

## **Traditional Healing Practices in Himalayas - a heritage under threat**

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Himalayas, the world's highest mountain range has fostered some unique cultures and traditions that are distinctive and have been preserved for decades. Due to the wide spectrum of climate, rainfall, soil and altitude, the Himalayan region is endowed with a rich natural heritage – a truly fascinating diversity of flora and fauna. The region's isolation from the rest of the world due to the high mountain ranges has also helped nurture a multiplicity of tribes with diverse cultures and heritage that include languages, social structures, and spiritual traditions. These communities have a wealth of traditional knowledge that constitutes the intangible heritage of the region; it is passed on from generation to generation, nurtured and preserved over a period of time. The Himalayan region also houses some of the rare and endemic varieties of plants that are medicinal and aromatic in nature and traditional healers in the region have been blessed with the rich knowledge their ancestors acquired to make use of this wealth. Communities in the Himalayan region largely depend on their immediate bio-resources like elsewhere in other mountain eco-systems.

India is one of the centres of diversity of plant genetic resources, and twenty-six 'hot spots' have been identified in India where there are high rates of deforestation and endemism. One of these is the Himalayan belt as a whole constituting one mega hot-spot. Medicinal plants play an important role in supporting healthcare system in India. According to the World Health Organization (WHO), 80% of the rural population in developing countries utilizes locally available medicinal plants for their primary healthcare needs. About 8000 species of medicinal plants are in current use by local communities all over India (Samal, et al., 2004).

This indigenous traditional knowledge and the associated set of skills gradually evolve through a continuous process of interaction, observation and experimentation with the surrounding environment of the community. They revolve around traditional values of resource use that include subsistence values, socio-cultural values, economic-commercial values, and traditional practices of resource use. Moreover, traditional knowledge systems are often more holistic and conservation-oriented. The traditional healers are respected by the local community and have considerable influence on health belief and practice (Semwal, et al., 2010).

The Himalayan region is served by state sponsored medical system, like other regions in rural India, though inadequately. The key unit of health care delivery is through Primary Healthcare Centres (PHC) and the size of population stipulated to be covered by each PHC is 30,000 in plain areas and 20,000 in hills and tribal areas. Many parts of the Himalayas are devoid of modern medical facilities and people here are dependent on traditional medicine systems for their health care. The inadequacy of the PHCs in the Himalayan region is significant and their dependency on the indigenous medicine is equally high (Samal, et al., 2004).

### **The healing culture and role of healers**

Local health traditions have been an integral part of the Himalayan culture. These have been practised from ancient times, and are specific to a particular area and have strong linkages in the culture of the place. Moreover, traditional healers have tremendous knowledge about

the available flora and fauna of the region, which can play a key role in conservation. Unfortunately, the teachings and knowledge of many of these practises are not documented and are often transferred from generation to generation by word of mouth. The traditional healers have been treating diseases and illnesses and are versed in many important techniques like pulse diagnosis, potion treatment etc. In Himalayas different types of traditional healing systems are practised, however Tibetan system is dominant in most parts.

The relationship of the people and their environment and natural resources has evolved over a period of time, based on necessities and experiences. Over the years communities have evolved adaptive strategies to make effective use of local natural resources. Innovation and practices of sustainable use and conservation of bio-resources are based on traditional knowledge gathered through many years of experience of people over generations (Samal, et al., 2004).

Religion is one of the major cultural components in the Himalayas, and society tends to grow around its principles. Most healers are religious and are believed to have acquired the knowledge of ancient wisdom with dedication and hence enjoy a respectable position in the society and are looked up for solutions in all life problems. The healers not only provide solutions to healthcare but also to personal, familial and social problems and have become an integral part of the communal life (Dalal, 2007). Traditional wisdom is so deep rooted in the society that they appear in folklores, proverbs, and mythologies. Different healing practices use different forms of religious beliefs (Gods, deities, supernatural powers) and have strong belief in metaphysical world. In the communities of the Himalayas it is widely believed that the health and illness is fully guided by supernatural powers and forces. They worship trees, cave, hillock, statues as guardian spirits and if they are ignored, disrespected or if the nature is polluted, the community has to suffer in the form of illness or any natural calamities. The theory of having supernatural powers coexisting on this earth is widely believed and practices like that in Sikkim and different parts of Himalayan states when the healer during healing sessions goes in to a state of trance and talks to spirits and deities and finds cure to the problem have greater faith of the local masses.

