EXECUTIVE SUMMARY

FOLK AND TRIBAL HEALING PRACTICES IN MANIPUR





ANTHROPOS INDIA FOUNDATION



INDIRA GANDHI NATIONAL CENTRE FOR ARTS

Executive Summary - Manipur

The present report on Manipur is part of the study conducted on the local health traditions in three North East states of India including Sikkim and Arunachal Pradesh. The research for the study has been carried out methodically to decode the local health traditions and folk and healing practices in the state of Manipur. The accounts of 20 traditional healers collected during the fieldwork have provided meaningful insights on their culture and healing practices. The narratives of the traditional healers who are a heterogenous group comprising of herbalists, bone -setters, magico-ritual healers, spiritual healers have enriched our understanding on the traditional healing practices.

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 various districts like Imphal west, Thoubal and Kangpokpi. The attempt was to document the Folk and Tribal Healing Practices of the indigenous people of the state. 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 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. 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 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.

Methodology



The study followed an ethnographic method and a preliminary requirement was to prepare a list of traditional healers as there was no official list with health or any other department. Preceding the fieldwork a consultative seminar on 'Folk and Indigenous Healing Practices in Manipur' was organised in collaboration with the Centre of the Study of Social Exclusion and Inclusive Policy (CSSEIP), Manipur University. The seminar was attended by research scholars and faculty members and inputs thus received helped to gain a holistic view of the ground reality. The ideas gained gave an outlook for the project and proved to be extremely informative in identifying the issues, outcomes of previous research and understanding the possible 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. A semi structured interview guide was prepared to gain indepth understanding of the healing practices and the daily routine of healers was decoded either by visiting their homes or clinics. Most healers gave lengthy interviews and few healers who had clinics allowed the researchers to witness their treatment. Some even showed their certificates of appreciation. Another Round Table discussion was organised with the healers in Manipur University to discuss the challenges they face and discuss their concerns. The project proposal was wetted by the ethics committee of the Anthropos India foundation (AIF) and the interviews were conducted after taking due permission from the healers, sharing the information sheet and signing the written consent form for an interview, photograph and video publishing. The study was simultaneously visually documented through the use of photographs and audio clips.

About Manipur





Fig. 1- Map of Manipur State .



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. However, that is not the case, there are many healers in Manipur even today.

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 disquieting 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.



IMA Market

Like any north east state, Manipur with a population of 3 million is an ethnically diverse state. Adorned by hills, plains and valleys, Manipur has 33 tribal communities, Meitei represents nearly 53% of the population and are in majority followed by Naga 24%, Kuki 20% and 16% other tribes. Hindu is the main religion followed by Christianity. Manipur earlier being a princely state was merged with India on 11 August 1947, today shares its borders with Nagaland, Mizoram, Assam and Burma. It is one of the 12 mega biodiversity rich zones of the world forming a distinctive part of Indo-Burma Hotspot which ranks 6th among the 34 biodiversity spots.

The capital Imphal is an oval shaped valley surrounded by mountains and the Loktak Lake which is famous for its unique floating houses are distinctive features. Meitei who are the indigenous people of the state were the first to embrace Hinduism in the mid-15th century, while some still follow the original indigenous religion. There are five knowledge systems of healing followed by Meitei i.e. magico-religious system, herbal medicine system, body massage system, pulse feeling for diagnosis and reflexology system for diagnosing disease. The magico-religious system practiced is cured by incantation, performing ritual ceremonies, offering prayers and gifts, vegetables and flowers etc. The traditional healers are known as Maibas or Amaibas (male vaid) or Maibis or Amaibis (female vaid). While Maibas and Maibis use only herbal medicines , the Amaibas and Amaibis use the mystical incantations and magico-religious practices. The old books called Puyas are the recorded experiences of the Maiba and Maibi are well preserved by the Meitei.

Narratives of the Healers



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 fever, kidney stone, gall bladder stone,

bone fracture, sinus, boils, tonsillitis, indigestion, diarrhoea, dysentery, blood pressure sprain injuries, infertility and gynaecological problems, paralysis, diabetes and cancer. The healers learnt the skill from their forefathers and they use medicinal plants, animal organs including insects, minerals and other natural products along with chanting mantras and hymns. They have special place in the society and are part of all ritual ceremonies. They have important role in disposal of dead bodies.

The healers are heterogenous and having their own specialisation. Some are less recognised beyond their own community and some like the above healer Laishram Nabakishore Singh has got national Padma Shree Award. There are healers who have around 80-100 patients everyday and some have around dozen patients visiting. They charge nominally. The Maiba and Maibi of Meitei community have their own association, however, not so active presently. However, their role is very important in their community. Even after the issuance of death certificate from the biomedical doctor, maibas/ maibis are summoned to validate the dead body through pulse reading and only then the process for disposal for the dead body begins. This shows their important place in the society yet the number of maibas/maibis are dwindling. Most healers are engaged in agricultural work but continue to serve/heal the community out of love and passion and lead a subsistence life. On being asked whether they share their knowledge, all healers voiced that they are willing to teach their practices to the next generation but due to non-recognition by the State, there is lack of interest and enthusiasm among the younger generation. Secondly with the advancement of the modern biomedicine there is a change in the belief system of healing among people. The healers have also showcased their traditional healing practices at various workshops hosted by the government departments but they only received certificate of appreciation for their work but no monetary benefit or support from the Government. And often authenticity and standardisation of their techniques were questioned. But the presence and continuity of healers and healing practices shows the efficacy of these healers and their practices.

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 herbal gardens or 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, as is being done by Quality Control of India and FRLHT, Bangalore, of voluntary certification of healers, 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 Oinam Ningthem Singh and his wife Oinem Bijenti Devi, Maibas and Maibe provide the primary level healthcare to their community and for this they need support to construct and run their clinics or healing centres with facilities of generators, washrooms and solar power installation system and a herbal medicine garden. Another issue which the healers raised are the overexploitation and piracy of medicinal herbs which has led to extinction of certain important plants. There is also smuggling of indigenous medicinal plants to the neighbouring countries raising a pertinent issue of biopiracy. Steps are also being taken by the State Biodiversity boards 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.

It was also agreed that due to lack of accessibility, affordability, and availability of the healthcare in the some parts of the North East region the healers have a special place in the community and it becomes all the more important to recognise the traditional healers who provide the primary level healthcare. The study has highlighted that there is a need to document and preserve the traditional knowledge systems, which is dwindling due to nonrecognition of the traditional healers and lack of interest among the young generation to learn this knowledge. But there is need to recognise their importance, and also financially support these that the healers practices so receive encouragement to practice. The healer below Chandan Romen Kumar see around 80-90 patietns everyday.



The Indian government's AYUSH dept. biodiversity boards, Medicinal Plant boards and institutions like FRLHTs, QCI and other recent efforts to promote and preserve traditional and folk medicine needs to be documented. Further the efforts to recognise birth attendants, bone-setters and poison healers needs documentation and to see what are the challenges to be overcome and what concerted efforts can be done in this area. But the healers have not been given due recognition, financial benefits 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.





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