

# Perspectives and Practices of Traditional Healers and Tribal Communities on Traditional Healing Practices in Selected Districts of Assam and Arunachal Pradesh: An Exploratory Qualitative Study

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## ABSTRACT

**Background:** Traditional medicine although meets the healthcare needs of 65-85% of world's population, is still an underestimated part of health services. Traditional medicine is widely practiced in India, particularly in rural areas, where 70% of the population lives. Traditional medicine is popular and is the primary choice of treatment for any disease in the North-Eastern (NE) states of India. Studies to explore the ethnobotanical and zo-therapeutic aspects of traditional medicine are available. The study aims to document the perspectives and practices of traditional healing practices among the selected traditional healers of Assam and Arunachal Pradesh, to understand the perspectives of the community on the traditional healing practices and to identify the mode of knowledge transfer and documentation of traditional healing practices among the traditional healers.

**Methods:** The qualitative study was conducted in Chirang, Baksa, and Udalguri districts of Assam and East Siang and Lower Subhansiri in Arunachal Pradesh. Arbitrarily, 25 healers were sampled through purposive sampling (5 healers from each district) to collect data through In-depth Interview (IDI) technique. One round of FGD with 10 participants was conducted with the community members in each district. Thematic analysis of the collected data was later performed using LiGRE software.

**Results:** Perception of healer towards traditional healing system, patient and self-care of healers, transfer of knowledge to next generation were the major themes evolved with healers' data. Health seeking behaviour of the community, Perception of community towards traditional healthcare practices,

Challenges and right steps needed to avail effective traditional healing care were the themes that evolved with community FGD.

**Conclusion:** The study has delineated the various practices of healers and communities towards traditional healing system. It further has identified the opportunities to establish referral mechanisms with traditional healing system and public health system.

**Keywords:** Traditional Healing, Tribal Healers, Assam, Arunachal Pradesh, Tribal Communities

## INTRODUCTION

Traditional medicine (TM) is an important and often underestimated part of health services<sup>1</sup>. This is care that is close to homes, accessible and affordable and is also culturally acceptable and trusted by large numbers of people<sup>1</sup>. Traditional Healer is a person who does not have any formal medical training but is considered (by the local community) as being competent to provide health care using animal, plant, and mineral substances and certain other techniques based on the social, cultural, and religious background<sup>2</sup>. Traditional healing meets the primary healthcare needs of nearly 65-85% of the world's population, including those in developed countries<sup>3</sup>. It is widely practiced in India, particularly in rural areas, where 70% of the population lives<sup>4</sup>. The North-East region of India, which includes Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura, accounts for 12% of the tribal population of the country<sup>5</sup>. Scheduled Tribe (ST) populations make up 12.45% of the total population in Assam and 68.79 in Arunachal Pradesh<sup>6</sup>. Traditional medicine is popular and is the primary choice of treatment for any disease in the North-Eastern (NE) states of India<sup>7,8,9,10,11</sup>.

Traditional healing practices are often communicated orally and have been generated by communities over centuries but this knowledge is at times lost with the death of the elderly knowledgeable person<sup>11,12</sup>. Some of the challenges to practice traditional healing include cultural change, particularly the influence of modernization, lack of documentation, deforestation, environmental degradation, and lack of interest shown by the next generation which have impacted the existence of traditional healing practices<sup>10</sup>. Studies to explore the ethnobotanical and zo-therapeutic aspects of traditional medicine are available<sup>7,9,19,11</sup>. However, evidence to explore the perspectives of traditional healers and the communities towards traditional healing practices is less explored to the best of our knowledge.

With this as the background, the study aimed to document the perspectives and practices of traditional healing among select traditional healers of Assam and Arunachal Pradesh, to understand the perspectives of the community on the traditional healing practices, and to identify the mode of knowledge transfer and documentation of traditional healing practices.

## METHODS

The present qualitative study was conducted in Chirang, Baksa, and Udalguri districts of Assam and East Siang and Lower Subhansiri districts in Arunachal Pradesh from February 2023 to April 2023 among traditional healers and community members. The study obtained ethics approval from Institution Ethics Committee bearing reference number PSMRI/2022/07. Arbitrarily, 25 healers were sampled (5 healers from each district) to collect data through In-depth Interview (IDI) through purposive sampling. Traditional healers with a minimum of 5 years of healing experience and practicing in the given geographical area for at least 5 years were sampled into the study. Traditional healers who have discontinued their practice for more than 6 months in the last 1 year and qualified AYUSH, MBBS

practitioners were excluded from the study. Healers were approached through multiple channels including formal bodies such as healers' association (depending on availability), informal collectives, and the staff of Piramal Swasthya who were working in the selected districts.

A group of 10 people from each sampled district was sampled purposively to collect data from the community through Focus Group Discussion (FGD). 1 round of FGD per district was conducted with them. The FGD group consisted of 1 representative from the Women Self Help Groups, 1 from the youth groups, 2 community influencers (head of tribe/ village head/ PRI members/ SHG members), 6 members of the community who have availed treatment from traditional healers of their respective district. Community members of tribal communities and residents of selected districts at least for 1 year were selected as respondents in the study. Participants less than 18 years of age or having any disability that renders him/ her impossible to understand and respond to the interviews/discussion were excluded from the study.

