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Snakebite, Tribal Beliefs, And The Role Of Fate: A Cultural And Ethnomedical Perspective

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Abstract

Snakebite envenomation remains a major health challenge in rural and tribal areas of India. However, beyond its biomedical dimension, snakebite is deeply rooted in cultural beliefs, indigenous knowledge systems, and notions of fate. In many rural areas, health centers are miles away and treatment is getting delayed due to bad roads, limited access to effective antivenom therapy including exorcists leads fatality. This paper explores how tribal communities perceive and respond to snakebites, analyzing the traditional healing methods, mythologies associated with snakes, and the fatalistic attitudes toward recovery or death. Drawing from ethnographic studies and field reports, the paper highlights the critical intersection of health, culture, and spirituality, advocating for culturally sensitive health interventions.

Keywords: Snakebite envenomation, Exorcists, Antivenom, Traditional healing, Tribal

1. Introduction

Snakebites are a significant public health issue in many parts of the world, especially in South Asia. Rajasthan is grappling with a serious snakebite crisis, as the medicines available in state hospitals are proving ineffective in neutralizing the venom of desert snakes. The primary issue lies in the fact that the antivenom currently used in Rajasthan is produced using the venom of South Indian snakes. However, this antivenom is ineffective in nearly 70% of Peevana snakebite cases. In just two months, Rajasthan reported over 2000 snakebite cases, leading to 49 deaths. Highest deaths in Pratapgarh (12), Tonk (10), Dausa (8). In tribal areas like Dungarpur, Banswara and Pratapgarh blind faith in exorcists and sorcerers is still common. Due to lack of awareness, hundreds of people lose their lives every year, most of which are due to not being taken to the hospital on time. Snakebite continues to be a serious health concern in the tribal

areas of Rajasthan. Bhatt and Yadav (2020) reported that snakebite cases are particularly common in rural and forest-fringe regions, with significant morbidity and mortality due to delayed treatment, reliance on traditional healers, and limited access to effective antivenom therapy. In cases of disasters like snakebite, when every minute is precious, people are still seen resorting to exorcists first. Many deaths occur on the way to hospital, highlighting need for pre-hospital care systems. The surge is linked to monsoon rains, which increase human-snake encounters due to flooding of snake habitats. In India, tribal and rural communities are among the most affected due to proximity to forested regions, lack of access to modern healthcare, and reliance on traditional healing. Epidemiological studies from southern Rajasthan highlight that snakebite is a major public health challenge in tribal regions, with the Saw-Scaled Viper being the most common culprit species. Ahari, P. et al (2025) observed that critical epidemiological trends essential for targeted public health strategies and improved snakebite management in tribal populations predominantly affecting young working-age males, and delays in hospital treatment contribute significantly to poor clinical outcomes. However, snakebite is not seen merely as a medical emergency; it is often interpreted through the lens of cultural belief, karma, and divine will. This paper examines these interpretations among tribal groups, revealing how belief systems shape treatment-seeking behavior and health outcomes.

2. Snakebite: Epidemiology

The primary cause of severe snakebites is the Saw-scaled viper (Echis carinatus) locally known as Peevana, Cobra (Naja naja), Krait (Bungarus caeruleus), Russell's viper (Daboia russelii) although the Green Pit Viper is also frequently encountered. These species are responsible for most medically significant envenomation's. According to the World Health Organization (WHO), India contributes to nearly half of the global snakebite mortality. Most incidents occur in remote or forested areas, where tribal communities live in close contact with nature and wildlife. Factors such as agricultural practices, sleeping on the ground, and poor infrastructure increase their vulnerability.

3. Cases of Snake Bite

Recent field reports from southern Rajasthan highlight snakebite as a persistent and deadly hazard in tribal and rural communities. There have been about 2087 cases of snakebite in 26 districts of the state. Out of these, about 49 people have died in 14 districts. 21 people have died of snakebite in five districts due to delay in treatment.

