Medical Anthropology: Healing Practices in Contemporary Sikkim

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INTRODUCTION

The present study deals with the healing practices in contemporary Sikkim and the transformations that have occurred and are ongoing in traditional healing among cultural minorities in Sikkim. Concept of disease and sickness, the differet methods of treatment, the official health policies over the years among tribes of North Sikkim have been taken into account. The study focuses on how and why the traditional medical knowledge is still persisting among the Lepchas and Bhutias of North Sikkim. It focuses in particular on their ethno botanical knowledge and use of medicinal plants, their conception and perception of ill-health and ritual healing mechanism. The present study aims to contribute to the subject of medical anthropology by looking at the combination of use of popular and home-based remedies, herbal, religious healing, spiritual practices and biomedical treatment among tribal communities in North Sikkim. It does so by focusing not only on the difficulties tribal communities might encounter in integrating into the system but concentrates also on the multiple ways people deal with physical and mental health problems.

Sikkim, a small mountainous state has witnessed great changes in its political structure, social structure, economic life and cultural values during the past hundred years. Sikkim was a kingdom ruled by Chogyalas. It remained a kingdom for long and a protectorate state of India before its merger in 1975 as its 22nd state. The process of change was quickened from different directions, resulting in multiform ethnic mix. Covering 7,096 square kilometres, the state is 113 kilometres long and some 64 kilometres wide. Sikkim contains with its borders a variety of non-tropical and geographic environments from the low snow-free outer hills to the high peaks with permanent snow and glaciers. Hills ranging from 300 metres above the sea level to 7,000 metres adorn the state. The varying altitude results in a climate that varies from sub tropical to alpine. Sikkim has a rugged topography and flat pieces of land are rare to meet with. The high mountains that define its beauty also create barrier to efficient agriculture.

The health-sickness process is a tangible veracity for all people all over the world. Healers across the world might work on different premise and follow diverse practices however the main goal is to cure sickness and maintain good health. This cognitive development is part of the cultural heritage of each population, and from it empirical medical systems have been formed, based on the use of natural resources. All cultures have shared ideas of what makes people sick, what makes well and how people can maintain good health through time. These beliefs help people make sense of the world around them. Both lay people and health professionals tend to combine their society's health belief systems with knowledge gained through first hand experience. An individual's healing beliefs, which are embedded in their worldview, is utilised by the individual to conceptualise what is considered as problematic, and provides rationale for the problem. These individual models of the belief are often referred as 'explanatory model' (Kleinman, 1980). Explanatory models provide a framework within which individuals sort through and make sense of illnesses, injuries and disabilities.

Medical systems are an integral part of all cultures, which affect the health status of the people. The medical system includes the totality of health knowledge, beliefs, skills and practices of the every group. Every culture has developed a system of medicine, which stand an enduring and shared relationship to the existing worldview. The medical behaviour of individuals and groups is understandable discretely from common cultural history.

The medical systems of all groups, however simple some may be, can be divided into two major categories: (i) disease theory system, and (ii) a health care system.

A *disease theory system* embraces beliefs about the nature of health, the cause of illness, and the remedies and the other curing techniques used by doctors. In contrast, a *health care system*

concern with ways employed by the society to deal with sickness and maintenance of health. The knowledge of disease theory and health care system of a society enables us to cope more wisely, more sensitively while introducing new medical system among people who have known traditional system previously. Traditional disease causation ideas often persist long after western innovations in health care have been introduced.

Basically, there are *two systems of health care* in the developing world: one is *traditional* and the other is *Western* in derivation. The concept of traditional medicine is a conventional term used by medical scientists to refer to the *empirical medical systems* used in different cultures all over the world. *Traditional medicine* include all kinds of *folk medicine, unconventional* medicine and indeed any kind of *therapeutic* method that had been handed down by the tradition of a community or ethnic group. The medical traditions in the traditional system are diverse in their historical background, theoretical logic and practices, their contemporary social realities and their dynamics. It does show that a large country like India, with diverse cultures and traditions, should be rich in traditional medicine. Although there are shared generalities, each society has developed a complex medical system that encompasses ideological concepts and practical therapies, and has also developed the specialists that know how to apply them.

In colonial times, authorities frequently outlawed traditional medical systems. In post-colonial times the attitudes of biomedical practitioners and government officials have maintained the marginal status of the traditional health care providers despite being the fact that among rural people in the developing countries the traditional medicine serves an important function. Organisational relationship between modern and traditional medicine can come in to being in four different ways—*monopolistic, tolerant, parallel and integrated*. Factors influencing the status of traditional medicine in policy making are economic, cultural, national crises (war and epidemics) and international pressure to conserve traditional knowledge, which all otherwise will disappear because of lack of documentation. Indian Medical Council Act formally established the traditional system—*Ayurvedic, Unani* and *Siddha*-as official components of national health care in India. In Ladakh, a traditional medical system *Amchi* has been incorporated into health planning. It is based on Tibetan medical system, and is holistic, cost effective and locally available (Bhasin,1997) .

In the traditional medical systems, medical traditions partly cover other sectors of social life. The beliefs and practices of health, knowledge and its transmission, refers as much to the religions and the therapeutics, as to the economic, and the political fields. It forms a coherent whole, the object of which is to explain, to prevent, to relieve or heal what stems from misfortunes and cause illness. Traditional medical systems therefore cannot be studied exceptionally.

In contrast to traditional health care system, the official health care system is based on Western science and technology. In keeping with the scientific tradition, its practitioners make every effort to separate themselves from broader social and cultural concerns and influences. Western medicine has influenced large regions outside the west markedly in Asian countries.

Traditional medical traditions have continued to co-exist with biomedicine. The term "Traditional Medicine" or "Traditional Systems of Health Care", refers to long standing indigenous systems of health care found in developing countries and among indigenous populations. These traditional medical systems view humanity as being intimately linked with the wider dimension of nature .The World Health Organisation has referred to these systems as "holistic"- i.e., "that of viewing man in his totality within a wide ecological spectrum, and of emphasising the view that ill health or disease is brought about by an imbalance, or disequilibrium of man in his total ecological system and not only by the causative agents and pathogenic evolution". The treatment strategies used in traditional systems of health include the use of herbal medicines, mind/body approaches such as meditation, and physical therapies including massage, acupuncture and exercise programmes . These are low-cost, locally available treatments, which according to WHO are utilised as the source of primary health care by 80 % of the world's population. At present, more than 20 centers around the world collaborate in the WHO Traditional Medical Programme.

In the traditional medical systems the knowledge of health and illnesses is not codified, but is widely shared between users and practitioners (Press, 1978: 72). Traditional medical systems enunciate theories of disease aetiology and arbitration within a larger cultural framework

of moral, ethical, religious, and supernatural concerns. Religious and charismatic healing belongs to the folk medical system because therapy is affected by means of prayers to, and faith in a supernatural being. A relatively modern term, folk medicine has come to mean the care of the sick by unlicensed healers, including those who practice herbal and magical medicine. The traditional health system in India comprises of two social streams - local health beliefs and practices relying on instantaneously available local resources; and the codified organised knowledge based on theoretical foundations (*Ayurvedic, Si Siddha* and *Unani*). Traditional folk practitioners include: herbalists, bonesetters, traditional birth attendents, spiritual healers and other specialist. It is frequently thought that traditional medicine only deals with natural and herbal cures.

Ethnic medical literature has defined two types of Traditional Health Systems-the *naturalistic* system and *personalistic* system. The *naturalistic* systems have been described as those, which are natural sciences with controlled investigation of documented *materia medica* having a comprehensive theoretical framework against which treatments are tested and new treatments are generated. The *personalistic* traditions have been described as these which have the knowledge of healing, possessed by an individual either selected by someone in the community or by a process of divine revelation, or by revelation of some form.

The state-supported modern medical system, which tends to be synonymous with a monopolistic medical "establishment" and a doctor-dependent, hospital-based, curative health care model, does not generally recognise, cooperate with, or adjust to the traditional medical systems. The two exist side by side; yet remain functionally unrelated in any organisational sense. The combined use of both types of expertise provides an optimal broad-spectrum response to health problems. "*Medical pluralism offers a variety of treatment options that health seekers may choose to utilize exclusively, successively, or simultaneously"* (Stoner, 1986: 4). People may try a variety of practitioners and treatments, from the same or different systems, until a cure results. In many societies the continuing process of negotiation takes place as patients seek therapies and aetiologies consistent with their understandings of illness (Morsy, 1993). Patients may accept some aspects of the scientific health care system as presented to them by a government physician, and they may supplement this with information gathered in consultation with traditional healers. The systems differ in availability, quality of care, levels of technology, and social adaptability; yet, ideally, both are intended to serve the same population in need.

The relationship between folk and classical traditions in India is symbiotic. There is strong similarity in underlying theory and worldview expressed at the level of theory of causation of some diseases. There is also a striking common ground for technical terms that are used by folk-healers and traditional practitioners such as *vaata, pittaa, vaayu, kapha, ushna, sheetala.* All these terms form part of the knowledge of folk practitioners and the households. The classical text of *Ayurveda* also mention about the folk traditions and healers. In *Charaka Samitha,* it is mentioned that "goat herds, shepherds, cowherds and other forest dwellers possess knowledge about herbs and its use in sickness" (shaloka-120-121). Likewise it is mentioned in-*Surutha Samhita* that "one can know about the drugs from the *tapasvis* (an ascetic), hunters, those who live in the forest and those who live by eating roots and tubers" (Chapter-36, *shaloka*).

The traditional healer, as defined by the W.H.O. (1976), is a person who is recognised by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background, as well as on the knowledge, attributes and beliefs that are prevalent in the community, regarding physical, mental and social well-being and the causation of disease and disability.

Traditional or local medicine still remains an important source of medical care in the developing countries even though it is not officially recognised by the government health care programs (Jaspan, 1969; Kleinman, 1980). It persists in urban as well as rural settings despite the availability of allopathic health services. Studies have shown, however, that its general persistence is decreasing in importance over generations, particularly among socially isolated nuclear families. In traditional medical systems worldwide, afflictions that beset body and mind can be explained in both naturalistic and super

naturalistic terms. When a wound does not heal, when a sickness does not respond to treatment, and when the normally expected and predictable does not happen, other explanations beyond the organic are sought (Scheper-Hughes, 1978).

Herbs were the first medicines used by pre historic man. They are, therefore, part of every cultural tradition and have helped the development and growth of herbalist. The World Health Organization (WHO) estimates that 4 billion people, 80 percent of the world population, presently use herbal medicine for some aspect of primary health care. Herbal medicine is a major component in all indigenous peoples' traditional medicine and a common element in Ayurvedic, homeopathic, naturopathic, traditional oriental, and Native American Indian medicine.

AREA AND PEOPLE

Sikkim

Sikkim is a multi-linguistic, multi-religious and multi-ethnic state. Historic events have played their part in creating such a mosaic. The Lepchas are considered the original inhabitants. In the seventeenth century (1641), they came in contact with the Tibetan Bhutias, resulting in the Tibetisation of the Lepchas. British contact (1884-85) encouraged Nepali (a generic term that include many castes and tribes), immigration as labour was required for construction of roads and extension of agriculture in the 19th and early 20th century. The ethnic scene of Sikkim changed rapidly with the multiplication of the number of Nepalese. The impact of this migration has been great and has social and cultural ramifications. Over the time, in Sikkim, the relationship between the established Buddhist Sikkimese population and the Nepali Hindus has led to rivalry and confrontation culminating in the dethronement of the Buddhist monarch and the incorporation of Sikkim into the Republic of India. For administrative purposes, the state is divided in to 4 districts- South, North, East and west.

Population

With only 540,000 inhabitants, Sikkim is the least populated state in India. The Lepchas are considered the original inhabitants of Sikkim and Darjeeling Hills. (Darjeeling hills were part of Sikkim and were annexed by British India in 1835) According to the 1891 gazetteer of Sikkim the Nepali constituted 56 percent, the Lepchas 19 percent and the Bhutias 16 percent of the population. A more than hundred years later, the Nepalis have grown to 75 percent; the Lepchas have declined to 9 percent while the Bhutia population percentage remained more or less the same. In June 1978, the Lepchas, Bhutias, Sherpas and Doptapas were notified as *Scheduled Tribes*. The Kami, Damai, Lohar, Majhi and Sarki have been classified as Scheduled Castes.

Except for North Sikkim, wherein certain groups of Lepchas and Bhutias are territorially bound, Bhutia, Lepcha, and Nepali groups belonging to specific religions, races and languages are found scattered in various parts of Sikkim. All these groups are characterised by specific ecological adaptations, as well as by type social organisation of the region. Most groups are culturally adapted to certain altitudes where they live which have been a barrier to overall population mixture.

The north Sikkim is more tradition fervent than rest of the Sikkim. The inhabitants of the north Sikkim have been leading a sheltered life because of geographical isolation as well as official restriction of settling of outsiders in Dzongu reserve and Lachung and Lachen. A Lepcha reserve in Dzongu zone, which was a private estate of the queen, was created to preserve their social homogeneity. Even if no reserve like Lepchas was created for Bhutias of Lachung and Lachen, they did have some degree of seclusion reinforced by political and ecological factors. The residents of these areas have been leading a secluded life and have continued to live and function in a traditional life style in accordance with their respective ethics and religious life style. In harsh and extreme climates and terrain, people always have symbiotic relationship with the nature (For details see Bhasin, 1989).

A wide range of crops are cultivated in agro-climatic zones, including upland rice, vegetables, pulses, potato and ginger. In North District sizeable forest areas have been converted for large cardamom cultivation, which grows under shade. Cardamom and ginger are grown commercially and make up Sikkim's main export. Each village has different endowments of various types of lands and diverse patterns of access to public and common lands. As the slopes are steep, most agriculture is practiced on narrow terraced benches. Sikkim is subjected to torrential

monsoon, ensuing in rapid run off on the slopes causing landslides and flooding in the river bottoms.

There are two main periods in Sikkimese history—pre merger and post merger. The pre-merger Sikkim was certainly different from present day Sikkim. There was strong religious and cultural influence of Tibet on Sikkim. However, it can not be said that Tibetan system was transplanted on to Sikkim. Lepchas, the original inhabitants of Sikkim were animists. The Bhutias who emigrated from Tibet were followers of Lamaist Mahayana Buddhism diffused with *Bon* animists spiritualistic traits. Lamaism, Hinduism and spirit worship are practiced by different ethnic groups inhabiting Sikkim, however it is difficult to classify them accurately. The Sikkim contains gompas of three major sects of Lamaist Buddhism-*Nyingmapa, Kargyupa* and *Gelugpa*. The 'Gompas' as a rule, are merely temples (*hlakhang*) with one or more lamas engaged in ministering to the religion

There are functional Local Health Traditions in vogue in different parts of the Sikkim state. Despite the fact that north Sikkim is tradition fervent, specific areas like Lachung, Lachen and Dzongu in and around the Kanchenjunga Biosphere Reserve are more conventional. In other villages also, many people are well-informed about medicinal properties of plants and their utilisation in curing of diseases. The people of Sikkim, by tradition have adapted themselves to the vagaries of nature by evolving intricate social and cultural mechanisms. Their medicinal practices too were woven within these mechanisms. The earlier inhabitants of Sikkim practiced shamanism, which was prevalent under the name *bon*. In due course of time, the *amchi* under the influence of the Buddhism established them in Sikkim, as the original inhabitants (Lepchas) had converted to Buddhism. Since the *amchi* were also religious people, they were accepted readily.The *tantric* form of religion and medicine as popularised by Guru Padamasambhava mingled with Tibetan Buddhism.

Lepchas of Dzongu

Sikkim grew into a plural society because of the migrations of Tibetan Bhutias and the Nepalese. The British occupation of Sikkim promoted an influx of the Nepali labour force, and gradually these people outnumbered the indigenous population of Lepchas. As a consequence, the Lepchas were pushed further interior, except those who because of hypergamy and other relations adjusted with Bhutias. For protecting the land and identity of the Lepchas , the *Maharajah* of Sikkim converted one of the royal estates into a Lepcha reserve-Dzongu. This was an inaccessible tract of land with a scanty population. Lepchas here subsisted by collecting natural forest produce, such as roots, tubers, leaves, grasses, fruits and herbs. The food gathering was supplemented with shifting cultivation, where large tracts of land were cleared by burning and crops were grown with the help of simple implements. Each plot was used for one or two successive years, and then abandoned. The main aim of Lepcha reserve was to preserve the social homogeneity. Outsiders need permit to visit Dzongu. Even the other ethnic groups of Sikkim need to secure a special permit from the government to enter Dzongu. Only the Lepchas of the reserve are allowed unrestricted entry.

