Indigenous System of Medicine in Rural Areas of Sikkim Hills

(A Case Study of Phalidara Village in the District of Namchi, South Sikkim)

John Breakmas Tirkey

INDIGENOUS SYSTEM OF MEDICINE IN RURAL AREAS OF SIKKIM HILLS

(A Case Study of Phalidara Village in the District of Namchi, South Sikkim)

John Breakmas Tirkey

ABHIJEET PUBLICATIONS
NEW DELHI 110002

Contents

	Acknowledgements	*vii*
	Preface	*ix*
1.	Introduction	1
2.	The Study Area	26
3.	Indigenous System of Medicine	68
4.	Diagnosis and Treatment	85
5.	Modern Medical Set-up in Sikkim and Its Impact on Phalidara	94
6.	Indigenous Medicineman of Phalidara	102
7.	Conclusion	114
	Bibliography	123
	Appendix	128

1

Introduction

SECTION – I

1.1.1 Historical Background of the Study:

The history of suffering and illness is as old as the history of mankind. The different forms of healing and medicine too have existed, since history. The people have attributed the causes of illness to different things natural as well as supernatural and so they look upon the same for healing, treatment or relieving human suffering and illness. Though many of these healing practices and medicines must have disappeared through ages, but some of the ancient or primitive form of medicines are still widely used among tribal people and other rural communities and constitute an important part of the life of these people. Precisely this aspect has been the central point of interest among many anthropologists and sociologists. The indigenous medicine among tribal and other people in villages in India today, follows the same pattern as it did thousands of years ago.

The history of ethno medicine goes back to Torres Strait Expedition of 1898 where W.H.R. Rivers and

C.G. Seligman gave attention to ethno medical problems in their field studies. Sigerist (1951) have reviewed the history of the of what he called 'primitive medicine' and showed how a large number of information was already available to early anthropologists like Tylor, Frazer, their European and American contemporaries. The annual conference of the Association of Social Anthropologists of the Commonwealth was held at the University of Kent, Canterbury from 5th to 8th April 1972, emphasized a good deal in the thinking, palling and formulating a programme relating to medicine and social anthropology.[1]

Fabra (1972) while defining areas of medical anthropology, expressed that a medical anthropology is one "that elucidates the factors, mechanisms and processes that play a role on or influence the way in which they respond to illness and disease".[2]

The history of medicine goes back to the remote period of antiquity or to say with the development of life. So the history of medicine is not a new concept. The medicine among the primitive people was a combination of religious, magical rites and procedures. Even in ancient Egypt and Babylons amulets were worn to protect the owner against the attack of evil forces and misfortunes. Prayers were recited to apease gods, offering and sacrifices were made, incantations were performed to drive out evil spirits and also used homemade drugs or medicines in treating the sick.

The traditional system of medicine is found since antiquity in India, though the term traditional medicine is coined recently. Choudhuri (1986) observes that traditional medicines in India centre on two traditional system of medicine e.g. little traditional

medicines or folk system of medicine and the great traditional medicine such as Ayurveda, Unani, Siddha, nature cure, Yoga cure and Homeopathy[3] but detail explanation and discussion is not given here. Besides these, there were various forms of localized folk medicines and tribal beliefs and practices based on supernatural healing, magic and sorcery. Traditional medicines are not limited to area of mere treatment of illness and disease but embraces aspects of religion and socio-cultural domain.

Traditional medicine is defined as "the sum of all knowledge and practices whether explicable or not, used in diagnosis prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation either verbally or in writing."[4] These systems of medicine vary from each other in terms of tools, techniques and beliefs.

As mentioned above that people since antiquity have attributed the etiology of various diseases and illness to religion, evil spirits and socio-cultural factors, some of which are briefly discussed below.

1.1.2. Socio-Cultural and Economic factors in disease

Socio-cultural factors to a great extent are responsible for various illness disease, death as well as longevity of life span. Sex differentiation, regarding health status and care of males and females has adverse effect directly on health. In India generally, female child is given less medical attention and care because of certain socio-cultural attitudes of the parents and the society as a whole. The females are generally looked down upon the society and considered a burden to the family due to some other

social reasons. On the other hand, male members of the family are given better medical care. Thus certain socio-cultural practices like early child marriage increase the risk of disease, illness and may shorten the life span.

Some. intra-familial interaction can also be the cause of illness. If a member of a family does not receive love, affection or sympathetic attitude she or he may develop conditions of disease and illness. Communication between members of the family and community on the whole has a significant bearing on the reception and adoption of information and health facilities. On the other hand, poverty illiteracy, superstition, ignorance etc. have direct adverse effect on health.

