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Knowledge, Power, And Practice: Traditional Healers In Karnataka's Health System

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Abstract
In rural Karnataka, traditional healers continue to play a vital role in community health, even as modern medical facilities expand. This study explores the knowledge, practices, and social legitimacy of traditional healers in Belagavi district, examining how cultural beliefs, accessibility, and trust influence health-seeking behaviour. Using a mixed-method approach, data were collected from 50 households through structured questionnaires, along with in-depth interviews with local healers. Purposive and convenience sampling was employed to identify respondents who regularly interact with traditional practitioners. The findings reveal that traditional healers are widely consulted for common ailments such as fever, digestive issues, and joint pain, highlighting their role in managing routine and chronic health problems. Cultural legitimacy and community trust emerged as stronger drivers of healer consultation than institutional recognition, while affordability and proximity further support their continued relevance. Respondents often navigate multiple healthcare options, combining government and private doctors with traditional healers, demonstrating the prevalence of medical pluralism in rural settings. Despite their importance, folk healers remain largely absent from official health policies and planning. The study underscores the need for documentation, voluntary training, and inclusion of traditional healers in community health initiatives to bridge gaps between formal healthcare systems and local practices. Recognising and supporting these practitioners can enhance healthcare access, improve preventive and curative outcomes, and ensure culturally sensitive interventions. Traditional healers are not relics of the past but active contributors to health and well-being, reflecting the social, cultural, and experiential dimensions of healthcare in rural Karnataka.
Keywords: *Traditional Healers, Medical Pluralism, Rural Health, Karnataka, Sociological Legitimacy*

INTRODUCTION

India's healthcare system has evolved as a plural space where different forms of healing coexist and interact in everyday life. Alongside modern biomedicine, traditional healing practices rooted in indigenous knowledge systems continue to play a meaningful role in shaping how people understand illness and seek care, particularly in rural and semi-rural regions (Leslie, 1992; Kleinman, 1980). Even with the expansion of hospitals, private clinics, and public health programmes, many households continue to rely on traditional healers either as a first point of contact or as a complementary source of treatment. This reliance is not simply a matter of limited access to modern medicine but reflects deeper social, cultural, and experiential dimensions of health and healing (Shah, Venkataramanaiah, & Ashwini, 2020).

In Karnataka, traditional healers are known by various local names such as vaidya, ojha, or nati chikitsegaru, and they remain closely embedded within community life. Their presence is especially visible in rural areas where health facilities are unevenly distributed and where economic constraints, distance, and transport limitations shape healthcare choices. However, accessibility alone does not fully explain their continued relevance. Traditional healers often share the language, beliefs, and everyday realities of the people they serve. They offer explanations of illness that resonate with local understandings of the body, nature, and spirituality, creating a sense of trust and familiarity that is sometimes absent in formal medical settings (Narayan, 1997). Studies on rural health-seeking behaviour indicate that such cultural proximity plays a crucial role in determining healthcare preferences, particularly for common illnesses, chronic conditions, and ailments perceived as non-life-threatening (Shah et al., 2020).

This study focuses on traditional healers in Belagavi district, one of the largest and most socially diverse districts of Karnataka. The district presents a complex social landscape shaped by agrarian livelihoods, caste and kinship networks, tribal communities, and pronounced rural–urban disparities. These social conditions provide an important context for understanding how different forms of medical knowledge operate and how authority in healing is socially produced. From a sociological perspective, health practices are not neutral or purely technical activities. They are embedded in social relationships, moral obligations, and power structures that determine whose knowledge is recognised as legitimate and whose is side-lined (Foucault, 1973; Srinivas, 1952).

Traditional healers occupy a distinctive position within this landscape. Their authority does not come from formal degrees or institutional affiliation but is built through years of practice, community recognition, and perceived effectiveness. Knowledge is often transmitted through family lineage or apprenticeship and reinforced through everyday interactions with patients. At the same time, the dominance of biomedical institutions has introduced new hierarchies of knowledge, where state-supported medical systems are privileged and indigenous forms of healing are often viewed with scepticism or relegated to the margins of healthcare policy (Bodeker, 2001; Patwardhan, 2014).

