

GREEN WISDOM

The Herbal Healing Traditions of Manipur



ANTHROPOS INDIA FOUNDATION

Dr Sunita Reddy
Professor (Dr) Ramesh C. Gaur
Ms Shefali Bharati



कला यस्मिन् प्रतिष्ठिताः
इन्दिरा गान्धी राष्ट्रीय कला केन्द्र
INDIRA GANDHI NATIONAL CENTRE FOR THE ARTS

GREEN WISDOM

The Herbal Healing Traditions of Manipur

Dr Sunita Reddy

Professor (Dr) Ramesh C. Gaur

Ms Shefali Bharati



GREEN WISDOM The Herbal Healing Traditions of Manipur

Published by:

Indira Gandhi National Center for the Arts

Janpath Building, Near Western Court, Janpath, New Delhi-110001

© IGNCA 2026

ISBN: 978-93-7482-559-4

Price: ₹ 600.00

Printed at: Educational Stores, S-5 Bulandshahar Road, Indl. Area Site-1
Ghaziabad-201009 (U.P.)

Disclaimer: Since the North Eastern states have diverse ethnic languages, the authors might have inadvertently missed out on the minute details or accurate words in the monograph. Authors may be contacted at anthroposif@gmail.com, if any corrections are suggested.

Content

	Page No.
Foreword	iv
Acknowledgement	vi
List of Abbreviations	viii
List of Figures	xi
1. Introduction	1
2. Manipur: People and Culture	4
3. Maiba Maibi	16
4. Healers Narratives	24
5. Conservation, Preservation and Challenges in Recognition	95
6. Challenges and Concerns	113
7. Recommendations and Way Forward	116
8. Press Releases	120

Foreword

The Indira Gandhi National Centre for the Arts (IGNCA), through its mandate, seeks to conserve, document, and promote India’s vast and diverse cultural heritage—including the intangible traditions that shape our understanding of life, nature, and healing. Among these, the rich legacy of non-codified, indigenous health knowledge systems holds a particularly vital place. These healing practices, rooted in centuries of lived experience and close observation of nature, continue to form the lifeline of healthcare for a vast majority of rural and marginalized populations across the country.

This monograph, a collaborative endeavour between IGNCA and the Anthropos India Foundation (AIF), is part of an ongoing series documenting traditional knowledge systems in India. Following the volumes on Sikkim and Arunachal Pradesh, this study turns its focus to the state of Manipur—a land rich in biodiversity, cultural vibrancy, and deeply embedded healing traditions.

Folk medicine, as this monograph rightly underscores, is more than a collection of curative practices; it is a worldview—one that integrates nature, spirit, community, and health in a seamless continuum. The healers who practice these traditions are not merely dispensers of remedies but are custodians of wisdom that has been transmitted orally across generations.

Their practices are infused with ethical responsibility, spiritual significance, and deep ecological sensitivity. In an era of rapidly shifting health paradigms, their role remains essential, especially for communities with limited access to formal healthcare systems.

This study provides valuable insights into how traditional healers in Manipur acquire and transmit knowledge, the specificities of their healing techniques, and the sociocultural contexts within which they operate. It also brings to light the growing challenges they face—ranging from diminishing biodiversity and resource access to the lack of formal recognition and intellectual property safeguards. By including narratives, field observations, and multi-stakeholder consultations, the study not only documents but also advocates for a more inclusive and respectful engagement with these knowledge holders.

The consultative process involving scholars, state authorities, and the healers themselves is a commendable step towards building a dialogue that honours and uplifts indigenous

perspectives on health and healing. The recommendations arising from this research point toward urgently needed policy and institutional interventions that can support the preservation, recognition, and responsible integration of traditional healing systems into broader healthcare frameworks.

At IGNCA, we see this collaboration as a crucial part of our broader mission to support cultural continuity while also responding to the realities of a changing world. This monograph is both a tribute to the healers of Manipur and a call to action—to listen, to learn, and to protect the living traditions that continue to sustain communities in ways that modern systems alone cannot.

We congratulate the research team and AIF for their deep commitment and scholarly rigour in bringing this knowledge to light. It is our hope that this work contributes meaningfully to national and regional efforts in preserving India's invaluable intangible heritage.

Dr Sachchidanand Joshi

Member Secretary

Indira Gandhi National Centre for the Arts (IGNCA), New Delhi

Acknowledgements

We take immense pleasure in acknowledging the generous support extended by the Kala Nidhi Division of the Indira Gandhi National Centre for the Arts (IGNCA) in collaboration with the Anthropos India Foundation, New Delhi. This meaningful collaboration has been instrumental in shaping the present work.

We are especially grateful to Dr Sachchidanand Joshi, Member Secretary, IGNCA, whose inspiring words and insightful suggestions provided direction at crucial stages of the project and significantly contributed to the development of this monograph. Our sincere thanks also go to Dr Molly Kaushal, former Professor and Head, Janapada Sampada Division; Mr Raghu; and Ms Parveen from IGNCA for their valuable support, as well as to the many experts at IGNCA whose feedback during the presentation of findings enriched our perspectives.

The research emerged from seamless collaboration among the authors. The project was conceptualized by Dr Reddy, with fieldwork carried out collectively. The initial draft of the report was prepared by Shefali, which was later reworked into a monograph by Dr Reddy and edited by Dr Gaur. Our heartfelt gratitude goes to the Board of Trustees of Anthropos India Foundation (AIF), the Ethical Review Committee of AIF, Prof. Vaishna Narang, Advocate Tushar Sannu, and the Executive Committee members—Prof. Sanghmitra Acharya, Dr Anil Kumar, and Dr Hari Mohan—for their consistent encouragement and support to AIF. We deeply value the contributions of Dr Nemthianngai Guite, whose thoughtful inputs enriched the study. A special word of appreciation goes to Mr Uma Shankar, whose meticulous handling of administrative, accounting, and research-related responsibilities at AIF was indispensable to the smooth execution of the project in 2018.

We are extremely thankful to our field researcher, Dr Asem Tomba Meitei, for his dedicated coordination of the study, timely execution of fieldwork, and his assistance in translating from Meiteilon. A memorable visit to his sister's home added a warm, personal touch to the experience. We also express our gratitude to Ruth, who diligently attended the workshops, transcribed the proceedings responsibly, and translated content from Kuki language to English. We extend our thanks to Ruth's mother, as well, for her guidance in connecting us with key healers in Manipur and her generous hospitality. Our heartfelt thanks also go to

the ever-helpful and kind-hearted brothers, John and Joseph, who accompanied us across the state during our fieldwork. The delectable Manipuri cuisine we enjoyed throughout the visit was an added delight.

This monograph would not have been possible without the cooperation of the 20 traditional healers who generously participated in interviews, allowed us to observe their practices, and welcomed us into their spaces. Their presence at the healer's meet and workshop at Manipur University, especially Mr Tombi Raj (President of the Maiba and Maibi Association), Padma Shri awardee Shri Laishram Nabakishore Singh, and Maiba-Maibi couple Mr Oinam Ningthem Singh and Ms Oinam Bijenti Devi, added depth and authenticity to the study. Their warmth and openness left a lasting impression.

We are deeply indebted to Dr Bharat Singh, faculty at CSSEIP, Manipur University, whose dedication to organizing the workshop and inviting experts across various disciplines was invaluable. We are also grateful to Prof. Yumnam, Dean of Social Sciences, for facilitating the workshop sessions and providing thoughtful moderation. A special note of thanks to Mr Jarnail Singh, then Vice Chancellor of Manipur University, for his active and encouraging presence during the 2018 workshop.

As we reflect on the writing of this monograph, we are filled with fond memories of our time in Manipur during the 2018 fieldwork. However, it deeply saddens us to witness the ongoing conflict in the region. We collectively wish and pray for lasting peace and healing to return to this beautiful land and its resilient people.

Dr Sunita Reddy, Dr Ramesh C. Gaur and Ms Shefali Bharati

Abbreviations

ABS: Access and Benefit Sharing

AD: Anno Domini

AIF: Anthropos India Foundation

AMMMP: Apunba Manipur Maibi Maiba Phurup

ANM: Auxiliary Nurse Midwifery

ASHA: Accredited Social Health Activist

AYUSH: Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy

BC: Before Christ

BMC: Biodiversity Management Committee

CBD: Conservation of Biological Diversity

CBO: Community Based Organization

CD: Compact Disc

CEO: Chief Executive Officer

CHC: Community Health Centre

CIDA: Canadian International of Development Agency

CLD: Chronic Liver Disease

COGCEHR: Centre for Orchid Gene Conservation of the Eastern Himalayan Region

CSSEIP: Center for the Study of Social Exclusion and Inclusive Policy

DNA: Deoxyribonucleic acid

MDoNER: Minister of Development of North East Region

FRLHT: Foundation for Revitalization of Local Health Tradition

GOI: Government of India
IBSD: Institute of Bioresources and Sustainable Development
ICAR: Indian Council of Agriculture Research
ICIMOD: International Centre for Integrated Mountain Development
IFS: Indian Forest Services
IGNCA: Indira Gandhi National Centre for the Arts
ILCs: Indigenous and Local Communities
IPR: Intellectual Property Rights
JNU: Jawaharlal Nehru University
JNIMS: Jawaharlal Nehru Institute of Medical Sciences
MA: Master of Arts
MABB: Manipur Biodiversity Board
MLA: Member of Legislative Assembly
MOU: Memorandum of Understanding
MU: Manipur University
NBA: National Biodiversity Authority
NBPGR: National Bureau of Plant Genetic Resources
NEIFM: North East Institute of Folk Medicine
NGO: Non-Governmental Organization
NRM: Natural Resource Management
OPDs: Outpatient Department
PBR: People Biodiversity Register
PCCF: Principal Chief Conservator of Forest

PHC: Primary Health Centre
PHD: Doctorate of Philosophy
QCI: Quality Control of India
RARI: Regional Ayurveda Research Institute
R&D: Research and Development
RIMS: Regional Institute of Medical Sciences
SBB: State Biodiversity Board
SMPB: State Medicinal Plant Board
ST: Schedule Tribe
STNM: Sir Thodup Namgyal Memorial Hospital
THC: Traditional Healing Center
THCRP: Tribal Health Care Research Programme
TKDL: Traditional Knowledge Digital Library
TKS: Traditional Knowledge System
TSG: Technical Support Groups
WHO: World Health Organization

List of Figures

Figure 1- Map of Manipur state

Figure 2- Loktak lake

Figure 3- Old books Puyas

Figure 4- History (illustration)

Figure 5- Moringa leaf (illustration) Figure 6- Ima market

Figure 7- Mushrooms (illustration) Figure 8-Manipur University

Figure 9- Workshop at Manipur University

Figure 10- Laishram Nabakishore Singh in his clinic

Figure 11- Oinam Ningthem Singh and his wife Oinam Bijenti Devi

Figure 12- Md. Abdul Gafar treating a patient in his clinic

Figure 13- Biren Pheiroijiam treating his patient in his healer's hut

Figure 14- Bone treatment (Illustration)

Figure 15- Kidney Treatment Hut Figure 16-Khaidem Angouchou

Figure 17- Leiphakpham Shakhi Devi

Figure 18- Soibam Gouramani being interview by Asem Tomba

Figure 19- Chandan Romen Kumar treating a patient

Figure 20- Banner outside Chandan Romen Kumar center

Figure 21- Herbal Medicine Illustration

Figure 22- A Ito

Figure 23- Medicinal Leaves (Illustration)

Figure 24- Laishram Ibotombi Singh outside his hut

Figure 25- Sign board of healing center

Figure 26- Patients showing medicines for stone case at Laishram clinic

Figure 27- Sign board Ibohal Bone Hospital

Figure 28- Identity card of a healer

Figure 29- Ruth and Sunita Reddy outside the healers home

Figure 30- The COGCEHR Institute

Figure- 31- Poster of Ethno-medicine research in the COGCEHR Institute

Figure 32- Orchids at the COGCEHR Institute

Figure 33- Healers workshop at Manipur University

Figure 34- Participants - Students and Teachers at the Healers Meeting in Manipur University

Figure 35- Specimens of medicinal plants in the COGCEHR Institute

Figure 36- Orchid garden in the COGCEHR Institute

Figure 37- Medicinal plant grown outside healers hut

Figure 38- Khongjom war 1891 memorial in Manipur

INTRODUCTION

Non-codified herbal healing is one of traditional viewpoints on sickness and healing methods applied against disease, which exist among the people of Manipur. The two basic branches of traditional wisdom on healing are classified as 1) natural folk medicine and 2) magico-religious folk medicine (Yoder, 1972). Traditional medicine, also called as folk medicine originated in the prehistoric period. From that period onwards, man started to study the secrets of nature and the importance of plants and roots. The healing systems that follow a non-codified system, pass on their knowledge through oral traditions and learnings through hands-on practices. They are non-commercial, follow ethics and have a process of healing laced with divinity and spirituality. They are called by many names - folk/traditional/indigenous/herbal healing-and are often used synonymously.

India had a highly advanced system of health knowledge, often surpassing that of other ancient civilisations. Trade and cultural exchange with the Indus Valley Civilisation as early as the third millennium BCE contributed to the sharing of medical practices (Singh, 1996). In this book, the term traditional healing is used to encompass the evolving health knowledge practiced across all communities, regardless of tribal affiliation, within the broader discourse of plural healing systems.

This monograph serves as a continuation of the previous two volumes focused on Sikkim and Arunachal Pradesh.

Some of the questions addressed in this book are:

- How important are the healers for the communities in meeting their health care needs?
- What are the experiences of communities towards the healers, and how are they revered?
- What role do the healers play apart from their healing practices?
- What are the challenges faced by the healers in today's context?

- How is the indigenous knowledge preserved and passed on to the next generation?
- Are the current generations taking up this knowledge base?

This monograph is based on the study, and the objectives were to explore the importance of herbal healers and their knowledge systems in Manipur state. Further, the challenges faced by these healers include dwindling flora, fauna, and mineral resources. The challenges in knowledge transmission, intellectual property rights of the healers, their recognition and the possibility of integration into mainstream healthcare.

This monograph is based on the narratives shared by traditional healers from various districts across the state of Manipur. At the outset, there was no official or comprehensive list of traditional healers available from any state authority. However, a foundational list compiled by Asem Tomba, as part of his doctoral research, provided a starting point. Building on this, additional healers were identified in the field using the snowball sampling technique.

The study aimed to document about 20 healers, and conduct workshops to interact with the experts and healers within the state and the universities. The study looked into the state biodiversity resources, medicinal plants availability, the legal framework, and the traditional healing practices. The study is focused on how the traditional healers learn, the healing techniques in their particular specializations and how long they have been practicing. By understanding the issues, concerns, and challenges of the healers, the study provides some pragmatic answers to the questions: how to promote the healers? How can a state help protect the interests of the healers? How to go about advocating with the government?

To gain a holistic view of the healers in the state, a consultative meet and a round-table discussion on 'Folk and Indigenous Healing Practices in Manipur', was organized in collaboration with the Center of the Study of Social Exclusion and Inclusive Policy (CSSEIP), Manipur University, on 28th May, 2019, inviting scholars and faculty across disciplines, whose inputs gave important insights in the area of study. The deliberations in the consultative meeting proved to be extremely informative in identifying the issues, challenges, and suggestions for recognizing the role of healers in the state. Another workshop with the healers was organized on 3rd June 2019 at Manipur University, which brought out the major concerns of the healers to the forefront.

Officials from the Medicinal Plant Board, the Biodiversity Board, and AYUSH were interviewed to gain an understanding of the issues and challenges on this subject. A semi-structured interview guide was prepared for the healers, key informants, and officials.

The team (the principal investigator and the researcher) visited the healers at their homes or clinics. This provided an in-depth understanding of their practice and helped to observe their routine. After visiting several healers, some were invited to Manipur University to participate in a round-table discussion on their challenges and concerns.

The project proposal was vetted by the ethics committee of the Anthropos India Foundation. All the interviews were conducted following ethical guidelines, sharing the information sheet with the healers and key informants, signing the consent form for an interview, photographs and video publishing. Their choices, as filled in on the forms, were respected and followed.

We carried out audiovisual documentation. Most of the healers agreed to be interviewed and gave lengthy interviews. A few healers who had clinics also allowed us to witness their treatment process for different patients, including high-profile patients. Some of the healers also showed their certificates of appreciation, testimonies, and documentation of their herbal medicine.

2

MANIPUR

Manipur is one of the 12 mega biodiversity-rich zones of the world, forming a distinctive part of the Indo-Burma hotspot, which ranks 6th among the 34 biodiversity hotspots. Manipur, like any other state in the North East is also very diverse, with many ethnic communities living together. However, in the past two years, the ethnic conflict has taken a toll on the health and well-being of its people. The state has a few hill districts and plains, with 57.2% of the population residing in the valley districts and 42.8% in the hill districts. Manipur is home to 33 tribal communities and has a population of approximately 3 million. The Meitei community represents 53% of the population, followed by the Naga Tribe at 24%, Kuki at 20% and 16% comprising other tribal groups. The Manipuri language, also known as Meiteilon, is spoken in the region. Hinduism is the predominant religion, followed by Christianity. The Meitei, a non-tribal group, form the major population. Other significant communities include the Pangals or Pangans (Manipuri Muslims). Among the tribal groups are the Naga, Kuki/ Zo Communities. Manipur shares historical and cultural connections with Southeast Asia, China, Siberia, Micronesia and Polynesia. Through migration, Manipuris have developed common cultural and religious ties with Southeast Asia.

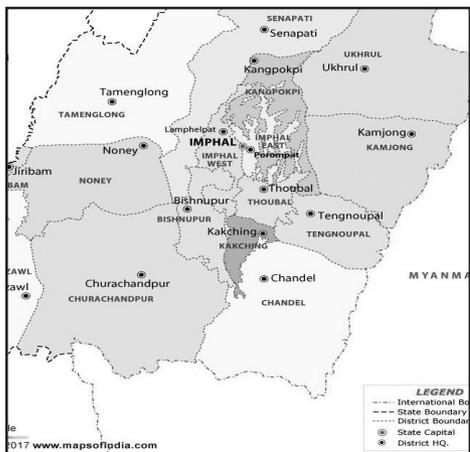


Fig. 1: Map of Manipur State



Fig. 2: Loktak Lake

Geographically, Manipur is bordered by Nagaland, Mizoram, Assam, and Myanmar (Burma). Manipur remained a princely state during British rule and was later merged into India on 11 Aug. 1947, by Maharaja Budha Chandra. Over time, disputes and disagreements have led to periods of insurgency and ethnic violence. While much has been written about the conflict in the region, there is limited documentation on its rich traditional knowledge base of medicinal plants and herbal healing practices. The custodians of this traditional healing knowledge are the Maiba and Maibis, along with other folk healers. These are traditional healers in Meitei culture who employ natural remedies, herbal treatments, and spiritual practices to treat ailments.

Natural Beauty and Resources

The Imphal capital town is an oval-shaped valley of approximately 700 sq. miles surrounded by blue mountains elevated from 790 meters to 2,590 ft. above sea level. Four major river basins - the Barak River Basin, the Manipur River Basin, the Yu River Basin, and the Lanye River Basin - are formed in the state. These rivers have many tributaries. There is a beautiful lake called Loktak close to Imphal, which is a visual delight to see from the flight at the time of landing, showing green circles with unique floating houses in the lake.

Meitei Community

The Meitei community came into existence in 33 AD as an independent society ruled by a king. The Meities are the indigenous people of Manipur and primarily inhabit the broad valley region, which historically comprised the four undivided districts of Imphal East, Imphal West, Thoubal, and Bishnupur. They were among the first in the region to embrace Hinduism in the mid-15th century, although some still practice their original indigenous religion.

Meitei culture and traditional medicine in Manipur

There are five knowledge systems on healing that are followed by the Meitei 1) Lai Thajaba Laiyeng (superstitious or magico-religious system) 2) Napi Singbina Laiyenga (Herbal medicine system) 3) Puk suduna/ Hakchang nioduna Laiyengba (Body massage system) 4) Mihun Kanglon Yenguna Laiyengba (Pulse feeling for diagnosis) 5) Marisuba (Reflexology system for diagnosing disease). The magico-religious system practiced by healers is cured by incantation, oracles, performing ritual ceremonies, personal service of prayer, and offering gifts, vegetables, flowers,

etc. The traditional healers are generally known as Maibas or Amaibas as male vaid and Amaibis or Maibis in the case of female vaid. While the Maibas and Maibis only use herbal medicines and other healing practices but refrain from incantation, the Amaibas and Amaibis are the ones who use mystical incantation and magical religious practices too. The Maibas and Maibis also practice folk treatments like pulse feeling for diagnosing diseases and body massaging (Hakchang, namba or Hakchag etpa or Hakchang nanba).

During the reign of the kings, the Head Maiba Ahalbi served as the leader of the male division, known as Maiba Loishang, while the Maibi Ahalbi led the female division. Both played central roles in healing and disease treatment. It is believed that King Lairel Maophungba (428-518 AD) was the first ruler to initiate the systematic use of folk medicine. He also introduced the festival 'Cheiroaba' celebrated on the last day of the year in the Meitei community. The preliminary application of herbal medicine began under the leadership of King Meidingu Senbi Kuyangamba Kiyamba (1467-1508 AD), who appointed a personal Maiba (Ningthoujam Kiyamba). Further, institutional development occurred during the reign of King Laininghou Senbi Khagamba (1597-1652 AD), who appointed Konk Thengra and formalised the documentation of traditional healing practices. Folk medicines reached a significant peak during the reign of King Meidingu Chingthang Khomba (1763-98 AD), and gained widespread popularity under King Meldingu Garibniwaj, who appointed the renowned healer Moiran Dalhamba (1709-1748 AD). These monarchs consistently appointed personal Maibas who were celebrated for their deep knowledge and effective healing practices.



Fig. 3: Old books- Puyas

Puyas are the ancient texts written by Maibas (traditional healers) that document their healing experiences, medicinal practices, and spiritual knowledge. These

Maiba Maibi through the ages recorded their healing experiences in these 'PUYAS'. Some of them are in Manipuri script, with or without the name of the author. Some names of PUYAS, which were mentioned as old books maintained by the Maibas during the king's time, are 1) *Hidaklo* (no. 1-5), 2) *Kanglei Sanglen Puba Puya*, 3) *Shingligi Maram* 4) *Laimuron*, 5) *Taoroinal Yangbi*, 6) *Thepalon* 7) *Pakhangba Yangi* 8) *Laihatlon Lambuba* 9) *Paphal Lambuba* 10) *Wachetlon Nunglon Pathup* 11) *Shilkaklon Mikouron* and 12) *Woomunglon* (Singh 2014).

During the prehistoric days, known as Moirang Kangleiron, a legendary story from Meitei mythology of the hero and heroine- 'Khamba and Thoibi' is well known in Manipur. Kabui Salang Amaiba was a well-known local physician for his miraculous and herbal treatment with mystic incantation. A collection of medicinal plant material and their local names is recorded in the Meitei community. This highlights the rich cultural heritage and traditional knowledge of the Meitei community, particularly in the context of medicine and spirituality.

The plants are characterized by three parameters:

1. **Plant's Names and Medicine-** the folk medicinal plants are categorized with a suffix or prefix to enable ranking, as traditional folk medicine 1) *Lai* 2) *Yai* 3) *Yen* 4) *Hidak* 5) *Jam (Cham)* 6) *Ningthou*
- 7) **Kok and 8) Ren (len/lal) etc.**
2. **Weekly Medicine-** the plants are named according to seven days of the week 1) *Nongmaijing* (Sunday), 2) *Ningthoukaba* (Monday), 3) *Leibakpokpa* (Tuesday), 4) *Yumjakeisha* (Wednesday) 5) *Shagolsen* (Thursday), 6) *Eerai* (Friday) and 7) *Thangja* (Saturday).
3. **Directional Medicine-** Medicinal plants named after the names of the eight directions as follows: 1) *Nongpok/ Mamang* (East) 2) *Nongchup/ Maning* (West), 3) *Makhal/ Kha* (South), 4) *Awang/ Wang* (North), 5) *Chingkhei* (North East), 6) *Meiram* (South-East), 7) *Moiranglaiji* (South-West) and 8) *Koubru* (North-West) (Singh 2014). The healing practices by *Pangals* or the Pangans (Manipuri Muslims) follow herbal healing combined with Unani practice. Healers from Kuki and other tribes do not have any written documents. Some are herbal, some divination, and some spiritual and magico-religious and psycho-social, having learned from their ancestors and some on their own.

Medicinal Plants of Manipur



Fig. 4: Moringa leaf

The drumstick (*Moringa Oleifera*) is the 'magic tree' nutritionally rich compared to any plants like papaya, spinach or cocoa. All five parts- stem, root, leaf, flower and seed of the drumsticks are rich in either vitamins or minerals. Prof. Ramanathan Sowdhamini analyzed the genes on complementary DNA (cDNA) and found that roots are rich in minerals, the stem in vitamin C, and flowers and seeds in potassium. The pods, flowers help in reducing cholesterol level and compared to spinach, drumsticks are 30 and 100 times richer in iron and calcium respectively [1]. Manipuris consume drumsticks in their everyday life. Panmei belonging to Rongmei tribe along with other scientists did a study among the Zeliangrong ethnic group with subgroups like Zeme, Liangmai and Rongmei in Manipur interviewed 27 healers and documented 145 medicinal plants which are used by the healers to treat 59 ailments. Some of them are being reported for the first time. The concerns are the lack of standardised measuring units and also side effects due to inappropriate dosages, which can be mitigated by an awareness generating program [2].

[1] https://www.thehindu.com/sci-tech/science/medicinal-properties-of-drumstick-tree-unravalled/article27196675.ece?utm_campaign=amp_article_share&utm_medium=referral&utm_source=whatsapp.com

[2] <https://biotechtimes.org/2019/05/21/new-medicinal-plants-found-in-manipur/amp/> (Both these links don't work and couldn't be converted to APA style of referencing)



Fig. 5: Ima Market- Mothers Market

A 500-year-old unique all-women's market called Ima market in Keithal, Manipur, is a very interesting place to see. All the shops are owned and run by women, mostly in the age group of 25 to 75 years, selling everything under the sun: Vegetables, fruits, meat, fish, cloth, sarees, tools, art, craft, and provisions. Manipur is also known for the cultivation of black and brown rice, which are very nutritious. However, there are no major industries in the state, only small enterprises by individuals and small groups. A few mushroom and lemongrass cultivators, and organic product sellers were interviewed.

KOGEN SHARMA- Entrepreneur -Mushroom cultivator

We went to Kogen Sharma's small mushroom cultivation unit in Imphal. He shared that there are 10,000 varieties of mushrooms, and around 912 varieties are in India; not all varieties are consumable. Button, milky, wall, and oyster mushrooms are grown. Bavistin, fungicide, formalin (formaldehyde) are added for the cultivation of mushrooms. 400 gms of seeds costing 40 rupees are used for cultivation. Kogen is cultivating oyster mushrooms called Stakey medicinal mushrooms and Lionma Mushrooms. Scientists report that the mushrooms have good medicinal value. He is not aware of the medicinal benefits; however, he sells them in the local markets. The buyers come and buy from his farm. He sells them for 120 rupees at wholesale price and 180 rupees at retail price. They are harvesting 40 kg per day.



