The Ethnomedical System of the Siddis of Gujarat, India: The dynamics of healing in an African diaspora community

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Cover image:

L-R, Top row: An elderly Siddi woman leading a discussion on the role of *goli* 'vaginal balls'. This picture was taken at Sasan village. A Siddi man from Sasan village in the uniform of a Gir forest tourist guide.
L-R, Bottom row: Three elderly Siddi women sitting outside a typical Siddi house covered from mud in Sirvan village. Various plant parts meant for medicial use could also be seen in steel plates; the parts have been left for drying. The last photo shows *goli* 'vaginal balls' a popular traditional medicine among Siddi women.

Note: the author took all photos during the filedwork period

Dedicated to all those who kept faith in me and motivated me

Abstract

The Siddis, a tribe of African descent in Gujarat, have been part of India for more than six centuries. This study was conducted in three different villages (Jambur, Sasan Gir and Sirvan) located on the periphery of the Gir Sanctuary and National Park in Gujarat, India. The research shows how medical pluralism in India (especially, Ayurveda and biomedicine) has shaped Siddi ethnomedicine. The thesis also compares ethnographic and ethnobotanical data from India to the published literature on traditional medicinal practices (use of plants, ritual healing acts, role of music and dance) of African diaspora peoples in the Americas. The research reveals that the healing system of Siddis brings together their ethnobotanical medicine (*dava*), which is similar to that of the neighboring Maldhari tribe and spiritual medicine (*dua*), which resonates with their African heritage.

A total of 149 plant species, their uses, and methods of preparation have been documented in the Siddi herbal pharmacopoeia. The thesis also discusses the role of diet and the concept of 'Fo-Med' (Food as medicine), reasons behind a gradual shift toward preferences for *Ayurvedic* and pharmaceutical medicines, humoral theory of 'hot and cold' and the core of the healing system of this African diaspora population, i.e. woman and child healthcare. Siddi healing is a medical representation of cultural syncretism and is also at the interface of medicine and religion. The study discusses the important role of Siddi ancestral saints and the diasporic history of Siddis to contextualise the spiritual aspects of Siddi healing. The reinvention of many Siddis as spiritual guides, and the emergence of some Siddi mausoleums as important healing centers for the people from all religions and socioeconomic strata have helped Siddis to create space and identity for themselves in India through their healing art. The role of music, including dancing and drumming (referred as *dhamaal*) in the healing system of Siddis is also discussed. With a main focus on *Nagarchi pir's dargah* 'mausoleum' at Jambur village, where drumming is performed daily, I describe the role of *dua* in ritual healing of ailments, which Siddis consider as the "domain of the transcendental".

The two main areas of focus of Siddi healing, i.e., reproductive/maternal and child healthcare reflect both the strength and concern of the Siddi healthcare system (*dava* + *dua*) and they also exemplify the dynamic presence of medical pluralism and its subsequent role in Siddi healthcare. The analysis includes a comparison of the theories of causation of female reproductive healthcare problems, and related therapeutic remedies between the African diaspora people in Americas and the Siddis. The main findings show that like women in Africa or from African diaspora, Siddi women in Gujarat also emphasise a lot on vaginal health and its tightness. However, Siddi women rely more on ingestion technique i.e. use of *golis* "vaginal balls" which are mainly made of plants than on vaginal steams and herbal baths that are more common in African women or African diaspora women in other parts.

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Glossary

Adivasis:	Tribals
Arzi:	Request
Azan:	Call for prayer in Islam religion
Badshah:	King
Bagaar:	Waste or bad blood
Banjh:	Infertile woman
Bapu:	Local Siddi Healer/ Traditional medicine practitioner/ Elderly male
Bimar:	Ill/ Sick
Bimari:	Illness/ Health problem/ Disease
Bnake:	Prepare
Chadar:	Blanket
Chai:	Tea
Challis:	Forty
Chati:	Sixth day post childbirth
Cheh:	Six
Chilla/s:	Replica of shrine/s or grave
Dadi:	Paternal Grandmother
Dam:	Breath in Urdu
Dargah/s:	Mausoleum/s
Dava:	Medicine
Dhamaal:	Traditional Siddi dance form, which involves drumming & singing
Desi:	Local/ Traditional
Divas:	Day/s
Diya:	Earthen or metallic lamp
Dua:	Blessings/ Wish made to the almighty
Fakirs:	Spiritual specialists
Gadivaras:	Rightful heirs
Garam:	Hot
Goli/s:	Tablet (literal translation) but Vaginal Ball/s in research's context
Haajri:	Presence marked by an evil spirit
Jamat:	Caste
Jalsa:	Mass procession
Kul:	Clan
Lep:	Body mask/ paste
Loban:	A kind of incense material
Loko:	People
Mai:	Motherly figure and at times used to refer to opposite gender of *bapu*
Magaj:	Brain
Mannat:	Wish
Mast:	Carefree
Masti:	Fun
Mujavars:	Caretakers of mausoleums
Mundan:	Term used for first time hair removal ceremony of a child
Nagara:	Drum
Nani:	Maternal Grandmother
Nawab:	Ruler/ King
Nazar:	Evil eye
Nikah:	Marriage in Urdu language
Palita:	Amulet with a piece of paper inside it
Pehente:	Wear
Pirs:	Spiritual guides/ Ancestral saints

Pukka:	Concrete
Rajjub Mahina:	Holy month in Islam
Raakh:	Ashes
Rog:	Illness/ Health problem/ Disease
Salami:	Prayer time
Sewa:	Free help
Swaasthya:	Health
Taweez:	Amulet
Thandu/Thanda:	Cold
Urs:	Death anniversary of saints
Vatan:	Country/ Nation

Chapter 1. Introduction to the Study

1.1 Introduction

Siddis have been a part of India and Indian history for centuries. They are especially known for their dramatic forms of African drumming and dance, which are used in religious healing. However, studies of Siddi culture, lifestyle and interactions with Indian society have never been analysed from a perspective that incorporates their medicinal and healing practices more broadly. Where so much has been studied and understood about the African diaspora in the Americas through ethnobotanical and other studies, no attention has been paid to medicinal plant use within the African diaspora in India. This thesis explores how Siddi ethnomedicine reveals so much about their diaspora history, their religion, the continuity and meaning of their rituals. It also asks how medical pluralism has shaped Siddi medicine, what factors govern therapeutic choices, and how ethnobotanical knowledge and the emergence of Siddi *dargahs* (mausoleums) reinvented the Siddi identity.

This chapter presents an overview of the study subjects and field sites, the aims and objectives of the study, the methods used, and the relevance of this study in terms of the existing literature on Siddi culture and health, the African diaspora, and topics in ethnomedicine and ethnobotany.

1.2 The Siddis

Siddis are the people of East-African origin who have been residing in the western coast region {Gujarat, Goa, Maharashtra, Andhra Pradesh and Karnataka of India since the 15th Century (Gauniyal et al., 2008: 251; Patel, 1986: 238; Lodhi, 1992: 83-86; Pinto, 2006: 383-396; Kolaba District Gazetteer, Maharashtra: 77). As documented by various historians and researchers, Siddis reached India in different waves, via different land and sea routes (Ali, 1996: 7) and for diverse reasons.

According to Joseph Harris, even before the slave trade began, Africans were visiting India and marrying into Indian castes. But it was the slave trade that mainly led to African diaspora on the Indian subcontinent (1999: 6 cf. Shroff, 2011:66). Siddis are believed to have come since 3rd Century CE to the Konkan coast of India as slaves (Chauhan, 1995: 2 cf. Shroff, 2011: 67). The Arabs brought slaves from the African horn or Abyssinia before the 6th Century to India, while between AD 810-1206 slaves were traded from Sofala in East Africa to Konkan in India (Pinto, 2006: 384). Siddis also came as employees (soldiers, sailors and court jesters) of the Muslim rulers of India and guardians of the Indian Ocean (Kolaba District Gazetteer, Maharashtra: 78; De Silva Jayasuriya, 2011a: 8); and

soldiers in the Deccan (South India) were recruited from the Middle East's slave markets (Eaton, 2006: 45). From the mid 16th century till the 18th century, during the reign of the Portuguese in India, many Africans were brought from Mozambique and other East African countries to India as house-slaves and were referred as 'black slaves' (Kolaba District Gazetteer, Maharashtra: 75-85). By the 16th Century, some Siddis had become rulers and high-ranking army officers of Indian kingdoms and dynasties, like Janjira, Ahmadnagar, and Danda- Rajpuri. The rulers of India appreciated the fearless character, faithfulness and courageous nature of Siddis. Thus, some Siddis were given prestigious positions in the courtroom of the kings and their armies. Therefore, Siddis in India were of African origin but not all were slaves; they held various positions as per the needs and likings of their masters and even as slaves they held a certain status and role (also Pinto, 2006: 383-384). In effect, the Siddis are descended from a rather heterogeneous group of people who now live in Pakistan, India, Sri Lanka and some other parts of the Indian subcontinent. They arrived over a very long period of time through a number of different mechanisms and occupying a range of roles and as part of a complex set of movements that likely involved multiple, overlapping exchanges and movements. In Chapter 2, I will discuss how these African diaspora peoples came to be known as Siddis in India.

1.3 Theoretical Context of Research

This thesis is concerned with the contemporary healing system of Siddis and how it may reflect the history of Siddis' migration. Theoretically, the study presented here addresses the dynamics and processes of change and continuity in the medical systems of diasporic populations. The majority of people (in India and globally) continue to rely, at least in part, on traditional medicine (Goleniowski, 2006: 325). The social and environmental aspects of health care (which includes ecology, culture, economic conditions, diaspora history) are very important for understanding the ethnomedicinal practices of any group or community. The research presented in this thesis has documented the ethnomedicinal knowledge (e.g. the concept and meaning of health, ill-health, self-care practices, ritual healing, knowledge of medicinal plants, explanatory models), the role and impact of the Siddi medical system and health practices on their present-day health, and how Siddis navigate through therapeutic plurality (i.e. the medically plural environment of Gujarat, India) and make their medical choices. These research findings allow me to compare the Indian case with other literature on the African diaspora in the Americas, and explore what this tells us about diasporic medicinal knowledge systems in a global context?

Slavery was an institution that prevailed during the colonial era in many parts of the world, which led to forced migrations and a global African diaspora. Ecological and demographic compositions of the different places where Africans were taken to affected many aspects of their life and culture, including their medicinal systems (Laguerre, 1987: vi). A functioning system for maintaining health

and healing would have been necessary to sustain diaspora populations especially after international trade in slaves was abolished. As de-colonial studies reveal the active role of slaves in ending slavery, it becomes clear that the syncretic ethnomedical systems they developed helped to keep them strong enough to successfully resist and rebel (Voeks, 1997: xiv-xv). Laguerre (1987) and Voeks (1997) have shown that in the West Indies and Brazil respectively, slaves relied on healing practices transplanted from Africa, which they blended with local medical perspectives and resources. "*Culturally derived etiologies for health problems and healing play an important role in many African communities*" (Voeks & Rashford, 2013: 7). Biogeographic similarities and differences between the area of origin and area of migration play a crucial role in the evolution of a new healing system. For Africans in Brazil it was easier to replace some of their indigenous knowledge because of the similarity in the geography and ecology between Africa and Brazil (Voeks 1990).

Due to a shortfall of studies conducted with Siddis and the lack of written records about the African diaspora in India, especially in terms of their culture, lifestyle (also see Lodhi, 1992: 83-84) and ritual systems, our understanding of Siddi medicine is very limited. This is especially true about the Siddis of Gujarat, as no formal study has been conducted focusing on their healing system or ethnobotanical knowledge. Based on an exploratory survey conducted at the intended fieldwork sites (Jambur, Sasan and Sirvan villages) in Gujarat (in December 2012), it was realised that Siddis have a complex set of medical beliefs and ethnomedical practices, multiple medical facilities to choose from, a very strong ritual healing system which involves dancing and drumming, and a vast knowledge of medicinal plants of the Gir forest area. However, some key informants also suggested that with time passing by, an increasing network of Primary Healthcare Centres (PHCs) and the growing impact of biomedicine on Siddis, the use of traditional ethnomedical knowledge is diminishing.

1.3.1 The African Diaspora

The term 'diaspora' describes a broad semantic domain incorporating various related meanings. Groups ranging from workers, refugees, expellees, and guests, to racial minorities together constitute the people involved in diaspora. The movements involved in diasporas could be short, permanent, generational or even transgenerational in longevity (Zeleza, 2010: 5). According to Shuval, the concept involves "a history of dispersal, myths/memories of homeland, alienation in the host country, desire to return… and collective identity defined by above relations," (Shuval, 2000: 41). Cohen says that all diasporic communities acknowledge the notion of "old country" which is buried deep in language, religion, custom or folklore and hence he suggests nine broad characteristic features of diaspora communities based on Safran's categories (Cohen, 1997: ix & Alpers, 2003: 20-21). Transnational migrations exemplify the formation and presence of complex cultures. However, as Alpers says, it is not right to confine and define various diasporas through certain pre-determined

features rather, (as Clifford suggests) the focus should be on the experiences of displacement, constructing home away from home and experiences which are rejected, replaced or maginalised. Diaspora should be perceived as a loosely coherent, adaptive constellation of responses to dwelling in displacement (Alpers, 2003: 21-22 & Clifford, 1994: 302). In this study the focus has been on understanding the African diaspora people, their culture, experience and narration of their presence in the Indian context.

Considering the focus of the research, it becomes necessary to explore the extent of the African diaspora, which can be grouped into three major sets: trans-Indian Ocean, trans-Mediterranean and trans-Atlantic Ocean (Zeleza, 2010: 15). However, in this literature review I have focused upon the trans-Indian (especially the diaspora in Gujarat, India) and trans- Atlantic diaspora. This is so because a lot of research has been done on the trans-Atlantic African diaspora and with the help of this available work, the thesis will complement the existing work on ethnomedical knowledge of African diaspora peoples in the New World and will shed some light on how historical movement of African diaspora in different ecological environments and for different purposes influenced the ways in which the African roots of ethnomedical practices continued and get reflected in contemporary times.

In order to comment further upon the African diaspora, it is important to understand what I mean by 'Africa' and 'African', as the terms indicate national and transnational frameworks behind their definition (Zeleza 2010: 6). Earlier, only the northern part of the continent was represented by the term 'Africa', however, now the term has become almost synonymous with sub-Saharan Africa. The *African diaspora* is constituted of people of African descent who are living outside the African continent. While talking in terms of the African diaspora in Asia and India specifically, the explanation is very complicated due to the varied patterns of movement and long history, as described above. Movement of relatively small groups of Africans over a very long duration is the key reasons behind the weak coherent identity and high rate of assimilation of the Siddis of India. The presence of several names for Africans in India corroborates the weakness in uniform identity of Afro-Indians.

The African diaspora is considered a very important part of global, historical movements because of the contribution of African slaves to the cultures of the host countries, and their innovations and struggles to create egalitarian societies (Klein, 2010: 242). This diaspora in particular illustrates processes of identity transformation of diasporic people, as it depicts shared histories of displacement, subjugation, resistance and reassembling cultural production (Hall, 1993 as quoted by Lao-Montes 2007: 312) of people who although being a part of the host country are always seen as strongly ethnically different from the host people because of the difference in historical roots, homes, transnational connection, memories. Siddis are a part of an important social group whose history,

experience and expression are part of the ongoing changing world culture of dispersed people (Hamilton, 1990: 28).

1.3.2 The African Diaspora in the New World and the Indian Ocean

The literature and studies on the African diaspora is overwhelmingly dominated by the Atlantic experience. While the same holds a lot of significance, it is also equally important to understand and uncover the dynamics of African movement in other parts of the world (De Silva Jayasuriya, 2011a: 7; 2006b: 215 & Alpers, 2003: 19). Siddis (Africans) unlike the Africans transplanted to Atlantic region came into the contact of socio-cultures that were much older (De Silva Jayasurya & Pankhurst, 2003: 7). The African diaspora in the New World was comparatively recent, compared to the Indian Ocean diaspora. An estimated 10.7 million Africans in the 16th Century were forcefully migrated across the Atlantic, as compared to approximately 4 million Africans who migrated to the Indian continent between the 1st and 20th century (Ali, 2011: 1 & 4). The total population of Afro-Indians, i.e. Indians of African origin (as called by Pinto), in India has been documented to be around 36,000 (2006: 392), which is much smaller than the African diaspora in the Americas; the population of six Maroon tribes in Suriname alone was 72,553 (ABS 2005 cf. Ruysschaert et al., 2009: 149). Also, there is little evidence of regular contact of Siddis of India with their native homelands in Africa. Neither are Siddis of India, unlike the African diaspora in the Americas, involved in the herbal or plant trade in their host country (Van Andel et al., 2012: 841) or with their native countries in Africa (Van Andel et al., 2007b).

There were certain factors that encouraged and led to the uprooting of Africans and their re-rooting in Asia. One was clearly the labor demand as personal slaves, soldiers and sailors (Alpers, 2003: 27). *Habashis*/Abyssinians or Ethiopians had a reputation as "guardians of the Indian Ocean" and they were sought after as slaves and soldiers. This led to the emergence of elite slavery in the Indian Ocean, which began in Iraq and spread to India also. The relationship between the master and the slave in the elite slavery mode was of trust and was very strong. This subsequently led to the rise in power and status of Siddis in many parts of India, and some Abyssinians became rulers themselves. *Janjira,* an island off shore of Mumbai, was ruled by Siddi *nawabs*/ rulers for almost three and a half centuries, and later the son of an eighteenth century *nawab* of Janjira founded *Sachin*, a princely state in Gujarat, which was ruled by Siddis from 1791-1948 (De Silva Jayasuriya, 2011a: 7-9). Started by the Arabs, with the expansion in the European trade in the East to procure the spices, the Portuguese paved a way for the Dutch, French and British in India. And with a well-established slave trade in the Indian Ocean the Portuguese brought more and more strong African slaves (as seamen and soldiers) to their Indian territories for maintaining their trade and factories (Ibid: 11-12). Africans in the Indian Ocean contributed their talent and helped in shaping the societies they were a part of. As Ali (2011: 3)

has said, "*this diaspora is an epic story of soldiers, dancers, divers, servants, merchants, musicians, palace guards, commanders, bodyguards, administrators…living a range of experiences across diverse societies, cultures, conditions and periods of time*". Africans in India and their descendants rose from slavery to military positions and some even subsequently established ruling dynasties in Deccan India (De Silva Jayasurya & Pankhurst, 2003: 15). Though slave trade was the main mode for diaspora of Africans in India but there were other factors too like, trading. The much-revered African Muslim saint in Gujarat, *Bava Gor* is believed to be an agate trader of 14th- 16th century. And other than this, in the total diaspora picture there also existed unforced movement of Africans for trading, labor or settlement (Alpers, 2003: 29).

Meanwhile in the Atlantic, African men were in great demand for agriculture and mining purposes (Ali, 2011: 3). Slave trade in the Americas led to the genesis of the plantation economy. As slaves, Africans worked in the plantations and many like the Surinamese Maroons in the 17-18th Century escaped into the interiors of forests from the coast and since then, they have maintained their own tribal autonomous societies and have maintained their African culture in several parts of the Americas, such as, Suriname, French Guiana, Brazil, Jamaica and Colombia (Van Andel, 2007a: 84 & Ruysschaert, 2009: 148).

All these different factors produced different living environments for the African diaspora in the two opposite parts of the world. Through the literature review it could be interpreted that the bad living conditions, the rebellion by African slaves, and the relationship between masters and slaves all in a way supported the growth of some African medical practices, ethnobotanical knowledge, rituals, culture and religion to a great extent in the Americas. On the other hand, the comparatively better position of African slaves in India, the impact of religion (Islam), recognition of some Siddi communities by the Indian Government as a Scheduled Tribe, the living conditions, and the relationship of Siddis with their masters and other community people in Gujarat, had a rather liberating impact on the Siddis' lifestyle, medical knowledge, and rituals (not literally, but only in the context of comparison with African diaspora in the Americas). To a certain extent the relationship between the Siddis and their masters increased their scope of assimilation in the host society and its culture (Nguyen, 2003: 473; Voeks & Leony, 2004: S294). Unlike, the American diaspora, Siddis created their own history, identity and space. In India, Siddis witnessed the coming of Persians, the Mughals, Portuguese, and the British, along with the existing Indian rulers at different points of time. Contrary to the Atlantic, the world on this side was neither European nor Christian but mostly Islamic although, here also the cultural and lingual differences were considerable (Alpers, 2003: 29). The following chapters in the thesis will describe different aspects of the Siddi healthcare/healing system, and then compare them with what has been documented for the African diaspora in the Americas.

Although Siddis are a heterogenous group of people who came at different times from different routes and places in Africa, a comparison of some of their medical practices with those of the African diaspora in the Americas has provided an insight on how the people of African origin are using their medicinal practices in different social and ecological landscapes. Additionally, an intra- (Siddis of Gujarat and Siddis of Karnataka) and inter-tribal (Siddis and Maldharis of Gir, Gujarat) comparison of medicinal plants was conducted to demonstrate how knowledge of flora can help understand how ethnic, cultural, social and belief systems underlie the use of medicinal plants, and that these choices are not simply determined by geographic and ecological conditions.

1.3.3 Review of Key Concepts

The concepts of disease and illness are often conflated, but they need to be distinguished. In the field of medical anthropology disease is usually considered to be a clinical manifestation of ill health, and illness as the sufferer's experience of ill health, hence making the former a biomedical category and the latter an anthropological category. However, more recently various approaches in medical anthropology have suggested that disease is as much social as it is biological in nature. Disease disrupts the daily routine and potentially the identity of the sufferer too (Baer, Singer & Sussex, 2013: 6). During the research, one of the objectives was to understand the concept of health among Siddis and from there to understand the health related problems and their probable solutions, related ethnobotanical knowledge, and ritual healing practices. Therefore, I have used the term 'health problem' instead of disease or illness in this thesis, because this I believe is something which describes the Siddis' interpretation of being unhealthy, or ill, and the existence of any disease more appropriately than any other terminology. Siddis were found discussing their diseases or illnesses in relation to the status of health: why their health is not good and what happened to them?

Siddis' native language is *Gujarati* and some of them often speak *Hindi* also. The *Gujarati* lexemes used by Siddis for health problem/disease/illness are *bimari or rog*; the former has its origin from the word *bimar* meaning ill/sick/unwell. The health problems that Siddis call *bimari* or *rog* can be caused due to several reasons, some of which have biological, ecological or environmental origins. For example, change in weather or temperature can cause cold, cough, fever and body ache. And a poor diet could lead to many health problems, especially digestion related issues. There are also supernatural causes of health problems, which are discussed by Siddis (i.e. evil eye, possession by any spirit, casting of black magic spells and a few others). Many times the symptoms related to these causes could be seen as life threatening especially the physiological indicators of evil eye among children (i.e. vomiting, diarrhea, and loss of appetite). Hence, the solutions are also both medical (it could be any, traditional medicine or biomedicine or any other) and ritualistic in nature at the same

time. The same person could be seen visiting the *dargah* for ritual healing and also consulting a *bapu* 'local Siddi healer' for medical consultation, or even taking biomedical assistance along with the first two options. There are various factors and processes that are involved when people discuss their health problems (*sensu* Kleinman, 1978b: 661-662). For example, the available health care choices (in a medically plural environment), the socio-cultural beliefs about health, disease etiologies, processes of curing, individual and community preferences for healthcare, cultural definitions and parameters of efficacy. Among the Siddis, I found all these factors as a part of their healing system.

The terms 'Ethnobotany' and 'Ethnobotanical knowledge' appear frequently throughout the thesis. Ethnobotany, which is considered a sub-field of Ethnobiology (Ellen, 2006: 1) or Ethnoecology (Martin, 1995: xx)[1], uses inter and multidisciplinary methods of science to understand the knowledge of indigenous and other peoples who live in close interaction with the environment (Posey, 2004: 64). Ethnobotany specifically reflects the biological and cultural connections, and reciprocal relations, between plants and people (Minnis, 2000: 3; Balick & Cox, 1996: 3; Cotton, 1996: 1). In this thesis an ethnobotanical comparison of medicinal plants/medicinal beliefs among Siddis, neighbouring Maldharis and Afro-caribbean populations advances our understanding of the medical systems in the African diaspora. An anthropological approach aided in comparing ethnobiological knowledge cross-culturally and provided some useful generalizations relevant at the local and global level in the African diaspora (Ellen, 2006: 3, 26; Alexiades, 2004 as quoted in Maffi, 2004: 23).

1.4 Aims and Objectives

The broad aims of the thesis are to understand how medical pluralism in India has shaped Siddi ethnomedicine and to investigate how healing in the African diaspora in India compares to the published literature on African traditional medicine in the Americas. Subsequent chapters will address the four main objectives:

- Tracing how Siddi healthcare practices were shaped by their history, culture, beliefs, socio-economic status, religion and by the presence, access and availability of other medical choices.
- Comparing the medicinal practices (e.g. usage of plants for various health problems, the role of ritual healing) of the African diaspora in the Americas and in India (Gujarat).

[1] Both the terms Ethnobiology and Ethnoecology point to the same meaning and are often used interchangeably (Ellen, 2006: 20)

- Documenting the symbolic and faith healing acts/rituals of Siddis with a special reference to the importance of dancing, drumming, and role of the mausoleum of Nargarchi *pir* at Jambur village, and their functions in the Siddi ethnomedicine system.
- Conducting an intra- tribal (Siddis of Gujarat and Siddis of Karnataka) and inter- tribal (Siddis and Maldharis of Gir, Gujarat) comparison of ethnobotanical knowledge to help understand similarities in plant use, and the role of socio-cultural factors (such as belief systems) and environmental factors in explaining differences.

1.5 Methodology

Considering the aims and objectives of the research it was essential to adopt Participant Observation as one of the main tools of the research strategy. I started building rapport with the Gir forest staff and a few key people from Jambur and Sasan Village from my pre-fieldwork survey visit onwards (done in December 2012). This was essential because I wanted to make people feel comfortable and act normal in my presence (Bernard 1994: 136-141).

In the initial days of my fieldwork I met the forest officials, other researchers who have been working in Gir, re-visited the people whom I met during the pre-field survey, and walked across Sasan village. The meetings and discussion of my work with the forest officials and staff proved to be helpful. Through them I got to know about some Siddis who are working with the forest department in different roles. After two to three days I gained entry into the Siddi community via a Siddi ecotourism guide who was also a *dhamaal* 'a traditional Siddi dance form' dancer of Sasan Gir village. He is a young and popular guy in the Gir forest and nearby village areas. He helped me in arranging a small meeting with the Siddi community at Sasan village. The meeting was organised at his uncle's place. Through this meeting, the Siddis of Sasan village learned who I was and why I was there and visiting their families.

Gradually, I was adopted into a Siddi *bapu*'s family in Sasan village; he is famous for treating kidney stones through his remedies. There were many benefits of this. I got shelter when in need, emotional support, an insider's view into Siddi lifestyle and medicine, an entry to Siddis' sacred occasions and festivals, and a field guide/assistant for my research period.

I began my fieldwork from Sasan village in July 2013, which continued until September 2014. I was provided an accommodation at the Gir forest guesthouse, which is located within the Sasan village. In the first 4 months I mainly worked in Sasan village, although some day visits were made to Jambur village during this period. These visits were mostly made with my Siddi friends from Sasan village. I

used to accompany them on their visits to the mausoleum in Jambur, during festivals or when they were visiting any family/ relative. This was again done to gain familiarity with the Siddis of Jambur, and to understand the role and functioning of the Siddi mausoleum in Jambur.

From November 2013 onwards, I started visiting Jambur village more often. I didn't stay at Jambur but used the local transport to reach the village and come back to Sasan village by evening/night. For the first two months i.e. November to December I visited the village almost daily and then less often. My interviews with the Siddis of Jambur, related to ethnobotanical data and their healthcare, decreased after two months and my visits to the mausoleum in Jambur increased. I started spending more time in the *dargah* and its courtyard, meeting and observing people. I re-visited the mausoleum in October 2015 for some more days.

Similarly, I didn't stay at Sirvan village, since the village is located right on the periphery of the Sanctuary area, only limited entry of outsiders is permitted. Also, transport to this village is not readily available. In Sirvan, I began my work January 2014 onwards, which lasted for a month. The forest department's guards and staff helped me a lot. I was provided with a forest vehicle, driver and staff during my visits. All this occurred while I also had been regularly visiting the PHC (Primary Healthcare Center) of Sasan village, but March 2014 onwards I spent a lot of time at the PHC to collect health-related data (presented in chapter 3). Between March-September 2014, I spent more time in Sasan and Jambur village.

With regard to language, I took online tutorials to learn *Gujarati*, the local language of Siddis, which to a certain extent resembles *Hindi* (my native language), this was done while I was at my University and preparing for the fieldwork. The online tutorials were helpful for memorising vocabulary and learning pronunciation of words. A high level of comprehension was achieved with a mediocre level of speaking ability. Also, for my fieldwork I kept a wardrobe that suited the culture of the Siddi people and didn't make me stand out. *Suit-salwar* 'Indian style knee length or longer top and *pyjamas*/pants for women/girls*'* was worn most of the time (except the forest and plant nursery visits where there were many insects and mosquitoes and I had to wear other appropriate clothes). These few but important steps made participant-observation in these villages more successful.

A snowball sampling technique was used to develop a network of respondents in all three different field sites. Since Siddis of all three fieldsites are related to each other through kinship and marriage bonds, it became easier to approach people and interview them with one of their relatives accompanying me, or through somebody's recommendation. For several hours each day, I stayed at the famous *Nagarchi pir's dargah* (mausoleum), where a close rapport with the caretaker of the *dargah* helped me when interviewing people, as well as understanding the intricacies of faith healing.

Over the research period, almost every household was visited at Sasan Village (where I was based), while at Jambur and Sirvan village the snowball technique was of great help. My acquaintances at Sasan helped me to connect with their extended relatives in these two villages.

To decrease the bias in the sample population, I pursued a variety of initial contacts. Therefore, I chose as key informants: a Siddi *bapu*'s family, a famous Siddi forest guide and *dhamaal* dancer, elder Siddi men and women, a pregnant/new mother, a midwife, a Siddi forest guard from Jambur village, and the head of a Siddi Women's Self Help Group. Similarly, my participation in the forest department's activities also helped in corroborating and understanding certain facts and nuances that were given to me by Siddis. Also, the Gir forest department provided me access to their books, provided a vehicle to travel to Sirvan village, a permit to use the sanctuary route to visit Sirvan, and the help of a forest botanist for identification and documentation of medicinal flora.

Experienced field guides and interpreters were also employed as research assistants. The main field guide had prior experience of assisting other research scholars; he had a very good knowledge of the area and shared a decent rapport among the people. He was fluent both in *Hindi* and *Gujarati*. My interpreters were Siddi girls at all three field sites. The girls have had a basic schooling and one of them was also pursuing the equivalent of a high school diploma and hence, they had a good command over Hindi language. They were able to give examples to make me understand the critical cultural concepts/practices and colloquialisms of the *Gujarati* language.

I used life history interviews, semi-structured interviews, unstructured interviews and questionnaires to understand and document the oral history of the Siddis (Weller 1998: 365-409). Interviews were also conducted with knowledgeable and expert informants (community herbalists, elderly males, elderly females, adult males, and adult females) to create an inventory of medicinal plants and to document instances of symbolic healing acts used by the Siddis. A mix of both closed and open-ended questions were included in the questionnaire to identify and pursue other topics of interest that arose during conversations.

Informal interviews were of great help (especially) in the initial phase when I was trying to build rapport among the Siddis and understand their style of communication and healing system. As Newing (2011: 98-118) has mentioned, these interviews were impromptu and the emphasis was on the participant talking, with them focus on probing questions to gain more information. Both informal and unstructured interviews were used throughout the fieldwork. The aim behind these interviews was to have unrestrictive conversations where the respondents do not have to unnecessarily control their responses (Bernard, 1994: 208-211; Bernard, 2006). Unstructured interviews prepared a platform for

the research agenda and also helped in delving into the unknown and unexpected topics/areas of interest.

Structured interviews were mainly conducted while gathering information on medicinal plants. Semi-structured interviews were used to explore key themes, such as the concept of health, the preparation method and ingredients of *golis* 'vaginal balls'[2] used specifically for Siddi women's healthcare, and the history of Siddis. Focused group interviews were conducted mainly to understand the healthcare practices related to women and faith healing. A heterogenous group of young and old Siddi women were interviewed together to clarify certain discrepancies and generate ideas.

Although notes were jotted down and were elaborated and analysed daily, a voice recorder was also used (after requesting the prior permission of the respondents) to record the interviews. This was a precautionary measure to avoid deletion of any crucial information. Field notes and analytic notes were written up in the spare time. The practice helped in identifying the lacunae (if any) in the information gathered and the need for data collection in the days to follow. These notes, plus the transcribed interviews, form the corpus of the qualitative data that was analyzed for this thesis.

Due to limitations imposed by the Gujarat State Forest Department (GSFD) regarding the Ethnobotanical fieldwork, based in and around a Sanctuary area, first-hand preparation of voucher specimens was not allowed. GSFD's argument was based on the ground that they already have a complete list of the flora of Gir and Gujarat, which is updated continuously by the department. Hence, preparation of voucher specimens was considered to be of no use to them. Instead it was suggested that a trained botanist of GSFD could assist me on my ethnobotanical field trips (along with my local Siddi informant) and would help me in identifying the plants from my medicinal plants list. However, permission to prepare a specimen voucher was granted if any new or unidentifiable plants were encountered.

Both, a Siddi informant and the botanist (as recommended by the Gujarat State Forest Department) were taken together on field trips to allow for direct correspondence of local vernacular nomenclature and Latin binomials for the medicinal plants elicited through free listing and interviews. A minimum of three photographs were taken of all medicinal plants encountered, either in households during interviews or in the surrounding environment during trips with the botanist. A database of images of most of the medicinal plants was thus created for present and future referencing. These steps were taken to reduce the chance of mistakes in identification, and thereby facilitate comparisons between the *materia medica* of Siddis and neighboring groups. Siddis also included the name of plants that are not native to their area but their products are available to them from local *ayurvedic* shops. Photos of

[2] To be discussed later in chapter 6 in detail

these dried herbs/ plant products were also captured for reference purpose.

The following books were referred to in confirming the scientific nomenclature of all documented medicinal plant species:

1. Medicinal plants of Gujarat by Pandey et al. (2010). This book not only provided the most recent list of the local medicinal flora but also a district/ zone wise classification of plants and their medicinal properties (according to various medicinal systems of India). Second, the voucher specimens of most of the plant species mentioned in this book could be found in the herbarium of GEER foundation, Gandhinagar, Gujarat (the foundation that funded the fieldwork and publishing costs of the book, and is regulated by the Gujarat Forest Department).

2. Inventory and Conservation status of major Plant taxa in Gir. A report of the project sponsored by Wildlife Division, Sasan Gir, Junagadh, Department of Botany, Faculty of Science, The Maharaja Sayajirao University of Baroda, Vadodra.

3. Flora of Gujarat State (Vol 1 & 2) by Shah, G.L. (1978). University Press, Sardar Patel University- Vallabh Vidyanagar: Gujarat, India was also referred to corroborate the local and scientific names.

4. Trees of Gujarat: Status- abundance, distribution and threat level of tree species in Gujarat state by H.S. Singh et al. (2008). Gujarat forest Department: Gandhinagar.

5. Medicinal plants of Gujarat by Pandey, C. N.; Raval, B.R.; Mali, S.; Salvi, H. 2005: GEER Foundation, Gandhinagar.

6. Nighantu Vol 1 & 2 by Vaidhya, B. 2011. Gujarat Pustkalaya S.S. Mandal. Sarvodaya offset: Gujarat.

Free Listing was used to define the Siddi cultural domain of *desi dava* (in context of ethnobotanical knowledge) as well as to document the distribution of associated knowledge among the Siddis (Borgatti 1996; Puri 2011:126-152; Ryan et al. 2000: 83-107). ANTHROPAC software (Borgatti 1996) was used to analyse the ethnobotanical data. The question asked was the *Hindi* or *Gujarati* equivalent of "Please tell me as many medicinal plants you know." After the plants were listed every individual was asked to confirm about the use/s of each plant (one by one). This way every individual described the purpose of each plant mentioned by him/her. There were a few instances when some

Siddi people knew about the medicinal use of certain plants but do not actually use them. This may be because the person does want to use the plant, never had a chance or faced a problem to use the plant, relies on biomedicine more, or finds it is time consuming to prepare medicine from plant, the taste is bad, and/or the result is slow compared to biomedicine.

The elicited free lists could be described and analyzed in an informant-by-item matrix, which indicates both the rank order and the presence/absence of items in each informant's list. From this matrix, the frequency of items, their average rank in the list, and a measure of salience (based on Smith's S, 1993) could be calculated, as in Volpato & Puri (2014: 188). Salience "is essentially a weighted average of the (inverse) rank of an item across multiple freelists, where each list is weighted by the number of items in the list. Free listing generated data that both stimulated qualitative discussion about the importance of specific plants and could be used in cultural consensus analysis (CCA) and multidimensional scaling (MDS) to study informant agreement and variation both within and between groups" (Ibid: 188). The ranking of plants in the free lists indicates the cultural and psychological preeminence given to these plants (Quinlan 2005: 219-234). The free listing exercise was conducted with 53 Siddis (34 females and 19 males) from three different locations. As most of the interviewed people were illiterate or poorly educated, an oral free list was collected (that is, I recorded names on the behalf of the Siddis). Informants of different age groups, from both sexes and from different occupations were included in free listing exercises and interviewing to better understand how medicinal plant knowledge varies among the Siddis. Socio-demographic attributes recorded included age, gender, occupation, personal income, household income and education (see appendix 4.1).

Semi-structured interviews were also conducted with these informants to better understand their knowledge and use of medicinal plants. Finally, four group discussions with more knowledgeable informants (selected on the basis of their free list lengths and experience) were conducted to check the dubious items in the lists and, more importantly, to investigate in greater detail the relevance of specific medicinal plants, their nomenclature, classification, ecology, medicinal properties (e.g., for which disease a plant is used and what is the method of preparation.

1.5.1 Study Area and the Fieldwork Sites

Siddis of Gujarat mainly landed at the ports of Kathiawar (also known as Saurashtra), Porbandar, Cutch and Daman & Diu (Pinto, 2006: 390). Siddis of Saurashtra region of Gujarat are a tribal community, classified as Scheduled Tribe (ST) by the Central Government of India, because of which they derive some benefits in education, government jobs, healthcare access et al. (Saurashtrana Sidio,

2012: 9; De Silva Jayasuriya, 2006:11). ST is an officially designated status given by the Constitution of India to the disadvantaged people in India. As per the census of 2011, tribals constitute 8.6% of the total Indian population and the majority of these tribals live in rural parts of India. Although, Siddis are spread across Gujarat their major concentration is in the Junagadh district of Rajkot division in Saurashtra. As per the 1981 census, the population of Siddis was 54291[3] (available from: Brief details of Siddi> Tribal Development Department, Government of Gujarat website). And according to 2011 census reports, the population of the Siddi Scheduled Tribe in Gujarat was 8661 (Ministry of Tribal Affairs, 2013:160), which is considerably lower than expected because (as mentioned in the beginning also) not all the Siddis of Gujarat are included in the Scheduled Tribe category and this population figure is based on the Siddi population count only in six districts of Gujarat. In the Junagadh district there is a hub of Siddis near the Gir Sanctuary and National Park region. Siddis here live in small clusters/villages near the forest outskirts.

Gujarat is located on the western coast of India and has the longest coastline of all states in India, at 1,600 km. It is bounded by the Arabian Sea to the west and southwest. The state experiences diverse climatic conditions with mild and pleasant winters, hot and dry summers and heavy monsoon (www.gujaratindia.com). Gujarat is also one of the biggest states of India and is also a business hub. A majority of Gujarati families are involved in business (cloth, diamond, cement, food et al.). With a big geographical area and a varied topography there is also present a very visible rural-urban divide in Gujarat. Where there are planned cities like Gandhinagar (also the capital of Gujarat) and other cities like Ahmedabad, Surat (the diamond capital of India), Rajkot, Vadodra, et al. there are also villages which don't have all the modern facilities or even a few basic and crucial facilities like good hospitals, schools, colleges, shopping complexes. Therefore, a stark difference in the lifestyle of urban and rural Gujaratis can be seen. In this context if we see the Siddis, then majority of them live in the rural areas and even most of those living in cities are engaged in menial jobs (laborers, household helps, cleaners etc.). Access to the best of the facilities is not possible for them. The position of Siddis in the socio-economic strata was found to be quite low, this conclusion is based on the data collected during the fieldwork on the income, family size, literacy level, job type, house type, ability and knowledge regarding access to facilities like, hospitals, colleges, their basic rights etc. and the responses of Siddis as well as other community people on the same.

Below is the map of the place where the research was conducted (along with the coordinates). The right three images on the map starting from the top shows the position of Gujarat in India followed by the position of Junagadh district and Gir National Park and Sanctuary (GNPS) in Gujarat state. The left part of the map shows the exact location of Jambur, Sasan and Sirvan village in reference to the

[3] The latest census report doesn't provide an exact population figure for the Siddis in Gujarat

GNPS. As it could be seen, both Sasan and Sirvan are located in the Gir Sanctuary area (yellow portion), while Jambur is located outside the Gir Sanctuary area (on land and very close to the other two villages).

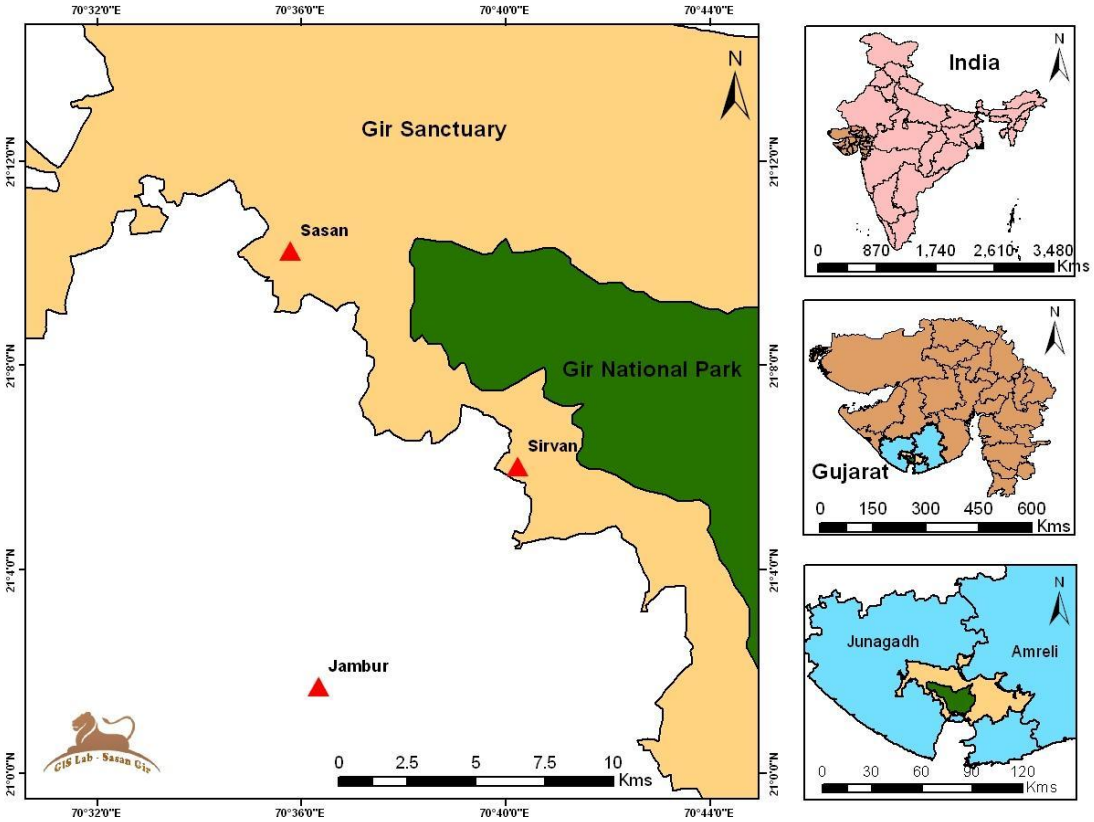

Fig 1.1: Map showing the position of fieldwork sites

The three field sites were chosen for the research study because they have a significant representative population of Siddis. Jambur one of the field sites is a village where only Siddis live and the village also has a famous Siddi *pir* 'saint', *Nagarchi bapu's dargah*[4] i.e. 'mausoleum', which is considered an epicenter of ritual healing. The *dargah* is maintained by Siddis only and is open to people from all castes, religion and socio-economic strata. The village is also considered as one of the first and oldest abode of Siddis in Gujarat. Sirvan, also a village with only Siddi inhabitants, is a forest settlement village i.e. located in the Gir Sanctuary area unlike, any other village where Siddis live. It is rather secluded from other villages and Siddis of this village have direct access to the forest resources. Sasan, the third field site is a village which is an abode to people from different communities, religions and socio-economic strata and is also a hub for tourists who come to visit Gir National Park and Sanctuary. Many Siddis work in local restaurants, hotels, and food stalls etc. in Sasan and some Siddis work at the Forest Department also, which is located at Sasan village. All the villages were

[4] Further information on *Nagarchi pir* and his mausoleum has been provided in the following section and more elaborately in chapter 5 in the context of ritual healing

close to each other (separated by a distance of a few kilometers) and were easy to access. I thought having fieldwork and observations made in these three different field sites would provide a good holistic data, which would be representative of lifestyle of Siddis from close yet different villages.

Jambur, Sasan Gir and Sirvan: The Fieldsites

Jambur, a small hamlet of Siddis, is considered to be *the* representative village of Siddis of Gujarat (Lodhi, 1992 & Patel, 1986). Jambur as mentioned above has the historical *dargah* 'mausoleum' of *Nagarchi pir* (a Sayyed saint, much revered by Siddis), which is maintained and run by Siddi people. This Sufi-Siddi *dargah* is a sacred site of great importance to the spiritual and cultural identity of all Siddis, and even for people from other communities and religions. It forms a very important part of the Siddi healing system because it is considered as a holy place where solutions to all supernatural (mainly) and natural causes of health and lifestyle problems are available. In the healing system of Siddis, this *dargah* and healing interventions attached to it (like, holy water, holy oil, holy ashes etc.) play a crucial role. Not only this, practical organization of the veneration of this Siddi *dargah* is pivotal in defining the position and role of Siddis in Gujarat and Jambur village. However, not much is known and discussed about this *dargah* in the available research studies on Siddis.

Similarly, **Sasan** village is not very far from Jambur. It is a small village inhabited by Siddis and people from other communities. Most of the people of this village earn their livelihood through tourism. Numerous tourists from all across India and many parts of the world come to see the last abode of the Asiatic Lion i.e. Gir National Park and Sanctuary. For this purpose lion safaris are organised between mid October and mid June every year by the Forest Department. Due to the influx of a massive number of tourists each year, Sasan and the adjoining areas have seen a boom in the number of hotels, restaurants and other food stalls. Like the other locals, both Siddi men and women work in these restaurants and hotels as waiters and dish cleaners. Siddis are also involved in various other temporary/ part-time odd jobs too, such as field labourer, domestic helper, rickshaw driver, etc. Another two important jobs of many young Siddi men are of either a wildlife guide or of a lion safari gypsy driver. The Forest Department has recruited these Siddi men or guides who accompany the tourists inside the Gir Sanctuary during the safari (like other guides or drivers).

Sirvan is another village in the Gir Sanctuary periphery area, which is populated by Siddi community people only. Siddis of this village are mainly engaged in farming; they work on lands given to them by the Forest Department as a part of the resettlement process under which people were migrated to the periphery of the Gir forest for conservation related issues.

All three villages are close to each other and also to the Gir Sanctuary and National Park, a 1412 sq. km area (258.71 sq. km national park area and 1153.42 sq. km sanctuary area) of deciduous forest interspersed with semi-evergreen and evergreen flora, acacia, scrub jungle, grasslands and rocky hills. Fed by perennial and seasonal rivers and streams, the sanctuary has large water bodies like the Kamleshwar Dam. Gir forests have a topography made up of successive rugged ridges, isolated hills, plateaus and valleys. Besides, being the last abode of Asiatic lions, Gir forests form a unique habitat for many mammals, reptiles, birds and insect species along with a rich variety of flora [https://forests.gujarat.gov.in/gir-nat-park.htm].

During the pre-fieldwork survey I realised that the forest is the lifeline of Siddi people. They are dependent on the forest for so many daily usage objects like fuel wood, building material for houses, food and medicinal plants, etc. All these materials are all derived to a great extent from the Gir forest and its peripheral areas. Access and availability of most of the plant products are not an issue for the Siddis and other communities also. The local people of the nearby village areas and the Maldhari tribe people have access to the Gir sanctuary area (with some restrictions like, mobility, utilization of forest resources, etc.). The Maldharis are Hindu and mainly the devotees of Lord Krishna. Another contemporary figure is Goddess *Khodiyar.* According to some ethnographers, *Ahirs* are the oldest inhabitants of Gir forests and were already there when other tribes arrived.

Maldhari- is an amalgamation of the word *Mal* 'livestock' and *Dhari* 'keeper'. They are a semi-nomadic and nomadic pastoralist tribal community. They are one of the oldest groups engaged in cattle rearing and animal husbandry. Expansion and intensification of agriculture forced this nomadic community to live in the wilderness of Gir forest. The forest too proved to be a perfect fit for the Maldharis, as it provided abundant fodder and rich pastoral land. In Junagadh district the four main settlers of Maldhari community namely are, *Rabari, Charan, Ahirs/ Gujars* and *Bharwads (*Mitra, 2005: 65- 78). The main income of the Maldhari tibe is from selling milk, rearing and selling of good breed of domestic cattle. From time immemorial they have been an integral part of Gir ecosystem and it's hard to imagine Gir without a Maldhari leading a herd of buffaloes/cows with a long stick in his hand. Although scattered in and around the entire forest most of the Maldharis live on the western part of Gir forest in *nesses.* They consider themselves as the protectors of the forest and after years of cautious- coexistence with the lions of Gir, there is minimal human-wildlife conflict evident now. The male members wear only white dress (*kurta*) with a big turban on head (Ibid). The local people of the area and most of the forest department people believe that nobody knows the Gir forest, its flora and fauna better than the Maldharis. Since many Maldharis to date are living inside the forest they continue to practice their some traditional medical practices that involves usage of flora of Gir forest. From helping people in identifying plants to helping forest officers in tracking lions, the Maldharis are a very important part of the socio-economic-cultural and ecological system of Gir and its adjacent

villages (field observations and interviews).

1.6 Ethics

This research has adhered to the University of Kent's guidelines for ethical research and received approval from the School of Anthropology and Conservation's ethical committee before the fieldwork commenced. Of importance to the development of a global policy regime for promoting ethical research, the project received a permit from the National Biodiversity Authority of India (NBA) under the Nagoya Protocol guidelines; I was the first person to receive this permit since the act became law. According to the permit "Access to Biological Resources and/or Associated Knowledge for Research/ Bio-survey and Bioutilisation" was granted with a condition that the knowledge/resources of the tribe and the country will not be exploited and the information will be shared with the host country. The purpose of this permit is mainly to contribute to the conservation and sustainable use of biological diversity and to secure equitable sharing of benefits arising out of the use of accessed biological resources, if any.

The ethical issues considered and practices employed relevant to this research follow from two published codes of ethics: The International Society for Ethnobiology (ISE 2006) and the Association of Social Anthropologists of the UK and the commonwealth (2011). Following are the salient issues that were covered in the ethical consideration of the research study:

1 The active participation of the community involved in the research was maintained. Many Siddis participated in all phases of the research, from collection of data to its analysis and interpretation. A prior verbal consent of each Siddi community member (whom I interviewed) regarding the objectives of the research was taken. This remained an ongoing process during the research. Any objection at any point from the community individual/group was respected.

2 The research began with full disclosure of the aims, objectives and possible outcomes of the research project through the local method of communication i.e. *Gujarati* language and also *Hindi* language (the second common language).

3 Individuals of Siddi community were ensured that if they want full rights of anonymity and confidentiality then, they would be granted the same. Any cultural component whether language, custom, ritual, material, spiritual belief etc. that an individual or the group did not want to be included in the research was respected. In the thesis write-up pseudo initials/names of individuals have been used to protect their identity. Pseudo names have been used in the

thesis to prevent the identity of the people quoted in this research.

4 Precautions were taken to prevent any harm to the cultural and biological components of the community due to ethnobiological research. Care was taken to avoid imposing outsider, or etic, perspectives that might threaten the cultural and biological integrity of the participant communities.

5 Every effort was made to produce efficient and desirable outcomes from the research. The research was conducted in the local language of the community members. Sometimes, *Hindi* language was also used, when the respondent was able to understand *Hindi* language. Although, some time was spent mastering the local dialect but field assistants were employed to avoid any misinterpretation.

6 During the research the institutional affiliation of the researcher was clarified before commencing any part of research. Also, the official permission letter from the local authorities was presented to the community members.

7 In this thesis, due acknowledgement is given to the community members, local government bodies and all others who has helped in the completion of the research.

8 Who so ever was involved in the research whether it was field assistants, or translators, etc. nobody was economically exploited and fair compensation or assistance was provided.

Chapter 2. Who are Siddis? Ethnographic Background of the Afro-Indians of Gir, Gujarat

2.1 Introduction

Building on the brief introduction given about the Siddis in the previous chapter, this chapter, in the context of the African diaspora, further elaborates the history, lifestyle, religion, language, cultural practices, relationship with Gir forest, and the symbolic or mythical interpretation of the past (migration from Africa) by Siddis and its relevance in contemporary times in an order to better understand the Siddi healing system. I have used Hirsch and Stewart's (2005) concept of historicity[5] to further explain how Siddis have formed their cumulative identity; an identity that also provides an insight to their healing system. The interconnection between memory, cognition and history is important for understanding how Siddis are shaping themselves, their social identity in the contemporary times. The practices, rituals and beliefs of the Siddi people are discussed in the thesis to show how Siddis engage with these idioms, contemplate their past and derive knowledge from it and how the produced knowledge forms a nexus with their present (*sensu* Tonkin 1992:1). Using oral history, which is a social process, in this chapter we will see how through a shift from historical perspective to a symbolic context, Siddis have empowered themselves, and how through the veneration of Siddi saint *Nagarchi pir,* legendary figures[6] and their re-invention as *pirs*[7] *(*'spiritual guides/ ancestral saints'), *fakirs* ('spiritual specialists'[8]), and fictive kin, these figures have given Siddis a sense of purpose.

2.2 What's in a Name? Etymology of Siddis and its Connection to Migration

It was December 2012 when I went for a survey to Gir, Gujarat. While I was waiting for my taxi at Junagadh railway station, I saw a Siddi man working there. Sometime later, I began chatting with him to know more about the people from his community, about my field sites, his place of residence and many more things. He was very cooperative and guided me on how to travel to my field sites and also

[5] The concept of historicity shows how people describe and form their present by using or rather moulding (if required) the versions of the past in relation to their available cultural, political, emotional, economic and religious (emphasis added) dispositions.
[6] To be mentioned later in this chapter and also in the following chapters. One such example is, *Nagarchi pir (also mentioned in previous chapter)*
[7] A Sufi term for spiritual guides/ masters or ancestral saints
[8] The Siddis represent themselves as *fakirs* or spiritual specialists - a self-representation in post- independent India which enables the Siddis to earn a living by performing ritual services for devotees who come to the various shrines where Siddis work as caretakers (Basu, 2001: 268).

gave me a few names of Siddi people from my fieldwork sites that could possibly help me. During the entire conversation he said something quite often, which I was also reminded of continuously by other Siddi and non-Siddis during the entire fieldwork period. Those words were *Siddi Badshah* whose literal translation in *Hindi* and *Urdu* is *'Siddi king'*.

From published literature, I knew that Siddi/Sidhi/Sidi, *Habashi, Kafir* and *Badshah* are the names that are used to refer to the African diaspora people who have settled in Gujarat India for centuries (Lodhi 1992; Pinto 2006; Patel 1986; Basu, 1993) but, where there is some discussion around the origin and meaning of the names Siddi and *Habashi* and also their role in understanding the coming of African diaspora in India, there is very little information about the name *Badshah* (except Basu, 1993; Pinto, 2006). Hence, I decided to understand the meaning of these terms/names as described by various scholars and Siddis themselves. The aim was to further understand the migration of Africans to India through these names, the cultural significance of these names among Siddis and other related aspects (if there are any).

2.2.1 Siddi

With a little disappointment I found that the Siddis of my field sites didn't have anything much to tell me about their ethnonym "Siddi". According to the Siddis I interviewed, it is just a name without any meaning, and even if it has any meaning, then they are not aware of it. To quote some of the Siddis (from the field notes),

> "*Since centuries we are known by this name"*
> *"This is the name with which people like us are known as"*
> *"Our ancestors would have known about this, might be they kept this name for us because we came from Africa, we don't know about the meaning".*

Field research (Lodhi, 1992; Ali, 2011: 5) and archival sources (Kolaba District Gazetteer, Maharashtra: 78) suggest that the term 'Siddi' indicates that these people were the employees of the *Sayyads,* the Muslim rulers of India. And also that it was a term of respect that is a distorted form of the term '*sayyad'*. However, Lodhi (2008: 2) & De Silva Jayasuriya (2011b) has offered another meaning and origin of the name Siddi. According to Lodhi,

> "Recent research into the etymology of the term Sidi, and its variants, suggests a possible alternative meaning of the term Sidi, i.e. Arabic '*saydi'* with the emphatic /ŝ/ consonant '*saad*' (ص) meaning "captive" or "prisoner of war" instead of the established Arabic religious and/or aristocratic title '*Sayyad*', 'Sayyid', '*Seyyid*', *Sayed* or '*Syed*' with the non-emphatic /s/ consonant '*siin*' (س), which is ultimately reduced to 'Sidi' in many African dialects of Arabic."

Now if we discuss the history and diaspora of Siddis/ Africans in India then, as per the archival records, during the middle of the 15th century (1437 A.D. to be precise), when the Bahamani kingdom in India became independent of the Delhi Sultanate, a fashion arose in western India to bring in Abyssinians and other East Africans. Records in the Bombay Gazetteer say that these African tribes were chiefly from the Somali coast and they were classified into two categories, the new comer *Wilitais* and the country born *Muwalladi*, a dichotomy which no longer exists (cf. Chakraborty and Nandi, 1984: 130). Trade of slaves to Egypt, Arabia and India from sub-Saharan Africa has been dated to prehistoric times. In Opone, the Egyptian market, these African slaves were in huge demand because of their strength, docility, faithfulness and courage, which in fact elevated them to positions of command (Kolaba District Gazetteer, Maharashtra: 75-85).

The *Musalmans* 'Muslims' in India employed these slaves as soldiers and sailors. Slave- soldiers were recruited to the Deccan (South India) through the Middle East's slave markets (Eaton, 2006: 45). But there are also famous episodes of Siddis being in power and command in certain Western India regions. For example, from early 16th century (approx. 1516 onwards) Siddis ruled over Janjira[9] and Danda- Rajpuri. Siddis of Janjira, who originally came from Abyssinia, affected the power of Konkan port. Siddis played a major role in the rise of the Ahmadnagar dynasty and of Janjira (Kolaba District Gazetteer, Maharashtra: 75-85). From being guardians of the rulers, the Siddis also became rulers themselves. Africans ruled in Bengal, India from 1487 to 1493 (De Silva Jayasuriya, 2011a: 9). Yakut, a Siddi was made the chief of Janjira by the Ahmadnagar ruler who obtained it from Ram Patil, a Hindu ruler. A few Siddis like Peram Khan[10], Malik Ambar[11], Siddi Sutul Khan (1618), Sidi Yakut followed by Sidi Ambar (these three were the governors of the Danda-Rajpuri area under Mughal rulers) were very popular leaders in the history of India. When Janjira came under Bijapur, the Siddis even rose to the rank of the *Wazir* 'head of the fleet' (Kolaba District Gazetteer, Maharashtra: 75-85). Siddis played a key role in several major wars, some fought independently and some in collaboration with the Mughal rulers. Siddis entered into alliances with the Mughals to defeat Shivaji (a Maratha ruler) during the 1660s, and this relation of Siddis with Mughals gradually became stronger. It is noted that the Abyssinians helped the Mughals to fight the wars. Siddis saw Mughals as their major ally and thus showed allegiance towards them. Aurangzeb, (1671) the great Mughal ruler, even gave the rank of Admiral to Sidi Sambal in his naval fleet. Hence, the Siddis were themselves conquerors and plunderers at one point in time. They re-conquered Danda Rajpuri, and they conquered Underi too in 1680 (Ibid). Because of their military capabilities and good fortunes some Siddis rose to powerful positions (Eaton, 2006: 47-54 & De Silva Jayasuriya, 2011a: 8). A second

[9] A small island on the western coast of India (close to Mumbai).
[10] Famous for his cunningness, which he showed to acquire the Janjira fort (pg-79)
[11] Was the chief of the Ahmadnagar dynasty during the 16th and mid 17th century

princely state – Sachin, which is a group of scattered villages in Gujarat was ruled by Siddis from 1791 until 1948. The son of an eighteenth century *nawab*[12] of Janjira founded Sachin (McLeod 2006).

