



Whispers of the Ancestors: Unrecorded Healing Practices among the Bhil Community in India.

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ABSTRACT

This paper explores unrecorded healing practices among Bhil communities in western and central India, with particular attention to Jhabua district and its adjoining regions. Drawing on perspectives from medical anthropology, ethnobotany, and decolonial scholarship, the study documents the work of ritual specialists—such as *bhagat*, *Bhopa*, and *badwa*—alongside household remedies, plant-based therapies, and spirit-mediated healing practices that remain largely absent from formal health records. Using qualitative research methods, including participant observation, semi-structured interviews, walk-in-the-woods plant tours, free listing, and participatory mapping, the research examines how healing knowledge is learned, practiced, and transmitted across generations. The analysis reveals that Bhil understandings of illness integrate social, ecological, and spiritual dimensions of causation, and that this largely unwritten body of healing knowledge is both extensive and increasingly vulnerable to erosion. The paper further proposes an ethical, community-centred framework for documenting unrecorded practices, discusses the contemporary threats to knowledge continuity, and offers recommendations for culturally sensitive preservation and thoughtful integration into public health initiatives. It concludes by highlighting the broader implications of Bhil healing traditions for culturally safe primary healthcare, biodiversity conservation, and co-produced community health initiatives.



INTRODUCTION:

In India, more than 43% of flowering plants are reported to be of medicinal importance (Pushpangadan,1995) and are employed in the treatment of a broad range of medical conditions, including disorders of skin (Abbasi et al., 2010; Adetutu et al., 2011; Agyare et al., 2009; Gul et al., 2012; Quave et al., 2008; Saikia et al., 2006; Sharma et al.,

2012). This use of plants for medicinal purposes stretches back thousands of years and this is documented in the ancient literature (Tulsidas, 1631: Samvat; Charak, 1996). However, it is only relatively recently that more formal and organized ethnobotanical studies have been conducted. These were initiated by Janaki Ammal in 1954 followed by Jain from 1960 (Rao, 1996) and there is a growing recognition of the importance of such studies as there is a growing appreciation of the risk of losing this traditional knowledge with the socio-economic changes affecting many indigenous populations and in the face of a reducing plant population. Plants have been used by humans for a variety of things throughout history, including sustenance, medicine, shelter, decoration, building, and clothing (Ajay Kumar et al., 2021). The world Health Organization (WHO) was very successful in 1970s at promoting the inclusion of conventional medicine in third World public health initiatives. In rural areas of emerging countries, the use of plant species as traditional medicines offers a genuine replacement for healthcare services (Muhammad Umair, et al.) this research aims to identify, categorize, and underscore the **cultural significance** and potential **ethnobotanical value** of these ancestral healing traditions. The study emphasizes the critical need for ethical documentation and preservation before these practices are lost due to modernization and cultural assimilation.

The Bhil community, one of India's largest and most historically significant indigenous group, possesses a rich cultural heritage that is deeply intertwined with its relationship to the natural world and ancestral knowledge. Spread across the states of Rajasthan, Gujarat, Madhya Pradesh, and Maharashtra, The Bhils have maintained a distinct identity dating back to ancient times, with references in historical like the Ramayana. Their name, "Bhil," is believed to be derived from the Dravidian word 'Billu' meaning bow, an homage to their traditional expertise as archers and warriors. The study emphasizes the critical need for ethical documentation and preservation before these practices are lost due to modernization and cultural assimilation.

