

Traditional Knowledge and the Community: Mapping the History and Continuity of Traditional Medicine and Healers among the Khasi, Meghalaya.

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Abstract:

Indigenous knowledge is believed to reflect a particular environmental knowledge based in a particular place. It is rooted in the practices, know-how and the interactions in the community through oral communication and demonstrations. Hence, one can safely say that local knowledge is firmly tied to the cultural heritage of a place or a community. It is significant to locate the aspects of health, beliefs and practices relating to health and disease, diagnosis and treatment methods, healers and curers and their recruitment, concepts and organization of medical systems etc in its socio-cultural milieu. More plainly understood, the subject of health culture focuses on the nature of illness, methods and criteria of classification of disease, the causes and cures, types of therapists that seek to alleviate illness and their skills and social roles, preventive measures are all in lines of how the natives conceive these processes. The present study concentrates on the traditional healers and medicines in Shillong, Meghalaya and its continuity in contemporary Meghalaya.

Key words: Tradition, Health, Indigenous knowledge, Traditional medicine.

INTRODUCTION

One may wonder about how people viewed or how they approached any kind of illness and prior to modern society or before the coming of modern medicine and the influence of science and technology. It is believed that, traditional healers and medicine have been prevalent since the beginning of civilization. When we look into the history of traditional medicines we see that they have all been derived from their immediate environment. The term traditional healing and medicine are seen as or referred to the ways and practices that existed before the use of modern medicine in order to restore one’s health. This knowledge of practice is believed to have been passed down from one generation to the next, orally and not through any written documentation or institution.

Traditional and tribal medicines still constitute the most important source of healing for much of the world’s population, especially for those living in areas away from the urban centre. It is still practiced in all kinds of societies and embodies the use of native plants, and medicinal oils as well as using the principle of indigenous knowledge, philosophy, and spirituality. It often reflects a specific environmental knowledge and is embedded in the practices, experiences as well as exchanges in the community through oral communication and demonstrations.

Tetso (2008) points out that there is a variation in the mode of acquiring knowledge and skills and entering into ethnomedical practice unlike the entry into modern practice. He believed that one could learn informally from the elderly in the family and inherit the practice. At times one learns it out of practice. He also mentions that it could also be their belief in their God who appears in their dreams or

vision and commands that he or they take up a medical practice. He also believes that traditional outlook, customs, beliefs, rituals, concepts of etiology, diagnosis of diseases, and therapies have been subjected to a rapid change due to the impact of an ongoing modernization process and Christianity and in spite of Christianity being the main religion of the people, the traditional belief still holds sway in many aspects of life and continues to influence the traditional medical beliefs. Tetso also noted that traditional knowledge has attracted considerably an alarming number of global institutions in protecting, promoting, and using traditional knowledge.

V Sujata (2007) mentions in her article '*Pluralism in Indian medicine: Medical lore as a genre of medical knowledge*', of the multiple systems of professional medical knowledge of varying provenance and vintage, namely Ayurveda, Siddha, Unani, Biomedicine, and Homeopathy coexisting in the health arena. She has also brought to light how such indigenous systems of medicine coexist within themselves several genres of medical knowledge. What is seen as similar features of these medical systems are the various levels of medical knowledge and skill- experiential, textual, inherited, and incorporated.

Coming to the importance of indigenous knowledge, Agarwal (1995) pointed out that this system can be highly linked to the development process of any community. Levi Strauss (1962, 1966) suggested that primitive cultures are more embedded in their environment than modern cultures; primitive people are less prone than scientific investigators to analytic reasoning that might question the foundations of their knowledge, and primitive thought system are more closed than the scientific modern thought.

