

ROOTS OF WISDOM

UNWRITTEN HERBAL TRADITIONS OF SIKKIM

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

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Roots of Wisdom : Unwritten Herbal Traditions of Sikkim

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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.

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Foreword

Indigenous knowledge systems have long been an integral yet often overlooked aspect of India's civilizational ethos. Among them, the healing traditions of tribal and folk communities stand out as repositories of both experiential wisdom and cultural resilience. These non-codified healing systems—passed on orally through generations—embody the close interrelationship between people and nature, health and spirituality, community and continuity.

It is with this vision of documenting, preserving and understanding such profound traditional wisdom that the Indira Gandhi National Centre for the Arts (IGNCA), through its Kala Nidhi Division, collaborated with the Anthropos India Foundation on this significant qualitative research study. The project, focusing on the folk and tribal healing practices across North East India—beginning with the states of Sikkim, Arunachal Pradesh, and Manipur—delves deep into the living traditions of healing knowledge that remain largely outside the formal, institutionalized healthcare systems.

This study offers valuable insights into the world of indigenous healers—shamans, herbalists, bone-setters, midwives, poison healers, and others—who are acknowledged and trusted within their communities for their therapeutic abilities. Despite lacking formal education, these practitioners have continued to meet the primary health care needs of their people with practices rooted in nature, intuition, and collective wisdom. The study also raises important questions about the status of these healers today—their legitimacy, recognition, sustainability, and the erosion of their knowledge in the face of modernity, deforestation, and migration.

While codified systems such as AYUSH have gained state support and public recognition, non-codified systems remain marginalized. This imbalance not only risks the disappearance of invaluable healing knowledge but also undermines the agency and cultural heritage of indigenous communities. This work seeks to bridge that gap—through empirical documentation, reflective inquiry, and a commitment to preserving what has remained on the peripheries of mainstream discourse.

In doing so, it also opens conversations around issues of bio-prospecting, benefit sharing, conservation of biodiversity, and the urgent need to integrate traditional healing into broader frameworks of public health and policy.

I commend the Anthropos India Foundation (AIF) for undertaking this thoughtful and timely initiative. I also acknowledge the contributions of researchers and community members who participated in this endeavour. At IGNCA, we consider it our mandate to protect and promote India's rich intangible heritage, and this study is a meaningful step in that direction. I hope it inspires further research, awareness, and action toward inclusive healthcare systems that honour both tradition and innovation.

Dr. Sachchidanand Joshi

Member Secretary

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

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Our heartfelt appreciation goes to the entire Kala Nidhi team and associated departments, particularly Mr Raghu and Ms Safia Kabir, for their insights and assistance during the consultation workshop.

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Special thanks to our dedicated researcher, Tshering Lepcha, whose tenacity and spirit led us through challenging terrain to meet traditional healers in remote areas. His energy and passion infused the project with courage and enthusiasm. Sanjeeb, our driver and local guide, enriched our journey with his deep knowledge of monasteries, prayer flags, and Tamang culture.

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well as to Mr K.S. Thatal, Dr Ghanashyam Sharma, and Mr Tom Tshering for their perspectives and advice on critical issues.

This work owes much to the 22 healers who welcomed us with warmth and openness. We are especially indebted to Krishna Prasad Phekurel and Nar Bhadur Limboo for offering their homes, food, and support, allowing us to experience their lives closely. We also thank Miss Jacinta Lepcha for her help with transcriptions.

Lastly, we fondly remember our time at the Lepcha Homestay in Lingthem Dzongu, where the breathtaking view of snowclad mountains was matched by the heartfelt hospitality of Kachyo, his wife Premit, and his brother. Their organic meals, Chi, and the joyful presence of their baby boy made our stay truly special.

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

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**Poem for conservation of traditional
medicine Ayurveda**

*Pachow nai tatwo mileyra banew yo hamro ayurved.
Khojeyra bujow hamiley aba kay hola yesko bhed.
Hami sab mili pakrinu parcha kay hola yasko fedh.
Panch tatwo kay ho miley ra bannay yo hamro ayurved?
Jhara ra jangal jari ra butti daiba ley diyeko,
sanrakshan abha garow sabhami mili prithiwi ma rahayko
Jari ra butti, yantra ra tantra, mantra ho yasko bhedh.
yo pancho tatwo miley ra banyo yo hamro ayurved. (He says This is all five
things together formed Ayurveda).*

*Chaw satta rogga, pailey ni thiyo, yo Sristi karanma,
vhay ley garda rishi jan gaye daibako charanma.
Sira nai jhukai binatinai garey daiba ko charan ma,
aswni kumar sristi nai garey; daibaley chanma.
Gyan buddhi huney aswini kumar ayera sansharma,
jari ra butti khoji nai garey uddharko aadharma,
Mantra, tantra ra jantra daibaley diye, yahiho yasko bhedh
Yo pancha tatwo mileyra banyo yo hamro ayurved.
Lahara ra jangal namashi dinuhos jangalma rahey ko,
Jari ra butti sanrakchan garow bari ma bhayako,
Sanrakchan khatir ekjuta bani sambhalow yasko fedh,
Mantra, tantra, jantra, jari, butti, mili banyo yo hamro ayurved.
Jari ra butti khayara jiwana arogya banow hai
Yasai ko lagi jari ra butti sanrakshan garow hai,
Yo sabia buji jari ra butti sabailey sambhal dew.
Aja ko sabha yati ma rakhi hamilai bidha dew.*

-Lila Ram Dhakal

**Poem for conservation of traditional
medicine Ayurveda**

*Ayurveda was born from five natural elements,
Let's try to understand its true essence.
Together we must learn what lies at its heart
These five forces each play a vital part.
Streams, forests, herbs, and plants gifts from nature and gods,
But today, protecting them feels tough against all odds.
Herbs, tools, sacred words and chants all make up its way,
These five elements together shaped Ayurveda in their day.
Illness has existed since the world began,
So the wise sages went to the gods with a plan.
They bowed their heads and humbly prayed,
Then the Ashwini kumar came, as the gods had said.
The Ashwini Kumar, full of wisdom and grace,
Searched for healing herbs all over the place.
The gods gave them mantras, tantras, and tools,
And with these five things, they created healing rules.
Let creepers and forests grow freely in the land,
Let's protect herbs in gardens with a gentle hand.
Let's all join hands to take care of this gift,
These five mantras, tantra, yantra, herbs, and roots give health a lift.
By using these plants, we can stay strong and well,
So let's protect them, and let their value swell.
Let's all understand and do our part with grace
And now, let's end this gathering in peace and embrace.*

– Leela Ram Dhakal

1

INTRODUCTION

In most of the indigenous societies, there exists a cadre of indigenous healers. This cadre of healers includes shamans, magico-religious healers, faith healers, herbalists, bone-setters, snake-bite healers, jaundice healers, poison healers, midwives, massagers, and other practitioners who are experienced and recognized as healers by the community. These practitioners are hardly trained in any formal educational system, yet they cater to most of the healthcare needs of the people.

The indigenous healing practices are largely unregulated, informal, unorganized, non-codified, non-commercial and yet a popular traditional healing system. These are non-codified systems that have no written text, and the healing knowledge is handed down from one generation to the next, usually through oral tradition and apprenticeship.

There is a plethora of writings about the important role played by these folk and tribal healers. However, with the recognition of AYUSH and integration into mainstream health care, there is a renewed interest in knowing the knowledge base of these tribal healers, documenting it, validating it and exploring possibilities of patenting. In this context, it is important to see what the status of the healers? Is it being recognized, and if so, in what ways? What are the challenges they face? And how is their knowledge being shared? Is there any benefit in sharing with the healers?

This monograph on Sikkim is based on the larger project of Anthropos India Foundation, in collaboration with Indira Gandhi National Centre for the Arts. It attempts to document the Folk and Tribal Healing Practices across three states of North East India: Sikkim, Arunachal Pradesh, Manipur and extending to other states in a phased manner in due course.

The use of flora, fauna and mineral resources for health and wellbeing is well known among the people who are closer to nature. However, with the current change and development, both intrinsic and extrinsic, indigenous people and

their health care practices are undergoing a change. However, the change is not unnatural, but the disappearance of traditional knowledge systems is a grave concern. Plurality of healing systems is universal, but the expansion of professionalized, state-patronised biomedical systems, in the capitalist world, with ever-expanding biomedical markets, dominates. There has never been an effort to document, preserve, conserve and integrate indigenous healing systems, the 'non-codified systems' in an integrated manner. With the increasing disease and financial burden to treat chronic ailments, there is a renewed interest in the indigenous healing practices, especially herbal healing. The codified systems of healing, like AYUSH, got integrated and recognised by the Indian government in 2014; however, the non-codified systems are still waiting to have a policy and recognition by the State.

Great Tradition and Little Tradition

Redfield (1955), in his studies of Indian civilization defined the concept of the Great Tradition as a formal, textual, and often state-endorsed system of knowledge, practiced and propagated by a literate elite. Whereas, Little Tradition means local, oral, experiential, and community-based practices transmitted informally across generations.

“The Great Tradition is cultivated in cities, codified in texts, and associated with a literate elite, whereas the Little Tradition is rural, non-literate, and linked to the everyday life of common people.” (Redfield, Robert,1956).

Importantly, Redfield also noted that the Great and Little Traditions are not sealed-off spheres—they interact and influence each other. For example, many AYUSH practitioners adopt herbal remedies used by folk healers. Folk healers may quote Ayurvedic texts to gain legitimacy.

“The interface between Great and Little Traditions in Indian medical culture shows hybridity and mutual influence rather than pure binaries.” (Sujatha, 2014)

Given this, AYUSH comes as the Great Tradition; being a system institutionalized, standardized, and supported by state structures like: The Ministry of AYUSH, AYUSH universities and research councils (CCRAS, CCRUM, etc.), teaching and researching, with licensing and regulation of practitioners. These systems are text-based, having canonical scriptures such as the *Charaka Samhita* and *Sushruta Samhita* (Ayurveda), or the *Unani Tibb* texts.

“The classical codified systems like Ayurveda and Unani represent the Great Traditions... they are transmitted through formalized training and bear the imprint of state recognition and institutionalization.” (Bode, 2008)

“The process of codification brought indigenous medical systems into the fold of the Great Tradition by aligning them with modern expectations of science, legitimacy, and policy.” (Banerjee, 2009)

The Non-Codified Indigenous Healing is perceived as the Little Tradition, which includes folk healing practices—such as bone-setting, herbal medicine, shamanism, midwifery, and magico-religious rituals—passed orally within communities and embedded in local cosmologies. These healers operate outside the purview of regulation or institutional training but often enjoy high legitimacy within their communities.

“India’s folk medical traditions form a wide and diverse body of knowledge that remains largely undocumented... existing in the shadows of the codified traditions.” (Langford, 2002).

“The Little Traditions of healing encompass the vast and dynamic repertoire of practices that have never been formally codified but continue to be used across rural India.” (Reddy, S., Subedi, B., & Guite, N., 2023)

However, in the context of policy, Government efforts to document or “mainstream” indigenous healing (e.g., through AYUSH or WHO collaboration) often face the challenge of translating Little Tradition knowledge into Great Tradition formats—standardized, textualized, and commodified.

“The process of legitimizing traditional knowledge often entails its transformation from lived experience to codified system—a shift from Little to Great.” (Mishra, A., Nambiar, D., & Madhavan, H., 2018)

In sum, AYUSH represents the Great Tradition of Indian medical culture—textual, institutionalized, and state-supported. In contrast, non-codified healing practices embody the Little Tradition—oral, localized, and deeply woven into community life. Understanding both through this lens highlights not only their differences but also their complementarities and the challenges in bridging them.

Thus, the Great Traditions of AYUSH and biomedicine dominate the current academic discourse. Indigenous systems, which the tribal population practice, receives little attention. So far, it has been well established (by anthropological,

ethnobotanical, and ethnopharmacological studies) that tribal communities have been utilizing various flora, fauna, and natural/mineral substances for therapeutic use. Studies have shown that there are numerous local health traditions, and the contribution of two million local herbal healers serving a large section of the population, not just the indigenous population, but also rural and urban populations. The growing concern is that the number of practitioners is dwindling, the younger generation is not willing to learn, due to non-recognition by the state, and the unavailability of herbs owing to deforestation, displacement and migration of the indigenous people.

The tribal communities have been using various natural resources as medicines since time immemorial. These are even considered the basis for the development of the Great Traditions, Ayurveda. The classic ethnographic and anthropological works focus on the shamanic and magico-religious healing practices, along with many studies on the aetiology of diseases and the role of healers among the tribes. Subsequent studies on indigenous healing practices also continued this tradition in one way or another to study the shamanistic and magico-religious practices. There are debates over science and superstitions, rights and recognition, autonomy and accreditations, when it comes to tribal medicine. The tribal medicines have experienced a systematic avoidance, and the legitimacy of tribal medicinal practitioners is undermined and questioned.

Some of the pertinent issues to be understood are the importance of indigenous healing systems; legitimacy, evidence, and efficacy; bio-prospecting and benefit sharing; sustainable use of medicinal herbs; and conservation of nature and natural resources. Further, there are concerns over the erosion of indigenous knowledge and withered tribal medicinal practices. Also, a serious question of recognizing and mainstreaming indigenous healthcare practices into modern healthcare services is raised. There is a growing interest in natural medicine in contemporary times; however, the tribal population, which holds the knowledge and know-how of nature, has been left behind. We need to discuss how they can come forward to regain and reclaim their knowledge. It is obvious that at this juncture, non-codified variants of indigenous healing systems need to be documented, based on empirical research.

Ethno-medicine

Ethnomedicine refers to folk ideas and practices concerning the care and treatment of illness available within (usually non-Western) cultures- that is, outside the

framework of professionalized, regulated scientific medicine. They commonly involve empirically based natural remedies, frequently from plants, and healing rituals with supernatural elements. Often deemed unscientific, such methods of healing are increasingly shown to have some value (Marshall, 1998, pp. 202-203). Anthropologists frequently use the term “ethnomedicine” to refer to the multiplicity of medical systems associated with indigenous societies as well as peasant communities and ethnic minorities in complex or state societies (Baer, Singer, & Susser, 2003, p. 308).

Healing and Curing

The concept of healing is different from curing. Healing deals with the body, mind, spirit, and emotions, whereas curing deals with the diseased parts of the body. The healing process refers to the natural process by which a person feels or finds themselves in a state of wellness. Hahn (1995:7) defines healing as “not only the remedy or cure of sickness- that is the restoration of prior state- but also rehabilitation- the compensation for loss of health- the palliation- the mitigation in the suffering in the sick” (Hahn, 1995, p. 7). Modern biomedicine focuses on cure, while the indigenous or traditional medicine focuses more on healing than curing.

Classification of Medical Systems

Scholars have classified the medical systems in various ways. Stoner (1986, 44) highlights the two broad categories of medical systems across the world. Biomedicine, which is invariably understood as allopathic, scientific, western and modern medicine and Indigenous medicine, which is variously referred to as folk medicine, ethnomedicine, traditional medicine, complementary and alternative medicine.

Frederick L. Dunn (1976, 139) classifies medical systems into three categories based on their geographical and cultural settings: Local medical systems, Regional medical systems and Cosmopolitan medical systems.

By local medical systems, he means “primitive” or “folk” medicine of small-scale communities. It also tends to be popular and non-scholarly. The regional medical systems are systems distributed over a relatively large area, such as Ayurvedic, Unani and Chinese medicine. The regional medical system tends to be scholarly. On the other hand, the Cosmopolitan medicine refers to the global medical system, which is often referred to as modern, scientific or western medicine.

However, Dunn abandons the terms modern, scientific or western and favours the term cosmopolitan medical system, because these terms are misleading; local and regional medical systems are also scientific, modern and western medicine is no longer western.

Arthur Kleinman (1978) explains that the three are interconnected and overlapping sectors: the Popular sector, the Folk sector, and the Professional sector. The popular sector consists of health care conducted by sick persons themselves, their families, social networks, and communities. In both Western and non-Western societies, somewhere between 70 and 90 per cent of sickness is managed solely within this sector. The folk sector consists of non-professional healing specialists who function informally and often on a quasi-legal or even illegal basis. These include shamans, mediums, magicians, herbalists, bonesetters, and midwives. The professional sector consists of professional scientific (“Western” or “cosmopolitan”) medicine and professionalized indigenous healing traditions (e.g. Chinese, Ayurvedic, Unani and Chiropractic)” (Kleinman, 1978, pp. 86–87, 1980)

Classifications of Traditional Healing Systems

The traditional healing systems are classified into three categories: Shamanism, Herbalism and Massage. Healing activities that employ the methods of mantra, or follow shamanic healing practices, magico-religious methods, or faith healing are described as shamanism. Healing activities that use herbs or plant, animal and mineral extracts are known as herbalism. A process of healing where rhythmic pressure on the body and body manipulation is done is called massage.

The indigenous healing system is comprised of naturalistic, animistic and shamanic practices. Some of the healers blend natural and spiritual medicine.



Fig. 1: Kaala Haldi (Turmeric) used to treat Jaundice

Among indigenous people, illnesses are generally classified as either naturalistic or personalistic. In a naturalistic category, illness is explained by impersonal forces or conditions, including cold, heat, and other forces that upset the body's balance (Ember & Ember, 2004). Naturalistic agents identify what caused an illness, whereas personalistic agents recognize who caused the illness. If the illness is perceived as naturalistic, they infer that impersonal agents such as inadequate rest, poor nutrition, and germs cause illnesses (Ember & Ember, 2004).

Animism involves beliefs in a soul or vital principle animating entities and producing their behaviour or observed properties. Animism is the term used by Edward Tylor to describe a belief in a dual existence for all things—a physical, visible body and a psychic, invisible soul (Ember & Ember, 2004)

Shamanism is an ancient form of healing tradition that employs ritualistic processes of mediating between community people and supernatural beings, using mantras and means to deal with the spirits. It refers to the activities and practices of the shaman, who helps the people in need through reaching out to the spirits (Pratt, 2007, p. viii). A shaman plays an intermediary role between people and spirits. The shaman may know and use herbs to heal illnesses, too.

Various anthropological studies show that there are many traditional healers across the North-Eastern States. All the states in the Northeast consist of various diverse ethnic communities and tribes with their own unique culture, language and healing practices (Ningombam et al., 2014).