Then the Portuguese, who rose to power in India towards the middle of the 16th century and went on ruling until the 18th century, brought a great number of 'house-slaves' from Africa for all of their territories. These slaves also worked in the farm-fields, and carried umbrellas and palanquins for their masters in India. It is also mentioned that the Portuguese brought some '*negroes*' from Mozambique too (Kolaba District Gazetteer, Maharashtra: 75-85). Referred to as 'black slaves', these people found their way mainly to the provinces of the western coast of India, i.e. from Karnataka in South India to Gujarat, Sindh and Baluchistan in the West (Sindh and Baluchistan are now located in Pakistan). They were mainly employed as mercenary soldiers and court jesters by the rulers of India, and as domestic servants by wealthy families (Basu, 1993: 292). The pioneer of Indian Ocean slave history, Joseph Harris (1996) as quoted in Shroff (2011: 66), mentioned that even before the slave trade that was conducted by the Omani Arabs, Europeans and Gujarati merchants, Africans visited and inter-married with Indian castes on their tours as merchants and sailors. However, it was mainly the slave trading that was responsible for the African diaspora in India and it is also true that vast majority was brought to India to do menial jobs only (Pinto, 2006: 384-395). But the presence of Africans as slaves in India and their history in India was different. Unlike, the African slaves in Atlantic diaspora Siddis performed varied roles, even as slaves they had a certain status and role (Ali, 1996:17).

In the 19th century when the British arrived in India and started ruling, slavery was abolished. According to the Bombay Government Publication/ Gazetteer (1899: 11), Siddi are not identified as slaves but as low-class Muslim servants, mendicants and *fakirs* who 'live by service and begging' (also Basu, 2008: 169). After Independence when the princely states were dissolved and rule of *nawabs* 'kings' also ended, the various specialised roles of Siddis also faded gradually. There were no royal courts or armies of kings where Siddis would work. Hence, the Siddis who were once looked upon as brave soldiers and most desired house servants became a marginalised group of people with almost no individual identity, no special roles, but as mostly black skinned, different looking people of African origin. Many Siddis who served at the royal courts were also granted lands, which furnished uprooted people from Africa with some spatial rights in Gujarat. In many princely states Siddi royal servants also received grants for building a religious shrine (*dargah*) dedicated to their patron saints (read more in the following sections). Siddis who redefined themselves as *fakirs* developed these shrines. And hence began the process of transformation from status-less slaves and strangers into a community with a socially ascribed status of religious specialists. Also, what emerged prominently was the Siddi form of dance known as *dhamaal.* In the following sections I will further

12 *an Urdu* term for ruler/king

elaborate on this discussion in the context of other Siddi names, Siddi ancestral saints and role of Siddi shrines.

2.2.2 *Habashi*

Ethiopia (earlier known as Abyssinia) and a few other East African countries were major places from which the African slaves were taken to Egypt, which was a main slave trade center. The legends and oral narratives of Siddis (discussed below) give reference to these geographical locations related to the slave trade and are a reservoir of the social memories that portray the important position of the Siddis in society. In the Kolaba District Gazetteer (Maharashtra chapter XIV: 400-402) the island of Janjira has been called '*Habashan*' because Africans inhabited it. For example, Lodhi (2008: 302) in his linguistic work on Siddis stated that in the pre-Ottoman period African soldiers in India were referred to as *Habashi* or *Habsi*. *Habashis* had a reputation as "guardians of the Indian Ocean" and were sought after as sailors and soldiers in the countries of the Indian Ocean (De Silva Jayasuriya, 2011a: 9). It was only after the slave traders who brought the Ethiopian and Sudanese slaves (purchased from African rulers) to the Middle East and India that the term Siddi, which was borrowed from the Arabic/Ottoman people, replaced the term *Habashi.*

Beyond these historical and geographical explanations, the understanding of the term '*Habashi*' is also embedded in the legends of Siddi ancestral saints, *Bava Gor, Baba Habash, Mai Misra, Nagarchi Bapu and Hazrat Bilal/ Bilal Habashi*[13]. The folktales associated with *Bava Gor* and *Nagarchi Bapu* demonstrates the essential role of these spiritual powers in saving humanity and ending the problems of Siddis, respectively. *Bava Gor*, who is said to have been an Abyssinian military head, was sent to Gujarat by Prophet Mohammed to save humans from a demoness named '*Makhaan devi'*. When he reached Gujarat his army rested at various places and a few of the army men stayed at those places. At present, these are the places where local shrines are located. His younger brother, *Bava Habash*, and sister *Mai*[14] *Misra* followed *Bava Gor.*

Rehman, a famous Siddi *bapu* from Jambur village also mentioned *Mai Parsama*, who is the mother of *Mai Misra*. Basu (1993 & 2008), Rehman (the Siddi *bapu*), and Muhammad Iqbal *bapu* (a Siddi *fakir* at *Nagarchi Bapu's* shrine in Jambur) also mentioned the names of these *pirs* and their important role in the lives of Siddis.

[13] In the following section on religion, *Bilal Habashi* would be discussed in detail.

[14] *Mai* means mother. Like, *Bava* and *Bapu* mean father or an elderly male.

According to the myth, *Bava Habash* came from Habash (Abyssinia/ Ethiopia) and *Mai Misra* from *Misr* (Egypt). They all came to India to save the human race. *Mai Misra* killed *Makhaan Devi* the demoness, as her brothers (*Bava Gor* and *Bava Habash*) were bound by Islamic rule that prohibits men from hurting/killing women. They were the warriors and had super powers.

Another story that runs parallel to this is the one that describes *Bava Gor* and his family as the Gemstone (Agate) merchants. He mined agate, a precious stone, at Rajpipla hills near Baruch and Khambat in Gujarat. A certain variety of agate beads are known as *Baba Ghori;* another maroon carnelian stone is named after his sister and successor *Mai Misra/Mishra* (Lodhi, 2008: 3). Siddis say that *Bava Gor* brought Siddis with him when he came to Ratanpur. During his old age he took shelter in the forest of Rajpipla hills and spent his time in prayer, that's why he is worshipped as a saint. Through this ancient folklore, Siddis in the present time elaborate on how their holy men and women represent different aspects of their migration (Basu, 2008: 169). Many of the Siddi people that I interviewed believed that the present families of Siddis in Gujarat followed these legendary Siddi saints to India and this is why non-Siddi people call them '*Habashi*'. A few Siddis would also mention names of other East African countries like Uganda, Mozambique, Tanzania, or Kenya as places their forefathers came from. For them these are the names of their villages in Africa, which their ancestors mentioned to them.

Through experience and observations it was realised that the Siddi people do not like calling themselves *Habashi*, as this term originates from their African descent. The problem is not with Africa as a place, but with the racist attitude towards Africans in India. This term reminds Siddis of their features (dark skinned, broad lipped and curly haired), which people didn't consider good looking and made fun of. Siddis believe that when people call them *Habashi*, then they want to disrespect them, otherwise they could have called them Siddi or *Badshah* or Siddi-*Badshah*.

Based on these legendary stories, Siddis built *dargahs* for these ancestral saints and also took over the role of *fakirs, bapus* and *pirs* at these *dargahs*. Siddis are the official caretakers of these *dargahs*. The Siddis who fled from their masters' homes and ports where they worked, found shelter at the *dargah* of this Ethiopian Siddi saint*, Bava Gor*. This meant freedom from bondage and now as *fakirs* they only follow the orders of God. The *dargahs* emerged as sources/centers for spiritual healing, where Siddi patron saints are the focus of a local cult affliction (*sensu* Ibid: 169- 171). The emergence of a Sidi *jamat* 'caste or community identified by their religion and other cultural features' was significantly shaped by the ritual production of a cult of Siddi patron saints disseminated by *fakirs*. *Bava Habash* is a prominant saint of this assembly of consecrated African ancestors. Not only Siddis but people from other religions also visit these *dargahs* to seek Siddi saints' blessings and to cure madness caused by evil spirits or for health and lifestyle issues pertaining to supernatural powers

(Ibid: 169; Basu, 1993 and Shroff, 2011) making these *dargahs* very important in the Siddi healing system. As will be further discussed in chapter 5 in the context of *dua* 'blessings', the *dargah* is considered an important medium of spiritual healing by not only Siddis but by people of other sects, class and caste. The *dargahs* have defined the religion of Siddis that finds its roots in the Sufi form of Islam. The famous Siddi *dhamaal* dance also finds its spiritual link with these *dargahs* and the Siddi ancestral saints. The dance is not only an entertainment part of the Siddi culture but also means of going into trance or getting possessed by the dead Siddi saints especially, during the *urs*[15] 'death anniversary of saints' and *salami* 'prayer time' at the *pirs' dargahs.*

2.2.3 *Badshah*

Very interestingly, unlike the other two tribal names, some of the Siddi people from my field sites wanted to elaborate on their third name that is *Badshah*. Before proceeding further I would like to explain the literal meaning of the term *Badshah*, a word which is very commonly known in India and is also used in Indian texts (an *Urdu* word used in literature). *Badshah* means 'King'. As I am also from India and have grown up listening to this word an infinite number of times in varied contexts, I was curious about the Siddis' usage and context of this term. Does it also have any connection with their past or their migration history like the other two names? Also, unlike other names this name was never or very rarely mentioned in any journal or archive. Below I have quoted a few Siddis for their explanation of this term:

> "*We Siddi Badshah are the ruler of ourselves. We don't worry about anything. We are very carefree people. Our heart governs our actions. We do not take much tension. If there is food for today that is good and we do not worry for our next day's meal."*
>
> *"Nobody can command us and we don't listen to anybody, and that is why we are the Badshah of ourselves."*
>
> *"There is no tomorrow for us, we believe in living our present to its best. We rule our lives and doesn't listen to others."*

Moreover, in conversations with other non-Siddi people of the area, I was often told that Siddis are the rulers of their hearts and minds. But I found this notion mostly full of preconceived ideas that had racial or caste-oriented tones. Some of the people said that they find it very difficult to guide a Siddi man or woman for any work. To quote an instance during my stay at the forest guesthouse, I learnt quite a lot about what other non-Siddi people think about Siddis. One evening, while I was waiting for my coffee at the canteen, a few staff began chatting with me and was curious to know why am I working with Siddis specifically? And before I could say anything a few of them told me that it must

[15] Dancing and healing are further explained in chapter 5

have been a different experience for me, as Siddis cannot sit patiently and talk. They were all laughing and narrating to me what they imagine happens with me when I am in the field interviewing Siddis.

According to them, they (Siddis) have fun, they just laugh out loud, spend their entire money/income on their food, clothing, in gambling and other comforts. I was given examples too. Heren Bhai from the guesthouse told me,

> "*At my place a Siddi woman does the cleaning job. One day she came and asked me to give her some extra money. I asked her how much? She said, "Rs. 2000" (approx. 22 pounds). So I asked her why she needs such a big amount. To my amusement, she told me that she wants to buy new clothes. I knew how these Siddis people are. She will really go and spend the entire amount in eating and buying clothes for her and would save nothing (he says this laughing). I gave her the money she asked me for. You will not believe, next day she came to the job wearing her brand new clothes. She didn't care that her new clothes would become dirty. She will keep flaunting them till the time they become old. Such are Siddis… they don't worry like us, they don't think like others. They believe in living today. Any other person would have kept the new clothes for festive occasions but they do not have any such concept. They consume whatever they have, then and there. That is why they are Siddi Badshah*."

Siddis' attitude towards life, their activities and apparently non-serious behavior (according to non-Siddi people) was mainly a matter of jokes among other people. I could sense that non- Siddi people of the Gir area have created some stereotypical notions of the Siddi community people. Many people wanted to listen and laugh at my experiences as well.

> "*Madam, you should see when a Siddi tourist guide comes and goes back home from his job. Take example of Ihmad*[16] *itself. Before entering into the forest with the tourists he will buy a cigarette, a costly one. Then he will buy a cup of tea and some eatable. Also, when the Gir Lion safari tour gets over and his duty is over, before heading for his home he will again buy two cigarettes, eat a packet of chips and drink a bottle of packed milk or cold drink. Like this, straight away he will spend more than Rs 100 (approx. £1.20) (the narrator laughs)*". – Heren Bhai
>
> I: "*But as I know, every forest guide earns Rs. 200 (approx. 2.50 pound) only for each trip in a day*".
> (Heren Bhai and others starts laughing)
>
> Heren Bhai: "*This is what we are saying. A Siddi would spend whatever he gets on his food and luxury. Unlike other guides, a Siddi guide would spend majority of his earnings even before entering his house. Saving and investing is not their cup of tea. They enjoy their life the most and do not care about what others think of them. Siddi Badshah is a Siddi Badshah, nobody could be like them".*

[16] Ihmad works as a forest guide and also leads the *dhamaal* dance troops at Sasan.

My main exposure to the other people's' perspectives was mainly based upon my conversations with forest guesthouse staff, local shopkeepers and few other tribal people (Maldharis of Sasan Gir).

If I go by my observations and personal experience then I had a mix of experiences with Siddi people, but still I will not call them as a representative attitude of all Siddi people. For example, many Siddis for the job of my research assistant approached me but aside from two girls, none could work consistently. The problem was a fixed schedule and the need to stay at a place continuously for a few hours. Whenever a person would receive a payment from me, he/she would not come to work the next day. Their family, friends and other people would have the same answer for my question, "*that this is the problem of a Siddi. A Siddi cannot follow you, s/he will come for the work whenever s/he would feel like, you will have to follow a Siddi*". I was amused to see such responses of Siddis. To quote a Siddi in this context, "*Wandering around was preferable for a jobless Siddi over a job*". Some Siddis would also say that this is the reason they prefer doing daily-wage jobs and their *dhamaal* dance because they can go as per their own mood and have more freedom. On the other hand, there were Siddis like my field assistants, some Siddi *bapus,* and others who were always very responsible in their work, helped me, were always on time, and were working diligently to earn some money for their families. If we go by the given nuances then it seems that *Badshah* is rather a pejorative term and that people call Siddis as *Badshah* not because they had elite history or have some special status, but to make fun of their behaviour, choices et al. However, further analysis (that is given below) explains the reasons behind the usage of this term and why Siddis do not mind people using this term for them.

Over the period of fieldwork, I realised the stark difference in the lifestyle of Siddi and non-Siddi people. The Siddis unlike other people are very popular for their dance form. In this dance form they make different faces, act like animals, produce different sounds, jump and do other forms of acrobatics. Because of this dance form the Siddis are strongly associated with Africa. The men, who participate in the dance get different forms of hair cutting, and wear denim and colored t-shirts to look cool and modern (especially from the young generation). Meanwhile men and boys from other communities were not seen with such hair cuttings, they mostly wear trousers and shirts or subtle colors. Siddi women, also unlike other women of Maldhari tribe or other local communities' women, do not hesitate in expressing themselves both at their households and outside. Even when they are walking on the road or are in the market area for shopping they would laugh out loudly, crack jokes among themselves, meet and greet each other with full joy. In a way, they express their various emotions without any fear of being judged.

It was not compulsory for Siddi women to cover their heads or faces all the time. I realised that Siddi women enjoy getting dressed, using makeup and since most of them do not like their curly hair, they like to focus on it a lot (in order to make themselves look good). They do their best to make their hair look nice and for that they use a lot of accessories too. For enjoyment, Siddi women play cards among themselves and gamble for amounts also. On the other hand, the Maldhari women and other women or girls of the area were found to be comparatively reserved in their approach and lifestyle. The married women (especially) would always cover their heads and at times their faces from outsiders and some elderly male members of the family. They would hesitate a lot in talking to outsiders. I never saw them playing cards, rather they considered it a bad habit, and this was one of the reasons why non-Siddi people look down on Siddi women and judge them. These women would seldom go out without being accompanied by male members of their families. Maldhari women would focus more on their kitchen jobs, household chores and in their leisure time they would sit together and talk. I use an example to further illustrate my point. Siddi people rarely ever offered me tea or food when I used to visit them at their homes (except for a few who were really close to me). During the interviews, the girls and women of the Siddi family would come and sit alongside the male members and give their inputs, openly intervening in the male members' interviews. Whereas, during my other fieldwork visits with Maldhari or other non- Siddi peoples' families, I was offered tea and food at their homes. The women of these families would not sit and talk, unless I encouraged them to. They would be very shy. I realised for most of them it is the male members of the family who should do the talking.

I give the above example because I realised that among Siddis food is not considered to be strictly a woman's job. Although, even in the Siddi homes women would mainly do the cooking and cleaning, this did not restrict or define women's roles and participation in other works. If Siddi women serve tea to a guest like me, it's okay and even if she doesn't then also it is absolutely fine. The men in the family are not going to force them to make it. In contrast, in the other non-Siddi families, the men would start instructing women to make tea or other items immediately. At an individual level, I can say that I could sense a lot of patriarchal mentality playing its role in other communities where men govern and dominate the family and family members. Among Siddis, there was much more openness and equality between men and women than among Maldharis or other people.

And given the above nuances and difference in the culture, lifestyle, and beliefs, most of the non-Siddis find Siddi people different and 'not normal'. For them, talking loudly, walking carefree, or dancing in a funny way are not very cultured ways of living.

My hypothesis that "*Badshah*" was a term that must have some links with the Siddis' history, their royal past and their relationship with the kings of India was just a partial understanding of a

multilayered concept. I assumed this because I had a belief that there are 'African elites' in India (Robbin & McLeod 2006). While others may tease the Siddis by calling them "kings", my experiences with them suggest that Siddis like the term *Badshah*. For them, it is a respectable term, and a way of expressing their freedom of choice by showing others that they can't rule their lives just because they look different.

Basu (1993) in her work on the spiritual aspect of Siddis mentions the term '*badshah loko*' i.e. 'royal people', used by Siddis for themselves. She states that Siddis call themselves *badshah* because their headman is a *mast fakir* 'carefree caretaker of shrines'[17]. She describes this *fakir* as having a hot mind and unpredictable behavior, someone who cannot be assessed by the norms valid for honourable (normal) people. The term '*badshah*' is also used interchangeably with freedom, a carefree nature and unpredictable behavior (see also Pinto, 2006: 395). Basu in her work with Siddis of Ratanpur (1993 & 2008) found the implication and meaning of the term in spiritual healing acts of Siddis. The carefree nature of a Siddi healer is a necessity for the completion of healing acts through establishing a spiritual connection with the ancestors. I also observed at the *dargah* of *Nagarchi pir* at Jambur, that the elderly *fakir* was mostly smoking to remain *mast* i.e. carefree. The act of getting into trance needs this type of attitude, pure heart and *dhamaal* dance. *Dhamaal* gives a means to freedom of expression and thus leads Siddis towards a carefree attitude and the presence of a pure heart, which then attracts the holy souls of the Siddi ancestors into the body. Hence, it could be said that the meaning and comprehension of the term *badshah* is very intricate and has great cultural significance. The interpretation of a carefree nature and context varies according to the interpreter. Siddis see this as a royal characteristic of themselves, a medium of connecting to their saints, while many outsiders view this as an undisciplined and irresponsible behavior, typical of Siddis.

2.3 The Relationship Between the Siddis and the Asiatic Lion

Although I never aimed to produce a multispecies ethnography (Kirskey and Helmreich, 2010), i.e. to focus upon human-animal relations as a main component of my ethnography, I witnessed that Siddis do also define themselves under the effect/influence of other selves (i.e. animals and humans) [Kohn, 2007 as quoted from Kirksey and Helmreich, 2010: 545]. And it became essential for me to understand how lions in particular are linked and entangled with the social world of Siddis. Here the boundary between the nature (Gir) and culture (of Siddis) is not rigid, rather both have together

[17] *Fakir* in Muslim religion is the person (could be both, man or a woman) who has the specialized work for the upkeep of the shrines and acts as a spiritual guide. *Mast* means 'carefree'.

created a shared ecology. While exploring that blurred boundary I realized that through the experience of alterity Siddis build their history and identity (see Galaty, 2014:32).

To elaborate on this point I have shared an experience from the fieldwork. It was a very hot day; I was wondering whether I should continue with my interview with Rojina (an aged Siddi woman) or take some rest. While, I was struggling with the scorching sun and unbearable humidity, I heard something that at once grabbed my attention and made me forget about my pathetic condition. Rubina (a Siddi girl, my friend and also field guide) was telling Rojina something that was actually fascinating.

> *Rubina:* "*Kali rate dipdo aawi rite (yesterday night the leopard came)* "
>
> *Rojina:* "*Kiya? Siddi vada? (Where? near Siddi hamlet?)* "
>
> *I:* "*Did you just say, "leopard"?*
>
> *Rubina:* "*Yes, leopard comes very often to the village in search of food.* "
>
> *I:* "*Don't you feel scared?* "
>
> *Rojina:* "*Yes, we do. Leopard has even taken away small children. But what can we do.*"
>
> I*:* "*So, you must not like the carnivores of Gir? The lions and the leopards, as they cause so many problems to you?* "
>
> *Rojina:* "*The lions are very good but not the leopards. Lions will never cause any harm to a Siddi. Leopards enter into the houses at times. They have even taken kids of few people. Sometimes there are cases of attacks. Although few but still you know they can cause harm*.
>
> *I:* "*Why do you say so? Lion can also attack you for food too; they also enter into the village.* "
>
> *Rojina:* "*No, Lions and Siddis are friends; we are related to each other. Have you ever been to our dargah near Keramba. At the dargah on every Thursday the lioness would come and seek blessings from our Pir. Sometimes they visit Nagarchi bapu ni dargah also. "Hazrat Ali Shere Khuda" gives blessings to lions. Siddis and lions have the same common Pir. We both enjoy the blessings from the same Pir. Also we are the children of Bilal so, lions cannot harm us anyway.*"

Gir, the last abode of the Asiatic lions, has been struggling to maintain and increase the population of its last few lions. With earnest conservation efforts taken by the Gujarat State Forest Department, the population of lions is going up. Conservation of an environment or species or any other natural entity is not possible unless we recognise the existence and role of 'beliefs', which are an integral part of the culture of the local people of that area (Fabricius 2004). Even the forest department now recognises the key role of the communities (Siddi, Maldhari et al.) residing near and inside Gir national park and sanctuary in biodiversity conservation. Eco-development initiatives have been also taken at Gir

protected areas. Villagers and tribal people have been involved in the development activities (Meena et al. 2013). Siddis have been living near Gir for centuries and are now an integral part of the Gir landscape and ecosystem. When Siddis try to link the presence of lions and 'Siddis' in Africa to the occurrence of lions and Siddis at Gir, it seems that it is done intentionally, to create a sense of bondage/connection and to serve as a source of pride. Through lions Siddis attach themselves to Gir and Gujarat. Lions are viewed as a part of Siddi cultural ecology. While talking about cultural ecology here I present my analysis by referring to Julian Steward (2006: 5-9). The ecology and environment of Gir is viewed and exploited by Siddis through culturally accepted norms. Siddis would gather fuel wood from the forest, enter into the territory of lions but use the resources sustainably and would not harm a lion. Similarly, the process of adapting themselves to the Gir environment has also brought acceptance for lions into their cultural beliefs. For example, the concept of praying to the *pir*, and believing that the lion also seeks blessings from the same *pir,* gives Siddis a personal satisfaction that they are safe in Gir with lions around them. Lions, which might have always had a cultural significance in the lives of Siddis even before they came to India, are still a part of their community and identity.

Even while I was chatting with Bibi Ben (a Siddi woman) about their traditional medicine and health beliefs, Bibi Ben said, "*if a lion roars in a Siddi house then the child/children in the family will not catch fever for the next six months"*. I was amused to see how the lion is linked not only with the Siddi religion but also has a place in medical beliefs of the Siddis, and has become part of their healing system too. They are using their historical nexus with lions as per the demands and needs of their present (*sensu* Hirsch and Stewart 2005: 262). People come as tourists, as researchers, as videographers to see, study and film the lions, respectively. Gir is known through lions and so are its people. Living with lions has become a cultural art, which Siddis believe needs both adaptive skills and reverence. This can only come if something is respected religiously and accepted culturally. Many Siddis I interviewed proudly claimed, "*where there are Siddis there are lions*". Siddis want others to believe that like any other local or aboriginal people they too share close proximity and knowledge about lions. Siddi children grow up both listening to the legends of lions and learning the art of living with lions. I believe this relation between lions and Siddis should be focused upon when people at Gir want to talk about community participation in lion conservation. Siddis take enormous pride in the fact that they share space with the lions and have this harmonious association with them. The heights of this cultural relationship are when Siddis boast that lions and Siddis cannot survive if kept apart from one another. By talking in such a manner it seems that the Siddis try to conceal the fact that they are not the aboriginals of the place (like the Maldharis, who are considered the closest to the forest and hence the lions) and so assert that their knowledge about the area and the ecosystem should not be doubted to be less than the other tribes or local non-Siddi Gujarati people.

With all the African connections lost and with hardly any memory left to share about the ecosystem and lifestyle of their ancestors in Africa, Siddis of Gir also find 'lion' as a bridge between Africa and India. Dwelling upon the theory of cultural ecology, to a certain extent, the Siddis are utilizing if not their entire environment but a few environmental components in their culture or vice versa even, where the adaptation mechanisms in a new environment has become the part of Siddi culture. Through the wildlife and the plants Siddis have connected with Gir. The identity that is seen and derived in terms of links to others (others here not only the people of different communities but lions and the forest also) just like the *Maasai* of Africa define their identity in connection to their cow herds. As *Maasai* explain how their cow behaves/thinks like humans (Galaty 2014, while talking about mimetic and semiotics of intimacy in African human/animal identities), quite similarly Siddis too see lions praying like humans and thus, do not see lions as mere animals, but as a special other. Such qualities, which are attributed to lion are not natural, but are the outcome of cultural innovation.

2.4 The Formation and Interpretation of Siddi Identity

Where most of the Siddis I interviewed were unsure about their migration timeline, or even ignorant of it, they claim, with a great sense of confidence and pride, that the shrine of their *Bava Gor* is more than 700 years old and that since the times of Junagadh *nawab* they have been living in Jambur, Gir forest area and other parts of Gujarat. Below I present two excerpts from my field notes to illustrate my point and a very common and significant explanation given to me by many Siddis.

> "*The nawab of Junagadh brought (not bought) us here as slaves for laying down the railway tracks, because we are strong (as everybody knows). Then in a forest area who else could have faced the lions and the wild animals?"*- Ahmad, an old Siddi man, Sasan

> "*We had the experience of living with the lions in Africa too. So, we were the most appropriate choice. We are strong and powerful. Nawab was very happy with our work and thus, he gave us land in Jambur village, which is our main village*"- Karim, Siddi man and *dhamaal* dancer, Sasan

The point that I want to make here is that even after having such a deep and varied history, the Siddis of Gir, Gujarat, indirectly talk about their past mainly in terms of slavery and labour work. Not all Siddis were slaves or remained slaves forever. However, Siddis in the Portuguese enclaves and most Siddi females in domestic employ in the aristocratic households were probably slaves or were of slave origin (Lodhi, 2008: 302). There was no mention by Siddis in my field sites of any Siddi being an admiral or a chief or a trader. Only a few would describe their ancestors as soldiers or *nagara* (drum) beaters in the army of Mahmud of Ghazni[18]. Ex-royal Africans still live in India and are well respected locally. Janjira fort has become a tourist attraction and is a monument to the gallantry of the

[18] An Afghani rule who looted India several times

Africans who ruled India (De Silva Jayasuriya, 2011a: 10). Neither did the Siddis talk about the present Siddi princes of Sachin in Gujarat or their connection with them. It seemed that Siddis are not even aware of any such glorious past and only interpret themselves based on their present poor state of socio-economic condition, their physical feature dominated interpretation by non-Siddi and tourists, and lastly in the context of continuation of some of their practices, like *dhamaal* dance, which have African roots.

> "There is no direct link between the contemporary Siddis and the royal or military Siddis of the past. The elite or noble *Habashi* got merged with the royal Muslim families of India," (Shroff, 2011:70).

Local Siddis at present are the ones who are mainly descended from Africans who were brought by the Portuguese, Arab and Gujarati merchants as domestic slaves for the local rulers of the princely states (Ibid). This helps explain why the Siddis mention mainly the *nawab* of Junagadh (a local princely state ruler) who brought them to Junagadh (Gujarat) as slaves and labourers, even though the cults of *Bava Gor* and *Mai Misra*[19] indirectly refer to their military and royal past. These saints were fighters, came with armies and are still respected today (also see Shroff, 2011:71 & Basu, 1993: 293-297). However, the slavery that Siddis refer to is different from the slavery we understand today. Slavery for them means 'work' or 'job' and it was a major reason behind their migration. A Siddi from Sasan explained to me what they mean by slavery,

> "*As such we were not brought as slaves. By slavery Siddi people try to explain their ancestors' job as bodyguards of nawab's family, their role in doing heavyweight jobs like, loading and unloading things, laying railway tracks, etc*".

Today Siddis are disempowered and not all of them qualify for the positive discrimination programme available in India to under-privileged groups (De Silva Jayasuriya, 2011a: 11-13). In Gujarat, most of the Siddi families live in very poor conditions, without properly built houses and toilets. The illiteracy rate is also very high; the majority of the Siddis' children, even at the present times do not even complete primary schooling. And even if they do then there is no further motivation or guidance to study further. Young boys and men usually end up joining the *dhamaal* dance groups who perform for tourists that come to Gir for lion safaris. The majority of the remaining men and boys work as daily wage labourers, rickshaw drivers, farm labourers etc. Similarly, Siddi women are also poorly educated and some are even uneducated. They too work on farms as labourers, in households and hotels as maids who clean the dishes and do the mopping. The lifestyle and conditions of Siddis don't really permit them to have access to the best of the facilities (field observations).

[19] These are the names of two famous Siddi saints. Their shrines are located at Ratanpur, Gujarat. More explanation has been provided in the later part of the chapter and in chapter 5.

The situation of the Siddis changed a lot after India attained freedom in 1947 and after dissolution of princely states in 1948. It became very different from their past. Now, although they were like any other poor and marginalised community of India, they were and are still different from rest of the majority population in Gujarat in terms of their physical features, their cultural practices and religion (Basu, 2008: 173-174).

In overcoming this barrier of discrimination, marginalisation and for creating a place in the Gujarati society, the Siddis had to create new social identities for themselves. As individuals their population was very tiny and hence their impact on the local culture was, as Basu says, 'not easily discernible' (2008: 166). Therefore, in order to create their new identities the Siddis use the legends of ancestral saints and their cult, cultural practices like, *dhamaal* dance and religion, to their advantage. Siddis, who were once working at different places in different roles yet unified by similar 'signs of body*',* a common migration history and name formed Siddi *jamat,* or caste, through the realms of marriage and music (dance) and created a social network for Siddis across Gujarat (Basu, 1993: 290; 2001: 267; 2003: 224 & 2008: 169). The space of the shrines enabled Siddis to craft an identity, a role as healers and spiritual specialists (Shroff, 2007: 307-308).

While their history includes an oppressive and subjugating past, where Siddis were purchased as slaves by the *nawabs* and rich merchants of Gujarat to work, Siddis have chosen to represent their past through their present experience (Hirsch and Stewart, 2005). Siddis narrate their past in an entirely different way. By emphasising their suitability for Gir and its lions, Siddis legitimise their presence at Gir. The earlier mentioned historical facts from archives and research does speak of the courageous attitude and strength of the Siddis, and the same being a crucial reason for purchasing Africans as slaves or soldiers in India. However, Siddis were seen emphasising and explaining only one part of the story, which talks about their strength and aptness for a place like Gir forest area, even in contemporary times. For them (or at least how they narrate the story), they were 'brought' and not 'bought'.

Siddis call themselves Gujarati and believe that Africa was a part of history. However, at the same time, the Siddis want to retain their African identity. Obviously, the relation between the teller (the Siddis) and the audience and the occasion when the story of African origin is mentioned influences how the past is presented (Tonkin, 1996: 2). Many Siddi families at Gir make their living through tourism. Being the only lion sanctuary in India, Gir receives a very high footfall of tourists. Here the Siddis have become a cynosure of the tourists' eyes because of their African feature (curly hair, dark skin, broad nose). The traditional Siddi dance -"*dhamaal*", which is performed for the tourists (also), has gained both popularity and income for Siddis. Being a minority and an African descended population, Siddis have received a lot of attention from outside peoples (e.g., NGOs, documentary

filmmakers). This popularity can be seen as a direct outcome of their non-Indian (Gujarati) features. The majority of the hotels around Gir include "Siddi *dhamaal dance*" as a high point of their hotel package. Hence, the fascination and charm of watching an African tribal dance has driven the economy of Siddis around Gir.

Since this identity is a driving source of income for them at present, they want to maintain it and derive a living from it. But lack of knowledge and interest in learning about their ancestors' lives and their role in India and Indian history indicates about their less interest in their past. However, the resurrection of an African identity for livelihood is now encouraging Siddis to look back into their past. Siddis at Gir are experiencing their identity through tourism, similar to the way Palmer (2005: 8), in her ethnography about experiencing Englishness among tourists, explains tourism as an important activity of the modern day that shapes how people understand self and others. When tourists speculate about Gir having African people (who speak Gujarati) and when various people come to visit Siddi villages and bring financial, health and educational aids, then Siddis present and prefer their African identity. Whereas, in their daily lives when Siddis interact with other non-Siddi people or people like me from whom they are unlikely to receive any benefit, and see no difference happening in their lifestyle, Siddis call themselves Gujarati. At this moment they are just Indians who had an African origin. For them, nothing in their present lives is African; they speak Gujarati, wear local Indian dresses and have no contact with Africa. Siddis have these interwoven identities, which they use and change to suit the occasion (Driscoll 2003; Howard 1994; Iyer 2003 as cited from Palmer, 2005: 9).

The stigma of black skin and inferiority in Indian society has been manipulated by the Siddis to their favor by showing their importance for past centuries. Assimilating and gaining a different position in India through dance and spirituality has provided Siddis a separate social space in Gujarat, while maintaining associations with the Gujarati society (also see, Basu 1993: 294-299). The coming section and some sections in chapter 5 will shed more light on this aspect.

2.5 The Religion and Identity of Siddis

Christians in Goa, Hindus in Uttar (North) Karnataka and Muslims in Gujarat and Hyderabad (Shroff, 2011:65); the Siddis practice different religions in different parts of India. The analysis of nature of religion of Siddis provides insights about how Siddis through various religious institutions and beliefs have governed their identity and themselves. As mentioned above, the Siddi in Gujarat are mainly Muslims and to be precise, Sunni Muslims (Lodhi, 1992: 83-84). Being Sunni Muslims, they are seen performing rituals of Sufi-Islam. In the history of India, the rule of Muslims and spread of Islam was

very prominent. The presence of Islam in India and the coming of Siddis are very well connected. The traders supplied the Mughal rulers with military and domestic African slaves and in the course of time the slaves accepted the religion of their masters to varying extents (Basu, 2008a: 292-293). Richard Pankhurst (2003: 291) mentions that Ethiopians brought to India were converted to Islam, were given Islamic names and were recruited as soldiers, bodyguards, officials, domestic servants, and military heads. This he believed gave power to them and that is what gave them opportunity to become rulers too (as evident in their history). Malik Ambar, the most powerful Siddi ruler and most popular Siddi among the historians, according to Eaton (2006: 115-116), was an Ethiopian who was converted to Islam by his master in Baghdad. His name was changed from Chapu to Ambar after conversion. After his conversion the Nizam Shahi rulers of India purchased him as a military slave. Like Malik Ambar, Siddis were freeborn East Africans who were converted to Islam (Mc Leod, 2008: 256). However, from the perspectives of my interviewees, Siddis have always been Muslim. Below are a few excerpts from the field notes,

> "*Our pir is Hazrat Bilal, the messenger of Allah. His Mausoleum is there at Mecca. After him we followed Islam*"- Masan, Sasan Village
>
> "*All Siddis are children of Hazrat Bilal. He was like us and closest to Prophet Mohammed*"- Hasan, Sasan Village
>
> "*Bilal, a habashi. He is our main ancestor and from him the habashi race starts. He is the father of us all- Mohammad Iqbal Bapu, Siddi fakir, Jambur Village*
>
> *"We are the children of Bilal so lions cannot harm us*"- Rojina, Sasan Village
>
> "*In Africa people are Christian also, but we are Sunni Muslims because we follow Bava Gor who came from Mecca to save people*", Jubi Ben, Jambur Village
>
> "*Bilal is our Siddi nobi (Prophet). Bilal was closest to Allah. Hajj pilgrimage cannot be completed without visiting Bilal's Maszid (Mosque/shrine) at Madina. People used to make fun of his stuttering so, Allah gave him a privilege that if he wouldn't give 'azan' (the call to prayer) then there wouldn't be any morning. Bilal asked Allah for a gift. As gift, he asked Allah to make people from his blood (like him) i.e. with curly hair, dark skin, broad nose, sturdy body with lots of strength. That is why we have a separate identity. No other jamat is as different as us, because they do not have an ancestral history like ours*"- Heera Ben, Jambur Village.

'Bilal-ibn- Ribah'/ 'Bilal Habashi' (mentioned above in the excerpt), according to the holy book Quran, was an African slave who was freed by Abu Bakr (Father-in law of Prophet Mohammed). Abu Bakr was sent there by Mohammed to free Bilal from slavery. Since then he became a messenger of *Allah.* Indeed, in the *Quran* there is a mention of him for being chosen by Prophet Mohammed to be the first reciter of *azan* 'the call to prayer' (De Silva Jayasuriya, 2008: 431). Here, religion is deployed by Siddis to create change and gaining social influence (Obeng, 2009: 197). Religious connection with a much-revered figure in Islam is presented in a way that it doesn't show that Siddis

were converted to Islam over a long period of time or that they embraced Islam but in a way that it talks of their real kinship ties with the closest aid of *Allah.* This way, the Siddis, present their perspective in a positive manner to defend their race, their features and in fact prove their closeness and importance with God to the people who call them '*Habashi'* in a derogatory way and make fun of their features. They prove how and why they are called *Habashi,* and that a *Habashi* was not only close to *Allah* but is also an important person in Islam. Without a *Habashi* there can't be any morning because only Bilal (the *Habashi*) would give the morning *azan* (the call to prayer). Siddis trace their migration to India and the importance of their ancestors through Islam, which they in turn trace through Bilal (*sensu* Chakraborty and Nandi, 1984: 130). While talking about Bilal, Siddis make sure that they talk about his features and emphasise how important and dear an African was to Prophet Mohammed. Although, being assimilated in Gujarat in terms of language and dress, Siddis have still constructed their identity from *Hazrat Bilal*. In distinct contrast to the beauty standards of Gujarat the Siddis have identified dark skin color, curly/frizzy hair as indicators of blessings and magical powers.

As discussed in the previous chapter and sections of this chapter, majority of the Siddis are not aware of their famous ancestors, religious practices, language and culture and neither slavery features in the historical narrations and ritual commemorations of origins among Siddis. The focus as Basu says has always been the legendry rescue mission done by the saintly ancestral African figures who came to Gujarat to save their Muslim peers[20]. *Bava Gor* and his siblings became Sufi saints and in their honour *dargahs* were erected. Through *Bava Gor, Bava Habash, Mai Misra*, *Nagarchi Bapu,* and other Siddi saints, Siddis have empowered themselves because the role of these legendary figures has been reinvented as *fakirs* (Shroff, 2011: 70-71). The Siddis identify these figures as highest ranking Sufi (Muslim) saints and also their ultimate African ancestral spirits (Basu, 2008b: 231). Over the period Siddis socially organised themselves around the shrines of these Sufi saints of African origin. The self-understanding and self-representation of Siddis as *fakirs,* guardians of the shrines, healers, mediators between the comman man and *pirs* got Siddis a recognition and status in the society.

Other than Ratanpura village and Jambur village where there are shrines of *Bava Gor, Mai Misra, Baba Habash* and *Nagarchi Bapu*, respectively, there are *chillas* i.e. the memorials of the original shrines in different Siddi villages. People from all three of my field sites explained the importance of these *chillas* to me. Since, it is not possible to have the original shrine everywhere, in the reverence of their legendary *fakirs* and in satisfying the need for their blessings they have created them. Each *chilla* has its own *mujavar*, a caretaker who performs the role of a *fakir,* and people seek assistance from them on issues of health (primarily), family, wealth etc. (also see Shroff, 2011: 72). Such is the influence of these famous shrines that they have become an important pilgrimage center not only for the Muslims of Gujarat but also for people from other communities.

[20] Refer to section 2.2

Siddis claim themselves to be affiliated to the Sunni sect under the *Hanafi* school of Islam (Chakraborty and Nandi, 1984: 133); however, I observed that they also participate equally in the event of *Muharram*, a Shia community event according to Islam. During the *Muharram* procession I found Siddi men leading the procession with their drums while the women were singing and beating their chests like the other Muslim women of the village. I couldn't find any of the Siddi woman wearing black clothes, which is a custom among the Shia women. Unlike other Muslims, Siddis didn't involve themselves much in the violent part of the procession, where other Muslims hurt themselves (to re-enact the event of Karbala, when Hussein, grandson of Prophet Muhammed was killed while fighting for Islam). This is an example, where we see Siddis participating in similar (Muslim) worship/ritual experiences but articulating their faith differently. This also suggests that Islam is practiced in a unique way among Siddis and not like other Muslim communities of the same area. Chakraborty & Nandi proposed that that history of serving various Muslim rulers of India seems to have also impacted Siddis way of understanding and following Islam. And hence, many Siddis are not very clear about the reasons behind many Muslim rituals. For them it is more of a custom that has been followed throughout the generations (1984: 134). However, it was the Sufi order in Islam that rather complimented the cultural practices of Siddis, be it dancing, drumming, and going into trance or getting possessed by the Siddi ancestral saints. As Obeng in the context of religious festivals of Siddis of Karnataka have said, "Siddis deploy their…. cultural practices as broad framework to confront discrimination, renew themselves while reproducing their cultural histories to mark their difference and sameness" (Obeng, 2009: 222).

The Mosque authorities of Sasan organised this *Muharram* event or *jalsa* 'mass procession'. During the procession *sharbat* (a sweet cold rose water + milk drink) was provided for free. To afford such cold drinks is not very easy for Siddis, as very few households have a refrigerator, and that is why they love to have a cold drink in the hot summery days. I personally witnessed this feeling because ladies from my adopted Siddi family were super excited and happy to get the drink for free. They were continuously telling me to also use the opportunity and drink as much as I can. The Siddis were also excited about the dinner that was to be served that night; since it was a special occasion and buffalo meat was to be served. Siddis, in their daily lives, eat a lot of non-vegetarian food like mutton, chicken, fish, etc., but beef is expensive to buy and hence can't be afforded on a frequent basis. Where I could see the impoverished condition, the poor status of Siddis and their inability to afford things as another reason of participating in such acts, on the other hand it was also their way of adhering to Islam and articulating their religious cultural practices. The celebration of *urs* 'death anniversary of Sufi saints' is another religious festival of Sufi Islam that Siddis celebrate and organise with full reverence. During this period which falls in the *rajjub mahina* 'seventh month' of the Islamic calendar the death anniversary of Sufi saints is commomerated and devotees visit the *dargahs* of the Sufi saints. The tombs of the saints are washed, decorated with new clothes, food is distributed among

the visitors and spiritual songs are sung. Death here is seen as a new stage of saintly existence. During *urs* festival devotees celebrate the association of the saint and the divine or a spiritual marriage to the God. The saints are involved like a bride in dialectic of cold and hot states (Basu, 1993: 291). Siddis also celebrate *urs* for their African Sufi ancestral saints and the festival serves as an occasion for the meeting of widely dispersed Siddi community. The festival lasts of six days and the Siddi *fakirs* take the lead in all the rituals. *Dhammal* i.e. dancing and drumming takes place producing the state of trance where the ancestral saints communicates with the people by possessing the body of the *fakirs,* but Siddis other than *fakirs* get into trance while dancing (field observations and also Ibid). Shroff (2011:80) identified the celebration of and rituals associated with it, like preparing *Mai Misra* as a bride on the last day of *urs,* to be quite typical of Gujarati Hindu practice. At Jambur *dargah* I also also witnessed people from all the religions are welcomed during the *urs* celebrations at *Nagarchi pir's dargah*. Where most of the Siddis in Jambur and other villages cannot narrate the full story related to their *pirs* but they all still participate in the *urs*. Siddis have been both selective and prescriptive, they have stressed on certain festivals and aspects of traditions more while they have ignored or modified the others as per their narratives and requirements.

During the fieldwork, Siddis never mentioned consuming pork and beef (I mean cow meat specifically here), but talked about consuming mutton, chicken, fish and buffalo's meat. Like Muslims elsewhere, they considered consuming pork and dead animals' meat a sin, and like Hindus they prohibited beef (Chakraborty and Nandi, 1984:132). As Shroff says, the Siddis' deviation from Islam and embracing of Hindu religion (either through participation in Hindu festivals or via dialogues) is done to create space for other religions (2011: 72). It is significant to notice how throughout their history, Siddis have accommodated themselves in India through various means, i.e. through serving Hindu, Muslim or European rulers in India or through adopting a religion, but mixing it with all other religions. This art of assimilation and accommodation in the Indian environment aided Siddis in gaining the status of a separate *jamat* 'caste' in India. They were never seen as just any other Muslim community in Gujarat. They are from Siddi *jamat,* who are Sunni Muslims but embrace other sects of Islam also. The art of defining their livelihood as the *fakirs* or spiritual healers through tracing ancestry and power from *Bava Gor* and *Nagarchi bapu* has made them unique as well as an integrated part of their local regions. Once also known as *jamadars* 'scavengers' or very low caste people (Shroff, 2011: 70), today the Siddis have their own rank in a society (although low) that was once a foreign place for them and all this has been made possible through their innovative form of religion and the shrines of their ancestral saints.

The case of Siddi religion could be seen as a blend of indigenous faith/ beliefs (which satisfies the cultural and ethnic needs of these tribal people) and of Islam and other Hindu cults. Where Islam and other established religions (Hinduism here) provide Siddis a confirmed status for their religion in the

society, on the other hand their firm faith in their *dargahs and pir, poigambars* (religious saints, could be Siddi ancestors or other holy people associated with *dargahs*) fill in the void in their knowledge about the doctrines of the established religion concerned. The Siddis, as seen and observed, not only participate in other religions or various religious functions but also allow other non-Siddi people to become a part of their religious acts. Despite being a separate Muslim *jamat,* the acceptance and openness of Siddis provide them certain homogeneity as a caste in India and also helps them to negotiate and make links with other communities when they share the same space of shrines (Shroff, 2011).

In regard to musical practices, the Siddis' assimilation into the Muslim community is indicated by a translation of the term *goma* into the Sufi term *damal*, derived from the *Urdu* word *dam* which means 'breath' and covers different types of Sufi music (Basu, 2008: 170). "*Initiation of Siddis and laypersons into a Sufi order confirmed the religious status of the Siddis collectively as Muslims in Gujarat*". The Sufi sect of Islam further justified the musical practices of Siddis, which otherwise are banned in Islam. The practice that is more African in nature than North Indian Sufism (Ibid: 170-171). This African kind of Sufism as Basu also says is in marked contrast to other forms of Sufism, which highlight literacy, bodily restraints and piety (Basu as cited by Kresse & Simpson, 2011: 9).

At the *dargahs* of these ancestral *pirs*, especially of *Nagarchi pir* at Jambur, dancing and drumming are a key component of ritual healing process. Healing techniques are inacted in ritual settings at these *dargahs* through the cult of these African *pirs* which includes drumming and invocation praying i.e. *dua*. These *dargahs* or rather the saintly African *pirs* shows us a "convergence of religious status, descent, ritual expertise and healing power". After all this what I concluded was that the presentation/narration, location and justification of Siddi-self and ritual practices should be understood within a broad framework because the social situation of Siddis differed from others due to various factors (economical, racial, religious, cultural, linguistic etc.) and Siddis had to actively do their self positioning in a very hierarchial South Asian (Gujarati Indian) society.

2.5.1 Religion in *Dhamaal* or *Dhamaal* in Religion?

The Siddis of Jambur and adjacent area also play an important role of *nagara* 'drum' beaters. They play drum during religious ceremonies i.e. *urs, dhamaal*, ritual healing, prayer time at *dargah* and also during other religious occasions like, *Muharram*. Siddis are well known for their *dhamaal* 'dance' and drumming. As mentioned earlier, prestige was associated with having black slaves and the role of these prestigious slaves varied. The role of Siddi servants as dancers is centuries old. Dance, which is also called both *goma (*from the *Swahili* word *ngoma* meaning variety of dances) and *dhamaal/ damal* has been an important link between the Africanness and Indianness of Siddis (Basu,

1993:292). As De Silva Jayasuria (2011b) says, "in the Indian Ocean, music of the Afro-Asians holds everything together – identity, resistance, entertainment and religion". *Dhamaal* strengthened solidarity and the emergence of a common symbolic universe with a defense against stigma attached to African physical features in the Gujarati social classification (*sensu* Basu 2008: 173).

The dance, religion and identity of Siddis are interrelated. The sacred music and dance of the Siddis revolve around their ancestral saints. For example, during the performance of *dhamaal,* the performers would continuously chant the name of African (Muslim) saint '*Bava Gor'* (from field observations, between 2013-14). Drumming and praying is a ritual healing and religious mediation practice within the Siddi community across time and space in relation to African healing cults (Basu in Kresse & Simpson, 2011:8). The term *nagarchi* 'head drummer' has been derived from the word '*nagara*', which in *Gujarati* language means 'drum'. Although, the original name of *Nagarchi bapu* according to Siddis is *Saeed/ Sayeed Ahmed Kadri* (interview with Mohd. Iqbal Bapu during field study period in Jambur), he is called *Nagarchi bapu* because every day drums are beaten at his mausoleum in Jambur. On Thursdays, *Jummeraat,* especially, which is also a special day to honour saints in Islam (Shroff, 2007: 314), the procession of drum beaters and the followers (both Siddis and non-Siddis) of *Nagarchi bapu* takes a round of the entire Jambur village, which starts and ends at the mausoleum. The procession and visit to the mausoleum are mainly meant for seeking blessings, making connection with the holy Siddi spirits and spiritual healing. The *'bapus'*, like the *gadivaras 'rightful heirs'* at the *Bava Gor's* shrine, are the Siddi men who are the ritual heads of the *Nagarchi bapu's* shrine and thus, leaders of the *jammat* (caste) too, provide and suggest solutions to the problems of the visiting people.

The music and dance of the Siddis in India has been found to be the most vibrant cultural survival in the process of diaspora. Cardoso said that the songs usually encapsulate memories of lost homelands (2011:107). The Siddi drum bands of Andhra Pradesh (South India) are called 'Daff Parties' due to the instrument central to their performance. "The Daff is a round single-headed frame drum associated with Islamic culture used in folk music, art music, dance music and Sufi rituals. In Africa, the Daff is also played by the Swahili and Swahili/Nguja people, in Dar-es-Salaam and Tabora, Tanzania". The Daff reveals the Chaush's[21] link with Muslim culture, and their African roots (De Silva Jayasuriya 2006a: XIJ).

[21] De Silva Jayasuriya claims this to be another name for Siddis, which associate them to a certain geographical location or role. The ethnonym 'Chaush' used by the Sidis of Hyderabad is a Turkish loan originally meaning 'military commander' or 'officer in charge'. In pre-colonial Swahili one finds *chausi*, *shaushi* and *bishausi* with the same connotations as in Ottoman Turkish and Hindi/Urdu (Lodhi, 2008: 308)

> "*The Siddis were not just slaves, they did various works for the nawab of Junagadh. Once the son of the nawab was very upset and was not laughing at all. Various people came in the court to make the child laugh, but nothing happened. Then somebody told the nawab to get Africans in the court as they can do this job. That is why we were brought from Africa. We made the child laugh through our moves, dance and expressions*"- Iqbal, Sasan Village

A narration like above also indicates the memories Siddis have about their roles as court jesters and dancers in the time of kings. It doesn't matter whether the Siddis make up a story or mould their historic past to prove their point, what matters is their clear emphasis on their most recent history of being employed by the *nawab*. This reference story by the Siddis also points towards their migration story and the importance of dance in it. Even being a minority in India, which has been assimilated with the locals of India, through dance and music, the Siddis gain a separate identity and voice. "Their history is embodied in the dance movements and the sound of their music," (De Silva Jayasuriya, 2011a: 14). Unlike material things, the music and dance of Siddis accompanied and stayed with them in the foreign lands they were carried to (De Silva Jayasuriya, 2008: 429). It not only helped to console them but also created a position for Siddis in the new society.

2.6 Assimilation and Accommodation in Indian Society Through:

2.6.1 Marriage

The majority of the Siddis (except the royal and elite Siddis) practice endogamy and marry within their Siddi community (field observations & Patel, 1986). Although not very common among the non-elite Siddis, marriages with other Muslims and local *adivasis* 'tribals' like *Bhils* in the Ratanpur area also occur (field observations & Shroff, 2011: 75). The Siddis, like other Sunni Muslims of Gujarat and India, marry their cross cousins too. During my fieldwork I met atleast three-four Siddi boys and girls from Sasan who were to be married to their partners from Jambur village. The partners in Jambur village were from their mothers'families. As also reported in the book " Saurashtrana Sidio" (2012: 11-12), the Siddis of Talala/Taluka Zone (all three of my field sites fall under this zone) do not marry people with the same surname. However, Siddis of other parts of Gujarat do marry within their surnames. Marriage in the same family group is prohibited but it is allowed if the spouse is from any other generation group.

During my fieldwork in Sasan village I came across a few non-Siddi Muslim women who were married to Siddis. Two of them were originally from Hyderabad city but were married here in Gujarat in the Siddi community. They revealed that inter-marriages occur between Siddis and other Muslim communities like *Makrani*. And that such marriage further become common in families where intermarriage with non-Siddis has already occurred because then the families and extended families

from both the groom and the bride get to know each other, and searches for other suitable matches begin. Many elite Siddis like the current *nawab* of Sachin, (Surat, Gujarat) Sidi Mohammad Raza Khan and his brother Sidi Mohammed Faisal Khan, have married with the royal non-Siddi Muslim families of Hyderabad (Robbins & McLeod, 2006: XXX and personal interview with the *nawab* brothers in 2014 in Delhi during a conference organised by the Schomberg Center on African research).

As documented by Lodhi (2008: 302), the royal Siddis of Jafarabad together with the royal Siddis in Hyderabad, Aurangabad and the former Siddi principalities of Radhanpur in the Kathiawar region of north Gujarat, and in Sachin near the port of Surat, marry mostly among themselves or with upper class/caste Muslim Indians. Marriage has been a medium of socio-cultural integration of Siddis in Indian society. Whereas many scientists (Gauniyal et al., 2008 & Shah, 2011) believe that marriages have resulted in the genetic admixture of Siddis, the Siddis themselves don't consider this to be a problem. Yes, endogamous marriages are preferred, but marriages within Sunni Muslim communities are also fine. However, Basu (2003: 224) talked about how African characteristics, such as curly hair in a woman, are still preferred for marriage because Siddis relate such characteristics of their women with their legendary ancestral saint *Mai-Misra*.

Where marriages within the community is possible in areas like Gir and Junagadh district where the population of Siddis is more however, other places in Gujarat, or Bombay where the size of the community is very small there are other dilemmas when it comes to marriage. Shroff (2011: 75-76) presented such dilemmas of Siddis during matchmaking. For example, during her work upon the migrated Siddis of Bombay, she found that Siddis still search for spouses from Gujarat but they select other Muslim men in the vicinity for their daughters because they do not want to send their daughters so far from themselves. This way, men from other Muslim communities are also integrated in the Siddi society. Also, the Siddi elders wonder that if their boys marry outside their community then who will marry their daughters? Hence, such fear, dilemmas and faith in ancestral saints dominate the thinking of Siddis when it comes to marriage and the preference of endogamous marriage over outside community marriages. Inter-religious marriages are very uncommon, and in my entire fieldwork tenure I didn't hear about any such incident. Through marriage choices, Siddis have both maintained their ethnicity and have inter-mixed with Indian people.

Like any other Indian wedding, the Siddis also celebrate the marriage function with great pomp and show. The marriage ceremony or *nikaah* is performed as per the rituals of Muslim religion. The date of the marriage is fixed as per the Muslim calendar and on the wedding day the groom's family gives 5 coconuts, one kg of *mawa* (sweet condensed milk, a sort of Indian sweet) and sugar to the bride's family. The *kazi* (term used for priest in Islam) recites the verses from the Quran and first asks the groom for his will and after the groom's yes, the bride is asked for her will. When both of them agree to the marriage then their signatures are taken in the presence of family and community people

(Saurashtrana Sidio, 2012: 12). Other than following Islamic rituals during the marriage ceremony (also during other ceremonies like, circumcision, child birth etc.) the Siddis offer a sweet dish to their clan *pir*[22]. Also untying of 'Midhole (a knot of cord tied on the hand of groom as wedding symbol) by the married couple at their respective clan *pir's* shrine is a type of Hindu marriage ritual (Chakraborty and Nandi, 1984: 133).

2.6.2 Language

Language, which is a very important part of culture, is also a part of individual and group identity. With Siddis' long history in India and their assimilation in the Indian population, the language has also lost its root. Most of the Siddis on the western coast have picked up *Urdu*. Siddis speak Gujarati in Gujarat, Hindi/Urdu in Andhra Pradesh a mixture of *Gujarati* and *Urdu* in the Saurashtra[23] region of Gujarat, *Cutchi* in Cutch, *Sindhi* in Sindh. At Daman and Diu they speak *Gujarati* with some *Swahili/Bantu* phrases (Lodhi, 2008: 305). They also speak Marathi, Malayalam, and Konkani etc. as per their region of settlement. Only few words or phrases of African languages are present among the Siddis (*Kafara*) of Daman and Diu, but most have Indianised terms of their language as well (Lodhi, 1992: 83-84). For example, Siddis of my field sites speak *Gujarati* and also used phrases of *Urdu* too. Kinship terms (*Gharwali, Mama, Fua, Kaka, Bhanej, Dhikro* etc.) used by these Siddis depict the extent to which they have assimilated the local dialect and religion. It seems that having no single tribal land in Africa from where the Siddis came, combined with their small number, effect of Indian languages and disbursement in different geographical areas, didn't allow Siddis to maintain and transmit their languages to posterity. And Siddis could not maintain nor transmit their original languages (Lodhi, 2008: 301). But lost language, which was inevitable in such a long duration of time has been held on to a small extent in the forms of music and dance. As De Silva Jayasurya (2011a: 10) said, "music is more resistant and the lyrics are preserving the vestiges of an endangered language" of Siddis.

Karim, a *bapu* from Sasan once told me that now Siddis speak *Gujarati* and have forgotten most of their *Swahili* language. He mentioned to me a phrase, which he says is actually a *Swahili* phrase, "*Yambo Yambo, Yambosana*". The phrase was then translated for me in *Urdu* language, "*Walekum Salaam, Salaam-e- Walekum*", which means, 'to greet someone in *Urdu'* like, saying *Hello* in English or *Namaste* in *Hindi*. He himself also believed that this phrase survived maybe because it is used in

[22] Siddis also have different clan names, which are their surname also. For example, Siddis of Jambur have 13 clans. Different clans can have similar or different *pir*. In the village itself there are shrines of these *pirs*. On various occasions, offerings are made on these shrines by Siddis.

[23] Saurashtra means a state, which was made up of 100 small princely states. Because *sau* means 100

dhamaal music up to the present day. During my fieldwork (2013-2014) I also witnessed the usage of words like *Bava Gor*, *Yambo Yambo* by Siddis during their dance performance. Lodhi (2008: 306) on the other hand believes that Siddis, like many African- Americans, are adopting *Swahili* as their ancestral language. This he believes is the result of Siddi dance troupes' exposure of the East- African countries, where they have heard *Swahili* language and secondly of their African identity, which they are capitalising upon. This reminds me of one of the dance group leader at Sasan village, who very firmly told me, "*Swahili* was our main language, the same language, which people in Africa speak." The emphasis on proving that they know the language, which is used in Africa and then on the other hand having no/less knowledge that there are different African languages in a way showed that Siddis are trying hard to prove that *Swahili* was their ancestral language and thus, an ancestral link to Africa.