Fig.6: Kogen Sharma growing Mushrooms

Oyster mushrooms are rich in protein, fiber, iron, zinc, potassium, phosphorus, selenium, calcium, folic Acid, Vitamin B1, B3, B5, B 12, vitaminC and vitamin D. Oyster mushrooms are good as they are low in calories, fat-free, cholesterol-free, gluten-free, very low in sodium, and improve blood pressure and reduce diabetes symptoms. They also boost brain health, increase vitamin D levels, improve immune function, and have antibacterial effects.

Mushroom Cultivation

Kogen Sharma started mushroom cultivation around 2013, but he registered it as a company in 2018, called 'Thambai Leima MYCELIA' in his hometown in the name of his grandmother Thambai Leima. He learned mushroom cultivation from the Directorate of Mushroom Research at Dehradun. He was asked to register his farm so that he could get a loan. He had been cultivating mushrooms even before training but was facing a lot of problems; now, after the training, he has benefited a lot. Further, Divya Rawat received the 'nari shakti' award; she is called the mushroom lady. She learned mushroom cultivation from Solan, Himachal Pradesh, and from Thailand, especially cordyceps cultivation. She also went to Belgium to learn more. The cordyceps compound is for energy, which is also used for cancer treatment. Some vitamins are available like Cordyceps Sinensis, also called caterpillar mushrooms, available in the Himalayas, which is also called keeda zari. It is said that there is more energy in Cordyceps Militarisis which has more medicinal value. It is difficult to find them in the wild and therefore is

cultivated and sold at a whopping price of five lakhs per kilogram. Kogen shared that Baba Ramdev is also trying to cultivate these expensive mushrooms. Slowly, people are becoming aware of mushrooms' medicinal benefits.

Kogen is using paddy straw to grow mushrooms. For button mushrooms, he needs only straw; otherwise, it gets contaminated. He had packed a few fresh packets and a few dried ones under the sun. Mushrooms are the only ones having vitamin D. He made a cemented big tub-like place to process the paddy straw and showed us the tarpaulin-covered room with hanging plastic bags with rice straw bags where the mushrooms were growing. They pluck and pack them for sale and keep replacing the mushrooms. Each bag of straw can be used four times with a gap of four days. Kogen has been growing mushrooms, and the importance of their nutritive value has been recognized locally and regionally, where they are sold.

Workshop



Fig.7: Manipur University

Discussion and Deliberation on 'Folk and Traditional Healing Practices in Manipur' at Manipur University.

In order to gain insights into the traditional healing systems, various workshops were organised in each state. In Manipur too, with the collaboration of Manipur University, a workshop was organised, where experts from different fields and academia were invited. Another workshop was organised exclusively with the healers. Indira Gandhi National Centre for the Arts (IGNCA) and Anthropos India Foundation (AIF), in collaboration with the Centre for the Study of Social Exclusion and Inclusive Policy (CSSEIP), Manipur University, organised a one-day workshop on the theme 'Folk and Indigenous Healing Practices in Manipur' on 28th May 2019 at Manipur University. The main aim of organising a consultative workshop was to recognise the contribution of traditional healers to public health and the need to restore their respect, dignity, and recognition and support them to run their services more efficiently and sustainably.

Dr Sunita Reddy, Associate Professor, Centre of Social Medicine and Community Health, Jawaharlal Nehru University, and also Founder Chairperson of AIF; Prof. P. Kumar Singh, Department of Life Science, Manipur University; N. Tombi Raj, President, All Manipur Maiba Maibi Phurup (AMMMP) and Member, Governing

Body, NEIFM, Pashigat, Ministry of AYUSH, Government of India; and Laishram Nabakishore Singh, Padma Shree Awardee, kidney stones herbalist, were the resource persons. Prof. Amar Yumnam, Director, CSSEIP, Manipur University, moderated the workshop. Dr Bharat Singh, Reader from CSSEIP, Manipur University, addressed the gathering with a welcome note and introduced the speakers.

Sunita Reddy made a presentation, based on her study on 'Folk and Tribal Healing Practices in Sikkim, Arunachal Pradesh, and Manipur', from a public health perspective. Keeping in mind the aspiration for universal health coverage, many states of India, including the Northeastern states, are facing the challenges of non-availability, accessibility, affordability, and acceptability of health care services. Given the plurality of health care services in India, the non-codified systems are available across the country at doorsteps, which is acceptable, affordable, accessible, and available. What is lacking is the recognition of their worth in universal health coverage by the government. There is no doubt that these traditional healers provide primary health care services for the whole community, as they are part of the same community. Patients not just in their neighbourhoods or panchayats but across the state and neighbouring states also visit them, drawn by their reputation—spread through word of mouth—for the effectiveness of their treatment. These healers are the custodians of a wealth of knowledge about healing and biodiversity, are ageing, and there is a need to recognise them. In order to ensure that they continue to provide health care for the people, they should be recognised and supported, as they are the ones who provide services that are non-commercial and ethical and have been treating and providing health care services for ages.

Dr Bharat highlighted the importance of herbal medicine in contemporary society. During the discussion, a young scholar had asked, How many healers are there in Manipur? And what is the difference between Maibai and Maibi? Several issues pertaining to healers, their recognition, the conservation of biodiversity, and its knowledge were discussed. Questions like, how can the state support these healers, who make a huge contribution in providing health care at the community level? How does each state see the health of its people and relate to the nature—preservation and conservation of the environment? Questions related to the danger of the dwindling away of traditional knowledge by the influence of development and modernity were also discussed.

The President of AMMMMP replied that in 1970, there were around 5,000 Maiba and

Maibi, but they are no more now. He further said that they are herbal healers and not related to ritual and religious practices. Pointing out the steady disappearance of traditional knowledge systems, Dr Bharat put forward the need for academic work to research the documentation of healing systems. According to him, the main reasons for the decline of traditional knowledge systems are the lack of recognition for traditional healers and the younger generation's disinterest in learning and preserving this knowledge. The workshop, therefore, aimed to find a solution to address the existing problems and challenges faced by the traditional healers in Manipur.

The present study was not carried out to document the medicinal plants for treatment. Rather, the purpose was to look at the problems and challenges of the healers and how their practice can be revived or revitalised, preserved and promoted by the state and the national bodies. The state resources – the flora and fauna and the medicinal plants – should be made available to the traditional healers without hurdles to treat their own people. Some traditional healers suggested the provision of simple tools or small support from the state, such as building their herbal garden or a healer's hut at the panchayat level. Most of the time, they work for free and treat their patients with the motive of service. In the communities, each diverse ethnic group takes care of their health by practising culturally rich healing practices, which are not curative but preventive and promotive too with the help of the traditional healers.



Fig. 8: Workshop at Manipur University

Prof. P. Kumar Singh spoke on the rich traditional knowledge system or the indigenous knowledge system of Manipur. He said that the traditional knowledge, otherwise also known as local knowledge systems, is embedded in the cultural

traditions of indigenous or local communities. He emphasised that the folk or traditional knowledge has been passed down through oral traditions for centuries. In 1994, at the International Ethno-Diversity Conference held in Lucknow, he presented a paper on traditional medicine representing Manipur. He spoke of how India at large is known for its valuable heritage of herbal medicinal knowledge, and North East India in particular. Manipur is one of the 12 mega biodiversity-rich zones of the world, forming a distinctive part of the Indo-Burma hotspot, which ranks 6th among the 34 biodiversity hotspots.

MAIBA MAIBI

History of Maiba and Maibi

'Maiba' means 'male healer', and 'Maibi' means 'female healer'. Amaiba (male ritualist) and Amaibi (female ritualist) are those who perform the rituals and religious ceremony of the 'Lai Haraoba' in Manipur. 'Amaiba' and 'Amaibi' perform religious chanting of hymns and dances accompanied by traditional musical instruments. The uniqueness of the 'Maiba- Maibi system of treatment' is that there is a method of treatment which involves exerting continuous pressure on the abdomen for about 30 minutes to one hour or more, which is known as 'Puk Suba', which is not found in any other method of treatment.

Formation of AMMMMP

The president of 'All Manipur Maiba Maibi Phurup' (AMMMMP), N. Tombi Raj, also a member of the Governing Body, National Institute of Folk Medicine located at Pashigat, Arunachal Pradesh, under the Ministry of AYUSH, Government of India, gave detailed information on the formation of AMMMMP.

The presence of AMMMMP started in 1970, but due to government negligence, it could only register itself in 1984. He expressed that there was so much mistrust in the efficacy of the traditional healing that, when he himself went for the registration, the officials denied it, as they were afraid that the Maiba-Maibi might give inappropriate herbal medicines. It just seemed to them to be issuing a death certificate for the patients. The officials said if the association were for weavers, carpentry or football players, they would definitely issue the registration certificate, but since it was for Maiba-Maibi healthcare treatments, they were very reluctant to register.

Tombi Raj, the president, said that, after the completion of his MA from D.M. College of Arts in 1970, he became an editor and helped the cooperative society to get attention from the government for improvement. Even the former governor highly appreciated the work of the cooperative society in media channels. He said,

in those days, his college senior, was the head of the cooperative society, who helped to register for the AMMMP within 30 minutes and issued the certificate of registration. He finally understood that those officials in the past sought money, hindering the official registration of the association for many years. With the help of his senior he could successfully register the AMMMP association, which carries the history of different knowledge systems of Maiba and Maibi.

Lack of Support to the AMMMP

The president, Tombi Raj, said that the main role of AMMMP is to preserve and protect the Maiba-Maibi healthcare system of treatments and work towards the development of its system in Manipur. He also said no government officials or the AYUSH department, or the Health Department had ever invested any money for the development of the Maiba-Maibi system of healthcare treatments in the state. He also said that Maiba-Maibi are working very hard to provide good health services to the community, promoting a disease-free society and encouraging the overall well-being of the people. But it is sad to see that the scientists are stealing the traditional knowledge and traditional medicinal plants from the Maiba-Maibi by signing MoUs. He also said that even though Maiba-Maibi helped them visit far-flung hills and villages to collect the medicinal plants, thinking that they would help back, they never did. He concluded by saying that the existence of traditional healers and the survival of Maiba-Maibi healthcare treatments in Manipur, owe only to social support and the patient's faith in them, and not to the government's help or any other support.

Different Knowledge Systems of Maiba and Maibi

Tombi Raj shares the history of Meitei herbal medicines and the history and different knowledge systems of Maiba and Maibi, explaining two branches of folk medicine, namely i) natural folk medicine and ii) magico-religious folk medicine. It was Lairel Maophungba (428-518 AD) who started the use of folk medicine systematically in Manipur. He also narrated how the Meitei kings appointed renowned Maibas, also known as Royal Maibas, to treat the royal families. According to him, there are five knowledge systems, namely i) Lai Thajaba Laiyeng superstitious magico-religious system) ii) Napi-singbina Laiyengba (herbal medicine system) iii) Puk suduna/Hakchang noiduna Laiyeng (body massage system) iv) Mihun Kanglon Layengba (pulse feeling for diagnosis) v) Marisuba (reflexology system for diagnosing disease).

He also mentioned the traditional health care practices in several manuscripts and books (Maiba-Maibi system of treatment). Yellon deals with the physiology and parts of the human body, Hidaklon deals with formulary and medicinal plants, Laiwa hidak Kanglon deals with Psychotherapy and Formulary, Wachelon deals with longevity of life, Hidak Yaichal deals with traditional medicine formulary. Manipur also has a rich culture of maintaining old records in the form of stone inscriptions, copper plates etc., which are written in the Manipuri language. Allopathy came into existence in Manipur only after the British took over power in 1891.

Talking about the importance of traditional knowledge systems, he pointed out how a large population comprising about 70% are still dependent on traditional medicine. Secondly, if researched systematically, how traditional knowledge systems may lead to finding new compounds. Thirdly, how this knowledge might help in the conservation of biological diversity.

Further, he talked about the livelihoods of traditional healers, who mostly do agricultural work besides practising the Maiba-Maibi healthcare treatments. He said that though they are poor, but serve the community with love and passion. He said their healthcare treatments include identification of diseases and illness, checking body temperature, pulse reading, applying locally available medicinal plants and animal parts for healing different ailments.

With regard to the constraints and major concerns of developing traditional medicine, what Tombi Raj shared are the misappropriation of the Traditional Knowledge System (TKS), rapid erosion of TKS, and incompatibility of TKS with modern Intellectual Property Regimes (IPR). He also talked about the classification of Meitei Folk-Medicinal Plants with reference to traditional culture and names. He pointed out that academic research with multidisciplinary teams should apply different approaches and methods to study and evaluate the safety and efficacy of traditional medicines.

Manipur has huge age-old experiences of treating patients using locally available medicinal plants, animal organs, including insects, minerals, and other natural products, and there is a huge potential for research work in this field. He also talks about the origin of the Maiba-Maibi system of treatment. He talked about the seven elixirs 'Sida Hidak Taret' following the seven days of the week. This treatment is believed to be done by the 'Sun God' to treat his patient. This system has a long history, with no particular date, yet it continues to exist.

Tombi Raj also shared that the Maiba-Maibi not only use herbal medicines to treat patients but also treat by chanting hymns, which is also recognised by the World Health Organisation (WHO) in the practice of traditional medicine. Quite similar to most of the African countries, which involve chanting mantras and hymns in their healing practices. He narrated that the concept of chanting hymns by Maiba and Maibi in Manipur is mostly related to a kind of psychotherapy to boost the morale of the patients for quick healing, parallel with the herbal medicines. He gave an example that a Maiba or Maibi sometimes says, “I will throw out the evil spirit,” which raises the patient’s morale, and then they apply the herbal medicine. He said it helps in the quick healing of the ailments. He further said that chanting hymns is a kind of psychotherapy treatment, just like the Regional Institute of Medical Sciences (RIMS) psychotherapists do for their patients. Yet, the doctors in RIMS believe that the Maiba and Maibi treatment is superstition, which it is not. The Maiba and Maibi technique of healthcare treatments includes boosting the morale of the patients. Tombi Raj said that the current healers learned the skills and healthcare treatments from the elderly healers that were passed down from their forefathers. He said Maiba and Maibi used to treat Primary Health care treatments. He said, just as the doctors in modern healthcare are classified by their specialty treatments, the Maiba-Maibi healthcare treatments also have their own kind of specialty, such as stone kidney specialists, bone-setters, sprain injury specialists and many others in their own field of specialty. Adding on, he said, Maiba-Maibi healthcare also includes cancer treatments through “Ching-gee Nachan” (a kind of centipede).

Concerns and Challenges of Maiba Maibi

Tombi Raj shared the concerns and challenges faced by Maibas and Maibis. Most important being biopiracy and intellectual property rights. He said many experts used to come and gather information from the healers, and the healers have been betrayed. He said regional piracy is dangerous to Maiba-Maibi’s Traditional Knowledge, and they have been working to obtain patents; until then, they are not willing to reveal anything about the medicinal plants and their healthcare treatments. He also shared his concern that university professors used to send their research scholars to conduct research among the Maiba-Maibis. After they had disclosed the secrets of medicinal plants and their healthcare treatments, the research scholars and professors never acknowledged them in their works and publications.

To avoid this loss of knowledge, the AMMMP decided not to share anything regarding the herbal healing treatments used by the Maiba and Maibis with outsiders. However, Tombi Raj emphasized the need to document the Maiba-Maibi healthcare treatments under the government and to receive legal recognition. With a lot of resentment, he said it's sad that the Maiba-Maibis and their organisation were unaware of the piracy in the last 20 years, but now that they are aware, strict precautions are being undertaken.

Tombi Raj also shared other challenges that the Maiba and Maibis are facing: a lack of confidence among the younger generation to follow this cultural heritage of healing. The advancement of modern medicine and the presence of two big modern hospitals have changed the health-seeking behaviour among the people. Most people prefer visiting these hospitals rather than a local traditional healer. Therefore, healers remain financially poor, as their main source of livelihood is from their patients' treatments, but due to a lack of financial stability, they are also engaged in other work, such as agricultural work, rickshaw pulling, driving an auto, etc. The Maiba-Maibi healthcare treatments are slowly becoming extinct, owing to the presence of modern healthcare services too. He poignantly said that traditional knowledge will cease to exist because most of the healers are 80-90 years old and there is a lack of proper study of the Maiba- Maibi treatment system in the state.

Until now, Maiba and Maibi were considered to be very valuable for people's healthcare treatments, but most people's perceptions are now changing due to modern biomedical healthcare development. Though in modern medicine, more money is extracted from the patients as treatment expenditure by the system. He said doctors, the pharma industry, all benefit from this. Modern medicine also has lots of side effects. He further said that at least 200 modern medicines are banned in other countries because of their life-threatening presence of chemical substances. However, he said that Maiba-Maibi healthcare treatments are mostly herbal and natural healing without any side effects to the body. He said the importance of Maiba-Maibi healthcare treatments is only realized when life-threatening ailments are treated by them and the patients are cured. He said quite recently that some of the youngsters have started taking interest in the Maiba-Maibi healthcare treatments. Slowly, but it's a dying profession.

Most elderly healers are open to sharing their knowledge and expertise in traditional healthcare practices with individuals who demonstrate genuine interest. However, unlike established medical institutions such as the Regional Institute of Medical

Sciences (RIMS), which receive substantial government investment, there are no dedicated institutes or comparable funding for traditional healing systems in the state. He further added that, thanks to the dedication of these healers and the support of a few organisations, India now has its first institute dedicated to folk healing practices – the North Eastern Institute of Folk Medicine (NEIFM), located in Pasighat, Arunachal Pradesh. Concerns were also raised regarding the AYUSH ministry, with claims that it has marginalised the Maiba-Maibi healing tradition while attempting to commercialise traditional knowledge for profit.

Kidney Stone Healer

Another panelist, Laishram Nabakishore Singh, Padma Shree Awardee, who is a kidney stones herbalist, shared his thoughts and experiences. “I only studied up to class four; I can speak Manipuri but cannot speak and understand English as others do.” He humbly said the others are his gurus. An example worth mentioning is one of Manipur’s songs sung by Chandrakala, which quoted, “Khangnabana Konlure, Nungshibana Hanlure (Acquaintance last, love first) in Thang gol adu maya thang ngu” (sharpen the sickle), by the respectable Pabung. He said, “My achievement is because of people’s love and recognition”.

Nabakishore shared an interesting aspect of the use of alphabetical letters in the names of the medicinal plants. He said the ‘hidaklon’ (medicinal treatment of Meiteis), especially kidney stone medicinal plant’s name, starts with the same first alphabetical letter. He cited an example, ‘nung’ (stone), which starts with the alphabetical letter ‘N’, similar to the medicinal plant ‘Nung-gai Peruk’, which is used to pass out the kidney stone. He said most of the important medicinal plants for healing different ailments start with the same alphabetical letter as the ailment among the Maiba-Maibi healthcare treatment systems among Meeteis. He again gave an example for healing the ‘Mit Naba (Eye) problem by using ‘Mairen’ (Pumpkin), which starts with the same alphabetical letters for ‘Mit’- ‘M’ and ‘Mairen’- ‘M’. He said, for healing a cough, most of the Meitei community use ‘Lok- mangkha’, ‘Lok’ means cough and ‘mangkha’ means to cure. Now, pronounced as ‘Nongmangkha.’

Professor P.K. Singh, in the meanwhile, wanted Laishram Nabakishore Singh, the healer, to narrate more on how they had certainty about the experiment for passing out the stone from the kidney. Laishram said, “My father had studied up to grade one, yet was a Maiba and used to prepare medicine from medicinal plants. He said there were no doctors or pharmacies on the Sagolband side. There

was only one doctor from outside Manipur, called Doctor Kranti. More than 13 doctors came for the treatment of kidney stones in my healing centre, and all of them passed the kidney stones out of their bodies. Not only they, but also their wives passed out the kidney stones after taking treatments from me.

Laishram narrated another case of a patient. “The daughter of the director of the health department was suffering from a kidney stone ailment, and the date of the operation in a hospital was fixed, but his wife did not allow the idea of the operation and came to me. The daughter’s kidney stone was off her body. They promised me that they would do something for the development of the healing practices and centre, but they never came back to help, except to say thank you. I also have not been getting any help from the government so far”.

In the discussion, P.K. Singh said that he advised the healer to take photographs of the patients who had recovered from kidney stones with their treatment and ask them to add them in the local newspapers with thanksgiving and gratitude to the healer.

The discussion underscored the significance of traditional treatments for kidney stones and gall bladder issues in Manipur, while also underlining the challenges faced by local healers. Among the key issues raised was the urgent need for government support to develop and advance the Maiba-Maibi system of healthcare in the state. P.K. Singh also brought out the importance of herbal medicinal healing, where he applied and cured himself from the ‘sajik’ (a lump) near his nose.

There was a live interactive session after the speakers’ presentations. One of the participants, who was in his late 70s, shared how he got cured by using herbal plants to treat his paralysis and diabetes. He also shared his plan to write a book on herbal medicinal plants for the larger benefit of the public.

Questions were asked about the herbal treatment of certain health problems. A question was posed about what the demands of the healers were, to which the president of AMMMP responded and lamented about their apprehensions and loss of faith in the state apparatus, as they never received any response despite their numerous efforts on their part seeking support. They are surviving with the support and trust of the community. He shared how designated seats are usually arranged for the maibas/maibis in ceremonial functions among the Meiteis.

Important role of declaring the dead by Maibas

Maibas play an important role in declaring the dead and the disposal of bodies. Even after the issuance of a death certificate from the biomedical doctor, maibas/maibis are summoned to validate the dead body through pulse reading, and a final oral death declaration is made by them. Only then can the process for the disposal of the dead body begin. Maibas and Maibis survive with the support and trust of the community. There are designated seats usually arranged for the maibas/maibis in ceremonial functions among the Meiteis.

About 5000 maibas/maibis were recorded earlier, but many have died over the years, and the number is gradually dwindling. There is no current record of these numbers. Tombi Raj expressed his concern about how youngsters nowadays prefer the codified system of medical practices, leading to the decline of traditional healers. He also clarified that maibas and maibis are those practising community health treatment, while amaibas/amaibis do not treat patients but attend to the performance of religious rituals and practices, especially during festivals.

Prof. Yumnam clarified that this workshop aimed at no illintentions or piracy of knowledge, but to provide a platform to engage in a discourse on how to integrate and put forth the challenges faced by the traditional healers. He also stressed the need to revisit and use one's past to develop foresight for the future. He spoke on the need to write a chronicle on the rich knowledge and document it. He also shared how, in the coming days, Manipur University can work towards the vision of organizing, a gathering of traditional healers from different neighbouring South East Asian countries to document the rich traditional knowledge system. Such an exercise will serve as a showcase of the rich heritage and knowledge of the community across the world. Prof. Yumnam expressed gratitude for this opportunity to rethink what we think and how we go about things in the future. He concluded with a remark that connecting ourselves with our rich past will eventually enrich us rather than borrowing from outside. The workshop concluded with a group photo.

HEALER NARRATIVES

Healers Narratives

This section of the book shares the narratives of 20 herbal healers across the Manipur state, along with the experiences of a host of other key resource persons from relevant institutions. Each healer was visited at their home-cum-healing center, interacted, interviewed, and took audio-visual notes while they were at work. Since the healers were mostly in the plains and a few in the valleys, they were easy to approach by road. Most of the time, we met them during the morning or afternoon hours. Observation was a major part of documentation, as they were treating their patients, many scenes are still vivid in our minds.

Very significant and memorable is the kidney stone healer, Laishram Nabakishore Singh, who showed pipettes of stones stored from his patients in his clinic with pride. Another healer, Romen, was sitting with his associates and treating muscle pain. In front of us, the District Commissioner of Police came for treatment. Romen shared his desire to treat all stroke patients and look for a bigger setup. Another healer who had built a good infrastructure was struggling to run the clinic with the help of his daughter and daughter-in-law due to a lack of funds to hire staff. We also observed another bone setter who treats back problems. In his healing centre, there was a queue of patients, and they were treated by acupressure and by applying force with the help of pillows and by pulling back the spine. This method seemed raw and crude for us, but we could witness patients walking back home without pain. Another couple, Maiba Maibi, were very affectionate and took us to their humble healer's camp, treated our muscle stress, and also came to participate in the healer's workshop.

All these healers shared their healing experiences, the process, the patients who seek care from them, and the range of therapies they provide. They are at the service of the community. In case patients are unable to travel, they visit their homes themselves. Though they are very happy and content to treat patients, they are still struggling for resources and live a very humble life. They are not at all commercial and believe in the divinity and the power of healing, thus following an ethical way of treating people.

Padmashri Laishram Nabakishore Singh

Imphal West

Padma Shri Laishram Nabakishore Singh was awarded the Humanitarian Services for herbal treatment for kidney stones. The healer is the Padma Shri Awardee in the field of herbal healing for ‘Stone Case Treatment by Medicinal Herbs’, which is locally known as “Nung Leibada Mana-Mashing gee Laiyeng Pathap.” As we entered his humble clinic, we could see test tubes arranged in order, with a collection of kidney stones, which he had collected from his patients, who got them collected after using Laishram Singh’s herbal medicine. He collects, stores, and displays them in his clinic. He passionately shared these as his medals. He was upset that the foreign patients could not send him the stones after expelling them.



Fig. 9: Laishram Nabakishore Singh in his clinic showcasing all the kidney stones collected from patients

He narrated how he started kidney stone treatments. He said, “When I was a bachelor at the age of 28, I was suffering from kidney stones. Because of my ailment, my parents were very unhappy, including me, in those days. I met a few elderly traditional healers and asked them how to pass out the kidney stone from the body by using medicinal plant treatment. I befriended them by offering ‘mantu bedi’, and they used to have it happily, and sometimes I bought tea and ‘tan’ (puri) for them. I gathered the traditional knowledge and healing practices

from those healers and started experimenting for myself. They taught me the medicinal plant treatments. The kidney stone in my body passed out during urination through the forefathers' traditional medicinal plants treatment. It was because of their traditional knowledge treatment system that I could sit among all of you today. I am not perfect, but in recognition of the traditional healing practices and their role in community health services, the Government of India awarded me the Padma Shri Award in 2001."

Laishram regrets that he did not study much; otherwise, he could have been even more successful. "I am a heart patient, and I am also suffering from spondylosis. I am 81yearsold and only studied until class 4. My kidney stone treatment by herbal medicine might have been very successful, if I had attained higher education". Even though his achievements are no less, and he has received a prestigious national award, and possesses rich traditional knowledge and wisdom, he was humble enough to acknowledge that he is not educated much.