The folk healers are the primary healthcare providers for the local communities, especially in rural areas. These treatments are not only limited to people but also extended to animals, with many ethnoveterinary healers using plant medicine. Each culture has its own beliefs about disease causation, remedies and cures for the same. The folk practitioners carry out their art of healing in various ways. Each healer practices their distinct methodology, such as herbal healing, spiritual healing or a combination of methods. We came across some healers that undertake more than one approach, involving a combination of faith and herbs, or mantras and animal products or herbal and animal products. This study's focus, although not limited to, was on herbal healers who utilize the bio-resources of the area.

THE STUDY

To gain a holistic view of the situation, a consultative meeting and a round table discussion on 'Folk and Tribal Healing Practices in Sikkim, was organised in collaboration with the Anthropology and the Lepcha department of Sikkim University on 14th Feb, 2019, inviting scholars and faculty across disciplines whose inputs could potentially help gain knowledge and outlook for the project. The seminar proved to be extremely informative in identifying the issues, outcomes of previous research and understanding likely challenges.

A list of healers was prepared from various sources and was referred for interaction and interviews. This list was originally sourced from the list of herbal practitioners identified and registered by the State Medicinal Plant Board (SMPB, 2009), appended as annexure. These healers were spread across the districts of East, West and North Sikkim. In-depth interviews were conducted with the healers, mostly in their own homes, where they practised, in a few cases, in their small clinics, where they treated the patients. The audio-visual documentation of healers was carried out along with the transcription of the interviews, conducted in the local language, interpreted by research scholar Dr Tshering Lepcha. The transcripts were translated into English by Miss Jacinta Lepcha. Ethical clearance was taken from the ethics board of Anthropos India Foundation, and all ethical guidelines were followed in doing this study.

Some of the research questions addressed in this study are:

1. How important are the healers for the communities in meeting their health care needs?
2. What are the experiences of communities towards the healers, and how are they revered?
3. What role do the healers play apart from their healing practices?
4. What are the challenges faced by the healers in today's context?
5. How is the indigenous knowledge preserved and passed on to the next generation?
6. Are the current generations taking up this knowledge base?



Fig. 2: Workshop held on 14th Feb 2019 at Sikkim University

Officials of relevant state departments were also interviewed to gain the perspective of the state provisions and efforts towards the subject. A semi-structured interview guide was prepared for the healers, key informants, and officials.

The team (Principal investigator and the researchers) visited the healers at their homes or clinics, and in a few instances, stayed with them. This provided an in-depth understanding of their practice and helped to observe their routine. After visiting a few healers, some of them were also invited to come to Sikkim University to have a round table discussion regarding their challenges and concerns on 23 February 2019.

The project proposal was reviewed by the ethics committee of the Anthropos India Foundation. All the interviews were conducted after taking due permission from the healers, sharing the information sheet, and signing the consent form for an interview, photographs, and video publishing. Their choices, as filled out on the form, were respected and followed. The study was also simultaneously visually documented using photographs, audio, and video clips.



Fig.3: Research team with the Titit Lepcha (Bongthing) and his wife

EXCERPTS FROM SCHOLAR WORKSHOP

Since the workshop was primarily focused on the traditional healers, the guest speakers highlighted the current situation of traditional healers and the various challenges they face. Despite the effectiveness of traditional healing practices, which allowed them to coexist with modern medical systems, these practices are now gradually fading.

One of the main objectives of the workshop was to discuss the transition of the traditional healing system- specifically, the changes that have occurred over time in its practices and phases.

One of the research scholars, Ms Tenzing Zangmu Lepcha, who has worked on healthcare practices, also spoke about her experiences during the fieldwork. She shared how people were so particular about sharing their knowledge of medicine for certain illnesses. She mentioned that as a researcher or outsider, it was difficult to get information as the informants, especially the elders of the villages, did not feel comfortable or rather did not want to speak about the medicines, but she learned through observations. The discussion covered the topic “food poisoning” locally known as “kapat/ nying”. This food poisoning is common in most parts of Sikkim, but people hardly talk about it. If seen in a general context, this food poisoning is associated with possessing supernatural powers, which are used to sacrifice and bring great luck and prosperity.

Sharing of knowledge

When asked about the healers of such illnesses, they do not find interest in sharing the information with someone who is not from the same community or place. Other participants were of the view that the reason for not sharing the knowledge may be that the healers do not receive anything if they do so, and they think that the knowledge may be commercialized. Another reason for not passing on the knowledge to the new generation might also be the trust issues the elders have with the new generations, who are greedy and self-centred. The elders fear that the new generation, after gaining the knowledge, might use it to fulfil their personal needs, and the knowledge might lose its very essence.

It was mentioned that different people of different generations have their own perspectives on medicine and healing. These different perspectives often build a gap between the older and the younger generations. At a community level, the reason for not sharing the knowledge may also be the failure to recognise the healers.

Promoting Healers and Their Practice

Also, traditional knowledge faces issues related to patenting and intellectual property rights. No doubt that many experiments are carried out before using the traditional medicine, yet due to patent issues standardizing the medicine is difficult.

One of the faculty, Swati Sachdeva, working on suicide rates in Sikkim, found that most of the victims of suicidal affairs were visiting faith healers or taking the help of traditional healing when they needed strong psychological aid. So, it was suggested that the collaboration between the traditional healers and the doctors might help in forming a bridge between the patients and the help they require.

Earlier attempts to collaborate with doctors were met with negative feedback from the traditional healers because they were treating the patients at a very reasonable fee, which is their only source of income, and if they tie up with the doctors, they would only be losing their hold as well as their source of livelihood with it.

Ms. Minket Lepcha, one of the participants who is also a filmmaker also shared her experiences during filmmaking and how important it is to document even the simplest of things, which is informative and if not taken record, might turn into dust. There is a need to document aspects of culture in the form of films and documents.

Many participants narrated their experiences of traditional healing, how the cancer man from Manipur cured his cancer by consuming some plant which he had seen in his dream, or how menstrual cramps were relieved simply by sitting on a bunch of herbal plants.

EXCERPTS FROM HEALERS' WORKSHOP

Among the healer's present were: Mrs. Bhavimya Gurung, Mr Chandra Bahadur Subedi, Mr Yamuna Prasad Bastola, Mr Krishna Prasad Pakhurel, Mr Mani Kumar Rai, and Mr Laxman Karki.

After the audience introduced themselves, one of the guest healers, Mrs. Bhavimaya Gurung, stressed that in this present era, it is important for the younger generation to know about medicine. She also mentioned that even though she practices traditional healing, she sees herself as a learner and is always curious to know about the remedies to cure an illness which she has not come across.

Mr. Chandra Bahadur Subedi, a 75-year-old guest healer who is an expert in treating bone fractures and issues, started his talk by saying that students should be aware of nature as it is so rich and diverse, especially in the field of medicinal plants. He said that people quite often spend their fortunes and go under the knife, but he treats most illnesses with medicine. He also showed a list of his patients along with their illnesses. Based on his own experiences and principles, he suggested everyone pray to the Sun God, and he will find a solution for all the issues, including health-related ones. He has been practising the traditional healing system since he was 14. He is still determined to heal people who come with hope and are seeking help. He is so experienced that he diagnoses by touching the wrist/ nerve of the patient.

Mr. Yamuna Prasad Bastola took the interaction forward and shared that recently, he had been to the southern part of the country to study more about traditional medicines and has also successfully passed the herbal medicine exam. He also sows the medicinal plants at his expense and has brought some of the samples with him. Mr Bastola said that he was inspired by the ayurvedic books and began testing the remedies on himself before recommending them to the patients. He is enthusiastic about learning more. He also kept forward his grievance that he is not happy with the exploitation of their traditional knowledge. Further, he suggested that Ayurvedic centres/ factories should be built within the state and create a possible platform for the traditional healers. He further added that, had there been any initiative from the government, they would have felt encouraged.



Fig.4: (R-L) Mrs. Bhavimya Gurung, Mr Chandra Bahadur Subedi, Mr. Yamuna Prashad, Mr Krishna Pakhurel

Mr. Mani Kumar Rai, who hailed from Assamlingsey, East Sikkim, a government employee working in the horticulture department, was the next speaker who shared his experiences. He also suggested understanding nature, where the healing medicine lies abundantly. He talked about some of the local plants used on fresh-cut wounds to heal (patpatey and titeypatey). He mentioned that he also taught his wife how to diagnose and treat certain illnesses so that the female patients could seek treatment comfortably. He also gave a ground reality check on the present situation of the state, which is that people are not aware of the medicinal plants found in Sikkim that are being exported outside the state.

Mr. Laxman Karki mentioned that he is the third of his generation as a healer and has been practising traditional healing since his grandparents. Mr Karki is a renowned healer who assisted Mr Ugen Gurung, a renowned taekwondo master of the State; he has healed patients from AIIMS, Manipal Hospital, etc. He suggested that in the present context, what the traditional healers require is recognition from the government so that their knowledge and identity are valued. The medicines used should be patented so that authentication does not become an issue while treating patients. Since we are suppressed under Western culture, traditional healing, which was once so popular in our country, is now being forgotten. He mentioned how the bureaucratic system has failed in taking initiatives to encourage traditional healing. He shared his own bitter experience of how his knowledge of healing was questioned by the so-called certified professionals and how often the knowledge of the traditional healer is exploited.

Another audience member, a research scholar, Miss Samiksha Rai, shared her view on patenting the medicine, which can lead to a rise in the cost of medicine and hence, people who were availing the medicine at a cheaper rate may find it difficult to get it.

To her query, Karki answered that traditional healers are insecure and the method of healing is vanishing. They do not want their knowledge, which they have acquired over their lifetime, to be exploited. Once their medicines are patented, the prices may rise, but compared to modern medicine, they will be cheaper. The reason for their medicine being patented is because of the fact that the medicine they use is exported in bulk, which leads to its unavailability. Not many people know medicine, so in exchange for some cash, they sell those medicinal plants either to the department or to people who come seeking them.



Fig.5: Students attending the workshop at Sikkim University

Therefore, patenting the medicine can also help stop the illegal market exchange of valuable medicines. Miss Rongnyoo Lepcha, research scholar, also suggested that there should be an awareness among the people regarding the export of such medicines. To which she suggested that the sensitization of such issues should be done either by the concerned departments or at a Panchayat level, so that people take it as a genuine issue and appreciate and promote the practices of the healers.



SIKKIM STATE CULTURE AND FOLKLORE

Sikkim is surrounded by Nepal in the west, Bhutan in the east, Tibet in the north and the West Bengal state of India in the south. The altitude ranges from 220 m at the riverbed of Teesta to 8586 m at the tip of Mt Khangchendzonga.

The main communities of Sikkim are the Lepchas, Bhutias, and Nepalese. Lepchas are the original inhabitants of the state, concentrated in the Dzongu valley (M P Lama 2001). The tribal population of Sikkim comprises 33.8% of the total 6.8 lakh population of the state. Most of its population resides in the rural areas (74.8%), practising Hinduism (57.7%), Buddhism (27.3%) and Christianity (9.9%) (Census, 2011). The Nepalese, both 'Mongoloid' and 'Indo- Aryan', form 70% population. The Scheduled Tribes (ST) population are the Lepchas, Bhutia, including Chumbipa, Dophthapa, Dukpa, Kagatey, Sherpa, Tibetan, Tromopa and Yolmo, constituting over 22%. The Scheduled Caste (SC) population, which includes the Kami, Damai, Lobar, Sarki and Majhi, constitute 5.93%. The Backwards Castes, including Tamang, Gurung, Rai, Limbu, and Sunwar, also constitute a significant population (Das NK 2015, p. 12). Nepali is the lingua franca in Sikkim, followed by Sikkimese (Bhutia) and the Lepcha language. A dozen other languages are also spoken along with English.

Sikkim is the land of faith healers, along with herbal healers. There are many healers such as Dhami, Jhakris, Phendongba and Bonbo in Nepali communities, Pow and Nejum in Bhutia community and Bongthing in Lepcha, Bijwa (Rai), Baidang, Phedagma in Limboo, Joghi, Baidya (folk healer), Sodhini (massagers) and so on in Sikkim (Das NK 2015).



Fig. 6: Political Map of Sikkim

(<https://www.tourmyindia.com/states/sikkim/map.html>)

Sikkim State Biodiversity

Sikkim Himalaya houses over 6000 species of flowering plants due to the wide altitudinal variation. Among them are 700 medicinal plants, of which 300 wild edibles are used traditionally (SU, TMI and SBB document). Many plant species form a wide gene pool.



Fig.7: Wild orchids and Peachtree flowers

As many as 488 species of aromatic and medicinal plants are used by the indigenous communities (Sharma and Sharma, 2010). It is claimed that more than 95 per cent of Sikkim's plant diversity is medicinal. Given the knowledge base of indigenous communities, to safeguard their interests, the following Acts have been enacted.

The Indian Biological Diversity Act (2002) and Indian Biological Diversity Rule (2004) include provisions for Access and Benefit Sharing (ABS) that essentially regulate access to genetic resources and ensure equitable benefits. This initiative aims to maintain a fair trade-off between providers and users. The knowledge and understanding of these genetic resources are owed to indigenous communities and their intergenerational experience and learning.

“It is essential that the value of traditional knowledge is understood and valued appropriately by those who use it, and that the rights of indigenous and local communities (ILCs) are considered during negotiations over access and use of genetic resources. Failing to do this can put the knowledge, the resources and the communities at risk.” (Secretariat of the Convention on Biological Diversity, 2010, p 3)

However, some claim that the stricter rules set by the government to collect medicinal plants go against the healers and thus they remain at a loss (Lepcha 2018; Pradhan and Badola 2008; Chhetri et al. 2005). Across Sikkim, the healers

practice herbal medicines and now find it difficult to get the rare plants, which are claimed to be vanishing. At the same time, the state is promoting medicinal plants, leading to the commercial growth of only certain herbs that have a demand in the markets. This formed one of the themes of the enquiry of this project- The state of affairs of the biodiversity use, resource, access, and control of it.

The other main theme of the project was to understand the participation of the healers with the state bodies such as the departments of Forest, State Biodiversity Board, State Medicinal Plant Board, AYUSH, The Mountain Institute, etc. This project aims to bring traditional healing practices into the mainstream. It is also focused on their ideas, knowledge, and services to recognise and integrate into the broader scope.

LEPCHA WORLDVIEW

The origin of the Lepchas is a topic of controversy among scholars. They trace back to the kingdom of Mayal around Khangchendzonga. Most mountains, rivers and locales have Lepcha in their name, in Lepcha folklore. The Lepchas call themselves Rong, or the 'people of the valley'. The Lepcha god is Rum, who created everything on Earth and rock: the sun, moon, rivers, mountains, earth and everything that thrives on (Sharma A., 2013, p. 91).



Fig.8: Lepcha Homestay, Lingthem, Dzongu, North Sikkim

Lepchas live in the Dzongu region in harmony with their nature, surrounded by rivers, tributaries, and mountains. They have a huge reverence for nature and

believe in Gods and spirits. The Bongthing (spiritual healers) and the Lamas of the Monastery are the mediators between the Gods and spirits. Before starting any activity, the Bongthing is consulted. Even Lamas said that they ask the Bongthing to do the rituals first, and only then does the Lama proceed with chanting and prayers on all occasions. We witnessed the 'Bumkur' festival in North Dzongu. One house in a village offers to celebrate, conduct rituals, and all the households offer sweets and fruits according to their capacity and celebrate together. Next year, another house will be offered to hold the rituals. The monks sit together to chant and carry the books to different villages. This practice is also to keep the communities safe from any vagaries of nature and from the spirits.



Fig.9: Buddhist "Bumkur" Ceremony in Lingthem, Dzongu, North Sikkim

Homestays



Fig.10: Lepcha Homestay, Lower Lingthem, Dzongu

Key informant, a faculty from Sikkim University, narrated the concept of home stays in Dzongu, North Sikkim, as well as the other parts of Sikkim.

“After returning from the civil society dam movement, I decided to start a homestay along with my two friends in our own houses. There was no support, nor any policy for homestays in the year 2009. In those days, there was a Japanese company that used to run a project named Jaika, which focused on ecotourism. My two friends and I were the first to bring the concept of a homestay in Dzongu, North Sikkim.”

The informant also told us about the booking of one of his friends’ homestays by the Prince of Norway.

“My friend was unaware of the booking, which was done by the Prince of Norway. The homestay was booked in a simple way, as the common people do. He was shocked when the police personnel from the Ministry of Home Department of Sikkim came for an enquiry. After that, the prince of Norway came to my friend’s homestay and spent a week and then went back. He shared with the BBC news about his stay and wonderful experience with nature in Dzongu, North Sikkim.”

Thereafter, the Government of Sikkim started giving importance to homestays. He was also awarded by the government of Sikkim. The government of Sikkim then framed the policy on homestays and implemented it in the year 2010. The policy included simple houses with wood. Rules such as not having more than five rooms and providing guests with organic food and drinks.

There are no such charges to be paid to the government, but they pay Rs. 1000-1500 per year as a tax or during the time of renewal of their license. This is how the homestay has come up successfully, and now the hotels are also turning into homestays.

“My home is connected internationally, for students and scholars who come to do research. A student came from Australia for his research on ‘hunting among the Lepcha community’, and another French student came to study in Dzongu. These students started adding posters on the website and social media, and that’s how it got popular.”

Religion and Healing

Another faculty from Anthropology Department, shared her views on religion and healing.

“The Lepcha community started coming into the division when Christianity came into existence in Sikkim. It got separated into Lepcha-Christian and Lepcha-Buddhist. Christianity came first to Darjeeling, West Bengal, and gradually spread across different districts of Sikkim. In Darjeeling, there were diverse missionaries who introduced Christianity in the beginning. But in Sikkim, Lepcha catechists were the first who bring Christianity to the state and in different parts of Sikkim. There was a distinction between the Lepcha-Christian and the Lepcha-Buddhist. The Lepcha-Christian was (made) ashamed of knowing nothing about the culture and traditions of Lepcha, whereas the Lepcha-Buddhists were praised for knowing the traditions and culture of Lepcha. But in reality, the Lepcha-Buddhists were also not aware of the exact practices of what the indigenous Lepcha belief system was following.”



Fig. 11: Songbum, a burning place for incense sticks

“Lepcha-Christian prays to Itbu Rum, whom Lepcha used to believe and contemplate as a female God, as she is adored as a holy trinity God by the Lepcha-Christian. Lepchas do not have a word for religion. It was initially borrowed from the Buddhist religion of Tibet. The practices of Lepcha-Buddhism are quite different from the actual Tibetan and Bhutia practices. Lepcha believes that Mount Kanchenjunga is the mountain of origin and their guardian deity.”

