

WHISPERS OF THE FOREST

Non-Codified
Herbal Healing in
Arunachal Pradesh

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



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

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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

The Indira Gandhi National Centre for the Arts (IGNCA) has always believed in documenting, preserving, and celebrating India's intangible cultural heritage. Among its many strands, one of the most vital—and yet most underrepresented—is the realm of traditional medicine and healing practices embedded within indigenous communities. This monograph, is a result of collaborative fieldwork between IGNCA and Anthropos India Foundation. It brings forth engaged inquiry into the rich and nuanced healing traditions of Arunachal Pradesh, a land that is as biodiverse as it is culturally vibrant.

Arunachal Pradesh, nestled in the eastern Himalayas, is not merely a geographical entity—it is a living tradition. Home to 26 major tribes and over 100 sub-tribes, it offers a stunning example of how biodiversity and community life are intricately woven together. These communities, living in harmony with nature for generations, have developed a deep understanding of their environment—an understanding reflected in their healing practices, agriculture, festivals, and daily rituals.

This monograph offers an insightful documentation of the traditional healing practices in three districts of Arunachal Pradesh—Aalo, Pasighat, and Itanagar—through the voices and experiences of 23 herbal healers. What emerges is not just a catalogue of medicinal plants and methods, but a sensitive portrait of communities who continue to find relevance and efficacy in traditional medicine, even amidst the growing outreach of modern biomedicine. The fact that patients continue to choose traditional systems, despite accessible modern healthcare in certain areas, is a testament to their deep trust and cultural rootedness.

The healers—many of them elderly, respected figures in their communities—are repositories of inherited wisdom. Their knowledge, painstakingly gathered and tested over generations, represents an indigenous epistemology that needs recognition, validation, and protection. This work foregrounds the central role of healers—not just as care providers, but as cultural stewards, spiritual guides, and community leaders. Their connection with nature, rituals, and belief systems forms an integral part of the larger ecosystem of knowledge.

What also makes this monograph unique is its ethical approach to documentation. The study was conducted with informed consent, cultural sensitivity, and mutual respect. Visual and narrative methods bring the stories of the healers alive, and

the observations are grounded in empathy, trust, and sustained engagement. The discussions with local universities, particularly the collaboration with Northeast Frontier Technical University (NEFTU), further enriched the study with interdisciplinary perspectives.

Equally important is the recognition of the threats these traditions face. From ecological degradation to inadequate policy attention, the challenges are many. The Indian Biological Diversity Act and the principles of Access and Benefit Sharing (ABS) are critical frameworks to ensure that the knowledge of indigenous communities is not exploited but valued, preserved, and rewarded equitably.

This publication urges policymakers, researchers, and the public at large to acknowledge that traditional knowledge is not a relic of the past but a living, evolving system. Its revitalization is not only essential for cultural survival but also for sustainable health alternatives in the face of global environmental and health crises.

IGNCA believes that regions like Arunachal Pradesh—with their immense biological diversity and deeply rooted systems of community living—offer a model of resilience and wisdom. Their traditional healing practices are not isolated or static, but deeply embedded in the rhythms of life, agriculture, forest conservation, and spiritual practice. In preserving these, we preserve the pulse of a people, a way of knowing, and a vision of coexistence that the modern world must learn to value.

We hope this monograph contributes meaningfully to national and international conversations on traditional medicine, biodiversity, and indigenous rights. More importantly, we hope it inspires respect—for the healers, their knowledge, and the forests and communities that sustain them.

Let us listen to these voices—not just with academic interest, but with the humility and reverence they deserve.

Dr Sachchidanand Joshi

Member Secretary

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

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

List of Abbreviations

ABS:	Access and Benefit Sharing
AIF:	Anthropos India Foundation
AIIMS:	All India Institute of Medical Science, New Delhi
ANM:	Auxiliary Nurse Midwifery
ASHA:	Accredited Social Health Activist
AYUSH:	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
BBC:	British Broadcasting Channel
BMC:	Biodiversity Management Committee
BP:	Blood Pressure
CBD:	Conservation of Biological Diversity
CBO:	Community-Based Organization
CEO:	Chief Executive Officer
CHC:	Community Health Centre
CLD:	Chronic Liver Disease
CM:	Chief Minister
DST:	Department of Science and Technology
FRLHT:	Foundation for Revitalization of Local Health Tradition
GOI:	Government of India
IBSD:	Institute of Bioresources and Sustainable Development
ICAR:	Indian Council of Agriculture Research
ICIMOD:	International Centre for Integrated Mountain Development
IGNCA:	Indira Gandhi National Centre for the Arts
ILCs:	Indigenous and Local Communities
JNU:	Jawaharlal Nehru University
LI-BIRD:	Local Initiative for Biodiversity, Research and Development, Pokhara, Nepal

NEFTU: Northeast Frontier Technical University
NEIFM: Northeast Institute of Folk Medicine
NBPGR: National Bureau of Plant Genetic Resources
NGO: Non-Governmental Organization
OPDs: Outpatient Department
PBR: People Biodiversity Register
PHC: Primary Health Centre
RARI: Regional Ayurveda Research Institute
R&D: Research and Development
SBB: State Biodiversity Board
SC: Schedule Caste
SCSP: Scheduled Castes Sub Plan
SMPB: State Medicinal Plant Board
SRP: Swasthya Rakshan Programme
ST: Schedule Tribe
STNM: Sir Thodup Namgyal Memorial Hospital
SU: Sikkim University
THCRP: Tribal Health Care Research Programme
TKDL: Traditional Knowledge Digital Library
TMI: The Mountain Institute
UK: United Kingdom
WIPRO: World Intellectual Property Rights Organization

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INTRODUCTION

Traditional medicine is an important component of the lives of the tribal people across India, who do not have easy access to modern medical facilities. But at the same time, indigenous knowledge about herbal medicines held by many tribal cultures has yet to be thoroughly explored or documented. Despite the growing importance given to the modern biomedical health sector in India and around the world, the importance of the use of traditional medicine among the tribal people has not diminished. Perhaps, the most striking feature of it is that, most often, it is the patients who choose traditional medicine.

This monograph captures the traditional healing practices of Arunachal Pradesh. Based on the observations, visits, and interviews of 23 herbal healers and some key informants from Alo, Pasighat and Itanagar in Arunachal Pradesh, this book brings out the local cultures, rich biodiversity and traditional herbal healing practices.

As we embarked on the journey of fieldwork, the most striking part was the safety of women in Arunachal Pradesh. Our 12-hour journey from Dibrugarh to Alo, in a small car, with two local drivers, in the middle of the mountains and rivers, late in the evening, was adventurous but a safe trip. The second striking aspect was warm hospitality wherever we went, served with food and rice beer, a cheering spirit, and a warm smile, which captivated our hearts.

This study emphasizes bringing traditional healing practices to the forefront and recognize their importance. It also focuses on the healer's role, their ideas, knowledge, and services to the community to be recognized and bring policy for their benefit. It also aims to understand the participation of the healers and their interactions with the state bodies, such as departments of Forest Department, the State Biodiversity Board, the State Medicinal Plant Board, AYUSH and The Mountain Institute, etc.

HEALTH AND HEALING IN ARUNACHAL PRADESH

The advent of modern medical facilities, although arrived in the state of Arunachal Pradesh, in the early 1950s and 1960s, but till now, the effect and the advantages of

the same, is yet to be experienced by the masses in large. Despite the establishment of state hospitals, district hospitals, PHCs, Sub-Centres, most of the people still do not have access to modern health care, for reasons such as financial constraints, non-availability, in-accessibility etc. The majority of people still rely on traditional healing and folk medicine.

Most of the literature on plant-based medicinal knowledge is through the studies of Ethnobotanists. Many ethnobotany studies have focused on one tribe, describing the plant medicines being used for various diseases and their scientific names. A study done by Das AK and Hui Tag (2005) among the Khamti tribe dominated area of Chongkam and Namsal circle of Lohit district of Arunachal Pradesh. They found 45 medicinal plants, out of which five were for malaria and fever, four for bone fracture, three for anamia, and two each for rabies, snakebite, reproductive health and even for cancer. They also claim to have plant medicine for tuberculosis, diabetes, jaundice and for various ailments. They chanted mantras along with the application or use of these plant medicines. It's mostly the older generation who are into this practice, and further, they also have small backyard gardens to cultivate a few plants used for common ailments. They also showed concern about anthropogenic actions like timber operations, other developmental activities and large-scale collection of medicinal plants, which are leading to depletion.

The Central Council for Research in Ayurvedic Sciences (CCRAS), New Delhi, carried out a study (2017) among the herbal healers. It reported that the medicinal plants used in the treatment of malaria, fever, bone fracture, anaemia, snakebite, cancer, tuberculosis, diabetes and jaundice are managed by a plant, either singly or in combined form, by the *Nyishi* tribes residing in *Itanagar, Naharlagun, Chessa, Nirjuli, and Doimukh of Papumpare* district in Arunachal Pradesh. Another tribe holding the traditional knowledge and wisdom is the Mishing community, which largely resides in Assam and Arunachal Pradesh. In Arunachal, they stay on the foothills of the East Siang district.

Traditional medicine is an important component in the lives of the tribal people across India, who do not have easy access to modern medical facilities. But at the same time, indigenous knowledge about herbal medicines in many tribal cultures has not yet been investigated. Despite growing importance given to the health sector in India as well as around the world, the importance of the use of traditional medicine among the tribal people has not diminished, and perhaps, the most striking feature of it is that, most often, it is the patients who choose traditional

medicine. WHO estimates that more than 80% of people in developing countries depend on traditional medicine for primary health needs.

Studies like Ramashankar and Sharma (2012) and others have shown that the Northeastern region uses plants and animal resources to meet the requirements of health. There are herbalists, diviners, birth attendants, bone setters, and poison healers. Their methods of treatment have ethical implications and have a significant impact on the health of people. Though scientists demand scientific validation, patients' continuous seeking of traditional medicine itself shows the significance and efficacy. It is important to recognize traditional medicines for revitalization, before the traditional knowledge is lost.

An ethnobotanical study by Khongsai, Saikia, and Kayang (2011) reports that the medicinal plants used by different tribes, like *Apatami*, *Mongpa*, *Singho* and *Tangsa*, 28 species were listed. Other tribes, *Sinpho*, *Ngishi*, and *I-Idu*, use 56 plant species as medicines belonging to 29 families. These tribes also believed in treating dreadful diseases like cancer and diabetes by using local herbal plants.

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.

Secretariat of the Convention on Biological Diversity, 2010, mentions that 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. The study reveals that healers often feel anxious and even betrayed, as their knowledge is being taken away without proper acknowledgement, let alone any share in the profits.

THE STUDY

A qualitative study was carried out in the districts of West Siang (Aalo), East Siang (Passighat) and Papumpare (Itanagar). The healers were approached based on references of local people, resource persons and other healers. A semi-structured interview schedule with an open-ended format was recorded with

their informed consent. The study was approved 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, signing the consent form for an interview, and taking photographs and video for 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.

In the West Siang district of Arunachal, the Galo tribe and some health officials in Aalo were interviewed, like the Medical Doctors, traditional healers, traditional priest (*Nyibu in Galo*), village headman, to get an insight into their knowledge and perspective on the traditional healing system.



Fig.1: District Aalo, Pasighat and Itanagar covered in the study

To gain a holistic view of the traditional healing, a workshop was conducted, where a discussion on 'Folk and Tribal Healing Practices in Arunachal Pradesh', in collaboration with Northeast Frontier Technical University (NEFTU) on 15th April, 2019, inviting scholars and faculty across disciplines, whose inputs could potentially help gain knowledge and outlook for the study. The workshop proved to be extremely informative in identifying the issues and understanding likely challenges.



Fig.2: Workshop with NEFTU faculty and students

Some of the research questions explored and addressed in this study are:

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

2

ARUNCAHAL PRADESH: CULTURE AND FOLKLORE

Arunachal Pradesh means 'land of rising sun' –lit mountains, referring to the beautiful mountains all around. During the British rule, it was known as the Northeast Frontier Agency (NEFA). It was a Union territory from 1972 till 1987, when it became an independent state. It is the most diverse state, in terms of biodiversity, with various indigenous tribes residing and multi-cultural and ethnic groups.



Fig. 3: Mountains and Rivers near Aalo

The topography of mountains and rivers makes it a most picturesque, untapped, and untouched area. Except for a few places like Tawang, which is the abode of Twang Monastery, 400 years old, the largest in India and the second largest in the world, the rest of Arunachal is not touched by the tourists. Dong Valley at 1240 meters is the first to receive the sunrise in the country. Many places of Arunachal Pradesh are serene, raw, rustic and unexplored.



Fig. 4: Community members from Arunachal Pradesh

Tribes

As per the census 2011, Arunachal is home to 26 major tribes and 100 sub-tribes, having a total population of 1383727 (Thirteen Lakhs Eighty-Three Thousand Seven Hundred Twenty-Seven only). It is a linguistically rich state with 30 languages spoken in Arunachal. The main tribes and Ethnic groups in Arunachal Pradesh are the *Galo*, *Mishing*, *Adi*, *Apatani*, and *Nyishi*. They further have many sub-tribes in each of these tribes. The tribes of Arunachal are distributed district-wise.

In Tawang District, Manpas are the dominant tribe. Some of the people have mainly migrated along the river Siang, the largest river of all, in Arunachal Pradesh, which is known as the Tsang-Po in China and the Brahmaputra in Assam. People here are the descendants of the Mongolian race. Abotani is the main forefather tribe of all. The Galo and Adi tribes are similar. Galo celebrates Mopin, which is a festival that worships the Goddess of Rice. This festival is celebrated for a good harvest of rice. In a similar way, Adi celebrates Solung. Nyshi celebrates Nyokum, Abotani celebrates Nyadri. In all these, they worship the deity for a good harvest. Traditional agriculture methods are still prevalent and are considered important.

Galos are one of the major tribes of Arunachal Pradesh, primarily inhabiting the districts of West Siang, Lepa Rada, and Lower Siang, but also living in large numbers in the districts of East Siang and Lower Subansiri.

The Galo tribe consider themselves as the descendant of Abo Tani, just like the tribes of Nyishi, Apatani, Adi, Tagin, etc., in Arunachal Pradesh and the Mishing

tribe in Assam. The tribe was recognized as a separate tribe (Scheduled Tribe) with the Amendment to the Constitution (ST) Order, 1950, Part-XVIII with the term 'Galong', which has been changed to the present name of the tribe, 'Galo'.



Fig.5: Galo women gathered while making a hut in the village

The *Galos*, although practicing monogamy, have cases of polygamy practiced by the affluent member of the society to show their prosperity. The Galos have their dialect called 'Galo', which the tribe speaks predominantly, a part of the Tibeto-Burman language, like the dialect of the other tribes of the Tani group, such as the Nyishi, Tagin, Adi, etc.

The economic life of the Galos, as in most cases of the tribes, was initially based on hunting and gathering, but has now shifted to cultivation, with the practice of shifting cultivation. At present, one can see that the Galo tribe has moved to wet rice cultivation, due to the governmental efforts under the IRDP. Furthermore, the Galo people have also taken to the plantation of tea and other cash crops, which has improved the economy of the people. Religiously, the Galo practice Donyi-Poloism, although Christianity has been adopted, especially by the Galo people in the foothill region.



