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Traditional Healing Practices in Darjeeling Himalayan Region

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Himalayas are regarded as a great repository of natural wealth and biological diversity. The physiographic, climatic and edaphic conditions often aided by the biotic factors make the Himalayas an ideal habitat for a wide range of plants and animals including human being. In addition to their pristine beauty, Himalayas are an important watershed and play a vital role determining climate and vegetation for economic well being of more than a billion populations, more than any mountain system of the world.

The Indian subcontinent harbours diverse vegetal wealth and multiethnic communities where more than 7500 plant species and many of them of Himalayan origin are being used as medicine for the treatments of various ailments and diseases. The earliest records of use of medicinal plants in prevention and cure of diseases in India are found in the Vedic literature like *Rigveda* (ca 3500-1800 BC) and *Atharvaveda* (1500 BC) and primary surgical practices are

from Nepal, Sikkim and Bhutan and now they aim to start a plantation of important herbs within the district.

Healing Practices in Lepcha

The Lepcha people call themselves the *Rong* and locate their original home in the neighbourhood of the great mountain Kanchandzonga. They are of mongoloid descent and the place they live is called *Mayal Lyang*.¹ Their spiritual priest is called *Boongthing* for male and *Mun* for female. They are regarded as qualified and experienced traditional healers in the region. Consultation of the community priest is indispensable before treatment. The direct use of plant parts is found in most of the medical prescriptions, in the form of paste and water extracts. In some cases, animal parts particularly those of bears, deer and tigers are also added in their formulations.

Healing Practices in Gorkha

They are the dominant race in Darjeeling Himalayan region, basically cultivators and are resourceful and hard working. They taught agriculture to the aboriginal Lepchas (O'Malley 1907). Gorkha is a generic category that includes castes like Bahun (Brahmin), Bhujel, Chhetri, Damai, Gurung, Kami, Manger (Thapa), Newar (Pradhan), Rai (Khambu-Kirat) Sarki, Sherpa, Subba (Limbu-Kirat), Sunuwar (Mukhia), Tamang (Murmi), Thakuri, Thami, Yakha (Dewan) and Yolmu (Kagate) with much diversity in their religious faith and languages (Subba 1992). With the exception of a few, most castes are animist and shamanism is associated with their caste and clan, culture and tradition recognized by the society. Medicines prepared from plants are known as *jaributi* or *pahare dabai* and exist in the

¹ The Lepchas, according to the mythology, are Rongpas (ravine dwellers) and their tribal homeland is referred as Mayal Lyang ('Hidden Land' or 'the land blessed by God'). They are believed to be the aboriginal inhabitants of Sikkim, India, known for their retention of rich cultural heritage.

practices of shamans known as *Dhami* and *Jhankri* and the enthusiastic village folks known as *Baidhya*.

The direct usage of plant parts with different ingredients is found in most of the medical prescriptions, in the form of paste, decoction, water extract and pills or tablets. In this system also some of the ingredients are animal parts, like in the Lepcha system. This system has not attained the status of the Tibetan herbal system. However, a majority of the population in the region follows this traditional system. In this context, family members of late Baidhya Chewang Pakhrin are worth mentioning with their successful practices in herbal drugs. They have been engaged in treating bone fractures with wild herbal medicines over the last 55 years. They claim that this knowledge is inherited from their forefathers and is successfully being practiced by the fifth generation now. The secret knowledge of healing is said to have come to the first Baidhya (Vaid) of the family as a blessing in his dreams. The Late Baidhya Chewang Pakhrin built an institute with a 30-bed hospital constructed with the help of donations and public contributions. The institute was inaugurated on 27th February 1995. The institute is located at 16th mile, Kalimpong in the district of Darjeeling and is of immense benefit to the people of Darjeeling and its adjoining regions. The Institute is affiliated to the Council of Alternative Medicine, Calcutta (Bhujel 1996).

The Ailments and their Treatment

Treatment of ordinary disease and ailments is known by almost all people in the remote villages and far-flung areas. In case of medicinal plants, the herbal healer or *Vaidhyas* believe that all plants have a limited active principle for effectiveness. It is, however, difficult to ascertain which period or stage of the plant is more effective against the disease (Purohit *et al.* 1986). In some cases the spiritual healers practicing herbal remedies have made it mandatory to strictly