Sharing how he learnt this healing practice, he said, "My father was a famous healer for the treatment of kidney stones. Since my childhood, I have been very interested in learning about the treatments. I always helped my father in collecting the medicinal herbs and also prepared the medicine together. My father once told me, 'Son, never try to become a Maiba". Though as a child he was learning from his father, but his father discouraged him once, by saying that it is very difficult to be a 'Maiba', that he ought to visit the patients' homes whenever he is called, whether night or day; if he is unable to do so, the patients' families would say that the healer is very proud of his profession. This shows how seriously the healers take their profession and follow it ethically. Initially, healers may not be very encouraged to become Maiba, but once they become, they do it wholeheartedly.

Laishram further shared, "I have been practising the kidney stone case treatments by indigenous herbal medicine at my home since 1982. Many patients from within the state and from different regions of India come to take my herbal medicine to treat stone case ailments, and even patients from America and Africa come. They visit to seek my healthcare treatments for passing the stone out of the body. I was honoured with the very prestigious 'Padma Shri' award in 2001 by the government of India.

The healer's contribution in the field of indigenous herbal medicinal treatments of stone cases are Manipur are popular and distinct. The healer also said that he has been continuing his philanthropic activities by giving monetary, emotional

assistance to the poor and the needy, regardless of gender, ethnic background, and religion. He also said that he used to give pensions to old people and wheelchairs to handicapped persons. Laishram said that after every three months, they organise a small and simple function at a local club or in a community hall and distribute wheelchairs to the handicapped persons. The main purpose of this function is not only to help the poor and the handicapped but also to give awareness among the youth of the state.

Apart from the keystone healing, Laishram does other social service. He is also closely working for the cause of social welfare with Dr R.K. Lenin Singh, Head of the Department of Psychiatry, Regional Institute of Medical Sciences (RIMS), and the government of Manipur. He said that Dr Lenin would always speak on two important factors that affect the lives of many youths in the state: drug addiction and misuse of mobile phones. He said that he would raise awareness at the event about drug addiction, the harmful effects of drug addiction, the harmful effects of drugs, and the misuse of mobile phones among the youths in Manipur. On the other hand, the healer said that he would speak about the harmfulness of 'kwa zarda' (pan), 'tobacco', 'cigarette', and 'yu' (alcohol) during the function. The healer said that in the year 2019, Dr Lenin had suggested organizing the function either in a school or in a college. The healer felt that it was a good idea and accepted the proposal to create awareness among the youth.

Laishram is well known in Manipur, given his public presence and also his broadcast. "I had spoken more than 30 times about my treatments on All India Radio Imphal." He had recently also spoken about stone case treatments in 2018, on 13th and 30th November.

Ageing - an Important Factor

One of the important factors to understand with the healers is their ageing. They feel debilitated to perform their healing role, though they are not very unhappy about ageing per se, but their illness becomes an obstacle to participating in social activities. Laishram poignantly shared that due to his illness, he has not been able to participate in local ritual activities for the past 2-3 years. He said that Dr R.K. Rajbihari, Orthopaedic Surgeon, Shija Hospitals and Research Institute, Imphal, Manipur, advised him that his illness is incurable and will last a lifetime. The healer said that he has been taking medicine since 2003 and continues to date.

Laishram shared information about various indigenous medicinal plants used in the treatment of stones. These include: 'Kihom-man' (a local medicinal plant), in which the entire plant is used; 'Nungai Peruk' (a local medicinal herb), the whole plant is utilized; 'Heikreng' and 'Yenam Nakuppi' (local medicinal plants), where only the leaves are used; 'torbot' (a local medicinal vegetable) where only the fruit is used; 'Lamthangjou', where the whole plant is used and 'Mang-ge' (a local medicinal plant), where only the leaves are used in the treatment of stones.

Oinam Ningthem Singh and Oinam Bijenti Devi

Imphal West

Maiba Oinam Ningthem Singh and his wife, Maibi Oinam Bijenti Devi, were a very warm couple who not just welcomed us into their home, but also to their healing centre, with few inpatient facilities, in a makeshift arrangement. The Traditional Healing Centre (THC) in Langol is located near the Employment Exchange, Lamphel, Imphal West district, along the Games Village Road in a field on the right side of the road while driving from the Imphal West Deputy Commissioner's Office. There is a crescent-like wooden bridge just before the THC. Ningthem and Bijenti told us that the bridge was constructed by them, and so far, no monetary assistance has been received from any government or association. The centre is roofed and walled with tin sheets on all sides. It has around seven beds, with some partitions. At the time of the visit, there were four patients with their attendants. The patients came for paralysis after stroke treatment and bone fractures. A small fridge, large plastic containers, and empty plastic bottles were tied up in bags. There was also a crutch-walker machine inside the healing centre. Large packaged drinking water bottles were bought from the main city centre.



Fig. 10: Oinam Ningthem Singh and his wife Oinam Bijenti Devi standing outside their healing centre

Oinam reported that the main goal of the Traditional Healing Centre is to serve the patients and promote THC in Manipur, especially the indigenous herbal and

reflexology treatments. Secondly, to gain recognition of Traditional Healing and a place in the health system of AYUSH through legal recognition and to obtain all the facilities like Ayurveda, Unani, Siddha, etc. He narrated, "My father was a famous Maiba in reflexology, which is locally known as 'Mari-Matang Suba Maiba or Puk-Suba Maiba (a local male healer). Since my young days, I was interested to learn the art of reflexology healing. The traditional knowledge I acquired was transferred from my father while preparing the medicines together. I, along with my father, always collected the indigenous herbal medicines from the forests and fields. Most of the reflexology treatments are done by my wife, the herbalist and reflexologist Maibi (local female healer), as I am 71yearsold. I help her in the preparation of the medicines and in collecting medicines from the nearby forests. The couple treats and manages illness such as - sinus, tonsillitis, blood pressure, stroke, paralysis, indigestion, weight loss, cough and fever, boils, cancer, bone fractures, sprains, twists, and fresh accident injuries.

Collection of Indigenous Medicinal Plants

Recalling the availability and scarcity of medicinal plants in his area, Ningthem said, "There were few medicinal plants grown near the THC. We grow certain herbal medicines for emergency use. Most of the medicinal plants are collected by other people. We do give money to collect those medicines. For example, if I demand 'Shamba Mahei' (a local medicinal plant fruit) from the people who supply indigenous medicines. The cost of this medicinal plant in a quantity equivalent to the size of a rice bag is approximately Rs 5000-10000, depending on the quantity of the medicine. I have people in Silchar who used to send dried neem leaves for the preparation of medicine. In 2018, my wife and I went to visit PGIMER, Chandigarh, for the treatment of my relative's son. We were happy to see so many neem trees around but felt sad that so many neem leaves were being wasted. We collected a large number of fresh neem leaves and dried them for a few days. We brought the dried neem leaves to Manipur and used them in preparing the medicine".

Method of Preparation for Treatments

The indigenous medicinal substance is prepared in four ways for the treatments. First, it is prepared in the form of solid dried crushed powder; second, in the form of liquid; thirdly, in the form of ointment; and fourthly, in the form of a capsule. According to the need and condition of the patient's disease and illness, these prepared medicines are given and applied. The Indigenous Preparation of

Medicine THC treats all kinds of diseases and illnesses such as sinus, tonsillitis, blood pressure, stroke, paralysis, digestion, weight loss, cough and fever, boils, cancer, bone fractures, sprains, twists, and fresh accident injuries. We also treat women for gynaecological problems, infertility, and children for various ailments. We have treated cases of infertility and gender selection. In two instances, we assisted a couple who had previously given birth to several daughters; following our guidance and the administration of herbal medicine, the couple later bore two sons.

Challenges in Storing the Medicine

It is very difficult to preserve liquid herbal medicines as there is neither a refrigerator nor any cold storage. Most of the liquid medicines are prepared when needed. He feels that there is an urgent need to develop indigenous medicine on the lines of modern medicine by giving an expiry date, which would help to promote and develop more healing centres in the state.

Treatment, Charges, Methods and Facilities

The THC charges Rs. 400 towards consultation, diagnosis and treatment (herbal medicine) along with all kinds of reflexology, and massages. Ningthem shared, “We do not charge for stay; it’s free. The patients have to cook for themselves. For reflexology, the treatment is done for 30 minutes to one hour with a massage using an ointment. We advise patients to take an X-ray from the hospital and to get sugar levels tested or cholesterol levels, if necessary, before consulting us. So, we do see the reports and treatment. We do have a BP machine with us. We use bandages if required”.

The marketisation of Indigenous Medicine to another state in Silchar, Assam

Sharing his new initiatives to modernize his traditional medicines and how he can market them to other states, Ningthem said, “One day, I visited Silchar in Assam. During my stay in Assam, some of my relatives took away all the indigenous medicine for healing ailments like sinusitis, tonsillitis, high blood pressure, etc. from me. After returning home, due to the frequent demand for my medicines, I send a bulk of it to Silchar and charge Rs. 1 for one capsule of the medicine, and my relatives sell it at Rs. 5 per capsule. The herbal powder is very bitter, so to sell it we must get empty capsules and fill them with herbal medicine. The

marketisation of indigenous medicines through modern-day machines would enhance the treatment systems. For example, in the form of liquid medicine, which is very effective for healing, it can't be put on the market. Not only are the people of Silchar demanding my medicines, but people from other surrounding areas like Bengal are also demanding my medicines nowadays. We have observed that the popularity of the medicine has been spreading through the networks of patients who have already been cured of diseases and illnesses".

Oinam Bijenti Devi

Imphal West

Oinam Bijenti Devi is a 51-year-old and lives in Langol Lairembi, Imphal West. She treats women's health issues, infertility, childhood illnesses, sinus, tonsillitis, blood pressure, stroke, paralysis, indigestion, weight loss, cough and fever, boils, cancer, bone fractures, sprains and Twists, accident Injuries. She treats child-related problems, Macrocephaly (Bigger head of the child), Agang Yang Chingba (sudden contraction of the child's body due to higher fever); back pain of L4 and L5, breast cancer, diarrhoea, dysentery, etc.

Mode of Traditional Knowledge Transmission

Oinam Bijenti Devi said that since her childhood days, she has been very inquisitive about local healing practices. She added that the art of herbal medicine and reflexology was transferred from her "Idhou" (great-grandfather). The Maibi said that her 'Idhou' once told her that "Esunupi (granddaughter), do not practice this art until you reach the age of 40. The healing practice starts after 40 years and "Nakhut-ki Lan-lum Oiyu" (Let it be the wealth of your hands) and "Naran Asengbani" (It is your real wealth). Moreover, the Maibi said that her "Idhou" once said to her, "Esunupi if you want to do something, trust in God." Also, as reflexology needed a lot of energy and strength, her "Idhou" did not like to waste her strength during her youthful days. She further said that if she wasted her strength in her old age, she would lead a weak life. She believed her "Idhou" was right, and she started the healing practices only after she turned 40 years old. Thus, it is to ensure that the healers start the healing practice with enough maturity.

Start of Traditional Healing Practices

Before the THC was opened in the present location, it was located on the Langol Lairembi hilltop in her home. She said she first started the healing practice in 2009 at her residence. During those days, more than 50 patients came for their treatments every month. At the present location, the THC started on 7th June 2014. Presently, the THC has students from the valley as well as from the hill who have passed class 10th, 12th and practised along with the healers. The healers said that the students are given a salary ranging from Rs. 4000- Rs. 5000 as encouragement to transfer the knowledge.

Types of Diseases and Illnesses Treated

Bijenti said that she is highly specialised in the art of reflexology. She said that all kinds of diseases and illnesses are treated in the centre. For example, blood pressure, stroke and paralysis, Macrocephaly, Agang Yang Chingba (sudden contraction of children's body due to higher fever), Agang Kok Chingba (child's sudden contraction of head owing to high fever), backbone pain of L4 and L5, backbone pain, feet and hand fractures, twisted sprains, breast cancer, sinus, tonsillitis, diarrhoea, dysentery, etc.

Methods of Treatment

Bijenti said her "Idhou" taught her the "Mihungi Kangloli" (Pulse reading) and "Mari-matang shuba" (Reflexology) to treat backbone pain, sprains, twists, and paralysis. She said she could easily detect the patients by looking at their eyelids of the patients and pulse reading to determine whether they have high blood pressure or not. She used indigenous medicinal plants to treat various kinds of ailments.

Number of Patients Visiting the THC and Inpatients at the time of Interview

Bijenti, a herbalist and reflexologist, told us that in a single day, 10-15 patients visit the center, and there were seven in-patients at the time of the interview. The majority of the patients were suffering from blood pressure, stroke, and paralysis.

Causes of Illness and Diseases

Most illnesses and diseases are related to lifestyle. In the old days, people used to eat a lot of good food, and the work they did helped them sweat, which is very good for extracting toxins from the body. These days, young people eat a lot of meat beyond the limit and food which may contain pesticides that affect their health. Also, drugs, alcohol addiction, smoking cigarettes, and indigestion among students, without any proper exercise, lead them to diseases.

Indigenous Medicinal Plants used in the Treatments

Local indigenous medicines like 'peruk', 'tulsi', 'nongmangkha', etc., are used to heal cough and fever. For treating paralysis, locally made ointments and medicinal plants are used; 'Samba mahei', a local fruit, is used to control high blood pressure.

Case Study of B.P., Stroke Left Hand and Left Foot Paralysis

Bijenti shared a case study of a treatment at the time of our visit. Rajesh, a 34-year-old school teacher, was a patient in the THC. The patient was from Silchar, in the State of Assam. The patient told the researcher that he had been suffering from high blood pressure, suffered a stroke, and had paralyzed his left foot and hand. He said that he had undergone treatment in Silchar, but due to unsuccessful treatment, he went to Shillong for further treatment. He said that the Shillong doctors also could not cure his illness, and so finally he took treatment in Guwahati. The patient told the researcher that the doctor in Guwahati (Rahman) told him to undergo local “Shingli naori shuba” (reflexology) for healing the paralysis. He also added that he had spent around three lakhs on treatments in different hospitals, including travel expenses, and then decided to come to Manipur for treatment in the THC at Langol.

Rajesh, the patient, said that after treatment for 15 days in the THC, he saw a lot of improvement. He said that he could raise his hand and walk, but before that, he could not do anything. The patient raised his hand and moved his left foot in front of us. The patient said that he was happy and fully satisfied with the reflexology therapy in the THC. He further added that the Maiba and Maibi assured him that he would be completely healed within three months. After completely recovering from the paralysis, he would like to donate an additional amount to THC besides the normal charges.

Rajesh mentioned that several patients in Silchar, including his friend, relatives, and elderly individuals, are suffering from paralysis. He expressed his intention to refer them to the Traditional Healing Centre (THC) for treatment. He emphasised the need for government support, such as initiatives to provide wheelchairs, caregivers, and medical equipment for stroke and paralytic patients. He also suggested that the government should allocate funds or develop the THC infrastructure to ensure a more comfortable environment for patients during treatment. Rajesh stressed the importance of establishing a proper system to identify and promote THC’s in Manipur, making them more visible and accessible to the public so that more people can benefit from these effective healing practices. He further stated that the government should officially recognize and support these centres, elevating them to the standards of modern healthcare by providing essential facilities such as proper inpatient rooms, a kitchen, restrooms, and toilets.

Md. Abdul Gafar Kabiraj

Shangomshabi Village, Lilong, Thoubal District

Abdul Gafar Kabiraj's healing centre is roofed with tin sheets and mudwalls. At the time of the interview, the healer was 59 year sold and treated bone fractures, sprains, jaundice, gout, blood pressure, white discharge and pregnancy problems.



Fig. 11: Md. Abdul Gafar is treating a patient in his clinic

Mode of Acquiring the Art of Traditional Bone-setting

Abdul Gafar said that the knowledge of bone-setting was transmitted from his forefather. He said that they were the local doctors before the modern doctors and hospitals like RIMS and JNIMS came to exist in Manipur. He also highlighted that their forefathers and all those practitioners who continued these healing treatments are known as 'Kabiraj.' He added that he had received training of 4-5 years from his 'Idhou' (great-grandfather). His 'Idhou' lived for 80 years and died in 1987. Adul Gafar said that he started practising this healing treatment in 1980. He also served as a teacher in a private school for a few years.

Healers Association

Abdul Gafar told us that there was an association known as 'Haji Manirudil Kabiraj Association', which was registered in 1992. But all the documents of the association were lost in the floods of 1992. Therefore, he said, as of now, there is no

such association for Kabiraj. He added that patients from Manipur, mostly of the ethnic communities, such as tribal people, Meiteis and Meiteis Pangal (Manipuri Muslim), visit his healing centre for treatments. Also, patients from Mizoram and Bangalore also visited him.

Perceptions of Patients taking his Treatments

Abdul Gafar said that Meiteis and Meiteis Pangal are more difficult to treat because they often lack the patience to wait for the full course of healing treatments; tribal people tend to be more patient and are willing to wait for the treatment process to take its course. He gave an example of Meiteis/Meiteis Pangal bone-fracture patients who are a bit impatient. Bone healing takes at least 2-3 months; but if the injury is not healed within 10-15 days, the Meiteis Pangal move to another healer, but this is not the case with the tribal people. It seems that Meiteis and Meiteis Pangal know more potential healers in the valley than in the hills. Adul Gafar said that this perception among the tribal people is 100 per cent positive, but among these two communities, out of 100 per cent, only 4-5 per cent do not switch healers.

Number of Patients Visiting and O.P.D. Timing

Abdul Gafar said that he has treated more than a lakh patient so far. When asked about the number of patients visiting his healing centre, he said his O.P.D. timing is 6 am to 1 pm. Within this time, 20-40 patients visit in a single day. On the day we visited for the interview, he said that he had treated more than 20 patients since 6 am. He said that though he has fixed O.P.D. timing, sometimes, in emergencies, some patients come beyond the O.P.D. timing and during the night too. Abdul Gafar added that he does not treat patients on Fridays due to his religious background. However, for emergency cases, he used to treat 5-7 patients even on Fridays before and after his religious worship. Abdul Gafar told us that a long time ago, in the beginning, he used to charge only Rs. 20, but now he said he only charges Rs. 100 without the medicine charges.

Types of Fractures and Injuries and Treatment

Abdul Gafar, who also treats fractures, said that patients with different kinds of bone fractures and injuries seek his treatment, such as hand bone fractures, knee, thigh, collarbone, backbone, and all types of fractures. Abdul Gafar said that he treats with Herbal Medicine as well as Unani Medicine. He added he treats ten different ailments, besides bone-setting. He told the names of all ten ailments and

methods of treatment. Abdul Gafar said he used a medicinal plant root known as 'Khutchappi' for healing the fractured bone in the past, but due to its reaction, he stopped using it; instead, he said he uses plaster. He said for the quick healing of the fractured bone he uses 'Heikru' (amla), 'yendem' (arum), and cow meat.

Jaundice

Abdul Gafar said that for treating jaundice, he combines Unani medicine and herbal medicine. He said he uses 'Ekaithabi roots', 'Chi-gong-lei Angoubagi maku', which is boiled in water then the medicinal decoction water is given, and the patient is advised to drink five spoons after/before food in the morning and five spoons after/before food at night for 15-20 days. He said if the patient is still not cured, then the second course of treatment is done by giving 'Soneka Powder' for two months for the healing.

Stone Case

The healer said that he treats both kidney stones and gall bladder cases. He said, 'Chu-Ngou' (white sugar cane) juice, which is made with half a tea glass, 'Hak-thi-khanbi' juice one 'pawa', some 'gun-maru', some 'long maru', 'karot maru', and 'yaifore maru' are mixed and the juice is made. The mixed medicinal juice is given for ten days to let the stone pass out of the body. The patient is advised to drink half a tea teacup of the mixture before breakfast and another half before bedtime.

Asthma

Abdul Gafar said that for healing asthma, Kihom mana' juice, half a pawa, ginger leaves juice, half a pawa, and 50 grams of honey are mixed, which is given to those who are suffering from asthma for one month. He said the patient is advised to take five spoons of this mixed medicine after food in the morning and five spoons after food at night.

Diabetes

Abdul Gafar told us that he uses 'Lamthabi' for healing diabetes. The cucumber is boiled with 1-2 litres of water as a decoction. The patient is advised to take one glass before a meal in the morning and one glass before food at night for a month to control diabetes.

High Blood Pressure

Abdul Gafar said that to control the high blood pressure, he uses 'Puthap' leaves decoction, and the patient is advised to take one glass before food in the morning and one glass before food at night for a week. It is said that it will normalize high blood pressure. The healer said that for low blood pressure, it is advised to take cow meat once or twice, but he advised that those who have high blood pressure should avoid meat.

Gout

Abdul Gafar said Gout couldn't be cured, but it can be controlled. He advised those who are suffering from it not to take fresh meat or fish; if a patient wants to eat, then dried meat and fish are recommended. The healer said to control gout, he uses 'Moirang Khanaram' roots as a decoction. He said it is also used as a pesticide in the paddy fields. He said a patient who is suffering from gout should take five spoons after food in the morning and five spoons at night for 15 days.

Lump in the Womb

Abdul Gafar said he also treats lumps in the womb known as 'Leiman' in the Meiteilon language, the language of the Meiteis. He said 'Nongleishang' 10-20 leaves are boiled with one litre of water into a decoction. Abdul Gafar said that a patient suffering from it is advised to take one glass after or before food in the morning and one glass after or before food at night for one month. Abdul Gafar said he also treats 'Fee-Ngou Chatpa' (white discharges) among women. He said 'Shingka' (a variety of ginger), 'thoiding amubi', 'long mapan', 'ajwain' are mixed and made into a decoction. The healer said a patient is advised to drink one glass before food in the morning and one glass before food at night for 20 days

Chak-Mangba

Abdul Gafar said he used to treat 'chak mangba' (lack of blood after delivery, symptoms are joint pain, weight loss, thinness) among women. He said, 'champra' (lemon) 2-3, 50 grams of honey, one spoon of salt, one litre of water are mixed and filtered. The healer advised that a patient suffering from it should take a glass after food in the morning and one glass after food at night for ten days.

Collection of Indigenous Medicinal Plants

Abdul Gafar said that all the medicinal plants he used in treatments are easily available, and people used to bring them to his healing centre free of cost. His opinion regarding the revitalisation of the local health tradition is that the government should give them some space within the healthcare service system, like those doctors treating in the hospitals. He said people are spending a lot of money on treatment. He suggested that if traditional healers were integrated with modern hospitals, people would have the option to choose their preferred treatments without having to travel to distant places or spend excessively at hospitals. This would make it easier for patients to access these treatments locally.

We also interviewed one patient suffering from a bone injury in the knee. The name of the patient was Wasim, a 21-year-old student in his 4th semester of engineering in Hyderabad at the time of the interview. He suddenly got injured while walking on the street. He has already received treatment from the Hyderabad hospital. He said the doctor there said there is nothing in the X-ray and that he should not be worried. However, he said that he was still experiencing pain, so he contacted his father and came here for treatment. The patient said that he had already spent around Rs. 3000. Here in this healing centre, he gave Rs. 100 as a user fee, which is charged from the patients and Rs. 300 for the medicine. There was also a young boy whose hand had a fracture. Abdul Gafar applied a local medicinal ointment and gave medicines. Abdul Gafar also showed us his home garden, where the medicinal plants are grown. He showed the medicinal plants and Unani medicines stored in a room at the back of his O.P.D.

Biren Pheiroijiam

Biren Pheiroijiam Khongjom Sapam, Thoubal

Biren Pheiroijiam is a bone-setter from Shangomshabi Village, Lilong, Thoubal District, Manipur.



Fig. 12: Biren Pheiroijiam treating his patients in his healing centre

His healing centre consists of two rooms, roofed with tin sheets and mud walls, with two beds in each room. As bone setting takes a few weeks, the patients are provided with beds which are free of cost. The patients' families have to buy food items and cook for themselves. They also bring their kitchen utensils from home.

About the Maiba Bone-setter

When we arrived at the healing centre of Biren Pheiroijiam, he was attending to a few patients.

We waited for him to finish his treatment. After a couple of minutes, he joined us for an interaction.

Introducing himself and sharing his struggles in life, Biren said, "I am 53 years old. I studied up to the 10th standard. Since my family's condition is not good, I am unable to give complete services to the patients. Besides practising bone-setting, I was also driving an auto to support my family. My journey of life started

at an orphanage children's home. When I was about 4-5 years old, my mom was no more. I was raised by my mother's great-grandmother. My father left me and married another woman. Since then, I have been in the Dewlahland Orphanage Children's home. After I finished my 10th class, they searched for my relatives, and finally, I was able to join my mother's great-grandmother. I also worked as a tailor and designed dresses."

Knowledge and Skills Acquisition

Sharing his knowledge and honing healing skills, Biren said, "I learnt to heal from my 'Idhou', my great-grandfather's close friend. He told me that traditional bone setting is a unique kind of profession, through which I could serve the community. He influenced me, and I started thinking of getting training from the traditional experts. I also learnt from my 'Ikubok' (father-in-law). I was with the Maiba bone-setter for at least two years for training, and during this period, I closely observed every type of bone-setting done by the elder bone-setter. I started practising bone-setting along with my father-in-law after my marriage. I have been practising bone-setting for almost 27 years. In those days, we used to treat here in this healing centre only, and we also used to visit patients who could not come to visit our centre. In those days, roads were not in good condition, and some of the patients were very poor and didn't have the means to come to our healing centre. In such a situation, we as bone-setters helped them out of love and passion for those patients who needed our services."

Treatments and Charges

Talking about the treatment and the charges for his treatment, Biren stated, "The treatment charges depend on the kinds of injuries; based on the length of procedures I would charge, but usually, the fees range from Rs.3500-4000 for the major injuries in patient which last at least 2-3 months; it includes treatment charges and room facilities. After complete healing, the charges are from Rs. 2000-2500; sometimes, when very poor patients come, there is no compulsion. I only take whatever they give. But, for those who come to take treatments as outpatients, the charges are from Rs 300-400, depending on the type of injury. After the treatments, the check-up charges are around Rs. 250-300."

He explained the dos and don'ts for fracture treatment. During the treatments and after the local traditional medicines are applied, patients are advised not to eat oily products, fermented fish, meat and fruits, as the local medicines may not give

a quick healing effect if these food items are consumed; sometimes, the patients may suffer from an allergy. Meat consumption increases blood circulation, and the skin is damaged, so the local traditional medicine cannot be applied, as it also needs to fasten the fractured area with bamboo splints and a bandage. He said, "I only use bamboo splints for securing the broken area. If the patients' injuries are serious, even after visiting other centres, including hospitals, and are still unable to heal, then I advise them to take an X-ray so that I can put the fractured bone in its right place. It is very difficult to treat hill people as they come from very far away. They always say, 'I want to go home' as it takes around 3-4 months to completely heal. It is because they have other work to do at home. But the problem is that I want them to get complete healing during their stay in the healing centre."