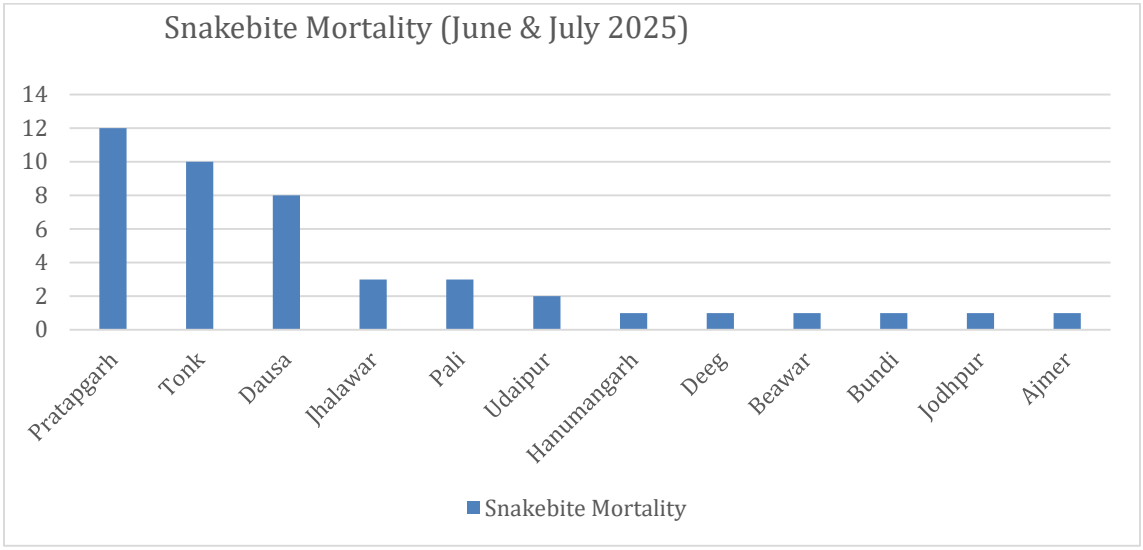

Fig 1. – Snakebite Mortality (According to Rajasthan Patrika)

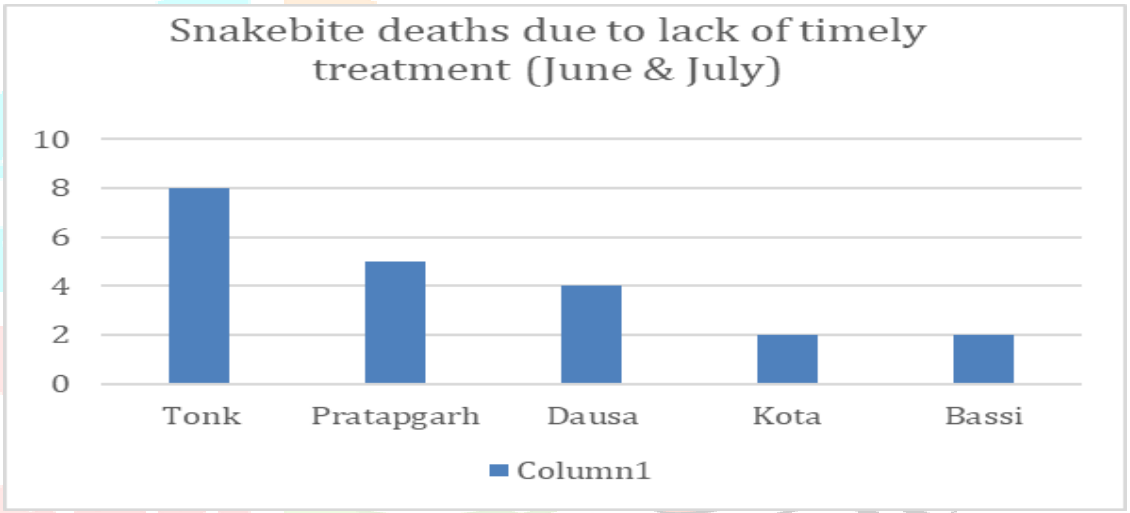

Fig 2. – Snakebite deaths due to lack of timely treatment (According to Rajasthan Patrika)

4. Tribal Beliefs and Symbolism of Snakes

Even today, blind faith in exorcism and exorcists is common in tribal areas like Banswara, Dungarpur. Due to lack of awareness, hundreds of people lose their lives every year, most of which are due to not reaching the hospital on time. In emergency cases like snakebite, when every minute is precious, even then people are seen first going to the shelter of exorcism. Snakes occupy a complex position in tribal cosmology—both feared and revered.

- Mythological Role: In many tribal myths, snakes are protectors of sacred groves or ancestral spirits. For example, among the Bhil and Gond tribes, snakes may represent divine entities or messengers from gods.
- Taboos and Omens: Encountering a snake may be seen as a bad omen or a sign of ancestral displeasure.

- Totemic Identity: Certain tribes have clans or lineages that worship snakes and abstain from harming them.

5. Snake bite cases in tribal area

A study on health-seeking behavior among snakebite victims in rural Rajasthan found that a significant portion of victims sought treatment from traditional healers, including exorcists, before visiting medical facilities. This delay adversely affected outcomes. The incidents and news of snakebite reported from various newspapers give us the message to remain alert and cautious during monsoon season and to seek medical treatment instead of believing in superstitions.

Case I - According to Patrika July 2025, two sisters died of snakebite in Nagariya Panchela village of Chaurasi police station area. Both the sisters were carrying water for their parents who were working in the field. During this time, they were bitten by a snake. After this, the family took the innocent sisters to a Bhopa, where they were treated with exorcism for about two hours. Later, they were taken to the hospital, during which both of them died.

Case II. Banswara @ Patrika. June 2025, A 10-year-old boy died a painful death in Gopalpuri village of Danpur police station area of the tribal dominated district due to postponing treatment on the basis of black magic. The deceased Balgopal son of Kalu Dindor, originally a resident of Danakshari village, was living in Gopalpuri with his maternal uncle Alam Katara for the last few years. On Tuesday evening, the boy was bitten by a snake at home. But instead of taking him to the hospital immediately, the family first took him to a local exorcist in Tamtia village for exorcism. Despite several hours of exorcism here, there was no improvement. After this, he was taken to another exorcist in Badi Sarwan village of Madhya Pradesh. There rituals were performed till late night, but when the condition worsened, the exorcist gave up. After this, the boy was taken to the government hospital in Badi Sarwan, where the doctors declared him dead.