For centuries, the Bhil have relied on a traditional healing system that is not a static collection of folk remedies but a dynamic, holistic practices. This system integrates physical, mental, and spiritual well-being, reflecting a profound understanding of their local ecosystem and cultural ethos. The term

“unrecorded” in the title of this paper serves as a metaphor for the primary mode of knowledge transmission within the community; the oral tradition. This ancestral wisdom, passed down through generations, is vulnerable to erosion in the face of rapid modernization and socio-economic pressures. Healing traditions among indigenous communities in India represent more than medical interventions; they are cultural systems deeply embedded in cosmology, ecology, and community life (Singh, 2004). The Indian Health culture is highly pluralistic. One finds the coexistence of allopathic system and traditional systems like Siddha, Unani and the local health traditions (Dewan,2017). The local health traditions include home remedies and dietary practices for health along with practitioners like herbalists, bonesetters, massagers, dais and poison healers. Each culture and tradition of medicine is directed by specific code of conducting medical practice (Fabrega,1990). Classical Indian writings also devote special attention to these aspects, including the practitioner’s behaviour emphasising the physical, moral, intellectual and social background characteristics needed for medical practice (Desai, 1988; Farega,1990).

Ethnographic Background of The Bhil Community: The Bhil are one of the largest tribal groups, living in Chhattisgarh, Gujarat, Karnataka, Madhya Pradesh, Maharashtra, Andhra Pradesh and Rajasthan. The name is derived from the word ‘billu’, which means bow. The Bhil are known to be excellent archers coupled with deep knowledge about their local geography. Traditionally, experts in guerrilla warfare, most of them today are farmers and agricultural labourers. They are also skilled sculptors. Bhil has traditional medical specialists - Budwa (Shaman) Huvarki (traditiona) birth attendant) Vaidu (herbalist) and Had Vaidu (Bone setter) with some communities having male midwives. Bhil women wear traditional saris while men are dressed in long frock and pyjama. Woman put on heavy ornaments made of silver, brass along with rosaries of beads and silver coins and earing.

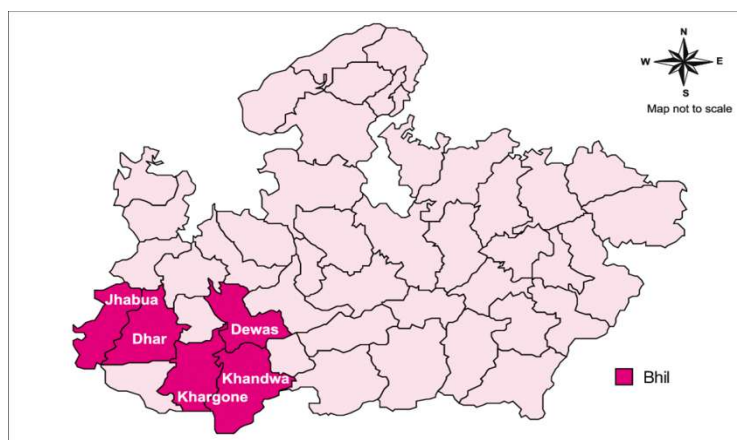


Fig 1. Districts with a concentration of the Bhil Tribe in Madhya Pradesh.



Traditional medicine has played a significant role in human healthcare for centuries, particularly among indigenous communities worldwide. The Bhil tribe, one of the largest and most historically significant tribal groups in India, has long relied on its rich repository of medicinal plant knowledge for treating various ailments. Jhabua district in Madhya Pradesh, where a large population of the Bhil tribe resides, is a biodiversity hotspot that provides abundant natural resources for medicinal practices. The Bhils have developed a comprehensive traditional healthcare system based on their deep-rooted understanding of local flora and natural remedies. Despite the rapid expansion of modern healthcare facilities, traditional medicine continues to be a crucial part of the Bhil tribe's healthcare system. Many rural and remote areas of Jhabua District still depend on herbal treatments and indigenous healing methods due to limited access to formal medical institutions. The tribal communities rely on traditional healers, known as 'Badwa,' who pass down medicinal knowledge through generations.

