



Original Research

**Socio-Economic Status of Ethnoveterinary Practitioners of Bidar District
Karnataka State, India**

**Shivakumar K. Radder*, K. C. Veeranna, Siddalingswamy Hiremath, G. T. Gopala and
Mangesh Tekale**

Animal Husbandry Polytechnic, KVAFSU, Kunnur, Shiggaon, Haveri— 581193, Karnataka,
INDIA

*Corresponding author: shiva.vet2002@gmail.com

Rec. Date:	Feb 28, 2019 09:19
Accept Date:	Apr 20, 2019 16:53
DOI	10.5455/ijlr.20190228091932

Abstract

This study was aimed at studying the socio-economic status of ethno-veterinary practitioners of Bidar district. Majority practiced it as a matter of self-interest and thought that animal treatment is a noble job rather than for monetary benefits. Though they learnt from their ancestors, but no youngsters were involved in traditional method of livestock treatment. The study indicated a need of institutional linkage and integrating traditional healing with conventional health system so that their knowledge level is enhanced, their services could be expanded to remote areas of the district and also for better recognition of traditional healers.

Key words: Ethno-veterinary, Practitioner, Socio-Economic

How to cite: Radder, S., Veeranna, K., Hiremath, S., Gopala, G., & Tekale, M. (2019). Socio-Economic Status of Ethnoveterinary Practitioners of Bidar District, Karnataka State. International Journal of Livestock Research, 9(6), 226-232. doi: 10.5455/ijlr.20190228091932

Introduction

In India, in the context of providing adequate animal health care facilities and growing inclination towards organic farming, ethno-veterinary practices are gaining more and more importance. Ethno-veterinary medicine, the scientific term for traditional animal health care, encompasses the knowledge, skills, methods, practices, and beliefs about animal health care found among the members of a community as reported by McCorkle (1986). Ayensu (1972) stated that the gradual process of trial and error mechanisms must have caused many a fatality before coming to its current status. So, the present day practices are time tested and need to be preserved and propagated. Such practices are transmitted from generation to generation mainly by orally (Phondani *et al.*, 2010). The younger generations are not showing interest towards such practices. Due to this, such a valuable repository of traditional knowledge of animal healing is under the threat of



extinction. Knowledge about the undercurrents is essential to preserve and propagate valid ethno-veterinary knowledge. This necessitates a proper understanding of the custodians of such knowledge *i.e.* ethno veterinary practitioners. With this objective of understanding the socioeconomic status of ethno veterinary practitioners, current study was undertaken in Bidar district of Karnataka state, India.

Materials and Methods

The study was undertaken in Bidar district of Karnataka state of India which covers an expanse of 5448 square kilometers of land lying between 17° 35'' and 18° 25'' North latitudes and 76° 42'' and 77° 39'' East longitudes. It is divided geographically into five talukas namely Bidar, Bhalki, Basava Kalyan, Humanabad and Aurad. Thirty-six ethno-veterinary practitioners from all these five talukas were selected by socio-metry method (Mathiyalagan, 2007) and snowball sampling method. Data on different socio-economic aspects (mentioned in results section) of these ethno veterinary practitioners were collected by semi-structured interview schedule and focused group discussions. The data collected was assigned codes wherever necessary. These codes and their meanings are given in the respective cells under Parameter column in Table 2. In class column, if there are more than one digit code, it implies the person falling under more than one class that are not mutually exclusive.

Results and Discussion

The findings of the study are presented in the Table 1 and 2.

Table 1: Age, land holding and family income of ethno veterinary practitioners

S. No.	Parameter	N	Range	Mean
1	Age (In years)	36	34-80	58.28±2.107
2	Land holding (In acres)	36	0-25	5.69±0.90

Most of the ethno veterinary practitioners in the study area were men (88.89%). Four women (11.11%) were found to practice ethno veterinary medicine. This observation is in line with some earlier reports (Tiwari and Pandey, 2010; Phondani *et al.*, 2010 and Balakrishnan *et al.*, 2009) that also mentioned about role of women using the local remedies for curing animal diseases. Agriculture was the predominant occupation for majority of the ethno veterinary practitioners. In many instances, agriculture was coupled with animal husbandry and labour work. Tiwari and Pandey (2010) reported that in some places like Uttarakhand animal healers were rearing animals traditionally. Also there is a report by Mathias and McCorkle (2004) indicating that livestock healers were usually stock raisers themselves. In contrast, present investigation showed that, even people who did not have animals also were practicing ethno veterinary practices.

