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Tooth pain in the wild? Here's how Gudalur's adivasis heal without a single drill

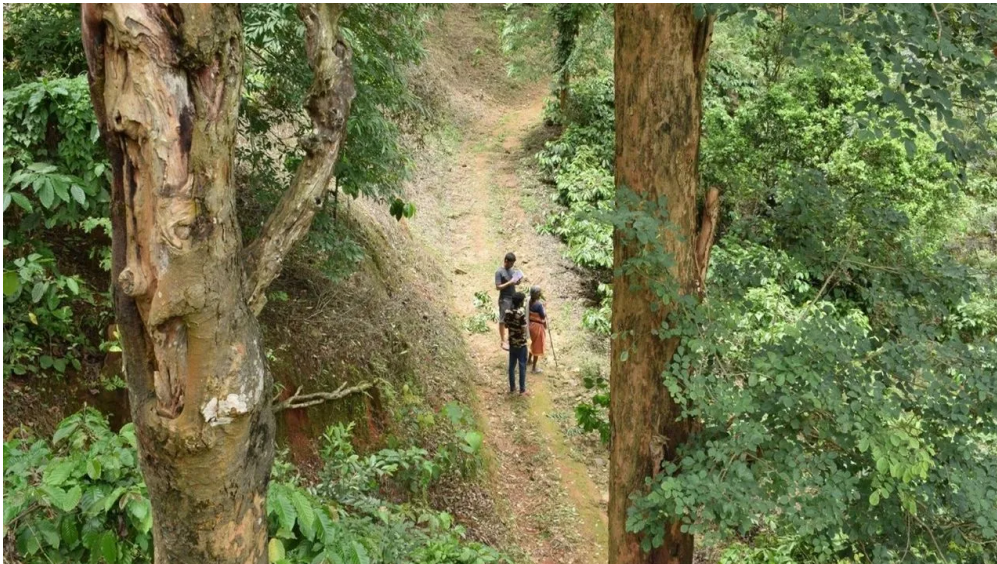
With no dentists nearby, traditional healers in Tamil Nadu's forests use clove, pepper, and ancestral rituals to treat everything from toothaches to oral cancer — and it works, found this study.

<https://thesouthfirst.com/health/tooth-pain-in-the-wild-heres-how-gudalurs-adivasis-heal-without-a-single-drill/>



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Elderly Panniya woman healer taking the researchers on a transect walk. (Supplied)

Synopsis: *In Tamil Nadu's Gudalur region, Adivasi communities rely on traditional healers for oral health care amid limited access to dentists. A three-year study highlights the importance of integrating these herbal healers into mainstream healthcare through collaboration and certification. The study urges policymakers to recognise their role, preserve indigenous knowledge, and bridge healthcare gaps with culturally rooted, community-based care.*

When a toothache strikes in the Adivasi villages nestled deep within the forests of Gudalur in Tamil Nadu, a dental clinic may be days away. But relief often lies closer — in the leaves of a tree, a pinch of bark, and the practiced hands of a traditional healer.

For generations, Adivasi communities like the Panniya, Bettakurumba, and Kaattunayaka have relied on “Pacchamarundhu” — herbal medicine — passed down through oral tradition, to treat ailments, including oral health issues. In the absence of adequate dental infrastructure, these healers have become the first — and sometimes only — line of care.

A new ethnographic study led by public health researcher Rajeev BR and his team explores exactly where these healers fit in a health system dominated by dentists and Western biomedicine — and

why the Indian government needs to recognise and integrate their work.

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Efforts to collaborate

Dr Rajeev BR, the study's lead author and a researcher at the Institute of Public Health in Bengaluru, told **South First** that while some healers are sceptical of state intervention and external validation, many are open to collaboration — provided it respects their knowledge and autonomy.

"Some of the healers told us, 'Why should the government now come and give us a certificate? Our people already trust us, they come to us — we don't need external approval,'" said Dr Rajeev.

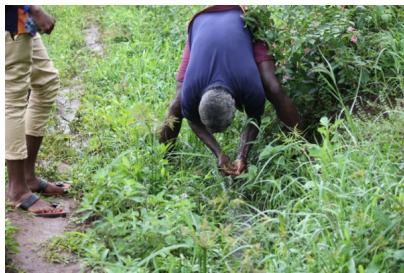
"But at the same time," he continued, "many others are open to learning new approaches. They're not closed to biomedical care. We are in fact, looking at a collaboration sorts where we prepare a guide to say that after this point the traditional healers can guide patients to the hospital when they feel the case is beyond their scope. They can treat initial symptoms and then say, 'Now you must go see a doctor'."

"Our future plan is to create simple tools — a referral guide or a chart that helps healers identify at what stage a condition needs a dentist's intervention," said Dr Rajeev.

"We also hope to co-create resources — visual aids with photos of herbs, common oral conditions, and step-by-step decision guides. This is not about replacing tradition, but strengthening it with safety nets."