follow sociocultural taboos. They have a particular time (early morning without meeting any person or sometimes evening), particular day (Tuesday, Thursday and Saturday), period (full moon) and the direction or position of the plant parts (east facing, south facing) etc. for the collection of medicinal plants. Addition and deletion of ingredients, concentration of the drug and doses are made according to the type of ailments and condition of the patients. Most of them maintain relative secrecy about the plant parts and ingredients used for their formulations. *They believe that the medicine will lose its healing power if too many people know about it.* They might even meet with some ill fate because of the wrath of the presiding deity of the medicinal plants in their forests falling on their heads (Biswas & Chopra 1956). Most of the diseases or ailments to be treated are burns, cuts wounds, sores, itching, skin irritation, cell inflammation, bone fracture, joint dislocation, sprain, rheumatism, fever, body ache, cough, common cold, influenza, flu, sinusitis, eye infection, tooth ache, mouth sores, tonsillitis, pneumonia, abdominal pain or stomach colic, gastritis, food poisoning, cholera, diarrhoea, dysentery, liver cirrhosis, ulcer, piles, urinary troubles, diabetes and heart troubles, and some of the treatments indicated are anthelmintic and wormifuge after proper diagnosis. The treatments of dog bite, snake bite and scorpion sting require really skilled hands and practices. In case of food poisoning, the diagnosis of the root cause is very difficult and only the local priest or shaman can diagnose and give proper treatment. The ailments of liver and stomach, locally known as *nash*, *kapat* and *harital*, are believed to be intentionally caused by the 'evil eye' as a punitive action or as a part of revenge or a part of jealousy by sorcerers, or sometimes the spiritual healers themselves. Sometimes in such cases, the victim may die of improper detection of causal agents or improper treatment. Only the experienced shamans can release the patients from trouble.

Shamanism and the People

Except a few ethnic group of religious faith, most people attribute illness and misfortune to a variety of supernatural forces such as attacks by witches, sorcerers, forest-divinities, spirits of deceased individuals and angry gods and goddesses. It is recognized that the human neglect is usually the basis for supernatural discontent, which invites attacks by witches and evil spirits. Through human failure and neglect supernatural forces are unleashed bringing chaos, disorder and disaster. These forces are combated, held in check or defeated by individuals who are capable of 'seeing' and 'identifying' them. Such individuals receive their power primarily through successful encounter with supernatural forces in the past (Hitchcock and Jones 1976). These individuals or shamans are known as *Jhankri* (in general), *Bijuwa*, *Mangpa* in Rai community, *Boongthing* (male) and *Mun* (female) in Lepcha community, *Phedangma*, *Yeba* (male) and *Yema* (female) in Limbu community, *Puimbo* (male) and *Ngiami* (female) in Sunuwar community, *Bonbo* in Tamang community, *Pajyu*, *Khepre* or *Ghyapring* in Gurung community, and *Lama* (male) and *Doloma* (female) in Bhutia, Sherpa and Yolmu communities. It is believed that whenever necessary these individuals can introduce spirits voluntarily into their body. Now, however, only the Rai and Limbu communities have deep faith in shamanism and worship their departed ancestors, nature, different deities and ghosts. They believe that their life is controlled by different deities. They use the service of *Bijuwa*, *Mangpa* and *Phedangma* who are believed to be capable of taking the soul of a dead person of their community to heaven by performing *chinta* (séance) at the time of last rites. They go into a trance while reciting the religious verses known as *mundhum* during the journey to heaven and back to earth. They wear a white frock or gown, headgear with feathers, *rudrakse* (a holy rosary) interwoven with *cowree* (seashell)

and tiny bells across the body. They have the sociocultural rights to perform all religious rites at all places, according to caste and clans. Wearing this dress is compulsory during all of the rites and ceremonies performed by them. They are, however, supposed to qualify to wear it before their teacher in the beginning. Other shamans hardly wear any specific dress unless it is necessary, except a turban or a traditional cap, which is a requisite while performing rites and ceremonies. Another name given to *Jhankri* is *Dhami* (and sometimes *Baidang*). It is believed that the *Baidangs* do not have any spiritual knowledge of divine gift but they do know some incantations (mantras), as learnt from their teachers and practice the same at the time of need. *Vaidhyas*, also, do not have any spiritual knowledge but they have sound knowledge of herbal formulation. With the progress of the modern technology and medical science, the concept of a shaman is gradually vanishing. *The modern society has branded shamanism as a superstition*. But it is a segment of the Gorkha tradition, full of unsolved mystery, and needs proper investigative study (emphasis added) (Liwang 2000).

Shamanism and the treatment

For diagnosis, the shamans have a plate (usually made of bronze) for *jokhana*. In the plate, a pinch of unbroken rice grain is placed in three groups and counted in pairs. After a long run of counting of even or odd numbers they predict the omen, good or bad, responsible for the ailment.

In case of indigenously prepared medicines, they utter incantations meant to activate the healing power of the formulation before application and administration. They also claim to be capable of accelerating and reducing potentials of the drug or medicine in the body of patients after administration. Many old aged individuals in remote and far-flung villages have never taken any allopathic medical treatment in their entire lives or consulted a qualified doctor.

But their succeeding generation, presently in their middle age has a partial inclination while the next generation shows preference for modern medical facilities. One of the reasons for this change, according to them, is the non-availability of appropriate medicinal plant parts for the drug preparation while the other reasons include endorsement of the modern society rather than a cure for their ailments.

Conclusion

The prevalence of traditional healing practices among ethnic communities is always noted in places away from the modern world of amenities and comfort. The greater dependence of people on traditional system of medical treatment has a direct association with their habitats, which are situated among difficult natural barriers and constraints. The lack of modern hospital facilities and support from the government and the so-called civilized society has also forced them to follow their indigenous practices. The different ethnic communities living in the Himalayan regions hold vast knowledge of plant uses for different purposes including health care. Many of the medicinal plants and healing practices adopted by the shamans of different communities should be investigated scientifically so that their desirable properties can be useful for the welfare of large groups of people.

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