Housing also has an impact on the health of people living in sub-standard, congested houses etc. which are more susceptible to infectious diseases. Generally, poverty and disinclination to adopt health promotive measures are to a great extent related to disease and illness, and the poverty stricken people are the worst suffers due to malnutrition and many other factors.

Socio-economic disadvantage remains a major problem in India. Rural people are poor, illiterate, ignorant, superstitions which affect their perception of illness and disease. They lack basic rules of health and hygiene practices. The preventive measures of illness and disease make less or no sense to them since they are struggling with the immediate problems of survival. They are heavily burdened with economic problems. And so they are more at risk of and exposed to various kinds of diseases. They do not want to change their health behaviour. Therefore, social change with regard to health practices or behavior is a long process.

In India, the health conditions of the majority of poor people are very poor along with illiteracy, ignorance and poverty. Great efforts are being made in India and other developing countries to improve the health conditions of the people. Keeping this in mind, two groups of people are trying to understand the health related issues to promote health measures. One group of people, namely, the Government administrators and medical experts, techniques (Doctors, Health Planners etc.) see the problem as a mere problem of acquisition of adequate supply of medicine and facilities. One the other hand, social scientists namely sociologists, social anthropologists and anthropologists perceive that there certain resistances and cultural conflicts involved in it. They state that there is various interplay of socio-cultural economic and religious related with the health practices of rural people, tribals as well as non-tribals. Anthropologists and sociologists explain that they have their own beliefs, values, and practices concerning health, illness, disease and their treatment. And not all these beliefs and practices are bad. Some are these methods of treatment are based on century's trials and errors and have proved positive values while some practices may be useless and sometimes dangerous.

Anthropologists on the whole have emphasized the importance of understanding the community, its social and cultural pattern while dealing with health problems. They also have focused on the role of native or traditional medical practitioners, the knowledge and beliefs associated with the etiology of diseases and their treatment. Traditional societies consider their indigenous medical practitioners very important in the community and society. They are also considered as spiritual leaders who take care of both the routine and extra ordinary problems relating to

disease and illness of people in society. This dimension draws the attention of anthropologists and sociologists who stress on exploring indigenous beliefs and practices, disease causation and their treatment, for they help in gaining insight of the world view of the people. Health and disease is also related with other spheres like interpersonal relationship and community and social structure. This perspective has given a new line of thinking, exploring and understanding the life of people among anthropologists and sociologists.

Thus the anthropologists developed a new area of study, called Medical anthropology. Medical anthropology is a specialized branch of anthropology which as gained much importance and popularity now. In this context, Lieben (1973) has classified medical anthropology into four areas: (i) ecology and epidemiology, (ii) ethno medicine (iii) medical aspects of social system and (iv) medicine and culture change. Epidemiology is seen as a method of studying disease and illness phenomena of all types, based on the assumption that causes, distribution, conception and treatment of diseases are the result of combinations of biological, environmental, social and cultural factors.[5]

Sociology of medicine is a recent development in India as compared to the West. A good number of research papers, books and articles have appeared since last four decades or so. Sociologists working on the area of medical sociology have expressed and emphasized a great importance to it for both academic disciplines to understand health problems and medical sciences for policy making, planning implementation of public health, especially in rural and tribal areas.

Sociologists, in the field of sociology of medicine, focus on two main aspects; (i) as a cultural complex

e.g. complex of medical objects, tools, techniques, ideas, values and rationalization, and (ii) as a part of social structure and organization e.g. a network of relation between people, groups, classes and categories of people. Sociologists and social anthropologists now realize and relate the aspect of medicine to social life, economy, religion, magic etc. which is very essential for comprehensive understanding of society and develop some conceptual frame work.

Mehta (1982) has stressed on the need for theoretical considerations in understanding "Sociology of Health and Medical Care". The health need of the people is related to community social structure and would change according to the changes observed in it. The author says that the health behavior of an individual to a large extent will be determined by the attitude, motive, normative pattern often influenced by social, psychological, cultural and economic factors, operating within a social structure of a community.[6]

"The concept of health and illness becomes institutionalized within a social and cultural milieu of each society and its level of development."[7] In short, the measure of social development could be cultural conception of illness. Literatures of social scientists particularly the sociologists and anthropologists show that they attempt to penetrate into the deeper understanding of health care system pragmatically and theoretically.

The following section will deal with overview of literatures which are related with indigenous system of medicine, for they help in broader understanding of the health behavior, etiology of disease and their treatment.

