Diseases  |
|-------|--|----------------------------------|------------------------|--------------------------|---|
| 1.    | <i>Ambarsingh</i><br>(Toto)<br><br><i>Ghato</i> (Asur)<br><br><i>Bhant/Bhati</i><br>(Local name) | Clerodendrum viscosum            | Malaria and High Fever | Twig and flower          | Leaf and flower paste are to be drunk in prescribing the dose.                              |
| 2.    | <i>Arjun</i>   | Terminalia Arjuna                | Heart Problem          | Bark of the plant        | The bark is crushed to extract the juice, which is given to the patient every morning on an |

|    |                                      |                       |                                |                       |  |
|----|--------------------------------------|-----------------------|--------------------------------|-----------------------|--|
|    |                                      |                       |                                |                       | empty stomach.<br>The patient has to carry out the treatment for a long time.  |
| 3. | <i>Ahmiche, Bhaji Sak</i> (Asur)     | Amaranthus<br>Viridis | Scorpion bite                  | The stem of the plant | The <i>Bhaji Sak</i> plant is used as a remedy for scorpion bites. The stem is ground to make a paste which is applied to the affected area. |
| 4. | <i>Madhu Jangal</i> (Asur)           | Blainvela<br>Acmella  | Tooth cavity and wriggled skin | Root and leaf         | The root Extract the juice from the root and leaves of the <i>Madhu Jangal</i> is prescribed for curing the cavity.                          |
| 5. | <i>Bank shak or Rote Shak</i> (Asur) | Centella<br>Asiatica  | Gas and immunity problem.      | Leaves                | Five to six pieces of leaves of the <i>Bank Shak</i> chew on an empty  |

|    |   |                      |                         |       |   |
|----|---|----------------------|-------------------------|-------|---|
|    |   |                      |                         |       | stomach to release the gas. It can also be taken by crushing the leaves and drinking the extract by diluting it with normal water every day.              |
| 6. | <i>Bael or Karan fruit</i>              | Aegle<br>Marmelos    | Dysentery and immunity  | Fruit | Powder of the <i>bael</i> fruit is very effective for dysentery and immunity problem, and it is to be taken every morning with water on an empty stomach. |
| 7. | <i>Basak Patai, Baksha Patai (Asur)</i> | Justicia<br>Adhatoda | Cough, Asthma, and Flux | Leaf  | A decoction is prepared of <i>Baksha</i> leaves by boiling them in water. Add a   |

|     |  |                      |                              |                           |  |
|-----|--|----------------------|------------------------------|---------------------------|--|
|     |  |                      |                              |                           | spoon of honey and drink this concoction daily to prevent respiratory infections   |
| 8.  | <i>Bhasma Patai</i><br>(Asurs)           |                      | Gas, head pain, stomach ache | Leaves                    | Drinking the extracted juice of the <i>Bhasma</i> leaves with the normal water for five days releases gas, headache, and stomach ache. |
| 9.  | <i>Bhusri Patai</i><br>(Asur)            | Agerstum conizoides  | Wound                        | Leaves                    | Crushed leaves and the juice of the <i>Bhusri</i> plant are applied to the bleeding portion  |
| 10. | <i>Butasingh, kaamala tree</i><br>(Asur) | Mallotus philipensis | Dysentery                    | Stem and bark of the tree | Extract of the <i>Butasingh</i> or <i>Kaamala tree's</i> stem is prepared.   |

|     |  |                       |   |               |   |
|-----|--|-----------------------|---|---------------|---|
|     |  |                       |   |               | The extract must be taken without any impurities twice daily.   |
| 11. | <i>Chirata,</i><br><br><i>Bhua neem</i><br>(Asur)      | Swertia               | Jaundice  | Leaf and stem | The ground root of <i>Bhua Neem</i> is mixed with little water. The patient must take this thrice daily for seven days during Jaundice.   |
| 12. | <i>Dhungchu,</i><br><br><i>Shurkin Patai</i><br>(Asur) | Artemisia<br>vulgaris | Skin diseases<br>and mosquito<br>repellent<br><br>Malaria | Leaf          | <i>Dhungchu</i> leaf is used in curing skin diseases. The powder of the <i>Dhungchu</i> leaf is applied to the affected area of the skin.<br><br>Alternatively, the boiled water of <i>Dhungchu</i> leaf is |

|     |  |                      |                            |            |   |
|-----|--|----------------------|----------------------------|------------|---|
|     |  |                      |                            |            | <p>applied to the skin disease-affected area.</p> <p>According to traditional healers, both techniques are equally effective in curing skin problems.</p> |
| 13. | <i>Dhutora Gachh</i>                         | Datura<br>Stramonium | Skin disease,<br>Dysentery | Fruits     | <p>Fruits of the <i>Dhutora</i> tree are cut in the middle and these are applied to the skin problem area.</p>  |
| 14. | <i>Durba,</i><br><i>Dubla Ghas</i><br>(Asur) | Cynodon<br>Dactylon  | Check to<br>bleed          | Young twig | <p>The crushed leaves and the juice of <i>Dubla</i> plant were applied to the bleeding portion</p>  |



|     |  |                      |   |                             |   |
|-----|--|----------------------|---|-----------------------------|---|
| 15. | <i>Ebony/Makha</i>                             | Diospyros<br>Montana | Gastro-<br>entities and<br>stomach ache               | Leaf, fruit and<br>seed     | The <i>Ebony/Makha</i> plant leaves and fruits are used as medicines for curing gastro-entities. Fruits and leaves are pasted together and cooked. According to the traditional belief, consuming prepared/cooked food strengthens the digestive power of the body. |
| 16. | <i>Eyanasim,</i><br><i>Hadra Far</i><br>(Asur) | Xanthophyllu<br>m    | The urinary<br>problem,<br>Dysentery and<br>fracture. | Bark and leaf<br>and Fruits | The bark and the leaves are crushed and paste is prepared this is used according to   |

|     |   |                         |                       |                        |   |
|-----|---|-------------------------|-----------------------|------------------------|---|
|     |   |                         |                       |                        | the problem faced by the patients.  |
| 17. | <i>Fauching/Ada,</i><br><i>Adi (Asur)</i> | Zingiber<br>Officinalea | Paralysis and<br>flux | Adi and<br>mustard oil | To treat the paralysis patient, a mixture of <i>Adi</i> is prepared at first. Then it is mixed with the kerosene and mustard oil. It is advised to massage on the effective area with this paste regularly. <i>Adi</i> is also taken during flux by drinking boiled tonic, which releases the congestion. |
| 18. | <i>Futkal</i> tree<br>(Asur)              | Not known               | Dysentery             | Young leaves           | Extraction of the <i>Futkal</i> tree's tender leaves is to be taken for five days early in the  |

|     |  |                    |  |                             |   |
|-----|--|--------------------|--|-----------------------------|---|
|     |  |                    |  |                             | morning to cure dysentery.  |
| 19. | <i>Gambhair Gachh</i><br>(Asur)            | Gmelina<br>Arborea | Pneumonia  | The bark of the mature tree | The bark of the <i>Gambhair</i> is recommended to take by the patient suffering from Pneumonia for four to five days.   |
| 20. | <i>Ghiu Kumari</i><br>(Asurs), Alvera tree | Aloe Vera          | Skin Disease, Hair fall, skin burning, and Gastric | Leaves                      | Extracted jelly of the <i>Ghiu Kumari</i> is applied to the skin-burned portion. This jelly is also used on the hair and scalp. They drink the juice with honey to remove the hair fall and gastric problems. |

|     |                                  |                           |                              |                      |   |
|-----|----------------------------------|---------------------------|------------------------------|----------------------|---|
| 21. | <i>Hati Panjra gachh</i> (Asurs) | Not found                 | Jaundice                     | The bark of the Tree | The <i>Hati Panjra</i> tree's bark is taken and ground, and its paste is consumed with the water for seven to nine days to cure Jaundice.             |
| 22. | <i>Lali ful or Jau Ful</i>       | Hibiscus<br>Rosa-Sinensis | Dysentery                    | Flowers              | Extract the <i>Jau ful</i> it to be taken with little water once a day for three days.  |
| 23. | <i>Matar Patai</i>               | Not found                 | Head pain, cold, and malaria | Leaves               | Extract the juice of <i>Matar Patai</i> to drink with little water that cures malaria and cold. The paste of the <i>Matar patai</i> is applied to the |

|     |   |                               |                            |                                   |   |
|-----|---|-------------------------------|----------------------------|-----------------------------------|---|
|     |   |                               |                            |                                   | forehead which cures headache   |
| 24. | <i>Kasai or Chua,</i><br><i>Tita Patai</i> (Asur)                       | Phlogacanthu<br>sThyrsiflorus | Malaria and<br>high fever  | Twig and<br>flower                | Both the parts are ground and the paste is given to the patient suffering from Malaria and high fever for three to four days.   |
| 25. | <i>Koremba/Titani/</i><br><i>Ghuranim</i><br><i>Tunigachh</i><br>(Asur) | Toona ciliate                 | Skin diseases<br>and wound | The bark of<br>the mature<br>tree | The bark of the toona ciliate is crushed and pasted on the skin.  |
| 26. | <i>Lahari,</i><br><i>Rahir Patai</i><br>(Asur)                          | Cajanus Cajan                 | Jaundice                   | Leaf                              | The <i>Lahari</i> leaf extract is found useful in treating jaundice. The patient is advised to take one glass of leaf extract daily once on an empty stomach, and the patient |

|     |   |              |                       |                 |   |
|-----|---|--------------|-----------------------|-----------------|---|
|     |   |              |                       |                 | should take this for twenty days.   |
| 27. | <i>Lutodabai,</i><br><i>Chakor</i> (Asur)       | Cassia Alata | Skin disease          | Leaf and fruits | <i>Lutodabai/Chakor</i> leaves and fruits are used to cure skin disease- both leaf and fruits of this plant paste are applied to the affected area.   |
| 28. | <i>Losing,</i><br><i>Simmal Gachh</i><br>(Asur) | Bombax ceiba | Fracture and Jaundice | Leaf and Bark   | Traditional medicine cures the fracture. If the fracture is old, the egg is applied to the fractured area to makes soften the fractured bone. And <i>Losing/Simmal</i> leaf paste takes up to twelve to thirteen days to cure the disease |

|     |  |                       |   |                      |  |
|-----|--|-----------------------|---|----------------------|--|
| 29. | <i>Munga Gachh</i><br>(Asurs),<br><i>Sahjna</i> tree | Moringa<br>Oleifera   | High<br>Pressure,<br>blood sugar,<br>cholesterol<br>and | Leaves and<br>Fruits | The leaves and<br>fruits are to be<br>taken twice a<br>week, which<br>reduces blood<br>pressure, sugar<br>and cholesterol.   |
| 30. | <i>Nagbail</i> ,<br><i>Koinar</i> (Asur)             | Bauhinia<br>scandens  | Psychological<br>disorder                               | Root                 | Extract of<br><i>Nagbail's</i> root is<br>used for<br>psychological<br>disorders. People<br>having a psychic<br>problem are<br>prescribed to take<br>the extract of<br><i>Nagbail</i> root. The<br>patient would get<br>relaxed and sleep. |
| 31. | <i>Neem Patai</i><br>(Asur)                          | Azadirachta<br>Indica | Fever and<br>Malaria                                    | Leaf                 | <i>Neem</i> leaves are<br>boiled and the<br>water is given to<br>the patient twice<br>or thrice a day.   |

|     |   |                           |                       |  |  |
|-----|---|---------------------------|-----------------------|--|--|
| 32. | <i>Oatang,</i><br><br><i>Huka Gachh</i><br><br>(Asur) | Ficus<br><br>glomerate    | Mumps                 | Leaf, stem                               | <i>Huka Gachh</i> is very useful in curing mumps. First of all, a hole is made in the tree trunk. Through the pore, plant juice comes out which is applied to the affected area. |
| 33. | <i>Pipla</i>  | Piper<br><br>sylvestium   | Cough and<br><br>cold | Leaf and root<br><br>of a young<br>plant | <i>Pipla</i> leaf, black pepper, and honey are mixed together. The patient has to take the mixture every day three to four times.  |
| 34. | <i>Sadhimodi,</i><br><br><i>Jair</i> (Asur)           | Emilia<br><br>sonchifolia | Diarrhoea             | root                                     | The root extract of <i>Sadhimodi</i> is prescribed twice or thrice daily up to cure completely.  |



|     |  |                              |                                     |                      |  |
|-----|--|------------------------------|-------------------------------------|----------------------|--|
| 35. | <i>Sefali</i> (Asurs)                                | Nyctanthes<br>Arbor-tristics | Cough, cold,<br>and skin<br>disease | Flower and<br>Leaves | Extract the flower<br>juice and mixed<br>with honey; it is<br>advised to take it<br>early in the<br>morning for five<br>to six.<br><br>Extract juice of<br>the <i>Sefali</i> leaves<br>applied to the<br>skin's affected<br>area for six days. |
| 36. | <i>Shit patai</i>                                    |                              | Cough and<br>cold                   | Leaves               | The leaves of the<br><i>Shit Patai</i> are<br>burned and<br>extracted the<br>juice, and then the<br>patients need to<br>drink this early in<br>the morning for<br>five to six days.  |
| 37. | <i>Taiting</i> (Toto).<br><br><i>Oul Gach</i> (Asur) | Mangifera<br><br>indica      | Stye                                | Leaf and Bark        | On the stye,<br>which sometimes  |

|     |  |                   |                                 |                   |   |
|-----|--|-------------------|---------------------------------|-------------------|---|
|     |  |                   |                                 |                   | sometimes comes out on eyelids, one drop of <i>Oul Gach's</i> leaf extract if applied, the stye will disappear within six to seven days.                                |
| 38. | <i>Tenke/Jharu/ BirniJharu</i><br>(Asur) | Sida rhomboidei   | Boils                           | Leaf              | The Asurs use the powder of <i>Jharu</i> leaves to treat the boils.<br><br>When applied, the boils dried off. This medicine also removed the pain in the affected area. |
| 39. | <i>Titer or Imli tree</i>                | Tamarindus Indica | Stomach poison and intoxication | Leaves and fruits | If the patient accidentally consumes poison, then this plant's leaves or fruit is   |

|  |  |  |  |  |   |
|--|--|--|--|--|---|
|  |  |  |  |  | <p>given to eat along with salt water. It will be seen that the poison will be released through vomiting.</p> <p>If anyone is heavily drunk, the fruit effectively removed intoxication within two hours.</p> |
|--|--|--|--|--|---|

**Sources: Compilation by the Researcher<sup>39</sup>**

---

<sup>39</sup> Information gathered through interview, Interviewed Rati Asur, 62, M., karma Asur, 38, M., Nanhun Asur, 52, M., Mangri Asur, 56. F., Jhario Asur, 53, F., & Suni Asur, 71, F. Carri Line, Matu Line and Factory line from November 2021 to April 2022.