Despite this marginal position, traditional healers continue to serve communities that face multiple barriers in accessing modern healthcare. High treatment costs, long waiting times, distant facilities, and experiences of social or cultural alienation often discourage people from relying solely on biomedical services. In this context, traditional healers function not as alternatives in opposition to modern medicine but as part of a broader, negotiated health system where people move between different forms of care depending on need, trust, and circumstance (Kleinman, 1980; Leslie, 1992).

By examining the everyday practices of traditional healers in Belagavi, this paper seeks to understand how knowledge, power, and legitimacy are negotiated within Karnataka's healthcare system. It argues that the persistence of traditional healing is closely tied to social relations and lived experience, and that recognising this reality is essential for developing more inclusive and culturally sensitive health policies (Patwardhan, 2014).

Background of the Study

For centuries, healthcare in India was organised within communities rather than through formal institutions. Generations relied on local herbal knowledge, ritual healing, and experiential practices passed down through families and communities. These forms of care were closely tied to local customs and ecological knowledge. With colonial rule, Western medicine was institutionalised through hospitals and medical colleges, reshaping the landscape of health and sidelining many indigenous practices as unscientific. After independence, India took steps to formally recognise classical systems like Ayurveda and Homeopathy, but most folk and non-codified healers remained outside official healthcare structures and policies.

Karnataka reflects this broader historical pattern. The state's rural population constitutes a large share of its total inhabitants, with more than 60 per cent living outside urban centres in recent years. Rural areas often face shortages of health infrastructure and personnel when compared to cities. While Karnataka often ranks among the states with a relatively high number of registered doctors overall, this number masks a stark urban–rural divide. In tribal and rural pockets of the state, there have been reports of only one doctor serving nearly 90,000 people in designated tribal regions, far below public health norms and expectations. Provinces such as Belagavi experience this uneven distribution acutely, with health facilities concentrated in urban towns while many villages remain under-served. Even if the state has substantial numbers of doctors on paper, the availability of these professionals in rural primary health centres continues to be inadequate and uneven.

Belagavi district illustrates this disparity clearly. It is one of the larger districts of Karnataka with over a million households, a majority of which are spread across rural and semi-rural areas. While Belagavi hosts major health institutions that serve residents from across the region, the distribution of facilities such as primary health centres and sub-centres—remains uneven when measured against population needs and distances to care. According to government health infrastructure records, Belagavi has over 120 primary health centres and more than 15 community health centres spread across its rural and urban areas, yet many peripheral villages still report challenges in accessing timely medical care for common ailments.

Within these conditions, traditional healers continue to function as first-contact providers for many residents. Their practices are intertwined not just with ecological knowledge, such as the medicinal use of local flora, but also with caste networks, kinship ties, and belief systems that explain illness and recovery in culturally resonant ways. Healers' authority is rooted in long-term relationships, observed effectiveness, and shared social history rather than institutional training or certification.

Despite being widely used and deeply embedded in local healthcare behaviour, traditional healers operate in a policy grey zone. Official health planning and statistics track modern medical infrastructure and government-recognised traditional systems such as Ayurveda and Homeopathy, but largely ignore folk and community-based healing. This invisibility in policy documentation underscores broader debates about how different forms of medical knowledge are valued or marginalised. By situating traditional healing within these debates on culture, power, and accessibility, this study highlights not only the lived realities of rural healthcare in Karnataka but also the gap between formal health policy and everyday health-seeking practices.

