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Tribal Medicine

J. J. Roy Burman



TRIBAL MEDICINE

TRADITIONAL PRACTICES AND CHANGES IN SIKKIM

NON MATCHING SCHEME
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PREFACE

The present book is basically the outcome of a brief research which was undertaken between 1996 and 1997. It involves both primary information collected and collated from the field work which was carried out mainly in six villages and a few small towns of Sikkim, including Gangtok - the state capital. The data was personally gathered by me. Apart from the field work quite a substantial data was added through the secondary sources. I must, however, add that all the secondary sources data have not been used here, taking into consideration of the present project. The data so gathered may later be used for a more theoretical endeavour.

The present study has not attempted at making an ethnography of the practice of traditional medicines among the Bhutia and Lepcha people, among whom the work is concentrated, since quite a lot of work has been carried already out on this by the earlier ethnographers right from the colonial period. It rather attempts at revealing the extent of dependence of different medicinal practices as it exists now and examine if there has been any substantial change from the past. For this some description of the medicinal practices have been provided through review of literature. The trend which was noticed has been at the end linked to the issue of ethnicity, which is a key player in the social dynamics of the state.

Once again I would like to reiterate that the scope of the present study is of a limited nature. However, it provides certain indications which later can be made use of for a more substantive research.

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INTRODUCTION

Tribal medicinal practices first came to be of interest mainly to the anthropologists and ethnographers from the western countries. The subject still continues to draw their interests world over. Their interests in the matter has mainly to project the indigenous knowledge base of the tribal regarding their health and survival. But more often than not the tribal practices have also been highly romanticized as exotic cultural elements mixed with voodoo and witchcraft. The role of the shaman, magic, divination and cure has thus been over hyped. Of late, of course the social and psychological support value of tribal aetiology is being widely project. Besides, the negative fall out of the western medicine too is leading many to seek solace in the indigenous medicines, including herbal and spiritual cure. This has led many scholars also from the medical science, psychology, social workers and policy makers to delve into the study of tribal medicines.

The interest in the tribal medicinal practices as evident in Sikkim has also followed more or less the same course as in other tribal areas. Initially the western colonial administrator/ ethnographers like Waddell (1887) and Gorer (1915) documented in details about the medicinal practices of the Lepcha and Bhutias- the two main autochthonous tribes of the state, in their monographs that covered almost all the facets of tribal life. While Waddell dealt more with the Tibetan - Mahayana Buddhist influence on the Sikkimese people, Gorer stressed more on the influence of the earlier Bon religion and the ancient pre-Bon animistic religion on the

lives of the Lepchas. These two volumes more or less provide a very comprehensive picture of the ritualistic dimension of native aetiology. Similar descriptive accounts are also available in the later studies by some of the local people, like Foning or even in the western stints - as dealt by Barbara Aziz. Taking this into consideration the present study does not aim at repeating such descriptive accounts of the ritualistic dimension of medicinal practices of the local tribals. It tries to draw an emphasis based on a particular line of political economy - mainly to make an initiation into the topic. This is evinced from the detailed review of literature on medical anthropology and tribal medicinal practices.

The Objectives of the Study:

The present study is basically an exploratory study of the traditional tribal medicinal practices which are prevalent among the autochthonous tribal population of the state, i.e. the Bhutias and Lepchas (BL people) who constitute about 24% of the population. The study is kind of a pilot survey which provides with certain clues rather than providing any solution to the given problems. It, however, is by no means an ethnography documenting the methods of healing. It makes an attempt to present place the actual practice the BL people follow for their treatment of the sick people. The study places some of the recent changes which the communities are witnessing into their traditional practices. Some attempt has been made to link this with the evolution of the traditional system which is the outcome of a political shift from being a buffer land to that of a national state. It has been attempted at the end to rationalize the persistence of the system in term of the ethic shifts. The objectives of the study are broadly as:

1. To study the concept of diseases and sickness among the Bhutia and Lepcha people.
2. To study the different methods of treatment undertaken by the people.
3. To examine the health policies undertaken in Sikkim since the historical periods under the amorphous political kingship, protectorate status and after the amalgamation with the Indian state.