- ***Baksha Patai***: *Baksha Patai* is scientifically known as *Justicia Adhatoda*. This leaf is the most useful to cure Cough, Asthma, and Flux. In the preparation of the medicine, Asur are extract the juice from the *Baksha Patai* and this extract is mixed with the honey and taken it early in the morning for one week.<sup>40</sup>



**Fig.2.3:** *Baksha Patai* collected from the Asur village, picture taken on 19.04.2022.

- ***Gurasful (flower)***: This is believed to be a magical flower by the Asurs. While eating fish if the bone of the fish gets stuck in the throat of the people, then it is believed by invoking the name of this flower the bone gets vanished automatically from the throat. The tribe believe this to be a miracle flower. However, this flower or tree is not available in this region (Nagrakata) at present, but they have some faint ideas regarding the medicinal property of this flower even today.<sup>41</sup>
- ***Lali Ful/Jau Ful***: This is one type of red flower like a big red chilli, scientifically called this *Hibiscus Rosa-Sinensis*. They use this during dysentery. When

<sup>40</sup> Interviewed Budhna Asur, 55 Years, M, Carri Line, 07.01.2022.

<sup>41</sup> Interviewed Sukna Asur, 70 years, M, Carri Lane, 07.01.2022.

they suffer from dysentery then they collect the flower and paste it. This paste is drunk with boiled water for three days. After three days they completely cure dysentery.<sup>42</sup>



**Fig. 2.4** Ethnomedicines of the Asurs, picture taken on 20.04.2022.<sup>43</sup>

- ***Hati Panjra (Dadak Duwa)***: Bark of the *Hati Panjra* tree is a very useful, and important herbal medicinal plant of the Asur community. This bark is used after the delivery of the baby, which prescribe by *Dai Maa* and is briefly discussed in the fourth chapter. Extract and paste this bark drink with boiled water which increases the blood level of the mother's body.<sup>44 45 46 47</sup>

---

<sup>42</sup> Interviewed Sukna Asur, 70 years, M, Carri Line, 07.01.2022.

<sup>43</sup> Interviewed Budhna Asur, 55 Years, M, & Sukhna Asur, 70 years, M, 07.01.2022.

<sup>44</sup> Interviewed Bimla Asur, 55 years, F, Carri Line, 21.04.2022.

<sup>45</sup> Interviewed Mangri Asur, 65 years, F, Carri Line, 21.04.2022.

<sup>46</sup> Interviewed Jhalo Asur, 66 years, F, Carri Line, 21.04.2022.

<sup>47</sup> Interviewed Rigri Asur, 70 years, F, Carri Line, 21.04.2022.

**Table-2.3: List of the Diseases among the Asurs**

| SL.No | Name of the Disease | Composition of the Medicine   | Dose for the Patient  |
|-------|---------------------|---|---|
| 1.    | Acidity             | <ul style="list-style-type: none"> <li>• Lime of water (Calcium carbonate)</li> <li>• Lemon Water with rock salt</li> </ul> | <ul style="list-style-type: none"> <li>• Patients need to drink this lime water in the morning on an empty stomach as prescribed.</li> <li>• Patients need to drink this lemon water with rock salt in the morning on an empty stomach as the prescribed dose early in the morning</li> </ul> |
| 2.    | Anaemia             | <ul style="list-style-type: none"> <li>• <i>Kulekhara</i> juice</li> </ul>  | <ul style="list-style-type: none"> <li>• To drink early in the morning for continues five days.</li> </ul>  |
| 3.    | Arthritis           | <ul style="list-style-type: none"> <li>• Leaf of the <i>Baksha patai</i></li> </ul>   | <ul style="list-style-type: none"> <li>• The patient needs to take the item with boiling water.</li> </ul>  |

|    |                         |  |  |
|----|-------------------------|--|--|
| 4. | Asthma                  | <ul style="list-style-type: none"> <li>• <i>Khudka, Toima, Puti, Tulsi Patai</i></li> <li>• Tobacco with sugar</li> </ul>                                | <ul style="list-style-type: none"> <li>• <i>Puti</i>, which produces by extract the juice of the <i>Tulsi patai</i> and mix with the collected <i>Puti</i> from the nearest forest and preserved it for one or two months. The Asthma patient is to be taken while getting the Asthma attack.</li> <li>• Tobacco is mixed with the sugar and gradually chewed for a few minutes in the prescribed dose.</li> </ul> |
| 5. | Black Fever and Malaria | <ul style="list-style-type: none"> <li>• Leaves of <i>Chatimor Shiuli</i> with honey</li> <li>• Young leaves and flowers of <i>Ambersing</i>.</li> </ul> | <ul style="list-style-type: none"> <li>• <i>Shiouli</i> and honey mixture is to be taken by the patient as prescribed.</li> <li>• The leaves is ground, and extracted juice of the <i>Ambersing</i></li> </ul>   |

|  |  |  |  |
|--|--|--|--|
|  |  | <ul style="list-style-type: none"> <li>• Twig and flowers of the <i>Kasai</i> plant.</li> <br/> <li>• <i>Baksha Patai</i>, Vat flower, leaf, and root</li> </ul> | <p>are to be taken by the patient thrice a day. The same dose continues for four to five days. It depends upon the patient's problems.</p> <ul style="list-style-type: none"> <li>• All the part of <i>Kasai</i> plant are the most useful in treating malaria and high fever. The <i>Kasai</i> flower is boiled in water and preserved in a glass after the water is cool down. According to the patient's condition problem, the dose is prescribed for at least nine to ten days.</li> <br/> <li>• If the patient is suffering from a high fever, they initially take the extract of the <i>Baksha Patai</i> for four to</li> </ul> |
|--|--|--|--|



|    |                |  |  |
|----|----------------|--|--|
|    |                |  | <p>five days. However, if the dose does not cure the patient, they will take the <i>Kashai</i> leaf. This treatment will continue for up to ten days. If the patient is not cure, root and flowers extract of <i>Ghato</i> is finally applied. The patient must take half a glass of juice for five to six days.</p> |
| 6. | Burn Injury    | <ul style="list-style-type: none"> <li>• Potato</li> </ul>                                 | <ul style="list-style-type: none"> <li>• Potato paste is applied to the burning area of the body.</li> </ul>   |
| 7. | Cough and Cold | <ul style="list-style-type: none"> <li>• Leaf and root of the <i>Pipla</i> tree</li> </ul> | <ul style="list-style-type: none"> <li>• Leaf of the <i>Pipla</i>, honey and black paper are mixed and the patient takes the mixture every morning and night. <i>Pipla</i> root is also prescribed for curing tonsils.</li> </ul>  |

|     |          |  |  |
|-----|----------|--|--|
| 8.  | Diarrhea | <ul style="list-style-type: none"> <li>• Root of <i>Sadhimodi</i></li> </ul>               | <ul style="list-style-type: none"> <li>• The root extract of <i>Sadhimodi (Pancha)</i> is prescribed to the patient who has to take medicine on an empty stomach in the early morning. A maximum of four doses are required for the complete cure of the patient.</li> </ul> |
| 9.  | Dandruff | <ul style="list-style-type: none"> <li>• Stem and Bark of the <i>Buddi</i> tree</li> </ul> | <ul style="list-style-type: none"> <li>• <i>Buddhi</i> is very much helpful in treating dandruff. First of all, the stem of the plant is crushed with stone; water is mixed in it, producing foam. The foamy solution is used as soap to wash dandruff.</li> </ul>           |
| 10. | Diabetes | <ul style="list-style-type: none"> <li>• Stem of the <i>Gurja</i></li> </ul>               | <ul style="list-style-type: none"> <li>• Stem of the <i>Gurja</i> is soaked</li> </ul>   |

|     |           |  |   |
|-----|-----------|--|---|
|     |           |  | overnight in a glass of water. The next morning, the patient has to take the formed precipitate. The patient has to take the medicine once a week and the treatment continues for five months and to belong period on the condition of the problem. |
| 11. | Dropsy    | <ul style="list-style-type: none"> <li>• <i>Shijou/Fanimanasha</i></li> </ul>                              | <ul style="list-style-type: none"> <li>• Ash of burn leaves with salt to be consumed.</li> </ul>  |
| 12. | Dysentery | <ul style="list-style-type: none"> <li>• The bark and Stem of the mature <i>Butasingh</i> tree.</li> </ul> | <ul style="list-style-type: none"> <li>• Extract of the <i>Butasingh</i> stem is prepared. The extract must be taken without any impurities twice daily.</li> </ul>   |
| 13. | Fracture  | <ul style="list-style-type: none"> <li>• <i>Karemba, Losing, Simbole, Totla, Amra, Egg,</i></li> </ul>     | <ul style="list-style-type: none"> <li>• Traditional medicine can cure</li> </ul>   |

|  |  |   |  |
|--|--|---|--|
|  |  | <p>Bamboo, <i>Dubo</i>, <i>Harjor</i>, <i>Kawal</i>, <i>Akti</i>.</p> <ul style="list-style-type: none"> <li>• Turmeric, Garlic and ginger paste, resin, <i>Pathar kuchi</i> leaves etc.</li> </ul> | <p>fractures. If the fracture is old, the egg is applied to the fractured area to soften the fractured bone. A paste is applied by mixing <i>Dubo</i> leaf, two kinds of <i>Harjor</i>, the bark of the <i>kawal</i>, the bark of the <i>Atkin</i>, bark of the <i>totla</i>, the bark of the <i>Karemba</i>, <i>Losing</i> leaf, root extract of <i>Losing</i>, Young leaf of the <i>Amra</i>, the root of the <i>bhui-champa</i>. The fractured bone is settled properly and the prepared sticky paste is applied to the fracture area. With the help of the bamboo frame plaster is done. The regular dressing is required for quick and proper recovery. The</p> |
|--|--|---|--|

|  |  |  |  |
|--|--|--|--|
|  |  |  | <p>patient has to carry the plaster for up to twenty-five days. During this period patient is strictly advised to take only vegetarian food. After removing the plaster, the patient sometimes experiences a little pain. In that case, another solution is applied to the affected area. The solution is prepared from the bird hornbill. The flesh and bone of the hornbill are boiled together until the flesh and bone are totally dissolved. After cooling solution is kept in a glass container. The solution is applied to the affected area regularly until the patient gets relief from the pain.</p> |
|--|--|--|--|

|     |                            |   |  |
|-----|----------------------------|---|--|
|     |                            |   | regularly applied to the affected area   |
| 14. | Headache and forehead pain | <ul style="list-style-type: none"> <li>• Green banana, and honey paste</li> </ul>                                   | <ul style="list-style-type: none"> <li>• The paste is to be pasted on the forehead softly.</li> </ul>  |
| 15. | Heart problem              | <ul style="list-style-type: none"> <li>• Bark of the <i>Arjun</i> tree</li> <li>• <i>Pendrasing</i> leaf</li> </ul> | <ul style="list-style-type: none"> <li>• The bark is crushed to extract the juice, which is given to the patient every morning on an empty stomach. The patient has to carry out the treatment for a long time.</li> <li>• Extract of the <i>Pendrasing</i> leaf is cooked and given to the cardiology patient daily which reduces the chances of a heart attack.</li> </ul> |
| 16. | Gastroenteritis            | <ul style="list-style-type: none"> <li>• <i>Eyoing</i> leaves/ <i>Hadra Far</i></li> </ul>                          | <ul style="list-style-type: none"> <li>• The leaf and the fruit of the <i>Eyoing</i> plant</li> </ul>  |

|     |          |   |  |
|-----|----------|---|--|
|     |          |   | <p>are used as medicine for curing gastro-entities. Fruit and leaf are pasted together and cooked. According to the traditional belief, ingesting prepared food strengthens the body's digestive power.</p>  |
| 17. | Gland TB | <ul style="list-style-type: none"> <li>Lemon and <i>Silaji</i></li> </ul> | <ul style="list-style-type: none"> <li>According to one of the <i>Ojha</i> who prescribes this treatment, firstly one-litre lemon juice is boiled until it reaches one-fourth of the initial value. Gradually a sticky appearance is achieved, which is applied to the affected gland for up to four or five days regularly. Finally, the tumour bursts and the wound</li> </ul> |

|     |               |  |   |
|-----|---------------|--|---|
|     |               |  | <p>are cured by regular application of <i>Silaji</i>. According to one of the healers, <i>Silaji</i> is collected from some pacific rocks of Bhutan. Instruction to the all patients to given prohibited some food like Pork, <i>Kalai Dal</i> and <i>Kochu shak</i>.</p>                         |
| 18. | High Pressure | <ul style="list-style-type: none"> <li>• <i>Mawashi</i></li> </ul> | <ul style="list-style-type: none"> <li>• Leaf of the Mawashi is collected and boiled in the water for up to twenty minutes. Then the water is prescribed to the patient twice a week depending on the patient's problem. However, advice to the low-pressure patient who needs to take</li> </ul> |



|     |              |  |  |
|-----|--------------|--|--|
|     |              |  | Mawashi can cause arthritis to them.   |
| 19. | Hydrophobia  | <ul style="list-style-type: none"> <li>• Seed of the <i>Dhutra</i> plant</li> </ul>    | <ul style="list-style-type: none"> <li>• Hydrophobia is related to the dog bite. If the traditional healer suspects hydrophobia, then he advises him to find and watch the dog. Three seeds of <i>Dhutra</i> are crushed to make dust and the dust is given to the patient. This process will continue up to seven days from the dog bite. Then the patient will be completely cured.</li> </ul> |
| 20. | Hypertension | <ul style="list-style-type: none"> <li>• Juice of the <i>Sajina</i> leaves</li> </ul>  | <ul style="list-style-type: none"> <li>• It is to be given to the patient in the prescribed dose.</li> </ul>   |
| 21. | Jaundice     | <ul style="list-style-type: none"> <li>• Rhizome or root of the <i>Aing</i></li> </ul> | <ul style="list-style-type: none"> <li>• Root is ground first. Then the ground root is mixed with a</li> </ul>   |

|  |  |   |   |
|--|--|---|---|
|  |  | <ul style="list-style-type: none"> <li>• <i>Lahari</i></li> <br/> <li>• <i>Chirata</i> leaf</li> <br/> <li>• <i>Fauching</i></li> </ul> | <p>little amount of water.</p> <p>The patient has to take the mixture thrice daily for up to five days.</p> <ul style="list-style-type: none"> <li>• The leaf extract is found useful in treating Jaundice. The patient is advised to take one glass of leaf extract daily once on empty stomach. The patient should take the medicine for at least twenty days.</li> <br/> <li>• The patient has to take boiled <i>Chirata</i> leaf water daily once.</li> <br/> <li>• <i>Chirata</i> leaf is boiling in one glass of water. The patient has to take the water daily once. The treatment continued for up to 10</li> </ul> |
|--|--|---|---|

|     |         |   |   |
|-----|---------|---|---|
|     |         |   | <p>days or one month depending on the patient's condition.</p> <ul style="list-style-type: none"> <li>• Root of the <i>Fauching</i> extract is useful for the treatment of Jaundice. Four and five doses are required for the complete cure. The patient has to take the medicine on empty stomach. The extract can be preserved in a glass container for five days.</li> </ul> |
| 22. | Malaria | <ul style="list-style-type: none"> <li>• <i>Young</i> leaf and flowers of the <i>Ambersing</i> plant.</li> <li>• Twig part, leaf and flowers of the <i>Kasai</i> tree.</li> </ul> | <ul style="list-style-type: none"> <li>• <i>Ambersing</i> leaf is ground first, and then the patient must take the extract or the juice twice a day. Depending on patient problem, the same dose continues for up to four to five days.</li> </ul>  |