SECTION – II

1.2.1 Overview of the Literature

Studies on medical sociology and anthropology in India are few as compared with the West. Most of the studies in this field have been done during the last four decades in India. In this context, the related literature, books, journals and some major studies have been briefly presented. The studies associated with the field of indigenous medicine, ethno medicine or traditional medicine serve as important theoretical background and broader conceptualization of these phenomena. The two established disciplines – medical sociology and medical anthropology, have made a very significant contribution in understanding their concept of health, illness, disease causation and their treatment.

In 1951 Segerist[8] has made an observation behind the rational for medical concern with socio-cultural phenomena in the following term "religion, philosophy, education, social and economic condition whatever determines a man's attitude towards life will also exert great influence on his individual disposition to diseases."[9] He emphasizes on cultural factors in relation to environmental causes of diseases.

Freeman (1972) says that medicine is a science as well as physical and biological science. At the same time attitude, beliefs and values play an important determining role in the utilization of health services by the public.[10]

Graham (1985) brings out sociological aspects of health and illness. He says that there is an intimate relationship between biological and sociological responses observed in the normal process of the life cycle and deviation from the normal is known as

illness or disease. He says that sociological factors are ultimately related to every aspect of biological conditions of non-health. The author uses the term "masses of people",[11] for epidemiology and says that many of the genetic, biological, nutritional and other biological characteristics of individuals of the population which are closely related to demographic characteristics as race, socio-economic status, ethnic background and fertility. He also envisions the possibility that other aspects of social behavior may be related to status of health such as occupational behavior, recreational pattern, dietary habits, religious prescriptions and factors of family relationships. He also discusses various sociological factors related to diseases as well as prevention of diseases.[12]

The article by Dutta Chaudhuri and Ghosh (1984) throws some light on the medical culture of the Idu Muslims of Arunachal Pradesh. His main finding is that the concept of health and hygiene is of not very high order. The general sanitation, environment, personal hygiene, cleanliness is low. The author remarks that this may be due to insufficiency of water supply and colder climate but asserts that this may be largely due their cultural habits.[13]

Lieben (1973) has given fourfold classification of medical anthropology, which has already been mentioned earlier. The main areas of medical anthropology according to him are to study medical phenomena as they are influenced by social and cultural features and also by social and cultural phenomena. He has discussed the field of medical anthropology where he states that health and disease are the measures of effectiveness with which human groups combine biological and cultural resources. The main domain of ethno medicine is indigenous medical system. The classifications of diseases of indigenous

medical system are limited in their influence and are combined within a cultural boundary. But variations are found in ethno medicine from culture to culture. There are different types of ethno medicinal therapists like herbalists, diviners, shamans, masseurs and midwives. So he finds close relationship between medicine and culture.[14]

Gurumurthy (1986) has highlighted the role of religion in the determination of fertility among the Yanadis, a tribal community in South India. He has shown that they have devoted to tribal gods and have higher fertility than Hindus. They also believe that adoption of family planning may bring the wrath of gods.[15]

Hughes (1968) made an important contribution on ethno medicine. According to him the term ethno medicine is used to refer to those beliefs and practices relating to diseases which are products of indigenous cultural developments. When man is faced with different kinds of afflictions relate its causes to both natural and supernatural forces and try to seek relief from the same. He outlines five basic situations which in folk etiology are believed to be responsible for illness – (i) sorcery, (ii) breach of taboo, (iii) intrusion of disease objects or intrusion of disease causing spirit and (iv) loss of soul.

He focuses on the study of indigenous medicine and modern medical system. He says that disease is a threat to life so the adoptive responses are many and sometimes they override ingrained beliefs – it may be folk medicine or modern medicine. Therapeutic practices in ethno medicine relates to both supernatural and empirical theories of disease causation. All human groups have rudimentary medical techniques and specially folk medicine is born by their cultural practices. Folk medicine does not

change easily under the impact of industrialized world and even deliberate attempt to bring new concepts, like hygiene illness, disease, treatment etc. faces stiff resistances. They also strongly believe in hot and cold concept of disease causation. The concept of hot and cold disease and its treatment is practised very much during pregnancy.[16]

Bannermann (1983) has highlighted the role of traditional medicine and health care. He states that present researches have heavily been oriented towards medicinal plants. He fears that this may mislead in understanding traditional medicine and health care. So he warns that scope of traditional medicine should not be limited to the use of herbal medicine only. He stresses on the holistic approach to the study of traditional medicine.[17]