It is often augmented that traditional healing is primitive and cannot heal critical illness. But many literatures have argued that these practices are deeply entrenched in folk wisdom and have treated many illnesses in the past through powerful healing process, which involves treatment through medicinal plants and religious chants by the healers. It takes the person in to a state where he/she has full trust on the healer and subconsciously feels he is healing from inside with a positive state of mind. The traditional healing has not only cured people but has also proved as a channel of translating the essence of ancient scriptures into dialects that a common can understand and follow. The followers of traditional healing also believe that illness is caused due to pressures from social customs, traditions, moral structures, role expectation which varies from culture to culture.

The interpretation of illness and mental state is largely determined by the society and social relationships. People tend to extract meaning out of social norms; beliefs, customs and communication that help them better understand their social world. Ayurvedic traditions, which has great influence in indigenous traditions of India, says health is a balance among the body humours and the conditions of the external world mediated by diet and a hierarchy of social relations organized around purity and pollution (Dalal, 2009).

Traditional societies impose many restrictions on individual's conduct suppressing human desires. It puts pressure about appropriate behaviour that leaves little room for independence of voice and to lead life in one's own way. For women the situation is grimmer and they are exploited and have low recognition in the family. The repression gets converted into hysteria and sometimes turns violent and delusional. Traditional healing attributes this behaviour to be the work of evil spirits and the person is not to be blamed for. During healing

session the person is allowed to vent out their feelings and hide nothing. After recovery the family becomes more considerate with the person fearing a relapse of the earlier conditions. This has helped many people to come out of their frustrations and inner guilt and helped them return back to normal healthy life.

The healing power of the healers is observed to reside in his or her ability to connect with patient's psyche, sending him the message of strength and reassurance. Since the healer is from the same community and are subject to same societal norms they understand people psyche and problems. Traditional healing does not only focus on the body but also on positivity of mind. These traditions are gaining popularity in the west and people are taking interest in understanding and acknowledging them especially Ayurveda because of limitations of allopathic system of medicine in treating certain diseases of mental health and the side effects associated with the drugs.

Moreover, it usually focuses on the holistic development of an individual rather than focusing on specific areas. This approach takes into consideration the values, passions, beliefs, social interaction, and spiritual orientation of a person in their healing practices. The healer creates conditions in which physiological processes are connected with altered meaning and patterns of relationships so that one social world is linked recursively to one's inner experiences (Dalal, 2007).

The healers are usually held in high esteem because of their knowledge, expertise and ability to treat illnesses and are consulted by all strata of a community irrespective of caste and religion. The healers though specialise in treating ailments, people visit them in all types of crises be it financial, family, loss in property etc. In many Himalayan cultures the healers are the channel with which people can communicate with deities and spirits.

Traditional healers also help in conservation of nature. The herbs are collected during a specified period (considered to be an auspicious time) and are plucked keeping sustainability and the nature in concern. The medicinal plants are grown and nurtured by these people. The traditional healers understand the significance of maintaining equilibrium in the nature's process and not to blindly extract from it without returning back what was taken as it is happening today in all spheres.

### **Healing Practices - the humours and underlying principles**

*Tibetan medicine:* Tibetan medicine is influenced by Buddhist medicine. It is based on important principle of three humours: bile, phlegm and wind. All these humours are connected and symbolises an element viz. Bile – fire, Phlegm- water, Wind- air. All the diseases are classified according to these humours. The principles are based on the three fires of Buddhist concept burning to some degree in each human being i.e. greed, hatred and delusion (Winder, 1993). A disease can be caused due to unbalance or insufficiency of any one of the humours, or combination of any two.

*Ayurveda:* The Tibetan concept of medicine was considerably derived from Ayurveda. The Sanskrit word for humour is 'dosa'. The three dosas are – Vata (wind), Pitta (bile), Kapha (Phlegm). A Person is seen in Ayurveda as a unique individual made up of five primary elements. These elements are ether (space), air, fire, water and earth. When any of these elements are imbalanced in the environment, they will in turn have an influence on the person. Diseases occur because of faults of any one of the above.