The medicinal knowledge among the Bhils is transmitted orally from one generation to another, primarily through the guidance of traditional healers known as 'Badwa.' These healers play a pivotal role in tribal healthcare by diagnosing ailments, prescribing herbal treatments, and performing spiritual rituals associated with healing. Many medicinal plants used by the Bhils contain bioactive compounds with potential applications in contemporary medicine. Scientific

exploration of these plants could lead to the discovery of novel drugs for treating various ailments. Moreover, understanding the Bhil medicinal system could contribute to the development of integrative healthcare models that incorporate traditional and modern practices, ensuring holistic well-being for indigenous and non-indigenous populations alike.

The healing system incorporates herbal remedies, ritualistic practices, and spiritual beliefs, reinforcing the close relationship between culture, nature, and healthcare. However, globalization, deforestation, and socio-economic shifts are posing significant threats to this indigenous knowledge system. As younger generations move towards urbanization and modern medicine, there is a risk of losing valuable ethnomedicinal wisdom. Scientific documentation of these traditional practices is, therefore, imperative for the preservation of indigenous knowledge and its potential contribution to modern medicine. This study seeks to explore and document the ethnomedicinal practices of the Bhil tribe, providing insights into their healing techniques, plant-based treatments, and socio-cultural significance while emphasizing the need for conservation and integration with contemporary healthcare

Rituals, Spirituals Healing among Bhil Tribe: Among the Bhil community, rituals are not merely religious performances but form an integral therapeutic system that addresses illness, misfortune, and



social imbalance. Ritual healing functions as a collective process through which harmony between humans, nature, ancestors, and the spirit world is restored, while simultaneously reinforcing social cohesion. Such rituals commonly involve offerings of grains, flowers, incense, mahua liquor, and, in some contexts, animal sacrifice, accompanied by drumming, chanting, and rhythmic movement. These performative elements create an emotionally charged and symbolically meaningful environment that facilitates healing by allowing suffering to be expressed in culturally recognized forms and acknowledged by the wider community. Beyond individual cure, rituals serve broader social functions by reaffirming collective memory, reinforcing shared values, and strengthening communal solidarity. Public healing ceremonies are often aligned with festivals, agricultural cycles, or life-cycle events, linking personal well-being to seasonal rhythms and collective prosperity. Spiritual healing occupies a central place within the Bhil indigenous health system, operating alongside herbal medicine and everyday household remedies. Illness is frequently understood as arising from spiritual imbalance, ancestral displeasure, spirit intrusion, or violations of social and ritual norms, making ritual mediation between the human and spirit worlds essential to the healing process. This process typically begins with ritual diagnosis, during which healers employ trance, spirit possession, dream interpretation, or divinatory practices to identify the source of affliction, which may be attributed to offended ancestors, malevolent spirits, sorcery, or disturbances associated with particular landscapes such as forests, rivers, or village boundaries. Healing rituals often involve the healer entering an altered state of consciousness, allowing spirits to communicate through their body and voice, and through acts of negotiation and appeasement, balance is restored and moral and spiritual order reaffirmed. Spiritual healing is especially significant in addressing conditions that do not easily fit biomedical categories, such as mental distress, infertility, recurring misfortune, or sudden unexplained illness, where ritual specialists provide not only therapeutic intervention but also emotional reassurance and social validation. Importantly, the role of these specialists extends beyond individual healing, as they

function as moral authorities and social regulators who remind the community of customary norms, ecological ethics, and ancestral obligations. Through public rituals, they help sustain social cohesion and cultural continuity across generations. Although the authority of ritual specialists is increasingly challenged by the expansion of biomedical healthcare, formal education, and shifting belief systems, their continued relevance—particularly in rural and forested regions—demonstrates the resilience of spiritual healing as a culturally embedded response to illness and uncertainty. Thus, among the Bhil, spiritual healing is not an isolated religious practice but a holistic system of care in which ritual specialists play a pivotal role in linking health, spirituality, and social life, making their role indispensable



to any ethnographic or sociological understanding of Bhil traditional medicine and indigenous knowledge systems.