Most of the patients who come to my centre are from various parts of the state and from Tripura. The majority are referred by patients who have previously been healed. People from different communities seek my treatment for healing the fractured bones. Those who come from distant places stay at the healing centre during their treatment.

The existence of the Healing centre and how the present bone-setter continues

Biren shared his practice of bone setting, "I have treated many patients, and I cannot give you an exact figure, but at least nearly one lakh patients have been treated. Once, a long time ago, I also maintained a register, but as of now, I could not maintain it as time does not permit me to write it down. I just treat them until they are well. There was a bad time during those days when I put the names in the case register. During those days, people who earned money or did business or who had daily income were suffering because the insurgency groups demanded money, but now, such problems are no more."

Biren continued his nostalgic gathering where they shared knowledge. He said, "The healing centre was already there before I came to practice here. My '*Idhou*' and his obedient disciple were actively practising and received no government help or support in their lifetime. The healing centre was also associated with the 'All Manipur Maiba Maibi Phurup' (AMMMP) in those days. In those days, there were also professional exchanges of skills in the gathering of traditional healers once a year. But, it has been a long time that we couldn't participate, or I don't know whether such gatherings are still there or not. In those days, there were more than 200 Maiba and Maibi in that camp. The traditional healers' camp was

held in Moirang Kampu in Imphal East district in a government school. I used to share how I treated the bone fractures and techniques, and others also shared how they treated different ailments. It was two ways of sharing knowledge and skills to improve the Maiba-Maibi Laiyeng Pathap in Manipur.”

Sharing his treatment methods, Biren said, “Different kinds of bone-fracture treatments require the use of animal oil and creeper roots. I use them to treat different kinds of fractures, such as hand bones, foot bones, ankle bones, thigh bones, backbones and collar bones, apart from sprain injuries. I used two locally available medicines; one is a local ointment made from an animal part, and the other is a plant root.

The animal’s name is called ‘*Nung-Ngok Sa*’ (a kind of animal found in Manipur and the neighbouring country Myanmar); it lives six months inside the earth and six months outside it. The animal’s mouth looks like a pig’s, and its nails look like a dog’s. We used to contact it from a place called ‘Nung Ngourok’ in Manipur, where many such animals are available. They extracted the oil from this animal. They used to sell in a bottle (one litre of drinking water) at Rs. 450-500, but this price is not fixed; it is sometimes more, sometimes less, depending on the availability. I used to grow the root of a medicinal plant in my healing centre, but it’s no longer available, as the valley soil is different from the hill. Most of this medicinal plant root is grown in the hills. The medicinal plant creeper is called ‘Leibi’ used for fracture treatment.”

The medicinal roots are crushed into powders, and the powders are used for the quick healing of bone fractures. We have a contact person in Moirang, and he brings us a bag of three to four dried powders costing around Rs. 3,000-4,000. I used to order them from Churchandpur as most of the creeper medicinal plants are better than those available on the Moreh side. It may be due to the cooling effect and soil texture on the Churchandpur side, as Moreh is hotter. For hardening the bone, I use five kinds of roses with honey and paste. It is applied to the fractured area, and the soft bone becomes hard. I also have a bone which can detect the fractured bone. This bone was handed down from my ‘Idhou’, but I don’t know whose animal bone it is. However, it acts like a scanner for fractured bones easily. When I am unable to identify the fractured bone, I gently rub it on the injured area, and when this bone touches the area, it gives me a sound ‘krek-krek’ which confirms that the bone is fractured.

Need Support from the Government

Giving suggestions and seeking help from the state, Biren said, "From the government side, I need help to construct the healing centre, as I am unable to construct it. A well-constructed healing centre equipped with proper washrooms and toilet facilities would greatly improve the comfort and well-being of the patients. Moreover, a herbal medicinal garden would also help them for recreation during the healing periods. If healers are given some of the medical facilities, such as X-rays, bandages, and other medicines like calcium would help them for quick healing."

Inpatients in the Traditional Healing Centre

There were five patients suffering from bone fractures in the leg, hand, and thigh at the time of the interview. A girl of about 14 years old met with an accident and went to the hospital for first aid, but her relatives insisted that her mother come to this traditional bone-setter. Her thigh bone was fractured in the accident. The mother and the patient had been there for about five months at the time of the interview. The patient's mother said that the Maiba bone-setter assured them the injury would be completely healed within one month. The accident happened while shifting home from Ukhrul to Jiri on the way.

A young girl shared that she was in class 10 and had been unable to attend school since her injury. She expressed her sadness, saying that she would lose another precious year of her education. The patient's mother told us that they were very poor and had no money. She explained that they initially went to the hospital, where the authorities asked them to deposit a certain amount for the operation. Fortunately, a relative informed them about the healer, Birenren. She said that, so far, Biren had only charged them Rs. 2,000. The room at the healing centre is provided free of cost, but they have to purchase water from the nearby suppliers. The patient mentioned she was feeling better and hoped to return to school next year. Another nine year old young girl was also being treated at the centre for a fractured right arm, which resulted from an auto accident.

The mother told us that they are very poor, which is why they came to the healing centre. She said her daughter is in class sixth and they are from Kanglatombi. They have been staying at the traditional bone healing centre for the past two weeks. She mentioned that her daughter has shown significant improvement, and the Maiba bone-setter told them they could return home by the end of the

month. The mother said that the government should pay attention to building a proper healing centre, as the room they are staying in is not in good condition. She suggested that it would be beneficial to construct the healing centre with an attached herbal medicinal garden, where patients could take walks during their treatments for added comfort and well-being.

Biren's story is one of struggle and rising out of poverty, yet his commitment to the service of healing remains strong. He works diligently to treat his patients, and the regular visits from patients reflect the effectiveness of his bone-setting treatments.

Thang-Ngam

Shingshit Kangpokpi

Thang-Ngam Shingshit is a 50-year-old healer. He shared his experience of being a healer. “I have more than 20 family members, including my grandsons and granddaughters. As I am a hill person, I used to cut wood, and one day in 1992, a log fell on me, and my thigh bone was fractured, which was treated by Meetei Maiba bone-setter in the valley at Khongjom. Also, when my brother’s right hand was fractured, it was they who treated him. There was an elderly bone-setter called Mang-gi at the Khongjom bone healing centre, who treated me very well. I was able to walk within one month. I thought that it would be a unique profession, and there were hardly any bone-setters among the hill people. I requested the elder bone-setter to train me. My supplication was happily accepted by the elder bone-setter. I followed whatever the bone-setter told me. He also visited some of the patients’ homes, who could not come to the healing centre due to bad transportation and money problems.”



Fig. 13: Author with research team outside the healing centre of Thang-Ngam

He further shared, “I observed and was trained by the elder healer for one year in the valley. ‘Epa’ (father) Mang-gi was a well-known bone-setter in those days, but he is no more now. I have been practising bone-setting for the past 26 years here. After I received the bone-setting training from the valley, I wanted to start a bone-setting healing centre like the one at Khongjom, but I didn’t have any money.”

He shared how he managed to find some money to start his healing centre. "I had a piece of land, and I used to grow a small-scale ginger plantation on a small-scale production, which provided me with some money. I had a strong passion for agriculture and was close to making it my core profession. However, I got injured, like many hill people in those days, as most were involved in cutting wood and doing agricultural work, through which I was able to closely understand the bone-setter's healing treatment. Further, in a short period, by the grace of God, I could start the bone healing centre in 1993 after constructing the building in this place."

Sharing his passion and the treatment costs, Thang-Ngam said, "I practice this profession because I love people-- especially those who are unable to work due to old age or disability and those who cannot afford hospital care because of poverty. I don't charge for accommodation. For serious fractures, the fees range from Rs. 2000 to 25,000, depending on the type of fractures and the duration of treatment. However, the charges are not fixed- sometimes the fee is only Rs. 100, 200 or 500. I even take no charges for poor people, especially widows; for the sake of God, I give them free services. I have treated many patients over the years, but my old records are no longer available. According to my new records, I have treated more than 500 inpatients. In total, I believe I have treated over 1500 inpatients at this healing centre. If I include outpatient (O.P.D.) cases, the number exceeds 3,000 patients. In my healing centre, I have a separate toilet for the patients; there are three rooms and a big hall with a capacity of 20 patients, with a separate nurse room and O.P.D. room, but now I can't employ the nurse as I can't pay them. Once I hired a nurse by paying Rs. 2500 as salary for the nurse a few years ago, but now it is tough as the salary demand is more than Rs. 10, 000." Due to financial constraints, he is unable to hire a nurse and is running the healing centre with the help of his daughter and daughter-in-law.

Sharing about his infrastructure and his process of treatment, Thang-Ngam said, "altogether, I have five rooms in my healing centre. The big hall room is mainly for those who can walk, or are injured, and the rest is for those who are seriously injured and cannot walk and need complete rest. Patients sometimes arrive outside of the regular O.P.D. timings (6 am to 4:30 pm) and even late at night. When patients come from distant places, I wake up and treat them with care. I use creeper medicinal roots for the quick healing of the fractured bone. The roots of the creepers are crushed into powder and applied as a paste to the injured area for at least 30 minutes, after which it is gently bandaged using bamboo splints. I also apply calcium and antibiotics to my patients during the treatments. These

medicines are available in the pharmacy in our Kangpokpi market. I also consulted with the doctors for these medicines.”

Upon asking if there was any support from the government or any expectation of help, Thang-Ngam replied, “I have not received anything from the government side. I requested a generator or solar installation for the healing centre as sometimes there is no electricity at night. Most of the patients feel uncomfortable when the light goes off. It was in 1997-1998 that I made a request to the government of Manipur and also Kangpokpi ADC (Autonomous District Council) for the same, yet there was no response. Again, recently, I made a request to the Senapati ADC and the chairman for the same. He told me that he would help me.” However, Thang-Ngam told us that the main gate entrance was constructed by the Naga Community out of love and appreciation for his work towards the Naga community.

Patients- Robert and Sovina’s Experience of Traditional Healing

We interviewed a patient named Robert during our visit to Thang-Ngam’s Kangpokpi Traditional Bone Healing Centre. Sharing his experience, Robert spoke about his accident and the treatments he underwent before arriving at the centre. He said, “My name is Robert, I’m a driver by profession with a salary of Rs. 9,000, and I’m from Leimakhong. I studied up to class 4. I was involved in an accident with a big ‘Shaktiman’ truck, and it has been almost four months. I went to the Regional Institute of Medical Sciences (RIMS) hospital, and the concerned doctors told me that my injury needs surgery. For a second reference, I also visited a few private hospitals, but all of them recommended surgery. I am afraid of undergoing an operation. One of my relatives, who had already received treatment here, referred me to this centre. We have been here for two weeks now, and during this time, I’ve started to feel better. However, I’m still worried that if the treatment is not done properly, I may not be able to walk normally in the future. My relative had suffered a thigh bone fracture while playing football. The doctors also advised him to undergo surgery, but he chose to come to this bone healing centre instead, as one of his friends with a similar injury had been successfully treated here. After taking the medication, his friend recovered and was able to walk just as before.”

Explaining how they have been managing their stay at the healing centre, Robert said, “All the kitchen utensils we use here are brought from our home. The healer does not charge any room rent. We had paid Rs. 25,000 in advance as the treatment charges for three months, which included locally available traditional medicines

and some modern medicines for complete healing. The healer uses bamboo splints to set the fractured bone in its proper position. He comes for a check-up every alternate day.”

Robert and his mother said that the government should provide incentives and work towards growing awareness about the bone setting centres, so that people can easily locate the healers and seek treatment, instead of immediately turning to larger hospitals. At night, sometimes the electricity goes out, so the government should provide solar-powered lighting free of cost to ensure that patients do not face any discomfort during their stay at the healing centre.

There was also a girl patient called Sovina, who studied up to class 9. Her arm was fractured due to a fall. She has been at the bone healing centre for around 16 days. She came directly to the centre because her sister had also been treated here and had fully recovered. Having strong faith in the bone healing process based on her sister’s experience, she chose not to go to the hospital. She is also afraid of undergoing surgery and does not have the financial means to afford it.

She expressed her desire for complete healing and hoped to regain her ability to walk as she did before. Her sister had also regained full mobility after receiving treatment at the same centre. Encouraged by her sister’s recovery, she is close to coming here for treatment. As part of the treatment charges, she had paid Rs. 7,500 in advance. The bone-setter informed her that she needed to stay at the healing centre for at least one and a half months to achieve full recovery, and she remains hopeful.

TUMUYON KHULLEN

Kangpokpi Female Healer

As we reached, the family was having lunch, and the lady healer was attending to a patient in her one-room healer's hut located beside her house. There were two toilets---one for females and one for males. The healing centre was situated along the highway in Kangpoki. From the centre, there was a scenic view of the surrounding mountain ranges. Rows of flower pots lined the veranda of the house. In the stone healer's hut, we observed a large pot boiling with a coloured medicinal plant. There were also many empty bottles ready to be filled with the herbal decoction. The healer used two types of medicine: one to manage high blood pressure and diabetes, and the other for treating kidney or gallstones.

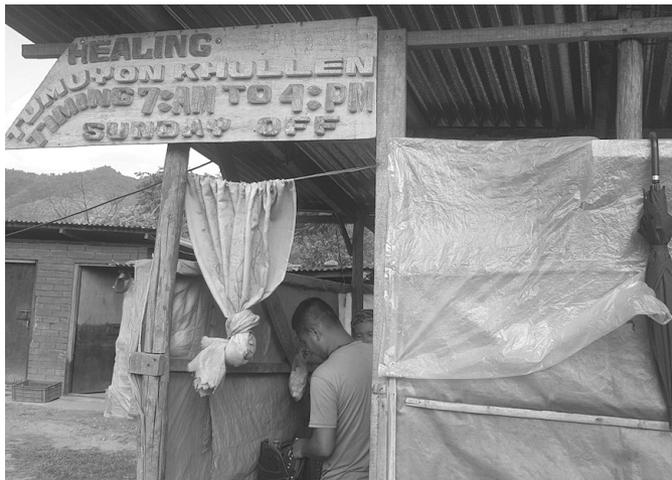


Fig. 14: Kidney Treatment Hut

Kidney Stones Treatment

Two men came during our visit to pick up six bottles of medical decoction for the stone problem. The stone healer Tumuyon Khullen, shared her story of divine intervention that led her to pursue this healing practice: "I am 67 years old and have never received formal education. I have been practicing for the past four years. When my husband was alive, I worked as a dai (traditional birth attendant) in our village and neighbouring areas, guided by what I believe to be a gift from God. After my husband passed away, I felt weak and without strength. I then

fasted for three days and prayed to God, telling Him that I am old, tired, and wish to rest. But instead, God spoke to me, saying that as long as I live in this world, I must serve people. During those three days of fasting, God gave me a vision of a medicinal plant that could help expel stones from the body. On the fourth day, I woke up and prayed again. God once more revealed the same medicinal plant in my vision. I was overwhelmed with joy and thanked God for this divine revelation.”

Sharing her personal experience of suffering from kidney stones and treating herself, Tumuyon Khullen said, “I had a stone in my body at that time. I used to pray every day and say to the Lord, ‘I am a very poor woman; don’t give me illness; just provide for my daily needs. I don’t wish to be rich.’ I collected the medicinal plant that I had seen in my vision, boiled it in a pot, and drank the decoction. After drinking it for three days, the stone passed out of my body during urination. I felt much better after that. However, a few days later, I became unwell again. The pain was as intense as childbirth. I prayed to God, wondering if the Lord was testing me. I also sat in warm water, and with a towel, I gently pressed the painful area with a towel soaked in warm water. After praying to the Lord and using His revealed medicinal plant, all the remaining stones passed out of my body, and I was completely healed.”

It is interesting to find that initially Tumuyon Khullen could only diagnose, but later she gained divine powers to treat as well. She said, “Before I had the vision of the medicinal plant, I could diagnose the patients and tell them that they had stones and refer them to visit the doctors for operations. However, after I had the vision of the medicinal plant, I have been giving the decoction of the medicinal plant in a bottle. I do not charge for the decoction of the medicine nor for treatment, but I only charge for the bottle. One bottle costs Rs. 20, so I take only Rs. 20 per bottle from the patients. Many patients came to take decoction medicine, even from very far places, and they told me that the stone passed out during urination. Patients also came to me with the problem of stones. They said they had visited hospitals and taken an ultrasound, and x-rays, but there was no sign of a stone. I prayed for them and saw the stone in their body. I told them they had a stone in their body. After the prayer was over, I gave them the bottles of decoction of the medicine. Patients who suffered from a stone in their body came to me and said that the stone had passed out of their body. Sometimes, patients brought the stone and showed it to me. They told me to keep those stones, but I refused to keep them. I said God had healed them and there was no need to keep it.”

Talking about the liquid treatments, she said, "I used to give five bottles for five days. One bottle should be taken in a single day. During these five days, if the stone passes out, it is good, but if not, then another five bottles for five days are suggested. If the stone still does not pass out, another five bottles for five days are suggested. At least 15 days for 15 bottles is prescribed, then the stone passes out of the body."

Talking about patient visits and divine intervention, she said, "In a single day, 10-20 patients visit my healing centre and take the Lord's vision medicine. More patients come on Saturday and Monday because these days their decoction medicine bottles are getting over, and they come to take them. Before I give the medicine bottle, I pray for them. When I see the stone in my vision, I tell them whether they have stones or not. I pray for the healing before I give the medicine to the patients; only then do I provide the medication."

Taking the help of her daughters, she treats the patients. She shared, "My two daughters used to assist me in collecting medicinal plants and preparing the decoction of the medicinal plants. Patients from Nagaland, Churhandpur, Moreh, and many places in Manipur come to seek healing treatments. My patients come from different religious backgrounds; I used to tell them that God is the only one who can help in treatment with herbal medicine. I would like to pray for your healing. If they say yes, please, I will go ahead and heal them. The medicinal plant which I saw in my vision is available in large quantities in the hills in my area. Therefore, it is not very difficult to collect them. I always tell to the patients to pray to God and trust in the healing process before they come to take medicine. Patients who have already taken treatments from Nabakishore, a well-known kidney stone healer, also came to me to take the medication in my healing centre. So far, I have treated more than 500 patients, even more as I don't keep records; I just treat in the name of God."

Talking about the recognition and support, she said, "So far, I have received neither recognition nor any certificate. One NGO came to help me, but I said, it is the service of God, I have been rendering, and I don't need any help. I am not going to take any help, but as long as I live, I will serve the people without taking any help. I am very happy to serve the people."

Sharing the power of divinity and the commercial use of healing can harm the healer, she said, "I don't want to sell the medicine and disclose it as God gave it in my vision. It is a rare gift of God. One man in Churhandpur saw in a vision

the cancer medicinal plant, but when he sold the medicine, he was no more. I am afraid that it is not God's will to sell the medicine."

She also believes that not all can acquire this knowledge; it is with God's will only who will be the next heir for the healing knowledge. "Even for transferring the knowledge of this healing, if it is not God's will to transfer to my children, I won't do it, but if it is God's will to transfer, I will pray to the Lord and transfer it before I sleep. When God's talent is given to somebody else without His will, His wrath is on us, so we don't provide His talent without His will. I want to live longer, and my husband is no more; I live with my children, so I need to take care of them as well. When I am weak, I pray to the Lord, and He will tell me whom I should give the medicine, and then I will give the knowledge of the medicine."

This healer's narrative shows her strong faith in God in learning the healing and also helping her out in every difficult situation. The divination power to acquire this knowledge and continue to practice shows the importance of her healing practice, and during the field visit, in front of us, three patients came for treatment and also to carry liquid medicine in bottles in an hour.

Khaidem Angouchou

Lamlai Makha Leikai

Khaidem Angouchou treats psychological problems and also helps in maintaining relations. According to Khaidem, he uses herbal medicine and *Jadu* to treat psychologically ill ‘mad’ persons. He also shared that he can use the power of mantra ‘chants’ to help people in getting a divorce or even falling in love. Khaidem also planted endangered medicinal plants in his home garden.



Fig. 15: Khaidem Angouchou sitting in Varandha with his wife

Khaidem Angouchou shared his life journey into healing. He said, “I am 90 years old. I learnt the tradition of Meetei Laiyeng Pathap from many experts, including Bamol Abhiram, and my guru Angou. I started this healing practice in 1952. It has been almost 67 years since I have been practising this art of healing. I also visited America to trade elephant teeth. In those days, there were a lot of elephants that we used to kill for trading their teeth. I primarily treat ‘mad’ persons. I also help people with relationship issues. In the case of polygamy, when the second wife is loved the most and the first wife is less loved, in such a situation, I use mantra *jantra* to give attention to the first wife as well.”

Sharing the treatment methods for various health problems, Khaidem Angouchou said, “I also use medicinal plants and parts of animals to treat different ailments. For treating conditions such as a toothache, I use ‘*Sagol hidak amuba*’ (a local medicinal fruit). The seeds are fried in mustard oil and then boiled in a litre of

water. For healing piles, gout, joint pains, and paralysis, I use different medicinal plants, roots, fish, and oil, mix them in proportionate amounts, and make them into small balls for small quantity consumption. One small ball of medicine should be eaten before lunch and dinner, that is, twice every day. The herbal medicine combined with traditional medicine that I use is 'tek-khao yaikhu', 'pure cow ghee', 'ngak-khra' (a local fish), 'garlic', 'meetei telhou maru' (meetei onion), 'kala ni muk' (a kind of black salt), and finally, honey is added and made into small round balls of medicine for healing piles, paralysis, gout, and joint pains."

The wife of Khaidem said that their granddaughters are given Rs. 10 each for peeling the cover of onions, garlic and assisting them. The medicine, thus, is made into small round balls and sold at Rs. 10. People come from far-off places to buy locally made medicine. She also works to improve the white blood cell count and boost immunity by administering medicine that she prepares herself. For snake bites, she uses a kind of snail shell which, when rubbed on the affected area, helps to heal the wound caused by the snake or other poisonous bites. They use pure homemade cow ghee and medicinal dried woods for treatment. While we were speaking to Khaidem's wife, he brought out to show us the dried claws of the animals-birds, which are used for healing poisonous bites. Very interestingly, Khaidem told us, this is the medicine which was used during the Ramayana. This is the 'Sanjeevani' (the magical medicinal herb), used in ancient traditional medicine.

Khaidem too does not charge anything for the treatments but accepts whatever the patients give out of their love and respect. There are at least 4-5 patients visiting his home for different kinds of treatments. He also shared that he is registered at the 'All Manipur Maiba Maibi Phurup' (AMMMP).

Khaidem had shown us the registration number of the same, which the healer had brought out during the interview. He told the researcher that most of his healing practices are associated with the mantra. In Manipuri society, one Maiba would give a mantra for getting a divorce or making people fall in love. It is interesting to know how the spiritual healers also help in managing relationship issues.

Leiphakpham Shakhi Devi

Leiphakpham Shakhi Devi Dai in Nongpok Sekmai

Leiphakpham Shakhi Devi is a traditional birth attendant ‘dai’ and helps in childbirth, and also treats other women-related health problems.



Fig. 16: Leiphakpham Shakhi Devi

She narrated her story of becoming a traditional birth attendant. “My name is Shakhi, and I am 67 years old. I got married at the age of 17. I started practising childbirth when I was 20 years old. My mother-in-law was a ‘Dai’. I used to go with her for childbirth in those days. She taught me how to give birth safely. When there is a severe gastric problem in the mother, I use tomato leaves and apricot leaves for healing.”

She shared her experience in giving birth to a number of children. “I had delivered more than 1000 babies during my lifetime. During those days, there were no doctors in our village, and most of the villagers called me for childbirth, such as in the Nongpok Sekmai village, Ingourok village, Kakmuyai village, Haokhong village, Sikhong village.

Shakhi reported that the most challenging aspect of childbirth is giving birth to twins, but still, she helped a few mothers with the birthing of twins during those days. She said, “Most of the couples come to me asking for help to give birth at home. They don’t want to go to the hospital even in the most complicated cases.

However, I always advise them to seek hospital care for safety reasons. I openly tell the couples that in case the womb water sac is broken, or if the mother is very tired, or the 'kam' (pelvis-the way) is small, I cannot help in the delivery process. In these circumstances, they have to go to the hospital. I advised them to go to the hospital immediately without any delay."

Sharing her training, Shakhi told, "I had no formal training from the Primary Health Centre, but I was trained by my mother-in-law. Still, people call me for home births, but I have stopped going, as I am very weak. Nowadays, most people visit hospitals and deliver at the hospital. People's awareness is very high nowadays, as there may be cases of bleeding and complicated cases, so people are no longer interested in Maibi childbirth (dai childbirth). Dai is a dying profession at present."

Sharing about her role in supporting and helping pregnant mothers by giving suggestions on preferred foods and taboo foods, Shakhi said, "I used to advise mothers not to eat gastric food such as cabbage, pumpkin, and taro during pregnancy, because it would make childbirth painful. I advised them to eat 'uti' (a mixed curry) and less 'chagem pomba' (mixed curry of porridge) for a healthy childbirth. After childbirth, I advised them not to eat fruits, no 'uti' for at least a year, no 'peruk' as it is bitter to taste and not helpful for the milk production for the infant, and also advised them to eat a lot of 'changbi lafu' (a variety of banana tree) as it helps with milk production for the infant. After the child is delivered, the mother should not eat snails for at least three months. In Sorokmapan, a mother died because she ate snail curry within a few weeks. Many mothers died because they unknowingly ate the curry of a snail. In those days, mothers were not allowed to eat fresh fish curry but were recommended to eat dried fish. But nowadays, fresh fish curry and even chicken are eaten after a few days of delivery if the baby is born in the hospital." According to her, the cultural and traditional food practices should be followed to give birth to a healthy baby and also to avoid certain foods, which can be harmful, but modern medicine does not have any restrictions.

Explaining the process of birthing, Shakhi shared how the fetus is twisted and turned. Pressing the womb in the direction she likes, the right hand is slowly and gently put inside very near to the umbilical cord and slowly turned around in the right direction. The head is turned towards the way slowly and gently, and then as soon as the head comes out of the way, the left hand pushes on the belly of the

mother; thus, the baby is delivered. It needs concentration, the technique of the hand, and strength to deliver a baby.

Since she is very old now and has no strength to deliver a baby, she is still being called for the ritual offering after the child is born. She has been performing these rituals since she started practising as a dai and helped in child delivery.

Soibam Gouramani

Sikhong khumbi

Soibam Gouramani practices both spiritual and herbal healing, treating conditions such as a burning sensation in the stomach, piles, fever and cough. She. Particularly focuses on individuals believed to be possessed by local deities and spirits such as 'Haoreibi Sampubi' (local fairy deity), 'heloi' (local elf), and 'hingchabi changba' (giant woman evil spirit). In addition to spiritual healing, she also uses herbal remedies to address physical ailments like stomach discomfort, piles, fever and cough.



Fig. 17: Soibam Gouramani being interviewed at his home

As we entered the house of Soibam, there was a 'kongthong' (bamboo gate) at the entrance of the house. The house was roofed with tin sheets and had mud-walls. The lower portico of the house is used mainly for sitting. There were two mats made of 'Kouna' (a local reed used for making mats and other items). Soibam was sitting on the north side of the house.