LITERATURE REVIEW (Chronological – 8 Books)

- **Srinivas (1952), in Religion and Society among the Coorgs of South India,** provides one of the earliest sociological accounts of how belief systems, ritual practices, and everyday healing are deeply embedded within social life in South India. His work shows that health and illness cannot be separated from religious practices, kinship structures, and caste relations. Healing practices are presented as part of a broader moral and cultural order rather than as isolated medical acts. This study laid the foundation for understanding traditional healing as a socially organised activity. It remains influential for examining indigenous health practices within their cultural context.
- **Foucault (1973), in The Birth of the Clinic,** offers a critical analysis of how modern medical knowledge became institutionalised through hospitals, clinical observation, and state regulation. He argues that medicine is not merely a scientific enterprise but a form of power that defines normality, illness, and legitimate knowledge. Foucault's insights help explain how biomedical systems gained dominance while marginalising alternative and indigenous forms of healing. His work is central to understanding the power hierarchies within healthcare systems. It provides a theoretical lens to examine the exclusion of traditional healers from formal recognition.
- **Kleinman (1980), in Patients and Healers in the Context of Culture**, introduces the concept of medical pluralism and emphasises the cultural grounding of illness experiences. He argues that patients and healers operate within culturally specific explanatory models that shape how illness is understood and treated. Kleinman highlights the coexistence of professional, folk, and popular sectors of healthcare within societies. His framework is particularly relevant for analysing why traditional healers continue to be consulted alongside biomedical practitioners. The work underscores the importance of culture in health-seeking behaviour.
- **Leslie (1992), in Asian Medical Systems,** provides a comparative perspective on traditional and classical medical systems across Asia. He examines how systems such as Ayurveda coexist with folk healing practices within plural medical landscapes. Leslie's work highlights the historical depth and adaptability of indigenous medical traditions. He also discusses how colonial and post-colonial policies shaped the status of different healing systems. This book is useful for situating Indian traditional healing within a broader regional and historical context.
- **Narayan (1997), in Disorders of Culture**, explores how illness narratives, healing authority, and cultural identity are constructed through everyday social interactions. She challenges rigid distinctions between tradition and modernity by showing how cultural meanings of illness are constantly negotiated. Narayan emphasises the role of storytelling and lived experience in shaping healing practices. Her work helps explain how traditional healers maintain legitimacy through cultural resonance. It provides insight into the symbolic and narrative dimensions of healing.
- **Bodeker (2001), in Traditional Medicine and Public Health,** examines the challenges of integrating traditional medicine into national and global health policies. He discusses issues of regulation, safety, documentation, and evidence within public health frameworks. Bodeker highlights the tension between biomedical standards and indigenous knowledge systems. His work is relevant for understanding why folk healers often remain outside formal health planning. It offers a policy-oriented perspective on traditional medicine.
- **Patwardhan (2014), in Indian Systems of Medicine,** focuses on contemporary debates around integration, validation, and evidence-based approaches to traditional medicine in India. He argues for scientifically informed yet culturally sensitive methods of recognising indigenous medical knowledge. The book discusses the possibilities and limitations of integrating traditional systems into mainstream healthcare. Patwardhan's work bridges the gap between biomedical research and traditional practice. It is particularly relevant for policy discussions on plural healthcare systems.
- **Shah, Venkataramanaiah, and Ashwini (2020), in Health Seeking Behaviour in Rural India,** provide empirical insights into how rural populations navigate multiple healthcare options. Their study shows that traditional healers continue to be widely consulted due to accessibility, affordability, and cultural familiarity. The authors highlight that healthcare choices are shaped by social and economic factors rather than medical efficacy alone. This work reinforces the persistence of medical pluralism in rural India. It offers valuable contemporary evidence supporting the relevance of traditional healers.

Research Gap

Existing studies largely focus on codified traditional systems or urban healthcare. There is limited sociological research on folk traditional healers in Karnataka, particularly at the district level. Empirical studies examining legitimacy, power relations, and community perceptions in Belagavi are scarce.

