

A Study of Ethno-Medicines in Assam : A General Perspective

K.C. Mahanta

Department of Anthropology, Dibrugarh University, Dibrugarh 786 004, Assam, India

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ABSTRACT Ever since proto-historic times of Bhagadatta of Mahabharata fame, Assam as being associated with Mother Goddess Kamakhya of Kamrup, has been noted as the land of ethno-medicines-both herbal and magico-religious. There has grown up since ancient times a class of traditional folk medicine-practitioners who besides relying upon certain occult phenomena deal with various plants ingredients for preparing herbal medicines for therapeutic use. Common Assamese village folks, by and large, through observation and practice, learn the medicinal value and property of various herbs growing wild in the wasteland in the habitation neighbourhood.

INTRODUCTION

The fundamental universal concept of medicine is cure and prevention of diseases and illnesses. Ever since the attainment of culture-building capacity by man there have been attempts to devise cures for mental and physiological diseases. These are co-eval with man's life. Man has since his emergence remained engaged attempting to combat the most dreaded of his enemies-death. Folk medicine has served this purpose over the last 3,000 years or so in India. It has its own concepts about causation of disease that might be magico-religious or purely rational without any tinge of magic or scientific knowledge. Considering man's most inquisitive nature, one cannot rule out the practice of medicine in some form or other since prehistoric time. Over the last 100 years or so thanks to palaeoanthropologists' untiring works, evidence about prehistoric men having developed a phar-

macopoeia and a therapy has come to light. Hasan (1968:496) speaks of the emergence of palaeoanthropology as the study of history of diseases in the context of the findings of Neanderthal man in 1856 and of *Pithecanthropus erectus* in 1891. He quotes Castiglioni's (1947) reference to the diagnosis of a healed fracture in the Neanderthal man and as exostosis of undoubtedly pathologic nature in the *Pithecanthropus erectus*. There are evidences of similar healed fractures from European Neolithic period and early Egyptian History. Ackerknecht (1955:207) also speaks of identification of dwarfism, congenital club foot, arthritis and spondylitis, bone tumours, dental caries and pyorrhea and many other maladies from the study of skeletons and mummies.

Illness is a perpetual factor in human life; it sets men on exploring for remedies that come as a precursor of the discovery and invention of medicines and other curing devices. In India the concepts of treatment and cure of diseases and bodily disorders are an age-old tradition. Its root could be traced back to the Vedic period that developed some 3,000 B.C. at Harappa and Mohenjodaro in the Indus valley of the Indian sub-continent (Brion, 1961 : 122). The mode of Indian traditional treatment and cure that goes by the name of Ayurvedic system of medicine¹ is chiefly based on the use of herbs. The practice of herbal medicine is still in vogue all over India. Along with it, prevails the folk medicine that is also based on herbal ingredients. Since time immemorial it has been the mass people's medicine.

Presently as a result of wide-spread use of western allopathic medicines in the wake of large-scale inroad of westernization over the last 300 years or so all over India, the practice of herbal medicine is on the wane but has not

1. Ayurvedic system of medicine-Ayurveda, the science of health, was regarded as closely associated with Atharvaveda. Its main object was *ayus*, long life, and *arogya*, diseaselessness. In practice it covers the study of the cause, symptoms, diagnosis and cure of disease (Walker, 1983 :104).

altogether disappeared. It is worth noting that western system of medicine entered India around mid-eighteenth century when the British consolidated their occupation in India and brought in western ways of life everywhere in the sub-continent. Assam as a constituent State of India in the North-east was not an exception in the use and practice of herbal medicines. In fact, the traditional use of herbal medicine is an age-old practice and did continue as late as 1950 almost unabated. It is by 1950 when in consonance with the nation-wide launching of Five Year Development Plans in India came in westernization and modernization in Assam. As Assam was the last region to be annexed to British India, the western impact reached this region quite late compared to the rest of India. Till mid-fifties of this century, traces of western ways of life could be visualized only superficially in a few aspects of the traditional socio-cultural life of the Assamese. Most spheres of the Assamese culture remained impervious to western modernised ways till 1950. However, notable exceptions were the indigenous educational system and the modes of transport and communication that came to be changed to a certain extent as a result of European impact during about 100 years prior to 1950. Modern western concept of medicine and treatment percolated into the Assamese society in the post-1950 years.

CONCEPT OF TRADITIONAL MEDICINE

In the historic past, at all levels of socio-cultural development there could hardly be any group of population that has not had the empirical test of medical science. No human habitat on earth is immune to disease and disorder of the body. Most people living in the river-valley or sub-montane regions, as in Assam, as sedentary inhabitants, do come into intimate contact with various geo-physical features and environment and gain a distinctive knowledge of the total environs of the habitat. Owing to prolonged habitation the adaptive

knowledge, the people acquire of the environment, enables them to survive by evolving ways and means to cope with the emerging adversity or abnormalcy. The pathological aspect of the environment becomes by and large known to the people who by process of trial and error acquire knowledge to combat the disease-infested situation to which all environments are more or less susceptible.