|     |       |   |  |
|-----|-------|---|--|
|     |       |   | <p>up to ten days. If the patient still does not get cure, finally, root and flower extract of the Vat is applied. The patient must take half a glass of the prescribed juice for eight days.</p> <ul style="list-style-type: none"> <li>• Neem leaves are boiling, and the water is given to the patient twice or thrice a day.</li> <li>• Root extract of the <i>Kulin</i> plant is prescribed to the patient. He/she has to take medicine until the fever is completely cured.</li> </ul> |
| 23. | Mumps | <ul style="list-style-type: none"> <li>• Stem and leaf of the <i>Oatang</i> tree</li> </ul> | <ul style="list-style-type: none"> <li>• <i>Oatang</i> plant is a very useful plant in curing mumps. First of all, a hole is made in the</li> </ul>  |

|     |                 |   |   |
|-----|-----------------|---|---|
|     |                 |   | tree trunk. Through the pore, plant juice comes out which is applied to the affected area.  |
| 24. | Pain in Stomach | <ul style="list-style-type: none"> <li>• Ginger juice, <i>Gandhabhadali</i>, <i>golmarich</i> and <i>chinimithai</i> leaf and salt or <i>Sukani patai</i> water.</li> </ul> | <ul style="list-style-type: none"> <li>• These ingredients are mixed and taken in the prescribed dose early in the morning.</li> </ul>  |
| 25. | Paralysis       | <ul style="list-style-type: none"> <li>• <i>Fauching</i>, <i>Bojo</i> leaf, <i>kerosene</i> oil and Mustard oil</li> </ul>  | <ul style="list-style-type: none"> <li>• In the paralysis case, a mixture of these ingredients is prepared to treat the patient. <i>Fauching</i> leaf and <i>Bojo</i> leaves are ground together to make a paste. Then 1:1 ratio of kerosene and mustard oil is mixed with the prepared paste. Regular massage with this paste</li> </ul> |

|     |           |  |  |
|-----|-----------|--|--|
|     |           |  | proves effective in the paralysis area.  |
| 26. | Boils     | <ul style="list-style-type: none"> <li>• <i>Jharu</i> tree</li> </ul>  | <ul style="list-style-type: none"> <li>• The Asur people make the powder of <i>Jharu</i> leaf, which is applied to the boils. It dries off after its application. Then this medicine also removes pain.</li> </ul>   |
| 27. | Pneumonia | <ul style="list-style-type: none"> <li>• Root of the <i>Pancha</i> or <i>Ultekhara</i></li> <li>• Bark of the mature <i>Gamari</i> tree</li> </ul> | <ul style="list-style-type: none"> <li>• Root extract of <i>Pancha</i> is prescribed to the patient. They have to take the medicine on an empty stomach in the morning for four days to be completely cured.</li> <li>• Bark of the mature <i>Gamari</i> tree is crushed and mixed with a little amount of water. This mixture is prescribed daily twice.</li> </ul> |

|     |                        |   |  |
|-----|------------------------|---|--|
|     |                        | <ul style="list-style-type: none"> <li>• Young leaf of the <i>Gua</i> tree</li> </ul> | <p>The patient has to take medicine on an empty stomach and Complete recovery needs seven days.</p> <ul style="list-style-type: none"> <li>• The young leaves of the <i>Gua</i> tree are ground, and the patient is advised to take the extract daily twice or thrice as per requirement.</li> </ul> |
| 28. | Psychological disorder | <ul style="list-style-type: none"> <li>• Root of the <i>Nagbail</i> plant</li> </ul>  | <ul style="list-style-type: none"> <li>• <i>Nagbail</i> roots are used for psychological disorders. People having a psychic problem are prescribed to take the extract of <i>Nagbail</i> root. The patient would get relaxed and deep sleep.</li> </ul>  |
| 29. | Scorpio bite           | <ul style="list-style-type: none"> <li>• Stem of the <i>Ahmiche</i> tree</li> </ul>   | <ul style="list-style-type: none"> <li>• This tree is used as a remedy for scorpion</li> </ul>   |



|     |                |   |   |
|-----|----------------|---|---|
|     |                | <ul style="list-style-type: none"> <li>• Bark of the <i>langaya</i> tree</li> </ul>         | <p>bites. The stem is ground to make a paste which is applied to the affected area.</p> <ul style="list-style-type: none"> <li>• The bark and leaves of the <i>Langaya</i> tree have medicinal properties. This tree's parts are used as medicine in scorpion bites. The bark is ground and the paste is applied to the affected area. In an alternative way, juice prepared from <i>Langaya</i> leaf is given to the patient. Sometimes both the techniques are applied simultaneously.</li> </ul> |
| 30. | Sexual Disease | <ul style="list-style-type: none"> <li>• Paste the <i>Ullatkambal</i> with sugar</li> </ul> | <ul style="list-style-type: none"> <li>• Paste the <i>Ullatkambal</i> with sugar which must be taken in the morning.</li> </ul>   |

|     |           |  |  |
|-----|-----------|--|--|
| 31. | Snakebite | <ul style="list-style-type: none"> <li>• Earthworm, salt, chilli.</li> </ul> | <ul style="list-style-type: none"> <li>• In case a snake bites the patient, then the traditional medicine men first tie up just two inches up the wounded area. Then diagnosis is made on whether the snake bite is poisonous or not. To make the correct diagnosis, the patient is asked to taste the chilli. If the patient could taste hot, then he/she is declared out of danger, and he/she does not require any further treatment. In another case, if the snake bite is poisonous, further treatment is applied. In this case, the earthworm is searched, and salts are given to the mouth of the earthworm.</li> </ul> |
|-----|-----------|--|--|

|     |              |  |  |
|-----|--------------|--|--|
|     |              |  | <p>Gradually the earthworm secretes some foamy white solution which is collected and prescribed to the patient. In an alternative way, hot chilli is crushed and applied to the affected area.</p>   |
| 32. | Stomach Ache | <ul style="list-style-type: none"> <li>• <i>Harta</i> and <i>Kapate</i></li> <li>• Leaf and root of the <i>Eoying</i></li> <li>• <i>Gua</i> tree</li> <li>• <i>Bikoma</i> (Fruit)</li> </ul> | <ul style="list-style-type: none"> <li>• Hartal root is prescribed for the stomach ache. The patient must take root extract of Hartal once or twice a day depending on the problem.</li> <li>• The leaf and fruit of the <i>Eoying</i> plant are used as medicine for gastro-entities and stomach ache.</li> </ul> |

|     |      |   |   |
|-----|------|---|---|
|     |      |   | <ul style="list-style-type: none"> <li>• Twig or young leaf of a tree is ground, and the patient has to take the extract twice a day until the complete cure.</li> <li>• <i>Bikomais</i> prescribed for severe stomach ache. The paste of <i>Bikoma</i> is mixed with a little amount of water and the patient has to take the solution once a day on an empty stomach. This medicine is prescribed generally for four or five days.</li> </ul> |
| 33. | Stye | <ul style="list-style-type: none"> <li>• <i>Taiting</i> leaf</li> </ul> | <ul style="list-style-type: none"> <li>• One drop of <i>Taiting</i> leaf extract is applied. The stye would disappear within thirty minutes.</li> </ul>   |

|     |              |   |  |
|-----|--------------|---|--|
| 34. | Skin disease | <ul style="list-style-type: none"> <li>• <i>Dhungchu</i> leaf</li> <br/> <li>• Bark of the <i>Koremba</i> or <i>Totla</i> tree</li> </ul> | <ul style="list-style-type: none"> <li>• <i>Dhungchu</i> leaf is used in curing skin diseases. The dust of the <i>Dhungchu</i> leaf is applied to the affected area of the skin. In an alternative way, the boiling water of <i>Dhungchu</i> leaf is applied to the diseases affected area. According to the traditional healers, both techniques are equally affected in curing skin problems.</li> <br/> <li>• The bark of the plant or leaf is used as a remedy for skin disease, especially on sores or bruises. Firstly, the bark and leaf of the plant are dried off and burned to make ash. This applied</li> </ul> |
|-----|--------------|---|--|

|     |  |  |   |
|-----|--|--|---|
|     |  |  | to the affected area to cure the infection completely.  |
| 35. | Tooth cavity                                 | <ul style="list-style-type: none"> <li>• Leaf and root of the <i>Avijal</i> and Branches.</li> </ul>                                     | <ul style="list-style-type: none"> <li>• Root extract of the plant is prescribed as the curing cavity.</li> </ul> |
| 36. | Worm/<br>tapeworm/<br>roundworm/<br>hookworm | <ul style="list-style-type: none"> <li>• Juice extracted from the white portion of the pineapple plant and <i>Baksa</i> leaf.</li> </ul> | <ul style="list-style-type: none"> <li>• This dose prescribes in the morning to the patients.</li> </ul>          |

**Source:** Compiled by the Researcher on the basis of field survey and interviews.

## 2.5. Religious Beliefs in the Folk Medicinal practices among the Asurs

Religious belief is the most important and common social system of any community. In that case, the community's religious belief has a common characteristic and represents emotional feelings towards perplexities and mysteries of life. Thus, religion comprises various aspects such as belief, superstition, feelings, fear, worship, and attitudes, with no exception among the Asurs.<sup>48</sup> They are mainly animistic as supernatural events surrounding their day-to-day life. As studied, the Asurs live in the tea plantation area such as Nagrakata block, a hilly, isolated region, and their environment also permits them to trust in the supernatural world.<sup>49</sup> They are animistic as they worship things that are naturally born and have a strong belief in nature. Also,

<sup>48</sup>Dutta, R. (2014). Op. Cit. p.184.

<sup>49</sup> Ibid.

flora, fauna, natural objects, and natural phenomena make them more attached to their natural habitat.<sup>50</sup> According to the Asur tribe, they find their nature-born deities mainly in their dreams and search for those things and establish those objects as deities.<sup>51</sup> At various times their animistic beliefs have been challenged mainly by Christianity.<sup>52</sup> However, traditional values, beliefs, and practices are prevalent within the community. Like a primitive tribal community, the Asur are still highly dependent on various folk beliefs and controlled by the psychology of imposing animistic ideas on each of the natural beings on such as the hills, sky, river, rocks etc. The belief is that diseases and illnesses come through the river and streamlet. They think that soul or spirit of its own reacts whenever the hill, rock, or river god is neglected by anybody resulting in punishment in various ways such as by giving severe diseases.<sup>53</sup> The Asur's religious belief is simple, with no special religious philosophy. The deities of the Asurs are both benevolent and malevolent in nature and protective and belong to the supernatural world.<sup>54</sup> Most of the Asur's deities are denoted by a piece of rock, a tree trunk, the crest of a particular hill, a water spot, and sometimes the river and rivulets surrounding their habitat. The Asurs do not only offer worship or penance to the presiding deities of water and streamlets of the Carri Line of Nagrakata but also to some major rivers of this region. However, Asur's most popular deity is Asur (Asura). In the ancient days, they did not worship the Goddess Durga. During the Durga puja, they hide for twelve days, then after the end of the *Durga puja*, they worship the Asura. However, various deities such as *Shiva, Kali, Durga Chandi, Shitala, Manasa, Shani Thakur, Satyapir, Olabibi, Marimata, and Mari Amma* imagination of gods and goddesses such as *Jahera,*

---

<sup>50</sup> Ibid.

<sup>51</sup> Ibid.

<sup>52</sup> Ibid. p.185.

<sup>53</sup> Majumdar, B. (1998). *The Toto's*. Kolkata: Academic Enterprise. p. 37.

<sup>54</sup> Ibid. p.41.

*Marangburu, and Mariko Teruko* and evil spirits like *Banga, Dan, Sikotri, Bhoot* and *Churul* are believed to be the cause of various diseases, and misfortunes. *Purohits* and *Ojhas* always try to satisfy them. The existence of communities like *Gunin, Pir, Fakir, Darbesh Veda, Bhairab* and *Mushkil Asan* etc. helps the Asurs to get a clear idea about folk medicinal practices.<sup>55</sup>

## **2.6. Conclusion**

The geographical feature of Jalpaiguri, one of the districts of West Bengal, is very much related to the cultural lives of the indigenous and immigrant peoples of the region. At the same time, colonial rule and its impact, combined with the social reforms, had contributed to the growth of a modern outlook among the tea labour section of the Asurs. This outlook motivated them to accept modern medicinal practices. However, the Asur community in their habited area have remained beyond the scope of modern benefit. They used the different types of herbal medicinal plants available in their nearest area, or they collect from the forest. Sometimes, they used the common medicine available in their area. These types of herbal medicines are very useful for treating patients. This chapter highlighted some important medicinal plants with pictures and descriptions which is mandatory to understand. It found that getting the scientific name of the plants is difficult. Most of the scientific names are borrowed from the internet. It is found that the Asurs community protect their life from the diseases with the help of their locally available flora and fauna.

---

<sup>55</sup>Pahari, S. (1997). Op. Cit. pp. 18-19.



## CHAPTER-III

### **The Changes in the Folk Medicinal Practices Among the Asurs and the Reasons for the Same in the Nagrakata Block of Jalpaiguri District**

#### **3.1. Introduction**

The geographical area of North Bengal came under direct British rule in Jalpaiguri (1869) after the Anglo-Bhutanese war (1864). In North Bengal, tea plantation is the oldest and most significant investment sector. Jalpaiguri district also comes in a significant position in the tea map of India and is known as a large tea-growing area of North Bengal. So, in the initial year of the tea plantation, the planters used the labour force, especially from Bihar, and Jharkhand. From this area many tribal communities came to work; one of them was the Asur tribe. Significantly they depended on the premises of an isolated tea garden and had no connection with the local people of the Nagrakata. In that situation, the Asur tribe worked in this garden.<sup>1</sup>

In 1813, the British Charter Act opened the door for Christian missionaries to India and spread western education and the gospel. They spread the Christian principles<sup>2</sup> to the tribal people (Asurs) and converted to Christianity through useful bits of help.<sup>3</sup> However, it is found that few of them are still professing their previous religion.

---

<sup>1</sup>Ray, B. (1964). *Census of India 1961, District Handbook: Jalpaiguri*. Calcutta: West Bengal Government Press. p. 72.

<sup>2</sup> After the 1813 charter act was abolished the monopoly of companies opened for the others. During this time the Christian Missionaries entered India and were involved in English education. Gradually they spread their influence in the northern part of West Bengal.

<sup>3</sup> Debnath, S. (2010). *The Dooars in Historical Transition*. (1ed.). Siliguri: National Library Publishers. p. 151.

### 3.2. History, Administration, Establishment of the Tea Gardens, Hospitals and

**Schools:** The district handbook (1961) reported that the Asurs formed 5.8 per cent of the tribal community in the Jalpaiguri.<sup>4</sup> The nature of the tea garden and industry has encouraged them to change the social and cultural order.<sup>5</sup> The most important social changes happened in the field of folk medicinal practices.

