

# Tribal Healing Practices in Sikkim



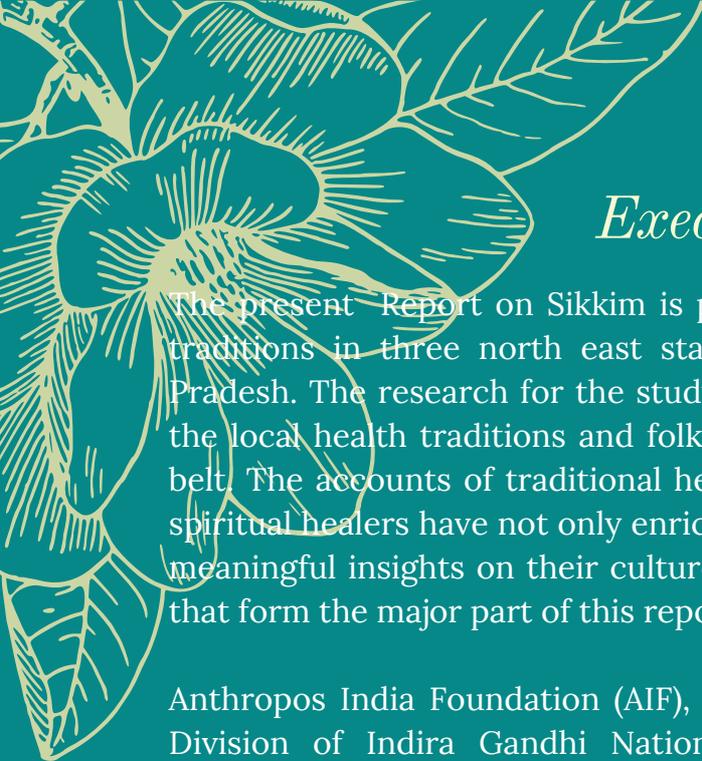
## Executive Summary



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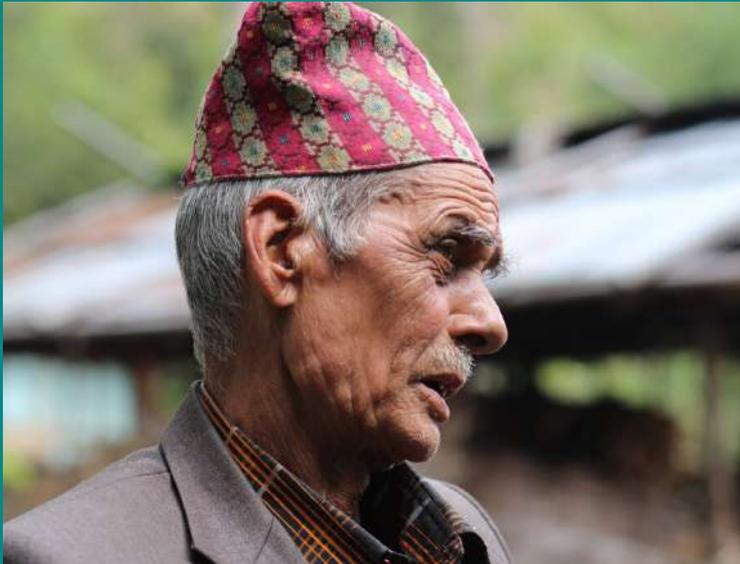
## *Executive Summary*

The present Report on Sikkim is part of the study conducted on the local health traditions in three north east states of India including Manipur and Arunachal Pradesh. The research for the study has been carried out meticulously to decipher the local health traditions and folk and healing practices among the eastern tribal belt. The accounts of traditional healers that included herbalists, bone-setters and spiritual healers have not only enriched the ethnographic journey but have provided meaningful insights on their culture and healing practices and it is their narratives that form the major part of this report on the State of Sikkim.

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 east, west and north districts of Sikkim, is an attempt to document the Folk and Tribal Healing Practices of the indigenous people of the state. The rich biodiversity of the state has nearly 6000 different species of flowering plants out of which 700 are medicinal plants. Of this rich gene pool, nearly 488 species of aromatic and medicinal plants are used by the indigenous communities. It is understood that the tribal communities have been using various natural resources as medicines since time immemorial. The classic ethnographic and anthropological work focused on the shamanic and magico-religious healing practices, along with many studies on the aetiology of diseases and the role of healers among the tribes. It is established by the anthropological ethnobotanical and ethnopharmacological studies that the tribal communities have been utilizing various flora, fauna and natural/mineral substances for healing. Also the contribution of local healers serving a large section of the population is well recognised.

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 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.