“Different communities are tracing their root at present to practice their traditions and cultures. In the early 80s and 90s, both the Nepalese and the tribal communities were celebrating Hindu festivals, Dashera and Diwali. Due to the civilization and education, the awareness towards their cultural roots and practices made people more conscious of following their traditions and culture. Tribal communities have stopped celebrating Dussehra and Diwali. The Lepcha community practices Buddhism simultaneously along with their traditions and culture.”

“Now, the Sikkim University has started a department for Endangered Language, which allows and motivates the students to write and study more about their own cultures and traditions.”

“People seek treatment from the bongthing more than monks. Lepcha-Christian prefers medicinal plants and herbs for treatment. I do not consider bongthing as the only faith healers since healing practices are performed as per the illness of patients. Every member of the family knows about the medicinal plants, their uses, and it’s availability in their surroundings.”

“The person or the healers who know the traditional healing or the medicinal plants will never tell or teach it to other people. Now, people are forgetting the traditional medicinal plants due to modernization and the easy availability of modern medicine. Yet, educated people prefer to use traditional medicinal plants if somebody is ready to prepare and give.”

Prayer Flags

Communities living in North Dzongu face harsh living conditions and believe in the powers of the supernatural. The prayers and prayer flags all around the houses are to protect the members of the houses from any calamity, evil spirit, evil eye, illnesses and misfortunes.

Nepali Sutras are written on cloth banners, also called prayer flags. There are two kinds of prayer flags: Lung ta (horizontal) and the Darchog (vertical). Traditionally, the flags come in sets of five. Five colours signify five elements and the five pure lights. Blue symbolizes sky and space, white-air and wind, red- fire, green- water and yellow symbolizes earth. According to traditional Tibetan medicine, health and harmony can be maintained by balancing these five elements.



Fig.12: Flags at the Khecheopalri Lake, West Sikkim

While travelling across Sikkim, many white prayer flags, Darchog, especially on the roadsides or in the fields, were hoisted. These white prayer flags are erected in memory of the departed souls. All the flags seem to appear the same from outside, but each flag has a different script written on it. Across the hills, at various places, there were wooden or concrete resting places facing the mountains and valleys, which were constructed by the family members in memory of the people who had died.

When patients or individuals go to the monk, they will be asked to get the flags and do the prayers. After the prayer, the flag will be attached to a bamboo stick and placed near the houses. Buddhists use these flags in all the ceremonies. When people go to check their astrology and are informed about the bad future days, such as sickness, bad luck, attack by supernatural power, etc. Then people pray and place the flag at their houses.

Our key informant reported that before the origin of Buddhism, the Lepcha community was following their own religion/nature worship and believed in animism. They used to seek treatment from bongthing for various illnesses. Later, with the arrival of Buddhism, they converted. Some Lepchas are still following their age-old religion, and some are mixed with Buddhism.

The problem may not be the same for all family members. Each family member must show their astrology individually. Accordingly, the prayer would be held by using flags with certain scripture on them. When a person goes to a monk, he/she will ask for details like date of birth, age, etc., and accordingly, he/she will be advised to do rituals/prayers. Couples also go to the monk when there is a problem or misunderstanding, or fights and quarrels without any reason.

They believe, that by doing rituals and prayer, their problems are solved. The monk predicts the forthcoming days and whether they will be bad or good. The prophecy includes whether the person will become ill, meet with an accident, etc. By hearing the monk, the people remain aware and stay cautious to avoid getting sick and other unfortunate occurrences. One cannot place the flag simply without doing prayers. It should be placed by writing appropriate texts and after doing proper prayers.

Kings and Rulers

Sikkim was an independent kingdom till 16 May 1975, ruled under the King Chogyal. The informant talked about the Gewalachen Chumbu, who was ruling North Sikkim in the 15th century.

“His clothes and other items are kept in Thalung Gumpa (Monastery). His items are displaced once in three years. The monastery also has the items of Guru Rimpuchey Munsolong, the leader of the Lepcha, who had so much power during that time that he was sure to be made king by the people of Sikkim. Unfortunately, the people of Sikkim selected a king in all four districts. Later, Munsolong became sad and disappeared. Likewise, all the other districts have their king. Katkuk Rinchen Chumbu became king of West Sikkim. Natha Samba Chumbu of South, Chugyel Pincho Namgyel of East. He also said that there are various types of sects in Buddhism, as the informant is a follower of the Ningmapa sect. The other types of Buddhism are Karmapa, Chamapa and Gyiluk. God is the same for all, but the ways of worship are different.”

-Sanjeeb Tamang

Mountains and Lakes

Sikkim is endowed with natural beauty, spread across the slopes and steep mountains, valleys, lakes, forests and hot springs.



Fig.13: Sikkim Topography- North Sikkim Dzongu

Herbal healer Nar Bahadur Limboo shared the folk story and their beliefs with us. “Healers worship mountains. There is a temple in his place where they go. There is also a monastery near the temple where the monks pray. In rare cases, we go to

other places like Netham, Heygaon, Dentam and Legshep.”

“In the early days, Lamenni (the female monk) used to come and worship in the pond. Thus, the pond was named Lammeni Pokhari. At the Uttarey lake, in West Sikkim, people used to dig on its side to get the red soil. Red soil was taken by the people to build their houses in the early days, as people had mud houses. Later, after digging for many years, the lake disappeared and was reborn in another place, now known as Khichipiri, according to the belief of people. In the early days, people used to believe more in the deities and supernatural powers.”

“There are many ponds like Tinmukh Pokhari, Mujor Pokhari, Dalley Pokhari (pond), etc. People used to believe that under the pokhari (pond), there was a golden statue of a deer. Many foreigners tried to dig for the statue, but they all died while digging. Once, a man saw the deer run into the water. After seeing the deer, he came and spread the news to his friends. After a few hours, two of his family members passed away, since he had told others about the deer. At the Mujor Pokhari, people can see the peacock in the pokhari (pond). In Dalley Pokhari, there is a huge stone in the middle with flowers. Nobody could plough the flowers from the pond.”

“One morning, a village girl went near a big stone to cut grass for cows and never returned. After the incident, the community people called the stone Bun Jhakri Dunga or Rock, where Bun Jhakri (Dewta) comes and dances on top of the stone. Once a year, all the faith healers go to that place, do rituals, beat the drums and dance.”

-Nar Bhadur Limboo

Folktales of Limboo

Another Folktale of the Limboos was shared by Satal Singh Limboo.

“During disease and illness, Limboos worship Yumasang. We pray, do pujas or rituals and ask God for courage, good health, prosperity, etc. For example, in Nepali, they worship Lakshmi, Kali, Parwati, and Saraswati. They also call Shivaji with different names like Mahadev and Nilakantha. Similarly, in the Limboo community, Yumasang is also called differently, depending on the situation we are praying.”

“Local folklore goes that a Limboo writer, who taught language to the Limboo, had the power and knowledge about the culture, tradition and language of the

tribe. The Bhutia king conspired to kill him and tried many ways to do it, but they were not successful because he possessed supernatural power. They planned to steal his supernatural power by making him marry a Bhutia girl. The plan came to fruition, and they killed him with bows and arrows in Martham, West Sikkim. There is a statue there now at the mangim (Temple), and every mangsir and purnay (full moon), people celebrate his birthday, and it is a state holiday”

-Satal Singh Limboo, Rhenock, East Sikkim

“The healers in Limboo are called Yaba, Samba, Fedangma, Yama, and a female healer (Yamani). I know a few healers who are called for their services for daily ceremonies. Yeba and yebani do the rituals in death, during the fall, which is called sogha. Yemani uses only fruits and flowers during ceremonies. Samba use animal sacrifice. Fedangma uses fruits and worships the souls of their ancestors, which is called pujas for kul dewta. Yama does the rituals to restore prestige when the person is ashamed of certain activities. Hens are sacrificed, and the rituals are performed so that the person can live his fruitful life in the future days and let the people not have ill feelings towards the person.”

“The person is also made to eat the heart of a hen during the ritual. This ritual is called Mangena. The same ritual is also done when a person is suffering from depression. Certain rules are followed during the ritual. If the person is male, then a chicken is sacrificed, and if the person is female, then cock is sacrificed.

People either call or go to the ritual performer/healer. During the ritual, both male and female healers will wear white dresses. Rituals are conducted anytime when there is death, a housewarming, or during the naming of babies, as per the situation. For marriage, Fedangma would be doing the rituals. The rituals do not last more than 2-3 days. Fedangma also gets yearly incentives of Rs. 1500 from the government.”

“At present, due to modernization, the new generation is not interested in learning the rituals. The number of yeba and fedangma is now very low and disappearing in the community. Lately, no one has been going to the healers, and they are losing their importance.”

-Mrs. Surya Kala Limboo, Limboo Teacher at School, Pakyong, East Sikkim

Chi - Traditional Millet Beer

Rice is a staple food for the people in Sikkim along with lentils, vegetables, especially potatoes, yams and green leafy vegetables, apart from the non-vegetarian foods like Chicken, Pork, Beef and Mutton.



Fig. 14: Chi made in the homestay and savoured during the ceremony

‘Chi’ is a fermented millet drink that holds a central position in Lepcha culture. Chi is a traditional millet beer and was served in all the homestays where the researchers stayed.

It is a drink primarily consisting of millet that is fermented with yeast for fifteen to twenty days and transferred into a long bamboo mug filled with hot water. Chi finds itself present in all Lepcha ceremonial events as ‘rites of the passage’ from rites of birth to marriage and death. It is also an important ritual in healing practice; in fact, women after delivery are fed Chi every day (Chakrabarty, P.B., 1985). Chi is sacred; its use in rituals marks an appeasement to the Gods and demons, making it wholly significant in the lives of the tribe (Tamsang, K.P., 1983).

Disasters and Vulnerabilities

Sikkim, though small, is highly prone to disasters due to its unique geographical, geological and climatic features. It falls in the Seismic Zone IV and V and is prone to earthquakes. Due to steep terrain and heavy monsoon rains, there is a tendency to frequent landslides. Further, the development in the region for the past decade in the form of making mega projects of hydroelectric dams is making this fragile ecosystem a place for repeated calamities. The Sikkim Earthquake in 2011 triggered several hundred landslides in Sikkim, Nepal, Tibet and the Bhutan Himalaya. In the Indian Territory, the earthquake-triggered landslides were reported as far as

100 km away from the earthquake rupture zone. Landslides and floods recurred, especially in the monsoon, notably in the years 2015, 2017, 2020, and 2022. The Sikkim Earthquake in January 2021, though minor, was notable. The Glacial Lake Outburst Flood (GLOF) during October 3–4, 2023, was a tragic recent example.

Landslides: Insiders’ Experience and Perception

At the time of this study in 2018, the community recollected the Mantam landslide in 2016, which was fresh in the minds of people. It was believed that someone disturbed the rocks on the mountain, which caused the landslide. The local people also attribute the construction of big dams to the cause of repeated landslides in the region, which has angered the local deities.



Fig. 15: Sharing the Experience of Landslide

“It was coincidental that this landslide happened at a time when all the people were out. It was midday at 1:30 pm on August 13th, 2016, when all the villagers were out to watch a football match in Passingdang. Suddenly, a very cold, strong wind blew, and the day became dark. Some people thought it was an earthquake due to the shaking caused by the forceful wind. People started crying and running in different directions. Within five minutes, a huge portion of soil fell off the mountain and blocked the river, taking almost fourteen houses with it, including mine. Gradually, we could see the river become a lake. There was so much dust blowing with the wind, and all roads were blocked with fallen trees. If the wind had blown for even five more minutes, we would have died. After the landslide, other villagers stayed in another village for a few days. Upon reaching the other village, the activists of the village asked us to get the documents of Sikkim domicile at least to get any kind of compensation afterwards. However,

the promised compensation from the government was not received, and I don't want to take it further and get entangled in the mess of corruption."

"I believe the landslide occurred because at the top of the mountain, there was a stone which should not have been moved, but someone had moved it in the other direction. Now the stone is back to its original place. It was almost a near-death experience for us. We are very lucky to have survived it".

-Male, 50, Gazing, West Sikkim

Another respondent from the same area was asked whether the mishap was covered in the news, and what the perception of people in the community was regarding the occurrence of the landslide.

"Yes, the incident was covered by the news. The activists and we agree that the occurrence of the landslide was due to development in the name of construction, such as dams. The dam's construction started in 2007, and since then, we have noticed repeated instances of landslides. Also, people have forgotten to worship the guardian deity. In 2012, there was an air crash in the lake area. We think it was due to the massive construction work, which ultimately disturbed their guardian deity and made them angry. So, every year, villagers conduct rituals and worship their guardian deity for their protection. The whole village got submerged under water, including the Anganwadi and a community centre. This place was once called 'Mantam village', and now there is only a lake named 'Mantam Lake'. It has become a tourist spot, jokingly called -Mini Goa".

-Male, Mangan, North Sikkim



Fig. 16: The 'Beach' formed due to the landslide, now called Mantam Lake.

Another recent flash flood, which occurred in Passingdang, was shared by young women staying below the PHC Passingdang, next to the downward-flowing stream, pointed to the huge boulders which had come down the hill at the end of September last year, 2018.

“It rained for a week continuously, and around 9 pm, large thundering and roaring sounds started coming from the hill, the stones started rolling down and made a huge noise. My parents decided that we should leave the house. Others around too left their houses for the uphill into the safety of the Primary Health Centre (PHC) - a concrete and new building. We stayed all night long in the PHC and only returned in the morning. Just one house down the road was destroyed as the water and boulders could not pass through the small culvert on the road, so all the rubble landed on one house”.

-Female, 24, Passingdang, Dzongu

The community is resilient enough to decide when to evacuate the house and where to assemble in case of a calamity. This identification of safe places prepared the community for any emergencies, and therefore, exactly before the flash floods, people moved out of their houses.



Fig.17: Source: Gyatso Lepcha FB (16 September 2018). Post Flash Flood at Passingdang

Impact of development on nature

Titit Gaytso believes that there is an adverse impact of development taking place through the construction of roads, dams, etc. He said it is good to have proper

road transportation, but he feels there should not be the entry of companies that are involved with the construction of dams. He said that because of constructing dams, it would be affecting their jungles, rivers, streams, etc., which are making their deities angry. The people of the company would be leaving their places after construction, but it is the people of the community who would be suffering. In a sad voice, he said, nothing could be done now as the land is sold to the company people. He also said that in every mountain there would be the ancestral souls, deities, and devtas. The Himalayas have deities like Konchenchew, Munyungchebong, Langamchew, Lingee, Tungdu, etc. He also said that if somebody marries in future, then they must pray to all those deities with beaten rice (chewra) and white beer (chi). In that, they would be asking the deities not to create calamities like landslides, earthquakes, etc. They also must appease the rivers like Rungyong and Ryunew. He said that before the construction of the road in his area, the puja was held. Therefore, no such mishap has occurred to date. They consider rivers, streams, hot springs, etc., as God and worship them all.

On Dams

Sikkim has developed and is developing several hydropower projects, mainly on the Teesta and Rangit rivers. Within Sikkim specifically, around 19 hydropower plants (small and large, mostly above 25MW) have been developed before the October 2023 floods. The local communities are against bigger dams and have been protesting.

An activist and a scholar from Dzongu said,

“The civil society movement on dams started in the year 2006, and initially, people started with slogans and rallies; however, they were easily dominated and physically injured by the police force. Later in 2007, a man created a blog and a website called ‘weepingsikkim.com’. Through the blog, the people started posting daily incidents. The website became very popular both nationally and internationally. The police force and the government could not prevent people from posting about various incidents that were taking place during the movement. In 2009, the movement ended. All the people who were in the movement went back to their places”.

The Department of Lepcha, School of Languages and Literature, Sikkim University held a workshop on ‘Free-Flowing Rivers: Regional Activists Perspectives’ on 15th Feb. 2019. It was reported that there is a group called Affected Citizens of Teesta (ACT), which has been protesting the big Hydro-project Dams on the River Teesta.

They had organized many rallies in Sikkim and in Delhi, also sat twice on a hunger strike. The first time they went on a hunger strike was for 65 days. The hunger strike failed as the person on hunger strike was on the verge of death. There was a difference of opinion between the members of the ACT, and the political leaders were not listening. The policy decision to promote projects had already been taken in the assembly. Their second hunger strike was also long-drawn, 40-50 people were there, including girls and monks. This hunger strike failed, too. Though some ground has been achieved. Out of 28 projects, 13 projects were scrapped. Now the support is from environmentalists, high courts, the supreme courts and the monks; however, there is no agitation on the ground.



Fig.18: 1200 MW Teesta Stage III Dam (Source: Siliguri Times, 14 Feb. 2019)

“There is a powerhouse in the village called Chungthang, North Sikkim. On top of it, there is a dam, and below, there is a three-storage powerhouse. It is fully guarded by the armed forces, and the common people are not allowed to enter the powerhouse. It is completely run by a private company called Urja. The government takes the commission and sometimes bargains with the private company in the name of the local people. Since the company is built on the land of the local people, this sometimes creates a conflict between the company and the government. The people of Dzongu are concerned about their place and worry that they cannot hold 6 megawatts of the dam. The people are not against the developmental changes, but they are cautious of potential damage”.

“Dzongu is a reserved and protected area where the sale and purchase of land is prohibited. However, private companies have been buying land in Dzongu. He said that outsiders are required to obtain a permit to enter the region, but many are now entering illegally, which constitutes a violation of the law. There are regulations in place that prohibit animal grazing and deforestation, as well as fishing in the rivers. Despite these restrictions, dams are being constructed in the area. The informant further noted that the Lepcha community shares a deep spiritual connection with nature and identifies closely with it”.

State Support to the people of Sikkim

Nar Bahadur Limboo, a traditional healer, observed that agricultural activity in Sikkim has declined in recent years, largely due to the extensive subsidies and free provisions offered by the government. He explained that every family in Sikkim receives a free cooking stove, rice at Rs 2 per kilogram, free housing construction, blankets, and other essentials. As a result, many people feel less inclined to engage in cultivation, as most of their basic needs are being met through government support. He further said that the government is now planning to provide at least one government job to every household in Sikkim. Additionally, housing schemes are offering up to 12 lakhs for a full house construction, and 1-2 lakhs for smaller homes, along with provisions for toilets and bathrooms. Students are given free educational materials such as books, bags, shoes, laptops, raincoats, etc.

He was asked about the medicinal plants found in the Himalayas or the cold places.

He named various plants available in the cold areas, as bikuma, kurki jhattamasi, kenjo etc. (local names). He also talked about the process and treatment of Lal Tumerkey (local name). It is used for the treatment of cuts and bone fractures.