Fig.6: Galo Community Building of the House

Galo traditional houses, or Namv as the Galo people call them, were not only beautiful to see but also practical to the terrain and the needs of the tribal people.

When we reached Kabu Village, behind an old house, a new house was under construction. It was an amazing sight to see all men at work (see the figure above), making the house and all women (fig. 4) sitting on a stilt, along with children, cooking and chatting. We could find people of all age groups, infants, children, men, women, and the elderly, all involved in the process of house construction, except for children. In a couple of hours, we could see that whole house was ready, made with natural resources, airy, strong, and earthquake-resistant. The hearth in the middle of the house has a huge space, where the whole family can sit around and eat. Small 2 rooms on the corner, sufficient to sleep. The hall was the utility space, with an attic on top to store the wood. The house is on stilts, and the floor is also made of bamboo, allowing food particles to fall through to the livestock, such as pigs and hens kept below. We were received well with numerous smiles, and a stomach full of a meal, rice wrapped in leaves and vegetable and meat curry. We were touched by their warm hospitality.

Tuli Loya, the village headman of Kabu village, of West Siang district, told us that the traditional houses are labour-intensive work and in one's lifetime, they will at least have to construct their house 5 or 6 times, as the houses do not last more than 15 years once constructed. Whereas a modern concrete house is built only once in its lifetime. But it is also a fact that only the financially well-off people can afford to construct concrete houses. Although the numbers are dwindling, there are still many people who continue to live in traditional Galo houses, made from Bamboo and timber and 'Toko Patta' for the roof.

Another beautiful aspect of traditional house building is the whole community involvement, not limited to concerned families, in the construction process. Everyone in the village, even from nearby villages, comes together to help the 'owners' collect materials from the forests, as well as help construct their houses. As a mark of gratitude, the house owner arranges a feast to feed the people who are helping him/her build the house.

This idea of '*help me and I will help*' is not only applicable in-house construction but also spreads to every sphere of Galo life. They are a tight-knit society, and most of the work, even personal, such as that of agriculture, social gatherings, and marriages, is all conducted and seen as 'community activity' wherein everyone takes part. It is important to mention here, is that the same is done voluntarily. The

chief said, *'We won't mind if somebody does not turn up for a death, but if they do not come to help in house construction, we do not forgive. It is not acceptable.* This shows communitarian living and community participation, as a way of life, in important activities like house construction, as can be seen in many other tribes across India.



Fig.7: Rice beer fermentation

Rice Beer

In the history of Galos, the performance of any kind of ceremony will not be celebrated without black rice beer. It has become a central part of Galo's life. The origin of black rice beer can be traced back to the mythology of Mopin. The story is, that, 'once there was a poor orphan girl, living in a village. Due to her unfortunate life, the people of the village gave her black rice. She was devoted to the goddess Mopin, and she prayed to alleviate her misery and poor condition. She was finally blessed with an insight to prepare black rice-beer and other tobacco products, to which many will cling and become addicted. Thus, the black rice-beer came into existence.

Taboo

It has already been discussed above that among the Galo community, there is no written code or manual, except for priests, who are the living code to guide the rites and rituals and their related taboos. Taboos in Galo means 'Arrinam or Arinam'. Every priest has a different degree of observation when it comes to taboo, but generally, there are three types of taboo.

1. One type of taboo is to be observed when there is ritual activity taking place in the family, neighbourhood or the village.
2. The second type of taboo is observed when there is an unnatural incident in the family.
3. The third type of taboo has been in existence since time immemorial. Here, there is a certain taboo, which does not have any relation to any kind of incident or accident, but naturally, we have to follow it.

L.R.N. Srivastava, in his book, 'The Gallongs', published in 1962, talked about the primacy of the Galos from time immemorial. He stated, 'though the image-worship is not found amongst the Gallongs (Galo), often came across make-believe images of Bamboo shavings to represent spirits or persons against whom black magic is to be directed. Therefore, magical beliefs and practices are inextricably interwoven with the everyday life of the Gallongs.'

However, a closer look into the Galo society will show that when it comes to the institution of magic, voodooism or sorcery, there is no separate institution. It is the divination of an egg (Porok Roksin Kanam) and hepatoscopy on which all the rites and rituals depend. Historically, hepatoscopy refers to the divination practice of examining the livers of sacrificed animals to predict the future. The term comes from the Greek words 'hepar' (liver) and 'skopein' (to inspect). There is a specific erection of a shrine, where ritual objects are kept, to perform different rites for different spirits, for the agricultural fields, the house or even the premises of the house. At the altar of these specific places, where the rites are performed, the act of oblation takes place in the form of offerings, which extend from a simple egg, or fowl, or a pig or even Mithun (Gayal).

Religion

Furthermore, the incantations, which are used in these rituals and rites, vary from one another in every aspect. For example, for cultivation, the Galo people have MOPIN, PINKU-PINTE, HURIN AMPIR, DIGO PIRNE, ALI-AMPIR, etc., and when it

comes to the wellbeing and protection of the family, AI-AGAM, ITE-BOTE and BAGO-YEBO are the prominent tutelary. Similarly, for hunting protection, the incantations, which the Galo people recite, are JERU-PORU, LIPE-POMPE, KIRU-RAMRO, etc., and for conjugal life there is TOGU-PIRNE, CHUTUM-

JORE, etc. Perhaps, the presence of these numerous tutelaries explains why the Galo people do not look for any other Gods or goddesses to worship. Though the unconditional/compulsory sacrifices of these tutelary demands are a bone of contention for the Galo people, as most of the Galo people are not affluent enough to make the sacrifices, which is a central part of performing these tutelaries.

These tutelaries are intrinsically related to the concept of religious belief of the Galos, but the Galos are the worshippers of the supernatural beings, the malevolent and benevolent, who surround their everyday life. The Galo people consider JIMI or TERU as the supreme being, who created this world and rules over it. Jimi, literally meaning 'Silence or Void', is the creator of the Sun (DONYI) and Moon (POLO) and even the earth (SICHU) and the sky (MEDO). Nyori, in his book, 'The Religious Beliefs and Practices of the AID: A Study with references to the Galos', stated that Jimi, the creator, after having finished creating everything, remained silent, and it was Donyi and Polo, who both physically and spiritually remained with humans and therefore, the Galos revered DONYI-POLO as the highest divine figure. But it was Jimi who originally deputed Donyi and Polo to look after every individual in their daily life and accordingly reward or punish them.



Fig.8: Donyi Polo flag on a traditional pole.

Source: Flickr (<https://www.flickr.com/photos/neslab/13666083423>)

Hence, the Galo see the sun and the moon as the 'Judge' who sees everything and accordingly, dispenses justice. Talom Rukbo, the prominent figure in the revitalization of the Donyi-Polo faith, has further reposed this belief of Donyi-Polo's omnipresence by making a similar prayer a central theme of the Donyi-Polo faith.

Therefore, when one views Donyi and Polo as the ultimate judges of eternal law and the dispensers of justice, the Galo people's tutelary veneration is vigorously efficacious. For example, when the agricultural cycle began for the Galos, jhum cultivation became the backbone of the Galo economic life, and the same is evident from their stories, songs and dances, which are intrinsically related to Jhum cultivation and presumably, the worshipping of Mopin by the Galos as the goddess, who bestows surplus harvest, affluence and well-being to humankind, is evident from the fact that Mopin is viewed as super-incumbent to Donyi-Polo.

Origin of Mopin Festival

Mopin is the major festival of the Galos. Mopin is not only celebrated as the Festival, where the cultural and traditional elements of the Galos are showcased, but also a time when the Galos communally appease the deity of wealth and prosperity. Hence, in other words, Mopin is the celebration of the Goddess Mopin, who is the Goddess of corn. One can find the origin of Mopin in the Galo folklore about the creation of the universe. As we have already seen above, to the Galos, Jimi is the creator of the universe and all the living beings (visible and non-visible), the plants, the spirits; they all were created by Jimi therein. And it is here where the origin of Goddess Mopin lies.



Fig.9: Women celebrating Mopin Festival.

Source: <https://www.tourmyindia.com/states/arnachalpradesh/mopin-festival.html>

According to the folklore, it was at CHIBU-DOGU (the meeting place of Earth and Sky) where CHITE-DOTE (Heaven and Earth) met and where the creation of all human beings, friends, deities, including Mopin, the various tutelaries,

plants and animals took place. From CHIBU-DOGU, all living beings, including Mopin, migrated to LOKU-LOT (the first sojourn place for all the creation), and this is where Mopin took training from GUTE-GAMRO for DOGIN RUNAM (Migration/hauling), and once she completed her training, she was appointed as the Goddess of corn, affluence and prosperity, etc., from this time onwards. And once she attained the status of a goddess, Mopin migrated to DUGYAMO (fairlyland). But there is a considerable debate among the Galo society regarding the sex of Mopin, as the children of Mopin were named Pinku and Pinte. Also, the names of the children in Galo society are derived from the last syllable of the father's name. Hence, the sex of Mopin goddess has been debated, that Mopin might be male, but the prevalent consensus among the Galo people is that Mopin is female, which is why Mopin is referred to as the goddess.

Hence, Mopin, for the Galos, is not only a festival for coming together as a community and celebrating, but to them, Mopin is also the benevolent spirit who blesses them with surplus harvest, health and prosperity. However, when we critically analyse the sequence of Tani and his encounter with goddess Mopin, we see that there is no necessity to eulogise the same with massive and complex rites. Hence, we can understand the celebration of Mopin simply as a commemoration of the day and occasion, in which goddess Mopin is embodied by her daughter, Duyi Tami, who became the first wife of Tani and gave the boons of basic survival amenities to Tani and his children, humankind.

Elements of the Festival

Elements of the Mopin festival vary from place to place and from time to time. According to Bomsar Kadu, whom we interacted with, shared that there are two types of Mopin: Mopin in the village (according to him, it refers to the olden days) and the Mopin in the town (it refers to the present-day trend). Due to the unavailability of natural resources used during the celebration of Mopin and even the lack of Mopin priests these days, the elements have become more liberal and differ from time to time and from place to place. However, we can narrow down the inextricable Mopin elements to Nyibu (priest) and Buo (associate Priests).

Nyibu (Priest)

The institution of Nyibu has played a vital role in the life and community of the Galos from time immemorial. It is believed that the institution of Nyibu started from MIKU, who was the descendant of MEDO (Sky) and when Miku died, Tani

collected a secret plant from the burial ground called Tabo, made a flute-like object and began playing, thinking the wisdom of Miku might be transferred to him. Here, Tani, although he might have got Miku's wisdom through playing the flute made from Tabo, the Galos believe that the reverent status of being a priest can only be transferred by the spiritual world. Elements of the Mopin festival vary from place to place and from time to time.

According to Bomsar Kadu, there are two types of Mopin: Mopin in the village (according to him, it refers to the olden days) and the Mopin in the town (it refers to the present-day trend). Due to the unavailability of natural resources used during the celebration of Mopin and even the lack of Mopin priests these days, the elements have become more liberal and differ from time to time and from place to place.

However, we can narrow down the inextricable Mopin elements to the following;

The office of a priest is not hereditary but is entirely based on inborn quality. Today, due to a dearth of professional Mopin priests, people tend to assume that any group of individuals who can chant and pronounce the incantations is competent. However, the role of a priest during Mopin is very crucial as only the correct chanting of hymns ensures that the goddess Mopin will bless the community.

Buo (Associate Priests)

Unlike the role of Nyibu, the role of Buo is not considered important when it comes to performing ritual ceremonies, but upon deeper analysis, they are central to the ritual ceremonies, and they cannot be performed without the Buos. Usually, there will be two Buos, helping the Nyibu during the Mopin celebration. The following are the main obligations performed by the Buo:

- Invoking the spirits by helping the Nyibu in following the rhythm,
- When the Nyibu collapses in ecstasy, the Buo must give support,
- Leading the Popular team in carolling and
- Helping the Nyibu in guiding the ritual objects, etc.



Fig.10: Celebration of Mopin, where sacrifice of Mithun is done at the ceremony

Organization of Mopin and Time

Mopin has been celebrated as a ceremony, in an organized form, which is more than a festival.

Legends tell us that Tani started organizing the Mopin celebration only after his resuscitation, probably during the time of jhum cultivation, i.e. in April. The important question here is whether Tani celebrated/observed Mopin before his four children, i.e., the tribes (Adi, Apatani, Nishi and Tagin) departed him? Especially, considering each tribe of Tani celebrated their festival with a different account of origin and features, although they have certain similarities in terms of purpose, as to why they celebrate their respective festivals.

When it comes to organization of Mopin, there are different views. One view is that the celebration of Mopin is comprehensive in all aspects, regardless of caste or creed. The other view is that the responsibility of organizing Mopin is on the elders, the learned people and cultivators and finally, the third view is that it is on the whole tribe to celebrate the festival.

There is no ambiguity when it comes to the time for celebrating Mopin. It is believed that goddess Mopin visited her son-in-law and daughter in time for cleaning the jungle for jhumming, and since then, the Galos began clearing jungles for jhum cultivation from February and March. Since Tani did not possess the knowledge about the proper season for cultivation, it is believed that goddess Mopin taught and gave him a signal, that when the flowering of Enchuhika, a seasonal tree, begins, and when the bird starts singing, it is the time for cultivation. And the

Galos have since then given general endorsement to the 5th of April as the day for starting the celebration and lasting for at least 3 days since its emergence in a General Meeting held at Aalo in 1967.

Harvesting Festivals and Locale

The Galos has three types of harvesting festivals. They are;

1. Pintum: individual family level
2. Mari: for the village level
3. Mopin: for the Keba (community)

Although Mopin is celebrated in the Dere (community hall), since the festival involves the whole community, there is an iron rule for the same. In the olden days, when there was much influence in the community, in general, it was Dere, where the festival was celebrated. The same can be understood from the fact that in the olden days, there was strong reverence towards the goddess Mopin since Galos were predominantly cultivators. But in modern days, Galos sees the Mopin festival as both a requirement in ritual aspects, as well as preservation of culture and traditional values.

The priest reported that they follow the difference between the celebration of Mopin in olden days and the present days in the following points.

1. Mopin was not celebrated annually, unlike today, since in the olden days, the celebration depended on the guidance of the divine.
2. The people were reluctant to celebrate Mopin due to the involvement of expenses involved in celebrating Mopin in olden days.
3. In olden days, the issue of compromising in any element of Mopin, especially regarding sacrificing animals, would result in the deferment or cancellation of the celebration altogether. etc.

Funding of Mopin Festival

Verrier Elwin (1959) acknowledged the generosity and communitarian spirit of Galos, and the same can be seen from their commemoration of goddess Mopin annually during the festival, where they extend all their help in cash and kind according to their capability and availability. Although the Government of

Arunachal has recognized Mopin as one of the major festivals in the state, no funding has been released from the state so far officially for celebrating the festival. And hence, the Mopin festival is celebrated by the community at their own expense.

Popur

Kenbom Bagra, in his book 'Songs and Dances among the Galos', aptly stated that Popur/Popir (a kind of sacred dance exclusively performed during the Mopin festival) marks the Mopin festival. Although the origin of this dance is shrouded in mystery, it is widely believed that it was Tani's wife, Duyi Tami, who taught this dance at the first time of commemoration of Mopin by Tani.



Fig.11: Women dancing at Mopin.