Carstairs (1955) highlights the differences of point of views of a physician and village folk with regard to theories of etiology of diseases, techniques of curing have resulted in misunderstanding. Therefore, he pointed out that it is not enough to bring medicine and efficient hygienic techniques to the people. So acceptances was the first need of the people and as long this wide gulf exists, no health facilities will be effective.[18]

Kakar (1977) gives a good account of primitive, folk and modern medicines. The history shows that the growth of Indian medicine to a great extent was mixed with theology and magico-religious nature. Its origins was attributed to gods, goddesses and some diseases were believed to be caused by ghosts and evil spirits or taken as curse from gods or goddesses as punishments for evil deeds. Therefore, diseases were recognized and thought that treatments were possible both by herbs, charms, worship, amulets etc.

so he stresses that belief in supernatural causation of diseases influence the behaviour of people more strongly.[19]

Kurien and Bhanu (1980) also have observed in their study that every culture develops a system of medicine for man has a limited knowledge, intelligence to understand and explain the causes of diseases so he attributed to the wrath of gods, attack of evil spirit and so on. Similarly, medicine practiced was to appease god by prayers, rituals and sacrifices, driving out evil spirits by using charms and amulets. Thus medicine is intermingled with superstition, religion and magic.[20]

Guha (1986) made a study about folk medicine of the Boro-Kacharis plain tribes of Assam. He states that folk medicine is a common practice among all community and relates further that among all human being, the causation and cure of diseases are associated with religion, morality etc. Among them supernaturally caused diseases are diagnosed by various ways like 'divination and interrogation and the treatment involves prayers, propitiation, incantation and sacrifice of animals to appease gods and ward off evil spirits.[21]

Marinis (1977) has brought out an interesting feature regarding the concept of small pox in rural India. He observes that appearance of small pox is attributed to be the manifestation of goddess *sitala*. So in case a person is affected by small pox, it is believed that *sitala* has appeared and it is the indication that goddess demands propitiation. Thus houses are cleaned and puja (worship) is performed. Neem leaves are considered as cool so the leaves are spread over the patient as well as to cool the wrath of goddess Sitala.[22]

Bang (1973) also has given some current concepts regarding small pox, goddess *sitala* in parts of West Bengal. He observed that the people believe, goddess *sitala* is inside the patient when the disease sets in. so it is generally believed that since goddess *sitala* is inside patient's, every wish of the patient must be fulfilled to keep the goddess appease. And when the patient speaks it is believed that goddess *sitala* is speaking. Therefore, introduction of vaccination was opposed, for the fear that wrath of god may become stronger. And vaccination was considered violation of such disease. Therefore, most common form of treatment for small-pox was herbal medicine and worship.[23]

Srivastava (1974) studied in some villages of Rajasthan and U.P. His main finding is that the villagers generally use traditional knowledge and practices, habits and / customs, charms and incantations and magico-religious treatment as folk medicines in the treatment of illness and diseases.[24]

Henry (1981) in his study on the North Indian Healer has tried to find out the factors that help him in winning the confidence and faith of the people. He stresses that in order to understand folk healers' effeteness it is necessary to understand the mental culture of the healers, his effectiveness in curing and the image he projects about himseif. The author says that more the healer cures, more the people get satisfaction, and faith and confidence upon the healer is further strengthened.[25]

Karna's (1976) study gives the etiology of diseases found among the villagers of Ramapattai in Madhubani District of Bihar. He has reported two broad categories of diseases found among the villages, (a) scientific and (b) conventional. The conventional category is again sub-divided into two – (i) natural

and (ii) supernatural. The villagers believe that diseases are caused by several factors.[26]

Carstairs (1983) made a significant contribution by pointing out the reasons why modern (Western) medicine has failed to improve upon the health of rural folk. He observes that the villagers attribute the causes of diseases to supernatural being or forces, work of witches and other bodily imbalances. The villagers have strong faith in traditional healers because they are believed to posses power to communicate with the supernatural being and could give assurance of cure.[27] In another study, Carstairs (1977) focuses on the existing faith, illness and their remedies in two villages of Rajsthan and found that the villagers had a strong faith in herbal and magical cures. And they were doubtful about modern medicine. Some of the reasons for this were that the traditional healers gave assurance and psychological support to the patient while the other lacked it.[28]

Srinivasan (1987) has discussed the reasons for failures and under utilization of primary Health Services by rural people. He is of the opinion that under utilization is due to inaccessibility as a main factor for the primary health services to majority of the rural people.[29]