Objectives

1. To examine the role of traditional healers in Belagavi's rural health system

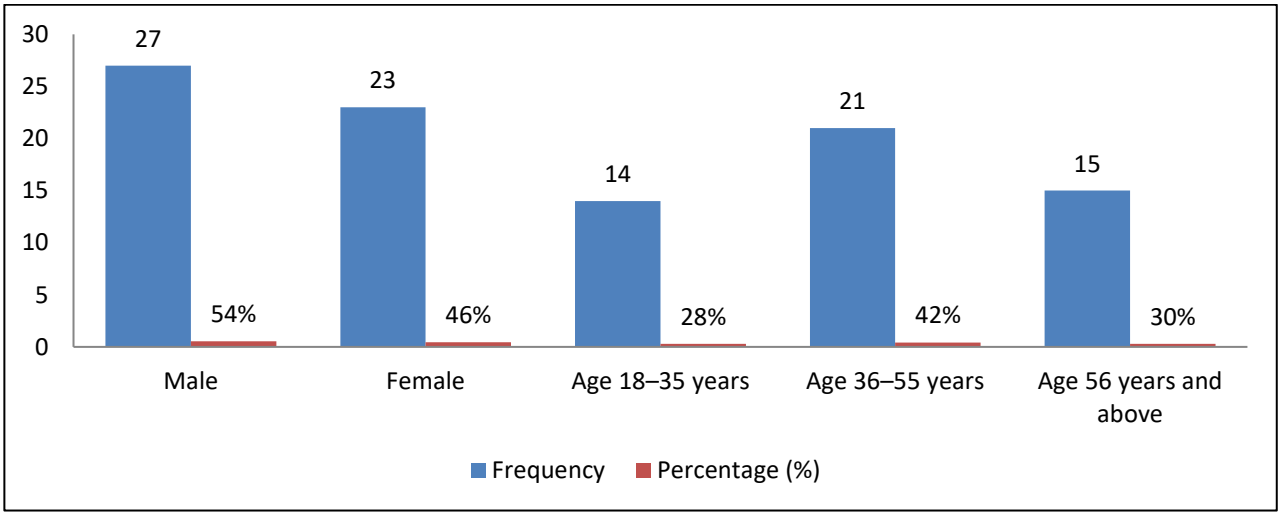
2. To analyse community perceptions of healer legitimacy
3. To understand health-seeking behaviour patterns
4. To identify policy gaps related to traditional healing

METHODOLOGY

The study was conducted in Belagavi District of Karnataka, a region marked by social diversity, a large rural population, and uneven access to healthcare facilities. A total sample of 50 households was selected for the study, along with in-depth interviews with traditional healers practicing in the area, in order to capture both community perspectives and practitioner experiences. The respondents were chosen using purposive and convenience sampling methods, which allowed the researcher to identify households familiar with traditional healing practices and healers with sustained community engagement. Data were collected using a structured questionnaire to gather quantitative information on health-seeking behaviour, complemented by an interview schedule designed to explore the knowledge systems, practices, and social roles of traditional healers. The study adopted a mixed-method approach, integrating quantitative data with qualitative insights to provide a comprehensive sociological understanding of traditional healing practices in Belagavi district.

Table 1: Demographic Profile of Respondents (n = 50)

Variable	Frequency	Percentage (%)
Male	27	54%
Female	23	46%
Age 18–35 years	14	28%
Age 36–55 years	21	42%
Age 56 years and above	15	30%

