An Insight Into Traditional Medicine And Its Prospect: A Study On Poumai Naga Tribe In Manipur And Nagaland, India

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Abstract

This paper is an effort to document various traditional healing practices of the Poumai Naga tribe. It also viewed potential threats to Traditional Medicine (TM) and its practice in the society and finally studied its prospects in health care system. A series of interview with Traditional Health Practitioners were held. Traditional healing practices were found to base on natural and supernatural treatment methods. Integration of TM into mainstream health care and Health tourism with respect to traditional medicine in the area is highlighted in brief. This paper concludes with documentation as a mean to preserve and promote traditional medicine practices, and as a channel to connect the future researchers for further studies.

Keywords: Documentation; Diviners; Health information seeking behaviour; Faith healers; Traditional medicine; Modern health care

1. Introduction

Traditional medicine (TM) also known as ethno-medicine refers to the health beliefs, knowledge and practices developed and acquired by the indigenous cultures based on generations of sheer experience by trial-and-error method. Different traditional medicine knowledge and practices spring out from various cultures and follow a holistic approach as the key principle to treating the patient. It is evident from recent studies that TM has laid the basis for various drug discoveries. Researches across the globe opined to the view that the demand and use of TM are increasing tremendously and is a suitable substitution for any other form of medication for reasons that it has lesser side effects (if any), it is cost-effective as compared to modern health care services and that it is socially and culturally accepted by the people though not scientific and clinical in approach but making it reliable because of its narrative and long historical account. Harlow & Campbell (2004), encouraged to promote traditional therapies in

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countries where access to modern health care facilities is limited and where it is culturally more appropriate for some diseases or situations. In Asian countries like India and China with deep rooted history on traditional medicine, the government and concerned authorities have established colleges and medical institutions providing formal education and medical facilities. According to WHO (2020), traditional medicine in Bhutan has been integrated into the national health-care delivery system since 1968. And in Indonesia, the Centre of Traditional Medicine Development has been implementing traditional medicine practices in 34 provinces with integrated traditional medicine service at 7 hospitals and 4971 primary healthcare centres as of 2019. Similar progress to promote TM and integrate the same to mainstream health care has been reported in the United States by adding courses in the curricula of medical schools (Garner et al., 2008). African traditional medicine has been recognised by WHO for their immense contribution to the national health care delivery particularly in Africa (Abdullahi, 2011). However, with as much as 80% of the population in developing countries relying on traditional medicine, studies on health information seeking behaviour revealed that treatment strategies were mostly self-prescribed (Fisher, et al., 2016) or sourced from family and friends and not supervised under professional health practitioners which could rather have negative health impact because of the nature of the medication for many are scientifically not tested and may include undocumented health risk.

Traditional knowledge of the Poumai Nagas in medicinal plants is been a result of trial and error method over generations of practice. This knowledge is passed on to posterity through oral tradition (word of mouth) and remained unrecorded to date. Other problems lie with the lack of documentation on traditional medicine knowledge that is slowly slipping out to getting extinct. And because of lack of interest in the present generation to learn, the traditional knowledge holders are forgetting the name of the medicinal plants because of aging factor, and at times fail to identify the exact medicinal plants because of the presence of other plant species with close resemblance. Therefore this paper is an attempt to document traditional healing practices of the Poumai Naga tribe and highlight its prospect in health care system.

2. Research Methodology

The Poumai Naga predominantly inhabits Senapati district of Manipur and extends into Phek district of Nagaland known as Razeba range. According to geographical studies, it covers a total area of 1449 sq. km., out of which 1249 sq. km. lies in the Senapati district of Manipur (James, 1990). Poumai Naga is one among the major and oldest Naga tribe that spread across over 94 villages of which 85 are revenue recognized. According to the 2011 census, a total population of

179189 was recorded in Manipur and 10000 in Nagaland (MHA, 2011). For this study, qualitative design involving a series of in-depth interview with 18(eighteen) traditional healers was conducted from August, 2022 to October, 2022. They were identified as the key informants. 10 (ten) men and 08 (eight) women; all were middle-aged between 30-50 years of age. Interview method was adopted for the study because most of the practitioners were illiterate. Data collection begun with the introduction of the researcher to the informants and by obtaining their consent. The researcher is well equipped with the local language however a guide always accompanied to further discuss the cultural values and underlying philosophy of the healing practices. Some key interview questions included identification of their treatment method (natural or supernatural), the source of the knowledge (healing), diagnostic procedure, understanding of the illness/diseases; the cause of the illness, and finally the medicine prescription. They were also asked on fees for the treatment and also a good discussion to identify the threats to their healing practices. These data were recorded in sound and also in notes. During the interaction communication process, 3 (three) diviners, 7 (seven) local health practitioners, and 8 (eight) faith healers were identified based on their treatment method. The data from the locals were also recorded to see the relevance of traditional medicine.