Among the Meetei Communities, it is customary for the eldest or head of the house to sit on the Northern side of the house, which they call it as 'Pham-men Phamba" (sitting on the Northern side); a space considered to be holy and only meant to be seated for the head of the house. We were sitting on the southern side of the mat to interview Soibam."

Maiba profession is dying

He introduced himself, "My name is Soibam Gouramani, and I am 60 years old. I learnt the Maiba profession from well-known healers, Nongpok Sekmai and Maiba Kondumba. I was very interested in the Maiba profession, and I began practising it when I was 30 years old. Unfortunately, this profession is dying. I often tell young people that I am willing to teach them what I know; they say, they will come and learn, but they never do. These days, I am worried --- I could pass away at any time. There is no other Maiba in Sikhong, Sekmai, or the neighbouring villages besides me. I am worried about the coming generations.

Treating a Possessed Person

In 'Lai oknaba laiyeng pathap' (local deities possession), I use mantras to cast out deity-possessed persons and ask them what they want. I can detect by reading the pulse of the person whether they are possessed or not. I can ask the deity's name who is possessing the person. They have their different tastes in items. Accordingly, 'Khayom', and 'chaban' (local ritual items) are offered to the local deities. I sometimes pray to the Gods not to be angry and to leave the possessed person. If the goddess does not go, I cast her out by using the mantras. I mainly ask in 'heloi oknaba' what they prefer to eat. In 'heloi oknaba', it is very difficult to control the possessed person; even two to three persons are unable to control them because of the strength of the deities. I used to have conversations with the possessed local deities always. I used to ask who you are. Are you 'heloi', 'dakati', or 'lamleima' or 'haoreibi sampubi'?; what do you want? Then they reply, I want this and that."

Narrating how he heals the person who has been possessed, he shared a recent case. "Recently, there was a case of 'heloi oknama' in Nongpok Sekmai village. I asked the deity's name. They said they are 'helois'. The possessed person does not know anything, but the deities are overpowering the person and start speaking when I have a conversation with one of the deities. I ask what they want; then they said they wanted to wear 'takhellei' (a local flower); I said this season is not for the flower; you will get only leaves; then I asked what they want to eat; they said they wanted to eat 'cha-gem pomba'; (a local mixed porridge curry). I will leave only when I eat this curry. I asked, would you surely leave the person? Then the 'heloi' said, Yes, I would surely leave after having the curry. Accordingly, I told the people in the house to arrange the curry immediately. The curry was prepared and offered on the southern side of the three lanes meeting point, and the person

got well. That 'heloi' left the person after getting the desired item. If the deity persists and does not leave the possessed person, the mantra is blown to the sickle and shown to threaten the deity. Also, fire is lit, then the deity said, Fire! Fire! It touches the possessed person; please don't repeat it, and I will leave. This is how I used to cast out the local deities who possessed the villagers. Sometimes, deities get very angry; in such situations, I used to make a humble request and ask what they wanted. After a long negotiation with the deities, they leave the possessed person. Since I am a Maiba, I have to cast out or make a request to leave the person by any means, such as using mantras to cast out or by offering food or ritual items of their choice."

Narrating how the younger generation does not believe in the healing powers of Maibas, Soibam said, "Even my son said the profession of Maiba is superstitious. For fever and ulcer in the mouth, I use 'leipung khang ga', 'Tulsi', 'nungshi hidak', crush them and make juice and add honey. This can cure a fever. My son has been lying on the bed due to a high fever for the last three days. I prepared medicine for him for quick healing. He ate the medicine given by a biomedical doctor but still was not cured. So, I went to collect herbal medicines from my home garden and others' gardens to make traditional medicine. He is recovering now. I also treat 'puk suba' laiyeng pathap (a kind of treatment with the right hand on the belly). Old people who are weak and who suffer from indigestion and stomach disorders used to call me. If this reflexology treatment is done for three days, the indigestion is gone, and they feel better."

Various treatment procedures raise serious concerns

Soibam shared various treatment procedures and also expressed serious concerns related to the vanishing herbal medicinal plants. "I used to grow an endangered medicinal plant called 'Tek-khao Yaikhu', which is useful in curing piles. The rhizome of the medicinal plant is boiled and a big 'Ngak-kra' or 'Nga-prum' (a local fish) is also boiled and fried with 'Meetei Tinhou', garlic, 'long pan', 'gun maru' and made into small round tablets and put in a glass jar for consumption thrice daily before breakfast, lunch and dinner; it will cure piles. There were a lot of medicinal plants, but most of them are no longer available now. A few years ago, 'tek-khao yaikhu', 'yaimu', and 'yena khat' were available in plenty in our area, but due to a lack of awareness, all these plants have been cut down and uprooted, and few are available now. I have grown a few of 'yaimu', 'langthrei', and 'tek-khao yaikhu' in my home garden. I use them whenever somebody falls sick, including me; there is a need to grow these medicinal herbs. 'Yena-Khat' is

useful for all types of illness, and it costs Rs. 1500 per kg. ‘Saban tenga’ is also useful for healing a bone fracture.”

Recognising the vast and rich biodiversity, Soibam said all the medicinal plants required for treating any kind of diseases and illness in the world are available in Manipur. It is our lack of knowledge of the dose of composition which can cure many diseases and illnesses. Moreover, many valuable medicinal herbs and plants have become extinct due to overutilization and uprooting of the plantation because of the construction of houses and the cutting of these plants unknowingly by the villagers.

Chandan Romen Kumar

Imphal District

When we entered the Chandan Romen Kumar Bone and Muscle Rejuvenating Centre, we saw a board with his picture and details about treating patients, along with the registration number and the year of establishment. At the entrance, there was a register for patients to sign in and pay a small fee of one hundred rupees. Inside the centre, we saw Romen sitting with a patient and doing acupressure. His two assistants were also looking after other patients in the same room. In front of us, three or four patients were being treated, including a police officer. He continued to interact with us while he was treating the patients without giving a break from his work. As on 26th May, 2018, when we visited him, he had treated 90 patients by the afternoon. He showed the list of patients and also where they came from; the whole of Manipur-from different distant villages and even from Patna, Orissa, Hyderabad, and relatives of people who stay here.



Fig. 18: Chandan Romen Kumar treating a patient at his bone and muscle rejuvenating trust

Bone, muscle and nerve healing

Chandan Romen Kumar is a young healer who treats bones, muscles, and nerve problems. Introducing himself, Chandan said, “I am a graduate, a sports person, a bodybuilder and have three medals in martial arts. I have been getting joint pains and other pains while bodybuilding. Since I was poor, it came to my mind to learn the art of fixing muscles and bones. I learnt this from the guru of bodybuilding, who used to teach how each muscle works and how we can build muscle. I started my practice in 2006. I have been practising this healing for the past 11 years, and

have 60-100 patients visiting per day. I have kept a register at the entry for the registration of the patients. I have a gym, I teach children, and when they have a sprain, I gradually learnt and how to fix it. This came from my heart. When I heal people and they feel happy, it is very therapeutic and gives me a lot of satisfaction. I work from 6 am to 9 pm. The joy on the patients' faces gives me the energy and strength to work."

Talking about the patients and his healing skills, Romen said, "They come here to avoid any surgery. I also take care of people and their minds. Patients with long-term illnesses lose morale. I take care of each part, and then I fix one at a time: bone setting, muscle setting and finally nerve setting. I do natural healing, always giving proper advice, to put some restrictions on food, like fermented foods, soda, fish, etc. He then explained to us all 10 systems of the body, which lead to illness and diseases, (reminding us of our biology classroom teaching). He also classified 5 types of back pain and the number of days needed for treatment: normal back pain (3 days), disc collapse (5 days), spondylitis and sciatica (20 days), and BP stroke (connected to back pain) may take a longer time. I feel three systems are most important for being healthy, which will keep all other systems healthy; they are the skeletal, muscular and nervous systems. I will fix all three."



Fig. 19: Banner Outside Chandan Romen Kumar's centre

Knowing the limits of their healing skills

Sharing his diagnosis techniques, Romen said, "I see the eyes and can diagnose where the pain is. I announce the problem by the time the patient is thinking. I only try to help patients. I am not that experienced, and I am also very careful in

dealing with patients. I do not treat the patient. If there is any cut and blood is coming or any accident case, I will straight away refer them to good doctors who are good at heart and not greedy. There are good doctors in Manipur also.”

Treatments and therapies

Sharing his therapeutics, Romen said, “I do not use herbal plants on the skin, it will dry the skin and the skin gets peeled off. It can also lead to infection. I am very careful and only use eggs. Egg works like plaster of Paris. It binds and helps in smooth healing. If anyone comes with a skin infection, I tell them to get healed first and come back for treatment. People ask me, how can you treat without having an X-ray image? I ask them to take an X-ray after I heal them. Taking an X-ray is even painful before fixing, so I do not ask for an X-ray; I can touch and feel the problem. But if somebody wants evidence of the healing, we suggest taking pre- and post-treatment X-rays. I don’t have time after treating 100 patients every day.”

For fixing any orthopaedic problem, a doctor may charge Rs. 80,000 or more; I only charge Rs. 2000/-. If there are any poor patients, I do not even charge them. I do not keep serious painkillers, I only use simple painkillers, and I do not use any antibiotics.”

I have a dream

Romen is passing the knowledge of acupressure and the treatment of bone, muscle and nerve to youth. He shared, “I do not believe in keeping secrets, and I show my treatment; I reveal it all. I do not wait for the government to support, I continue to work, people are coming to help me. I have taught many students, and I have selected three women who have learnt and are practising with me. They are now able to fix all problems. Though I have learned on my own, I am here to teach them. I have put my videos of my healing techniques on YouTube, not to get famous, but because I want to show others how to learn, how I have fixed the bone without pulling or putting force. I do it with ease and softly, which is not too painful. Others twist and squeeze the limbs. I have treated so many, and with no demands, except for a token fee. Every day, people have been coming. In 2018, my video went viral, and many people started coming. Even the governor came.”

When we asked what his expectations were from the government, he said, “Government is nothing but the people whom we elect. They are the people who come and get treatment from me. I have treated the governor, the DG, and officials.

I treat poor people free of cost. I have registered a trust in my name to expand my work. I have taken an income tax certificate. I have a dream. I want to treat the stroke patients who are paralysed. I have just started a gym on the premises. Until now, there has been no support, but I am doing it on my strength. I feel the government should arrange for some training programmes for healers, as some of them may massage and spoil the case. So, some professors of philosophy and anatomy should train the healers.”

He ended his narrative by saying India needs to develop in health care, and traditional healers can help in a small way. He says honesty, sincerity, brevity, and selflessness are important in doing good work.

Yambem Tondonbi

Khangchup Chingkhong

Yambem Tondonbi treats white patches, skin diseases, and piles. Introducing himself, he said, “I am 61 years old. I started the Maiba healing practices when I was 17 years old. I was suffering from white patches on my skin. I was very shy in those days because of the white patches on my skin. All my friends came to my home and told me to go for the ‘Thabal chongba’ (a folk dance for the Meiteis), but I was insecure and felt very shy because of the white patches, so I didn’t go with them. Then I searched for the Maiba who could cure the white patches. Finally, I found a Maiba named Tomba in a place called Lamding who was also a Kabiraj, a Muslim Maiba. I was treated at his home and cured of the white skin disease.”

After 2 years, Yambem sent a letter to Kabiraj Tomba saying that he would like to learn the art of curing white skin disease, and Kabiraj was willing to impart to him the traditional knowledge. Kabiraj told Yambem, ‘Human life is uncertain; who knows when I will sleep today or tomorrow?’. Yambem shared with us his journey, “I was very keen to learn the traditional knowledge of healing white skin disease, as I was also suffering and was cured by the same healer. For five years with elderly Maibas, I was doing my research on all kinds of skin diseases. After acquiring the knowledge and skills of the traditional healing practices of skin diseases, I started practising the healing process. I even went to Ukhrul, Nagaland, Jiri, and many parts of Manipur and treated all kinds of skin diseases, especially white skin disease. I was well-known among the villagers, and from place to place, I went on treating skin diseases. As time passed, I had children, and I had to support their education and the family. Then I started doing agricultural work in the paddy fields. I could no longer go to the villages of Manipur and treat people. But those who were suffering from white skin diseases still came to seek treatment from me.”

Cure for white skin disease, piles and food restrictions

Yambem shared his current engagement, “Currently, I am also researching medicinal plants, especially for curing skin diseases. I use two types of medicines for curing skin diseases, ‘Neem Seijrak mana akuppi’ and ‘manahi’, which are very effective for healing skin diseases. The said medicines are crushed into powders and added to homemade honey and pure cow ghee, and made into a small round tablet. The method of treatment is to consume the prepared medicine. One tablet is

given to a child suffering from white skin disease after food; for adults, two tablets are given, one after lunch and another after dinner. The dose of the medicine is very important; if I give more doses, it would give side effects to the patients.”

Yambem is keen on learning more; he told, “I am planning to do research and treat four kinds of diseases and illnesses, namely stomach disorders and infections, high blood pressure, piles, and white skin disease. For treating skin diseases, neem juices and ‘kek-kru’ powders are applied to the affected area of the skin. For treating piles, I use homemade honey with ‘ok-hidak’ and neem. These two medicinal plants are crushed into powder and made into small round tablets. The patient who is suffering from piles is advised to take this medicine twice a day, before or after lunch and dinner. If the pile is old, I recommend using this medicine for at least three months to cure it. Many of my patients said they were cured, but after some time, they again complained of suffering from it. This is because I recommend certain foods, such as red meat, to avoid, but they consume it, so the disease starts again.”

Talking about food restrictions, he said, “Our advice is that though the medicine has the power to heal the piles, the patient also needs to take certain steps, such as avoiding undesirable foods which are susceptible to worsening the piles problem. Foods such as taro, pumpkin, lentils, and red meat, especially cow meat, have to be avoided by those patients who are suffering from piles because these foods produce gastric juice and give way to the easy spread of piles again. However, if they want to eat, they can eat dried meat items or the fresh meat items cooked with passion fruit leaves or ‘nong-mang-kha’ so that these medicinal plants can destroy the gastric juices in the meat or food, which helps with gastric issues. However, I always advise the patients not to eat them, but to eat simple food during the treatment. People are visiting hospitals, and doctors are using antibiotics and other modern medicines, which are harmful to the body. However, for those who cannot be cured by modern medicine, some doctors have been referring patients to us. We treat them using natural methods and herbal medicines, and are often able to cure conditions.”

Location and publicity make a difference

Yambem shared how his patient’s condition decreased day by day, the factors were his own immobility, inaccessible terrain, and lack of publicity. He said, “I used to go to different places in Manipur and render my services for skin diseases, until the age of 50 years. After that, my backbone was having some problems,

and then I stopped going out to treat patients at their doorsteps. Presently, I am rendering skin disease treatments only at my home. Not many patients are coming due to the location, but still, people are coming weekly. Three to four patients are coming on weekdays. If I took photographs and recorded the names of the patients and published them in the local newspapers, then there would have been more patients like Nabakishore, the stone healer in Imphal. The survival of Maiba-Maibi Laiyeng Pathap in Manipur also needs the presence of awareness through local newspapers. In my case, the problem is due to the location, as I am living in the foothills. Villagers from the nearby areas and those I had healed in the past used to send patients suffering from skin disease, and I treated them at my home.” Referring to the social stigma attached to the white skin disease, the patients always feel unhappy, as most people discriminate against them and society considers them ‘unholy’. In the ritual ceremonies, people get angry if a person with a white skin problem appears in front of them.

Maiba Maibi association and transmission of knowledge

When Yambem was young, he was told to join the ‘All Manipur Maiba Maibi Phurup’. He said, “I could not join in those days, as I was a frequent traveller healing patients across the state. Moreover, some of the Maibas were not willing to share knowledge and skills; many of them felt that their specialization was the best of all, but I would like to exchange the skills and knowledge for healing patients and promoting health and well-being in our society. There was a difference in perspective, so I did not join them. We human beings are uncertain; we don’t know when we will die, maybe today or tomorrow or at any point in time; when the Maiba or the Maibi dies, the skills and traditional knowledge also get buried with them in the grave. This is one of the most unfortunate things for our society today.”

Recommendations and role of the State

From the government side, Yambem feels that there should be a space where he can sit in the hospital and treat patients so that the awareness, development and continuity of Maiba-Maibi Laiyeng Pathap prosper in the state from generation to generation. Presently, he is also planning to make a herbal garden on this foothill. This area is suitable for developing a medicinal herbal garden. There were a lot of medicinal plants, but due to the cutting down of trees, a lack of knowledge has now led to the loss of medicinal plants.”

Birahari Meetei

Nongpok Sekmai, Thoubal

Birahari Meetei treats sprains and is 79 years old. He lives in a village called Nongpok Sekmai, 34 km away from the capital of Manipur, Imphal. Birahari is mainly an agriculturist, and he grows beetroots and local varieties of vegetables. In his home garden, he is growing so many varieties of vegetables for household consumption and for selling in the market. Birahari's house is made of mud walls, and the roof is made of tin sheets. There are flower pots at the portico of the house. There are yellow, blue, red, and white flowers grown in those pots. Medicinal plants like *Acorus Calamus* are also grown in a pond on the north side of the house.



Fig. 20: Herbal Medicine

About the Village

Birahari told us that the village has a chief locally known as 'Khun Puba', but it should not be confused with the 'Leikai Puba', where the chief is only concerned for the groups of locals residing in a narrow lane side by side in the village. In a village, there are many lanes, and on either side of the road, there are thongal, which means the gate of the house. Every thongal has a Konthong, which means the main entrance gate; most of the villagers use dried bamboo sticks to open and close the main entrance gate. This practice is still prevalent in most of the villages in Manipur, yet modern gates with iron bars and tin sheets are also being used in some houses.

Methods of Practice

Birahari is a herbalist, and in their local term, it is known as 'Mana Mashinggi Maiba'. He narrated his story, "I started practising with my father when I was 24 years old. My late father always told me to collect medicinal plants from the paddy fields and forests. I used to make medicines with him for the patients. I have been serving people through the art of setting sprain injuries and telling the dosage of the medicine to prepare for healing different ailments. I practised healing for 30 years. I used to treat mostly sprained and twisted injuries for healing. I use simple mustard oil for massaging and healing twisted sprain injuries. I don't use modern-day bandages, as many of the patients coming to me are for minor injury treatment."

Apart from practising as a sprain setter, Birahari also advised many at home and outside. "I also used to advise those who are suffering from stomach burn, cough, dizziness, and tonsillitis to use medicinal plants available in the locality. 'Langthrei' is an indigenous medicinal plant, useful for healing stomach burning sensation; 'Nongmangkha' for healing cough; 'Nongmangkha Asinbi' for healing dizziness; and 'Lomba' for healing tonsillitis."

Preparation for healing stomach burning sensation and cough

Birahari shared the uses of the Langthrei medicinal Plant. He said, "The fresh leaves of the 'Langthrei' are crushed into juice, adding one teaspoon of honey and mixing it. Then the mixed medicine is given to the person who is suffering from the stomach burning sensation. It gives immediate relief within a few minutes and heals. Fresh leaves of the medicinal plant nongmangkha are collected and boiled with water. Half a glass of the decoction water is given mostly at night after dinner to those who are suffering from a cough, and within 2-3 days, the cough will go away."

At the time of our visit, there were no patients at his home. Now he largely gives advice when patients seek help from him. Most of these medicinal plants are grown in the small gardens of a few households who are conscious of health and illness. Birahari told us that so far, he has treated more than 300 patients in his lifetime. The healer said that he does not take any charges from those who seek his help for healing purposes; he said he just tells them to prepare themselves and use the medicine at home.

The healer said that he is worried about the diminishing knowledge of local healthcare treatments. He said that as much as he knows, he shares his knowledge with those who come for healing purposes.

He also shared with us that most of the patients are now going to the Primary Health Centre (PHC). The healer sadly said that most of the medicinal plants are no longer available and are very difficult to collect from faraway places. Secondly, he said, people are busy with their work and they want quick healing. He said that because of these factors, people are going to the PHC. The loss of medicinal plants is a grave concern, as is the inaccessibility of these herbal medicines.

AITO

Nongpok Sekmai

She is a 73-year-old healer living in Nongpok Sekmai. She narrated how she became a Maibi. She treats burning scrotum syndrome and red scrotum syndrome. “My mother was practising ‘Maibi Laiyeng Pathap’ (Traditional healing practices by a female healer). I was 16 years old when patients used to visit our home for healing, especially for skin diseases and ‘Eshing Apham Houba’ (Burning Scrotum Syndrome or red scrotum syndrome). I was always interested in learning these traditional healing practices. One night, my son was extremely anxious and restless due to ‘Eshing Apham Houba’. I asked my son what had happened; he told me he was suffering from ‘Eshing Apham Houba’. I immediately went to pluck some fresh medicinal plants that were grown in our home garden. I told my son to crush it and make a juice, and apply it to the scrotum. After a few minutes, the uncomfortable situation in my son’s scrotum was gone. This knowledge was acquired from my mother. This is how traditional knowledge and healing practices are handed down from generation to generation among the Meeteis.”



Fig. 21: AITo (Illustration)

Types of diseases and illnesses treated

Ito shared that she used to treat skin diseases, mostly boils and ‘Eshing Apham Houba’. The Maibi herbalist said that she has been practising these healing practices for quite a long time. She said that so far, she has healed more than 100 patients of ‘Eshing Apham Houba’, mostly among boys. Ito said that most of the boys felt burning and pain sensations in their scrotum and itching with a burning sensation. She said it made them very uncomfortable and restless.

Collection of Traditional Medicine

Ito said that most of the medicinal plants she used in treating the ailments of the skin disease of boils are found in the 'Leirak Khunlak' (inside the lane in the village), 'Yenakha Lukha' (by the sides of the house), 'Sumang-Thenlong' (the space portion at the front of the house) or 'Eng-Khol' (home garden) and most of the households have grown papaya. The healer said that it is not very difficult to collect these two medicinal plants. She said, if we want to collect some medicinal plants, the households which grow these plants happily give them.

Methods of Preparation of herbal medicine and treatments

Ito said, "For the burning scrotum syndrome, I take a fresh leaf of the medicinal plant, crush it into juice and ask the patient to apply it all over the scrotum. Within a few minutes, the anxiety and restlessness with the burning sensation would be gone. For treating the boils, a fresh leaf is warmed up over the fire for a few seconds, and then the leaf is pasted gently on the boil. She said within three days, there would be a hole in the skin with contraction; then, in that small red area, a sharp needle is inserted to pull out the pus. After the whole pus is pulled out, the affected area is normally healed within a week."

Medicinal Plants used in the healing of ailments

Ito uses 'Mayangton Mana' for healing 'Eshing Aphas Houba' and for healing boils 'Yempat Mana'. She said that Manipur has a lot of medicinal plants to cure many diseases and illnesses. She said that there would be medicinal plants to cure even cancers and HIV/AIDS.

Government Support

Ito said that it is owing to the lack of extensive research and development that we still suffer from many diseases and illnesses. She further said that half of the skin diseases and urinary-related problems would be gone if extensive research and development were done in Manipur. She opines that the government should give full attention to developing Maiba-Maibi Laiyeng Pathap in Manipur since many patients suffering from bone fractures, jaundice, joint pains, sprains, tonsillitis, sinusitis, boils, etc., are used to visiting local Maiba and Maibi to take their healthcare and healing practices.

It is imperative to get this tradition of Maiba and Maibi revived to take care of primary-level care, which would help in saving resources and reduce dependence on chemicals. Further research is required to establish and systematically support this traditional wisdom.

Jiban Singh

Shikhong Bazar, Thoubal

Jiban Singh is 55 years old, speaks Meeteilon, the language of the Meiteis, and lives in Shikhong Bazar in Thoubal. He treats diabetes, high blood pressure, and typhoid. Sharing his journey, Jiban said, “My father is also an herbalist and a sprain setter, Maiba. When I was a young boy, I used to look at the healing methods practised by my father. I also used to collect herbal medicine along with my father from the fields and forests. I accumulated traditional knowledge in the long run, and it became a storehouse of wisdom for treating diseases and illnesses.”



Fig. 22: Medicinal Leaves

Healing Practices and types of diseases and illnesses

Sharing his learning and becoming a healer, Jiban said, “I used to treat diabetes and high blood pressure. I was also suffering from diabetes and high blood pressure. The herbal healing treatments, which I learnt from my father, I experimented on myself. I felt better, and the same medicinal plants worked on the patients who visited me. Most of the patients told me that they felt better.”

Serving people with traditional knowledge

He further shared, “I do not take fees when people seek traditional knowledge for healing ailments. My father and forefathers gave their knowledge without any charge, and the continuity of the knowledge is important by serving the people for minor ailments. People also used to come with major ailments like piles, cancer, etc. I advised them to consult AYUSH and a biomedical doctor. If traditional

knowledge is developed like modern-day biomedicine, most people would come to seek this healthcare treatment.”

Changing nature of health-seeking behaviour patterns among the villagers

Jiban said that there is a change in the pattern of health-seeking behaviour. He said that 10-15 years ago, the doctor in the PHC came at 10 am and returned at 1 pm. There was no doctor available after this hour. In such a situation, people had more faith and came to the traditional healer. He further said that indigenous herbal medicine takes time to heal, requiring at least one week for minor ailments. He noted that the majority of the villagers work in agricultural fields and are involved in cultivation, and most of them now prefer quick solutions, turning to biomedicine for faster treatment. This has led to the changing nature of health-seeking behaviour and resort patterns of the villagers from local health traditions to biomedicine in the PHC.”

Collection of medicinal plants and methods of preparation

Jiban shared that most of these medicinal plants are grown in the ‘Ingkhol’ (house garden), and different ‘Leikais’ (a group of people living in a lane in the village) have grown most of these medicinal plants. He said he does not collect medicinal plants to cure any ailments beforehand. He plucks fresh from the Ingkhol or Leikais. Two to three ‘Hari Khagok’ (a local medicinal plant) dried bark is boiled with sida mishi for decoction. ‘Kundo lei’ (local flower) leaves with sida mishi is also boiled for decoction, and Yachubi with sida mishi decoction for controlling diabetes. For healing Typhoid, ‘yendem amubi’, leaves of lemon and ‘mukthruhi’ decoction with Meitei salt is given and the patient would feel the appetite immediately and heal very soon. Jiban advised that for diabetes, one glass of the decoction medicine before or after lunch and dinner should be given for at least one month; he said it would control diabetes naturally. For controlling high blood pressure, 2-3 leaves of ‘maroi napakpi’ (an aromatic kitchen item) are used. For healing typhoid, one glass of the medicinal decoction is given before lunch and dinner.

Jiban thinks that planting a herbal garden and then preparing the traditional medicines using modern scientific techniques, in the form of tablets, would better serve quick healing and conserve the endangered medicinal herbs and plants in the state. The state government should give maximum attention to developing the local health traditions.