In this sense, historians argue that the growth of western medicines and modern education brought about a change in society. In the pre-and post-colonial period, the governments established schools to provide the proper education to tea labourers in the Jalpaiguri district. It is crucial to discuss the economic nature and polity of the region and also to understand the nature of the changes brought about in the area after the formal introduction of colonial rule.<sup>6</sup>



**Fig.3.1:** Primary School of Carri Line, picture taken on 22.04.2022.

---

<sup>4</sup>Ray, B. (1964). Op. Cit. p. 59.

<sup>5</sup> Biswas, S. (2014). Social Changes and Transformation Among the Adivasi Tea Garden Labourers: A Case Study in the Tea Plantation Industry in Terai-Dooars. In S. C. Sarkar (ed), *Changing Society of Twentieth Century Bengal* (127-147). Kolkata: Progressive Publisher. p. 129.

<sup>6</sup> Ray, S. (2002). *Transformations the Bengal Frontier: Jalpaiguri 1765 to 1948* (1 ed.). London and New York: Routledge. p. 19.

All kinds of creations depend on nature, which is rich in all the elements necessary for their survival. Gradually they tried to use those elements for their needs after the evolution of civilisation and developed the different spheres of social life. From the ancient to the recent, they expounded natural substances such as herbal, minerals, and animals found in their respective regions that guided through traditional culture and belief. They tried to use it for relieving pain and diseases.<sup>7</sup> On the other hand, due to scientific excellence, advanced research and the introduction of discoveries worldwide. The modern medicinal practices began to use. However, these influences have never completely diminished the importance of traditional treatments. In spite of that, folk medicinal practices of the ancient era, which are associated with the belief system, are derecognized by some political issues.<sup>8</sup> Note that western medicines are widespread instead of folk medicines. In this case, folk medicinal practices are gradually decreasing. So, this is the case with the Asur tribes of the Nagrakata block.

In order to understand the changing nature and effects of folk medicine in this community, one needs to look into their idea of folk medicines and how they practice. This study briefly examines the changes in the folk medicinal Practices among the Asurs. It also highlights the various reasons for changes in the use of folk medicinal practices among the Asurs in the Nagrakata block of Jalpaiguri.

**3.3. Administration:** Before the formation of the Jalpaiguri district, the area was neither a well-defined economic zone nor a unified politico-administrative unit. These features were gradually introduced to political and economic control after the occupation of the British. Most parts of Bengal were outside the influence of the

---

<sup>7</sup> Ibid. pp. 20.

<sup>8</sup> Jaggi, O. P. (1973). *Folk Medicine* (5 ed.). Delhi: Atma Ram & Sons. pp. 4.

centralised Mughal administration. There are many reasons behind this. One of them is that this vast region was covered with dense forest and was inhabited by the Indigenous people.<sup>9</sup> This region hardly aroused interest. There were limited resources of political and military power.<sup>10</sup> J. A. Milligan also reported that from 1770 to 1858 Jalpaiguri was separated from the other region.<sup>11</sup> After the introduction of colonial power, it is not surprising that for the first time it produced official documents and centralised this region. For this reason, this area was taken under the direct rule, although they are the first to succeed in doing so. They replaced the economic and political systematic structure of the Jalpaiguri.

In Jalpaiguri, the tea plantation area was isolated enclaves that allowed to carry out the experiment of modern medicine and find out the proper solution to the diseases.<sup>12</sup> The British planter, natives and doctors lived in the bungalow and labourers in the *Basti*.<sup>13</sup> The fact is all the diseases that became a mass killers in the tea plantations of this region were the diseases that originate from the consequences of poverty, hunger and the poor state of housing, sanitation and drinking water.<sup>14</sup>

During the nineteenth to twenty centuries, medical science was developed, and the introduction of western medicines removed the mortality rate of the people. After introducing western medicines, the British government gradually implemented this medicine in the tea-producing area. For this reason, tea labourers started to use western

---

<sup>9</sup>Indigenous people in this area such as Toto, Bodo, Meches, and Rabha are an Indigenous tribal community of the Jalpaiguri.

<sup>10</sup> Ray, S. (2002). Op. Cit. p. 19.

<sup>11</sup> Milligan, J. A. (1919). *Final Report on the Survey and Settlement in Jalpaiguri District 1906-1916*. Kolkata: Secretarial Book Depo. p. 22.

<sup>12</sup> Bhattacharya. N. (2012). *Contagion and Enclaves: Tropical Medicine in Colonial India*. Liverpool: Liverpool University Press. p. 5.

<sup>13</sup> Das, B. (2018). Tea Plantation on Report: Health Service in Colonial Bengal. *Eastern Geographer*. XXIV (02). 60-69. ISSN: 0973-7642. p. 66.

<sup>14</sup> Ghosh, S. (2011). *The History of Medical and Health Care Systems of North Bengal from 1869 to 1969*. (PhD Thesis). University of North Bengal. Siliguri. p. 159.

medicine, and there was no exception for the Asurs, as they are also one of the tribal communities who worked as tea labourers from the inception of the tea industry in this region.

In the nineteenth century, the British government proved to be a well-testing zone for science. According to Roy Macleod, he opinions that ‘India gradually become a social laboratory’. Thus, colonial power developed the core culture of imperialism. Western scholars like William Jones and George Basalla have discussed how western science introduces in India. After that, this invention interacted with people and transformed into modernity.<sup>15</sup> In India, during the nineteenth century, these were the first footsteps and the rapid growth of western medicines and continued to accept and assimilate occidental western medicines. David Arnold wrote that according to the Indian health condition, the British government emphasized some reasons, such as conducting fundamental research on the medicines, diseases and on Indian climate. On the other hand, the medical field was directly attached to Indian culture, and society and habited local people.<sup>16</sup> However, from the beginning, the British government initially took an interest in folk medicines the western medicine was too costly.<sup>17</sup> After the introduction of the Indian medicine service in 1858, the British directly took the service after the existence of the sanitary commission in 1864.<sup>18</sup> In 1870, One of the British officers of Boxa Fort reported that scurvy and *Goiter* were common in this region and Leprosy was an uncommon disease hardly affected.<sup>19</sup>

---

<sup>15</sup> Sarkar, S. (2014). Diseases and Encounters in Jalpaiguri Tea Gardens: The 20th-century Scenario. In S. C. Sarkar (Ed), *Changing Society of Twentieth Century Bengal* (62-75). Kolkata: Progressive Publisher. pp. 62-63.

<sup>16</sup>Arnold, D. (1993). *Colonising the Body: State Medicine and Epidemic Diseases in 19<sup>th</sup> Century India*. California: University of California. p. 12.

<sup>17</sup> Ibid. p. 13.

<sup>18</sup> Ibid.

<sup>19</sup> Ghosh, B. C. (2016). *The Development of Tea Industry in the District of Jalpaiguri 1869-1968* (1 ed.). Siliguri: National Library Publisher. p. 23.

In 1876, according to the Jalpaiguri district report, cholera was the appearance in epidemic form, and this region was raged by cholera. J. D. Hooker's opinion is that the western Dooars contain beautiful views and wonderful weather with fatal diseases like malaria and are well known as un-healthiness.<sup>20</sup> The Royal Commission of 1859 also reported the same thing.<sup>21</sup> The accounts of J. F. Gruning also found in the year 1901, the Jalpaiguri district was unhealthy and highest mortality rate.<sup>22</sup> However, D.H.E Sunder was commending some words about the Jalpaiguri full of common diseases such as Spleen, Cholera and *Goiter* etc.<sup>23</sup> J. A. Milligan, in his report on the settlement of Jalpaiguri district, illustrated that some noticed diseases are fever, cholera, skin diseases and smallpox.<sup>24</sup> As a result, in this region, many government survey officers such as Beckett, Hodgson, Sunder, and O'Donnell were affected by the fever.<sup>25</sup>

Milligan narrates one experience in Jalpaiguri where one of the tea planters died due to malaria. In 1919, he wrote the essential need was public health with the number of doctors and supervising good water supply and anti-malaria intentions.<sup>26</sup> The Annual Administrative Report of 1891-1892 has reported that the lack of proper treatment, deficient rainfall in this area and the waterlogged ground were the main reasons for fever in those years.<sup>27</sup> In 1907, British officers such as Captain Christopher and Dr Bentley visited Jalpaiguri to investigate blackwater fever and malaria for better

---

<sup>20</sup> Bhattacharya, B. K. (1981). *Jalpaiguri District Gazetteer*. Kolkata: Honorary State Editor. p. 270.

<sup>21</sup> Sunder, D. H. E. (1895). *Survey and Settlement of the Western Duars in the District of Jalpaiguri 1889-1895*. Kolkata: National Library Publisher. p. 126.

<sup>22</sup> Gruning, J. F. (1911). *Eastern Bengal and Assam District Gazetteer: Jalpaiguri*. Allahabad: The Pioneer Press. p. 16.

<sup>23</sup> Sunder, D. H. E. (1895). Op. Cit. p. 145.

<sup>24</sup> Milligan, J. A. (1919). Op. Cit. p. 11.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid. p. 15.

<sup>27</sup> Kusari, A. M. (1981). *West Bengal District Gazetteer: Jalpaiguri*. Government of West Bengal. Kolkata: West Bengal District Gazetteer. p. 57.

improvement through western medicine up to 1909.<sup>28</sup> As a result, this investigation has improved the health condition of the tea garden labourers of Jalpaiguri. In 1902, the members of the Royal Society came to Dooars to investigate malaria.<sup>29</sup> In 1912, the 'Dooars Labour Act' was passed, giving importance to sanitation and improving public health.<sup>30</sup> The planters began to distribute medicines among the tea labourers.<sup>31</sup> In 1872, there were three hospitals in Jalpaiguri district which gradually increased to 24 in 1947.<sup>32</sup>

According to the Jalpaiguri district handbook report, it is mentioned that after the establishment of the tea plantation, the population of this region increased continually because of the migration (immigration) of the tribal communities (tea labourers) from the different parts of India, and Asurs was also one of them.

They brought traditional knowledge of folk medicines treatments and beliefs against the diseases. Before, they depended on the *Ojha (Kabiraj Pahan)* and worshipped their deity God *Asura* to cure the diseases. They also celebrated *Gachh Puja* to cure the snake bite and injuries caused while being attacked by wild animals. The Asurs medicines did not completely cure fatal diseases like malaria or other sickness.

In many cases, the people died due to a lack of proper treatment. This may be because that malaria was never known to them, and hence the medicine for this was never discovered. The folk medicinal practices were not satisfactory in that stance. In that case, the British government took many initiatives to prevent and eliminate the diseases.

---

<sup>28</sup> Christophers, S. R. & Bently, C. A. (1911). *Malaria in the Duars*. Shimla: The Government Monotype Press. p. 63.

<sup>29</sup> Bhadra, K. N. (1997). *Social Dimension of Health of Tea Plantation Workers in India* (1ed.). Siliguri: National Library Publication. p. 56.

<sup>30</sup> Hunter, W. W. (1875). *Statistical Account of Bengal* (1ed.). London: Trubner & Co. p. 59.

<sup>31</sup> Sarkar, S. (2014). Op. Cit. p. 66.

<sup>32</sup> Ray, P. R. (1981). *Jalpaiguri District Gazetteer*. Kolkata: West Bengal District Gazetteer. p. 272.

The Dooars Labour Act (1912) provided for inspection by Government Officers of the tea gardens in the matter of sanitation and collection of vital statistics.<sup>33</sup> In 1921, the Jalpaiguri district board appointed the first health officer. Then, every thana started to open a public health centre in 1928.<sup>34</sup> In 1891, the first dispensary was opened in Jalpaiguri.<sup>35</sup> In western Dooars, each tea garden has its own hospital with outdoor and indoor facilities. Between 1916-1917, Dr Bentley did several experiments on the anti-malaria.<sup>36</sup> This experiment continued from 1921 to 1922 in the tea garden.

It is also recorded that with the popularisation of homoeopathy through the newspapers, the people started to take this medicine as it was a cheap treatment, making the doctor of homoeopathy also famous at that time. Unani treatment also was equally popular in the Jalpaiguri district then.

In the twentieth century, Jalpaiguri Municipality Corporation formed a committee for public health.<sup>37</sup> In 1938, the public health laboratory was in Jalpaiguri, and Dr Yogendra Nath Sengupta was the first in charge of this board. Therefore, students were appointed as assistant doctors in the tea garden hospital after they often of Licentiate of Medical Faculty degree. However, the use of folk medicines decreased as the influence of western medicine increased. David Arnold wrote that ‘medicine was a powerful colonising force’. In the British colonial state in India health is of prime importance.<sup>38</sup> The contribution of the Europeans and the natives was vital for the growth and development of health services in the Jalpaiguri areas. The list of the primary health

---

<sup>33</sup> Milligan, J. A. (2011). Op. Cit. p. 25.

<sup>34</sup> Kumar, D. (2006). *Science and the Raj: A Study of British India* (1ed.). Delhi: Oxford University Press. p. 55.

<sup>35</sup> Christophers, S. R. & Bently, C. A. (1911). Op. Cit. p. 47.

<sup>36</sup> Ibid.

<sup>37</sup> Sarkar, S. (2014). Op. Cit. p. 71.

<sup>38</sup> Arnold, D. (1993). Op. Cit. p. 61.



centres, which are established and financed by the West Bengal government in the Nagrakata block are as follows:

**Table: 3.1: List of the Health Centre in Nagrakata Block**

| <b>SL. No.</b> | <b>Name of the Primary Health Centre</b> |
|----------------|--|
| 1.             | Carron Primary Health Centre             |
| 2.             | Dharnipur primary Health Centre          |
| 3.             | Chengmari Primary Health Centre          |
| 4.             | Grassmore Primary Health Centre          |
| 5.             | Lukshan Primary Health Centre            |
| 6.             | Gathia Primary Health Centre             |
| 7.             | Bhagatpur Primary Health Centre          |
| 8.             | Nagrakata Health Centre                  |
| 9.             | T. R. A Primary Health Centre            |
| 10.            | Khaljhora Primary Health Centre          |
| 11.            | Nayeseli Primary Health Centre           |
| 12.            | G.P. Primary Health Centre               |
| 13.            | Kurti Primary Health Centre              |
| 14.            | BamanDanga Primary Health Centre         |
| 15.            | Tandu Primary Health Centre              |
| 16.            | Kathal Jhora Primary Health Centre       |

**Source:** Interviewed Sukna Asur and Suresh Asur. 19.02.2022

The Asurs are now mostly living in the villages named *Carri Line*, *Factory Line*, *Matu line* of Nagrakata block under the reserved forest areas of the Jalpaiguri district. However, they lived in the isolated tea plantation area from the direct British rule in Jalpaiguri. Here, the Asurs continue to speak their tongue *Asuri* and *Sadri* and have been able to save their ethnic culture and tradition. They are able to speak Hindi and Bengali also. However, they are able to retain some of their folk medicinal knowledge despite their migration history and change of power of occupation.