Table 2: Other socioeconomic parameters of ethno veterinary practitioners

S. No.	Parameter	Class	Frequency N=36	Percent
1	Sex	Male	32	88.89
		Female	4	11.11
2	Occupation (Agri – 1 ; Labour – 2 ; Govt. Job – 3 ; Private job – 4 ; Business – 5 ; Artisan – 6 ; Animal Husbandry – 7 ; Housewife – 8)	1	9	25
		8	1	2.8
		1,2	9	25
		1,3	1	2.8
		1,5	1	2.8
		1,6	1	2.8
		1,7	10	27.8
		1,8	2	5.6
		2,7	1	2.8
		1,7,8	1	2.8
3	Housing	Pukka	12	33.3
		Semi-pukka	15	41.7
		Kacchccha	9	25
4	Landholding	Landless	1	2.78
		Marginal Farmer	8	22.22
		Small Farmer	14	38.89
		Large farmer	13	36.11
5	Phone	No	9	25
		Mobile	17	47.2
		Landline	9	25
		Both	1	2.8
6	Reasons for interest (Natural interest – 1 ; To treat animals – 2 ; Animal treatment as a noble job – 3 ; Social service – 4 ; Economically rewarding – 5 ; Others inspiration – 6 ; Ancestors following – 7)	1	4	11.1
		2	6	16.7
		4	2	5.6
		5	1	2.8
		6	2	5.6
		7	1	2.8
		1,2	2	5.6
		1,3	1	2.8
		1,6	1	2.8
		2,3	2	5.6
		2,4	3	8.3
		2,6	1	2.8
		3,4	3	8.3
		3,6	2	5.6
		1,3,4	1	2.8
		1,4,5	1	2.8
		2,3,4	1	2.8
3,4,6	1	2.8		
1,2,4,7	1	2.8		
7	From whom acquired the knowledge (Parents / ancestors – 1 ; peers / friends – 2 ; Need based learning – 3 ; Literature – 4 ; From other ethno veterinary practitioners – 5 ; Others – 6)	1	11	30.6
		2	4	11.1
		5	12	33.3
		6	1	2.8
		1,4	1	2.8
		1,6	2	5.6

		3,5	3	8.3
		4,6	1	2.8
		5,6	1	2.8
8	Anybody learnt (Own children – 1 ; Villagers – 2 ; Nobody – 3 ; Others – 4)	1	7	19.4
		2	3	8.3
		3	25	69.5
		4	1	2.8
9	Information sources (Literature – 1 ; Trainings – 2 ; Mass media – 3 ; Veterinary Personnel – 4 ; peers / friends - 5 ; Self experience – 6)	3	1	2.8
		5	5	13.9
		6	4	11.1
		1,6	1	2.8
		3,6	1	2.8
		5,6	22	61.1
		1,5,6	1	2.8
		356	1	2.8
10	Feel about (Nobel job – 1 ; Economically rewarding – 2 ; Socially rewarding – 3)	1	9	25
		2	2	5.6
		3	6	16.7
		1,2	6	16.7
		1,3	7	19.4
		2,3	3	8.3
		1,2,3	3	8.3
11	Benefits (Economical benefits – 1 ; Social recognition – 2 ; Self-satisfaction – 3)	1	5	13.9
		2	1	2.8
		3	6	16.7
		1,2	8	22.2
		1,3	5	13.9
		2,3	6	16.7
		1,2,3	5	13.9

Majority of ethno veterinary practitioners had semi-pukka housing. Some had kuccha houses also. Majority did not have a good house. Majority of the ethno veterinary practitioners were small farmers. However considerable number of ethno veterinary practitioners was also large farmers. This indicates people from lower socio-economic strata are the main carriers of ethno veterinary practices. This might be because people of upper socio-economic strata were able to get modern veterinary treatment for their animals. Majority of ethno veterinary practitioners possessed mobile phones (47.20%), 25% possessed landline phone connection. 25% of the respondents had no phone connection. This indicates a growing trend among ethno veterinary practitioners to use mobile telephones. This can be used in educating ethno veterinary practitioners about improved healing methods.