The people of a habitation-region in general become knowledgeable about the curative or preventive medicinal plant species abounding in the region. It is by dint of sheer practice, occasionally under casual advice, instruction and supervision of a senior medicine-man, that a novice may start acquiring knowledge about the medicinal value and property of the herbs that are available in the backyard or forest area in the neighbourhood. What a prospective medicine-man learns is his ability to identify the medicinal herbs and their mode of use for specific ailments. It is noteworthy that as the use of herbs for curative purpose involves little scientific technicality or complex manoeuvring of an ailing person at any state of treatment, many people are apt to learn the utility of some herbs available near at hand. Generally people have the aptitude for learning the use of one or two herbs for self-therapy for cure of petty common ailments like bleeding from accidental cut or bruising, cough and cold, abnormal bowel movement, acidity, stomach trouble etc. In the country side in Assam, a large number of medicinal plants are commonly used for self-therapy and also for cure of the inmates of the house. Besides the use of herbs by common people for curing of petty ailments, a class of persons learn the use of herbal medicines and diagnosis of sickness and bodily disorders by virtue of continuous practice and come out as *bez* or folk-practitioners or medicine-men of the community. It is through sheer ingenuity, observation and practice involving no prescribed course of training that a person becomes adept in diagnosing, prescribing and administering the herbal ingredients as curative medicines.

Multifold utility of herbal plants is known to most Indian tribal and rural societies. India has a long tradition of the use of herbal ingredients in the form of classical Ayurvedic treatment of diseases and physical disorders. And these are acclaimed to have classic effective value on account of their being non-toxic, handy and popular for being cheap and cost-effective. Certain herbs, their roots or shoots or flowers, and bark, leaves or their secretions could be administered raw or after getting them either sun-dried or roasted or boiled or turning them into viscous paste. Often it is the mix of many ingredients that are used raw or after being roasted or boiled or in the form of viscous paste. Many of the herbs-their leaves, roots or flowers especially in the sub-montane regions of Assam are taken as vegetables since very early times either raw or cooked as items of daily menu. Sometimes a number of herbs are mixed together and served as vegetables, raw or cooked, the Assamese are commonly aware that these items taken as vegetables have health-sustaining property. Some of the common herbal plants taken as vegetables in Assam are given below.

Assamese term	Scientific term
Amrita	<i>Carica papaya</i>
Amlokhi	<i>Emblia officinalis gaertn</i>
Bahak tita	<i>Justicia adhatoda</i>
Bah-gaj	<i>Bambusa tulda</i>
Bak-phul	<i>Sesbenia crandiflora</i>
Bhedai-lata	<i>Echites frutescens</i>
Brahm-sak	<i>Herpestis monuieria</i>
Dhania	<i>Coriandrum sativum</i>
Dhekia	<i>Pteridium species</i>
Doron-phul	<i>Leucas cephalotes spreng</i>
Haridra	<i>Curcuma longa</i>
Haritaki	<i>Terminalia chebula</i>
Kardoitenga	<i>Astocarpus heterophyllus</i>
Kath-aloo	<i>Dioscorea alata</i>
Mahaneem	<i>Melia azadirachta indica</i>
Manimuni	<i>Centella asiatica</i>
Nephapoo	<i>Coleodendron colebrokianum</i>
Ou-tenga	<i>Dillenia indica</i>
Pachatia	<i>Vitex negundo linn</i>
Punar-nava	<i>Boehavia diffusa linn</i>
Shewali-phul	<i>Nyctanther arbor-tristis</i>
Tengechi-tenga	<i>Oxilis cornicalata</i>

The Assamese are well aware that these herbs taken as vegetables act as preventatives against many common ailments. In India herbs have been utilized as the only prime source of medicine from time immemorial.

The indigenous utility of herbs as medicine goes well with an understanding of the folk concept of illness in India, and for that matter in Assam. Before the advent of western ideologies and material components in India, there prevailed hardly any scientific notion concerning causation of various ailments or diseases. In the traditional Indian system of medicine popularly called Ayurvedic system, the main purpose of medicine was to attain longevity and maintain a life free from any disease. And in pursuance of the purpose, the treatment system aimed at attaining these objectives.

The present day feverish health consciousness that prevails among the elite masses of the population is a recent outcome of the general spread of the knowledge of science. It is instrumental obviously in changing the age-old notion of the masses. Over the last half a century from the present large-scale advancement of medical science and formation of world health-watch bodies like World Health Organisation have largely contributed to dissipating health consciousness among the mass population of this country. Most of the dreaded diseases like cancer, tuberculosis, blood-pressure, heart failure etc. did exist and did receive some sort of folk treatment ever since human existence. But all these dreaded scourges passed undetected and undiagnosed arousing little awareness or concern among the people throughout the long period of classical indigeous socio-cultural civilizations. Presently large-scale improvement in the sphere of diagnosis and detection has created a terror-mania and awareness of health-hazard among the elite masses. People by and large have developed the inquisitive bent of mind, thanks to multiple sources of academic knowledge and mass-media, concerning general notions of cleanliness, nutrition, viral infection, contamination of food and drinks, atmospheric pollutions etc. The mass

general consciousness is primarily concerned with nutrition-value and quality of food-items and beverages. Utmost consciousness is visualized in the use of drinking water and intake of vitamins and vitamin-rich food-items. People's consciousness about preventive methods with regard to various ailments in the childhood period is a phenomenal development in the post-Independence era in India. The scientific notion of the elite literate masses concerning concept of diseases has helped them sift out the most effective medicine from an assortment of modern and traditional ones. However, as people naturally aspire for quick recovery, there has developed a preference for allopathic medicines in recent years. Yet the folk medicines have not lost their traditional footing among the rural masses.