TRADITIONAL HEALERS AND MEDICINES AMONG THE KHASI TRIBE

The khasi society is one of the oldest indigenous groups of people of North-East India inhabiting the state of Meghalya which is home to two more tribes namely, the Jaintias and the Garos. The term Khasi includes Khasi people inhabiting regions such as Khyntiam, Pnar, War, Maram, Lynggam, Bhoi, Nonglam and Jyrngam. The society has a legend of its origin and considered themselves as descendent of Ki HynniewtrephHynniewskum- referring and identifying with reverence and respect to the ancestors whom the people believed to have descended from the house of God and came to live and settle on earth around the sacred peak called U SohpetBneng (the umbilical cord connecting the earth and the house of God). (A.K Nongkynrih: 2017)

Khasis are one of the tribal groups who still practice and carry forward many of their ancestral traditions and customs, traditional healing being one of them. They possess not only the skills passed down from their ancestors but have also been imbued with a deep-rooted knowledge of various medicinal plants that caters to the different kinds of illness. The village population especially, depends on the indigenous practitioner (Nongkynrih: 2017). These traditional healers and practitioners among the Khasis are called 'nongaidawaikynbat' and the medicinal plants that the healers use in their treatment are called 'kynbat' (herb/medicine).

When we talk about indigenous traditional knowledge and practices, inherited skills and talent, magic etc. in the present modern context, it seems irrational especially with high influence of technology and modern science; such factors are often seen as primitive by many individuals. Levi Strauss (1962) on speaking about primitive cultures refuses to look at one as irrational. On the contrary he presents them as eminently rational beings. The 'savage' (primitive mind) (Strauss,1962) is a man of science; a special kind where he uses conceptual tools and thinking processes comparable to those of civilized

man, and even the best of scientist. He also emphasized that to understand him, one must enter into his ways of thinking. The ‘savage mind’ is not that of an archaic or primitive stage of mankind, but on the contrary, “a mind in the savage state”, distinct from the mind that has been “cultivated or domesticated for the purpose of yielding or return.” He believes that it is only through the primitive societies that we have access to pure, uncorrupted mode of thought. (Strauss, 1962)

In the hill region of north-east India, large tracts of land remained under the control of local communities. Therefore, the khasi tribe of Meghalaya have evolved methods of natural resources management and have passed the knowledge from generation to generation. They nurture forest in the vicinity of their habitation, near water resources, on the management practices can be seen in the form of sacred groves (law kyntang), village free restricted forest (law shnong) and clan forest (law kur). Like many indigenous communities, the khasi tribe of Meghalaya has a long tradition of natural resources conservation based on customs and religious beliefs which have been passed on from one generation to the other. (Tiwari & Tynsong, 2020)

Methodology

The study concentrates on the traditional healers and medicines in Shillong, Meghalaya. For the findings, the researcher used primary sources of data collection. The sample consisted of five khasi traditional healers; one being a female and the other four being males practicing in different parts of the city and; a few selected individuals from different spheres of the community who had their own opinions on traditional healing and medicine. The data was collected using a) in-depth interview, b) audio recording, c) observation and both d) open-ended and close-ended questionnaire method. The first three methods were used on the healers while the questionnaire method was used on the selected individuals. These individuals were randomly selected by the researcher. The research problem in this study is to look at the relevance of indigenous knowledge, local healing today and the challenges faced by the traditional healers with respect to the uses and effectiveness of their practice and medicines, recognition by the people and the state. The research was carried out among the traditional healers belonging to the Khasi tribal community living in Shillong, Meghalaya which falls in the north-eastern part of India. The research also used the observation method with two of the healers while they treated their patients. The primary data was collected from the healers, all of whom having different kinds of background and specializations in their area of traditional healing. The healers were aged between 40 to 70.

DATA ANALYSIS AND INTERPRETATION

The traditional healers:

The research was carried out among both men and women who practiced tribal medicine and healing and were well-known in the community as practitioners. Of the five healers interviewed, only one had a formal education and completed his bachelors. All the healers had a clinic either adjacent to or away from their homes where they practiced. Their experience ranged from 5 to 30 years. Their therapeutic methods included primarily of plant-based remedies (locally sourced plants which were called ‘herbs’), physical treatment such as massages with medicated oils or balms and application of herbal poultices. Most of the healers obtained these herbs or medicinal plants from nearby forests or sometimes from

distant forest in other districts. Some of them procured medicines on their own while some relied on suppliers or assistants who collected the medicinal plants for them.