**3.4. Absence of the Tradition of Transferring Knowledge:** One of the reasons for the changes can be the tradition of the absence of transferring folk medicinal knowledge to the younger generation. Suppose an old knowledgeable person who knows about the folk medicinal practices does not hand over their knowledge or experience to the next generation, in that case, the knowledge dies when she/he breathes her/his last. This knowledge can be called age-old and hereditary. As they believe in natural medicines, so they have faith in folk medicinal treatment.

**3.5. Lack of interest:** It can also be said that the younger generations are least bothered to acquire this knowledge. The younger one goes to the nearby primary schools. It is observed that the youth generation are busy during their work as labourers in the tea garden or some of them commute daily to the area where stone crushers are kept. The older ones are engaged in collecting stones by the side of the river and loading and unloading the sand and stone chips or even stones. The lack of interest on the part of the younger generations is one of the reasons for the change. The demand for this folk medicinal practice in the market is the least. It is observed that the economics of folk medicines play an important role.

**3.6. Women Folk Medicinal Practitioners-*Dai Maas*:** From the beginning of civilisation, women's roles have been indispensable as social workers, especially during delivery or giving birth. In the Asurs community, women were and still are important as healers and nurses of the society along with multiple roles. They are known as the *Dai Maas* in the Asurs community. In the earlier days, when medicines were readily available, advanced medical facilities or better treatment were absent; in this case, *Dai Maas* played a significant role to make the process of delivery easier and more successful. They are specialised in giving this treatment. This *Dai Maas* prescribed the folk medicines for pre- and post-delivery. They recommend nutritious food to be consumed by the mother after delivery to save them from the diseases and to gain immunity power and strength. They also prescribe some of the food that helps the mother feed the child.

Along with the food and folk medicine, they provide special massage to their body, which releases the pain and weakness they feel post-delivery. They use herbal therapy at the time of birth by using *Neem* leaves with hot water to cure the infection of the baby. The introduction of the western medicines by the planters in the tea garden and the role of the state government in building many hospitals in their area has related to the decline of taking the help from *Dai Maas* and their folk medicines. The Asurs in *Carri*, *Factory*, and *Matu Line* area are mostly tea labourers. It is easy for them to go to government hospitals, and get admitted for the baby's delivery. The government also renders the mothers some financial packages to help them with necessary things. They also get all the needed items for the baby from the hospitals. This help from the government also has brushed aside the *Dai Maas*'s role in society.



**Fig. 3.2:** Carri Line Primary Hospital, picture taken on 19.04.2022.

The field survey study shows that there are four *Dai Maas* in this area. One of the *Dai Maas* of *Carri Line* works in the government hospitals situated in the factory line. Bimla Asur, 55 years who is actually a *Dai Maa* in her community work as a helper in the hospital for one thousand rupees per month. She says that from thirty years back, she has been doing this *Dai's* role and says that she has handled more than a hundred deliveries successfully in her community. She adds that in the hospital, she works under the instruction of doctors or medical personnel.<sup>39</sup>

---

<sup>39</sup> Interviewed Bimla Asur, 55 years, F, Carri Line, 21.04.2022.



**Fig. 3.3:** Bimla Asur, 55 years, Carri Line, picture taken on 21.04.2022.

Another *Dai Maa* from *Carri Line*, name Jhalo Asur, 66 years, works as a cook for the school mid-day-meal. She does not perform the work as *Dai* in her community at present. As she says she is satisfied with the small number of rupees she receives from the school. The age factor is also a concern for her.<sup>40</sup>



**Fig.3.4:** Jhalo Asur, 66 years, F, Carri Line, picture taken on 20.04.2022.

---

<sup>40</sup>Interviewed Jhalo Asur, 66 years, F, Carri Line, 20.04.2022.

Sadhni Asur, 40 years of *Matu Line*, says, till now, she has successfully monitored delivering two babies of Priya Asur, named Amit and Subham Asur. She says people do not come to seek help for the delivery as almost all the people prefer going to the hospitals.<sup>41</sup>



**Fig.3.5:** Sadhni Asur, 40 years, F, *Matu Line*, picture taken on 22.04.2022.

Mangri Asur 65, wife of Suita Asur (68), says she helped many mothers deliver their babies. She adds, that she received this knowledge from her mother in law. Having asked why this teaches this knowledge, she realised that this is a very risky task and if something goes wrong the life of the baby and the mother may be in danger. She adds that hospitals, doctors and trained nurses are there, so it is good to visit there instead of

---

<sup>41</sup>Interviewed Sadhni Asur, 40 years, F, *Matu Line*, 22.04.2022.

taking risks. It is observed that people prefer taking her to the hospital along for delivery as a baby nurse and providing emotional strength at the time of the delivery.<sup>42</sup>



**Fig.3.6:** Mangri Asur, 65, F, Carri Line, picture taken on 21.04.2022.

The frequent use of the *Dai Maas* folk medicines and her help is absent these days as the patients have to pay her willingly for the treatment she provides, which becomes obligational. Most of the time they are to be paid for the treatment she provides. It is also observed that *Dai Maas* treatment is found not effective now, and they preferred going hospital rather than receiving the *Dai Maas* treatment. It is noticed that the influence of modern education, western medicine and technology has brought transformation in this field also.

---

<sup>42</sup>Interviewed Mangri Asur, 65 years, F, Matu Line, 22.04.2022

**3.7. Male Folk Medicinal Practitioners:** The *Pahan/Baiga* (Priest), *Shusani* (Assistant of Pandit/Priest), and *Ojha (Kabiraj)* also play a significant role in the Asurs community. They are also medicinal men with ample knowledge of different kinds of illness and their treatment. They collect their medicines from the forest and herbs locally available. This community used to depend on folk medicinal practices and relied on *Kabiraj Pahan* or *Ojha*. It is observed that due to the influence of western medical knowledge and the establishment of hospitals, and school, these folk medicinal practices have declined. Instead, the Asurs now visit the nearby hospital where they get free medication. Traditional folk medicine practitioners have to struggle against the professional border and boundaries demarcated for their social standing by the colonial government.<sup>43</sup>

**3.8. Cash in Hand-Wages:** The establishment of the tea plantation in Jalpaiguri district, where the Asurs are also the labourers, has helped many earn their bread. The plantation provided some objective conditions for change as the labourers had entered into a new set of economic relations. The labourer started to receive their wages in cash. At present, they also receive money as their wages every week or one in fifteen days, along with some rations. They also receive some incentives sometimes and some financial packages too. On the other hand, some of them have opened shops at home and do-little business which helps them to run the home finances and save a little. So, because of the cash in hand, it becomes easy for them to go to the hospital, consult the doctors and buy medicines or sometimes they receive free medicines from the hospital finance through

---

<sup>43</sup> Sharma, M. (2012). *Indigenous and Western Medicine in Colonial India*. (1ed.). New Delhi: Cambridge University Press. p. 68.



the tea gardens. They at times, rush to the nearby private medical clinics for a cheque-up and buy medicines there. This is also one of the prime reasons for the change.



**Fig.3.7:** Carron Tea Garden Hospital, picture taken on 21.04.2022.

**3.9. Us versus the other:** One of the interesting traditional traits found among the Asurs is the custom of hiding in the nearby forest during the Durga Puja festival for almost ten days. The Asurs continued this tradition after settling in the Nagrakata block also. It is observed that this tradition is not prevalent now.

It is believed that Goddess *Durga* killed the *Mahishasura* which symbolizes victory over evil. The reason for the Asurs to hide in the jungle during the *Durga Puja* festival is that the *Mahishasura* is regarded as their God, whom others regarded as evil. During their stay in the jungle, they use to survive on fruits, animals, fish, and plants. Their life in the jungle was not easy, and they had to encounter many challenges from the animals and even poisonous plants. So, they used available plants and herbs and sometimes animals, and extracts were used as medicines to cure the injuries and sickness in the

forest. It can be said that they learned to use these medicines through the trial-and-error method. After the end of *Navami* day, returned to their respective village and in turn, celebrate the *Mahishasur puja*, by praising and worshipping their God. This is one of the ways how the Asurs learnt the use of locally medicinal herbs and plants and practised it throughout.

**3.10. Conversion to Christianity:** However, the use of traditional folk medicinal knowledge has decreased a lot, as the majority of the Asurs in the proposed area have converted to Christianity and started attending church. The church encourages them to go to the hospitals as well as to have faith in the prayers. Sometimes the church, in collaboration with the non-governmental organisation, organises free health camps and awareness programs for the villagers, which indirectly hinders the traditional healer from practising their traditional knowledge.

Sometimes in the Asurs community, the above-mentioned folk medicinal practitioners use their *Tantra Mantra* (spells/sorcery) along with the folk medicines. This *Tantra Mantra* is being practised from one generation to another. Many Asurs testified during the field survey that this folk medical practitioner healed the people by using tantra mantras and folk medicines. some of the sicknesses that they recovered through the tantra mantra were Jaundice, headache, fever, stomach ache, etc. and the sickness caused by the evil spirits. Toward off the evil, power the *Tantra Mantra* was very effective. However, after converting to Christianity, the Asurs living in these villages do not use these folk medical practitioners. The church discourages this as it teaches them to have faith and pray in the name of God, whom they refer to as Jesus, who has become victorious over death and is living. The changing of the religion of the Asurs is also one of the main reasons for the changes in folk medicinal practices. It is observed

that almost all the Asurs living in *Carri Line* and *Matu Line* are converted to Christianity, and approximately one hundred and fifty Asurs are Hindu in *Factor Line*. If all the Asurs are converted to Christianity, then the practice of folk medicine vanishes in time. In India, the Forest policy was one of the major reasons for the decrease in folk medicinal practices. This policy is more concerned with identifying and analysing the colonial legacy in the later stage of development. It gave an important mark on the evolution of the compared with the pre-colonial era and forests began to change radically from the British colonial interest in the nineteenth century. However, after introducing the forest policies, tribal communities (such as Asur) were restricted from entering the forest, losing their traditional rights, which led them to migrate to far-off places.<sup>44</sup>



**Fig.3.8:** Church of the Carri Line, picture taken on 19.04.2022.

---

<sup>44</sup> Bandyopadhyay, A. (2010). The Colonial Legacy of Forest Policies in India. *Social Scientist*, 38(1/2), 53–76. <http://www.jstor.org/stable/25621956>. p. 54.

**3.11. Curtailment of their Traditional Rights over Forest:** In this process, they detached themselves from the locally available herbs and medicinal plants that they used, and slowly the folk medicinal knowledge of the Asurs got lost or diluted. Sukna Asur (70 years) says, ‘he has heard his ancestors saying that as they became isolated tea labourers in the past, they gradually lost their folk medicinal practices and depended on western medicine provided by the European tea planters.’ However, as they started to settle in new areas they collected and planted the herbs and medicinal plants near their settlement for future use.<sup>45</sup> One argument as propounded by Ramachandra Guha is on “a collaborative relationship between the state and local communities” in forest management. The colonial forest policies in India were, therefore, chequered as they developed over a century and a half. This policy made the forest reserved. Moreover, the local tribes near the forest were not able to collect the herbal medicines to use in the treatment. The isolated Asur tribe also faced the same problem during the work from the established tea garden and their new settlement. The extension of roads, railways and communications in this area was the main opportunity to move to another place to get medical treatment.<sup>46</sup> The British introduced different administrative and economic policies for their interest in the transitional period of history, which brought a change in the folk medicinal practices of the people in the Jalpaiguri district and Asurs in particular.

### **3.12. Conclusion**

The Asur tribe belonging to the Indo-Mongolian race living in the district of Jalpaiguri have been gradually losing their own culture and customs, particularly the folk

---

<sup>45</sup> Interviewed Sukna Asur, 70 years, M, and Suresh Asur, 58 years, M, 19.02.2022.

<sup>46</sup> Das Gupta, R. (1993). *Economy, Society and Politics in Bengal: Jalpaiguri 1865 to 1947 (1ed.)*. New Delhi: Oxford University Press. p. 31.

medicinal practices. It is observed that there are many reasons are the changes. The bringing of the Jalpaiguri district under the direct rule of the British, the establishment of the tea gardens, the spread of modern education, and opening up schools, the construction of hospitals and the introduction of western medicine, and the coming of the Christian missionaries and the opening of the churches have created shift or have a significant impact on the Asurs of the Nagrakata block. Understanding the reason for the change, it is found that the folk medicinal practices of the Asurs are on the verge of extinction. The role of the male folk medicinal practitioners has decreased who use to be held high in society in the earlier days have decreased now because the people have shifted to believe in Western Medicine and are inclined toward rationality. The *Dai Maas* once use to be regarded as the demi Goddess in the Asur society has decreased their popularity because of the introduction of hospitals and trained doctors and nurses. The absence of the zeal for learning the knowledge of folk medicinal practices among the youngsters of the Asur tribe has also led to changes in their medicinal system. The conversion of the Asurs to Christianity is one of the prime factors for the change in medicinal practices. Christianity preaches to have faith in Jesus and pray in His name while encouraging medical treatment in the hospitals. The church, as a body of Christ, plays the role of lending help to the people in time of need. As it believes that all the church members are one body. Gradually introducing the tea industry in Jalpaiguri, medical facilities began to improve. After the colonial period, the tea-growing area established many modern health centres and tea garden hospitals by the state government and tea garden companies. Therefore, it is found that there are many reasons for the change in folk medicinal practices of the Asur tribe. Yet it is not to be forgotten that even in the twentieth-first century, some of the folk medicinal practices are still being used. The next chapter tries to delve into this matter.

## CHAPTER-IV

### **The Continuity of the Folk Medicinal Practices Among the Asurs in the Nagrakata Block of Jalpaiguri District**

#### **4.1. Introduction**

As everything in society is constantly changing for various reasons, it is exciting to study whether there are some elements of continuity in it. Many tribal communities in India have distinct cultures, traditions, customary laws, etc., like other non-tribal societies. The Asurs are one of them, and they have a rich culture. Due to the establishment of British rule in India, they had to migrate rather say displaced to far-off places, leaving their homeland in the hands of the rulers. They had to adapt to the new environment and the geographical space. In the process, their culture, particularly the folk medicinal practices, underwent many changes. The changes and the reasons for the change are explained in the third chapter of this study. It is observed that amidst these changes, the Asurs are able to continue some of the folk cultures. One of them is in the field of folk medicinal practices. In this chapter, we shall look into the continuity amidst changes of the Asurs in the *Carri Line*, *Matu Line* and *Factory Line* of the Nagrakata block of Jalpaiguri district.

Life is a gift of mother nature, and people around the world celebrate every stage of life. This is no exception with the Asurs. The Asurs celebrate the different stages of life gracefully in a ritualistic manner. These celebrations are accompanied by elaborate ceremonies conducted by the *Kobiraj Pahan*, who function as medicine men and priests in their society.

It is observed that the Asurs living in the areas of this study still continue to observe these stages of life accompanied by many rituals. It is to be noted that these rituals are followed by the Asurs, who are not converted to Christianity. The converted Christian Asurs have outnumbered the non-converted Asurs. It is observed that the non-converted Asurs are continuing some of the traditional customs and traditions.<sup>1</sup>

The list of folk medicinal herbs in the given table explains their medicinal value and utility, special in the three ceremonies/rituals related to the life cycle viz- birth, marriage and death.