FOLK CONCEPT OF ILLNESS

The medical and scientific consciousness began to develop from around 1950 when there was a general mass surge for socio-economic development shortly after political independence in India. Before this time mass people were dipped in age-old ignorance and superstitions especially with regard to the concept of public health and hygiene. All diseases and mental disorders were treated either as being destined by one's *Karma*² or as being caused by uncanny local spirits lurking in any awkward region in the neighbourhood. Ethnographic evidence at the folk and tribal levels indicates that all sorts of curative treatment were rendered by folk medicine-men who virtually exclusively dominated the field of medicine till before the European impact was felt by around mid-eighteenth century in India. From the mode of practice as professionals, the native medical practitioners may well be put under two distinct

categories: first, the specialist practitioner who is adept in diagnosing illness, injury or disease and who renders treatment by examining the patient in a rational manner prescribing various folk herbal medicines; second, the practitioner who resorts to magico-religious methods in diagnosing the physical malady as being evil designs of spirits, demons or deities. The first one is a secular or profane-minded practitioner who attempts rationally his treatment by administering one or the other type of herbal medicine following physical diagnosis of the malady. The folk-practitioner of the second category might rightly be called a witch-doctor commanding a congregation of spiritual beings, both benevolent and malevolent, with various whims and caprices. Since time immemorial both the rational-minded practitioner and the witch-doctor have had intensive as well as extensive effective role as folk medicine-men holding sway among the suffering rural masses in Assam. Empirically, both the categories of practitioners are seen to be still having practices among the tribal and folk masses of Assam, notwithstanding the present day everincreasing allopathic medical practices. Further on empirical perspective it could be observed in the tribal and non-tribal regions of Assam³ that the incidence of magico-religious type of folk treatment could be rated higher than the secular-rational one till nearly two decades back. At present the magicoreligious type of practice is considerably on the decline, but the other type, the rational one, has retained its popularity among the rural masses.

Throughout the long 2,000 year old historical period of the Assamese, prior to the onset of the era of development in Assam around

2. *Karma*, a term of wide application, is used in various contexts to mean action, deeds, destiny, causality, effect, product and result. It is based on the premise that the whole world order rests on rigid principles dominated by the immutable law of cause and effect. The term refers to the principle of Universal causality (Walker, 1983: 529)

3. Tribal and non-tribal regions of Assam—Assam is reputed to be a melting pot of various ethno-linguistic and socio-ethnic groups of population immigrating over the last three thousand years or so. Primarily the people are divided into two groups, namely, the tribesmen and non-tribesmen. The tribal people who are basically Mongoloid inhabit the hilly sub-montane regions and the non-tribal people who are affiliated to various Hindu castes are settled in the plains of the Brahmaputra valley (Mahanta, 1988: 70, 1991: 150; Das, 1980: 2, 1994: 3).

1950, almost all physical ailments and mental disorders were invariably attributed to supernatural causes. One or the other of the numerous spirits or deities of the Hindu tenet was regarded as the causative agent of diseases and disorders. That magico-religious practices were widely resorted to for cure of the maladies in Assam in the antique times could well be gauged from the prevalence of a good number of treatise treating of magic, rituals and prayers. Most classics deal with the methods of controlling all sorts of supernaturals and achieving early recovery from the ailments supposed to be hurled by them. Of the several works of this type, mention may be made of two classics, namely, 'Yoginitantra' and 'Kalika-puran' both being anonymous. The two works deal intensively with various magico-religious phenomena resorted to for relieving the society and the people of death and diseases caused and delegated by the wrathful supernaturals.

Throughout the last two millennia the people of Assam were obsessed with the uncanny unearthly activities of the spirits, ghosts and deities. Diseases like diarrhea, malaria, goitre, gonorrhea, leprosy, head-aches, pneumonia, cholera, small-pox, lunacy, indigestion or even the common cold and fever were all thought to be caused by one or the other watching spirit of deity. Many of the physical and mental disorders were thought to result from unwary day to day human actions like coming across, or passing over, a region that was known to be *joyal*⁴ as spoken of in the local tongue. A spirit lurking at such a place might get into the body of a passer-by who would thereby feel its presence and get indisposed. Pregnant women, a new-born baby or young children were known to be highly susceptible to many a spirit or deity. Available socio-historical data indicate that the Assamese folklores and folk-tales and chronicles and mythological stories are all

replete with exploits of the spirits, ghosts, demons and deities. And their abodes are thought to be distributed in most desolate regions at the outskirts of a village or a town. The Assamese socio-religious life in the pre-westernization times is thus a history of interaction between man and his superior beings, the gods and the spirits. At times an uncared for deity or spirit having developed a longing for a ritual or animal sacrifice might hurl physical disorders to unwary persons. Sometimes a mere longing look of a deity or a spirit might cause some physical or psychic disorders. Once I came to know of a fair teen-ager girl who abnormally developed a strong bent of mind to go fishing with a fishing trap⁵ in her hand at about 3 O'clock quite early in the small hours much before dawn. The malady was diagnosed by a witch-doctor as one caused by the longing look of a spirit. The remedy prescribed was a magico-religious one consisting in identifying the spirit and convincing it to leave the body of the patient after having partaken of the sacrificial blood of a he-goat.