Though the Indian Biological Diversity Act (2002) and Indian Biological Diversity Rule (2004) have laid down the provisions for Access and Benefit Sharing (ABS) that essentially regulate access of genetic resources and also ensure equitable benefits to the healers, it becomes imperative to capture the ground situation. 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, The Mountain Institute etc.



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 present study aimed at documenting the ways to preserve, conserve and integrate the traditional practices with the mainstream. It is understood that often these indigenous, non-codified systems might disappear with the expansion of professionalized, codified biomedical health care system. Presently great traditions of AYUSH and biomedicine dominates the current academic discourse and the indigenous systems which the tribal people follow receives little attention. It is also acknowledged that the local healers provide the local population their services where often the biomedical services have not reached or not well established. The growing concern however is that the number of practitioners is dwindling and the younger generation is not willing to learn due to non-recognition by the state and also because of non-availability of herbs owing to deforestation, displacement and migration of the indigenous people. Another unsettling debate surrounding the local healing practices and tribal medicine is the debate over science and superstitions, rights and recognition and autonomy and accreditations. Legitimacy and validity of both the tribal medicine and the tribal medical practitioners have been questioned and undermined time and again.

The study followed an ethnographic approach and a list of healers and medical practitioners which were to be interviewed was sourced from State Medicinal Plant Board, 2009. Before starting the project, a consultative meet and round table discussion on 'Folk and Tribal Healing Practices' was organised in collaboration with the Lepcha and Anthropology Department of the Sikkim University to get a holistic view of the situation. The seminar was attended by scholars and the faculty from various disciplines and it provided a base for the study by identifying the critical issues, understanding the outcomes of the previous studies and noting the likely challenges. Apart from taking the narratives of the healers, it was intended to interview various officials of different concerned Departments to gain their perspectives on the state provisions and efforts towards the subject.



The landlocked state of Sikkim ornamented by rivers, lakes, ponds, forests, hot springs and mountains has Lepchas, Bhutias and Nepalese as its inhabitants, Lepchas being the original inhabitants of the state who call themselves as the 'people of the valley'. The people live in harmony with nature and have great reverence for nature and believe in Gods and spirits. People either follow Christianity or Buddhism and religion and healing practices are interconnected, as people seek treatment from Bongthing (spiritual healers ) and monks( for rituals and prayers). Bongthings have important role to play in the community as they are the ones who initiate the rituals. The healers use rice, egg, fruits , flowers and animal sacrifice( hen, cock, chicken) during the rituals which are done on different occasions like house warming, birth, marriage and death. Specific rituals are done during illnesses like depression restoring prestige of a person, or for growth, peace and prosperity of the individual and his/her family and also for the whole village and community. Certain food items like fermented rice beer called 'Chi' holds significant position and is present in all rituals and prayer ceremonies.