## Genres of traditional healers

In the early years the inhabitants of the Himalayan region practised *Shamanism*, which was an ancient system of healing prevalent in northern Asia (Kala, 2005). Gradually several forms of medical practises based on Buddhist teaching became popular in the Himalayas and *amchis* (healers practicing Buddhist medicine) gained importance in the society. In due course of time monks propagated the knowledge of *Ayurveda* a system of medicine based on usage of medicinal properties of plants acquired from India. Besides India, China, Mongolia, Persia and Nepal have contributed to the evolution of Tibetan medicine, which is now dominantly followed in Himalayan states as a method of traditional healing followed by Ayurveda. The traditional healing is non-commercial and serves as the unit of primary health care in the Himalayas. Due to lack of medical facilities and poor infrastructure there is high dependence of community on these healers.

Indigenous healers are present throughout the greater Himalayas, with the Indian and Nepalese mountains particularly well described in the literature. These indigenous healers possess a vast knowledge of medicinal plants and play a critical role in their conservation and management. They generally follow a set of sustainable harvesting practices, which are based on the customary rules governing sustainable use and knowledge transmission from generation to generation (Ghimire, et al., 2004). Religious leaders and institutions also play a significant role in biodiversity and ecological landscape conservation in the Himalayas.

The different types of traditional healers practicing this ancient science in the Himalayan states are:

a) *Amchis*: The traditional healing practice followed in most part of Himalayas is predominantly Tibetan system of medicine. The *amchis* are looked with great respect and trust in the society. In Leh *amchis* look after 60% public health and in Lahaul and Spiti they are responsible for 80% of public health (Kala, 2005). The *amchis* possess great knowledge about the herbal wealth and use medicinal plants for treatment of various diseases. Places where Buddhism is dominant Tibetan medicine is still followed and is trusted more than other forms of medicine.

b) *Vaidyas of Uttaranchal*: The traditional knowledge of Vaidyas has been based on Ayurveda and like Amchis possess vast knowledge about medicinal plants and techniques used in preparing herbal drugs and curing ailments. They also use animal products like urine, dung in many of their therapeutic procedures. They rely on natural produce for their preparation of medicine and make use of the available resources including wild and cultivated plant species growing in the state. The *Vaidyas* are primarily marginal farmers who practice the Ayurveda not as profession. *Vaidya* is highly valued profession and looked as a matter of philanthropy. Apart from using various ingredients the fundamental principles of preparing herbal drugs by the vaidyas of Uttaranchal are often combined with philosophy and religion (Kala, 2005).

c) Folk Healers of Sikkim: Sikkim has a strong belief in ancient medical system including the Tibetan medicine. Like other regions in the Himalayas their relation to culture is very strong, as people believe diseases to be linked with super natural forces. The three ethnic groups of Sikkim i.e., *Lepcha*, *Bhutia*, *Boongthing* and *Nepali* have been practicing folk medicine which have a strong relation with Ayurveda and Tibetan system of medicine. Different kinds of illnesses are treated based on worship and devotion, including animal sacrifice. It is believed that unless a medicine has been empowered with special divine blessings it will have little effect on the patients. According to the *lepchas* the world is governed by good spirits and evil ones. Tree *tatola* (*Oroxylum indicum*) is considered sacred and has a great importance in the culture of the *Lepchas*. However Bhutiyas place great emphasis on coercive rites of exorcising and destroying demons (Panda, 2009). The ritual performed is believed to be

cure done by the spirits. *Nepalis* like the other two also value their natural wealth and has great knowledge about the herbs (ICIMOD, 2012).

d) *Dhamis & Jhankris*: In Nepal *Dhamis* and *Jhankris* are similar to *Vaidyas* and are seen practising traditional healing in most of the rural areas of Nepal, and are most prevalent in tropical and sub-tropical villages (State of Environment - Sikkim, 2007).