Levi Strauss (1962) in “The Savage Mind” talks of the science of concrete. Here, he talks about primitive society and how in it, the savage mind can only use only that which is at hand. Similarly, when we speak of the earlier days in the Khasi society before the coming in of the British and before there was any practice of modern medicine, the ancestors were compelled to use their local and indigenous knowledge when it came to health and sickness. Again savage thinking or savage mind in the words of Strauss (1962) were forced to use leftovers, bits and pieces, but however in no means stands in the ways of achieving brilliant results. Savage thinking is therefore a science of the concrete, a practical science or a kind of technology but a science nonetheless, in the sense that it organizes the perceptible world (Strauss, 1962).

When we trace back to the culture and history of the practice of traditional healing, it is often seen that the ancestors and older familymembers have played an important role in the transference of knowledge and skills to the younger generation. For some of the healers in the study, introduction and exposure to tribal medicine began within the family and thereafter there was a gradual progression from assisting, to taking over, or continuing with the practices of the forebears while some who did not have any healer in the family before them believes it as God’s gift and laid down path for them.

While conducting the study the research found that, out of the five healers, three inherited the skill from their parents either from their father or mother and two however were believed to be the first in the family to practice. For some it was an obvious career - to carry on the legacy and practice in the family, while others did not have the same thought in mind, it just happened in the process while helping out their mother and father; while some did it for survival and supporting their families. When we look into the history of some of the respondents especially those who did not have any ancestor or family member who practiced it, the study shows that it was mostly done because of lack of finance and opportunities as well as family obligations and was thereby forced to take upon themselves the responsibility of being the bread earner of the family.

The findings on the practitioner’s background has been divided into two sections;

Section A – Healers without ancestral traditional healing background

Section B – Healers with ancestral healing background

SECTION A

The following are excerpts from healers who did not have traditional healing ancestral background:

“I started my practice in the late 70’s after my husband’s demise. I had four small kids to look after and being uneducated and a housewife I had to resort to what I knew what the only way possible to provide for my family. I used to help out my family, friends and neighbours in my free time with natural birth delivery at home since I was young and also help treating their injuries by applying ointments on their wound. Many would often praise me and encourage me to take it up as my career but I never felt the need to until my husband’s death. It was the only way I could earn a living. As years went on many people came to know of me from frequent customers and ever since I have started my own small business, it has successfully flourished. I

have been able to procure different kinds of medicinal plants from the forest and have been preparing and providing my own medicines to my patients.” - TH/F/01 (Traditional Healer/Female/01)

“I was fifteen years old when I started helping my family, friends and neighbours around the locality with their injuries and succumbs. If someone had a body ache or an injury they would ask me to apply some ointment and give them a massage. Since I was just a young boy I did not deliberately do it to show off my talent, I did not even know it was a talent until many would praise and encourage me for doing a good job and for making them feel better. None of my family members have ever practiced this kind of healing and therefore it starts with me. I believe that It is all written down in God’s hands and this is what he has written for me- to heal people with my potential/ talent. I am now teaching my children this art of healing, however my elder son is the only one who is more keen to learn this. My mother loved plants and she would plant all kinds in the garden and this was one way from which I learnt about the medicinal uses of different plants and have since been able to prepare traditional medicines (kynbat) on my own.” – TH/M/02 (Traditional Healer/Male/02)

The above statements given by traditional healers who did not inherit their talent from any family members but believe it to be a God gifted talent or as they term it in the khasi language ‘*Ka Sap*’ meaning knowledge or skill has been acquired.