However this served only one purpose—the use of land for Lepchas exclusively—but otherwise their culture was being constantly modified by external factors. From 1940 onwards, Lepchas of Dzongu reserve gradually abandoned hunting, gathering and slash and burn cultivation of dry rice and started farming. From primitive stage of cultivation, Lepchas developed agriculture, replacing shifting cultivation by more efficient methods of terracing, ploughing and irrigating fields. Entire mountainsides were converted to cardamum and terraced for the cultivation of irrigated paddy. The cardamum cash crop not only brought Dzongu Lepchas within Sikkim's market economy but helped create a surplus which could among other things be invested in religion. They visited nearby markets for selling and buying. Through contact with outsiders, the elements of change and innovations entered Dzongu and were adopted. However the process of change was rather slow. At the time of field work (1981-83), Dzongu was not well connected to the district headquarters-Mangan, on the North Sikkim highway. At present restricted eco-tourism and trekking tours operate in the area, Dzongu is still a reserve area and outsiders cannot purchase land or property in the area nor can they stay there longer than the specified period. A poorly maintained jeep road connects Dzongu area to Mangan. Since 1970, with the spread of education, some changes have taken place, but

the essential structure has remained the same. Lepchas of Dzongu linguistically belong to the Tibeto-Burman group having their own distinctive language, script and literature .Lepcha society is divided in to named *putso* (clan). Lepcha clans claim to have mythical connections with particular mountain peaks which they worship as their deity. Thus the mountains Simvo, Siniolchu and Kanchenjunga find prominence in the Lepcha culture. They use patrilineal descent to determine inheritance and group membership. However for strengthening social relations, alliances and networks of support depend on matrilineal kins. Although the household is smallest unit, there is mutual-aid group-*lobo,* based on reciprocity, consisting of neighbours and/or kinsmen, mostly on residential and customary lines to help co-villagers in need. They practice monogamy, polygyny and polyandry form of marriage and patrilocal residence (For detail see Bhasin, 1989).

Bhutias of Lachen and Lachung

Like Dzongu, the valleys of the Lachen and Lachung were also the private estate of the Queen at the time of Campbell's visit. It is mentioned that valleys were under the rule of Maharaj Kumar of Sikkim (Sikkim,1912: p.2). The Bhutias of North Sikkim are a tribe of agro-pastoral transhumants who migrate in the high altitude valleys of North Sikkim. The areas which they customarily inhabit are the two river valleys of Lachen and Lachung, situated on the banks of tributaries of Tista-Lachenchu and Lachungchu, respectively. The Bhutias of Lachen and Lachung are migrants from Bhutan. Though Bhutanese in origin, they were much influenced by Tibetan culture. Lachen and Lachung have their own traditional local government system. The provisions of the 1965 *Panchayat* Act are not extended to this area. They have preserved their traditional form of *Dzumsha* and *Phipun* administration. These areas are especially reserved ones where the right to settle or own land is not allowed to outsiders, irrespective of their ethnic origin. The Lachen and Lachung area has a special status with regard to settlement, land revenue and local administration. The Bhutias of Lachen and Lachung have communal forest/pastures and agricultural land with family ownership of land but with strong community regulation of the land usage. The village is an important land holding unit. The sale of land to outsiders is forbidden by the village council-*Dzumsha*. The whole system of distribution of land is known as *sago*. In this form of land tenure, the communal authority overrides any claim the state might extend on internal sovereignty or state lanlordism. Community membership entails mandatory participation in a number of domestic rituals, as well as ceremonies of territorial and ancestral deities. These rituals help ensure the health, fertility and prosperity of the individual, the land and the household. Although these ritual obligations were originally held to insure community membership but it also entitled them labour and help in case of emergency. Among Bhutias, the household is the smallest and most important unit of production and consumption. However, in cases of need, existing group structures- *chuchi*, larger than the household and smaller than the *busti* are available. *Chuchi* are the mutual aid groups based on reciprocity, consisting of neighbours and/or kinsmen, mostly on residential and customary lines. Though these are informal groups, violation of its rules may lead it to formal level. At present the Bhutias are polyandrous, polygamous and monogamous. There are no hard and fast rules about it.

With the closure of border in 1962, several changes took place in the area. Military encampments, supply bases, and defence posts were set up in the Northern border area. The loss of pastures in Tibet made Bhutias to shift from a pastoral and trading economy to agricultural and small scale horticulture and wage-earning economy. But they can not depend on agriculture alone, because of the scarcity of arable land in the near vicinity of permanent villages and others environmental features restrict land use. At present, Lachenpas and Lachungpas are practicing high altitude farming and animal husbandry. They raise yak, dzow, sheep, goats, horses and mules. Pastoralism is still a major economic strategy, but agricultural activities are also carried on along. They move above'and below the river valleys and exploit the grazing lands and arable land for cultivation along the valleys and surrounding areas (For details see Bhasin, 1989,1993, 1996, 1997).

Religion

Lepchas practice two contradictory religions side by side- *mun* religion (spirit worship) as well as Lamaism. Lepchas' *mun* religion is a communal

religion wherein all Lepchas have to participate in cults of family, *putso* (clan), *busti* (village) and community. It is a part of their obligation as a Lepcha towards their protective deities and spirits of the area. The link with the community becomes very strong in cases where the ethnic –religious identity itself happen to be at the risk of being put out, hence ensues the strong solidarity as seen among Lepchas ,factually surrounded by other dominant religious customs. The population of Sikkim is predominantly Hindu (68 percent), Buddhist constitutes 27 percent and Christians comprise 3 percent. The boundaries between indigenous Lepcha-Bhutia minority and the perceived Nepali migrant majority are being strengthened by religious differences

The main function of Lepcha religion is to help people to cope with the problem of suffering and provide means for getting relief from the distress. The popular religion of Lepcha is based on demonolatry. Among the Lepchas the conception of god is vague, and apparently, it had not attained maturity when it was superseded by Buddhism. According to Lepchas the world is peopled by good spirits-*rum*; and the evil spirits –*mung*. Trees, rivers, rocks and other natural objects are the homes of these spirits. However, Lepchas propitiate only the spirits and not the actual objects. That which cannot be explained pragmatically is considered the actions of supernatural and the peoples viability to cope with such acts form the basis of religious system. Lepcha rituals primarily serve to insure that a person will have a long and healthy life and suffer few misfortunes. Lepchas perform curing and purification rites.

The central religious roles are traditionally occupied by *bonthing* and *mun*, who both functions as shamans. The *bonthing* is always a male, a *mun* mostly a female. In the Lepcha shamanism, '*mun*' and 'bon*thing'* is an exorcist who performs rituals and sacrifices for the community. The *mun* worships two super-naturals- Hit *rum* and De'*rum*, who are considered to be ancestral gods, who look after the dead Lepchas. *Bonthing* presides at recurring religious ceremonies and seasonal festivals and may treat acute illnesses. The role of *bonthing* and *mun* is inherited within the family or *putso*, one of the members being chosen for this by the supernatural that protect and at times also possess him. With the help of their guardian deities the *bonthing* and *mun* are able to avert and counteract the influence of malignant spirits, cure illness etc. It is possible for a *bonthing* to develop into a *mun*, in Sikkim such healers are known as *padem*. After the death, *mun* are buried and conducted to heaven by a *mun.* If not buried, an angered *mun* transforms herself into Sabdok *mung* and cause discomfort to relations. Lepchas perform numerous ceremonies that are facilitated by *bonthing*-the priest. There are year round ceremonies viz. *cherim*, a number of *rumfaats* (ceremonies) wherein deities are pleased before undertaking any activity in mountains, rivers or forest.

Sikkim converted to Lamaism around 1641. Lamaism is a mixture of several elements .The chief element is *Mahayana* Buddhism, with an admixture of *tantric* Hinduism and Tibetan *Bon* religion. *Bon* is the indigenous, pre- Buddhist religion of Tibet, Bhutan, Sikkim and China, whose members are known as *Bonpo*. After the entry of Buddhism in Tibet in the 7th century, *bon* was absorbed and transmuted so that modern *bon* closely resembles Buddhism though some traditions and practices of animal sacrifice have persisted from it in some areas. The majority of Lepchas became Buddhists after the migration and settlement of Bhutias into Sikkim. However, they continued practicing *shamanism*, their indigenous religion along with Buddhism. The form of Buddhism prevalent here is not of most spiritual type. Lepchas in need do not pray to a Buddhist deity, but to the spirits of the land as they believe that spirits, witches and ghosts act as both mischief makers and deliverers of disasters. They worship the spirits of land and water for good health, ample rains, excellent harvest and prosperity. The craving for protection against malignant gods, spirits and demons causes the people to pin their faith on charms and amulets and to erect tall prayer flags, with strings of flag lets, which flutter from house-tops, bridges, passes and other places believed to be infested by evil spirits. Prayers hang upon people's lips. The prayers are chiefly directed to devils, imploring them for freedom or release from their inflictions, or plain naïve requests for aid in obtaining the good things of life. The *mun/ bonthing* and the Lama do not contradict each other but co-exist as religious specialists. The *mun* religion and Lamaism have become so interconnected that many Lepchas ceremonies are concurrently performed by Buddhist Lamas and Lepcha *bonthings*, each to perform their own

rituals. The addition of Lepchas sacred mountains and landscapes into the Buddhist pantheon made easy the indigenisation of the Bhutias and the coexistence of shamanism and Buddhism in Sikkim. The Lamas offer prayers to the Buddhist gods and goddesses and propitiate the protective deities of the land while *mun/bonthing* appease local spirits and offer sacrifice for the betterment of community. The main characteristics of the Lepcha religion are divination, possession, exorcism' propitiation and expiation; thus pointing towards the total integration of the *mun* and Lamaism. The converted Lepchas accepted scriptures, mythology, view of priesthood and social organisation but have rejected individual ethics (for details see Gorer, 1938). Buddhism is founded on literacy; the Lepchas were illiterate, and although a few of higher ranking priests had learned to read some sacred books, this skill had not penetrated the general stratum of Lepcha. The priesthood of Buddhism is founded on an elaborate pyramid of rank hierarchy, culminating in Dalai Lama, a sacred parallel to a monarchial feudal society. The Lepchas have accepted this hierarchical principle for religious purposes; however it has no influence on their secular life, which is basically egalitarian. Lepchas also worship people of Mayel (a mythical country visited by people of earth in olden times) while performing rituals at the time of sowing and harvesting of dry rice and millet.

In Lepchas society, the *gompa* (monastery) complex is located in the *busti* and the Lamas and laity have a patron-client relationship. There are some patches in the Dzongu forest that are dedicated to ancestral spirits or deities as a socio-religious practice by Lepchas. In the Buddhist philosophy such a practice represent the ecological wisdom of the local group. The sacred landscape of Tholung gompa of Dzongu , situated at altitude of 8,500feet in an uninhabited track of 14 kilometre square of mountainous forests. The Tholung gompa was first built in the reign of Chogyal Chakdor Namgyal in the early 18th century. It contains rare and valuable scriptures and artifacts of other monasteries that were brought here for safety during the invasion of Sikkim by the Nepalese during the late 17th and early 19th century. Once every three years in the month of April, the relics are displayed in the gompa complex for the public. Beyond Tholung gompa, there are some sacred caves and sacred spring. Traditionally Lepcha lamas and *mun/bonthing* performed special rituals to ensure the continuity of the royal lineage and to propitiate Mt. Kanchenjunga who is regarded as the guardian deity of the Lepchas and the kingdom of Sikkim. Only a few select lamas, who look after the daily worship of protective deities, stay nearby. This gompa is situated in land- slide prone area. However, the local inhabitants perceive this as the result of the anger of the Tholung deities and Sikkim's other protective deities.

Lingthem monastery in Dzongu was built in 1855 belonging to the sub sect *Lhatsun-pa* of the sect *Nyingma-pa* 'Red Hat'. Mahayana Buddhism introduced into Sikkim was the old unreformed sect which preserved in its religious practices many customs originating from the *Bon,* the Pre-Buddhist *Bon* faith of Tibet. Mahayana Buddhism is known as Tibetan Buddhism or Lamaism. It contains mystical occult elements. In the early twentieth century, western scholars used shamanism to allocate the tradition of *Bon* as a colossal group that includes a large assortment of religious phenomena. Sorcery, divination, black magic, fetishism, demonolatry, exorcism, ecstatatic trance, spirit possession, and various other super-natural powers were considered the elements of *Bon* shamanism. In the present study in North Sikkim, Shamans have been understood in relation to Buddhist lamas having social and religious roles. Lepcha-Bhutia shamans are distinguished as spirit mediums "whose 'deconstuctive voices'subvert Buddhism textual authority and hegemony of clerical values" (Bjerken, Zeff, 2003). Here shamans are respected as healers, whose ecstatic experiences make them different from lamas. They are not forced to follow the official orthodoxy of Buddhist lamas.

The Bhutias of Lachen and Lachung are Buddhists and believe in basic principles of merit and sin. They also believe in a vast array of gods and spirits who must be propitiated at appropriate time for the general welfare of society. The sect they belong to is *Bka'brgyud,* the sect which appears to have been the first school to gain a broad measure of control over western Bhutan. It was introduced by its founder *Gyal-ba Ha-nang-pa* alias *Gzibrijid rje* (1164-1224) from whom this school takes its name. It remained very much a family interest allied to the important clan of the *Giryos* which provided its royal abbots. The *I Ha-Pa,* unfortunately, has never come to light in the records.

Though there are few options for eking out a

living in this environment, but permissible latitude for deploying surpluses is wide. The use of surplus time and resources is not socially or culturally stipulated or economically dictated. Bhutias have a choice in the way they utilise their surplus time and resources. They pour their surplus time in to religion and the maintenance of it.

The Bhutias of Lachen and Lachung place great emphasis on coercive rites of exorcising and destroying demons. The execution of religion is in the hands of trained specialists *Pau, Nejohum* and Lamas. *Pau* is a male and *Nejohum* is female. *Nejohum* wears a *Lhasyr* (white shawl). Bhutias permit its Lamas to marry. One finds both married Lamas and celibate monks in village. The priest of Bhutias and Lepchas appears to reflect the 'Aris' of Pagan in some degrees. The Aris-the priests of Burma were also not strict observer of their vow of celebacy; and the basis of their doctrines was that sin could be expiated by recitation of certain hymes. *Pau* and Lama do not perform rituals simultaneously. Probably no more than two or three percent of Bhutias of Lachen and Lachung are actually under monastic vows, although many of them have had some instructions in monasteries, whether as vows, or as full-fledged monks who broke the vows, or simply as students who took instruction in reading, writing and fundamentals of religion from a Lama. *Gomchen* (learned Lamas) can be a married or celibate Lama. *Gaylong* is a Lama who sticks to celibacy.

Many Lamas are married and stay in the *Busti* with their wives and children. They work in their fields like ordinary persons when they are not in the *Gompa.* They can wear any type of clothes at home, but during ritual festivities they don dark reddish brown long robes and tall red hats trimmed with gold. Among Bhutias that a household having more boys is in a precarious position in finding brides for the boys. If one boy succeeds another in birth, he is ordained to become Lama. The household spends the initial expense for his initiation, but afterwards he lives on Gompa expenses and ritual alms.

Lamas do not live in the *Gompa* all the time. They are present only during festivals and ceremonies, or at the times of earning merit for oneself. The *Gompa* is never closed or empty, there is always a caretaker or *Konye* who lives close-by with his family or in a small single quarter. He takes care of the altar, changes fresh water in the bowls every morning and empties them each evening. He also keeps butter lamps filled with oil or butter and checks that everything is kept neat and clean. Bhutia nunneries *(Manilkhang)* are geographically separated from the *Gompas* and nuns do not perform ritual and funeral rities for the people.