From empirical observations in the country side in Assam around the closing years of the forties of this century, it could be known that two deadly epidemics, namely, cholera and small-pox prevailed in the virulent forms. Year after year these two killer diseases used to break out in the epidemic forms during the monsoon months in Assam prevailing from mid-june to mid-August, killing hundreds of people annually. It could be learnt from two nonagenarians of the village of Pandu near the capital city of Guwahati that the epidemics were so virulent that some whole villages be-

4. *Joyal*—A lonely desolate place in the neighbourhood of a village or a habitation-area is said to be *joyal* if the region is thought to be spirit or demon-infested or frequented by supernatural beings. Such places are scrupulously avoided by the people at large after nightfall.

5. Fishing trap—The Assamese rural young men and women, being voracious fisheaters, have an obsessional habit of going fishing in the open perennial natural pools of water or any wide marshy land abounding with fish. The fisher-folk carry various home-made manipulable traps made of bamboo and cane ordinarily and catch fish in the muddy shallow waters. Normally fishing is both in individual and/or a joint venture. In the post-monsoon seasons every day community fishing commences in the post-breakfast hours and continues for 3 to 4 hours till afternoon.

came almost empty and desolate in the thirties and forties of this century in the district of Kamrup, Assam. The survivors described the epidemics to be perennial events. And these were the days when no scientific western remedial measure was known. Various misconceptions about cholera prevailed among the mass population. There was practically no treatment. Persons seized with cholera, owing to profuse incessant bowel movements, used to develop severe dehydration. They were strictly forbidden to drink any liquid lest it would enhance the bowel movements and hasten death. Presently it has come to be known, thanks to dissipation of scientific knowledge among the masses far and wide, that in those days the people's forbidding to drink any liquid by cholera-affected persons was a misconception. The folk medicine-men not being scientifically trained personnel followed the popular mass misconceptions. The consequences of the whole prevalent folk notion was obviously the heavier loss of life. The village people at large, being baffled at the enormity of the incidence of death, used to resort to supernatural means to ward off the attacks of the epidemics. They reasoned out the outbreak of cholera by attributing it to the killing spree of hundreds of *Yamdoots*⁶ who went on roving all around and killing people rampantly. The people's general belief was that the roving *Yamdoots* could only be contained through appeasement and propitiation. Hundreds of village folks joining in a congregation from several affected villages used to move around the villages singing devotional songs called *Sangkritana* or chorus to

the accompaniment of beating of drums and playing of cymbals and burning of incense in large earthen pots that kept swinging along with the singing masses on the move. It is believed the devotional songs depicting the glory and the exploits of Lord Krishna, the Supreme Godhead of the Hindus, were effective enough to ward off the malevolent supernatural rovers.

The other killer disease was small-pox. It was thought to be sent down to earth on the eve of the annual sojourn to earth of Siva-Parvati, the couple-saviour of humanity according to Hindu tenets. The divine couple undertakes this journey regularly once a year in the Hindu calendar month of Aswin or October from their permanent abode, Kailasha, situated atop the Himalayas. Lord Siva's divine consort Parvati bears various epithets like Durga, Mahamaya, Bhagavati, Sitala etc. depending upon her missions on earth. As the carrier of small-pox, the sacred disease, for punishing the wrong-doer humans on earth, the Goddess is known as *Sitala*. Scrupulous observance of a series of rituals to the accompaniment of recitation of verses on Sitala in praise of Her manifold divine qualities is thought to be the only means of cure of the disease. The grand old informants of Pandu referred to above also spoke of scores of persons dying daily of small-pox, despite scrupulous performance of rituals. The old men informed me that they had witnessed such gory spectacles in the towns and villages since their childhood days till the fag end of the forties of this century. The fatalities of the disease, notwithstanding the ritual performances, were naturally adduced to utter dissatisfaction of the goddess on account of some unpardonable offence on the part of the sufferer. Eruptions developing on the body of a person afflicted with small-pox were looked upon with awe and reverence as the embodiment of the Goddess Herself.