SECTION B

The following are excerpts from the healers who had traditional healing ancestral background or believed it to be an inherited talent:

“It has been passed on from my father and therefore I believe that God has bestowed on us a talent/sap that was made to help people. It is on one hand a hereditary skill and on the other filling in my father’s shoes. My father started his practice in the 80’s specializing in burns and major injuries and wounds and has been very popular and successful in his work. He has cured many people in his lifetime. My father has taught me certain aspects of the practice and I have also developed a few of my own skills. After my father’s death I knew that I had to come forward and carry on his work. I believe that it is all God’s laid down plans. Even though I started when my father was still alive I would only help and assist him, and sometimes help out friends and neighbours in the village who were in pain and from then on slowly developed an interest in helping and healing people with the skill that has been bestowed upon me. My father opened a clinic in town and I started accompanying him, assisting him in procuring and preparing medicines.” – TH/M/03

“This talent/sap has been gifted by God to me and my ancestors. It is a hereditary talent that has been in three generations, my grand-father, my father and presently my elder brother and me. I have been given the ability to treat and heal patients with different kinds of sickness; from broken bones to chronic diseases like kidney stone problems, gastritis, ulcer, malaria, diabetes. My father never opened a clinic whatsoever. Since we live in the rural areas, we would just have neighbours and friends coming home with their injuries and my brother and I would help our father in treating them as well as hunting for different types of herbs and plants to prepare and make medicines. However with passage of time our talent being recognised around the place, more people even from the city would come and visit us and that’s when we opened a small

clinic providing traditional and indigenous medicines and a place for treating patients. I also go around different villages and districts in the state as a visiting healer once in a week” -TH/M/04

“I started my practice eight years ago after the demise of my father. My father was a traditional healer for a very long time or at least from the time I remember him. He taught me everything that I know of, from massaging and healing broken bones, fractures and sprains to procuring herbal plants and preparing medicines. I believe it is a talent that has been given to my father and to me by God alone. I did not focus on it much when I was a young adult, I had other plans and visions for my future. Even though many of my family members and my father as well would encourage me to join him, telling me I had the potential and talent. But I never really had the interest...until one day, after my father’s death, I helped a lady with a fractured leg get back up on her feet. I realised my potential and thus made a decision to help treat as many people as I can, especially in the village, since it is a strenuous task to go to different villages and towns for treatment. From then on I started taking in and treating patients regularly and healing them. Even people from the city would make appointments with me. Motorbike racers would often come visit me with a broken hand, foot or a knee injury.” _TH/M/05

The above statements have been made by the traditional healers when asked about their ancestry and how they became healers. From the following excerpts of both SECTION A and B, the researcher has found that all of the healers had one thing in common- a belief that it is a divine God gifted talent or ‘Ka Sap’

Sandra Albert (2015) noted the importance of recognition of ‘sap/talent’ especially to those who did not have an ancestral background on healing. Healers reported that their initial successes contributed to their being recognised and acknowledged within the community as having the required talent/skills. This, they recalled, had led to verbal encouragement from patients and elders in the community to take up the role of healer. In her study (Albert, 2015) on “Sap and the Traditional Healer: A Tribal Understanding of Human Potential” is of the view that ‘the term sap as used by the healers appeared to represent the abstract concept of an inherent or intrinsic ability. The words and phrases used by healers were also discussed with bilingual experts. They translated sap as “an inborn potential”, “a sort of instinct” and said that it could also mean skills. It was said that it could be translated as talent but possibly represented a lot more than just talent. There also seems to be an affective or motivational aspect to sap (talent). References to sap (talent) were used to describe the motivation or vocation to practice tribal medicine.’(Albert, 2015)

Looking at the relations developed between the healer and the patients, the research confirms the state that a healer’s success is very much dependent on the support given by the patient and the community. Their reputation reportedly spreads by word of mouth and leading to more people seeking their treatment.

Apart from their historical background, the research also looked into the different ways, challenges, responses, that the healers encounter in the years of their career. It is seen in the study that the kick off to start their career is more or less the same whether it be a healer with no ancestral traditional healing background or one with a traditional healing background. They all started because of the one thing they have in common, their talent/sap. It becomes easy to identify the similarities they have not only because of the fact that they belong to a particular category that is traditional practice but because they belong to a small community, where chances of social mobility and flexibility is very less and so people tend to stick to the same norms and culture that has been present for a long time.