3

Healer Narratives

The following chapter presents the interview and discussions with the healers. It contains information regarding the details of their practice, experiences and opinions.



Fig.19:Healers sharing a herbal medicinal root with the researchers

Lama Chung Chung

Lama Chung Chung shared the history of the Bumkur festival and how it started. He said the scriptures were brought from Nalanda. All the prayers are written in scriptures that were taught by Buddhist gurus and pundits. This ritual is performed every year to promote peace both within the community and across the country. This ritual is also performed to keep their deities happy and for the health of the people in the village, state, and country.



Fig.20:Lama Chung Chung at the Bumkur ceremony

During any rituals, people call both the bongthing and the monk. Bongthing carries out the rituals before the monk, who is believed to be more effective. Ningmapa uses organic white beer, meat for the rituals, whose genesis took place in Lachen Lachung, North Sikkim. The informant said the Karmapa sects do not use organic white beer and meat.

Lamas also heal patients. First, they ask the date of birth and which sign of the year the birth of patients falls in; here, the sign has a meaning based on the year, e.g. Horse (sign) year, eagle (sign) year, dog (sign) year, etc. After that, they would keep a mala (chain) which has knots and a sacred book. They also chant mantras. From chanting mantras and looking into their sacred book, they could find out whether the patient is sick due to supernatural causes.

The traditional healers identify the cause of an illness by touching their wrist and asking about the complaints of the patients. The Lama would be identifying the causes of illness by chanting mantras and keeping uncooked rice, egg, mala, etc. The informant said that after three days of childbirth, the rituals must be done. During the ceremony, they cut a hen, take out the intestines, and Lama looks at it and tells the future of the baby.

When asked if there is any competition between the Lama and bongthing. He said they do not have competition and perform rituals together; in fact, Bongthing is given priority, and he starts the ritual. He said Bongthing would never vanish as they have an important role to play in the community. He also said that at present there is less forest due to the increased population. He said the disasters are due to misunderstandings and divided areas.

Titit Gyatso

Titit Gyatso, herbal healer from North Sikkim, shared his journey of healing knowledge, “It was my grandfather who used to practice, though my father did not learn and carry these healing practices. I learned the art of healing from Bongthing. In the field practice of Bongthing, no one can just learn from text or any guru. It will come automatically or through lineage. I have learned through my dreams. In my dreams, my ancestors or my grandfather’s spirits guide me to do this healing. I do not have a guru. I do pujas/ rituals in the villages and other places. I have practised this healing since I was 14 years old. My whole family has this knowledge through dreams”.



Fig. 21: Titit Gyatso

“During the time of rituals, I use puffed rice, local eggs, rice, organic chi, dry fish, dry birds, fruits, ginger, flowers, and do not sacrifice animals. I use flowers according to the condition of the patients. If patients are sick, I use yellow and white flowers, and I do not use red flowers. My grandfather told me to use items carefully in the rituals. If the patients are suffering from house deity or dewta, or spirits, I use chi for the healing rituals. First, I see the jokhana. In this jokhana, I can identify the dewta or the spirits, and after that, I will start the rituals. If the patients are suffering from jungle dewta or spirits, then I do rituals in a banana leaf. I must praise the dewta. The home-grown tea leaves must be placed on the

fire, which is also used for the rituals. If I conduct the ritual for the members of my own house, it will be due to the cause of my ancestral deities, and then I will use the organic rice beer (chi). If the rituals are being conducted for other people, then they will be conducted by using the bark of a banana, old home-grown tea leaves, and flour. All the items are burnt while doing the rituals. I would be going to houses, wherever there is a sick patient. If it is identified that the sickness is due to a biological cause, then the patients are told to seek treatment from the hospital”.

Mothers and Children more prone to sickness

He also explained why women and children are affected more by supernatural causes. He said in ancient days, the dead body was kept in the caves or anywhere inside the rock. People used to believe that once the body of the dead person starts spoiling, the soul of a person would be blown with the winds, wherever the direction, the wind is blowing in force and whoever encounters that wind would get sick. Mostly, the wind would be attacking the breastfeeding mothers due to the smell of milk, and once the women reach home, the children would be affected.

Titit shared how he diagnosed Kapat patients,

“First, I see jokhana, and then if it is confirmed that the patient is having kapat, I use the root of the medicinal plant to treat the case. I also see the eyes and nails of the patient. If half of the nail portion is yellow, the body of the patient looks swollen, and in some cases, the body starts becoming thin and looks like TB patients, accordingly, I will diagnose”.

He said sometimes a patient will die immediately while he is taking food, some die after coming out of the eating place, some live for three months, some live for six months. After six months, if patients are taken to the hospital, they are diagnosed with TB. Once the patients get injectable medicine, there would be a greater chance of spreading the Kapat infection to the whole body. Before starting the jokhana, the zodiac sign (locally called as loh) of the patient is known, followed by jokhana and then the patient is treated accordingly. If the person does not know his Loh, then his date of birth is asked, from where the Loh is confirmed”.

“Even if the patient is taken to the hospital, they consult and seek services from me. When patients are about to go to the hospital, one day before, I am called by the patient’s family to conduct rituals by worshipping the souls of ancestors and

other devtas in the family. The rituals are conducted to make sure that there are no further complications, and the patients can return home with proper treatment and healing.”

Related to the cash and kind that he receives from the patients, he said, he asks them to bring coins for rituals. Other things that the patients are asked to bring are birds, fish, and eggs, which are boiled and kept for the rituals. He never asks for any cash for the treatment but accepts whatever amount the patients give after healing. He said it is a sin for them to demand cash from the patients.

Regarding teaching the healing knowledge to other people in the community, he said if the person happens to be a bongthing, he could let them observe him. But he cannot force anyone to learn his practices of bongthing.

Tashi Lepcha

“I started these healing practices when I was 40 years old. I did not learn the healing practices from anyone. Except for one or two treatment methods, which I learned from my father, all other treatments I have learned by myself. Slowly, I have learned the treatment for cuts, wounds, etc., and I also searched for some medicine in the surrounding areas and the jungle. Sometimes I use mantras and do rituals, but mostly I use herbal medicine. I can see the X-ray reports of the patients. I do not treat multiple fractures or complications”.

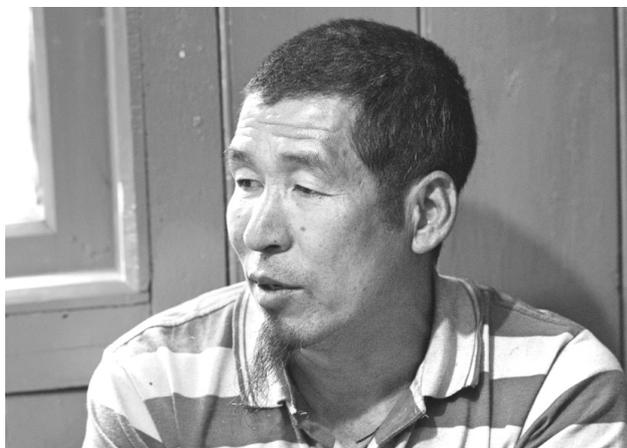


Fig.22: Tashi Lepcha

“I collect medicine when the patients come for treatment. I do not prepare or keep the medicines ready. Sometimes, I go to the patient’s house for their treatment. I use traditional bamboo support or tree barks (mawa and wild avocado tree barks) for the fracture cases and apply medicine which is prepared from herbs. I give treatment for the first seven days; after that, if the patient is not showing improvement, I extend the treatment for seven more days. I give both oral powder medicine and external medicine. The powder medicine, I prepare and keep. All the medicines are prepared from medicinal plants, leaves, roots, seeds, fruits, minerals, and animal products in a traditional wooden grinder. To date, I have not had any problem in collecting medicine. I have a government certificate to collect. I have also received training workshop programmes from various departments like AYUSH, Forest, and Biodiversity”.

“I teach some of the children in my village. But earlier, elderly people believed that medicine could not be taught to others as it would not have any efficacy. As a result, a significant amount of knowledge has been lost. Unfortunately, my children have not learnt this practice. I have four children, but they go to school and stay in Gangtok. I am only able to teach them when they come for the holidays”.

Durga Mishra

Durga Mishra is known as Dami, the healer in the community. He shared his journey, “During my childhood, I saw the healer's reciting mantras and healing the patients in the community. I got inspired and thought of serving people. The treatment is carried out by chanting in the mind and blowing air outside. Mantras which can be heard clearly by the people are not considered much, and only when the patient is healed, do we give ourselves the title of a ‘healer’. We also use drums and beat them while chanting. Priests use the same book, but every folk healer has their own book for reference. Sometimes, the patient comes home, and sometimes I go to the patient’s house or instruct them from my home. First, I ask the patients to wait 2-3 hours after treatment. If they do not seem to be getting healed, I advise them to see a doctor”.



Fig. 23: Durga Mishra (Dami)

Durga Mishra not only heals people but also helps in finding the missing people. “I help bring back lost individuals from their families or villages. I ask for an unwashed piece of clothing belonging to the lost person, recite mantras over it and place it under a stone. After that, I announce the expected time of the person’s return. All kinds of cases come to me.” An old man who was present in the discussion, an eyewitness to the healer, confirmed that he was able to tell the family about the location of the dead body of a person who had died after getting lost from home.

Sharing the rituals of his healing practice, Durga said, "I use raw seeds of rice, grass (locally known as dubho), water, etc. Both real and artificial egg is used during chanting, when the cause of the illness is due to supernatural power. The artificial egg is made up of flour. We can identify which God, or deity, should be worshipped or praised upon hearing the symptoms or complaints of the patient. First, I will find out the duration of the patient's illness. After that, I prepare the zodiac chart and identify what is causing the patient's illness. Later, all the things are collected that can be offered to God for healing are collected. I have a strong faith in my prayers and God. I also treat patients who are from outside the state. I do not charge for conducting pujas/rituals. I only charge when I recite mantras by preparing signs for specific illnesses or for missing cases of the victim party, or according to the patient's social status. I get 3-4 cases every day".

Krishna Prasad Pyakurel

It is sad to share that well known healer, Krishna Prasad Pyakurel is no more. Many more in this list of healers we studied might have passed away, as most of them were octogenarians. With their loss, all the wisdom and knowledge are buried. Unless it is passed on to the next generation.

We reached Krishna Prasad Pyakurel's humble home quite late in the night and stayed in his small hut for two nights. We were touched by the warmth and love he showered on us. Even though he was a vegetarian, he made sure to serve us non-vegetarian food at his home. He was living with his wife. In the next hut, their son, daughter-in-law and two children were living. He showed his certificates with pride and the long list of patients who visited him. Despite some high-profile patients, the economic condition of the healer shows the nobility of his work.



Fig. 24: Krishna Prasad Pyakurel

Sharing his experience, Krishna Prasad, said, “I am the first person to practice in my family. I learned from the other healers and the practitioners in the community. For treating patients, only one medicinal plant is not enough; to make a single medicine, one must combine 8-10 medicinal plants. I first tried the medicine on myself and gave it to my patients for treatment”.

“I once treated a lady doctor with haemorrhoids, who had spent 12,000/- and a second time 18,000/- rupees in the hospital. I have also treated nearly 44 patients

for infertility. At a workshop in Assam, I gave my medicine to two doctors, one for the treatment of tumour and haemorrhoids for his wife and the other for gout to his mother. Both of whom were successfully treated. Ironically, patients come to me for treatment, thinking that the services are free of cost or affordable, since the knowledge is gifted to the healers by God. But at the same time, when they go to the hospital for treatment, they agree to pay a huge amount of money”.

“I am willing to teach my medicine to anyone wanting to learn, but I don’t see any seriousness to learn. It will take a long time for a person to stay with me and learn. However, I think that other healers feel threatened to lose their value, sometimes even ‘their businesses’, if they teach other people. It is also unfortunate that there are not many people in the community who want to learn or continue the legacy of traditional knowledge”.

Medicine for Different Health Problems

Gathia or Gout

The healer said that there are 13 varieties of medicinal plants, which must be cooked in mustard oil. This preparation gives ½ kg of medicine. After that, it should be kept in a bottle. The medicine is made for the Gathia or Gout, and he shared that it is guaranteed to heal the patients. The plants must mix like neem, two types of tulsi, Datura, marijuana, tataypati, harchur, kaala haldi, etc.

Stone cases

He showed the medicinal plants for the stone cases; the leaf of the plant has to be taken early in the morning at 6 o’clock. He also said that the medicine leaf has a different taste at different times. Medicine is the same, but it varies with the time frame. He does not know the names of the plants in English.

Jadaylo is a Crippling plant

Then he shared the medicine for cataract cases. The plant is a crippling plant, which is only available in the jungle. A long time back, he had been to the Forest Department and told the officer that he knew the medicine plants for the cataract. But they did not believe. The plant has to be cut on both sides, and it must be pumped by mouth. After that, the water or fluid will come out from the other end in droplets. Both water and tiger milk should be applied to the eyes. The name of the plant is Jadaylo.

Snake Bite

He then said that the availability of treatment for a snake bite is less compared to other cases. Even hospitals do not provide treatment for snakebite cases. He said gold could be used by placing it on the bitten area to reduce the poison of a snake. He also added that the long hair of a woman is tied on the proximal part of the bitten area, which prevents the poison from spreading over the body, and the urine of the patient is given as a treatment.

We trekked with Krishna Pyakurel to another place to meet a herbal healer and a faith-based healer. It turned out to be a very rich group discussion. Pandit brought out a herbal medicine packet which had a label 'Organic Bering Herbals', prepared by the traditional herbalists of Bering, East Sikkim, through traditional, crude method 100% natural. It had a logo of 'The Mountain Institute'.

Yamuna Prasad Bastola



Fig. 25: Yamuna Prasad Bastola

Yamuna Prasad Bastola formalized the herbal medicines and shared packed herbal medicines with us. He shared how he got training and is now practicing his medicine. “I went to Bangalore for a meeting and learned about serpagandha. I got a certificate from the FRLHT research centre for 15 days and got training on medicinal plants. I have also attended training with the biodiversity board and got a certificate. I have been practicing for two years. And I am also involved in research projects with Sikkim University on Maize. Now I am preparing ‘Organic Bering Herbals’ and selling them in different markets”.

He expressed, “Doctors take 50,000 rupees to one lakh for operations, whereas I give herbal medicines with no stitches and no operation. I have read pauranik books and make medicine from the traditional mill. I worship the Goddess twice a day and calls the faith healer to clear any bad omens”.



Fig. 26: Discussion with Healers in Bering, East Sikkim

Hare Krishna

We discussed with Hare Krishna in Bering, East Sikkim. During the discussion, a herbal healer who is also faith-based, mentioned that he uses both medicinal plants and mantras to treat patients in the community. The elderly healer, Hare Krishna, added that folk healers, not only provide treatment but also serve the community in various ways.

Healer Krishna was asked about the difference between Dhami and Jhakri (faith healers). He said both are healers, but there is a difference between the faith healers and the traditional healers. He explained, Jhakri are those who use the mantra and beat the drums during treatment. Fedangma is also a faith healer, who does not use the drum. Bijuwa/yaba are faith healers from the Rai community. Giving a simile, to different names of the healers, he said, God is one for all, but the way of worshipping and naming is different in all the communities. The Subba community call their Dewta (God) as Pagey, Nima, Bhumang, whereas Krishna's community people call their Dewta (God) as Brahma, Bishnu and Mahesh.

He was asked what his perception would be when his mantras and the chants do not work and are unable to cure the patients. He said, "Sometimes the patient does not get healed by the treatment, but whenever I treat, I keep the statue or frame of God and believes that God will help me to address the patients. I have a strong faith in my prayers. God, whom I worship, helps me in searching for the missing people and healing the patients, during illness".

I also feel, that other priests are more knowledgeable than I and know more mantras. I have learnt only a few mantras, but I understand their meaning and use a select few in treating the patients. It is my strong faith that enables me to heal others".

He explained how he helps bring back lost individuals from their families or villages. In addition to healing, he is also called upon to perform various rituals---such as housewarming ceremonies, naming of newborns, addressing cases involving supernatural attack, and even helping, when someone loses valuable items from their home. He said the community people have faith in him and come asking for help and treatment. There will be 3-4 cases every day.

He was also asked where he learned healing and whether he calls up or asks his guru when he has any difficulties. He said, "There is no fixed healer /guru for my knowledge. I learned and kept on learning from both junior and senior healers in the community. I also believe in my dreams. The community believes that the healers will know and heal all the cases. Therefore, all the cases come to me. Sometimes, I provide medicine which I could give, and if it is not possible to heal them, I advise them to see the doctor. I treat the patients at my home, and sometimes I go to the patients' houses. And some times I instruct the patients from my own home".

To see the reactions on the patients and be precautionary, he stated, "When patients come to me, I ask them to wait for two to three hours after treatment. If patients start getting healed within two to three hours of my treatment, then I continue the treatment; if not, I immediately ask them to see the doctor. In most cases, if the patients are returning home within their given time, I ask the family members to inform me within four hours, if any adverse reaction".

Rajendra Kumar Adhikari

Sharing his learning and practice, Rajendra Kumar Adhikari said, “I practice what I have learned from the beginning, and I do treatment for only a few illnesses. I started the healing practices when I was in Assam. I do not demand any charges and accept only the given amount when patients get cured. There is only one healer in the community. The other healer is available in the other area named Chandra Bahadur Subedi, where people must cross the river to get his treatment. I do not have any registration of healing practices, and the government do not know about my healing practices. I used to treat major cuts, fractures, broken bones and jaundice. Now I do not treat such cases, because I do not get any support or recognition from the government. I only treat when there is an extreme emergency”.



Fig. 27: Rajendra Kumar Adhikari

“I give a guarantee in treating the jaundice patients. I collect the medicinal plants from the jungles. I keep the jaundice patients for three days for treatment, and I only see patients, three days in a week, i.e., Saturday, Sunday and Monday, as instructed by my guru in Assam. There are three types of jaundice: liver jaundice, kalo jaundice (black jaundice), and the third one is yellow jaundice, where the patient passes yellow urine and has yellow nails. If the patient is an alcoholic, then at least for a month, he should abstain from alcohol, meat, fish, etc. There are jaundice patients who come from different parts of Sikkim, West Bengal, and Assam.”