Case III- According to NDTV Rajasthan July 2024, A woman reached Dungarpur district hospital 12 hours after being bitten by a snake. She died due to late arrival. Kajodi Barod Meena was bitten by a snake in Bakraiya Fala of Sabla police station area. The family first went to the exorcist. They started treating her with exorcism. When she did not get better, they took her to the hospital. These methods delay proper care and worsen outcomes.

Case IV. According to Patrika year 2024, a case of a pregnant woman being chained came to light from Kushalgarh area. Mentally sick girl was taken to the priest. She died within a few hours of being brought to the district hospital.

Case V. According to Patrika year 2023, a woman was bitten by a snake in the Garhi area, who had died by the time she was brought to the hospital after four hours of exorcism.

Case VI. According to Patrika year 2022, a young woman was bitten by a snake in Ghatol area, the family took her to a tantrik instead of the hospital and kept getting her exorcised. The young woman died during the exorcism.

Case VII. According to Patrika year 2018, a young man from Hamirpura village of Sabla tehsil of Dungarpur district kept visiting exorcists for thirty days for treatment and due to lack of treatment, his leg got rotten due to infection.

6. Perception of Snakebite and Fate

Snakebite is often viewed not simply as an accident but as a fated event, determined by spiritual forces or karma. In this belief system:

- Fatalism: Recovery is believed to depend on the will of ancestral spirits or gods rather than medical treatment.
- Moral Causality: Snakebite may be interpreted as a punishment for moral transgressions or taboo violations.
- Community Response: The family may prioritize rituals, offerings, or traditional healers over hospital care, especially in the initial hours.

7. Indigenous Healing Practices

Tribal healers, known by different names such as Bhopa, Ojha, or Pujari, often play a critical role. Among the Santhal tribe of Jharkhand, snakebite victims are sometimes made to undergo a ritual bathing and fumigation before any medicinal intervention.

- Herbal Remedies: Use of local plants like Rauvolfia serpentina, Andrographis paniculata, and Aristolochia indica.
- Spiritual Healing: Chants, rituals, and mantras are performed to appease snake spirits.
- Physical Measures: Use of tourniquets or cutting the wound, although these may cause more harm. applying herbal pastes or burning the site.

8. Tension Between Traditional and Modern Medicine

Antivenom is available in government hospitals, yet mortality remains high because of delay in reaching treatment facilities. Lack of a proper snakebite helpline or rapid emergency transport is a major contributing factor. While traditional beliefs are deeply entrenched, the delay they cause in seeking hospital-based treatment contributes to high mortality.

- Mistrust in Biomedicine: Some communities believe hospitals cannot cure a "spirit-inflicted" bite.
- Lack of Accessibility: Even if hospitals are preferred, long distances and transport issues hinder timely care.

9. Correct First Aid Measures (as per WHO & Govt. of India guidelines)

- Keep the patient calm and immobilized.
- Avoid washing the bite site (preserves venom for identification).
- Immediate transport to nearest hospital with antivenom.
- Use of pressure immobilization techniques in neurotoxic bites.

10. Recommendations for Public Health Integration

To reduce mortality while respecting cultural beliefs:

- Community Engagement: Include tribal leaders and healers in awareness campaigns.
- Mobile Health Clinics: Provide antivenom access in remote villages.
- Ethnomedical Training: Train local healers to recognize severe envenomation signs and refer patients quickly.
- Cultural Sensitivity in Care: Respect traditional views while educating on biomedical options.

11. Discussion

The irony is that anti-venom medicine is available in government hospitals, but the biggest hurdle is reaching the hospital on time. Dr. Kantilal Meghwal and Dr. Rakesh Meena, physicians of Dungarpur Medical College Hospital, said that like Kajodi, more than 50% of the patients coming to the hospital due to snakebite first go to the exorcist. When the patient does not get relief from the exorcist's treatment, then they come to the hospital. In such a situation, many times the patient comes to the hospital late. Due to the delay, he dies. Many times, if the snake is not poisonous, the patient gets cured. In such a situation, people get confused that he got cured by exorcism. But, if the snake is poisonous, then the time of 2 to 3 hours is the golden period for the patient. At that time, the patient's life can be saved by bringing him to the hospital on time.

12. Conclusion

Absence of snakebite-specific emergency network in rural Rajasthan. Need for community awareness programs on correct first aid and improving rural ambulance connectivity. Snakebite in tribal areas is more than a health issue—it is a cultural phenomenon embedded in belief systems, traditional healing, and fate. While biomedical interventions are crucial, they must be introduced in a way that respects and integrates with local worldviews. Culturally sensitive public health approaches are essential to bridge this gap and save lives.

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