4. To document the different facilities - infrastructure available in the state - provided by the state and private bodies.
5. Document the recent changes in the health practices of the people keeping in view of the government policies and infrastructural facilities.

Methodology:

Being basically an exploratory study, no hypothesis testing is involved in the study. However, a theoretical underpinning was added to the study that tribal medicinal practices are not merely superstitions, but are manifestations of the political economic situations. Their persistence to the present date is therefore linked to certain extent the overall policy of the state not only towards the health policy but to the basis fabric of their social existence.

Taking the above view into consideration, the present study did not just orient to the field situation but it also looked into the general conditions of living and some of the key social issues which are effecting the two tribal communities. For this quite a bit of research was done through the secondary source material - by collecting the data from libraries and government departments.

The field data were collected personally by me by visiting the villages. Two of the four districts of the state were covered for this purpose - the South and North districts. These two were particularly selected as the North district has the highest percentage of tribal population (55.38) and the South district has the least (16.91). The three villages each were chosen on the basis of the distance from the district headquarters, and the concentration of the Bhutia and Lepcha people. While Kabi is a mixed village located at the southern corner of the district far from Mangan, the district headquarters, Dzongu and Lachung are preserves of the Lepcha and Bhutias respectively, in the North district. Dzongu is located right across Mangan, about 5 km away (the entry point). Lachung is located at the northern most point of the district, far from Mangan.

The three villages in the South district were similarly

selected on the basis of concentration of the tribes and their distance from Namchi, the district headquarters. While Dengchu, one of the three villages is just about 4 km from Namchi, Barfung is a Bhutia village located 25 km north of Namchi. Vok, the third village selected is a Lepcha village with a lot of Christian population and is located about 20 kms south west of Namchi.

I began my work first by spending about two weeks in Gangtok for getting to know the government system and make acquaintances with the people. I followed this up by a long stay - for about two weeks by staying at Kabi village. I had to particularly stay longer so as to build the rapport with the people. Kabi as such is located only 17 km away from Gangtok, but it is notorious for black magic and poisoning adversaries. Even otherwise the people in Sikkim are very suspicious about strangers and are afraid of the intelligence people. This is not very surprising as it is a border state and the military alert is high. Besides, the large scale migration of the Nepalese and ethnic tensions have made the people very tense.

In the other villages were for shorter durations - varying from a week to 3-4 days. In the village I first met the important BL people and interviewed the lamas and shamans. Subsequently I collected information by rapidly canvassing a questionnaire. Not the questionnaires provided me with detailed information, but it rather permitted to meet as many people as possible in a short while and cross verify the information. Apart from these I also interviewed key government functionaries present in the village. Also I sat with groups of people for discussion.

In each of the villages I also interviewed the people in group discussions, particularly where the lamas, bongthings (shamans), paus and the young people were present. I also adopted the participant observation method by being present in the rituals where the bongthings were administering their ways of treating the sick. I also witnessed the amchis or the Tibetan doctors at work in the clinics of Gangtok. I also witnessed the personnel of Dr. Pakhrin's hospital at work in their work at Kalimpong as well.

My study took me to some of the important monasteries as well apart from the six villages. I visited Rumtek monastery - the largest monastery near Gangtok. I also visited the Pemayangtse monastery in West Sikkim - one of the oldest monasteries of Sikkim which had a clear link with the Buddhist monastery of Mandolin in Tibet. Besides I also visited the Norbu Gang - the ritual spot where the lamas from three directions met and witnessed the coronation of the first Chogyal.

I did not use any mechanical means of documenting the data. I had, however, taken a number of photographs. But these were unfortunately damaged due to the heavy precipitation and landslides in Sikkim.

THE CONCEPT OF MEDICAL ANTHROPOLOGY

In this chapter we will basically discuss about the theoretical approaches to the study of traditional medicines among the tribal people. But first we will deal with the field of medical anthropology itself as it provides the basis of such studies and also helps us in gaining the clarity. Towards the end we will discuss the concept of tribe in brief and present a short profile about the BL people.