Some studies and research projects present Siddis as *Bantu* speakers and a few consider them to be *Swahili* speakers. For example, analyses of the uniparental (Y-chromosomal and mitochondrial DNA) markers indicate that the Siddis trace their ancestry to *Bantu* speakers from sub-Saharan Africa (Shah, 2011). On the other hand, Siddis in and around Jambur are also known as *Shemali*[24], which is related to the word *Swahili*, the main lingua franca spoken in North-East Africa (Lodhi, 1992 & 2008). Lodhi claims that certain special tribal names of Siddis or their villages, such as, the *Tai* of Saurashtra, the Shemali of Jambur (probably of Somali origin), the *Kafara*[25] of Diu (probably from southern Mozambique and/or South Africa) and the *Saheli*[26]of Daman (probably from the Kenya-Tanzania coast) to a certain extent clarifies their African language and migration roots (2008: 3). According to him these linguistic terms have been erroneously identified as only *Swahili* and not as *Bantu* linguistic data[27], which is spoken in mainland Tanzania,[28] hence, pointing to mainland Tanzania as their original home. Lodhi (2008) elaborates that due to a common East African origin, the migrated Africans could communicate with each other to a certain extent however, in the process of Indianisation they lost most of their language.

> "The religion (Islam mainly) of the politically dominant section of the Indian society with whom the Sidis were initially allied, became a common denominator of their cultural identification and also facilitated their social and linguistic integration, and economic, political and military success" (Ibid: 4).

[24] The term '*Shemali'* seems to be derived from '*somali*', which is also pronounced '*shomali'* in various Indic languages
[25] The term '*Kafara*' is of Arabic origin meaning '*pagan*' and in the colonial usage of various European languages in eastern and southern Africa, it was borrowed from Swahili to mean '*negro*' or 'black'. The British took many southern African Kaffirs to the Indian Ocean islands of Mauritius, Seychelles etc. after 1847 from Kafraria, the British Cape Colony Reserve near Cape Town.
[26] The term '*Saheli*' is derived from the Swahili word *'mswahili'*, which means 'of/from the coast'. It is derived from Arabic *swahil* (coast) and *swahily* (of/from the coast).
[27] *Swahili* is a type of *Bantu* language. There are many languages that fall under *Bantu* language.
[28] For this Lodhi has analysed a whole list of words and phrases in his paper.

With few vestiges of their African language remaining, the Siddis of Junagadh, Gujarat (Sasan, Sirvan and Jambur in specific) today are de facto Indian in their language. They speak fluent Gujarati and use Urdu language phrases also. The desire to speak in *Swahili* or any African language is not fervent or rather nil. Unless asked about it, Siddis didn't even mention any other language, for them *Gujarati* is their mother tongue as Gujarat is their *vatan/ desh* 'country or nation'. My personal interviews with Siddis, especially those with women and many elderly people clearly showed their emphasis upon Indian identity. Because young males who have better exposure to outsiders and go to various places to perform *dhamaal* still give some answers and explanations related to their African connection.

> "*Africa Pafrica na khabar nathi…Aapan Gujarati chee. Aiye janam thyao toh aiye hi ghr che. Galda manas na khabhar hoti…." (I don't know about Africa and all. We are Gujarati as we were born here. The elderly people knew about Africa as they came from there way back. Through them, I just know that we came from there"- Fatima, Siddi woman*

> *"We didn't come from Africa, we are the people of Gujarat. Who has the proof that we are Africans? People say so, and then everybody believes them*"- Safira, Siddi woman

2.7 Socio-Economic and Literacy Conditions

There are very few Siddis who are educated and have become doctors, lawyers, policemen, journalists, technicians, teachers, businessmen and landowners (Lodhi, 1992). The low level of literacy could be identified as the major cause behind the Siddis' economic disadvantages. With the rise of the modern middle class in India, education and literacy are seen as two main indicators of distinguishing between the progressive and backward classes. In 1947, the year India attained freedom; most of the Siddis were illiterate (Basu, 2008: 174). Even during the 1980s, according to Chakraborty and Nandi's published report, a rate of below 10% literacy among Siddis of Jambur village was present (1984: 132). Low education and no knowledge of skilled work have pushed Siddis of these areas into daily wage jobs. Considering the situation of Siddis of the Saurashtra i.e. South Gujarat area, the government of India included them in the Scheduled Tribe list so that the Siddi *jamat* people can receive some support and their socio-economic status in the society could be uplifted. Jambur Village, which has its own *panchayat* (Five Member Leadership Committee), a primary school, and a shop, was the first Siddi enclosure to get such support (Census of India 1961, part- V). But even today the drop- out rate of Siddi children from school is very high, especially around year-9 or 10 of their schooling. The age of boys is mostly between 15-17 years, when they reach year 9 or 10 of their schooling but many of them get engaged in *dhamaal* or daily wage jobs by

this age. Need for money and a shortsighted approach[29] towards earning have pushed Siddis away from schooling. Especially in the context of girls' education, a few Siddis told me that at Sasan there is no higher-secondary school and they do not like sending their girls up to Talala (almost 15km away) or anywhere else. Travelling this far requires a transport vehicle, which for most of the Siddis is not worth spending money on. Many Siddi families also believe that children of this age would also start having love affairs if they are sent so far from home, so rather than bringing shame to the community it is better to keep girls at home (from the field interviews conducted at Sasan village).

Quite similar is the case for the Sirvan village where the villagers send their children to the local school. The dropout rate increases the moment the children have to be shifted somewhere else for higher education. But at least at Sirvan, where the school is solely dedicated to the Siddi children, there is a good attendance rate of Siddi children. Siddi parents of Jambur and Sirvan village seemed more pro-education and career oriented for their children than Siddis of Sasan (fieldwork observations 2013-2014). Unlike Siddi boys of Sasan, most of whom had interest in learning English (from me) so that they can communicate with the tourists from foreign countries, the Siddi girls and boys of Sirvan and Jambur were keen to know about the qualifications they need to have to get a government job and earn better.

For example, at Sirvan village many Siddi boys expressed a desire to have a good career in sports and in the Indian army. However, they believe that they lack guidance and facilities. Similarly, many girls and boys at Jambur want to take up jobs in banks, railways, the army, forest department etc. They acknowledged that they perform better in the physical tests than do people from any other community, but to qualify the written exams is a hurdle for them (for most of the government jobs in India people need to clear a physical test and a written test). Siddis in general are also not satisfied with the quality of education their children are provided at government schools. They argue for more help so that they can properly face the competition in job examinations. Few Siddis understand that having the status of Scheduled Tribe (ST) will not fetch their children a government job, but will only provide an advantage to them in such job prospects over other non-ST people. However, awareness is spreading through other community people, few established Siddi people, school and college going Siddi children and thus, Siddis are now acknowledging the necessity of having a certain level of educational qualification. But with almost no financial stability, and poor literacy level, the majority of the Siddis struggle to provide extra coaching (tuition) to their children and are neither able to help them in their

[29] Early the child starts earning the better it is for the financial condition of the family. The understanding that good educational qualification will take more time but it will also fetch better jobs and salary has not developed much among the Siddis (Field observation).

education. Hence, the Siddi children are dependent on their teachers. Financial instability further burdens young Siddi boys and girls in the job sector.

At Jambur, I came across a few families who had either their son or daughter working for the Indian army, Gujarat Forest Department or were preparing for a bank job examination. Rojina Chotiyar, the only Siddi girl working for the forest department of Gir, Gujarat, has become a motivation for many Siddi boys and girls. Heer Bai Ben of Jambur is the head of '*Nagarchi Mahila Mandal*' (a Self Help Group i.e. SHG of Siddi women), which now covers 19 Siddi villages (they have kept the name of their organisation in the name of their *Nagrachi bapu*). She has worked for the community, especially for the emancipation of Siddi women. The organisation has introduced micro-credit schemes and thus, provides money and support to the Siddi women to start their own work (also Shroff, 2011:81). As, Patel (1986), stated that because of certain habits of Siddis, like indulging in gambling and watching cinema and factors like poor education, their economic conditions have constantly remained very bad. Heer Bai Ben, the leader of the SHG also agreed to this attitude of Siddis and considers such habits as the cause of low socio-economic status of Siddis. She said,

> "*I was determined enough to change the life of my Siddi women friends. Women never had money; even if they had then they didn't have any knowledge about saving it. Now we as an organisation pool in the money save it and provide it to the needful women members of our organisation. Our office is in Talala. We motivate women to send their children to school. You know, a woman can change a lot many things"*.

She believes that self- interest is also necessary for achieving success in life. She is happy for the fact that they have been granted ST status by the government. Now, she wants a college for the local children in the nearby area because for college level education students have to travel up to Junagadh district (around 60- 70 kms). So, most of the children do their graduation (part-time) and thus, feel unsatisfied with their qualification (based on the communication with some Siddi girls and boys of Jambur during fieldwork, 2013-2014).

The presence of some *pukka* ('concrete') houses and two government schools (one specifically for Siddi children and the other for all) at Jambur village symbolises the positive result of social, economic and political activeness of Siddis of this village. Siddis acknowledge that their living standard has improved in the past few years but still they are far below a satisfactory level (when compared to other local populations). They feel neglected in the sphere of jobs. They feel that the government should take some serious steps to bring Siddis into the mainstream. Some Siddi people also feel that the *Panchayat* of the *taluka* level (district level), the water department, the road and housing department, the rural area development department and other such organisations should all jointly make a project on any one development issue at a time. By this approach the Siddis believe

there would be better chances of progress. They suggest computer classes for children, stitching, *heena* i.e. tattooing classes for women, a market for their local medicines and handicraft items (prepared by local Siddi people) and a few other such vocational trainings could help them (Saurashtrana Sidio, 2012: 26). There is also an inter-state movement to organise and unite all the Siddi groups and improve their economic conditions and raise their social status. Formation of the 'All Gujarat Siddi Tribal Development Foundation", in Rajkot is an effort by the Siddis to unite and work as an organisation for the welfare of their community (Ibid: 1).

The current status of Siddis and actions taken by the government and NGOs show the various efforts made for the socio-economic integration of Siddis into Gujarati society. At a community level, increasing numbers of Siddis are realising their personal economic improvement as entertainers in the growing tourist industry (Lodhi, 2008: 304). Dance has become a good source of income and has also brought international level recognition. Siddis have been travelling as dance troupes to Europe, America, and Africa and within India also. For example, in the 1980s, as reported by Shroff (2011: 84), under the Indian Government's cultural wing called, "West Zone Culture Centre", Siddis were taken to various parts of the country. However, earlier the dance group included Siddis from various parts but now there are separate troupes. The major drawback of this as felt and heard from the Siddis is unequal access to the dance platform. For example, Siddis of Ratanpur area have better contacts and connections to outside people and hence, it is mostly they who are performing out of Gujarat.

If compared with the socio-economic status and lifestyle of the royal and elite Siddis a stark difference could be seen. In fact, it won't be wrong to say that the two are not even comparable. The royal Siddis of Jafarabad together with the Royal Siddis in Hyderabad, Aurangabad, and the former Siddi principalities of Radhanpur in the Kathiawar region of north Gujarat, and in Sachin near the port of Surat in Gujarat, marry mostly among themselves or with upper class/caste Indians (Lodhi, 2008: 301-302). The use of the term "royal" by Lodhi and "elite" by Robbins & McLeod, (2006) quite evidently shows a difference in status of these Siddis compared to the other Siddis of India. In fact, some other researchers have also stated in their work that the Siddis of the above-mentioned geographical areas consider themselves to be of a higher class and thus marry only with upper-class non-Siddis. Through inter-caste marriages the royal Siddis assimilated into Indian society to the extent that they have almost lost their characteristic African features. Unlike non-elite Siddis, it is very difficult to identify an elite or royal Siddi as a descendant of African rulers in India. Based on cultural, socio-economic, geographical differences and physical attributes, the non-elite have always considered the well-off Siddis as separate from them.

2.8 Conclusion

Instead of viewing the present-day practices of Siddis as acts of historical development, I have focused upon the ideas that Siddis have maintained about their African roots; the ideas that they find functioning in their daily lives, the thoughts that drive their lives and give an identity to them and their Siddi *jamat*. Once uprooted from far-away lands in Africa there was no going back for Siddis and neither did the Siddis have control over their roles, jobs and lives after princely rule was abolished in India. Post 1947 (India's Independence), Siddis lost the patronage both materially and symbolically and hence the sources that gave them a social place in Gujarat (Basu, 2008: 173). Taking charge of their role and rank in the social hierarchy, the Siddis actively and creatively embraced their cultural practices and stories of their ancestral saints. "Through their legend *of Bava Gor, Mai Misra* and *Nagarchi bapu* Siddis devised a brotherhood of *fakirs* i.e. spiritual healers based on 'fictive kinship ties' that gave them a source of livelihood, and empowered them from rootless, displaced slaves to subjects located within a history, with a defined sense of purpose" (Basu, 1993: 294). Even in Gujarat itself, multiple variants of the story/ legend of how and why Siddis came to India are narrated by the Siddis.

From these narrations and the migratory legends of Siddis of Bhavnagar, Rajpipla and Mumbai discussed earlier (as presented by Basu, 1993 & 2008 and Shroff, 2011) and of my field sites the central theme that comes out is more or less the same. The Siddis link their migration with their spiritual saints; they see it as a phase of slavery in which they worked under Muslim rulers and by various means they try to prove their aptness for Gujarat. However, Siddis of all regions legitimize their narration with some facts, which are area specific and thus, in a way could corroborate their point. At Jambur, there is *Nagarchi bapu'*s shrine so he is mentioned in their migration story. Very close to Junagadh is Somnath temple, which was attacked by Ghazni in the 11th century AD so, Siddis would use his name usually in their narration related to *Nagarchi bapu*. From their most recent memories Siddis remember about the *nawab* of Junagadh. Junagadh was a princely state of Saurashtra region. Princely states were abolished in India after independence, post 1947. Hence, Junagadh, which was a princely state and Siddis who have worked for the *nawabs* recollect those recent memories and portray themselves as the slaves of *nawab*. Then their higher population in Junagadh area and that also near Gir sanctuary is defended through similarity between their homeland in Africa and presence of lions in both Gir and Africa.

The story of these ancestors coming to India with a defined aim "has provided them with point of origin and point of anchor, belonging or embeddedness in India and Islam" (Shroff, 2011: 77). Slavery a historical fact and a social burden on Siddis is missing from their narratives, rather whole story related to social identification has a heroic narration where the ancestral characters are seen as

Muslim Sufi saints (Kresse & Simpson, 2011: 9). After all the analysis, I agree with what Basu and Shroff have written about the Siddis and I would certainly want to acknowledge the importance of Siddi tribal dance in that. *Dhamaal* has been equally significant in reviving Siddis' presence in India and in giving them an identity. Basu (1993) while talking about the Siddi *fakirs and 'gadivaras'* of *Bava Gor* shrine has also mentioned the importance of *dhamaal/ goma* dance, which I found for the shrine of *Nagarchi pir*. *Dhamaal* as observed, experienced (during fieldwork) and read (Basu, 1993 & 2008 and Shroff, 2011) certainly provides Siddis freedom of expression and a social caste or '*jamat'* in the Indian caste system.

Although a minority, through their skills in military and navy service Siddis have influenced Indian history remarkably. "Both Indian and European powers (England, Portugal and Netherland) felt the presence of Siddis in their policies" (Shroff, 2011:69).

"The current fates of these communities are a result of diverse histories and varied fortunes" (De Silva Jayasuriya, 2011b). The contemporary social and economic context within which Siddis negotiate identity (including religion) is based on the spiritual legacies that they derived from their ancestral saints *Bava Gor* and *Bilal Habashi*. The Siddis of Gujarat, as Muslims, have constructed a unique sense of community by defining their livelihood based on their identities as spiritual specialists, African dancers and children of Bilal (also see Shroff, 2011).

CHAPTER 3. The Arena of "*Dava* and *Dua*": Health and Healing Among the Siddis of Gir

3.1 Introduction

The popular and folk medicinal practices of indigenous peoples have been well documented. However, less is known about the ethnomedical knowledge and health of diaspora people in India, particularly those descended from forced migration and slavery. People normally have various choices of treatment depending upon who they are, where they live and their culture. However, self-care remains the first therapeutic mode used by most people, no matter what culture they belong to, and thus it represents or constitutes an important part of health care. Through this chapter, the research has attempted to understand the dynamics of medical pluralism and factors associated with choice making. There is no ambiguity in the thought that when people move into new biophysical and social environments, and encounter other medical systems, transformation in the choices occur. These interactions with different medical systems, along with political and social factors and technological innovations, all contribute towards changes in indigenous medical knowledge. Of course, not all aspects of the Siddis healing system have changed; there is both continuity and pluralism in evidence, as this chapter will show.

Also, the research highlighted an entirely new dimension where the Siddis were seen to be creating space and identity for themselves through their healing art. For instance, in chapter 2, the role of Siddi *fakirs* was mentioned in a religious and health context; such multipurpose roles are the key to understanding their medicinal knowledge and its significance in maintaining the cultural roots of a diaspora people. Laguerre (1987), Voeks (1997), Klooster (2016) and Van Andel et al. (2014, 2012, 2007a, 2007b) have also shown that in the West Indies, Brazil and Suriname respectively, slaves relied on healing practices transplanted from Africa as well as local medical perspectives and resources.

The chapter begins with a description of the meaning of '*swaasthya* i.e. health' for Siddis and how their lifestyle contributes towards their health, followed by an explanation of the components of the Siddi healing system and health beliefs. This point has been looked at through the lens of medical pluralism, especially when the presence and influence of Ayurveda (and other non-biomedicinal choices) in India is prominent. Then, with the support of quantitative data and some statistical analysis, medical choices of the Siddis are presented. The data has been analysed in a manner to understand and highlight the factors that govern the medical choices of Siddis. It shows how the

various strands of medicinal knowledge, including traditional/indigenous knowledge and biomedicine mix together and create a hierarchy of choices and preferences.

3.2 The Structure of Siddi Medicine

As McElroy and Townsend (1989:1) state, "*health and healing*" can be best understood in a given society's system of ethnomedicine and by recognising the "*insider's view*". But, it is crucial to understand the conditions, which ensure Siddis that the choices they are making are correct and fit into the accepted system of their medicine (Naraindas, 2014:1). So, in an attempt to explore what health and healing mean to Siddis, I explored the system of Siddi ethnomedicine. I call it a system because the ethnomedicinal practices and medicinal beliefs of Siddi are not separate entities, which function on their own, they are related, and linked to knowledge, values and beliefs in Siddi culture and tradition. They also are influenced by the various other prevalent medicinal choices and hence create a hierarchy of preference from the choices available. Culture produces an ethnomedical system: comprised of patients' and healers' knowledge of health and health problems. Siddis have reasons for categorising their health problems in terms of their probable causes and have corresponding healing choices and preferences too. Medical choices and beliefs about cause and treatment of health problems are also products of sociocultural strategies (Foster and Anderson, 1978: 33). The sociocultural strategy of the Siddis in this study reflects both their assimilation into Gujarati society (including use of the environment), inclusion of health related concepts from Ayurveda (a popular alternative of biomedicine in India), strategic placement of their ethnomedicinal system in the medically plural environment, and retention of African spirituality.

3.3 Who is Healthy, How to Stay Healthy and Why we are Healthy?

What does health (swaasthya) means to Siddis?

The ideas people have about health, body, disease are neither "natural" nor consistent, but change over time and get influenced by sociocultural factors like, caste, economic status, gender, race, education etc. (Nariandas, 2014: 1). It is important to understand how people (in this case Siddis) see their health and health-seeking behavior/ideas and their medicinal knowledge in reference to the complexities of medical pluralism and how coherence has developed between those ideas and cultural cum historical context. During my fieldwork, I always emphasized understanding the concept of "*swaasthya* i.e. health" among Siddis with an aim to understand how their notions of health influences their explanations for various health problems, the treatment used and the elements that would govern that choice (such as why biomedicine is okay for curing some health problems but not others).

Below are some excerpts of Siddi statements on "*swaasthya*" i.e. health from my fieldnotes (2013-2014), translated by myself and my field assistant from *Gujarati* & *Hindi* language, which I would like to present before moving on to discuss what health means among the Siddis. The question, which I posed in *Gujarati* to Siddis was, "*tamara mate swaasthya ni vyakhya su che*? i.e. what according to you is the definition of health or how would you define health?

> " *Swaasthya (thinking)….how can I define this? Health is having a clean body, good behavior, a healthy look, and yes, 'cool' mind (i.e. thanda magaj), i.e. the person who doesn't get hyper easily. We are healthy because of our food habits, our physical work. We eat fish, non-vegetarian food, Bajra roti (bread), daal (different kinds of cooked lentils). All these things are hot*" –Ragi, Siddi woman, Sasan

> " *Swaasthya is when you are not ill. When you are active, you do daily activities, interact with others and don't complain about body aches. Siddis fall ill much less because they have pir baba's dua i.e.'blessings'. They eat non-vegetarian food - fish, mutton, chicken - and never eat any wild animal and pig*" –Kaku, Siddi man, Saasan

> "*Health is when a person maintains a clean body, which in turn is only possible through taking bath daily in the morning. Also one can be called healthy when he/she doesn't show laziness. A healthy person participates in household chores and interacts with other people. One should eat chapati (Indian bread made of wheat flour) and proper food but, should not eat much during the morning hours to avoid laziness. To stay healthy one should seek pir baba's blessings, should take adequate meal and must indulge in such activities that result in sweating. Sweating removes all the diseases from the body. After strenuous work tea made from cow's milk should be consumed to relax the body. Cow milk is better than buffalo's milk because it is easier to digest. We are healthy because we do all this*" –Baagi, Siddi man Sasan

> *" Healthy person is the one who is not fat, has strength and is active. That's why one should not eat too much rice because in a very short span you will be hungry again. One should eat at proper intervals and must have non-vegetarian food and bajra chapati because they are hot and provides you strength. Siddi people eat non-veg food unlike other people here and that's why we are stronger than them*" –Shabnam, Siddi woman, Jambur

Some strikingly common and prominent factors that govern the definition of health among Siddis can be identified from many more such above-mentioned definitions. Definitely diet, especially, non-vegetarian and '*hot*' food items (whose innate property is to create hotness in body), importance of physical activities, and role of prayer/ blessings are considered some very crucial factors that influence health according to Siddis. The approach of Siddi people is more salutogenic (focusing on factors that support health) than cause oriented; they emphasize health-ease factors rather than factors relevant for easing the dis-ease. Siddis talk about everything that is of importance to health and prefer to give a subjective interpretation of their state of health (Fanshel, 1972: 37, 56). They try to contextualize their definition of a healthy person in their African identity, religion, and the power of their ancestral spiritual healers.

However, what is important here is to understand the underlying attributes that have made these factors sound so natural, culturally common and relevant. As also discussed in the previous chapters Siddis of Gujarat mostly follow Islam and they have been a part of the Indian culture for centuries. But, the place where the Siddis (of my field sites) have been residing is otherwise mainly inhabited by people who follow Hinduism and are mostly vegetarians (do not even consume egg or fish). Therefore, Siddis who otherwise seem to have settled well in the Gujarati culture and tradition do have something strikingly uncommon with their neighbourhood, which is their diet. The diet of Siddis seems to be legitmised through many such health related arguments and Islamic ceremonies (including feasts where mutton and beef are an important part). Although, the humoral concept of hot and cold, which is considered a very strong component of *Ayurveda* and *Unani* and other medicinal systems of India and the world has been linked strongly with (but not limited to) the non- vegetarian diet by the Siddis. The terms that Siddis use to describe the hot or cold nature of the food are "*garam"* and "*thandu*", respectively. In this context the phrase used by Nichter in his work; "most of the medicinal systems can be explained on the basis of specific actions (eating certain foods) and bodily responses," to a certain extent, explains the logic behind Siddis ethnomedicine (2008:XX cf. Nariandas, 2014: 36).

Also, it is the quest to achieve this balance in the body that makes Siddis feel that their medicinal structure is holistic, which unlike biomedicine not only provides medicinal support for any ailment but mental satisfaction too (Nariandas, 2014: 40). As defined by Fanshel too, "health as a social phenomenon, which is based on the concept of function, or its complimentary term dysfunction", activities or acts of people among Siddis are seen in the context of their societal norms and not as per any pre-defined or global discourse (1972: 319).

*"*Medical traditions engage in conversations, i.e. processes of interacting, competing and influencing one another*" (Khalikova, 2016: 270).* So, in order to better understand how Siddis see their health related explanations and describe their health seeking behavior 'so naturally', it is important to first also discuss the other prominent medicinal systems of India and the effect of prevailing asymmetry in therapeutic plurality. Obviously, the learning history of Siddis depends on the presence of other medicinal systems in their host environment and Siddis' interpretation of the concepts (if adopted any), which are also part of other medicinal systems.

India has a rich heritage of traditional medicine with Ayurveda, Unani, and Siddha being some of the prominent medical systems (Mukherjee, 2001: 623). Multiple medicinal systems, including biomedicine, Yoga, Naturopathy, Homeopathy, Ayurveda, Siddha, Unani and folk medicine have contributed to healthcare of India (Sujatha & Abraham, 2009: 35). In the section below, some

comprehensive explanation of the three popular medicinal systems of India i.e. Ayurveda, Unani and Siddha has been provided, followed by a discussion on how these systems have interacted with Siddis' healing system. AYUSH is an abbreviation used for Ayurveda, Yoga, Unani, Siddha and Homeopathy. Considering the popularity and mass usage of these different medicinal systems the Indian Govt. has officially recognized them as independent medicinal systems and have even created a separate ministry named, "Ministry of AYUSH", which functions independently from the Ministry of Health and Family Welfare that relies on biomedicine. The ministry aims to promote education & research in these medicinal systems (*http://ayush.gov.in*).

Ayurveda is not merely a system of medicine but also a way of living where the harmony between the outside environment and body is critical to maintain good health (Bodeker et al, 2005: xiii). According to Ayurveda everything is made from the combination of five elements (air, water, fire, ether, earth) and in the human body (or other biological forms) the elements are coded into three forces, namely *kapha, pitta* and *vapa,* any imbalance in these forces manifest as a symptom of disease (Patwardhan, 2005:466). An emphasis on the properties of food in relation to season, places and their relation to pathological, physiological and psychological state (including temperament) is laid in Ayurveda. The human body is seen as the product of food (http://ayush.gov.in/about-the-systems/ayurveda/diet-and-ayurvedic-treatment).

Siddha is quite similar to Ayurveda and also theorises that everything is made of five elements (air, water, fire, space and earth) and that the human body has 96 principal constitutes. Any imbalance in those 96 components causes diseases (Mukherjee, 2001: 625). The human body is broadly divided into 3 humors, 7 basic tissues and waste products (urine, faeces and sweat). The food consumed is processed into humors, tissues and waste products.

The Arabs and the Persians introduced the **Unani** system of medicine in India in the eleventh century. Although the system traces its roots to Greece (http://ayush.gov.in). The basics of this system also tally with Ayurveda. There are four humours as per this system of medicine; blood, yellow bile, black bile and phlegm associated with cold, warm, dry and moist properties, respectively (each humor is a combination of two properties). Humoral composition of every human being represents his/her health's status. For example, yellow bile causes warm diseases and phlegm causes cold diseases. Therefore, most diseases and foodstuffs are labeled as either hot or cold (Mukherjee, 2001: 626).

The term "*Ayurveda*" was quite familiar among the Siddis and was even used interchangeably while referring to their own traditional medicine by Siddis, unlike Siddha and Unani. For example, at some instances I heard Siddis telling each other that I have come here to understand their *Ayurvedic dava*

(and not *desi dava* i.e. local/ traditional medicine) or they at times during discussions would refer their traditional medicine as *Ayurvedic dava*.

> "*Ayurvedic medicine is also desi dava (local medicine) because it is not like biomedicine. And our traditional medicine is also desi dava because we also use natural products. So, at times Siddis refer their traditional medicine as Ayurvedic dava. But, in reality they are different because we prepare the medicines in our own style and most importantly there is dua with our dava. Hindu people don't have dua. But still both Ayurveda and our desi dava are quite similar. Hindus also pray to their devi devta (Godesses & God) when they are unwell*". – Rehman, Siddi *bapu*, Sasan

Ayurveda, in recent times, has gained tremendous popularity in India. The reason is not only limited to the work of the Government of India but also to the mass advertisement and production of *Ayurvedic* products by one of the famous brands,"*Patanjali*" in India. *Patanjali*, became famous because of its owner and also the brand ambassador of Yoga in India i.e. Baba Ramdev. Baba Ramdev, who is a world renowned Yoga Guru with his business partner launched his own chain, "*Patanjali*" to sell *Ayurvedic,* organic products (including *Ayurvedic* medicines, raw materials like, herbs, vegetables etc), which are claimed to be organic and made of natural items. As a ripple affect, many other local *Ayurvedic* shops & centres also opened in different parts of India. With the increasing faith of Indian people in the healing power of *Ayurveda,* increasing desire of national belonging (through the concept of *swadeshi* i.e. homegrown) and their growing discontent with biomedicine (as well as with processed and chemically loaded food) the popularity of *Ayurveda* in recent times has increased manyfold (my observations and experience and also read Khalikova, 2017:105-108).

The continuous interaction of Siddis with other people of their vicinity, visual impact of media, presence of *Ayurvedic* shops (which sell herbs), and the mass popularity of *Ayurveda* seem to have impacted the ways Siddis interpret their own healing system. They perceive their medicine as natural because Siddis have been seeing and understanding this concept. Their recent memories are more about what Indian medicinal systems propagate, and not only about what their ancestors believed in. It is not clear whether Siddis purposefully or intentionally refer to their *desi dava* as *Ayurvedic dava,* but it does have a hidden meaning i.e. to call their medicine *desi* (local) and *dava* (medicine), which can assert/prove the fact that it has nothing to do with the scientific way of curing disease. Rather, in most of the northern and central part of India where *Hindi* language or its various dialects are spoken, the terms *dava* (medicine) and *desi* (local) are used commonly. Therefore, it will be not be correct to suggest that *desi dava* only refers to the traditional healing system of Siddis.

But why only use the term *Ayurveda* and not *Siddha or Unani* or even *Homeopathy* as a synonym for Siddis' traditional medicine? Especially when historical records show that Siddis of Gujarat have served the Mughals and follow Islamic religion. Where the humoral concept seems to dominate the Siddis' beliefs related to health, it is only *Ayurveda* that has gained popularity among Siddis (like majority of Indian people). Even though the *Unani* system of medicine is also based upon the humoral concept and became very popular in India under the rule of Arabs and Persians, Siddis never used the term *"Unani*" while discussing their medicinal system or disease etiology during my research period.

There could be a few possibilities that explain this dilemma. One, the names of other medicinal systems never received attention of Siddis because they are not as popular as *Ayurveda*. Second, the limited education and exposure of Siddis might have curtailed their knowledge about the conceptual basis of other medicinal systems. However, what remain amusing is Siddis' strong association with their traditional medicine and their religion and its ironic similarity with *Ayurveda*, an ancient medicinal system prepared by Hindus (people from a different religion). This brings me to the same point, which was raised in the initial sections of this chapter i.e. are the medicinal behavior, health choices and etiology so natural, or are they the result of certain experiences and calculated thoughts?

3.4 "*Garam ne Thandu*/ Hot and Cold"- the Humors in the Siddi Medicine

The Siddis' concept or explanatory model of *thandu* & *garam* i.e. cold & hot, respectively for diagnosing and curing health problems and food classification is also one of the very common and popular concepts related to health and various medicinal systems across the world (Kostverlorenkade, 1987: 389). Foster (1987: 355) has written about humoral medicine and the equilibrium model in Latin America, going back as far as the concept of hot and cold among the Aztecs. Similar is the concept of humor in ancient Greek medicine (Pitman, 2014: 28-32), in Persian medicine, the Unani and *Ayurveda* medicine in India (Mukherjee, 2001: 624-626). Siddis of Gujarat were also found to have a general classification of their food, illnesses, medicine and body as 'hot' or 'cold'. The reference to hotness and coldness is mainly for the innate characteristics of the substance and not to the temperature (also, Kostverlorenkade, 1987: 389). Food, medicine and the body are usually bifurcated in either hot or cold categories. And therefore, depending on the nature of one component, the nature of the other is decided. The innate characteristic of a state or substance being hot and cold is a determining factor of the healing procedure, which is chosen from the available healing options.

Table 3.1: Examples of some *garam* and *thandu* food items (as given by Siddis). Scientific names of plants mentioned below are given in the chapter on medicinal plants

S.No	***Garam*/ Hot Food Items**	***Thandu*/ Cold food items**
1	*Tikhe* (Black Pepper)	*Takmaria*

2	*Gud* (Jaggery)	*Nimbuda/Nimbu*
3	*Bajra* (cereal)	*Mishri* (crytallised sugar)
4	*Ringda* (Aubergene)	
5	*Meethi* (Fenugreek)	
6	*Gola* (Coconut)	
7	*Lehsun* (Garlic)	
8	*Aaddu/Adrak* (Ginger)	
9	*Anda* (Egg)	
10	*Non-vegetarian food (Chicken, beef, mutton etc.)*	

Basir, a *bapu* (in this context an elderly learned person who prescribes *desi dava*) of Sasan-Gir and head of the family, which helped me in understanding the Siddi culture and lifestyle, once told me,

> "*From inside the human body is garam (hot) and the non-vegetarian food is of hot nature. Hot + hot is good for health and it reduces health problems. Hotness leads to sweating, which is very important. Through sweating water, which is mixed in the blood, is oozed out and the blood is purified naturally. All the health problems come out of the body like this*"

In this system, the equilibrium of the body (Foster, ibid) must be maintained, but the same has to be changed at times too. For instance, in female healthcare and especially in a pregnancy related case, depending on the stage of pregnancy, there is a need to increase or decrease the hotness and coldness of the womb (also, see the chapter 6 on women healthcare). The *dua* part, which could involve a stage of getting into trance, is associated with hotness. As Basu has written, the process of getting into trance involves or rather requires a certain level of madness on the part of the Siddi healer, which is characterised with a hotness of mind (1993:289- 290). In general, however, Siddis relate *thanda magaj* 'cool mind' with cool temperament and consider it to be good for health. The temperament and physical state are described through the idiom of hot and cold. Carefreeness helps in keeping the *magaj* (mind) cool and is thus, an important pathway to healthiness.

Basu (ibid) in her paper on the Siddi saint *Bava Gor,* described Siddis as hot-tempered and hot-blooded, which she also relates to their diet. But, as I experienced and observed during my work with the Siddis, hot temper doesn't mean, or is not about preferring a state that leads to hyperactivity or to a stage of losing control in daily lives; although this is fine during *dhamaal* (the Siddi dance form) or in a state of trance. The term 'hot tempered' is rather meant to describe the active, excited and loud way of living life in the Siddi culture. A person should be physically active: Siddis talk (and laugh) at a very high pitch, high volume and speed. In general, calmness is not taken as a very healthy state. Siddis are calm and quiet only when they are sick. Such personality traits are also the culturally

accepted traits of health. If I compare this with the other tribes and people of the research area, the general observation is that Gujaratis do speak a lot and at a higher pitch. However, they would control their emotions in public places (especially the women).
Other than pregnancy or mental illness related issues, the Siddis primarily prefer the hot part of the humoral dichotomy. For them a hot body is more resistant to health problems. For Siddis, the major source of hotness is their meat loaded diet (chicken, lamb, fish, beef), although there are also vegetarian food items that have the innate quality of being hot (as mentioned in the above table). Just as there exists the hot and cold bifurcation, there is a correlated dichotomy between the hotness of stomach and coolness of mind. Siddis consider digestion a heating process and take hotness as an innate characteristic of the stomach. On the other hand, they take the opposite view of the mind, which should be kept 'cool'. Hence food that is consumed should have hot properties, however, an appropriate and optimum balance of the hotness has to be maintained because any imbalance could lead to health problems.

The observations hint that an unspoken congruence between the hot & cold humoral theory of Siddis' medicinal structure with *Ayurveda* and *Unani* system exists. Unlike, many other instances where Siddis have been enforcing and justifying their healing system/diet/health through the lens of their religion, contradictorily Siddis have not been able to frame a relationship between their religion and *Unani* system (something popularized mainly by Muslim rulers). As quoted earlier also from Nariandas's (2014) observations of people's logic of choosing any medical treatment, which is not socially-culturally accepted or is an unpopular choice, people carve their path strategically to bring acceptance for their choice of treatment. And here Siddis have strategically associated their medicinal structure with *Ayurveda*, which unlike other non-biomedical systems is socially, culturally and politically well accepted (both locally and nationally). *Ayurveda* has always been considered as an asset by India because the nation is the birth home of this famous and ancient medicinal system. However, over the period it has been associated with "biomoral consumerism, national pride and the politics of homegrown". The same can be seen as a wave, which was brought by Baba Ramdev and the Ayush Ministry (sensu Khalikova, 2017: 105). During my fieldwork I felt that there exists an unspoken belief that if you are closer to *Ayurveda* or if your medicinal principles are in congruence with the principles of *Ayurveda* or if you are practicising *Ayurveda* then, your medicine is considered righteous (to a certain extent).

3.5 Understanding the Hierarchy and Criteria of Choice Making

General resources like, money, education, power, are also health related resources, and these are the social conditions/factors that put people into individually based health related risk factors (Link and Phelan, 1995: 80-89). At the individual level (opinion and practices) personal health and health

related behaviours (which also applies to proximal others, parents, peer, community, etc. and affect personal health behaviour) of Siddis can be seen as not only curative but also preventative (also see Morton, 2012:7-9 and Kasl & Cobb, 1966: 246-247). However, when considering the Siddi community as a whole, socio-economic status of Siddis is a fundamental driver of their medical care choices. Siddis‘ socio-economic status is tied to their monetary status, identity, race, and migration history. Therefore, the choices that Siddis make also have an impact of their socio-economic status (also see Link & Phelan, 1995: 80-89 on socio-economic status as a fundamental cause). The following discussion will address selection criteria for medical treatment, the therapeutic strategies of Siddis and the impact of socio-economic status on healthcare decisions of Siddis.

3.5.1 Efficacy and Accessibility (money and availability of healthcare centres)

Efficacy is a very critical issue, especially when we discuss local/traditional medicine. Also, considering the nature of efficacy, which is fluid, ever changing and shifting it is very difficult to conceive and comment on its existence and importance (Waldram, 2000: 603). The Siddis of my field sites were highly engaged in using plants, other local methods for treating their health problems and were relying heavily on faith healing i.e. *dua*. When I say highly and heavily, I say this because almost every individual I interviewed not only had information about the medicinal usage of plants but also were actively consuming and practicing their local medicine, which they also called *desi dava*. Along with *dava* Siddis relied on *dua*. While the *dava* part of Siddi medicine is compared to biomedicine (at times) in terms of effectiveness, aptness, availability, matter of preference etc., *dua* is considered a mandatory factor for the efficacy of medicines, no matter which medical choice one opts for (*dava* or biomedicine or any other option). Elimination of illness is not the ultimate aim of *dua* (what Waldram calls healing), disease can remain while healing occurs. *Dua* not only cures but also provides the ability to cope with the disease and distressed situation (Waldram, 2000:605-606). Therefore, my argument towards explaining the concept of efficacy for the *dava* and *dua* part of Siddi medicine is from an indigenous perspective (nuances and justifications given by Siddi people) where *“*efficacy is perceived as the ability to affect sickness in some desirable way” (Young, 1983: 1208 and also see Nichter, 1992: 236 on curative efficacy).

Ask a Siddi about the solution or mode of treatment preferred for a health problem, the answer would always have a mention of both, *dava* and *dua*. The terms are both interdependent and independent, depending upon the need of the hour. *Dava* is never used alone but is complemented by *dua*, the other side of the healing system. *Dua* has its roots in the Siddi religion and faith, which the Siddis have maintained to be unique. The cult of their ancestral *pirs* seems to be of more significance than the religion itself, and that is why Siddi medicine cannot be separated from religion. The disease etiology varied for different health problems and had different *desi dava* for their treatment, like, *garam* ‘hot’

environment of the womb as a factor related to conception problems among females, or evil-eye an important factor related to cough, cold, fever and low appetite in young children or infants. But the etiology part of different health problems had one common aspect, which was the will and blessings of *Allah* and the ancestral *pirs of Siddis*. Therefore, every health problem requires *dua* and hence, no matter which mode of treatment is selected by a Siddi s/he will combine it with *dua*. An *arzi* (request) will always be made to *Nagarchi Bapu* and other *pirs* to alleviate the situation. In other words, "*dua makes dava effective".* The dual nature and functioning (*materia medica* and faith healing) of the Siddi healing system explains the fact that why I prefer to call it an arena of "*Dava and Dua*".

> "*In the holy month, i.e. the rajab mahina, we organise feast for people and like this we get dua. Dua, which keeps all sort of health problems at bay and bring prosperity to our home*"- Rehman, Siddi *bapu*, Sasan

> "*When someone is very ill and the traditional medicine (desi dava) doesn't work then Primary Health Care Centre (PHC) is visited. And during any serious case the person is taken to the private hospital at Talala. Lastly, if the person is not cured then he/she is taken to the pir baba's dargah (mausoleum). The bapu then decides the length of stay of that person and the treatment procedure*"- Rojina, Siddi woman, Sasan

> "*I rely on our dava and dua, but when the cause of problem is not known or even the problem is not known, then I visit the doctor. In the older times, there were no doctors so people knew more medicines. Also now Medical Centre facility has decreased our knowledge*"- Aamna, Siddi woman, Sirvan

> *"When I have headache or bodyache, I would massage my affected body part with the holy oil, which we get from our Nagarchi Bapu's dargah. It has healing properties"*- Zabia, Siddi woman, Sasan

> *"I have brought my granddaughter to the PHC because she is suffering from cold. She is young and hence doesn't take desi dava. Also, her nose has been running from a few days so biomedicine will give some instant result"*- Rubi, Siddi woman, Sasan

> *"I was facing problem in feeding my newborn. There wasn't enough milk in my breasts so my mother and grandmother gave to me nutritious food and hot-food items, which increase my lactation"* – Illa, Siddi woman, Sasan

Where the speed and efficacy of biomedicine (i.e. biomedicine gives results instantly) is influencing Siddi treatment choices, cultural beliefs, and the psychological satisfaction derived after visiting a *dargah* for faith healing or a Siddi *bapu* for *desi dava*, along with some unsatisfactory results of biomedicine, seem to have kept Siddis close to their traditional medicine.

A Siddi *bapu* from Jambur once commented:

> *"Desi dava completely vanishes the illness out of the body while biomedicine has a temporary effect on it. If you use biomedicine the problem will come back again either in the same form or in the form of some other health problem".*

The self-satisfaction from any type of *dava* is usually achieved through *dua*, which indirectly keeps Siddis attached to their centuries old medicinal beliefs. A carefree attitude (i.e. not to worry about the situation) is considered very important to get well quickly among the Siddis. Another Siddi once told me that,

> "*When Siddis catch fever they do not get worried like other peoples. Others would lie in their beds, do medication and wait to get well. Rather, we Siddis do our routine chores, perform dhamaal, go around with friends and thus, sweat it all out to get back to good health. This is the reason Siddis look healthier than others. One should not take tension about ill health because it will only worsen your problem*"- Hashim, Siddi *dhamaal* dancer, Sasan

Such a prominent correlation of Siddis with carefreeness (no stress) and health (even among non-Siddis of the area) echoes Antonovsky's work (1979) in his book, *Health, Stress and Coping*, where he talks about coherence as an essential way of managing stress. He claims that tension is a byproduct of any type of stress, and good tension management pushes one towards health-ease. This mechanism not only makes Siddis stand apart from others, but has also helped them in continuing their good health. Siddis have used their social, cultural and psychological resources to resist health problems, or perhaps more precisely, to resist tension. As observed during the fieldwork, Siddis unlike others would not sit and ponder upon any issue, even if it is a matter of wealth, health, job, or any family problem, marriage, death etc. Siddis will not make a detailed plan and nor would they spend time analysing the situation. They refer to themselves as people of action. Siddis pride themselves on not holding onto anger, and would help the very person with whom they might have had a fight the previous day. Siddis "speak their heart", meaning they will correct misunderstandings by talking or by verbal fighting, but these will never last for long. In fact, I never witnessed nor heard about any case of domestic violence or physical fighting; Siddis do not appreciate such things at all. They do not believe in remembering previous fights, but rather in moving forward quickly and smoothly. Being a small population based on kinship ties has also bonded Siddis together very closely. Such an attitude of Siddis, which they have preserved so far, and so well, helps them to not accumulate stress.
On my very first visit to Sasan, the DCF (Deputy Conservator of Forests) of Gir said to me,

> "*Siddis are the most naive and nice people. They are very helpful and don't have any cunningness in them. These people are still very simple and let the things go easily. You have selected a very good tribe for your research work* ".

This was the first outsider's view presented to me. A few more such above-mentioned notions about Siddis' carefree attitude and lifestyle and then the usage of this behavior by Siddis to explain their

health status reminds me of Ian Hacking's (1986) popular term 'making of people' (as stated in Brinkmann, 2005: 769). Siddis have been interacting with this category/ description over a period and have been using the same to produce (or show) a newer variant of them. A version, which has its own way and reason for living tension free.

An unspoken hidden hierarchical order for the preference of *dava,* depending on the type of health problem could be seen among the Siddis. The most preferred sequence of medical choice usually is: *desi dava* (ethnomedicine) at home, followed by local medicine from *bapu*/healer (Siddi/ non-Siddi), and then biomedicine. However, for a few the first choice was biomedicine. The preference for, or frequency of, ethnomedicine use is higher for some illnesses, such as fever, stomachache, infant/child care, kidney stones, pregnancy related complications and post- pregnancy illnesses and women's healthcare more generally. Biomedicine is usually preferred for cold, traumatic injury, fever among children and when there is uncertainty about the cause of illness.

Table 3.2: Data from Sasan PHC indicating frequency and percentage of Siddis visiting the PHC for various health problems

Code for health problem	Health Problem (medical term)	Siddi	
		Frequency	%
1	Diarrhea	7	2.14
2	ARI (Acute respiratory infection)	14	4.28
3	Malaria	0	0
4	GI (gastrointestinal infection, including stomach ache)	20	**6.12**
5	Leucorrhea	1	0.31
6	Bacterial infection of vaginal tract	0	0
7	UTI (Urinary tract infection)	2	0.61
8	Allergic dermatitis	9	2.75
9	TI (Traumatic Injury/ accident/ sudden injury/ wound)	7	2.14
10	Pyrexia of unknown origin	0	0
11	Ache (back ache, tooth ache, body ache)	13	3.98
12	Otitis/ Ear related problems	0	0
13	Anemia	1	0.31
14	URI (Upper respiratory tract infection, cold& cough, asthma)	209	**63.91**
15	Others (Vomiting, boil, anxiety, eye problem, B.P., pregnancy)	18	5.5
16	Fever	21	**6.42**
17	Worms	1	0.31

18	Stomatitis	3	0.92
19	Tuberculosis	1	0.31
Total		327	100

The above data was procured from the records of the PHC of Sasan. The data is from May 2012-July 2014 (26 months) and is based on the details mentioned on the patient form/ patient slip (see Apendix 3.1), which is filled for every patient. PHC is the first and hence the primary source of providing healthcare related facilities to the people in the rural areas of India. ASHA (Accredited Social Health Activist) workers also operate in collaboration with the PHC. The role of the ASHA workers is to physically visit all the nearby villages and promote immunization, reproductive and child health, and government health programmes. A mobile health van of PHC visits the interior areas of the forest to provide medical care to those people still residing in the forest.

URI (upper respiratory tract infection, which was usually referred for common cold, cough and asthma), followed by fever, were found to be the top two common health problems. A majority of the patients i.e. 90 out of 327 patients were aged 5 years or under (27.5%). Even in the higher percentage of younger patients (aged 35 years-50 years) Siddis visited the PHC for the most common health problem i.e. URI. The figures from the health data gathered corroborate with the observations made and Siddis' claim of using biomedicine (more) for some particular health problems.

Table 3.3: Data presenting the reported health problems for people aged 5 yrs & under and 35 years & above.

Health problems reported for 5 years or under				**Health problem reported for 35 years or older age people**			
Code	ν	%	Cum. ν	Code	ν	%	Cum. ν
1	2	2.22	2.22	1	4	5.41	5.41
2	3	3.33	5.56	2	3	4.05	9.46
4	1	1.11	6.67	4	9	12.16	21.62
8	2	2.22	8.89	5	1	1.35	22.97
9	3	3.33	12.22	8	1	1.35	24.32
14	69	76.67	88.89	9	3	4.05	28.38
15	3	3.33	92.22	11	5	6.76	35.14
16	4	4.44	96.67	14	36	48.65	83.78
17	1	1.11	97.78	15	8	10.81	94.59
18	1	1.11	98.89	16	4	5.41	100.00
19	1	1.11	100.00				
Total	90	100		Total	74	100	

*Code- Codes assigned to health problems in the previous table. * ν- Frequency of patients *Cum. ν- Cummulative frequency

Out of the total voting population (18 years or above) of 2300 people of Sasan Village, Siddis constitute only 6.5% (150 people). However, the monthly average attendance of all patients was 1.4% for Siddis. A lower proportion of the Siddi adult population are patients, and given all the limits and caveats with regard to data quality, one can only tentatively suggest that they are on the whole healthier than the other people. Of course, it may be that Siddis do not approach the PHC as frequently as others do, even when they (Siddis) have some health problems. We do know that they visit other private hospitals when they are not satisfied with the treatment provided by the local PHC, and especially for any operation. Thus, absence in the formal, institutionalised primary health care system (PHC) doesn't mean that Siddis never fall ill or they are always healthy (see Antonovsky, 1979:40 also). The field interviews with Siddis did show their inclination towards their ethnomedicine, especially when it comes to women's health and the health of adults (18- 40 years of age). For female health care, Siddis consider their health care system to be the best because of certain reasons (discussed in one of the following chapters on women's healthcare), and for the adults, especially men, Siddis believe that eating hot things, post-work hot water baths and strenuous work itself, eliminate health problems most of the time.

Another interesting fact about Siddi *dava* is that they use biomedicine as a diagnostic tool as well. Self-medication is practiced after a doctor has diagnosed the problem; for example, when persistent stomachache is discovered to be a kidney stone, then Siddi *bapu'*s medicine is the most preferred treatment, by both, Siddis and local non-Siddis.

Many elders of the Siddi tribe feel that the young generation is very impatient, they want quick results and have made the use of biomedicine a fashion. Young women (those in their 20s) especially believe that their lack of knowledge, the bitter taste of home made medicines, easy availability and quick relief of biomedicine, and their changed lifestyle, has negatively affected their knowledge of traditional medicine and has also impacted their choice of medicine. A few young women whom I interviewed were very confident that they have no knowledge of their local medicine and prefer biomedicine only. However, even those women have had a history (and some even at the time of fieldwork) of using some ethnomedicine after/during their pregnancy and delivery. For their children, they have continuously relied upon their grandmother and mother's *desi dava* instructions. The level of engagement with the local medicine, in the case of women and children, is taken so naturally that Siddi women do not even consider it as *dava*, for them these are the essential and normal ways of living life in Siddi culture. For example, my first interview was with a 21-years-old woman *Faiza*, who had delivered a baby boy just a month before. She assured me many times that she doesn't have any knowledge of their local medicine, and that only her grandmother used to practice it. But after some time (days) she ended up telling me 20 different ingredients of ethnomedicine and almost as

many health problems/conditions they are used for. Out of these, more than 60 per cent were for pregnancy and infant care. The rest were for fever, stomachache, cough and boils.

> *"We do not have so much knowledge our ancestors used to have. Also, there is too much adulteration in food, which has produced many serious and new diseases. The desi dava has also thus become less efficient on such illnesses. Earlier people were cured only through desi dava but now they have to visit the doctor also"*- Hasina, Siddi woman, Jambur

Similarly, *Zubina* (22 years old Siddi woman, Sasan) believes that now their traditional medicine is not that effective, so people prefer biomedicine. Taste of local medicine is also a personal reason for her aversion towards it. She says that she uses biomedicine, but admitted to using some of their traditional *dava* during her delivery and post delivery time, which were given to her by her grandmother.

> *"My father had developed problem with his vision. For this we cannot do anything with desi dava so he was taken to the PHC and then to a private doctor in Talala district also. The doctor charged us a lot. The medicines are so costly and at PHC they do not give medicines for all health problems. Finally, we had to take our father to Junagadh city and have to get him operated there. It was a very big financial burden for us. We are poor and cannot pay afford expensive treatments."- Yasmin, Siddi woman, Sasan*

The narration above indicates that although biomedical services are available to Siddis, they are not readily available for every health problem. Secondly, even when they are physically available (in terms of infrastructure i.e. hospital or medical centre) there is a lack of financial accessibility. Siddis are one of the most economically disadvantaged groups of people, with most Siddi men and women working as daily wage labourers. Affording private healthcare is not an easy thing. Such incidences again reminds me of Naraindas's explanation of how complicated the medical choices/decisions are; certain decisions are made because of your upbringing, or because your culture has taught you that, while other decisions are made because they are easy and give you some type of advantage in your daily life (effect of biomedicine on cold cough is faster than *desi dava*), while some are forced (no cure available or an unknown health problem in *desi dava).*

3.5.2 Identity, History and *Dhamaal*

Apart from serving as a main medicinal tool, *dua* has provided Siddi ancestral *pirs* (and the Siddi community too) a certain level of reverence among the non-Siddi people of Gujarat and India. At the mausoleum of *Nagarchi pir* (especially on Thursdays) lots of non-Siddi people pay visits and seek solutions for their health, wealth and family related problems. The Siddi *bapu* of the *dargah* holds a

very important position and is seen as the messenger of *Nagarchi pir*. Therefore, *dua* an invocation prayer, which is an important part of Siddi *desi dava* and medicinal structure, has also become a famous and recognized institution for people of other classes, castes and religions. Thus *dua* not only provides medical benefit (as Siddis believe) but also strengthens position of Siddis in the Gujarati society.

Dhamaal is not only a source of income and a means to portray an African identity, but is also a medium of faith healing (to be elaborated in the forthcoming chapter on faith healing) and staying healthy, because dancing leads to sweating. The combination of *dhamaal* driven identity (because only Siddi tribe perform *dhamaal* dance), its importance in faith healing and its etiological-cum therapeutic relation with the Siddi definition/concept of health makes it a unique but highly recognized part of Siddi medicine. Outsiders relate *dhamaal* with Siddis, accept its relevance and importance and therefore make it not only a culturally (of Siddis' culture), but socially and geographically famous and effective mode of medicinal choice.

> *"Unlike Siddis their (Maldharis) diet is not proper. Siddis eat non-vegetarian food and hence, get more nutrients. Also, the Maldhari girls are married at a very young age and thus, subsequently they conceive early, which then further produces more health problems for them. Problems like leucorrhea are more common among Maldhari women than Siddi women. Unhygienic conditions are a big problem for both Maldhari women and children. Visit a Siddi Badshah' s house it is always very clean from inside but, they also don't care about the uncleanness in the vicinity of their colony area. If guided properly then Siddis can excel on health grounds. Even after being very less educated they have maintained their health, then imagine how much good can happen when they will be more aware*"- Dinesh, a local pharmicist's view on Siddi and Maldhari women's health

I have used the above excerpt at this stage of the chapter because it illustrates the analysis of an outsider who is also actively involved in the field of healthcare. The person mentioned various factors like non-vegetarian diet, living conditions, education and economic status of Siddis and found them healthier. All the observations made, as well as qualitative and quantitative data collected have helped in understanding the complexity of Siddi medicine. How certain practices are preferred because not only they are efficient but are also a source of showing presence and medical dominance (at least in the context of faith healing and non-vegetarian diet) in the society. Similarly, opting for biomedicine or any other medical choice does not necessarily indicate preference for the same, or aversion to *desi dava* (e.g. use of biomedicine to detect health problems).

3.6 Conclusion

"Belief, faith and conviction about the effectiveness of a healing form depends on many aspects of

individual and his collective identity, including religion, ethnicity and language. Therefore, usage of particular healing forms then not only becomes a means of finding a cure but also a way of strengthening personal, professional or collective identities and elaborating ethical positions" (Naraindas, 2014: 46). Obviously, there are determinants like diet, physical environment, cultural beliefs, and physical activities, which manipulate or guide the health behaviour of the people (Morton 2012: 8). Observed responses of Siddis reflected the influence and role of all these determining forces and medical plurality on their understanding and definition of health. At the same time, in a medically plural atmosphere, with massive popularity of biomedicine and a PHC (Primary Healthcare Centre) in reach, the efficacy angle of Siddi traditional medicine doesn't owe to absence of other alternative medical choices (also Young, 1979:71 as sited from Waldram, 2000: 610).

"Health and disease are the perfect indicators of adaptation, including both culture and biological resources," (Brown and Inhorn, 1990: 195). They show how people have adapted within a physical environment and the role of culture in facilitating and modifying the adaptation, such as the incorporation of local flora and fauna into medicinal systems and exchange of knowledge with other local communities. Siddis' proven resistance to malaria in a malaria prone area of Gujarat (observation, PHC data and interview with PHC pharmacist) and their dance, music, diet, housing style etc. are some examples of how they have adapted to their surroundings both, physiologically and behaviourally. Where Siddi medicinal plant knowledge overlaps with that of other local people, their faith healing makes their healing system stand apart (see the following chapters). The term *dua* 'blessing', which derives its root from their Islamic religion but is actually not limited to Islam, shows a strong presence of Siddi religion in their medical system. The role of culture (and religion especially) in affecting adaptation and health is undeniable, and any medical anthropological approach is incomplete if it doesn't incorporate the role of these in it.

The nature of illness too has a major role on the choice of treatment of Siddis. Where the *dua* part of the Siddi healing system doesn't solely treat spiritual illnesses, it is the only choice of treatment for spiritual illnesses. The explanation for the "how" and "what" of disease is very central in ethnomedicine (Foster and Anderson, 1978: 53; Baer, Singer & Susser, 2003: 309). Implications of Critical Medical Anthropology (CMA), with an ecological perspective, suggest that adaptation to nature is not only a biological phenomenon but also reflects the social and economic order (Donahue, 1998: 257). This approach gives "priority to embedding of culture in long neglected political-economic variables. And accordingly, the relevance of culture is not restricted to ethnomedicinal conceptions but extends to issues of power, control, resistance and defiance," (Morsy 1990: 45). Hence, this helps explain the present culture of Siddis, which is an admixture of both Indian and African culture and reflects the dynamic powerful role of *dhamaal* and *dargahs*.

The three staged health behaviour related classification of Kasl and Cobb (1966: 246-247) seems relevant while describing the Siddi health model, where *self explanation of health behaviour* elaborates what is done to stay healthy, while the *illness behaviour* and *sick role behaviour* explain the causes and thought processes involved in the selection of choice and hierarchy of treatment modes, respectively. The self-protective, health related behavioral strategies of Siddis are a fusion of both faith healing and prophylactic habits and activities. The concept of health and the secret to a healthy life among the Siddis is not merely or solely defined on the basis of physiological soundness of the human body, but also correlates health with Siddis' history and culture (i.e. the *dhamaal* specifically), and in contemporary times it also includes their major concern about the changing diet composition (in terms of use of chemicals in dietary products) and the effects of biomedicine.

Strategies for maintaining health reveal a significant part of the culture they are part of (McElroy and Townsend, 1989:1). The healing system of Siddis also reveals a lot about their past, which they re-live through their various cultural patterns (e.g., faith healing at *dargah, dhamaal*, their ethnobotanical practices). But, there is an urgent need for initiating area-specific, tribe-specific, and action-oriented health research in consonance with the felt needs and beliefs of the tribal communities. This African diaspora population has been using some of their characteristic traditional medical theories and healing practices. This can provide anthropologists with a broader understanding of how alternative agencies and different ideologies co-exist, co-evolve and compete. These practices are always seen as secondary to professional biomedicine and have never been given recognition as an alternative independent source of treating health problems. The understanding of the asymmetrical structure of therapeutic plurality and the challenges, which any traditional medicinal system pose to biomedicine, can narrate the basis of existence of any traditional medical structure and its strength (Khalikova, 2016: 269).