Lachen gompa (1806) and Lachung gompa (1880) are the focus of the *kadam-pa/Nyingma* sect of the Tibetan Buddhism. There are frequent services in *Busti Gompas,* conducted by the local Lamas on a variety of ritual occasions at specified times throughout the year. Such services entail the construction of complex altar arrangements (destroyed at the completion of event), and the reading of texts, but every service culminates with a distribution of food, for which all the villagers come. Once a year there is a big festival *Losar* where Lamas dress up in impressive costumes and dance the roles of appropriate gods. All the Bhutias attend the *Losar,* which goes on for three days and nights.

The ancestral god *Pho-Iha* (Male god) whose cult reinforces the group's unity is worshipped biannually at *Chuba-Lhasol* in June and December four kilometres beyond Lachung. These ceremonies are performed by Lamas on 5th or 8th of these months. They reach the place one day before the actual ceremony to make preparations. On the appointed day, one male from each household gets to Chuba by 8 A.M. to participate in the ritual. Twelve *Tharzo* (religious flags) with *Lha-Gya-Lho* (wishing a long life) inscribed on them are hoisted for the better life of the people. On Sunday, Tuesday and Thursday, these flags are not raised, if done it brings bad luck. At Chuba, there is a holy tree *Tha-Gri* which is the abode of the celestial beings. The assembled crowd shouts "long live" and by 1 P.M. return to their homes. This ritual is performed for the long life and stable climate conditions *i.e.* normal rain, sun and snow. The presence of *Pau* is essential for the yak or pig sacrifice. *Nejohum* cannot carry out this.

In addition to public *Gompa* events, village religion also consists of privately sponsored services, usually held in the sponsor's home, on the occasion of birth, marriage, illness and death. A household may sponsor the performance of ceremonies in the absence of any life crisis, simply for the purpose of gaining merit, good luck, protection, or all three for the household. All religious services have a broadly common base,

centering on offerings and petitions to the gods, and offerings and threats to the demons, and closing with a distribution of ritual foods to all present. Family members worship Goddess *Yanglahmu* for wealth, with gold, butter, milk etc. for one or three or seven days. Each family performs this *Pooja* once in a lifetime. Outsiders may also participate in this.

The office of *Pau* and *Nejohum* is not hereditary. It is assigned to a person who suddenly starts showing symptoms of extraordinary behaviour (aggressiveness, irritation etc.). The person goes to *Chaam* (small house for mediation) far away from the village for three years with his own provisions. During this period he is forbidden to drink. After three years of meditation he can start visiting people. *Pau* performs *Pooja* for short periods. Chujela, the *Pau* of Lachen, is 65 years old and married with childern worships the Tibetan Goddess Lankoo Thengo. This worship is performed for the general welfare of the family by burning a hundred butter lamps and chanting verses. For the welfare of the village *Pohayah, Ghogenyboh* and *Rambapoh* are worshipped at the time of *Dukpasezhi* festival which falls around August, at the place of migration, Thanggu.

FINDINGS

Disease Incidence

The common diseases in order of their prevalence in the State are: (1) Hookworm, (2) Scabies, Warts and other skin diseases (3) Malaria, (4) Goitre,, (5) Tuberculosis, (6) Tapeworms (7) Venereal diseases (8) Roundworm, (9) Other Fevers, (10) Epilepsy and other Nervous Disorders (11) Throat Infections and (12) Tropical Ulcers. The largest number of patients are listed under the heading "Other Diseases" in the medical registers at various hospitals and dispensaries, which includes a variety of diseases from the common cold to pneumonia. The incidence of these diseases varies from one zone to another. In North Sikkim diarrhoea and dysentery have high incidence. -Helminthes diseases, especially tapeworm and hookworm; goiter (prevalent in Himalayan region) and venereal diseases are also widespread. A number of these are largely waterborne infections which bear a close relationship to the hygienic conditions prevailing in a settlement. The Lepchas of North Sikkim relish the carrions of pork, beef, preserved by hanging them over the fire for a long stretch of time. The dishes prepared from the semi-decomposed carrions, not fully boiled, cause enteric disorders and worm infections. Pigs that live on excreta and garbage are a major factor in the wide prevalence of this disease.

Health Status of People of Sikkim

The health status of people of Sikkim has improved significantly over the last 15 years. Better medical facilities have reduced the infant mortality rate from 88 per thousand in 1988 to 51 per thousand in 1997, against the national rate of 71 per thousand. The birth rate in 1997 was 19.8 per thousand and the death rate was 6.5 per thousand, which is lower than the all-India average of 27.2 and 8.9 per thousand respectively. Medical services are free for nearly one and all.

Despite the advances made in health care, there is a need for better family health care. The child mortality rate of 32.12 percent is much higher than the national rate of 11.6 percent (1996). The death rate (22.28) of female child of less than one year is much higher than their male counterpart (15 percent). The female/male ratio of 876 is far below than India's ratio of 927. The sex ratio for Sikkim deteriorates steadily between the ages of 30 and 59 to touch a low of 655in the age group of 55-59. The death rate for rural women aged 15-50 is very high (43.85 percent) compared to men (23. 67 percent) in the same age group. A major reason could be a high maternal mortality. No data is available to verify this as natal care is still largely undertaken by untrained people.

Before its merger with the Indian union in 1975, Sikkim had only one major hospital, which was established in 1917 with 50 beds and three doctors in Gangtok. In 1979, Sikkim had four hospitals-at Singtam, Gyalshing, Namchi and Mangan, in addition to the Central Rreferral Hospital at Gangtok which began as 50 bed hospital and expanded to 300 beds with some specialised departments. At present there are 24 Primary Health Centres (PHCs), 147 Primary Health Sub-Centers (PHSCs) and 4 Community Health Centres in the state. This makes Sikkim possibly the only state in India to achieve the national norm of establishing 1 primary health centre for 2,000 people and 1 PHC for 3,000 people. As against the initial phase of the 1970s, when these PHCs were grossly understaffed and pharmacists

ran many dispensaries, in the late 1990s, there were 1-3 doctors and para-medical personnel for each PHC. All PHCs have electric connections and most of them an ambulance. Studies have shown that the majority of the Sikkimese depend on the PHCs and PHCs for medical care in case of need depending on the availability (Bhasin, 1990, 1997; Chutani and Gyatso, 1993; Gyatso and Bagdass, 1998).

The Lepcha and Bhutia women in north Sikkim lack traditional institutioalised care for pregnant women (including a lack of specialised birth attendants). The World Health Organisation defines a traditional birth attendant (TBA) as a person who assists the mother at childbirth and who initially acquired her skills delivering babies by herself or by working with other birth attendants. Unlike other parts of India where a specialist (*dai*) is called in for delivery, although not for a prenatal. The Lepcha and Bhutia women simply avail the help of experienced women to help them with delivery of child. Women deliver at home, with the assistance of older female family members or neighbour. Management of pregnancy is informal, through commonly known advice regarding diet and activities, previous experiences with pregnancy and taking precaution about evil influence and evil eye.

Disease Perception

Every culture has its particular explanation for ill health. Culture provide people with ways of thinking, that are "simultaneously models of and models for reality" Geertz (1973). Religion has been held responsible for many differences and norms affecting the fundamental values and behavioural pattern in life including health behaviour. Every religion has three aspects: values, symbols and practices. The distinction between natural and supernatural exists in all cultures. Lohmann (2003) argues that a supernaturalistic world-view or cosmology is at the heart of virtually all religions. For him the supernatural is a concept that exits everywhere, even if it is expressed differently in each society. Supernaturalism attributes volition to things that do not have it. On the other hand for Lampe (2003), "supernaturalism" is a problematic and inappropriate term like the term "primitive".

In the western world people usually do not make a distinction between illness and disease. Disease is an objectively measurable category suggesting the condition of the body. By definition, perceptions of illness are highly culture related while disease usually is not. To a great extent, research in medical anthropology, make use of a pragmatic orientation, but a powerful alternative position also prevails, focusing on negotiation of meaning as key to understanding social life.

Indigenous Disease Theory and Causes of Sickness among Lepchas and Bhutias

The Lepcha and Bhutias' understanding of disease causation, its dynamics and its treatments are elements of their culture. Traditional healing comprises the fundament of knowledge, beliefs and practices, and has existed even after alternatives have been provided. Ethnicity comprises a principal independent variable the effects of which are analysed with respect to dimensions of illness episodes and behaviour associated with the episodes. Illness and misfortunes are distributed to a variety of supernatural forces such as attacks by good and bad spirits, witches, sorcerer, forest divinities, spirits of deceased and angry gods and goddesses, breach of taboo and evil eye.

For the Lepchas, illness is something that may be caused by spirits of envy, hatred and quarrelling. Illness may be prevented by leading a good clean life and not causing trouble for others. The spirits of enmity and jealousy *karo-mung* cause illness through evil thoughts. If a person is annoyed with a neighbour because his animals have strayed in his fields or he has done some harm or envies his possessions, this *mung* is released automatically. Illness is caused by evil spirits- Sabdok Loo *mung*, Dade *mung* sent by an enemy. It is tried to find out by divination that who has released it, but no revenge of any sort is taken. Likewise annoyance or mischiefs of different *mung* cause various ailments. Lepchas believe that quarreling is the result of the actions of three evil spirits: *su-mung* (enmity of speech), *ge-mung* (enmity of thought), and *thor-mung* (enmity of action). Besides the evil trinity of *so-go-thor*, Tamsi *mung* causes quarrels and wars. Jaundice is caused by the Lon-doon *mung*. Mat *mung* produces many unpleasant symptoms apparently having no reason are the result of the ancestral quarrels. A quarrel annoys deity- Gebu Tabrong Pano, who afflicts the offenders with all sorts of aches and pains, commencing with

toothache as a punishment. Similarly, the antagonism of *rum* too punishes people by inflicting them with sickness. The person possessed by Padam *rum*, suffers with severe body ache and feels as if he is being poked with bones and sticks. Lepchas consider that people born in different years are distressed by specific *mung*. For example Lepchas born in *Oon nam (*sheep year) are troubled by *chemen mung, loo desen mung, muzong rumloo* and *sabdong loo*. The persons who are born in antagonistic years are troubled by Chemen *mung,* Loo Desen *mung,* Muzang Rum Loo and Sabdong *mung.* The person possessed by these *mung* is always hungry and if catches sight of people having food, each time attacks for more food. Lepchas believe that if a child is born with defect or disease, the father of the child to be born has executed some immoral act during pregnancy. The death of such a child occurs in the year corresponding to the month of pregnancy when the act was carried out and is considered the consequence of the endeavor. Accidents, disability, calamity, diseases and losses are readily explained by holding some elements of supernatural or another responsible for.

Bhutias consider that *Shinde's* (old man spirit) mischief causes stomachache, miscarriage and other common diseases. Human intervention is alleged source of illness. Bhutias believe that diseases can be induced by magic, sorcery and evil eye. Bhutia's belief in witchcraft and sorcery offers a possible contrast between the scientific and the cultural reality. They believe they have at least partially solved the problem, and their partial solution contributes a great deal towards the shape of the Bhutia cultural system. The variety of malicious aggressive, violent and unpleasant beings in the Bhutia world is somewhat overwhelming. The weight of the system, in terms of sheer number and types, is on the side of evil.

Like Lepchas, Evil eye or *nazar* is considered another cause of sickness among Bhutias as well. People use the eye metaphor to emphasise evil emanating from envious eye-to eye contact. The science of parapsychology describes the phenomenon as a type of hypnotism, exercising some kind of mind power, which is held by certain individuals. Causes vary from staring at someone for a long time, showing admiration or envy, gossiping on a person's looks, which can have an effect whether it is negative or positive. Compliments are usually believed to be the cause of the Evil Eye. Common symptoms of the Evil Eye are strong headache, nausea, fatigue or simply a bad mood. According to believers in this superstition, few people, who know the right prayers and have been trained to deal with these cases, can only break spells. Practitioners who release victims from the spells pass the prayers on to the next generation. They try to cure the evil eye by amulets and charms or holy water, which they procure from religious practitioners. "Curing the evil eye is, therefore, difficult because it violates the integrity of the human body and creates an orifice that attracts other sorts of evil" (Fadlalla, 2002).

It is alleged that certain people can instigate spirit of powerful deities or powerful humans to attack on a living soul indicating displeasure of the attacker. These people are supposed to be in possession of secret evil power, which can be used to instigate malevolent spirit to attack people. These spirits are considered very powerful because they are highly mobile. Sudden illness after returning from forest is attributed to *Cho-chapshe*. *Cho-chapshe* rites are performed as attempts at outright destruction of the person. Witchcraft is feared even more. Enemies, be they neighbours or relatives, through their own magic or with the help of a sorcerer, can inflict disease and destruction upon others. If the condition remains undiagnosed and untreated, it can lead to death.

Health Care among Tribal of North Sikkim

Contemporary medical services in Sikkim appears to have been provided by a variety of practitioners from domestic, village level healers to monastic healers to primary health services. As Klienman (1980) grouped the healing practices in to three comprehensive sectors, the Sikkim's healing practices can be grouped: - (i) *professional sector*, which includes biomedicine and *amchi* (Tibetan medicine); (ii) the *folk health* care sector that includes specialists who are neither professionalised nor bureaucratised; and (iii) *the popular sector* includes all the things which patient and his relatives do to cure sickness, using their own concepts of what facilitates or delays healing. An important role is played by oracular or shamanic healers and by *amchis* and biomedical practitioners. Treatment could thus be from herbs, Tibetan pharmacopea and/or within the context of magico-religious healing contained by indigenous framework. *Amchi*

medicine was officially sanctioned as a component of the public health system in Sikkim and given funds for clinical operations and training programmes. At the time of field work there were no *amchi* in Dzongu.

In 1981, four primary health sub-centres 21 child welfare centres were funtioning at Hee-gyathang, Gor, Sakyong-Pentong and Tingbong revenue blocks. The nearest hospital or dispensary was located at Mangan. In larger *busties* (villages) maternity and child welfare centres were functioning under the supervision of a child development programme officer. There were five child welfare centres in Hee-gyathang and three in Gnon-Samdong, the revenue village where field work was conducted. (the number of primary health sub-centres has increased to nine and a primary health centre at Passingdong has been started in Dzongu)

Types of Traditional Healers

Lepchas of Dzongu have an indigenous system of health care based on herbs and ritual care. Lepchas of Hee-gyathang depended more on Lamas and traditional healers like *Mun, bonthing* and *jhankris* (Nepali faith healers) in case of sickness and resorted to primary health services only when other means had failed. The *busties* which were close to the health centre, availed of the service more frequently than those at a distance.

Herbal Specialists: Who treat people with the help of herbs available in the vicinity of Dzongu. It seems that no organised Lepcha herbal system exists with 'herbalist' as professional. This is in sharp contrast to the fact that all plants of the region are identified, named and thus known to the Lepchas for a long time. Gathering is indispensable to Lepcha's economy. It provides them with important ingredients of their daily diet, medicine and for religious ceremonies. Lepcha with their subsistence economy, depend on the forest for their needs. Among Lepchas of Dzongu, these herbal 'specialist' in home remedies are generally the elders who do not consider themselves healers, but suggest and give plant remedies in case of illness. They learnt the secrets of the herbal remedies from their fathers or any other expert in the required field. Lepcha is nature worshipping community which is also known as *lingee*. Big trees across the species are traditionally not allowed to be cut down. The herbal healers who rely on a number of medicinal plants do not share the knowledge with others which help in checking reckless exploitation of the plants by all and at the same time maintain the prestige of the healer in the society.

The local inhabitants in the North Sikkim area have inherited rich traditional knowledge of the use of many plants or plant parts for the treatment of their common diseases. They often have the information on how to use the plants and to take or to apply the medicine for different diseases and health care. Information on medicinal uses of tubers, rhizomes or roots used by the inhabitants of North Sikkim, is presented here. Most people above 50 could identify over 30 types of medicinal plants, whereas younger people would identify between 2 and 5 types. Following are some of the local plants used in medicine by Lepchas:

Mei-hroom-rik- Juice of the plant is used for sores in mouth and tongue of small babies.