6. *Yamdoot*—'Yama' is the god of departed spirits, judge and punisher of the deed. 'Doot' means a messenger. The souls of the deceased are conducted by the messenger *yamdoot* to the presence of *Yama* who sits on his judgement throne, waited upon by two attendants named Mahachandra and Kalpurusha. His record-keeper Chitragupta reads out the balance-sheet of each person's deeds which are recorded in his great register *Agra-Sandhani*. The good and evil deeds are reckoned and judgements passed by *Yama*. The good are then sent to one of the higher worlds, and the sinful are sent to hell to receive their deserts (Walker, 1983 :530)

CULTURAL ASPECTS OF HEALING

There is hardly any gain saying the fact that India developed since proto-historic times the most rational effective healing and curative method of treatment that goes by the name of Ayurveda. This was one of the few pioneering medical discoveries of medicine in the ancient world. The time-honoured classical method has worked over the last more than three millennia in India most effectively down to the present day. All over India it is popularly called *Kabiraji Chikitcha*. Its efficacy is still acclaimed, though it has largely been replaced by modern western medicines since about the early fifties of this century. In fact western medicines and methods of treatment were few and far between till before 1950. It is only after 1950 that western system of treatment began to appear in Assam on a relatively appreciable scale compared to earlier times. The history of medicine and treatment of disease in Assam is therefore a story of self-dependence on age-old indigenous system of medicine that has sustained the people's medical needs over the centuries.

It is on account of non-existent or little-known practice of western medical system, that the native medicine-practitioners held sway the field everywhere in India till the middle of this century. Both the categories of practitioners—the rational-minded healers or medicine-men and the spirit-assisted healers or witch-doctors—as referred to above, used to render medical services to the suffering masses. We may make an attempt to understand how such types of men come into being and get involved in the practice. It is these men; who obviously challenge the causes of malfunctioning of the body, nay, of its mortality and attempt to give rational explanations of the phenomena of disease and death. Both the categories of healers—the rationalist medicine-men and the witch-doctors—have a good deal of reliance on personal wisdom based on practical knowledge. It involves the ingenuity of correlation of personal wisdom and the art of healing. The traditional

native healer who functions as a rationalist practitioner par excellence knows everything about all diseases but lacks in specialized knowledge about any particular one. As he has no formal scientific training in modern medical science, he also lacks in any theory whatsoever on various micro-organisms or therapeutics. Nor does he acquire any systematic training in other branch of medicine. Plainly speaking, most of the medicine-men are unschooled unlettered simple fellows. And most of the work of a folk healer is guesswork. His diagnosis or some of the therapeutics done through sheer application of personal wisdom are enveloped with an aura of mystery.

FOLK MEDICINE-PRACTITIONERS

Nevertheless, most folk medicine-men take up the practice with a tenacity of purpose being motivated by a sense of humanism and service. They attend upon the suffering fellow-beings of the villages around or in the neighbourhood with dedication and service in mind. A medicine-man curing successfully a person of an ailment is accredited with life-long friendship with the patient. The free medical service rendered by a medicine-man is reciprocated by the client-villagers with offers of paddy, fish, seasonal fruit etc. to the healer from time to time. At times, the healer receives manual labour from his clients in the paddy field in the transplantation of seedlings or harvest of the crops. In fact, this exchange of medical service for manual labour between the medicine-man and the village-people does well come under the *jajmani* system, a mode of reciprocal service and caste interdependence widespread in traditional village India (Lewis and Barnouw, 1956 :66).

(a) Treatment with Herbs

Treatment of various ailments by village medicine-men in Assam is a common every day feature in the country side. Some of the most common cases of treatment are jaundice, piles, headache, dysarrhea, dysentery, common

colds, blood-pressure, diabetes, rheumatism, acidity, epilepsy, hydrophobia, bleeding from accidental cut or bruising etc. The treatment of these ailments involves no magico-religious or mystical means but are done through administering herbal medicines. The villages of Assam abound with numerous wild herbs some of which are highly antiseptic and anti-toxic and analgesic. The secretions of certain herbs act as excellent blood-coagulants, and are used to stop bleeding from accidental cut or injury. Further certain wild climbers are reputed to have highly effective medicinal property of setting fractured limb-bones. A case of fractured bone is treated by the village medicine-man by winding a kind of wild climber round the affected part which then appears to be a bandage.

Once I was an eye-witness to such a bone-setting phenomenon. A teen-ager boy got his left arm bone fractured. Within a couple of minutes the village *bez* appeared on the scene. He examined the affected part and instantly got a paste of fresh raw turmeric (*Curcuma longa*) prepared. The paste was applied lightly over the affected part. The *bez* then collected a kind of wild climber from the near by jungle that was perennially covered with natural wild growth. He then wrapped the tendril round the fractured parts of the arm holding them in position. I could later learn that the fractured bones got set perfectly within a week.

The use of herbal medicine is a day to day event to be seen especially in the rural areas. Some 20 years back one Makhan living in the residential area of the University of Dibrugarh presently aged 46 years, was seen to be almost invalid through attack of acute pain in the waist that was thought to be lumber spondylitis. Use of various allopathic medicines could not cure him of the suffering. One day the malady came to the notice of one Bihu, a casual practitioner of herbal medicine of the locality. Having examined Makhan's diseased parts of the body externally Bihu collected a number of wild creepers, leaves, roots and barks of plants from

his own backyard and kitchen-garden, and mixing the ingredients with 300 grams of black pepper, another herbal ingredient, he made them into a viscous paste. Makhan as directed by the *bez* swallowed nearly 400 ml of the dark-black looking paste. Instantly, the patient was in a state of restlessness with a sense of inflammation in the stomach. After about half an hour the patient calmed down. The second dose of about 250 ml of the same medicine was administered three days after the first one. The third and last dose of 200 ml given three days after the second one cured Makhan of the whole malady completely. Makhan has since remained a healthy man.