Laishram Ibotombi Singh

Imphal West

Laishram Ibotombi Singh treats 'mad' people, cast-out individuals possessed by local deities, and heals stomach pain, skin diseases, and jaundice.



Fig. 23: Laishram Ibotombi Singh posed for the camera outside his hut

As we entered his humble abode, we saw that his house was roofed with tin sheets and had mud walls. There was a pond just in front of the house, where 7-8 important medicinal plants were grown on the side. A grape plant was also grown, having fruits just at the front of the veranda of the house. There were also pots of flowers in two rows.

Traditional Knowledge acquisition

Narrating his story, Laishram said, "I am 89 years old and suffering from old age illness. I met with an accident; since then, I have not been able to walk properly. Presently, I am living with my youngest son, daughter-in-law, four granddaughters and three grandsons. I acquired the traditional knowledge and the healthcare practices from different experts. In those days, in the palace of

Manipur, there were two schools of traditional healing practices. There is still 'Maiba Loishang' (School of Traditional Healing Centre for males) and 'Maibi Loishang' (School of Traditional Healing Centre for females). Most of the cross-fertilisation and exchange of healing practices happened in these two traditional schools of healing practices in Manipur during the king's time.

Traditional Healing and Ritual Practices

Talking about his old age and his inability to do enough in the field of healing, he shared, "I am unable to visit patients these days, as I am very weak due to old age and the accident. Though I am old and cannot walk, I used to tell my daughter-in-law to prepare herbal medicine and give it to the patients whenever they visited to seek my help. My healing treatments include the practice of traditional herbal medicine for healing 'mad' persons, possessed by the local deity, for the last 30 years. My other role as a Maiba is 'Mangthong Thingba' (to block the gate of the grave) in the villages. The people of the villages used to call me whenever there was a death. I did rituals for a lot of people who are dead in the villages. I perform the necessary rituals to block the gate of the grave to save the lives of people."

Illness and medicinal plants used in treatment

Speaking about his expertise, he said, "My specialisation in Maiba healthcare treatments includes treating individuals with mental health conditions, casting out those believed to be possessed by local deities, and healing stomach pain, skin diseases, and jaundice. I use 'Utang' (a variety of bamboo) for healing stomach pain. The decoction water with a spoonful of honey is mixed with a glass of water and given for stomach pain. It provides immediate relief from the pain. The decoction water can also be used for healing skin diseases by bathing. Ginger and turmeric-haldi mixed with honey is given for stomach burning sensations. A decoction of Lamthabi (a wild cucumber) is given to a jaundice patient for healing."

Caring Maiba by Premabati, daughter-in-law

Premabati, the daughter-in-law, offered her help to share some of the information missed during the interview with Laishram. She told us that her father-in-law was very old and incoherent in his speech. She said he stays with her family. Laishram's daughter-in-law looks after him with his food and day-to-day needs. She said that there are no fixed fees for the treatments, but patients used to give Dakshina or a small token amount for charity.

Medicinal Plants used in the treatments

Premabati said that a local medicinal plant called 'Nursing Pambi' juice is given to an individual who is possessed by a local deity called 'Hingchabi Changba' (giant woman deity possessed); it helps to drive out the deity from the possessed individual. A local medicinal plant called 'Tekhao Yaikhu' decoction is given to those who are suffering from joint pains.

Premabati said people used to come to their residence to seek the help of Laishram. She always prepared the decoction, medicine and gave it to them. She also showed five medicinal plants grown near the pond in their home, planted by the healer for healing different ailments.

L. Mohon Singh

Imphal West

We entered the house of Mohon Singh, and there was a pond near the gate of the house. On the north side, there was a 'Sangoi' (an open house, used mainly for social gatherings). On the left side of the house, there was a small temple. Just in front of the veranda of the house, there was a mango tree. The house was roofed with tin sheets, and it was mud-walled. Despite his illness, he was very happy to share his traditional knowledge and methods of application of the indigenous medicine. He treats body pains, high temperature, fever, cough and boils. His main occupation is agriculture, but he was also working as a teacher in an aided central school. He joined as a teacher in 1980 and retired in 2016.

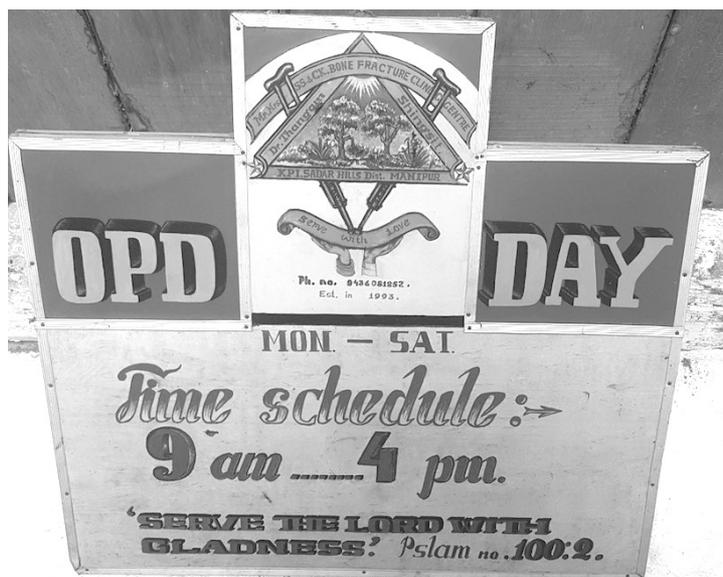


Fig. 24: Signboard of the healing center

Traditional Knowledge Transmission

Mohon Singh narrated, "I am 67 years old and I am suffering from back pain and sprain injuries and presently undergoing physiotherapy treatment in a private clinic in Imphal for the last three months. In those days, there were neither doctors nor any pharmacies in my village. Maiba was the saviour of many patients suffering from different diseases and illnesses. I started learning and acquiring

the skills of the traditional healing practices from different local Maiba experts who used to gather in the centre in those days, which is locally known as 'Maiba Loishang' (an institute of learning traditional healing practices for male healers). Today, such centres or schools are hardly available, except few centres, where the continuity of the knowledge transfer of traditional healing practices is still going on. My son and daughter are learning from 'Maiba Loishang' and 'Maibi Loishang', in the palace. Most of the healers in Manipur acquired the traditional knowledge from their forefathers and transmitted it through hands-on practice and oral traditions, besides having some important written documents regarding medicinal-related chronicles."

Types and methods of treatments

Sharing his knowledge, Mohon Singh said, "I can treat three types of illness. The first one is body pain and high temperature; the second one is fever and cough; and the third one is boils. For body pains and high temperature, I use 'Samba', a local medicinal plant which is also used in different ailments. Three spoons of 'Samba' juice every morning after breakfast, after lunch and in the evening is given to the patient for 2-3 days. After 2-3 days, if the illness still persists in the patient, I usually advise the patient to consult a doctor in the hospital. For treating fever and cough, I used to give the juice of 'Langthrei' or juice of fresh leaves of 'tairen mana' (local tree leaves) with honey. It is advisable that after lunch, two full spoons of this juice should be given and after dinner, also two spoons of the same. For boils, I advise applying 'Yempat', a local medicinal plant, on the spot of a boil. After a few days, the pus is removed."

Collection of Medicinal Plants and Forbidden Days

Mohon Singh used to grow medicinal plants in his home garden and also collect from the localities for healing different ailments. In Meetei society, there are days on which these medicinal plants are forbidden to harvest. It is forbidden to pluck 'Nongmangkha' (a local medicinal plant used for healing cough and fever) on Sunday. The idea was not related to religious practices, but there are few medicinal plants of its kind which are on the verge of extinction. So, our forefathers wisely told us not to pluck on Sunday, thereby saving one more day of the medicinal plant leaves, for its sustainability for future generations' use. There are many medicinal plants in Manipur, many of them have also become extinct due to lack of concern for medicinal plants in the valley area."

Challenges to Maiba-Maibi Healthcare Treatments

Mohon Singh is concerned that most of the youngsters are not interested in the Maiba- Maibi healthcare healing practices, and a lack of attention from the government is one of the reasons for diminishing the traditional knowledge and medicinal plants in the state. The government should propose certain incentives for the healers and younger generations, so that the traditional knowledge can be preserved and medicinal plants can be conserved at the earliest.

Laishram Sudhakar Singh

Sagolband, Imphal West

Interacting with Laishram and then with Sudhakar, his son, in his clinic, we observed and briefly interacted with a couple who came for a check-up and to take the medicine for kidney stones. The patients shared their treatment in Laishram's clinic and were satisfied with the treatment. They had come to take a higher dosage.



Fig. 25: Patients showing medicines for the stone case at Laishram clinic

Laishram Shudakar, son of Padma Shree Laishram Nabakishore of Sagolband Khamnam Leirak, also treats kidney stones, like his father. He said, "I have always observed the stone healing practices since 1982, but I only started practising in February 2018 due to my father's illness. I used to always prepare medicine for stone case treatments with my father. So far, more than 30-40 lakhs of patients have been successfully treated for stone cases by my father and me. There are many medicinal plants, which have been identified as curers by our forefathers, who used these medicinal plants for treating different diseases. The detection of kidney stone problems at an early stage is very important. The most important reason is that kidney stones can quickly lead to failure of the kidney, which is life-threatening. Kidney stones do not pass out easily and can block the urinary tract. This blockage would probably cause pain initially. If it is left untreated, in just a few days, this could lead to permanent loss of function in that kidney."

Kidney stone explained by Shudakar

Sudhakar, who is from the younger generation, explained to us about the kidney stone in medical terms. He said a kidney stone is a solid lump which is made up

of crystals, which separate from urine and build upon the inner surfaces of the kidney. He said, in medical terminology kidney stone is termed as Nephrolithiasis or Renal Calculus. He said, stones are usually formed in the gall bladder or the urethra. Renal stone consists of mucopolysaccharides, urates, calcium oxalate, calcium phosphate and calcium carbonate. Urate and Oxalate stones are most common. Crystal stones are very rare. Sharing the cost of treatment, he said the patients are charged only Rs.100 for consultation and whole treatment with herbal medicine charge around Rs.700. Sudhakar said, there are many causes of stone formation; may be hereditary coming from the family genes, an excess of calcium intake, excess of uric acid, fruits or vegetables high in oxalate, urinary tract infection, lifestyle, not drinking good amount of water.

Symptoms of Kidney Stones

The kidney stones are formed, grow in size, and stay immobile inside the gall bladder or kidney for many years without any warning of pain or any indicators. Most people don't know they are at risk for forming kidney stones until one or more have been formed. The first symptom of a kidney stone is extreme pain. The pain very often starts suddenly, when a stone moves in the urinary tract, causing irritation or blockage. Sudhakar said that typically, a person feels a sharp cramping pain in the back and side, in the area of the kidney or the lower abdomen, and sometimes nausea and vomiting occur. Later, pain may spread to the groin, severe pain in the lower back, just below the ribs, spreading around to the front of the abdomen. Sudhakar also said that the patients come either with the X-Ray or without X-Ray, in both cases, they have their way of diagnosis. In the morning, the father Nabakishore treats stone cases gently by touching the back and belly; he sees the patients carefully. Nabakishore carefully examines all the patients, and if he can treat the stone cases, he says yes; if not, he says no and refers to the main doctors for surgery. Sudhakar said, they used to give 7 types of indigenous medicine for treating stone cases. Some of them are in the form of dried solids, so that the patients can soak in water and drink the soaked water in the morning, as liquid and sometimes in the form of capsules.

Stone case treatment methods for healing

Sudhakar said that there are several medicinal plants available in Manipur, as well as in other parts of the country, to prevent the formation of stones, as well as to dissolve and remove them from the human body. Sudhakar told us that he prepares 7 types of indigenous medicine, which are given in two different

ways for the treatment of kidney stones. Three types of prepared medicine are given before lunch, and 4 types of medicines after dinner, together with 7 types of medicines are given for the kidney stone treatment. He also advises the patients to drink a lot of water.

Sudhakar told us that, after these medicines are given, there were patients, where the stone passes out just after 1-2 days or within a week. The total course of the medicine is for 7 weeks. During this period, the stone is passed out, or the size is reduced, or, like salt or sugar, the stone is dissolved completely by the action of the medicines. However, after 7 weeks, if the stone is still there, then they usually refer the patients to consult a biomedical doctor.

According to the experience of stone case treatments, Sudhakar told us that he can't treat if the size of the stone is more than 20 mm. He said that his younger brother has a Rose Garden in a village called Yurembam, where they used to grow medicinal plants for the treatment of stone cases. He further said that he also buys medicinal plants from the hill people, from season to season. He said he used to buy herbal medicine for a whole year by paying a lump sum amount or at the rate of Rs. 1000 for a size of rice bag. Sudhakar said that once his father Nabakishore got Rs. 400-1500 as a grant from the Government, as an encouragement, but as of now, Sudhakar hasn't received anything from the government. He said that his father had received many certificates of recognition, such as the Padma Shree award in 2001.

Heirok Thoubal

The Manuhar Indigenous Medical Institute and Hospital

We visited Ibohal Bone Hospital there were many patients and also bone setters. The Manuhar Indigenous Medical Institute and Hospital - Healing centre 'Khong-Khut Tekpa' is locally known as 'Khong-Khut Tekpa Shampham'. At the time of our visit, around 10- 12 patients were waiting, and two patients were being treated simultaneously by two healers. Two cases of lower back pain were treated in front of us. Two people, one healer and one relative of the patient, held the woman patient in a tight position, with the help of cushions, in a sitting position, and they suddenly pulled the body. They did this twice, and the woman cried with pain. But after a few minutes, she got up and walked. A serious fracture case of an old woman was brought on a stretcher and was taken inside for an X-ray before treatment. The observation of the healing centre showed the constant influx of patients for minor as well as serious cases. The senior bone setter was seriously treating his patients, but the junior bone setters were young and were able to share their experiences for a few minutes despite being extremely busy.

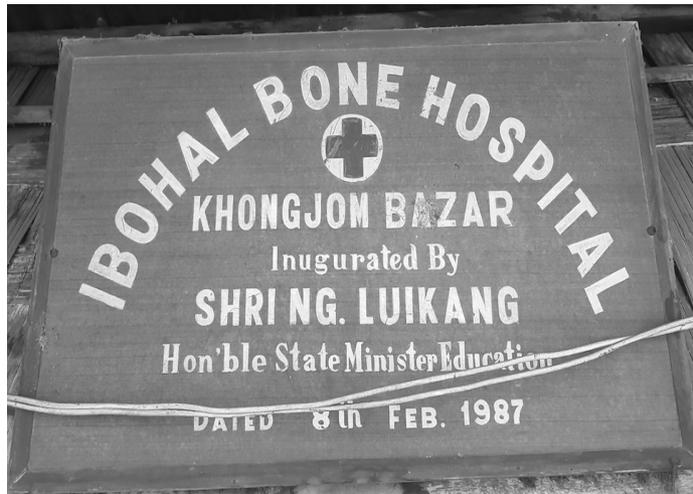


Fig. 26: Sign board Ibohal Bone Hospital

About the Healing Centre and Bone-setter

The Manuhar Indigenous Medical Institute and Hospital is located in Heirok in Thoubal. The indigenous healing centre is famous for 'Khong-Khut Tekpa' (feet

and hands fractured, twisted sprains) and is locally known as 'Khong-Khut Tekpa Shampham' (centre for healing, fractured feet and hands). There were three bone-setters in this healing centre. Two of them were junior bone-setters practising after taking training for at least 2 years. The older Maiba, or Ojha Maiba, was very busy with his work. There were 20 OPD patients and around 12 inpatients in that indigenous hospital. Already 56 patients had visited on that day at the bone healing centre at the time of the interview.

Accident of sister's son influenced to learn and practice of bone-setting from the expert

Heirok Thoubal shared how and why he got into this traditional healing practice. "My elder sister's son met with an accident. It was a serious injury. The leg had fractured into three parts. He was taken to a private hospital, but the hospital asked them to deposit Rs. 60,000, which was very high, and they were not able to pay the hospital. Then one of my relatives told me about a traditional healing centre. The boy was treated there within 15 days by spending only Rs. 6000. He was healed, and now he could play football. Seeing all these living testimonies in front of my own eyes, from that time, I thought of practising bone-setting."

Occupation and background of the healer

In the bone healing centre, we met another 36-year-old, Maiba. The Maiba said that his main occupation, apart from the healing practice, is agriculture. He studied only up to the 12th standard and went to study a nursing course for three years. He joined as a student in 2015 under the guidance of Th. Chourajit was his guru of bone-setting. From 2015- 2017, he carefully observed the healing practices of bone-setting in the centre. During these 2 years, he was also given minor bone injuries and sprain injuries for hands-on practice. He was only allowed to handle the patients in 2018. So far, he has handled thousands of patients with both minor and major bone fractures. For major bone fractures like 'Khwang tekpa shamba' (backbone fractured), 'feigan maru tekpa shamba' (thigh bone fractured), the treatment charges are Rs. 500 and for other minor fractures, like hands or feet, it is Rs. 300. These charges include the herbal medicine and bandage charges. However, for the second or third visit, only the herbal medicine charge of Rs. 100 is taken, and the cost of the bandage is Rs. 20. These are OPD charges from the patients.

The in-patients are charged Rs. 400 per day. Those who stay in the healing centre would be facilitated for two checkups, one in the morning and the other in the evening. The charges include the treatments and room rent. There were bathroom and toilet facilities inside the premises of the healing centre. A pharmacy supplying all modern healthcare facilities like syringes, bandages, syrups, injections, etc. When asked about the use of this knowledge, the younger bonesetter, Maiba, told us that he used to consult an orthopaedic specialist. There was an X-ray room for taking X-rays for those patients who had serious bone injuries. One X-ray is taken before treatment, and one X-ray is taken after treatment for the satisfaction of the patient and mainly for putting the fractured bone in its right place for permanent healing.

Types of bone fractures and Sprain injuries treatments

They usually treat 'Kwang tekpa' (backbone fractured), 'feigan maru tekpa' (thigh bone fractured), 'khut tekpa' (hand bone fractured), 'khong tekpa' (feet fractured), any parts of bone fractures, and hands and feet sprain twists in their indigenous healing hospital.

Methods of Treatment

The young bone-setter Maiba told us, "Our methods of treatment for the bone fractures include the art of hand skills and mind to detect the fracture area or the twisted sprain and put the fractured bone in the right place to apply the indigenous medicine and wrap the bandage gently. In cases of major fractures, we use to take X-rays or advise bringing the X-ray to the healing centre. Once the fractured area is identified, the hands gently realign the bone to its proper position, secure it with traditional equipment, and bandage it thoroughly. We use bamboo splints on both sides of the hand or fractured leg to keep the fractured point in the right place. Iron hooks are also used in cases of leg bone fractures."

Medicinal Plants and modern medicine used in the Treatments

The young Maiba said, "We use 'Khut-chappi' and 'Leibi' roots for healing the fractured bones. These medicinal roots are mostly available in the hills, and we used to buy two big bags at the cost of Rs. 4,000. Two big bags of these medicinal roots only last for 20 days. We demand the medicinal plants for a month from the hill people, and they bring them every month."

Challenges the Healing Centre Faces

Sharing the challenges, Maiba said, “We are facing two main challenges. One is that our healing centre needs a proper building, as many patients visit our bone healing centre. There are at least 100 patients on a single day. Secondly, other bone-setters want to earn money, but without proper training, they need to be trained professionally with us. There are cases where the patients have already received treatment from other bone-setters, where the bones are not properly fixed in their proper place. They have to correct it by softening the bone again and restarting the treatment. There are also cases where the doctors advise the patients to take painkiller tablets without giving first aid or bandage, in doing so, the patients’ dislocated bone injuries become a serious matter. I think doctors also need to be trained well so that patients’ suffering is minimal.”

Angam Keising- a bone fractured patient at the Heirok bone healing centre

We interacted with patients getting treated in the healing centre to know their experience. Angam Keising from Imphal New lambuland shared, “I am 56 years old. My right-hand bone was fractured due to a fall. I received treatment in a hospital by Dr Ibomcha for 20 days. But, it was painful due to a tight bandage-plaster of Paris on the right hand. One of my friends who had already undergone the treatment in this healing centre told me to visit this place; that’s why I am coming here. I had already been treated twice in this traditional bone healing centre. This is the third time I’ve come for the treatment. I was feeling better, but due to itching, I scratched the area where the medicine had been applied. As a result, I felt a bit of pain again, which is why I’ve come back for a checkup. I trust this traditional healing practice because they have been practising daily. Doctors are also good, but this traditional bone-setting practice is unique; it permanently heals the fractured bone and keeps it in its place. I had already spent more than four thousand rupees in the hospital, including X-rays and other medical items. By coming here, I have spent only Rs.1000 for travel expenditure, but for the first treatment, the healing centre charged me Rs.300 only, and for the traditional medicine, Rs.100 and for the bandage, Rs.20 was charged. For the second or the third time, the healing centre does not charge except for the medicinal charges and bandages. I took X-rays from other clinics, and the Maiba bone-setter carefully examined and corrected the fractured area for further healing. Presently, I am working as a contractor.” The patient believed that such healing centre is good, which has been practised for generations and it is less expensive compared to modern medicines in the hospital.

Thangkhojang Kipgen Herbal healer

Thangkhojang Kipgen belongs to the Kuki tribe. He treats kidney failure, broken bones, urinary stones, asthma, breathing problems, heart issues, bone cancer, and health problems related to women and children. To seek treatment from him, patients from all across Manipur come. He has been healing people since 1991.

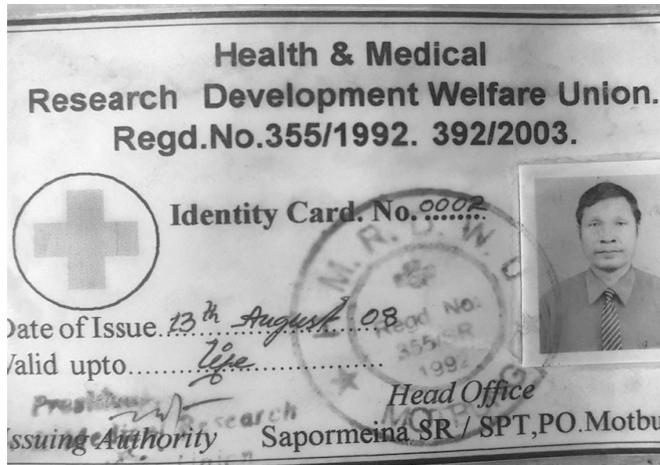


Fig. 27: Identity card of a healer

There is no specific term for traditional healers in Kuki, but the word 'Thempu' or 'Kho-thempu' (meaning village-healer) was used in the olden days, referring to those who would perform chanting in the healing practice. But in the present day, with the advent of Christianity, 'Thempu' can also mean a religious leader like a pastor. Sometimes, people also refer to them as 'thinglhang doctor' (he could not provide an exact term... suggestive words were given by the Kuki people present in the room).

Thangkhojang Kipgen joins the broken bone in three days. He also treats diabetic patients, people suffering from poor memory, and many other ailments. He treats women's health problems as well. It was because of his mother that he took up the traditional healing practice. His mother had suffered from a women-related health problem, and he was trying to find a cure for her. Around five to six young teenage girls, some of them eighteen years or younger, with menstrual problems and whose breasts were not formed, came for treatment. He treated them, and many of them are now married.

He is a first-generation healer who started practising in his family. He checks the pulse in 5 seconds; depending on the number of pulses, he can diagnose the problem. He also gets herbal medicine from the forest, which has been reduced substantially, gets leaves according to the seasons, dries them, and keeps them for future treatments. He charges a nominal fee from the patients. He does not charge for pulse reading but charges a small amount for herbal medicine. For cancers, he charges a nominal fee for the herbs. Patients sometimes do go to doctors and then come back to him.

Causes of Cancers and Other Diseases

Giving the causes and precautions for cancer patients, Thangkhojang said cancer is very dangerous and takes a long time to cure. Consumption of raw food and meat is the main cause of cancer these days. Dry meat leads to cancer, as there are worms in the dry meat. Even after boiling for two hours, this dry meat can lead to cancer. Broiler chicken also leads to cancer due to pesticides. Cancer is also treated with herbal medicine. Cancer patients at all stages are given for treatment. There was a patient who had gone abroad for treatment. The patient had pus coming from the finger. He made herbal medicine for the patient, applied it to the spot, and the patient got healed.

He says a lot of diseases arise from the consumption of fish (from contaminated water). According to him, in Manipur, people from the valley mostly suffer from diseases caused by the consumption of fish, while people from the hills suffer from the consumption of meat. He therefore recommends that people from the valley should eat a lot of garlic, and hill people should take more onions. He has derived this from his observations and small research in his healing practice. He has tried integrating with modern medicine by using a stethoscope and painkillers. Most of the bone setters know how to read an X-ray.

Sharing of knowledge – Trust issues

Unlike other Maibas, Thangkhojang has not taught his knowledge to anyone. He does not feel like teaching, though he has written everything down. He does not even feel like teaching his children. Once, a Korean man came and approached him to share his knowledge of treating a particular type of illness with an offer of 25 lakhs, which he refused. He said that even if 25 lakhs was given, he would not teach. Even some officials from Shillong had also come to document his healing practices, but he was hesitant to share the knowledge. He stated, "I do not feel like showing any of my plant medicines. I do not trust them".

Thangkhojang has a certificate from the 'Health and Research Medical Development Welfare Union'. He had attended training in a place called Thangkan. However, so far, he has not attended or joined any training from the biodiversity board or other government bodies. He has not received any help from the government so far. He desires to open a hospital to help people.

Sharing the trust his patients had in his treatment, Thangkhojang said some patients would secretly call him for treatment despite of their ongoing treatment in the local hospital (earlier CHC, now upgraded to District Hospital). During those visits, the medical doctors and nurses would look at him with suspicion. They would keep a check on him when he visited these patients. However, there was a cooperative doctor in Kangpokpi Mission Hospital, by the name of Dr Russel, who recognised his work. So, he would either call him or refer the kidney patients to him.

He says most of the time, patients are unnecessarily sent to Imphal for costly treatment and tests. Many doctors have lost the skill of reading their patients' pulses and have merely depended on heavy instruments or medical equipment, causing heavy costs and burdens for the patients. He does not depend on a computer or X-ray to diagnose, but by touch or reading the pulse of his patients, he can diagnose the problem.

He says he continues his research even to this day. He has treated more than 20,000 patients so far. He started treating patients in 1991, but he undertook his own research in 1964. He is 72 years old.



Fig. 28: Ruth and Sunita Reddy outside the healer's home

CONSERVATIONS: PRESERVATION AND CHALLENGES IN RECOGNITION

Key informants and officials from various state institutions enriched the findings on the issues of conservation, preservation and challenges in recognition of non-codified herbal healing.