**Table. 4.1: Folk Medicinal Practice in the Life Cycle Rituals among the Asurs**

| SL.No | Name of the Herbal Substances           | Name of the Occasion               | Main Reason for the use   |
|-------|---|------------------------------------|---|
| 1.    | Banana Leaf,<br><i>Kelapatai</i> (Asur) | Birth<br><br>Marriage<br><br>Death | <ul style="list-style-type: none"> <li>• For the protection of skin from diseases.</li> <li>• Remedy for the insect bites, used especially for the baby.</li> <li>• The leaves are used as a plate for food.</li> </ul> |

<sup>1</sup>Dutta, R. (2014). *Concept of Health Disease and Treatment Among the Totos of Toto Para in Jalpaiguri District West Bengal*. (PhD Thesis). University of North Bengal. Siliguri. p. 164.

|     |                                  |   |  |
|-----|----------------------------------|---|--|
|     |                                  |   | <ul style="list-style-type: none"> <li>Used in the <i>kriyakaram</i></li> </ul>  |
| 2.  | Betel nut, <i>Gua</i><br>(Asur)  | Birth<br><br>Marriage ceremony<br><br><br>Death | <ul style="list-style-type: none"> <li>This fruit is offered to their God believing in return for better health for the baby.</li> <li>During the marriage ceremony, the betel nuts are distributed individually for better digestion as they believe this fruit is secret.</li> <li>This fruit is sacrificed to the fire for the purity of the soul.</li> </ul> |
| 3.. | Coconut, <i>Narial</i><br>(Asur) | Birth   | <ul style="list-style-type: none"> <li>This fruit is used in many ceremonies, special during birth rituals. Having asked</li> </ul>  |



|    |   |   |  |
|----|---|---|--|
|    |   | <p>Marriage</p> <p>Death</p>              | <p>why they keep this particular fruit, they have no answers and add that it has been a practice performed by their ancestors, so they are continuing.</p> <ul style="list-style-type: none"> <li>• This fruit is used in the <i>yajna</i>.</li> <li>• This fruit is used in the <i>yajna</i>.</li> </ul>                      |
| 4. | <p><i>Durba Grass,</i><br/><i>Dubla Ghas (Asur)</i></p> | <p>Birth</p> <p>Marriage</p> <p>Death</p> | <ul style="list-style-type: none"> <li>• It is a belief that if they fan the baby's body with the bunch of <i>Dubla Ghas</i> for nine days after the birth, it removed the infection and the virus at bay. This traditional practice is still continuing, and even some Christian Asurs continued to practice this.</li> </ul> |

|    |   |   |  |
|----|---|---|--|
|    |   |   | <ul style="list-style-type: none"> <li>• This <i>Dubla Ghasis</i> used in the marriage ceremony for purity.</li> <li>• They also believe that this <i>Ghas</i> remove the impurities and infection.</li> </ul>   |
| 5. | Mustard Oil,<br><i>Khaini Sunum</i><br>(Asur) | <p>Birth</p> <p>Marriage</p> <p>Death</p> | <ul style="list-style-type: none"> <li>• Though Mustard oil is used in various ways yet, at the time of birth or till one month after the delivery, this oil is not used for ritualistic purposes, especially lighting the lamp/<i>Diya</i> during ceremonies.</li> <li>• It is used to prepare the food and the mixture of the <i>Khaini Sunum</i> with turmeric is used in the bride and groom's body to glow the skin.</li> </ul> |

|    |                                  |   |  |
|----|----------------------------------|---|--|
|    |                                  |   | <ul style="list-style-type: none"> <li>• This oil is applied to the dead body as it removes the infection</li> </ul>   |
| 6. | Turmeric, <i>Haldi</i><br>(Asur) | <p>Birth</p> <p>Marriage</p> <p>Death</p> | <ul style="list-style-type: none"> <li>• After a month of the delivery, the mother and the baby are given a bath with turmeric water, believed to remove the infections.</li> <li>• Turmeric removes the infection of the bride and groom's body and glows the skin</li> <li>• Turmeric removes the virus from the dead body.</li> </ul> |

**Sources:** Interviewed Suresh Asur (M, 58), JaynathAsur (M, 70), Jaklu Asur (M, 57), and Sadhni Asur (F,40). 19.04.2022.

## 4.2. Traditional Food Preparation as Medicines

In the community, food is an important part of human life because they cannot survive without food. So, the people collect food to fulfil their daily needs. In that situation, food is not only used for the survival of life but it is also used to maintain good health. The Asur community considers food as a medicine to cure disease. The Asurs have developed a specific use of herbs and vegetables and their sub-products in food habits as a preventive measure against certain diseases. They prepare many foods to cure the diseases, such as they make the ‘*snail curry*’, a traditional food of the Asur.<sup>2</sup> This snail is available in the small river of the Nagrakata. This dish is believed to cure Jaundice, Blindness and low vision. It is found that their ancestors used to prepare Snail’s dish to treat the above-mentioned sickness, and still, now, the Asur tribe continued to consume it.

Many food items of the Asurs have medicinal values, which their older generation has taught them to prepare and consume. Some of their food habits having medicinal value are discussed below.

**Table 4.2: List of the Traditional Food Preparation as Medicines**

| Sl.No | Disease’s Name | Food Items                         | Preparation of the Food            |
|-------|----------------|------------------------------------|------------------------------------|
|       | Blindness      | Small Snails from the nearby river | making the curry of the snails and |

---

<sup>2</sup> Barman, R. K. (2019). *Practice of Folk Medicine in Sub-Himalayan Bengal A Study on the Folk Medicinal Practices of the Rajbanshis in Historical Perspective (1ed.)*. New Delhi: Abhijeet Publication. p. 69.

|  |                 |   |   |
|--|-----------------|---|---|
|  |                 |   | consumption in the prescribed manner.   |
|  | Blood Pressure  | Leaf of the <i>Sajina</i> tree, to be fried in a medium flam. | Fried <i>Sajina</i> leaf to be taken two days per week with boiled rice.  |
|  | Dysentery       | <i>Aistani</i> leaf<br><i>Katai Shak</i>                      | Both are Shag or leafy vegetables. They are to be consumed as curry or soup along with boiled rice.                                   |
|  | Fracture        | Carrot and <i>Tobit</i>                                       | Carrot and <i>Tobit</i> are boiled together to prepare the soup. This soup is taken by the patient to join the fractures of the bones |
|  | Gastric problem | <i>Rote Shak</i><br><i>Kari patai</i>                         | These leafy vegetables are to be cooked as curry or simply fry it. It is to   |

|  |                                  |                       |   |
|--|----------------------------------|-----------------------|---|
|  |                                  |                       | be consumed with either Roti or cooked rice.  |
|  | Lopsided                         | <i>Kewa Kanda</i>     | It is a tuber found in the nearby forest which is to be eaten after cooking inside the hot ashes in the hearth. |
|  | Sleeping Problem of the children | <i>Sunsuniya Shag</i> | This leafy vegetable is to be consumed during lunch and dinner with boiled rice.                                |
|  | To increase appetite             | <i>Muchri</i>         | This leafy vegetable found randomly in the fields is to be cleaned and boiled and consume.                      |

### 4.3. Oral Hygiene

People used various natural products from the ancient period to clean their teeth. The Asurs also have a traditional way of doing it. It is observed that they use different twigs

of herbs and trees to keep their teeth clean. They call these twigs *Datun*. Their forefathers used the twig of medicinal plants, and today it is found that they are continuing this practice. The eight different medicinal plants used for cleaning the teeth are as follows:

- i. *Shal Datun*
- ii. *GhatoDatun*
- iii. *MungiDatun*
- iv. *KoronDatun*
- v. *ArendiDatun*
- vi. *Neem Datun*
- vii. *AamrutDatun*
- viii. *ShimalDatun*

#### **4.4. The Role of the *Dai Maas***

Women are guardians, creators, and consumers of the culture. The *Dai Maas* of the Asurs community plays an important role. The *Dai Maa*'s primary role is to render help during delivery and prescribe medicines to the baby and mother. They are experts in giving body massages to both the mother and the baby. During the field of this study in *Carri Line, Factory, Line* and *Matu Line*, it was found that there are five *Dai Maas* existing and interviewed them. In the interview, they all said, they know the folk medicinal practices to be prescribed during delivery and after. They were delighted to say that they have helped deliver the number of babies in their localities. Most of the

aged *Dai Maas* said that now they have become old and they encourage the women to go to the hospital. They also said that the youth are not interested to learn this practice as most of the younger girls are taken to different places as helpers in different families. The younger *Dai Maas* age said that they still help the women deliver the baby during emergencies. It is also found that before twenty to twenty-five years, the role of the *Dai Maas* of the Asur community is significant. They said that sometimes, some families call them and ask for help. At this time, they practice folk medicines they have learned from their elder and are successful. It is also noticed that some families request *Dai Maas* to accompany the pregnant women to the hospital for delivery. It can be assumed that it is so because their belief and trust in the folk medicinal practices have not been erased from their psychics.

It is also found that though the women delivered their babies in the hospitals, they invite these to massage their bodies with medicinal herbs. In some cases, they are requested to stay with the family for a month or to prepare food for them, who in turn include folk medicines in their diets to regain their strength. The *Dai Maas*, in return, receives money or some gifts for her service. Most of the time, their health is voluntary. The Asurs, both converted Christian and non-converted take the help of the *Dai Maas*.

Late us look into their saying what they narrated during the interview

- (i) **SadhniAsur (44, Female):** She is a '*Dai Maa*'<sup>3</sup>living near the *Mathu Line*. She claims that she helped in delivering three babies successfully. She said she prepared warm water with *Neem Patai* (leaves) for bathing, which removes the infection from the newborn baby. She further adds that after

---

<sup>3</sup> All women give birth to their babies at home with the assistance of old women, relatives and traditional birth attendants, known as '*Dai*' or '*Dai Maa*' or *Dagrain* in Asurs.



the birth, Asur women isolate themselves and the baby for three months from other people to avoid being infected by the virus. During these isolation days, they observe fire rituals almost every evening where they ignite the fire and add some substances extracted from the plants such as *Dhup* (Incense), *Rukni* (Mustard), *Chawl* (Rice), *Haldi* (Turmeric), *Mircha* (Red Chili). She also explained that after the delivery mother eats the ‘*Haldi Chawl*’<sup>4</sup> for better health and not to be infected by the virus.<sup>5</sup>

(ii) **Mangri Asur (65, Female):** Mangri Asur is a ‘*Dai Maa*’ of the Asur community of the Carri line. She says, she helped in delivering eight babies. She narrates that she prescribed some folk medicines for their better health. She suggests the women take *Hati Panjra*’s (*DadakDuwa*)<sup>6</sup> bark daily. She tells the people to collect the *Dadak Duwa* bark, then crash it, boils it with fresh water and keep it for future use. When the mother needs to drink water, they only drink this water. This tonic removes the pain in the private part of the mother and increases the blood and improves blood circulation.<sup>7</sup>

(iii) **Jhalo Asur (66, Female):** Jhalo Asur is the oldest *Dai Maa* of the Carri line. In her life, she has spent almost twenty-six years serving in her community. She helped deliver seven babies in this village who are healthy and alive now. She has mentioned that after the delivery, she prescribed the bark of the *Rahin* tree to the mothers. The bark of the *Rahin* tree is soaked at night and told to be taken it daily on an empty stomach. This drink increases the blood of the mothers.<sup>8</sup>

---

<sup>4</sup>Mixed the rice and turmeric.

<sup>5</sup>Interviewed Sadhni Asur, 40 years, F, Matu Line, 19.04.2022.

<sup>6</sup>*Dadak duwa* is the popularly known as *Hati panjra* tree. The bark of this tree is very useful to take as medicines to increase blood.

<sup>7</sup> Interviewed Mangri Asur, 65 years, F, Carri Line. 21.04.2022.

<sup>8</sup>Interviewed Jhalo Asur, 66 years, F, Carri Line. 22.04.2022.

- (iv) **Bimla Asur (55, Female):** Bimla Asur is also a *Dai Maa* living in the *Carri Line*. She is known as a social worker in her community. She narrates, she has monitored the delivery process, and proudly claims that more than hundreds of women are helped by her delivering the babies. At present, she has a job on her hand as a helper in the Carron primary health centre. She says, ‘however, most women come to the hospital to deliver their babies; she is always there to help them though she works under the doctor’s supervision and the trained nurses.’ It is found that though she works in the hospital as a helper, she prescribes the mothers to keep the *Tulshi Patai* (Basil leaves) beside the baby to remove the infection. She also prescribes boiling the bark of the *Ruin* tree in water and drinking daily to remove the weakness and increase their energy.<sup>9</sup>
- (v) **Rigri Asur (70, Female):** Rigri Asuris the oldest *Dai Maa*. She lives in Carri Line. She says, ‘she cantons go physically to assist the mothers in her locality but prescribes and advises them on some folk medicines. She suggests the mothers to use *Kabutar Pota* (one type of leaves), *Siriyali* (the root of the *Siriyali* tree) which keep the baby healthy. She prescribes *Dhan Kora* (broken paddy grains) which increases the quantity of breast milk, and *Kacha Haldi Vat* (row turmeric with boiled rice) which removes the stomach problems of the mother. She claims that she volunteers to deliver almost twelve babies in her community.<sup>10</sup>

---

<sup>9</sup>Interviewed Bimla Asur, 55 years, F, Carri Line, 21.04.2022.

<sup>10</sup>Interviewed Rigri Asur, 70 years, F, Carri Line. 20.04.2022.

#### 4.5. Folk Medicinal Practices of *Ojhaor Kabiraj Pahan*

*Ojha's* or the *Kabiraj Pahan* is the influential personality among the Asur tribe of Nagrakata block. He is a non-professional folk medicinal practitioner as well as a priest. In the Asur community, the *Ojha's* play an essential part. In the earlier days, their role was indispensable. However, their role has declined at present. The factors for the change have already been discussed in the previous chapter. However, they hold an important place in society through their functionality is limited now. It is observed that they continuity to performed Pujas in the community. Some people continue to come to them to receive medicines. it is a form that people come to them to treat during mirror/common sicknesses. However, people go to treat severe illnesses in hospitals. The *Ojhas* continue to work for the community through the function has decreased. They use Tantra Mantra also along with the folk medicines to cure the sickness. In the field survey, it is found that only three *Ojhas* exist among the Asurs tribes in these three villages at present. They were interviewed and the following are excerpts of what they have said regarding their continuity of work.

- (i) **Budhu Asur (71, male):** BudhuAsur71, male is a senior Asur *Ojha* and a well-known '*Kabiraj Pahan*' from the lower factory line. He has inherited the knowledge of folk medicines from his father, grandfather and other family members. He does not charge any fee for prescribing the medicines. He mainly deals with Jaundice, dental problems, fever, *Diarrhea*, Paranormal activities etc. He prepares medicines by himself. He often mixes medicine with exorcism and discloses the following prescriptions.<sup>11</sup>

---

<sup>11</sup>Interviewed Budhu Asur, 71, M, factory Line. 22.04.2022.