3. Ethical consideration

During the entire trip of data collection informed consent were obtained stating that in full conscious and awareness the informants were interviewed and that that no force was implemented upon them. Further ensuring that the survey was solely for academic purpose. And also no animals or individuals were harmed or abused during the whole process.

4. Results and Discussion

I. Traditional healing practices

Today, Poumai Naga live in a pluralistic medical setting where both traditional and modern health care systems coexist together to respond to the health problems of the people. Apart from modern health care professionals, there are two main types of healers identified by the researcher based on the treatment process i.e., natural and supernatural. The supernatural treatment include the likes of *Teingumai* (*Diviners*) and Rakovasoumai (Religious faith healers) as identified by the researcher. In the olden days, the Poumai Nagas like many other cultures around the globe believed that illness was a repercussion of an individual having to encounter with the evil spirit

or divine displeasure or a consequence of a curse. It is believed that the basil plant symbolizes purity and drives away evil spirits, for this reason many households even today have basil plants in the surrounding the villages. According to the locals, *Teingumai,* is one who has the ability to communicate with the supernatural existence (spirits) and even foresee events or incidents to come. In the treatment process, a diviner could tell what kind of spirit, where and when they encountered. This would be followed by performing traditional rituals using ginger, basil plant, cotton, fire, etc., offering sacrifices to appease the spirit depended on what the spirit wished for. In some cases, a cattle would be butchered and the meat would be distributed to the whole village, while in some, a rooster is released in the forest. This gift possessed by the healers is not transferred or bestowed upon anyone who wishes to be one. Rather one among the immediate family member will show mild ability to heal the sick and ultimately he/she will be the successor once the diviner passes away.

With the advent of Christianity in the society, the concept of diseases was brought by the Christian missionaries with the introduction of education in the early 1940s prior to which was believed to be caused by evil spirit or curses. This period marked the rise of powerful religious healers and prayer warriors known as *Rakovasoumai,* who attended and healed sickness in mass gatherings and in private. This group of healers are well acclaimed in the society for their services in healing physical weakness, and mental illness and even spiritually guiding one to lead a better life thus creating tranquillity in the society. There are instances where miraculously a sick person is instantly healed whereas some take time to heal depending upon their faith and therefore many consider them to be their last resort. This group of healers may work as a team and have established healing centres or prayer centres even providing lodging facilities. Patients may also be admitted according to the severity of the illness. Both diviners and religious healers prepared medicines from herbs, minerals, and of animal products shown to them in visions or dreams. The formulation of the medicines would be kept a secret to themselves because it is believed that the ingredients once revealed to the public, the herbs or medicine as a whole will lose their healing properties and eventually annoy the spirit.

Whereas, *Vadeimai* (Traditional health practitioners) follow natural treatment process and their much-experienced knowledge on TM has survived through oral tradition and demonstrations taught to one or few selected usually within the family. The diagnosis is based on study of family history and on observation of the patients. Some practitioners believe that besides physical injuries most of the diseases are caused if the stomach is not taken care of. According to them, gastritis is one reason people suffer body ache, headache, fatigue,

nausea and vomiting, etc. apart from other stomach related issues. Gentle massages to the pressure points in the body gives a patient instant relief from pain related to gastritis and body ache. Decoction prepared of *Eupatorium adenophorum*, commonly known as Mexican Devil is widely used to treat gastritis and other related stomach problems. They recommend simple boiled food at regular intervals and plenty of water intake. *Nabuhdeimai* (Birth attendants or midwives) mostly comprise of experienced older women who assist during child birth and are experts in positioning the fetus in the womb to avoid miscarriage or complications during childbirth. *Raodeimai* (Bone setters) are professionals with good knowledge on internal skeletal structure and on type of muscles. They come in very handy in every village, especially during sporting events or tournaments including indigenous Naga wrestling. Some medicinal plants include *Brugmansia sauveolens*, *Ricinus communis*, *Curcuma longa*, bamboo, etc. with eggs. During fractures and other major injuries including deep wounds eating frogs is recommended for speedy recovery.