Patnaik's article, deals with sociology of public health focuses on the general sanitary conditions of Barpali Village, which is very low and poor. The concept of germ and contamination is absent. Many people are barred by religious dictates from eating animal protein. The author writes that a large number of people suffers from malaria which is attributed to evil spirits. Other serious diseases prevalent are tuberculosis, typhoid, leprosy etc. and the best available therapists are village quacks and vaids (village medicine man) who are believed to seek

intervention of supernatural power in the treatment of diseases.[30] Kar in his article "Health and Sanitation Vs. Culture" observes that social and cultural traditions significantly influence health of any community.[31]

Kar and Gogoi (1993) studied health culture of the Noctes, a major tribe of Arunachal Pradesh in North East India. The authors observe that living condition of the people seem to be responsible for most of the diseases. The author maintains that dwellings, personal hygiene and sanitation had an adverse effect on health. They also have attempted to know the peoples view of the causes of diseases and found that number of causes of illness and diseases were attributed to supernatural forces, besides a few natural causes. For the supernatural causes of disease, they consult diviner for necessary curative measures. The diviner may advise the required propitiation and sacrifices to be performed for the purpose. [32]

Bahura (1991) made a study on the Koyas of Orissa. In his article the author emphasizes that health and disease are related to biological and cultural resources of a community in a specific environment. In traditional societies these phenomena are rooted in social and cultural factors. They believe that medicine men and shamans possess a comprehensive knowledge about medical plants, herbs, wild fruits, leaves etc. so they depend to a large extent on indigenous medicine.[33] Bagchi (1990) studied the health culture of the Mundas of Narayangarh, Midnapur where the author highlights the cultural factors influencing health status.[34] Sridevi (1989) discusses about the "Modern women, Tribal Medicine and Social Change", among a nomadic tribe, called Mundulavallu of Andhra Pradesh. Among this tribe

both men and women medicine man play an important role in the society. A Guruva (medicine man) is conceived as specialist in preparing the medicine and invoking the spirits, treating diseases caused by witchcraft or evil spirits.[35]

Singhs (1994) study reveals that the indigenous medical system of "the great traditions" and "small traditions" pre-dominantly prevails among the rural and tribal population. Indigenous medical system and health care practices has become part of their culture and life and continue to be an important source of medical relief to them. The author says that the tribes of ChotaNagpur e.g. Hos, Mundas, Oraons, Kherias, Birhors etc. live in the "land of forest" (Jharkhand) and practise indigenous medical system completely. But the indigenous medical system is in peril due to large scale deforestation, devastating mining and massive industrialization.[36]

Khare (1963) in his study made a detailed study of the concept of Jamoga (tetanus) which clearly reveals that the people of higher castes think about the disease with the help of ideas embodied in great traditions where as people of lower castes seek explanation in supernatural forces.[37] Hasan (1967) brought out an important observation and stated that two types of cultural factors affect the health of community because of certain customs, practices, beliefs, values religious taboo etc. and second the factor which directly affect the health of the community. The cultural factors may create an environment that helps spread or control of certain illness and diseases.[38]

Foning (1987) describes in a charismatic and a fairy tale style the Lepcha tribe, their culture, faith, beliefs and various spirits benevolent as well as malevolent. He writes "we know our gods, we revere

and respect them, we also are afraid of malignant spirits and devils that roam and pester our world".[39] He describes the institution of "*mun*" and "*bongthings*" which are ordained and have power to communicate with the mungs or devils and demons. They believe to intercede and appease different 'mungs' or devils so that they do not harm human beings. It is believed that the '*bongthings*' ward off unwanted malignant spirits that roam in the world, by offering birds and animal sacrifices for appeasement. Different diseases are believed to be caused by different '*mungs*' or devils and *bongthings* are believed to know and recognize trouble giving spirits and tackle them by worship. The '*mung*' that the '*bongthing*' do not attempt to appease is the *Dom Mung*, the devil of dreaded disease, leprosy. It is believed that it is incurable. Thus the author describles mung bongthing cult among the lepchas. It is believed tha 'muns' and 'bongthings' get a 'call' with the manifestations suddenly, amongst mostly matured persons. The author further describes innumerable spirits that are responsible for various illness and disease. [40]

Bhasin (1989) in his study observes that to avail the hospital facilities the Lepchas of Dzongu had to walk up to Mongan. The Lepchas of Dzongu have an indigenous systems of medicine based on herbs and other natural substances. The practitioners are called by different names and have to undergo a long rigorous training. The majority of the Lepchas are ignorant about the causation or prevention of diseases being demonic or deistic outlook on the problem of illness and disease. At individual level personal hygiene too is very poor. The houses are extremely insanitary the people of Hee-gyathang (Czongu Zone) depend more on Lamas and local quacks like *Mun Bongthing* or *Jhankris* in case of

sickness and resort to primary health centre services only when other means have failed.[41]