**Fig. 4.1:** With Budhu Asur, picture taken on.22.04.2022.

**Preparation of the medicines:** Budhu Asur has disclosed the following sickness, use of folk medicines, and their preparation:

- (A) **Jaundice:** He prepared medicine from the '*Kola kila*' and prescribes to take it for five days. *Tael* (mustard oil), *Dubla ghas* (Grass) are to be mixed and prepared into a paste to be applied from the forehead to the feet.
- (B) **Tooth Cavity:** Teeth cavity is a common disease. To treat this, he prescribes the branch of the *Erendi Gachh* (*Ricinus Communis*) for brushing the teeth early in the morning.
- (C) **Headache:** *Matar Patai* (*Pisum sativum*) helps remove headaches. He says that these leaves are to boil in water and then take them for one hour, which will help remove the headache. He mentioned another application, after boiling, the leaves are smashed, and the paste is applied to the forehead for three hours. This treatment removes the headache.



**Fig. 4.2:** *Matar Patai* (*Pisum sativum*), picture taken on 22.04.2022.

**(D) Stomach Ache:** This problem is common among the Asur people. In this case, the folk medicine he prescribes is the juice extract from the *Nakbail* root, which is to be taken with cold water or without water.



**Fig.4.3:** *Nakbail* Plant, picture taken on 20.04.2022.

**(E) Paranormal Activity (Spirit Possessed):** Often, individuals show paranormal activity. Among the Asurs community, they have a belief

that they had a disturb by an evil spirit. At this time *Kabiraj Pahan* comes to the rescue and uses the *Tantra Mantra* and folk medicine (commonly called *Jhar Fuk*) to cast off the demons from the patient. He makes the mixture with rice and mustard oil and sprinkles it on the victim for three days. After this, the patient becomes free from the problem of evil spirit possession. Alternative medicine for this is by mixing *Aatab Chal* (sunned rice), *Haldi* (turmeric), *Lal Marich* (red chilli), and *Khaini* (quid) and *mantra* to provide for the patients. This mixture takes three days to cure completely.

**(F) Fever:** for fever, he prescribes folk medicines such as the root of the ‘*Chir Chithi*’ plant.

**(G) Diarrhoea:** He prescribes the extract of the *Ulatkamal* root (Devil’s cotton) and barks to drink early in the morning to cure Diarrhoea. This Devil’s cotton root is an aid for various health ailments. The bark and the root help in the regulation of the menstrual periods.



**Fig.4.4:** *Ulatkamal* (Devil's Cotton), picture taken on 20.04.2022.

- (ii) **Diliram Asur (55, Male):** Diliram Asur is a *Kabiraj Pahan* or *Ojha* of the Asur community. He lives in the *Khapra line* of the Carron tea garden of Nagrakata block of Jalpaiguri district. Primarily he is a tea garden worker. They have a tradition in the family of healing certain diseases. He has inherited the knowledge of folk medicine from his father and grandfather. He is known to be a renowned healer. He does not take any charge (fee) from the patients for healing. He believes in his community service. He is an expert in curing some diseases such as bone fractures, dysentery, itchy skin, and ringworm.<sup>12</sup>

---

<sup>12</sup>Interviewed Diliram Asur, 55 years, M, Khapra Line, 23.04.2022.



**Fig.4.5:** Diliram Asur, 55, M, Matu Line, picture taken on 22.04.2022.

**(A) Itchy Skin and Ringworm:** Itchiness in the skin and Ringworm are common diseases among the Asurs. The people go to the *Kabiraj Pahan (Ojha)* to treat these diseases. He prescribes the '*Karan Tel*'<sup>13</sup> to apply to the affected area for ten days or until the complete cure. This is the useful oil of this community.

---

<sup>13</sup>*Karan Tel* is the one type of oil produced from the fruits of the Karan tree. This tree has a long life and produces the fruits used in the making process of the Karan oil.





**Fig. 4.6:** Left: *Karan* tree, Right: *Karan* oil, picture taken on 22.04.2022.

**(B) Pneumonia:** Pneumonia is an infection that inflames the air sacs in the lungs. The air sacs may fill with fluid or pus causing cough with phlegm or pus, fever, chills, and difficulty breathing. A variety of organisms, including bacteria, viruses and fungi, can cause pneumonia. Before the introduction of western medicines, people dealt with this disease by using folk medicine. Diliram Asur prescribed folk medicine to cure this ailment. He has described the medicine and its uses. He has mentioned *Surkin* (Neem) with boiled fresh water to take for three days.

**(C) Flux and Cough:** Cough and Flux are the common health disease among people. In the Asur community, when they suffered from these diseases they come to consult with the *Ojha*. *Ojha* Diliram Asur prescribes folk medicine such as '*Khaini Sunum*' (Mustard oil) mixed with the *Losun* (Garlic) and *Jhula* (Charcol). This mixture is wrapped in the cotton cloth and worn as a neckless till it cures.

**(D) Dysentery:** He prescribed the *Aamras Patai* (Guava Leaves) to cure dysentery. To make the medicines out of this, he prescribes to grind the

collected tender leaf and make a paste. He gives this to the patient for three days to cure. He uses ‘*Shilet*’<sup>14</sup> to grind these leaves.



**Fig.4.7:** *Shilet* (Stone grinder), picture taken on 22.04.2022.

**(E) Burn cases:** To treat the burn cases, he prescribes applying the paste made of *Shewla* (Moss), and *Alu* (Potato).

**(F) Breathing problem:** He prescribed the mixture of the *Hadra* and *Madhu* (Honey) for seven days or till he is healed.

**(iii) Jaynath Asur (70, Male):** Jaynath Asur is the oldest *Ojha* living in the *Lower Factory Line*. He has been engaged in folk medicinal practices since his marriage and after his complete learning of the folk medicines. He is primarily a tea garden worker and secondly *Ojha*. He has inherited his knowledge of folk medicine from his father and uncle. He mainly uses

---

<sup>14</sup> A stone for grinding spices, hard substances and medicinal herbs which are available in the all family as well as in *Ojha*'s house. Traditionally, this grinding stone is collected from the Diana River which is situated eastern side of the village. Sometimes, they buy from the market. From the ancient period, people used this in different shapes and colours. Asurs continue to use this type of stone.

magical means for healing with sanctified water and oil. He mentioned some folk medicinal practices during the interview.<sup>15</sup>



**Fig.4.8:** Jaynath Asur, 70, M, Matu Line, picture taken on 21.22.2022.

**(A) Weakness:** For weakness, he continued to prescribe the paste of the bark of the *Ruhin* tree with hot water to drink early in the morning for one week to remove the weakness. This gives energy to the body.

**(B) Fever, Worms, Cough, and Jaundice:** Jaynath Asur uses *Bhua neem*, *Ghato* leaves, *Chirata*, white parts of the Pineapple leaves, and *Baksha Patai*, for treating the cough, fever, and Jaundice. He prescribes using the boiled juice of two spoons of the above-mentioned substances with honey for fever and cough. However, he suggests the patients to drink

---

<sup>15</sup> Interviewed Jaynath Asur, 70 years, M, Matu Line. 24.04.2022.

the juice with rock salts instead of honey. He prescribes the Juice of *Bhui Neem* to kill the worms.<sup>16</sup>

#### **4.6. Conclusion**

It is interesting that the Asur community has continued the folk medicinal practices. In many cases, changes are witnessed, but amidst the changes, there are areas where the guardians of the culture still continue to perform their past. This speciality of continuing the folk medicinal practices of the *Dai Maas* and the *Ojhas* of the Asur community is praiseworthy. In this superfast-changing world, it is difficult to maintain and keep the tradition intact, despite many waves of change occurring. It is understood that there are individuals in the Asurs community who continue to practice their folk legacy, as a result, they are saved from completely vanishing. The interviews with the *Ojhas* and the *Dai Maas* reflect that though the people hardly use their medicines, they come to them to treat their common diseases and in turn, they provide them with medicines. Indeed, Asurs have not lost everything in the process. Some of the things are continuing.

---

<sup>16</sup> Interviewed Jaynath Asur, 70 years, M, Matu Line, 22.04.2022.

## **CHAPTER-V**

### **5.1. Conclusion**

In conclusion, disease and illness are individual biological responses. It is directed and shaped for the most part by cultural ideas, and it is learned in the course of being socialized. Since ancient times, man has been interested in controlling and treating diseases and gaining knowledge in the medical fields. Concerning this, all communities have a set of ideas for defining and treating diseases. So, human society has created an adaptive strategy for diseases.

After the Indo-Bhutan War (1864-1865), the Treaty of Sinchula was signed in 1865, and the north-eastern part of the western Dooars region was annexed to Bengal from Bhutan. Subsequently, in 1869 the Jalpaiguri district was formed, and 1879 was the landmark in the history of tea plantations in Jalpaiguri. While in the plantations of the Terai and Duars region, primarily the tribes of Chotanagpur and Santhal Parganas (like Oraons, Mundas, Santhals, Kharias and Asurs) were recruited as labourers. The British planters brought these labourers from the Jharkhand region through the *Sardari* system. They are popularly known as the immigrant tribe of the western Dooars.

In the nineteenth century, British planters introduced tea plantations in northern parts of colonial Bengal (western Dooars) that changed the characteristics of the area. They started settling in the vicinity of the tea gardens, and the Asurs were one of them. The Asurs have folk medicinal knowledge, and as they migrated, they brought this along. Along with the tea plantations, hospitals and schools were gradually opened, and this is how the introduction of modern medicine began. With this introduction, the Asurs gradually lost their folk medicinal knowledge.

In North Bengal, Jalpaiguri is very interesting because of the different cultural indigenous and immigrant tribal communities. These indigenous tribal communities, such as Toto, Bodo, Meches, and Rabha, have been living here for generations. They also know about flora, fauna, minerals and other elements of nature. On the other hand, immigrant tribal communities also brought much traditional knowledge when coming to this region (Jalpaiguri), such as Asur, Santhal, Munda, and Oraon. They know the natural elements in their cultural life. The Asur community has their settlement in the Nagrakata block of Jalpaiguri district. They have maintained their cultural and social activity. So, their adaptation to the new environment and geographical space and understanding of nature helped them invent medicinal herbs and plants, which also added to their bounty of folk medicinal practices.

The Asurs had to face many dreadful diseases like malaria, cholera, and black fever, which they had never experienced before. Their knowledge of folk medicines did not become effective; in that case, they had to depend on western medicine. The major factors that facilitated the acceptance of western medicine by the Asurs in Nagrakata Block were the direct rule of the British, the establishment of the tea gardens, the introduction of the hospitals, and schools, the availability of cash, the absence of a learning attitude of the folk medicinal practice among the youngsters from the *Ojhas*, and giving less priority to the roles of the *Dai Maas*. The coming of Christian missionaries and the establishment of churches have converted almost more than half of the Asurs population in these three areas of the study.

It is found that though they depend upon modern western medicine, they have not stopped using their folk medicine. Generally, the Asurs who knew about the folk medicines brought this substance from the different regions of Jalpaiguri, planted it in

their surroundings or their habited land, and left it for the next generation. They collect the medicinal plants and herbs and use them for their disease. This practice is a traditional family-oriented process that transmits this folk medicinal knowledge.

In this community, no woman *Ojha* is found. However, the women members of the Asur community always helped the *Ojha* make the medicines. Thus, these folk medicinal practices are non-profitable among the Asur *Ojha*. They do not receive a visiting fee for their services. Even if they do not charge for their medicines, the patients offer something or cash as a gift. In this case, they do not deny it. They also maintain this medicinal trend for providing services to their community members to get relief from different ailments. However, sometimes they charge a fee when the patients need quality medicines, primarily for treating bone fractures and joint pain. He uses this cash to buy some materials for the treatment from the market.

It is recorded that even after the treaty of Sinchula (1865), the British focused their medicinal practices on the tea plantation area. For this reason, the folk medicinal practices started to decline, whereas the *Ojha*'s were all in all before. However, it is to be noted that these practices did decline but not completely.

Secondly, socio-cultural influence on the Asur community is also an important cause. It is found that this community was gradually influenced by modern society. After the independence, the Indian government introduced many policies which helped them to get jobs in the governmental sectors, but very few received it.

Thirdly, religion influence the Asur community. During the colonial period, Christian missionaries were trying to convert many tribal communities. At this time, some of the Asur people also converted to Christianity. The process of conversion continued and it

is found that the majority of them are Christians and very less are Hindus. After coming under the banner of Christianity, the converted Asurs seem to show less interest in the folk traditional practices in particular and culture and heritage in general whereas the Hindu Asurs continue to practice it.

After the introduction of modern medicine/biomedicine in the Jalpaiguri district, they started to depend upon modern or western medicine. The number of patients visiting started showing in the government dispensaries and a decrease in the faith and belief systems among the people regarding the folk medicinal practices. This ultimately led to the gradual derecognition of the folk medicinal system. One of the biggest reasons behind the success of the spread of modern medicinal knowledge through education was opening the gate to the Christian missionaries and providing support to them. After receiving support from the British officials in Jalpaiguri tea growing area, they started introducing modern education and health centres in Jalpaiguri. The British Political Officer introduce several policies in Jalpaiguri. One of them is forest laws.

The forest laws, to some extent, hindered the folk healers and medical practitioners from going to the forest freely as before and collecting the herbs for the treatment. This can be because of appointing forest guards, chaprassies and officials in the forest areas of Jalpaiguri which helped them to bring the saplings from the forest and plant the herbal plant in their village and used it during the illness.

It is found that not everything is lost some of the traits in folk medicinal practices are still continuing. The folk tradition of keeping oral hygiene, the role of the *Dai Maas* in pre- and post-delivery, *Kabiraj Pahan or Ojha's prescribing of medicines* and traditional food having medicinal value are some of the key points on which the continuity factors are seen among the Asurs. Firstly, in the Asur community, folk



medicinal practices are carried beyond the independence of India. The Asurs now go to the *Ojhas* only during common sicknesses like cold, fever, and headache and not during severe cases. The *Dai Maas* are still preferred in the families where they invite them to stay for a month or two to look after the mother after delivery and prescribe them folk medicines and provide massage to both the mother and the baby.

The study of the Asurs in the *Carri Line*, *Factory line* and *Matu line* of the Nagrakata block of the Jalpaiguri district has been exciting and could find out the changes and the reasons and continuity of the Folk medicinal practices among the Asurs. There may be many other changes and the reasons and even the traits of continuity of the folk medicinal practices of the Asurs in the given areas, hence more intense study is required.

## **APPENDIX: I**

### **Name and Address of the Asurs *Ojha (Kabiraj Pahan)* interviewed**

1. Duliram Asur, village Khapra line of Carri line of Nagrakata of Jalpaiguri district. Date of Interview 23.04.2022.
2. Jaynath Asur, village Low factory line of Carri line Nagrakataof Jalpaiguri district. Date of the interview 24.04.2022.
3. Budhu Asur, Village Salkhu line of Carri line of Nagrakata block of Jalpaiguri district. Date of the interview 22.04.2022.