(b) Treatment with Spirit-help

The other class of folk-healers are those who rely upon spiritual assistance and adopt mystical means. By far they are magico-religious practitioners or witch-doctors chanting mostly verbal incantations and using some magical substances like feathers, bones, animal teeth etc. as aids in the invocation process. A noteworthy feature common to both the herbal medicine-man and the witch-doctor is their banking upon personal wisdom in mustering the treatment device. Perhaps the depth of a practitioner's personal wisdom serves as the key to success in treatment. In Assam most witch-doctors are noted for their expertise in calling up the spirits or deities to assist them in the curing process. The practice of summoning up spirits from their abodes by chanting charms by the witch-doctors is called '*bira-poha*', literally meaning 'taming of spirits' it is believed the 'tamed' spirits remain at the beck and call of the master, the witch-doctor.

Occasionally a witch-doctor keeps a novice-apprentice or an heir-apparent as his assistant. The young trainee learns the art of healing keeping in close contact with his master. Upon the latter's death, the apprentice normally inherits the art of healing. Supernatural or magico-religious cures invariably involve rituals and prayers for invoking the spirits for which the

witch-doctor goes into trance when he comes into direct communication with the spirit-world. Remedial measures are then pronounced through the medium of the witch-doctor by the spirit embodying the sufferer. Most often the spirit demands through the medium of the witch-doctor's pronouncement offers of animal sacrifice or material goods. Besides these supernatural devices, the witch-doctor uses magical components like animal bones, feathers, teeth, or hair or wooden magical wands or amulets etc. in the curing process. Normally by these methods, the healer identifies one or the other spirit or deity stubbornly clinging to the victim's body. Healing as asserted by most spirit-assisted healers naturally involves the task of ousting the intruder through repeated commands and threats of inflicting more and more repulsive measures. The application of various magical apparatuses or chanting of more powerful charms provides the repulsive threat to the obstinate supernaturals to leave the patient's body. Occasionally a witch-doctor demands from a very dogged spirit embodying a person any physical sign of its retreat from the patient's body for ever. It is asserted by most witch-doctors that such physical signs may be left behind by a departing spirit in various forms like a healthy pet dog suddenly collapsing and dying or a flower or a fruit tree instantly withering and leaning to the ground etc. As many as five informants in four villages I visited in 1991-92 reported having witnessed such occult phenomena. One Biduram of village Sarpara in the district of Kamrup informed me of a pet bird dying after the calming down of the abnormal excited behaviour of a 12 year old girl said to be possessed by a spirit. The intruder spirit left the body of the girl on demand by the attendant witch-doctor leaving behind the pet bird dead as a sign of its departure. From another man of the same village I had information that a departing spirit broke off a small branch of a nearby tree as a sign of its leaving the sufferer's body. In course of my ethnographic work I had similar pieces of information from several other villages. But

nowhere I myself could be an eye-witness to such a phenomenon.

The aforesaid magico-religious speciality of spirit-possession is acquired by a witch-doctor whenever eventuality demands. For this the healer may undergo trance whenever necessary so as to come into contact with the spirit world. Apart from this class of healers, some men from ordinary walks of life who are otherwise no medicine-men or healers acquire the speciality of being possessed by spirits or deities on three specific dates of the year at the temple of the Mother Goddess Kamakhya⁷ in the course of an annual festival called *marai-puja*. The men are possessed by an array of deities of the Hindu pantheon belonging to the *Sakti* cult⁸ on the occasion of annual worship of the snake-deity known as *Manasa*.⁹ The men who are possessed by various deities on the festive occasion are known as *deodha* who is what Lowie (1963 : 175-76) described as a shaman receiving his powers directly from gods and spirits. The annual worship commences on the last day of *Shravana*¹⁰ or the 17th day of August and continues for three days in succession, that is, upto the second day of Bhadra¹¹ or the 19th August each year. This date is calendrically fixed and

7. Mother Goddess Kamakhya is well-known in the cultural milieu of the Hindus of India. The temple of the Goddess called Kamakhya temple is situated on the top of a hillock known as Nilachal to the west of the city of Guwahati. The temple-town also called Kamakhya after the name of the Goddess was famous for its practices in magic and sorcery in the mediaeval history of India (Goswami, 1960 :37).

8. *Sakti cult*—According to the Sakti cult the chief God is the Supreme Mother. The worship of this Supreme Mother is of remote antiquity in India. Saktism implies the worship of the active female principle which manifest itself in one or other forms of the consort of Siva—Durga, Kali, Parvati and many others (Mait, 1966:70).

9. *Manasa* is the queen of snakes. Worship of *Manasa* as a snake-deity is widespread among the inhabitants of Kamakhya and other places of Assam. The institutional worship of the goddess *Manasa* coincides with *marai-puja* that is invariably accompanied with day-long ritual-dances of the *deodhas* (Goswami, 1960 :38)

10. *Shravana* is the fourth month of the Hindu calendar year.