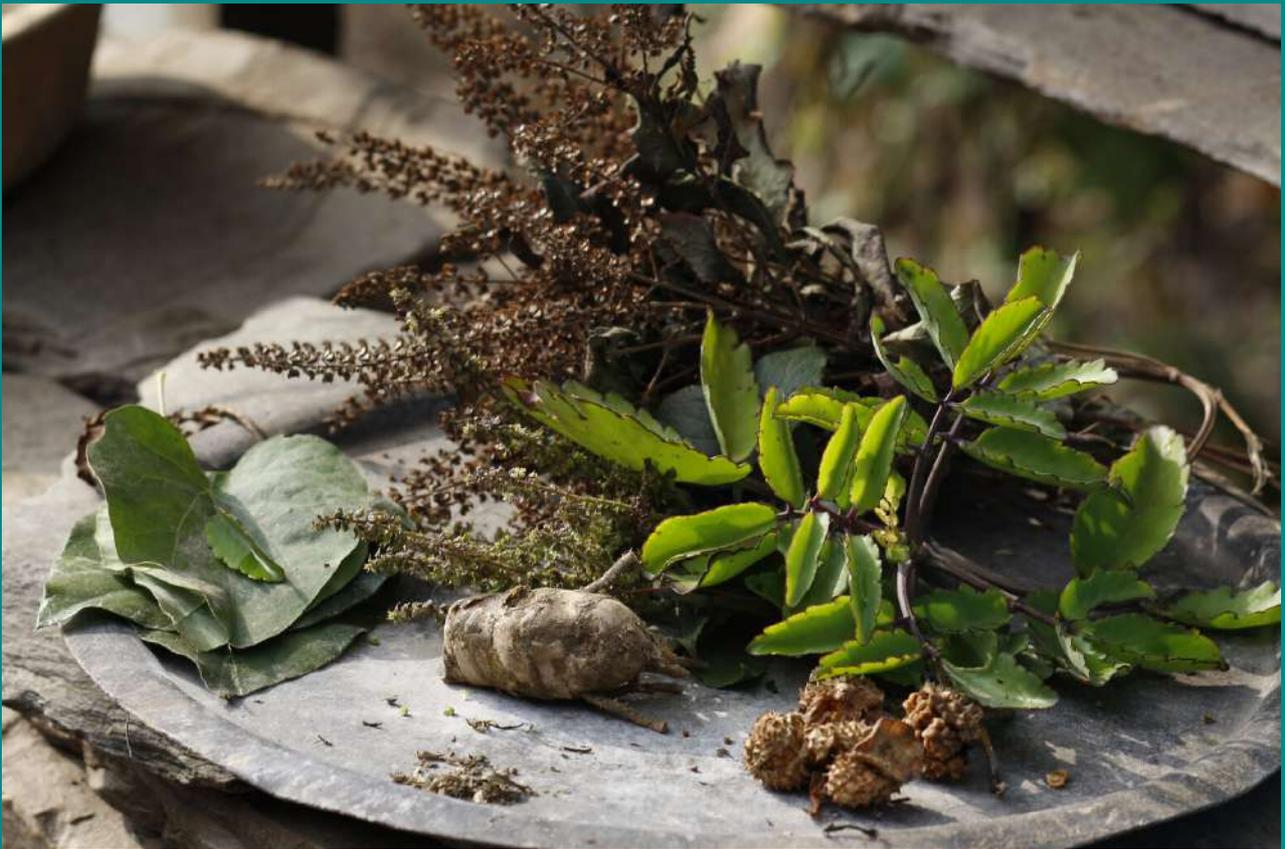


Another promising perspective that came from the State officials explained that there have been efforts by the government to document the herbal medicines and recognise the healing practices. There have been efforts to conserve the biodiversity of the State, sustainable use of the flora and fauna and benefit sharing with the healers and the community. Nearly 700 plants have been recognised as herbal plants by the state and different departments like the State Medicinal Plant Board and FRLHT, Bangalore are working together to document all the medicinal properties of various herbs. Steps are also being taken to avoid illegal sale and exploitation of the herbs, preservation of the gene pool and avert bio-piracy of the herbs. Different state departments like Tourism, Forest, Horticulture, Agriculture and Culture are being called to collaborate and this intra-sectoral association would ensure non exploitation of the herbal and medicinal plants. Efforts are being made to collaborate with the Quality Council of India to evaluate the healers and provide them recognition.

The narratives of the healers in the present study has highlighted that the local people seek the help of local healers in all kinds of illnesses like depression, bone displacement or fracture, sprains, stomach pain and gastritis, jaundice, reproductive problems in women like infertility or UTI, snake bite, dog bite etc and some healers have claimed to have treatment for diabetes, infertility and even cancer. Mostly it is the healers who are consulted first for any kind of illness or even before seeking modern healthcare especially if the procedures are invasive. There were cases where healers were asked to even visit the patients in the hospitals and provide their services along with the allopathic treatment. The healers are seen with respect as they work for the betterment of the people and community and offer their services out of passion, commitment and an intention to serve the community and do not seek any monetary benefit. Most healers in various districts were seen to be living a subsistence life with minimum assets and some even had thatched houses. They did not charge any money for their services and mostly accepted what the patients offered as they believed that charging for their services would diminish the efficacy of their healing powers which they either learnt from their forefathers or in their dreams. Both faith based healers and herbal healers were concerned for the dwindling of their healing practices and reasoned that as they were not recognised by the state, the young generation did not find healing practice as an efficient means to earn a living. The non-commitment by the young generation, migration, less monetary benefit and non- recognition by the state were cited as the main reasons for diminishing number of the healers and it was mostly men who were observing healing practices along with their jobs or other small businesses. Only one women healer was part of the study as there was hardly any women healers in the community.

On the state's involvement in the promotion of their healing practices, most healers voiced that their knowledge of herbs and the process of healing was being taken away by the government officials or individuals and they are not benefitted in return. Neither their medicine nor their healing practices were recognised by the state and no monetary benefit was ensured. Some healers had attended various training programs conducted by different government departments and showcased their knowledge of herbs and medicinal plants, their procedures of healing and other practices, but such training programs proved to be less fruitful for the healers. They just received a certificate of appreciation but their healing techniques were not recognised and they were not supported for opening nurseries or their clinics. They demanded that a 'Healer's Hut' or 'Community Healing Centres' be opened 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. The healers are the real custodians of the knowledge and the bio-resources of their area and with due recognition, credit and support and freedom to practice, the healers who address the primary level care can help in making healthcare services available at the ground level.



The present study is a humble attempt to outline the local healing traditions of Sikkim which is in tandem with the government's sharper policy attention to traditional medicine. 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 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.