What is important to focus on here are the factors that govern the choices of people, because there is not always freedom of choice available, and people are compelled to choose a particular mode of treatment. Economic status, freedom and right to equal access to medical systems, personal satisfaction, gender, medically plural environment, ethnicity (Navarro, 1986 as sited in Baer, 2004: 110), support the presence and proliferation of alternative or other medical systems. Where money could not be stated as a very dominant factor in Siddi choices (biomedicine is available for free at the local PHC, however, it does become an issue when private healthcare has to be opted for, especially in case of traumatic injury), personal satisfaction, belief in *dava* and *dua* remain the major governing factors. At the base then, it is their cognitive understanding of health/being healthy, which is important to be deciphered to better comprehend their choices.

The constant focus on hot-cold relations between food and body was found to be a key to this Siddi healing system. Siddis have adapted themselves culturally, religiously, socially, linguistically in Gujarat and the rest of India. Where they have on the one hand gained medicinal knowledge (of the local flora especially) from the original inhabitants of Gir and also relied on Ayurveda and biomedicine, on the other hand they have maintained some aspects of their original culture, which are implicit in their healing system. The sickness and healing methods along with the healing choices have evolved not only with the migration of Siddis to Gujarat but also with changes in the social institutions (healthcare, education, economics/livelihood etc.) that have occurred since. There is thus uniqueness present in the plurality of the healing system practiced by Siddis. Hence, *dua*, working habits which result in sweating, and a diet of non- vegetarian food and components that are 'hot', could be seen as the three key components that together constitute the Siddi health-belief-practice complex.

Chapter 4. Plants and Healing: A Study of Siddi Ethnomedicinal Flora

4.1 Introduction

The previous chapters discussed Siddis' views on health, their therapeutic beliefs and choices, and the critical factors that govern Siddis' choice making in a medically and culturally plural environment. Siddis have a range of healing options to choose from, spiritual to biomedical, to other local treatments, but plants play a key role in treating most of their health issues.
Thus, this chapter describes the medicinal plants used in Siddis' *desi dava* 'local medicine', with attention to the ecological, economic and cultural contexts of their accessibility and use, and in doing so adds botanical and ecological factors to be considered in the analyses of the dynamics of ethnomedicine in the African diaspora in India.

Compared to the considerable attention paid to the African diaspora in the Americas (Van Andel 2014, 2012, 2007a, 2007b; Ruysschaert & Van Andel 2009), very little is known about the ethnomedicine of the African diaspora in India, which is believed to be even older. An anthropological approach aided in comparing this knowledge cross culturally and provided useful generalizations relevant at local and global species level (Ellen 2006: 3). The analysis in this chapter starts with a conception of ethnomedicine that includes folk disease etiology, phytopharmacopeia, knowledge and practices of preparing medicines, and the economic and religious contexts of health and healing. The current geographical distribution of communities, in Gujarat and Karnataka states, allowed for a study of how these ethnomedical systems change, or are maintained, in a variety of new socio-cultural and ecological contexts.

To preview my findings, self-care or popular care (Kleinman, 1978a: 85-86) methods among Siddis involved a large number of plant species, as compared to a few faunal products used to treat a few health problems. The *desi dava* part of the Siddi healing system is thus more ethnobotanical than ethnozoological. As in other ethnobotanical systems, Siddi use of plants is multidimensional, with many food plants also serving healing or health-maintaining functions. This dual nutritional and therapeutic role of certain plant species was central to the Siddi *desi dava* (see Pieroni and Vandebroek 2007). Also like anyone else, Siddis' knowledge related to health, illness or the body has also been constantly modified according to changes in social, economic and political relations in a changing environment. The use of local, Indian medicinal plants in food, as well as medicine, shows cultural and biological adaptation of Siddis to a changing social, biophysical and medically plural

environment. Comparison of the ethnobotanical knowledge of the Siddis with an indigenous tribe, the Maldhari (who live adjacent to and within the same village as Siddis) helped to better understand local adaptation to a new biocultural context. That said, statistical analysis of ethnobotanical data shows that, unlike the African people in the Americas, the Siddis have not retained obviously African botanical knowledge, and use plants similar to other Indian populations. However, the conclusions about dissimilarity between the African diaspora in America and India are also not so simple. Beyond the ethnobotanical data, therapeutic beliefs and rituals[30] perhaps provided better evidence and clues for detecting the African roots of Siddi medicine.

Both Afro-Americans and Siddis have been part of their current environments for centuries, and therefore can be expected to have moved internally within their place of migration, just like any other indigenous community (Voeks & Rashford 2009: 3; Alexiades 2009: 25). Both regions have witnessed the movement of people for various reasons, such as wars, environmental catastrophes, changing ecological, political or economic contexts, internal sale and purchase of slaves within the host country, and other reasons. For example, in Suriname the Maroons fled deep inside the forest. In India, some Siddis live near the city areas and some very close to the forest. Therefore, it would be simply wrong to believe that the people of the African diaspora have merely been a part of an alien host environment and have just adapted to their new surroundings while preserving their traditional knowledge from Africa. This is because even within the alien environment, the Siddis migrated to different places and experienced varied socio-economic-cultural and ecological environments. In both India and the Americas, African diaspora people have experienced a mosaic of socio-cultural and physical environments within their host countries over the centuries of their inhabitation. Weaving the symbolic[31] and historic elements with the ecological (here mainly ethnobotanical) knowledge can help in understanding and comparing their ethnomedicine to some extent.

The sections below present a detailed analysis of the plants used as medicine, along with the techniques involved in their usage as medicine. I reflect upon the ethnobotanical knowledge of Siddis and its significance in their lives; how plants used for medicinal purpose resonate with Siddis' perception of efficacy (in terms of properties of plants), etiology, their migration history, and notions related to health and disease.

[30] Mainly to be discussed in the following two chapters where faith healing and Siddis'approach to women and children health has been discussed
[31] More will be discussed in the chapter on faith healing

4.2 The Domain of Medicinal Plants of Siddis

That the domain of medicinal plants is a cognitively relevant one to Siddis is perhaps not evident in the folk category *desi dava* 'local medicine' which can include animal products and other forms of local therapy. However, all informants easily understood the freelist question asked, and thus it's clear that this is a culturally salient domain within *desi dava*. That said, there is indeed a great deal of variation concerning the contents of that domain—which plants are medicinal—which will be described and some hypotheses put forward to explain this variation (see section 4.4 below). Before this, I describe the full inventory of folk taxa encountered, their local names and medicinal uses (Appendix 4.2, 4.4), as well as corresponding botanical identifications (see Appendix 4.3), and an overview of the medicinal flora in comparison to other studies.

4.2.1 Informants

Thirty-four females and 19 males of three Siddi communities participated in the freelisting activity. A summary of informant demographic characteristics can be found in Table 4.1, and a full list of informant data in Appendix 4.1. While there were more women interviewed than men, between both sexes the distribution across age categories was fairly even, though skewed toward younger women and older men. A greater percentage of men had finished secondary school, while more than half the women never went to school. Women tended to come from poorer households (75%) making less than 10,000 INR per year (roughly 105 GBP), while more than half the men came from households making more than 10,000 INR per year. Section 4.3 below analyses how these different gender profiles affect knowledge and use of medicinal plants.

Table 4.1 Demographic data of Siddi informants, based on Appendix 4.1 (n=53)

Variable	**Men (%)**	**Women (%)**
Total	19 (100)	34 (100)
Age classy		
(21-30)	6 (31)	12 (35)
(31-40)	2 (11)	6 (18)
(41-50)	1 (5)	5 (15)
(51-60)	5 (26)	5 (15)
(61-70)	3 (16)	4 (11)
(71 up)	2 (11)	2 (6)
Education		

None	4 (21)	19 (56)
Primary (1-6)	5 (26)	5 (15)
Secondary (7-12)	10 (53)	10 (29)
Household Annual Income (000's INR)		
0-5	4 (21)	8 (25)
6-10	4 (21)	17 (50)
11-20	6 (31)	7 (22)
21-30	2 (11)	0
31-40	1 (5)	0
40 - above	2 (11)	1 (3)

4.2.2 Siddi Medicinal Plant Taxa and Their Uses

A total of 729 names were listed, representing 145 folk taxa in the *Gujarati* language. The lists ranged in length from 2 to 55, with an average of about 14 (13.75 +/- 8.82). One healer, or *bapu*, listed 55 taxa, the next longest list was 30; without the healer, the average list length was shorter (12.96 +/- 6.73). Appendix 4.2 shows the full results of the analysis of freelists, using ANTHROPAC (Borgatti 1996), from which Table 4.2 below shows the ten most frequently mentioned plants. The plants are listed in order of their frequency of mention, along with their common Siddi name, average rank and Smith's Salience Index (Smith 1993: 1-3). The scientific identifications of plants followed the freelist collection exercise, as described above. Appendix 4.3 lists these 147 plant species identified as Siddi medicinal taxa, while Appendix 4.4 provides medicinal properties of these plants, as elicited through interviews with Siddis and observations of their use in practice.

Table 4.2 Ten most frequently listed Siddi medicinal plants, from ANTHROPAC analysis of freelists (n=53). Plant identifications from field work, literature and confirmed by Gujarat State Forest Department (GSFD). See also Appendix 4.1

No.	Local Name (Gujarati)	Scientific Name*	Frequency (%)	Average Rank	Salience (Smith's S)
1	***nimda***	*Azadiracta indica* L.	41 (77)	4.4	0.562
2	***karajhiri***	*Vernonia anthelmintica* (L) Wild	33 (62)	5.2	0.413
3	***karakdo***	*Holarrhena antidysenterica* Wall.	26 (49)	6.5	0.328
4	***ingoria***	*Balanites aegyptica* L.	24 (45)	6.5	0.299

5	***bawar***	*Acacia nilotica* L.	24 (45)	9.4	0.223
6	***jambuda***	*Syzgium cumini* L.	19 (36)	9.3	0.167
7	***arni***	*Clerodendron multiflorum* Burm.	19 (36)	12.3	0.14
8	***naget***	*Vitex negundo* L.	16 (30)	6.3	0.209
9	***sonth***	*Zinziber officinale* Rosc.	15 (28)	8.5	0.147
10	***haldar***	*Curcuma longa* L.	15 (28)	10.1	0.122

The top five medicinal plants identified in the freelists are used for treating gastrointestinal problems (GI) and, except for ***ingoria*** (*Balanites aegyptica* L.), for treating gynecological and systemic health problems as well (Appendix 4.4). The data on case history and folk symptomatology (from the field notes), suggesting which plants were used in the near past to cure health problems, also indicated high usage and frequent mention of these plants (see Trotter & Logan, 1986: 92-93).

Nimda (*Azadiracta indica* L.) or ***neem*** (in *Hindi*) was found to be the most culturally salient medicinal plant, because it was mentioned most frequently and was also recorded for curing the highest number of health problems (Appendix 4.4). The purifying and disinfectant nature of this plant is also considered to be of great significance. Certain active compounds of *neem* tree like, *gedunin* (seed oil), *azadirachtin* (seed oil), *mahmoodin* (seed), *catechin* (bark), *margolone* (bark), and *polysaccharides* (bark) have been found responsible for providing its antifungal, antibacterial, antimalarial, anti-inflammatory and immunomodulatory properties (Biswas et al., 2002: 1337). ***Nimda*** leaves and bark are used for bathing purposes when somebody is suffering from chicken pox, while burning its leaves not only repels insects, especially mosquitoes, but also purifies the air and stops germs of chicken pox and other airborne diseases from spreading. It is also considered one of the most important and useful plants in traditional medicine elsewhere in India, and almost every part of this plant is used for curing some type of health problem (Ibid: 1336).

The second and the third most salient medicinal plants, ***karajhiri*** (*Vernonia anthelmintica* L. Wild.) and ***karakdo*** (*Holarrhena antidysenterica* Wall.), are used for treating similar health issues, such as gastrointestinal problems (GI) and fever. Both of these plants are also considered very bitter in taste (like ***nimda***) and are thus believed to be very helpful for stomach and other systemic health problems. The fourth most salient plant is significant because of its usage in child/infant care. ***Ingoria*** (*Balanites aegyptica* L.) is mainly used to provide sound sleep for children, but also for stomach related problems. This plant also has a carminative use for adults. This study showed that Siddis' reliance on their traditional healing system increases when it comes to female and child care; almost 100 percent

of all households with children below 5 years of age use this plant (field observations). The extract derived from the plant could be given either with mother's milk (while the child is breast fed) or with water. The fifth most culturally salient plant, ***bawar*** (*Acacia nilotica* L.), treats various types of health problems, ranging from dental, systemic, gynecological to gastrointestinal. It is also used for the removal of maggots from animals, such as cattle and dogs. The occurrence of this plant is also very common in the Gir landscape (see also Appendix 4.4).

Figure 4.1: Fruit of ***ingoria*** (*Balanites aegyptica* L.)

Figure 4.2: Leaves of ***bawar*** (*Acacia nilotica* L.)

But why so much focus on stomach related health problems? Informants suggest that the nature of the stomach (as either hot or cold) plays a vital role in health, thus the majority of health problems are attributed to an imbalance in the stomach. This theory of Siddis is highly correlated by them with the organoleptic properties of plants (sweet-bitter continuum), which is associated with the issue of efficacy (Etkin 1986: 3).

Similarly, plants used for treating gynecological problems were chosen on the basis of their humoral properties, that is which plant is hot in nature or will produce hotness and vice versa. Also, the cultural-therapeutic beliefs related to women's healthcare were so popular among the Siddis that they believe biomedicine cannot provide desired results, which can only be obtained through *desi dava*. Dissatisfaction regarding the lack of empathy of biomedical practitioners shown toward the healthcare practices of Siddis, and the innate fear/belief (shared by most of the community people) of not following or missing the key pregnancy and post-partum traditional healthcare rituals (and the consequential deterioration of health) can also be seen as two important factors governing the focus of Siddis on plants.

This set of medicinal plants was not only mentioned but were also used for similar causes and are believed to have the same impact on the health by the neighboring Maldharis (Table 4. & Appendix 4.6). For example, both Siddis and Maldharis consider that ***nimda*** (*Azadiracta indica L.*) has purifying and disinfecting properties, use ***ingoria*** (*Balanites aegyptica* L.) for children and for the same purpose: to induce sleep, cure stomachache and give them relief from cold and cough, and ***karakdo*** (*Holarrhena antidysenterica* Wall.) is used for GI related health concerns (as its Latin binomial suggests). While the lack of a larger consensus among Siddis concerning even these top 10 medicinal plants is puzzling (only two were mentioned by more than half the informants), the cross-cultural comparison supports the conclusion that these are likely prototypical members of the Siddi domain *medicinal plants* and lends support to their probable efficacy.

In Appendix 4.5, a list of common names for the health problems listed in Appendix 4.4 has been provided. The medical categories listed are based on both categories mentioned by Siddis and the researcher. This was done to arrange the data in a pattern to identify whether there exists any particular focus (in terms of plants or health problems). However, even under each category, the specific health problems were mentioned to retain the actual data. For example, Siddis mentioned category GI (Gastro-intestinal) very frequently, referring to stomach-health and stomach related problems, which included pain, constipation, loose motions, piles, etc. The category Miscellaneous was created by the researcher to aggregate the data for the preparation of a pie chart that has been provided below (Figure 4.3).

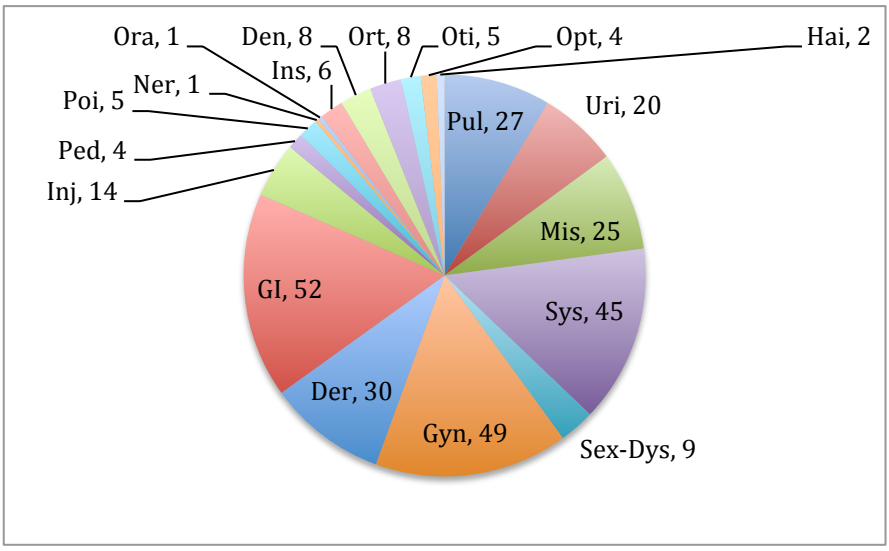

Figure 4.3 Frequency of various health problems as mentioned by Siddis while discussing medicinal plants and their usage

Based on Appendix 4.4 where the usage of various medicinal plants for different health problems has been provided, it could be seen that there are certain health problems for which Siddis use medicinal plants more frequently than others: GI, Gynecological, Systemic, and Dermatologic problems have many more medicinal plants reported for their use, than for other health problems related to eyes, nervous system, ear, hair, etc. Therefore, the data indicates how the knowledge of plants is concentrated more on certain health problems than on others. This focus also helped in further understanding the core medicinal plants used by Siddis.

4.2.3 Organoleptic Properties of the Medicinal Plants

The 'bitter and bad taste principle' (Etkin & Ross 1982:1567) or the indigenous criteria of plant selection was found to be an important attribute of most of the culturally salient medicinal plants, especially the ones that are chosen for treating stomach related and systemic problems. Siddis believe that bitter things cleanse the stomach, kill the germs and purify the blood. This aspect of treatment also dominates the selection of plants, similar to the way it does among the *Hausa* of Nigeria for the treatment of Gastro-Intestinal disorders (Ibid). Leonti et al. (2002: 307 & 312) also documented the use of bitter plants for the treatment of stomachache and vomiting among the Popoluca population of Mexico.

Nimda (*Azadirachta indica* L.), ***karajhiri*** (*Vernonia anthelmintica* (L) Wild.), ***karukado*** (*Holarrhena antidysentrica* Wall.), ***karela*** (*Momordica charantia* L.) and ***gala vel*** (*Tinospora cordifolia* L.) are all examples of bitter tasting plants that are used for treating stomachaches, fever and diabetes by the Siddis. Identifying medicinal plants based on their organoleptic properties (taste, smell) is not recent

but an old and salient practice found in many cultures. Interviewed Siddis' insights on the organoleptic properties of plants and the significance of bitterness provide a fruitful insight into local theories of the efficacy of *desi dava.* Healers (***bapus***) and common Siddi people report a direct link between ***kadwa*** (bitter) taste of the plant and the sweet nature of a health problem, such as diabetes. The theory being, that the opposite natures cancel each other out. Stomachache and GI problems are said to stem from humoral imbalances (too hot or too cold) and lack of cleanliness, which bitter substances treat via purging the system, killing germs, worms, etc. Siddis consume bitter tonics/water made of ***nimda*** and ***karajhiri*** quite often (even when there is no health problem) to maintain general health, keep diabetes at bay, to avoid fever and other such systemic health problems.

It seems that the use of bitter medicinal plants are an old tradition, perhaps brought to India from Africa. Bitter tonics are also very popular among the African diaspora in the Caribbean and in West Africa (the origin of most Africans slaves in the Americas). Bark, seeds, herbs are soaked in water or alcohol and drunk in small quantities on daily basis to improve one's general constitution, for protection against malaria (Hermans et al. 2005), diabetes, skin soares, respiratory infections (Hernandez & Volpato 2004) and also as an aphrodisiac (Van Andel 2007b: 359). In the Caribbean, men drink alcohol-based aphrodisiac bitter drinks, which show similarity with the tradition in western Africa (at the level of plant species) (ibid).

4.2.4 Other Uses of Medicinal Plants

Siddis use various medicinal plants in different forms for different purposes. Some plants are also considered helpful in avoiding or resolving various health-related issues of humans and animals (household pets/ livestock).

Table 4.3 Other uses of medicinal plants among Siddis of Gir

Purpose	**Example/s**
Pest Control/ Parasite bite	*Azadiracta indica* L.
Flavoring and Preservation	*Mangifera indica* L., *Tamarindus indica* L., *Allium cepa* L.
Removal of Poison/Toxics	*Ricinus communis* L.
Veterinary	*Acacia nilotica* L., *Psidium guajava* L.
Purification	*Azadiracta indica* L.
Nutrition supplement	*Annona squamosal* L., *Diospyros melanoxylon* L., *Citrus limettoides* L.

Iqbal, a Siddi man and worker with Forest Department from Sasan village was the first person that told me about ***timru*** (*Diospyros melanoxylon* Roxb.). He was very clear about the role of this plant's fruit and what he told me was very interesting: "*In the forest, monkeys and deer eat this fruit, so we also eat them. It is a nutritious fruit*."

The word "nutrition" struck me the very moment I heard it. What Iqbal was implying was that medicinal plants not only include those plants that are used when a person is ill, but also those plants that are used for maintaining a healthy body. Similarly, the use of various fruits in the diet serves as preventive medicine. Mentioning plants in this way demonstrates a holistic inclusion of plants in Siddi therapeutics. The system is not only curative, preventive plants are also known and given importance.

4.2.5 Food Plants as Medicine

"Let food be thy medicine and medicine be thy food."- Hippocrates

An important aspect of the Siddi health belief system is their diet. Although the emphasis on the non-vegetarian part of the diet is greater, plants are also considered important. Siddis consider themselves healthier than their neighouring communities because their diet differs. Unlike other local communities who are Hindu and vegetarian, Siddis rely a lot on non-vegetarian food. They believe that meat produces heat; it is warmer than a vegetarian diet and that is why it is good for eliminating diseases from the body. However, the concepts of 'hotness' and 'coldness' are also applied to food plants. This is the reason that Siddis very seriously consider certain food plants as medicinal plants (herein Fo-Med). The usage of these Fo-Med plants in daily lives is for maintaining health, in particular the excessive use of hot plants for women in the post-partum phase. Other than this, certain Fo-Med plants are used because of their other properties as well, like taste (sour/bitter etc.). Table 4.4 shows the list of the most commonly used Fo-Med plants.

Table 4.4: Fo-Med plants of the Siddi healing system

Botanical Name	**Common Siddi name**
Allium cepa L.	***Dungri***
Annona squamosa L.	***Sitaphal***
Capsicum annuum L.	***Hari mirch***
Carica papaya L	***Papita***

Botanical Name	**Common Siddi name**
Cassia fistula L	***Garmado/ Garmara***
Cicer arietinum L.	***Chana***
Citrus limettoides Tanaka	***Mausmi/ Mitha limbu***
Citrus limon (L.) Burm. F	***Nimbu***
Cocos nucifera L.	***Gola***
Crocus sativus L.	***Kesar***
Cuminum cyminum L.	***Jira***
Curcuma longa L.	***Haldar /Haldi***
Daucus carota L.	***Gajar***
Foeniculum vulgare L	***Varyari***
Guizotia abyssinica Cass.	***Kala Til***
Sesamum indicum L.	***Til***
Mangifera indica L.	***Ambri***
Mehtha sylvestris L.	***Pudina***
Momordica charantia L	***Karela***
Murraya koenigii L.	***Kadi/kadipatta/Mitho nimdo***
Musa paradisiaca L.	***Kela***
Ocimum basilicum. L.	***Marwa/Maruo/Damro***
Ocimum canum Sims.	***Kali Tulsi***
Ocimum sanctum L.	***Tulsi***
Pennisetum typhoides L.	***Bajra***
Piper nigrum L.	***Tikhe***
Peucedanum graveolens Benth & Hook.	***Suadana***
Phyllanthus emblica L.	***Ambra/ Amla***
Psidium guajava L.	***Jamphar***
Punica granatum L.	***Daram/Anar***

Botanical Name	**Common Siddi name**
Saccharum officinarum. L.	***Serdi***
Solanum melongena L.	***Ringda***
Sorghum bicolor (L.) Moench.	***Jowar***
Spinacea oleracea L.	***Palak***
Syzgium aromaticum L. Merrill & Perry.	***Long***
Syzgium cumini L.	***Jambuda***
Tamarindus indica L	***Ambli/Imli***
Trachyspermum ammi L.	***Ajma/ Ajwain***
Trigonella foenum-graceum L.	***Methi***
Triticum aestivum L.	***Gehun***
Zinziber officinale Rosc.	***Aaddu/Sonth***

Food plants mentioned in Table 4.4 are the ones most Siddis use in their daily lives. Unlike medicinal plants, where there may be a knowledge-usage disparity (especially among non-healers), Fo-Med plants have been listed because of their active usage by Siddis. Food, as Etkin (1996: 313) says, has always been a part of the history of (bio) medicine. For centuries both of them have been perceived as complex, where one could affect an aspect of the other. Similarly, Siddis' humoral theory of 'hot and cold' properties of food and medicine is inter-related. Here I can give an example of a Siddi friend who shared his experience of the treatment of cold with me. When he was down with cold, I asked him inquisitively what medicine did his grandmother prepare for him. I wanted to check whether he actually took biomedicine to get quick relief. However, he very casually said, "Why take medicine? Just take chicken soup with onion and black peppers in it. After that I slept and by morning it was all gone." Onion, black pepper and chicken (meat) are considered 'hot' in Siddi medicine, and thus used to counteract or rebalance a "cold". Another treatment of cold mentioned requires a person to sneeze in the juice of an onion slice.

Of course, among Siddis the consumption of plants/plant products is not limited only to their medicinal context. Etkin and Ross in their study of the *Hausa* of Northern Nigeria showed the appearance of plant species in dietary constituents and then their subsequent role in curing gastrointestinal disorders (Etkin & Ross, 1982: 1559). Siddis use plants as a grain base (for the

preparation of *chapati*/ Indian bread), for developing taste and color of the food, for example ***dungri*** (onion), ***lehsun*** (garlic), ***haldar*** (turmeric), ***hari mirchi*** (green chillies), although these have medicinal uses too. The use of this flora in the Siddi diet is said to usually cater to gastrointestinal or stomach related treatments. Even the usage of Fo-Med plants for post partum health care was found to be mainly for stomach related problems/care. In the Siddi healing system, good health is mainly seen as dependent on the health of the stomach. A clean stomach, that is, a person who doesn't have the problem of loose motions or constipation, is likely to have a better health status than any other person.

Research has shown that the sulphur-containing volatile oil of *Allium cepa* L. and *Allium sativum* L. i.e. onion and garlic, have both bactericidal and protistocidal properties (Ibid: 1561). The antimicrobial properties of these have been shown in positive clinical trials for chronic colitis, gastritis, whooping cough and influenza (Watt and Breyer, 1962). Also, the citrus species (lemon, orange), which are used by Siddis as food, have been reported to have carminative, antiseptic and anti-inflammatory properties (Ibid). Quite similar are the effects of clove (Ibid: 1561). Clinical uses of the rhizome of ginger have also proven it to be a good carminative in cases of dyspepsia, colic and diarrhea (Etkin & Ross, 1982: 1566). *Tamarindus indica* (tamarind), *Solanum melongena* (egg plant/aubergine), *Mangifera indica* L. (mango) have also been proven to have antimicrobial and antifungal properties (Watt and Breyer, 1962), and eggplant is also a gastric stimulant and promotes diuresis (Etkin & Ross, 1982: 1566).

Although Siddis didn't include most of these Fo-Med plants in their freelists of medicinal plants the focus on a healthy gut as a way to a healthy life offers some validation for the incorporation of such plants in the diet as a source of preventive medicine.

4.2.6 Siddi Medicinal Plants and Their Characteristics

The analysis shows that Siddis of Gir utilise plants from at least 69 different families, 131 genera and 149 species (see Appendix 4.3). Of these families, the most dominant were Caesalpiniaceae (8 species), Poaceae (6 species), Asteraceae (5 species), Fabaceae (5 species), Rutaceae (5 species) and Verbenaceae (5 species). According to a study by Prathapasenan et al. (2002), Gir National Park and Sanctuary (GNPS) is home to 115 different plant families, and thus almost 60% are known and utilized by Siddis for some medicinal purpose. If compared with the number of families used by the Siddis of Karnataka, the variety of families is much higher for Siddis of Gir. Only 39 families, 66 genera and 73 species were documented for Karnataka Siddis (Bhandary et. al 1995). Similarly, the same study also shows that Verbenaceae (6 species) followed by Caesalpiniacease (5 species) constitute the main two families used. In fact, two species from each of these two families were found to be in common, but their usage differed completely.

If the stem habit type is considered, then trees provide the most medicinal plants, followed by herbs, shrubs and climbers (Figure 4.4). The local names of the stem habit types mentioned by Siddis are; ***ped*** (tree), ***jhaad*** (shrub), ***bel*** (climber), and ***jadi-buti*** (herb). Whereas ***ped*** was described as having a strong main stem, usually tall and big in size, ***jhaad*** is more often considered as a bush, which is shorter than a tree, and can have thorns/spikes; the branches are not as strong as a tree and are usually easier to break (but not always). ***Bel*** is something that either creeps on the ground or twists around a tree or shrub. ***Jadi-buti*** is a small, tender, usually leafy and often seen as a medicinal plant. Although the stem-habit types mentioned in Appendix 4.3 are as per botanical literature, Siddis sometimes did not agree with this classification. Incongruence was noted especially for the habit category ***jadi-buti*** 'herb'. Cereal plants such as *Triticum aestivum* L. ***(gehun)***, *Zea mays* L. ***(makai)***, *Sorghum bicolor* (L.) Moench. ***(jowar)***, *Pennisetum typhoides* L. ***(bajra)***, were often described as ***jhaad*** 'shrub'. The shrub *Embila ribes* Burm.f. was referred to as ***bel*** 'climber'. Similarly, plants like *Ferula alliacea* Boiss., which are known to Siddis as a source of asafoetida, but are not seen, were a matter of debate. Some considered it an herb and not shrub. However, the Siddis did not consider the confusion or uncertainty about the habit type a serious problem. They believed that most of them know the plants by name and their appearance; a broad understanding of physical features of plants was considered enough for identification purposes.

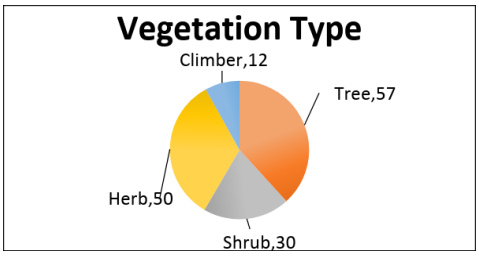

Figure 4.4 Stem Habit types of medicinal plant species known by Siddi of Gir (n= 149 species)

4.3 Variation in Knowledge of Medicinal Plants

It is well established now that local knowledge of medicinal plants is distributed differently/ unevenly across individuals in any community (Bruschi et.al. 2011: 544). Given the fact that there were *bapus* (traditional Siddi medicine practitioners) and midwives whom Siddis frequently consulted for health problems and pregnancy related concerns, and Siddis often mentioned that these practitioners have more knowledge than them, it was expected that they would be more knowledgeable. In this section I ask the following questions: How and why did knowledge of medicinal plants (indicated by freelist data) vary among Siddis? Did the general Siddi population have a narrower area of competence than health practitioners, consisting of those plants shown to be most salient (see Table 4.2)?

The length of freelists is considered a suitable indicator of who in a community knows more (or less) about medicinal plants (Stiefel & Vandebroek, 2012: 15). But also, the pattern of agreement in freelists can suggest which plants are known to which groups (Puri 2011). The socio-demographic attributes were taken as independent variables (Appendix 4.1) and regressed against the freelist data to determine which variables were significant ($p< 0.05$) and how much of the variation they explained (R^2) (see Table 4.5 below). Following Volpato and Puri (2014) and Borgatti (1996), in ANTHROPAC, the item-by-informant matrix was dichotomized, and a similarities matrix produced by using positive matching. This shows the percentage of agreement between any two informants, with regard to the presence/absence of items on their freelists. The Property Fitting (PROFIT) programme in ANTHROPAC was used to regress the metric variable (AGE), while QAP-Regression was used to regress the non-metric categorical variables. As Table 4.5 shows, AGE, SEX and OCCUPATION were significant, explaining, respectively, 25, 5 and 11 percent of the variation in the freelists. It is clear from the data that freelists were longer among elder informants, as might be expected; and that women appear to be more knowledgeable than men, but not by much. Laywomen showed a higher knowledge of medicinal plants used to treat children's health problems and illnesses related to female sexual system. Many other researchers, such as Quinlan & Quinlan (2007: 169), Case et al. (2005: 361), and Garro (1986), have also emphasized the fact that variation in cultural knowledge is attributed to various factors, age being an important factor. Finally, when calculated, the average number of medicinal plants known by lay Siddi people was 12.9 (n=50), while the health specialists' average was 29.6 (n=3). *Bapus* had longer lists while midwives had specialist knowledge and both knew more obscure medicinal plants. If we compare occupations that that require no formal training (field labourers, labourers, housewives) with those with specialist occupations (healers, shopkeepers, foresters, government employees) then the average freelist lengths are 11 (n=42) vs. 26 (n=11). The difference here is not necessarily education (see below), it appears to be a combination of specialist training and, perhaps, exposure to plants.

EDUCATION and two measures of INCOME were found to be insignificant influencers over medicinal knowledge of plants. This finding also indirectly suggests that having more money or education doesn't influence the choice of healthcare, because if that were true then the knowledge of these people would have been much less as compared to others. However, when these are combined, Siddis whose education was 7-12 years and had incomes (either personal or household or both) of 20k or above, had on an average smaller freelists (11.5, n=6) as compared to the average length of freelists of laypeople (12.9, n=47). Hence, this particular proposition is in contrast with the inference drawn in the above paragraph and rather indicates that educated and richer individuals (or individuals belonging to a richer family) either have less knowledge of medicinal plants (direct inference), or they have knowledge but rely on their traditional medicinal system less than compared to other Siddis, and therefore were unable to recall many medicinal plants during the freelisting exercise.

Table 4.5: ANTHROPAC Regression results of socio-demographic attributes against informant variation in medicinal plant freelists (*= significant).

Variable	R^2	P value
Age	0.249	0.002*
Sex	0.048	0.00*
Education	0.002	0.218
Occupation	0.11	0.05*
Personal Income	0.009	0.142
Household Income	0	0.854

4.4 Intra- and Inter-Tribal Comparisons of Siddi Medicinal Plant Knowledge

I compared the medicinal flora of Siddis of Gir to Siddis in Karnataka (Bhandary et al., 1995: 149-158) and to the neighbouring Maldharis in Gujarat to see if the pharmacopoeia of Siddis is shared in different geographic regions, or whether they are specific to the local environment. In addition, I wanted to begin to explore the medicinal plant use of the African diaspora in India, which is highly disconnected and differs by religion, language, ecology, and culture. To what extent can a common pool of core plants be identified as indicative of a wider ethnomedical tradition (Ellen & Puri 2016: 345)?

Following Ellen & Puri (2016), I measured the congruence of medicinal plant species (and families) recorded among the three groups (compiled in Appendix 4.6 and 4.7). Simply counting shared species, 12 species were found in all three groups, including *Calotropis gigantia* L.*, Cassia fistula* L.*, Cassia tora* L.*, Cocos nucifera* L.*, Curcuma longa* L.*, Helicteres isora* L.*, Holarrhena antidysenterica* Wall.*, Syzgium cumini* L., *Tectona grandis* L.*, Vitex negundo* L.*, Zingiber offcinale* Rosc.*, and Zizyphus mauritiana* Lamk. (see Table 4.6). To what extent are these plants used in the same way?

Table 4.6: Medicinal usage of 12 plant species common to all three groups.

Species	Siddis (Gujarat)	Maldharis (Gujarat)	Siddis (Karnataka)
Haldar (*Curcuma longa* L.)	Cough, menstrual pain, vaginal itching, vaginal tightening, boil, dandruff, spike injury	GI, wound of umbical cord, cough, toe infection of livestock	Skin infection, dropsy, haemorrhoids

Species	Siddis (Gujarat)	Maldharis (Gujarat)	Siddis (Karnataka)
Sonth (*Zingiber officinale* Rosc.)	Cold, Cough, postpartum care, vaginal itching and tightening, leucorrhea	GI	Skin infection, fever, dropsy, migraine
Sag (*Tectona grandis* L.)	Breathing problem, kidney stone, cracked heals, boil	Diabetes, Cancer	Indigestion, burns, cuts, wounds
Naget (*Vitex negundo* L.)	Back ache, body ache, bruise, headache, postpartum care, fever, stomach ache	Body ache, postpartum care	Migrane
Marda Seengh (*Helicteres isora* L.)	Back ache, loose motions, diarrhea, stomach ache	Constipation	Cough and throat infection
Boidi (*Zizyphus mauritiana* Lamk.)	Cut, wounds (humans), fever (body ache)	Cut, wounds (livestock), body ache (postpartum)	Wasp stings, spider bites
Kuvandiyo (*Cassia tora* L.)	Kidney problem	Stomach ache	Tonic
Garmado (*Cassia fistula* L.)	Stomach ache	Stomach ache	Body swelling, dysentry
Karukado (*Holarrhena antidysenterica* Wall.)	Fever, stomach ache	Fever, stomach ache	Depurative, headache, anti-venom
Ankda (*Calotropis gigantia* L.)	Spike injury, stomach ache, headache, delivery problem, toothache, T.B., cancer, ringworm (skin problem)	Appendix pain, stomach ache, injury by spike, fever, headache, constipation	Skin diseases
Jambuda (*Syzgium cumini* L.)	Kidney stone, stomach ache, stomach worms, micturition, diabetes, loose motions, diarrhea	Post partum (cattle), diabetes	Diabetes, constipation, to stop blood in faeces
Gola/ Narayal (*Cocos nucifera* L.)	Infertility problem in females, alactoria	Alactoria	Leucorrhea, menstrual cycle related problems

A simple frequency analysis of Table 4.6 suggests that, except for *Vitex negundo* L., *Syzgium cumini* L. and *Cocos nucifera* L., no other species usage was found to be common between all three groups. These three species are well known and found quite commonly in India and South Asia, and the uses

mentioned here are also popular in Ayurveda (Ayyanar & Babu, 2012: 240; Ladda & Magdum, 2012: 111). However, a higher level of congruence in terms of usage was evident between Siddis and Maldharis of Gujarat, suggesting the importance of local environment, and perhaps knowledge exchange processes between the two groups.

Comparing only Siddis of Gir and Karnataka, an additional two species were found in common, *Careya arborea* Roxb*., and Murraya koenigii* L. The former, known as *Vakhumbha* (Gir) and *Kumbya* (Karnataka), and was of great interest because this particular species was not found in Gir or its adjacent areas, but was still considered very important for female healthcare among Siddis of Gujarat, who have to purchase it from a local shop. Given that the Siddis of Karnataka also used it, and their local names are cognate, could the similar usage of this peculiar species provide some insight into the African diaspora's core medicinal plant knowledge? A difference in knowledge and plant species/families was expected, considering the difference in geography and lack of communication between the Siddi communities of Gujarat and Karnataka. But would there at least be a similar focus on women and children's health among Siddi people everywhere? Instead, it was found that Siddis of Karnataka used this plant species for curing ear related problems and dysentery (incorporated with vomiting) and not for any female infertility related health problem. Similarly, *Siddis of Gujarat only used Murraya koenigii L. in curry*, while in Karnataka it was used to cure scabies and for wound healing.

Fifty-two species were shared between the Siddis of Gir and their neighbouring Maldharis. The Maldaris and the Siddis of Karnataka shared only the twelve species shared by all three groups, mentioned above. Interestingly, the Siddis of Gir only mentioned 85 species; the Siddis of Karnataka mentioned 61 and only 10 were unique mentions for the Maldharis. These results are graphically displayed in Figure 4.5.

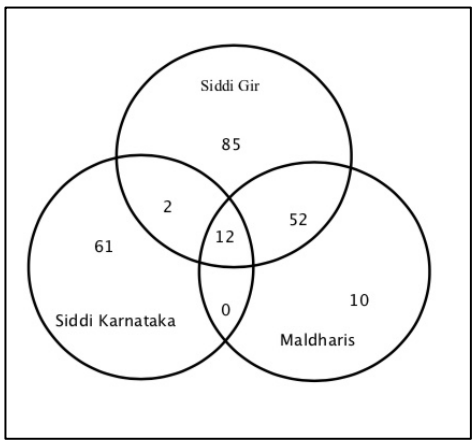

Figure 4.5: Number of medicinal plant species shared by three groups and also unique to each group (n=224 species).

The figure suggests that the neighbouring Siddis of Gir and Maldharis are more similar than the Siddis of Karnataka, and that perhaps local environmental conditions trump ethnic and historical relationships in influencing pharmacopeia. However, the plant species were not only common between the two groups but, also were mostly used to cure similar types of health problems, mainly, stomach related, female healthcare and systemic (fever, diabetes etc.) problems. This common usage of common plant species also indicates that exchange of knowledge, sharing of ideas and proximity/ co-existence of these two tribes of Gujarat are obvious explanatory factors.

However, each group had a unique set of species, some quite substantial, and the lack of overlap for so many species suggests that perhaps differences in methodology may have contributed to the patterns of agreement seen here (Ellen & Puri 2016). A similar pattern is seen at the rank of Family. Out of the total 79 families recorded, Siddis and Maldharis had 41 in common. From these 41 families, there were 19 families common to Maldharis and Siddis of Gujarat. Families like, Apocynaceae, Caesalpiniaceae, Combretaceae, Cucurbitaceae, Fabaceae, Umbellifeae, Sterculiaceae showed the highest level of similarity between Siddis of Gir and Maldharis (see Table 4.7).

Table 4.7: A comparison between Siddis (Gir) and Maldharis usage of some plant species.

Family	**Species**	**Siddis (Gir) Use**	**Maldharis Use**
Amaranthaceae	***Tanjario*** (*Amaranthus lividus* L.)	Alactoria	Alactoria
Apocynaceae	***Karukado*** (*Holarrhena antidysentrica* Wall.)	Fever, Stomacache	Fever, Stomachache
	Dudhla (*Wrightia tinctoria* R. Br)	Cut, Wound	Cut, Wound
Annonaceae	**Sitaphal** (*Annona squamosal* L.)	Maggots, wound/bruise, ear ache, mental disorder	Maggots
Caesalpiniaceae	***Garmado*** (*Cassia fistula* L.)	Stomachache	Stomachache
	Hawad (*Cassia auriculata* L.)	Bodyache	Bodyache

Family	Species	Siddis (Gir) Use	Maldharis Use
Combretaceae	***Harde*** (*Terminalia chebula* W&A Prodr)	Stomachache, GI	Stomachache, GI
	Arjun jhad (*Terminalia arjuna* (Roxb. W. & A)	Diabetes	Diabetes
Cucurbitaceae	***Kukadvel*** (*Luffa echinata* Roxb.)	Fever, GI, Respiratory problems (Pul)	Fever
Fabaceae	**Biyo** (*Pterocarpus marsupium* L)	Diabetes	Diabetes
	Kauncha (*Mucuna prurita* Baker L.)	Aphrodisiac, for increasing male and female libido, increasing male sperm count	Stomach worms.
Rhamnaceae	***Boidi*** (*Zizyphus mauritiana* Lamk)	Cut, Wounds (humans) Fever (bodyache)	Cut, Wounds (livestock) Bodyache (postpartum)
Poaceae	***Bamboo*** (*Dendrocalamus strictus* Nees in L.)	Amenorrhoea	GI
Rubiaceae	***Rangari*** (*Morinda tomentosa* Heyne ex Roth)	Cut, Wounds (humans)	Cut, Wounds (livestock) Boil Wound
Rutaceae	***Billi*** (*Aegle marmelos* Corr.)	Stomachic (ache, constipation, loose motions) Kidney Stone, Headache	Loose motions
	Nimbu (*Citrus limon* (L.) Burm. F)	Kidney stone, Loose motions (GI), Dandruff	GI

Family	Species	Siddis (Gir) Use	Maldharis Use
Sapindaceae	***Areetha*** (*Sapindus emarginatus* Vahl.)	Healthy Hair, Dandruff, Depoisoning/ Antivenom	Depoisoning/ Antivenom
Simaroubaceae	***Ingoria*** (*Balanites aegyptica* L.)	Stomachache, Cough, Sleepnessness, Respiratory Problem, Fever (Mainly for kids)	Stomachache, Cough, Sleepnessness, Respiratory Problem, Fever (Mainly for kids) *Inducing labor pains
Sterculiaceae	***Kadayo*** (*Sterculia urens* Roxb.)	Back ache, Post partum care, Joint Pain, female infertility, Tooth ache	Dental care, Alactoria, Healing umblical cord wound
	Marda Seengh (*Helicteres isora* L.)	Backache, loose motions, Diarrhea, Stomach ache	Constipation
Umbellifeae	***Ajma*** (*Trachyspermum ammi* L.)	Stomach ache, Stomachic, Cut/Wound, Athlet's foot, Bruise, Prickly Heat	Cough
	Suadana (*Peucedanum graveolens* Benth & Hook.)	Stomach ache, Vaginal cleansing and tightening, Post partum health care, Alactoria	Asthma, Post Partum healthcare, Vaginal Cleansing
Verbenaceae	***Naget*** (*Vitex negundo* L.)	Backache, body ache, bruise, headache, postpartum care, fever, stomach ache	Bodyache, postpartum care
	Sag (*Tectona grandis* L.)	Breathing problem, kidney stone, cracked heals, boil	Diabetes, Cancer

Family	Species	Siddis (Gir) Use	Maldharis Use
Zingiberaceae	***Haldar*** (*Curcuma longa* L.)	Cough, menstrual pain, Vaginal itching, Vaginal tightening, boil, dandruff, spike injury	GI, wound of umbical cord, Cough, toe infection of livestock
	Sonth (*Zingiber officinale* Rosc.)	Cold, Cough, postpartum care, vaginal itching and tightening, leucorrhea	GI

Again, the high similarity of Siddis of Gujarat and Maldharis even at the family level seems understandable given they share a similar ecosystem, have access to almost the same type of vegetation, and have a history of living close to each other. Ample evidence suggests that Maldharis have been residing inside the area for ages and their ancestors have roamed in and around Gir and hence have a thorough knowledge of the forest and its species (Berwick, 1990: 81-94). In fact, due to their vast knowledge of forest flora and fauna, Maldharis have been used as key-informants by the forest department (Daniel, 1984). They come out of the forest regularly to sell milk and milk products, and hence are in continuous contact with the outside world.

One key Siddi informant also mentioned the exchange of knowledge and medicinal material between Siddis and Maldharis. He said, in earlier times Siddis would ask the forest dwelling Maldhari for the dung of lion for medicinal purposes because Maldharis, being forest dwellers, had easy access to such things. Similarly, Maldharis who grazed their livestock in the forest also knew the location of various less common plants. Therefore, whenever required, the help of Maldharis in locating desired plants was taken. Over the centuries, Siddis have adapted themselves to the flora and fauna of Gir, through their culture as well as through assimilation into the new cultural environment of Maldharis and other neighbouring groups. The dissimilarity in their *materia medica* is indicative of the co-existence of separate medicinal systems, despite living close by and in similar environments. Siddis have shown that they did accommodate new knowledge about their new residence, but they did not passively adopt it in its entirety. The influence of previous knowledge, religion, culture and even biological difference, is made visible in the difference in the *materia medica* of the Siddis and their neighbours.

4.5 Plant Use in the African Diaspora in India and the Americas

Recent work in ethnobotany has affirmed the importance of plants and plant knowledge for meeting basic survival needs and satisfying material and cultural needs of migratory/diaspora people (Anderson et al. 2011; Peironi & Vandebroek 2007). Knowledge of plants, unlike freedom, was an asset that could not be taken away from the African slaves and would have aided them in coping with the hostile living conditions and diseases of their new homes. But, there were factors that impacted their use of this knowledge and their African botanical heritage; for example, whether the Africans could interact and learn about their new ecological environment, whether the flora of the new place was similar or even familiar to the slaves, whether they had rights to cultivate at all, whether they maintained any connection with their homeland, whether slaves could obtain and grow plants from their homeland, and whether the physical, socio-cultural and economic conditions were favourable.

If we compare Siddis to the Afro-American slaves (who were part of the Trans-Atlantic slave trade), most of the Afro-American slaves were mainly from different parts of West and Central Africa (Van Andel et al., 2014: E5349), while the Siddis hail mainly from the East African coast. Many ethnobotanists and other researchers have mentioned that Africans brought medicinal plants from their home country, and also grew some of them in the Americas. “Through plants slaves could ward off hunger, diversify their diet, reinstate customary food preferences, and treat illness,” (Carney 2009: 30). Some studies have shown how the Maroons (of Suriname and some other parts) fled deep into the forest to escape from the plantations, as well as that these slaves brought some plants from Africa with them and are still in contact with their homeland and are engaged in medicinal plant trade (Sera & Voeks, 2009: 196). Through trade and biological exchange, their new environment became more favourable to the transmission of plant use traditions. “The early transatlantic botanical homogenization of South America and West Africa greatly enhanced the ability of newly arrived Africans and their descendants to reassemble their ethnobotanical traditions in an otherwise alien floristic landscape,” (Voeks 2009: 394).

The Siddis by comparison did not come only as a part of the recent slave trade, which the Portugese led in the 16th Century. People from Africa have been coming to India in different waves and at different times over the last millennium. Siddis in India were used as domestic slaves, soldiers in the army and many times, as chiefs and heads in the army too. Having black people as slaves/domestic help was considered a matter of pride by many in India. Some Siddis also enjoyed high stature and ended up being Kings of some parts in India too (for instance, the *nawabs* of Sachin in Gujarat and Janzibar). Even though the economic conditions of the majority of Siddis were not very good, they did have perhaps more rights than slaves in the Americas. The initial migrants or slaves may have

brought some plants with them from Africa, but there is hardly any available data to show this, and the current generation of Siddis makes no mention of it. A very few Siddis are in touch with Africans from various locations there, but not specifically their homeland, because the current generation just does not know for sure where their exact homeland/tribe/community was in Africa. As described by a few Siddis, the links to Africa today are not for the medicinal plant trade, but in regards to the *dhamaal* dance, which Siddis believe is their most characteristic African trait after their physical appearance. Therefore, information regarding the lives of Siddis in India says more about their role in the making of Indian kingdoms, wars and, to some extent, their religion and marriage relation with the royal families of India, rather than their knowledge and use of plants.

Indirectly, there is some similarity in the ecological conditions of East Africa and India, which may have supported the ethnobotanical traditions of the Siddis when they moved into Gujarat. According to Champion and Seth (1968 as sited from Meena & Kumar, 2012), the Gir Protected Area network includes a variety of similar habitats to those in East Africa, such as very dry teak forests, scrublands, savannah, and open thorn lands. The climate is also similar, with summers (March to July) longer than winters (November to February), and maximum temperatures reaching as high as 44^0 C in the month of May (Ibid).

With regard to belief systems, faith healing and the belief in *dua* (blessings) of *pirs* and *Allah* are necessary to make *desi dava* effective, which is otherwise mainly ethnobotanical. But, one should not consider the religion of Siddis to be plant centric; i.e. it doesn't compel them to use plants. Whereas, the *Winti* religion of some Afro-Americans could be called a plant-based religion because it requires; possession by supernatural beings, taking herbal baths and using plants (Van Andel, 2007b: 352). Similarly, the *Candomble* religion of Africans in Brazil is described in terms of *sacred leaves,* where the leafy diet represents a fundamental element of *Candomble* ceremony and rituals (Voeks, 2009: 398). Magical crops are the crux of this religion. Religious practices of Siddis in Gujarat, unlike the *Winti* practices, have not been prohibited under law or labeled as sorcery or evil. In Suriname, such practices were banned under the law until the 1980s (Ibid: 359).

Some studies indicate that dancing and drumming was highly discouraged among Afro-Americans because it was linked to magic and sorcery (Van Andel's papers cited in this thesis). Whereas in Gujarat, dancing and drumming (*dhamaal*), its cultural, medicinal (health) and religious significance has revived Siddis. These practices have been encouraged and now are an important livelihood source for Siddis. Drumming and healing can be seen as unique and crucial components of the Siddis' traditional medicinal system, but plants play no part in *dhamaal*. On the other hand, *berimbau*, an iconic musical instrument of Afro- Brazilians's martial art dance form *capoeira*, is made mainly of

plant/s and is fully dependent on plants. It is inseparable from the martial art form, yet it is now being produced for trade and is becoming very popular among tourists (Sera & Voeks, 2009: 195-200).

Overall then, this brief comparative analysis of the variables and contexts of plant use among Africans in Americas and in India suggests very different, and perhaps incomparable, diasporic histories and processes. As tempting as it may be, it is difficult to engage in a meaningful comparison of medical ethnobotanical knowledge and use among Afro-Americans and Siddis.

4.6 The Diminishing Use of *Desi Dava*

Where the emphasis is laid on the importance of diet in the Siddi healing system, one of the crucial factors behind the diminishing use of *desi dava* is also related to the changing diet. Siddis give the following reasons for the decreasing use of their traditional medicine:

1. **Changing food quality**. Most of the Siddis interviewed believe that the introduction of chemical fertilizers has affected the natural and original constituents of their food. Now-a-days people use fertilizers to increase the productivity of food, but that is said to deteriorate the quality of food. Also, the dosage of hormones given to milk animals, as well as vegetables like aubergine (***ringda***) and bitter gourd (***karela***), severely alters the composition of milk and these Fo-Med plants, respectively. When Siddis eat such chemically altered food, then their health is affected. The major outcome of an increasingly chemicalised diet is the inefficiency of the *desi dava* to cure health problems. Unlike in earlier times, the *desi dava* is not that effective anymore, because being a product of natural ingredients it works well for health problems that are caused by natural things. Now that there are man-made chemicals in food, many Siddis believe that to cure chemical-caused problems, chemical-based or biomedicine is required.

2. **Changing taste**. Most of the plant-based medicines of Siddis taste bitter and thus many Siddi men and women, and especially the younger generation, find it difficult to eat or drink such medicines, while popping a tablet of biomedicine is considered far easier and more palatable.

3. **Changing work.** Siddi people, especially most people from the younger generation, find preparation of *desi dava* a tedious and time-consuming job. Most of the Siddis now prefer a quick source of relief, and the response time of biomedicine is shorter than that of *desi dava.* The easy availability of alternative sources of medicine, such as free biomedicine at the local Primary Health Care Centres (PHCs), has also affected the use of traditional medicine by Siddis. Rather than wasting time searching for medicinal plants and preparing *dava*, many Siddi people now prefer to take a short cut and choose biomedicine.

However, all the above-mentioned factors have not eliminated the usage of *desi dava*, but have limited it significantly. As we will also see in a following chapter on women and child health care, there is still a preference for *desi dava* over biomedicine for these illnesses. There are also other beliefs and cultural practices among Siddis that disapprove of and discourage the use of biomedicine. For instance, Ahmed, a 40-year-old Siddi man, has learned through experience that usage of biomedicine for the treatment of cold only worsens his condition. Like many others say, he believed that biomedicine gives a quick response, but has found that it has side effects.

> *"Your nose might stop flowing but your head becomes heavy. Biomedicine have its own repercussions while, desi dava does no harm. It eliminates the problem slowly but completely*".

Then, there are economic limitations that keep Siddis dependent on their *desi dava* and *dua* system. Most Siddis, being economically weak at times, find biomedicine unaffordable. Although free medical services are available at PHCs and government hospitals, due to a shortage of medicines at these places, or just inefficiency in dispensing them, people have to buy medicines from pharmacist shops. People rank the quality of medical care at government run hospitals very low, and hence private hospitals are sometimes chosen for treatment. For those that cannot afford it or want to avoid such expenses, *desi dava* is preferred.

In order to meet the limitations of their *desi dava* and changing situations, many Siddis have developed their own way of curing their problems. For those health problems that Siddis are not able to identify, biomedical practitioners are consulted. But once the cause is known and if the people know of any *desi dava* treatment then they will use their own medicine. In this way, many Siddis are using modern medicine and technology as a diagonistic tool to serve their *desi dava* tradition. In case of severe injuries or accidents, sutures may be given at the hospital and in the preliminary phase of some illness biomedicines are taken, but the follow-up treatment is usually through their own home remedies. A serious and common cultural belief that 'biomedicine always leaves side-effects' haunts the Siddis and binds them to *desi dava*.

4.7 Conclusion

This chapter has presented the most culturally salient species of medicinal plants of the Siddis. They suggest that the choice of medicinal plants is highly governed by the Siddi healthcare beliefs. All the five most culturally salient plants were used for curing stomach related problems and for female healthcare, making them highly significant and useful. The cultural belief/ principle of bitter taste also gets reflected through these species. Studies conducted in Suriname with Maroons, African migrants

to the Americas, also reflect the importance and popularity of bitter tonics in healthcare (Van Andel, 2007b: 359 & 2012: 840).

Medicinal usage and preparation methodology for all the listed 147 plants have been also presented (Appendix 4.4). Results of the intra and inter tribal comparison at the level of medical usage of plants (species level) have shown that not much similarity between Siddis of Gujarat and Karnataka is present, except for three plant species. But a high level of similarity, in terms of family, species and their uses, was seen between the Siddis and Maldharis of Gujarat, which further strengthens the point made by Pieroni & Vandebroek (2007: 1-12), Pirker et al. (2012:1), and Nyugen (2003) that medical knowledge is neither uniform nor static, but varies across a community, across ethnic and geographic boundaries and in time. While methodological differences may account for some intergroup variation, it seems likely that environmental, political and social factors, and interaction with different medical systems and technological innovations, have led to divergent and different pharmacopoeas among Siddi communities. Unlike the Africans in the Americas, the Siddis of Gujarat are not involved in the herbal trade of medicinal plants. Usage of plants for economical purpose such as making musical instrument/s, or selling medicinal plants or plant products was not evident in Gir, Gujarat. Medicinal plants are seen only as a part of the *desi dava* culture of Siddis.

The research shows the role of African diaspora people as significant agents of environmental knowledge in India, similar to what Van Andel found for the Maroons in Suriname, who gained extensive knowledge of their new environment and became the major consumer of it (Van Andel, 2014: 2). Especially in terms of herbal medicine, the Siddis of Gujarat, who came to India in different roles (soldiers, merchants, slaves etc.) at different times, have assimilated the Gir landscape and have established their ethnobotanical knowledge there. The plants in the ethnomedicinal system of Siddis were found to be of multidimensional purpose. Spices, condiments, and grains are also considered an integral part of medicine and these Fo-Med plants are readily available at the local shops. Like the Hippocratic view, the general focus of the community and their view on health is in terms of a person's relation to diet, food and drink (Pitman 2014: 28). Such relations could be seen as part of the cultural innovations developed to meet health needs in a new ecological context.

The medicinal cuisine and medicinal plant usage is mainly focused upon the 'clean stomach', which is considered as the basis of a healthy body. Medicinal plants are taken in varied ways: 1) alone 2) with other plants 3) added to food/drinks. Also, the usage of medicinal plants by communities like Siddis, validates the rationality and efficacy of the naturalistic mode of medicine. In fact, continuous practice of ethnobotany is only possible when the plants are able to satisfy economic, cultural and health needs successfully (Waldstein 2014: 277).

Chapter 5. *Dua*: Healing Through Blessings

5.1 Introduction

The previous two chapters discussed the Siddi cultural beliefs and practices related to health and healing, and Siddis narration of *desi dava*. Where, in chapter 4 the ethnobotanical knowledge of Siddis of Gujarat was explored in detail, as a key component of understanding the ethnomedicine of the African diaspora in India (something that has been widely studied for the African diaspora in the Americas). In India, another prominent component of the healing system is *dua*, a term I use to describe the component of ritual that involves faith healing through dancing and drumming.