Tuk—rik-koong- Flowers and leaves of the plant are used as vermifuge tonic.

Ka-chuk-koong- Bark and root is used for ulcer, bleeding, piles and dysentery.

Sa-naong-koong- Bark is used for diarrhoea.

Re-be-rip- Rhizome and leaf paste is used for eye ailments and cataract.

Ruk-lim-koong –Seed, leaf and fruit is used for rheumatism, paralysis and lumbago.

Mongu-tafa/makch-mukh –whole plant is used for urinary disorders.

Naap-saor koong- Bark leaf is used for chronic diarrhoea and gonorrhoea.

Hik-bo-rik-loap –Rhizome of the plant is used for scabies, itches and stomach troubles.

Gye-bookha-noak –ftuit is used as purgative.

Ka-look-paot –Fruit cotyledon paste is used for skin diseases and mumps.

De-chyoo-koong –Roots of the plant act as antidote in of food poisoning.

Tung-chaong-maon-rik –Crushed leaves are used for poultice for sores.

Faodjyirip –Bark, leaf and latex is used in case of acute dysentery.

Phachengfea –Crushed tuber paste is used in wounds and fracture as a bandage.

Naong-ryoo-koong – Oil extracted from seeds is used in curing rheumatism.

Dam-Paal-taon-koong –Seeds are taken for stomach ailments and viral fever.

PhozimAeyok –Whole plant is used for pneumonia and throat pain.

Tum-boap-koong –Paste of roots and leaves

in case of gonorrhoea. This has a cooling effect.

Num-byaaong-koong – Concoction of bark, roots and fruit is taken as purgative. It is also used in case of inflammation of the vocal chords to cure hoarse voice.

Ta-kryup-poat –Seeds are used as vermifuge.

Tum-baar-koong –Concoction of roots, leaves and flowers is used for asthma and cough.

Pa-go-koong/rip –Papery seeds and bark is taken for pneumonia and chronic sores.

Tuk-fit-rik –Paste of the fruit is used for toothache and pyorrhoea.

Jaringomukh –Tender shoots are taken for stomach ailments and body pains.

Azramon –Paste of leaves is applied as bandage in case of wounds.

Kaon-ke-koong –Pounded bark is applied for healing in fracture.

Al-etok-koond - petals are used for dysentery and diarrhoea.

Khey-gok-koong-leaves are used for chronic rheumatism; syphills and sciatica.

Tung-haer-koong –fruit is used for blood dysentery.

Kaong ge–root, bark and fruit is used in case of leprosy and other skin diseases.

Kachingre-jaeu –fruit is used in case of pyorrhea.

Sa-laong-rip –root is used as poultice in sprains.

Kuntek-rip –whole plant is used for burning sensation during menstruation; and for tongue blisters

Pushore –root is used for flatulence.

Chamm-maa-haa-mukh –root as a remedy used for suppression of urine;epilepsy and swooning.

Saam-fey-pro –leafy shoots for fracture and body ache.

Geu-sying –rhizome is used in case of stomach and liver disease.

Ritual Specialists and Magico-religious Healer: There are host of illnesses believed to be caused by evil spirits. These are mostly treated by ritual specialists or magico-religious healers. He exorcises evil spirits and suggests preventive measures against the attack of evil spirits. Charms and Amulets are also recommended.

Tse-sung are amulets for prolonging life and warding off dangers.

Rim-sung are worn in time of epidemics.

Kunthup-sung are used to ward off general evil.

Za-sung is a charm for epilepsy patients and is worn in order to prevent attacks.

Sipaha is an amulet for person going in an inauspicious direction and is forced to travel at an inauspicious time.

Palkyet-sung is for good luck.

Gyal-sung is charm for warding off the evil influnences of a special class of demons which are both inimical and useful to human beings, in proportion to the degree in which they are either propitiated or disregarded. These demons are belived to be the spirits of perverted lamas, cause night meres, diseases of brain and nervous system. For cases of child birth and various diseases of nervous system, charms are written on thin strip of paper with chinese ink. These are rolled into a pill, coated with butter is administered to the patient to swallow. In case of difficult labour, they are tied to the hair of the mother, on the crown of her head.

Strings of snail-shells are worn around the necks and writs of children for their protection.

Various plants and herbs are also used as amulets. These plants and herbs have blessed and consecrated at auspicous time of strolling lamas.

Amulets are usually made from a sqaure piece of Sikkimese *Daphne bark (Edgeworthia gardneri)* paper. This is folded into a square and decorated with coloured thread, the inside being generally printed with various spells; usually the name of dieties whose help it wishes to invoke. Other charms are inscribed with scared letters and diagram copied out of the Tibetan Tantric scriptures. Some charms are worn in silver boxes. These silver boxes are sprinkles by holy water and are fumigated with incense very morning. Different specified parts of some animals are also used as charms.

Certain plants are used in religious ceremonies. Plants with religious significance are: - 1.*Tuk-ril-koong* (*Artemisia nilagirica*)- the Lepchas worship twigs of this plant in all religious activities;2. *Nanbelli* (*Lycopodium japonicum*)- The *bonthing* uses this plant in ritual. It is believed that this plant helps in exorcising demons who attack and make people sick; and 3. *Pusore* (*Thysanolaena maxima*)- Serrated leaves are used in religious ceremonies.

It is impossible for an ordinary man to deal directly with the spirit world and to know the cause of their annoyance and way of appeasing the distress causing spirit. Diagnosis and propitiation

is carried out by religious technicians, the *mun/ bonthing*- a medicine man or an exorcist. *Mun* are necessary for cleansing from supernatural danger, for blessing and solemnising various undertakings, and for expelling disease causing devils. *Mun* cures entirely by rituals and means of sacrifices. *Mun* gives no medicine, nor does he prescribes the necessary charms and amulets, the making of these being the domain of the Lamas. The *mun*, often but not necessarily a female shaman, is a healer who exorcises demons, helps to treat illness and guides souls to the next world. The *mun* mediates between human, supernatural and natural. Prior to the introduction of Buddhism in the area, these sacerdotal functions were carried by the Lepcha *mun*. Now, these services are under taken by the *yukman* or the Lama as well. The *Mun* have no social organisation. Priesthood is by possession of supernatural resident in family lines.Most *mun* ceremonies are performed for individuals. Some calendrical ceremonies are performed together with lamas. For example, *Cherim* ceremony to avert illness from the community is performed by *mun* and Lama together. Services of *mun* are very important in the lives of individual Lepchas than Lamas. They (*mun*) must be present at birth, marriage and funeral

The therapeutic rituals as practiced by ritual experts and lay persons tend to focus on symbolically encouraging and assisting the putatively natural course of the sickness or on transferring it away from the patient's body, rather than on 'treatment' or 'cure' in specific sense. At Lepchas exorcisms, *mun /bonthing* traces a double line of flour from a dough image of demon to the door, as the route it must take to go out. The image is carried accompanied by chanting by a *bonthing* to the forest or to the place where four oads meet with a lighted torch to show the way. Lepcha *mun* are signified by possession; the ritual consists predominantly in verbal repetitions; are employed for therapeutic ends; and the people attending ritual play a minimal role. However, the presence of family and friends during the ceremony intensifies the whole experience. A patient gains courage through public acceptance of his battle and from knowing that so many persond are on his side. Co-operation of the patient during exorcism is implied; and sometimes is dramatically expressed. Among the Lepchas, the patient himself is an active performer (Gorer, 1937: 206-207). During trance, *mun/ bonthing* has no need for leaving the body in 'mystical flight'in search of the souls of the persons who are ill, since most disease is not a result of "soul loss" but of possession by wandering spirits or demons. The *mun/bonthing* is possessed by the tutelary spirit who speaks directly to the living, diagnose disease and call for the desired ritual. Certain rituals accompanied by incantations of verses are performed to invoke the tutelary spirit, which will ultimately possess the ritual specialist. Many believe that during possession, deity/spirit speaks and heals through the healer. All therapeutic rituals are accompanied by lengthy prayers, sacrifices and various offerings. Twisted pieces of dough (*chongbu-tipku*) form a part of sacrificial objects in Lamaist ceremonies and are usually waved over the person at the end of the ceremony for whose benefit the ceremony is performed. Lamas use dough object as they do not sacrifice. The *torma* or holy food is used in every lamaist ceremony. It is high, conical cake of dough, millet paste, butter and sugar and differently coloured. Sacrifice is always performed by a *bonthing*. Offerings to devil (*Cher-kem*) during lamaist ceremonies are made either by lay men or lamas. The offering consisting of mixed grains floating in strained *chi* is thrown on the ground with a wooden spoon to the cry of *lo-chi-do* (take this). To drive away devils, a mystic lamaist ceremony *kongso-klon* (devil dancing) is performed.

Lepchas believe that if some body is possessed by *Padem rum*, the victim feels as if he was being poked with bones or sticks. To appease *Padem rum*, services of *mun/bonthing* are mandatory who sacrifices a fish, a bird, *chi* (local beer) along with a scarf, a rupee and a chime. At the time of sacrifice, prayers are held to the god of ancestors-*Nyou rum* for recovery and patient promises to serve the *rum*. A person once attacked by *Padem rum*, perform sacrifice twice a year to remain healthy.

For a person who is born in antagonistic year and suffering consequently, a Lama and *bonthing* work together for his recuperation. Lama reads religious books and makes *deu* ('a palace of super naturals'; it is represented by geometrical construction of colored threads on a bamboo support; these thread crosses may be any thing from three inches to ten feet high; varies according to which lamaist ceremony is performed for) of Chemen Gedo and Lemoo Gedo and set up these on a pathway. It is mandatory for patient to get

Loo-fat (sacrifice by *bonthing*) ceremony performed by a *bonthing* and ceremonies- *Goonchen* and *Sene Kyop* by Lamas. Often patient is advices to change his/her name.

Quarrels caused by Tamsi *mung* affect *Gebo Tabrong Pano* deity, who sends all sorts of aches as punishment. To appease the deity, the *Tyouma Rumsoy* (a ceremonial dance in front of a lamaist altar) ceremony and *Kongso klon* (devil chasing) ought to be performed. To keep away quarrels and kill this *mung*, a piece of paper is stamped with the printed effigy of *mung* and surrounded by thirteen crossed sticks. Lamas sit around this paper holding in their joined hands a *phoorbu* (a sacred dagger, which has three heads on the handle and a piece of black cloth tied around the middle). The *mung* comes in the form of an insect, sits on the paper and is killed with the *phoorbu*. After the insect has been killed, the insect and paper are put in the rat's skull around which twelve *sut-song* (pieces of wood pointed at both ends with a notch in the middle-one end being red and the other being black) are tied.

To destroy the quarrel causing evil trinity, the devil *so-ge-thor*, a lamaistic exorcism ceremony featuring a large image of the demon is performed annually. An archer shoots an arrow so that it pierces the heart of the image. Then the people in attendance tear apart the image, after which they stick bits of it, along with papers with the devil's name in to a piece of bamboo and burn it. This whole ceremony is accompanied by different prayers and rituals.

To appease Hlamen Djeme *rum* , a god when pleased, a devil when angry, it is necessary to perform the ceremony of *Deut Shagu Kyok*. A small image of the patient made of buckwheat powder is drawn on the board along with *ye*, leaf cups with grains, arrows and spindles with gold and silver scraping over it. Altar lights (*chimi*) are lit and lamas read religious books. At the end of the ceremony, the lamas' *pek* patient with *chongbu tipku* and the offerings are removed far away.

The *Go-sum* is a strong and potent cure, and is always successful when correctly prescribed. It can be used to cure illnesses caused by thirty different devils; and to negate the effects of evil fortune. To ascertain when a *Go-sum* is required, *Kukzen*, a book of Tibetan witchcraft or sorcery is consulted. It is believed that offering of *Go-sum* will cure the sick Lepcha, provided the diagnose is correct and the disease has been caused by any one of the thirty demons over which it has control. If the recovery of the patient is not seen, It is not due to lack of potency in the *Go-sum* but to a mistaken diagnosis. The figure of the *Go-sum* is first built up roughly on a base of coarse grass and it fastened to a small plank by means of a stick on which it is impaled. The trimmings and anatomical details are added later and are usually made of dough. It has got three heads, the central is that of bull which is larger than than the tiger on the right and pig on the left.

Numbers of precautionary Lamaist and Mun ceremonies are held regularly to avoid illness. General and regular rituals either held for the whole community or the obligatory consultations which takes place at the beginning of each twelve-year cycle after the third. These remedies correspond to the special ritual ceremonies held in the case of illness and misfortunes. In there rituals, lama act as a consultant specialist and the *bonthing* for the traditional remedies. To keep in good health, one has to follow certain rules about ventilation and sunlight and a balanced diet; for the Lepchas these principles are reinstated by the worship of the gods and driving away of devils. Lepchas perform *Lyang Rumfaat*- a ceremony wherein the deities are called to protect them from epidemics such as dysertery and other epidemics that usually affect by the onset of summer.

An ox is sacrificed to expel the devil of jaundice (*Lom-doon-mung*); and (*Mat-mung*) who produces various unpleasant symptoms, results of ancestral quarrels.

Exorcism among Bhutias

Bhutia religion includes the primordial tradition of shamanism. By far the most potent method of driving out spirits is *exorcism* - the expelling of evil spirits through the magic power of the word. Certain words have to be chanted at the right moment if the spirit is to yield to mechanical pressure or let it be transferred. These incantations can take the form of commands, such as ordering the spirit to relinquish its host, or appealing to more powerful spirits for intercession. Spells can be cast: that is, words are combined in such a way that on hearing them a spirit cannot resist them. The ritual of exorcism takes different forms among different people in India.

In Bhutia religion, after the orthodox

calendrical events, exorcisms rites are highly popular. In addition to being held annually, exorcisms are also connected with funerals, personal and public problems. The majority of Bhutia rituals are connected with combating the various evil beings and the modes of dealing with them are almost as diverse and numerous as the types of evil beings themselves. In one kind of ritual the Bhutias invoke the *Pho-Iha* (gods), give them offerings and ask them to join their side in getting rid of offending spirits. When the *Deh* (evil spirits) see how powerful their side is, they go away. In another kind, evil spirits are asked what they need to satisfy them, and their wish is fulfilled. Exorcism also includes threats, forcible ejection and attempts at outright destruction as well. In exorcism there is always a direct enactment of conformation with the forces of evil.

The Bhutia shaman is *Pau* whose primary function is to cure illness. Shamanism in the greater Tibetan culture has a long and complex history. Many of its distinctive ritual forms and basic functions continued to be appropriated by Lamas, wherever they can manage it or by local Shamans *(Pau)*. Over the period of centuries Shamanism itself also underwent much change, but it has recognisably survived into the present among Bhutias, as a marginal but tenacious institution. However with the introduction of western medicine, it seems to have gone into rather serious decline. There are two *Paus*, and 40 Lamas and 35 *Nejohum* in Lachung. (Sheratchu *Pau-Pau* Sonam, 59 years and Bichchu *Pau*, *Pau* Tensing, 60 years old were believed to be possessed of many powers.

Pau, Lamas and monks all perform exorcist rituals, that is, rituals involving direct confrontation and struggle with evil forces *(Deh)*. *Paus* and Lamas do similar curing rituals with very similar structures, but the *Pau* work is never considered religious and Lama's work is not considered exorcism. Further, exorcism performed in villages for lay people, by *Paus* or Lamas, is considered lower and must not be attended to by monks. The only lay village rituals in which monks participate at all are funerals, and they leave at the end of the proper funeral, leaving the village Lamas to conduct the exorcism with which every funeral concludes.' However, every *Gampa* has an annual exorcism that is very similar to the annual village exorcism in form and content. Villagers attend the *Gompa* festivals while monks do not attend the village festivals.

