

ETHNOVETERINARY PRACTICES IN CAMELS OF NORTH GUJARAT

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Pastoralist's knowledge about camel medicine has been studied for the Pokot (Booling, 1992), Tunisian Beduins (Cross, 1917), Sudanese Rashaida (Kohler *et al*, 1991) and Raikas of India (Kohler, 1992). Pastoralists emphasised on disease prophylaxis. They avoid areas that were infested with ticks or host fly population (Elami, 1989). Likewise they schedule water and grazing for the night time when insects are less active. Their high degree or mobility prevents the build up of filth and unhygienic condition. They seasonally take their herds to places where enthrals can rub and roll themselves in the sand. Quarantining diseased animals was a practice that was common with nomads. A simple type of vaccination for camelpox (Bizimana, 1994) was known to Rabari camel breeders of India (Leese, 1927). Other examples of diagnosis intervention were the sand ball test and tail hair test applied to check the presence of trypanosomiasis (Kohler, 1994). Mange can be

brought under control with traditional concoction even if these methods were time consuming and labour intensive.

In order to get information and different ethnoveterinary practices followed by different communities of camel owners of north Gujarat, a proforma was developed for monitoring of camel health followed by camel owners and that was utilised for collection of different ethnoveterinary practices in the area of north Gujarat.

Results and Discussion

Camels were mostly reared by Rabari communities in the area of North Gujarat who give a special attachment to the camel due to the diverse roles they play in their normal life. The major problems of camel rearing were diseases caused by endoparasites and ectoparasites. Rabari people possess a great deal of traditional knowledge of camel diseases and can identify many diseases through

Table 1. Ethnoveterinary practices commonly followed in the north Gujarat.

| Diseases | Common practices as treatments | Route/Area of application |
|-------------------------------------|--|------------------------------|
| Fever | Black Pepper (250 gm) + NaCl (500 gm) | Orally |
| Tympany/Impaction | Asafoetida (750gm) + Castor oil (500 ml) | Drenching |
| Wound on brisket area/Sternum | Hot fomentation with pressurised application of with bandage KMnO ₄ | Area of wound |
| Surra | Hot branding of 'X' mark on particular area of head which prevents circling movement | Head |
| Corneal opacity | Application of Shendur (PbO) | Eye |
| Mange | 1. Application of burnt engine oil 2. Mixture of crystallised sulfur (500 gm) + CuSO ₄ (500 gm) mixed in boiled solution of <i>Callotropis</i> spp. (2 Kg) | Area of wound |
| Muscle strain | Common salt + egg yolk | Area of strain |
| Overwork/Fatigue | Sprinkling of salt water | Area of sternum and hind leg |
| Lameness | Alum + Turmeric | Orally |
| Constipation and Retention of urine | Bijora (<i>Citrus medica</i>) + Castor oil | Orally |

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combination of their symptoms. Even, there are local vernacular names for most of them.

The Rabari people's practice of ethnoveterinary medicine, which is both curative as well as preventive, is based on the knowledge of disease prevalence with season, places or association with the presence of certain parasites such as flies and ticks. Some of most common curative treatments on specific diseases is given in table 1.

Some of the traditional practices like feeding of Bijora (*Citrus medica* linn) in case of constipation and retention of urine has also been reported by Horhannmr and Wagner (1962) and Vogel and Stroecker (1966). They reported the use of this plant in digestive disorders like constipation as well as retention of urine.

Ethnoveterinary practices done by the Rabari communities here are viewed as an attempt to provide immediate relief to their animals using available resources at a low cost.

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