Source: Flickr <https://www.flickr.com/photos/siddiqui/16923290418>

There is a strict dress code to be followed when the Popur dance must be performed. The dress is called GARE-GAPO, RILUM, BAJOM, JESE-KORE OR ROKPO LETAK,

GINJU-BARJU (creel) for the women folks. The Popur dance is generally led by the Mopin chief priest, but with the decline in the number of priests who are well versed in the lore, today, Doyen can also lead. There is no limitation for the participants in the Popur dance, and it contains odes to the goddess Mopin. Popur is considered the most exciting element of the entire Mopin festival, where the dancing group goes from house to house and blesses the homes they visit. And people smear wet rice powder on one another's faces and dance together.

Pingu- Leru (EMCEE)

The term Pingu-Leru implies 'emcee or the holder of the festival'. The meaning of this compound term derives from Pingu, which means MOPIN GE PINGU, which means emcee and Leru, meaning 'root or provenance'. Pingu-Leru must provide convivial services to the priest, during the celebration, organizers and even to the community. According to Eleng Nokar, Pingu Leru is MOPIN'S YUGI LERU, which means the head of celebration.

Rituals Rudiments

The Mopin rituals are complex, and maybe due to this reason, in the olden days, the Mopin priests were distinctly recognized in the Galo community, even within the institution of Momen and Nyigre priests. The complexities in the rituals depend on the number of inimical spirits or the spirits which are involved in the rites and rituals of the ceremony, and only an audacious and adept priest can invoke all these spirits in his incantation to altruism towards the community in the name of the goddess Mopin.

Ritual Objects (DUPU)

Ritual objects are made from bamboo, herbs (which vary from rite to rite), moist/livestock, leaves, etc. R.L.N. Srivastava spoke about how the Galos were not image worshippers, but Galos' rituals and rites are inevitably of making ritual objects (Dupu), especially out of bamboo and different kinds of tree leaves, which are made out, under the supervision of Nyibu, Buos, as well as scholarly persons. An altar is mandatory in any kind of ritual, and it is made of bamboo.

The origin of Galos' ritual objects comes from the images of LOSI-LORE and LODO-LORE. RILUM-TAJUM and GARE-GAPO, who were invited spirits by the Tani in making an apparition (a ghost or an image of a person who is dead, here it is of Mopin) of Mopin. However, it is not precisely worshipping of the images, but only an ethereal or consubstantial (of the same substance of essence) form of worship. The preparation of Mopin ritual objects usually takes one night and a day for the community. The success of the ceremonies lies in the proper pronouncement of incantation, quality and quantity of the oblations and right delineation of ritual objects and finally, rigorous observance of taboo before and after the ceremony.

Oblation (YUDUM)

According to Jomnya Sirma, some of the ideas were reiterated, for example, behind the celebration of Mopin is to 'propitiate' the deity of wealth and prosperity and sacrifices play a central theme in it. The origin of sacrifice among the Galos can be traced back to the mythology of Tani and Donyi, according to which, in the time of Tani, there was no night and darkness to sleep or rest because there were two suns, which alternated one after another in 24 hours, resulting in chaos like situation. Tani, then convened the first-ever greatest meeting with the creatures of the earth, where they unanimously decided to kill one of the suns, and it was Abo Tani, who was chosen to execute this benign service. When Tani killed one of the suns with his arrows, the other refused to emit light, resulting in an unnatural accident in the world. Consequently, the creatures of the earth pleaded with the Sun to emit light again, and in return, they were ready to offer whatever the Sun had from them.

Finally, the sun consented to come back again and gave light to the earth, but it came at a high cost for Abotani as the Sun demanded that Abotani sacrifice his son Ninur to her. Furthermore, she warned that once she rises, it will be followed by doomsday, when all the catastrophes will fall upon the earth. This mythology showed that Abotani learned the act of sacrifice from this, and after this incident, ironically, Abotani became an aficionado of both the Sun (Donyi) and the Moon (Polo). And since then, the sacrifice of animals became a central theme to appease the deities, although the animal should be domesticated and should not be a wild animal.



Fig.12: Divination of an Egg (Pupu -Chikanam) and Hepatoscopy (Reksin Marem Roksin Kanam)

Although the institution of prophecy is not recognized among the Galos, strangely enough, the function of prophecy engulfs and engrosses actively among the community through the institution of priests and NYIJK (an expert in divination). The practices of rituals, among the Galos, do not have a written manual, which dictates the direction of ceremonies, but instead, they are done through the divination of eggs or hepatoscopy of chickens or pigs by the priest.

In the olden days, the inauguration of the Mopin celebration was conducted by the rites of divination or hepatoscopy. According to Bomsar Kadu, the Mopin festival can be classified into several names by putting the sacrificial animal's name in prefix form with Mopin (E.g. Hobe (mithun) Mopin Ere (pig) Mopin etc.). Hence, it is mandatory in religious ritualism for worshippers to undergo divination or hepatoscopy.

Pulverise Rice

Pulverise rice simply means rice flour or ground rice and holds a lot of meaning in the culture of Galos. Whenever the Galos present something to the Supreme Being or even to malevolent spirits, it must be smeared with wet rice

Paste, which is the sign of attestation, impression or ilk of a token. In modern culture, when a person acquires something or even presents something to another person, he/she writes their name on it. In Galos' culture, the smearing of pulverized rice with wet rice is not just an old part of the culture, but also a sign of devotion. It is considered a sign of purity in worship and loyalty in dedication and hence considered auspicious. The smearing of wet rice powder on the faces is considered as one of the most delightful, tempting and alluring parts of Mopin celebration and yet still one of the most sacred traditions.

3

HEALERS NARRATIVES

ITO LOYI

Reaching Kabu village from Pasighat was a lovely journey through mountains, rivers and lush greenery. The location of the village was even more picturesque, surrounded by mountains, huts made of wood and bamboo, standing tall on the stilts. We reached the house of Ito Loyi, who had just returned from his agricultural work. He sat down to share with us his experience of becoming Nyibu. He said, “We do not have traditional medicinal practices among the Galo tribe. For the Galos, everything happens and centres around faith. We just chant prayers for casting out the evil spirits and use eggs to do that. I am the Nyibu (Priest).”



Fig.13: Ito Loyi showing us his ritual tools, Kabu Village, Aalo

A Nyibu can heal HIGYA (cold and cough), joint pain in the hands and legs, by chanting the prayer and can also heal Tuberculosis. Even in the case of possession by the forefather’s spirit, a Nyibu can heal the person by chanting prayers. By

cutting open the lever of a chicken, a ritual which is called POROK ROKSIN helps in determining and identifying the sickness

“It has been four years since I became a Nyibu. Before that, I worked as “Buo” (Assistant Priest) with the other head priest, and on the passing away of the head priest, I took over the duty. I followed my head priest, and that’s how I learned.

The powers of Nyibu and Buo are a gift from the above, our spiritual God, YIIRNE GOONE, who passes this gift of being a spiritual priest to a chosen one. No matter how much one memorises or writes down the chants, one cannot be a NYIBU unless YIIRNE GOONE chooses the person.”

Ito Loyi can identify whether a patient is suffering from mental illness or physical illness by touching the person. “If the person’s stomach is cold, I know the person needs medical treatment, and when a person sweats and his stomach is hot, then I know the person seeks spiritual healing. If a person’s body is possessed under witchcraft or ROMLE KANAM, the stomach will always be hotter than the sick person’s body. For this, they again go for the same process, which is chicken liver testing.”

“When it comes to women and children, it is mostly evil spirits which kill women and children, especially the infants. Evil spirits could be from forefathers or grandparents, or a different clan or village. All these are cured by following the same ritual (chicken again).”

“Spirits are surrounding us everywhere in the rivers, mountains, jungles, homes, etc. These are sacred places, where we must maintain a few rules, such as not throwing stones in the rivers, not making unnecessary noises in the jungles, and not going fishing at night. If one gets possessed by the spirits, no doctors can cure them, and we need special chants for that.”

“NYIBU are losing prominence with the advent of modernity approaching fast; even the tribal people are embracing it, and there are only a few NYIBU left today, among the Galo society. The NYIBU cannot choose his successor; it is the spiritual God that chooses it- The YIIRNE GOONE (Spiritual God) will surely choose a priest. These priests are God-gifted.”

Mibi Doji

Sitting in the verandah of her eco-friendly house, made of bamboo, thatch roof, Mibi shared her experience. “I learnt healing in my dreams, where a person taught me how to heal and treat people, which I applied. I think this is a God-given power, which I must use for the betterment of society.”



Fig.14: Mibi Doji treats nerve entanglements, bone fractures, sprained neck and eye pain.

“I treat all kinds of nerve entanglements, fractured bones, sprained necks and even eye pain. Furthermore, I also treat pregnant women’s problems, even post-delivery complications and if a person has inner body issues. I collect herbal plants from jungles and use them for treatment as needed. I do not store or distribute them to others. The herbal medicines which I provide are fresh medicines, and I prepare them to keep in view the course and duration of the treatment of the patient. People from areas around Aalo, Itanagar, and Mechuka come to me for treatment. I have been to Guwahati also for treating someone.”

“Those people who are required to stay for long, for a treatment, usually stay at someone’s home or in a hotel. I do not charge any fees for the treatment to my patients. Whatever I get from them, it is given to me by them voluntarily. It is the rule that, when a healer heals a person, and in return, the person must be given a payment, even if it’s just a token for his or her service. In some cases, due to time constraints, I must send back some patients without treating them, and when I do

that, the healer in my dreams, who taught me how to heal a patient, comes back and questions me for not treating the patient.”

“People usually gain knowledge by reading and writing or through books, but in my case, I never had any kind of schooling. I gained my knowledge through my dreams. I have a god gifted skill, which I use to heal people.”

“Sometimes the patients who take permission from the doctors and take me to the hospital for examination and to heal them. Earlier, the doctors did not have faith in our healing; some even now refuse to trust us, but some doctors are local (tribal) who believe in traditional healing. I had treated one such doctor myself! Even Dr Kayi (gynaecologist at Aalo District Hospital) once called me to treat an accident patient, whom I treated in the hospital itself. The patient got cured within that time itself.”

“For problems related to menstruation, I use herbal medicines. I boil the herbal plants and make the women drink them, and they are relieved from their body pain. If the cancer patients come for treatment at an early stage, I can cure them. I can also cure tooth cavities.”

“There was a patient from Tirbin (a region in the Lepa Reda district of Arunachal Pradesh), whom the doctors had referred to Guwahati for treatment, but the patient instead came to me. When I touched the patient’s stomach, I instantly realised that the patient’s navi (navel navi) was displaced, which was causing him pain. I massaged the person and placed the navi in the right place, and made the patient rest for 15 minutes, and he was cured. He didn’t even have to go to Guwahati. In case I am unable to treat them, I refer them to doctors. Some sickness requires a doctor’s medicines as well. We cannot teach our skills to anyone. The chosen one will learn by themselves, as it was in my case and everyone before me, who were traditional healers.”

Bodak Tayeng

Bodak Tayeng treats many ailments and serious health problems. “I have been treating people since childhood. I get the required herbs for preparing the medicine from the jungle. My father and my grandfather used to do it, and I’ve learnt from them.



Fig.15: Bodak Tayeng treats Pneumonia, gastric problems, malaria, baby delivery, infertility, and cancer (external).

There are 230 houses in Namsing, and people are mainly Adi and Mishing. Not just from my village, for treatment, people come from Itanagar, Along, Dibrugarh, Yingkiong and nearby villages too.”

“I do not charge anything; accept whatever offerings people may give. Even if they give me Rs.10, I do not demand anything. Treatment is my priority, so I give the medicines first.”

“For herbal medicine, I dry the herbs in the sun but not over fire. For some items which are found easily, I ask the patients to buy and bring them and then make the medicine, since I cannot afford to buy anything. People with gastric ulcers also come to me. I make a fine powder out of the herbs and give them to drink the solution. But it is a long course of 2-3 months. I also know the Assamese language, and so I give advice to the Assamese patients in their language. For referral, if the patient is extremely serious, I recommend that they see a doctor.”

He identifies the problem by feeling the stomach, hands, and feet. For jaundice, he can identify it in the eyes. He is willing to teach people, but they do not approach him. There are a few people who have approached him, and he has taught them. Being humble, Bodak said, 'The government did not give any certificates. I am not a learned person, so it does not matter.

Anjuna Bori

Anjuna Bori previously worked with an NGO, where she led the team. After that, the government recommended that she become an ASHA worker. She has been treating sinus, malaria and typhoid for the last 10 years, using herbal medicines.



Fig.16: Anjuna Bori treats Pneumonia, Jaundice, Sinus, Malaria, Typhoid

“Women with menstrual problems, children with cold, cough, fever and diarrhoea come to me for treatment. For pneumonia, I use Tulsi, chilli juice, but for jaundice, I make a necklace instead of herbal medicine. I also teach those who come to me for treatment how to make herbal medicine. I want to spread my knowledge. Sometimes, if I am busy, I would recommend the patient to go to the person who has already been treated and ask them for the procedure.”

“I have treated nearly 15 malaria patients. I only treat those patients whom I observe are within my capacity, such as severe cuts and severe diarrhoea. Otherwise, I recommend that they go to the hospital immediately.”

“I need fresh herbs to apply. Stored dry herbs, do not work, so I get them only when required. Modern medicines may provide quick relief, but the problem often returns soon after. With herbs, once it is cured, it cures the problem completely. For people who cannot afford to go to the hospital, herbs are useful. I don’t charge any money. If I am absent, my husband would fill in for me.”

“The government hasn’t given any certificate, but a few women in the village organised training workshops, where I teach my techniques and the use of herbs. The Herbs are generally found in the jungle but are now less available due to people’s settlement, that have destroyed the useful plants.”

Numol Panging

Numol Panging treats sprains and muscle tears. He narrated, “It was in my dream that I saw myself treating a woman whose hand was completely broken. I spoke with my mother about the dream I saw. She didn’t believe me initially, but when I saw the same dream again, I began treating people.



Fig.17: R- Numol Panging and L- Local Translator

I was studying in the 8th standard when I treated my first patient, and 9th standard onwards, it became a regular process as my friends would regularly get injured playing.”

“My work is mostly concentrated on treating sprains, muscle tears and nerve dislocations. I fix the nerve dislocation problem, around the neck too, despite it being a risky treatment, as one mistake, while treating nerve dislocation and sprain around the neck, can cause paralysis to the person. People come to my house for getting treatment, but most of the time, they take me to their villages for treatment, as patients usually cannot travel, when suffering from ailments such as sprains, muscle tears or nerve dislocation, which causes unbearable pain.”

“I don’t charge fees for treating people, as the talent I must heal people is a gift from above, and therefore, I feel obligated to perform them and help people who

are in need. I cannot charge money for what I do. We believe that our healing power will diminish if we use our gift for financial gain. We only accept money when people willingly offer it after seeing our poor condition.”

“Mostly people come after midnight, around 2 AM, looking for me even though they have already been admitted to the hospital. Such timings are highly irregular, and even if I am sleeping or tired, or unwell, I cannot refuse them or decline their request, because if I were to deny the person or the patient, it will affect my health or my body, and I will fall sick.”

“I cannot teach the gift that I have, for treating people, because I heal people by touching them, and it is the awareness of the knowledge that I have, which tells me what the problem is and how I should fix it. And this is something which cannot be taught. Even in my case, I was not taught by anyone, but it came on its own.”