Bhim Bahadur Neopani

Bhim Bahadur Neopani narrated, “My father and grandfather used to practice traditional healing. I started my healing practice at the age of 13. I have treated more than 50000 patients, some of whom came to me after not getting satisfaction from the hospital. Patients come from Gangtok, Mangan, Gyalshing, Kaluk, Soreng, Nepal, Darjeeling, and other surrounding areas. I prepare the medicine at home, and I have bought some land for 5 lakhs to build a herbal garden at my home. One cannot grow all the medicinal plants in one’s own house, because the medicinal plants which grow in cold areas do not grow in hot areas, and vice versa”.



Fig. 28: Bhim Bahadur Neopani

“There are difficulties in collecting medicine as one must climb the mountains, which can take up to three days, just enough to treat one patient. I go to the mountain every fifteen days to collect herbal medicine. Sometimes, 108 medicines are used and mixed for the treatment. To access and collect the plants, I need to pay Rs. 500 per month as a fee to the Forest Department. I have done the training and received a certificate from the Forest Department in the year 1999. I treat my patients at my own house, and sometimes I go to the patient’s house. There was one more traditional healer, but he died recently. Now, there are faith healers, but no traditional herbal healers in this village and no female traditional healers at all. I am teaching the traditional healing practices to two of my sons.”

Mangal Bir Subba

Mangal Bir Subba shared, “I started healing practices when I was a child. I learned from my father, who was both a faith healer and a traditional healing practitioner. I practice only herbal healing, and I realize there is a high demand for herbal medicines in Sikkim. About 10 per cent of people still demand herbal medicine. There is a sale of one lakh herbal medicine in Sikkim, and I sell herbs worth 30-40 thousand per day during my workshops. I have attended many training workshops and received certificates. I have given treatment to more than one thousand cases of fractures, gastritis cases, etc”.



Fig. 29: Mangal Bir Subba

Sharing the challenges, Mangal said, “The medicinal plants are decreasing in number, and people are not planting them. Because of the new trend of planting in forests, growing more plants with no medicinal use, the medicinal plants are decreasing by 60-70%. Earlier, people used to take their cattle into the jungle, and the animals would feed on fodder and non-medicinal plants. At present, the government and the forest department do not allow the shepherds to take their animals into the jungle. As a result, the medicinal plants are decreasing”.

One of the challenges is not having an association of healers, which will be useful to demand their rights, Mangal said, “Sikkim does not have a healers association, as healers we are very few, i.e., 6-8 in number and stay very far from each other, in

each panchayat. I started farming in 1992 and built a nursery of herbal medicine in 1995, which is spread across 15 acres. I did not get any support from the government to build the medicinal garden. If people are interested, I am willing to teach the healing practices to others. I am also teaching my son”.

Sharing the vast and rich biodiversity and the impact of the construction of dams, Mangal said, “Sikkim has more than 14000 medicinal plants. Not all plants can be cultivated since they require varied altitudes and temperatures, and geographical locations. I believe that about 10-20% of medicinal plants have vanished. Since most of the medicinal plants grow above 3000 ft, and dams are constructed below 3000 ft, I don’t think dams are affecting the availability of medicinal plants”.

Gopal Sharma

We could steal time off from the school, where Gopal Sharma teaches. Sitting in the premises, Gopal shared, “My father used to do healing practices, and I learned to treat jaundice from my father. Treating snake bite poison, I learned from another person who passed away. First, the patient goes to the hospital, and if they are diagnosed with jaundice, they come to me for further treatment. I mainly use mantras and jhar phuk for jaundice, but for snake bite, I use both mantra and medicine. Patients come to my house, and sometimes I go to the patient’s house when I don’t have to report for duty at school.



Fig. 30: Gopal Sharma

“The mantras I chant are related to the Hindu religion. The Mantras are effective, even if the patients do not believe in them or are of a different religion. I have treated new born babies as well as old people. For jaundice, depending on the patient and the condition, sometimes it will take three days, five days, seven or eleven days to heal. After eleven days, if the patient is not healed, then the whole process must start from the beginning. In a year, around 2-3 patients come for a snake bite treatment, and about 20-25 patients for Jaundice. I have treated more than a thousand patients, who have come from different parts of Sikkim as well as West Bengal- Darjeeling and Kalimpong”.

“My children are not interested in learning the healing process, as they are all studying. If anybody wants to learn the mantras, I am ready to teach, but only for healing and not for commercial purposes. This is a service for the community; if this becomes commercial, then poor people cannot afford it. If any patient gives me money, I accept that money and use it to support the poor or deserving students in school”.

Birkha Bhadur Rai

Birka Bhadur Rai shared his learning journey, “I have learned healing through my father, he would take me along, when visiting patients, and I used to observe and help him. Now I am teaching my son the same knowledge”.



Fig. 31: Birkha Bhadur Rai

Narrating the process of healing, Birka said, “I do a special treatment for infection and pus formation, where I use the horn of a sheep, used by my grandfather and has been in the family for the last three generations. He demonstrated to us how this horn can be used. First, the affected area is slowly pressed from the side, and then a small cut is made with a new blade. After that, the horn is placed over the area where a small incision is made. Once the horn is placed over the cut mark, I start sucking the pus and the infectious blood. The fresh blood automatically stops coming out after the pus and infected blood are removed. I stop the sucking process and then apply some herbal medicine over the affected area”.

“Earlier, I would visit the patient’s house for the treatment, but at present, I don’t go due to my illness (liver problem and leg pain). However, patients come to my house for treatment. Once a week, 2-3 patients come in. I collect the medicine from the jungle and surrounding areas, which includes leaves, roots, barks, etc. and make a paste and juice for treating the patients”.

Nar Bahadur Limbu

It took a six hour drive to reach Shri. Nar Bahadur Limbu from Gangtok, who lives with his two wives and children. We stayed overnight at his house, where they took a lot of care and fed us with traditional food. He shared his very long experience with the Forest Department and his methods of herbal healing.

Nar Bahadur Limbu

“I learned a few things from an old man in Nepal, where my grandmother used to visit. Later, I also learned from my father and started practising on my own. Since I started healing people from an early age, eventually I eventually became popular in and around the areas. The state departments of Sikkim started connecting with me. They provided training and gave certificates for my traditional healing practices. I have received over 15 certificates and 2 awards”.



Fig. 32: Nar Bahadur Limbu

“I also work in the Forest Department currently. On the side, I also own a small plot, where I do farming. We mostly cultivate maize, potato, wheat, and barley. Other cereals and vegetables are grown less”.

“I have a permit to collect medicinal plants from the forest, but the Forest Department will not allow me to collect medicinal plants from the mountains. Therefore, I collect the medicinal plants from the nearby forest and the local surroundings. I make sure when I collect the plants from the jungle, I don’t pluck the whole plant. If we plough the whole plant, then it will disappear completely. The medicinal plants are mostly found in cold areas like the Himalayas and the mountains”.

The herbal medicines in Nar Bahadur's hut were kept systematically in different plastic bottles, on shelves, along with some family pictures, and certificates hung on the wall. "At present, the availability of some medicinal plants is less like bikuma, kurki, sharmaguru, panch amli, mahaguru, shamguru, humguru, and lappaguru. When I tried planting medicinal plants in the cold area, they did not survive".



Fig. 33: Nar Bahadur Limbu's herbal medicines in his hut

Sharing some of the critical cases he treated, Nar Bahadur narrated, "Some patients had no hope of surviving more than 10 to 14 days, but they came to me for treatment and even today, they say that I gave them a new life. Even rich people who spend a huge amount of money on getting allopathic treatment come to me when they do not get successful treatment. Initially, I used to conduct home deliveries for pregnant women, but gradually, people became aware of institutional delivery, and now they all go to the hospital".

Knowledge transfer from the healer to the departments

Nar Bahadur shared how he is open to sharing his knowledge with the forest department. In his narration, it comes out to be one way knowledge sharing in the name of training.

"I am connected to all the departments of Sikkim, and they all come and take the medicinal plants from me. I give all the details of the medicinal plants, their local and botanical name. I also share all the details of the herbs. Teachers also come and ask about the details of various plants and herbs to teach their students

in school. In most training programs, the department learns from me. They also make videos of me preparing medicines from the medicinal plants. In the training, all the healers were sent to the forest with a permit from the Forest Department and collected all the medicinal plants we knew. The collected plants were then taken back to the training, and we were told about their purposes. They were also packed and taken by the trainers”.

He narrated, how his knowledge is taken by various departments, by giving a token amount.

“Departments such as AYUSH or pharma companies come once a year and take all the knowledge of the medicinal plants, in exchange for some compensation. AYUSH Dept. (Rs. 500), Zhandu (Rs.1000-1200/-), Horticulture Dept. (None)”.

Sale of herbal medicine

Invitations to attend workshops and fares, the healers make some money, which is open to the public. “I have attended workshops in Jaipur, Chandigarh, Guwahati, Delhi, and Dehradun, where people seek herbal medicines from us. My medicines were also taken by two army officials in Chandigarh, and in Dehradun, there were many army personnel who purchased my medicines. In Gangtok, my medicines were sold for 3 lakhs in a workshop. I prepare the medicine in powder form and supply it to both the Forest Department and local people. Forest department initially, gave plants to cultivate, such as Chirata or Chiraito, in Nepali known for liver ailments, malaria, fevers, worm infestations and digestive disorders, for three years, but after that, they stopped supplying it”.

Training and transferring of knowledge

Sharing his knowledge further down the generations, Nar Bahadur said, “Many patients learn and take the medicinal plants from me. I also teach them how to prepare medicine at home. I am teaching my children, and it must be taught to them since I am old, almost 70 now, but I believe I can practice for 15 more years. Patients come from Siliguri, Gangtok, Yaksum, Darap, Gazing, Siliguri, Nepal, etc. Some patients demand medicine over the phone. I also visited the patients’ houses who are nearby. I prepare and keep the medicine at home, and sometimes I get it from the market. Sometimes patients stay one or two days at my house and go back after their bandage change and come again to get the medicine”.

Restriction of healers

Showing deeper tension between state law and traditional knowledge systems, Nar Bahadur, shared, “During the government of Sangram, all the traditional healers were caught and put in jail for 14 days. They were caught because of keeping hachur illegally, which is used to treat bone-related cases like fractures, broken bones, etc. Till 1994, traditional healers did not get recognition under the Sangram government. After the Sikkim Democratic Front (SDF) government, gradually, the traditional healers started getting recognition”.

“The healing practices will disappear when I die, and if I do not teach these traditions to others. Therefore, I am teaching the traditional healing practices to my son as well as other people in the village, who are interested in learning. Once the person learns about these healing traditions, he/she can earn their livelihood with it”.

Nandalal Subba

There was a wedding in the family of Nandalal Subba, when we visited him, but he was kind enough to give us time to speak. Along with his small, humble clinic for orthopaedic healing, he also owns a floriculture business and grows roses. His small clinic was more organised and showed the integration of modern medicine, with a calendar of human anatomy, a stethoscope, a proper bed to examine and a table with files.

Nandalal Subba shared his learning, “Both my father and my grandfather used to practice traditional healing, and I am the third generation to practice. At present, I am treating 15-20 patients every day. For orthopaedic patients, it takes about 1- 3 months to heal. I use leaves to treat swelling, and roots for setting the bone alignment. The medicine is prepared in a paste form for applying over the affected areas. Bamboo sticks are used for setting the proper alignment of fractures and broken bones.”



Fig. 34: Nandalal Subba- In his herbal clinic

“I believe I have treated nearly 1200 patients. I go to the patient’s house for the treatment if they are in a critical situation. The plaster is changed in 10 days to 15 days or 22 days, maybe 30 days, or sometimes it is changed every week if the bone is not in its proper alignment. I treat the patients only after seeing the X-ray report of the patients. Some patients come to me when they do not get successful treatment from the doctor. Whereas some patients come directly, and some after taking 2-3 months of treatment from the hospital”.

“I go one to two times per month to collect medicinal plants from the forest and bring about one kg. After bringing it, I place the root in the soil to prevent it from rotting. I prepare fresh medicine every week to treat the patients. I get patients from Namchi, Jorethang and nearby places. I have received 3-4 certificates from the Panchayat, AYUSH department and Forest Department. Once, I was taken for a tour by the Forest Department in Darjeeling for medicinal plants.”

Sharing about the other livelihood horticulture, he said, “In 2008, I went to Thailand for training in horticulture. I did not have any idea or knowledge about the greenhouse. At first, I was just growing plants anywhere in my surroundings. Later, the CM visited our area and supported us in establishing a greenhouse. I was sent to Pune for training in horticulture. I am also a member of the Sikkim Traditional Welfare Association”.

About passing his knowledge to the coming generations, he said, he would like to teach, but his children are studying outside; therefore, he doesn't mind teaching anybody outside who is interested to learn.

Lila Ram Dhakal

Overlooking the newly made airport in Sikkim, Lila Ram Dhakal's house is on the hilltop with a beautiful landscape. Colourful flowers surrounded his house and a small rectangular patch of grass. He walked down to meet us and looked frail. Last time the researcher Tshering met him, he was suffering from an illness; now he has recovered. He too got all his certificates, testimonials and pictures to show us; the long service he has been doing for the people. He also writes poems and shared a book which he wrote.



Fig. 35: Lila Ram Dhakal

Sharing his journey, he said, "I was an ex-serviceman of the Forest Department, and retired in May 2008. I started my healing practices in 1968. I learned from my father, and he had learned from his grandfather. I am now teaching my children. As the leader of the Sikkim Traditional Healers Welfare Association, I have recently started documenting my patients. I started self-documentation so that when I die, my skills and knowledge of traditional healing practices will not perish with me. Many old people who were healers in the community died, and their skills and practices have vanished. I think there are about 300-400 healers in all the districts of Sikkim. Some healers treat one to two illnesses, but not every healer treats all the diseases".

“I have some 55 varieties of medicine like the removal of poison, bone setting, hepatitis, sugar, cataract, menorrhagia, postpartum haemorrhage, fever, burn, etc. I used to treat 8-15 cases per day. Once, I managed 50 cases in my workplace. Patients get a certificate from the doctor during their discharge, but when I treat the patient, I get testimonial certificates from the patients after successful treatment”.

“My patients come from the West Bengal districts of Kalimpong and Darjeeling, also. For some of my patients in Kashmir, Delhi, and Tamil Nadu, I have sent medicines. Once, I had sent 7 kg of medicine to Tamil Nadu for gastritis, cancer, hair growth, etc. The medicine cannot be kept for long after preparation. Therefore, it is prepared only when it is required”.

Talking about the role of the forest department and AYUSH, Lila Ram said, “The royalty must be given for the collection of medicinal plants to the Forest Department. The AYUSH department had come and taken the details of my medicinal plants. I have also participated in the training and given training to those who were interested. The Forest Department had established three nurseries in Sikkim where they planted chirata, which is used to treat fever. Later, I came to know that planting one chirata is destroying thousands of other medicinal plants. I informed the department about this. I never plant only one medicinal herb in my house/ surroundings. I have medicinal plants for hepatitis, sugar malabas (bamboo), jatimaingo, and Kala haldhi. Three medicines together are used for preparing medicines for cancer malabas (bamboo), jatimaingo, and Kala haldhi. Often, people come to me to learn about plants, but they do not take the plants home. Instead, they take all the information and prepare products and medicines to sell them back to us and make money from it. Even the healers do not ask anything from the government, as we know that they prefer to promote allopathic medicines made from chemicals”.

“My children can give medicines to patients in my absence. All my children know about the medicinal plants. Since I am currently undergoing treatment for my prostate from CMC Vellore, which is entirely organic, I am only able to see fewer patients”. He shared testimonials of his patients, for treating and healing them well, as given below.

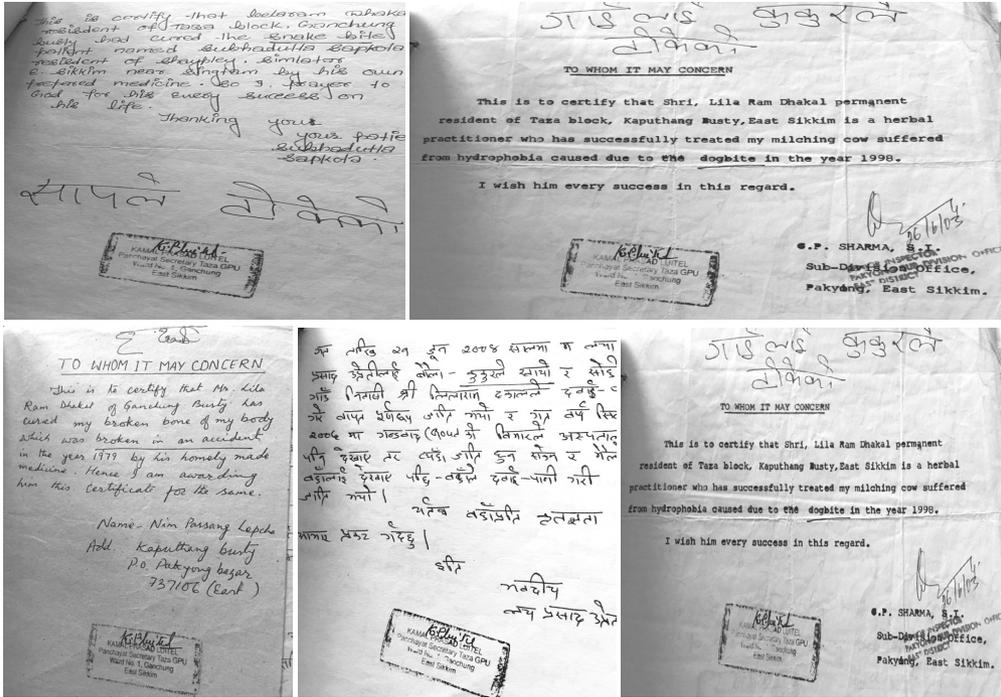


Fig. 36: Treatment testimonials of Lilaram Dhakal

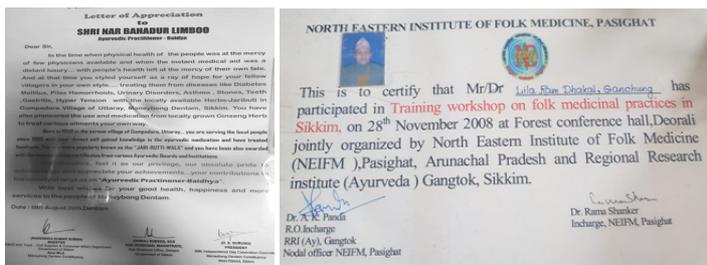


Fig. 37: Letters of appreciation and training certificates received by Lilaram Dhakal

Satal Singh Limboo



Fig. 38: Satal Singh Limboo

Satal Singh Limboo shared his journey, “My grandfather used to practice traditional healing; he used to prepare 378 types of medicine. I couldn’t learn from my grandfather, since I was too young and not interested. However, I used to fall sick often and would take lots of allopathic medicines. Later, I started preparing my own medicine at home and started treating the patients in the community. I use only herbal medicines to treat my patients. There is a process of mixing medicine, and if it is not done according to the process, then there will be no effect. I prepare the medicines raw and fresh. I go to collect medicine when patients inform me about their visit. I go to the jungles and sometimes to the riverbank for the collection of the plants”.