Gorer (1987) also highlights the role of Lamas, faith in supernatural illness and supernatural method of cure. Same illness and causative demons can be identified by all and so they employ their own treatment from illness. But for other illness Lamas are consulted. The Lama divines his rosary or astrological books which will reveal the illness causative demons. There is fear of illness causing agents among the Lepcha community and so ceremonies religious and ritual are formed as protective measures against it. This notion has profound impact of religion on the life of average Lepcha. A Lama to them is for more a doctor than he is a priest in his function. Lay men also who have knowledge employ the medicinal herbs but without any ceremony. The Lepchas belief that cause of all illness and misfortune is considered to be supernatural, therefore, they employ supernatural means of cure. Exorcism is commonly employed in driving out devils.[42]

SECTION – III

1.3.1. The Importance of Study

The social character of the phenomenon connected with health sickness, illness and disease occupies a prominent place. There is a need to make a systematic study of the relation between the culture and medicine, culture and concept of illness and disease. It helps to understand the total way of life of rural people. Sociologists see the world of medicine from two angles (a) as a culture complex e.g. a complex of material objects, tools, techniques, ideas, values and (b) as a part of social structure and organization

e.g. network of relations between groups.[43] Practically all sociologists social anthropologists and anthropologists who have worked in this field have made interesting observations on variety of medical techniques that are used by people living in small communities or simple societies. Social anthropologists have worked in different aspects of medicine and have underlined the importance of such studies. According to Lewis "the advantage of learning about the indigenous beliefs and practices of the community, is the insight it gives into the world view of the people – concepts, diseases causation are the society's total world view of the people....[44]

The present study is of immense importance because there is very little work done in rural Sikkim in the areas of indigenous medical system, ethno medicine or folk medicine etc. Therefore, such a study in the Himalayan state of Sikkim draws our attention. The majority of population in Sikkim lives in far-flung areas of mountains and valleys where there are no roads, transport, and health facilities etc. are easily accessible. Being a mountainous state people in rural areas have geographical disadvantage in availing modern health services and facilities. In such circumstances where do the people go or what do they do in times of illness of and disease? To meet the problem of suffering illness and disease the people in Sikkim have evolved and developed through their culture, a system of indigenous medicine. But there is no any specific major work done in these aspects. The information available on indigenous system of medicine is through the research work done on other aspects of people and society in Sikkim.

Therefore, the study in the present context attempts to discover indigenous medical system, concept of illness and disease and their methods of

treatment. Many scholars in India and across the globe have expressed that tribal people and other rural-folk have their own concepts of illness and disease and their treatment, which are not always useless or meaningless. The concept of health, illness, disease and treatment are as a result of or moulded by their faith, religion and socio-cultural environment. The ecological condition plays a vital role in rural Sikkim as they live in natural surroundings and have to herbal medicine. Therefore, it is very important and interesting to study, that to what extent indigenous system of medicine still exists in rural areas. What are the factors due to which this system of medicine continues to be very popular? What are the responses and attitude of rural people towards modern medicine and what are various methods of diagnosis and treatment of illness and disease? Therefore, the present micro -researcher has attempted to explore the deeper aspects and discover the concealed essence why indigenous medical system or folk medicine widely practised and influence the life of rural people with special reference to Phalidara village in Namchi District, Sikkim (South).

1.3.2 Objectives of the Study

The objectives of the present study have been broadly framed as follows:

1. To study the indigenous medical system of the rural people of the Hills-namely, the Bhutia, Sherpa and the Nepalese of Phalidara *busti* (Village) for understanding of total way of life.
2. To record the indigenous methods of diagnosis of illness and disease and methods of treatment.
3. To find out and analyse various constraining factors in adopting modern health practices

and to study the attitude of the people towards modern medical system.

4. To study the role of traditional medicine men in rural areas.

1.3.3 Methodology

Several conventional sociological tools and techniques namely structures interview schedule. Besides this open questions and case study were also employed for primary data generation. The study is based on the micro- empirical data collected through field work undertaken in 1996 in busti (village) called Phalidara, near Namchi town, the South District Headquarter in the state of Sikkim. The findings have and observations have also been supplemented by secondary materials such as books and journals.