Beyond clinics and drills: Adivasi healing in practice

This wasn't a fly-by-night study. The research was conducted over three years — from 2015 to 2018 — in Gudalur, Nilgiris district, Tamil Nadu, with support from a local Adivasi-led organisation.



Middle aged Bettakurumba healer foraging medicinal plants. (Supplied)

Twenty-four healers, including nine women, were interviewed across the Panniya, Bettakurumba, Mullukurumba, and Kaattunayaka communities. The researchers also spoke to dentists, doctors, and community members, using focus group discussions, participant observation, and semi-structured interviews.

They followed a socio-ecological framework, which looks at health not just as a personal issue, but one

shaped by social, environmental, and policy layers.

The study, reveals a layered, respectful relationship between healer and patient. Most traditional Adivasi healers don't take money. They use what's available in the forest — like clove, pepper, or bark from native trees — and provide relief for common complaints like toothaches, ulcers, or infections.

"If it does not heal, come for the second time. If still not, I will ask them to see another person," said one healer. It's not defeat — it's humility. And it underscores a strong community ethos that views healing as collaborative, not commercial. "There are chances they will get well. Some people, no matter who gives [medicine], there will not be any healing," the healer further added.

Importantly, the researchers didn't just leave once data was collected. They returned to the community, helped create a bilingual field guide of 123 medicinal plants, and supported a voluntary certification program for healers through the Quality Council of India — a move that recognises their work and offers protection against being labelled as "quacks".

"As part of our ethical commitment, we've ensured the community feels ownership over this research," Dr Rajeev noted. "They're not just subjects — they're co-creators of knowledge. One of our co-authors is now following up on the voluntary certification programme across southern states."

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Herbal wisdom vs hospital queues

Oral health rarely tops the list of priorities in these communities. More pressing are chronic diseases like tuberculosis or sickle cell anaemia, and even more basic needs — clean drinking water, a roof that doesn't leak, work that pays.

Many patients skip dentist visits even when pain is severe. Why? The study found that a root canal could mean three or four visits — time away from work and lost wages. So people turn to the healer down the road.

One dentist at a local Adivasi hospital says she admits patients for dental procedures just so they don't drop out midway. "They don't return if they have to come four times," she said.

Several dental issues are treated locally, including toothaches, ulcers, and early signs of oral cancer, often using locally available herbs. For example, the bark of *Phyllanthus emblica* (known as Nelli Pattam) is applied for its anti-inflammatory properties.

While traditional practices like brushing with charcoal or homemade tooth powders are still common, younger generations are gradually shifting to commercial toothpaste.

Yet, old habits persist — particularly betel quid and tobacco chewing, major contributors to oral cancer. Healers have observed a rise in mouth ulcers and cancer cases. "It starts as Vaayi Punnu (a mouth wound), then turns into cancer," one noted.

Unfortunately, public health warnings often don't reach these communities — or come wrapped in language and models that aren't culturally rooted.

Modernisation and its discontents

Healing here isn't just physical. Adivasi healers blend ritual, spirituality, and medicine. Some whisper prayers while collecting herbs. Others perform rituals during harvest festivals or weddings.

Patients don't just trust them because they offer relief — they trust them because they belong to the community. They speak the same language, understand the same worldview, and often live just a few houses away.

Despite their crucial role, Adivasi healers are slowly vanishing. Fewer young people are interested in learning herbal medicine — with many moving to cities, joining schools, or seeking more "modern" jobs.

Worse, forest policies now restrict access to medicinal plants, and healers say they often have to sneak into forests for herbs. "We don't grow herbs," said one healer. "We get them from the forest. Now, it is difficult."

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Why this study matters

India has more than 2.9 lakh registered dentists, but most are in cities. In rural and tribal areas, especially among the 8.6 percent of India's population who belong to Scheduled Tribes, formal dental care is often non-existent. In places like Gudalur in the Nilgiris, it's the traditional herbal healers — called Marundhu Seivar or Vaidyar — who people turn to.

The study, led by Rajeev BR and team from institutions including the Institute of Public Health Bengaluru and Ashwini Hospital in Gudalur, asks a simple but powerful question: "Where do traditional healers fit into a dentist-dominated oral health system?"

The study says it is time for policy change. They say, it is important to consider these traditional



An elderly kaattunayaka woman healer offering prayers. (Supplied)

healers and as of now they remain invisible in health policy. The Gudalur study argues for change. Train and certify healers, it suggests. Create space for collaboration between them and biomedical doctors. Protect their knowledge. And above all, stop treating them as unscientific relics.

“We’re not saying don’t go to a dentist,” said one of the authors, adding, “We’re saying — acknowledge the forest paths people still walk.”

A way forward

In 2022, a rare milestone was achieved: traditional Adivasi healers in Gudalur were offered voluntary certification through a national program. It was a small step, but one that finally recognised their place in the healthcare ecosystem.

As India grapples with health inequalities, the answer may lie not just in building more clinics, but also in respecting those who have long offered care — in ways the system has chosen to overlook. After all, when it comes to oral health in the margins, sometimes the healer is closer than the hospital.

(Edited by Sumavarsha)

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