## APPENDIX: II

### **Name and address of the Asurs '*Dai Maas*' or '*Dagrain*' interviewed**

1. Sadhni Asur, Mardasi line of Carri line, Nagrakata block of Jalpaiguri district.  
Date of the interview 19.04.2022.
2. Mangri Asur, Carri line of Nagrakata block of Jalpaiguri district. Date of Interview 21.04.2022.
3. Jhalo Asur, Carri line village of Nagrakata block of Jalpaiguri. Date of the interview 22.04.2022.
4. Bimla Asur, Carri line of Nagrakata block of Jalpaiguri. Date of the interview 21.04.2022.
5. Rigri Asur, Carri line of Nagrakata block of Jalpaiguri. Date of the interview 23.04.2022.

## BIBLIOGRAPHY

### Primary Sources:

Bhattacharya, B. K. (1981). *Jalpaiguri District Gazetteer*. Kolkata: Honorary State Editor.

Christophers, S. R. & Bently, C. A. (1911). *Malaria in the Duars*. Simla: The Government Monotype Press.

Hunter, W.W. (1876). *A Statistical Account of Bengal*. (1ed.). Districts of Darjeeling and Jalpaiguri, & State of Koch Behar. London: Trubner.

Gruning, J. F. (1911). *Eastern Bengal and Assam District Gazetteer: Jalpaiguri*. Allahabad: The Pioneer Press.

Kushari, A. M. (1981). *West Bengal District Gazetteer: Jalpaiguri*. Government of West Bengal. Kolkata: Honorary State Editor.

Milligan, J.A. (1919). *Final Report on the Survey and Settlement Operations in Jalpaiguri 1906-1916*. Kolkata: Bengal Secretariat Press.

Mitra, A. (1951). *Census Report on The Tribes and Castes of West Bengal*. Alipore: West Bengal Government Press.

Ray, B. (1964). *Census of India 1961, District Handbook: Jalpaiguri*. Calcutta: West Bengal Government Press.

Ray, P. R. (1981). *Jalpaiguri District Gazetteer*. Kolkata: West Bengal Government Press.

Risley, H. H. (1892). *The Tribes and Castes of Bengal*. (1ed.). Calcutta: Bengal Secretary Press.

Sunder, D. H. E. (1895). *Survey and Settlement of the Western Duars in the District of Jalpaiguri 1889-1895*. Kolkata: National Library Publisher.

West Bengal District Gazetteers: Jalpaiguri (1981). Calcutta: West Bengal government Press.

World Health Organization. (2013). *Traditional Medicines Strategy: 2014-2023*. Hong Kong.

#### **Unpublished PhD. and MPhil dissertation and other unpublished works**

Bhutia, J. D. (2020). *British Influences on Folk Medicine and Healing Practices in Sikkim*. (MPhil dissertation). Sikkim University. Sikkim.

Dutta, R. (2014). *Concept of Health Disease and Treatment Among the Totos of Toto Para in Jalpaiguri District West Bengal*. (PhD thesis). University of North Bengal. Siliguri.

Ghosh, S. (2011). *The History of Medical and Health Care Systems of North Bengal from 1869 to 1969*. (PhD Thesis). University of North Bengal. Siliguri.

#### **Secondary Sources:**

##### **1. Books:**

Arnold, D. (1993). *Colonising the Body: State Medicine and Epidemic Diseases in 19<sup>th</sup> Century India* (1 ed.). California: University of California Press.

Arnold, D. (2000). *The New Cambridge History of India: Science, Technology and Medicine in Colonial India*. New York: Cambridge University Press.

Bandyopadhyay, S. (2004). *From Plassey to Partition and After*. New Delhi: Orient BlackSwam Private Limited.

Barman, R. K. (2019). *Practice of Folk Medicine in Sub-Himalayan Bengal A Study on the Folk Medicinal Practices of the Rajbanshis in Historical Perspective (1ed.)*. New Delhi: Abhijeet Publication.

Barman, R. K. (2021). *The Raidak: A Transnational River from Bhutan to Bangladesh through India*. New Delhi: Mittal Publication.

Basham, A. L. (1976). *Practice of Medicine in Ancient and Medieval India*. California: University of California Press.

Bhadra, K. N. (1997). *Social Dimension of Health of Tea Plantation Workers in India (1Ed.)*. Siliguri: National Library Publication.

Bhattacharya, N. (2012). *Contagion and Enclaves: Tropical Medicine in Colonial India*. Liverpool: Liverpool University Press.

Bhattacharya, S. (2014). *Social Transformation of the Rabha Women: A Special Reference to Jalpaiguri District*. In S. C. Sarkar (ed), *Changing Society of Twentieth Century Bengal (55-61)*. Kolkata: Progressive Publisher.

Bhosale, P. S. (2019). *Tribal Herbal Practitioner*. New Delhi: Orange Books Publication.

- Biswas, S. (2014). Social Changes and Transformation Among the Adivasi Tea Garden Labourers: A Case Study in the Tea Plantation Industry in Terai-Dooars. In S. C. Sarkar (Ed), *Changing Society of Twentieth Century Bengal* (127-147). Kolkata: Progressive Publisher.
- Bodding, P. O. (1983). *Studies in Santhal Medicine and Connected folklore*. Kolkata: The Asiatic Society.
- Chandra, S. (2011). *Social Change in Modern India*. New Delhi: Jnanada Prakashan.
- Chopra, R. N. (1933). *Indigenous Drugs of India*. Kolkata: Academic Publishers.
- Das Gupta, R. (1993). *Economic, Society and Politics in Bengal: Jalpaiguri 1865 to 1947*. New Delhi: Oxford University Press.
- Debnath, S. (2010). *The Dooars in Historical Transition*. Siliguri: National Library Publishers.
- Dutta, P. (2012). *Tribes of North Bengal: Cultural Society and Politics with Special Reference to West Bengal*. (1ed.). Kolkata: Progressive Publishers.
- Ghosh, B. C. (1970). *The Development of Tea Industry in the District of Jalpaiguri 1869-1968* (1ed.). Siliguri: National Library Publishers.
- Johnson, R. (2003). *British Imperialism*. New York: Palgrave Macmillan.
- Jaggi, O. P. (1973). *Folk Medicine* (5 ed.). Delhi: Atma Ram & Sons.
- Kapoor, N. K., Gupta, V. P., & Gupta, M. (2008). *A Dictionary of Scheduled Tribes in India*. New Delhi: Radha Publication.

Karant, G.K. (1995). *Change and Continuity in Agrarian Relation*. New Delhi Ashok Kumar Mittal Concept Publishing Company.

Keyes, J. (2009). *Human Health: A Natural Way*. New Delhi: New Age Books.

Kumar, D. (2006). *Science and the Raj: A Study of British India*. Delhi: Oxford University Press.

Majumdar, B. (1998). *The Toto 's*. (1Ed.). Kolkata: Academic Enterprise.

Majumdar, R. C. (1971). *Medicine vide A Concise History of India*. New Delhi: Indian National Science Academy.

Nath, P. (2019). *Adibasi Asur Samaj o Sanskriti*. (1ed.). Jalpaiguri: Ekhon Dooars.

Paul, D. C. & Jain, S. K. (1998). *Tribal Medicine*. (1ed.). Kolkata: Naya Prakash.

Pahari, S. (2011). *Unish Shataker Banglay Sanatani Chikitya Byabosthar Swarup*. Kolkata: Progressive Publishers.

Ray, S. (2013). *Transformations on the Bengal Frontier: Jalpaiguri 1765-1948*. (1ed.). London and New York: Routledge.

Roy, B. B. (1995). *Unish Sataker Banglar Bhasate Chikitsa Vigyan Charcha* (1ed.). Kolkata: Progressive Publishers.

Debnath, S. (2010). *The Dooars in Historical Transition* (1ed.). Siliguri: National Library Publishers.

Saravanan, V. (2018). *Environmental History and Tribals in Modern India*(1ed.). Singapore: Palgrave MacMillan.



Sarkar, A. K. (2021). *Tribes of Sub-Himalayan Region* (1ed.). New Delhi: Mittal Publications.

Sarkar, S. K. (2001). An Aspect of Artisanal Technology in India-Some Methodological Argument. In A. K. Biswas (Ed), *History, Science and Society in the Indian Context*. Kolkata: The Asiatic Society.

Sarkar, S. (2014). Diseases and Encounters in Jalpaiguri Tea Gardens: The 20th-century Scenario. In S. C. Sarkar (Ed), *Changing Society of Twentieth Century Bengal* (62-75). Kolkata: Progressive Publisher.

Sengupta, D. K. (2020). Development of Modern Medicine and Health Care Facility in Jalpaiguri District Since 1869. In A. G. Ghosh, N. S. Das, N. C. Roy, & K. C. Sutradhar. (Eds), *Sesquicentennial Commemoration Volume of Jalpaiguri District (1869-2019)*. New Delhi: Kunal Books Publisher and Distributors.

Sharma, K. L. (2008). *Indian Social Structure and Change* (1ed.). New Delhi: Rawat Publication.

Sharma, M. (2012). *Indigenous and Western Medicine in Colonial India* (1ed.). New Delhi: Cambridge University Press India Pvt. Ltd.

Singh, Y. (1986). *Modernization of Indian Tradition* (1ed.). New Delhi: Rawat Publication.

Slouber, M. (2017). *Early Tantric Medicine (Snakebites, and Healing in the Garuda Tantras)* (1ed.). New York: Oxford University Press.

## 2. Articles and Journal:

Bandyopadhyay, A. (2010). The Colonial Legacy of Forest Policies in India. *Social Scientist*, 38(1/2), 53–76. <http://www.jstor.org/stable/25621956>.

Basu, D., & Datta, U. (1990). Some Anthroposcopic Traits among the Asur of Bihar. *Anthropologie (1962)*, 28(2/3), 277–281. <http://www.jstor.org/stable/26295098>.

Changkija, S. (1999). Folk Medicinal Plants of the Nagas in India. *Asian Folklore Studies*, 58(1), 205–230. <https://doi.org/10.2307/1178894>. Nagaland: Nagaland University.

Das, A. (2021). The Tribes of Western Duars: A Case Study on Asur Tribe from Colonial to Post-colonial Period, 10(2), 35-40. *International Journal of Science and Research*. ISSN. 2319-7064.

Das, B. (2018). Tea Plantation on Report: Health Service in Colonial Bengal. *Eastern Geographer*. XXIV (02). 60-69. ISSN: 0973-7642.

Deb, P. (2018). Tribal Habitat and the Characteristics of their Houses: A Case Study of Oraon, Munda and Santhal Tribes in Jalpaiguri District. *Indian Journal of Geography and Environment, Department of Geography*, 25-37. <http://vidyasagar.ac.in/journal>. Santiniketan.

Debnath, S. (2011). Evolution of Land Revenue in Western Dooars under the Bhutanese and the British. *Bi-Annual Journal: Geography Society of North Bengal A Research Journal of Social Science*. Alipurduar: Geographical Society of North Bengal 1(1), 29-46.

Gerschenkron, A. (1962). On the Concept of Continuity in History. *Proceedings of the American Philosophical Society*, 106(3), 195–209. <http://www.jstor.org/stable/985175>. Philadelphia.

Sarkar, B. C. (2017). *The Living Condition of Tribal People as Tea Garden Workers in Dooars of Jalpaiguri District*. UGC Minor Research Project. Department of Geography. Ananda Chandra College. Jalpaiguri. UGC Approval Letter no- F.PHW-127/15-16 (ERO).

Sarkar, R. M. (1993). *Dimension of Folk Medical Tradition in Human Society with Special Reference to Rural Bengal*. Vol-73. P. 327-339.

Uniyal, S. Kr., Sharma, V., & Jamwal, P. (2011). Folk Medicinal Practices in Kangra District of Himachal Pradesh, Western Himalaya. *Human Ecology*, 39(4), 479–488. Springer. <http://www.jstor.org/stable/41474626>.

Xaxa, V. (1999). *The Tribes as Indigenous People of India*. Economic and Political Weekly, Vol. 34, No. 51, P. 3589-3595.

**Interviewed with Kabiraj Pahan or Ojha, Dai Maa, and another member of the Asurs community**

**Female:**

Bimla Asur, Carri line of Nagrakata block of Jalpaiguri. Date of the interview 21.04.2022.

Bhinsari Asur, Carri line in Nagrakata of Jalpaiguri. Date of interview 08.01.2022.

Jario Asur, Bargat line in Nagrakata of Jalpaiguri. Date of interview 08.01.2022.

Jhalo Asur, Carri line village of Nagrakata block of Jalpaiguri. Date of the interview 22.04.2022.

Kranti Baraik, village Bargat line of Nagrakata. Date of interview 22.04.2022.

Mangri Asur, Carri line of Nagrakata block of Jalpaiguri district. Date of Interview 21.04.2022.

Rigri Asur, Carri line of Nagrakata block of Jalpaiguri. Date of the interview 23.04.2022.

Sadhni Asur, Mardasi line of Carri line, Nagrakata block of Jalpaiguri district. Date of the interview 19.04.2022.

Sarita Asur, Carri line in Nagrakata of Jalpaiguri. Date of interview 08.01.2022.

Suni Asur, Carri line in Nagrakata of Jalpaiguri. Date of interview 20.03.2022.

**Male:**

Budhna Asur, village Khapra line of Carri line of Nagrakata block of Jalpaiguri district. Date of Interview 07.01.2022.

Budhu Asur, Village Salkhu line of Carri line of Nagrakata block of Jalpaiguri district. Date of the interview 22.04.2022.

Duliram Asur, village Khapra line of Carri line of Nagrakata of Jalpaiguri district. Date of Interview 23.04.2022.

Gagan Asur, Carri line of Nagrakata. Date of interview 19.02.2022.

Jaynath Asur, village Low factory line of Carri line Nagrakata of Jalpaiguri district.

Date of the interview 24.04.2022.

Jhaklu Asur, Nich line in Nagrakata of Jalpaiguri. Date of interview 19.04.2022.

Karma Asur, Carri line in Nagrakata of Jalpaiguri. Date of interview 20.04.2022.

Machhua Asur, Carri line in Nagrakata of Jalpaiguri. Date of Interview 08.01.2022.

Makhna Asur, Carri Lane village of Nagrakata, Jalpaiguri. Date of interview 07.01.2022.

Maku Asur, Carri line in Nagrakata of Jalpaiguri. Date of interview 08.01.2022.

Pano Asur, Carri line in Nagrakata of Jalpaiguri. Date of interview 22.03.2022.

Rati Asur, Factory line in Nagrakata of Jalpaiguri. Date of interview 20.04.2022.

Suita Asur, Carri line in Nagrakata of Jalpaiguri. Date of interview 21.04.2022.

Sujit Asur, Carri line in Nagrakata of Jalpaiguri. Date of interview 08.01.2022.

Sukna Asur, village Carri Lane Asur village in Nagrakata of Jalpaiguri. Date of interview 07.01.2022.

Suresh Asur, village Madrasi line of Nagrakata. Date of Interview 19.04.2022.

### **Website Visited**

<http://www.jstor.org>

<http://www.shodhganga.inflibnet.ac.in>

<http://www.archive.org>

<https://www.censusindia.gov.in/2011census/PCA/ST.html>.