



FOLK AND TRIBAL HEALING PRACTICES IN ARUNACHAL PRADESH

EXECUTIVE SUMMARY
DR. SUNITA REDDY



Executive Summary



With our project on the study of local health traditions in the north east states, the present report 'Folk and Tribal Healing Practices in Arunachal Pradesh' is an attempt to cogitate the marginal status of the heterogenous group of traditional healing practices and healers that includes herbal healers, spiritual healers, bone-setters, poison healers and others in the state of Arunachal Pradesh. Though not formally trained, these practitioners are recognised as healers by the community and cater to most of the primary healthcare needs of the people. The accounts and narratives of the healers form the major part of the present report and attempt was to get insights on the culture and tribal healing practices of the local people of the state. The indigenous healing practices are non-codified, informal, unregulated, non-commercial yet a popular traditional healing system which is mostly transferred through oral tradition.

With the recognition of AYUSH there has been a renewed interest in documenting and patenting these traditional healing practices. It is in this context that it becomes all the more important to understand the status of healers, the challenges they face, how their knowledge is recognised or do they feel the threat of biopiracy. The most important is how their knowledge is can be preserved, transferred and mainstreamed along with the modern health care to achieve sustainable health goals under the sustainable development goals.



Anthropos India Foundation (AIF), New Delhi in collaboration with the Kala Nidhi Division of Indira Gandhi National Centre for the Arts (IGNCA), New Delhi conducted the study in West Siang (Aalo), East Siang (Passighat) and Papumpare (Itanagar) districts of Arunachal Pradesh. Using a qualitative method approach, nearly 20 healers were interviewed in depth, using a semi-structured interview in a month long fieldwork. The healers were recognised through the local people and only after their informed consent, they were interviewed. In Arunachal unlike Sikkim we found equal ratio of men and women healers. 10 of the 20 healers interviewed were women which demonstrates freedom, ability and representation of women as healers. In addition to healers, medical doctors, village priest and village headman were also interviewed to get a comprehensive picture of the ground. The study was simultaneously, visually documented through photographs, audio recordings and video clips. Preceding the fieldwork, a consultative seminar on 'Folk and Tribal Healing Practices in Arunachal Pradesh' was organised in collaboration with North East Frontier Technical University (NEFTU, in Aalo district) which was attended by scholars and faculty members from various disciplines. The aim was to get the perspectives from the academia about the local reality on health care, the role of healers and their contribution to their everyday life. Most of them did recognise immense role the healers play in everyday life, not just healing, but also as mentors, guides, priest who are consulted for all rites de passage and also in every other domestic issues, festivals and rituals.

They also identifying various issues and likely challenges in sustaining their knowledge, however, one of the participant from modern medical care was vary of all the positive things spoken about the healers and told to be cautious and also not to romanticise, the healing practices.



Known as the 'Land of Dawn' Arunachal Pradesh, became an independent state in 1987, having a total population of 1.7342 million (2019) is known for its biodiversity and numerous indigenous tribal groups, 26 major tribes and more than 100 sub-tribes. Linguistically rich state with nearly 30 languages being spoken, the main tribes namely Galo, Mishing, Adi and Apatani add to the cultural diversity.



The traditional way of life, performance of certain rituals, ceremonies and festivals for good harvest and community's prosperity are still celebrated. Mopin which is the main festival is celebrated at the community level for good health and prosperity of the people. The tribes and their knowledge of the flora, fauna and herbal/ medicinal plants has been covered in various studies by anthropologists, ethno-pharmacologists and ethnobotanists.



Though there is ample anthropological literature on the traditional healing practices and plurality of the health system, there has been growing concern about the state regulation on the use, access and control of the biodiversity. The use of flora, fauna and other natural minerals by the healers has become difficult either due to deforestation or due to government regulations that now prohibit the healer's access to the medicinal plants especially from the forest. Moreover promotion of only certain type of plants and involvement of private players has led to commercial growth of certain kinds of herbs that have demand in the market. The studies have also revealed that the medicinal plants of Arunachal Pradesh have the potency to fight various ailments like malaria, tuberculosis, jaundice, reproductive health issues, snakebite, rabies, anaemia and even cancer.

Traditional medicine is an important component in the lives of tribal people who do not have easy access to the modern biomedical healthcare system. Yet the indigenous knowledge about the herbal medicines of many tribal cultures has not been explored and the knowledge and services provided by the healers is still waiting to be recognised and valued appropriately. With this aim of suggesting ways to bring the traditional knowledge to the mainstream, the project also looked at the healer's association with the community and the State bodies such as Department of Forest, State Biodiversity Board, State Plant Medicinal Board, Ayurvedic Research Centres in Itanagar and National Institute of Folk Medicine (NIFM), Passighat. Also, it seemed essential to determine the role of local healers in the state bodies such as Forest Department, State Biodiversity Board, State Medicinal Plant Board, AYUSH etc.



