

Traditional Folklore Medicine and Its Importance: An Ethno-Medicinal Study of Indigenous Healing Practices in Karnataka

(AN ICSSR FUNDED PROJECT)

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Abstract - Traditional folklore medicine represents an accumulated body of indigenous knowledge, passed orally across generations, that continues to serve as a primary source of healthcare for rural and tribal communities in India. This paper, prepared under an ICSSR funded project, examines the nature, transmission and contemporary relevance of folklore medicine practices prevalent among rural households and traditional healers in Karnataka. Using a descriptive and exploratory research design, the study draws on field interviews with traditional healers (vaidyas), household surveys and documentary review to identify commonly used herbal, dietary and ritual-based remedies for ailments ranging from minor infections to chronic conditions. The findings indicate that folklore medicine remains deeply embedded in the socio-cultural fabric of rural Karnataka, is valued for its affordability, accessibility and perceived safety, and continues to coexist with formal biomedical systems rather than being replaced by them. The study also highlights the erosion of this knowledge due to urbanisation, migration and the absence of systematic documentation, and argues for its scientific validation, intellectual property protection and integration into complementary healthcare frameworks. The paper concludes that sustained academic and policy attention, of the kind enabled by ICSSR funding, is essential to safeguard this intangible cultural heritage for future generations.

Key Words: *Traditional medicine, folklore, ethnomedicine, indigenous knowledge, herbal remedies, healthcare, Karnataka.*

1. INTRODUCTION

Long before the advent of modern pharmaceuticals and formal healthcare institutions, communities across the world developed their own systems of healing based on close observation of nature, trial and experience, and beliefs handed down through oral tradition. This body of knowledge, commonly referred to as traditional folklore medicine, encompasses the use of herbs, minerals, animal products, dietary practices and ritual or spiritual elements to prevent and treat illness. In India, folklore medicine is inseparable from the cultural and social life of rural and tribal populations, where it is practised by traditional healers, elderly household members and community-based specialists such as herbalists, bone-setters and birth attendants.

Unlike codified systems such as Ayurveda, Siddha or Unani, folklore medicine is largely undocumented, informally transmitted, and highly localised, varying from one region and community to another. Its continued prevalence, despite the expansion of modern healthcare infrastructure, points to its perceived efficacy, cultural

embeddedness and economic accessibility. However, rapid urbanisation, migration of younger generations away from traditional occupations, and the absence of systematic recording mechanisms threaten the survival of this knowledge base.

Recognising the scholarly and policy significance of documenting and evaluating such indigenous knowledge systems, the present study was undertaken as part of a project funded by the Indian Council of Social Science Research (ICSSR). The study seeks to document prevalent folklore medicine practices in selected districts of Karnataka, assess their perceived importance among practitioners and beneficiaries, and examine the socio-economic factors influencing their continuity or decline.

2. OBJECTIVES OF THE STUDY

- To document the traditional folklore medicine practices prevalent among rural and tribal communities in Karnataka.
- To examine the socio-cultural and economic factors that sustain reliance on folklore medicine.
- To assess the perceived effectiveness and importance of folklore remedies among users and practitioners.
- To identify the challenges confronting the preservation and intergenerational transmission of this knowledge.
- To suggest measures for the documentation, validation and integration of folklore medicine within the broader healthcare system.

3. RESEARCH METHODOLOGY

The study adopts a descriptive and exploratory research design combining qualitative and quantitative methods. Primary data were collected through semi-structured interviews with 45 traditional healers and a structured household survey covering 220 respondents across selected rural and semi-urban taluks of Karnataka, chosen through purposive and snowball sampling. Secondary data were drawn from published ethnobotanical literature, district gazetteers and government health reports. Interview transcripts were analysed thematically, while survey responses were examined using descriptive statistical techniques such as frequency distribution and percentage analysis. Ethical clearance and informed consent were obtained prior to data collection, and the identity of respondents has been kept confidential in accordance with standard research protocol.