Medicines:

Forest has provided the Khasis with food, fodder, water, shelter and medicine. The forests of Khasi Hills possess a vast resource of medicinal plants and herbs on which the Khasis have traditionally depended for the treatment of various diseases. The rural folk have practiced this age-old herbal lore and developed the system of khasi folk medicine (*dawaikynbat*) into a lasting tradition, which continues even today. (Shangpliang, 2010)

Apart from similar backgrounds, present study found that their practice, the ways of taking it forward, procuring medicinal plants and oils or balms, the difficulties they encounter and their ideas of such practice are more or less similar. When inquiring about the ways they procure and prepare medicine, all five of the healers agree on the fact that it is not easy to get or to know which medicine is suited for what illness, it requires a lot of patience and knowledge to procure these medicinal plants. One should possess a deep knowledge of traditional herb-treatment. Most of the time they go hunt for the plants themselves and sometimes when tied with other responsibilities they send someone who usually assists them on a daily basis; Or sometimes buy from trusted suppliers. Again citing Sandra Albert (2015), she brought out that talent/sap could therefore be inferred from a person's interest and observable behaviors. Thus, an established healer before deeming someone worthy of receiving his or her knowledge will first look at the talent that one possesses. (Albert, 2015)

The research also found that the healers have their own ways of attending to their patients. For eg., TH/M/03 who specializes in burns and wounds uses a light feather while applying any ointment or balm and then gently blows on the wound. In the khasi society they are generally known as *Nongpyrsad* (someone who is able to cure a wound by gently blowing on it). And it is believed that only a few has the ability. When asked if there was any myth or belief behind it, the healer responded saying, 'an open wound should not be touched with bare hands as it may lead to infection and usually blows on it because it cools down the burnt part making the patient feel better', therefore making his way of healing sound very logical.

The healers when asked about how and where they usually pick the area for growing their own tribal medicines, they have again responded in a similar manner agreeing to the fact that the best kind of soil for these herbs are those in the dark shaded areas/ forest where there is not much of sun and no kind of slash and burn cultivation taking place, because the heat or humidity disrupts not only the growth but also absorbs away the medicinal particles present in the plants. Some even grow a few of the herbs in their own garden if the soil is fertile and suitable for its growth.

CHALLENGES:

Looking into the challenges there are a few aspects through which the researcher has looked into; with regards to difficulties they face in their practice, whether they receive funds from any NGOs or the government, and if they are recognized as a licensed practitioner. In this regard the researcher has found that these healers differ in the challenges they face, ranging from not having anyone else to carry on the practice to not having enough finance to buy land for planting more ultimately leading to limited amount of *kynbat* (traditional medicine).

Some of the healers found it difficult to teach their family members this traditional practice mainly because most of them have not inherited this skill and one of the healers. TH/F/01 believes that because it is an inborn talent, it is difficult for others to learn it; another difficulty is the ignorance or lack of

interest in their children. They are of the opinion that even if children today inherit this skill from their parents, most of them would not make use of it or continue the practice because of the thousand other opportunities they have in this modern world. This, therefore, saddens the healers as they believe that they might be the end of the line in this cultural practice of traditional healing.

Another difficulty is the availability of herbal/medicinal plants. They worry that the limited sources of local and medicinal plants in most forests, reasons being climate change, deforestation, shifting cultivation, converting forest areas into commercial areas etc. may affect their practice and especially because most of them cannot afford to buy a private property to grow their own medicinal plants, hence relying solely on forest sources.

When asked if they had received any help, schemes or any kind of funding from the state government, all the five healers responded negatively, saying they have never received any amount even though some of them have applied or has registered with the government. Sujatha and Abraham (2009) have pointed out that medical systems in India, since the twentieth century, have been sponsored by the state has only been towards biomedicine; while folk traditional practitioners, as well as systems of Ayurveda, unani, siddha, homeopathy have been considered as the “other” systems of medicine- casted against biomedicine which is the official system of state medicine (Sujatha and Abraham, 2009).