Cosmology Oral Transmission and Ancestral knowledge System:

Bhil cosmology is predominantly animistic and rests on the belief that the natural world is alive, conscious, and spiritually charged. Forests, hills, rivers, animals, and plants are understood as possessing agency, while sacred landscapes such as groves, hilltops, river confluences, and village boundaries are believed to be inhabited by spirits capable of protecting or afflicting humans depending on how they are respected. Within this worldview, ancestors occupy a central and active position; they are not perceived as distant or passive entities but as moral agents who continue to influence the lives of the living. Illness, crop failure, or recurring misfortune is often interpreted as a sign of ancestral displeasure or neglected ritual obligations, whereas ancestral blessings are believed to ensure fertility, health, social harmony, and ecological balance. These cosmological beliefs are sustained and transmitted through rich oral traditions that serve as repositories of moral values, environmental knowledge, and cultural memory. Folk songs, for instance, are closely tied to life-cycle events such as birth, marriage, harvest, and death, encoding practical wisdom alongside spiritual meaning. Recent efforts to document Bhil folk traditions, including the compilation of hundreds of songs reported in *Bhaskar*, highlight both the depth of this oral corpus and the urgency of preserving it. In Bhil society, elders and ritual specialists function as custodians of knowledge, transmitting it to younger generations through participation, repetition, and lived experience rather than formal instruction. Ritual practices, ecological cues—such as appropriate seasons for harvesting medicinal plants—and the subtleties of healing are learned through observation and practice. Central to Bhil epistemology is ancestral veneration, which not only shapes cosmological understanding but also legitimizes knowledge, particularly that held by ritual specialists. Traditional healers such as the *Badwa*, *Bhopa*, and *Bhumka* are believed to receive their healing knowledge through ancestral sanction, dreams, or ritual initiation, rather than through deliberate learning. This belief grants their practices spiritual authority and distinguishes sacred knowledge from everyday skills. Ancestors are ritually honoured through offerings, festivals, and seasonal ceremonies, and failure to uphold these obligations is thought to result in illness or social disorder, reinforcing the moral dimension of knowledge and practice. Ancestral knowledge thus extends beyond medicinal plant use to include ethical norms governing interactions with forests and spirits, ritual calendars, and oral narratives that encode ecological observations such as animal behaviour and seasonal cycles. The continuity of Bhil knowledge systems depends as much on ritual practice as on storytelling; healing ceremonies involving



chants, offerings, and invocations draw ancestors and spirits into the therapeutic process, allowing individuals to be reintegrated into social and ecological networks. Ethnomedical studies, including surveys conducted in Jhabua district and published in *PMC*, document the extensive medicinal plant knowledge preserved through oral transmission, reflecting generations of experimentation, adaptation, and close observation of natural processes. In this way, Bhil oral traditions function as a form of embedded science, where empirical knowledge and spiritual meaning are inseparably intertwined, and practices such as harvesting plants at specific times are guided by both ecological efficiency and ritual propriety.

Significance of indigenous Healing Knowledge:

Indigenous healing knowledge holds deep significance as a holistic system of care that brings together physical health, spiritual well-being, social harmony, and ecological balance. Shaped by generations of lived experience and sustained interaction with local environments, these knowledge systems offer culturally meaningful ways of understanding illness and healing that resonate strongly within indigenous communities. Unlike biomedical approaches, which often focus narrowly on physiological symptoms, indigenous healing attends to the moral, emotional, and relational dimensions of suffering, providing a more comprehensive and culturally grounded understanding of health. A key strength of indigenous healing knowledge lies in its close relationship with biodiversity and ecological wisdom; healers possess detailed understanding of medicinal plants, seasonal cycles, and sustainable harvesting practices developed through long-term observation and experimentation. This knowledge supports not only community health but also environmental conservation, as healing practices are guided by ethical principles that emphasise respect for forests, animals, and sacred landscapes. Indigenous healing systems also play a vital role in sustaining cultural identity and social cohesion, as healing rituals often function as collective events that reinforce shared values, ancestral memory, and communal responsibility. Through oral transmission, storytelling, and ritual practice, healing knowledge is passed down across generations, ensuring cultural continuity and strengthening intergenerational bonds. In this way, healing practices serve as living repositories of history, morality, and worldview rather than merely as therapeutic techniques. Moreover, indigenous healing knowledge provides accessible and affordable healthcare in regions where biomedical services may be limited, distant, or culturally alienating. For many communities, traditional healers remain the first point of care, particularly for chronic illness, mental distress, reproductive health concerns, and conditions that do not easily fit biomedical categories. The trust placed in these healers reflects their deep social embeddedness and their ability to offer emotional reassurance alongside treatment. In contemporary contexts, indigenous healing knowledge also holds