Medical anthropology emerged basically with the study of health care systems prevalent in the primitive societies. It was perceived that the concept of health in human groups is not defined merely in the clinical sense. It has rather cultural connotations with social moorings. But this had not been realized by many of the policy makers and they understood it more as an idealized by many of the policy makers and they understood it more as an idealized state. For instance the World Health Organisation (WHO) defined health as "A state of complete physical, mental and social well-being and merely the absence of disease or infirmity". This definition has serious draw backs as it points out only the positive aspects of health. Noted Indian anthropologist, L.K. Mahapatra, questions whether there exists any community in the world where there is any individual with complete happiness of mind with absolute prosperity and sound health - who has suffered no illness. According to him all these notions are culturally defined.

is why when a Kondh in Orissa has scabies, and has itches of ring worms, is still considered to be capable of normal daily work like any normally healthy person. An occasional headache, stomach ache or body pain or weakness is not taken seriously as symptoms of disease. Even these or a rise in temperature may not be noticed by self or members of the family or friends and if one takes these seriously, one may run the risk of being ridiculed in the family or friends circle" (L.K. Mahapatra: 1994:4).

Chaudhuri (1986) states that among the tribals the diseases are commonly related to the belief in different deities and spirits. But Mahapatra states that among the tribal communities diseases are usually thought to occur due to two reasons - a) due to belief in supernatural forces - any negative act against such forces may cause harm to the self as well as the community b) due to the physical factors like living in insanitary conditions; though this is not so commonly accepted.

- (a) It has been noticed that majority of the medical anthropological work has emphasized on the psychic factors of health which is linked to the traditional faith of supernatural and diseases. Mahapatra writes, "Universally there is the belief in some benevolent and malevolent spirits, ghosts. In some cases among the Buddhists, Hinduised and Christianized tribal groups, there is a belief in supernatural beings or a hierarchical pantheon of anthropomorphic Gods and Goddesses. The spirits of the dead ancestors in every culture play an important role in ensuring health, prosperity and protection to the family. But when these ancestral spirits are not properly honoured, worshipped or humoured, they invariably inflict some afflictions for the members of the family or cattle crops" (ibid: 1994:3). He also states that the tribals believe that health is threatened not only by spirits but also by person emanating evil, mystical powers like evil eye, evil mouth and evil touch or witchcraft. The soul of a man may play truant, quite whimsically, or may be enticed by a sorcerer or by some malevolent spirit, resulting in sickness. If the soul cannot be recalled and reinstated within short time, the soul loss may result in death.

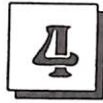
BRIEF BACKGROUND OF THE REGION

Physical Background Of Sikkim In Brief

Sikkim is a small mountainous state with an area of 7096 sq.km and is stretched over 112 km from north to south and 64 kms from east to west. It lies between 27° 00'46" to 28° 07'48" North latitude and 88° 07' 58" to 88° 55'25" East latitude (census of India: 1981). To its north lies the Tibetan plateau, to the west, the kingdom of Nepal; to the east, the kingdom of Bhutan and to the south, the Darjeeling district of West Bengal. The state is divided into four districts North, South, East and West districts (Fig. 3.1).

Sikkim being a part of the Himalayan range is an extremely rugged region spread with high mountain peaks and deep gorges and valleys. The elevation of the hills range between 300 to 7000 meters, with mount Kanchenjunga measuring 8598 meters as the highest of all and third highest peak in the world.

Altitude is the main factor of controlling the climate and weather condition of the state relief features such as high mountains act as barriers for the movement of monsoon winds. Low temperature, high rainfall on windward slopes, comparatively dry on the lee-ward side and heavy precipitation in the form of snow at mountain tops are the main features of the climate in Sikkim. Due to sharp edged mountains throughout the state, there is a large variation in rainfall and temperature in the state. The mean annual rainfall varies from 2000 mm to 400 mm.



BACKGROUND OF MEDICINAL SYSTEM IN INDIA AND SIKKIM

In this chapter we will first describe the background of traditional medicinal system in India and then deal with the Sikkim scenario as it evident from the earlier studies.