“Medicine could be made from anything, even mud, but one should know the illness and the use of medicine for various types of illnesses. The availability of medicine will differ according to geography and altitude. The healers from the hilly areas cannot understand the treatment and documentation of healers from plain areas, and vice versa”.

Sharing the process of diagnosis, Satal Singh said, “Doctors assess the patients by using a rubber (stethoscope), but we find out the problem by knowing the nature. We also ask the patients about their various complaints, backgrounds, history,

and activities and accordingly plan the treatment of the patients. Sometimes patients require massage, some patients need oral medicines, and some need local application. Therefore, I provide treatment for a patient's condition and problems".

Talking about the coexistence of different pathies, Satal Singh said, "Pharma companies have their own medicine and preparations, and the healers have their traditional medicines to treat the patients, so I don't think we clash in our practices. When patients take allopathic medicine, they do not take herbal medicine and vice versa. I treat patients who are unable to get treatment from the hospital and send them patient to the hospital if I cannot treat the patient".

"I believe healing and doing traditional treatment is gifted (pai rashi). If I reveal things about my treatment to the others, it would not be effective. Therefore, I am not teaching healing practices to other family members or people in the community".

"Now I don't expect anything from the government as I am ageing. Medicine is very vast, and I cannot learn new things as I age. I just give treatments to all the cases that come to me. I charge as per the course of the medicine, which is between 1000-3000 rupees".

Regarding the training he received or certificates, he possesses, he said, no department of Sikkim has made a visit to his house. He also told of not meeting other healers, as all the healers have their different ways of healing the patients.

Baidhya Chhewang Pakhrin Chikitsalaya and Research Center for Herbal Medicine- Kalimpong



Fig. 39: Baidhya Pakhrin Chikitsalaya- 15th Mile Kalimpong

As we drove down from Pedong, we came across a more than 20-year-old Baidhya Chhewang Pakhrin Chikitsalaya and Research Centre for Herbal Medicine, in Kalimpong, certified by the Council of Alternative Systems of Medicine. This Chikitsalaya is a living example of inter-generational growth of the healing practice, integrated at the level of diagnosis and treatment. The clinic was a three-floor building constructed with the donated money of patrons and patients, who had been cured in this hospital. The centre had rooms and beds for the patient's receiving treatment. They were well lit and clean, costing between 75/- and 150/- rupees per day. It had an X-ray machine and a couple of simple tools.

As we spent some time at the clinic, we witnessed around eight outpatients come in for orthopaedic treatment. A middle-aged man was lying on his stomach, and the attendant practitioner was administering the 'cupping' treatment for lower back pain. The attendant had been working at the centre for more than 30 years. He then explained that he uses Chinese Acupressure and acupuncture, showed us indigenous tools for the same, which, crudely though, included beer bottle splinters, bamboo sliced sticks and a small plastic holder to which they were tied.



Fig. 40: Glass pieces used for acupuncture and Herbal paste for fractures

The main method of treatment of fractures employed at the clinic was to set the bone and apply herbal paste with bamboo support. Patients would come in for treatment and follow-ups for changing the cast. Physiotherapy, cupping, and acupuncture were also some treatments provided at the clinic.

The commercialization and overcharging of patients in the allopathic system push patients to herbal medicine, which has further won their trust and helped to relieve the pain. The nominal cost, which is not asked for and received by the patient's own choice and capacity, has earned a lot of respect and popular choice among the people.

The visitor's book had many words of appreciation from various patients, scholars, doctors and scientists from both India and outside, applauding the good work of the Baidya and the efficacy of his treatments.

Certification, Training Certificates, Appreciation and Records of Patients

It was observed that many herbal healers have started maintaining records of their patients' visits. The records had the patient's names, age, place of residence and in a few cases, the health problem. Most of the herbal healers had a bag full of appreciation letters, certificates of participation in the training conducted by the Sikkim Medicinal Plant Board, Biodiversity Board, The Mountain Institute, FRLHT, North Eastern Institute of Folk Medicine in Pasighat, and Regional Research Institute (Ayurveda), Sikkim.

Some of the healers also showed group photographs taken during the training, and some of them had a detailed letter of appreciation from the Forest Department. However, all the healers believed that even though they were called for training, they did not gain much; in turn, they shared their knowledge, which was documented by the departments.

Treatment Testimonials



Fig. 41: Patient from Mangan

“I have come to treat my back pain (slipped disc). Before this, I went to the hospital in Sikkim and paid 1000 rupees per day but felt no relief. I later went to another hospital, where spent almost 26,000/- in three days, but still the pain persisted. Finally, I came to Baidya Chikitsalaya last month, and today is my second visit. I had to change two buses to arrive, but I can feel a difference.”

-Female, 55, Mangan, North Sikkim



Fig. 42: Patient from Kurseong

“I am a retired employee from All India Radio, Kurseong broadcasting services. This is my third visit to this healing centre. First, I visited in the year 1986 due to a fracture in my leg. Before visiting this Baidyashala, I had checked with doctors of many hospitals in Darjeeling and Kalimpong, but I did not get better. After coming to this Baidyashala, I have received better treatment.”

-Male, 86 years, Kurseong

Baidhya (Dr.) P.R. Chettri
Ayurvedic Chikatshalaya Sawnay,
Singtam, East Sikkim

In Singtam, East Sikkim, there is a well-known Baidya Dr P. R. Chettri, running Ayurvedic Chikatshalaya Sawnay, for treating bone-related cases, as reported by many people. On reaching Singtam, the Baidya, Dr Chettri, initially, did not show interest in interacting, so we did not insist and respected his decision. As we waited, he called us back. He was kind enough to allow us to see his setup and interact with the patients.

We saw his small clinic with an X-Ray reading machine, a Human body picture, a stethoscope, herbal medicine and some bandages on his table. There were two buildings, one, a new four-floor structure where the top floor was supposed to be the Baidya's residence and a first and second floor, which were rooms for in-patients. On the first floor, there were big rooms with 6 cots and 2 cots inside. On each cot, there was one patient along with one accompanying person. They were patients of all kinds of fractures- limb, shoulder, chest fractures, aged from 4 years old to 60 plus. One bed was costing 100/- per day in the common room. In the single room without a toilet, it was 150/- per day and rooms with an attached bathroom were 200/- per day. We could see bed holders, utensils, and packed bags stacked under the beds or in the corners. They were allowed to get their vegetables, food, and they could cook in the place till they were cured. In another old building, on top of the clinic, there were beds in a common room with more than 5 patients, and besides that, there was a two-story building with single rooms and patients.



Fig. 43: The new four-floor patient building

The patients came from all over Sikkim, Darjeeling and Kalimpong. In one of the rooms, a small baby with a fracture was staying with her mother. In another room, an old father was on the bed with three of his children sitting on the floor. They use bamboo sticks and medicinal plants to treat bone fractures and broken bones. Both major and minor cases are treated in the institution. Patients believe that they get cured in less time by the treatment of baidya/bone setters. They are not satisfied with the treatment of the hospital where plaster of Paris is used in treating bone fractures or broken bones. Patients' relatives also consider the duration of treatment from a baidya/bonesetter to be shorter than hospital treatment.

4

ON RECOGNITION AND SUPPORT

One of the pertinent issues with the healers is recognition and support by the government. There is no support of any kind, as the healers revealed in their narratives. Most of the healers thought that, though there have been many meetings, they were called for training and have been given certificates, but they are not really recognized for their knowledge. Most often, their knowledge is being documented- audio, video, pictures, and then they never come back to it. Some of them, however, can sell their herbal products, herbal medicine in different forms, when they are invited, but it is purely their initiative to collect and sell. There are no incentives given to them by the AYUSH department. They are not supported by the government. However, the officials said, they are given a small amount as incentives to continue with their vocation.

“There has been no integration of knowledge of traditional healing in Sikkim. The Government always talks about integration, but it has not come into existence. I have attended many workshops across the country, but they are usually of no benefit. We are asked to show the herbs we use, which they note down, but all interactions are casual and are not documented. For a workshop in Guwahati, we were promised Ayurvedic training for six days, but none of that happened. On the other hand, we were told to bring the herbal medicines we use for treatment and the documents of having treated patients”

-Krishna Prasad Pakhurel

“Once, there was a program conducted for all the folk healers in Gangtok. During the program, we were given only one piece of a white dress and a watch.”

-Durga Mishra

“Researchers come and collect details from us, and later, once the work is done, they never acknowledge us. That is why we are cautious in giving out information

about our herbal medicine. The least we expect is recognition and credit for sharing our time, expertise and knowledge.”

-Yamuna Prasad Bastola

“I had requested from the government a provision to build a herbal garden and own an X-ray machine in the year 2008. To date, I have not received any response or support from the government. The AYUSH department has never contacted me either.”

-Bhim Bahadur Neopani

“The Government of Sikkim is doing their job. There are rules and regulations set by the Biodiversity Act and Forest Act, which protect the medicinal and economic plants, but nothing for the healers.”

-Mangal Bir Subba

“I had requested from the government a provision to build a herbal garden and own an X-ray machine in the year 2008. To date, I have not received any response or support from the government. The AYUSH department has never contacted me either.”

-Bhim Bahadur Neopani

“The government of Sikkim is taking us to various workshops and training. Which is great, but they should aim to impart more knowledge about the medicinal plants in their workshops. There is so much to learn. Perhaps, the government can provide grinding machines which cost 50-60 thousand rupees. The government has given us certificates but has never supported us in opening and running a small hut/clinic. I was a member of the healers’ association, and we consulted with the AYUSH department and placed our proposal, but the government did not respond. At present, we do not have a healer’s association.”

-Nar Bahadur Limboo

“I have the skills to treat the patients, but if I get the proper training, I could do it in a better way. I have continued my practices and treated many patients successfully, even after the government did not support me. Every time we are told of the arrangement of proper training, but to date, it has not been done.”

-Nanda Lal Subba

“There is a healer’s association of the ‘North East Traditional Treatment Welfare Association’. It is not functional as the government does not support healers. There must be incentives given to them to ensure they continue their practice.”

-Dileep Sharma

“Due to a lack of patents and the authenticity of the medicine used, the government does not want to take the risk of recognizing the healers. In some cases, social stigma regarding the traditional healers still exists, regarding them as magicians and not healers.”

Excerpt from discussion

PERSPECTIVES FROM THE KEY STAKEHOLDERS

There have been efforts by the state to recognize the traditional healing systems. There has been a lot of documentation of herbal medicines by the ethnobotanists, and the importance of folk and tribal healers in providing primary health care to the communities. It was pertinent to get the perspective of the officials and the efforts made by the government to encourage the healers.



Fig. 44: Dr Bharat K. Pradhan, State Biodiversity Board, Sikkim.

Dr Pradhan became part of the Access and Benefit Sharing (ABS) in 2012 when he was asked to take up an additional charge, but he got associated with the ABS board full-time as a Scientific Technical Associate in the biodiversity board. He said the main mandate of the board is to implement the Biodiversity Act 2002. The Act has three main objectives: conservation of biodiversity, sustainable use and exercising benefit sharing.

“To implement the Act, they must form the Biodiversity Management Committees (BMC). We had a team of three people visiting all the villages of Sikkim, conducting an awareness program on the Biodiversity Act, preservation and benefit sharing. Now they have 42 BMCs and are constituted at the gram panchayat unit level. He said that, as per the act, the BMCs must be constituted at the village level, but Sikkim is a very small state, and BMCs are constituted at the gram panchayat level. There is a total of 187-gram panchayat units in Sikkim, and they have covered 42 BMCs. They also provide training on benefit sharing, roles, and responsibilities

and help them in preparing a biodiversity register. He told of 4 people's BMCs registers, and 10 are in the pipeline. The 'UN Environment Programme - Global Environment Facility' (UNEP GEF) funded project on the implementation of the BD Act 2002 in Sikkim.

Dr Pradhan said, "Over 700 plants are declared as herbal plants in Sikkim. In the Himalayan region, the climatic conditions are very harsh, and specific plants and trees grow in these conditions. He believes all plants in Sikkim have medicinal properties, but they are not fully explored. The State Medicinal Plant Board is also working with FRLHT Bangalore, but that is all based on traditional knowledge. Nobody has done research and come out with new species that have medicinal properties. The healers are being interviewed. The medicinal plants are all discovered by interaction with the healers and the community".

He said there was a camp and workshop in 2014 in Sikkim, in which they categorised different species of medicinal plants, and chiraita was marked as 'endangered'. In the years 2006 to 2008, there were many chiraita, but now they have decreased. When he was doing his PhD thesis, he noted 22 species of chiraita, but later, after becoming a biodiversity expert and going to the same place for the survey, he did not find any chiraita. Similarly, Paris Polifila (sakuwa in local terms) has a big international market and is being exploited. Paris Polifila works as a substitute for *Ophiocordyceps sinensis*. It has rejuvenating properties and is also called the second YARTISA-GUNBU. Now the plant has become very rare.



Fig. 45: Beautiful Landscape and Biodiverse Sikkim

Illegal Sale and Exploitation

Local people know medicinal plants and their international market value. People from other parts of India and Nepal come to the villages, influence the local people and ask them to collect the medicinal plants by giving them monetary

incentives. “Therefore, we are going to the villages and informing the locals about the traditional conservation of medicinal plants. People are now becoming aware of the supply of medicinal plants to outside Sikkim, like China via Nathula and Nepal. The suppliers are the local people who are acting as middlemen. The middleman does not know the high economic value of the plants and sells them at a very low price. The informant said China is exploiting the gene pool of other places, and in the end, China would be the only country with a bigger gene pool of medicinal plants.

Talking of the export of medicinal plants illegally, he informed that India has been the victim of bio-piracy; the cases of turmeric or haldi, basmati rice, BT brinjals, etc. Realizing this, India came out with the ‘Biodiversity Act’ in 2002. Conservation of Biological Diversity (CBD) has the same Act as the Biodiversity Act. The objectives of CBD concern genetic resources, whereas the Biodiversity Act is related to the entire biodiversity.

As per the report, the *Ophiocordyceps* plants are supplied by the local traders to Nepal and from Nepal, the supplies reach China. At present, they are trying to convince people of the importance of conserving and sustaining medicinal plants in Sikkim. He said it was difficult to stop the illegal supplies; therefore, the government of Sikkim passed the notification and legalized the sale of *Ophiocordyceps* in 2002. As per the notification, the *Ophiocordyceps* are being collected by the members from the Joint Forest Committee. Once the collection is done, it must be sold through an auction. After selling, 75 per cent of the profit would be taken by the collector, and 25 per cent would be given to the government as royalty.

Challenges

At present state medicinal plant board has a scheme for a national mission on medicinal plants. Under that mission, there is a scheme of contractual farming of medicinal plants. They selected farmers and other people to cultivate but faced the biggest problem in marketing. Now also in Uttaray and Sopakha, west Sikkim, they have instituted for Bioresource and sustainable development. Dr Jitendra Sukla was there, and he had promoted the cultivation of chiraita. He had an agreement with Emami Private Limited, Kolkata. For that, they had approached them and had a meeting, but there was a problem as the company could not afford the price according to the demand. The demand was high as the cultivation was done at a very high price. Later, the resources were wasted. He revealed that marketing is

the biggest problem in Sikkim. Often, companies approach the medicinal plant board, but the supply of these medicinal plants is not meeting the demands; thus, people are losing interest in harvesting these medicinal plants.

The traditional system is getting lost, disappearing, and biodiversity is becoming endangered and extinct. One of the reasons behind the fading of traditional knowledge is the degradation of biodiversity. He said that when people continuously use the resources of herbal plants, they would have their herbal gardens, which would be a kind of conservation. At present, the traditional healers are not given the recognition of their practices, due to which they have stopped practising traditional healing. Therefore, the species are getting extinct in the wild, making it difficult for ex-situ conservation.

Thus, it can be summarised that if the healers are given recognition and allowed to establish their healing centre, by providing a license, then it would act as motivation for the younger generation to have an interest in learning the traditional healing system.

Mr Pratap Thapa (pseudonym) Officer, State Medicinal Plant Board, Sikkim

Mr. Pratap Thapa (Pseudonym) is an officer in the State Medicinal Plant Board. He has 20 years of work experience in this field. He was a bit apprehensive about sharing his views, but in a few minutes, he opened up about his ideas and plans.

He reported that SMPB is not competent to give registration to the healers. Though they are trying to collaborate with the Quality Council of India to evaluate the healers and provide recognition, it is being done at a nationwide level.

SMPB is planning to value and recognize the maximum economically important plants of Sikkim. He wishes to collaborate with Sikkim University and Jawaharlal Nehru University to validate the laboratory. He wants to have a phytochemical analysis and do Research & Development.

Talking of the challenges, he said the drawback with the plant medicine is that it takes time to heal, and the preparation takes time as well. He also shared his concern that the dosages are not fixed and there is no standardization.

He said the herbal healers are participating in national and regional meetings and fairs. He said that the healers claim that they know everything, and they may be

good at some things. He took the healers to Delhi and other places and felt that the healers gained confidence and could sell the herbal medicine in the form of liquid and powder. They also form a network with other state healers in these meetings.

Gene Bank and Bio-Resource

He said that Sikkim has a gene bank, which no other state has. Even though Sikkim is a small state but has numerous bio-resources. He wants to go beyond recognition of healers and wants to get into research and development. By identifying 5-10 species, doing phytochemical analysis, collaborating with reputed institutes and putting in place a lot of missing gaps. He gave an example of Texas as having anticancer and anticarcinogenic properties. He gave a reference to a scholar who is working on Ethnomedicine in the Department of Science and Technology in Delhi.

He reported that Ex-Situ and In-Situ conservation is being done by the AYUSH and horticulture department, and they are using the small farmers to cultivate medicinal plants. He said they are involving the Community-Based Organisations in harvesting the medicinal plant, which has commercial value. The bottleneck is that they must compete at a national level. They need to identify species which could fetch a good amount, by those having high alkaloid content. He gave an example of curcumin in Meghalaya, Shillong, which is 9% higher than the Indian level.