wider relevance, as it challenges dominant medical paradigms and highlights alternative ways of knowing health and healing, encouraging more pluralistic and culturally sensitive healthcare approaches. Recognising and valuing indigenous healing knowledge is therefore not only essential for cultural preservation but also an ethical necessity for building inclusive, respectful, and sustainable health systems.

Scope for integrative and sustainable Healthcare:

The scope for integrative and sustainable healthcare lies in building systems that respectfully bring together the strengths of modern biomedicine and indigenous healing knowledge, rather than treating them as opposing approaches. Indigenous health traditions, such as those practiced by the Bhil community, offer holistic ways of understanding illness that include emotional, social, spiritual, and ecological dimensions of well-being alongside physical health. Integrative healthcare can benefit from this broader perspective while continuing to rely on biomedical advances for diagnosis, emergency care, and the treatment of acute conditions. Recognising traditional healers as valuable community-based health resources and encouraging dialogue between them and biomedical practitioners can help build trust, improve accessibility, and ensure care that is culturally meaningful, especially in rural and tribal regions. Sustainable healthcare is also closely linked to environmental protection, as indigenous medicine depends on healthy forests, medicinal plants, and ethical harvesting practices. Supporting the careful documentation of traditional knowledge, ensuring community ownership and informed consent, and safeguarding intellectual property rights are essential to prevent exploitation while allowing responsible and respectful use. In addition, training healthcare workers in cultural sensitivity and incorporating indigenous perspectives into public health planning can strengthen integrative models. Ultimately, an inclusive approach that values indigenous ways of knowing alongside biomedical science offers the possibility of healthcare systems that are not only effective but also socially just, culturally grounded, and environmentally sustainable.

Impact of Modern Healthcare System:

The expansion of the modern healthcare system has profoundly reshaped indigenous healing practices among communities such as the Bhil, creating both new opportunities and significant tensions. Improved access to hospitals, primary health centres, vaccinations, and pharmaceuticals has contributed to reductions in infant mortality, infectious diseases, and acute medical emergencies, and biomedical interventions are increasingly trusted for conditions such as childbirth complications, fractures, surgeries, and severe infections. At the same time, this expansion has led to the marginalisation of indigenous



knowledge systems, which are often dismissed within dominant biomedical discourse as unscientific, superstitious, or outdated. For the Bhil, health has traditionally been understood as a holistic condition rooted in spiritual balance, social harmony, and ecological well-being, whereas the biomedical model isolates disease within the physical body and prioritises standardised diagnosis and treatment. This epistemological divide has weakened the social authority of ritual specialists and traditional healers, particularly among younger generations socialised into formal education and biomedical norms, and as state-sponsored healthcare becomes more prominent, indigenous healers are increasingly excluded from community health decision-making, contributing to the erosion of orally transmitted medical knowledge. Another important consequence is the disruption of ritual-based healing practices, as biomedical treatment often becomes the first point of care and rituals associated with diagnosis, ancestral appeasement, and healing are delayed, simplified, or abandoned. From an indigenous perspective, this shift not only alters therapeutic outcomes but also undermines the social functions of rituals that historically reinforced collective identity, moral values, and ecological ethics, leading to weakened communal bonds and declining intergenerational knowledge transmission. At the same time, the interaction between modern healthcare and indigenous practices has produced forms of medical pluralism, with many Bhil families moving fluidly between biomedical facilities and traditional healers, choosing treatments based on the perceived cause of illness, severity of symptoms, accessibility, and cost. Spiritual healing and herbal remedies continue to be sought for chronic illness, mental distress, infertility, and recurring misfortune, while biomedical care is preferred for emergencies and acute conditions, reflecting indigenous agency rather than simple cultural loss. Despite this adaptability, structural inequalities persist, as indigenous communities often face linguistic barriers, discrimination, and geographical isolation within the modern healthcare system, resulting in mistrust and underutilisation of services.