Dr LB, Indian Forest Services

Senior Officer in Manipur Biodiversity Board (MBB)

Dr LB joined as an officer in the Indian Forest Service in the 80s. He completed his Ph. D. at the Indian Agricultural Research Institute. He shared that the board is closely working with the local healers. The local healers are given training on how to grow indigenous medicinal plants, and from time to time, they provide training to the healers. He expressed his concern about the diminishing knowledge of the healers in the state.

Further, he gave an example of the importance of local health traditions. As a young boy, he suffered from stomach pain, and a local healer gave him an indigenous medicinal plant ingredient. After consuming the local herbal medicine, he was cured. He also shared that there is a medicinal plant garden preserving the indigenous varieties of plants in a nearby foothill. He said that local healers are a great source of knowledge about the medicinal plants; they also grow these plants in their home gardens and maintain them appropriately, as they need the medicinal plants for use in treatment for their patients.

Challenges of preserving, demand and supply

Dr LB shared the challenges of preserving the medicinal herbs, due to poor quality of maintenance. He said medicinal trees are easy to preserve and maintain, but medicinal herbs are tough to maintain. He said there are lots of medicinal plants in Manipur, but the demand and supply of these medicinal plants pose many

challenges.

1. The first challenge is the low price fixed by the buyers.
2. Second, there is no proper channel of supply chains, such as a lack of large quantities of medicinal plant gardens and no processing units.
3. Third, there is a huge problem of transportation as the buyers are not coming to buy from the state, but need to send through consignment, which further creates a lot of challenges such as charges, bandhs, and blockades that would not help to reach in time to the buyers.
4. He also said that there is smuggling of indigenous medicinal plants from the state to China through the route of the Myanmar Market. In the Manipur local market, the medicinal plant is sold at Rs 30-40 per kg, but in the Moreh Market, it is sold at an average between Rs. 9,000-Rs. 10,000 per kg.

To stop this smuggling of medicinal plants from the state, he told us that he had taken the initiative by creating the Biodiversity Management Committee (BMC) in the state as per the Biodiversity Act. Before he came to work in MBB, there were only 68 BMCs, but as of 2019, there are about 200 BMCs in the state. He added that there are 2728 local bodies in Manipur, such as Gram Panchayat/Village Authority/Municipal Corporation/Municipal Council/Nagar Panchayat/Autonomous District Council, which can play an active role in conserving and preserving the biodiverse rich resources.

He explained how important the BMCs are by giving an example: there is a local variety of fruit available at Kadi village in Tamenglong District of Manipur known as 'Myrica', which is available only from May to June. People who are growing this local fruit earn lakhs of rupees within these short periods. He said that after establishing the BMCs, he would provide Technical Support Groups (TSGs) to the local people on how to grow this variety of local fruits in a sustainable manner and for more output and productivity. He is targeting to achieve the creation of 2728 BMCs in the state. The purpose of these BMCs, as he said, is to preserve, promote and manage the indigenous fruits, medicinal plants, and animals at the local level.

He also said that the state could create employment through Natural Resource Management (NRM) for the youths, so that at least the employment situation in the state is improved. Finally, he said that he was working towards checking the smuggling of medicinal plants that were going out of the state. He had already

called a meeting regarding this issue and had also sent a letter explaining this issue to the NBA headquarters in Chennai.

Kipgin, the President

Centre for Orchid Gene Conservation of the Eastern Himalayan Region
(COGCEHR), Hengbung, Sadar Hills, Senapathy, Dist. Manipur



Fig. 29: The COGCEHR Institute

Research Collaboration and Support to set up the COGCEHR institute

We went around to see the institute, which the local people said has come up recently. The institute was located on a hill slope. It was very well organised with a huge signboard, at the entrance, had a nursery growing orchids, with many varieties, a big hall with ethnomedicine centre, where the samples were displayed and below was a glass proof workstation where young women were working on orchid gene banking project, on the tables with artificial lights to grow the orchids. There was an under-construction hostel facility, which the chief said would be open soon, for the students to stay and do the courses.

We met the Chief of the village, Kipgin, who is the president of the COGCEHR. The institute was remarkable, showing his passion, mission, and hard work and zeal to open a new initiative in his district. He introduced himself by saying, "I don't belong to science, I was doing a course in horticulture and was selected for a CIDA project, and got training for a 2-year course in Thailand and Kunming. I visited around six countries in 2004. I registered a Foundation in 1989 as 'Foundation of Environment and Economic Development Services'. In 1998, I was also elected unopposed as an MLA. For 5 years, I also worked for Sikkim Horticulture and Floriculture. After that, I worked for a German organisation for 5 years. In a small way, both national and international funding worked for us. In May 2002, I applied for the Krishi Vigyan Kendra for a project. I met an official in the Ministry of Agriculture, Mr Singh, who gave me a form to fill out and I submitted it. This

was my first entry into the central government. Support for setting up this orchid gene bank. In 2010, I applied to the Ministry of Science and Technology for the Himalayan belt, for protection, natural conservation, and treatment. There was a lot of competition. My Principal Investigator, Prof. Viz from Punjab University, was very good, and we got a project to further develop this place. After 5 years, I met a medical doctor in the DONER Ministry, who asked me to cultivate medicinal plants for diabetes. I proposed it for the whole of the Northeast. Many universities applied for this project, but I got this third project-the Ethnomedicine Centre.”

Talking about the botanical garden and the projects, Kipgin said, “The Ministry of Environment gave us grants to start a botanical garden, a landmark programme, to grow a ‘live botanical garden’ in 200 acres, which belongs to me and the community. We made footpaths and fenced the whole boundary completely. Here, local species of trees and bamboo are grown. It is open to the public. We started a college in August 2019, and we will start the classes for the horticulture course soon. In the hill areas in Manipur, there are no institutes. It was my dream to build one. I thought, why not have technical institutes in the hills in Manipur and thus started horticulture. It is also our future. In education, people from Churachandpur and Ukhrul are more advanced. I challenged all of them and got it here in Senapati.”

He further shared his plans for the village and raised some pertinent questions. “We should apply our minds and encourage youth to come back and start thinking of horticulture, floriculture, and scientific agriculture. There are 279 houses in this village. My project is to give each house 10-20 plants of jackfruit and ask them to grow. They can make a cooperative and cottage industry with zero maintenance. Since independence, we have been spoon-fed. How much has the government done for economic development, but why are we still dependent? All these made me think of starting this venture.”

Past Experience and Inspiration

Kipgin shared his previous experiences. “The Governors of Nagaland and Manipur encouraged appropriate technology for agriculture and growing plants. We can be free from outside dependency in development. When I was in North Thailand, I saw that they were growing poppy, had huge mafia issues, and it was also smuggled to India via Chennai. Since 2012, they have left poppy, as Americans and Canadians started growing blackberry and blueberry, which are perennial plants and profitable. We are growing golden apple, cherry, apricot, and walnut

fruit plants. I want to start a fruit plant cafeteria and grow a variety of fruits. I also want to develop a nursery and fruit farm. These are grown on 200 acres.”

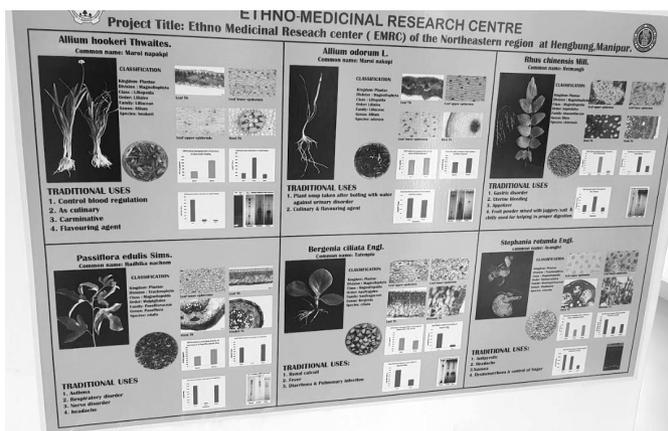


Fig. 30: Poster of Ethno-medicine research in the COGCEHR Institute



Fig. 31: Specimens of medicinal plants in the COGCEHR Institute

Orchid gene banking project and patents

Sharing the projects and patents, Kipgin said, “In the orchid gene banking project, we have crossed 6 years. We are allowed to do it for 10 years. We have one orchid-it was first found in China in the year 1358. After 1360, it vanished. We found it on our campus. Ethnobotanist, Krishna Choudhury found it, and we are doing tissue culture, and now we have visitors from China, Taiwan and other countries.

There are 378 orchid collections in our labs with two rooms, one of the biggest gene pools for India. Some of the endangered species are sent to the Botanical Survey of India for validation and can then be sent to Sikkim and Arunachal Pradesh for growing. We have 5 cross-breeding varieties of orchids. Naming them, authentication, and validating are difficult. In biotechnology, we already have patented organic soup, organic Tea and deworming capsules made from grass and drugs. We have registered four or five plant medicines for which we have registered for patenting.”



Fig. 32: Orchid varieties at the COGCEHR Institute

Smuggle across Borders

He shared about the smuggling of medicinal plants, saying, “Since we share borders with neighboring countries, many valuable plants and seeds are being smuggled through the Manipur-Myanmar border area of Morey. Medicinal herbs, such as Ginseng, are used in Chinese medicine for beautification and cancer treatment. These come from the Himalayan belt and also from Himachal, and their roots are extracted. Every village which lives in the interiors goes for the collection of this plant’s roots and sells them for Rs. 600 to Rs. 8000.”

Healers not sharing their knowledge

Even though Kipgin shared that he is encouraging the folk/tribal healers, and he has appointed two healers, paying Rs. 25000/- per month, one Nepali and one Naga healer. “The healers do not want to part with their knowledge with anybody. I tried many things, like giving them incentives, and offering to make a house, employing a son and even giving them alcohol to get the process of making plant medicine out, but they do not share.”

He further narrated, “Whatever the healers prepare, we take 100 ml. gel, liquid or tablet form, and check it in the lab. The healers are apprehensive about taking away their knowledge and will not tell every detail of their healing process. Their preparation is different, I told my staff to get the herbal medicines and put it in the lab for testing. Somehow, we did not believe the healers earlier, but I have seen with my own eyes when two serious patients, who were not able to get treatment and benefit from the hospitals, were treated by the healer. Then, I realised that healers are doing something genuine. In one of the cases, a 90% burn for a young boy, doctors said, there is no chance of survival, and he was brought to the healer. Healer kept the body under plastic, put some ointment and within 20 days, the boy was healed... now we are doing lab testing for the burn ointment. This new formulation will help more patients.”

Recommendations

Sharing the concerns and challenges, Kipgin told, “There is a need for ethnobotany research and building awareness among the people. The Government of Manipur should build a strict policy to save these plants. Forest policy is a must and should be implemented properly. The forest rules have to be regulated, and exploitation of forest resources should be stopped; otherwise, smuggling won’t stop. If I raise

these issues, my people will go against me. We organised 50-60 training sessions in villages, inviting women, college students, and youth to educate them about orchids. We have the best laboratory in the region, with a one-million-plant capacity. We also have medicinal orchids and have an MOU with Nagaland, Assam University, and also with Jawaharlal Nehru University. We have medicines for all health problems. We have a good laboratory, though not very big. I always keep on requesting my friends not to appreciate me; I ask them to start something like this in their places. More awareness and trust must be built so that the healers and their families can work in the laboratory and come out with new formulations.”

Kipgen’s enterprising nature and passion led to the building of a very promising institute which can not only preserve knowledge, but also create new knowledge, create new formulations, and a wide variety of orchids.

Healers Voices



Fig. 33: Healers workshop at Manipur University

A couple of healers congregated at a workshop on 3rd June 2019, at Manipur University. The areas of discussion were the relevance and need for folk and indigenous healing practices in today's world, the concerns and challenges faced by the healers, and their suggestions and recommendations for sustaining and preserving herbal healing, along with their expectations from the state government. As shared by the community healers and field observations, many people are still depending on the herbal healing practices across different ethnic and religious groups. Serious concerns include the steady disappearance of traditional knowledge, as most of the healers are above 70 years old. The younger generations are not showing much interest in learning, as there are more challenges to practising herbal healing, and there are no incentives for them.

Dr Ramesh Gaur, director of Kala Nidhi, Indira Gandhi National Centre for Art (IGNCA), thanked Manipur University for hosting workshops. He shared the background of IGNCA, its vision and the projects it undertook. IGNCA was set up in 1987 as an autonomous body under the Ministry of Culture, Government of India. The aim of IGNCA is the preservation, dissemination and access to Indian culture and heritage. It has various functional units: Kala Nidhi, Kala Kosa, Janapada Sampada, Kaladarsana, Adi Drishya department, Sutradhara, media centre and conservation lab. They run programmes and projects across India, with a special focus on the Northeastern states, with a regional centre at Guwahati. The first project in Manipur by IGNCA was the micro-filming of manuscripts of all libraries and archives of Imphal, which are now available in digitised form. Besides such programmes, they also run projects, such as the mapping of archives

all over India. Their priority is to document the traditional knowledge systems, which are on the verge of extinction and how IGNCA can help and support their preservation. Talking about the current project of documenting herbal healing practices in Manipur, IGNCA readily took it up as the herbal healing practices are as old and diverse as humanity. He spoke on the need to recognise and develop a national database of healers, who can be located from any part of the world.

Jarnail Singh, Administrator, Manipur University, recalled his childhood in rural Punjab. As a young boy of 14 to 15 years old, he remembers going to traditional healers for all kinds of ailments. There were five to six healers who were very popular in his area. People had a lot of faith in them. Even his mother used to treat back pain. She would chant and do her treatment. However, since the knowledge was not documented or passed on, it is lost. His grandfather also used to treat snake bites and other kinds of skin diseases, like heat boils. He expressed that some concrete steps need to be taken immediately to help improve the state of traditional healers. This shows that traditional healing has been a part and parcel of rural India.

Prof. Amar Yumnam spoke and recalled how his generation of people was born with the help of Maibis, or the local female healers. But the greatest tragedy, as he called it, is the absolute disconnection from reality, the traditional birth practices, which were done by a Maibi. The harsh reality which plagues the minds is the absolute disconnect between what the universities do and how society exists. He therefore pointed out the need for a connection between the university and our society. Therefore, there is an absolute need for the university to see traditional knowledge not as a part of museum studies, where there is an occasional display of knowledge, but to lay a real foundation for our transformation. He also shared about bringing in a team of healers from Manipur and Myanmar and sharing the knowledge and how the two are closely interlinked. Such an initiative would help to rediscover our strength. He plans to bring in all the traditional healers from different Southeast Asian countries in the next five to six months and to convert Manipur University into the catalyst or facilitator for revitalizing our traditional strengths. He shared how the centre will capitalise on the propositions of Dr Gaur and collaborate with Dr Reddy.

Apart from the Maiba Oinam Ningthem Singh and his wife, Maibi Oinam Bijenti Devi, some other healers, like Chinneilhing-Christian Faith Healer, Mufti

Nasimuddin-Healer Exorcism, Arimei Kamei-Christian Faith Healer, Hijam Prem Kumar Meitei-Traditional Healer, Ningthem Singh-Healer, were part of the discussion. The healers discussed the problems and challenges they are facing in getting herbal medicines and healing patients. They also shared their expectations and the support system from different government agencies and bodies.

Faith healing

Chinneilhing shared her healing practices, based on Christian faith and belief system. According to her, people who come to her for healing need to first have faith in Jesus Christ. She has detected many diseases which could not be detected by medical doctors through ultrasound, ECG, and X-ray. All she does is touch the person and offer a prayer, through which the disease of the patient is revealed to her. She has cured people suffering from different kinds of ailments such as hernia, pregnancy issues, and many others. She shares from the Bible, saying that forgiveness is the core element of healing. One needs to have a forgiving heart; unless one forgives others, there is no enjoyment of peace. She also shares how it was revealed to her to avoid using gloves to touch patients, because it is only through her direct touch that healing can happen. She also shares the importance of not just physical healing, but also spiritual and emotional healing, and the essence of having firm faith in God. She shared her experience of healing a young girl, doing her B. Sc. nursing in Safdarjung, who was chained due to her mental health but is now completely healed. The central idea is that her healing practice is through faith in Jesus Christ, which is not learned or passed down but showered by God.

Mufti Nasimuddin shared his healing practices, based on the Quran. He spoke on the differences between allopathy and traditional forms of treatment. He called allopathy, *Jismani Ilaj*, which is the treatment of physical ailments and surgery. This form of treatment in modern days has taken the form of a Bachelor's in Unani and Surgery. The second form of treatment is *Rohani Ilaj* treatment. This type of treatment involves *Rokiya*, which is exorcism or treatment of people possessed by evil spirits, with symptoms like delay in work, withdrawal from people, laughing while sleeping, and others. So, he uses certain mantras, which are mentioned in the Quran, to drive out the evil forces. He would chant the mantras in the water and give the water to the patient, allowing the person to drink it. Depending on the different tastes of water, such as saltiness, sweetness, or other tastes, he would tell what kind of illness the patient is suffering from. Faith in Islam is the core of treatment. It's important to understand how faith and touch play a crucial role in

both kinds of treatment.

Healer Asor shared how he learned his knowledge. Even though one of his grandfathers used to practice traditional healing, he never showed any interest in learning. It was much later that he started learning from one of his uncles. He shared how he has treated many patients suffering from gall bladder issues, kidney stones, and cancer cases as well. An important issue he raised was the loss of herbal plants and the need to preserve the medicinal plants. He also highlighted the need to document and create a database to disseminate information about different medicinal plants and their value.

Hijam Prem Kumar is a healer who treats cancer and other foreign bodies within the human body. He shared how his difficult childhood and life experiences led him to research herbal treatment. As a mute child, he was unable to speak and wanted to find a remedy for it. He shared his experience of being unconscious after cutting his leg. At one time, he was beaten up by twelve men and left unconscious. All these experiences made him very weak physically and always in bodily pain. Therefore, he started to find a remedy for his pain and kept searching for cures for all his problems, which thereby led him to discover many other remedies for different diseases. In 1982, he started seeking treatment and began practising. He shared his herbal medicine cure for cancer, which he called the king disease. Any kind of disease in the mature stage will become cancer. He applies the medicine to the spot around the disease and wraps it with polythene. In a few days, certain reactions in the form of pimples or bleeding will occur. He claimed that he has cured cancer patients and seeks backup support for his research to be taken further.



Fig. 34: Participants - Students and Teachers at the Healers Meeting in Manipur University

An evangelist, Arimei Kamei, spoke of treatment through Christian faith.

According to him, faith plays an important part in healing practice. He shared how God gave him directions on treating diseases through his vision. He has roughly cured 120 to 130 patients so far. He has even started treating patients with HIV/AIDS. It is through prayers that he detects the disease, makes herbal medicines, and treats his patients accordingly. He also networks with allopathic doctors, wherein the medical doctors, before giving chemotherapy, would ask the patients if they would like to try his treatment. If they agree, they are sent for his treatment. He has treated many cancer patients and others suffering from different diseases through visions and instructions imparted from prayers.

Ningthem Singh is the Joint Secretary of the registered AMMMP. He has a clinic at Uripok. He has visited several places, such as Nepal and many other places in South India. The main challenge, which he pointed out, is the issue of preservation of these healing practices and natural resources. Another issue he raised is that of 'no benefit sharing' as per the Biodiversity Act, and complained of officials, who never got back to them, after documenting and collecting their traditional knowledge of healing practices. The knowledge they have now is passed on from one generation to another. In his treatment, what matters most is the right amount of dose of the medicine. Apart from several diseases, he has also cured breast cancer patients. Lack of research and lack of support from the government are also some of the issues he has put forward. He expressed his hope and expectations that they would receive some positive support for the betterment of their work. His wife performs the treatment, while he prepares the medicines. Unlike the previous healers, his treatment is not given through divine vision but has been passed down from one generation to another.

Gender Bias in Transmission of Knowledge

Gender is an important dimension to understand traditional healing. Bijenti, wife of Ningthem Singh, shared insights on gender bias and gender roles in the healing process. It was her grandfather through whom the knowledge had been passed down to her. Initially, he was reluctant to pass down the knowledge to a female member, so he would repeatedly scold and question what a girl would do with the knowledge. However, her grandfather finally gave in, since there was no other male member in the family to follow the traditional knowledge. She is running this clinic with her husband, Ningthem. She shared the challenges of gender she faces in her work, as they are not encouraged to perform treatments unless they have made their mark in their field, and most of the women healers were only involved in the childbirth process. She claimed that there are 100 per cent success stories of

patients coming to their clinic. She treats them by touching and is strongly against unnecessary surgery recommended by allopathic doctors, which can be treated by traditional healing practices. She also uses herbal treatment for the complete healing of paralysis and strengthening the nerves through herbal medicine and massage.

Prof. P. Kumar Singh; Dr N. Sanjoy, Associate Professor, Department of Botany-GP Women's College; Dr Sinam Yoirentomba Meetei, Project Coordinator - MSME Technology Centre, Imphal; Prof. S. Rajendra Singh - Yoga and Health, Head, Urology, Regional Institute of Medical Science; President, Manipur Urological Society; N. Tombi Raj, President, Apunba Manipur Maiba Maibi Phurup, (Manipur State Traditional Healer's Association) and Member of the Government Body, North Eastern Institute of Folk Medicine (NEIFM), Pasighat, Arunachal Pradesh, Ministry of AYUSH, Government of India; and Prof. N. Rajmohan Singh, Department of Chemistry, Manipur University, were part of the panel discussion.

Medicinally valued foods

Dr N. Sanjoy spoke on the theme 'Medicinal valued food'. He spoke about many locally available plants with rich medicinal values. He said that foods acquired from outside mostly come in processed form, which poses a huge challenge. Certain plants, which have rich antioxidants, are locally available. He also spoke of two main types of plants: one which is medicinal and consumed in everyday food, even during non-ailments, while the other type consists of plants which are taken only during certain ailments and diseases. He cautioned about the misconceptions and dangers of crudely consuming medicinal plants for treatment. He said that the right amount of dose is crucial for healing and treatment purposes because of the presence of toxicity in the plants. He gave an example of how one person ate certain medicinal plants without the right dose and ultimately became deaf. Another important component he pointed out, was the need to turn to locally available food if zero hunger is to be achieved. He reminded the words of Hippocrates, 'Let food be thy medicine and medicine thy food.'

Essential oils for healing

Dr Sinam Yoirentomba Meetei spoke on what essential oils are, as well as their uses for medicinal and health purposes. He explained the basics of aromatherapy, which is the art and science of using plant oils for treatment. He also pointed out that aromatherapy should be practised under the strict supervision of a well-

trained aromatherapist. The methodology of action of essential oils through the human body is through inhalation and massage with proper variation. He also shared how the Ministry of Micro, Small and Medium Enterprises (MSME) is available to provide market support for raw materials.



Fig. 35: Yoga and Preventive Health Care

The third speaker, Prof. S. Rajendra Singh, spoke on 'Yoga: My perspective'. He, being a cancer survivor, shared on how he started with yoga in 2012, which has changed his life. He said, Yoga has provided him immunity during his critical years of cancer diagnosis. He spoke on what yoga is, its importance, and its value. He added on how to practice yoga, the ideal time and conditions for practising yoga, and how the practice of yoga will provide sound sleep and prevent the body from many ill health conditions, such as frozen shoulder, asthma, diabetes mellitus, cancer, backache, constipation, sinusitis and many other ailments. He urged everyone to join yoga, practice daily, and maintain good health. He said, 'One should not live dying but die living'. Prof. Singh, despite being sixty-eight years old, is still actively practising yoga and suggests everyone practice it for a healthy living. He said prevention is the best way, and yoga is the best preventive therapy.

History of Maiba and Maibi in Manipur

Tombi Raj shared the history of Maiba and Maibi in Manipur. He said, "Manipur is in one of the biodiversity-rich zones of the world, which is a genetic treasure house of plants, animals and microbial resources". In it lies one of the richest traditions of local health practices, known as the 'Maiba-Maibi system of treatment'.

Prior to modern medicine, the Maiba-Maibi treatment was the only available health care system in Manipur. The system still receives importance and continuing support from the local people. In Manipur, particularly in Meitei society, the death certificate issued by a modern doctor working in a government or private hospital has no traditional, cultural or religious acceptance. Even after issuance of a death certificate by a doctor, the family members of the deceased will call a Maiba to examine the body physically for the formal declaration of death of the individual to take up the customary procedure of disposal of the dead body. At religious ceremonies related to death, known as 'Lanna Thouram' or 'Sorat' and 'Phiroi' a designated seat is reserved for the Maiba, which cannot be occupied by any other person. It shows the strong support extended by Manipuri society to the traditional healers. Apunba Manipur Maibi Maiba Phurup (AMMMP), an apex body of the traditional health care practitioners of the state of Manipur, came into existence in the early 1970s and still continues. It was registered in 1984 under the Societies Registration Act (Regd.No. 5492 of 1984). In 1985, AMMMP organised a state-level conference at Gandhi Memorial Hall, Imphal, in which more than 1,000 Maibas and Maibis attended and exchanged their traditional knowledge of health care practices among themselves.

It can thus be interpreted that the social and cultural significance of Maiba and Maibi are particularly important, and also the health services provided by them are equitable. Most patients cannot afford modern medical care, due to its high price and commercial nature. They find the treatment of Maiba and Maibi very affordable.

Revitalization of Traditional Knowledge of Manipur

Prof. N. Rajmohan Singh stressed the need for Revitalization of traditional knowledge of health care in Manipur. Different ethnic groups living in the hills and valleys have their ways of using plants and herbs for medical purposes. His work is based on trace elements of plants, which have healing properties. He spoke on the need to protect the medicinal plant species available in this region, such as Smilax, which are pirated on a large scale from the state. He said big companies like Dabur, want to get hold of all available Smilax in the region. He spoke on the need to protect the plant species available in our region, as many endemic species are available in Manipur, such as the Shiroi Lily. He recalled a scientist friend from the UK posted in Nigeria, who once said that all the leaves of the plants in Manipur can be converted into gold by touching. He called the region 'Green Gold' area, where the natural resources are the real resources. He

shared how a team of scientists collected plants from different parts of the world, extracted compounds, and patented their product.

Therefore, there is an urgent need for scientists and traditional healers to work together to find compounds for anti-diabetic and anti-malaria purposes. In this regard, proposals have been made from Manipur University to acquire equipment for research work, up to the molecular level. He urged us to keep in mind different declarations, which call for the protection of indigenous peoples' rights. He cited many cases of clashes between multinational corporations and indigenous peoples' rights. He therefore stressed the need for traditional healers and scientists to walk hand in hand. Speaking about other indigenous knowledge, the traditional dye system in Manipur needs revitalization. This traditional dye system is natural, organic, and eco-friendly, while other dye systems use excess chemicals, from which residues seep into vegetables and fruits, posing a grave danger to the health of the people, considering the food chain system. He concluded with a note saying 'Green mindset is important for our green world/globe'.