Bhutia *pau* (shamans) are capable of seeing spirits in a state of trance. During trance the spirits take possession of the *pau*'s body and speak through his mouth. The *paus* are chosen by "visitation", but unlike other shamans do not travel to the world of the spirits, but induce spirits and gods to come and speak through the mouth, diagnose disease and suggest required ritual or sacrifice in order to relieve misery. Whenever a *pau* is approached in case of illness, alleged to be caused by the mischievous spirit, he tries to find out the cause. He goes into a trance, and communicates with spirits in order to find out why they have afflicted the patient with illness and how to appease them. Sometimes he performs *Motapshe* (diagnosis) with the help of a *Lide* (plate) full of *Chum* (rice). He goes on shaking the rice plate till the symbol of the evil spirit appears in the plate. The *Pau* performs *Phiphi* by offering money, eggs and clothes which have been circulated thrice over the patient's head to the malignant spirit. These things are thrown out, and only the clothes are brought back. It is believed that the person will get cured within three days. If he is not cured, in that case he goes to Lama or primary health centre. This rite is not accompanied by any sacrifice. If *Pau* wants to capture the evil spirit, he will do so by tying the *Phetho* (thread) round the patient's arm.

In the patient's house, the *Pau* and patient sit in separate rooms. *Pau* performs *Motapshe* and after identifying the evil spirit, walks to patient's rooms with a *Khee* (knife). Then the *Pau* performs *Dakche* (knife is heated red hot and licked by *Pau)* and then he carries this heated knife to the patient and performs *Photopashe* (blowing off the hot air near the patient's body with the knife). Then he drinks *Chhang*. The whole process takes about half to one hour.

In case of *Shinde's* (old man spirit) mischief, stomachache miscarriage etc. happen. Lamas help in this by performing *Ginse (Havan)* for three consecutive days in the patient's house. Big Lamas charge Rs. 3000- for this and small Lamas take less.

A *Nejohum* can treat sterile women and perform *Pooja* during complicated deliveries. The *Pau* cannot enter the delivery room though can provide holy water *(Naama)* or *Ghee (Naachu)* for the easy delivery. The presence of *Pau* and *Nejohum* is not necessary at the time of marriage, naming or funeral ceremonies. If by mistake, *Pau* enters the delivery room, *Thip* happens *i.e.* he

has committed a sin. Then he cannot visit any person for forty days. After this period he performs purification *Pooja*. The old *Pau* is called and holy water is sprinkled in the house and outside.

If there are frequent deaths in a family, severe loss of livestock or failures in any sphere of life, *Wangchu-chambo* goddess is worshipped. *Gomchen* (learned Lamas) perform this worship since it involves long rituals and lore. Sometimes Lamas from Rumtek and Anche monastery in Gangtok are invited for this ritual. This worship entails various things like *Tha* (animal blood), *Phung-saa* (soil sample of the place where a large number of people died), *Chushiambu* (a type of food available in the jungle), *Gulang* (male genital organ made of wood or clay) and *Tmgchu*. All these things are kept in the *Chosem (Pooja* room) where only the Lama and the head of the household are allowed. All others have to stay outside. A curtain is put up to prevent the ritual being witnessed by mistake. It continues for three to seven days. On rare occasions it goes on for a whole *month. Sepchi* (Lama's assistant) may also attend the ritual. The performers take only rice and tea. It is a very expensive ritual, as the people who come to participate (though they sit outside), are to be fed.

The Bhutias of Lachen and Lachung believe in *Sodimepa* (ritual pollution). Those living in the house where death, delivery or abortion takes place are considered unclean for three days. They are prohibited from joining any ritual or ceremony.

Cho-chapshe rites are performed as attempts at outright destruction of the person who embezzles the public funds, or *Phipun* or Lama who commits a sin by betraying his public or are responsible for major thefts in the area. *Cho-chapshe* is a powerful weapon in which all *Pho-lhas* (devils) are invoked by the *Pau* for the destruction of the offender. While performing *Cho-chapshe*, the name of the offender is written on piece of paper (*khe chik*) and *Pau* invokes all the *Pho-lhas*. All residents gather at the junction of three streams or rivers. *Khe-chik* is put in a earthen pot and this pot is placed on three stones (*gheepo*) with enchanting of special verses for the destruction of the offender. A fire is lit under the earthen part and all present stone it. Nobody touches the broken pot. Then they clap hands thrice and leave for gompa to worship goddess Sungma. The *Re-tho-goo Phad-heru* (the curse) can go up to nine generations. Occasionally, the offenders vomit blood and die immediately, others die after some time. It is believed that if *Tsiloo*, a ritual for longevity is performed the blessed person cannot be affected by *Cho-chapshe.* The first half of the *Cho-chapshe* is performed by *Pau* and second by the Lama. He performs a ritual to appease *Sungma* (goddess). *Pau* can come to the *Gompa* but cannot participate in the ritual in the same way that the Lama can participate in the *Pau* ritual. *Pau* gets Rs. 200-300- for *Cho-chapshe.* In cases where the offender is not known, the *Cho-chap-she* is performed by writing down that whosoever has committed the crime may be punished.

An individual household performs *Mindirimi-Khange-So-tangshe* for safeguarding itself. This ritual is performed by small Lamas. It is safeguarding ritual and is not meant for outright destruction of the offender, only a little uneasiness for him. Offenders may lose their livestock or suffer decrease in yield. This ritual is performed in the evening by four people. Some of the soil bearing the footprints of the offender is brought and placed where the ritual takes place. Lamas are paid only Rs. 25/- for this.

In all Bhutia households, in the altar room among the religious objects is a wood paddle carved with forms of men and animals, the forms are filled with dough and dried, and are taken out and used in ceremonie for casting out evil. It saves time to have a symbol of a devil handy: if any effigy had to be made each time it would take time. The ceremonies 'are long and complicated and the figure represents a devil which must be exorcised. This dough figure is taken out of the house and put at the cross-roads so that it won't knew where to go. Figures are never put near anyone's house. Sometimes, figure made of cloth are also used.

Preventive measures against the attack of evil spirits are also taken. Evil spirits are believed to shun certain colors, metals, or fumes; hence, these substances are used widely to keep evil spirits away. Since spirits are believed to avoid black, red, and yellow colors, vermilion is commonly used; they avoid iron, hence, articles made of iron are kept under the head while going to sleep. To ward off evils-disease causing spirits all households put *gosung*-a yellow piece of cloth with religious mantras written on it, on the top of the entrance of main doors. In addition to these the prayer flags and thread crosses are commonly used to ward off the evil spirits. The lamas are usually consulted for putting these up. Among Buddhists, the practice of raising prayer flags and constructing prayer water-wheels is widespread. In Ladakh,

chan, specific kind of paintings with bright and striking colours are made on the outer surface of the walls of the houses as preventive measures. These *chan* are redone periodically. People hang skull of a goat on the outer wall of the house, framed in small sticks tied together by a twine which is *torma* obtained at the *Losar* festival. These are hanged as insurance against sickness. The corners of the houses are painted red, which successfully bars the admission of the evil spirits.

There are curing ceremonies in which effigies are destroyed: the effigies can be personification of the disease demon or even a representation of an individual who is believed to have infected the sponsor of the ceremony with some disease. In some areas, during *Losar* (New Year) festival Ladakhis celebrate *Dosmoche* , the great festival of scape goat. *Tormas* (effigies made in various sizes to represent men and demons, replacements for human sacrifice which was offered to the gods and demons in pre-Buddhist time)are carried in procession to open area where a huge creation made of sticks, tied together by threads has already been prepared. At a given moment all *torma* are thrown into flames and with their burning, the sins and diseases of the place are consumed. After this the erection of the twigs is knocked over and every man makes a mad rush to obtain even a small piece if he can, which is carried home and placed on one of the outer wall of the house, thus protecting its inmates from disease and death. Sikkimese Buddhists also employ complicated mast like structures consisting of sticks, threads and tuffs of wool. These structures are known as thread crosses and act as contraptions for catching demons. These objects are put in front of monasteries and villages to protect them from malignant spirits, who are caught in the set of threads and tuffs of wool. These contraptions are renewed and the old ones are destroyed after they have served the purpose for which they were erected or when they become saturated over time with evil spirits (Bhasin, 1990).

Medicinal plants like Digitalis, Primula, Bikma, Panch aunle, Chirato etc are growing at large extent in Lachung and Lachen area and widely used by local experts.

Charms and Amulets

Charms and incantations are also used by Lepcha-Bhutia to bring about cures of different diseases. Once the cause of the disease is decided, the patient consults the practitioner accordingly. However, before starting the treatment one may tie charmed amulet for one cannot be always certain of a physical aetiology of the illness. An amulet (*sung-Bo* or *Ka-Wo*) is an object worn or carried on the person, or preserved in some other way, for magico-religious reasons, that is, to cure disease, provide luck, or protect the possessor from specified danger or misfortune. Enchanted threads or strings of snail-shells are tied round the leg, neck, arm, or waist as a cure for aches and pains. The material of which the amulets are made depends upon different factors, one of which is the availability of a particular material in the area. Some of these charms are Tibetan while others are from Nepal or Bhutan.

University Trained Doctors

Another group of specialists who cater to the needs of tribals are *amchis* and university trained doctors. In communities with strong traditional health care system for managing health, the introduction of biomedical facilities to provide health care is often met with indifference (Jeffery et al., 1988). However, among tribals of North Sikkim occurrence of herbal medicine, ritual cure and other healing resources do not prevent them from availing biomedical facilities.

Treatment Strategies

Self or home treatment is usually the first step in medical care, consisting primarily of concoctions of herbs, barks of trees, flowers, roots, leaves, seeds etc. and change in diet. Traditional medical knowledge is coded in to household cooking practices, home remedies; ill health prevention and health maintenance beliefs and routines. The treatments are known to elders in the house or neighbourhood or are suggested by folk therapist. Treatment is generally a family based process, and the advice of family members or other important members of a community have a main influence on health behaviour and the form of treatment that is sought.

Indulgence in multiple therapies appears to be common in prolonged period of illness. However, it is difficult to derive on exact pattern. The strategy a person chooses for the treatment of his or her illness or that of a relative depends

on personal experiences and preferences. The tribal response to health problems reveal a multiple and simultaneous usage of home remedies and multiple therapy. The various practitioners whose services are sought are spiritist, traditional herbalists and public health practitioners. The tribal traditional medical system is based on personalistic tradition of super natural healers and their ministrations and herbalists. The theoretical side of traditional medical system, their religious background, particularly the belief in the fear of evil spirits, healing performed according to spiritual rites explains the persistence of indigenous system. These traditional healer-diviners operate within a religious paradigm, with no printed or written material to conform or support the tradition. It is assumed that these are sanctioned by their religion but with no proof. This system works on the accepted popularity of the individual methods, reputation and performance. The indigenous medical system has sustained in society's social cultural complexes through deeply rooted processes. It is a set of concepts of health and illness that reflect certain values, traditions and beliefs based on people's way of life. It is a "constant process of conformity to contemporary psychological needs with in a recreated cultural identity." (Wijsen and Tanner, 2001). Levi-Strauss (1967) description of the Shaman and his healing techniques sheds light on the relationship between process and consequences of healing. The "Shaman provides a language (p. 198) and like psychoanalyst, allows the conscious and unconscious to merge". This he achieves through a shared symbolic system and curing of one sick person improves the mental health of the group. In this context, the patient performs a very important "social function and validates the system by calling into play the groups sentiments and symbolic representation to have them " become embodied in real experience" (pp. 180-182). For these healers, the mind, the body, and the experiential field are one. The *Bonthing/pau* can best be understood as a healer of the mind and body as well as community. This is achieved through his or her status as the interpreter of symbols, those cultural instruments for perceiving and arranging reality. They are significant vectors of a force that compels mind, matter and experience (Romanucci-Ross, 1980b). The ritual healers are specialists possessing power to heal or prevent illness and disaster. It is believed by tribals that illness emanates from a disjunction of a quasi-equilibrium maintained between man, his environment and the supernatural. An individual or super individual force can disrupt the established order. The reestablishment of the order or the return to the health can only be achieved through a healer or medicine man. The medicine man has recourse to the use of medicinal plants, animal products or minerals. In other cases, he has recourse to rituals with the help of which he goes into trance and counteracts the evil forces. The availability of different healers enables them to switch from one type of health practitioner to another in search of the best. The tribals who can avail the facility of biomedicine or *amchi* do so without being familiar with the theoretical principle of medical system. As the economic status of the households does not differ much, they show similarities in their behaviour in case of illness as well. They employ pluralistic strategies not perceiving any conflict among these alternatives, nor do they seem to perceive them as different systems, but rather as a variety of options, among which they can choose.

Most usage is sequential but some is simultaneous. For example, an infant who is being given prescribed medicine for diarrhoea, may also be taken concurrently to a *Bonthing* for the evil eye or given home remedies. Although only indigenous healers cure certain illnesses such as evil eye, this does not preclude the use of biomedicine to treat the symptoms. Gonzales (1966) reports that in Guatemalan, the symptoms are treated with biomedicine, while the cause of illness is dealt with through a folk specialist. Traditional theories of illness aetiology are often multifactorial and multilevel (i.e. immediate and ultimate levels of causation) which permits the use of different treatment resources for different causal factors and levels (Cosminsky, 1977). As reported by Cosminsky (1980) for Guatemalan plantation, pluralistic behaviour among tribal population groups is pragmatic, often based on trial and error, perceived effectiveness, uncertainty of illness causation and expectation of quick results. In addition to this empirical and pragmatic behaviour, however, is the role played by faith in the supernatural or spiritual in curing. As a person is simultaneously a body, a self (psyche) and a social being, so are the healers of the tribals. As explained by Adams tribal healers "pursued a dialogic, relational remedy for its patients through reciprocal relationships that encouraged

community, such as in gift giving to spirits and etiologies based on real social conflicts" (Adams, 1992: 154). The characteristics of certain ailments points to the cause and mode of action accordingly. These "fixed-strategy diseases" (Beals, 1980: 194-95) automatically affirm to particular type of treatment.

In Puerto Rico, spiritism offers a traditional alternative to community health services. Practitioners of 'espiritsmo' the major traditional healing system in Puerto Rico are mediums that can exorcise illness-causing spirits and assist clients to acquire enlightened spirit guides and protectors (Koss, 1980, 1987). Spiritism is a multifunctional institution which serves in the Puerto Rican as a religion, a voluntary organisation, a way of ordering socials relationships, a source of personal identity, and a form of psychotherapy (Harwood, 1977).

In Latin America, particularly in the Andean countries, there is interdependency of medical systems. In a culturally diverse and socially stratified population of Latin America, medical systems constitutes a social representation resulting from the historical relationships between autochthonous medical cultures and those from other latitudes. "The impregnation of scientific and popular knowledge results not only in the incorporation (and often expropriation) of folk in professional or scientific medicine, but also in the increasing 'medicalisation' of popular medicine and traditional therapeutic practices" (Pedersen and Barriffati, 1989). The degree of competitiveness, co-operation or integration among medical systems depends mainly on asymmetrical distribution of power and resources, and is conditioned by the population's behaviour in the management of disease. Ortega (1988) reports that two systems of health care co-exist in Ecuador. The traditional system combines elements of the indigenous system, the modifications brought by the Incas, and elements of Medieval European medical theory and practice. The official medical system comprising both public and private institutions is inaccessible for large sections of population due to shortages of manpower and materials and high cost of services.

Khare (1996) in his paper explicates 'practiced medicine' in India and "how India manages not only multiple traditional and modern medical approaches, languages, therapeutic regimens and material medica, but it also leads us to a sustained moral, social and material criticism from within. The study of such diversity leads to a loosely shared, and ethnographically attestable, cultural reasoning, practice and practical ethos across the traditional and modern medical worlds" (ibid).The pluralistic medical situation in tribal areas provides flexibility and fulfills different needs of the population. Among tribals these therapeutic sessions seem to psychologically enabling actions that help tribals overcome the trauma of their lives.These sessions serve their functions and the distinction between empirical reality and imagination is ambiguous. This contrasts sharply with the closeness of cosmopolitan medicine, which is "discontinuous from ordinary social process" (Press, 1978; Manning and Fabrega, 1973) and is unaccommodating to alternative systems.

A general quantitative survey on the utilisation of multiple therapy system among tribals gives an impression that they have inclination towards indigenous type. The multiple medical systems available to tribals and the options available to any specific group are many. Most tribals fail to see little conflict between medicines and healing rituals. Throughout their lifetime they have used the two (the ritual healing and herbal administrations) simultaneously. In areas where biomedical institutions are within the reach of the tribals, they do not hesitate to use the medicine in place of herbal concoctions. Tribals do not find odd to use 'medicines' alongside the rituals of *bonthing/pau*. The traditional model is an ideology shared by healer and patient.