Selection of the Village

The rational for selection of the village understudy were that the village was completely isolated due to difficult geographical terrain in the mountain. The village lacks infrastructural connectivity in terms of road, transport, communication and other facilities and hence remains isolated from Namchi, the district town. However, at present some urban influences or modernizing forces on the life of rural people is visible. The interaction between rural and urban setting is once a week for most people, on a weekly *hat* (market) day. Therefore, this is a typical village to study the indigenous system of medicine and their response and attitude towards modern medical system.

Sampling

The pilot study conducted revealed that the village was constituted of heterogeneous communities

in terms of ethnic group. But in terms of occupation and culture the village consisted of a homogenous group. Having acquired the knowledge of the character of the village, their ethnic groups more or less equal representatives household were selected from all major social groups on the basis of stratified sampling. The entire households were divided into different communities or ethnic groups and about 50 percent households were selected for interviews.

Besides this some indigenous medicine men (Jhakri/Dhami) were also interviewed intensively regarding methods of diagnosis and treatment, their initiation, training, recruitment and their role in the village.

Observation method also played a significant role in data collection. General observations were made on cleanliness, surroundings of houses, health and sanitation, personal hygiene, sources of water supply etc.

The secondary data, used in this study relates to the general background of the state like – geographical features, demography, literacy, economic activity, occupation etc. collected from various sources e.g. Census of India, published books, journals etc.

Lastly, the data collected through primary sources have been tabulated, classified and represented with the help of simple statistical method namely the percentage method.

1.3.4 Difficulties and Limitations

The researcher faced three major difficulties: first difficulty in accessibility to the village, second problem of rapport establishment and third was the language problem for the researcher was not very fluent Nepali language. So help was taken from the local person.

He belonged to the same community and was known to the villagers. He acted as translator acted as translator and was instrumental in rapport establishment. The researcher, being a person from the plain region was considered as outsiders hence the villagers were doubtful and suspicious at first.

The biggest problem was that the village was located quite interior from the town and accessible on foot only. Therefore, the researcher had to treck up and down the hills for more than two hour daily to reach the village. Approaching the houses was very challenging due to scattered house pattern in the hill.

An overview of the literatures reveals that the practices of indigenous system of medicine bear strong similarity with tribal groups and rural communities in India. Sikkim in general and rural areas in particular is located amidst forest which are rich in medicinal plants and thus they emphasize on herbal medicine for treatment of various illness and disease. But exhaustive study of indigenous system of medicine in Sikkim is not yet done hence the present study is of immense importance.

NOTES AND REFERENCES

1. B.G. Banerjee & R. Jalota, 1988. *Folk Illness and Ethno medicine,* Northern Book Centre, New Delhi, p.103.
2. *Ibid.* p.1
3. B. Chaudhuri (Ed.), 1986. *Tribal Health: Socio-Cultural Dimensions.* Inter India Publications, New Delhi.
4. B.G. Banerjee & R. Jalota, 1988. Op.cit.
5. Ibid. p.7
6. S.R. Mehta, 1982. "Sociology of Health and Medical Care: Research Needs and Challenges" in Nayer, P.K.B. (Ed.) *Sociology in India.* B.R. Publishing Corporation, Delhi, p.301-323.
7. Ibid. p.7

8. B.G. Banerjee & R. Jalota, 1988. Op.cit. p.10
9. Ibid. p.10
10. Ibid. p.11-12
11. X. Graham, 1988. "Sociological Aspect of Health and Illness" in Faris Robert, E.L. (Ed.), *A Handbook of Modern Sociology,* Vol.1, p.313
12. Ibid. p.310-315.
13. S.S. Chaudhuri Dutta, & G.C. Ghosh, 1984. "Indigenous Health Practices among the Indu Muslims of Arunachal Pradesh" in *Human Science,* Vol.33.
14. R.W. Lieben, 1973. "Medical Anthropology" in Honnigman, J. (Ed.) *Hand Book of Social and Cultural Anthropology,* Rand Mc Mally & Comp. Chicago.
15. G. Gurumurthy, 1986. "Culture and Fertility among the Yanedis: A Tribal Community in South India in *The Eastern Anthropologists,* Vol.39, No.4.
16. Hughes, 1968. "Ethnomedicine" in Sills, D.L. (Ed.) *International Encyclopedia of Social Science,* MacMillan.
17. B.G. Banerjee & R. Jalota, 1988. Op.cit. p.13
18. Ibid. p.14
19. Ibid. p.14-15
20. Ibid. p.15
21. A. Guha, 1986. "Folk Medicine of Boro-Kacharis; A Plain Tribes of Assam" in Chaudhuri, B. (Ed.) *Tribal Health: Socio-Cultural Dimension,* Inter India Publication, New Delhi.
22. E.A. Morinis, 1977. "Small Pox Eradication in India; Its lesson for Applied Anthropology" in *Man in India,* Vol.57, No.4, Oct.-Dec.
23. B.C. Bang, 1973. "Current Concept of Small pox. Goddess Sitala in parts of West Bengal" in *Man in India,* Vol.53, No.1, January-March.
24. S.L. Srivastava, 1974. *Folk Culture and Oral Tradition,* Avinava Publishers, New Delhi.
25. O. Henry, 1981. "North Indian Healer and the Sources of Power" in Giri Roy Gupta (Ed.), *Main Currents in Indian Sociology IV,* The Social and Cultural Context of Medicine in India, Bikash Publishing House, New Delhi.
26. M.N. Karna, 1976. "Etiology of Disease; A Sociological