Interview guides for both IDI and FGD in line with the study objectives were created. The tools were pilot tested on 2 healers to assess the feasibility of data collection. The data collectors were trained before data collection. Audio-video consent and written informed consent in the regional language were taken before data collection. IDI and FGDs were recorded electronically in digital voice recorders. The collected data was later transcribed into English. The transcribed data were analysed using LiGRE software and categorised into major and minor themes.

The current study refers to traditional healers and traditional medicine practitioners interchangeably. For operations purposes, traditional healing practices in the current study refer to the use of different medicinal formulas from various natural substances (animal, mineral and plants/ vegetables) and certain other techniques based on the social, cultural, and religious background.<sup>2,14</sup> Traditional medicine in the current study refers to health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being that is culturally accepted and trusted by a large number of people<sup>15</sup>.

## RESULTS

The mean age of the participants in IDI was 56.56±16.45 years, 16 (64%) were male, 9 (36%) were female with an average 24.64 years of experience. The average time of interview was 60 minutes. An average of 10 participants were present in FGD conducted at sampled districts. The average period of FGD conducted ranged from 60 minutes to 90 minutes in each district.

| Major themes  | Sub-themes  |
|---|---|
| Patient and self-care practices towards diseases            | Type of medicine products used  |
|   | Type of diseases treated  |
|   | Categories of patients treated  |
|   | Faith-based healing for patients  |
|   | Emergency care  |
|   | Referral linkages   |
|   | Documentation of patient and diseases details                             |
|   | Self-care   |
| Perception of healers towards traditional healing practices | Influence of traditional healing system on health status of the community |
|   | Challenges in traditional healing system                                  |
|   | Revival measures for traditional healing system                           |
| Transfer of knowledge to next generation                    | Mode of knowledge transfer  |
|   | Documentation of botanical aspects of herbs                               |

**Table 1: Thematic presentation of healers' perspectives and practices towards traditional healing system**

**a. Patient and self-care practices towards diseases**

Two sources for medicine products were reported by healers: Plant/plant products and Animal/animal products. Plant products like root, stem, bark, leaves, flowers, fruits, resin and seeds were reportedly used by majority of healers to treat the patients. Animal products like blood, skin, nails, bones and hair were reported to be used for rituals, treatment, or medicine preparation by some healers.

The healers reported providing treatment for a wide range of physical, mental and spiritual conditions. Paralysis, jaundice, fractures, dislocations, joint pains, malaria, typhoid, infertility, gastrointestinal issues like stomach pain, ulcer and respiratory disorders like pneumonia were some of the physical health issues addressed by healers. A couple of healers reported massaging patients with medicated oil that they prepare. Some faith-based healers reported use of pooja, mantra, reading 'Thikana' (kind of astral reading), and animal sacrifice.

While some healers provided emergency or critical care by themselves when needed, most reported referring the patients to public or private hospitals. However, no formally established referral linkages were reported. A healer quoted *"I have been called many times by my patients in emergency cases, I once helped delivery of triplet babies"*. Back referral from the hospital to healers was reported by one healer who quoted *"In cases of snake bite, the nearby hospitals refer the cases to me"*. Another healer mentioned going to the hospital with the patients to help them navigate through complex processes.

Documentation of patient details was not practiced among a majority of healers for they opined that there is neither need nor time. The healers documenting the patient details mostly maintained register(s) with minimal demographic and disease details.

Self-care practice involved a combination of self-medication, other traditional healers' service, and modern medicine from public and/ or private healthcare providers, depending on the type of disease.

**b. Perception of healers towards traditional healing practices**

The healers opined that the traditional healing system is affordable, easy-to-access, and effective and hence useful for communities. However, majority of them expressed concerns about its gradual disappearance. Deforestation-caused unavailability of native herbs/ plants and decreased interest among youth to continue practice due to minimal livelihood generation were cited as challenges.

Contrast opinion was also shared by a few other healers who reported that that the system is not at stake as it can be safeguarded by providing offerings to god and transferring the knowledge to next generation. A participant stated *"No matter how developed the society is, it (traditional healing) will always be in demand. Knowledge can be preserved by teaching the future generation"*.

Teaching future generations, mass practice, interest and investment from government are some of the measures shared by the healers to protect and revive traditional healing practices.

**c. Transfer of knowledge to next generation**

Opinion, methods, and rituals of knowledge transfer vary. Some healers received healing knowledge through inheritance and intend to continue the tradition. Many others learned from teachers/ healers by offering 'guru dakshina' and are open to teach others the same way. A few shared they learnt healing by the god's blessings and that's how it can be learned.