In view of lack of communication facilities and distance of health institutions from the *busties*, medical aid is not availed by tribals except in serious cases. Tribals depend on traditional folk-medicine practitioners, who besides relying upon certain occult phenomenon deal with various herbs for preparing medicines for therapeutic use. In these areas people are obsessed with the uncanny, unearthly activities of spirits, ghosts and deities. The disease thought to be caused by supernatural, demand magico-religious remedy. The tribals resort to various magico-religious practitioners for relieving people of death and disease caused and delegated by the wrathful supernatural. Respondents while availing the allopathic medicine report high percentage distribution of mortality in the present data. However, they fail to mention that allopathic medicine was taken as a last resort or in terminal

cases. It was found that deaths reported while availing the services of traditional folk practitioners was minimum or negligible because that was their first choice.

People modify pre-existing practices if the economic costs are within their reach. People are pragmatic in trying and evaluating new alternatives. In case of health behaviour the cost-benefit mode of analysis and the empirical evidence help in deciding, whether it is to their advantage or not. There is a change in overt behaviour of people, but it does not necessarily explain or mean changes in the belief system. In the study area, it was found that the traditional beliefs about fertility, pregnancy and abortion have remained unchanged though some females delivered their babies at health centre. The tribals of Sikkim, despite having their traditional medical system strongly supported by beliefs and practice, were when offered government sponsored medical services, accepted them and put these to test even if as a last resort. They do not in all cases continue to use biomedicine, but they show open mindedness in trying them out. The situation among these tribals is similar to what Wagner found among Navaho. Wagner found that Navaho, "have a very open, pragmatic and nondiscriminatory attitude towards various magico-religious options available in time of need: White medicine, traditional *chant ways*, peyotism and even Christian sects on reservation tend to merge in their minds into alternative and somewhat interchangeable avenues for being used" (Wagner, 1978: 4-5). Tribals' acceptance of any or a combination of these multiple medical systems depends on the individual or household decision. As far as curative medical services are concerned, these are embraced more easily than preventive services, as was seen in case of immunisation. Both the groups were not ready to immunise their children "Cause and effect are easily comprehended when serious illness give way to no illness in a few hours or days, cause and effect are less easily seen when, in the case of immunization and environmental sanitation programmes no disease is followed by no disease" (Foster and Anderson, 1978: 245-246). As there are multiple medical systems available to tribals to opt for, the course of action to follow depends on the situation and condition of the sick. The strategies that underline these decision-making processes have come to be called the "hierarchy of resort in curative practices." (Schwartz, 1969). The way in which people formulate their personal hierarchies of resort tell us about their preferences.

Among tribals of Sikkim, a sequence of resort does not seem to exist; although the trend is to begin with home remedies to *bonthing* to biomedical doctor, as the course of the illness proceeds and become more serious. However, there is also a back and forth movement between resources or a shorten approach, often based on referrals and advice from relatives and neighbours and other practitioners, which seems to be associated with desperation over the perceived increasing severity of an illness. When a person is sick, he or his family members are primarily interested in getting his health restored, for which they unhesitatingly combine different treatments irrespective of their ontological, epistemic, moral and aesthetic foundation. Medical pluralism results out of this orientation where attainment of health is primary objective and the individual is treated in its holistic self. When one system of treatment fails to provide relief, individual moves onto another and if this treatment fails to provide relief, individual moves on to another and this is individuals or his group's choice. In fact it is customary, therefore, "for an individual to present his symptoms to his relatives and friends for their appraisal before he takes step to obtain medical treatment. The patient alone is not authorized to decide whether or not he is ill, even though he himself may be convinced that he is sick enough to warrant special attention, his inmates must still be persuaded of the seriousness of his complaints" (Foster and Anderson, 1978).

Each medical system is not only a product of particular historical milieu and cultural apparatus; it has also its own cognitive categories. Human beings caught in illness episodes are less bothered about the issue of combination; they are singularly concerned with recovery and relief. For this, distinction between 'rational' and 'non-rational' methods of diagnosis and treating illness is abolished. Here the distinction between, 'science' and 'faith' categories collapses; and so is the distinction between magic and religion. Systems of thought and explication, like astrology and Sufism, which primarily are not medical, are approached for curative as well as therapeutic purposes, on the premise that religion is to be resorted in case of suffering, and illness is a kind of suffering, the alleviation of which can be sought through prayers, touch invocation of

spirits, sacrifice; libation, appeasing the unfavorable planetary configuration and wearing talisman and charms on body.

In North Sikkim, there is no medicalisation of folk-medicine by western medicine-the active attempt by official providers of health care to impose a standard structure on diagnostic and curing practices as discussed by Romanucci-Ross of medicine in Italy (Romanucci-Ross, 1997: 2) and by Pedersen and Barriffati (1989) for Andean countries. Bio-medical systems as a rule stand in sharp contrast to the indigenous ones, although a study done in Kerala and Punjab has suggested that there are numerous indigenous medical practitioners who used western medicine, including penicillin injections (Neumann et al., 1971: 140-141). Despite opening up of Public Health Centres and massive propaganda, traditional ideas of disease and health prevail. *Bonthing/*pau/Lamas cure with prayers and rituals while *Amchis* cure through the site of the physical body by means of an elaborate diagnostic system and pharamacopeia. It is believed by tribals that traditional medical system is competent of restoring health of the body (herbalist) or the mind (*bonthing/pau*). Among tribals, the failure of the cure did not call for questioning the efficacy of the system, but on the dissonance of ritual behaviour. The total commitment of the believers in the traditional system (which is sometimes doubted by failure) persists and so does the belief of the patient in the healer, regardless of result.

The traditional health care practices are 'patient-centered' and holistic views of many factors meet more effectively the needs of the patients. Patients' views about the meaning of health, treatments, the role of emotions and healer-patient communications are important. Wide variety of emotional and spiritual factors have impact on tribal health, and that fundamental change is required in the way health care is organised and provided to take full account of this. These days' tribals do not totally rely on ritual healers; however they opt for herbal remedies as well. Compared to allopathic medicines, herbal remedies are cheaper and are easily available in the vicinity. These herbal remedies are free from side effects many tribals suffer from after taking the allopathic medicines. In tribal areas of Sikkim, medicinal plants are an important resource for restoring health. In case of severe illness, ritual healing is vital alongside other therapies. Ritual and empiric therapies are integrated. Phyto-therapeutic treatment may be recommended for the sickness diagnosed by ritual healers.

It was seen that in tribal areas where both the facilities (biomedicine and traditional) were available, the tribals often accepted and availed of the biomedical facility. However, side-by-side they also performed traditional rituals. Unfortunately, adequate medical facilities are not available in many areas and irony is that the tribals are accused of not accepting the non-existing medical facilities. Biomedicine as provided by Primary Health Centres (PHCs) is generally criticised for failing to respond to the wider emotional and spiritual needs of the patients. It is like a commodity delivered by health professionals and their assistants. Community members do not participate in its planning, implementation and evaluation. In areas where public health services are not within reach, tribals depend on folk and traditional medical care, herbs are used as medicines along with rituals to cure different diseases. The effectiveness of a dispensary or a hospital in such conditions is reduced in terms of both area and population covered. If medical facilities were located at far off places from the settlements, the doctor or nurse population ratio would be considerably lower than the accepted international norm. However, in some cases efficacy have little or no positive effect on the productivity of the medical system. The dependence and confidence on ritual healers is the result of faith and trust among patients. Through them, the tribals relate their needs to supernatural powers and ask for assistance and clemency.

The bifurcation between traditional and modern medical systems still obtains in the anthropological literature, in spite of its erroneous and deceptive representation. All traditional medical systems are not irrational and not alike and even biomedicine has its own tradition. It was believed by earlier authors that these two systems are discrete and biomedicine will replace traditional medical systems over time (Foster and Anderson, 1978). This study is one of many that show that traditional medical practices as well as biomedicine co-exist. The concept of medical pluralism relates the existence of more than one medical system in societies (Leslie, 1979; Elling, 1980). As traditional medical system have survived in this area for such a long time, its therapeutic value and what is retainable of traditional system

and how these can be upgraded through education, licensing and incorporation in to state health planning becomes important. The work force represented by traditional practitioners and traditional birth attendants is a potentially important resource for the delivery of primary health care. In many developing countries, medical doctors are less as compared to traditional practitioners. In Ghana, for example, the medical doctor/total population ratio is 1: 20,000 compared to the traditional practitioners/total population ratio is 1: 2,000. Over two-thirds of the births in the world are delivered by local and traditional midwives or births attendants. The traditional medicinal care practiced in the area having both herbal as well as ritual form of curing is not considered important by officials. The cultural importance of ritual cure and role of medicinal plants (their properties as they relate to healing, their symbolic values and their procurement from environment) in the traditional medical system of tribals is of great value. The tribals relate their ritual needs to supernatural powers and ask for help and forgiveness. The state sponsored medical system do not look "at indigenous medicine" as a whole and fail to see the socio-cultural basis of its uses.

The main strength of the Traditional Medical System (TMS) of tribals is its capacity to stand as psycho support system. The explanatory model of TMS greatly emphasises the notion of disharmony as a cause due to man's relations with the supernatural powers and other bodily connected disturbances caused by drinking and eating wrong things. Transferability and transgressionality of supernatural wrath to the members of society makes it a powerful force in social control, a great help in maintenance of social control.

Tribals epidemiological profile advocate for provision of preventing services for diseases like gastro-enteric infections, pulmonary infections and malaria. These problems have already been tackled in other countries by starting welfare state health services. In India too the state health services have been functioning but are less effective or have overlooked the fact that aggregate health levels cannot improve without preventive measures, such as vaccination and environmental sanitation.

DISCUSSION

The ecological conditions in the area dictate many aspects of traditional life. These areas are plagued by persistent infrastructural constraints. Historical and contemporary social, economic and political processes have helped in creating the pace of development that has been chronically sluggish. Consequently, often the tribals have to face considerable obstacles, besides being affected by environmental stresses, natural calamities and various diseases. Real troubles of Lepcha-Bhutias are not only health or ill-health related but also socio-economic and cultural issues. Their perception of health and illness counts more than anything, for improving their quality of life. Lepcha-Bhutias still adhere to their faith. All cultures have shared ideas of what makes people sick, what cures them of these ailments and how they can maintain good health through time. This cognitive development is part of the cultural heritage of each population, and from it empirical medical systems have been formed, based on the use of natural resources. There has been a strong controversy that should medical anthropologists use the concept of culture or abandon it. The concept of culture exaggerates the distinctiveness, boundedness, homogeneity, coherence and timelessness of a society's way of life (Abu-Lughod, 1991). She implies that descriptions are used in terms of practices, discourses, connections and the events of particular people's life. According to cultural anthropologist Brumann the problems attributed to the culture concept are not inherent in the concept, but are a result of being misused. He regards culture as a valuable concept for communication and one that is valid as long as we do not exaggerate the degree to which learned concepts, emotions, and practices are shared in a community (Brumann, 1999).

Resources and treatments from different medical and religious traditions are being utilised by the Lepcha and Bhutia of North Sikkim. The spiritual world of tribal culture exists as a means of coping with health problems. The widespread popularity of religious and non-medical faith healers bears witness to the fact that people have deep-seated faith in cures brought through faith healing. Such people attribute supernatural causes to disease and for them it is important to know whether a particular disease in a patient is due to the wrath of a goddess, the work of an evil spirit, sorcery, witchcraft, or the breach of a taboo. Once this has been found out, obtaining a cure is a matter of following the advice given by a faith

healer. These beliefs are ingrained in the minds of individuals and have become a second habit. Some researchers have tried to elucidate peoples' habits as a conceptual framework for using a specific medical system or other ways to combat with illness. *Habitus* is the mechanism that converts objective conditions attached to certain position in the social structure in to subjective aims and motivations in accordance with the principle "to make a virtue of necessity" (Bourdieu, 1980, 1986). The issue of health oriented practices in Bourdieu's work is shown in statistical terms that the amount of time and money which is spent on health caring and body cultivating activities varies significantly between different classes. This connection is interpreted as a manifestation of different relations to the body: 'the way of treating it, caring for it, feeding it, maintaining it reveals the deepest disposition of *habitus*' (p.190). The *habitus* theory is eventually a theory of practical sense that explicate the logic and reason of daily practices. Social differences in the role of habits in the health related behaviour are defined as non-reflective, repetitive behaviour. The corresponding theoretical perspective is the *habitus theory*, the theory of individualisation, and the habits as the rational decision rules. Lindbland and Lyttkens (2002) have mentioned three aspects of habits: - the association between habits and preferences; habits as a source of utility; and the relationship between habits and norms. The *habitus theory* accounts for the logic and reason of everyday practices. The structure of *habitus* is engendered by practices and directed towards the practical functions.

Like other rural parts of India, health care in North Sikkim among Lepcha and Bhutia tribal groups is characterised by medical pluralism. Medical pluralism is the synchronic existence in a society of more than one medicine systems grounded in different principles or based on different worldviews. These medical systems are complementary, alternative and unconventional. The status, growth and evaluation of co-existing therapy systems are influenced by cultural ideology, ecology, political patronage and changing social institutions. Indulgence in multiple therapies appears to be fairly widespread in prolonged period of illness. However, it is not easy to derive an exact pattern. Among Lepchas and Bhutias, the health care includes self care, consultation with traditional healers and /or primary health care. Four systems of treatment are available to them: herbal; ritual care; biomedicine and a*mchi* medicine beside home remedies. The State government has introduced biomedicine and *amchi* medicine (herbal and mineral tradition of Tibetan Medicine). The traditional healers who cater to the needs of tribals are: -specialists in home remedies; ritual care practitioner (*mun, bonthing*, lamas among Lepchas and *pau and nejohum* among Bhutias); herbalists who administer local herbs. The psychosomatic treatment in tribal aetiology includes appeasement of evil spirits and forces by sacrifice of animals, by offerings of grains and liquor, use of charms and amulets depicting sacred symbols. Magical spells are used to divert the undesirable effects of evil spirits.

It was seen that there were no organised herbal treatment clinics or healers in Dzongu and Lachen and Lachung. It is really in contrast with the information that both Lepchas and Bhutias have vast knowledge of plants and their properties. Lepchas and Bhutias have plant remedies for common ailments. Herbs can be prepared in a variety of forms depending on their purpose. Such techniques include: juice squeezed from herbs; mashing herbs into a paste; decoction or extracting the active ingredients by boiling down the herb in water; hot infusion like hot tea-herb is steeped in hot water. Apart from these there are ritual cure specialists (shaman), known by various names, who treat culture-bound syndromes. Besides, every household knows how to treat simple problems with the plants available in their backyards or spices from their kitchens. The pluralistic medical situation of doctors and deities in tribal areas provide flexibility and fulfills different needs of the community. The folk systems are open as manifested by eclecticism of both the clients and practitioners, who adopt and adapt from an array of co-existing medical traditions. This openness of folk systems, as Press (1978) point out, is manifested by the acceptance of inputs from other/alternative health systems, and also inputs from institutional sectors such as religion and family. According to Landy (1974) the traditional healer role stands at the interstices religion, magic and social system and gain its power from this position. Tribals do not view these sessions with ritual practitioners as magical affairs. For them it is the use of spiritual powers to achieve explicit endeavor by an expert who manipulates chains of cause and affect for

the betterment. This is comparable to the classical anthropological notion of magic as "belief that supernatural powers can be compelled to act in certain ways for good or evil purposes by recourse to certain formulas." (Haviland, 2003: 671).