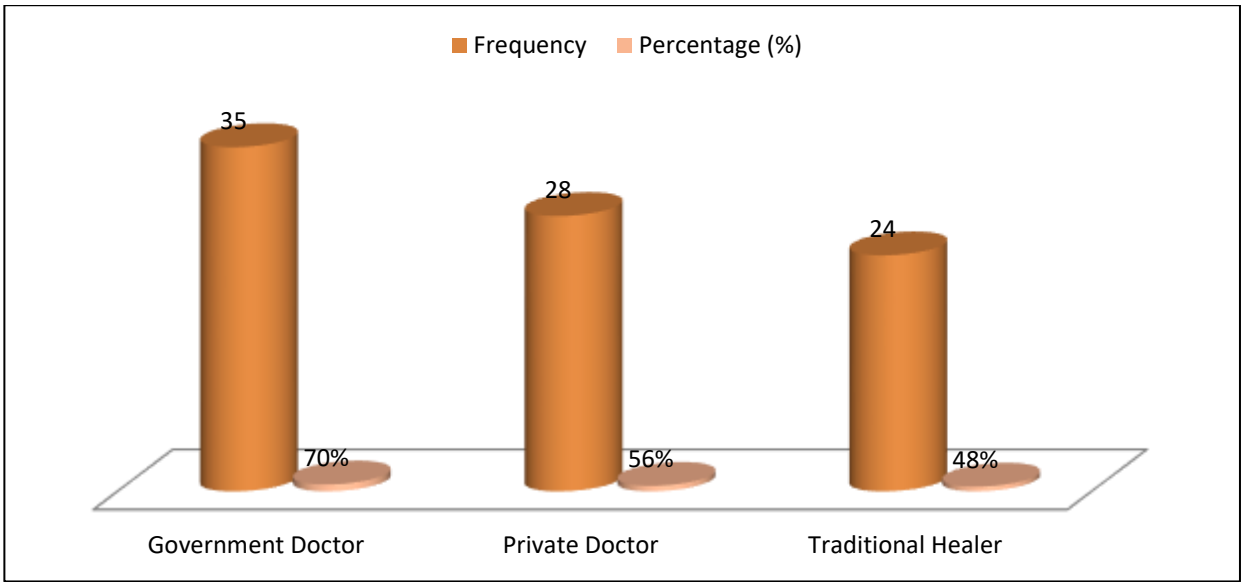


Source: Primary data collected through a field survey conducted in Belagavi District, Karnataka, during 2024.

The demographic profile of the respondents indicates a fairly balanced gender representation, with males constituting 54% and females 46% of the sample. This balance allows for meaningful insights into health-seeking behaviour across genders. A significant majority of respondents belong to the economically active age groups. The largest share of respondents, 42%, falls within the 36–55 age group, followed by 28% in the 18–35 category. Together, these groups account for 70% of the total sample, suggesting that individuals actively engaged in livelihoods and household responsibilities are central to healthcare decision-making. The presence of 30% respondents aged 56 years and above is also noteworthy, as older individuals often possess greater experiential knowledge of traditional healing practices and are more likely to rely on or advocate for such systems. Overall, the age distribution reflects a mix of working-age adults and elders, enabling the study to capture both contemporary health choices and long-standing traditional perspectives.

Table 2: Types of Healthcare Utilised by Respondents (n = 50)

Healthcare Type	Frequency	Percentage (%)
Government Doctor	35	70%
Private Doctor	28	56%
Traditional Healer	24	48%