The study showed that ethno veterinary practitioners had interest in ethno-veterinary practices mainly as a matter of innate interest and to treat animals. Economic purpose was observed with only two out of 36 farmers accounting to only 5.56 % of all ethno veterinary practitioners under study. This strengthens the argument that animals in the study area were not only reared for economic profitability, but also are assigned socio-psychological and cultural values as well. Further, treatment of dumb animals is considered as a job



beyond the scope of economic considerations. These results match with a study of Tiwari and Pande (2010) which reported that traditional healers generally do not charge for their services, except for transportation expenses, although they are often remunerated in kind. For religious reasons, cows are always treated free of cost. The attraction of providing animal health services, therefore, mostly relates to increased respect and recognition, rather than material benefits. Similar situation was existing in study area as well. Ethno veterinary practitioners who are comparatively less educated people (regarding formal education) appear to be models for modern veterinary practitioners as professional animal healers.

The study showed that majority of ethno veterinary practitioners obtained knowledge about ethno veterinary practices from other ethno veterinary practitioners (33.33%), followed by from their parents and ancestors (30.6%). Learning from own intuition, experience and friends was the main source of information to ethno veterinary practitioners about ethno veterinary practices. This indicated propagation of ethno veterinary practices from generation to generation orally and by practice. These findings are in line with those expressed by Phondani *et al.* (2010). There is a similar study by Mathias and McCorkle (2004) which indicated that typically healers learn their craft from a parent or other relative. The relevant information and skills are mostly transferred by word-of-mouth and hands-on experience. They also mentioned about other learning opportunities include apprenticeships, deliberate experimentation, trial-and-error, personal observation (e.g. as of animal self-medication) and travel, which often leads to barrowing medicines and techniques from other cultures. This indicates flow of ethno veterinary knowledge from generation to generation in the oral and experiential form. Ethno veterinary medicine would provide more health care to the animals if this knowledge is propagated in institutional forms. Though lot of research is being conducted worldwide about ethno veterinary medicine, it doesn't seem to have reached the people in study area. There is urgent need to bring in more literature and institutional mechanisms to develop and propagate ethno veterinary practices. These can be done through, including ethno veterinary medicine in B.V.Sc. & A.H. curricula and establishing special centers in ethno veterinary medicine. One such centre is already functioning under TANUVAS i.e. Ethno Veterinary Herbal Training and Research Centre of Veterinary University Training and Research Centre, Thanjavur, Tamil Nadu.

Only 19% of ethno veterinary practitioners passed on this knowledge to their children. This indicates lack of interest among younger generation in this knowledge and practice. This might be due to increasing availability of modern veterinary facilities. Still ethno veterinary practices play a vital role in providing low cost and sustained animal health care especially in rural areas. Hence, there is need to create awareness and encourage younger generation about ethno veterinary medicine.

Self-satisfaction of treating dumb animals was stated to be the main benefit derived by majority of ethno veterinary practitioners. In many instances, people were also getting money for the ethno veterinary practice service they were rendering. However, this amount used to be very small. Many ethno veterinary



practitioners said, they were socially recognized as noble persons for the job of animal treating. It is necessary to compare the observations of this study with a report of Wanyama and Mason (1998) as mentioned in a study of traditional healers by Mathias and McCorkle (2004) which indicated that in eastern Zaire, healers may receive a chicken or other animal for their services. In Rwanda, they were usually paid in cash, but at varying rates according to per-client patient numbers, the severity of the ailment and treatment type. Elsewhere in Africa healers are paid only if treatment was successful. However, such situation is not seen in study area. When asked how they felt about their work as ethno veterinary practitioner, majority said they were doing a noble job of treating dumb animals which can't speak for themselves. Some practitioners also said they were getting social recognition in the society. Only few people (5.6%) thought it was a money earning job. This indicated the view of practitioners regarding animal treatment. Some of the practices followed by ethno-veterinary practitioners were as mentioned below in Table 3.