TH/M/03 recalls back to a time when his father who was a well known traditional practitioner tried to arrange some schemes with the government regarding planting of medicinal herbs, but was unfulfilled because of some disagreements with concerned administration. TH/M/02 says that he has registered with the government a few years back but has never heard or received any funds or schemes from them. This therefore brings to light that these healers have to spend their own money for buying the required materials and sources for their work, like seeds, herbs, soil, pesticides, paying their clinic rent, transport, paying those who help and assist them etc.

Lack of recognition is another concern for the practitioners. The success or effectiveness of traditional healing and medicine often goes unrecognized because of not enough proper documentation. It is therefore an urgency to document traditional methods of healing and scientifically identify and map medicinal plants to pass on the rich traditional knowledge to future generations.

Modern medicine:

During the interview, when asked about their opinions on modern western medicine, all the five healers explained that the fundamental difference between the traditional medicine and the modern medicine is that, in modern medicine the doctor diagnoses the patients based on symptoms and it is learned through a formal education and research; whereas the traditional medicine the healer is given a talent by God to heal people using the most natural ways. For e.g. one healer TH/M/05 would simply touch the wound and ask the patient to take a deep breath and this gives him the information he needs to diagnose the patient and therefore gives him the required medicine for their ailments. They also believe that one advantage that traditional medicines have over modern medicine is the absence of side effects thereby making it safer for patients to consume. TH/F/01 has said that she does not allow her patients to mix modern medicine with the traditional ones as it may react. Most patients she says, comes to her after they do not find any relief from modern medicine. The healers also agreed that to some extent modern medicine might pose as a threat to traditional medicines because of how fast and rapid the world is changing leading to quick developments in medicines that has been formulated scientifically by professionals in an efficient environment and has been well tested before administration, thereby gaining more trust and reliance by the masses.

TH/M/03 is of the opinion that with modernity going at a fast pace, some of the youth today do not value or give importance to this kind of practice anymore. Even if they possess the talent or if their parents are willing to teach, they lack interest and this is one of the reason why our cultural traditions like the traditional healing practice is stripping down from its essence.

The practitioners in addition, felt there was a need to start up an institution for such practices especially in the khasi hills district; some of the healers were of the view that because it is an inborn quality it will be difficult for one to acquire it. Also, the fact that this practice is not homogenous; different people have different talents and skills however, an institute which would carry on the culture and age old practices would be good enough for the future generation to learn about their ancestral and cultural roots, to impart such knowledge, and therefore to encourage youngsters of the community to carry on the tradition as it has always been a part of the culture. Some were of the view that it is important to institutionalise it because it is a matter of teaching and learning and believes that everyone is capable of learning, if one is determined and interested enough.

THE COMMUNITY:

As part of the research objective was to look into the opinions of the youth today on traditional healing and medicine, seven of the responses have been taken into study. In an article from the Meghalaya Basin Development Authority, government of Meghalaya (mbda.gov.in), it has been noted that, in the last decade, Meghalaya has seen a decline in the awareness of traditional healing and the use of traditional medicine especially among the younger generation and this maybe because of the popularity and easy access to modern medicine. The research gathered the information through a questionnaire method where six questions were asked regarding the respondent's (aged 21 – 26) take on traditional healing and medicines. These questions were directed towards their awareness and opinion on it.

Upon asking about their awareness of these systems, all the respondents gave an affirmative agreement and that they are aware of it through family and friends and simply believed that it is and has been part of our cultural society. Among the seven, there were three respondents who visit the traditional healers in case of illness like joint pains, fractured bones, stomach infections, ear infections etc.; two have never visited a traditional healer and; two visits but rarely. When asked about their take on these healers and their medicines, most of them have agreed that traditional healers have contributed greatly to our society and because they use natural herbs and remedies there are no side effects and is therefore harmless to our immune system and our body as a whole. Some also are of the opinion that with proper research and investment in their techniques and methods, they can be an upliftment to the traditional society. The research also found that in most cases the respondents opted for modern medicine in case of illness saying modern medicines are more effective since they have been carefully formulated by experts and has been well tested before administration therefore making it a much safer and wiser option.