### Identified Threats & Issues

Despite policies favouring the growth of traditional and indigenous healers, there is a large gap in actual implementation. Some factors threatening the survival of traditional healers in the Himalayan region are:

1. *Migration*: The younger generation in the Himalayan region are moving out of their native states to bigger cities in search of newer avenues of income generation and have been exposed to the life styles of the cities. This is primarily due to wide spread unemployment and poverty in the Himalayan regions. Also, young traditional healers like *amchis* are losing interest in the system because of lack of immediate benefits mainly in terms of cash. Earlier, *amchis* visited fields and had good knowledge of medicinal plants, however the young *amchis* do not do not make medicines themselves nor do they get a chance to visit the fields for identification of medicinal plants. Hence, they are dependent on Tibetan medicines made by different pharmaceutical companies. Similar is the story with other traditional healers.

2. *Allopathic medicines*: The popularity and advent of Allopathic medicines, has resulted in lower incomes for the traditional healers. However, in many regions in the Himalayas access to western forms of medicines is physically and financially difficult.

3. *Conservation*: Rigid conservation laws against harvesting of many kinds of medicinal plants also poses a threat to these indigenous practitioners, as they are unable to harvest the required raw materials. Communities have also started selling MAPs to the traders for money. But not much is being done to preserve this wealth and use it sustainably.

4. *Lack of Institutions*: The dearth of institutes for learning Tibetan medicine and other traditional systems has also contributed to this decline. Likewise, the lack of recognition in the main stream has further hindered the traditional healer's abilities to pass on knowledge, serve communities, and protect the environments on which this medicine depends. At present the system survives at the peddler level, as there is no existing organized structure or institution supporting this system of traditional medicine.

5. *Depletion of medicinal plants*: Although the number of traditional healers in these regions is dwindling every year, the popularity of herbal medicines in the global market is increasing. This leads to over harvesting of medicinal plants species from the natural habitats and is often supplied through illegal channels. Moreover, the locals often engage themselves in the illegal trade, as it is a good source of income.

### Evolution of the health services system

Apart from the above factors, the traditional practitioners have primarily been affected by the natural history of the modern day health services department, which is common in most developing nations. These factors can be placed into perspective in a sequence of five stages, which are:

i] Traditional Healthcare system: Traditional systems of Healthcare exist in all countries and regions, and have evolved within the local culture. Most often they are associated and closely linked with religious beliefs.

ii] Medical Care for the Elite: Despite claims about equality, it is true that high quality healthcare would be provided first for the elite (indigenous or colonial). It is not entirely irrational as the leadership of a country can consider itself an important investment. Moreover, an interesting aspect in India is the carry-over of a high class Ayurvedic medicine as a component of elite medicine. Cultural pride leads to greater reliance on traditional healers.

iii] Mass development of Healthcare services: Most developing nations devote a large part of health expenditures to public medical care, due to political assertion on providing healthcare services to the masses. This usually replaces the indigenous system, except for certain ailments which allopathic medicines are less affective, for example: arthritis.

iv] Preventive services: Often public health measures start because the elite needed to protect themselves from mass epidemics. Moreover, increasing modernisation in healthcare coupled with international pressures leads to general application of preventive measures as the only long range and economically rational method of controlling diseases.

v] Inclusive Care: This advent of modernised health services system leads to major gaps in healthcare. Regions such as the Himalayas, where resources are limited, a more rational approach is often used, where comprehensive care is provided by a health team under the leadership of a doctor. However, most of the services are carried out by personnel with minimum level of preparation necessary for the task. Therefore, it is important to plan these services with traditional practitioners to maintain efficiency (Carl E. Taylor).

### **Policy Support for Traditional Healing**

In order to revive the Indian system of medicine and provide benefits to practitioners, the National Policy on Indian Systems of Medicine & Homeopathy, 2002 was framed. The policy emphasizes the need to integrate Indian Systems of Medicines with modern medicines and also integrate with other plans in health and human development such as agriculture, rural development, education and social welfare, water supply, housing and sanitation. Also, budgetary support has been augmented and fiscal incentives and concessions that are available to modern pharmaceutical industry have been assured to traditional medicine sector.

The Central Council for Health and Family Welfare, formed in 1999 recommended that specialist Indian System of Medicine & Homeopathy treatment centres should be introduced in rural hospitals and a wing should be created in existing state and district level government hospitals to extend the benefits of these systems to the public.

The basic objectives of this policy are given below:

- To promote good health and expand the outreach of health care to people, particularly those not provided health cover, through preventive, promotive, mitigating and curative intervention through ISM&H.
- To improve the quality of teachers and clinicians by revising curricula to contemporary relevance and researchers by creating model institutions and Centres of Excellence and extending assistance for creating infrastructural facilities.