11. *Bhadra* is the fifth month of the Hindu calendar year.

unalterable. Though the three-day ritual is mainly connected with the worship of Manasa, it is believed, it is the occasion when multitude of deities congregate at the temple. Each of the deities takes a *deodha* also called '*ghora*' in Assamese, that is, 'horse' to ride on literally. A *deodha* virtually serves as a vehicle of the deity possessing him. It is the deities "who possess their favourite men and who reveal through their human media the shape of future events and forecast about the good or evil of the masses in their moments of trance or ecstasy" (Goswami, 1960 :38). During the period of ecstasy, a *deodha* listens to a devotee for 3 to 5 minutes and indicates remedial measures to be followed. At times a *deodha* also hands over a small piece or ritually consecrated herbal medicine or an amulet filled with some scared dry herbal pieces to the client with necessary instructions for its use. Goswami (1960 :38) in this connection says "under conditions of trances they are believed to be capable of divining and revealing the causes of illness or maladies and of suggesting their eventual cure or remedies by virtue of their state of possession". The men lose their special divine power after the closing of the festival, and they all revert to their normal walks of life.

A new entrant or a novice joins the congregation of *deodhas* only after the death of a *deodha*. The choice of a new entrant is a spiritual one. Normally the choice falls on men living in the villages adjacent to the temple. The would be *deodha* of a deity dreams a dream that directs him to observe some austerity in eating and drinking and also to go on fast at night from the time of dreaming. He is also directed to attend the temple on the day of commencement of the annual rituals. It is said the would be *deodha* receives spiritual strength and stamina and enters the sacred precinct instinctively. The ecstatic dance-performance by the *deodhas* in the temple-precinct besides being joyous and awe-inspiring serves as the instant source of mental relief and solace to the anxiety-stricken devotees. One

might note that during the period of possession a *deodha* serves as the springhead of divine power of a deity whose will and desires are revealed through the medium of the man possessed by the supernatural. The *deodhas* as temporary seats of divine power command ungrudging respect from all spectators and devotees, on account of their power of revelation during the period ecstasy, that sustains the life and happiness of a household or a village or the community at large.

From nearly a year-long ethnographic work among the Assamese rural masses, it could be understood that not all diseases are left to be treated by village medicine-men or witch-doctors. They make a more or less clear distinction between diseases which are amenable to the folk-practitioners and those which are not. The latter category of diseases are unhesitatingly given modern medical treatment by physicians.

CONCLUSION

The classical civilization of India developed a host of therapeutic methods for treatment of diseases. While none of the methods had any scientific bases per se, some of them were so effective and fruitful that they could sustain their utility for nearly three millennia in India right upto the present time. The entire Indian traditional therapeutic methods of treatment was a juxtaposition of two sets of approaches—one being cosmic, mystic, magico-religious and the other positive, rational and based on empiricism. Both the approaches could well hold sway over the population over the years down to the present day on account of having authentic positive value-oriented outcome that could be felt and imbibed by the suffering masses. Since antique times herbs have formed the basic substantial material of this age-old traditional assortment of medicines. Over the years hundreds of herbal ingredients were discovered mostly through empirically observations and equally large number of herbal

medicines have come to be prepared. The ancient medicine practitioners-cum-scholars used to record their discoveries in voluminous classics. The well-known *Atharvaveda* is a work of this sort. It is known to be the most ancient treatise on medicine. Another classic work is the *Ayurveda* which is closely associated with the *Atharvaveda*. That these works conceived of *ayus*, long life, and *arogya*, diseaselessness, is itself a positive characteristic of medical development in India. These most ancient books of medicine are the only sources of medical knowledge in India ever since their inception for more than two thousand years. Walker (1983 : 104) maintains that in practice the *Ayurveda* covers the study of the cause, symptoms, diagnosis and cure of disease. But this ancient medical knowledge contained in the *Ayurveda* did not have any universal dissemination nor could it be partaken of by all and sundry of the society. The classical ancient civilization of India and its own established norm of spreading learning of the available disciplines to the select few of the society in the house-cum-institution of the *Guru*, the instructor, himself. The system of imparting instruction to learners as residential inmates in the house of the *Guru*, is known as *Gurukul* system (Mitra, 1967 : 18-19). In accordance with this system, those who received instructions successfully on the *Atharvaveda* and the *Ayurveda* came out as specialist medicine-men of the society. The number of such medical specialists compared to the vast population at any given point of time in India in the dim historical past was a drop in the ocean. They could hardly meet the medical needs of the vast masses of the Indian sub-continent.

This enormous need of medical men in India was served by the folk medicine-men. Scores of herbal medicine practitioners did certainly come out to cater to the needs of the suffering masses. And probably there was no dearth of them at any historical period. Becoming a folk medicine-man involved not much intellectual exercise. Even at present many an unlettered

person opts for practice of folk medicine. Most common people could easily take up the practice, provided one is possessed of aptitude and is intent on rendering service to the suffering fellow beings. In fact, in accordance with the age-old Indian tradition of attaching primacy to moral and ethical values and norms, the practice of folk medicine is taken up more from humanitarian perspective than professional pursuit of earning livelihood.