“I treat the patients well. Whatever kind of pain one might have in their body, except for broken bones, I treat them all. The people whom I treat never come back for treatment again, as I treat them in one go and they are healed.”

Yasum Nonang

When we visited NIEFM and met the healers and director, we observed and interacted with Yasum Nonang. She has been working at NEIFM since 2015. One of the madams in the institute suggested her name, and then they brought her here. Before working at NEIFM, she used to work at Mirbou. She does not use any herbs. Only do physiotherapy. She does massages and performs spiritual rituals.



Fig.18: Yasum Nonang at NEIFM

She looked frail and elderly; she must be more than 60 years old. She was treating a patient at the time of our visit. Within the time frame of 15 minutes, almost three patients came to her for treatment. A mother with a young infant, a teenager and an old woman for various problems. Mother brought her infant, who was bitterly crying, to Yasum. Yasum massaged the infant's back by rubbing her chin, and the infant instantly stopped crying. This was not the first time the mother had brought the infant to Yasum; a couple of times earlier, too, she sought her help.

Yasum Nonang treats paralysis problems and accidents. She does physiotherapy and spiritual healing. She narrated, "I have learnt the methods from my dreams. I used to have dreams since childhood and was told what treatments should be done. 20-30 patients visit every day. My hands start aching if I must see a lot of patients at this age."

Diagnosis

Sharing her experience, Yasum said, "I can identify the problem by diagnosing them spiritually. Sometimes people come to me for suggestions, and I don't even need to see the patient in person. I sense the situation from here and advise them on what needs to be done. There was a woman who came to me from Itanagar. Her sister was suffering, and all her hair was falling out. I performed some spiritual rituals and asked her if there was someone in the family who had burned themselves. I also asked whether there was a tree located beside the burial ground of that person. Everything I predicted turned out to be true, and she was very shocked. The woman's husband also once came to me, and I predicted that she would be pregnant and give birth to a boy child. That prediction also came true."

Treatment Process and Payment

"People mainly with paralysis problems and accidents come to me. If I cannot treat the paralysis, I will send the patient to Mr Basar, who is also a healer here. He is a bone setter, but also does the treatment by massage. I also do spiritual prayers for treatment.

I used to get tea leaves, sugar and likewise as offerings from the people. The people in the village, who come for treatment, are very poor, and so I do not charge any money. I accept whatever they give as offerings. NEIFM used to pay Rs. 2500/- per month. Later, it was increased to Rs. 7000/- per month. Now, I have been getting Rs. 15000/- per month for the last 3 months."

Certificate of appreciation and training

"I was sent for a training course to Jharkhand and Nagpur. I received certificates during that training. I was supposed to teach my techniques. It was a twelve-day training program. But the people couldn't figure out or follow up on my techniques. I tried to teach some people, but they were not interested, and they didn't take proper note of the things that I said."

Gangul Romeng Namsing

Gangul Romeng has not stopped treating patients. He used to treat nerve pain, joint pains, pneumonia, spiritual problems, tooth pain, piles, and reproductive problems. He also used to help people, to remove the fish bone stuck in the throat. He said, "I have learnt healing by myself. I consider this ability to heal a gift given from God. And there is a book in Assamese, which I refer to. People come from nearby places. Once, a person from Bihar also came here. I have been practising for nearly 30 years. Though I am interested in teaching, people are not keen to learn and do not approach me.



Fig.19: Gangul Romeng Namsing treats nerve pain, joint pain, etc.

Process of Treatment

Diagnosing is a gift from God, he shared, "I can sense the problems by touching and feeling the hands or by seeing the blood, etc. I treat nerves. For this, I take some herbs from the jungle and tie or stick the herbs around the teeth of the patient, and the pain goes away. The doctors in and around our place cannot treat piles, so people come to me for that. I get the herbs from the nearby jungle as and when required. I don't store them, as they must be applied fresh. I treat breast problems, which happen after childbirth, problems related to reproduction and problems of menstruation. I also help women during labour pain and childbirth. I do jhar pukh with herbs. It must be performed early in the morning before anyone is awake. There is a Primary Health Centre here, but the doctor does not come regularly, so women suffer during childbirth. They often must be taken a long distance to Pasighat, and some babies are even born on the way. There is also an ASHA health worker in the village."

Lipi Titasau

I have more than 20 years of experience in healing and treating 50-60 patients every year. Patients come from Aalo, Dibrugarh, Tinsukia, Jonai, Pasighat, Ruksin, Itanagar, Basar, and Silapathar. Even people from Hyderabad and Gujarat came and took the medicine.



Fig.20: Lipi Titasau treats jaundice, pneumonia, and dengue

I once got seriously ill at the age of 28 years, and then I saw dreams and learnt from the dreams. It is a gift given by God, but I have taught everyone in the family and the neighbourhood also.”

Healing Process

“I first examine the patient and then go to take the herbs as required. For jaundice, I use the bark from the “Gowala tree” (local term). The flowers of this tree are small and white. The bark is cut into small pieces and cleaned. It is then mixed with the original raw turmeric and salt. Then, a solution is made which takes the form of Red Tea. The dosage is given three times, morning, day and night.”

“For pneumonia, I use garlic (small ones), tulsi, honey and gol mirch (round chillis). The solution is then left for 10 minutes. The patient is asked to take medicine twice a day. The same medicine is given to the women and children. During childbirth, if the child suffers from some sickness, the herbal medicine is given to the mother, and then the child gets well, as it receives the mother’s milk.”

“For Dengue, I use the flowers of Papaya and mix them with honey. Dengue cannot be detected easily in the hospital. The patient experiences extreme fever and keeps shaking. Even after medicine is given for malaria, the patient does not get well. I then realise that it’s dengue. In some cases, those who do not get well after approaching the doctor come here. I do not charge anything. I receive anything given as an offering according to their will. I have not received any certificate or help from the government.”

Numol Panging

Numol is a second-generation healer. He said, "I fix bones, though my father used to heal some diseases, but did not do bone fixing. But I fix bones and treat cuts. I saw in my dreams the method of treatment. Patients come to see me from Itanagar, Takilalung, Yagrung and nearby villages. I have been practising for more than 10-15 years."



Fig.21: Numol Panging does the healing and fixing of bones

Healing Procedure

"I use leaves from the jungle. I bring the herbs when required. I crush the leaves and then apply them to the affected area. I also apply the herbs by sticking them with bamboo.

Children get well in 10-12 days, but adults and elderly people take more time. I ask them to at least do the X-ray so that I can know the situation better."

I do not charge. But I take it if they give anything as offerings. If the patients cannot come, I will go to them. People are not interested to learn the healing anymore. I want to teach my techniques to other people. My family members know the medicines I prepare, but they cannot do the work of fixing the bones because it is a difficult task. I did not receive any certificate."

Aseng Gamno

Aseng told, "I have been treating since my childhood days. I used to have a dream in my sleep that inspired me. My father used to do the healing techniques, but after he passed away, I took up the job. I have cured more than 100 people, but now I have stopped because of my old age."



Fig.22: Aseng Gamno treats sprains and fractured bones.

"People used to come from Mariang, Pasighat, and nearby villages. I only cure nerve problems and minor bone fractures by touching and feeling the affected area. If the problem is major, I recommend going to the hospital. I do not treat internal diseases. I once fixed the fractured bone of a doctor who got injured while playing football with his son. For this, his family still pays respect to me."

"I think this is a talent within me, and it is difficult to teach or to learn. Very few people can acquire this ability. I am happy to help. I don't charge any money, and I believe this ability is a gift from God. If anyone gives me money for treatment, I offer it to the church."

Kengkut Yirang

Kengkut shared, “For pneumonia and jaundice I prepare the medicine from some leaves. I also treat stomach pain and miscarriage. Women with stomach pain and menstrual problems also come to me. I also see that the ones suffering from malnutrition.”



Fig.23: Kengkut Yirang treats Pneumonia, jaundice and pregnancy related issues

“I started back when I was in class 8 during school time. I have also treated the injuries of boys who get injured in football plays. No one from my family used to do the work of healing. I have learnt the methods from the old ones. There is also a book on herbal medicines which I refer to”.

“I do advise on what to eat and what not to eat during the course. The government did not provide any certificates for my work. It would have been better if the government had helped by providing the tools required for preparing the herbal medicines.”

“People from Kerala came for research purposes and from Yogong, Rashing, Karko, Riga, Gabuk, Gongku and many more. In some serious cases which I think I cannot cure, I suggest the patient go to the doctor.”

“Conserving biodiversity is important because all the required herbs are found in nature, and if there are sicknesses and a requirement/need for herbal medicines, the herbs will be there. For now, I am teaching my family members, but if anyone wants to learn, he or she is welcome to learn.”

Tapang Panying

Tapang shared, “My mother used to treat before, and I learnt it from her. The patients come from Ryan, Warlung, Ruksin and nearby villages.”



Fig.24: Tapang Panying treats Nerve problems

Treatment Process

Sharing his treatment journey, Tapang said, “I have seen it in my dreams and learnt it. It is a spiritual process, and only a priest expert in spiritual processes can do it. It is difficult to teach because it is mainly a spiritual process. I do not chant any mantra. It’s just the magic of hands. I treat nerve problems. But I do not use any medicine. I treat by feeling and touching the affected portion and treat accordingly by massage. For bone fractures, I send them to other healers, bonesetters. I treat people of all ages, from children to men and women. The doctors can treat, but some people come to me after approaching the doctor. It would have been good if Government would have helped, but they won’t.”

Malish Monjine Aane

Malish Mojine Aane is a traditional healer at NEIFM and treats bone dislocations and assists in childbirth. She shared, “I used to provide herbal medicines, but now, since I am suffering from Arthritis, I cannot go to collect the herbs, so I treat dislocation of bones and likewise. I also help with childbirth. Nowadays, people mostly go to the hospital for delivery. The transportation facilities have become better, the vehicles are available, and the roadways have improved. So, people prefer the hospital. But in case of emergencies, I help them out. According to me, home delivery is much better, but the younger generation today prefers hospitals. Also, the expense is less for home delivery. I have given birth to 8 children, all home deliveries.



Fig.25: Traditional healer and ethnobotanist at NEIFM

Why cannot divination be taught?

She shared, “I interpret from the dreams. Even when a child is in the womb, from the dreams themselves, they get to know whether the child will be born a healer or not. What type of healer one is going to become is also interpreted in the dreams. And even if I want to teach my daughters, I cannot because it is divination and it comes naturally within oneself. If one wants to become a pandit, for example, he will have to go to the ashram and learn, but traditional healing is not like that.”

Use of herbal medicines for any disease can be learnt, but then the process of healing is different. By touching and feeling the pulse, one can know the cause and position of the problem, which cannot be mastered by anyone. She said she can teach what herbs are to be used and how to prepare them. But treating a dislocation, and likewise, is a different procedure which cannot be mastered by everyone.

Process of Diagnosis

Sharing the process of diagnosis, she said, "I feel the illness by touching. And I can see what rituals one has to perform for the problem, but since I am a Christian, I cannot say all those things. I also assist pregnant mothers to deliver the baby when they have problems. I have also treated the problem where the nerve connects the head. I do not charge any money, but I accept anything which people give willingly as offerings. If the problem is serious, I refer them to a doctor. But when they can't get a doctor, they come to me."

Three women healers in NEIFM were treating many ailments, one of whom is also a traditional birth attendant. She claims to treat infertility problems. She makes the womb ready for birthing. She could treat two infertile women, and they could give birth to babies

No State Support

It was reported that there is no state support in any form. Sharing the challenges for women healers, she expressed that women here can do the herbal healing, but they cannot go too far to collect the herbs and shrubs. NEIFM plans to give a proposal, where more herbs can be grown in the Institute. Not only that, but the healers from the adjoining states may also have the benefit of the herbs. Once it is set up, they can request the ministry to provide them with more healers from other states, too.

Certification and Expectations from the Government

"I have not got any certificate for my services till now. It would have been better if the government had provided the old-age pension, which everyone applied for, but we haven't received it yet. Conserving biodiversity is important because all the required herbs are found in nature, and if there are sickness and a requirement or need for herbal medicines, the herbs should be preserved."

Tokar Basar

Tokar Basar treats various health problems; fixes bone fractures, treats nerve problems, helps in childbirth, treats snake bite poison and said, clears brain tumours. He said, “My father used to do a little bit of healing. I have learnt some of the things from him, but the rest, I have learnt from my dreams. I have been serving for about 35-37 years, having started at the age of seven. Every month, around 20-25 patients come for treatment. I have been working in the NEIFM for the past 2 years.”



Fig.26: Tokar Basar treats bone fractures, nerve problems, and other conditions

Diagnosis and healing process

Toker shared his diagnostic methods, “I can know the disease or problem by touching and feeling the hand and nerves. I also feel the pulse, whether it is slow or fast. The problem can also be found out by observing which foods are affecting the patient’s health. Sometimes rituals are required to be performed. I used to treat people in my hometown of Basar. I also used to go from house to house in many villages to treat the elderly people. A few days back, I visited and treated around 70 people. I mainly treat the problem of nerves, for which I do not require any herbal medicine. I don’t chant mantras, but sometimes, I recommend the patients to do puja rituals whenever required. I also advise on what things are to be done in performing the rituals because the rituals differ from place to place.”

“In case of bone treatment, I use the herbs/leaves of plants found in the jungle. I smash it and make a paste to apply. After 1-2 weeks, the patient generally gets well. I use two to three leaves together for bone setting. Currently, I am treating two cases, one with an injury at the ankle joint and the other with a bone fracture.

I do not use any bamboo, but use only the leaves, roots and the stem of one plant. The stem acts as a splint for the herbs to be put on. It must be applied for seven days and come back, after which it will be removed. The only problem is that patient will experience itching. I observe and see if the swelling remains; it must be applied again for another week. But in my experience, the patient gets well after 7 days.”

“I also treat snakebites. Herbs are used for treating poisonous bites. The herbs must be collected from the jungle whenever required, and I don’t show the application of herbs. I hide it while applying. But I have seen that the required herbs are not found nearby. It can still be found in the hills, but again, it depends on the season. Some of the herbs are not available in every season. I am also maintaining my garden, and whenever I require, I would take the herbs from there.”

Certificate of Appreciation

“I got a certificate once at Itanagar from the Government along with a training workshop, but I showed all the procedures that I do. There were around 46 doctors, and I was asked to demonstrate the preparation of the herbal medicines, and I prepared and showed them. The AYUSH Director, Government of Arunachal Pradesh, organized it.”

The authors found through interviews with many healers that the AYUSH departments frequently organize workshops where healers share their knowledge. However, they do not receive any incentives, aside from a certificate of participation. It violates intellectual property rights.

Passing the knowledge to the next generation

“Yes, I can teach, but it may not be as effective as mine and learning these methods is a very difficult task. I can teach the treatment of external problems, like how to prepare the medicine, how and where to apply it. But learning the methods for treatment of internal problems, such as nerve problems, will be a difficult one to learn.”

State Support

“It would have been good if the government could help the people working as healers, because we as healers go from village to village, house to house, and we do not get so much in return.”

Padma Shree Yanung Jamoh Lego

From Alo to Pasighat, everybody knew Yanung Jamoh Lego. Even higher officials from the plant medicinal board, AYUSH, mentioned her name as a well-known healer. More than a dozen patients were waiting for her at any given point in time. Yanung has been treating people for almost 30 years, since she started practising traditional herbal medicine, but to date, she has not received any help from the government, and she has been treating people through her own effort and money. However, she was conferred with the Padma Shree award in 2024, for her major contribution to traditional herbal healing.