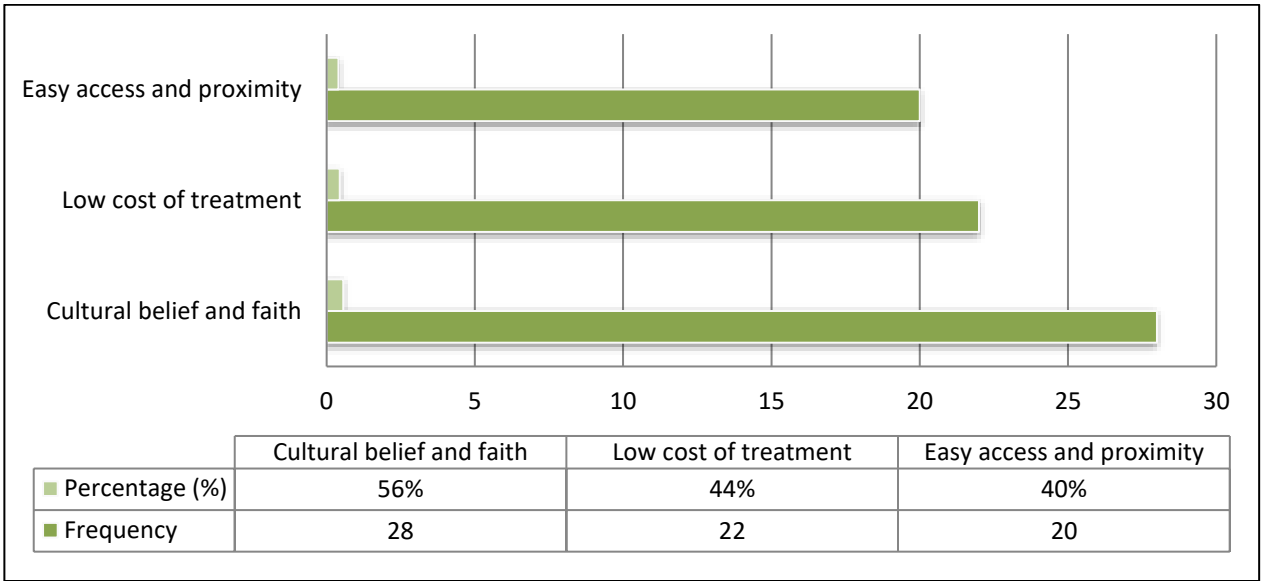


Source: Primary data collected through a field survey conducted in Belagavi District, Karnataka, during 2024.

The data presented in Table 2 reveals the plural nature of healthcare utilisation among the respondents. A majority of respondents, 70%, reported consulting government doctors, indicating the continued relevance of public healthcare facilities in the study area. At the same time, more than half of the respondents, 56%, sought treatment from private doctors, reflecting the growing dependence on private healthcare services, often due to perceptions of better availability or quicker access. Importantly, nearly half of the respondents, 48%, consulted traditional healers, highlighting their sustained role within the local healthcare system. The overlapping percentages suggest that respondents do not rely exclusively on a single form of healthcare but instead navigate between different systems depending on the nature of illness, accessibility, cost, and trust. This pattern clearly reflects medical pluralism, where traditional healers function alongside, rather than in opposition to, modern medical practitioners.

Table 3: Reasons for Consulting Traditional Healers (n = 50)

Reason	Frequency	Percentage (%)
Cultural belief and faith	28	56%
Low cost of treatment	22	44%
Easy access and proximity	20	40%



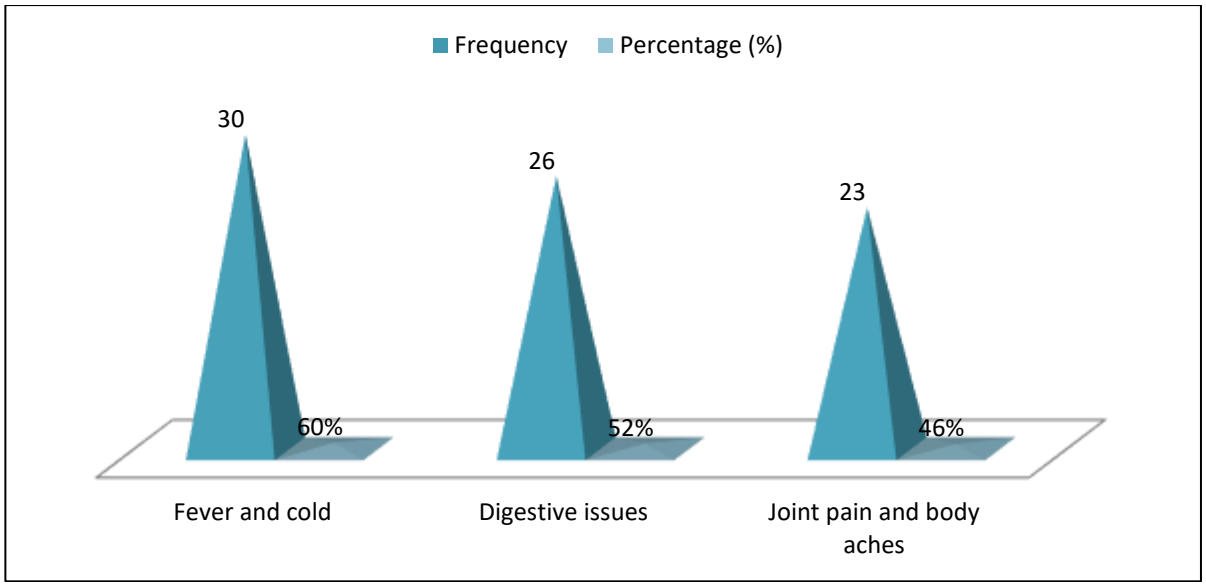
	Cultural belief and faith	Low cost of treatment	Easy access and proximity
Percentage (%)	56%	44%	40%
Frequency	28	22	20