Medical System in India

It is important to realise that any medical system operates in a society according to the prevailing environment in the region—mainly socio-political. Even the cultural manifestations of the society operates within these parameters. If this is accepted, one also must understand that the medical system among the tribals too follow these attributes. Therefore it is utmost necessary to understand the political ambience within which the society exists in general and the specific health policies edified by the ruling system. Accordingly before we look into the traditional medicinal practices among the BL people, let us first place in brief, the health policy in broad by which the country has been guided since the British period.

The modern medical system in India was initiated with the coming of the British. The first modern medical college in India was established in 1835; the number of colleges was gradually increased to twenty two during the colonial period. The pattern of care provided by the allopathic doctors reflected in needs of the colonial power, i.e., care for the British administrator and army officials. There was also a gradual



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BRIEF PROFILE OF THE HEALTH STATUS IN SIKKIM

In this chapter a brief profile of the health status of Sikkim will be presented so that the practice of traditional medicine can be understood from a wider perspective. This chapter will more or less indicate the status of allopathic medicare in the state.

I. DEMOGRAPHY

According to 1991 census as stated earlier, has a population of 406,457. The state has witnessed a phenomenal increase in the population within the last hundred years. In 1891 the state had only a population of 30,458. Within the decade of 1981-91 it experienced a population growth of 50.77%. In the following decade between 1981-91 growth rate had risen to 28.47%.

Though the density of population is much less compared to the country as a whole, it too has been rising very rapidly. A comparative figure between Sikkim and the country in this regard is as follows:

Year	Sikkim		India	
	Density	% Increase	Density	% Increase
1901	8	-	77	-
1911	12	50	82	6
1921	12	0	81	-1.22
1931	15	36	90	11
1941	17	33	103	14
1951	19	12	117	14
1961	23	21	142	21
1971	30	22	177	25
1981	45	55	216	22
1991	57	27	267	24

THE VILLAGE CASE STUDIES

In this chapter the case studies of the six villages where the rapid survey was carried out is being presented. At first the three villages covered in the North District will be presented. Later the three villages covered in the South District will be provided.

I. NORTH DISTRICT

Kabi Village

Location: Kabi is a famous village of Sikkim which is located about 20 kms north of Gangtok, the state capital. The village is well known particularly due to the shrine which commemorates the historical blood treaty between the legendary Bhutia chieftain Khye Bumsa and the wizardly Lepcha chief called Thekong Tek in the historical times. The shrine is located within a big sacred grove which is visible from a distance.

Administratively, Kabi falls within the Sikkim North district. It falls on the Gangtok-Mangan road. Mangan happens to be the head quarter of the North district and is located about 40 kms from Kabi. Kabi is a village of moderate size, having over 250 households. But its physical dimension is quite considerable - stretching almost 8 kms in length. Its width is not less than 4kms. Total area of the village within the revenue blocks, however, only 1300 hectares. Rest is under the government possession.

The village is at an elevation of about 5000 ft, spanning

OBSERVATION AND CONCLUSION

In this chapter we will briefly comment on the trend of the medicinal practices among the Bhutias and Lepchas as has been evident from the case study of six villages - three each in the North and South districts respectively. It must, however, be stated that the conclusion which we will derive here is tentative, as because the study here has been basically exploratory in nature- a kind of pilot survey. The conclusion drawn may provide a direction which can be subsequently followed up through a detailed study.

1. The religious feelings among the Bhutias and Lepchas - Buddhists, Bons or Christians is extremely deep rooted and explicit. They are extremely god fearing and strongly believe in the supernatural forces. They believe different forms of spirits good and bad dwelling in different nooks and corner - in the water spots, dales, caves, rock shelters, trees and even in the houses.

The faith in religion does not appear to be receding among the Bhutia and the Lepchas, neither in the villages nor in the urban areas.

The government of Sikkim also appears to be giving in to the public religious demands and for the last few years it has been adding one more and more public holidays for celebration the religious festivals. *Dawa Saga- a Bhutia celebration day, for instance is one of the latest additions.*

2. Except for the Christian households of South Sikkim

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SHOWROOM : 4594/9, Daryaganj, NEW DELHI- 110002 Tel.: 3250398

ISBN 81-7099-883-2



9 788170 998839