Fig.27: Yanung Jamoh Lego treats typhoid, infertility, cancer, etc.

Yanung shared, “I did not learn herbal healing from anybody, but a self-taught knowledge. It is a gifted talent. I come from a family which had a long history of having people who were spiritual healers, my mother, grandparents and forefathers. They treated and healed people as a service to society.

But I am not a spiritual healer, and I use herbs to heal people. It could be that I inherited their wisdom, but my knowledge about herbs comes to me naturally. I feel that the knowledge of herbs came through my dreams, my instincts and my intuition, and it’s in my mind. Nobody taught me about herbal medicines.

My parents were my mentors, especially my mother. She used to tell me, ‘Be with nature, nature is the source of knowledge; when you learn anything from nature,

it is the true learned knowledge.' This is why I believe that nature is my true guru, because I have learned everything from nature, and it is my true inspiration. I am very much attached to nature."

Further sharing, she said, "My father used to tell me that all the symptoms of animals and signals of animals manifest in the plant itself. He also told me that every plant comes through the body parts of God himself. Plants bearing parts which resemble human body parts are used for treating, was my parents' hypothesis about the nature, and I brought it into practice."

"In those days, my mother used to practice a little bit of bone-setting, and my father was a spiritual healer. Our house was like a hospital with so many people visiting our house for getting treatments back then. My grandfather and my forefathers before him were all spiritual healers. But unlike them, I use herbs to treat people. I am dedicated to people and work for their well-being. When I see people suffering from illness, or when I see a mother or a father dying and their children becoming orphans, or see people selling their properties and belongings to get treated, when I witness all these things, it breaks my heart, and I start crying. And I start thinking of the ways through which I can help these people, and, if the herbs I use can help these people? This is how I see the herbs, a medium through which I can help people, since they are easy to get and are around in plenty."

"The picture of the body itself is in the plant. If you observe a plant, you can see its body parts in the plant. We believe that those who are sinners or black-hearted, they will never see it. It is a divine thing, and only those who are divine in their heart will be able to see it. Nature is God's library, and it is open to all; no one can stop anyone from gaining knowledge from it, but greedy people will never be able to learn from nature. They can never understand nature."

Speaking about nature, she said, "I want human welfare. I have a mission to attain, which is to serve the people just like the Sun, the Moon, the Earth and the rivers. They don't enrich themselves, and rivers don't drink their water; it is for the others to make use of it. This is how nature is teaching me. There is no greater guru or teacher than nature itself. I am learning from the air, water, fire, plants, sky, moon and sun. Nature is very easy to understand. It is very simple, but it is the people who make it complicated. Their greed makes it complicated. One can learn from animals also; they are very handy. They eat stones, but stones don't develop in their stomach; they don't develop piles, appendix or cancer. People are suffering a lot because they are against nature."



Fig.28: Jamoh Lego's herbal store house

On treatment, she said, "I treat all the ailments like bone-setting, jaundice, tuberculosis, diabetes, etc. Tuberculosis is very easy to treat. But it is only the people who make it complicated. They do not maintain a diet. They start taking meat and fish, even when they are not allowed to. Because medicine will not show much result if they do not maintain a diet. People are tempted to eat meat, fish, eggs and alcohol. A person's mouth is the way to heaven and hell. I treat cancer as well. It is very easy. I have cured people who were not cured in the most renowned hospitals in Delhi and Vellore, etc."

"I am approached by so many people, who come to me for getting healed from all over India. A lady from Delhi, who was suffering from blood cancer, visited me in search of a cure, and she is cured today. Even Aseeli, Lupus, a chronic autoimmune disease, got cured by using my herbs. One lady from Tezu was suffering from Lupus; she got cured too. If a person comes with negative thoughts, then they'll get a negative result, but if they come with positive thoughts, they will get a positive result."

"I have engaged many unemployed youths in the districts, block-wise in villages, who help in collecting herbal plants. I pay them through my salary. Furthermore, whatever my patients give me, I save it to pay my employees in the form of payment or wages. Sometimes, I purchase medicines like Pipili, Koptistita, Elaichi, Black Pepper, Pepper molicia, turmeric, local ginger, etc. There are so many medicines that I must purchase from the local people."

Since Lego does not take fix amount of consultation fee or money for the treatment, the patients give donations as per their own financial capacity. She hardly gets Rs. 30,000-40,000 from the donations made by hundreds of patients who come for treatment every month, but she must pay around Rs 68,000 per month, so the rest of the money I use from her salary. As she was also a government employee.

Sharing about various medicinal herbs, Yanung said, "Yes, some of the plants are seasonal, while some are perennial, and a few are biennial. I must purchase some of the seasonal plants, as I have to meet the needs of the people who come from around the country to get treated. I am becoming the support and strength of the people and will always continue to do so. And this is how I will die one day. As a child, it was my dream to serve the people of our country, and hence, I pledged to serve the people of the nation, and I will be there to support them. So, I am being one."

"I have the formula for every ailment. I give my patients the formula, so that they don't have to come back to me again. I tell my patients that for sicknesses like gastritis, pneumonia, appendicitis, piles, asthma, bronchitis and gallbladder stones, you do not have to visit repeatedly, because they are very easy to treat, and they can treat themselves at home. I give them the formula, and all they must do is maintain a proper diet along with it. Because collecting herbs is not cheap and I have to spend around Rs 10,000/- or more most of the time, and since I do not get any help from the government, most of my work is voluntary with all my heart. I tell even my patients to pay heed to the problems we face in doing what we do and not to be lazy. Laziness can destroy a person's life. There are four things which can lead us to our loss: bad tongue, laziness, jealousy and anger."

"Our people are very lazy; they do not follow the health routine, which I prescribe. I tell them to keep away from unhealthy habits and stay healthy. I also tell them not to go for operations, since you only have one life and one body and that God will not create you again. God has given us nature, but stupid people do not utilize our nature and choose chemicals over nature and die.

God has given us water (which is fresh and alive), but people kill its purity by boiling the water. I tell people to cooperate with nature just like animals do. If one needs to learn about health, then they can and they should learn from the animals."

"I have an NGO, through which I prepared a project and with the consent of the District Forest Officer (DFO), I sent the project to Itanagar in the forest department, and they again transferred it to a state medicinal plants board. In

the project, I also mentioned the purchase of land, because I wish there should be conservation and preservation of herbs in the Pragmatic Age format and provide money for the purchase of land. The Department rejected my project application. They mentioned in the file 'This is not under our norms, so we are returning your project application copy. Therefore, I made another application for a project, printed and gave it to the DFO, who has it and passed it on to the State Medicinal Plants Board office again. This is my second and last attempt to seek help from the government, and if they do not help this time, I will not approach them again.'

"I have an NGO called 'Healing Heritage'. I made my proposal to the government under this NGO. I proposed funds to purchase land in my application for conservation and preservation of herbs, according to agro-climatic conditions under sub-tropical, tropical, temperate, and sub-temperate climates. I wanted to create an ethno-botanical garden, so that even students could learn something or study from it, but the government rejected my proposal."

"I teach people all the time and do radio shows, where I talk about my herbs. I give my medicinal formulas to every patient. I tell my patients about prevention, cure, and a good diet. To acquire this knowledge, one requires nature's approval. Whoever is clean-hearted, nature is divine to them. Nature will come to teach the person. Nature would appear in one's dreams and provide them with the knowledge."



Fig.29: Jamoh Lego sorting out herbs

Bamut Tayeng

Bamut Tayeng treated chest pain, pneumonia, jaundice, malaria, epilepsy, and menstrual cramps when he was young. He shared, “I use herbs for the preparation of medicine and learnt the method from my maternal uncle, but everyone in the family knows it. We collect the herbs from and around the jungle. I have treated more than a hundred patients to date. But now I have stopped due to my old age, and not a lot of people come to me for treatment. Moreover, the herbs are difficult to get and less available nowadays. I would like to teach, but people are not interested to learn.”



Fig.30: Bamut Tayeng treated chest pain, pneumonia, etc.

“I was Gaonbura (sarpanch), head of the village, and I used to get a salary of Rs. 1800 a year. But now I do not even get an old-age pension. I treat chest pain and the worst cases of pneumonia. In one case of epilepsy, a person came to me for a second opinion after he had approached the doctor.”

As the healer was too old, he could not share many details about his methods of treatment and other healing practices.

TAYUM TADO

In Itanagar, a few officials in the department of biodiversity, AYUSH, referred to the name of Tayum Tado. We went searching for his house. In the locality, his

house was the poorest, with a small, thatched-roof hut. At the time of our visit, he was treating a 4 month-old infant of 4 months old with a dislocated at the shoulder. The infant was brought by the mother and uncle. As we sat down to wait for an interview, we introduced that we had come for research purposes, and he got upset. Since we were unable to tell him clearly in his language, we asked the patients uncle to translate our point, that 'we are scholars and have not come here on behalf of the government. Even though we are studying traditional healing practices and have the viewpoint that, since he is doing social work, the government should help him. Our ultimate objective is to prepare this study and approach the government to give help, be it of any kind, to the traditional healers, and this is why we have approached them today. Hence, it will be good if he agrees to give an interview to us'.

The translator said that he will not understand you since he cannot speak fluent Hindi. However, asked us to wait till he treats the child. While we were waiting, we observed that he was pasting some kind of leaf and some paste which will heal the dislocated shoulder. (another lady present there) The healer is not compensated in any way. The healer, while treating, showed anger, saying that the people who come here for an interview and all are innumerable, but they seldom give any offering to him in the name of gaining knowledge from the healer.

He was referred to a person from the Forest Department who approached him to appear on television by the AYUSH Department, for which the department was given a huge amount of money, but he claims that he was not given even a penny for appearing on television and discussing his healing practices.

We requested the healer again, but he was not at all willing, so we respected his choice and did not pursue the interview. However, this refusal to interview gave a very clear picture of what the healers are feeling. As few other healers have shown their concern about not being given any recognition and benefit sharing, this healer was very clear, stating that state is giving huge projects to the AYUSH department, and they are not benefiting in any way. The central point of this study was also reiterated through the refusal of the interview that the healers are left high and dry and have not been given any assurance of benefit sharing, for any new formulations and innovations.

We interacted with the patient's uncle to get his perspective. We asked if he had gone to the Doctor before coming to the healer. He said, yes, I went to the doctor first and took the necessary X-ray and injection, and from there I came to the healer.

When did you go to the hospital to see the doctor? Did he give you any medicine for the treatment? The uncle reported two days back. The doctor didn't give anything and asked us to take an X-ray, and said not to do anything, and the injury will heal on its own. He asked us to take a three week rest without giving us any medicine to use in the meantime hence we approached the healer. My child was crying the whole night and then some people referred us to the healer. They came all the way from the Kurung Kumey district.

Yakong Tabin

“I don’t treat people with medicinal plants and herbs but only treats muscle and nerves sprains and bone fractures as well as joint pains in the legs and hands. I am working in the AYUSH Department as a Peon.”



Fig.31: Yakong Tabin treats: Nerve sprains, bone dislocations and joint pains

“I did not learn the traditional healing technique of massaging muscle sprains and bone fractures. I have been doing it since my childhood days. When I was little, my brother broke his leg playing football, and I massaged him, and he recovered. I saw it in my dreams that an insect had broken a part of it, and when I joined the severed part with the rest of the body, it recovered and flew away.”

“I have treated many people, so it’s hard to keep track of them all. There have been so many people who have even gone to Vellore for treatment (CMC, Vellore) and then came to me for treatment. People of all ages come to me for treatment. They get to know me mostly through people who have been treated by me before and later told others about the work I do.

If someone comes and picks me up to take me to the patient when they cannot come by themselves, then I go and treat them. I don’t ask for fees, but they give me a token amount voluntarily. I am not training or teaching any of the healing techniques. These techniques cannot be taught, but they come to one by themselves.”

“I don’t treat broken bones. If anyone approaches me to fix it, I ask them to go to the hospital instead. But if it is an issue of bone dislocation, I treat them. I also treat severe cases of headaches.”

Takekaye

Takekaye, narrated, “In 1966, one Kachari was working on my farm, who taught me the preparation of the medicine for snake bite. Since it takes time to reach the doctor, by the time medical attention is available, it is often too late for the treatment, and the patient does not survive. I am quite skilled at treating poison cases. I can quickly assess how severe the effect of the bite is. If the victim experiences extreme pain and swelling, then the snake was poisonous. I have been treating people since 1966, when I was 28 years old. and patients come to me from all around Assam and Arunachal Pradesh.”



Fig.32: Takekaye treats snake bite poison

Healing Procedures

According to Takekaye, “One’s body must lie north, while giving the medicine and taking out the poison and then the body must lie east. A cut is also made at the bite mark to take out some of the poison. I have mainly treated the bites of green snakes and once a case of a cobra bite. In this way, I have treated more than 300 cases. The medicine to cure bites is prepared from a root, and the items required for the preparation are found in the nearby jungle. First, I clean the raw material, and then I crush it to make a paste. It is then applied to the affected area. It must be taken every hour until the person gets well. I do not use mantras in my method of treatment.”

“Some affected patients came with swelling. When there is swelling and pain, the paste is applied for 2-3 hours, and then, if the pain reduces, it is removed. In 2-3 days, the poison itself is neutralized. I do not demand any fees. I just accept any offering they give. I am teaching my techniques and procedures to my daughter.”

Taraeym (Pseudonym)

Taraeym is an herbal healer carrying this tradition from the past 7 generations. He is an 8th generation healer practicing herbal healing and works in a government office. He has been treating people for the past 40 years. He narrated.

“Patients come from my own tribe from districts such as Kurung Kumey, East Kameng, Papum Pare, Kra-dadi, Nyokum-Palin also from Pasighat, Daporijo, Bomdila, Tawang and from Assam.”

“My father, grandfather and my great-grandfather, they all practiced and so on. Our family’s tradition of practicing herbal medicine has not been learned from anyone but self-acquired. Perhaps God had shown us the way or blessed our family to help the needy and poor ones who met with an accident, fell from mountains, were injured, or who came with broken bones, etc. Therefore, I am only practicing till date what I inherited from my family tradition.”

“Though I know the herbal treatment for jaundice, gastritis, typhoid and malaria as well, but I do not practice it because for treating these diseases, the herbal medicines must be consumed which may have side effects ranging from allergies to even death if the medicine does not suit them and therefore, if such cases happens, my name might get defamed and people will start denouncing me hence, I avoid using herbal medicines which people intake inside their body.”

“Most of the patients who approach me for treatment are the ones who met with accidents and broken and fractured bones, also those coming out of the body partially. For example, there are cases where people suffer from multiple fractures, and the doctors advise them either to go for surgery or even amputation of the affected body part. But people, who know me and the work I do will either refer them to me or even bring them to me by themselves, since I have treated many such cases where, I have treated patients with bones breaking in several parts. These patients get healed within a month or two.”

Disappearing herbs and the process of treatment

“I use herbal plants collected from jungles. These herbal plants are not available nowadays. Sometimes it is found in mountain when searched, but sometimes it can take days to get found in the mountains, and sometimes one cannot be found at all.”