Two ethnomedical perspectives on illness and its treatment emerge from the analysis of the data collected from Lepchas of Dzongu and Bhutias of Lachung and Lachen. One dimension of therapeutic rituals and discourses about sickness and body reveals its underlying logic. It is concerned with cultural construct of sickness and therapy among lay people and folk healers. Here popular therapeutic rituals are structured for certain kinds of sickness. The discourses and practices concerning of health and sickness are interwoven in the context of everyday life. The Lepchas and Bhutias have retained their deep-rooted animistic faith and totemic concepts with a high level of superstition in spite of winds of change. Among Lepchas and Bhutias religion provide ethical guidelines for living, for interpreting natural events including disease, misfortunes and disasters. Anything, which can not be explained pragmatically, is considered supernatural manifestation. The demonolatry religion of the Lepcha-Bhutia is the outcome of their environs. There are cultural, social and psychological conditions that produce and maintain supernaturalism among Lepchas and Bhutias. Supernaturalism provides the needed explanation as cause of suffering and is emotionally satisfying. According to super naturalist explanation, suffering is caused by evil spirits, evil eye, even good spirits if not kept in good mood or neglected or offended unwittingly. Spirits are propitiated by performing certain rituals accompanied by animal sacrifice and direct communication in trance by religious technicians. The supernaturally caused illnesses are treated by exorcism and appeasement of the spirits. They all have powers greater than man's and are harmful or potentially harmful. The findings of the study show that among Lepchas and Bhutias of Sikkim there is wider tendency of sticking to indigenous therapeutic practices both herbal and ritual. However, the belief in supernatural causes exists alongside the belief in natural causes as in case of general health problems and reproductive health problems, tribal start with home remedies and herbs. They are familiar with some conditions, which point to the cause, and so the treatment. Tribal are fastidious about the etiology of the disease as this is important for therapeutic measures. Diagnosis is necessary before selecting the right treatment. The diseases that follow a particular route of treatment have been described as" fixed-strategy diseases" (Beals, 1980).

When a Lepcha priest, *bongthing*, prescribes medicinal plants for use, especially in case of ailments such as jaundice, snakebite etc., and rituals are performed and dietary restrictions recommended. If traditional medicines do not work in the time expected this is attributed to the displeasure of God. Propitiation of God through prayer is the way out. Nowadays modern doctors are also approached. No one keeps medicinal plants at home because of the belief that these plants would become the source of the very disease they otherwise cure. Some medicinal plants are, however, grown by the Lepcha interested in herbal treatments in and around his home. Most village elders feel the loss of medicinal plants. Some of these used during their childhood have disappeared altogether. Possible reasons for this are assigned to the following factors: population growth, modern development work taking place in and around the village, diminishing traditional knowledge, and loss of faith amongst the younger generation in traditional practices. The measures of conservation suggested include making younger people aware of their cultural heritage, keeping the forests untouched, and taking steps for conserving plants. Older people do not even support the idea of marketing these plants to the outside world for earning revenue. In general, delicate leaves and flowers are best infused. Boiling may cause them to lose the volatile essential oils. Roots, barks, and seeds are best made into decoctions.

The second dimension is spirit possession and exorcism by shaman. Tribal theory of sickness describes a different source of evil caused by invisible spirits that exist outside their social boundaries. These spirits inhabit trees, rivers, lakes, mountains and deserted places around the habitation. It is alleged that spirits and ghosts cause various kinds of suffering and are agents of illness and fatality. Spirit possession is acknowledged as an illness among Lepcha-Bhutia. When a person starts acting bizarrely or a person has a sickness that does not respond to ordinary remedies, tribal consider it as a case for ritual cure. *Bonthing* suspect spirit possession

and makes an effort to force the spirit to reveal itself. The system of cause, effect and cure is thus a circular and enclosed system of knowledge. The cause is a spirit, the effect is spirit possession and the cure is controlled spirit possession. The system of knowledge discloses the underlying explanation and restrains disorder, chaos and inexplicable circumstances. There is a close relationship between spirit possession as an altered form of consciousness and parapsychology. To believers in spirit possession it provides a manifest function of the causes and effects of illness and misfortunes. Possession is a powerful belief system prevalent in many parts of the world. Spirit possession is the concept that gods, demons, or other disincarnate entities may temporarily take control of a human body, resulting in notable change in the behaviour. All spirits are not purely good or evil; the term demonic possession is commonly used is when the spirit is malignant. Unlike demonic possession where the person is thought to be taken over by the devil or his demons for harm, spirit possession is voluntary, culturally sanctioned displacement of personality. The spirits, be they deities, angels, demons or the dead ones are invited to enter a human person. Possession is used to explain unusual occurrences and behaviour. It can also explain the failure of a desired result.

The belief in spirits as causing sickness, emanating from witches, has also been reported from multi-caste villages (Berreman, 1964; Harper, 1969; Babb, 1975) and in rural areas of Rajasthan (Carstairs, 1985; Lambert, 1992). Comparable observations have been made from other tribal groups of Rajasthan (Bhasin, 2002,2003, 2004); Sikkim (Bhasin, 1993, 1997); Himachal Pradesh (Bhasin,1990) and Ladakh (Bhasin, 1997). Spirit possession as illness has been reported from other parts of India as well. The basic pattern of the precipitating event, behaviour during the attack, diagnosis and treatment show extensive range. There are regional differences in the way people behave during an attack; make use of spirit possession as a mechanism of controlling others; and ascription of wide range of illnesses and misfortunes under the label of spirit possession. Freed and Freed's description of the features of victims of spirit possession of Shanti Nagar, a north Indian village near Delhi- shivering, moaning, feeling weak, loosing consciousness, going in to trance and eventually recovering (1964) is different from Opler (1958) account of eastern Uttar Pradesh in which aggression and threatened physical violence seem to dominate the attack. Though, spirit possession among the tribals is non aggressive and is a more general form of social control than in Shanti Nagar. Like eastern Uttar Pradesh, spirit possession among Bhutias involves accusation of witchcraft not common in Shanti Nagar.

Spirit possession religions and popular rituals flourish in North Sikkim. *Bon*, the early religion of the area has become like a sect of Lamaism. Most of the popular sects and shamans involve varieties of rituals and medium ship. One of the largest and most widespread of the belief systems is the spirit possession ritual, where spirit mediums channel various gods and goddesses connected to the tribal group. The ritual specialist enters a trance before becoming possessed by the spirit. The possession usually occurs during religious ceremonies and only lasts during the event. During voluntary possession the mediums don specific apparel, which facilitates manifestation of the spirit in their bodies. Among tribal of Sikkim, deities and evil spirits possess men as well as women. The people initially become possessed by being penetrated by the spirit in the form of an illness. The afflicted tribal come to seek the guidance of the ritual specialists (who themselves are possessed by various deities) to know (discover) the cause of persistent illnesses, to resolve personal problems, to be relieved of sorcery spells and possessing demons. Spirit possession is considered a problem to be remedied through the intervention of spiritually possessed ritual specialists. "The relationships between people and the spirits who possess them are thus metaphors for people's social, psychological and physiological conditions" (Danforth, 1982: 60). In certain instances, spirit possession is a method by which status quo is maintained. Women gain control over their lives within a male-dominated society through the ritual possession of spirit. Demonic possession is, "a culturally constituted idiom available for women for expressing and managing their personal problems" (Nabokov, 2000: 71). Possession by familial spirits is a common occurrence. These spirits usually possess their relatives at moments when ceremonial protocol at festivals such as marriage, birth ceremonies has been breached. The tribal cultures are a part of larger and older traditions that have sought out the healing powers of spirituality. Lepchas and Bhutias go to spiritual healer for

divination and a ritual for healing and pragmatic purposes. Spiritual healing serves as one of the functions of the spirit possession.

In the tradition of spirit possession, icons as well as effigies are used to communicate with, and to symbolise good and evil spirits. The exorcists cast their curses upon small effigies of their victims so as to hinder victim's reproductive, vocal or mobile capabilities. Conversely, mediums use effigies to rid people of their demons. In ritual exorcisms, mediums make effigies of the victims, and offer gifts attractive to demons in order to lure them out of the host. Ritual drumming and incantations is a symptom of the trance-like state the spiritually possessed are in. Cultural history of the people and their gods and goddesses; myths or powers of any of the goddesses decide why or how they choose certain individual to become ritual specialists.

The spirit possession and going in to trance ritual, despite it's outwardly trappings, is generally sought out by petitioners to achieve down to earth goals: -curing of sickness and other miseries. Trance-like state is indicative of spiritual possession. The cure involves the intercession of a spirit that has the power to expel the offending demon. The spirits use medium as vessel to help victims with their problems caused by demons. Likewise, the victims become vessels for communications for the demons. It is during exorcisms that the victims would enter a trance-like state, and channel the voice of the demons. The supernatural powers are channelised through human hosts. Tribal of Sikkim believe that in cases of possession the cure is not accomplished by the Shaman- (*bongthing* and *pau* among Lepchas and Bhutias of Sikkim). However these merely act as vehicle of treatment. The shaman enables the divine spirit to come in contact with the spirit, afflicting the hapless victim. The shaman facilitates the encounter. Thus during the encounter the exorcist and the victim are very much alike –they are both simultaneously possessed by an alien spirit. However, there is one important difference. The patient was disinclined and taken unaware during his sleep, while attending a funeral or walking under a haunted tree or any such place. On the contrary, the shaman by virtue of his training and qualifications is in a deeper consciousness and heightened state of awareness and is not as much of the victim of the possession. His possession is voluntary and thus a participant in the spirit world. By vehemently entering this expanded state, the shaman is able to exercise a limited control over the spirit. Thus, while it is the spirit and simply spirits that can affect cure, the shaman by virtue of his ability to interact with both the world of the spirits and world of man is able to direct the consideration of spirit toward the suffering and sickness caused by possession. Possession is cured by contact with a more powerful spirits, not by expansion of consciousness from within. This is an adaptive social function, or as described by Spiro (1966: 120), it (spirit possession) is the basis of *social stability* in potentially unstable and disruptive social circumstances. It has the similar function that witchcraft belief, as described by Evans-Pritchard (1937: 63-83), have for many African societies. The beliefs and institutions surrounding spirit possession fulfill the function as stated by Spiro (1966: 121) of providing a "culturally approved means, for the resolution of inner conflicts (between personal desires and cultural norms" (cited from Jones, 1976). Powers of strong faith, courage and great patience are the source of healing. The ceremonies of visiting the traditional healers have established a relationship of psychological therapeutic dependence on the part of the tribals with regard to healers. This dependence on the part of the tribals with regard to healer is deeply rooted in their psyche. Medical system's degree of productivity depends on the effectiveness of its armamentarium and technical skills of the practitioners

The empirical reality of such phenomenon is less important in comparison to the connection between occult belief and the social problem. This is a question of 'empirical' and 'rationalists' link as that between distorted perceptions and tendencies towards scapegoating. The complexity and multiplicity of such phenomenon (human intervention) is not simple. "Witchcraft and sorcery are best seen as occupying their own space (seemingly a hyperspace) outside of set frameworks of social or psychological analysis" (Shanafelt, 2004: 329).

The tribal healers of North Sikkim are different from faith healers of Ladakh (Bhasin, 1999) and Philippines (Chesi, 1981) as they do not perform psychic surgery, 'bloody operations', reflexology and magnetic massage. The Ladakhi *Lhama/ Lhapa* apart from spiritual healing extract the poison from the patient' body with the help of a meter long wooden or iron pipe. This pipe is placed

on the suffering part of the body and a sticky blue substance, the considered cause of the sickness is extracted (Bhasin, 1999: 199). The Philippines faith healer performs 'bloody operations', with his fingers and materialises the substances that have caused the disease. According to the faith healer, the intensity of his thoughts causes blood to appear between his fingers and the patient's skin. Psychic surgery and bloody operations are two expressions used by healers to describe intervention in the course of which they produce materialisation on the surface of the patient body. Psychic surgery is not a physical phenomenon, even if the patient's skin is pierced; it is a spiritual phenomenon (Chesi, 1981: 31). Faith is an important part of it as it is not the healer who affects the actual cure but God, who uses the healer as an instrument. The *Bhopa* of Rajasthan are similar to the *'Bon-thing'* and the *'Mun'* the Lepcha shamans of Sikkim. Both are different from other mediator in the sense that, these carry out the tasks of the priesthood as well. In both the groups, while another religion was either imposed upon or through culture contact, services of lamas and monks among Lepchas and Brahmin priests among tribals are accessible, the traditional institution of *'Bhopa'* among tribals of Rajasthan and *'Bon-thing'* and *'Mum'* among Lepchas of Sikkim carry on (Bhasin, 1989). *Pau/Nejohum* may act as religious technicians who make prophesy using grains. Its performance is restricted to situations of chronic ailments where evil spirits or witchcraft is suspected as the cause of sufferance. *Pau/Nejohum* acts as intermediary on behalf of people and turn into physician cum magician. He is a sorcerer who practices magic and magical rites and offers worship to spirits with whom he is supposed to have a direct link. He drives away the evil effects by use of magical spells and charms, whereas *bonthing* wards off the danger by offering worship to gods. As *pau/nejohum* services, among Bhutias are sought after in case of chronic ailments, among Limbus of Sikkim, rice divination is used for minor aches and pains. The patient brings a coin to *Yeba* (male shaman) or *Yema* (female shaman) and places it in a brass plate. The shaman covers the coin with a handful of rice. The rice is separated in to small six piles. Four of these piles represent the four directions and two Limbu deities. The odd and even number of rice in each pile helps determining the nature of the illness, its cause, its advent and course of action to be taken. In case of serious illness, Limbus takes clothes of the patient for divination to the shaman who goes in to trance and spell out the verdict (Bhasin, in press).

Anthropological studies have been carried out featuring spirit possession (Freed and Freed, 1964; Danforth, 1989; Nabokov, 2000). Freed and Freed (1964) discussed spirit possession as illness in Shanti Nagar, a north Indian village near Delhi. They conceptualised that "spirit possession is like hysteria and is caused due to the individual's intra-psychic tension and a precipitation condition due to an event or situation involving unusual stress or emotion. The basic condition of spirit possession is psychological. Danforth (1989) study presents Anastenaria religion of Greece and focuses on the worship of the healing power of Saint Constantine. In Northern Greece, the traditions of Anastenaria are upheld through dancing and fire walking, icon worship and spirit possession. Nabokov (2000) presents a Tamil Nadu study of Southern India where individuals worship the healing powers of various Hindu goddesses. The Tamils are a mixed group consisting of mediums who channel the spirits of the goddesses, and victims who are possessed by demons. Studies have shown that modernity challenges traditional or ritual therapeutics considering it as superstitious healing. Kendall's (2001) study of Korean shamanism describes how modernity challenges superstitious healing practices and define them as ancient relics utilised by backward cultural groups. However, Kendall argues that despite the power differential, these healing practices continue to thrive. (c.f. Wrigley, 2003). Leaderman (2001) has revealed the success of a female shaman whose lack of training and willingness to utilise unorthodox healing practices made her disliked by many traditionalists. However, she still continues to attract a following from all sections of society. (c.f.Wrigley, 2003). Harris (2001) study explores the implication of shamanism in the politics of healing within the Iban of Sarawak in Indonesia, on the cusp between western anthropological thoughts and the traditional. He shows the misapprehension of difference between members who follow the traditional route and those who do not. Medical knowledge becomes the site of that difference and the incorporation of indigenous medical knowledge becomes part of cultural identity. (c.f. Wrigley, 2003).

Some anthropologists have analysed shamanism from a functional point of view (Berreman, 1964; Mandelbaum, 1964), while Eliade (1964) maintained that shaman's ecstatic experience is a "primary phenomenon" and is not the result of a particular historical moment, that is, produced by a certain civilisation. It was fundamental in the human condition; and its interpretation and evaluation has changed and modified with the different form of culture and religion. In South-Asia, shamanism has been modified and incorporated within the cosmology of Hinduism and Buddhism. Among Lepcha-Bhutia, it does not exist as a "complimentary" religious rite to Buddhism as was professed by Berreman and Mandelbaum for their respective studies. Berremen (1964) writing about shamanism in North India compared the roles of the shaman with the roles of the Brahman priests and observed that shamans are especially important as "religious innovators and policy makers" (p.53). He profess that priests are administrators of the "learned, literate or great tradition" (p.55), whereas shamans have direct contact with the supernatural world through a personal familiar spirit which can possess his body and speak through his mouth to communicate with people who call upon him for information" (p.56). Shamanism is a necessary and important part of Lepcha-Bhutia religion. Among Lepcha-Bhutias', in all crisis of life, in case of sickness, death, misfortune and rituals accompanied by animal sacrifice, the shamans are indispensable. However, there are some parts of their religious life that lamas look after. Among the Lepchas, during the *sanglion* ceremony that takes place after the death of all Lepchas except the lamas, the *mun/bonthing* (shaman) goes in to trance and during the trance "conducts the soul to the *rumlyang* where all the dead live" (Gorer, 1937: 359). Lepchas have well defined idea of the Land of the Dead, where *mun* descend during possession, which contrast sharply with the lamaistic conception of death and rebirth. The lama believes that the soul wanders for 49 days and then goes to next reincarnation. During Lepcha funeral ceremonies both the *mun* and lama carry out concurrent but contradictory rites for the dead.