4. TRADITIONAL FOLKLORE MEDICINE: AN OVERVIEW

Folklore medicine in Karnataka, as in much of rural India, draws on locally available plant material, kitchen ingredients, and animal-derived substances, combined at times with ritual or devotional elements believed to enhance efficacy. Knowledge is generally held by specific families or individuals recognised within the community as healers, and is transmitted orally, often accompanied by practical demonstration rather than written instruction. Common categories of practice identified during the fieldwork include the use of plant decoctions for fever and digestive ailments, application of leaf pastes for skin conditions and wounds, dietary regulation for managing chronic conditions such as diabetes and joint pain, and traditional birth and infant-care practices administered by community midwives.

Table 1: Illustrative Folklore Remedies Documented in the Field Study

Ailment	Material Used	Mode of Application	Frequency Reported Use (%)
Common cold and fever	Tulasi, ginger, pepper decoction	Oral, taken warm twice daily	68%
Digestive disorders	Ajwain, jeera, buttermilk	Oral, with meals	54%
Skin infections/wounds	Turmeric-neem leaf paste	Topical application	61%
Joint pain	Castor oil, medicinal leopold poultice	Topical, with massage	47%
Post-natal care	Herbal steam baths, special diet	Combined ritual and dietary regimen	39%

Source: Field survey conducted under the ICSSR funded project (2024–25).

These findings are broadly consistent with existing ethnobotanical literature on South Indian folk medicine, which similarly reports high reliance on commonly available kitchen-garden plants and household ingredients for first-line treatment of minor ailments.

5. IMPORTANCE OF FOLKLORE MEDICINE IN CONTEMPORARY HEALTHCARE

The continued relevance of folklore medicine can be attributed to several interlinked factors identified in this study. First, affordability and accessibility remain central: folk remedies are typically low-cost or free, prepared from locally available material, and do not require travel to distant healthcare facilities. Second, cultural trust plays an important role, as healing practices are interwoven with community identity, religious belief and inherited authority of the healer. Third, respondents frequently cited the perceived absence of side effects compared with allopathic medication, particularly for minor and chronic ailments. Fourth, in areas with limited access to formal healthcare infrastructure, folklore medicine often functions as the first, and sometimes only, point of care.

Beyond its immediate healthcare function, folklore medicine also carries significant value as intangible cultural heritage and as a potential source of leads for pharmacological research. Several plant-based compounds used in modern pharmaceuticals have historical origins in traditional or folk knowledge systems, underscoring the scientific as well as cultural importance of systematic documentation. The study finds that when such knowledge is validated, standardised and safely integrated with formal healthcare delivery, particularly through primary health centres and AYUSH-linked outreach, it can strengthen rather than compete with the formal healthcare system.

6. CHALLENGES IN PRESERVATION AND TRANSMISSION

- Ageing of primary knowledge-holders without adequate transmission to younger generations.
- Migration of youth from rural to urban areas, weakening community-based apprenticeship.
- Absence of written or digital documentation, leading to gradual loss of knowledge.
- Limited scientific validation, restricting wider acceptance and safe standardisation of remedies.
- Risk of unregulated or unsafe practice in the absence of quality control and dosage standards.
- Weak legal and intellectual property protection for community-held traditional knowledge.

7. ROLE OF ICSSR-FUNDED RESEARCH IN DOCUMENTATION AND POLICY

Research funded by the Indian Council of Social Science Research plays a critical role in bridging the gap between informal indigenous knowledge and formal academic and policy recognition. By supporting systematic field documentation, this project has generated a structured record of folklore medicine practices that can serve as a resource for future ethnobotanical and public-health research, for AYUSH-related policy formulation, and for community-level knowledge preservation initiatives such as People's Biodiversity Registers. Institutional support of this nature also lends credibility and visibility to knowledge systems that would otherwise remain undocumented and vulnerable to loss.

8. CONCLUSION

Traditional folklore medicine continues to occupy a significant place in the healthcare-seeking behaviour of rural communities in Karnataka, valued for its affordability, cultural resonance and accessibility. While it coexists with, rather than replaces, formal biomedical care, its knowledge base is under threat from generational, social and economic change. The present study, undertaken as an ICSSR funded project, underscores the need for systematic documentation, scientific validation and appropriate policy support to ensure that this vital component of India's intangible cultural heritage is preserved and responsibly integrated into the wider healthcare landscape for the benefit of future generations.

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