II. Potential threats to traditional medicine

The traditional knowledge on the medicine of the Poumai Nagas should be appreciated, recognized and encouraged considering the dependency of the locals on it. In this regard, one should acknowledge and respect the difficulties and problems faced by the practitioners in smoothly exercising their talents and creating opportunities for posterity to elevate the practice of traditional medicine in the future. The following were identified as potential threats by the researcher according to practitioners' point of view-

a.) Westernization: The advent of Christianity has marked the gradual erosion of the age-old traditional practices. This shift in belief is one of the major reason that cornered the Diviners to a point that they are barely known to exist today. Age-old traditional and cultural values of any indigenous community should not be discontinued or judged based on any newly discovered religious sentiments; in fact the practices should be encouraged because it defines the identity or the origin of that particular community.

b.) Urbanisation**:** The growing need for agricultural land and urbanization on large scale is causing mass destruction to the natural habitat of the medicinal plants and herbs making it difficult to locate and cultivate them when needed. The present scenario is such that the younger generation is least interested in the old ways of treatment and is rather driven by modernization. This was substantiated also by Bhatia, et al. in 2014 stating that attractive salary and representation of one's image in the society is one reason that the present generation is opting for modern medicine over traditional medicine as a profession. Therefore making it difficult to convince the younger

generation to pursue traditional medicine as a means of livelihood. Various Traditional medicine and its philosophy should be included in the educational curriculum and subsequently merged with the modern health-care system if not operate as a separate branch of science like the much established Ayurvedic medicine and the Chinese Traditional Medicine.

c.) Lack of Documentation**:** One of the limitations to successful documentation included lack of clinical and scientific validation of traditional medicine (Pramanik, 2018). The sceptical views of some traditional medicine practitioners and religious healers to participate and share the knowledge for the fear of losing livelihood, trust issues, misappropriation of the knowledge, etc. is another hurdle in preserving this precious knowledge. Without much realization, this knowledge is lost with each knowledge holder that dies due to lack of written records. In 1993, according to Hinding, documentation would adequately represent the society and culture to the future generation. In this regard educating and creating awareness on the importance of documentation of traditional knowledge, particularly on medicine should be considered and respectfully correct their opinion. For the fear of possible risk in documentation, the same knowledge is lost forever. The argument is, what will you document and preserve if there is nothing left or missing?

III. Prospect of TM in the society

We have witnessed importance of TM that helped in the pandemic crisis due to plague, cholera, Spanish flu, etc. in the past and recently the outbreak of *Ebola* in 2013 in Africa that claimed many thousands of lives, and the traditional medicine practitioners of the region helped contain or fight the virus alongside medical professionals. Similar was the case when in 2020, the *Corona* virus reached the humble tribe of Poumai Naga, if not for the traditional healers the scenario would have been horrifying. The use of *Phlogacanthus thyrsiformis*, Neem (*Azadirachta indica*) by the healers proved very helpful in fighting and also preventing the virus. About 90% of the Poumai Naga people live in rural villages without proper medical facilities and road connectivity, therefore, the role of TM and its practitioners are crucial in meeting community health services. Manipur has much to offer in medical tourism with eminent medical professionals across the state taking advantage of Central Govt. investing her wealth with visions to fulfil India's Act East Policy (Akoijam and Khan, 2020), however, the concept of health tourism with respect to traditional medicine is far behind as compared to the likes of Kerala, which is flourishing in the South, because there is lack of exposure and tourists are seen only during cultural fests and festivals.

Many studies have acknowledged the significance of traditional medicine in providing necessary assistance in health care system especially in the rural and remote areas. And for many other reasons researchers today in developed and developing countries are closely working on making policies to promote and integrate traditional and other alternative medicine into mainstream health care system (Frenkel & Borkan, 2003; Garner et al., 2008; Negahban et al., 2018). This idea of integrating traditional healing practices into primary health care could solve many problems for the villagers in the remote areas where medicines, doctors and nurses are not always available in Primary Health Centres and its sub-centres. This will surely help generate income to the practitioners and promote commercialisation of traditional medicine. And with validation from scientific viewpoint, it may attract pharmaceutical companies in investment and innovations. Here, the local health practitioners will also be employed and also gain more recognition for the services in health care system. Governments and health authorities may use this evidence-based integration with modern healthcare systems to develop policies, regulations, and guidelines related to traditional medicine, ensuring safe and responsible practices and protecting the rights of practitioners and patients. . However, it is important to address the challenges to integration and invest in relationships between healers and biomedical staff for successful implementation (Krah et. al, 2018).

5. Conclusion

Traditional medicine may be slow in its process but is holistic in nature because it not only heals the physical aspect of the illness but also attends to the spiritual, mental, and emotional aspects of the patient. However, potential negative side effects of Ayurveda medicine that contained a detectable amount of lead, mercury, and arsenic and addition of other drugs while manufacturing herbal medicine which could prove lethal to human health had been reported (Rivera, et al. 2013). Therefore, clinical and scientific validation of the traditional and other complementary medicine is very crucial to ensure the safety of the users. It is said that the past helps us to understand the present and is a guide to the future. Today, the cultural survival of many indigenous communities is threatened, and some traditional systems of disseminating knowledge may already be lost due to various factors. Understanding the importance of traditional medicine and the challenges faced by its practitioners in keeping up with the pace of the modern medicine and the odds in passing the knowledge to posterity, efforts must be drawn towards documenting this priceless traditional knowledge that is fast fading away.

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