Furthermore, policies rarely recognise or integrate indigenous healers into public health frameworks, further delegitimising their role, while forest restrictions and environmental degradation threaten access to medicinal plants and undermine the material basis of traditional medicine. In this context, although modern healthcare has improved certain health outcomes, it has simultaneously contributed to the erosion and marginalisation of indigenous healing practices, highlighting the need for more inclusive approaches that respect indigenous epistemologies, support medical pluralism, and recognise traditional healers as vital cultural health resources so that modern healthcare can coexist with, rather than replace, indigenous systems of care.

**Conclusion:**

This study has explored the largely unrecorded healing practices of the Bhil community by bringing together perspectives on cosmology, oral transmission, ancestral knowledge systems, ritual practice, and encounters with modern healthcare. The analysis shows that Bhil healing traditions form a holistic and internally coherent system of care in which health is inseparable from spirituality, social relationships, and the natural environment. Illness is not viewed simply as a biological malfunction but as a condition shaped by spiritual imbalance, strained ancestral relations, social disruption, and ecological change. Healing, therefore, goes beyond physical treatment and involves ritual mediation, moral realignment, and the restoration of harmony between people, nature, and the spirit world.

The continuity of Bhil healing knowledge depends largely on oral and experiential forms of transmission. Elders, ritual specialists, and household practitioners act as custodians of this knowledge, which is learned through observation, participation, and ritual apprenticeship rather than formal instruction. Encompassing ethnobotanical expertise, ritual diagnosis, and cosmological interpretation, this knowledge remains mostly unwritten and is therefore especially vulnerable to loss. As the study demonstrates, healing practices are not only therapeutic responses to illness but also key social and cultural institutions that sustain collective memory, reinforce ecological ethics, and strengthen community cohesion.

At the same time, the research highlights the complex and often contradictory effects of expanding modern healthcare systems on indigenous practices. While biomedical services have improved outcomes in emergencies and acute conditions, they have also contributed to the marginalisation of indigenous ways of knowing and to a gradual decline in the social authority

of ritual specialists. Yet Bhil communities do not simply abandon their traditions; instead, they actively negotiate these changes through medical pluralism, moving between biomedical and traditional systems based on context, belief, accessibility, and experience. This adaptive engagement reflects indigenous agency rather than passive cultural loss.

The findings point to an urgent need for ethical, community-centred approaches to documenting and engaging with indigenous healing knowledge. Any efforts at preservation must respect community ownership, ensure informed consent, and avoid extractive or reductive representations of indigenous practices. More broadly, the study highlights the potential of integrative and sustainable healthcare models that recognise indigenous healers as vital cultural health resources, support biodiversity conservation, and meaningfully incorporate indigenous perspectives into public health planning.



In conclusion, Bhil healing traditions offer valuable insights into alternative ways of understanding health and care that challenge narrowly biomedical frameworks. Recognising and valuing these traditions is essential not only for cultural survival and social justice but also for building healthcare systems that are culturally safe, ecologically grounded, and responsive to the lived realities of indigenous communities.

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- District-wise concentration of the Bhil community in western Madhya Pradesh, highlighting Jhabua and adjoining districts.
Source: Author's compilation based on Census of India (2011) and ethnographic literature.