He said that even though they are propagating a few plant species, which have high economic value, they are also not ignoring many other species, which are also preserved and conserved, but at a small level.

When the author suggested the model of 'healing hut' at every panchayat level, he agreed and said, there can be 'community healing centres' to encourage healers. He also said different departments, like tourism, forest, horticulture, agriculture, and culture, should come together. They should re-organize and reorient in preserving, conserving and promoting herbal healing. He said the authors can write to him with the recommendations based on these research findings and suggestions for a way forward. The board will take up some of the suggestions in the form of a project. He wants to promote, conserve and propagate at a commercial level and exploit the bio-reserve, which is otherwise going to waste. Though he wants to involve technology, universities of repute and commercial industries.

Dr Singh (Pseudonym)

Regional Ayurveda Research Institute, Gangtok Under the Ministry of AYUSH, Government of India.

The Regional Ayurveda Research Institute (RARI), Gangtok, was established in Sikkim on 9th June 1979. They have an OPD, Pathology Lab, and have a speciality clinic of Panchakarma Therapy and Kshar Sutra treatment with basic facilities for other therapies. Dr Singh informed that they have 50-60 patients coming to OPD; in the monsoons, an additional 80-85 patients visit them per day. They have a lab and a mobile van for projects, which is used for the household survey.

Dr Singh shared that at present, RARI has three outreach programs;

- 1) Swasthya Rakshan Programme (SRP), in which they follow the Swachh Bharat Mission that covers five villages within a 20-30 km radius, ensure health care facilities and has one AYUSH doctor with a mobile vehicle to check health and Hygiene in the villages.
- 2) Ayurveda Mobile Health Care Programme under the Scheduled Castes Sub (Plan SCSP) focus on SC health camps in selected villages to have an annual action plan.
- 3) Tribal Health Care Research Programme (THCRP) under the Tribal Sub Plan- survey 5- 10 villages with a population of 25k- 30k and monthly visits based on an annual action plan.

It covers the Gram Panchayat level and covers all of India. Health camps with free consultation, free diagnosis, and free medicine are provided. This started in 2014, about 14-16 Health camps are held in a month.

RARI and Healers

Under this programme, the RARI has been given targets to find five healers per year in the SCSP project and 15 in the THCRP. They are asked to carry out the documentation in a prescribed format, with all the details about the plant material, classification, properties, process of making the herbal medicine, dosage and for which disease it is used. They also do photo and video documentation. The healers are counselled and given incentives such as awards, certificates or even jobs to 'divulge' their knowledge and healing practice.

It is then verified with the Ayurveda Classic texts (55 texts). If it matches, it is seen as already documented in Ayurveda, so they do not document. If it is something new and not found in these 55 classic texts, then it is sent for validation. Thirty-five medicines have been submitted for validation to the Botanical Survey of India, Sikkim Unit, Sikkim Medicinal Plant Board. Though the validation report has not come yet. It is to be seen if these thirty-five medicines, once validated, will give any benefit to the healers.

According to him, this is one way of integration where healers' knowledge can be propagated for larger public use. He stated that there are challenges in getting information from the healers, due to difficulty in communicating in the local language. They take the drivers who speak the Nepali language.

“Even though the GOI has given incentives for awards and jobs, they are reluctant to share their knowledge. They do not reveal as it will extract their knowledge and business if it is known to people in the surrounding area.”

The informant said that with Ayurveda, one must keep dietary restrictions. Most non-communicable diseases are lifestyle diseases, where one has to change their food practices. In Piles, one should restrict non-vegetarian food, maida (wheat flour), and thus avoid causative agents.

He gave an example of a patient who had a slipped disc and was immobile. He did not get cured by biomedicine. He suggested having faith and going for Ayurvedic treatment. Now, after 15 days, he is healed and can walk. He told Ayurveda is good for paralysis, sciatica, migraine, insomnia, skin allergies, piles, gastritis, diabetes, etc.

However, analysing the interviews with the healers showed contradiction, stating that they never got any incentives, except for a few certificates, and they have not gained any knowledge, but only shared. There is a mistrust between the state systems and the healers, and thereby, the healers were reluctant to share all their knowledge.

Dr Ghanashyam Sharma (Program Manager)
The Mountain Institute (TMI),
Gangtok, Sikkim

Dr Ghanashyam works at The Mountain Institute (TMI), Sikkim Division. He has been working at the institute since March 2009. In this institute, he has worked

on various projects funded by organizations like the International Centre for Integrated Mountain Development (ICIMOD); the project was based on Access and Benefit Sharing (ABS) to create awareness among people and document the strength of healers and their knowledge.

“Almost 500 healers were mapped in the year 2008, but not the whole of Sikkim. The list of healers’ names and details was submitted to the Cultural Affairs Department, Government of Sikkim. They organized a healer workshop at Jorethang, South Sikkim, inviting the healers and practitioners from different areas of practice. They were present with their dress and performed rituals or ‘Chinta’ healing practices. ‘Chinta’ refers to a state of focused contemplation or meditation used by traditional healers, particularly shamans or Dhamis to connect with the spiritual realm and diagnose or treat illness. This involves trance-like states, allowing the healer to identify the cause of affliction, whether it is spirit or other external force, and determine the appropriate ritualistic cure. After the workshop, they came up with beautiful digital documentation of that programme. After the workshop, many healers started getting recognition from the cultural department and are still getting a nominal amount for their encouragement”.

Since 2008, the TMI has also been working with the healers and community people for the preparation of the People’s Biodiversity Register and creating awareness on the Biodiversity Act, rules, and regulations. They also work with various government bodies like the State Medicinal Plant Board, State Biodiversity Board, Sikkim University, etc. The governmental department has even started working with healers, meeting them, reaching villages and identifying healers, documenting their knowledge and healing practices.

Initiatives of The Mountain Institute

Dr Sharma introduced one of his colleagues, Mr Durga, who is also the chairperson of the Biodiversity Board from South Sikkim. Durga is an expert on biodiversity law, as well as access and benefit-sharing (ABS) mechanisms. He prepares the People Biodiversity Register and the biodiversity board assigned to the press. Along with his Biodiversity Management Committee (BMC), three other BMCs also prepare the PBR. He shared the report on tradable bioresources of Sikkim.

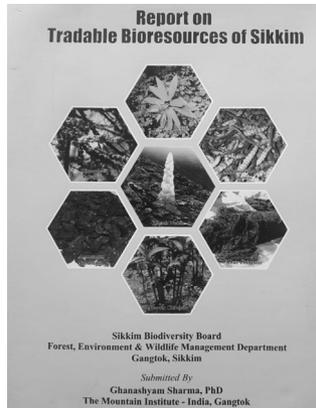


Fig. 46: Publication on Tradable bioresources of Sikkim

Mr Durga shared, "There is a format prepared by the National Biodiversity Authority, Chennai, to record the state's flora and fauna. They follow the format, but depending on the situation, they also customise some of the phases. It is a comprehensive list and has everything documented. At present, we are in the process of digitizing the people biodiversity register. In the last year (2017), the zoology department of Sikkim University also contributed by forming four BMCs and helping them to prepare PBR, through their university fund."

As concerns regarding documentation, he said that there are other people working on knowledge documentation. He further added that the knowledge is documented and published, reaching the public domain. Now they are documenting knowledge of every individual through PBR, and we have constituted BMCs in 185 Gram Panchayats in Sikkim. He also shared the concept of tradable bioresources, of which they prepared the list.

He explained that normally tradable species are those which can be traded, documented and sold outside the country. Some of the bioresources which have a different value are not listed in the normally traded commodities. For it to be deemed tradable, it must go through the process of biodiversity law. The information on this is available on the internet and from the state department.

Further, he said that he had documented agro-biodiversity and listed 77 different local varieties of rice. Over the past 10-15 years, the government has been getting centrally sponsored projects; departments are introducing a wide variety of seeds that are suitable for the system. There is more concern about biodiversity existing

in the cultivated system, working on the agroforestry system, the diversity of land use systems, different land use categories, and land use stages. He narrated, “I am coming from the rural areas, a son of a farmer knows better about the condition of farmers. I am trying or look through a lens of a scientific perspective and have local experience in the field, I worked in the field, still work, know everything from the field”.

“I share whatever knowledge I have with the local people, 1) what is happening at the international, national and local level. 2) What kind of scientific validation can be made of engineering or technology that people have been using over the past several centuries? He shared some of the changes the community adapted in his lifetime, for example, the community has converted slope land to a productive zone; they have done terrace cultivation, they have planted multi-purpose trees, and they possess a high ecological value and different functional value”.

Sharing some of the concerns and challenges, he said, “At present, we all talk about ecosystem changes, but rural people are already aware of ecosystem challenges existing in their day-to-day lives. But at the same time, a lot of transformation is happening. New developmental activities, road construction without any impact assessment, are disturbing the ecosystem, especially natural springs and sources of springs in their surroundings”.

Initiatives toward healers

Durga mentioned that there has been a realization by the state biodiversity board that healers are not recognized, although they are documenting the knowledge. Recently, the government of Sikkim constituted the committee called “Traditional Knowledge Committee”, of which he is also a member. In the meeting with the state biodiversity board, some of the issues raised in the meeting were:

- 1) Remuneration for the healers.
- 2) Some incentives to continue their practices.
- 3) Conserving their knowledge and utilisation of resources.

In many cases, healers are not a priority issue for the government. The departments like the Forest Department, Biodiversity Board, State Medicinal Plant Board, Horticulture Department, and Agriculture Department exist, but they are also engaged in their own work. And there is no inter-sectoral coordination among these departments. He further added that in Sikkim, there is no policy; now the

state government has taken the initiative to form the policy for the traditional knowledge and practices along with the protection of knowledge and the recognition. He further shared that the Sikkim regional Ayurveda research institute is working with folk practitioners through the documentation of healers, validating new plant species.

Dr Sharma introduced his other two colleagues who were present at the office. He said, “In the last two years, Dr Chettri has been involved in the project funded by the National Mission on Himalayan Studies, where they have taken four different species, one of which is *Ophiocordyceps sinensis* (Yartsa Gunbu). In this, they are doing access and benefit sharing; the other three species are *Rhus chinensis* (Bhakmilo), *Docynia indica* (Mel), and *Hippophae salicifolia* (Achuk), found only in north Sikkim. They are trying to do phytochemical analysis, and at the same time, see the people’s knowledge of medicinal plants, and how they process them . This is the 3rd year of researching these medicinal plants to see their medicinal and nutritional value of these plants. So that people can use them in their daily lives”.

The Sikkim University is working on nutritional plants and developing nurseries and is now in the phase of publishing the protocols. He said the Institute of Bioresources and Sustainable Development (IBSD), Gangtok branch, is also working on many medicinal plants, and the problem is that even Patanjali and others are documenting the knowledge. He stated that there is no harm in documenting the knowledge, but what are we going to do when people are not acknowledging and recognizing the knowledge holders or owners of that knowledge and resources? It’s a matter of serious concern, related to intellectual property rights.

Challenges

Dr Sharma further shared different kinds of challenges: “The other challenge for the disappearing traditional knowledge base is due to the fragmentation of the family. The knowledge is not being transferred to the new generation, since everybody is going to English schools and does not want to work in the villages. When asked, the students at secondary schools whether they want to do agriculture or not, they all said they don’t. The government wants to promote organic farming and sustainable agricultural practices, but none of the students wanted to go into farming and agriculture. The paradigm shift that is happening from one generation to the next generation is that the knowledge and the resources will be depleted in due course of time. The documentation is excellent, and we will have that knowledge with us, but then who is going to practice?”

He further elaborated, "There are guidelines for the Biodiversity Act 2002, along with the Biodiversity Rule 2004. Each state has its own rules, including Sikkim. Other than this, there are Forest Department rules, the Wildlife Protection Act, etc. As far as traditional knowledge is concerned, they have the Traditional Knowledge Digital Library (TKDL) with the Indian Council of Agricultural Research (ICAR) and the National Bureau of Plant Genetic Resources (NBPGR). The World Intellectual Property Rights Organization (WIPO) is working in Sikkim and other countries as well, one of the ways to protect and claim, if somebody is taking the knowledge away from the biodiversity resources, but still biopiracy happens, and intellectual property is violated at the local level. Other than these organisations, there are no other local mechanisms in place to protect the traditional knowledge.

Success Story

Dr Sharma said, in 2009, a group of eight people from Sikkim had gone to visit Nepal to a place called Kaski, Gandaki-Pokhara. Among them, one was a Forest conservator officer, who learned how to breed rice varieties. "We reached there and interacted with local people. There was an old man who was a plant breeder. He had never received a formal education, but he developed a hybrid rice variety called Zero Buro. The breed brought in all good genes from 3- 4 different rice varieties. The rice had a very good aroma and taste, along with high productivity. The man was conferred with an award by an Australian University and scholars from different countries, like Japan and the UK, came down to research. This old plant breeder was given recognition by the Nepal research-based NGO called LI-BIRD and even the Government of Nepal."

Another success story was shared: "TMI gave some incentives to the village people and asked them to collect all the fruits and share different medicinal products. The community healers presented the herbal tonic product, created by them. The medicine is sour, which is used during the time of gastritis, dysentery and is made by mel chuk. The medicine is made in the traditional Nepali way. There was another medicine in the form of a liquid, which was prepared from Seabuckthorn; now, only one practitioner is left who knows it. There are many plants, but people are not aware of making medicine from them. At present, they are working with Zumsa, a traditional governing body in Lachen and Lachung, North Sikkim. They are also capitalizing on medicinal products. This is one of the ways they promote and protect traditional knowledge".

HEALTH CARE SERVICES IN SIKKIM

Despite good biomedical care in Gangtok, it is interesting to see that traditional healing practices still exist. It shows the efficacy and people's trust in the traditional wisdom, indigenous knowledge and herbal healing. This section gives a fair idea of existing biomedical care and health services available in Sikkim.

There is a well-organized public health care service system in Sikkim. The following table gives details about the State referral hospitals, CHC, PHC and Sub-centres. The Sir Thutob Namgyal Memorial (STNM) hospital, which is in the heart of Gangtok at MG Marg, is being shifted (in 2019) to the new multistorey building. At the time of our visit, some of the departments had shifted to this new building. The appearance of the building was very much like a private hospital, and some of the respondents reported that they are roping in APOLLO for a partnership. It may work in the model of Public-Private Partnership, which will be a concern if the patients are charged for various services.



Fig. 47: The new building- Sir Thutob Namgyal Memorial (STNM) hospital

Apart from the above newly built tertiary hospital in Gangtok, the following table 1 gives the number of health institutions across the state of Sikkim.

Table 1: Number of Health Institutions in Sikkim

Sl. No.	Health Institution	East	West	North	South	Sikkim State
1	State Referral Hospital/STNM Hospital	1	-	-	-	1
2	District Hospital	1	1	1	1	4
3	*Community Health Centre	1	-	-	1	2
4	Primary Health Centre	6	7	5	6	24
5	Primary Health Sub-centre	48	41	18	39	146
6	District Tuberculosis Centre, Namchi	-	-	-	1	1
7	Centre Referral Hospital, Manipal Tadong (Pvt.)	1	-	-	-	1
8	Total	58	49	24	48	179

*Remarks (1) Jorethang & Rhenock PHC is under process for upgradation to CHC. State Health infrastructure In Sikkim As On 30.06.2012)

Source: <http://sikkimhealth.gov.in/> accessed on 15 Feb. 2019.

The Sikkim Health Care Department website on AYUSH reports more than 1000 herbal medicines used by healers across the state. It is also reported that AYUSH services are co-located and being utilized. The table below shows the utilization of services.

Table 2: AYUSH services given as per the Annual report 2011-2012.

Sl. No.	Location	Co-location	Number of patients
1.	District Hospital, Singtam, East Sikkim	Homoeopathy and Ayurveda	1213
2.	District Hospital, Namchi, South Sikkim	Homoeopathy	7453
3.	District Hospital, Gyalshing, West Sikkim	Homoeopathy and Amchi	2478
4.	District Hospital, Mangan, North Sikkim	Amchi	1222
5.	Jorethang CHC, South Sikkim.	Homoeopathy	1500
6.	STNM Hospital, Gangtok	Ayurveda and Amchi	9449
	TOTAL		23,315

Source: <http://sikkimhealth.gov.in/> accessed on 15 Feb. 2019

During our visit to the PHC Passingdong Dzongu, we met the medical officer and saw only three outpatients and one inpatient. The PHC was speck clean with all the equipment and beds intact. However, there were staff quarters and one house for the doctor, but she said she didn't stay there as there were cracks in the building. After the earthquake, she prefers to stay at her own house. The quarters are currently being used by the paramedical staff.



Fig. 48: PHC Passingdong, Dzongu, North Sikkim

The medical officer shared the importance of the folk healers, but at the same time, blamed the delay in seeking care at the hospitals. She said that people prefer to seek help and get treatment from traditional healers like bongthing mun, baidyas, etc. Later, the patients come to the hospitals, when the treatment is not successful with the traditional healers. They also get suggestions from the traditional healers and are often referred by the traditional healers on whether they should take the injections and tablets in the hospital. People commonly get admitted with complaints of gastritis. Alcohol consumption is higher in the community. After the consumption of alcohol, people do not follow a proper diet, which leads to gastritis and, in some cases, to severe complications. Sometimes people may have perforations due to severe gastritis, which they perceive to be food poisoning. During this condition, patients are taken to the traditional healers. The traditional healers give treatment to the patients, but they do not have knowledge regarding the exact dosage of medicine.

Giving examples of complicated cases, she further stated, “When the patient gets serious and develops complications, and by the time the patient reaches the hospital, he has multiple organ failures or sometimes even dies. People also get confused with tuberculosis and poison cases since the signs and symptoms are similar. In the early days, many cases of tuberculosis died due to misconceptions and treatment by traditional healers in the community. Many died in the district hospital due to fatal conditions of tuberculosis. The hospital staff are then blamed for not giving proper treatment and care to the patients”.

The other cases that come to the Primary Health Centre are snake bites during summer, seasonal allergies, Chronic Liver Disease (CLD), Hypertensive disorders, Diabetes mellitus, etc. The doctor shared that they are conducting a household survey to identify hypertensive disorders and diabetes mellitus. Anganwadi workers and ASHAs are involved in this survey, where they go house to house and measure the BP of people aged above 30 years and send the blood samples to the PHC.

They are also organizing camps for immunisation in the villages. The place would be located by the ANMs, ASHAs and Anganwadi workers where a certain number of villagers can come for the immunisation of their babies. In rare cases, the doctor will accompany during such camps. She shared a concern that the health services are very much required for the people who live very far or in remote places or villages.