Source: Primary data collected through a field survey conducted in Belagavi District, Karnataka, during 2024.

The table shows that cultural belief and faith is the most influential factor, reported by 28 respondents (56%), indicating that traditional healing is closely tied to shared values, trust, and long-standing community practices. Low cost of treatment is cited by 22 respondents (44%), highlighting the economic considerations that shape healthcare choices, particularly among rural and low-income households. Easy access and proximity, reported by 20 respondents (40%), further emphasise the importance of availability and convenience, especially in areas where formal health facilities are distant or difficult to reach. The overlapping responses suggest that decisions to consult traditional healers are influenced by multiple factors simultaneously, reflecting the complex and negotiated nature of health-seeking behaviour.

Table 4: Common Ailments Treated by Traditional Healers (n = 50)

Ailment	Frequency	Percentage (%)
Fever and cold	30	60%
Digestive issues	26	52%
Joint pain and body aches	23	46%



Source: Primary data collected through field interviews conducted in Belagavi District, Karnataka, during 2024.

Table indicates that traditional healers are most commonly consulted for ailments perceived as routine or non-critical. Fever and cold are the most frequently treated conditions, reported by 30 respondents (60%), followed

by digestive issues cited by 26 respondents (52%). Joint pain and body aches, often associated with physically demanding agrarian labour and ageing, were reported by 23 respondents (46%). These findings suggest that traditional healers primarily address everyday health concerns and chronic discomforts rather than acute or life-threatening conditions. The pattern also reflects community perceptions that such ailments can be effectively managed through herbal remedies, traditional therapies, and experiential care. This reinforces the role of traditional healers as accessible first-contact providers within the local healthcare system, particularly for conditions that do not require immediate biomedical intervention.

Table 5: Perception of Traditional Healer Legitimacy (n = 50)

(Mean scores on a 5-point Likert scale, where 1 = Strongly Disagree and 5 = Strongly Agree)

Statement	Mean Score
Traditional healers are trustworthy	4.0
Traditional healers are effective	3.7
Traditional healers complement modern healthcare	4.3

Source: Primary data collected through a field survey conducted in Belagavi District, Karnataka, during 2024.

The mean scores presented in Table 5 indicate a generally positive perception of traditional healers among the respondents. The highest mean score of 4.3 for the statement that traditional healers complement modern healthcare suggests that respondents largely view traditional healing as supportive rather than contradictory to biomedical treatment. A mean score of 4.0 for trustworthiness reflects strong confidence in the integrity and intentions of traditional healers, rooted in long-standing community relationships. The perceived effectiveness of traditional healers, with a mean score of 3.7, while slightly lower, still indicates a favourable assessment of their ability to address common health problems. Overall, these findings demonstrate that traditional healers enjoy considerable social legitimacy and are recognised as an integral part of a plural healthcare system rather than as marginal or outdated practitioners.