- To ensure affordable ISM&H services & drugs which are safe and efficacious.
- To facilitate availability of raw drugs which are authentic and contain essential components as required under pharmacopoeial standards to help improve quality of drugs, for domestic consumption and export.
- Integrate ISM&H in health care delivery system and National Programmes and ensure optimal use of the vast infrastructure of hospitals, dispensaries and physicians.
- Re-orient and prioritize research in ISM&H to gradually validate therapy and drugs to address in particular the chronic and new life style related emerging diseases.
- Create awareness about the strengths of these systems in India and abroad and sensitize other stakeholders and providers of health.
- To provide full opportunity for the growth and development of these systems and utilization of the potentiality, strength and revival of their glory (National Policy on Indian Systems of Medicine & Homoeopathy - 2002).

## The Way Ahead

1. *Certification & standardisation*: Most practitioners in these regions are unregistered and prepare their own traditional herbal formulations for different ailments. These formulations need to be standardized for their efficacy, which will place herbal medicine in a proper perspective and would be more acceptable for the masses. Also, there have been incidences where people try to take advantage through the introduction of less effective medicinal plants in the name of well-established high-value medicinal plants. Therefore, to discourage such malpractices, raw materials need to undergo quality control and certification standards need to be established (Kala, et al., 2006).

2. *Sustainability*: As previously mentioned the traditional healers do not over harvest the medicinal plants and allow regeneration, in order to maintain sufficient populations in the natural habitats. This indigenous knowledge on sustainable harvesting and usage of medicinal plants, which has been passed down from generations needs to be utilised for improving the medicinal plants conservation practices and the sector. Moreover, these traditional healers can be given the responsibility of conservation, as their ethno-botany knowledge is immense.

3. *Policies & legislations*: Although, policies have been framed to favour development of the sector. There exists a vast difference in framing policies and actual implementation. Despite favourable policies bias exists towards more favoured western forms of medicines, which receive more benefits from the government.

4. *Educational institutions*: The number of Indian Systems of Medicine & Homeopathy colleges have increased considerably in the recent years. However, their numbers are much lesser compared to educational institutions for Allopathy. The Central Councils have established regulations to guarantee minimum standards of education. In spite of this several sub-standard institutions have been established threatening the standards of education, medical training and practice. This is primarily due to a liberal permission system and loopholes in the existing Acts and weakness in the enforcement of standards of education. More institutions need to be established in the Himalayan regions with superior educational standards, where the younger generation would be encouraged to practice this traditional wisdom.

5. *Legal recognition*: The traditional healers lack any legal recognition to practice. Though, it does not hold much significance for practitioners in rural areas, a legal status would help practitioners in urban settings wherein people are more aware about consulting to practitioners with a legal identity.

6. *Training & Awareness*: Nowadays most practitioners in the Himalayan region heal only a certain kinds of ailments. Most practitioners in these regions address only certain issues such as fractures, fever, pneumonia, skin burns, snakebite, stomach pain, head aches, joint pains and other wounds. More training and awareness is required on health awareness and prevention measures, viz. on sanitation and hygiene, and the ability to diagnose illnesses through symptoms or scientific medical reports.

7. *Budget Allocation*: Currently, the Indian Science Medicine and Homeopathy gets only 2% of the total health budget of the nation, while 98% is incurred on western modern medicine. This needs to be increased significantly to help the growth of the sector.

The positive features of the Indian Systems of Medicine, namely, their diversity and flexibility; accessibility; affordability; a broad acceptance by a section of the general public; low cost; lower level of technological input and growing economic value have immense potential to make them providers of health care that the larger sections of our people need. Moreover, development of the sector in the Himalayan region and encouraging traditional healers to practice this ancient science is of utmost importance as many areas still lack access to basic healthcare. Also, indigenous knowledge on harvesting, storage and usage of medicinal plants built over centuries needs to be taken into account for improving and reviving the status of several medicinal plants in the region. These traditional systems have existed for centuries and the Himalayan people have survived and thrived on them. It is quite evident that government, and NGOs need to make constant efforts to revive and promote these indigenous practitioners, in order to provide better health care facilities to communities in the remote Himalayan regions.

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