There are some conditions or specific illnesses, which do not correspond to western diagnostic categories and are restricted to particular area. Spirit possession as illness is one of these. These diseases have limited distributions around the world due to the fact that unique combinations of environmental circumstances and cultural practices cause them. As these conditions do not fit standard psychiatric diagnosis, these are generally referred as 'culture specific diseases' or '*culture-bound syndrome* (McElroyand Townsend, 1989) and can occur among people who share the similar cultural values and beliefs. Some cause relatively minor health problems while others are serious and may prove fatal. For example, Kuru is a fatal culture specific disease of the brain and nervous system that was found among the South Fore, people of the eastern New Guinea Highlands. Hahn (1995) is at variance with the so called "culture-bound syndrome". He contends that culture-bound syndromes are reductionists' explanation for certain complex illness conditions i.e., explanations that reduce complex phenomenon to a single variable. He puts forward that such conditions are like any illness condition; they are not so much peculiar diseases but distinctive local cultural expressions of much more common illness conditions that can be found in any culture (Hahn, 1995).

Till recently the Lepcha and Bhutia in these areas were protected from modern influences, their only contact with outside world being Mangan where they came form shopping and official work in the District Office. Two decades ago this area was totally inaccessible due to lesser infrastructure as compared to present and more official restrictions on visiting. Lepcha/Bhutia are moving between old and new; adopting new farming technologies while persisting in age-old methods of ritual care; taking on western styles of dress while continuing to wearing traditional dresses on ceremonial occasions; and availing biomedicine in conjunction with traditional therapeutic rituals.

Among Lepcha-Bhutia, health issues tend to be a community issue, decision on treatment are often taken by a collective since during certain illnesses the entire village observes certain norms and taboos. Certain practices are believed to facilitate avoiding diseases, while some are prescribed to promote health. It is often alleged that tribal are so steeped in superstition that they will not utilise any modern health facility. What is often not recognised is that inaccessibility is probably a more important reason than prejudice for the poor utilisation of health care facilities by tribal. The ritual rites, though take place on special occasions, are reflective of the, forces at work in society. The rituals performed during healing

sessions invigorate the community, the land, and their relationships with the gods and the protective deities ensuring their well being. Therapeutic rituals point out the etnic group's perceptions and attitude toward sickness while at the same time asserting their identity. The commemoration of identity and cultural roots in rituals are enabling Lepchas/Bhutias to express their alienation and cement the internal fissures within the community. As already stated, the major ethnic boundary is between the indigenous minority comprising Lepcha-Bhutia groups and the migrant Nepali groups who constitute the numerical and political majority of democratic Sikkim. Their numerical strength and political majority has given Nepali groups an edge over Lepcha-Bhutia groups over resource entitlements which is aggravating ethnic tension in Sikkim.4 These boundaries are being reinforced by religious differences and the contemporary cultural revival of the Lepcha-Bhutia groups in the region. The traditional institution-*Dzongubagom* among Lepchas has now evolved as *Mutanchilomalshezum* (*Mutanchi*- Lepcha; *Lom*-way; *Al*-new; *Shezum*-organisation) and is working as registered society since 1990. In the Lepcha dialect, the word specifies the new way in the changed socio-economic milieu and environment scenario. The organisation's objectives are focused towards socio-cultural and educational upliftment of the Lepchas. Their main aim is to preserve, protect and promote socio-cultural, religious heritage and traditional healing practices. It has been reported by Roy Burman (2003) that, "along economic dynamics of ethnicity and no wonder that with the rise of ethnic fervour a revival and reinforcement of traditional medicinal practices are to be witnessed in Sikkim". Hunter (2001) argues that Asian modernity strongly influences the creation and maintenance of cultural identity. She shows that religious differences and differential understandings and knowledge affect decision making in the health arena. The interaction between modernity and convention, through biomedicine, and traditional medicine remains the focus in Tibetan Medicine (c.f. Wrigley, 2003). Jones (2001) observed how social organisation in Tibetan medicine has both absorbed and resisted the influence of political changes brought about through the revolution, but also how traditional medicine has not changed its epistemological or theoretical base during this time. Similarly, among Lepcha-Bhutia, religious paradigm has both absorbed and resisted the influence of political changes brought about by entry of Nepalese and later on through annexation with India. Despite all development efforts of state and central government these cultural minorities are still clinging to traditional modes of healing symbolising their culture and indigenous knowledge systems. Samuel (2001) shows the interconnectedness of the complex nature of the social, cultural and politics in the analysis of healing praxis. There is relationship between the traditional and modern in the actual practice of healing. There is a difference, between the textual practice Tibetan medicine and the actualities of engagement with the individual person. For example, Tibetan medicine is textually humoural, but how the practice as carried out is supported by and imbued with biochemical techniques of assessment and analysis (c.f. Wrigley, 2003).

Health is produced and eroded in a natural and social environment that varies in time and space and according to the social positions of people in different hierarchical, cooperative and competitive relationships. Roger's (1983) innovation-diffusion model has provided explanation of behavioural changes over time in health promotion research. However, the individual choices and judgments are ultimately determined by the conditions of existence, which are bound to the individual's position in the social hierarchy. Nevertheless, early adopters are capable of providing social support for behavioural change. Research demonstrates that the majorities do not evaluate an innovation on the basis of scientific studies of its consequences, but depend on subjective evaluation communicated to them by their peers (Rogers, 1983). Through the structure of *habitus*, objective life chances are transformed to strategies and turned into subjective innovations.

Even though healers may adopt different methods, they follow a common working pattern. They identify the name of the illness and its probable causes. This wins over the patient's trust. The patient develops a rapport with the healer and believes he can cure him. The healer's reputation, the aura created around him, and the equipment he uses - all add to win over the subject's confidence. A suitable method of healing is selected, keeping the subject's background and symptoms in mind.

Just as a practitioner of allopathy begins with the history of present illness, so does the

bonthing start by interrogation. He questions the patient in order to find out whether he has intentionally or otherwise broken a taboo; has been disrespectful to a deity; has not cared or provided for an ancestral spirit; if he has noticed any strange object in the surroundings; has had a quarrel recently with a neighbor, or relative. Emotions and attitudes raised by a physician have a tremendous effect upon the patient. Some doctors are said to possess a 'healing touch'. A large part of this healing suspects somebody intends him harm or illness. The ritual healer asks the patient about his dreams; he interrogates other family members to find out what they think about the probable cause of the illness; he looks for omens. The role that faith plays in bringing about relief or cure is witnessed by practitioners of every system of medicine. Touch depends upon the doctor's personality and manner of eliciting the faith of the patient. The role of faith in a particular person - be it a priest or a fakir - and his blessings or medicaments in the cure of a patient, even though the latter may be suffering from a seemingly incurable disease, cannot be denied.

The main function of religion in these societies is to help to cope with the problems of suffering and provide means for receiving relief from the suffering. Bhutia rituals primarily serve to insure that a person will have a long and healthy life and suffer few misfortunes. Bhutia perform curing and purification rites, and maintain similar beliefs about the supernatural and man's responsibility to it. The rites are held to produce a harmonious relationship between man and the supernatural. They also serve as social occasions where large numbers of people come together for conversation, drinking and general gaiety. Some of these rites are expensive and the household must plan the event and start accumulating the animals for sacrifice and grains for the feast to be held. Rituals are social events with super-natural overtones. Rituals generate a given view of the world and engender commitment to existing institutional structures and modes of social relationship. Rituals restore equilibrium in an unstable or antagonistic situation or validate the *status quo.*

The process of healing is deeply embedded in culture. The conceptual consequences of sickness, diagnosis and treatment and their interaction are important in understanding and managing sickness. Sickness a fundamental assault on person and society, is a matter of the deepest human concern; affecting the life and death, it can induce deep emotional arousal. Since health care is a constant choice of individuals, their perception of available alternatives and their motivation to seek cure is important. The services of various practitioners are sought only after the diagnosis has been made. The diagnosis has two types of consequences, conceptual and physiological. Of course different treatments can have different kinds and degrees of physiological consequences. Not surprisingly, the act of healing often including intensely dramatic ritual, shares qualities of the "numinous" in religious experience it can be ineffable, absolute and undeniable (Rappaport, 1979: 211-216). It implies that the experience of healing can be highly marked. The patient experiences some pain and goes to healer for a diagnosis, who after diagnosis suggests treatment. The actual representation of metaphors for illness and cure act upon to restore harmony to the disturbed community.

In some societies, medical traditions focus on material causes of ill-health and material treatments; in other medical traditions insists on the spiritual and psychological causes and remedies. In spite of the fact that various types of inconsistencies between the two systems are common, however, among Lepchas and Bhutias of North Sikkim, there exists an integration of spiritual and practical understanding of the herbs and healing by local Lepchas and Bhutia *amchi* tradition. Lepcha-Bhutia healing traditions respect both of these aspects of human nature and their potential for supporting health and healing. Lepchas and Bhutias practice pre-Buddhist shamanistic traditions of *Bon* religion. Sickness can be assuaged by adjusting the functioning of interdependent causes and conditions by the use of relative means within the realm of relative truth. Lepchas fear spirits causing quarrels, hatred, envy and evil eye as agents of ill-health. The Lepchas are highly tolerant of individual temperamental differences. As long as people are not aggressive or ambitious, abide by the rules of society and perform their communal duties, their rights are respected by others. Social control and condemnation from the group are important forces that result in the Lepchas to contain offensive behaviours and to abide by the rules of the society. Co-operation is very essential in the Lepcha social organisation. Lepcha culture suppresses aggression and competition almost completely. The only aggression they exhibit is toward supernatural beings. Conflict between the two people/

households is the concern of the entire *busti*. Lepchas undertake various strategies to resolve the conflict. Mutual friends may arrange feast to solve the problem. If friends fail, than rituals are performed to exorcise evil spirits that are causing conflicts among the two as Lepchas feel threatened by the fight causing spirits. On ritual failure, the village officials warn the disputants and become involved as adjudicators. If even their mediation appear to fall short, both the parties are heavily fined and are ordered to host an expensive feast. Since no one can afford the fine and feast, hostilities are dropped quickly.

The strength of these indigenous medical traditions is the fundamental knowledge or ethno medical concept that is shared by the whole community. It is understood by tribals that a lot of sicknesses have natural causes and natural courses and are treated by traditional medical practitioners. These traditional practices focus not only on cure but also on damage control measures as well to ensure speedy and uncomplicated recovery. Before starting any type of treatment one may tie charmed amulets for one cannot be always certain of physical aetiology of the illness. Tying of a charmed amulet is common preliminary act that serves two functions (i) if external agent is the cause of disease, the amulets may cure the disease. The charms also protect the individual against demonic interference. The efficacy of the amulets is generally for a limited period. (ii) An amulet may act as protection even if the cause is physical manifestation, for spirits can attack a person in physically weak state.

Traditional or folk medicine is an oral tradition of health care prevalent amongst most tribal and rural communities in India and other parts of the world. It is a decentralised, autonomous and community supported institution based on local knowledge and resources. Even today, traditional medicine is known to cater to the health needs of large number of people in developing countries. Political resolve to update the region and open it to outside world has altered social structure and demographic distribution resulting in erosion of traditional values and religious beliefs and practices. In the last 50 years, despite penetration of biomedicine in remote areas, traditional ideas of disease and therapies prevail.

Indian medical policy is not based on traditional medicine alone. It is comprehensively pluralist, since biomedicine, in all its forms, from hospital based surgery to health centres to dispensaries is being fully utilised. The integration of the two systems is conceptual. These systems just co-exist side-by-side. The goal of health for all by the year 2000 and the development of primary health care have led to increased interaction between the two systems. Tribal communities in Himalayan districts are in front of a related dilemma. Their own systems of health care are being replaced by state-sponsored hospitals; primary health centres; private dispensaries and so on. To dismiss traditional medical systems as ineffective or weak is to overlook their relevance and benefits in the contexts of their sociocultural systems. At the same time the shortcomings of modern medical systems: their technical complexity, rising costs, curative rather than preventive focus and limited accessibility for large population sectors can not be overlooked.

Studies have established that in rural/tribal India traditional medical practices as well as biomedicine co-exist. As traditional medical systems have survived here for such a long time, its therapeutic value and what is retainable of traditional systems and how these can be upgraded through education, licensing and incorporation in to state health becomes important. The state health programmes are well intended but lack anthropological consultation. To date, research into traditional medicine has been covered mainly by anthropology and it is suggested that other scientific disciplines should be incorporated in order to further rescue and revalue this part of the cultural heritage that has contributed substantially to human health and to the development of indigenous medical knowledge and its resources.

In the cases where cultural and social factors erect the barriers to the utilisation of health care, resorting to various intermediation measures may break these barriers. It has been reported that after the formation of Kerala state, the rapid decline in infant mortality and fertility rates was attributed to the intensification of programmes on child and maternal health in these areas since then. The establishment of separate women's and children's hospitals manned by female health personnel is probably a first step in finding a solution to the problems of maternal and child health, at least in the initial stages of health development in the backward states (Kabir and Krishnan, 1998: 260-61). Long period of schooling of girls and subsequent high literacy rates also contributed to these changes. Education also facilitates the training of the medical and

paramedical personnel from within the region. Health and education should be paired and developed side by side.The important question is, are the lessons from Kerala's health transition relevant for the tribals of Sikkim? Is the concept of social intermediation useful in this case?

The economic and social conditions of tribals are different from the conditions that prevailed in Travencore in 19th century. However, many of the factors involved in Kerala's health transition are similar to tribals of Sikkim. Like Kerala's health transition, for tribals of Sikkim also, the improvement in health status entails not only medical issues but also economic and social problems. While designing a health strategy for these tribals all these issues need to be tackled. The level of knowledge about causes of illness and its treatment is of low order among tribals. The main concern of the authorities should be to increase these awareness levels, so that efficacy of existing services could be significantly enhanced. The most important need among tribals is to bring about changes in the social attitude to biomedicine and health care. Given the social environment of the tribal areas, this could be achieved by social intervention to overcome social or psychological resistance.

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KEYWORDS Traditional Medical Systems. Health Care Indigenous Systems of Health Care. Tribal. North East Hamlayas

ABSTRACT The knowledge of disease theory and health care system of a society enables us to cope more wisely, more sensitively while introducing new medical system among people who have known traditional system previously. In colonial times, authorities frequently outlawed traditional medical systems. In Ladakh, a traditional medical system *Amchi* has been incorporated into health planning. In the traditional medical systems, medical traditions partly cover other sectors of social life. Traditional medical systems therefore cannot be studied exceptionally. In contrast to traditional health care system, the official health care system is based on Western science and technology. The term "Traditional Medicine" or "Traditional Systems of Health Care", refers to long standing indigenous systems of health of health care found in developing countries and among indigenous populations. Ethnic medical literature has defined two types of Traditional Health Systems-the *naturalistic* system and *personalistic* system. Lepchas of Dzongu have an indigenous system of health care based on herbs and ritual care. Spirit possession religious and popular rituals flourish in North Sikkim. In communities with strong traditional health care system for managing health, the introduction of biomedical facilities to provide health care is often med with indifference. Traditional medical knowledge is coded in to household cooking practices, home remedies; ill health prevention and health maintenance beliefs and routines. The two systems of health care co-exist in Ecuador. Despite opening up of Public Health Centres and massive propaganda, traditional ideas of disease and health prevail. Among Lepchas and Bhutias, the health care includes self care, consultation with traditional healers and /or primary health care. The cause is a spirit, the effect is spirit possession and the cure is controlled spirit possession.

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