Findings

The study highlights several important insights about traditional healers and their role in Belagavi district. First, traditional healers remain an integral part of rural healthcare, serving as the first point of contact for many households. Their accessibility, familiarity, and affordability make them indispensable, particularly for routine ailments, chronic conditions, and preventive care.

Second, the authority of traditional healers is primarily derived from cultural legitimacy rather than institutional recognition. While modern healthcare institutions require formal qualifications and certifications, healers gain trust through community relationships, years of practice, and demonstrated effectiveness. This cultural legitimacy allows them to maintain relevance even in areas where biomedical facilities exist.

Third, the findings underscore the prevalence of medical pluralism in rural health-seeking behaviour. Respondents frequently navigate between government and private doctors, as well as traditional healers, depending on the nature of the illness, accessibility, cost, and perceived effectiveness. Traditional healers are not seen as alternatives to modern medicine but as complementary actors within the broader health ecosystem.

Finally, the study reveals that existing policy frameworks do not adequately reflect ground realities. While the government supports codified systems such as Ayurveda and Homeopathy, folk and community-based healers remain largely invisible in official health planning. This disconnect limits opportunities to integrate traditional healers into preventive health strategies, referral systems, and community outreach programmes.

Recommendations

Based on these findings, the study proposes several actionable recommendations:

1. **Documentation of Folk Healers at the District Level:** Conduct systematic mapping of traditional healers in districts like Belagavi, recording their practices, areas of expertise, and community reach. This documentation would not only preserve indigenous knowledge but also provide a foundation for policy recognition and integration into local health planning.
2. **Voluntary Training on Hygiene and Referrals:** Organise training sessions for traditional healers on basic hygiene, sanitation, and referral practices. By providing voluntary skill-building opportunities, healers can maintain cultural practices while enhancing safety and collaborating more effectively with formal healthcare providers.

3. **Inclusion in Community Health Awareness Programs:** Traditional healers can be valuable partners in health education and preventive care. Involving them in programmes on maternal and child health, nutrition, vaccination, and epidemic prevention would leverage their trust within communities to improve health outcomes.
4. **Further Sociological and Public Health Research:** There is a need for continued research into the social, cultural, and economic dynamics of traditional healing. Studies can examine health outcomes, cost-effectiveness, patient satisfaction, and pathways for integrating healers into plural healthcare systems, providing evidence to inform culturally sensitive policy interventions.

CONCLUSION

This study highlights the continuing importance of traditional healers in Belagavi district, Karnataka, and shows how culture, knowledge, and healthcare are closely connected in rural communities. Even with the growth of modern medical facilities and government health programs, traditional healers remain trusted, accessible, and deeply rooted in local culture. Their authority comes from community trust, practical experience, and long-standing social relationships rather than formal qualifications or institutional recognition.

The findings show that people in rural Belagavi often use a mix of healthcare options. Families move between government doctors, private practitioners, and traditional healers depending on the cost of treatment, distance to facilities, perceived effectiveness, and cultural comfort. This demonstrates that healthcare is not only about medicine but is also shaped by social relationships, beliefs, and everyday life.

At the same time, the study points to a gap between government health policies and what actually happens in communities. While systems like Ayurveda and Homeopathy receive official support, folk healers are largely invisible in planning and statistics. Recognising their role and supporting them through documentation, voluntary training, and participation in community health programs could strengthen healthcare in rural areas and improve access and outcomes.

In conclusion, traditional healers are not remnants of the past but active contributors to health and well-being. Their continued presence reflects issues of access, cultural trust, and community engagement. Supporting and collaborating with traditional healers offers a way to bridge the gap between formal healthcare systems and the needs of rural populations, contributing to a fairer, more effective, and culturally sensitive health system.

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