This chapter will focus on *dua* and music, in an effort to analyze the transcendental aspect of the Siddi healing system. Faith/ritual healing among Siddis can be described as a profound religious and cultural experience with an ethnomedicinal implication (e.g., Sloan et. al, 1999: 664; Lagurre, 1987). As found during my fieldwork *dua*, which literally means 'seeking blessings from *Allah* ' God' or *pirs* 'ancestral saints', an invocation praying, can be placed at the center of this healing system because *dua* binds the other healing elements i.e. *dava* and *dhamaal* and completes the medical system of Siddis. *Dua* is referred in terms of faith and divinity, which only has a positive connotation attached to it, contrary to the negative meaning attached with the terms magic or sorcery. Both men and women have immense faith in *Allah* and *pirs*, and believe it is important to seek blessings regularly from them to stay healthy and keep misfortune and evil at bay. Among Siddis it is difficult to keep illness apart from religion or from their faith in the ancestral *pirs*. Like many other people, religious and spiritual activities provide comfort to Siddis when ill (Sloan et al, 1999: 664). It doesn't matter which medical option the ill person chooses, but it is necessary that the ill person seek blessings of *Allah/pir* and keep faith in them. Glick (1967) also proposed that in some cultures it is not possible to separate practices related to illness from those of religion. Something similar was evident among the Siddis of my field sites. Through *dua* Siddis request their *pirs* to help and protect them. According to one of my key informants, Zehra:

> "*the power of dua is unmatchable, it can cure what dava fails to cure. For example, healing the health problems caused by supernatural powers, curing the person, which otherwise has found no relief through any type of dava. Miracles can happen through dua, and therefore dua in itself stands as an individual agent of curing illness, which cannot be said about dava*".

This chapter discusses the dynamics of *dua* in the practically organized veneration system of Siddi ancestral *pirs*, with a main focus on *Nagarchi pir dargah* 'mausoleum' at Jambur village. I describe the role of *dua* in ritual healing of ailments Siddis consider as the "domain of the transcendental",

which "*dava* cannot cure". While describing these rites, I also discuss Siddi understanding of the causes and symptoms of such personalistic forms of illness (*sensu* Foster 1976), and describe how music (*goma/dhaamal*), which is also an integral part of ritual healing, is linked with formation of Siddi identity (e.g., Basu, 2008: 161). Some nuances on the spiritual use of plants are also presented.

My analyses suggest that ritual healing among Siddis, when seen through the lens of their position in the wider cultural landscape, can be described as "a form of identity politics", to use the words of Csordas (1999:4), being what Siddis are known and respected for among their neighbours. On an individual level, ritual healing establishes a relationship between individual and collective identity to highlight Siddi self-worth and dignity. On a broader level, ritual healing thus articulates the Siddis with the dominant society of Hindu neighbours and mainstream Islam. For example, a comparison of healing among Siddis and their neighbouring Maldhari reveals almost fifty percent similarity in terms of medicinal plants used, but the practices of *dua* are exclusive to the Siddis. A case study provided in this chapter sheds some light on the points suggested above i.e. how through the *dargah* and ritual healing activities the Siddi *bapus* have influenced people from other religions, cultures, and geographies. Hence, developing a sense of respect among people for Siddis and their Sufi-African rituals.

In agreement with Basu (2008:161), I argue that the distinctive Siddi healing system of *dua*, together with *desi dava*, has created a place for Siddis in India, and through *dua* and especially through music, Siddis have made a mark in Indian history and have created their own collective identity. I show that *dua* represents an interesting intertwining of the African and Sufi-Islamic rituals, which can be seen during episodes of spirit-possession and its subsequent healing. While music and dancing are prohibited in mainstream Islam, the Siddis give a central prominence to these practices in the ritual healing process. I argue that adopting a Sufi-Islamic tradition has given them the leverage to justify their age-old tradition of drumming and dancing despite following Islamic tenets. Most of the Siddis are aware of their roots tracing back to Africa and describe the traditions of dancing and drumming as 'their tradition', which set them apart from other tribes and people inhabiting the area.

5.2 Spiritual Healers i.e. the *Bapus*

The Siddi *'dua'* system of healing is a 'covert tradition', not all know about it. The practice is private and taught to a few, and has to be passed on (for example, Kassaye et al. 2006: 128 wrote about the Ethiopian traditional health practitioners, who believe that the skill is given by God and is transmitted from the father to the favorite child). The information about the healing process and the causes of problems are transmitted only through the will of the spirit of the *pirs*, and are communicated through

means like, drum and dance. Intercessory prayers are led by the *bapus*, who are ranked below the *pirs*. *Pirs* are the direct messengers to *Allah* while *bapu/ fakir* acts as a mediator and facilitates the process.

The *bapus/ fakirs* are the mediators between the people and the supernatural and establish a relation with the spirits (Blanc, 2010:84; Pierini, 2016: 291). They facilitate the process of communication and interpret the signs and instructions of the supernatural. People come to them for emotional and material help and advice, the healers then communicate to the devotees the solution prescribed to them. In fact, *bapus* who are not considered as spiritual healers i.e. *mai* or *bapu* by the Siddis (the one who prescribe *dava* or other people) also incorporate *dua* in their treatment. All the *bapu* & *mai* (men & women), whom I interviewed, had one common thing and that was the blessings of their *pirs* upon them. It is believed that unless one has the blessings of their *pir* and his/her teacher, the person cannot cure health problems.

> "*Hashim, a bapu from Jambur village told me that he has three sons, but only his youngest son can continue his legacy. Even though his eldest son knows a lot about medicinal plants and observes the treatment procedure but he can't become a bapu. This is so because the pir has not chosen him, his hands will never be able to cure the people the way his youngest son could. Also, before Mr. Hashim would die he would also pass on his blessings to his youngest son*".

Similar to what Pierini studied in the Brazilian mediumistic religion known as Vale do Amanhecer (Valley of the Dawn), which includes the doutrinador group of the Jaguars (mediums between the spirits and humans), Siddi *bapus* also mainly communicate with the *pirs* in a conscious states (without going into trance) and provide a solution to the problem (2016: 293). Siddi *bapus* would close their eyes, would chant something and then talk to their patient. "*Diagnosis is done by means of divination and trance, often accompanied by reference to ceremony and rituals stored in the collective memory*…" (Using the words of Voeks, 1993: 69 related to the fundamental ethnomedical rituals of Africans in the Americas).

In Vale, two complementary mediumships have been developed namely, *apara* and *doutrinador*. Where *apara* embodies spirit in a semi-conscious state, the *doutrinador* in contrast is in a conscious trance directs the rituals and indoctrinates the suffering spirits embodied by *apara*. Similarly, Iqbal bapu, the current *bapu/ fakir* of the *Nagarchi pir's dargah* prescribes solutions to the devotees and the patients in a conscious state. He would close his eyes, and after a few seconds would tell the cause and solution of the problem. It is this brief period when the *pir/s* communicates to him (when he had closed eyes). However, it doesn't mean that they do not get into trance ever.

Unlike, the *bapus* or women who prescribe *desi dava*, people come to *bapus* for more grave problems

for which they could not find a cure in *dava* and need the blessings of the divine. Mental disorders, fertility issues, chronic ailments (cancer, AIDS, TB, fatal accidents), evil eye, possession by spirits, black magic, etc. are some such key issues, which require the help of an expert like a *bapu* (also see Peltzer, 1999: 395). Another noticeable aspect about the spiritual healers was that the main/chief spiritual healer at the *dargah* will be a male Siddi and hence a *bapu* always and not a *mai* (female counterpart). There were also female *mujavers* at the *dargah* of *Mai Parsama* and other *chillas* of female *pirs* but a majority of the people would come to the *bapu* (chief) in case of any problem, which revolves around the involvement of spiritual realm. Muslim (Islam) influence diffused among the Siddi people can be considered as a probable reason behind this. Siddis have borrowed a lot from Islam and the Sufi form of Islam and they follow the religious regulations of Islam and one crucial regulation is barring women from entering the sanctum sanctorum of the *dargah,* which distances them from the *pir*. And men do not have any such restriction.

5.3 *Dua*- the Only Cure to Evil Eye and Spirit Possession

Religion is not the main reason due to which Siddis rely on *dua* but is the healing process on which Siddis are dependent to identify the cause/source of their illness. *Dua'*s efficacy in terms of healing, its preventive and protective nature, and the opportunity, which *dua* gives to Siddis to pay respect to their ancestral *pirs* (by remembering them) are some of the key attributes responsible for continuous usage and popularity of *dua* among Siddis.

It is very fascinating to understand how Siddis have assimilated their religion, cultural beliefs and health beliefs. Blessings are sought from the ancestral Siddi *pirs*, non-Siddi saints like, *Nargarchi bapu* and *Allah*. *Dua* could be for anything, ranging from success in a job, education, and married life or for staying healthy. So, there are ways and means to seek *dua* too. For example, Adham Bhai from Sasan Village, explained to me that in the *Rajjub mahina* (holy month of Islamic calendar) Siddis feed people. This brings blessing, which in turn keeps everyone healthy and also brings prosperity to the house. Similarly, during *Muharram* (an important festival in Islam), *nariyal* 'coconut' is kept under the head of a person lying down on the floor. The person then rotates seven times on the floor, with the *nariyal* below his head. After completing seven rounds the *nariyal* is hit hard on the floor so that it breaks. It is believed that by the bursting of the *nariyal* health problems and *nazar* fades away from the body.

Although, as mentioned several times, *dua* is done irrespective of the type of illness. However, there are certain illnesses and health problems, which can only be treated through *dua*. Examples include, the health problems that are caused due to evil eye, use of black magic and possession of the human

body by any supernatural thing or spirit. Siddis believe that illnesses that do not have a natural or pathogenic cause cannot be cured through any type of *dava*, be it *desi* or biomedicine or *Ayurvedic.* Only *Allah* and *pirs*, who have powers beyond human capacity, only can ease the situation of people suffering from unseen and evil powers. Lagurre (1987: 23) also mentioned that although there have been Africans of different origins in the different parts of the Americas who have different ethnomedical traditions; they all share some common and fundamental features of African healing systems, like "theories of causation related to spiritual realms," (Voeks, 1993: 69).

5.3.1 *Nazar* 'evil eye'

Like many other cultures, communities and traditions for example, African, Hispanic, Indian and European (eg. De Zoysa et al., 1988; Pieroni, 2002; Ticktin & Dalle, 2005; Martinez, 2008), Siddis also have a firm belief in the folk-illness 'evil eye' or *nazar*. Children, infants, newly-weds, pregnant or lactating mothers are mainly considered as the common and main targets of evil eye. The malign glance, "the eye of envy" (Pocock 1973: 25-33) or the "look" (Gravel, 1995:7 as quoted in Finneran, 2003:427), from relatives, friends, strangers or foes is not the only cause of severe health problems, verbal praise or even the gaze of a mother can bring ill health (Dundes, 1981: vii; McCartney, 1981: 19- 21). Very much like the Maroons in Americas (Ruysschaert, 2009: 167), childcare among Siddis also focused considerably on the evil causes of health problems; most Siddis believe that since children are weaker than adults, and are usually the center of attention, therefore evil eye affects children more easily than adults (e.g., Martinez, 2008).

During a group discussion at the mausoleum of *Nagarchi pir* at Jambur, Rehman a Siddi *bapu* who consults people for *desi dava* talked about *nazar*,

Bapu: "*Chota baccha sabko pyara lgta hai, koi use acha bol de bs inhi sb se smjho nazar lag jati hai. (*'Everybody likes/admires an infant, a mere praise by anyone can become a cause for evil eye, it doesn't have to be intentional even).

> I: "*Are there any specific kind of people whose gaze or praise can cause evil eye*"*?*
>
> *Bapu:* "*Nahi, ek maa ki bhi nazar lag jati hai. Woto apne bacche ka bura nhi chahti par phir bhi uski nazar lag jati hai. Mano baccha sokar utha, use dekhte hi uski maa bol pde hae mera bcha kitna pyra lag rha….bs lag gai nazar. Aise hi kisi bahar wala jise aap apna baccha nhi dena chahte uski bhi lag jati. Wo bahar wala/wali sochega aisa bhi kya hai jo apna baccha mjhe nhi dia gaudi me*".
> *('No, even a mother's praise or gaze can become a reason for cause evil eye. A mother never wants to harm her child but still evil eye occurs because of her. For example, say a child wakes up after a good sleep and the mother spontaneously praises her child and admires him/her, it becomes a cause of evil eye. Similarly, when you do not handover or allow any outsider/neighbor to touch your child then that outsider might also think that what is so*

special about this kid that they are not allowing me to touch the kid. Such things can also cause evil eye).

Harfouche (1992: 91) in his research on evil eye and infant care with women in Lebanon also found similar reasons. It was recorded that infants can become the victim of mother's eyes as well.

I: "*How do you diagnose evil eye then*"?

Bapu: "*There are few symptoms, which indicate the presence of evil eye. Like, without any cause the child would become ill, he would develop fever, will lose appetite, would cry all the time and no medicine would make him better. Similarly, the adults would also fall ill.*
I: What is/are the probable ways of then warding off nazar and curing its effects?
Bapu: The simplest way is not to praise. We apply kajal ('kohl') to the eyes of our children to keep evil eye at bay".

5.3.2 Some Important Rituals to Detect and Ward Off Presence of *Nazar*

Like many other Siddis, Kadri described several ways that Siddis diagnose and cure *nazar*. Many diverse symptoms, especially among the infants and children, make the elderly speculate about the presence of evil eye. Infants may cry a lot without any reason, may lose their appetite, may become restless/cranky, or their body temperature may increase, etc. If these symptoms are seen among their children, the Siddis will also immediately seek the help of a biomedical practitioner, but the elders of the family, mainly the *dadi* 'paternal grandmother' or *nani* 'maternal grandmother', will also perform a few rituals to detect and ward off *nazar*. For example, a glass/bowl is filled with water and then somebody from the house passes it over the head of the affected person seven times in clockwise direction. Spiro noted much similar ritual among the Gujaratis of Britain (2005:63). Spiro believes that since seven is a prime number it has some significance, however, neither he nor the Siddis of my field sites could provide an explanation for the practice.

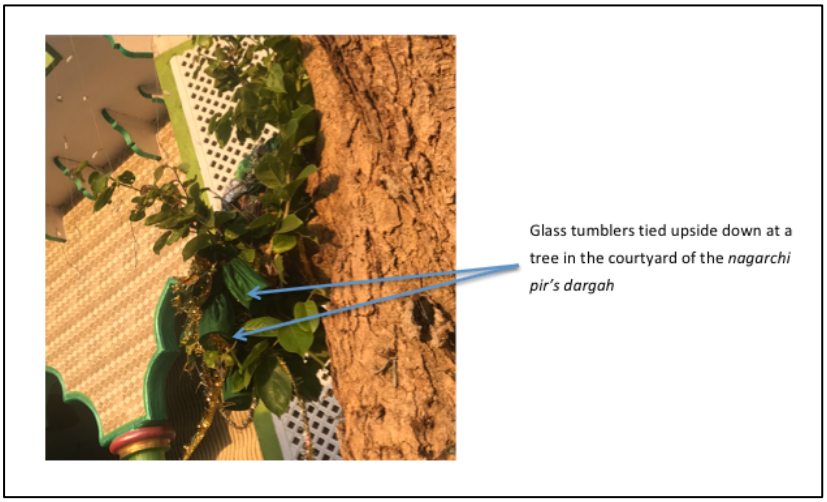

Fig 5.1 Tumblers wrapped in green cloth and tied upside down to a tree

Then the glass/bowl is covered with a piece of cloth and in a fraction of seconds the tumbler is made upside down (for a moment only). If the water from the tumbler falls on the floor then, this shows that there is no evil eye. However, if the water doesn't fall then, there is effect of evil eye. To ward off the evil eye the tumbler is then tied to a tree and the water is left to evaporate (Fig 5.1). As the water gradually evaporates, so will the effects of *nazar.*

Siddis and other people around Jambur village prefer to tie the tumbler to the tree, which is there in the backyard of the *Nagarchi bapu's* mausoleum (the above photo is of the same tree). Many people would do this after the affected person has been diagnosed by the *bapu* at the *dargah* and the *bapu* has guided the affected person's family to perform this ritual. This particular method was found to be quite peculiar among the Siddis and was also prescribed by the Siddi *bapu* to other non-Siddis who would visit *Nagarchi bapu's dargah* at Jambur. *Bapu* suggested that if the water evaporated in 2-3 days then the *nazar* was not very strong and thus faded away quickly. If the same process takes around a week then the *nazar* was very strong and the process should be repeated once again.

Yamu, a Siddi *dhamaal* dancer from Sasan, says that redness in eyes is also an indication of *nazar*. However, he agrees that redness can also be caused when someone has hit your eye by mistake (or by you yourself). But the spell of *nazar* can be easily identified and removed by following certain steps. Abrahim, also from Sasan, suggests,

> "*Dip some cotton in oil and tie it with a thread giving it the shape of a pendulum. The cotton should then be lit and a bowl full of water should be kept below it. The pendulum should be then moved in front of the eyes of the affected person. As the time would pass some ash would fall in the bowl and gradually would go away the effects of nazar. The redness of the eye is also believed to go away (gradually) after this ritual*."

Zarina, who is a midwife at Sasan village, suggested that a sewing needle should be heated over an oil lamp i.e. *diya* and then should be touched below the belly button of the kids every evening for three continuous days. This will get them relief from evil eye.

Hasina, a Siddi woman from Sasan does not have a firm belief in *desi dava,* but considers *dua* very important and has a strong belief in supernatural causes of illness. She said, "*When a child/infant is down with fever, nimbu 'lemon' should be revolved seven times above the head of the infant/child and then thrown away. This will take away the cast of evil eye. Burn some peacock feathers and spread the smoke around*."

If we compare evil eye in the African diaspora in the Americas with that described in India, then a similarity at the level of symptoms is visible, but this similarity is not exclusive to the people of African diaspora and is common between many other cultures and traditions. However, certain plant

species are used by the Maroons (in America) to ward off evil from babies. Plant species like, *Hyptis recurvata* Poit. *Piper peltatum* L., *Aciotis purpurascens* Aubl., *Peperomia pellucida* (L.), *Ocimum campechianum* Mill. are used, some individually or mixed together, for giving herbal baths to children to ward off evil eye (Ruysschaert, 2009: 159-162). Siddis didn't use any of these species and do not believe in herbal baths to ward off evil. Rather, herbal baths were given to infants to make them stronger (see Chapter 6). The only plant species used by Siddis to ward off evil are *Cocos nucifera* L. and *Citrus lemon* L.

Similarly, the concept of *nazar* was found to be very common and strong among the Siddis and Maldharis of Gir, but a few preventive methods differed between these neighbours. Siddis, would wear amulets of their *pir* and will don *kajal* or *kohl* in eyes to keep *nazar* at bay; the Maldharis would not only use kohl in eyes but would also put black spots of kohl on the forehead/cheek/bottom of feet/on head of infants and children. Maldharis believe a black mark would add an ugly touch to the infant/child and would divert the attention/gaze of the person from the child to the spot. During marriage ceremonies, Maldhari brides and grooms would keep some *chanothi* (*Abrus precatorius* L., Fabaceae) seeds in their hands to keep evil eye away (see Pandey et.al 2005).

5.4 Spirit Possession and Rituals of Healing

Like many others, Siddis also believe that spirits are supernatural beings, which can enter human body or can interfere with the human life (also Basu, 2008:161). And health to Siddis means the spiritual wellbeing of the individual too, which is dependent on the mercy of the *Allah* and *pirs*. Role of spirits is crucial in the Siddi healing system because spirits when evil can cause problem and when good (*pirs*) cure the problem. And hence, Siddis consider ritual healing, their faith in religion and the power of ancestral saints as essential factors for staying healthy (also see Kassaye, 2006: 129 on the similarity in the traditional medical views and practices of Ethiopians).

Many Siddis explained to me the 'why' of spirit possession. For example, the afternoon time between 1pm – 3pm and early morning hours are considered very dangerous by Siddis. My Siddi friends told me about the situations that must be avoided, where the risk of getting possessed by an evil spirit is high. It is said that during this time the *pirs* are busy and thus, any evil spirit can take an advantage of this situation and possess a person. Also, there are certain areas, which are considered unsafe and if somebody will go there then, s/he can be possessed. These areas are nothing but the homes of the spirits and are usually located near the woods and graveyards. The spirit can be of a person who must have died accidentally or have had an untimely death.

I still remember the group discussion I was having with four Siddi women at Sirvan village (three were elderly). It was afternoon time and we were discussing spirits and ghosts. The women pointed towards the forest and told me about a few haunted areas where people have gone in the afternoon time and have returned possessed. It was then, Humi told me about the most dangerous night. According to Siddis, it is "*jumeraat chand raat*" i.e. Thursday night when the evil-spirits are most active. Like, in Peru, where the magic sessions take place on Tuesdays (day of God Mars) and Fridays (day of Venus) (Blanc, 2010:87) or among Gujaratis of Britain where Tuesday and Sunday seems to work better for casting away the spell of evil eye (Spiro, 2005: 65), the days in Siddi culture or religion (Islam) also have a meaning and impact on faith healing. From a therapeutic perspective, Siddis believe that Thursday is one of the most effective days and that is why maximum crowd can be seen on this day at the *dargah* (also see Shroff, 2008: 256).

The reason behind the days is linked to the religion of Siddis. A few elderly Siddis told me that in Islam it is believed that on Thursday night the *pirs* are busy in reading *Quran* inside the mosque and therefore, the people are most helpless on these nights. The evil spirits thus get the freedom to roam more freely. In fact, Siddis even avoid going to the forest on these days to collect fuel wood for their houses. The common belief among Siddis about 'how' the spirit enters into the human body is that whenever any person crosses the path of a spirit, the spirit would get into the person's body (a narration by Fatima and many other Siddis). Figure 5.2 given below explains the above statement.

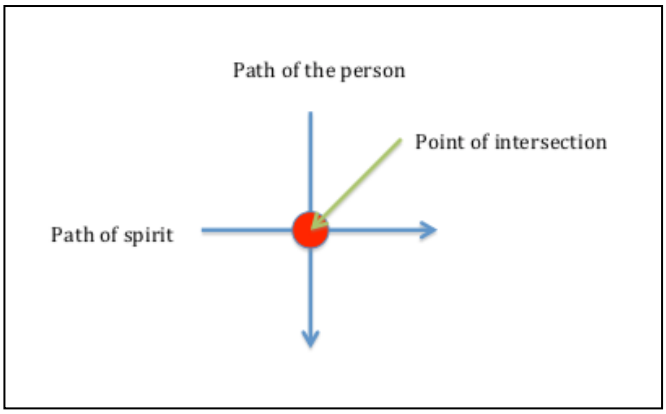

Fig 5.2 Diagram to show how according to Siddis any human is possessed by a spirit

Other factors include, *meldi* i.e. when someone enchants an evil wish and sends it after the person they want to harm. The person would then become ill. Only the *bapus* can detect if something like this has happened. Smell and cleanliness are the other two factors, which are also associated with spirit possession. The people who do not clean themselves properly after relieving themselves in the open are always at greater risk of getting possessed than others. Since, they are not clean the spirit would target them. Unstable mind, non-sense talk, irregular behavior, mood swings etc. are some of the signs according to Siddis that show a person has been possessed. And when a person starts showing such

symptoms regularly, they are taken to the *dargah* of *Nagarchi pir* for treatment.

Where the concept of *nazar* was found to be as popular among the other local people and tribes (Maldharis) of the area, the concept of spirit possession and its presence were more pronounced among the Siddis. For instance, during my visit to Jambur village, Vanraj, my Maldhari friend and informant also accompanied me in the auto-rickshaw (a three wheeler covered vehicle). Another Siddi family (husband wife and *saas*/ mother-in-law of the lady) was also travelling in the same auto-rickshaw. Everything was fine till the time we reached the Jambur village boundary and suddenly the lady (wife) started talking in a very different tone. The woman displayed a mixture of emotions. She started lying down in the auto-rickshaw itself and was constantly moving her legs and hands. Therefore, her husband and *saas* (mother-in-law) has to hold her firmly. The *saas* told me that since they have entered into the village of *Nagarchi bapu* the spirit has started showing its presence. It is the cult of *Nagarchi pir* and evil spirits cannot resist the power of *bapu*. On our way back I was discussing the incidence with Vanraj (Maldhari), upon which he started laughing and making fun of them. He said, "Why only Siddi girls/women get possessed and not Maldhari girls? These all girls do drama. Why all this do not happen to Maldhari girls?"

Maldharis, like other Hindus also have a firm believe in *mataji* (Hindu goddess) and its presence and therefore, the embodiment of the same is also popularly accepted during the religious occasions. However, the cases of spirit possession are not that common. It is here that the ritual healing system of Siddis places them in a unique position.

For curing all of their health problems and healing every supernatural or unknown cause for the disturbed state of body and mind there are some intervention techniques or healing tools, which Siddis incorporate in their lifestyle and healing system. The tools and techniques are; praying, visiting *Nagarchi bapu's dargah* and other *chillas* of Siddi ancestors and *pirs*, participation in the *salami* procession, use of, 'holy water', 'holy ashes', 'holy oil' and *taweez* (amulet).

5.4.1 Veneration at the *Dargah* of *Nagarchi Bapu* and other *Chillas* of Siddi ancestors, and *Pirs*

As mentioned in some of the previous chapters, *Nagarchi pir* or *bapu* along with other *pirs, bapus and mai* (motherly figure i.e. opposite gender of *bapu*) is a very important figure for providing non-medicinal health support to the Siddi people. Siddis and non-Siddis from all over Gujarat and outside come to Jambur to visit *Nagarchi pir's dargah* for seeking "spiritual advice concerning a wide range of emotional and material matters as well as for health issues" (using the words of Pierini, 2016:293).

The importance of Nagarchi bapu and other pirs in Siddi mythology:

The initial months of my fieldwork went in understanding and realizing the importance of this *dargah* in the lives of Siddis. Hardly ever any conversation would have gone without the mention of *Nagarchi pir* or *bapu.*

View of *Nagarchi pir's* dargah

A close view of the main entrance gate of the sanctum sanctorum

Fig 5.3 A view of *Nagarchi pir's dargah* at Jambur village

Some people say that *Nagarchi pir* was a non-Siddi and died in Jambur or as Siddis say got '*moksha'* or *nirvana* (means freedom from human world) in Jambur and that is why his mausoleum is there. Below are few excerpts from my fieldwork, which to a certain extent explain the legends and folklores related of this *pir*:

> "*When Nagarchi pir was a young boy he was taken inside by the earth and at that spot his mausoleum came out (on its own). As a kid he used to visit Jambur and play with other children and then one day this happened. He had supernatural powers and thus we seek blessings from him*"- Reshma, Sasan Village.

> "*Nagarchi bapu came to Jambur more than 700 years ago from Turkey via Bagdad and Ajmer. Garim Nawaz sent him to Jambur to save his people (i.e. Siddis) from ghosts, spirits, magical and supernatural powers*"- Mohammad Iqbal, 80 years, Sasan Village

> "*Bapu came from Bagdad and before him came Garim Nawaz. Where as mai-samma and bibi maa came from Africa from where Siddis have also come*"- Rehman, 100 years, Sasan Village

> "*Nagarchi pir was the drumbeater in the army of Gazni (an invador who robbed gold, silver, precious gems etc from the temples of Gujarat), he used to announce the beginning and end of the war by beating the drum. After the war was over, Nagarchi pir stayed back at Jambur. He never died but went inside the earth. At the same place his shrine came out, which has been now developed into a huge dargah*"- Zarina, Sasan Village

As per the Siddi oral mythology, one thing that is widely accepted is that *Nagarchi bapu* was not a Siddi. However, the idea behind his age and death is not consistent. But, the major belief remains that *Nagarchi bapu* was a *nagara* i.e. drum beater in a Muslim invader's army (Mahmud Ghazni[32] is usually the name taken). His job was to announce the beginning of the war by beating the drum. He was a protector of Islam and Siddis. Not many know his original name, which the *bapu* told me is 'Saeed Ahmad Kadri'. He is famous with the *Nagarchi* name because he used to beat *nagara* (drum) and drum beating at the *dargah* is at the core of the ritual healing that is performed at the *dargah.*

The cult of *Nagarchi pir* was found to be very influential among the Siddis. The people of Jambur feel protected and safe because of the presence of *Nagarchi pir's dargah*. It is believed that the entire village has been shielded from the ill forces because of the cult of *pirs*. A psychological or mental satisfaction was shown among the Siddis and especially those from the Jambur village because the *dargah* is located in this village. Where absence of any pharmacy shop and medical facility is taken as a positive note by people of Jambur to show that no medical facility has been even required at the village, I believe that it is this mental peace, which gives Siddis the power to live calmly and in a tension free state. My observations and explanation given by many Siddis during the fieldwork made me put forth this assumption. A lot of Siddis told me,

> "*People of Jambur village has never faced any drought, has never seen any epidemic because we have Nagarchi pir's dargah here in our village and he has always saved us from every calamity*".
>
> "*Evil spirits cannot harm us when we are here in Jambur, people get possessed when they are outside the village. For example, in farms/fields. This is the reason why spirits show their presence whenever a possessed person enters the Jambur village. Therefore, till the time our pir is with us we don't have to worry about these problems*".

Such nuances of unquestionable faith in the medicinal power of *dua* and then the firm belief that there is nothing to worry about have surely provided a sense of mental and physical well being to Siddis (at least as they claim). This mental strength helps Siddis (and others) to fight their circumstances (read Jackson, 1981: 30 on role of faith in healing process). Other than, *Nagarchi bapu,* Siddis would take a few more names quite frequently like, *Bava Gor* and *Mai Mishra*. Many Siddis and other people would talk about the very famous shrine/ *dargah* of *Bava Gor* in Ratanpur area of Gujarat. Unlike, the majority of African diaspora elsewhere, like Americas or Zanzibar where slaves

[32] "In the eleventh century CE, Sultan Mahmud of Ghazni led his army into India and carried out a raid on a major temple at Somnath in the Kathiawad Peninsula of today's Gujarat state. Various Muslim chroniclers, some encouraged by the sultan himself, portrayed this as a supreme act of iconoclasm? a triumph of Islam?"- Conlon, 2006: 852

rebelled for their freedom or were empowered from the position of slavery; the existence of Siddis as slaves in India was almost invisible (as slavery did not officially exist in the British India period). So, Siddis in India had nothing but similar history and physical features in common. Collectively, the Siddis in Gujarat who according to the Gazeteer of 1899 (p: 11) were recognized as low class Muslims who have formed a *jamat* (a muslim kinship association). This *jamat* however was shaped by the '*production of the ritual cults associated with the Siddi patron saints*' (Basu, 2008: 169).

Fig 5.4 Left: The original grave of *Nagarchi pir*. The same has been covered with red and green *chadar* (blanket) and flowers. This is a view of the inside part of the *dargah* where only men are allowed to enter. The researcher took this picture from outside of the sanctum sanctorum. Right: The researcher is sitting in the porch and having a group discussion with Siddi men (the boundary limit till where women are allowed to enter in the *dargah* of *Nagarchi pir*)

Nagarchi bapu and other Siddi patron saints' *dargahs* became the respect and dignity deriving points for Siddis. Since, only people from Siddi *jamat* are the *gadivaras/ bapus* i.e. rightful heirs of the position of main seat at these mausoleums, the position of Siddi spiritual healers became important and also distinct from any other Muslim healers. I witnessed during my fieldwork that only people from a chosen family take care of the *Nagarchi pir's* shrine and attain the position of *bapu.*

Unlike, *Bava Gor, Mai Mishra, Baba Habash or Dosel pir baba* from whom Siddis trace their race and seek blessings, *Nagarchi pir, Giban Shah bapu, Dadi Maa, Mai Puri Maa* and a few others were all non- Siddis but are also treated as saints by Siddi spiritual healers. These saints and their mythological stories, which justify the religion and presence of Siddis in Gujarat, are embedded in the *dua* aspect of Siddis' healing system (also see Shroff, 2011: 65-66). The fact that mausoleums of these saints are present mostly in Siddi dominated villages is also mentioned in a very positive light

(by Siddis) to strengthen the Siddi stake and knowledge of spiritual healing whose source are non-Siddi figures too (Basu, 1993: 289 on distribution of Siddi population and shrines). Siddi *bapus* or *mujavars* (caretakers) of the mausoleums and *chillas* (replicas of memorial shrines built at the places, which were visited by the *bapus* and *mai)* act as the spiritual healers for people. Shroff (2011: 72) compared the Siddi *mujavars* with *fakirs* i.e. the spiritual healers who embody the ancestral and legendary *pirs*. Such roles not only differentiate the importance of Siddis but also provide their community an individualistic identity. I feel Siddi *bapus/ mujavars* could also be called Siddi necromancers as they can communicate with their deceased ancestors and *pirs* and could get to know about the problem, its treatment and duration of treatment.

The reverence and past of their ancestral *pirs* (who were African), who had powers to eliminate evil and cure the supernatural causes of health problems, separates Siddi *dargahs, pirs* and *mujavars* from others in Islam (see Shroff, 2011: 72, on how Siddis see their rituals and praying rituals differently from other non-Siddi Muslims). *Bava Gor* provides the 'spiritual powers' to Siddi *bapus* and establishes link of Siddi healers with *fakirs* (sensu Basu, 1993: 290).

The devotees would visit the shrine of *Mai Parsama* after attending the *salami* at *Nagarchi bapu's dargah*. Where, both women and men can enter into *Mai Parsama's dargah*[33], only men are allowed to enter the sanctum santorum of *bapu'* s shrine i.e. women can only sit/stand in the porch area.

> "*Mai parsama and Nagarchi bapu can detect the spirit, which has entered into the human body. Presence of any spirit can be diagnosed at the dargah. Possesed people would open their hair and would start rolling over the floor*"- Yasmin, Sasan Village

The devotees proceed to the other *chillas*, which are there in the backyard of the *dargah* and also to the shrine of *Mai Parsama* after the drumming is over at *Nagarchi pir's dargah*. Since, ancestral saints were related and Siddis have a huge reverence for them, blessings from all are sought.

[33] Basu 1993 observed that men were not allowed beyond a point in *Mai Mishra's dargah*

Fig 5.5: Graves and *chillas* (replica of original graves) in the backyard of the *dargah*.

5.4.2 Ritual Healing through *Salami* Procession and Dancing/Drumming

Salami is a ritual during which people gather at *Nagarchi bapu's dargah,* when it is the time of drum beating and praying. The *salami* usually lasts for 15-20 mins. Where the *bapu* or the priest of the *dargah* along with any other *mujavar* would do drum beating, usually the elderly *bapu* (who has retired) would light the incense[34] material inside the *dargah* and bring it over to the people standing around (inside and outside the porch and vicinity of the *dargah*). People then imbibe this 'holy smoke' (with their mouth open). It is believed that this holy smoke will cleanse the body from the inside.

Salami is the time to pray, seek blessings and it coincides with the early morning, afternoon, evening and late evening prayer timings in Islam, for example, *magrib azan* of evening time in Islam (also see Shroff, 2008: 257). However, at Jambur it is also combined with *nagara* or drum beating, an African and Sufi Islamic form mixed with the Islam religion. *Nagara* is essential because drum beating was the profession of *Nagarchi pir,* before he attained salvation. This is the peculiarity and specialty of this *dargah.* The supernatural and healing powers of *Nagarchi pir* are channeled through drum beating. Praying sessions, incense lighting and beating of drums start in parallel and those who are possessed start showing some symptoms.

I use the word "symptoms" because there are certain behavioral or physical indications, which come out during this period, such as shouting, crying, rolling on the floor, shaking of head with the hair open, singing, banging hands or head on the wall or the floor of the *dargah.* A collective term for these symptoms is *'haajri'*, which literally means the presence marked by an evil spirit, which has been bothering the devotee (see Shroff, 2011:77 on her mention of *hajri).* Below are two excerpts

[34] Fragnant substance designed to be burned and to produce aromatic odour

from my fieldwork that describes the relevance and need of *salami.*

Nagara beating by *bapu* at *Nagarchi pir's dargah*

Fig 5.6: The *bapu* of the *dargah* playing *nagara* (drum) during the *salami*. The *nagara* is kept in the porch of the *dargah*

"*Through the beating of the nagara spirits go away*"- *Ihmad, dhamaal dancer*

"*Salami is also a medium through which the presence of any evil spirit can be detected* "- *Yusuf, Jambur.*

"*Go for salami if fever does not go away by visiting dargah the spirits would go away and you will get well* "- *Shabbu, Jambur*

Fig 5.7 A man with shackles on his legs, which are tied with the holy *taweez* of the *dargah* (left). Woman lying in an unconscious state, post- *nagara* ceremony (right).

5.4.3 Dance, Music and Healing

> "*Traditional African dance is connected to ritualistic and spiritual healing practices, and addresses a range of ailments….and offers an alternative cathartic experience for not only individuals but for the community as a whole. Rituals involving dance play an important role in relieving and treating symptoms of psychological distress*" (Monterio & Wall, 2011:235).

The terms *dhamaal* or *goma* are used interchangeably for the traditional dancing and drumming style, which is peculiar to Siddis in India (Mitra, 2005: 90). Very few elderly Siddis and *dhamaal* dancers used the term *goma* in front of me, otherwise I came across the term for the first time in a conference cum exhibition in New Delhi on Africans in India where Siddi dancers were invited for a performance (also there were scholars who have worked upon Siddis and there were prince of Sachin, who are Siddi). There the people and Siddis themselves were calling the dance form as 'Siddi *goma'*. As also documented elaborately by Basu (2008: 161) and Shroff (2011: 79) the term *goma* is derived from the *Swahili/Bantu* word '*ngoma'*. Siddis of my field site also told me the same thing, they said that both the terms mean the same; it is just that *dhamaal* is a *Gujarati* word and *goma* is *Swahili* (Shroff, ibid, experienced exactly the same). Basu, on the other hand has explained the origin of the word '*dhamaal*' (she writes it as *damal*) from the word '*dam'*, which in Urdu means breath and covers many types of Sufi music and dance forms that commonly involves a feeling of trance or ecstasy (2008: 170).

Janzen (1992) and Basu (2008: 162) extensively studied and reported about the relevance of *ngoma* or 'the cult of affliction' in East, Central and South Africa and Zanzibar, respectively. *Ngoma*, is a collective term, which includes, drumming, dancing, music, cultural songs, specialised dress, trance, possession, healing rituals, and healing of possession illness in cults of affliction (Basu Ibid). Where the practices were seen varying among different groups the common thread remains the nature of *ngoma*, which moulds itself as per the aspirations and socio-economic status of the group and hence alleviates their situation (Janzen, 1992: 36). Similarly, *goma* has rather acted as a common thread among the Siddis, which unifies them and as Basu (1993:290) says, "*has created fictive kinship ties*" with their ancestors. As discussed in the previous chapters, Siddis originally hailing from different parts of Africa came via different sea routes (slave routes) and varied destinations to India. Zanzibar[35] was one such important port, which became a crucial link for identifying the rituals and social organisations of Africans in the Indian Ocean. The belief in the existence of supernatural things and faith healing among the people in Zanzibar and Siddis in Gujarat are quite common (Basu, 2008:162). Monteiro & Wall (2011: 236) in their paper on role of dance in healing trauma among the African diaspora also acknowledge that beliefs and behaviors throughout the Africa include the presence of

[35] An island and semi-autonomous part of Tanzania (located on East African side). A lot of slave trade and migration of people from Africa and Gujarat took place via Zanzibar (see Basu, 2008:162).

both natural and supernatural causes of illness, and frequent use of religious/spiritual healers to treat illness. Practices of *goma/ dhamaal* led to emergence of a common symbolic identity for Siddis, a social narrative for them from the past till present have been their cultural capital. Through their unique dance and music form, the stigma related to the physical features of Siddis is defended; Siddis' social status and their social relationships (as collective Siddi identity) were strengthened resulting in their social development (also see Basu, 2008: 173-174; Monterio & Wall, 2011: 237 on role of dance in African communities).

Where *dhamaal* is mainly a gendered-youth-sub cultural form (when performed as a group or troupe), *salami* procession and spirit possession is for everyone and only a few go into trance. *Dhamaal*, which is a dancing form is an important motor activity and produces a state of elatedness and happiness among the dancers. Siddis, who consider heat or 'hotness' an essential requirement for a healthy body believes that *dhamaal* produces heat and thus, heals the body (also see Potter, 2008:455). It is something, which Siddis believe comes naturally to them i.e. by birth, all Siddis can do *dhamaal* (Basu, 2008: 177). Many writers (Lee, 1967; Rouget, 1985 as quoted in Jilek, 1987: 598-599) believe prolonged dancing and bodily movement brings on physical exhaustion, hyperventilation, and other physiological conditions that may alter consciousness and these factors, related to drumming and trance, are embedded in the culture. But, unlike what most of the studies have reported in context of drumming and ASC (alternated state of consciousness) and people or *shamans* getting into trance, the explanation doesn't fit entirely for Siddi culture.

Rather in Siddi culture only drumming and dance combined with religious institution can result in ritual healing. It is through this drumming procession that the spirits are forced to reveal their identity and presence. This is why people doing only *dhamaal* for tourists, during marriage ceremonies or for fun do not enter into a state of trance or express the presence of any supernatural power. However, the same drum when played inside the courtyard of *Nagarchi bapu*'s *dargah* or at *Bava Gor's dargah* (also see Basu 1993) brings in the element of healing. Something, which Basu (2008: 177) describes and distinguishes as, '*scared goma'* and '*cultural goma*'. Similarly, drumming or singing and dancing procession during any other religious ceremony or *urs* can also result in state of trance (but in a few selected people only). Therefore, in the phenomenon of drumming-dance and possession there is a clear difference between getting into trance and being possessed. Possession happens due to any evil or supernatural thing and trance is usually the cult of holy spirits.

The reason for the trance is that during these times the spirits of the ancestors and *pirs are* invoked, i.e. they are remembered. So, through 'trance dance' (David, 2009: 217) and holy songs, which are performed and sung by the devotees as a matter of faith, the holy spirits try to convey their message and talk to the people. However, in the case of healers the trance is frequently compared with an

exchange of messages with the spirits of ancestors/*pirs* in a state of ecstasy in communion with the divinity or cosmos. These people (usually the *bapus* of *dargahs* or certain selected people) become the mediators between lay people and the supernatural force/s and provide therapeutic solutions. Above the therapeutic solution lies the ability to figure out the cause of the problem and duration of treatment. The embodiment of the deity creates (temporary) divineness, and the person is considered divine and the devotees then seek blessings/ solutions from the person as they would from the *pir.* Considering the importance of *nagara/salami,* rooms for providing accommodation to the help seekers, who have been possessed, are made available near the *dargah* (also see Sijuwola, 1995 quoted from Monteiro & Wall, 2011:237 on traditional African healers i.e. diviners. How diviners through ceremonies involving dance, music, community gets into trance or spirit possession. And also on the extended stay of people at the healer's compound).

Similarly, the communication with the possessing evil-spirit happens during the drum beating or in the presence of music. The exact situation of the *salami* period in the case of possessed people can be best explained by Somer and Saadon's phrase -"*ascending tempo of rhythmic music and a corresponding increased speed of the participant's movements of head and extremities. The experience is characterized by the emergence of dissociated eroticism and aggression, and terminated in a convulsive loss of consciousness*" (2000: 580). Expression of this 'kind of' exorcism process varies. When some time has passed (from the time drum beating begun) the possessed person would start showing signs, like, he/should would start shouting, crying, sings while crying and would roll over the floor of the *dargah.* Women would rotate their heads so fiercely that their hair would open and spread all over their face. Things are always mixed i.e. rolling over the floor with open hair and crying/ shouting/ talking to the *bapu,* all at the same time. Where the people forget what they shouted or said during the exorcism (*salami* period), the *bapus* communicate and seek solution to the problems and hence, tend to remember most of these things.

5.4.4 The legends of *Mai Mishra and Mai Parsama*

Mai Mishra who helped her brothers (*Bava Gor* and *Bava Habash*) in defeating the demoness *Makhan Devi* and saved the lives of Siddis and humanity, is considered a motherly figure and is believed to have solutions for issues pertaining to fertility and motherhood (also see Basu, 1993: 294). During the fieldwork I observed that women who are unable to conceive or are facing any fertility problems would come and seek blessings from *Mai Parsama dargah at Jambur village.* They would ask for a *mannat* (wish) and once the same wish is fulfilled they come and offer gifts to *Mai Parsama* in return. For example, dress of an infant will be laid on the shrine and coconut along with other items

will be offered as *prasad*[36] to the visiting devotees.

Siddi female *mujavar* holding vessel with holy smoke

Infant's clothes on *Mai Parsama's chilla*

Fig 5.8 A Siddi female *mujavar* of *Mai Parsama's* shrine holding vessel with holy smoke and the devotee imbibing the smoke (left). Infant's clothes on *Mai Parsama's* grave, marking the fulfillment of wish to have a child of any devotee (right)

Red or green *chadar* (blanket) is also offered (the same *chadar*, which is offered on all the shrines is then used to make *taweez*[37]). Therefore, *Mai Parsama* was also observed as the goddess of fertility and infant care. Similarly, matters pertaining to children/infants are also taken to *Mai Parsama's* shrine. However, the *kul pir's*[38] shrine is also visited. Like, during the *mundan* ceremony i.e. when the hair of the infant/child is removed for the first time, offerings are made to both, the *kul pir* and *Mai Parsama*. Votive offerings to the ancestral spirits are considered very crucial. This is done to keep the ancestral spirits happy otherwise problems (of the spiritual realm) in the lives of the family member or the concerned person/child can occur. At *Mai Parsama's* shrine, women would sing songs in her reverence. Just outside her shrine stands the *mai/ bapu* with a duster made of peacock feathers, which is passed above the heads of the devotees in order to pass on the blessings of the *pir*/*mai* (see Basu, 2008a: 310 also). Below are some pictures that depict the rituals performed.

[36] Some edible things, which becomes holy after they have been first offered to the God/*pir/Allah* and are then distributed among the people
[37] Explained in one of the section 5.5.4
[38] *Kul* means a particular clan in the community. Each community has adopted its own *pirs* too. These pirs are the elderly pirs from whom the trace their lineage.

Fig 5.9 Hair of an infant girl getting removed outside the shrine (left), people eating prasad after completing the ritual (right)

5.5 Relevance of Various Derivatives (material components) from *Nagarchi Pir's Dargah* in Ritual Healing

5.5.1 Holy Ashes/ '*raakh*'

Why are the ashes holy? And which ashes are these? Such were the questions that arose in my mind when Siddi people would mention them in their narrations. As mentioned in the above sections, incense sticks, especially, *loban*[39] are used at the *dargah* during the *salami* time. Where the smoke that comes out after burning is consumed straight away, the ashes are used later. People also store the ashes. Ashes could be applied to the affected part of the body, for example, on head during headache. The most interesting use of *raakh* is that people consume it. People (including children) visiting *dargah* for the *salami* would eat a peck of *raakh*. Since, the *raakh* is the byproduct of the incense material, which has revolved around the main grave of *Nagarchi pir* during the *salami* and thus, has

[39] A kind of incense material usually, crystal type, made from the sap of a tree and is readily available in the market

the blessings of their *pirs*. Compared to other tribal peoples this is a peculiar phenomenon, as usually the *raakh* is applied and not consumed. Even, the elderly gives infants a little amount, a peck is taken on the finger and infants would lick it.

Burning of incense sticks and *loban* at the *Nagarchi pir dargah*

Siddi woman and her infant taking pecks of *raakh*

Fig 5.10 Origin of *raakh* and Siddi women feeding an infant with *raakh*, woman in white can be seen taking a peck of the holy *raakh* (right)

5.5.2 The Holy Water

Like many other Siddi men and women, Zarina from Jambur village says, "*first preference of every sick and person would always be the holy water*". Water is even consumed to keep health problems at bay. If Adham from Sasan or some other Siddis are to be believed, the well from which the water is derived never becomes dry. This is so because it is located in the campus of the *Nagarchi bapu's dargah* and has supernatural powers. Jambur, which is located in the middle of two river streams, boasts of having a non-stop annual supply of water. This abundance of water is again seen by the locals as a miracle linked to the cult of *Nagrachi pir.*

During my fieldwork it was observed that the well is very crucial in the lives of the people. No single visitor of the *dargah* would go back home without drinking the holy water. In fact, a water filter has been installed with the well so that people can drink and carry home the holy water easily. The water has various purposes; it cures physical ailments, maintains the health of the body and helps in diminishing and fading the effect of the supernatural (evil) on the body (Ray, 1993: 278 on use of holy water among the Yoruba of Nigeria and Kassaye et al., 2006: 129 on use of holy water/ *Tsebel* to ward of evil spirits and exorcism activities in Ethiopia). To increase the power of the holy water many

fold it is also kept in a container at the *Nagarchi bapu's dargah* itself and all the devotees would drink it.

> *"When dava doesn't have any affect on your deteriorating health then take some holy water from bapu's majar/dargah, revolve it seven times over your head and drink"- Mahreen, Sasan Village*

Basu, during her observation of the *urs* celebration in Rajpipla at *Bava Gor's* shrine also mentioned Siddis drinking/carrying the water, which has been used to clean the shrine. This was also done because the water is thought to have the divine powers of the *pirs* (1993: 297). As per a Siddi folk legend, the water of the well has never dried (even during the famines). There has been always an abundance of water in this well. The water of the well has got some charismatic healing properties. Since, Jambur is the village of *Nagarchi pir,* therefore, the water has these properties.
With time, Siddis have renovated the well area and have attached a water cooler to the well too. Even when the water of the well is not so clean (has algae, or waste material can be seen floating over the water), the Siddis believe that the water has not caused any sort of disease among the people. Rather, people use this water for drinking purpose.

Like, other things, holy water is one of the main key ingredients of *dua* and *salami* processions. Devotees would enter the *dargah* and drink the water, fill some holy water in their bottles, eat the holy ash and participate in the *salami.*

Boundary of the well

A close view of the well

Holy water kept outside the *dargah*

Holy water is covered by a *chadar/* blanket

Fig 5.11 The Pink and green rectangular walls show the boundary of the well, which is the source of the holy water. The water cooler on the right has been attached to the well (top left). A photograph of the interior of the well. The same water goes for purification and cooling at the unit (top right). The holy water collected from the well has been seen stored in a tub, which in turn has been covered with *chadar* (blanket). The *chadar* has been taken from the shrine of *Nagarchi Bapu* (laid over the grave of *bapu* and are offered regularly by the devotees). The tub/vessel has been kept outside the porch of the shrine (bottom two).

5.5.3 Holy Oil

Like the many above-mentioned articles, oil of the mausoleum is considered to have divine powers. The oil, which is used to light *diya* (small earthen or metallic lamp) at the *Nagarchi pir's dargah* seems to have the ability to cure certain body aches and health problems. The most common uses of the oil are during, headache, body ache, post accident care massage, massage of infants and children, and for the people who have been possessed by evil spirits. It is believed that the body of the people who are possessed by any evil spirit aches badly. The entire process of possession and healing (*salami* ritual) creates lot of fatigue.

5.5.4 Amulets: *Taweez* and *Palita*

An amulet, according to Siddis, is a thing that has magical and healing powers. It guards the person from all possible harms and also enhances the power of therapeutic treatment (similar description of an amulet by Turkish immigrants to Stockholm by Baarnhielm & Ekblad, 2000: 442). The literal translation of amulet is *taweez*, which is a small piece of cloth, mostly green or red in color in which a piece of paper called *palita* is also kept (at times) and then the same is worn by people on their biceps or neck. Many times the cloth is tied without any paper as well and hence it is just a *taweez*. So the *taweez* is still called a *taweez* regardless of the presence or absence of *palita* with it. The paper i.e. *palita* is not any normal piece of paper; rather it always has something written on it in *Urdu* language. *Allah* (Urdu word for God), the name of local *pirs*, some numbers etc. are written on the paper. Where the numbers refer to the different paragraphs in the *Quran* the religious names/words are written to provide the paper divine power or we can say it have the cult of the *pir/*s (Ibid: 443, similarity with the Turkish patient's belief on how reading *Quran* increases the power of the amulet and saves the person). Using the words of Keane "*the divine words once rendered on the script attains a distinct material quality and form*". This way the written signs become a medium of operation between the living beings and the world of Gods/ spirits. The divine words are the source of power but the notion is that the semiotic modalities will help in gaining access to the divine power (2013:1-3).

Karim, my mentor and a Siddi *bapu* who is a specialist in curing kidney stones i.e. *pathri* through *desi dava* would also compliment his medicine with a *palita*. Before starting with his treatment, which usually lasts for two days he would take a small rectangular piece of paper and would make a matrix on one side of the paper and would write certain numbers plus, *Bismillah* 786[40]. On the other side he would just write *Allah*.

The paper is then folded and is given to the patient, who has to keep it with himself for two days. After two days when the treatment is over the *palita* is wrapped in a cloth and is left in any water body or is buried inside sand. This is done to avoid touching the *palita* by foot as it would be like disrespecting your God and could lead to serious health related repercussions. Where for two days the patient would drink the *desi dava* to dilute out his/her kidney stone, the *palita,* which is a form of blessing, would make the *desi dava* effective.

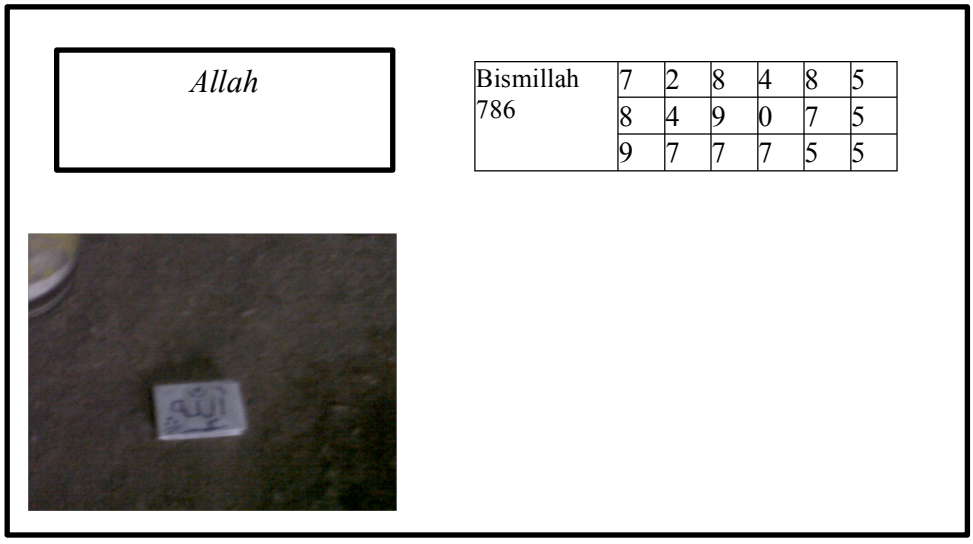

Fig 5.12 The two images in the first row show the top and bottom sides of the *palita*. On the topside *Allah* is written. The image in the second row is the actual photo of the text *Allah* written in Urdu language on a *palita*.

40 *Bismillah* means to begin something after taking the name of *Allah* so that everything goes well. Number 786, is considered as a holy figure among the followers of Islam. However, there is no mention of this figure in Islamic writings.

Taweez (both red and green) tied on tree branches

A young Siddi girl child with *taweez* on her right arm

Fig 5.13 Images of *taweez* (amulet)

Rehman, another famous Siddi *bapu* of Jambur says, "not only the healer should pray before giving medicine but the patient should also have faith on *Allah*/ *Nagarchi bapu*". This explanation given by *bapu* further corroborates with the description/ definition of *taweez* given by Siddis (mentioned in the beginning of this section). This is so because the amulet is believed to have magical and healing powers, which are nothing but the *dua* of the *pirs/ Allah.* So, unless the patient has faith in this component of healing, the amulet won't show its powers.

5.6 Case Study

Mr. Raj and his mother have been staying near the *dargah* for the past 4 months. The *dargah* has got a small number of rooms in its vicinity where people seeking help can stay. A bare minimum fee that is almost negligible is charged in the name of maintenance cost. The family members of the help seekers can also stay in the accommodation provided. People who show the presence of any evil spirit in their body (during the *salami* period) are guided to stay in the vicinity of the *dargah* and attend all four *salamis* daily. *The mujavar/ bapu* of the *Nargarchi dargah i.e. Iqbal bapu* (current *bapu)* who is the mediator between the people and the divine would consult people everyday after the *salami* processions. He would sit in the porch of the *dargah* and would tell the solutions to the people. For minor problems like evil eye, health issues or family problems etc. he would make a *palita* (read the above section 5.3.4), provide some holy ash and holy water, but when a person was possessed he would guide the family member/s to keep the person in the vicinity. The exact number of days of stay

is told by the *bapu*, which in turn are told to him by the divine. The divine to the *bapu* also conveys even the cause and source of the problem.

Raj is a teenage boy who has come from London (is a *Hindu Gujarati*). His mother brought him to the *dargah* because he started showing symptoms of possession (as described by the boy himself). For example, he started staying very quiet and would have fits. After staying at the *dargah* he became better because the *bapu* could understood the cause of his problem, which doctors in England could not. However, for his school examinations he went back to England and the problem reoccurred, so he came back again to the *dargah*. This happened because the family left the *dargah* before the prescribed duration of stay. Now, he feels very happy, satisfied and confident. Even his faith in *bapu* has got his wish fulfilled. He always wanted to play cricket and didn't have interest in studies, but never had the courage to tell his parents. However, now his parents have agreed to his wishes and he has been assured that upon his arrival in England he can concentrate on sports. He is waiting for bapu's approval and only then he will leave India. Although, Raj never mentioned this but I observed that his mother has been also diagnosed with some problem by the *bapu*. She was found possessed by some evil spirit. Her situation has also become better but she still at times shows the presence of the spirit in her body during the salami processions. The faith in the *pir* is so much that even the grandmother of Raj has decided to come and stay at the *dargah* with them for a few weeks.

Raj, just like all other people staying in the campus gets involved in the daily chores of *dargah* and to such a level that no outsider could ever guess that he is an outsider to the place. He would help the *mujavars* in the preparation of *salami* process, would clean the *dargah*, would interact with other devotees and do all the *sewa* (free help).

I have included this case study in this chapter to show how the *Nagarchi bapu's dargah* functions, and how Siddi *bapus* have been successfully able to position the importance of traditional Siddi rituals in healing and resolving problems, which have supernatural interpretations attached to them. And how the Sufi-African traditions practiced by Siddis at the *dargah* for ritual healing have successfully attracted non-Siddi, people of other religion and even non-native people to this small abode of Siddis i.e. Jambur. The case study shows how influential the Siddi *bapus* and the cult of Siddi *pirs* is among the devotees and patients. It is an example of how faith (healing) has changed the perception of people towards Siddis, who otherwise are still one of the most marginalized people from lower socio-economic strata, who have come from an alien country and have remarkably different physical features. The *dargah/s* and the Siddi *pirs/ bapus* identity and their role have been able to nurture and build the collective Siddi identity for other people. In this process even non-Siddi people (at least the devotees who spend time at the *dargahs*) have assimilated themselves with Siddi culture

and traditions.

5.7 Plants in *Dua*

> *"Zipto[41] roots are tied with a thread, which is then wrapped around the right thigh (near the crotch area) during the labor period. However, the same has to be removed immediately after the baby's head becomes visible. The untying of the thread has to be immediate because if delayed even the intestines of the woman could come out.*
> *However, the plant's soul has to be also pleased. A day before the intense labor begins the plant is given some gifts. A brass coin, some grains of rice and tobacco are offered to the plant and only then the roots are taken out the next day"- X, bapu from Jambur Village*

Khijado (Prosopis cineraria (L.) Druce.), Piplo (Ficus religiosa L.) and Vad (Ficus benghalensis L.) (Pandey et. al., 2005) are some of those plants, which are considered haunted. Siddis believe that *jinn*[42], and evil spirits reside on these trees and there have been cases when people have gone there in the afternoon times and have later shown signs of possession. Siddis at Sirvan and Jambur village told me that a *jinn* can cause problems to you even when you have committed a mistake unintentionally. For example, if you go and pee below the same tree where a *jinn* resides then you would surely upset the *jinn*. *Jinns* are full of heat/fire and they can cause a lot of problems if they go mad. It has been documented that *jinn* possession is one of the main supernatural causes related to (mental) illness among Muslim communities and the exorcism dance "*Zar*" for protection against *jinn* possession are common in Middle East to Persia and East Africa (Islam & Campbell, 2014: 229-230). A similarity at the level of trance dance and *jinn* possession was also documented by Somer and Saadon who investigated the Tunisian trance-dance in Israel among the Jewish-Tunisian immigrants, who also believe that possession is done by the *jinns* i.e. the invisible beings of the covert world (2000: 583). All these other researches quoted above were mentioned to show a relationship between religion and cultural understanding of possession (supernatural agents) and illness. Siddis being Muslim also have faith in the presence of *jinn* and hence, describe many of their possession related stories/nuances in the context of *jinn*.