Rachel Carson words, "Man is a part of nature, his war against nature is inevitably a war against himself."

Revitalizing the Traditional Healing of Maiba Maibis

Discussion with various healers, scientists, and patients brought out many suggestions for the revitalization of the traditional healing practices of Maibas and Maibis in Manipur. Various questions were explored and answered. How can the Maiba/Maibi healers' association be activated more, as they have not been as active and strong as they used to be earlier? Tombi Raj, President of AMMMP, responded by saying that many of the traditional healers are illiterate. There is also a move away from the traditional system into a codified system of healing. He, therefore, urged for a strong need for documentation work along with the scientists to save this dying profession.

How to bring the scientists and healers together for knowledge sharing and doing innovative work in collaboration, applying joint patenting, breaking the hierarchy between biomedicine and traditional healers? Prof Rajmohan Singh acknowledged the wide gap between the scientists and the healers. Giving an example, he shared how scientists in the Indian Institute of Science (IISc), Bangalore, are trying to collaborate with the community and doing some amazing work. Many other initiatives are also taken up in different parts of India to collaborate with traditional

healers. Similar efforts should be made in Manipur. Due to the many side effects of allopathic medicines, people nowadays prefer herbal medicines. So, 'go herbal' is the slogan for the modern era. He said that if we want to protect the traditional knowledge system, the government should introduce it in the school and college syllabi. Giving an example of the work done by Vandana Shiva, a physicist who has done tremendous work on traditional knowledge, such as preserving and conserving indigenous seeds.

Prof Singh also suggested a collaborative work for a holistic approach to be adopted, as a multidisciplinary approach of either physics or chemistry alone cannot solve the problems.

Key respondents shared that, still large population in Manipur, comprising about 70% are dependent on traditional medicine. A traditional knowledge system may lead to finding new compounds. This knowledge also helps in the conservation of biological diversity.

According to the president of the healer's association, AMMMP, in 1970, there were around 5,000 Maiba and Maibi, but only a few are left now. The Maiba and Maibi are herbal healers and not related to ritual and religious practices. Amaiba (male ritualist) and Amaibi (female ritualist) are those who perform the ritual and religious ceremony of the 'Lai Haraoba' in Manipur. A decade ago, the healers' association was quite vibrant, and the healers were organized and were meeting once a month; however, now the association is disintegrated. The healers do not show any faith in the president of AMMMP, and they are not able to get any support from the government.

Sharing the role of traditional healers, the president said, Maiba- Maibi used to treat with herbal medicines, but Amaiba and Amaibi also treat by chanting hymns, which is also recognized by the World Health Organization (WHO). Chanting hymns by Amaiba and Amaibi in Manipur is mostly related to a kind of psychotherapy to boost the morale of the patients for quick healing, along with the herbal medicines in Manipur. Maiba-Maibi are working very hard for the community health services and promotion for disease-free and overall well-being of the people.

Maiba and Maibi mostly treat primary-level health care. Just as modern healthcare treatments have specialities; the Maiba-Maibi also have their own specialities, such as stone kidney treatments, bone fractures, and sprain injury treatments. Maiba-

Maibi healthcare treatments also include cancer treatments through 'Ching-gee Nachan' (using a kind of centipede).

Challenges and Concerns

Most of the healers raised many concerns and challenges in their daily healing practice. If these can be taken seriously, interventions and support systems can be developed at the state and centre levels. The following are the concerns and challenges as reported by the healers and key informants.

There were a lot of medicinal plants, but due to cutting down unknowingly, by the villagers have now led to the loss of medicinal plants.

- Most of the medicinal plants are no longer available around, and it's very difficult to collect them from far of places.
- Most of the youngsters are not interested in learning and becoming Maiba-Maibi. Further, lack of attention and support by the government which are some of the reasons for diminishing traditional knowledge and medicinal plants in the state.
- It is very difficult to preserve the liquid herbal medicine, as there is neither a refrigerator nor any cold storage. Most of the liquid medicines are prepared fresh when there is a need for them.
- Major concern is the misappropriation of Traditional Knowledge Systems (TKS), the rapid erosion of TKS, and the incompatibility of TKS with modern IPR regimes.
- Many experts used to come and gather the information from the healers. The healers feel that they had been betrayed after the knowledge had been shared. Regional piracy is dangerous to Maiba-Maibi Traditional Knowledge. They have been working to obtain a patent, and until they get it, they are not willing to reveal anything about the medicinal plants and their healthcare treatments.
- The president of the healers' association also shared his experience with

the University professors, who used to send their research scholars to conduct their research among the Maiba-Maibi. He said, after they had disclosed the secret of medicinal plants and their healthcare treatments, those research scholars and professors never made acknowledgements in their works and publications. He said, now they have decided not to share anything regarding the herbal healing treatments by these Maiba and Maibi. However, the president emphasised the need for a chronicle of Maiba-Maibi healthcare treatments and legal recognition by the government, as the need of the hour. He said, Maiba-Maibi and their organizations were unaware of the piracy in the last 20 years, but now they are aware of it and are cautious.

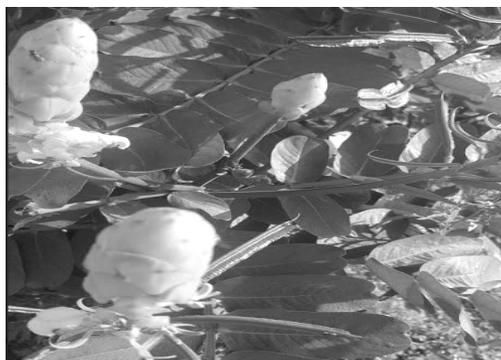


Fig. 37- Medicinal plant grown outside the healer's hut

Lack of confidence by the younger generation; advancement of biomedicine and the presence of two big modern hospitals have changed the belief system of healing among the people. Most people now visit these hospitals and spend enormous money despite side effects, rather than going to a local healer.

- Most of the healers are very poor. The main sources of healers' livelihoods are from the patients' treatments and other work, such as agricultural work, rickshaw pulling, driving an auto, etc. The extinction of Maiba-Maibi healthcare treatments is owing to the presence of modern healthcare services. The president poignantly said that traditional knowledge will cease to exist, because most of the healers are 80-90 plus years old, and there is a lack of proper study of the Maiba-Maibi treatment system in the state.

Quite recently, some of the youngsters started taking an interest in the Maiba-

Maibi healthcare treatments slowly, but it's a dying profession. Most of the elderly healers are willing to impart the knowledge and skills of their healthcare treatments to those who are interested. So far, there is no proper institute in the state and no investments like the RIMS hospital, where crores of rupees are invested. He said that because of the hard work of the healers and a few organisations, for the first time, India has its institute of folk healing practices known as the Northeastern Institute of Folk Medicine (NEIFM) in Pasighat, Arunachal Pradesh. He said, AYUSH is trying to squeeze the Maiba-Maibi healthcare treatments and is trying its best to use Traditional Knowledge and earn money out of it. Government officials or the AYUSH department, or the Health Department have never invested any money in the development of the Maiba-Maibi system of healthcare treatments in the state. On top of it, in the name NEIFM, they have added Ayurveda, further diminishing the importance of folk medicine.



Fig. 38 -Khongjom war 1891 memorial in Manipur

A forest official shared the challenges of preserving, especially the medicinal herbs, because of the poor quality of maintenance. He said medicinal trees are easy to preserve and maintain, but medicinal herbs are tough to maintain. He said that local healers are a great source of medicinal plants, as they also grow them in their home garden and maintain them appropriately, as they need the medicinal plants for use in the treatment of their patients.

He also reported that there are challenges in promoting and commercialising the medicinal plants in the state. There are lots of medicinal plants in Manipur, but the demand and supply of these medicinal plants pose many challenges. The first challenge is the low price fixed by the buyers. Second, there is no proper channel of supply chains, such as a lack of large quantities of medicinal plant gardens and no processing units. Third, there is a huge problem of transportation as the buyers

are not coming to buy from the state, but need to send through consignment, which further creates a lot of challenges such as charges, bandhs and blockades that would not help to reach in time for the buyers.

RECOMMENDATIONS AND WAY FORWARD

When asked what needs to be done, some of the recommendations were shared by the healers and experts.

- The right dose of herbal medicine is necessary; therefore, one must be careful about the therapeutic dose of medicinal plants and not blindly follow them.
- Manipur has a rich food culture, with a variety of green vegetables consumed daily. There is a need to rely on locally available foods to maintain good health and prevent hunger.
- As some of the healers have claimed to have treated cancer patients. There is a need to bring together healers, along with the modern medical practitioners working on cancers, including scientists working in a cancer research institute, for collaboration and knowledge sharing, keeping the interest and IPR of the healers. The discussions should not be restricted to workshops alone, but to be carried forward for further deliberation and work towards creating a larger platform for collaborations.
- Workshops to be held with the healers would prove beneficial, especially for the healers, as they provide them a platform to come together, have a dialogue on their different treatment practices and learn from one another.
- In this regard, IGNCNA planned on creating a bigger platform for healers, from different parts of the country and holding a 'healers' festival'. They plan to invite healers from all over India for a week-long event and have knowledge-sharing sessions on thematic issues. It can be made public for people to come and have a demonstration of their practices and inquire about the services according to their needs.

Dr Gaur shared that the Kala Nidhi Centre is working towards this initiative, and once it is materialised, they hope to invite them to New Delhi to share their work. The greatest need of the healers is the recognition of their work. Interestingly, many of the healers are carrying out their work not for monetary gain, but to

preserve and keep this tradition and rich knowledge alive. This workshop needs to be taken forward, in whatever capacity, and for that, networking is essential. He also expressed his keen interest in creating a portal or a national database which would provide complete information about the healers and could be accessed from any part of the globe.

He also suggested the need to create some kind of association or organisation, which can provide certification or recognition of their work to prevent quacks or other imposters from entering this kind of profession, but only genuine or authentic traditional healers can benefit.

Dr Sunita Reddy reiterated that 'Festival of Healers' would be a worthwhile exercise. Creation of a portal for different healing practices and treatment, which would help in wider public dissemination, can benefit all in this digital world.

Although Quality Control of India (QCI) is recognizing the herbal healers, the process is still voluntary and not many healers are coming forward. However, with the introduction of such a portal, it will be easier for the healers to gain recognition. QCI can also take a more proactive approach by identifying and certifying healers and honouring them with official recognition.

The specific recommendations which came from the healers and the key informants are given below.

There is an urgent need to develop indigenous medicine, in the form of tablets, liquids, like modern medicine, even with an expiry date. It would help to promote and develop more healing centres in the state.

Research and development in the area of indigenous medicine, supporting the younger generations to work with the traditional healers and giving them scholarships and incentives. This will enhance the outreach and also provide low-cost and effective treatment. Also, need to do marketisation of indigenous medicine, so that the traditional medicine not just survives, but thrives. Herbal medicines are always better than chemicals, at least for the primary level of care.

The government should arrange for some training programs for new healers, as some of them may spoil the case. Professors of physiology and anatomy should train the healers to understand the body more scientifically.

The government should propose certain incentives for the young healers and plan to preserve and conserve medicinal plants at the earliest.

Workshops like the one organised in all the states, through this research with the healers and also the academia and other stakeholders, can provide a platform to engage in a discourse on 'how to integrate and put forth the challenges faced by the traditional healers'.

There is a need to revisit and use one's past related to traditional healing, to develop foresight for the future.

There is a need to chronicle our rich knowledge and document it.

Dean of the School of Social Sciences, Prof. Yumnam, also shared how in the coming days, Manipur University can work towards the vision of organising a gathering of traditional healers from different neighbouring South East Asian countries, for the purpose of documenting the rich traditional knowledge system. Such exercises will serve as a showcase to the world, its rich heritage and the knowledge of the community in this part of the world.

One of the healers expressed a need for help, from the government side, to construct the healing centre as he is unable to construct it. A good building for a healing centre with all the facilities of a washroom and toilet would help the patients feel better. Moreover, a herbal medicinal garden would also help them, not just getting the herbal medicines, but it can also be used for recreation during the healing periods for the patients.

A model 'healers' hut' can be built at the panchayat level, where there are indoor patient services and rooms available, where different healers can sit and practice.

There should be a space where the healers can sit in the hospital and treat patients so that the awareness, development of Maiba-Maibi can continue.

If healers are given some of the medical facilities, such as X-Rays, bandages and other medicines like calcium, pain killers would help them for quick healing.

Also, some simple tools and technologies, like drying machines, pounding machines, storage containers, and mixers, can help them simplify their work.

A generator or solar installation for the healing centres, as sometimes there is no electricity at night. Most of the patients feel uncomfortable when the lights go off.

According to the officials, to stop the smuggling of medicinal plants from the state, an initiative to create the Biodiversity Management Committee (BMC) in the

state has started. There are about 200 BMCs by 2019 in the state. There are 2728 local bodies in Manipur, such as Gram Panchayat/Village Authority/Municipal Corporation/Municipal Council/Nagar Panchayat/Autonomous District Council. Once activated, they can keep a vigil and stop smuggling.

The official stated that after establishing the BMCs, he would provide Technical Support Groups (TSGs) to the local people, who can guide them, how to grow a variety of local fruits sustainably, increasing the output of productivity. He is targeting to achieve the creation of 2728 BMCs in the state. The purpose of these BMCs, as he said, is to preserve, promote and manage the indigenous fruits, medicinal plants, and animals at the local level. He also said that the youths in the state could create employment through Natural Resource Management (NRM), so that at least the unemployment situation in the state is reduced. Finally, he said that he is working to check the smuggling of medicinal plants that are going out of the state.

In conclusion, it can be said that there is an urgency to recognise the importance of local health traditions, and the important role played by folk healers in providing primary and even secondary treatments to the community at their doorsteps. Given the limited resources, the traditional and indigenous knowledge base cannot be left to die, due to our apathy and professional hierarchies and mistrust in other systems. Age-old traditions, if they are continuing to date, are because people are resorting to such practices, because they are beneficial, and continued utility shows its efficacy.

To achieve Sustainable Development Goals and Universal Health Coverage, it's important that the institutions, like AYUSH, take up the leadership role, to recognise local health traditions, give certification with other bodies like QCI, FRLHT and others, provide assistance and also space to flourish.

A consultative meeting by AYUSH on 14th Aug. 2019 for promoting local health traditions and the formation of networks is a welcome step. More important is to give due recognition to the traditional healers' knowledge base and dignity and their due in intellectual property rights, by following the Biological Diversity Act, and benefit sharing. It's high time we win the trust of these healers, we lost long back and pay back for the selfless services they have been providing to the community despite being poor.

Overall, all the healers came up with a request for some kind of support to run the clinics more efficiently.

It can be summarised that the rich knowledge of traditional healing has immense value for the communities, with equitable, safe, healing practices for primary level care. There is an urgency to bring policy for recognition and support for non-codified healing systems, which are at the doorstep and community-owned. The plurality of health care systems needs to be respected and recognized, rather than leaving it to perish. Efforts have to be made to overcome the dominance and hierarchy of different pathies over the traditional healing systems. State and panchayats should facilitate to making of 'healers' hut' for the benefit of the communities and healers. Supporting the healers, we will be saving the rich heritage and wisdom of healing knowledge and also the knowledge of biodiversity, for sustainable health care services, especially for the far-flung rural and indigenous communities.

Press Release

STATE

National workshop on Indigenous Healing Practices

IMPHAL | Jun 3
To encourage the indigenous healing practices and motivate younger generations to learn about them, a one-day 'National Workshop on Folk and Indigenous Practices in Manipur, Healers Voice' was conducted today at the Court Hall of Manipur University.

Organised by Centre for Study of Social Exclusion and Inclusive Policy (CSSEIP), MU in collaboration with the Anthropos Foundation India (AIF) and Indira Gandhi National Centre for the Arts (IGNCA), New Delhi, the workshop aims to go beyond documenting and to promote and support folk healing practitioners in Manipur.

Delivering the chief guest's speech, administrator, MU, Jamrul Singh highlighted the importance of local healing practices and how dependent people were on indigenous healings before the development of modern medicine.

Speaking as guest of honour, CSMCH, JNU and founder chairperson, AIF, New Delhi, Dr. Sunita Reddy said that based on research findings in Sikkim, Arunachal Pradesh and Manipur, folk healing practitioners are mostly people from poor backgrounds and unfunded for. These healers also feel that researchers and AYUSH are benefiting from their knowledge, while they get nothing in return, she added. She further said that, the goal is to go beyond documenting and to get the indigenous healing practitioners the support and recognition they deserve.

Guest of honour, director and head, IGNCA, New Delhi, Dr. Ramesh Gaur stated that while there are numerous international schemes and findings in this particular field, very less have stepped up to benefit from it. He also said that the IGNCA is an institute which is wide open to collaborate with individuals who want to contribute to the development of indigenous healing practices.

Speaking as president of the function, director CSSEIP, MU, professor,

Amar Yumnam asserted that function as a catalyst in reviving traditional healing practices. He said that the workshop is a platform for the practitioners to meet and discuss their problems and solutions. He said that the workshop is a platform for the practitioners to meet and discuss their problems and solutions. He said that the workshop is a platform for the practitioners to meet and discuss their problems and solutions.

Deputy speaker, Manu Assembly, K. Robinndri member constituency, ML abarata, principal secretary Rakesh Ranjan, committee Bobby Walkhom, committee Sumant Singh, director Armstrong Pame, education director, Th. Kirankumar and culture director, A. Shrivada led the meeting.



HOME NORTH EAST NEIGHBOURS BUSINESS ENTERTAINMENT SPORTS ENVIRONMENT G1

Manipur hosts one-day workshop on indigenous healing practices

Workshop organized by Centre for Study of Social Exclusion and Inclusive Policy, Manipur University in collaboration with AIF and IGNCA, New Delhi.



A photograph of a traditional healer's family in Manipur attending a workshop on folk and indigenous healing practices in Manipur on May 29, 2019. (NNE) Photo: Northeast Now.

Time is running out and so are the healers: Rise above politics and perspectives

Inhabitation and the study and documentation of indigenous healing practices which IGNCA, New Delhi, is conducting in Manipur, the director of the Centre for Study of Social Exclusion and Inclusive Policy (CSSEIP), Manipur University, Dr. Sunita Reddy, said that the time is running out for the healers. She said that the healers are mostly people from poor backgrounds and unfunded for. She said that the healers are mostly people from poor backgrounds and unfunded for.

IGNCA, New Delhi, is conducting a national level study on indigenous healing practices. The study is being conducted in Manipur, Arunachal Pradesh, and Sikkim. The study is being conducted in Manipur, Arunachal Pradesh, and Sikkim.

IGNCA, New Delhi, is conducting a national level study on indigenous healing practices. The study is being conducted in Manipur, Arunachal Pradesh, and Sikkim. The study is being conducted in Manipur, Arunachal Pradesh, and Sikkim.

Workshop held at MU

By Her Staff Reporter
Dr. Sunita Reddy, who is also an Associate Professor of Community Medicine and AIF's Founding Chairperson, Dr. Sunita Reddy, said that the workshop is a platform for the practitioners to meet and discuss their problems and solutions.

IGNCA, New Delhi, is conducting a national level study on indigenous healing practices. The study is being conducted in Manipur, Arunachal Pradesh, and Sikkim. The study is being conducted in Manipur, Arunachal Pradesh, and Sikkim.

IGNCA, New Delhi, is conducting a national level study on indigenous healing practices. The study is being conducted in Manipur, Arunachal Pradesh, and Sikkim. The study is being conducted in Manipur, Arunachal Pradesh, and Sikkim.

Throwing light on 'healing practices' in North East

OUR CORRESPONDENT

A workshop on 'Traditional Medicine Systems and the Indigenous Healing Practices in North East India: Methodological Challenges' was organised recently at IGNCA by Kala Nidhi Division, Indira Gandhi National Centre for Arts (IGNCA) in collaboration with Anthropos India Foundation (AIF).

Dr. Ramesh Gaur, Director, Kala Nidhi, IGNCA welcomed the participants and provided an overview of Kala Nidhi programmes and activities. He also talked about the genesis of the project.

Followed by the welcome address, Dr. Sunita Reddy, Associate Professor in INU and founder member of AIF introduced the project by sharing the conceptual understanding, objectives, methods and ethical aspects in conducting this study which will maintain the academic rigor and yet make it accessible to the general public, using audio visual documentation.

Dr. Sachindranath Joshi, Member Secretary, IGNCA, in his inaugural address gave very insightful remarks and shared that IGNCA has richness in various knowledge systems, however, the project should focus on the traditional healing practices. He further suggested that traditional content should be brought out which is the



Participants of the 'Traditional Medicine Systems and the Indigenous Healing Practices in North East India: Methodological Challenges' workshop organized at IGNCA.

essence of any healing process. He also suggested that this research can help in designing Post Graduate diploma or certificate course on traditional healing systems, which are so important given the wide

use across communities. The aim of the workshop is on the project take steps on the ground to engage in this research.

in the selected three states of North East India, Pradish, and Manipur. The workshop is a platform for the practitioners to meet and discuss their problems and solutions.

Aim of the workshop was to focus on project taken up by Anthropos India Foundation and invite comments, suggestions, and challenges in doing an 'ethnographic' research in the selected three states of North East States (Sikkim, Arunachal Pradesh, and Manipur)

Such healing practices by the communities without impinging on the secrecy of their practice and giving them the intellectual property rights.

Dr. Shalini Chandra shared her experience researching with local health tradition in North East and also suggested IGNCA should also organise a festival of healers in its premise.

During the workshop, in various sessions, interesting ideas came up along with many challenges to be faced. Use of SWOT analysis, looking at healing as an integral part of local culture and interconnected with various festivals, crafts, tattoos, natural resource base, and the practices need to be written keeping the narratives intact for various interpretation. The Intellectual property rights and the challenges in the integration of their knowledge was discussed at length. The challenge of language, limitation of interpretive understanding of ethnic groups, local languages, diversity, and the wide geographic area need to be taken into account while doing research.

Following the workshop, an ethnographic research will be carried out bringing in 'emic' perspective and also from critical medical anthropology perspective, connecting the micro level reality to meso and macro factors influencing the traditional healing systems.

Website to be launched soon to promote traditional healing practices
IMPHAL, June 4: In an order to promote and conserve the practices of the traditional healers in north east India, a website will be launched within the next few days, the officials of Anthropos Foundation India (AIF), New Delhi said.

"The idea is to create a platform for the traditional healers by developing their profiles with achievements etc so that we can take forward the issue for better understanding and development," said founder Chairperson Dr. Sunita Reddy, AIF, adding, "The goal is to go beyond documentation and give recognition to the traditional healing practitioners."

AIF is currently undergoing a study on folk and tribal healing practices in Arunachal Pradesh, Sikkim and Manipur which houses many folk and traditional healers. A number of folk and traditional healers including around 20 from Manipur are registered for the initiative.

She also observed that the contributions of traditional healers to the primary healthcare system can be channelised if the authorities concerned develop healers' huts and herbal gardens at the village panchayat levels.

Concerning the important relevance of traditional knowledge on various forms of indigenous healing practices which are widely being used in the rural areas in north-east states, director and head of Indira Gandhi National Centre for Arts, (IGNCA) New Delhi also expressed his desire to hold theme based discussion on workshop on development of indigenous healing practices by inviting local healers, in New Delhi.

The idea was to create a platform for the traditional healers by developing their profiles with achievements etc so that we can take forward the issue for better understanding and development. The workshop was held under the aegis of Centre for Study of Social Exclusion and Inclusive Policy, MU in collaboration with the AIF and IGNCA with an objective to go beyond documenting and to promote and support folk healing practitioners in Manipur. 70 per cent of the population in rural areas are still dependent on traditional medicines.



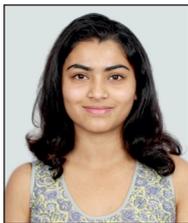
About the Authors



Dr Sunita Reddy is an anthropologist by training and has been teaching public health in the Centre of Social Medicine and Community Health at Jawaharlal Nehru University. She has researched non-codified healing, disasters, medical tourism, surrogacy, child protection, child rights and other public health issues. She is the founder-chair of Anthropos India Foundation (AIF), a non-profit trust that conducts research, policy, and advocacy on various social issues. She has authored and edited 9 books, and 5 more are forthcoming. She has published more than 50 peer-reviewed papers and lectured in numerous Indian and foreign universities.



Professor (Dr) Ramesh C. Gaur, Ph.D., Fulbright Scholar (Virginia Tech, USA), is a renowned expert in Cultural Heritage, Digital Preservation, Language Documentation, and Library and Archival Science. He currently serves as HoD (Kalānidhi) & Dean, IGNC, Ministry of Culture, Government of India. A former Director of the National School of Drama and former OSD at the Indian Institute of Heritage, he has over 35 years of experience, including 28 years in leadership roles. Prof. Gaur has authored 23 books, delivered over 800 invited talks, and played a key role in UNESCO's Memory of the World Programme. He has led major national projects on tribal languages, digitisation, and cultural mapping, and has been a member of several national and international academic and advisory bodies.



Ms Shefali Bharati is a communications professional with over 5 years of experience. She holds two Master's degrees from the University of Amsterdam in media studies and urban studies. She is based in Amsterdam and is currently working at the cross-sections of mobility and food systems.

The monograph *Green Wisdom: The Herbal Healing Traditions of Manipur* examines non-codified herbal healing practices in Manipur, situating them within the broader landscape of traditional, folk, and indigenous medical systems in India. Non-codified herbal healing, rooted in oral transmission and hands-on practice, represents a significant yet understudied domain of healthcare knowledge. The study acknowledges both natural folk medicine and magico-religious healing traditions, emphasizing their ethical, non-commercial orientation and deep connections with spirituality and community life. These systems, which predate codified medical traditions, reflect India's long-standing and sophisticated engagement with nature-based healing. Addressing community healthcare needs in Manipur, this monograph interrogates the social roles of herbal healers, the reverence they command, the challenges they face in contemporary contexts, and the processes through which indigenous knowledge is preserved and threatened. Key concerns include environmental degradation, declining biodiversity, erosion of intergenerational knowledge transfer, lack of formal recognition, intellectual property rights, and possibilities for mainstreaming into healthcare systems.

Empirically, the study is grounded in narratives collected from traditional healers across multiple districts of Manipur. The research aimed to document approximately 20 healers, examine their learning trajectories, areas of specialization, and years of practice, and assess the legal and institutional frameworks that shape their work. Methodologically, the study employed semi-structured interviews, observations, workshops, and consultative meetings involving healers, scholars, and state officials. Ethical protocols were rigorously followed. Through audiovisual documentation and sustained engagement, the monograph offers a holistic, policy-relevant understanding of traditional healing practices, advocating their protection, promotion, and recognition within Manipur's plural healthcare landscape.



कला यस्मिन् प्रतिष्ठिताः
इन्दिरा गाँधी राष्ट्रीय कला केन्द्र
INDIRA GANDHI NATIONAL CENTRE FOR THE ARTS