The people in the community go to the traditional healers, whether the problem is minor or major. They are now becoming quite aware of the illness and its treatment. They still have a strong belief in the traditional healers. They conduct rituals (puja) side by side with the hospital treatment. Sometimes they call the traditional healer (bongthing) to the hospital for the rituals. In PHCs and sub-centres, patients usually do not stay at the hospital for treatment. They come and take medicines. There are higher centres and district hospitals like STNM, where patients get admitted for a long duration. There, patients can call their traditional healers and conduct rituals as hospital staff respect the decision of patients.

All services are provided free to the community. Including consultancy, diagnosis, laboratory investigations, and medicine. In case of unavailability of certain medicines, the patients are asked to buy from outside. We have doctors, paramedical staff, ward attendants and sweepers. There are no caesarean section facilities, but we do conduct normal deliveries in the centre. We refer pregnant mothers to higher centres if they require a caesarean section due to complications. When patients come into the emergency, they perform first aid and then refer the case to the district, Mangan Hospital. Again, from the district, the patients are referred to the state hospital.

The major challenges being faced every day are in handling alcoholic patients, both male and female. The other challenges are during rainy seasons, when the roads get blocked due to landslides, and the people cannot go to the hospitals, nor can we go to their houses. There are ASHAs and Anganwadi workers in the villages who inform about the patients, but due to narrow roads, the ambulance cannot reach and bring in the patients.

She shared that they work six days a week, but the emergency call is 24X7. The number of outpatients per day is higher in the summer season, reaching up to 30. They get very few inpatients. It may be 1-2 patients per day. All staff stay close to the centre.

5

CONCLUSIONS

“Many recommendations came from the field. The healers and key stakeholders expressed their suggestions and actionable strategies to be taken up by different government agencies to promote herbal healing. Below are some narratives, verbatim.”

“To truly recognize the healers, it is important to sensitize the younger generation regarding their culture and tradition. There are many things to learn and know about one’s history that the education system does not talk about, and a gap has been created in the cultural phase.”

-Minket Lepcha

“Every healer should have a small herbal garden in their house. For healers with little or no land, they could build a small kitchen garden, where they could grow at least 15 varieties of medicinal plants. It would be good if the government supports the healers with infrastructure, where the healers could assemble and patients can reach them easily.”

-Mangal Bir Subba

“It gets difficult for healers like me, who are old, to do the labour work in the field for planting medicines. The government should bear the labour charges, so that we can employ people to plant the herbs and medicine.”

-Krishna Prasad

“Since the government has not done anything so far, it is important to raise a common voice. We can place a proposal in front of the Chief Minister or the concerned departments through the Panchayat so that the matter is taken up at a village level. To make people aware of the cause, a signature campaign can also be organized.”

-Laxman Karki

“The government should take the initiative to prevent the loss of medicinal plants by establishing nurseries, growing and preserving various types of medicinal plants.”

-Dileep Sharma

“There is an urgent need for the reorganization of healers by the government or through a recognized body. There should be collaboration between the government and the faith healers, or between the faith healers and the doctors.”

-Excerpts from the discussion

“We are criticized by the doctors and are not permitted to establish a clinic. We should be able to set up a small room in the market/town area and advertise our treatment. I would benefit from an X-ray machine to treat the patients. Other small resources, such as cotton and bandages, should be provided free of cost by the government.”

-Nanda Lal Subba

“There should be some policies and initiatives from the concerned department to engage the interested people in learning the traditional healing practices, as the healers cannot bear the expenses.”

- Bhavimaya Gurung

“We should also analyze the policies of the political parties, whether any policy is for the benefit or safeguarding the traditional healing system or not. There should be more research institutions researching traditional healing. Traditional knowledge, if not safeguarded, will only be a thing of the past and in stories.”

-Dr Tshering Lepcha

“In order to increase the visibility of healers, the media should be involved in publicity and advertising. Interviews with the healers should be telecast, and all healers should integrate and form an association. A name list of the healers, along with contact numbers and area of specialization should be made available to the public.”

-Prof. Swati Sachdeva

“To support healers, it is very important to work in coordination and collaboration with various departments of the government. When the work is done in isolation, there is a wastage of resources and time. The government should allow the healers to practice their healing practices once a week. Also, indigenous seeds can be given to the people as a loan that can be returned in double the amount of the product.”

-Dr Bharat Pradhan

“By supporting healers, the state can preserve and conserve biodiversity and could improve the resources which are left. We must identify the importance of the healer’s knowledge and how it could contribute to livelihood generation for future generations. It is important to have regular conversations with the healers to gain their confidence in sharing their knowledge. They should feel that the government is there to help them. People have a lot of faith in the biodiversity board, since we are continuously interacting with the people and talking about biodiversity, the importance of medicinal plants and the traditional healing system, their contribution to society, and how the board could help them.”

-Dr Bharat K Pradhan

Guardians of Health and Heritage: The Role of Traditional Healers in Sikkim

An empirical study in Sikkim underscores that folk and tribal healers remain indispensable to rural life. Faith-based practitioners—Bonthings and Fedangmas—are not only central to healing but also to the community’s spiritual and social fabric. They preside over life-cycle rituals and rites of passage, often called before Buddhist monks (Lamas) to perform their ceremonies. For many, these healers are the first point of consultation, particularly before undertaking invasive modern medical procedures.

Rooted in centuries-old traditions, their practice is sustained by trust, cultural continuity, and perceived efficacy. Unlike practitioners of modern medicine, these healers work outside the logic of the market—offering their services freely, accepting only what patients choose to give. They believe that attaching a price tag would diminish the potency of their healing. Most are second- or third-generation practitioners, trained through family transmission, observation, and sometimes visions or dreams.

Yet, their livelihoods are fragile. Many live in subsistence conditions with minimal assets, a few in half-finished homes, and only one in a purpose-built facility for inpatients. The younger generation, lured by urban life and disheartened by a lack of recognition, shows little interest in continuing the tradition. Female healers are almost absent—only one was encountered in this study though some male healers are now teaching their wives to care for women patients.

Healers attribute the rise in disasters such as landslides and earthquakes to ecological disruption—dam construction, tunnelling, and pharmaceutical industries along riverbeds—which they see as angering local deities. Their worldview is inseparable from the natural environment: rituals are woven around ecological balance, ancestral respect, and communal wellbeing.

However, their knowledge is vulnerable. Various agencies invite them for demonstrations, extracting details about herbs, preparations, and healing processes without ensuring proper recognition, consent, or benefit-sharing. Ayurvedic research centres document and compare their knowledge to classical texts, but the pathways for returning benefits to the healers remain unclear.

Healers call for state support—tools, funds to cultivate medicinal plant nurseries, and formal recognition—so they can establish “Healers’ Huts” or community healing centres at the panchayat level. They also seek free access to forest resources, once freely available but now heavily restricted. Officials agree that coordinated action between the Medicinal Plant Board, Biodiversity Board, AYUSH, and other agencies is needed to conserve plant diversity and ensure benefits flow to local custodians.

In an era of rising healthcare costs, these healers function as frontline caregivers, providing accessible primary care and saving poor, marginalized communities from costly travel and out-of-pocket expenses. Recognizing their altruism, ecological wisdom, and role in safeguarding both health and biodiversity is essential—not just for cultural preservation but for achieving universal health coverage and the Sustainable Development Goals.

In short, the traditional healers—Bonthings, Fedangmas, herbalists—are central to health, ritual, and community life in rural Sikkim. They are often the first point of care, consulted before modern medicine, especially for invasive treatments. Their practices are deeply rooted in ecological balance, spiritual traditions, and cultural continuity.

The key findings are

- **High Community Trust:** Healers preside over life-cycle rituals, rites of passage, and ecological ceremonies. Even Buddhist Lamas give precedence to their rituals.
- **Altruistic Practice:** Services are provided without fixed fees; payments are voluntary. Healers believe monetization reduces efficacy.
- **Heritage Knowledge:** Most are second- or third-generation practitioners, trained through family transmission, observation, or visions.
- **Socio-economic Vulnerability:** Many live in subsistence conditions; few have proper facilities.
- **Knowledge at Risk:** Younger generations are migrating; traditional healing is not recognized as a viable livelihood.
- **Ecological Concerns:** Healers link rising disasters to dam construction, tunnelling, and pharmaceutical activity, which they believe disturb local deities and ecosystems.
- **Knowledge Exploitation:** Research centres document their practices without guaranteed recognition or benefit-sharing.

Challenges

- Lack of official recognition and institutional support.
- Restricted access to medicinal plants due to forest regulations.
- Weak inter-departmental coordination (Medicinal Plant Board, Biodiversity Board, AYUSH, Tourism, Forest).
- Though legal or policy safeguards for intellectual property and benefit-sharing exist, on the ground, nobody has benefited so far.

Policy Recommendations

1. **Formal Recognition:** Register healers at the panchayat level and issue identity cards.
2. **Infrastructure Support:** Establish “Healers’ Huts” or Community Healing Centres at local levels.

3. Resource Access: Restore controlled free access to medicinal plants; support community-run nurseries.
4. Benefit-Sharing Framework: Mandate consent and equitable benefits when knowledge is documented or commercialized.
5. Inter-Sectoral Coordination: Create a joint task force to conserve biodiversity, support healers, and integrate their services with primary healthcare.
6. Youth Engagement: Introduce apprenticeship schemes to encourage the transmission of knowledge to younger generations, including women.
7. Plant Conservation Policy: Protect diverse medicinal species, not just commercially viable ones.

Traditional healers in Sikkim are frontline caregivers, cultural custodians, and stewards of biodiversity. Recognizing and supporting their work is critical for achieving Universal Health Coverage, Sustainable Development Goals, and preserving Sikkim's intangible cultural heritage.

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APPENDIX

SMPB 2009 List of Herbal Practitioners Identified and Registered by SMPB

Sl.No.	Name	Registration Number	Address
1	Shri Nar Bhadur Gurung	SK/SMPB/H/469/FEWMD/Date 29/05/2006	Machong Rekyep Busty, East Sikkim
2	Shri Sancho Bhadur Limboo	SK/SMPB/H/543/FEWMD/Date 10/07/2007	Lower Aho, East Sikkim
3	Shri Krishna Pradas Pyakurel	SK/SMPB/F/445/FEWMD/Date 24/03/2006	Tareythang, East Sikkim
4	Shri Chandra Bhadur Chettri	SK/SMPB/F/515/FEWMD/Date 25/01/2007	Sudunglakha, East Sikkim
5	Shri Ran Bhadur Rai	Not Registered	Lungchuk Block, Melli, South Sikkim
6	Shri Gokul Gurung	SK/SMPB/H/582/FEWMD/Date 19/07/2007	Chakung, West Sikkim
7	Shri Raju Rai SK/SMPB/H/677/FEWMD/Date 04/07/2008		Pachey Samsing, Pakyong, East Sikkim
8	Shri Lila Ram Dhakal	SK/SMPB/F/28/FEWMD/Date 22/12/2004	Taza Ganchung, Taza Block, East Sikkim
9	Shri Nima Dorjee Lepcha	SK/SMPB/H/543/FEWMD/Date 13/03/2007	Byang Block via Singtam, East Sikkim
10	Shri Trilochand Parsai	SK/SMPB/H/617/FEWMD/Date 03/10/2007	CHujachen, Markang Busty, Rongli, East Sikkim
11	Shri Karna Man Rai	SK/SMPB/H/592/FEWMD/Date 28/07/2007	Upper Lingdom Busty, East Sikkim
12	Shri Chinta Mani Sharma	SK/SMPB/H/616/FEWMD/Date 03/10/2007	Deoling Changaylakha, Dalapchen Rongli, East Sikkim
13	Shri Kulanandha Bahun	SK/SMPB/H/615/FEWMD/Date 03/10/2007	Chugachen, Rongli, East Sikkim
14	Shri Krishna Lall Rai	SK/SMPB/H/618/FEWMD/Date 03/10/2007	North Regu Chagaylakha, Rongli, East Sikkim
15	Shri Kashi Ram Giri	SK/SMPB/H/670/FEWMD/Date 24/06/2008	Martham G.P.U. Patim Busty, East Sikkim

16	Shri Shon Das Rai	SK/SMPB/H/675/FEWMD/Date 01/07/2008	Dalapchan, East Sikkim
17	Shri Bikash Rai	SK/SMPB/H/674/FEWMD/Date 01/07/2008	Dalapchan, East Sikkim
18	Ms. Suk Maya Rai	SK/SMPB/H/676/FEWMD/Date 01/07/2008	Dalapchand, East Sikkim
19	Shri Dilli Ram Chamlaygai	SK/SMPB/H/619/FEWMD/Date 03/10/2007	Tumin, Naurang Busty, East Sikkim
20	Shri Shyam Lall Bista	SK/SMPB/H/623/FEWMD/Date 29/01/2007	Rakshey 4th Mile, East Sikkim
21	Mr. Harka Man Rai	SK/SMPB/H/673/FEWMD/Date 26/06/2008	Changeylakha Dewling, East Sikkim
22	Shri Bhagirath Bahun	SK/SMPB/H/621/FEWMD/Date 03/10/2007	Lingmo Pepthang, South Sikkim
23	Mr. Nar Bahadur Subba	SK/SMPB/H/640/FEWMD/Date 16/04/2008	Maneybong, Uttaray, West Sikkim
24	Shri Tika Ram Gurung	SK/SMPB/H/640/FEWMD/Date 16/04/2008	Yangyang, Rangang, South Sikkim
25	Mr. Dirga Bahadur Subba	SK/SMPB/H/669/FEWMD/Date 03/06/2008	Tinik Chisopani, South Sikkim
26	Mr. Mangal Sing Subba	SK/SMPB/H/640/FEWMD/Date 11/03/2008	Singling, West Sikkim
27	Mr. Pritha Bahadur Gurung	SK/SMPB/H/672/FEWMD/Date 25/06/2008	Upper Yangang, South Sikkim
28	Mr Sonam Palden Lepcha	SK/SMPB/H/640/FEWMD/Date 10/07/2008	Shipyer Village, North Sikkim
29	Mr. Jaganath Niroula	SK/SMPB/H/644/FEWMD/Date 24/04/2008	Samdung, P.O. Samdong, East Sikkim

List of Healers (Contacted by AIF & IGNCA)

Sl.No.	Healers Name	Address	Specialization	Remarks
1	Shri Chung Chung Lepcha	Upper Lingthem, Dzongu, North Sikkim	Lama (Spiritual)	
2	Shri Titit Gyatcho Lepcha	Lingthem, Dzongu North Sikkim	Faith Healer (Bongthing)	

3	Shri Tashi Lepcha	Lingthem, Dzongu North Sikkim	Folk Healer	
4	Shri Krishna Prashad Phakurel	Taraythang, Bering, Pakyong East Sikkim	Folk Healer	Attended many workshops
5	Shri Yamuna Prasad Bastola	Lower Bering, Pakyong East Sikkim	Folk Healer	Attended a workshop in Bangalore and Assam
6	Shri Rajendra Sharma	Taraythang, Bering Pakyong East Sikkim	Folk Healer (Jaundice)	He used to practice, but in between, she stopped practising
7	Shri Ganga Sharma	Taraythang, Bering Pakyong East Sikkim	Faith Healer (Dhami)	Gopal Mishra
8	Shri Satal Singh Limboo	Rehnock Bazar, East Sikkim	Folk Healer	
9	Shri Chandra Bhadur Subedi	Lower Sudulakha Rongli East Sikkim	Folk Healer	
10	Shri Laxman Karki	Ranipool, East Sikkim	Folk Healer	
11	Shri Mani Kumar Subba	Assamlingsay, East Sikkim	Folk Healer	
12	Shri P R Chettri	Sawnay Singtam, East Sikkim	Folk Healer	He runs his hospital for orthopaedic patients
13	Shri Lila Ram Dhakal	Gangshung, Pakyong East Sikkim	Folk Healer	

14	Mrs. Bhavi Maya Gurung	Singtam, East Sikkim	Folk Healer	
15	Shri Nar Bhadur Limboo	Manaybong, Uttray West Sikkim	Folk Healer	Runs a small clinic
16	Shri Mangal Bir Subba	Near Helipad, Yaksum, West Sikkim	Folk Healer	
17	Shri Harka Bhadur Limboo	Tingling, Chichiperi West Sikkim	Folk Healer	Birkha Bahadur Rai
18	Shri. Neopanay	Upper Samdong, Kaluk, West Sikkim	Folk Healer	
19	Shri Gopal Sharma	Daramdin, West Sikkim	Faith Healer (Jaundice)	
20	Shri Nanda Lal Subba	Daramdin, West Sikkim	Folk Healer/ Florist	Runs a small clinic
21	Pakhrin Baidya	15th Mile, Kalimpong	Folk Healer	Hospital

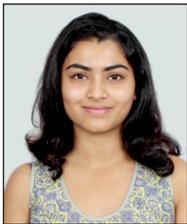
About the Authors



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, IGNCA, 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.

Indigenous societies across India sustain a diverse cadre of community-recognized healers, including shamans, magico-religious and faith healers, herbalists, bone-setters, midwives, massagers, and specialists for ailments such as snakebite, jaundice, and poisoning. Although largely outside formal education and regulation, these practitioners meet substantial healthcare needs, particularly in rural and tribal areas. Indigenous healing systems are typically non-codified, informal, orally transmitted, non-commercial, and embedded in local cosmologies and everyday life. Despite their continuing relevance, these systems face marginalization as state-supported, professionalized biomedical and codified traditional systems, especially with the expansion of AYUSH. *The monograph on Sikkim, Roots of Wisdom: Unwritten Herbal Traditions of Sikkim*, is a part of a larger collaborative project between Anthropos India Foundation and IGNCA. It highlights the extensive use of flora, fauna, and mineral resources for health, alongside shamanic, herbal, and massage-based therapies.

Field-based research in Sikkim involved consultations, interviews, workshops, and ethical audiovisual documentation of healers and stakeholders. Findings reveal that healers remain vital primary healthcare providers, yet face serious challenges: lack of state recognition, intellectual property concerns, dwindling practitioner numbers, ecological degradation, and intergenerational gaps in knowledge transmission. While contemporary interest in natural medicine is growing, indigenous communities, custodians of this knowledge remain marginalized. The study underscores the urgent need for systematic documentation, ethical recognition, sustainable resource use, and policies that value non-codified healing systems without eroding their cultural foundations.



कला यस्मिन् प्रतिष्ठिताः
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