Elderly Siddis advise that people should not go near to these trees at odd times i.e. afternoon time and late night or very early morning times. These are the timings when these spirits/*jinn* are active and powerful. Since, there is no toilet facility available inside most of the houses especially at Sirvan

[41] *Triumfetta rotundifolia Lam*.
[42] As per *Quran* and Islam, "*Jinn* are 'intermediary' or 'imaginal' beings, above our terrestrial realms but below the celestial realm". They are neither angel nor demon; they can be both good and evil. They are the invisible, unseen and hidden - El- Zein, 2009: x-xi, xvi

village, the elderly instruct the community members to not use the vicinity area of these trees for relieving themselves.

However, unlike the African diaspora in the Circum-Caribbean region the evil uses of plants like for sorcery, poisoning is not very popular among the Siddis of Gujarat (Carney, 2003: 170-171; Voeks, 1993: 68-69). Instances of bans on Siddis to use plants for medical purpose or magical purpose are not documented, while in the 18th Century in Americas (Jamaica & Guadeloupe) African magic and use of plants by Africans was forbidden (Barrett, 1976: 64 & Bougerol, 1983: 85 as quoted in Voeks, 1993: 68). Terms like conjurer, which Carney (Ibid) used to describe the enslaved African medical practitioners in the Caribbean is not used for the Siddi medical practitioners. In fact, the Siddi medical practitioners in Gujarat are called *bapu* and *mai*, the terms otherwise used for ritual healers and Siddi saints. One important reason for this stark difference could be the difference in the treatment of the African slaves in the Americas and in India. In the Americas, there are many stories of struggle of slaves and their persistent conflicts with their masters. In India, African slaves had more freedom (comparatively), enjoyed better positions (as described in previous chapters) and hence were never considered a threat (as such) by their rulers and masters.

If analysed and compared, the relationship between the masters and the African slaves in both the continents i.e. America and India (to be specific), the life of the African diaspora in these different areas hint why certain African deities (like, *orichas, laos*) specifically from the plant based religion like, Candomble, Shango, Batuque and Vodoun (Voeks, 1993: 71) are still heard of among the African diaspora in the Americas and not among their Indian counterparts. Plants helped a lot of the African diaspora people in America in attaining freedom from slavery (either by evil use of plants for poisoning or use of plants in sorcery to cast spells on masters). Also, the Maroons who fled deep inside the plantations could shield themselves to a great extent from the influence of their masters (including their religion, culture etc.) and could practice their tradition and retain their cultural beliefs. African magic (and their plant based deities and religion) was sustained because of the slave uprisings (Ibid: 68-69). While in India, the very purpose of getting African slaves was different. Slaves in India were required to be a part of the army of the rulers, to work in the courts of the kings and households. Instances of excessive abuse of African slaves (not talking about individuals but as a community in whole) in India (at that time) are not heard of, rather, there are elaborate examples to depict their high status (see previous chapters). Hence, I believe the Africans diaspora in India adapted the religion and culture of their masters and host area without much resistance (as compared to the African diaspora people in the Americas) and gradually lost their own religion or plant based deities who otherwise would have protected them from their evil masters. Therefore, I think the magical dimension of plants (because of the above-mentioned reasons) became a prominent part out of all the retained parts of the African culture in the Americas and not in India.

5.8 Conclusion

This chapter discussed about the role and importance of ritual/faith healing in the healing system of Siddis in Gujarat and elaborated how *dua* binds the other elements (*dava, dhamaal*) of the system, hence forming the core of the system. Belief in possession, supernatural forces (like, *jinn),* cult of *Nagarchi* and other Siddi ancestral *pirs,* practical organization of *dargah*/s, presence of evil eye, and various other factors were discussed to understand the role that religion and culture has played in shaping and building the ritual/faith healing aspect of Siddi ethnomedicinal system. The same was then analysed and presented with examples and discussions to show how all the sub- elements of ritual/faith healing like, tools of intervention techniques (holy ashes, holy water, holy *raakh*, *taweez* etc.), plants with supernatural powers and *dhamaal*, has played a crucial role in building the identity of Siddis.

Over time Siddis of Gujarat adopted the Sufi form of Islam and have thus, justified the presence of *dargahs (dargah* are recognised under Sufism, see Basu, 2008a: 292) and have firm belief in *pirs* and *bapus* (what Basu and Shroff, 2011 have referred to as *fakirs* in their study of Siddis and *Bava Gor*). Where dance and music are forbidden in Islam, it is Sufism through which Siddis rationalize the healing and medical aspect of their dance and music (Somer & Saadon, 2000:582). Siddi's peculiar form of dance, that is *dhamaal* or *goma*, which includes both drumming and dancing finds space in Sufism and constructs a 'unique sense of community' among the Siddis. The unique blend of cosmopolitan Islam with Sufi tradition of dance and music combined with their traditional drumming, gives Siddis an element of authority over the *dargah of Nagarchi pir* (and other saints like *Bava Gor, Mai Mishra,* etc.). The process of healing which includes dancing and drumming as well as venerating the *Nagarchi pir dargah* draws devotees from near and afar, and from communities other than Siddis, including Gujarati Hindus.

Ritual healing among Siddis, or rather as performed by Siddis, can be said to operate at two distinct yet inter-related levels- individual and broad inter-community level. It helps Siddis gain credibility as invaluable inhabitants of the local area due to the exclusivity of their ritual healing tradition, in what Csordas (1999: 03) calls a "cultural form of power". The organized system of veneration at *Siddi pir dargahs,* through this perspective, can be seen as a powerful instrument of establishing inter-community connections for an immigrant minority who have, thus, successfully acclimatized to the local culture. Their traditional dance form, *dhamaal* i.e. *goma* was retained and evolved. To Siddis it has brought fame (as dancers), identity and a healthy lifestyle for Siddis in Gujarat who are well respected by other communities. Thus, apart from providing healing benefits the dance has proved to

be a 'unique historical institution' for Siddis in an alien country, where they were dispersed sparsely (see Janzen, 1994: 450).

As very aptly summarized by Basu, the music of Siddis shaped and created their 'land oriented identity', distinct from 'sea-oriented' maritime past. Even poverty, forced mobility and could not stop Siddis from achieving self-respect and dignity (2008: 163). Continuing on Basu's work, this chapter, which focused upon the famous existence of *Nagarchi bapu's dargah*, its cult and the relevance of *salami* (a form of *goma*), aims to draw attention to the fact that although, the historical context and slavery, influenced and evolved the symbols, ritual practices and values of Siddis, it is the emergence of *goma* (here powerfully linked with the cult of *Nagarchi pir*) that shaped the Siddi identity in Gir, Gujarat to a great extent. Siddis the descendants of African diaspora like the diaspora in Africa have carried with them deeply rooted cultural inclinations, and unconscious memories of their ancestral traditions (also see Monteiro & Wall, 2011: 249 on the current status and role of dance in the African diaspora).

Other than attributing the changing physical environmental conditions like excessive heat, cold, rain, pollution, changed diet etc. as the causes of disturbing health (chapter 3 & 4), this chapter presented how Siddis also attribute their various etiologies to evil spirits (*maili vasti* see Shroff, 2011: 77), evil eye i.e. *nazar* and *Allah's* will (also see Etkin and Ross, 1982: 1559). The chapter also discussed how unlike the *bapu*, who cure the health problems by herbal medicine in collaboration with *dua*, the faith healers who are also called *bapu* solely rely on their rituals to heal a person (also see Peltzer, 1999: 387 & 396, on faith healing in churches in Southern Africa). The level of causality is what essentially separates *dua* from *dava*. Majorly, it has two levels, first known as efficient cause i.e. who is the producer of the illness (magic, deity, supernatural force etc.) and the second is the instrumental or immediate cause which specifies the technique used to bring illness. Importance to the treatment is secondary to the diagnosis of causative agent by a (spiritual) healer (Foster, 1976: 774-77; Foster & Anderson, 1978: 69 on naturalistic and personalistic causes and treatment of illness). However, both *dava* and *dua* are not seen as mutually exclusive but seen co-existing.

Also, a comparative review with the African diaspora (in Americas) in the context of dancing, drumming, religion, ritual use of plants, and various other intervention techniques was presented to discuss and understand how the African origin rituals and cultural beliefs evolved and emerged in the different parts of the world, with an aim to understand the evolution of traditional medicine of the African diaspora in Gujarat. Although, *dua* is found to be at the core of Siddi medicine and belief in the cult of *pirs* and the supernatural powers is very strong, it would be difficult to call it an African magico-medical system, a term otherwise used by Voeks, (1993: 63) for the African diaspora's medical system in Americas. The chapter also presented the point that Siddis at Gir area are not seen

or heard of using *dua* for the purpose of sorcery or magic neither was they seen invoking or using the cult of their ancestral *pirs* for any ill purpose. Also any evil use of medical plants (in the context of causing any supernatural form of illness) was not found. I think this is because the healing activities or treatments related to supernatural beings are routed through the Siddi *pirs* and *bapus* (who are the mediators of *Allah/pir*) and neither the religion nor the ancestral saints of Siddis are associated with wrong doings i.e. sorcery or black magic.

Various activities like participation in processions (*salami*), drinking of holy water, eating holy ashes, regular visit to *dargah* and limitless faith in *pirs* and ancestral Siddi saints, are some of the major 'performances of faith' (David, 2009: 217) that are included in Siddi culture and complete their healing system. The status of the ancestral *pirs* and their cult is equally important in compensating the emotional and physical stress caused by the otherworldly entities. In fact, these historical practices, which are considered essential are part of Siddis' tradition and their cultural knowledge and are thus performed continuously to stay healthy. As David said in his narration of dance among the Tamil Hindus of India in London, "*in a diasporic group such practices construct, exhibit and reinforce the religious and cultural symbols*" (2009: 226). A better understanding of such beliefs could be of great help to the health practitioners. In a community like that of Siddis it is difficult to superimpose biomedical explanations over a treatment that Siddis believe happened due to the blessings of their *pirs* and *bapus*. For the performers and followers, these intervention techniques are a "*mode of exhibiting an adherence and commitment to their ancestral pirs and religious heads*" (Ibid). Therefore, despite having a medically plural environment, Siddis still rely on their *dua,* especially, when the illness doesn't have culturally accepted/ understandable explanations or when the symptoms of illness matches the culturally recognized beliefs (related to problems caused by supernatural entities). And this could be the probable reason why Siddis still incorporate *dua* to complete *dava*, which on the other hand unlike *dua* in the presence of a medially plural environment has diversified a lot (biomedicine, *desi dava, Ayurvedic dava* and others). This aspect helps us in understanding that how medicinal knowledge evolves and how symbolic knowledge (and related medicinal beliefs), having its root in the religion and indigenous culture of the diaspora people continue themselves in different forms. For example, the dancing and drumming form of Siddis i.e. *dhamaal/goma*, although a different form now (as compared to African *ngoma*) but is still considered a symbolic African ritual healing method.

Chapter 6. The Focus of Siddi '*Dava* and *Dua*': Maternal and Child Healthcare

6.1 Introduction

This chapter is an illustration of the previous three chapters and discusses the two main areas of focus of Siddi healing, i.e., reproductive/maternal and child healthcare. The chapter further provides detail about examples where different elements of the Siddi healing system come together when these two categories are examined closely. Maternal/reproductive and infant/childcare reflects both the strength and concern of the Siddi healthcare system, and they exemplify the dynamic presence of medical pluralism and its subsequent role in Siddi healthcare. As discussed in chapters 3 and 4, for many health problems some Siddis (especially the younger generation) now prefer biomedical options as they are readily available and give quick results. However, it was observed that for reproductive and infant/children healthcare Siddis still want to rely on their traditional medicinal knowledge and healthcare practices (Malan & Neuba, 2011: 85 share similar views from their study), or at least on both, at the same time. For example, many Siddi women now prefer to give birth at hospitals under the supervision of qualified doctors but will practice their traditional healthcare rituals during the postpartum period. The importance of *goli* 'vaginal ball' will be discussed in this context in the chapter.

This chapter also illustrates the fact that a simple floral or ethnobotanical comparison is not sufficient when we look at the origin and evolution of medical systems. If only a comparison of the flora was conducted, I would have missed valuable insights concerning the socio-cultural healthcare beliefs of the African diaspora. The practices of women's and children's healthcare, like the use of *goli/s,* are a clue to the hidden yet highly practiced and popular African medical traditions, which the Siddis have been practicing a modified version of in India to date. The analysis includes a comparison of the theory of causation of female reproductive healthcare and related therapeutic remedies between the African diaspora people in Americas and the Siddis of Gujarat. While there is quite a significant overlap in the plant species used by Siddis and Maldharis of Gir area, it is the culturally different usage of the plant/plant products that point to the fact that although the ecological conditions affect the usage of plants, culture and in particular religion also to a great extent steer the way the plants are understood and utilized.

Use of plants in reproductive healthcare/maternal care has been well documented both in Africa, South and South-East Asia. Medicinal plants are popularly used for the development of the foetus, inducing labor pains and in post-delivery recovery (Malan & Neuba, 2011: 85; Boer & Lamxay, 2009:1). Where low socio-economic status and poor literacy levels are usually directly related to high

mortality rates of mothers and infants (Blane, 1995; Syme & Berkman, 1976), a healthy state of mothers and infants among Siddis indicates a paradox (See chapter 3, Table 3.3). In the sections below, beliefs and popular practices related to fertility, pregnancy, postpartum care, lactation, newborn care and childcare are discussed. These beliefs and practices are both preventive and curative in nature (Thairu & Pelto, 2008: 195). Also, food-related restrictions (Piperata, 2008: 1094) and the connection to the humoral theory of 'hot and cold' with maternal and neonatal care are described. Considering the lack of data on plants and Fo-Med (Food as medicine) in this health field, the pharmacopoeia of childcare and women's care is described. A minimum of 60 medicinal and food plants were recorded during this study, and here their uses, parts used and administration methods are discussed.

6.2 Maternal Care

Childbirth and maternal care are very crucial cultural and biological parts of a human being's life. Every community or group of every continent has its own set of beliefs and rituals related to these phases. It is believed that both mother and child are very vulnerable during the postpartum phase and therefore special care has to be given to them (Piperata, 2008: 1095). Where maternal healthcare is an issue of grave concern in India, the focus of Siddis on the health of their women is a matter of great interest. Siddi women are mainly the bearers of the indigenous knowledge related to female healthcare (and also the *bapus* who prescribe *desi dava*). It is very rare that a Siddi woman would be considered anemic during her pregnancy period or later (description given by Siddi women and interview of PHC pharmacist). To quote the pharmacist of PHC at Sasan village, who also assists the doctors and prescribe medicine to villagers, "*it is the non-vegetarian diet of Siddi women which gives them the required nutrition*". This was said while making a comparison between Siddi and Maldhari women (who are pure vegetarians), who otherwise are considered anemic, underweight, and malnourished by the pharmacist. Based upon my observations and data, I have divided the maternal care related traditional medicinal and ethnobotanical knowledge into different stages. All these stages are very much influenced by the cultural belief of Siddis in the humoral theory of 'hot/*garam* and cold/*thandu*' and thus, include the presence and absence of certain foods (also see Ferro-Luzzi, 1980: 109-115, on his research on food avoidances among women in Tamil Nadu). Food restriction is at the core of women's healthcare. As also documented in different (rural) parts of the world, among Siddi people of Gujarat plants were seen as playing a significant medicinal role during pregnancy, birth and postpartum care (Boer & Lamxay, 2009: 1)

6.2.1 During Pregnancy

This is the period of those crucial nine months, which a Siddi woman passes with great diligence in order to give birth to a healthy child. Any negligence during this period, especially in the first trimester can prove fatal to the foetus and therefore a lot of care has to be taken. Any food, which is 'hot', (by property) has to be avoided. According to Siddis too much hotness in the womb during this period can lead to miscarriage. These food items due to their intrinsic hot properties can dissolve the foetus or the uterine lining and the womb will not be able to hold the foetus. For example, *papita* (papaya), too much non-vegetarian food (beef, mutton) or eggs, *sonth* (dried ginger), *methi* (fenugreek), *ringda* (aubergine/eggplant), *madh* (honey), *imli* (tamarind), *gud* (jaggery) etc. are avoided. This is the reason why Siddis believe that in order to conceive, a woman's womb should be made cold. Secondly, women are encouraged to eat a nutritious diet, which includes green vegetables, fruits like, pomegranate, apple, and wheat breads (*gehun ki roti*).

6.2.2 Labour Time

Medicinal plants or Fo-Med items are given both towards the end of the pregnancy stage and on the onset of labour pains. These items are considered to be natural oxytocics and are believed to increase the contractions (also see Mugisha & Origa 2006: 7). Siddis use many plant products for inducing labour pains. Some of these are either administered orally or are applied externally. When the labour pain begins the Siddi women are given a concoction usually called *chai* (tea) to enhance the labor pains and hasten up the process. This is done to minimise the length of labor so that the women do not have to bear the pains for a longer duration. Also, it is believed that the concoction will aid in a smoother delivery and will reduce the risk of complications. Similar to this are a few other plants and food materials, which are used for inducing labor pains and for a smoother delivery.

> *The concoction*: Tea, ***tikhe*** i.e black pepper (*Piper nigrum* L.), ***gud*** (jaggery, which is made of sugarcane extract, (*Saccharum officinarum*. L.) and some water. All of these are boiled together and then the woman drinks 1 cup of the prepared extract.

Logan and Dixon (1994: 32) also mentioned black pepper as one of the food items, which is consumed and is seen in context of human fertility, birthing, menstruation and lactation.

> ***Asaliyo/Aherio*** (*Lepidum sativum* L.), the seeds are boiled in milk and then the milk is taken during the expected last 15 days of the pregnancy.
> ***Aerdi*** *ka tel* i.e. Castor oil (*Ricinus communis* L.), 1 cap of the oil is consumed in morning daily during the 9th month of the pregnancy for a smooth delivery[43].

[43] Either *Asaliyo or Aerdi* is used. *Aerdi* is rather a substitution of *Asaliyo*

Mugisha and Origa (2006: 4) also mentioned the use of castor as an oxytocic, which is used orally by women in Western Uganda.

> *Tiger Balm* (an ointment), which is readily available at pharmacy and general stores, is applied on the lower back of the woman and then she is encouraged to walk. The heat produced due to the balm and physical excursion would increase the intensity of the labor pains.
>
> A hot burnt wood i.e. the one, which is not on fire but is hot enough to spread hotness in the surroundings, is kept under the *charpai* (single bed made with jute ropes) on which the woman is lying. The heat would induce and aggravate labor pains.
> Heat ***ankda's*** (*Calotropis gigantia* L.) leaf, which is yellow in color and then place it on the woman's forehead and offer prayers to *Allah/ pir*. The leaf should be removed after the delivery is done.

Midwives or Traditional Birth Attendants (TBAs) who are usually the aged Siddi or Muslim women (I met one during my fieldwork)[44] of the same or nearby village are still considered important in the Siddi community. These women could assist and help in any unexpected situation or complication, which arises during pregnancy. The TBAs are also the women who guide other women about *desi dava* and many of them even prepare and sell the *goli* 'vaginal ball' (to be discussed later), which is a very popular and important component of Siddi women's healthcare. These women have a lot experience in gynecological health problems. Also, it is believed that not everyone can have this art; the woman is blessed by the *pir*. They all have the *dua* of their *pir/s*. During childbirth these TBAs use both*, desi dava* skills and the power of *dua.*

> "*A pir visited my house and gave me this ring (shows her ring) for Rs 100 (1 pound approx.) and told me that no men should ever wear this ring. When I assist any delivery, I give this ring to that woman to wear (exactly when the woman is experiencing her labor pains). After giving my ring I pray to Mai Mariyam Ma (female pir) to free my daughter/ daughter-in-law/ i.e. the woman in labor. Once the delivery is over, I take my ring back*"- A 70+ years old midwife from Sasan Village.

In a medically plural environment and with various options to choose from, most of the young Siddi women prefer using biomedical facilities for childbirth services and hence they deliver at hospitals and not at home. Most of the interviewed young Siddi women fear/ed for their lives and believe that at hospital there are more chances of their survival (if anything goes wrong). Secondly, in case of Caesarian deliveries, hospitals have a better reputation than home deliveries. Primary Healthcare Centre (PHC) workers in India operate in rural and tribal areas. They regularly visit all the houses of their area and keep track of people's health. Similarly, these workers maintain data on pregnant

[44] Unless the Siddi women visit a healthcare center for their delivery, the TBA is either a Siddi woman or any other Muslim woman. Hindu women were never reported to have assisted a Siddi woman during delivery. Women from their own community are preferred.

women. They provide them with iron tablets and guide them about their health. A special medical service for pregnant has been made available by the government to reduce the maternal and infant mortality rate. According to this service a mobile van comes to the doorstep of the woman who is in labor or needs a transfer to the hospital. '108' is the number of the mobile van, and the service has become famous through this number name only. Under the supervision and assistance of these healthcare workers, Siddi women make their childbirth related decisions and visit the nearby PHC centers. At PHCs the progress of a pregnant woman is recorded on an individual health booklet/card (which the woman has to bring with her whenever she visits the PHC for follow up or any health issue). Data on pregnant woman's weight, health problems, foetus' growth etc. is recorded on the booklet.

There were also, a few Siddi women (and men) who believed that deliveries should be done at home. They believed that most of the time the doctors perform C-sections on women even when it is avoidable. A Caesarian delivery and related postpartum care are considered a hassle by the Siddis. However, the same women admitted using their *desi dava* to induce and aggravate labour pains and during postpartum care. Therefore, an intelligent shift in the attitude of women regarding their health was seen. For life threatening situations like, childbirth they would prefer hospitals but for the healthcare regime they place their traditional medicine and knowledge before biomedicine (also see Thairu and Pelto, 2008: 198). For example, a young 22 years old first time mother from Sasan village told me,

> "*I took Asaliyo in the ninth month, it failed and could not induce labor pains, and the doctor has to give me a syrup after which I had my labor pains. However, I will take asaliyo again during my next pregnancy*"

The above-mentioned explanations given by Siddi women are ironic; on one hand they prefer biomedicine and on the other they still want to use and continue their *desi dava* (even when the plant/plant products they used proved to be ineffective). Hence, it became very important to identify the cultural importance of these traditions among Siddis of Gir. Better understanding of the postpartum care (following sections) and practice of using *goli* 'vaginal balls' (subsequent section) helped in identifying the probable reasons for the cultural importance of these reproductive therapeutic practices.

6.2.3 Postpartum Care

Postpartum time is a period when a woman recovers. It is considered as a period of transition and vulnerability (White, 2004: 180; Liamputtong, 2004: 80). Many cultures across the world have

specific rituals related to postpartum care to ensure recovery and avoid ill health in the later period of life. Common practices revolve around rest periods for mother to restore lost energy, prescribed food/diet, postpartum rituals, hygiene practices, infant care, breastfeeding and others (Dennis et al., 2007: 487; Piperata, 2008: 1094). Although among the Siddis the postpartum period extends to a longer duration (2-3 months), it is the first *challis divas* 'forty days' during which special care is given and special measures are taken to keep the mother healthy. Mexican women also observe this period of forty days called "*la cuarentena*" during which the first-born is welcomed and focus on maternal food and clothing is given (Niska et al., 1998: 392). Among Muslim women too 40 days postpartum period is maintained during which a special diet is followed and the mother also observes seclusion, this is done as per Islamic beliefs (Hundt et al., 2000: 529).

Thairu and Pelto (2008: 196) in their study in Pemba also observed that it is the period of 40/41 days, which is considered to be the period of seclusion. Pemba is one of the two islands of Zanzibar, and Zanzibar was one of the main hubs from where the Africans (brought & bought from different parts of Africa) were migrated and sold to different parts of the world and to India especially. Gujarat and Zanzibar were connected directly via sea route (read about Zanzibar in the introduction chapter). A similarity between Zanzibar and Siddis is hence reflected in the traditional healthcare practices. This time frame of 40 days is indeed a period of seclusion and restrictions (food, work, mobility etc.). This phase thus, not only prevents the mother and child duo from natural (exposure to viruses and infections) but supernatural problems also, for example, evil eye/ *nazar,* belief in which is very high.

A Siddi woman would come to her maternal home to give birth to her child and stays there during her postpartum care period. The idea behind going to her maternal place is to provide proper rest and nutritious diet to the new mother. Being a daughter-in-law at her in-laws' place, the woman, even she if wants to, cannot avoid some work. Out of respect and duty she gets herself involved in work. Therefore, there cannot be a better place than the maternal house. The in-laws and husband keep visiting the newborn and the mother.

It is a common belief that if proper care is not given and a proper diet is not followed in this period, then in old age the woman will face health related problems, the most common being, back ache and vaginal discomfort. Therefore, no work should be done, proper rest is taken, warm and herbal baths are required, use of *goli* is done and correct diet with a special focus on hot food items (whose intrinsic property is hot) is followed. Unlike, the pregnancy period, where no medicine was ingested in the postpartum care medicinal plants are administered through various ways, be it, oral consumption, external and internal application/ insertion, vaginal inhaling of fumes, vaginal steam bath (Mugisha et al., 2008; 90 on insertion of certain plants in birth canal to prevent fungal and

bacterial infection by women in Western Uganda, Van Andel et al., 2007a & 2012 on dry sex practices among African diaspora people in the America and Ruche, 1999:191 on vaginal douching).

6.3 Post-Partum Practices

In order to restore their physical and vaginal health after childbirth, Siddi mothers follow numerous therapeutic practices. Some of these practices are used otherwise for female healthcare. Some of the below-mentioned practices can also be seen having their origin in Africa. A comparison with African diaspora in America sheds some further light on the same.

6.3.1 The Charismatic *Golis*, 'Vaginal Balls' and Other Related Practices

The most striking practice of the Siddi traditional medicine was observed in the postpartum care of women. Most Siddi women told me: *goli bnake, pehente hain* i.e. 'we prepare the *goli* and wear it*'*. When I heard this phrase for the first time, I got very confused. I wondered how could one wear a *goli*?

Well, let me first explain the meaning of *goli*, it is a word that has been derived from *Hindi* language, which is popularly used by people in India to refer to a medicine tablet. This is so because the most common shape of a medicine usually used to be round and the root word *gol* from which *goli* has been derived means 'round shape*'*. Hence, the word *goli* is used in a phrase like, *goli khalo* i.e. eat the tablet/*goli* and not *wear a tablet/goli*. So, my first reaction was very weird and I asked my informant again whether she meant '*eat the goli'*. This is when the emphasis was laid on the fact that these *golis* are not to be eaten but are instead meant to be inserted into the vagina. The very concept of Siddi women making their own medicinal vaginal balls i.e. *golis* (plural of *goli*) excited me.

Use of intravaginal desiccants is very common among many African communities and the same has been found common among the Surinamese Maroons of America too. The practice is widely known as "dry sex", where the focus is to create a dry, tight and heated vagina. All this is mainly done to please the husband/ partner and avoid infidelity in relationship (by staying desirable always). Other uses include cleansing of uterus after childbirth and menstruation (Baleta, 1998: 1292; Van Andel et. al, 2007a: 84 & 2012). Steam baths containing tightening and drying herbs was found to be the most commonly used method for vaginal desiccation among the Maroons. These herbs are considered as natural aphrodisiacs (Ibid, 2007: 84-85). Siddi women however, never explicitly mentioned a pleasurable sex life or infidelity as the reason behind their reproductive healthcare practices. The focus was to have a clean, tight, and odourless vagina (without any foul smell and discharge). This

reminds me of Hilber et al. statement "*hygiene and health are expressions of femininity connected to sexuality even if not always explicitly expressed as such*" (2010:392). But, the underlying belief in the humoral concept seems to dominate both diaspora groups (Americas and Gujarat, India). Maroon women desire a heated vagina for good sex, while during a FGD (focused group discussion) with Siddi women; an elderly woman from the group related the humoral concept with the cause behind white vaginal discharge. She said,

> "*The problem begins when your vagina is left open. Post childbirth, the vagina opens and air can enter easily into it. This makes the vagina cold and results in the coming of water/discharge from the woman's body. Therefore, special care has to be taken of the vagina during the postpartum period. Women should sit crossed legged at this time (no wide open legs) and she should wear golis*."

Quite similar to the above excerpt is the belief of Maroon women, which Van Andel et al. mentioned as "*cold in the belly*" (2007a: 86). This, according to Maroon women, can happen if women do not take steam baths after childbirth and therefore fail to remove blood clots and foul smell from the uterus (Ibid). Directly or indirectly, between both the groups the aim is to maintain the "hotness" of the vagina and prevent it from becoming cold. However, Siddi women used both *golis* (i.e. material for vaginal ingestion) and steam bath/ inhale smoke (of herbs) via vagina, with more focus on *goli* for preventing and curing reproductive health problems.

Common ground or aims related to therapeutic practices for reproductive health (especially related to the vagina) between these two distant African diaspora groups can be summarized as; cleansing of vagina/uterus, tightening/contracting or restoring the original volume of the vagina, treatment of some other reproductive tract related problems for example, white discharge, foul smell.

Siddi women admitted that they ignore their doctor's advice to not to use any sort of *golis.* Only what Siddi women do is just postpone the usage time of *golis* after a C-section or when they get stitches while delivering at the hospitals. Out of all the Siddi women interviewed by me during the fieldwork, almost every woman mentioned about the usage and role of *golis* in their healthcare. The composition of the *golis* varied, depending on the purpose and type of problem. Below is the name of plants and other products, which are used for the preparation of *golis* and a summary table preceding the description.

Table 6.1: List of number of plants used for preparing different types of *golis*

Purpose of using *goli*	**Number of plant species used**

Tightening of vagina	3
Vagina cleaning	3
Postpartum vaginal cleaning & Backache prevention	10
Vaginal discharge/ leucorrhoea/ foul smell	10-11

Purpose 1: To tighten the loose vagina and its cleaning

A) [REDACTED]
[REDACTED]
[REDACTED]

Mix all the above three powders and then keep the powder inside a small cotton ball. Close the ball by tying it with a thread. Using fingers, the *goli* then should be inserted in the vagina daily in the morning and evening. The *goli* would either fall out on its own while passing out the urine or can be taken out.

B) Dip the cotton in alcohol, make its ball and insert it in vagina. This is done for almost the first 10 days.

Purpose 2: Postpartum cleansing of uterus and backache problem

A)Use turmeric powder and jaggery to prepare the *goli/* vaginal balls and insert them for the first five days of the postpartum period.

B) Take the following herbs and ingredients:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

- ***Bawar*** i.e. *Acacia nilotica* L: its dried flower's powder (optional and can be avoided if not available)
- ***Akal Kado*** i.e. *Bridelia retusa* L. Spr: the entire plant is dried and powder is used (optional and can be avoided if not available)
- ***Kadwa kharkhudo*** i.e. *Leptadenia pyrotechnia* Forsk: Powder of the roots is used in preparing *golis* (optional and can be avoided if not available).

Mix all the above-mentioned ten ingredients and make small round balls. The *golis*/balls should be then dried for some days and then rolled inside some cotton. After this the *goli* are ready to be used. The women then wear these *golis* for the next 40 days (1 *goli* a day).

Fig 6.1 *Golis*, which have been dried and stored by a Siddi TBA. Before inserting, the balls are wrapped in cotton and tied by a thread.

Women and girls who suffer from leucorrhea, which Siddis call, *safed pani girna* i.e. the problem of white vaginal discharge also use the same balls. Siddi women deal with such fungal infections very seriously and apply medication for this problem immediately. Sex, childbirth, unhygienic conditions, menstrual cycle, change in weather, diet are considered some of the causal agents for leucorrhea. Pods of *desi bawar* i.e. *Acacia nilotica L.* can also be added to these balls. Nazrukh, a female from Jambur told me "*a cotton ball just dipped in alcohol should be kept three times in a month to cure and prevent discharge problem. "*

It should be noted that in the health chapter it was mentioned that only one Siddi woman was reported to have come to the PHC for leucorrhea. Siddi women mostly prefer to cure such feminine problems on their own. They believe that biomedicine cannot eliminate such problems completely as biomedicine doesn't really understand the cause of such problems. Doctors are able to treat the

problem superficially and hence the problem re-occurs. Below are some more medications, which are done to cure leucorrhea. These are especially for unmarried woman i.e. the ones, which do not involve any sort of insertion in the vagina.

-*Semra* i.e. *Bombax ceiba* L. spine's powder + milk (goat or cow) should be boiled together and taken every morning.
-*Kela* i.e. banana and ghee should be eaten every morning and evening for 8 days.

A focused group discussion with Siddi women of Sirvan village regarding the role of *golis* and their usage was summarised. The women concluded that the *golis* couldn't be worn if a woman has got stitches after the childbirth. Only after the stitches have dissolved she can wear *golis* in her postpartum care period. The three major roles of the *goli* as per Siddis are; to strengthen the back of the women, to tighten the vagina and third are to prevent and cure leucorrhea or any vaginal discharge.

Considering the popularity and inevitable role of *golis* in the healthcare routine of Siddi women I wanted to understand whether this practice is very common among the other women of this area or not. However, interviews with Maldharis women revealed that they do not practice any such or related thing and neither are aware of *golis*. However, my interview with a Muslim but non-Siddi mid-wife revealed that she also practices and advocated the use of *golis* to women. However, it is difficult to say whether the Muslim women of the area adopted and learnt these practices from Siddis or vice versa. The present generation of Siddi women only remembers learning them from their ancestors.

6.3.2 Herbal Bath, Physical Warmth and Other Important Practices

Like, many other cultures it is a very common practice among Siddi mothers to use hot and herbal water bathing and to follow bathing restrictions postpartum (Dennis et al., 2007: 496; Rice, 2000: 27). It is believed that taking a hot-water bath will make the mother feel fresh, however at this time bathing in cold water can result in problems like temporary backache and body ache and a lifelong backache problem too. Steam is also used. There are certain bathing restrictions on both the mother and the child during the postpartum period. The period of *chati* i.e. first six days is always crucial for the mother and child. The Siddi mother and child take their first bath on the sixth day. Several herbs/plants are used for bathing purposes. For example, leaves of *naget* (*Vitex nigundo* L.), *nilgiri* (*Eucalyptus globulus* L' Herit.) are boiled in water and the same water is used for bathing. Also, the leaves of *naget* (*Vitex nigundo* L.) are spread over the bed that the mother-child duo is encouraged to sleep on. It is believed that this herbal bath and use of leaves on the sleeping bed would keep the

diseases at bay and would also prevent backache/ body ache problems for the woman. Table 4.2 of Chapter 4 on medicinal plants (*desi dava)* also highlights the use of these leaves in case of fever, bruise and backache problems. Too much interaction with water (specifically bathing restriction) is avoided in order to avoid body ache and joints problem. The child is also bathed on very limited number of days during the postpartum period i.e. only on the 6th, 10th, 20th, 30th, 40th or 45th day. After this regular bathing can be continued.

Similarly, *neem* (*Azadiracta indica* L.) leaves are also added to the bathing water. The plant is very popular among Siddis. Most Siddis believe that bathing with this water has a good healing effect on the recovering mother.

> "*Use neem and naget leaves in the bathing water. The leaves should be boiled in the water. This decoction is very good for the health of new mothers*"- A pregnant woman, Jambur Village
>
> "*Why not use these natural herbs as when the doctor itself prescribes/ encourages us to use neem soap and detol. Atleast what we use is natural and hence good for health.* "- A young first time mother, Sasan Village

Likewise, *bakri ni lindhi* i.e. goat's dung is also considered very hot and thus, the same is advised to be burned for its warmth. The dung is kept below the *charpai* (single bed made of jute ropes) so that the back of the mother receives continuous warmth. This continuous roasting relaxes the muscles and prevents future body ache problems of the mother. Luke warm or slightly hot brick is kept on the stomach area after a few days of normal delivery. The warmth would cleanse the stomach and vagina by drawing out the waste blood. The same practice would make sure that a woman is not left with any fat on her belly area because this fat is nothing but remaining waste left inside the body (Khmer women in Cambodia also practice roasting and use hot rocks in their postpartum period for cleaning their stomach, White, 2004:184).

Leaves of ***neem*** tree (*Azadirachta indica* L.) and cloves of ***lehsun*** i.e. garlic (*Allium sativum* L.) are kept on hot wood charcoal or warm cow/buffalo dung cakes. The woman would then stand above it with her legs wide open. This way the smoke, which has antiseptic properties of ***lehsun*** and ***neem,*** will enter her uterus through the vaginal opening. Smoke will then not only cure and prevent vaginal itching but will also provide the required inner strength to the woman. Roasting of medicinal plants has been also documented in Lao for the purpose of reproductive healthcare (Boer & Laxmay, 2009: 1). Thai women have been documented for inhaling steam by sitting on hot bricks with medicinal herbs/leaves to sweat out poisonous water, absorb good water and dry the perineum to assist healing (Liamputtong, 2004: 87-88). "*Vagina- smoking*" is also a very common practice in Mozambique to

dry, freshen and remove excess fluids of vagina (Hilber et al., 2010: 396). Both, ***neem*** and ***lehsun*** are popularly known for their antiseptic and reproductive usage. Many communities and even biomedicine use their extracts (see Singh & Singh, 2002: 13 & 17-19 on the medicinal usage of *neem)* to treat sexual diseases, like gonorrhea, syphilis, bacterial infections and its antispetic properties (Mugisha et al.: 2008: 95 on antifungal and antibacterial properties of *lehsun* i.e. *Allium sativum L.* and its usage in reproductive healthcare). Van der Eerden (as quoted in Boer & Laxmay, 2009: 2) "*describes a treatment amongst Spanish-Americans in New Mexico more similar to mother roasting, where postpartum hemorrhage is treated by spreading lavender over burning coals and having the mother stand in the smoke*". Afro- Surinamese women practice genital steam baths that contain drying and tightening herbs. "*The woman boil the plants material, pours the decoction in a bucket, sits on the rim with her legs wide spread and lets the hot vapour enter inside her inner parts*" (Van Andel, 2007a: 84-85).

The women who have delivered through C-section at a hospital apply alcohol on the entire stomach. Since, they are under doctor's observation all the time and didn't have a normal delivery they cannot use the *golis* for the 40 days of the postpartum care. But, alcohol is considered so hot by Siddis that its mere application helps in removing the *bagaar* (waste/ bad blood) from the stomach and aids in its cleansing.

If I compare the reproductive healthcare concepts then a striking similarity in the perceived effect, motivation, and cultural understanding can be seen between the African diaspora in the Americas, the African diaspora in Gujarat (i.e. Siddis) and inhabitants of Sub- Saharan Africa (Runganga & Kasule, 1994: 640 on vaginal use of substances by African women). The ultimate aim is to have a dry, tight and clean vagina. However, at the same time there is a lot of dissimilarity at the level of practice. According to numerous studies done by Van Andel on Maroon and Afro-Surinamese women, it was found that they do not generally insert stones, herbs, antiseptics, newspaper, etc., rather they use herbal genital steam baths (2007a: 86). Siddi women were found practicing both, inserting herbs, cotton balls, antiseptics (cotton balls dipped in Dettol or alcohol), and also using genital steams.

All these observations led me to think about the debate of concept versus practice, which further strengthens the point that was made in the introduction of this chapter; a mere comparison at the ethnobotanical level or at similarity/ dissimilarity level of practices would have been insufficient to understand the evolution of current medical practices, which although different at first sight, have the same conceptual beginning. The female reproductive healthcare regime is one such core area of the Siddi healing system that provides an insight into the African roots of Siddi healing system and its evolution. These concepts and practices about vaginal/reproductive healthcare are linked to the

broader ethno-medical beliefs of Siddis. For example, the application of humoral theory in most of the treatments.

6.3.3 Therapeutic Meal for Restoring Strength

Unlike during pregnancy when the *thandu* i.e. the cold part of the humoral theory dominated, in the postpartum therapeutic phase the *garam* 'hot' part dominates. Be it the hot herbal baths or the vaginal steams, or the food items, which are hot in nature, Siddis believe that during this period body should be protected from cold things and environments. When the woman's body loses blood during and after childbirth her body loses heat and becomes weak and therefore hotness, through various sources is required in order to prevent any health problem (also read Dennis et al., 2007: 493, White, 2004:183 on similarity to this concept with other cultures).

Paak, is a sweet, which is made of wheat flour, ghee (cow or buffalo's butter), ***gud*** i.e. jaggery (made from sugarcane extract, *Saccharum officinarum.* L.), ***gond/goond*** an extract of *kadayo* tree (*Sterculia urens* Roxb.), ***kaju*** i.e. cashew nuts (*Cajanus cajan* L.), ***badam*** i.e. almonds (Prunus dulcis L.), ***sonth*** i.e. dried ginger (*Zingiber officinale* Rosc.). It is believed that the sweets like *paak* that are rich in nuts and 'hot' things help the new mother to restore her lost energy, creates hotness in her abdomen and cleanses her uterus i.e. aids in expelling childbirth blood (Reissland and Burghart, 1989: 50) and provide strength to her back (*gond/goond, Sterculia urens* Roxb is especially mainly added for back strengthening). There are specific food items, which have precise role in the postpartum care. These food items have been mentioned below along with their therapeutic role.

Fig 6.2 Siddi mother roasting wheat flour (above picture) and frying *goond (*the picture below) for preparing *paak* for her daughter (the woman on the right side) who has just delivered a baby boy (28 days before)

A) Food for lactating mothers

- ***Bajra** ki roti* i.e. breads made of pearl millet flour (*Pennisetum typhoides* L.) and not wheat are eaten. *Bajra* is hot and thus not only increases lactation but cleanses the dirt of the stomach also (i.e. the postpartum bleeding).
- ***Gehun** ki bakhri* i.e. very thick breads of wheat flour. These are different from the normal roti/ bread and are thick.
- ***Gola*** i.e. coconut (*Cocos nucifera* L.), eating of *gola* is encouraged a lot by Siddi women in the postpartum period. It is considered a very helpful food to boost milk production among the lactating mothers.
- ***Suadana*** (*Peucedanum graveolens* Benth & Hook), should be roasted and consumed as much as possible during lactation period. This also helps in preventing stomachache among breastfed infants.
- ***Tanjario*** (*Amaranthus lividus* L.), the leaves are used for making curry, which is eaten with *bajra ki roti*.

The idea that mother's diet impacts the health and body of the infant was found to be very popular. Therefore, a lactating Siddi mother has to keep a check on her diet and has to eat the right things. Siddis believe that dietary restrictions are the key to good maternal and infant health. Especially, the stomachache related problems of infants (who are solely dependent on mothers' milk) happen either because of *nazar* or due to a problem in mother's diet. Therefore, the mother has to keep a strict check on her diet. She is encouraged to consume food, which is purgative in nature.

*Women who face problem in lactation should wash their breasts with hot water to boost the milk flow.

B) Food for cleaning of stomach i.e. childbirth blood

Siddis believe that postpartum bleeding is nothing but *bagaar* i.e. 'dirty/waste blood' coming out of a woman's body and it is necessary that the womb is cleaned completely. If left unclean it can cause health problems for women in the future. Not only this, women will be left with a paunch for life and won't retain their original figures. Therefore, food, which is considered 'hot' in nature, is consumed a lot by the new mothers. The following 'hot' food items according to Siddis helps in eliminating the *bagaar*.

- ***Methi*** seeds (*Trigonella foenum-graceum* L.) curry is made and salt, oil, onions, and spices like, red chilly powder coriander powder, turmeric powder is added into this.
- Egg curry. All the above-mentioned food items are also added to this.
- ***Ringda*** i.e. Aubergine (*Solanum melongena* L.) curry is made with the same spices.
- ***Karela*** *i*.e. bitter gourd (*Momordica charantia* L.) curry is made with the same spices.
- *Sheera*, which comprises of, ***Bajra*** *ke aata* i.e. pearl millet flour + jaggery + *ghee*[45] is given to women for 40 days. *Sheera* is a semi-liquid food. *Sheera* serves all purposes, it is made of hot things so it cleanses the stomach and boosts milk production. Secondly, it has got *ghee* in it so it provides strength as well.
- Black tea, which has jaggery and dried ginger, is consumed for six days after childbirth.
- A powder made of the following ingredients: Dry and make powder of ***mamejavo*** plant (*Enicostema hyssopifolium* Verdoon) and mix it with powder of ***methi*** (*Trigonella foenum-graceum* L.)+ ***jambuda*** (*Syzgium heyneanum* Wall.)+ ***karela*** powder (*Momordica charantia* L.)+ ***kidamadi*** (*Aristolochia bracteolata* L.,)+ **gala vel** (*Tinospora cordifolia* L.)+ ***kadukadiyato*** *(Haplanthus verticillatus* Roxb.,)+ ***kaljhiri*** *(Vernonia anthelmintica* (L) Wild.)+ ***kankasiya*** *(Caesalpinia crista* L.). This powder works as a stomachic in the postpartum period and can also be taken for stomachache problem by adults.

These therapeutic meals, which are 'culturally dictated' are consumed for different purposes in the postpartum care period and prevent Siddi women from malnutrition too (Boer & Lamxay, 2009: 85). Nuts, butter, vegetables, some non-vegetarian food items, milk, cereals etc. and proper rest make Siddi women healthy.

6.4 Infertility, Irregular Menstrual Cycle and Related Problems

If not exactly a stigma (Whiteford and Gonzalez, 1995: 27-28), infertility is a matter of grave concern among the Siddis. All possible methods are utilised by Siddi men and women to become fertile and able to reproduce. Both, *dava+ dua* operate together to resolve this problem. As mentioned in one of the above sections (on 'during pregnancy') Siddis believe that a cold womb is a fertile womb. Therefore, if a woman is facing problem in conceiving then she should be given medication, which makes her womb cold and she should avoid 'hot' food[46].

> "*Ander se thanda hona chaie i.e. it should be cold from inside*"- Yasmin, a midwife from Sasan Village

[45] All these ingredients are cooked together. First the flour is roasted a bit and then *jaggery* and *ghee* is added.
[46] Of course, *dua* will be an essential and major part too of this treatment regime

Siddis visit the *dargahs* and *chillas* of their *pirs* and ask for *mannat* (wish). *Dua* is very important for a childless couple and a mother especially. *Mai Parasam's* blessings are very important for childless women. As shown pictographically in the previous chapter on *dua,* clothes of an infant are offered on the grave of *Mai Parasam* after the wish for a child has been fulfilled.

> *"If you do something wrong or you have done something wrong then, the Allah can punish you and therefore, you can be childless. So, only the almighty can help you and hence dua should be made to the pir. Dua=dava and dava+dua= medicine i.e. the cure*"- Shabana, Jambur Village

During an interview with the midwife and other Siddi women the following plants and products were mentioned, these *desi dava* items helps in making the womb cool and hence, fertile. ***Takmaria*** (*Impatiens balsamina* L.) and ***ratwalia*** (*Phyla nodiflora* L. Greene.).

Powder of ***takmaria***'s seed + *shakkar/ mishri* (crystalised sugar) + juice of leaves of ***ratwalia*** is mixed and kept in a glass[47]. The glass is then placed near an earthen pot overnight. The following day the woman has to drink the mixture on an empty stomach. She has to follow the procedure daily, until the time she conceives. All these ingredients are considered 'cold' in nature. It was observed that *takmaria* seeds were even used by juice and shake vendors of Gir in the summer season. They would add them to lemonades and other various flavored drinks because they will provide coolness to the drinkers/customers.

Another concoction is: ***kesar*** i.e. saffron (*Crocus Sativus* L.) + some *mishri* (crystalised sugar), mix them both in 1 glass of cow's milk. Keep this mixture overnight and drink next morning.

The process should start just after the menstrual cycle of the woman finishes. This *dava* keeps the womb 'cool'. This *desi dava* is used both to start the periods (among girls/ women who are facing such problem in their reproductive age) and to regulate the irregular menstrual cycle.

Similarly, the following plants and food items are also used for starting stopped or delayed periods:

- Bamboo (*Dendrocalamus strictus* Nees in L.): Boil 100 gms of bamboo in 1 ltr water till the time only 100 ml is left. Then this should be drink.
- ***Gajar*** *i.e. carrot* (*Daucus carota* L.): Make powder of its seeds and boil them in water. Drink this water.
- ***Kalonji*** (*Nigella sativa* L.): Boil the seeds in water and drink the water.

[47] In an extreme case if *ratwalia* is not available then milk can be used as its substitute for sometime

All the above three things should be consumed for five days or till the time periods begin (whichever is earlier).

Zakhir, a very famous Siddi *bapu* from Jambur reflected upon the two types of infertilities. First is when a woman is unable to conceive due to some problems. This woman has periods or has had periods in her life. Second is when a woman has never had periods in her entire life. Such a woman is called *banjh*; she has been infertile for her entire life. She does not have pubic hair. Thus, where for a fertile woman the treatment is more about regulating the menstrual cycle and maintenance of womb conditions, *desi dava* for a *banjh* woman is all about starting her ovulation cycle. It is necessary to first produce an egg that can be fertilised and hence, the treatment for a *banjh* woman differs from any other woman who is facing infertility. The treatment for a *banjh* woman is as follows:

- ***Paras pipla*** (*Thespesia populnea* L.Sol. ex Corr.): dry its seed and make its powder. Boil this in milk and drink till the periods start.
- ***Pipal*** (*Ficus religiosa* L.): dry the aerial roots, make their powder and boil in milk. Consume the milk.
- Make powder of ***varyari*** (*Foeniculum vulgare* L.) add *mishri* (crystilised sugar) powder, ***umbra****'s* fruit (*Ficus racemosa* L.) powder, ***nariyal***'s flower's powder (*Cocos nucifera* L.) and mix all of them. Add *ghee* to this mixture and heat it. Let it dry. The woman should consume it continuously for 10-12 days.
- Mix powder of petiole of ***khakhra*** leaf *(Butea monosperma* Lamk.) with powder of seeds of ***mehndi*** plant *(Lawsonia inermis* L.) in equal amounts. Then this powder should be consumed twice daily (empty stomach).
- Take ***shivlingi*** (*Diplocyclos palmatus* (L.) C. Jeffrey.) seed's powder, add ***paras pipla*** (Thespesia populnea (L.) Sol. ex Corr.) seed's powder and then the same should be boiled in milk and consumed on the first day of the periods for three months. After three months, on the 12th, 14th and 16th day the woman should have intercourse in order to conceive.
- It is advised that 1 tbsp of honey should be mixed in cup of lukewarm water and should be drunk daily on an empty stomach. It is advised that the consumption of onion should be also reduced at this time. This practice will reduce the fat composition in the patient, which will then eventually result in the onset of her periods. Honey is hot by nature and would burn the fat. Therefore, the woman can then conceive.
- 'Soak the dung of *'roz*' 'Indian blue bull' aka. *Nilgai (Boselaphus tragocamelus*) in water for overnight, add some *mishri* into it. Next day sieve it and drink 1 cup of this water empty stomach. This will cool down the womb. "*Although, it is in the hand of the Allah to bless you*

with a child but at least by following these practices a perfect womb can be created to develop a foetus"- Karim Bapu, Jambur Village.

6.5 Childcare

Considering the high infant mortality rate and the aim of Millenium Development Goal to reduce the neonatal mortality to 2/3rd by 2015, it is good to understand the traditions of nurturing and caring for a newborn in a community. In Gujarat the infant mortality rate is 36 as compared to the national figure of 40 (National Health Mission, 2013). Unfortunately, individual data for the Siddi tribe is not available but the PHC data and observations made during the fieldwork hint towards a good neonatal survival rate. An understanding of these concepts and behaviours can help in alleviating the problem of neonatal deaths and health problems (Winch et. al, 2005: 478) in Gujarat and the rest of India. In the Siddi community newborns and infants are considered the most vulnerable to health problems that are related to the impact of evil eye, bad human intent, changing weather conditions. And ethnobotanical remedies play an important role in combating these problems (see Thairu and Pelto, 2008: 198-200; Van Andel, 2009:148 on their studies on children healthcare). Where in curative medicine (mainly for cold and cough) a mixture of both biomedine and traditional medicine is used, in preventive care it is mainly traditional medicine (*desi dava*) and ritual healing (*dua)*. Focus is laid on preventive healthcare practices so that the child grows healthy. I noticed that Siddis, although being economically unstable, pay a lot of attention to their children's health. They are very cautious for their children's health and would take them to the PHCs without any delay. Here I show how *desi dava* especially, plants are used in the healthcare regime of children in the first few years.

Childcare in many cultures involves use of folk remedies based on herbal products and faith healing (De Zoysa et al., 1998: 2106-2108; Heuveline & Goldman, 2000: 353), however, the same have been poorly documented especially for African diaspora people. Siddis still rely on herbal remedies to cure and prevent many illnesses of their children, which makes it an essential component of their healing system. Further in this section, I will provide the excerpts from my field notes and the names of the plants, which are majorly used for childcare and helps in understanding the cultural importance of herbal pharmacopeia (Ruysschaert et al., 2009:121) in the lives of Siddis.

6.5.1 Herbal Baths and Other Practices Related to the Newborn

As in many other Indian communities, the sixth day after the birth of the child is considered important to Siddis. It is called *chati,* derived from the Hindi word *cheh*, which means six. A young mother of a newly born child from Sasan Village informed me that on *chati* people bring gifts and new cloths for

the newborn. Also, the family seeks blessings from the *pir,* and *kohl* is applied in the eyes of the infant (to protect from evil-eye). The first ritual bathing of the mother and the child takes place on this day. First a *lep* 'body mask/paste' made of *bajra* flour (pearl millet) and *jaggery* is applied on the newborn's body and then the same is massaged gently. After that an herbal bath is given to both, the mother and the child (see section 6.2.2). Such herbal baths are followed during the entire postpartum period. Post *chati* begins the period of less seclusion, the mother can roam in the house now (but still not outside the house), and more people can come and visit the mother-child duo now. Herbal baths for infants are common among many cultures and Siddis mainly incorporate them to boost the immunity and for maintaining a good general health condition of infants (also see Winch et. al, 2005: 481; Li et al., 2006 on purpose of herbal bath in Chinese communities, Ruysschaert et al., 2009: 168 on Maroons). The ingredients of the infant herbal baths are almost the same as those used for mothers. However, for mothers the herbs are used to prevent backache, and, for cleansing the stomach and uterus, whereas for children the same herbs strengthen bones and boost immunity. It is seen as a preventive medicine for the newborns.

Apart from herbal baths, the wound of the umbilical cord is also treated very seriously by the Siddis. ***Gandharavaj*** i.e *Acorus calamus* L. wood is burnt in a *chula* 'earthen cooking gas' and its powder is prepared. Then the powder is applied to the newborn's belly button area. This practice would make sure that no infection spreads and the wound heals after the removal of the umbilical cord. Some older Siddi women recalled the times when childbirth was commonly done at homes. The women told, if the umbilical cord of the newborn remains attached with that of mother or is stuck inside, then the mother should fill her mouth with pearl millet flour and should start coughing loudly, thus, throwing the flour out of her mouth. The force would expel the umbilical cord outside the mother's body.

6.5.2 Common Treatments for Infants and Children

Stomachache, acute/chronic respiratory infection, proper growth/health and restlessness among infants (could be due to fever, cough, cold or *nazar* i.e. evil eye) and effect of *nazar,* are some of the major concerns among Siddis when it comes to the healthcare of infants and children. Since, newborns and children are most vulnerable to disease and supernatural forces (like *nazar)* certain preventive herbal medicines are given and some rituals are followed to keep evil forces at bay. For example, to cure stomachache among infants, which is usually determined by symptoms like persistent crying of the child, upset stomach (loose motions) the below mentioned herbal remedy is utilized and many of the times a ritual is also followed. This ritual is necessary because it will cure the effect of *nazar*. Most of the health problems of children are related to evil eye.

"*The mother would chew some grains of Suadana* (*Peucedanum graveolens* Benth & Hook.) *and then would mix it a few drops of her own breast milk. She will then put it in a chunni (cotton stole/long scarf, wore by women in India). She will then squeeze out the juice and put the drops in the infant's mouth. This is very good to keep the child healthy and cure stomach ache*"- Yasmin, a Labourer from Sasan Village
A substitute of *suadana* is *ajma* (*Trachyspermum ammi* L.)

"*Add some vegetable oil and water in a bowl. Revolve the bowl seven times above the child's head. Pound the bottom of the bowl with a sickle and then apply the water and oil on the stomach of the child. This will cure stomachache*"- Rojina, Housewife, Sasan Village

Sudharshan phanki, is an *Ayurvedic* powder, which is available easily at the local pharmacy shop. Siddis use this powder to cure stomachache of children. The powder is made from various herbs and is considered highly effective by Siddis.

Another homemade powder, which is a mixture of many different powders, is also given to children of 4-5 years of age to prevent stomachache and to maintain healthy growth. Stomach related problems are considered very common until this age because before that age many children are dependent on their mother's milk. Therefore, a mother who eats different kind of food can indirectly affect her child's health. Powder of the following plant products is mixed and a small amount is given to the children:

Powder of dried flower of ***chamar dhudeli*** (*Pergularia daemia* (Forsk.) Chiov.) + Powder of roasted seed of ***kankasiya*** *(Caesalpinia crista* L.)+ Powder of ***vagandi*** (*Ferula alliacea* Boiss.)+ Black salt + Juice of leaves of ***kadukadiyato*** (*Haplanthus verticillatus* Roxb.) + Powder of leaves of ***ardusi*** *(Adhatoda vasica* Nees).

Similarly, ***Ingoria*** (*Balanites aegyptica* L.) is one of the most important plants used for infant and childcare. It is mainly used to cure restlessness (causes could be multiple; fever, cough, cold) and inducing sleep in children. But there is a firm belief that this fruit is essential for the proper growth of children. Almost every household (with a child) mentioned using this plant for good health of their child/ren. The tree and its fruit are found abundantly in the forest area. The popularity of *Ingoria* fruit is not only among the Siddi but also among the other communities and tribals as well. Maldharis also rely on *Ingoria* a lot for the health of their children. All the people I interviewed told me that when a child is suffering from cold, cough and stomachache and is unable to sleep properly then we give him/her *Ingoria*. Also, it is given for a good sleep cycle in children and in also maintaining their good health.

Biochemical testing of the composition of the seed of the *Ingoria* fruit and the pharmacological impact of its constituents was beyond the scope and aim of my research. However, after going through literature available on *Balanites aegyptica* L. it was found that the tree and especially its fruit is of great medicinal significance. The tree, native to Africa and South Asia (growing well in dry regions like, Gujarat), has been found to be of various medicinal uses. Where the extract of fruit is considered to have spermicidal property, the seed has been documented to have expectorant, febrifugal, antibacterial, and antifungal properties (expectorants are drugs that increase the bronchial secretion and enhance the expulsion of mucus by air passages of the lungs. This makes it is easier to cough up the phlegm or sputum. Expectorants are used in cough mixtures for chesty coughs). In Nigeria, Ethiopia, Senegal and Morocco the seed is used to cure stomachache and as a purgative for colic (Chotani & Vaghasiya, 2011: 57-58). But with the emphasis laid on the fact that the seed induces sleep and relaxes a cranky child has made me ponder about the sedative nature of this seed. Hence, a phytochemical study of the seed can prove highly helpful.

Likewise, the Siddi families use SOMVA-34, also an *Ayurvedic* powder for the growth and health of their infants. The powder is readily available at the local shops and pharmacies.

> "*I give SOMVA-34 powder's phanki (a peck) to my daughter who is 8 months old every evening around 6pm. I have also added Ingoria's powder in this*. "- Zarina, first time mother from Sasan Village

This mother has improvised the *Ayurvedic* powder by adding *Ingoria'*powder into it. This practice was also told to be common. The purpose of both the powders is quite similar and hence it is believed that they can be combined. Head and body massage of the infant is done with *Johnson & Johnson* baby oil or any other *Ayurvedic* oil, which are readily available at shops. Massage is considered important because this makes the bones of the infant strong. The above excerpts and observations show that in order to prevent health problems people mix these options and at times utilize multiple remedies at a time. *Desi dava*, Ayurvedic powders/ oil and biomedical items like *Johnson & Johnson* baby oil is used.

Chronic/Acute Respiratory Tract Infection (C/ARI) is considered a life threatening and serious illness and hence not only the Siddis take children immediately to the doctors but also follow one or more of the following *desi dava* options, which are mainly ethnozoological. Siddis describe this health problem with symptoms like heavily blocked chest, difficulty in breathing, heavy breathing and hence have remedies, which will help in clearing the chest or the breathing passage. According to the UNICEF report (1995), ARI results for 26% of total childhood mortality in developing countries. Hence, a better understanding of the knowledge and folk remedies among different communities should help in designing better medical strategies for lowering ARI related child mortality rate.

a) Leg of a housefly is given with water to the child; this will function as an emetic and will thus push the child to vomit. After vomiting the child will feel better as the chest will be unblocked.
b) Seeds of ***Piludi*** *(Salvadora persica* L.) are roasted and then its powder is made, which is given to children with water.
c) If the shedded skin of *salva* i.e. Indian Pangolin (*Manis crassicaudata*) is found or is available then that should be burned and its smoke should be inhaled by the ill child.
d) A needle is heated over the flame and is touched on the crotch of the child.