“It is hard to keep track of the people I have treated in the last 40 years. I have only maintained a register for the past two years, and the register before that was burned when my house was gutted in a fire accident.”

“I use herbal plants for setting bones. I also use plants, cotton, bandages and bamboo for treating multiple broken bones. And on the 10th day when the patient’s condition improves, I apply a fresh dressing with the herbal plants and wrap the broken bones properly and tie them again. This cycle repeats for one more time. And in the 4th time, the patient will get completely healed, which is on the 40th day. Though I can read X-rays and in fact, I have taught my wife also how to read X-rays. My 40 years of experience have taught me everything. 40 years of experience is not a joke, and I think I have more knowledge than even an orthopaedic doctor. BUT I do not use allopathy at all.”

“I don’t want my patients to have any confusion as to who was responsible for the treatment as my patients, they only come to me after having gone to the doctor who give them medicines such as painkillers, calcium, vitamins etc. therefore, not only I do not give any kind of painkillers to my patients, at the same time, I ask them not to consumer medicines given by the doctors. Around 3-4 patients visit in a day, and sometimes, I might not even have a single patient for 2-3 days. And sometimes, there will be patients visiting from morning to night.”

Place of Treatment

“Earlier, I used to have a separate room, where I would treat my patients, but I stopped the practice since the people who would come along with the patients would not maintain the cleanliness of the room and even damage the walls. Now, the patients are carried and brought to me (his house was located in quite a high location, which was not very accessible, especially for people who are having bone issue.) and in cases where the patient cannot move, carry him/her in a stretcher or in worse case, I treat them in the vehicle they were brought in. In some cases, big officers who do not want to come to my house will send for a vehicle to pick me but generally, the patients come to my house for getting treatment.”

Only Matured Children can Learn

“My Children are not ready for learning the herbal medicinal treatment and bone-setting. It is only after they are married and have children, or they have reached the age of maturity, that they can start learning about the practice. If they learn about herbal medicine and bone-setting before they become mature, the outcome

will not be positive, and they might not even bear children, and even if they bear children of their own, they will not come out normal but with fragile physical and mental health, such can be the outcome. Therefore, I have not taught them about the herbal medicine practice and bone-setting and will do so, if they want to learn, after they are married and have children of their own, when they are at the age of 40-45 years.”

“Fee varies from person to person depending on their profession. For example, if my patient is a doctor or an engineer or a government officer, a minister or an MLA, then I charge them some amount. Furthermore, if the patient’s injury is not very severe, then I charge around 2000-3000, and in cases where the injuries are severe, I charge 20,000-25,000 but only if my patient is financially well-off. If my patient is poor, then I offer them my treatment for free. Anxious about backlash due to his popularity.”

“I don’t like it because I feel that if I start advertising my work, people will start feeling jealous of me, and they will be after me. I might get murdered too! Also, I am satisfied with whatever I am doing. Furthermore, in case I start attracting too much attention, not only will people be jealous of me, but at the same time, even almighty god may get disappointed with me since we consider our talent as a divine gift. And therefore, these reasons prevent me.”

A Case of Treating an Infant

“Once, a woman from Assam came to me. During her delivery, her child’s legs came out first instead of the head and since she was from an interior area, where hospital facilities are not available, the local women helped her during delivery. Due to the handling of the baby, she suffered broken bones all over her body, and she was taken to a hospital in Guwahati, where, after they could not treat the infant, they referred her to a doctor in North Lakhimpur and from there to Naharlagun Hospital and from there, they learned about me. When the infant was brought before me, she was only 25 days old, and I completely treated the infant in two months.”

Appreciation, But and No Help

“Got a certificate in recognition of the work I do from the Director, AYUSH Department, Naharlagun, from the local MLA, as well as the Health Service Department. But I don’t receive any other help from the government, and neither have I approached the government for any help. I am satisfied with the work I am

doing today, and since I am working in the Police Department my salary, along with whatever my patients give me after treatment, is enough for me.”

“Once, I approached the AYUSH department, asking them to help me open a clinic of my own for bone-setting because I wanted to have my own local clinic, but the department denied my request by stating that they are not capable enough for such help and all they can do is provide certificate to you with which you can approach your local MLA or Minister. Their attitude was not of any help, and with the passage of time, I lost interest in the idea of opening my own clinic. Furthermore, I also did not want people to know about my knowledge/talent as well as advertise my knowledge.”

“If I try, I can maintain an herbal garden and build a boundary wall for the garden as well as employ people to look after the garden and for the same, I can approach my local MLA as well. I can do this work comfortably, but I choose not to because I find it unnecessary.”

“Also, eight years back, I had some people from Delhi who came to Itanagar and healers from all over Arunachal were asked to attend the programme at the Directorate of Tourism, where they asked me to demonstrate my healing technique which they told me will be documented in their camera but I first asked them to first give me a written assurance that I will be provided financial aid to build and maintain a herbal garden and only then I will share my knowledge of herbal medicines to you.”

“If I give my knowledge about herbal medicines without getting anything in return, this will cause me a huge loss as they will market my given knowledge about herbal medicines not only in India but around the world, and they will be the only ones who will receive all the profit made out of our knowledge. I told them that for their gain, I will not reveal anything about my knowledge of herbal medicines.”

“My knowledge of herbal medicinal plants and healing techniques has been passed down from generation, to generation and hence it is both my forefather’s given knowledge and god’s gift. I cannot let it go in vain, and therefore, I did not share anything about my knowledge.”

Gandhi Darin

Gandhi Darin, an herbal healer, explains the aetiology and the healing process, along with the recommendations for promoting local healers.

Etiology

“As per my uncle, who is a renowned person for such methods, there are two types of souls in the human body. One is called Allo, and the other is called Ait. Allo always stays with the human body, but Ait does not remain constant with the body. When this Ait goes far away from the body, the person becomes unhappy and becomes sick. This is where the role of a priest called Dondai comes. He sings out for 3-4 hours in search of Ait to bring Ait to the human body. In order bring back the Ait from the place where it is hidden, it must be satisfied by some sacrifices accordingly.”

Preventive Measures

“There is a place in the house to perform the rituals Gamki Pebong through which rituals are done not only for humans but also for the domesticated animals and birds. Puimeng is the biggest of all the rituals that we perform, which is a Nag puja. And there are other various pujas, which are done to prevent any misfortunes or sickness in the family.

“We also keep the empty bee hive, head of monkey, and dog hanging at the door to prevent diseases from entering the house. There is also this tabiz which is tied to prevent any diseases.”

Healing Process

Healing is done for minor injuries and illnesses. For an injury in the bone, the herbs are smashed and applied to the affected area while massaging. The healers are generally called pujaris. The herbs used are generally wild leaves. The items are generally prepared in bamboo. Sometimes sacrificial ceremony is also done. Mithun, pig, and goat are sacrificed as per the requirements of the pujaris. Sacrifices are done in some serious cases such as epilepsy, mental problem etc.

The herbal items mainly used are bamboo and wild leaves. These are then applied to the body by chanting the same mantra, and the smell of the medicine itself gives

some relief to the body. There are also some leaves which, we take regularly in our meals, and are 100% organic and are effective in avoiding some of the diseases.

The dung of Mithun is mixed with hot boiling water. And there is this hard white rock, which turns red when heated in flame. And then the solution is poured on this, which emits vapour. This vapour has to be inhaled by the patient, and the inhaling process must be done under enclosed space with a cloth or bed sheet.

In cases when some spirits take up the body, one has to approach the pujaris, as these cannot be cured by the doctor. As per my observation, in such cases, the doctor only suppresses the problem but does not cure. So, we still believe in the traditional ways of the pujaris.

There was once a case when my father was suffering from asthma and tonsillitis for more than 20 years. He was also taken to Hyderabad, but was not getting any relief. So, I approached a local priest, and he told me that a pig had to be sacrificed, and he did the rituals, and he got well. Though pujaris still exist, the great spiritual power has decreased as it used to be earlier. When it cannot be cured by the traditional methods, we recommend going to the doctor. But if our own methods cure one, he or she gets cured totally, and there is no chance of recurring again.

Promotion of Local Healers

“Earlier, we had a health unit in every village, and medicines were provided for free. We also had a student union, and we used to tour villages spreading the importance of the health units and how to prevent diseases by keeping the places clean, consuming clean water, etc. But now a days the cost of medicines has increased beyond our expectations, and we cannot afford them. It would be extremely better if the medicines or health services were be provided at a low cost because the medicines are made to treat the ill and save human beings. This is where the local traditional methods of healing become helpful.”

4

CONSERVATION, PRESERVATION AND RECOGNITION

NORTH EAST INSTITUTE OF FOLK MEDICINE

As we reached the Northeast Institute of Folk Medicine, a large billboard was hung outside. A big building with many rooms and healers practicing healing was a pleasant sight. We met the director of NEIFM, an ethnobotanist, 4 traditional healers, an ayurvedic doctor and a few patients around.



Fig. 33: Front entrance of NEIFM building

The director of NEIFM shared that the institute was set up by the Ministry of AYUSH as a national institute in 2008 with a 50-bed hospital capacity. But currently, there are no inpatients, no nurses, no ward boys to run the services. Dr Imli is planning to propose an appointment of 9 doctors- 3 homoeopathy, 3 Ayurveda, 3 Sow Rigpa, and 5 domain-specific. The initial contractual staff were shifted to outsourced staff for only one year. 14 outsourced jobs have been lost, and no maalis or chowkidar work there. Thereby by the inpatient institute is running as an outpatient facility, and the patients only come during the day for treatment by the traditional healers.

Dr Nooyi is an ethnobotanist who joined NEIFM and is revitalizing the herbal garden with 60% plants from Western Himalaya. The Himalayan Institute will be funding the herbal garden from all northeastern states. She has written folk remedies of Assam and is applying for an ISBN to publish her research. She has also published Ethnobotanists' studies of Arunachal and submitted a proposal to AYUSH. Dr Imli and Dr Bharat joined last year and are preparing a paper on bone setting practices among traditional healers. Dr Bharat was working on the state biodiversity board, and now he is writing on food practices and medicines from Idu Mishimis and Galos.

Around 40 patients a day come for massage and physiotherapy and need rest. The Ministry is not serious about this folk medicine institute; they compare it with the Ayurveda or Allopathy institute of AIIMS and CMC Vellore. The dominance and hierarchy are obvious; biomedical doctors look down on AYUSH doctors, let alone the traditional healers. Ironically, at the topmost in Southeast Asia, from CMC Vellore, doctors are showing interest in this traditional medicine for the treatment of Rheumatoid.

Dr Nooyi shared that the 3-acre herbal garden in NEIFM is now being expanded to 8 acres. She is planning to invite the healers and ask them for the plants they are using, so that they can be grown in the herbal garden. Healers can then come and take the herbs and the plants from the nurseries. With the start of a project to grow herbal medicinal plants, the youth can be trained on how to grow them and have phytochemical testing of the herbal medicines in the next phase of the project. Kani tribe herbal medicine, arogyapacha (*Trichopus Zeylanicus*) is one of the best examples so far, with a collaborative effort of different disciplines. Jeevani, a compound drug, is developed using Kani knowledge, for its immunity-enhancing, liver-protective, anti-fatigue, and DNA protective properties.

Dr Nooyi shared, "All the forest areas of Tamil Nadu, Jammu and Kashmir, Arunachal Pradesh, to Gujarat, have a botanical specimen in plenty, but now, the use of zoological specimens has become a huge challenge, due to the amendment of the Wildlife Protection Act. Due to animal rights activists and People for the Ethical Treatment of Animals (PETA), a lot of animal and bird products are being used in deep forest villages by the traditional healers, which cannot be documented, and scientifically validated their practices, and we are hardly left with a few specimens."

Even under the Forest Protection Act, where forest dwellers are being asked to be evicted, it will have a serious impact on the traditional medicinal plants. Herbs and Shrubs, used by the healers, should be encouraged to grow in a kitchen garden. A workshop is being planned, as Dr Nooyi says, it will be organized when everyone is free, during the school year, lean period for agriculture, so that everyone can come to the workshop. IPR issues are also very important. The director shared that the NEIFM has prepared a draft of Sikkim, which is ready, and the Nagaland report is under preparation.

The also expressed that the Ministry of AYUSH should allow the institute NEIFM to sign an MOU with Quality Control of India, and universities like Jawaharlal Nehru University, to get international exposure. He said, "Honestly speaking, a homoeopathy doctor, who has been working in Odisha and is in charge, cannot appreciate. They need someone who knows about plant medicines, and from the Northeast region, who can oversee recharging this institute."

In different paths in India, there is dominance and hierarchy over one another. Biomedicine, with state patronage, has been at the top, dominating over other pathies. Even though the traditional/ indigenous healing systems have existed for centuries, never gained primacy and dominance. Biomedicine dominates over systems of AYUSH, and ironically, AYUSH dominates over the 'non-codified' systems. Even though the non-codified healing systems have been serving millions of people at their doorsteps with equitable, herbal remedies, they are yet to be recognized and supported by the state.

Talking about the growing medicinal plants, at Mechuka hill station in Arunachal Pradesh, the private plantation is being done at a commercial level of anti-cancerous plants. An MLA in that area took up the plantation, set it up and will be able to sell the plant material to the pharmaceutical industries. Commercial plantation of QUINA was also suggested by the director to be cultivated in Mechuka.

A few things which came out clearly from NEIFM are to strengthen the institute, focus only on the non-codified, traditional healing, without adding Ayurveda to it. It will further dilute the efforts put towards the folk medicine.

More funds, resources, adding new staff, traditional healers, and starting in-facilities will only revive the folk medicine. Young researchers should be mentored, and prospective studies to document the traditional healing and corroboration efficacy should be done.

A lot of the traditional healers claim to be treating cancer, and that seems to work. NEIFM should be documenting the patient testimonials for treating cancer by follow-up studies by the patients, and conduct a prospective study to see the process of healing, cured by herbal medicine and traditional healers. Universities across the region can be involved in documenting. Further collaboration of NEIFM with the Northeast institutes, biodiversity boards and universities across the region can bring in innovations and boost the traditional healing. All these are possible only if the ministry shows interest.



Fig.34: Research team with the staff and director of the NEIFM

Promotion of Non-Codified Healing Practices: Key Informant's Suggestions

In the state of Arunachal Pradesh, a few key informants related to traditional healing were interviewed in locations such as Aalo, Pasighat, and Itanagar. They also shared suggestions to promote non-codified healing practices.

Challenges at North East Institute of Folk Medicine and mitigation plans

The Director of Northeast Institute of Folk Medicine, Dr Pellyom Ringu, gave the history of the institute and the background of his staff. He said, "Initially, the herbal plant species from the Western Ghats were planted here, but almost 60-70% died. After an ethno-botanist joined, we tried to revive this herbal garden. We submitted the proposal to the National Medicine Plant Board, and it has been approved. So, we will start the project very soon. We will try to collect medicinal herbs from Arunachal, Mizoram, Nagaland and all eight North Eastern states.

Recently, our ethnobotanist completed work on the folk remedies of Assam. It has been submitted, and if it is approved, it will be published. In 2018, Dr Imli and Dr Bagra joined. Dr Imli has published a paper on bone healing practices, and Dr Bagra has published a paper on the food habits of Idu, Mishmi and Galos. He is going to take up work on the traditional way of delivery practised by local healers.”