Table 3: Common ethno-veterinary practices followed in study area

Digestive disorder	About 100 g. <i>Andrographis paniculata</i> (Nelabevu) leaves given orally to treat anorexia, indigestion and diarrhoea either alone or mixed with butter milk. 50 g. <i>Andrographis paniculata</i> leaves mixed with 20g. Cooking soda, 20g. <i>Ptichotis ajawain</i> (Ajiwan), 10g. <i>Pimpinella anisum</i> (Sounf) given orally. To cure colic, about 100g. of <i>Andrographis paniculata</i> leaves are triturated and about 20 ml of extract is drenched.
Lameness	Small leaf sticks of neem are taken. One stick is inserted into each of the two foramina in the dental pad. The sticks are left inside the foramina till they fall on their own due to animal sneezing. Along with this, massaging of the affected area will also be done.
Prolapse	Wash the prolapsed mass with water. Apply oil and push inside. <i>Areca catechu</i> (Katchu) is powdered and applied onto the spot. Also 100 g. Drenched daily for 3 days.
Tail gangrene	Wash wound with warm water. Then dip the tip of tail into hot oil. After 2 hr apply eucalyptus oil.
Wound	Leaves of marigold plant are ground and extract applied on to the wounds. Another practice involves rubbing unripe custard apple on to a stone. The resultant paste is applied to the wounds.
Hoof swelling	Apply edible oil on to affected part. In a milk boiling earthen pot, boil water and pour on the affected part.
Corneal opacity	<i>Gymnema sylvestre</i> (Kodapatri) leaves rubbed in hand and applied to eyes.
Myiasis (Maggot wound)	Camphor is applied on to wound site. Marigold plant leaves triturated and extract poured on to the wound.
Nasal granuloma	A Stick of <i>Calotropis gigantea</i> (ruchki) plant is inserted into nostrils and break the granulomatous area.
Fever	About 100g. of <i>Pergularia daemia</i> (Gutgutena) leaves extract mixed with water and drenched.

Conclusion

The study to know the socio-economic status of ethno-veterinary Practitioners of Bidar district, Karnataka state revealed that majority of the healers belong to lower socio-economic strata, received less or no formal education and received less payment for their services and did this job for their self-satisfaction and respect earned in the society. The study indicated that, there is a need to integrate healers into conventional healthcare systems so that animal healthcare could be expanded to groups who are under-served by existing conventional systems or who do not have access to healthcare at all. There is also a need to investigate with healers and animal keepers how the practice of healers could be improved, strengthened and linked economically as well as functionally with conventional systems. It is also felt that there is a need of



institutional linkage of all these practitioners and originators of the knowledge should be encouraged by giving proper recognition and also by protecting their intellectual property rights.

Acknowledgement

The authors sincerely acknowledge all those ethno-veterinary practicing farmers who have shared their knowledge about ethno-veterinary practices for the study. The authors are thankful to the Hon'ble Vice chancellor of KVAFSU, Bidar, Director of Research of KVAFSU, Bidar and the Dean, Veterinary College, Bidar for their support extended to the study.

References

1. Ayensu, S. E. (1978). Medicinal plants of West Africa, 1st edition. Reference Publications, Inc. 218 St. Clair River Drive Algonac, Michigan 48001, Pp. 1-45.
2. Balakrishnan, V., Robinson Philip J., Manickasamy, A and Ravindran, K.C. (2009). Ethno-veterinary studies among farmers in Dindigul district, Tamil Nadu, India, *Global Journal of Pharmacology*; 3 (1): Pp.15-23.
3. Mathias E & McCorkle C.M. (2004). Traditional livestock healers. *Revue scientifique et technique. International Office of Epizootics.*, 23 (1), 277-284
4. Mathiyalagan, P. (2007). Sociometry in *Text book of Animal Husbandry & Livestock Extension*, International Book Distribution Company., Lucknow, Uttar Pradesh. Pp. 404-405.
5. McCorkle, C.M. (1986). An introduction to ethno-veterinary research and development. *Journal of Ethnobiology*; 6:129-149.
6. Phondani, P C., Maikhuri, R. K., Kal, C. P. (2010). Ethno-veterinary uses of medicinal plants among traditional herbal healers in Alaknanda catchment of Uttarakhand, India. *African Journal of Traditional, Complementary and Alternative Medicine*; 7(3), Pp.195-206.
7. Tiwari, L. & Pande P. C. (2010). Ethno veterinary medicines in Indian perspective: Reference to Uttarakhand, Himalaya, *Indian Journal of Traditional Knowledge* Vol. 9 (3), July, Pp.611-617.
8. Wanyama J. & Mason V. (1998). Training on participatory assessment and documentation of ethnoveterinary knowledge for the animal husbandry group Kitale. Training report, Part I. Intermediate Technology-Kenya and the Kenya Agricultural Research Institute/Department for International Development, Nairobi, Kenya, Pp. 28.