The graph (representing the age group and number of patients visiting PHC every month) presented in chapter 3 clearly indicates the focus of Siddis on the health of their children. For young children, Siddis without making any delay would also consult the local doctor/pharmacist at the nearby PHC, although they will complement this with their traditional medicine. And very importantly, a doctor's advice is sought to detect the health problem. Doing this helps in channeling the energy of Siddi men, women, medicine man/woman in preparing and administering the right traditional medicine.

> *"To detect the exact health problem we visit the doctor and then if possible continue our desi dava*"- Rojina, 25, Housewife, Sasan Village

It was found that for health problems like common cold, cough, and fever Siddi mothers and other family members would take the children to the PHCs more often as compared to any other health problem. Unlike, a peculiar methodology to treat ARI/CRI, or an elaborate list of herbal ingredients to cure and prevent stomachache, Siddis were found using biomedicine quite significantly for curing the above-mentioned illnesses. *Desi dava* and home-remedies were also used exclusively and in combination with biomedicine to cure these health problems. The majority of the Siddis gave children biomedicine to cure the problem quickly because these health problems otherwise usually take a long time to get cured. Hence, most of the times use of biomedicine preceded use of herbal remedies. Ruysschaert et al. in their study on Saramaccan Maroons in Suriname also documented a very similar behaviour (2009: 167). The following herbal medications for cold and cough are used by the Siddis:

a) Some ginger is boiled in water and the water is given to the child to drink
b) ***Sonth*** i.e. dried ginger powder is applied on the chest and nose of the child. Since ginger is warm in nature it is believed that will cure cold and cough.
c) Some turmeric powder is mixed in goat's milk and boiled. The same is given to the child to drink.
d) Some ***ajma*** (*Trachyspermum ammi* L.), powder is given to the infant immediately after delivery. This will prevent cold and cough.

e) Powder of ***baheda***'s (*Terminalia bellirica* Gaertn.) seed is given to the child with water or mother's milk. This will ease the cough and will facilitate good sleep.
f) Use of vicks vaporub, cough syrups (prescribed by physician) for congested chest, cold and cough problems is made.

"It is well known from literature that folk illnesses usually do not have a direct one-to-one correspondence with discrete diseases within the biomedical system" (Vandebroek et al., 2008 quoted from Ruysschaert, 2009: 167). However a folk illness like 'evil eye' is related to diverse symptoms such as diarrhea, crying and feeding problems, lack of appetite, fever, vomiting, stomachache, which could have several clinical causes. Hence, such folk illnesses are worthy of medical attention, as in case of neonates and infants they can prove fatal (Ibid). In chapter 5 the concept of *nazar* and its correlation with the health and health problems of Siddi children was elaborated in detail. Most of the illness symptoms in the case of children were found to be linked with *nazar* and certain rituals were performed quite regularly with or without *desi dava* or biomedicine. For example, from *chati* onwards kohl is put in the infants' eyes to keep them cool and for protection from *nazar.* Holy ashes are fed to the children; holy oil is used for body massage, an amulet is tied around the neck or hand of the children. Other rituals include visits to *kul pir's dargah* (i.e. a clan's deity) and *Nagarchi pir's dargah* on the day of child's *mundan* i.e. the first hair removal ceremony and offering of *prasad* (traditional sweets) to the *pirs* and other people.

Below are some more preventive, curative and general health remedies that are practiced by the Siddis of Gir, Gujarat:

1) In case the Siddi mother faces problem in breast-feeding her infant or if the mother's milk is insufficient to fill the infant's stomach then the child is fed with cow or goat's milk, not with buffalo's milk. Buffalo's milk is considered heavy in nature and is thus difficult for the infant to digest.
2) When the infant is six months old Siddis start feeding him/her with biscuits (dissolved in milk/tea). And from ninth month onwards they start giving some liquid and loose food like *khichri* (a very easy to digest food made of rice and lentils) to their children
3) Children are encouraged to roam and play freely in the lap of nature. Children play in soil and infants crawl on it because these activities according to Siddis help in developing immunity of their children and hence make them strong.

6.6 Conclusion

Women globally use various practices to achieve a desired vaginal state related to sexual pleasure, health and wellness (Hilber et al., 2010: 398). Through this study it was found that Siddi women follow numerous traditional practices, which are both preventive and curative in nature and aid in maintaining the tightness and cleanliness of their vaginas. The period of *challish divas* (40 days) is observed as the postpartum care and neonatal period, when preference to the *garam* 'hot' side of the humoral theory is given. To simply state that Siddi woman trust biomedicine or a doctors' healthcare regime more than their traditional knowledge and practices of the postpartum period would be incorrect. Despite the presence of a medically plural environment and the government's emphasis (through PHCs and local health attendants) on hospital aided child delivery, and postpartum care for every woman, Siddis still adhere to some of their traditional reproductive healthcare practices. However, preference for hospital-aided delivery among the young generation and present generation mothers (especially) was also witnessed. A selective attitude steered by cultural beliefs was seen determining the choice of healthcare. A few traditional practices, like herbal baths, use of *golis* for vaginal care, and the application of humoral theory in diet and lifestyle practices (during pregnancy and postpartum period), are some things which Siddis swear by. Siddis from different income groups and education levels were almost equally involved in practicing these traditional remedies.

When the cultural importance and relevance of these reproductive practices was investigated, it was realized that it is mainly the psycho-socio-cultural pressure (or belief) that harm done during the postpartum period is not easily reversible and hence the traditional practices are undertaken with a belief and fear to avoid future illnesses (see Dennis et al., 2007: 498). Unlike biomedicine, these traditional herbal remedies have been used for generations, so Siddi women do not want to take any risk and regret in future for not having followed their cultural medicinal practices. Another reason stated was the mismatch in the understanding and interpretation of healthcare concepts and rituals in biomedicine and its practitioners. Many believe that biomedicine cures one problem and then produces another in return. Like the Mexican migrants in Los Duplex (Waldstein, 2006: 299 & 307), the Siddis' concern is the safety and side effects of the pharmaceutical products, which is why they prefer their traditional medicine, which they consider is natural and without side effects. Thus, many Siddis consider biomedical methods as a superficial cure, just a quick healing response that makes people dependent upon biomedicine.

While a number of studies have been conducted among the African diaspora in America, among African communities, and among many other cultures and communities, this is the first study on reproductive practices of Siddis. Similar to the practice of douching (Ruche et al., 1999:191) and dry sex (Van Andel et al.), the usage of vaginal therapeutic practices, and *goli*s in particular, has a strong

cultural component. Many studies, such as Ruche et al. (1999: 194), Brown & Brown (1999:183) and Halperin (1999: 445), have mentioned the higher frequency or popularity of reproductive healthcare practices that involve intravaginal ingestion of various herbs/plants/material/liquids or douching among women of Africa, African origin/descent, or African diaspora, as compared to women of other countries and ethnicities or communities. However, it was also discovered during the study that Siddis of Gir highly recommend use of *golis*, which should be ingested in vagina while those in the African diaspora in the Americas mostly do not ingest anything in their vagina. Where Siddis of Gujarat use a substantial number of plants for the production of *golis* and quite a smaller number of plant species for herbal baths and vaginal steam, on the other hand the African diaspora people in Americas use numerous plants for herbal baths and vaginal steams (Van Andel et al., 2007a). Siddis, unlike Maroons and others, didn't explicitly mention *"*sexual pleasure" as one of the main purpose behind maintaining a tight vagina.

Traditional intravaginal practices are widespread but so is their connection with STDs, HIV and RTIs (Ibid and Hilber et al., 2010: 393). With a dearth of studies, reports and data on the health status of Siddis, and especially on their sexual/ reproductive health, it was impossible to establish any correlation between their vaginal practices and STDs. The limited amount of data collected from the Sasan PHC also cannot be considered reliable because according to that data rarely has any Siddi woman visited the PHC for vaginal discharge/ leucorrhea related problems. The frequent mention during fieldwork of the use of *golis* to cure and prevent leucorrhea/vaginal discharge problems raises the question of why women avoid the PHCs? Do *golis* hold a key to any/some chemically active ingredients that prevent such problems among Siddis, or is it the case that Siddis do not believe or trust biomedicine and doctors enough when it comes to vaginal healthcare, and hence do not actually visit a PHC when they face such problems?

The implications for women's healthcare practices and the change they induce in the vaginal environment and flora may be highly significant. Further research on vaginal and sexual healthcare practices of Siddis would help us understand the concept of *"dry sex*" (if present) and its link with STDs and HIV, as shown among other communities, especially African diaspora people. This will help in realizing whether such practices have aided the health of Siddis or they have been making Siddis more susceptible to such illnesses.

Childcare among Siddis was seen to incorporate traditional remedies and rituals, which aim at 'health-promotion' and 'disease prevention' (Ruysschaert et al., 2009: 169). These include the herbal baths, the performance of certain rituals to prevent and cure *nazar* 'evil eye', the use of some biomedical, herbal and *Ayurvedic* powders or tonics for healthy growth of infants/children, and dietary restrictions on mothers during the postpartum period, with the aim of producing adequate milk for the newborn

and to reduce any side effects of food on a newborn's stomach. Siddis like to choose from all the available healthcare options and many times these options are used in combination. One of the most interesting examples was the addition of *Ingoria* powder (*desi dava*) in an Ayurvedic powder (SOMVA-34) to enhance the effect of both the powders. Certain health problems, like stomachache, cold, cough, and ARI/CRI, are the most commonly listed health problems by the Siddis for their children. Symptoms of evil eye, such as restlessness, vomiting, lack of appetite, and fever also worry Siddi parents and family members.

This chapter has elaborated the many practices used to care for women and children, which collectively reflect the core of the Siddi healing system. Reproductive and child healthcare practices provided an insight into some traditional remedies of Siddis. A comparative analysis of these practices and the interpretation of causal factors and related remedies are clues to the African roots of the present Siddi healing system, which otherwise was not visible in the ethnobotanical comparison presented in chapter 4. Similarly, this chapter showed while Siddis use the same flora as Maldharis, they do so in a different way and for different purposes. Some of these practices also showed how *dua* is involved while practicing *dava* (herbal remedies). Be it the fertility issue, where *dua* plays a pivotal role, or the time of childbirth or cure of *nazar*. The traditional knowledge related to women and children is part of the Siddi 'cultural domain of health and medicine' (McDade et al., 2007: 6134). This domain reflects the increasing role of alternative medicine in contemporary times, when biomedicine and health attendants more frequently emphasize the use of readily available medicines. However, more studies on the plants used in childcare (e.g., *Ingoria*) and female healthcare are needed to bring clarity on the extent of the contribution of traditional practices and herbal pharmacopeia in Siddi healthcare overall. Considering Siddis' adherence to the healthcare practices described here, it seems these practices are probably more important for women and child development than previously thought.

Chapter 7. Conclusion

This thesis shows how Siddi traditional medicine is a reflection of dynamics involved in continuity and change in African diaspora populations. The research presented in this thesis has documented how ethnomedicinal knowledge (e.g. the concept and meaning of health, ill-health, self-care practices, role of ritual healing, knowledge of medicinal plants, explanatory models), and practices impact health, and how Siddis navigate through therapeutic plurality and make their medical choices. By carefully studying factors like available medicinal choices to Siddis, their history, religion, socioeconomic status and cultural beliefs, the research has shown how the current Siddi healing system functions. The thesis also discusses how Siddis choose particular healing forms, not only because they are effective or they cure health problems, but because they strengthen their professional and collective identity, and also their position/status in Indian society. The research has contributed to the field of medical anthropology by discussing how different traditions of healthcare co-exist, and evolve.

The case study shows that in Gir Gujarat, there are hospitals (i.e. biomedicine), *Ayurvedic* medicine shops, traditional healers or medicine practitioners from various communities and religions, and *dargahs* for ritual healing; that is an array of medical choices are available to Siddis and other people. Each system of healthcare has its own kind of popularity among Siddis and others, depending on the need and purpose of choice. Where almost every type of health problem can be cured by each healthcare system, Siddis use a mix of healthcare systems and like most other people do not stick to one type (for reasons of access, economic impact of medical choice, literacy level, religion, cultural beliefs, knowledge or awareness). However, it is not that the different systems of healthcare co-exist without being affected by the others. The systems do influence each other, but the influence can be one-way, where one system only impacts/changes the other, or it could be both ways. As discussed in the previous chapters, the Siddis' healing system of *dava* & *dua* has been highly influenced by the *Ayurvedic* system of medicine. Certain readily available syrups (SOMVA-34), oils (Dabur Ayurvedic Tel) and other items are used by Siddis instead of their own traditional or homemade items. The Siddis were also seen using biomedical facilities to detect health problems that were later cured by traditional medical remedies. Similarly, the hospitals, especially the Government run Public Healthcare Centers (PHCs), and their workers were seen highly engaged in educating the local people about the benefits of biomedicine over their traditional medicine and remedies. This is done even when the facilities are available for free to the people. Even if biomedical facilities were used, *dua* was practiced because it strengthens Siddis' social position and identity. In this way, the role and

significance of faith healing centers of Siddis (*dargahs*) and the healers (*bapus*) have evolved over time.

One major contribution of the thesis is that it has provided an account of Siddi medicine that is comparable to studies of the African diaspora in the Americas. Prior to this study, there was an almost negligible amount of work on the medicinal knowledge of African diaspora people in India. If we wish to further understand the presence and impact of the African diaspora's ethnomedicine in a global context, then it is important to understand the presence and functioning of traditional medicine in the Indian African diaspora population also. A combined understanding of the rituals performed, the cultural therapeutic beliefs, disease etiology, medicinal plant knowledge and the methodology of medicine preparation and usage of medicinal plants, has helped in identifying and understanding some of the factors associated with the similarity and dissimilarity of medicinal concepts in the American and Indian African diaspora populations, which demonstrates the significance of adaptation in the local environment. The study might be useful in the future as it provides baseline data on the traditional ethnobotanical knowledge of Siddis of Gujarat, which can be used for further analysis and comparative studies between American and Indian African diaspora populations. For example, future research could address the extent of relationship between the medicinal flora and the composition of the floristic environment (as in Voeks 2004).

Although uprooted from their motherland in Africa, the various African diaspora populations still embrace some of their cultural practices that provided them an identity and sense of purpose in their host countries. Where, Basu (1993, 2001, 2008a, 2008), Shroff (2008 & 2011), De Silva Jayasuriya (2006, 2011a, 2011), Lodhi (2008, 1992) et al.'s work has discussed the role of Siddi *dhamaal/goma* dance and shrines of Siddi ancestral saints (mainly *Bava Gor's* shrine) in building the collective identity of Siddis living in Gujarat and other parts of India, my research has not only further complemented their work but has added to it by discussing the role of another important *pir, Nagarchi bapu* of Jambur village. The legends related to this *pir* and his shrine give more insight about the role of Siddi shrines, the rituals performed at these shrines and how they are deeply associated with the healing system of Siddis. I have shown that through drums the cure for evil-spirits and other supernatural causes of health problems are provided at this shrine. The symbolic and faith healing acts and rituals performed at this shrine have added to the existing knowledge on the importance of dancing and drumming in the Siddi population. Although believed to be a non-Siddi saint, the *Nagarchi bapu* emerged as the protector of Jambur village and Siddis. His shrine is the one where four times in a day (coinciding with prayer times in Islam) holy drums are beaten by Siddi *bapus* not only to cure the people possessed by evil spirits but also to keep Jambur village and the Siddi inhabitants of this village safe from any natural calamity or evil forces. In the context of *Nagarchi* pir*'s* shrine, the concepts of *dua* (blessings and rituals related to faith healing), *dava* (ethnomedicine)

and the embedded African roots in the Siddi healing system can be understood and discussed. The study also showed how this shrine emerged as a place where the religion and the religious practices of Siddis found a space to interact and express. Unlike a Mosque, this is a shrine (a Sufi religious place) but the timings of drum beating (an acceptable practice in Sufism) coincide with the prayer timings in Islam.

Comparative analysis of the two African diaspora populations revealed a high level of similarity in the cultural beliefs, preventive and curative traditional remedies, especially related to female (vaginal) healthcare. Where the impact of traditional postpartum and female (vaginal) practices has been studied in depth for the American African diaspora, and there are health statistics available to show the correlation of these practices with health problems, there is no reference point or data available for Siddis/ African diaspora population in India. Through my research it was realised that the African diaspora population in Gujarat has been using some of their characteristic traditional medicinal theories and health practices along with other available choices. It is for the first time through this research that vaginal therapeutic practices (i.e., usage of *golis*) have been documented and understood. Previously, dry sex practice had been discussed mainly in the context of African diaspora, African populations, Asian, South East Asians and a few others (excluding India[48]), but never for the African diaspora population in India. This is one of the few peculiar practices where conceptual similarity with the American African diaspora is visible, but the actual treatment methodology and products differed. Attention to the fact that cultural, religious, and other traditional factors play a crucial role in the therapeutic decision-making process has never been given in reference to the Siddi people.

In the wake of primary healthcare modernisation and especially the institutionalisation of childbirth, loss of cultural diversity and loss of alternative forms of primary health care is occurring. Considering the strong health beliefs and focus of Siddis on pregnant women's healthcare regime and postpartum care it is very important to understand the actual existing needs, medicinal efficiency and impact of Siddi medicinal practices on maternal health. Further research on health status, maternal and neonatal mortality rate can shed some light on the role and effect of Siddi traditional healthcare practices. Rather than completely negating the role and importance of traditional healthcare practices during pregnancy and in postpartum care, the logic behind adopting certain (few crucial) biomedical practices should be explained to Siddi people so that they understand the related health benefits and consequences.

[48] While talking in terms of inserting substances in vagina or taking vaginal steams for tightening.

This thesis also suggests that a proper health survey, which can confirm the health status of Siddis in the entire Junagadh district of Gujarat, is needed. There is a huge dearth of medical data on Siddis in Gujarat and in the rest of India. The findings of this thesis should generate the sensitivity among the policy makers and the research community to consider the importance of understanding and exploring the traditional cultural therapeutic methods, which have helped Siddis over a long period to cope with their health issues. In fact, with a better understanding of their therapeutic belief system, positive practices could be promoted in an order to further support the health status of Siddis (also see Thairu and Pelto, 2008: 194).

The Siddi cultural domain of medicinal plants was studied and usage of 149 medicinal plants was discussed. The data showed how African diaspora people over the period of centuries have become significant agents of ethnobotanical and pharmaceutical knowledge. The documentation of the use of plants by an ethnic minority like Siddis is not only an important part in understanding and analyzing elements of their traditional medical practices, but also a way to perpetuate knowledge at risk of being lost (Boer and Laxmay, 2009: 2).

Health has become a Grand Challenge for India. Infectious diseases and mortality in India are made worse by extreme poverty. With the second highest population in world, and a shortage of one million doctors and two million nurses, such popular and folk healthcare systems play an important role. The data of the research shows that knowledge, which is oral, local and currently restricted, unlike other famous medicinal systems of India (*Ayurveda, Yoga, Unani, Siddha, Homeopathy* i.e. AYUSH), holds great potential. Hence, I propose that rather than seeing such alternative forms of medicine as mere fillers of the void in the public health arena, these systems should be seen as independent entities whose role is not only to complement the mainstream biomedicine system.

Similarly, India was tasked to meet the United Nation's Millennium Development Goal number 5 to reduce the maternal mortality rate by three quarters by 2015, with 1990 as the base year. In 1990, maternal mortality was 437 per 100,000 live births. The year the goal was laid down, the rate was five times higher, and among the worst in the world outside of Africa, higher than that of Pakistan, Bangladesh, Bhutan and several times that of Sri Lanka (MDG, 2015). In order to achieve MDG5, India introduced and implemented many health programmes and schemes, for example, National Health Mission, Integrated Child Development Scheme (ICDS), Indira Gandhi Matritav Sahyog Yojana, Pradhan Mantri Surakshit Matritav Yojana, Janani Suraksha Yojana[49] in 2005 (to encourage women to deliver in hospitals). As a result, the maternal mortality rate dropped significantly. India is

[49] English translation: Mother Security Scheme) is an Indian Government scheme proposed by the It aim to decrease the neo-natal and maternal deaths happening in the country by promoting institutional delivery of babies. This is a safe motherhood intervention under the National Rural Heath Mission (NRHM)

still progressing on the UN goal. With the target of 109 maternal deaths per 100,000 live births by the year 2015. In 2013, India's figure was 167 and was expected to reach 140 by 2015 (SSD, MoSPI, 2017). However, an improvement just in MMR figures isn't enough, exact information on the causes of maternal deaths, plus feedback from women on how they are treated by public hospital staff members during child delivery, could reveal how much the quality of care at health facilities has improved. Mistreatment of women while giving birth in public hospitals, patient satisfaction and endemic corruption in the public healing system, are some of the major issues associated with the quality of maternal healthcare at public hospitals (interviews with women, observations from Health Summits and information from newspapers and news channels in India).

The data of my research, which elaborates on the focus of the Siddi healing system on maternal and childcare, can be used as preliminary data to conduct a future detailed study on the maternal and infant mortality rate among the Siddis. This would measure the implications of their health care practices. Such data might then help in establishing the importance of alternative and traditional health care practices in improving health status of other marginalised, minority and tribal people in India. If given proper support and assistance, such practices might help in reaching the bigger aim of Sustainable Development Goal (SDG3) of reducing maternal mortality rate to 70 by 2030.

Finally, my research permit being the first in the world under the 'Nagoya Protocol'[50] should become a positive example that access and benefit sharing can be a fair process and that it should be adopted to insure proper ethical conduct in research. By justifying and obeying the rules of the permit, the research has tried to present the traditional ethnomedicinal knowledge of Siddis of Gujarat. The information collected during the research period will be shared with the Siddi communities, as stipulated, and will be disseminated externally through public journal articles only, where due credit will be given to the Siddi community who is the true bearer of this knowledge. No IPR will ever be filed based upon the traditional knowledge of Siddi tribe.

[50] Under the Nagoya Protocol on "Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization", the countries are required to issue a permit as evidence that access to genetic resources is based on prior informed consent and mutually agreed terms. So far, 68 countries have ratified the Nagoya Protocol which was adopted in Nagoya, Japan in 2010 and entered into force on October 12, 2014.By promoting the use of genetic resources and associated traditional knowledge, and by strengthening the opportunities for fair and equitable sharing of benefits from their use, the Protocol aims to create incentives to conserve biodiversity and enhance the contribution of biodiversity to sustainable development and human well-being.

Appendices:

Appendix 3.1: An example of a PHC Gir-Sasan patient record

Date __/__/__			Diseases											
S.N	**Name**	**Age**	**Diarrhea**	**RI**	**Malaria**	**GI**	**RTI**	**UTI**	**Dermatitis**	**TI**	**PUO**	**Ache**	**Otitis**	**Other**
1	X	20												
2	Y	34												
3	Z	45												

Note: There was no column for sex (Male/Female)

*RI- Respiratory Infection. Subcategorized into:
*URTI- Upper respiratory tract infection
*ARTI- Acute respiratory tract infection
*GI- Gastrointestinal infection. This was used an umbrella term for mainly all stomach related problems.
*RTI- Reproductive tract infection. Subcategorized into:
*Leucorrhea- Fungal infection (white discharge among women)
*Bacterial infection (green discharge among women)
*UTI- Urinary tract infection
*Allergic dermatitis- skin related problems
*TI- Traumatic injury- mainly for sudden injuries, accident case etc.
*PUO- Pyrexia of unknown origin i.e. mainly fever.
*Otitis- ear related problems, aches.
*Others- all other health problems were specified in this column.

Appendix 4.1: Socio-demographic characteristics of Freelist participants

No.	Code	Sex	Age	Occupation	Education	Personal Income (INR)	Household Income (INR)
1	#F22R1	1	22	1	2	0	7
2	#M51A2	2	51	2	2	7	8
3	#M55K4	2	55	3	0	2	3
4	#M24M5	2	24	4, 5	2	1	6
5	#F40R6	1	40	6	0	1	3
6	#F41Y7	1	41	0, 7	0	1	2
7	#F60R8	1	60	0	0	1	2
8	#M52B9	2	52	5	0	2	2
9	#F72R11	1	72	8	0	1	2
10	#M25A13	2	25	5	1	1	1
11	#F85F14	1	85	1	0	0	1
12	#M40S16	2	40	9	2	2	4
13	#F22Z17	1	22	1	2	0	1
14	#F60R18	1	60	5	0	1	2

No.	Code	Sex	Age	Occupation	Education	Personal Income (INR)	Household Income (INR)
15	#M62J19	2	62	5	0	1	2
16	#F30A21	1	30	5	0	1	2
17	#F25R22	1	25	5	2	1	1
18	#F21R23	1	21	1	2	0	1
19	#M30A24	2	30	5	2	1	1
20	#M30S26	2	30	5	2	3	5
21	#M41I27	2	41	4, 10	1	3	4
22	#F70J28	1	70	0	0	2	4
23	#F25A29	1	25	0	2	0	2
24	#F50K30	1	50	5	0	1	2
25	#F21S31	1	21	5	1	1	3
26	#F30J32	1	30	5	1	1	2
27	#F65A33	1	65	7	0	1	2
28	#M26I34	2	26	10, 4	2	4	5
29	#M55A1J	2	55	3	2	2	3
30	#F60H2J	1	60	11	1	3	4
31	#F65B3J	1	65	0	0	1	4
32	#F23R4J	1	23	5	2	1	2
33	#M80F5J	2	80	5	0	1	1
34	#M65S6J	2	65	0	1	1	1
35	#M54R7J	2	54	12	1	2	4
36	#F24N8J	1	24	11	2	1	3
37	#F36J9J	1	36	5	0	1	2
38	#F30R10J	1	30	5	0	2	2
39	#F35Z11J	1	35	5	0	1	2
40	#M36D12J	2	36	4, 5	2	5	7
41	#F40K13J	1	40	0	0	1	1
42	#F60F14J	1	60	1	0	0	2
43	#F50N15J	1	50	11	1	2	4
44	#F34F16J	1	34	11	1	1	2
45	#F60B17J	1	60	5	0	1	2
46	#F49S18J	1	49	5	0	1	2
47	#M65N1S	2	65	0	1	1	4
48	#M72A2S	2	72	5	2	1	2
49	#F32R3S	1	32	7, 11	2	1	1
50	#F60A4S	1	60	5	0	1	1
51	#F45R5S	1	45	5	2	1	1
52	#F65M6S	1	65	1	0	0	1
53	#M30I7S	2	30	0	2	1	2

*Notes: Sex: 1= Female, 2= Male; Education: 0= Nil, 1= 1-6 yrs, 2= 7-12 yrs, 3= Graduate; Occupation: 0= Housewife, 1= Field Labourer, 2= Forester, 3= *Bapu*, 4= *Dhamaal* dancer, 5= Labourer, 6= Fish meat Seller, 7= Helper, 8= Midwife, 9= Rikshaw driver, 10= Forest guide, 11= Self employed, 12= Rtd Government Employee; Personal Income: 0= Nil, 1= upto 5k, 2= upto 10k, 3= upto 15k, 4= upto 20k, 5= upto 30k, 6= upto 40k, 7= upto 50k, 8= 50k & above; Household Income: 0= Nil, 1= 1-5k, 2= 6-10k, 3= 11-15k, 4= 16-20k, 5= 21-30k, 6= 31-40k, 7= Above 40k [K stands for thousand]

Appendix 4.2: Output of ANTHROPAC analysis of Siddi medicinal plant freelist data (n=53)

No.	Siddi name	Frequency	%	Average Rank	Salience Smith's S
1	NIMDA	41	77	4.4	0.562
2	KARAJHIRI	33	62	5.2	0.413
3	KARAKDO	26	49	6.5	0.328
4	INGORIA	24	45	6.5	0.299
5	BAWAR	24	45	9.4	0.223
6	JAMBUDA	19	36	9.3	0.167
7	ARNI	19	36	12.3	0.139
8	NAGET	16	30	6.3	0.209
9	SONTH	15	28	8.5	0.146
10	HALDAR	15	28	10.1	0.121
11	NILGIRI	14	26	6.1	0.182
12	KADUKADIYATO	13	25	4.6	0.186
13	ANKDA	13	25	9.8	0.118
14	METHI	13	25	11.9	0.1
15	BAJRA	13	25	8.6	0.098
16	AJMA	12	23	9.5	0.119
17	PANDAPAITH	12	23	11.9	0.116
18	GANDHARAVAJ	12	23	9.3	0.107
19	KANKASIYA	11	21	6.8	0.136
20	SUADANA	11	21	9.2	0.11
21	KUKADVEL	10	19	11.5	0.093
22	AMBRA	9	17	11.2	0.117
23	VAGANDI	9	17	11.6	0.077
24	MAMEJAVO	8	15	10.5	0.102
25	AMBRI	8	15	7.4	0.095
26	TIKHE	8	15	8.9	0.079
27	KIDAMADI	8	15	11.1	0.068
28	BILLI	7	13	5.1	0.099
29	GARMADO	7	13	8.7	0.077
30	ASARIYO	7	13	9.0	0.07
31	LEHSUN	7	13	6.9	0.066
32	NIMBU	7	13	12.7	0.065
33	SITAPHAL	7	13	13.0	0.063
34	KADAYO	7	13	12.3	0.057
35	TULSI	7	13	13.1	0.051
36	SARAGHWA	7	13	15.3	0.034
37	MINDHOR	7	13	16.1	0.033
38	KARAMDA	6	11	7.2	0.078
39	PIPRA	6	11	10.2	0.07

No.	Siddi name	Frequency	%	Average Rank	Salience Smith's S
40	HAWAD	6	11	10.3	0.06
41	AERDI	6	11	10.0	0.059
42	DUNGRI	6	11	8.3	0.055
43	VAKUMBHA	6	11	10.2	0.054
44	VAVRI	6	11	11.2	0.046
45	SAG	6	11	14.2	0.038
46	CHAMAR DUDHELI	5	9	4.6	0.072
47	MARDA SEENGH	5	9	6.0	0.068
48	DUDHLA	5	9	13.8	0.052
49	BOEDI	5	9	8.8	0.05
50	KHAKHRA	5	9	14.8	0.042
51	SAFED ANKDA	5	9	13.2	0.034
52	UMARO	4	8	8.0	0.045
53	AREETHI	4	8	8.3	0.045
54	ANKOL	4	8	6.8	0.044
55	ARDUSI	4	8	10.0	0.036
56	RATWALIA	4	8	12.5	0.033
57	KANTARUMAYU	4	8	21.5	0.029
58	BAHEDA	4	8	24.0	0.028
59	GOLA	4	8	9.5	0.026
60	AMBLI	4	8	18.0	0.023
61	KARELA	4	8	23.0	0.018
62	ROHIN	4	8	11.3	0.012
63	ARDUSA	3	6	5.0	0.042
64	SERDI	3	6	8.0	0.038
65	MARWA	3	6	8.7	0.037
66	BAI	3	6	18.3	0.028
67	FAFDA THOR	3	6	11.3	0.026
68	GALA VEL	3	6	19.3	0.023
69	SEMRA	3	6	20.0	0.023
70	RINGDA	3	6	12.3	0.019
71	TAKMARIA	3	6	15.7	0.016
72	GEHUN	2	4	2.0	0.034
73	MAKAI	2	4	5.5	0.028
74	DARAM	2	4	8.0	0.027
75	BAKAN NIMDO	2	4	8.0	0.027
76	PUDINA	2	4	6.5	0.027
77	KAREN	2	4	14.0	0.026
78	SAJAD	2	4	4.0	0.026
79	PAPITA	2	4	14.5	0.025
80	JAMPHAR	2	4	11.0	0.023

No.	Siddi name	Frequency	%	Average Rank	Salience Smith's S
81	SARU	2	4	6.0	0.023
82	KALA TIL	2	4	14.5	0.023
83	BHONPATRI	2	4	5.5	0.022
84	CHANA	2	4	12.5	0.02
85	DUDHIO HIM KIM	2	4	5.5	0.02
86	KARANJ	2	4	17.0	0.018
87	HARDE	2	4	27.0	0.016
88	KADWA KHARKHUDO	2	4	10.5	0.014
89	KANTHAR	2	4	14.0	0.013
90	PILUDI	2	4	8.5	0.011
91	PALAK	2	4	20.0	0.007
92	KADI	1	2	1.0	0.019
93	BIJORA	1	2	1.0	0.019
94	KUVER	1	2	1.0	0.019
95	LONG	1	2	1.0	0.019
96	RANGARI/ ALEDI	1	2	2.0	0.017
97	VADHLA	1	2	8.0	0.016
98	NEVRI	1	2	3.0	0.015
99	GANDIVEL	1	2	7.0	0.015
100	MINDHI AVAL	1	2	11.0	0.015
101	DARIYA	1	2	3.0	0.015
102	VAVARNO	1	2	4.0	0.013
103	JHIPTA	1	2	18.0	0.013
104	PARAS PIPLA	1	2	19.0	0.013
105	PAAN	1	2	4.0	0.012
106	RISAMANI	1	2	6.0	0.012
107	KUVANDIYO	1	2	8.0	0.011
108	TIMRU	1	2	9.0	0.01
109	VIKRO	1	2	11.0	0.01
110	NAGARVEL	1	2	15.0	0.01
111	DHATURA	1	2	28.0	0.01
112	ASUNDRA	1	2	13.0	0.009
113	SATAVARI	1	2	30.0	0.009
114	GOKHRU	1	2	31.0	0.009
115	KHER	1	2	17.0	0.008
116	BAHU PHALI	1	2	32.0	0.008
117	SAFED MUSLI	1	2	34.0	0.008
118	KAUNCHA	1	2	33.0	0.008
119	POPTI	1	2	14.0	0.008
120	UNDHA SIDHA	1	2	8.0	0.007
121	NORVEL	1	2	36.0	0.007

No.	Siddi name	Frequency	%	Average Rank	Salience Smith's S
122	KALI MULSI	1	2	35.0	0.007
123	CHANDAN	1	2	17.0	0.007
124	KOYAL KAG VEL	1	2	12.0	0.007
125	RAJIGRA	1	2	22.0	0.005
126	NEPADA	1	2	42.0	0.005
127	MAUSMI	1	2	9.0	0.005
128	ARJUN SAJAD	1	2	40.0	0.005
129	MADHIK	1	2	8.0	0.004
130	MATHURI	1	2	8.0	0.004
131	DHAVDI	1	2	43.0	0.004
132	KELA	1	2	44.0	0.004
133	VAJH	1	2	45.0	0.004
134	GADEDI	1	2	16.0	0.004
135	TANJARIO	1	2	20.0	0.003
136	AEKHRA	1	2	46.0	0.003
137	SHIVLINGI	1	2	47.0	0.003
138	MEHNDI	1	2	13.0	0.003
139	SANDESHA	1	2	27.0	0.002
140	HARI MIRCH	1	2	12.0	0.002
141	JIRA	1	2	10.0	0.002
142	VARYARI	1	2	15.0	0.002
143	JOWAR	1	2	9.0	0.002
144	GAJAR	1	2	16.0	0.001
145	BAMBOO	1	2	55.0	0

Appendix 4.3: Siddi medicinal plants with vernacular nomenclature

No	Scientific Name	Local Name (Gujarati)	Family	Type
1	*Acacia catechu L.*	***Kher***	Mimosaceae	Tree
2	*Acacia nilotica L.*	***Bawar (desi)/ Babool***	Mimosaceae	Shrub
3	*Acorus calamus L*	***Vacha/ Gandharavaj (alien species)***	Acoraceae	Shrub
4	*Adhatoda vasica Nees*	***Ardusi***	Acanthaceae	Shrub
5	*Aegle marmelos Corr.*	***Billi***	Rutaceae	Tree

6	*Aerva lantana L.*	***Mathuri/ Madhuri/ Kapuri Madhuri***	Amaranthaceae	Herb
7	*Ailanthus excelsa L.*	***Ardusa***	Simaroubaceae	Tree
8	*Alangium salvifolium (L) Wang.*	***Ankol***	Aliangiaceae	Tree
9	*Allium cepa L.*	***Dungri***	Liliaceae	Herb
10	*Allium sativum L.*	***Lehsun***	Liliaceae	Herb
11	*Aloe vera (L.) Burm.f.*	***Kuver***	Xanthorrhoeaceae	Shrub
12	*Amaranthus hybridus L.*	***Rajigra/ Rajgra***	Amaranthaceae	Herb
13	*Amaranthus lividus L.*	***Tanjario/ Tandaljo***	Amaranthaceae	Herb
14	*Annona squamosal L.*	***Sitaphal***	Annonaceae	Tree
15	*Aristolochia bracteolata L.*	***Kidamadi***	Aristolochiaceae	Herb
16	*Azadirachta indica A. Juss*	***Nimda/ neem***	Meliaceae	Tree
17	*Balanites aegyptica L.*	***Ingoria***	Simaroubaceae	Tree
18	*Bauhinia racemosa Lamk.*	***Asundra***	Caesalpiniaceae	Tree
19	*Biophytum sensitivum*	***Risamadi/Risamani***	Oxalidaceae	Herb
20	*Bombax ceiba L.*	***Semra/Semdo/Shimlo***	Bombacaseae	Tree
21	*Bridelia retusa (L). Spr.*	***Akal Kado/ AkalKanto***	Euphorbiaceae	Tree
22	*Butea monosperma Lamk.*	***Khakhra/ Kesuda/o***	Papillionaceae	Tree
23	*Caesalpinia crista L.*	***Kankasiya/ Kachka***	Caesalpiniaceae	Shrub
24	*Calotropis gigantia L*	***Ankda***	Asclepiadaceae	Shrub
25	*Calotropis procera Ait.*	***Safed Ankda***	Asclepiadaceae	Shrub
26	*Capparis sepiaria L.*	***Kanthar***	Capparaceae	Shrub
27	*Capsicum annuum L.*	***Hari mirch***	Solanaceae	Herb
28	*Careya arborea Roxb.*	***Vakumbha/Vapumba***	Lecythidaceae	Tree
29	*Carica papaya L.*	***Papita***	Caricaceae	Shrub

30	*Carissa congesta L. Mant*	***Karamda/ Karondiyo***	Apocynaceae	Shrub
31	*Cassia auriculata L.*	***Hawad/ Aval***	Caesalpiniaceae	Herb
32	*Cassia fistula L*	***Garmado/ Garmara***	Caesalpiniaceae	Tree
33	*Cassia italic Mill. Var.*	***Mindhi Aval***	Caesalpiniaceae	Herb
34	*Cassia tora L.*	***Kuvandiyo***	Caesalpiniaceae	Herb
35	*Casuarina equisetifolia Forst.*	***Saru***	Casuarinaceae	Tree
36	*Chlorophytum borivilianum Sant. & Fernad*	***Safed Musli***	Liliaceae	Herb
37	*Cicer arietinum L.*	***Chana***	Fabaceae	Herb
38	*Cissus repanda Vahl.*	***Gandivel***	Vitaceae	Climber
39	*Citrus limettoides Tanaka.*	***Mausmi/ Mitha limbu***	Rutaceae	Tree
40	*Citrus limon (L.) Burm. F*	***Nimbu***	Rutaceae	Tree
41	*Citrus medica L.*	***Bijora***	Rutaceae	Tree
42	*Clerodendron multiflorum Burm.*	***Arni***	Verbenaceae	Shrub
43	*Clitoria ternatea L.*	***Koyal Kag vel/ koyal/ Garni***	Fabaceae	Climber
44	*Cocos nucifera L.*	***Gola***	Arecaceae	Tree
45	*Coculus hirsutus L*	***Madhik/ Madhit/Maruth***	Mimosaceae	Tree
46	*Corchorus depressus (L.) Stocks.*	***Bahu Phali***	Tiliaceae	Herb
47	*Crateva nurvala Buch-Ham*	***Vavarno/Vayvarna***	Capparaceae	Tree
48	*Crocus Sativus L.*	***Kesar***	Iridaceae	Herb
49	*Cuminum cyminum L.*	***Jira***	Apiaceae	Herb
50	*Curculigo orchioides Gaertn.*	***Kali Musli***	Hypoxidaceae	Herb
51	*Curcuma longa L.*	***Haldar /Haldi***	Zingiberaceae	Herb
52	*Datura innoxia Mill.*	***Dhatura (kantalo)***	Solanaceae	Shrub

53	*Daucus carota L.*	***Gajar***	Apiaceae	Herb
54	*Delonix elata L.*	***Sandesha /Sandesaro***	Caesalpiniaceae	Tree
55	*Dendrocalamus strictus Nees in L.*	***Bamboo***	Poaceae	Tree
56	*Derris indica (Lam.) Bennet.*	***Karanj***	Fabaceae	Tree
57	*Dichrostachys cinerea L.*	***Madhik/Madhit/Maruth***	Mimosaceae	Tree
58	*Dioscorea wallichii Hk. F.*	***Vara kand***	Dioscoreaceae	Climber
59	*Diospyros melanoxylon Roxb.*	***Timru***	Ebenaceae	Tree
60	*Diplocyclos palmatus (L.) C. Jeffrey.*	***Shivlinge***	Cucurbitaceae	Climber
61	*Embelia ribes Burm.f.*	***Vavri/Vavdi***	Myrsinaceae/ Primulaceae	Shrub
62	*Enicostema hyssopifolium Verdoon.*	***Mamejavo***	Gentianaceae	Herb
63	*Eucalyptus globulus L' Herit.*	***Nilgiri***	Myrtaceae	Tree
64	*Eulophia pratensis Lindl.*	***Satavari***	Orchidaceae	Herb
65	*Ferula alliacea Boiss.*	***Vagandi/ Heeng***	Apiaceae	Shrub
66	*Ficus benghalensis L.*	***Vadhla***	Moraceae	Tree
67	*Ficus racemosa L.*	***Umbra/ Umaro***	Moraceae	Tree
68	*Ficus religiosa L.*	***Pipra/Pipro/Piplo/ Pipal/ Pimpal***	Moraceae	Tree
69	*Foeniculum vulgare L.*	***Varyari***	Apiaceae	Herb
70	*Guizotia abyssinica Cass.*	***Kala Til***	Asteraceae	Shrub
71	*Sesamum indicum L.*	***Til***	Pedaliaceae	Shrub
72	*Haplanthus verticillatus Roxb.*	***Kadukadiyato/Kalu kariyatu***	Acanthaceae	Herb
73	*Helicteres isora L.*	***Marda Seengh/Antedi***	Sterculiaceae	Shrub
74	*Holarrhena antidysenterica Wall.*	***Karukado/ Karakdo/ Indrajav***	Apocynaceae	Tree

75	*Hygrophila auriculata Schum.*	***Aekhra/ Ekharu***	Acanthaceae	Herb
76	*Impatiens balsamina L.*	***Takmaria***	Balsaminaceae	Herb
77	*Ipomea cairica (L). Sw.*	***Undha Sidha/ Kokharvel***	Convulvulaceae	Herb
78	*Ixora arborea Roxb.*	***Nevri/Levri***	Rubiaceae	Shrub
79	*Jatropha curcas L.*	***Nepada/ Jamalghota***	Euphorbiaceae	Shrub
80	*Lantana camara L.*	***Dariya/ Daliya***	Verbenaceae	Shrub
81	*Launaea sarmentosa (Wild.) Alst.*	***Bhonpatri***	Asteraceae	Herb
82	*Lawsonia inermis L.*	***Mehndi***	Lythraceae	Shrub
83	*Lepidum sativum L.*	***Asaliyo/ Aherio***	Brassicaceae (Cruciferae)	Herb
84	*Leptadenia pyrotechnia Forsk.*	***Kadwa kharkhudo***	Asclepiadaceae	Shrub
85	*Luffa echinata Roxb.*	***Kukadvel***	Cucurbitaceae	Climber
86	*Maerua oblongifolia Forsk.*	***Dhudhio him kim/ Dhudhio hemkand***	Capparaceae	Climber
87	*Mangifera indica L.*	***Ambri***	Anacardiaceae	Tree
88	*Maytenus senegalensis Willd.*	***Vikro***	Celastraceae	Tree
89	*Mehtha sylvestris L.*	***Pudina/Mint***	Labiatae / Lamiaceae	Herb
90	*Melia azaderach L.*	***Bakan Nimdo/ neem***	Meliaceae	Tree
91	*Momordica charantia L.*	***Karela/ Bitter gourd***	Cucurbitaceae	Climber
92	*Morinda tomentosa Heyne ex Roth.*	***Rangari/ Aledi***	Rubiaceae	Tree
93	*Moringa oleifera Lamk.*	***Saraghwa/ Sargavo***	Moringaceae	Tree
94	*Mucuna prurita Baker*	***Kauncha***	Fabaceae	Climber
95	*Murraya koenigii L.*	***Kadi/kadipatta/Mito nimdo***	Rutaceae	Tree
96	*Musa paradisiaca L.*	***Kela***	Musaceae	Herb
97	*Nerium oleander L.*	***Karend/Karen***	Apocynaceae	Herb

98	*Ocimum basilicum. L.*	***Marwa/Maruo/Damro/***	Lamiaceae	Herb
99	*Ocimum canum Sims.*	***Kali Tulsi***	Lamiaceae	Herb
100	*Ocimum sanctum L.*	***Tulsi***	Lamiaceae	Herb
101	*Opuntia elatior Mill. Gard.*	***Fafda Thor***	Cactaceae	Shrub
102	*Pedalium murex L.*	***Gokhru***	Pedaliaceae	Herb
103	*Pennisetum typhoides L.*	***Bajra***	Poaceae	Herb
104	*Piper betle L.*	***Nagarvel/ Paan***	Piperaceae	Climber
105	*Piper nigrum L.*	***Tikhe***	Piperaceae	Climber
106	*Pergularia daemia (Forsk.) Chiov.*	***Chamar dudheli***	Asclepiadaceae	Climber
107	*Peucedanum graveolens Benth & Hook.*	***Suadana***	Umbelliferae	Herb
108	*Phyla nodiflora L. Greene.*	***Ratwalia***	Verbenaceae	Shrub
109	*Phyllanthus emblica L.*	***Ambra/ Amla***	Euphorbiaceae	Tree
110	*Physalis minima L.*	***Popti***	Solanaceae	Herb
111	*Psidium guajava L.*	***Jamphar/ Guava***	Myrtaceae	Tree
112	*Pterocarpus marsupium L.*	***Biyo/ Bai***	Fabaceae	Tree
113	*Punica Granatum L.*	***Daram/Anar***	Punicaceae	Tree
114	*Quercus infectoria. Oliv.*	***Kantarumayu (alien)***	Cupuliferae/ Fagaceae	Tree
115	*Ricinus communis L.*	***Aerdi/ Erando***	Euphorbiaceae	Shrub
116	*Saccharum officinarum. L.*	***Serdi***	Poaceae	Shrub
117	*Salvadora persica L.*	***Piludi***	Salvadoraceae	Tree
118	*Santalum album L*	***Chandan***	Santalaceae	Tree
119	*Sapindus emarginatus Vahl.*	***Areetha***	Sapindaceae	Tree
120	*Sapindus laurifolius Vahl.*	***Arithi***	Sapindaceae	Tree

121	*Solanum melongena L.*	***Ringda***	Solanaceae	Herb
122	*Sorghum bicolor (L.) Moench.*	***Jowar***	Poaceae	Herb
123	*Soymida febrifuga Roxb.*	***Rohin/ Rond***	Meliaceae	Tree
124	*Spinacea oleracea L.*	***Palak/Spinach***	Chenopodiaceae	Herb
125	*Sterculia urens Roxb.*	***Kadayo***	Sterculiaceae	Tree
126	*Syzgium aromaticum L. Merrill & Perry.*	***Long***	Myrtaceae	Tree
127	*Syzgium cumini L.*	***Jambuda***	Myrtaceae	Tree
128	*Tamarindus indica L.*	***Ambli/Imli***	Caesalpiniaceae	Shrub
129	*Tectona grandis L.*	***Sag/Sangwan***	Verbenaceae	Tree
130	*Terminalia arjuna (Roxb.) W. & A.*	***Arjun jhad/ Arjunsadad***	Combretaceae	Tree
131	*Terminalia bellirica Gaertn.*	***Beda/Baheda***	Combretaceae	Tree
132	*Terminalia chebula W&A Prodr.*	***Harde***	Combretaceae	Tree
133	*Terminalia crenulata Roth.*	***Sajad/Sadad***	Combretaceae	Tree
134	*Thespesia populnea (L.) Sol. ex Corr.*	***Paras Pipla***	Malvaceae	Tree
135	*Tinospora cordifolia. L.*	***Gala Vel***	Menispermaceae	Climber
136	*Trachyspermum ammi L.*	***Ajma/ Ajwain***	Umbelliferae	Herb
137	*Tridax procumbens L.*	***Pandapaith/ Panafad***	Asteraceae	Herb
138	*Trigonella foenum-graceum L.*	***Methi***	Papillionaceae	Herb
139	*Triticum aestivum L.*	***Gehun***	Poaceae	Herb
140	*Triumfetta rotundifolia Lamk.*	***Jhipta/ Zipto***	Tiliaceae	Herb
141	*Vernonia anthelmintica (L) Wild.*	***Karajhiri/ Kalijhiri***	Asteraceae	Herb
142	*Vitex nigundo L.*	***Naget/ Laget/ Nagot***	Verbenaceae	Tree
143	*Woodfordia fruticosa L.*	***Dhavdi***	Lythraceae	Shrub
144	*Wrightia tinctoria R. Br.*	***Dudhla***	Apocynaceae	Tree

145	*Xanthium strumarium L.*	***Gadedi/ Gadariyun***	Asteraceae	Herb
146	*Xeromphis spinosa Thunb.*	***Mindhor***	Rubiaceae	Shrub
147	*Zea Mays L.*	***Makai***	Poaceae	Herb
148	*Zinziber officinale Rosc.*	***Sonth***	Zingiberaceae	Herb
149	*Zizyphus mauritiana Lamk.*	***Boidi/ Bordi***	Rhamnaceae	Shrub

Appendix 4.4: Medicinal Properties of Siddi medicinal plant taxa

Common Name	Category	Indication/s	Part/s Used	Method of preparation
Aaddu/ Sonth	Sys, Pul, Gyn, GI	Good health	Stem	Eat in curry
		Cough		Heat it with jaggery and eat
		Cold		Make its ash and apply on chest
		Post delievery health		Used as an ingredient in sweet meat i.e. '*Paak*' and also could be taken with tea and jaggery
		Vaginal tightening, backache, itching, leucorrhea		Used as a powder in vaginal balls
Aekhra / Ekharu	Sex-dys	Stomach-ache	Seed	Boil it with *naget* leaves add some salt and drink
Aerdi/ Aerando	Gyn, GI, Sys, Der	For smooth and normal delievery	Seed, Leaves	Boil the seeds in water and drink
		Stomachic		
		Fever		Apply the leaves on forehead
		Headache		Apply the leaves on forehead
		Acne		Apply leaves paste and add oil+*haldar* +*chana* flour
Ajma/ Ajwain	Der, Inj, GI	Cut/Wound	Seed, Leaves	Bake the seeds and then make powder add water and apply
		Athelet's foot		
		Bruise		
		Prickly heat		
Akal kada/ AkalKanto	Gyn,	Stomach ache, Stomachic Vaginal tightening, itiching, back ache and vaginal cleansing	Entire plant	Eat Dry and make powder. Used this powder in Vaginal balls, which are inserted in vagina
Ambra/ Amla	Sys, Hai, GI	Headache	Fruit	Boil and prepare oil. Massage with this oil on scalp
		Healthy Hairs		Boil and prepare oil. Massage with this oil on scalp
		Piles with moles		Make powderand add *bawar* powder. Then mix water and apply on anus

Common Name	Category	Indication/s	Part/s Used	Method of preparation
		Constipation		Make powder and add *harde+ baheda* powder and then take 1 tbsp with luke warm water
		Reduces thirst		Eat directly
Ambri/ Amba	GI, Pul, Poi, Gyn, Der,	Stomachic	Seed, Bark, Fruit, Leaves	Make fruit's powder and take in buttermilk
		Respiratory problem/ Asthma		Take fruit's powder
		Fear		Make bark's powder and add *Umbra, ardusa, karenj, vadhla* powder then soak in water and drink
		Loose motions		Eat fruit's powder
		Scorpion bite		Apply raw fruit's juice
		Boil		Apply ash of the leaves
		Abortifacient		Eating lot of ripe mangoes in early phase of pregnancy
Ankda	Der, GI, Sys, Gyn, Den, Pul	Spike injury	Leaves, Wood, Latex	Apply white juice that comes after plucking the leaves
		Stomach-ache		Heat leaves, put oil on it and then apply
		Headache		Tie leaves on forehead
		Delievery problems		Tie leave on forehead and remove after delivery
		Tooth ache		Burn and inhale the smoke of wood from nose
		T.B.		Burn and inhale the smoke of wood from nose
		Cancer		Burn and inhale the smoke of wood from nose
		Ringworm (skin problem)		Apply white juice that comes after plucking the leaves
Ankol	Mis, Gyn, GI, Sys,	Tiredness,	Leaves	Boil leaves and take bath
		Post delievery bath		Boil leaves and take bath
		Vaginal tightening, itiching, back ache and cleansing		Make powder of leaves, which is used in vaginal balls, which is inserted in vagina
		Stomach-ache		Soak leaves in water and drink
		Fever		Boil leaves and take steam

Common Name	Category	Indication/s	Part/s Used	Method of preparation
Ardusa	Mis, Sys	Fear	Bark, Leaves	Soak bark powder with *aam, umbra, karenj and vadhl*a powder and drink
		Fever		Boil leaves with *ardus*i leaves and take steam
		Typhoid		Crush leaves and make balls and take empty stomach for 6 days
Ardusi	Pul, Sys	Asthma, cough Fever Stomach-ache and stomachic (Post partum)	Leaves	Soak leaves in water then add some salt and drink
				Boil leaves with *ardusa* leaves and then take steam
	Hai, Poi			
Areetha		Healthy Hairs	Fruit	Boil in water and wash hair with it
		Dandruff		Boil in water and wash hair with it
		Depoisioning		Soak in water and drink this will lead to vomiting
Arjun jhaad/Arjunsadad	Pul, Ort, Sys,	Heart disease	Bark, Whole plant	Make bark powder and add *neem* leaves powder and then boil and drink later
		Knee pain		Make bark powder and add *neem* leaves powder and then boil and drink later
		Diabetes		Make bark powder and add *neem* leaves powder and then boil and drink later or
Arni	Gyn, Opt			Make powder and add *methi, jambuda, and karela powder/ with kidamadi+gala vel+kadukadiyato+kaljhiri+kankasiya* powder. Take 1tsbp twice daily
		Vaginal tightening, backache, itching and cleansing	Leaves	Use its leaves' juice to prepare vaginal balls
		Leucorrhea		Use its leaves' juice to prepare vaginal balls
		Eyes (itching, ache)		Dip cotton in leaves' juice and keep on eyes
Asaliyo/ Aherio	Gyn, Opt,	Smooth and normal delievery	Seed	Boil in milk and drink from 9th month onwards
		Stye		Apply paste overnight on eye
Asundra	Mis, GI	Revitalizer	Fruit	Eat directly
		Constipation		Eat fruit's powder

Common Name	Category	Indication/s	Part/s Used	Method of preparation
		Loose motions		Eat fruit's powder
Bahu phali	Mis Gyn, Pul, Sys, Ped	Revitaliser (Male & female)	Whole plant	Make powder and add with *kauncha and kali Musli* powder then eat it
Bajra		Alactoria	Grain	Make powder and prepare its bread
		Cough and cold		Make sweet meat with (*gud+sonth+water*) and eat
		Fever		Make powder/ paste with *neem* water an dapply on body
		Umblical cord removal		Take its powder in mouth and cough so that the cord is released with a jerk
		Post delievery stomach cleansing		Make powder and prepare its bread
Bakan Nimdo/ Neem	Sys, GI	Fever	Leaves	Boil in water and take bath
		Piles		Burn the leaves and let the smoke enter through anus
Bamboo	Gyn	Amenorrhoea	Grass	Boil 100 gm of the grass in 1 ltr water till 100ml is left and then drink
Bawar (desi) / Babool	Den, GI, Ins, Sys, Gyn	Tooth ache	Fruit, leaves	But fruits' powder on the affected area
		Piles with moles		Apply leaves' powder mixed *amla* powder and water in the anus area over the moles
		Maggots (animals)		Apply juice
		Stomach-ache		Eat fruits' powder
		Boil		Apply leave' paste
		Diabetes		Eat fruits' powder
		Vaginal tightening, itching, cleansing and leucorrhea		Use leaves' powder in vaginal balls and for leucorrhea use it with *kantarumayu, himej, vacha* powder in *Arni* juice
Beda/ Baheda	Pul, GI	Respiratory problem/ Asthma	Seed, Fruit	Make seeds' powder and eat with water twice daily
		Loose motions		Make fruits' powder, add *amla+ harde powder* and take 1 tbsp
		Cough + sleep		Make seeds' powder and eat with water twice daily
		Constipation		Make fruits' powde and add *amla+ harde powder* and then take 1 tbsp
Bhonpatri	Gyn	Amenorrhoea	Whole plant	Crush and drink juice

Common Name	Category	Indication/s	Part/s Used	Method of preparation
Bijora	Uri	Kidney stone	Fruit	Drink its juice
Billi	GI, Uri, Sys,	Constipation/ stomach ache	Fruit, leaves	Squeeze and drink juice or eat its pickle
		Kidney stone		Squeeze and drink juice
		Headache		Apply paste of leaves on forehead
		Diarrhea		Eat fruit
Biyo/ Bai	Sex-dys, Sys	Nightfall and male infertility	Seed, Wood	Make seed's powder with powder of *aekhra* tree's seed and eat 1tbsp
		Diabetes		Drink water in the cups made of its wood
		AIDS		Drink water in the cups made of its wood
Boidi/Bordi	Mis, Der, Sys	Nutrition	Fruit, Bark, Leaves	Eat fruit directly
		Satiating, don't make u feel hungry soon		Eat fruit directly
		Boil		Boil the bark and wash boil with this water
		Fever		Boil leaves and take bath
Chamar dudheli	Der, Uri, GI	Boil	Leaves, Roots, Flower	Apply leaves' paste
		Kidney stone		Take roots' juice, add ENO+ *nimbu* juiceand maize's ash and then drink
		Stomach ache and good health of children (upto 5 yrs)		Make flowers' powder and add *kankasiya+vagandi+kadukadiyato+ardusi powder and eat some*
		Gastric problem		Take flowers's powder with *tikhe* powder
Chana	Uri, Der	Kidney stone	Dew on leaves, Lentils	Collect the dew on leaves and mix with *jambuda* fruit juice, ENO, lemon juice and drink
		Acne		Make paste of lentils and add *haldar +castor* oil and apply
Chandan	Sys	Headache	Wood	Make its wood powder then add some water into it and apply
Daram/ Anar/ pomegranate	GI	Loose motions	Bark	Make bark's powder and eat
		Diarrhea		Make bark's powder and eat
Dariya/ Daliya	Sys, Pul	Juandice	Grains	Eat with sugar
		Cough		Eat at night and don't drink water

Common Name	Category	Indication/s	Part/s Used	Method of preparation
Dhatrura (kantalo)	Sex-dys	Viagra (male and female)	Roots	Make powder and eat with *karend* powder+ opium powder in milk
Dhavdi	Sex-dys	Viagra (both male and female)	Flower	Crush the flower, add dried ginger+khuskhus then boil in 6 ltr water till it remians 300-400ml and then take 100ml each for 3-4 days
Dhudhiyo him kim/ dhudhio hemkand	Sys, GI	Fever	Wood	Dry the wood and powder and then take with *ingoria* and *kadukadiyato*
		Mumps		Take powder with sugar and drink half cup
		Stomach-ache		Mix with *kankasiya + karukada* powder and take 1 tbsp
Dudhla	Inj	Cut/Wound	Bark	Apply its latex
Dungri/ Onion	Pul, Der	Cold	Entire vegetable	Boil with chicken and black pepper and drink this soup or sneeze in onion juice
		Spike injury		Heat a slice put some *salt+ajma+haldar* and then apply
		Boil		Heat a slice and apply it
Fafda Thor	Der, Ort, Mis	Boil bursting	Leave/ Stem, Gum	Heat the leave and place on the boil
		Joint pain and aches		Heat the leave and place on the boil
Gadedi/ Gadariyun	Den	Tooth ache	Leaves	Apply leaves' juice
Gajar/ carrot	Gyn	Amenorrhoea	Seed	Make powder of seed and boil in water and drink or use them in tea
		Aborifacient		
Gala Vel	Sys, GI	Cancer	Wood	Make powder of wood and mix with powder of *neem* leaves and then eat/ drink with water
		Stomach-ache		Mix its wood powder with *karondiyo+mamejwa+karukda+ingoria* powder, then eat or drink
		Diabetes		Mix the wood's powder with *mamejwa+kankasiya+kidamadi+kadukadiyato+kankasiya* then eat or drink
Gandharavaj	Gyn, Ped, GI, Ort, Oti	Vaginal tightening, itiching, back ache and cleansing	Roots	Use this powder in the vaginal balls preparation. Then insert the ball in vagina
		Post Umblical cord removal wound		Apply the ash of the wood on the wound