Sharing the challenges at NEIFM, the director said, “There is a post of botanist, eco-botanist, which needs to be filled. There is enough funding from AYUSH, but we have a problem with manpower here. The Ministry of AYUSH used to give appointments only for a contractual period of 1 year; therefore, most people left. We don’t have basic staff like a watchman or nursing staff to look after the institute. Though it is a 50-bedded institute, it does not function like one, as there are posts vacant. Only outpatient facilities are available. The mandate of the institute is to provide knowledge. There are only two M.Sc. students who are doing research. There are also projects going on. One project is on medicinal and aromatic plants, under which we have three scientists and a technical assistant.

Herbal gardens

Talking about the herbal garden, they have plans for extension. The director said, “We are planning to increase from 3 to 8 acres of herbal garden. Right now, we don’t think of it in a commercial way. We have planned a workshop on herbal healing, and we will list out all the herbs that are used by the healers, so that they can be useful during that workshop. We won’t fix any price, and the healers can have the herbs from this garden. And we will encourage people to grow the herbs in their gardens.”

All the forest areas in Arunachal, Gujarat, Tamil Nadu, Jammu & Kashmir, etc. have enough botanical specimens, but the use of zoological specimens has become a problem due to the Wildlife Protection Act. “I have been working with wildlife for a very long period. Dr Bagra also used to do lots of work on wildlife. But due to the ‘Wildlife Protection Act’, the bird and animal products that many of the villager’s use cannot be documented. So, we are left with only a few specimens. We are documenting healing practices. We have a draft of Sikkim and Assam, and we have completed the documentation, and we are looking forward to the other Northeastern States. Next, we will take up Nagaland, probably.”

Biodiversity Management Committee (BMC) and collaboration

As per the Biodiversity Act, a 'Biodiversity Management Committee' (BMC) is to be constituted at every local level. Sharing the challenges in implementing the BMCs, "I was working with BMCs, and the board decided to form at a village level, and around 150 BMCs have been formed, but the issue is, it is difficult to implement. The 'People's Bio-Diversity Register' (PBR) is the main component, but the responsibility of the PBR lies with BMCs. But there is no proper training given to all, and the traditional healers are also not ready to share the information."

Giving suggestions the director said, "Ministry should allow NEIFM to sign MoU with Quality Control of India (QCI) and other Universities, so that we will be getting top researches to research on the traditional healing, validate and promote the healers by advocating for them, which will be for the welfare of the communities, where they can get sustainable and equitable health care services. Further, the Ministry should appoint the head of the institution from the local area, who can understand the issues and concerns.

Resources getting wasted

Talking to the officials, it was clear that they are feeling discouraged, due to a lack of interest in AYUSH in upgrading the institute, having a 50-bedded hospital, but non-functional, which is a waste of resources. There is an urgent need to recruit staff like nurses, ward boys, and watchmen to run the inpatient services. They have sent the requests and reports to the ministry/secretary, but there is no response from them.

Dr Dusu, a Homoeopathy doctor from AYUSH in Itanagar, said, "Due to a lack of proper registration of traditional healers, we cannot do anything for them. In the year 2010-11, some registrations were done from our department, but it was discontinued. There should be some parameters for the registration of traditional healers. Dr Murthy, ex-Deputy Director, AYUSH, has taken the initiative to register traditional healers, but after one year of facing many challenges, he left."

He continued, "We are organizing a workshop in the coming year for awareness of traditional healers. We have invited all traditional healers, experts in medicinal plants and doctors of Ayurveda and Homoeopathy. We try to organize a workshop once a year, but it is subject to funding provision. After certification of traditional healers from QCI, FLRHT, we are trying to help them by constructing an herbal garden and providing monthly incentives."

“Ayurveda centres are trying to document and validate the claims of healers. Without certification, it is not recommended to carry out healing practices, but we still call traditional healers, ayurveda, homoeopathic and allopathic doctors to understand their roles and approaches.”

Dr Dusu said, “The community could do the certification, but they are also biased. Due to false claims, we could not do the certification systematically and had to stop it. We give some incentives to Asha, Rs. 200/ per month to provide medicines for cough, cold and fever at the locations where doctors are not available. They also help people to come to the big centres for treatment. There was a plan to compensate the healers, like the program, Ashas, but without certification of healers, we cannot do it.”

Dr Vinod Bihari Dora, Ayurvedic Research Centre, AYUSH, Itanagar, said, “Under the Ministry of AYUSH, CCRAS manages over 30 institutes nationwide. Here are six notable research centres under its purview. These institutes are dedicated to advancing Ayurvedic research, education, and healthcare. They are in New Delhi, Cheruthuruthy-Kerala, Bhubaneswar, Odisha, Kolkata-West Bengal, Patiala-Punjab, and Mumbai-Maharashtra. In the Northeast, they are in Itanagar and Guwahati.”

He further added how the CCRAS have been contacting the healers, “We go to the forest area, after getting permission from the Principal Chief Conservator of Forests (PCCF). Four Lakh rupees fund has been allocated from the government. A Field Attendant and driver visit the healer in different parts of the state to document. Our tour is generally for 10-11 days. We meet the Divisional Forest head, who assigns a local forest staff member to go with us. We try to locate the local healers and make a prior appointment to meet them. Then, we document all the plants or minerals they use for healing purposes. We also see which plant and what part of the plant they use, as well as in which season. We also try to know the processing and storage of the medicinal plant and whether they use it in powder form or kwatha (water decoction).”

“We also do videography and photography, and documentation of all the things. In this way, our collection is completed. In one tour, we meet 5- 6 healers. After coming to our centre, we do validation in a proper way. There are 25-26 books of Ayurveda, with which we cross-check the claims. We try to know if there is anything different/unique, or if the claim matches the existing text. For example, out of 100 collections, there are 15-20 which are unique collections, which we

document as unique claims. We publish the claims with the healer's name and details. We have already carried out 300-400 collections of claims at this centre."

"One healer claims 8-10 plants for HIV/AIDs, but we could not identify that plant. He said that he applied to 20 patients and successfully treated 10-12 of them. Last year, we collected 120 claims out of which 20-25 were unique and were sent to the Council at Delhi."

This exercise of documenting healers was happening across the country under a big project; however, the healers were not interested in sharing all the details, as they told the authors, that since they are not benefiting in any way, why should they share all the details. There was no assurance of benefit sharing, and the anxiety of losing their intellectual property worried them the most.

Tuli Loya is the village headman of Kabu village, in Aalo, West Siang, which belongs to the Galo Tribe and was established in the year 1958. Previously, the village had around 130 households, but over the years, 30 families migrated to Aalo town. As a result, the village currently has only 94 households.

The Mithun (Gayal) heads/skulls are placed on the walls for the beautification of the house as per the tribal belief. Tuli Loya said, "The hanging heads and skulls are also of practical use, as we hang our bags and other stuff on their horns. The animal (gayal) is one of the measures of tribal wealth among us Galo people, and therefore, the number of heads/skulls also shows our prosperity. This tradition has been followed since our forefathers. But we don't keep the heads/skulls of the animals sacrificed during the life of my predecessors, and so will my children after I pass away. Only I can keep the heads of the animals sacrificed or killed by me. We sacrifice the animal during the festivals. Even on the occasion of marriages, the animal (Mithun/Gayal) plays a central role."

"We do perform rituals for the well-being of the family members in the house. There are different kinds of rituals that we perform, with each of them for a specific occasion and need, such as a health issue, where a priest (Nyibu) will perform rituals, and the chicken liver ritual (Roksin kanam) is central to such a ritual, which tells us about what kind of evil spirit is affecting our life."

"During Mopin, the main festival of the Galo tribe, is nothing but the casting of evil spirits at the community level. The occasion is used in the rituals to ward off evil spirits, and to pray for good health and prosperity of the village. During the

festival, the villagers will offer whichever animal they can afford. Animal sacrifice is not something that they take lightly, and it is only after the ROKSIN.”

KANAM is a ritual where the animal that has to be sacrificed, or any other ritual that needs to be performed, is decided. And similarly, rituals such as ‘Huu-rin’ (ritual which is conducted when the grainary is filled with new grains), ‘Mo-de’ (this ritual is performed in the agricultural field for bountiful crops) and ‘Jete’ (which is marriage related ritual) are few of the rituals which are not performed frequently and unlike Mopin which is conducted by the community, these rituals are done by individual families.

These forests and hills belong to the people and not to the government. ROKSIN KANAM plays a crucial role in the rituals. The liver of a small chicken is used to see what the problem is, and then, accordingly, perform the ritual required. Not everyone can see a ROKSIN KANAM and then seek the answer, but only a NYIBU.

The small chicken is sacrificed for ROKSIN KANAM only after the NYIBU has asked for the same, as only the NYIBU can see it and understand. There is a mythical story behind it, the goddess of prosperity hides all the wealth from the people and only after the NYIBU by the name Taloh and his assistant whom we call BO, Tanya can identify. Back then, it took painstaking time to find a person/priest who could see a chicken liver and diagnose. Finally, it was the goddess of prosperity and wealth, who revealed, where we can find a person who can conduct the ritual of ROKSIN KANAM. And then we found Talo and Tanya, the NYIBU and BO (priest and his assistant), and then the gift of reading a chicken liver is called KAJIK and RINJIK (they are the experts among all).

Rivers are an intrinsic part of Galo culture, and the people consider it as deities. The Galo people have the belief that if we catch a very big fish, we might get possessed by evil spirits of the water. Also, the big trees in the forest and mountains are considered the home of evil spirits, and therefore, we don’t cut these big trees randomly without performing prayers.

“We worship both the forests and the animals dwelling in them, and do not hunt them without performing proper prayers, as we don’t want to offend the forest deities.”

People are not afraid of going to the jungles. If necessary, people do go to jungles, but they are only afraid when it comes to cutting of big trees and hunting animals.

When done, they perform, proper rituals. So, rituals are conducted before going to the jungle. It will be safe to conduct rituals and prayers, whatever one intends to do before entering the forest. The forest here belongs to the villagers and not to the forest department.

The forest is the common property of the village. The mountains within a 24 km radius surround the village from all directions. So whatever product is taken from the forest is shared within the community. Be it woods or anything. Woods are an integral part of Arunachal tribal life, and they are used for different purposes.

Kenyomdabi, from Telam Camp, of Lower Siang district, gave a brief recap of the tribes and their settlements. Most of the tribe here in Arunachal Pradesh are Tibeto-Mongolian in race who migrated to Arunachal at different times and settled around the 5 major rivers of Arunachal Pradesh; Siang, Subansiri, Lohit, Tirap and Kameng, of which Siang is the biggest. "Siang is called Tsang-po in Tibet (China), from where we have migrated. You might have heard about Mechuka since you were there at Aalo (Mechuka is located near the Chinese border), from where we have migrated. There is a total of 26 major tribes in Arunachal Pradesh that have their own unique culture and customs, although there are similarities as well, such as the Adi and Galo tribes, which are very similar. They have the same traditional dance called 'PONUNG' which tells the story of our common ancestor, Abo Tani (believed to be the first human on earth) and is conducted by a person who is called the Ponung Nyibu, who takes the initiative when dancing by singing, and the rest of the dance troupe will follow him/her."

There are different occasions when the dances are performed, such as Nyirmen, dances for marriage occasions, for honouring the guest, etc. Then there are the festivals, such as Solung for the Adi tribe and Mopin, which is for the Galo tribe, but they are all essentially agricultural festivals. Mopin is celebrated right before the agricultural season begins, as we pray for the corn seeds (back in old times) to come to full blossom and that we get a bumper harvest, and for the same prayers are offered. The story behind the corn seed is a long one. In one of the stories, the seeds were brought while hidden in a dog's ear so that they could not be eaten away by the rats and then put inside the land for jhum cultivation.

"Earlier, there was no time fixed for the celebration of Mopin, but nowadays, we have fixed the month of April (3rd or 5th of April to be specific) to celebrate Mopin. Different tribes of Arunachal Pradesh celebrate their festivals, but they are all themed around agriculture and for the well-being of the community. During

the festival, rituals are conducted, and sacrifices are offered for a bumper harvest and the protection and well-being of the society. HURIN, MOO-DE, AMPIR, JEDE, YUKU, GUNAM (this ritual is conducted in case a person is suffering from any kind of disease) and then ROKSIN is conducted before Gunam to find out the cause of the problem.”

Then the Nyibu will conduct DENAM-PANAM. In case a person is possessed by evil spirits, the ritual conducted is called UROM-PAKNAM. The rituals conducted when we go for hunting, especially in case we hunt a tiger or an elephant, the ritual conducted is called HOMEN-PEKA or NYI-PEKA in case a person is killed. KALE-PEKA ritual is conducted for the well-being of a person and for his prosperity and leadership. ALI-PEKA is conducted for bumper harvest in the agricultural fields. The ritual where 10 Mithuns are sacrificed (mostly in marriage ceremonies) is called TOGU.

“In the ritual of TOGU I mentioned above, the forests and mountains are included among the deities to whom the blood is offered. The Nyibu will conduct a Roksins Kanam and accordingly decide which deity should be offered which part of the animal. These rituals have played a crucial role in the well-being of the community since modern medicine was not accessible in the olden days.”

“Especially in the rural areas, the healers still play a very important role. Today, the coming of Donyi-polism as a tribal religion has seen people going back to the traditional healing method like in the olden times, but this religion is self-made as opposed to the olden tribal ways. Earlier, the Nyibu will play a crucial role, but today, the godman performs all the roles in the Donyi-polo religion.”

“The tribal people strongly believed in the malevolent and benevolent back in olden days, and especially the malevolent was central to whom prayers would be offered in different situations, and the prayers would be offered by the Nyibu, who would be assisted by his assistant known as Buo. All the activities in the society are community-based, such as marriage, house construction, death ceremonies, etc.”

Yumlunkaha, director of the Department of Social Justice and Tribal Affairs, joined the department in 2014. He shared, “There was no research work taken up earlier, but now, I plan to initiate research projects. With the establishment of the Tribal Research Institute here in Itanagar, I am planning to do the research work. I am in the process of interlinking the work with RGU (Rajiv Gandhi University).

I have spoken to the Anthropology department and the Labour department. Also, have set up a meeting to discuss the research project.”

“Once I establish the whole team, the TRI will have a separate directorate. A minimum of 15 staff members will carry out research purely on tribals. I am focusing on primary source research, the team will go to the interior village and cover two generations- first, the 1980s and second, the 2000s. Researchers should stay in the villages, do the research work and place the records in a proper way for government implementation. If we follow the tribal healing system, it may be more effective and commonly available in the market.”

“It is officially said that we have 26 major tribes. 100+ minor tribes. Nishi, Adi, Apatani, and Aalo are all different tribes. With the authentication of RGU, it should go to the Tribal Dept. of the Ministry, and only after that, it should be treated as an official record. Documentation of records is very important.”

“We have had a meeting with the healers, many coming from Tawang, Assam. Here in Itanagar, there are very few healers who are not recognized. They just procure herbal medicine and practice bone healing. Local pujaries are also there, who practice spiritually, for bone fractures they use some threads and wings of an eagle, pray to their lord and then join the bones.”