Study in Rural Context" in *Man in India,* Vol.56, No.1

27. G.M. Carstair, 1983. *Death of a Witch,* London, Huchiston.
28. Ibid. 1977. "Medicine and Faith in Rural Rajasthan" in Mathur, H.M. (Ed.) *Anthropology in Development Process,* Vikash Publishing House, New Delhi.
29. S. Srinivasan, 1987. *Management of Rural Health Care, Social. Change.* Vol.17, No.1 March.
30. B. Chaudhuri, (Ed.), 1990. Op.cit.
31. Ibid. p.31.
32. R.K. Kar & Gogai, 1993. "Health Culture and Tribal life. A Case Study among the Noetes of Arunachal Pradesh" in *Man and Life,* Vol.9, Nos.1-2, January-June.
33. N.K. Behura, 1991. "Anthropology of Disease Treatment and Cure" in *Man in Life,* Vol.17, Nos.1-2, January-June.
34. T. Bagchi, 1990. "Health Culture of the Mundas of Narayangarh, Mednapur" in *Man and Life,* Vol.16, Nos.3-4, July-December.
35. C. Sridevi, 1989. "Modern Women, Tribal Medicine and Social Change" in *Man and Life,* Vol.15, Nos.3-4, July-December.
36. P.K. Singh, 1994. "Indigenous Medical System in Peril" in *Man and Life,* Vol.20, Nos.1-2. January-June.
37. S.J.H. Rizvi, 1971. *Medical Anthropology of the Juansaris,* Northern Book Centre, New Delhi.
38. Ibid. p.13.
39. A.R. Foning, 1987. *Lepcha My Vanishing Tribe,* Sterling Publications Pvt. Ltd.
40. Ibid. p.59-84.
41. V. Bhasin, 1989. Op.cit. p.115
42. G. Gorer. 1987
43. A. Ahluwalia 1974. "Sociology of Medicine" in *A Survey of Sociology and Social Anthropology,* ICSSR, Vol.II, Popular Prakashan, Bombay. P.404-405.
44. Ibid. p.407.

the Mt. Kanchenjunga is (28,146 ft.)[6] which adorn Sikkim have a special place in the minds of local people as the guardian deity of the state.

2.1.2 Nomenclature

There are several versions, regarding the nomenclature of the state, Sikkim. The word 'Sikkim' in Nepali language means "the New Place". It seems that when the Nepalis migrated to this area, they started calling "Sikkim", the new place in their language.[7] In the old official document the name appears as "Sikkim puttee". Another version is that the earlier migrants from Tibet, in the their language, Tibetan, called it 'Demyang' meaning 'Valley of rice'.[8]

However, the name 'Sikkim' is believed to have been derived originally from the two Limbu words – meaning 'new place' refers to a new Kingdom founded by the first ruler of Phun-tse-Namgyal (Penchoo Namgyal).[9] But Waddell writes "the etymology of the modern name 'Sikkim is not at all clear."[10]

But generally accepted and more reliable iterative says that the original name of Sikkim is said to have been derived from two Limbu words "Su" Inew' and "Khim" 'a place' or 'palace' and the first name was given to a country when the Tibetan Penchoo Namgue the first Raja (King) built a 'new palace' at Rubdentse and established a new kingdom. In the old map too in Hamilton the place where Rubdentse stands is marked 'Sikkim'. Therefore, Kirpatrick, in 1793, speaks of the town and district of 'Sookkim' and a place Sikkem in itinerary from Bijapur to Darjeeling and the new place was found somewhere near Rangeet. Thus originally the name 'Sekkim' was given to a place and not a country.[11]