Common Name	Category	Indication/s	Part/s Used	Method of preparation
		Leucorrhea		Use this powder in the vaginal balls preparation. Then insert the ball in vagina
		Stomach-ache		Mix wood'd powder with powde of *tikhe+ kadukadiyato+ meethi+nimda+kaunchka+ajma+billi* and take with a peck of water
		Joint pain and aches		Mix wood'd powder with powde of *tikhe+ kadukadiyato+ meethi+nimda+kaunchka+ajma+billi* and take with a peck of water
		Ear ache		Apply the wood's powder outside the ear
Gandivel	Der/ Inj	Wound with pus	Leaves	Heat the leaves then put some oil over it and apply over the affected area
Garmado/ Garmara	GI	Stomachic	Capsul e	Boil the capsule and drink this water
		Loose motions		Eat the soft brownish inside edible part
		Cough		Eat the soft brownish inside edible part
		Constipatio n		In the inside part add some salt and boil it then drink it
Gehun	Gyn	Alactoria	Grain	Make powder and bake breads
		Before delievery		Make powder and bake breads
		Post partum health care		The powder is used in sweet meat/ Paak
Gokhru	Uri	Urine problem, Prostate	Fruit	Make fruit's powde and take it with milk
Gola/ Nariyal	Gyn	Alactoria	Fruit, Flower	Eat directly
		Female infertility		Take flower's powder with *varyari +umbra powder + ghee* and eat
Haldar/Haldi	Pul, Gyn, Der	Cough	Bulb	Boil in goat's milk and drink
		Menstrual Pain		Use powder in vaginal balls
		Vaginal tightening, itching, cleansing, backache		Add jaggery into its powder and use in vaiginal balls
		Boil		Apply its paste on boil
		Spike injury		Keep paste on heated onion slice and add some salt+*ajma* and apply
		Acne		Apply powder mixed with *chana* flour and castor oil. Then apply.
		Dandruff		Apply haldar powder mixed with *nimbu* juice on scalp

Common Name	Category	Indication/s	Part/s Used	Method of preparation
Harde	GI, Pul, Sys	Constipation	Fruit, Leaves	Make powder of the fruit and mix with powder of *baheda, amla and* eat 1 tbsp
		Breathing problem		Make fruit's powder then add *ankda* flower powder and take empty stomach
		Headache		Tie leaves on head
Hari/ Mirch/ Green chillies	Gyn	Stomach cleansing-post delivery	Entire fruit	Use this in curries
Hawad/ Aval	Mis, Sys	Bodyache or after accident	Leaves, Flower	Spread over the leaves on the bed and heat from below
		Diabetes		Make powder of flower add some and *vagandi* and eat
Ingoria	Pul, GI, Ped, Mis	Respiratory problem/ Asthma	Seed	Roast the fruit to remove the outer shell and then use some of the seed paste with milk to feed the child
		Loose motions		Roast the fruit to remove the outer shell and then use some of the seed paste with milk to feed the child
		Constipation		Roast the fruit to remove the outer shell and then use some of the seed paste with milk to feed the child
		Infants/ kids stomach ache and sleep		Roast the fruit to remove the outer shell and then use some of the seed paste with milk to feed the child
		Fear		same as above but add *kadukadiyato* and *dudhio himkim* powder as well
		Stomach-ache		Roast the fruit to remove the outer shell and then use some of the seed paste with milk to feed the child
Jambuda	Uri, GI, Sys	Kidney stone	Fruit, Seed, Bark, Roots	Crush the fruit and take juice or eat or take fermented fruit of the juice
		Stomach-ache		Crush the fruit and take juice or eat or take fermented fruit of the juice
		Stomach worms		Crush the fruit and take juice or eat or take fermented fruit of the juice
		Micturation		Add ENO to the juice and drink
		Diabetes		Make seed's powder then add *methi, mamejo, karela* powder into it and eat
		Loose motions	Bark	Make bark's powder and take with water
		Diarrhea	Roots	Drink roots' juice in water
Jamphar	Ins, GI	Maggots (animals)	Leaves	Crush the leaves and apply the juice

Common Name	Category	Indication/s	Part/s Used	Method of preparation
		Acidity		Chew the leaves
Jhipta/ Zipto	Gyn	Dielivery time (spriritual healing)	Roots	Tie a piece root on woman's crotch's right side and remove immediately after the child starts coming out of womb
Jira	Uri	Micturation or urinary problems	Grain	Take with sugar in yogurt
Jowar	Uri	Kidney stone	Grain	Fermen itst powder with *jambuda* fruit juice for 1 year and then drink half cup daily
Kadayo	Gyn, Den, Ort	Backache especially for post pregnancy	Gum/ Latex, Roots	Boil the latex in milk and drink
		Post partum health care		Use the latex in preparing sweet meat and then given to mother daily to eat for 2 months atleast
		Tooth ache		Apply the latex on the affected area
		Infertility in women		Make powder of the latex and soak in cow's milk with *mishri+ kesar* and then drink
		Joint pain		Take the powder of latex with *milk+egg* and drink
Kadi/kadipatta /Mitho nimdo	Poi	Snake bite	Leaves	Apply the paste of the leaves on the bite
Kadukadiyato/ Kalu kariyatu	Sys, GI, Gyn, Ort	Fever	Leaves	Boil in water and take steam or take its powder with *ingoria and dhudio himkim* and eat or soak them in water and drink
		Stomach-ache and stomachic (post delievery)		Take powder with powder of *meethi+kaunchka+tikhe+ gandharavaj+ajma+billi* and eat
		Diabetes		Take powder with powder of *mamejwa+kidamadi+gala vel=kaljhiri+kankasiya* and eat
		Tiredness		Boil leaves in water and take steam
		Joint pain and aches		Boil leaves in water and take steam
Kadwa kharkhudo	Gyn, Mis	Post delievery itiching and strength and backache	Roots, Bark	Make powder of roots and use it in preparing vaginal balls
		Good health		Boil the bark and drink water

Common Name	Category	Indication/s	Part/s Used	Method of preparation
Kala til	Sys, Uri	Nocturnal enuresis/ bedwetting/ Urinary problems	Seed	Chew seed with ankda roots
Kali Musli	Sex-dys	Increases sperm count	Roots	Take roots' powder with *kauncha, bahu phali* powder
Kankasiya/ Kachka	Pul, GI, Der, Inj, Sys, Mis	Respiratory problem/ Asthma	Seed, Leaves, Fruit	Eat the powder of seeds
		Loose motions (Stomach ache)		Eat the powder of seeds
		Constipation (stomach ache)		Eat the powder of seeds
		Stomach-ache		Either leaves's juice/ or seed powder with *neem+ajma+billi+gandharavaj+tikhe.* Drink/ eat
		Post operation/ healing		Either leaves's juice/ or seed powder with *neem+ajma+billi+gandharavaj+tikhe.* Drink/ eat
		Diabetes		Eat seed's powderwith the powder of *mamejwa+kidamadi+gala vel=kaljhiri+kadukadiyato*
		Revitaliser (Male & female)		Make powder of the fruit and take with powder of *kali musli, bahu phali*
Kantarumayu	Gyn	Leucorrhea	Fruit	Use fruit's powder with powder of *himej, bawar* and *vacha* and then prepare the vaginal balls in juice of arni's leave
		Vaginal tightening, itching and cleansing		
Kanthar	Mis	Nutrition	Fruit, Seed from pod	Eat directly
Karajhiri/ Kalijhiri	GI, Pul, Den, Ins, Sys, Gyn	Stomach-ache		Soak in water and drink
		Cold		Soak in water and drink
		T.B.		Soak in water and drink

Common Name	Category	Indication/s	Part/s Used	Method of preparation
		Acute renal failure/ chronic renal failure		Soak in water and drink
		Tooth ache		Apply the powder
		Stomach worms		Boil in water and drink
		Fever		Soak in water and drink
		Diabetes		Soak this powder with powder of *mamejawa+kidamadi+kankasiya+ gala vel+kadukadiyato* powder and drink
		Mumps		Apply paste of the seeds or chew them
		Vaginal tightening, backache, itching, leucorrhea		Use the powder as an ingredient of the vaginal balls
Karamda/Karondiyo	Mis, Uri, Sys, GI	Nutrition, Vitamin C	Fruit, Roots, Leaves	Eat directly or drink juice of the fruit
		Diuretic for urination problem		Chew the leaves
		Orexigenic (hunger booster)		Eat roots
		Stomach-ache		Make powder of roots and add powder of *marda seengh+mamejava+ karukada+ Gala vel+ ingoria* and eat
Karanj/Kanej	Der, Mis	Boil's wound healing	Seed, Bark	Apply seed's paste
		Fear		Make bark's powder and aam*, ardusa, umbra and vadhla* powder. Then soak them in water and drink
Karela/ Bitter gourd	Gyn, Sys, GI	Alactoria	Vegetable	Make curry and eat
		Diabetes		Take its powder with *jambuda, mamejo, methi* powder
		Stomachic/ stomach ache and cleansing-post delievery		Eat its curry or take the powder
Karend/Karen	Mis,	Paralysis	Roots	Make oil of the roots and massage

Common Name	Category	Indication/s	Part/s Used	Method of preparation
	Sex-dys	Viagra (both male and female)		Make powder of roots, add some *khuskhus+opium+ dhatura* and take with milk
Karukado/karakdo/ Indrajav	GI, Pul, Der, Den, Sys	Stomachic (even after post delievery)/ stomach ache/ constipation	Capsule, Bark	Eat the capsule directly or make its vegetable curry or soak in water and drink
		Acute renal failure/ chronic r f		Soak the bark and drink
		Respiratory problem/ Asthma		Make powder of the bark and eat
		Boil		Boil the bark in water and wash the affected area
		Fever		Soak the bark and drink
		Tooth ache		Soak the bark and drink
		Diabetes		Soak the bark and drink
Kela	Gyn	Leucorrhea	Fruit	Eat with ghee/butter twice a day for 8 days
Kesar	Gyn	Infertility in women	Flower	Boil in cow milk and add mishri and jaggery, then drink
Khakhra/ Kesuda/o	Der, Ped, Ins, Sex-dys, Gyn, GI	Cut/Wound	Bark, Flower, Seed, Roots, Gum, Stipule	Apply bark's paste
		Strength booster for young ones		Boil flowers in water and take bath
		Stomach worms		Roast the seed and then peel and make its powder. Then, make its balls with jaggery and eat
		Male Viagra		Keep root's piece in vessel sealed with mud and burn it, then take juice in *paan leaf* and eat
		Tooth ache		Keep on tooth
		Strong teeth		Use root as tooth brush
		Infertility in women		Make powder of the stipule then add *mehndi* seed's powder. Mix in equal proportion and take it empty stomach
Kher	Ora	Mouth ulcer	Fruit	Eat directly
Kidamadi	GI, Sys, Gyn	Loose motions	Whole plant,	Dry the entire plant and make its powder then eat it

Common Name	Category	Indication/s	Part/s Used	Method of preparation
		Constipation	Seeds	Dry the entire plant and make its powder then eat it
		Stomach-ache		Dry the entire plant and make its powder then eat it
		Headache		Dry the entire plant and make its powder then eat it
		Fever		Dry the entire plant and make its powder then eat it
		Inducing labor pain	Seeds	Take seed's powder
		Stomach worms		Take seed's powder
		Liver problem		Boil seeds in water and drink
		Diabetes		Drythe seeds and make powder then add *mamejwa+gala vel+kadukadiyato+kalajhiri+kankasiya* powder and eat
Koyal Kag Vel/ Koyal/Garni	Mis	Bodyache because of weather change	Whole plant	Boil in oil and massage
Kukadvel	Sys, GI, Pul, Mis	Fever	Entire	Boil in water and take bath
		Constipation (stomach ache)		Make powder and eat
		loose motions (stomach ache)		Make powder and eat
		Respiratory problem/ Asthma		Make powder and eat
		Juandice		Make powder and eat
		Muscle relaxant		Boil in water and take bath
Kuvandiyo	Uri	Kidney problem	Leaves	Crush and make balls of leaves and take empty stomach for 6 days
Kuver	GI	Piles with moles	Gel	Mix the gel with *garlic*+oil+detol+loose motions tablet powder and apply in anus area
Lehsun	Gyn, GI, Pul, Oti, Sys	Post delievery itiching and strength	Bulb	Burn the clove and eat in curry
		Stomach-ache		Use with *pudina chutney*
		Cold children		Tie the clove around the neck

Common Name	Category	Indication/s	Part/s Used	Method of preparation
		Ear ache		Keep the clove inside the ear
		Fever		Eat in curry
Long/ clove	Pul	Cold among children	Flower bud	Tie along with garlic around the neck
Madhik/Madhit/Maruth	Inj	Cut/wound to stop bleeding	Bark	Apply the bark
Makai	Uri	Kidney stone	Kernel	Make its ash and take 6 tbsp for 6 days empty stomach with water
Mamejavo	Sys, GI	Diabetes	Whole plant	Make powder of the plant and mix with powder of *methi, jambuda, karela powder/ with kidamadi+gala vel+kadukadiyato+kaljhiri+kankasiya*
		Stomach-ache for all and stomachic (post delieveryalso)		Make powder of the plant and take with powder of *karondiyo+ marda seengh+karukda+ gala vel+ingoria*
Marda Seengh/Antedi	Mis, GI	Backache	Capsule	Make powder of the capsule and take with water
		Loose motions		Roast the capsule and then make powder and take with 2tbsp of hot water
		Stomach-ache		Dry the plant and make powder. Then add *karondiyo+mamejva+ karukada+gala vel+ingoria* powder and eat
		Diarrhea		Dry the plant, make its powder and take with water
Marwa/Maruo /Damro/	Oti	Ear ache	Leaves	Drop leaves' juice as ear drop
Mathuri/ Madhuri/ Kapuri Madhuri	Poi	Snake bite	Leaves	Place leaf over the bite
Mausmi/ Mitha limbu	GI	Loose motions	Fruit	Eat or take juice
Meethi	GI, Gyn, Sys	Stomachic/ stomach ache and cleansing-post delievery	Seed	Boil then make curry or make powder with *kaunchka+gandharavaj+billi+ tikhe+kadukadiyato+nimda+ajma* and eat
		Diabetes		Take its powder with *jambuda, mamejo, karela* powder
Mehndi	Gyn	Infertility in women	Seed	Make seed's powder with *khakhro's* stipule and eat

Common Name	Category	Indication/s	Part/s Used	Method of preparation
Mindhi Aval	GI	Constipation	Leave	Make powder and drink with water
Mindhor	Der	Boil	Fruit	Apply its paste
Nagarvel/ Paan	Pul	Cold	Leaves	Heat the leaves put oil on it and apply on chest
Naget/ Laget/ Nagot	Mis, Inj, Gyn, Sys, GI	Backache	Leaves	Spread over the leaves on bed or bath
		Bruise		Spread over the leaves on bed or bath
		Post partum health care		Boil the leaves and take bath
		Fever		Boil the leaves and take bath or tie leaves on the forehead
		Bodyache		Boil the leaves and take bath
		Headache		Take bath and spread leaves on the bed
		Stomach-ache		Boil leaves with *sonth*+salt and drink
Nepada/ Jamalghota	GI	Constipation	Seed	Eat the powder
Nevri/Levri	Der	Eczema/ Full body itching	Leaves	Apply the paste
Nilgiri	Inj, Mis, Ort, Sys, Gyn	Bruise	Leaves	Spread over the bed and sleep over it
		Bodyache		Spread over the bed and sleep over it
		Backache		Spread over the bed and sleep over it
		Joint pain		Boil in water and take steam
		Fever		Boil in water and take steam
		Headache		Keep the leaves on forehed
		Post delievery bath		
Nimbu	Uri, GI, Der	Kidney stone	Fruit	Drink juice
		Loose motions		Drink lemonade
		Dandruff		Apply juice with *haldar* on scalp
Nimda/ Kadwa nimdo/Neem	Sys, GI, Ins, Gyn, Der, Den, Uri, Mis	Fever	Leaves, Bark, Wood, Sap	Boil leaves in water and take bath/ steam or
				Soak leaves in water and drink
		Stomach-ache/ stomachic (post delievery also)		Boil or chew or make powder of leavesand mix with *gandharavaj+billi+tikhe+kadukadiyato+meethi+ajma* or soak bark and drink it
		Cancer		Soak leaves in water and drink
		Mosquito replenent		Burn the leaves and spread the smoke
		Stomach worms		Soak leaves in water and drink

Common Name	Category	Indication/s	Part/s Used	Method of preparation
		Post delivery vaginal itiching and strength		Burn leaves with *ajma* and garlic and inhale smoke through vagina. Also used in vaginal balls
		Chicken pox		Boil leaves in water and take bath/ steam
		Post delievery health		Boil leaves and *naget*'s leaves in water and take bath/ steam
		Boil		Boil in water and take bath
		Diabetes		Either soak in water and drink or / take powder with *arjun jhad*'s powder, boil them and drink
		Acne		Apply juice of leaves
		Healthy Teeth		Use wood astooth brush
		Blood purifier		Soak in water and drink
		Heart disease		Take powder of leavescwith arjun jhad's powder, boil them and drink
		Knee pain		Take powder of leavescwith arjun jhad's powder, boil them and drink
		Diabetes		Take powder of leavescwith arjun jhad's powder, boil them and drink
		Cancer		Take powde of leaves with *gado vel's* powder
		Kidney related problem/ kidney failure		Drink its sap mixed in water
		Tiredness		Boil leaves in water and take bath/ steam
Palak/Spinach	Sys, GI	Anaemia	Leaves	Make curry and eat
		Stomachic		Make curry and eat
Pandapaith/ Panafad	Inj, Der, Sys	Cut/Wound	Leaves, Whole plant	Make paste of plant or leaves and apply
		Athelet's foot		Paste/juice
		Bruise		Paste/juice
		Prickly heat		Paste/juice
		Cancer		Make leave's juice and take 1 cup empty stomach for 8 days
Papita/ Papaya	Der, Sys	Acne	Fruit, Leaves	Apply fruit's paste
		Dengue		Crush the leaves and drink the Juice

Common Name	Category	Indication/s	Part/s Used	Method of preparation
Paras Pipla	Gyn	Female infertility	Seed	With *shivlinge* seed make powder and boil in milk. Drink for 3 months and no sex also during this period
Piludi	Pul, Uri	ARI (Acute Respiratory Infection)	Seed, Whole plant	Roast the seed then powder and take with 2tbsp hot water
		Micturation or urinary problems		Crush the whole plant and drink juice
Pipra/Pipro/Piplo	Der, Den, Inj, Gyn	Boil	Bark, Leaves, Seed, Aerial Roots	Make bark's powdera and water. The, wash with this water
		Tooth ache		Use bark's juice as drop
		Swelling		Heat the leave and apply oil over it
		Female infertility, induces Ovulation		Make powder of seed and boil in milk and then drink or Make powder of aerial roots and boil it in milk and drink during periods
		Abortifacient		Boil bark in water and drink
Popti	Sys	Juandice	Leaves	Soak in water and drink
Pudina	GI, Pul	Stomach-ache		Make chutney of leaves and eat
		Cold		Boil leaves in oil and apply on chest
Rajigra	GI	Stomach-ache	Seed	Make powder and eat
Rangari/ Aledi	Inj	Cut/wound to stop bleeding	Leaves	Crush and apply juice
Ratwalia	Gyn, Der, Ort	To concieve	Leaves	Drink juice of leaves
		Cracked heals		Apply leaves' paste
		Joint pain/ arthritis		Boil leaves in water and drink
Ringda/ Aubergine	Gyn	Alactoria	Vegetable	Prepare its curry and eat
		Post delievery stomach cleansing		Prepare its curry and eat
Risamadi/ Risamani	Uri	Urine stops	Leaves	Drink juice of leaves
Rohin/ Rond	Der, Inj, Opt	Boil bursting	Bark, Leaves	Boil the bark in water and wash the affected area
		Cut/Wound		Make bark's powder and apply

Common Name	Category	Indication/s	Part/s Used	Method of preparation
		Eyes (itching, ache)		Use leave's juice as drop
Safed Musli	Sex-dys	Aphrodisiac , impotency, viagra	Roots	Take roots' powder with *kauncha, bahu phali* powder
Safed Ankda	GI, Uri, Pul, Poi	Carminative	Flower, Roots	Keep dried flower with *ajma* in a mud pot and heat from below till it becomes ash and then eat it
		Nocturnal enuresis/ bedwetting		Eat the roots with *black til* chew
		Respiratory problem/ Asthma		Eat the powder of the flowers
		Anti-venom for scorpion bite		Crush the roots and apply its juice
Sag/Sangwan	Pul, Uri, Der	Breathing problem	Seed, Flower	Bake the seed and eat the powder
		Kidney stone		Boil the seed and drink, powder with water
		Cracked heals		Apply flowers' paste
		Boil		Roast the seed and apply powder
Sajad/Sadad	Der/ Inj	Wound	Bark	apply powder
Sandesha /Sandesaro	Mis	Bodyache	Leaves	Drink leaves' juice
Saraghwa/ Sargavo	Opt, Sys, Ort, Der, GI	Eyes (itching, ache)	Leaves, Bark, Roots	Use leaves' juice as eye drop
		Diabetes		Boil the bark and drink
		Cancer clot		Tie both root and leaves for 15 mins
		Knee ache		Tie both root and leaves for 15 mins
		Boil bursting		apply juice of leaves
		Loose motions		Take roots' juice in water
Saru	GI	Loose motions	Leaves	Eat directly
Satavari	Pul	Asthma and severe cold	Roots	Dry the roots, make their powder and take with honey
Semra	Sex-dys, Uri, Der, Gyn	Night fall, erection problem, Viagra	Roots, Spikes on the bark	Powder the roots, then add *mishri* or crush and soak roots for 24 hrs and repeat hiis process 21 times and then drink

Common Name	Category	Indication/s	Part/s Used	Method of preparation
		Kidney stone		Crush the roots and soak them and drink
		Acne	Spikes on bark	Crush the spikes and make powder. Eat the powder
		Leucorrhea		Crush the spikes, make powder and boil in goat or cow's milk. Then, drink
Serdi	Uri, Sys	Kidney stone	Stem	Drink juice
		Juandice		Drink juice
Shivlinge	Gyn	Female infertility	Seed	Make powder and mix withpowder of *paras pipla* seed and boil in milk and drink for 3 months but, and no sex during this period
Sitaphal	Ins, Inj, Pul, Oti, Ner	Maggots (animals)	Leaves, Bark	Apply juice of leaves
		Wound/bruise		Apply juice of leaves
		Cold	Bark	Soak bark and drink it
		Ear ache		Keep bark overnight on ear
		Mental disorder/ crazy behavior		Drink 60 ml leave juice+ 60 ml honey for 6 days
Suadana	GI, Gyn	Stomach ache- even for infants and children	Grain	Boil in milk and drink or chew with mother's milk
		Alactoria		Bake and eat them
		Vaginal tightening and cleansing		Bake and then make powder and then use in vaginal balls or take burn it with *neem* and *garlic cloves* and let the smoke enter into the vagina
		Post partum health care		Used as an ingredient in sweet meat.
Takmaria	Gyn, Uri	To concieve	Seed	Soak in water and drink
		Haematuria (Blood in urine)/ Micturation		Soak in water add *mishri*- keep both in a banana overnight and eat in moring
Tanjario/ Tandaljo	Gyn	Alactoria	Leaves	Eat its curry
Tea	Gyn, Sys	Inducing labor pain	Leave	Make powder of leaves, boil and drink
		Stress reliever		
Tikhe	Pul, Inj,	Inducing labor pain	Seed	Boil in water add some jaggery and tea into it and drink

Common Name	Category	Indication/s	Part/s Used	Method of preparation
	GI	Bruise		Apply honey and this powder
		Stomach-ache, loose motions		Use with *pudina chutney* or powder with *kaunchka+ gandharavaj+kadukadiyato+meethi+nimda+ajma+billi and eat*
				or drink with *tulsi* leave juice
		Gastric problem		Eat with *chamar dudheli* flower
Til	Sys	Paralysis	Seeds	Make oil of the seeds and massage
Timru	Mis	Nutrition	Fruit	Eat directly
Tulsi/ Basil	Pul, Oti, GI	Cough or cold	Leaves	Either directly eat leaves or take their juice
		Ear ache		Juice is used as a drop
		Loose motions		Take leaves' juice add *kali mirchi* add drink
Umbra/ Umaro	Mis, Gyn	Fear	Bark, Fruit	With *aam, ardusa, karenj and vadhla* powder incoction
		Female infertility		With *varyari +coconut+ ghee* (cow/ buffalo butter)
Undha Sidha/ Kokharvel	Der	Boil	Leaves	Heat the leaves, put some oil on it and place on the boil. This will burst the boil early.
Vaavdi/ Vevdi/ Jaljamni	Gyn	Post partum health care and vaginal itiching	Flower	Use the powder of flowers in the vaginal balls.
Vadhla	Mis	Fear	Bark	Make powder of bark with *aam, umbra, karenj and ardusa* powder. Then, soak in water and drink
Vagandi/ Heeng	Gyn, GI, Sys	Loose motions	Grain	Eat the powder
		Constipation/ stomach ache		Mix its powder with water and apply on stomach
		Diabetes		Make its powder and add salt+*aval*'s flower powder and eat
Vakumb/kumbh/Vapumba	GI, Gyn	Leucorrhea	Flower	Use the powder of flowers in the vaginal balls.
		Post partum health care and vaginal itiching		Use the powder of flowers in the vaginal balls.
		Stomach-ache		Eat the powder
Varakand	Mis	Revitaliser	Roots	Make powder of roots and take with *kali musli, bahu phali* powder

Common Name	Category	Indication/s	Part/s Used	Method of preparation
Varyari	Gyn	Female infertility	Seed	Make powder and take with *umbra+coconut and* ghee
		Cures Menorrhagia		Soak with *mishri* overnight and drink next day
Vavarno/Vayvarna	Sys	Cancer	Fruit	Eat the powder
Vikro	Sys	Juandice	Leaves	Boil in water and drink later
Vavri/Vavdi	GI, Gyn	Leucorrhea	Seed	Use the powder of seeds in the vaginal balls.
		Post partum health care and vaginal itiching		Use the powder of seeds in the vaginal balls.
		Stomach-ache		Eat the powder

Key:

Den= Dental
Der= Dermatologic Like, Eczema, Boil, Spike Injury, Athlete's foot, Prickly heat
GI= Gastro Intestinal like, Stomachache, Constipation, Loose motions, Piles, Stomachic
Gyn= Gynecological
Hai= Hair, Dandruff
Inj= Injury like, Accident, bruise
Ins= Insects/ Parasite remover like, maggots from animals etc.
Mis= Miscellaneous like, Fear, Nutrition/ Nutritious things, Body-ache, etc
Mishri= Solidified and crystal-like sugar
Ner= Nervous system related
Opt= Optical
Ora= Oral like, Mouth ulcers etc.
Ort= Orthopedic
Oti= Otitis (Ear)
Ped= Pediatric
Poi= Poison like, Snake, Scorpion bite
Pul= Pulmonary like, Cough, Cold, Asthma etc.
Sex-dys= Sexual Dysfunction, etc.
Sys= Systemic-like, Fever, Headache, Health related things, Anemia, Hunger booster, Diabetes, Cancer, Paralysis etc.
Uri= Urinary tract related like, Kidney stones, Micturation, Nocturnal bedwetting etc.

Appendix 4.5: Siddi ethnomedicine

Biomedical Term	**Local Gujarati Name or terminology**
Good Health	***Tandurast shareer***
Cough	***Udras***
Cold	***Sardi***
Fever	***Taap, bukhar***
Post Partum Healthcare	***Bacha hue pachi sewa***
Head ache	***Mathano dukhava***
Stomachic	***Pet sahi rhe***
Acne	***Funsi***
Cut/ Wound	***Ghaav***
Piles with moles	***Haras***
Asthma/ Respiratory problem	***Suaas ni takleef***
Loose motions	***Zaada***
Scorpion's Bite	***Vinchi danka***
Tooth ache	***Dantana dukhava***
T. B.	***T.B.***
Cancer	***Cancer***
Tiredness	***Thaak***
Vaginal tightening	***Wo pack krne khatir***
Knee pain	***Ghutanani pida***
Snake bite	***Sapa kardavathi***
Acute Respiratory Infection	***Bhrani***
Boil	***Gumda***
Kidney Stone	***Pathri***

Leucorrhea	***Safed pani (girta hoe)***
Stomachache	***Peta dukhavo***
Bodyache	***Badan/ Shareer dukhavo***
Female Infertility	***Aurat na bacha na hoe***
Male Infertility	***Admi na kamjori***
AIDS	***AIDS***
Backache	***Pithano dukhavo***
Spike Injury	***Kanta laga hoe***
Micturation/ Burning sensation in urine	***Pesaab na jalan***
Bruise	***Neel***
Post-Delievery/Pregnancy stomach cleansing i.e. when waste is expelled out of the stomach	***Bagaar nikal jawe***
Mumps	***Gaalpachorio***

Appendix 4.6: List of medicinal plants used used by Maldhari tribe people of Gir along with the list of health problems they are used for.

Common name (Scientific name & Family)	**Used for curing**	**Part used**	**Methodology**	**Dosage**
Rohin (*Soymida febrifuga* A. Juss, Meliaceae)	Lion's bite on cattle	Bark	Apply powder on the wound	Apply
	Cut / Wound		Apply paste	Apply
	Boil		Apply paste	Apply
Sitaphal (*Annona squamosa* L., Annonaceae)	Maggots	Leaves	Apply leaves' juice + sugar	Apply
Karukado (*Holarrhena antidysenterica* Wall, Apocynaceae	Fever	Bark	Incoction	Drink
	Stomach ache		Incoction	Drink
		Seed	Make seed powder and give it to children	Drink
Mamejavo (*Enicostema hyssopifolium* Verdoon., Gentianaceae)	Stomach worms in calf	Whole plant	Make plant's paste +salt+buttermilk	Drink
	Stomach ache	Leaves	Decoction and drink	Drink
	Fever	Leaves	Decoction and drink	
Mindhor (*Xeromphis spinosa* Thunb., Rubiaceae)	Boil	Fruit	Apply the paste	Apply
Ragatroid (*Tecomella undulata Smith.*, Bignoniaceae)	Bruise	Bark	Decoction, drink 1 cup Morning & Evening for 3 days	Drink
Ingoria (*Balanites aegyptica* L., Simaroubaceae)	Stomach ache and good sleep of children	Seed	Roast and make and give some with water/ milk	Drink
	Quick delievery, induces labor pain	Seed	Powder+ karajhiri+kankasiya	Eat
Billi (*Aegle marmelos* Corr., Rutaceae)	Loose motions	Fruit	Fruit's juice +sugar+water, take1/2 glass a day	Drink
Shisham (*Dalbergia latifolia* Roxb, Fabaceae)	Cold of cattle	Wood	Give smoke and then put salt and a gunny bag on her back	Inhale
Bamboo (*Dendrocalamus strictus* Nees L., Poaceae)	Gastric problem	Grass	With lemon+ haldar+salt+imli+sonth and make pickle	Eat
Nimbu (*Citrus limon* (L.) Burm. F, Rutaceae)	Gastric problem	Fruit	With bamboo+haldar+salt+imli+ginger and make pickle	Eat
Haldar (*Curcuma longa* L.,	Gastric problem	Tuber	With lemon+bamboo+salt+imli+ginger and make pickle	Eat

Common name (Scientific name & Family)	Used for curing	Part used	Methodology	Dosage
Zingiberaceae)	Umblical cord wound		Heat with oil and apply	Apply
	Cough		With milk	Drink
	Toe infection of Cattle		Mix with buttermik and salt and then apply	Apply
Ambli/ Imli (*Tamarindus indica* L., Caesalpiniaceae)	Gastric problem	Tuber	With lemon+bamboo+salt+haldar+ginger and make pickle	Eat
	Scorpion bite	Seed cover	Tie it over the bite	Apply
Aaddu/Sonth (*Zinziber officinale* Rosc., Zingiberaceae)	Gastric problem	Tuber	With lemon+bamboo+salt+haldar+imliand make pickle	Eat
	Post Delievery health		Used in sheera, curry etc.	Eat
Khakra/ Kesudo (*Butea monosperma* L., Papillionaceae)	Fracture of cattle	Bark	Tie it for 8 days and cover it with a gunny bag and soak in water	Apply
	Urination problem	Flower	Decoction and drink	Drink
	Toothache	Gum	Put on teeth	Apply
Harde (*Terminalia chebula* W&A Prodr., Combretaceae)	Stomachache, gastric problem	Fruit	Make powder+ baheda+amla powder	Eat
Baheda (*Terminalia bellirica* Gaertn., Combretaceae)	Stomachache, gastric problem	Fruit	Make powder+ harde+amla powder	Eat
Ambra/Amla (*Phyllanthus emblica* L., Euphorbiaceae)	Stomachache, gastric problem	Fruit	Make powder+ baheda+harde powder	Eat
	Kidney stone	Fruit	Eat it because then you can drink more water and thus urinate more	Eat
Areetha (*Sapindus emarginatus* Vahl., Sapindaceae)	Snake bite (both animals and humans)	Fruit	Eat it and vomit	Eat
Norvel (*Aristolochia indica* L., Aristolochiaceae)	Snake bite (both animals and humans)	Roots	Apply on the snake bite (mongoose also smells this)	Apply
	Scorpion bite	Roots	Apply on the snake bite (mongoose also smells this)	Apply
	Diabetes		Eat very little amount as it is poisonous	Eat
Peucedanum graveolens Benth & Hook., Umbelliferae)	Asthma, respiratory problems	Roots	Give powder Morning & Evening in water or honey	Eat
	Post Delievery health	Leaves/ seed	Chew this	Eat
	Post Delievery vaginal care	Seed	Burn them with Kher and cowdung cake	Smoke
Pandapaith (*Tridax procumbens* L., Asteraceae)	Loose motions	Leaves	Take 1 tbsp juice thrice a day	Drink
	Wound	Leaves	Apply paste	Apply
Jambuda (*Syzgium*	Kidney stone	Fruit	Drink its juice	Juice

Common name (Scientific name & Family)	Used for curing	Part used	Methodology	Dosage
cumini L. Myrtaceae)	Loose motions of animals	Bark	Incoction	Drink
	Post delievery of cattle	Bark	Incoction	Drink
	Diabetes	Fruit	Drink juice	Drink
Vikro (*Maytenus senegalensis* Willd., Celastraceae)	Juandice	Leaves	juice+ varyari+ shakar+water, take this juice thrice a day	Drink
	Increases RBCs			
Garmado (*Cassia fistula* L., Caesalpiniaceae)	Stomachache	Capsule	Eat its inside part	Eat
	Loose motions Constipation	Roots	Use in pickle	Eat
			Eat inside part (pulp_	Eat
			Eat its inside part (pulp)	Eat
Arjun sadad (*Terminalia arjuna* (Roxb.) W. & A., Combretaceae)	Appendix pain, Diabetes	Bark	Powder+ Mishri take this powder 1 tbsp daily morning	Eat
Ankda (*Calotropis gigantia* L., Asclepiadaceae)	Appendix pain	Leaves	Heat+ oil and then apply on stomach	Apply
	Stomachache	Leaves	Heat+ oil and then apply on stomach	Apply
	Spike injury	Leaves	Drop the juice of leaves and the spike will ooze out	Apply
	Fever		Insert a pin into the tree	
	Headache		Tie around forehead with timru leaves	Apply
	Constipation		Heat with oil and apply on stomach	Apply
Aval/ Hawad (*Cassia auriculata* L., Caesalpiniaceae)	Bodyache	Leaves	Sleep over the leaves	Apply
Gala vel (*Tinospora cordifolia*. L., Menispermaceae)	Diabetes	Whole climber	Powder	Eat
	Fever	Whole climber	Powder	Eat
	Stomachache	Whole climber	Powder	Eat
Nimda (*Azadirachta indica* A. Juss, Meliaceae)	Diabetes	Bark	Incoction	Drink
	Fever	Leaves	Decoction	Take Steam
	Snake bite (both animals and humans)	Leaves	Burn and take smoke	Inhale
	Body swelling		Sleep over the leaves	Apply
	Allergic reaction use as antibiotic		Decoction	Bath
	Chicken pox and small pox		Sleep over the leaves	Apply
	Air purifier, kills bacteria/ germs		Tie on the entrance of the door	
Serdi/ Sugarcane (*Saccharum officinarum*. L., Poaceae)	Juandice	Fruit	Drink juice	Drink

Common name (Scientific name & Family)	Used for curing	Part used	Methodology	Dosage
Karingda Vel (*Trichosanthes bracteata* Lam., Cucurbitaceae)	Tonsilitis and fever	Fruit	Apply fruit paste on neck and body	Apply
Kauncha/ Bher (*Mucuna prurita* Baker, Fabaceae)	Stomach worms	Seeds (of Pod)	Crush and give with water/milk	Drink
Susdo/ Chunchh (*Corchorus olitorius* L., Tiliaceae)	Cold	Seed	Make paste and apply on chest	Apply
Bawar (*Acacia nilotica* L., Mimosaceae)	Toothache	Leaves	Apply powder	Apply
	Breathlesness	Seed	Eat directly	Eat
	Boil	Leaves	Apply paste	Apply
	Cough	Fruit	Keep in mouth and suck the juice	Drink
Kuvandiyo (*Cassia tora* L., Caesalpiniaceae)	Stomachache	Seed	Make paste and eat	Eat
Sag/ Sangwan (*Tectona grandis* L., Verbenaceae)	Diabetes	Seed	Make powder and take with water	Eat
	Cancer	Seed	Ferment the seeds for 2-3 months under mud in a container and take juice	Drink
Biyo/ Bai (*Pterocarpus marsupium* L., Fabaceae)	Diabetes	Wood	Make cup from its wood and drink water in this cup	External
Chanothi (*Abrus precatorius* L., Fabaceae)	Mouth ulcers	Leaves	Keep leaves in mouth and suck the juice	Eat/ Drink
	Conjuctivitis	Leaves	Use juice as eye drop	Apply
	Post delievery of cattle	Seed	Eat directly	Eat
Kadayo/ Gond (*Sterculia urens* Roxb., Sterculiaceae)	Strong teeth	Gum	Chew this	Eat
	Umblical cord wound	Gum	Apply gum	Apply
	Alactoria		Used in Paak	Eat
Semra (*Bombax ceiba* L., Bombacaseae)	For cattle post delievery cleansing	Flower	Incoction	Drink
	Problem in passing stool/ Constipation	Roots	Take juice	Drink
	Conjuctivitis	Seed	Crush+salt and put in eye overnight for 2-3 days	Apply
Timru (*Diospyros melanoxylon* Roxb., Ebenaceae)	Athleete's foot	Fruit	Apply juice on foot	Apply
	Headache	Leaves	Tie with ankda leave on forehead	Apply

Common name (Scientific name & Family)	**Used for curing**	**Part used**	**Methodology**	**Dosage**
Karajhiri (*Vernonia anthelmintica* (L) Wild., Asteraceae)	Quick delievery, induces labor pain	Seed	Powder+ ingoria+kankasiya	Eat
	Stomach ache		Powder with Ingoria and mamejavo	Eat
	Fever		Incoction	Drink
Kankasiya (*Caesalpinia crista* L., Caesalpiniaceae)	Quick delievery, induces labor pain	Seed	Powder+ ingoria+karajhiri	Eat
	Stomachache		Roast and with mother's milk	Drink
Asaliyo/ Aherio (*Lepidum sativum* L., Brassicaceae Cruciferae)	Umblical cord wound	Seed	Apply powder	Apply
Takmariya (*Impatiens balsamina* L., Balsaminaceae)	Micturation	Seed	With varyari+mishri, soak in water overnight and drink	Drink
Varyari (*Foeniculum vulgare* L., Apiaceae)	Micturation	Seed	With takmariya+mishri, soak in water overnight and drink	Drink
Tumdi Vel/ Kadvi tumdi (*Lagenaria vulgaris* Ser., Cucurbitaceae)	Respiration problem	Fruit	Store water in the fruit for 2-3 months and then drink	Drink
Rajarudi/Radarudi/ Varsharudi (*Telosma pallida* Roxb., Apocynaceae)	Post Delievery health	Seed	Eat it as curry	Eat
Chamar Dudheli (*Pergularia daemia* (Forsk.) Chiov., Asclepiadaceae)	Stomachache with vomiting/ Diarrhea	Flower	With salt	Eat
Marda Seengh (*Helicteres isora* L., Sterculiaceae)	Constipation	Capsule	Eat inside part	Eat
Anjh/ Anjan (*Hardwickia binnata* Roxb., Caesalpinaceae)	Post delievery of cattle	Seed	Eat directly	Eat
Kukadvel (*Luffa echinata* Roxb., Cucurbitaceae)	Fever	Leaves	Take steam	Steam
Nilgiri (*Eucalyptus globulus* L' Herit., Myrtaceae)	Fever	Leaves	Take steam	Steam
	Bodyache		Massage with its oil	Apply

Common name (Scientific name & Family)	Used for curing	Part used	Methodology	Dosage
Ardusi (*Adhatoda vasica* Nees., Acanthaceae)	Cough	Leaves	Juice	Drink
Tusli (*Ocimum sanctum* L., Lamiaceae)	Cough	Leaves	Decoction in salt+coffee	Drink
Tikhe (*Piper nigrum* L., Piperaceae)	Cough	Fruit	Make balls with sonth and gud and eat	Eat
	Induces labor pain		With tea	Drink
Rangari/ Aledi (*Morinda tomentosa Heyne* ex Roth., Rubiaceae)	Lion's bite on cattle	Bark	Apply on bite	Apply
	Boil	Leaves	Apply ash for 2-3 days	Apply
Methi (*Trigonella foenum-graceum* L., Papillionaceae)	Post delievery of cattle	Seed	Eat directly	Eat
	Post Delievery health		Used as curry	Eat
Bajra (*Pennisetum typhoides* L., Poaceae)	Post Delievery health	Grain	Sheera with ghee and jaggery	Eat
	Post Delievery bone ache etc.		Apply on body with boedi's wood	Apply
Ajma (*Trachyspermum ammi* L., Umbelliferae)	Cough	Seed	Eat directly	Eat
Kher (*Acacia catechu* L., Mimosaceae)	Post Delievery vaginal care	Wood	Burn them with Suadaana and cowdung cake	Smoke
Gola/ Nariyal (*Cocos nucifera* L. Arecaceae)	Alactoria	Fruit	Eat directly	Eat
Boidi/Bordi (*Zizyphus mauritiana* Lamk., Rhamnaceae)	Post Delievery bone ache etc.	Bark	Paste with bajara and apply on body for 7-10 days	Apply
	Lion's bite on cattle		Apply paste	Apply
Aerdi (*Ricinus communis* L., Euphorbiaceae)	Fever and headache	Leaves	Heat and keep on hairs after sometime it will soak the body heat	Apply
Umaro (*Ficus racemosa* L., Moraceae)	Fever	Sap	Apply the milk/sap on stomach and place coton over it for 2-3 days	Apply
Chawal (*Oryza sativa* L. Poaceae)	Backache	Grain	Roast it till it becomes black, mix with water and apply	Apply
Pipra (*Ficus religiosa* L., Moraceae)	ARI/ URI	Aerial roots	Drink juice	Drink
Bhoringni (*Solanum surattense* Burm. F., Solanaceae)	Tootache/ Cavity	Roots	Fill in the cavity with this	Apply

Common name (Scientific name & Family)	**Used for curing**	**Part used**	**Methodology**	**Dosage**
Sarpankha (*Tephrosia purpurea* L. Pers., Fabaceae)	Skin infection, acne on whole body	Roots	Chew them and suck the juice only	Drink
Naget (*Vitex Nigundo* L., Verbenaceae)	Bodyache	Leaves	Decoction and take bath	Bath
	Post Delievery health		Decoction and take bath	Bath
Kidamadi (*Aristolochia bracteolata* L., Aristolochiaceae)	Stomach worms	Whole plant	Dry and powder	Eat
	Stomachache		Dry and powder	Eat
Vagandi (*Ferula alliacea* Boiss., Apiaceae)	Stomachache	Seed	Powder	Eat
Dudhla (*Wrightia tinctoria* R. Br., Apocynaceae)	Cut / Wound	Bark	Apply paste	Apply
Tanjario/ Tandaljo (*Amaranthus lividus* L., Amaranthaceae)	Alactoria	Leaves	Eat curry	Eat

Appendix 4.7: List of plant species (by family), which have been recorded for Siddis of Karnataka, Gujarat and Maldharis.

Family	***Species***	**Siddi Gujarat**	**Siddi Karnataka**	**Maldhari**
Totals	Family	69	41	42
	Genus	131	69	68
	Species	150	75	75
Family	**Species**	**Siddi Gujarat**	**Siddi Karnataka**	**Maldhari**
Acanthaceae		3	2	1
	Haplanthus verticillatus Roxb.	1	0	0
	Adhatoda vasica Nees.	1	0	1
	Hygrophila auriculata Schum.	1	0	0
	Acanthus ilicifolius L.	0	1	0
	Justicia adhatoda L.	0	1	0
Acoraceae		1	0	0
	Acorus calamus L.	1	0	0
Aliangiaceae		1	0	0
	Alangium salvifolium (L) Wang.	1	0	0
Amaranthaceae		3	0	1
	Amaranthus lividus L.	1	0	1
	Aerva lantana L.	1	0	0
	Amaranthus hybridus L	1	0	0
Anacardiaceae		1	3	0
	Mangifera indica L.	1	0	0
	Holigarna ferruginea L.	0	1	0
	Semicarpus anacardium L.	0	1	0
	Spondias pinnata L.	0	1	0
Annonaceae		1	0	1

Family	*Species*	Siddi Gujarat	Siddi Karnataka	Maldhari
	Annona squamosal L.	1	0	1
Apiaceae		4	1	2
	Ferula alliacea Boiss.	1	0	1
	Daucus carota L.	1	0	0
	Foeniculum vulgare Mill.	1	0	1
	Cuminum cyminum L.	1	0	0
	Centella asiatica L.	0	1	0
Apocynaceae		4	4	3
	Holarrhena antidysenterica Wall.	1	1	1
	Carissa congesta L. Mant	1	0	0
	Wrightia tinctoria R. Br.	1	0	1
	Nerium oleander L.	1	0	0
	Alstonia scholaris L. R. Br.	0	1	0
	Ichinocarpus frutescens L. R. Br.	0	1	0
	Tabernaemontana heyneana Wallich.	0	1	0
	Tephrosia purpurea L. Pers.	0	0	1
Araceae		0	2	0
	Amorphorphallus bulbifer Blume.	0	1	0
	Pothos scandens L.	0	1	0
Aristolochiaceae		1	0	2
	Aristolochia bracteolata Retz.	1	0	1
	Aristolochia indica L.	0	0	1
Arecaceae		1	3	1
	Cocos nucifera L.	1	1	1
	Calamus thwaitesii Becc.	0	1	0
	Caryota urens L.	0	1	0
Asclepiadaceae		4	2	2

Family	*Species*	Siddi Gujarat	Siddi Karnataka	Maldhari
	Calotropis gigantia L.	1	1	1
	Calotropis procera Ait.	1	0	0
	Leptadenia pyrotechnia Forsk.	1	0	0
	Pergularia daemia (Forsk.) Chiov.	1	0	1
	Hemidesmus indicus R. Br.	0	1	0
Asteraceae		6	2	2
	Vernonia anthelmintica (L.) Wild.	1	0	1
	Tridax procumbens L.	1	0	1
	Guizotia abyssinica Cass.	1	0	0
	Guizotia abyssinica Cass.	1	0	0
	Launaea sarmentosa (Wild.) Alst.	1	0	0
	Xanthium strumarium L.	1	0	0
	Ageratum conyzoides L.	0	1	0
	Elephantopus scaber L.	0	1	0
Balsaminaceae		1	0	1
	Impatiens balsamina L.	1	0	1
Bignoniaceae		0	0	1
	Tecomella undulata Smith.	0	0	1
Bombacaseae		1	0	1
	Bombax ceiba L.	1	0	1
Brassicaceae/ Cruciferae		1	1	1
	Lepidum sativum L.	1	0	1
	Brassica juncea Hook. f. et. Thomson	0	1	0
Cactaceae		1	0	0

Family	*Species*	Siddi Gujarat	Siddi Karnataka	Maldhari
	Opuntia elatior Mill. Gard.	1	0	0
Caesalpiniaceae		8	5	6
	Cassia fistula L.	1	1	1
	Cassia auriculata L.	1	0	1
	Tamarindus indica L	1	0	1
	Bauhinia racemosa Lamk.	1	0	0
	Caesalpinia crista L.	1	0	1
	Delonix elata L.	1	0	0
	Cassia tora L.	1	1	1
	Casssia italica Mill. Var. micrantha	1	0	0
	Cassia mimosoides L.	0	1	0
	Moullava spicata Dalz.	0	1	0
	Saraca asoca Roxb.	0	1	0
	Hardwickia binnata Roxb	0	0	1
Capparaceae		3	0	1
	Capparis sepiaria L.	1	0	0
	Crateva nurvala Buch-Ham	1	0	0
	Maerua oblongifolia Forsk.	1	0	1
Caricaceae		1	0	0
	Carica papaya	1	0	0
Casuarinaceae		1	0	0
	Casuarina equisetifolia Forst.	1	0	0
Celastraceae		1	0	1
	Maytenus senegalensis Willd.	1	0	1
Chenopodiaceae		1	0	0
	Spinacea oleracea L.	1	0	0

Family	*Species*	Siddi Gujarat	Siddi Karnataka	Maldhari
Clusiaceae		0	1	0
	Garcinia Indica Choisy.	0	1	0
Combretaceae		4	2	3
	Terminalia bellirica Gaertn.	1	0	1
	Terminalia crenulata Roth.	1	0	0
	Terminalia chebula W&A Prodr.	1	0	1
	Terminalia arjuna (Roxb.) W. & A.	1	0	1
	Calycopteris floribunda Lam.	0	1	0
	Terminalia alata Heyne ex. Roth.	0	1	0
Convulvulaceae		1	1	0
	Ipomea cairica (L). Sw.	1	0	0
	Argyreia pilosa Arn.	0	1	0
Crassulaceae		0	1	0
	Kalanchoe pinnata (Lam.) Pers.	0	1	0
Cucurbitaceae		3	0	3
	Momordica charantia L.	1	0	0
	Luffa echinata Roxb.	1	0	1
	Diplocyclos palmatus (L.) C. Jeffrey	1	0	0
	Lagenaria vulgaris Ser.	0	0	1
	Trichosanthes bracteata Lam.	0	0	1
Cupuliferae		1	0	0
	Quercus infectoria Oliv.	1	0	0
Cuscutaceae		2	0	0
	Cuscuta chinensis Lam.	1	0	0
	Cuscuta reflexa Roxb.	1	0	0

Family	*Species*	Siddi Gujarat	Siddi Karnataka	Maldhari
Dioscoreaceae		1	0	0
	Dioscorea wallichii Hk. F.	1	0	0
Ebenaceae		1	0	1
	Diospyros melanoxylon Roxb.	1	0	1
Euphorbiaceae		4	1	2
	Ricinus communis L.	1	0	1
	Phyllanthus emblica L	1	0	1
	Bridelia retusa (L). Spr.	1	0	0
	Jatropha curcas L.	1	0	0
	Cronton roxburghii Balak.	0	1	0
Fabaceae		5	0	4
	Cicer arietinum L.	1	0	0
	Derris indica (Lam.) Bennet	1	0	0
	Pterocarpus marsupium L.	1	0	1
	Mucuna prurita Baker	1	0	1
	Clitoria ternatea L.	1	0	0
	Abrus precatorius L.	0	0	1
	Dalbergia latifolia Roxb	0	0	1
Gentianaceae		1	0	1
	Enicostema hyssopifolium Verdoon.	1	0	1
Hypoxidaceae		1	0	0
	Curculigo orchioides Gaertn.	1	0	0
Iridaceae		1	0	0
	Crocus Sativus L.	1	0	0
Lamiaceae/ Labiatae		4	1	1
	Ocimum canum Sims.	1	0	0

Family	*Species*	Siddi Gujarat	Siddi Karnataka	Maldhari
	Ocimum sanctum L.	1	0	1
	Ocimum basillicum L.	1	0	0
	Mehtha sylvestris L.	1	0	0
	Leucas aspera Wild.	0	1	0
Lecythidaceae		1	1	0
	Careya arborea Roxb.	1	1	0
Leeaceae		0	1	0
	Leea asiatica L. Ridsdale	0	1	0
Liliaceae		2	2	0
	Allium cepa L.	1	0	0
	Chlorophytum borivilianum Sant. & Fernad.	1	0	0
	Asparagus racemosus Wild.	0	1	0
	Sanseviera roxburghiana Schultes.	0	1	0
Loganiaceae		0	1	0
	Strychnos nux-vomica	0	1	0
Loranthaceae		0	1	0
	Dandrophthoe falcata (L.f.)	0	1	0
Lythraceae		2	0	0
	Woodfordia fruticosa L.	1	0	0
	Lawsonia inermis L.	1	0	0
Malvaceae		1	3	0
	Thespesia populnea (L.) Sol. ex Corr.	1	0	0
	Hibiscus rosa-sinensis L.	0	1	0
	Sida cordata Burm.	0	1	0
	Sida rombhifolia L.	0	1	0

Family	*Species*	Siddi Gujarat	Siddi Karnataka	Maldhari
Meliaceae		3	0	2
	Azadirachta Indica A. Juss.	1	0	1
	Melia azaderach L.	1	0	0
	Soymida febrifuga Roxb.	1	0	1
Menispermaceae		2	1	1
	Coculus hirsutus L.	1	0	0
	Tinospora cordifolia	1	0	1
	Cyclea peltata Lam. Hook. f. et. Thomson	0	1	0
Mimosaceae		3	1	2
	Acacia nilotica L.	1	0	1
	Dichrostachys cinerea L.	1	0	0
	Acacia catechu	1	0	1
	Mimosa pudica L.	0	1	0
Moraceae		3	0	2
	Ficus religiosa L.	1	0	1
	Ficus racemosa L.	1	0	1
	Ficus benghalensis L.	1	0	0
Moringaceae		1	0	0
	Moringa oleifera Lamk.	1	0	0
Musaceae		1	0	0
	Musa paradisiaca L.	1	0	0
Myrsinaceae/ **Primulaceae**		1	1	0
	Embelia tsjeriam-cottam Roemer et Schultes	0	1	0
	Embelia ribes Burm.f.	1	0	0
Myrtaceae		4	1	2

Family	*Species*	Siddi Gujarat	Siddi Karnataka	Maldhari
	Eucalyptus globulus L. Herit.	1	0	1
	Psidium guajava L.	1	0	0
	Syzgium aromaticum L. Merrill & Perry	1	0	0
	Syzgium cumini L. Skeels	1	1	1
Oleaceae		0	1	0
	Jasminum malabaricum	0	1	0
Orchidaceae		1	1	0
	Eulophia pratensis Lindl.	1	0	0
	Malaxis densiflora (A. Rich.)	0	1	0
Oxalidaceae		1	0	0
	Biophytum sensitivum	1	0	0
Papilionaceae		2	4	2
	Trigonella foenum-graceum L.	1	0	1
	Butea monosperma Lamk.	1	0	1
	Erythrina variegata L.	0	1	0
	Clitoria ternatea L.	0	1	0
	Mucuna pruriens L.	0	1	0
	Petrocarpus marsupium Roxb.	0	1	0
Pedaliaceae		1	1	0
	Pedalium murex L.	1	0	0
	Sesamum indicum L.	0	1	0
Piperaceae		2	0	1
	Piper betle L.	1	0	0
	Piper nigrum L.	1	0	1
Poaceae		6	0	4
	Pennisetum typhoides L.	1	0	1
	Triticum aestivum L.	1	0	0

Family	*Species*	Siddi Gujarat	Siddi Karnataka	Maldhari
	Saccharum officinarum L.	1	0	1
	Dendrocalamus strictus Nees in L.	1	0	1
	Zea Mays L.	1	0	0
	Sorghum bicolor (L.) Moench	1	0	0
	Oryza Sativa. L.	0	0	1
Punicaeae		1	0	0
	Punica Granatum L.	1	0	0
Ranunculaceae		0	1	0
	Naravelia zeylanica L.	0	1	0
Rhamnaceae		1	2	1
	Zizyphus mauritiana Lamk.	1	1	1
	Zizyphus rugosa Lam.	0	1	0
Rubiaceae		3	3	2
	Xeromphis spinosa Thunb.	1	0	1
	Ixora arborea Roxb.	1	0	0
	Morinda tomentosa Heyne ex Roth	1	0	1
	Catunaregam spinosa Thunb.	0	1	0
	Haldina Cordifolia Roxb.	0	1	0
	Neolamarckia Cadamba Roxb.	0	1	0
Rutaceae		5	1	2
	Aegle marmelos Corr.	1	0	1
	Citrus medica (2)	1	0	0
	Citrus limon	1	0	1
	Murraya koenigii L.	1	1	0
	Citrus limettoides Tanaka.	1	0	0
Salvadoraceae		1	0	0
	Salvadora persica L.	1	0	0

Family	*Species*	Siddi Gujarat	Siddi Karnataka	Maldhari
Santalaceae		1	0	0
	Santalum album L.	1	0	0
Sapindaceae		2	0	1
	Sapindus emarginatus Vahl.	1	0	1
	Sapindus laurifolius Vahl	1	0	0
Scrophulariaceae		0	1	0
	Angelonia biflora Benth.	0	1	0
Simaroubaceae		2	0	1
	Ailanthus excelsa L.	1	0	0
	Balanites aegyptica L.	1	0	1
Solanaceae		4	3	1
	Solanum melongena L.	1	0	0
	Datura innoxia Mill.	1	0	0
	Physalis minima L.	1	0	0
	Capsicum annuum L.	1	0	0
	Datura metel L.	0	1	0
	Solanum nigrum L.	0	1	0
	Solanum stramoniifolium Jacq.	0	1	0
	Solanum surattense Burm. F.	0	0	1
Sterculiaceae		2	1	2
	Sterculia urens Roxb.	1	0	1
	Helicteres isora L.	1	1	1
Tiliaceae		2	0	1
	Corchorus depressus (L.) Stocks.	1	0	0
	Triumfetta rotundifolia Lamk.	1	0	0
	Corchorus olitorius L.	0	0	1
Umbellifeae		2	0	2

Family	*Species*	Siddi Gujarat	Siddi Karnataka	Maldhari
	Trachyspermum ammi L.	1	0	1
	Peucedanum graveolens Benth & Hook.	1	0	1
Verbenaceae		5	6	2
	Vitex Negundo L.	1	1	1
	Phyla nodiflora L. Greene.	1	0	0
	Clerodendron multiflorum Burm.	1	0	0
	Tectona grandis L.	1	1	1
	Lantana camara L.	1	0	0
	Callicarpa tomentosa L. Murr.	0	1	0
	Clerodendrum inerme L.	0	1	0
	Clerodendrum serratum L. Moon.	0	1	0
	Clerodendrum viscosum Vent.	0	1	0
Vitaceae		1	1	0
	Cissus repanda Vahl.	1	0	0
	Cissus discolor Blume.	0	1	0
Xanthorrhoeaceae		1	0	0
	Aloe vera (L.) Burm.f.	1	0	0
Zingiberaceae		2	4	2
	Zingiber offcinale Rosc.	1	1	1
	Curcuma longa L.	1	1	1
	Costus speciosus Koening.	0	1	0
	Hedychium coronarium Koening.	0	1	0

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