Dr Manik Hayus, an Ayurvedic doctor from Aalo West Siang, runs an Ayurvedic Clinic in Aalo. Advertisement is difficult here. He shared that his practice of ayurveda is mostly advertised through the local newspaper and the local cable channel. But then again, Aalo is also not a tourist place, which could be the reason for a smaller number of patients approaching him. In Aalo, his centre is the only Ayurvedic clinic, and in the district hospital, they have an Ayurvedic doctor as well under AYUSH. He shared, “I practice mainly Panchakarma. I have worked in Delhi, and then Jaipur, and then I came to Aalo. I provide all kinds of therapies for Sinus, migraine, body pain and joint pain. I do a full-body massage to remove toxins from the body.”

Talking of the value of Ayurveda, he said, “First, people do not know about it; they think of it, like English medicine, which will be cured in a day or two, but it does not work that way. Ayurveda treatment takes time, and you must follow the course, which may be of 14 or even 21 days. People who understand the value and importance of Ayurveda, they do come for treatment.”

“Mostly, I have been treating people who had a stroke, as most of them suffer from

stroke, but they don't continue their full medication, as they will never finish the full course, because of which we are not getting good results. Most of the therapies are a month-long course."

"Apart from stroke, I treat Migraine, Sinus, Joint pains, etc. I plan to work here for 2 more years, see how the clinic runs, then I will take up the next step. We are planning to start one more clinic at Mechuka or somewhere in the northeast, but we will see how it goes."

Dr Arun Kumar is trained in agricultural science and has been working in the Horticulture department, Passighat, for the past 6 months. He is also a breeder in genetics and has been working on medicinal plants for more than 15 years.

"I am currently working on documenting the herbs and local foods that the local people consume and have medicinal value. Speaking of the local healers, I haven't been in touch or been in contact with them. The elders have better knowledge about them. I have completed one paper, and another one is going on. I have submitted one proposal on the cultivation aspect at AYUSH, but something happened, and I couldn't get the project."

Talking about the challenges in the workplace and why they lag, he said, "Work here does not gain speed, because of the power and electricity issues. I have stopped working on chemical profiling and I am concentrating on cultivation aspects because the local people do not cultivate such local vegetables but collect them from jungles and river sides, so that people can have a better income from these local vegetables."

Sharing about the training programs they conduct, "We have some sponsored projects for 10-90 days. We give training on local vegetable cultivation depending on the speciality subjects of the trainer. We are also doing chemical profiling, but that too on a basic level."

Talking about incentives to healers, he said, "I have seen that these local healers require financial help to treat or reach out to people. The problem is that their work is not recognized, and they do not get sufficient money for the work they are doing. If they can be provided with a basic monthly income, it would be better."

T. Gapak, director of the Biodiversity Board, Itanagar, shared that his office is essentially a regulating department. "We are implementing and regularising the People's Biodiversity Register (PBR). There is one research officer with a PhD

degree who is good, but the resources are very limited. We have very few human resources, and all of it is contractual with no regular staff. There is no assistance for the maintenance of the offices. Therefore, a lot of work cannot be carried out.”

“The same is in the case for Medicinal Plants Boards. The centre has not released any funds for the last five years, and our project funds are not being released. The second instalment was supposed to come through this year, but it hasn’t. Now they have released some grants. I am doing it by myself, and even this post is an additional charge.”

“We are preparing to work in May with UNDP and Biodiversity Boards projects. We have established 7 PPCS in this state under UNDP-funded projects and included students, research scholars and professors. After the implementation of the Biodiversity Act, the central government has facilitated the Biodiversity Board. We are also encouraging commercial cultivation in clusters.”

Food as medicine

Dr Taking Paser, from the General Hospital at Aalo, shared that, in Arunachal Pradesh, the food culture is such that the community consider food as medicine. The community food basket consists of ample greens for everyday consumption. The biodiversity and nature in the State also endow the community with many herbal plants, green leafy vegetables and medicinal plants. They have a tradition of giving green vegetables to patients when a patient is suffering from high blood pressure. There are different kinds of green vegetables, such as Karela (bitter guard), used for many diseases, such as diabetes or hypertension. For lifelong chronic diseases, people think that once they start allopathic medicine, they must take it throughout their life, and they do not want to do that, so instead of taking modern medicine first, they will try to change their food habits and their lifestyle.

Talking about food as medicine, the Director, NEIFM, also said, “I am also documenting the food of Galo, Adi and Idu Mishmi. There are many herbs, leaves and plants, which we take as food earlier, because there used to be a scarcity of food. These items are beneficial to health. Again, there are some items which are culturally related and are used in performing rituals. It would be better if one works on the composition of the traditional food items, because even though some may be culturally used, consumption in large amounts of some of them is restricted.”

Religion and Healing

Dr Paser said, in his area, most of the people are Christians, so any kind of illness like malaria, headache, back pain or any long-term illness, first, they go to prayer centres to pray for their recovery. Most of the time, patients go to the hospital when they face complications. Initially, they try everything, and when there is no other alternative, they will come to the hospital. Some time ago, most of the women preferred to give home births, due to their shy nature and miscommunication with the medical doctors. Nowadays, home delivery is not practised much, as there are many ASHA workers in every village, who are given incentives to bring pregnant women to deliver in hospitals. Most of the women come to the hospital to deliver babies, as the reproductive and child health program promotes 100% institutional deliveries. However, transport facilities are not available, and patients must make their way. According to the guidelines, hospitals are required to provide transport facilities to all pregnant women from any village, including pick-up and drop-off after delivery. However, this is not happening because the ambulances are often in poor condition, and mostly, are out of town. They also refer the patients to either Pasighat or Dibrugarh for further treatment.

Sharing the lack of facilities, staff vacancies and distance of the modern health facilities, Dr Paser said,

“In this hospital, almost all the laboratory tests are done. We are lacking specialist doctors in medicine and surgery. Although they are posted, they have not joined yet. We have a Gynaecologist and an Anaesthetist in this hospital. We do Caesarean, removal of uterus, and any pregnancy, like ectopic pregnancy, are taken care. Some villagers come from far-off places, maybe even 150 km away. They generally stay home and only come in emergencies, like after a ruptured ectopic pregnancy, which is very risky. They come to the hospital, and by the time the mother loses a lot of blood, and becomes pale and anaemic, so we have to transfer 4-5 units of blood to the mother to recover.”

Being a local doctor, Dr Paser is aware of different kinds of healers for different health problems. He mentioned an allergy, “where people who have itching sensations all over their body, is called migrating itching. The healer will suck the blood out of the person who is suffering from migrating itching, as they consider impurity in the blood to be the root cause of the allergy. So, the healer will use a blade to cut and remove impurities. They will burn some paper and apply it to the small cut they have made on the body of the person, who is suffering from

migrating itching. This is one form of healing in which people believe and is effective with relief lasting from 1-2 weeks, but as medical practitioners, we warn them of too much blood loss.”

“Still, some people prepare the medicines collected from the mountains and use them for any pain, discomfort or loose motion. We used to eat the Guava leaves for loose motion. And if there is any bleeding, a leaf is there which is used to stop bleeding. It is first crushed and then pasted on the skin from where the blood is coming to stop bleeding, called hanuman patta.”

4

WAY FORWARD

Important statements from the healers and key informants bring out the crux of the study. One of the important findings is the lack of support from the state, despite the equitable health care services provided by the healers. Some spoke about the role of people's biodiversity boards in controlling the resources going away from the state. Others shared the challenges in promoting traditional healing, like language barriers and mistrust of the healers in sharing their knowledge, as it is a violation of IPR. However, there were suggestions to organise the healers into one platform, build infrastructure and give tools to practice.

In Arunachal, nobody bothers to even inquire about us. Other than 'thank you' and paying a little 'dakshina' from the patients, we do not get anything else. We treat and cure many people, but the government never helps us. Therefore, our talent and skills remain limited.

-Mibi Doji

There is no appreciation from the doctors, especially those who are from outside (non-tribal), for the work we do. Even if we come across them, they will just look at us suspiciously and leave, but our work is understood and appreciated by the local people and the local doctors.

- Limar Loyi

People who have diseases like jaundice will still go to the traditional healers for treatment of 'Jharnewala; their last option is medical and doctors, as they must pay a huge fee for treatment.

-Dr Taking Paser

Arunachal is going slow, the Biodiversity Management Committee (BMC) are formed at local villages, block and zilla levels. 150 BMCs have been established. But proper training is not given; many healers are not ready to share. Resources

are there but being taken away from the country. The People Biodiversity Board and Bio-cultural protocol need to be developed.

-Dr Bagra

One of the challenges is the language barrier. They tell about the plants in their local language, and it becomes difficult to know/identify the plant. We take the help of a local person to translate. Other is that the healers do not share 100% of their knowledge with us because they do not get any incentive, and we also take up their time.

-Dr Vinod Bihari

We must start organising groups of the traditional healers, like in Manipur, Sikkim, etc. In this state, different tribes have different practices. Individually, we could contact them, but if they have their organization then a proper study can be conducted.

-T. Gapak

I think the Department of tribal affairs is taking very serious steps to promote healers. We should try to give some incentives from the government, because they are not happy. They are not getting any incentive to encourage healing practices. Allopathic medicines are expensive, and the people of rural areas cannot afford them. It is also difficult to reach medical centres. In this way, the folk healers are even more important. Suppose there is a cut, some plant's leaves could be used as an emergency.

- Yumlum Kaha, Director of the Department of Tribal Affairs

A training hub with accommodation can be provided, so that the practitioners can stay, practice and get some sort of honorarium. But honorarium should be provided by the Ministry and not by an outsourcing agency, which the Ministry proposes, because if they halt the provision, their honorarium will be stopped, and we will become jobless. Maybe the government should provide the healers with facilities such as X-ray, ultrasound and the tools required for preparing the herbal medicine.

-Totar Basar, healer at NEIFM

We are planning to document their work and provide them with some financial help so that they can set up a basic centre or hut equipped with beds and basic items like some modern distillation units, a steamed bath and some basic medical kits.

-Dr Arun Kumar

If the government helps me or supports me, then I can reach out to many more people all over the country and help the poor and needy. I can make a breakthrough not only in India but even abroad. People from Switzerland, Israel and France have come to me for treatment as well as to help me. It is the foreigners who want to help me, but the Indian government and the state government have not been giving me any kind of support. They should help and support me because I am doing it as social work and not charging fees from my patients. I cure students and poor people free of charge.

- Yanung Jamoh Lego

Action Plan

The empirical study in Arunachal Pradesh shows that the folk and tribal healers are an essential part of people's lives, especially those living in rural areas. The faith-based healers- are revered and consulted for all life cycle rituals and are an important part of the rites performed. The community also first consults these healers before seeking modern healthcare, especially if the procedures are invasive. The community has been seeking the folk/ tribal healers' services for so many years, and at present, they show their relevance and efficacy.

However, the practitioners of modern medicine are not sure of the healer's knowledge and the importance of their practice. They compare their system to healers' practice and seek answers for standardization, side effects, research and development based on the clinical trial.

In this study, it is seen that the healers, unlike the doctors in modern medicine, practice non-commercially and out of passion and commitment to serve the people. Most healers are second or third-generation practitioners and have been self-trained or trained by their fathers and forefathers. Many of them are given healing directions in their dreams. They do not charge any money for their healing practice and accept whatever the patient offers. They believe that if they put a price tag, the efficacy of their healing will diminish.

It was observed that most of the healers were living a subsistence life with bare minimum assets and thatched houses.

The findings report that the younger generation is moving out to the cities and does not find healing a feasible practice, also since the practice is not recognized or incentivized.

The healers, too, feel that there is no commitment or zeal to learn the art of healing from the younger generation. However, some of the healers are teaching this art to their children, and some of them have also instructed their spouses in case of the healer's absence.

Interestingly, unlike Sikkim, where we could only locate one woman healer, in Arunachal, we found an equal ratio of men and women healers. 11 of the 22 healers interviewed were women, with the most widely known practitioner being Ms Lego. This is a positive indicator that demonstrates the freedom, ability and representation of women as healers.

One of their concerns is that their knowledge is being taken away by different departments or individuals. They are asked to display herbs, their properties, the recipes for making herbal medicine and the process of healing. They are seldom given a certificate of appreciation and are not recognized or supported. The Ayurvedic research centre also documents in detail its knowledge base and compares it to the Ayurvedic text. While new knowledge is being tested, it is not clear whether there will be any benefit sharing between the research centres and the healers, as stated, if a new concoction is discovered.

The healers are the real custodians of the knowledge and the bio-resources of their area, which can be kept alive and thriving by giving them due recognition, credit, support and freedom to practice, which will then encourage the younger generation to take up further.

The healers have expectations from the state for some support in terms of giving them tools, funds to grow nurseries, and infrastructure to open their clinics. A kind of 'healer's hut' can be created at the panchayat level, where the healers with their expertise can come together and practice.

The officials are of the view that there must be inter-sectoral coordination between the departments that focus on conserving, preserving and benefiting the local communities by supporting the healers. Instead, the commercialization of a few herbal medicines is taking place.

In today's reality of the rising cost of medical care, the healers are the frontline caregivers and help in addressing primary level care, which saves the community's out-of-pocket expenditure and reduces travel out of the hills and valleys.

While the medicalization, commercialization of medicine is a modern plague, the communities in the Northeast are still spared from this, due to the presence of traditional healers, who not just treat the health problems, but also are the life guides for people, who are ethical, moral and non-commercial. They are more empathetic, have a clear conscience, and dedicate their lives to the welfare of the community. One cannot ignore them anymore, its urgency is to bring out equitable health care, which is more humane, natural, without side effects of chemicals, and saving people from going below the poverty line. It is high time for the state and other agencies to recognize their art, knowledge, altruistic and philanthropic gestures of keeping the communities healthy and addressing their immediate problems before it is too late.

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Traditional medicine remains central to the lives of many tribal communities in India, particularly where access to modern healthcare is limited by geography, cost, and availability. Despite the expansion of biomedical services, indigenous healing practices continue to be widely used, often by the informed choice of patients themselves. However, much of this rich herbal and healing knowledge remains insufficiently documented and is at risk of erosion. *Monograph Whispers of the Forests: Non-Codified Healing in Arunachal Pradesh* documents traditional healing practices in Arunachal Pradesh, drawing on qualitative fieldwork with 23 herbal healers and key informants from Aalo, Pasighat, and Itanagar. The study highlights not only the diversity of medicinal plants and healing methods but also the deep interconnections between local culture, biodiversity, and community life. Field experiences revealed notable aspects of social life in the region, including women's safety, warm hospitality, and strong community bonds, which contextualize the practice of healing.

Despite the introduction of modern healthcare facilities since the 1950s, a large proportion of Arunachal Pradesh's population continues to rely on traditional medicine due to persistent barriers to biomedical care. Existing ethnobotanical studies document extensive plant-based knowledge among tribes such as the Khamti, Nyishi, Galo, Apatani, and others, with remedies used for ailments ranging from malaria and bone fractures to diabetes and cancer, often combined with ritual practices. The study emphasizes the need to recognize traditional healers' roles, knowledge systems, and ethical practices, as well as their interactions with state institutions such as AYUSH, Forest Departments, and Biodiversity Boards. It also draws attention to concerns around biopiracy and inadequate benefit sharing, despite legal frameworks like the Biological Diversity Act (2002). Healers frequently express anxiety over the extraction of their knowledge without acknowledgment or equitable returns. Using interviews, visual documentation, and a multidisciplinary workshop, the research explores healers' social significance, challenges, and knowledge transmission, underscoring the urgency of revitalizing and safeguarding traditional medicine before this invaluable heritage is lost.



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