The author and researchers with the NIFM staff

With these preliminary thoughts and a review of available literature, the researchers aimed to study the role of healers in meeting the healthcare needs of the community, their experiences and challenges; the experiences of the local people who approach these healers for their health issues and the role of State in preserving the indigenous knowledge and integrating the local healing traditions to the mainstream.

The healer's narratives in this study highlighted that they treated muscle injuries, nerve entanglements, fevers, bone fractures, reproductive problems, sprains, jaundice, and even chronic diseases like tuberculosis, HIV and cancer. All the healers had similar stories that they learned their skill of healing in their dreams. They considered their skill as God's gift and hence did not charge money for their services and accepted what was given to them voluntarily by their patients. They were also of the view that their skill was not meant to be utilized for any form of financial benefits as this would minimize their healing powers. Another unspoken principle the healers followed was that no patient who approached them was to be denied treatment and if the healer felt the need, the patient was referred to the hospital. The community's faith in the healers and their practices was exhibited by the fact that sometimes the healers were taken to the hospitals where the patient was being treated. The healers are considered most important person in the community, who with their divine powers ward off malevolent spirits and also appease the benevolent deities to keep the people of the community safe, healthy and prosperous. Almost all the healers live humble life and some even live in thatched houses.

But when asked about the continuance of these healing practices, almost all healers echoed that since their skills can be taught to the next generation, but it has to be divine calling. They opined that healing is not really hereditary in nature, and that they cannot transfer their knowledge to the next generation and it was decided by God as to who would become a healer. Another opinion that was strongly voiced by the healers was lack of recognition and support by the government for their services. Though their practices and use of herbs has been presented and documented in various training programs but they have not received the much deserved compensation and appreciation for their knowledge and service to the society. And this is also the reason that the young generation is not interested in learning the knowledge or practicing it because of lack of encouragement from the government.

Despite of having a national level institute for folk medicine, the folk and herbal healers are not recognised for their immense contribution and all healers were of the view that there is a need to encourage local healing traditions and practices across the states in north east India. It is essential here to understand the healer's perspective who are expecting that their knowledge and healing practices are recognised and they get some support from the government for their work. Though the Indian Biological Diversity Act (2002) and Indian Biological Diversity Rule (2004) includes the provisions for Access and Benefit Sharing (ABS) and regulates access of genetic resources and ensure equitable benefits to the indigenous communities and healers, not much has been done to ensure the continuity of the healing traditions. A national level Institute, North East Institute of Folk Medicine has been set up 2008 in Passighat but there has been shortage of staff. Foundation of Revitalization of Local Health Traditions (FRLHT), Bangalore have documented the tribal healing practices and along with Quality Control of India (QCI) are certifying the healers but this is in preliminary stage. Central Council for Research in Ayurvedic Sciences (CCRAS) which is an autonomous body under the Ministry of AYUSH is documenting audio-visual medicinal practices across the region. As per WHO estimate nearly 80% people in developing countries depend on traditional medicine for primary health needs and under the agenda for 'Health for All' and Universal Health Coverage' by 2030 which aim at providing health care services to all, would not be achieved if the role of herbal and folk healers is not recognised. This heterogenous group of healers who silently contribute towards the healthcare provision at the primary level with/ without minimum compensation are doing immense service to the society where the modern biomedical services are not available.



The presence of healers is a testimony to community's faith in their knowledge and practices. These healers are the real custodians of the knowledge and the bio-resources of their area, which can be kept alive and thriving by giving them due recognition, support and freedom to practice, which will then encourage the younger generation too.

The healers are apprehensive that their knowledge is taken away and they are not getting any benefits. They asked for state support to make medicinal gardens. Based on the present study in three states, it is recommended that the healers can be supported to make a 'Healer's Hut' or 'Community Healing Centres' at the panchayat level, where healers could come and practice and this would ensure the preservation and continuation of their healing practices. Further such steps of giving recognition if taken would also attract the young generation and would ensure preservation of their knowledge and their cultural heritage.

Even though more than 18 years, the WHO Report on 'Traditional medicine: Growing needs and potential' (2002) identifies diverse health practices, approaches, knowledge and beliefs, incorporating medicine from plant, animal and/or mineral sources, spiritual therapies to have important place and advises that there should be efforts to promote such practices where the population /community depends on such healing practices. The present study is a humble attempt to outline the local healing traditions of Arunachal Pradesh which is in tandem with the government's sharper policy attention to traditional medicine. The Indian government's recent efforts to promote and preserve traditional and folk medicine and recognise birth attendants, bone-setters and poison healers needs documentation and concerted efforts are being done in this area. But the healers have not been given due recognition, financial benefit and support. These heterogenous forms of knowledge which are still non-codified and not certified have been unified under the broad category of 'local health traditions' wait for their due recognition, acceptance and preservation.