When asked what according to them poses a challenge to traditional healers, many were of the opinion that it is the lack of proper funding and research, data, defective and poor management of natural resources, the advancement of science and technology in medical science, and shortage or decline of medicinal plants because of improper forest conservation.

All the respondents in the study also agreed that it would help to establish a recognized institution for developing and spreading the awareness of this system because they believed that it has lost its significance especially among the younger generations which has led to its decline. They also believed that with proper recognition it would be more relied upon leading to a boon in their work. This will not only help the traditional healers but also broaden the mindset of the people as well as enriching more cultural traits and values in the society.

From the study, it is seen that the traditional healers who were interviewed are not grounded to just one kind of healing method but multiple kinds, and as mentioned earlier in the analysis, it is believed to be a divine gift and skill that has been rendered upon them by the supernatural being, through their ancestors. However still, looking into the responses given by the younger generation, it is seen that even though all of them are aware of this healing method, some still have never visited one; this maybe because of the fact that they are more inclined towards the modern treatment which is today's hospitals, clinics, doctors and nurses and the cause of this is the rapid development in the medical science and technology and rapid change in cultural values. In this regard all the respondents also agreed that it is losing its significance because of the modern values and beliefs that has been so strongly imbibed in the culture especially among the younger generations through industrialization, globalization, modernization leaving behind the essence of cultural traits and values of the people from primitive societies, making these beliefs look irrational.

CONCLUSION

This study was conducted with an aim to explore the traditional healing practices among the Khasis of Meghalaya in the East Khasi Hills District, directed to understand the cultural and historical background of the traditional healers as well as their ways and methods of practice and preparation of medicinal plants and herbs. It also tried to look into the opinions of the khasi people and their understanding of traditional healing and medicines.

The uniqueness of traditional healing among the khasis does not only refer to the key component of being a good healer, that is having the skill or talent but also it brings out a cultural portrait that talks about the beliefs and faith that the ancestors had in themselves and in others around them when they lived in a time where there was a lag of modern medicine or technology but still survived. Therefore, it is remarkable because values and beliefs differ from culture to culture and for the khasi society to have had such a practice as part of their health culture in the primitive societies and one which still prevails in the modern contemporary society, shows a rigid hold on values and principles, therefore literally living up to the term 'traditional'.

In the study, it is seen that recognition by the community is equally important for one to become a healer as it is sometimes seen how the community's manifestation plays an important role in bringing out one's potential. It has been mentioned in the data analysis about how some of these traditional healers were encouraged by their first few patients who immediately recognized their skill and potential and thus pushed them forward to carry this skill forward and turn it into their source of livelihood.

This system of traditional healing and medicine should not only be promoted but should also be documented, studied and preserved as it may lead to a loss of the great age-old tradition of indigenous culture and knowledge. It should be inculcated into the minds of people from an early age through folktales or through textbooks so that, not only will it be learned but also be valued by the young minds who will learn to cherish their roots and therefore look at it not as something primitive but something

that is a lifelong cultural process that will and should remain in the society because if all else fails, it is the cultural beliefs, values and practices that are indispensable.

It can thus be said that every culture, irrespective of its simplicity and complexity, has its own beliefs and practices concerning diseases/illness and evolved its own system of medicines in order to treat diseases its own way, keeping in mind the socio-cultural and environmental factors. It is, therefore, important to have an in-depth understanding on the various ecological and socio-cultural practices of the health status of tribal groups and also to preserve the valuable traditional knowledge of methods and medicines that has been gathered for a long period of time through practice and experience by the traditional healer.

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