The very pertinent aspect with regard to the Ayurvedic classical system of medicine is its extremely slow pace of dissemination from its centre of origin to every nook and corner of the vast country like India. It is a fact that the classical civilization of India originated in the Indus Basin some 3000 years B.C. Without an iota of doubt one can assert that the *Atharvaveda* and the *Ayurveda* might owe their origin to the same region. More than a thousand years must have therefore elapsed before hundreds of the remote regions of the country could have the Ayurvedic system of medicine. Obviously most rural communities did have their own folk system of medicine before the Ayurvedic system or any other system could reach them. It is quite natural to note that no community could subsist without evolving some mode of counteracting the causes of malfunctioning of the human body. Accordingly each distinctive community must have evolved its own system of medicine. And what that system could be without the use of various plant species ? In other words man must have had resort to finding out some antidote against the invading maladies of the human body. And obviously the ingredients of antidotes must have been derived from the plant kingdom everywhere. These are all available and obtainable at relatively low cost or effort. Man has made use of leaves, roots, barks, seeds, flowers etc. as means of remedy against most bodily ailments. These have come to be used in most village societies wherever varieties plant species exist in abundance. As very little technical expertise is involved in the preparation of folk medicine, it is widely utilized and prescribed for countering

man's bodily ailments and sufferings. And as indicated in the foregoing pages, a good deal of trial and error might precede the ultimate acceptance of a herbal medicine as a dependable antidote against a particular malady. The people's cognition to understand the curative or remedial property of a herbal specimen could be treated as a sort of laboratory test.

Assam, a sub-montane land in the eastern flank of the Himalayas, abounded with impenetrable virgin forests till 1950 (Mahanta, 1993 : 262). The land is still famous for varieties of medicinal plants. From historical perspective one might note that, Assam situated at the north-easternmost region of India, was known to be the most impenetrable and most inhospitable land in the country till 200 years back. Till the forties of this century, as indicated above, the land was the highly cholera, small-pox, black-fever and malaria-infested region. A comprehensive impact of the pan-Indian Ayurvedic system of medicine did not reach this region before the British annexed it with British India opening up railways and other means of transport and communication around 1850. With reference to the flow of pristine Indian culture, I observed elsewhere as follows: "Thus we see erstwhile Assam had a good deal of encounters with multiple socio-ethnic and linguistic nationalities from beyond its geo-political region....These had the everlasting consequence of exchange and inter-change of men and material over these several centuries. It is this period of pristine Indian culture with all its distinctive ethos and unique universal doctrines and multiple cults that strongly influenced the Assamese psyche along the valley of the Brahmaputra" (Mahanta, 1991 : 155). The way Assam received impact of Ayurvedic medicine was very insignificant and superficial compared to the enormous need of the region. The Assamese had no alternative to depending exclusively on indigenous system of medicine and accordingly since dim historical times there has widely prevailed the folk medicine in Assam. As till before the advent of westernization in Assam about a hundred years back,

scientific diagnosis of any disease was not possible, and most ailments were diagnosed by the village medicine-men from visual observations of the physical maladies. This was followed inevitably by administration of folk medicines. There was hardly any alternative to this stereotyped procedure. In this exclusively indigenous system of folk medicine, one cannot rule out the influence of the Ayurvedic system here and there. Also at times folk medicine-men imitating or learning one or two Ayurvedic methods could not be ruled out. After all, the Ayurvedic system, barring the use of certain non-herbal metallic ingredients like gold, silver, mercury etc. and some animal products like bone-marrow etc., is similar to the folk medicine-system. Further folk medicines unlike Ayurvedic ones are not ready made nor are they packed, patented and stored. Mostly herbal ingredients of almost all types of folk medicines are instantly collected, processed and administered.

In the context of the recent spurt of the modern scientific advancement, people are by and large aware of the multiple side-effects of modern allopathic medicines and opt for folk medicines on account of their non-toxic quality. Another very significant factor with regard to the use of folk medicine is its very low cost compared to the relatively very high price of western allopathic medicines combined with a physician's consultation fee that is at times beyond the reach of the average people. Nowadays, however, as people are highly obsessed and frightened with most incurable diseases like cancer, AIDS, brain tumour, heart-diseases etc. people go straight for modern highly sophisticated medication rather than trying with folk medicines, notwithstanding the high cost involved in the former. Often it so happens that certain diseases have got no cure at all, however highly sophisticated modern treatment might be. For these cases that defy the most modern scientific treatment, the sufferers hoping against hope leave no stone unturned to achieve a miraculous cure. The desperate sufferers have recourse to folk medicines as a last ditch battle against a killing disease. Both the administration

of herbal medicine and practice of magico-religious phenomena are resorted to in the hope of recovery. Ethnographic investigations reveal these desperate attempts to achieve some positive result out of the hopeless cases with the use of folk medicines or magico-religious practices or both. But there is no ethnographic evidence of the success of treatment with folk medicines or magico-religious practices in preference to modern scientific treatment. Nevertheless, the popularity of the herbal medicine on account of the age-old faith in its efficacy is still unimpaired. The intrinsic qualities of medicinal herbs have not lost ground despite the awful advancement of modern medical science. Further waning of popularity of folk medicines among the folk masses in the context of dissemination of scientific knowledge in recent years is indeed indicative of people's option for rational facts and phenomena.

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