A few healers shared about documenting the herbs and medicine recipes in form of books, especially in local languages, for knowledge transfer. However, most use practice-based approaches such as taking the pupils to the jungle for herb-identification, hands on medicine preparation training, etc. Majority of healers preferred and relied on memory-based knowledge retention over documentation. Often, some healers are cognizant of the use of the plants but not their names. A few do not document following their teacher's

advice and/ or faith. A participant stated *“If someone documents it, then the medicine becomes useless. So, as advised by my Guru it’s not good to document those details in any hard copy but to keep it in mind”*. While most did not obtain any training or certification on aspects of health or diseases, a few also shared obtaining certification on herbs and medicinal products and participating in select conferences.

**Table 2: Perception of community towards traditional healing practices**

| Major themes   | Sub-themes   |
|--|--|
| Health-seeking behavior of the community                               | Seeking care from the healers                                  |
|  | Factors that influence care seeking from the healers           |
|  | Diseases for which care is sought from healers                 |
|  | Home-based care practices                                      |
| Perception of community towards traditional healing practices          | Traditional healing system is effective than other medicines   |
|  | Traditional medicines have limited benefits                    |
|  | Seeking simultaneous care from public or private health system |
|  | Barriers to seeking care from public or private health system  |
| Challenges and the steps needed to avail effective traditional healing | Deforestation  |
|  | Disappearance of traditional healing system                    |
|  | Revival measures for traditional healing system                |

## a. Health-seeking behavior of the community

The community relies heavily on the traditional healers for multiple health issues. Community members claimed having relief and cure from tooth pain, jaundice, etc. using healers’ medicine. They reported their reliance on traditional healers’ remedies for illnesses like jaundice, typhoid, fever, eye problems, etc. While they also reportedly seek treatment from doctors, they consult the healer first in most cases. Often, they use both traditional and modern medicines depending on the severity of the condition.

Some reported having satisfactory treatment from healers after failed encounters with public and private hospital. A village head in Arunachal Pradesh shared “Hospital said I needed to put steel rod in my left leg after it broke and I might not be able to walk. I went to a healer with a fellow-villager’s reference. It took six months but my leg was fixed and I can walk fine.” A few reported having remedies at hospital when healers’ medicine did not work and in most of such cases the healers advised them to go to hospital. Some also claimed to know about the health benefits of local medicinal plants in their area. They reportedly use these to manage common and minor ailments such as stomach pain, white spots, urinary stones, cough, body pain, and to stop bleeding. One respondent said “I cured my 5-year-old son’s diarrhea using guava leaf extract and homemade guava tea.” For issues like cough, minor injuries, burns, and low blood pressure, the community prefer making their own home remedies using herbs like tulsi leaves, marigold leaves, hibiscus, wild berries, etc. without consulting traditional healers or other healthcare providers.



**b. Perception of community towards traditional healing practices and health system**

The community expressed faith in healers' ability to cure a vast range of ailments. The healers are also regarded for their polite behavior and availability compared to doctors. Some reported that the polite nature of healers help them feel better and heal fast. A participant said, *"We prefer traditional healer as they are available and do not charge a lot, they are happy with whatever we give them"*. While talking about a healer in their village, a respondent shared *"He has never mistreated any patients. I can assure you that no one got any negative results. We believe him and also got positive results"*.

Community members reported that in most cases, the staff from nearby PHCs/ CHCs refer them to hospitals which are comparatively far. Both the effort and expenditure to access hospital services are high. Even after reaching there, waiting times in hospitals were reported to be long, and doctors and nurses were not always available. Many reportedly encountered rude behaviour from hospital staff and claimed that the overall negative experience induced stress and affected their treatment process.

Some respondents believed that herbal remedies have no side effects. Hence, they rely on healers instead modern medicine. Others opined that traditional medicines have limitations and they seek care from doctors without informing the healers when traditional medicine don't work for them. The general approach reported was to consult both healers and doctors depending on the nature of the disease and effectiveness of remedies as experienced by patients. Doctors and hospitals are often sought as a last resort or when the condition is critical or when healers advise them to do so.

**c. Challenges and the steps needed to avail effective traditional healing**

The decline of traditional medicine was reported as a challenge due to various factors like deforestation, global warming, and lack of time for healers to cultivate and prepare medicines. A participant stated, *"Traditional medicines are disappearing now-a-days. Forests are destroyed and herbs have become rare to find"*. The healers also reported the younger generation's lack of interest to learn healing due to its limited income-generation potential as a challenge.

Both, healers and the community expressed their concerns about preserving traditional healing practices and emphasized the importance of raising awareness and taking action to protect medicinal plants and traditional knowledge. They recognized the importance of documenting healing knowledge. Illiteracy among earlier healers reportedly prevented them from documenting their knowledge, leading to loss of valuable traditional wisdom.

To preserve traditional herbs and the healing knowledge, and raise awareness about significance of traditional healing, government and non-government organization initiatives are essential along with local efforts like creating home-based herbal gardens, they opined. Government recognition of traditional healers and its collaboration with healers and communities to preserve forests rich with medicinal plants and create large herbal gardens for preservation and use was suggested, especially in remote areas with scarce medical facilities.

Teaching and passing down the knowledge to others in the community was encouraged. Most community members considered learning traditional healing to be beneficial for the community and preservation of healing knowledge. A community member mentioned, *"Healer should note all medicinal plants and their uses in a book. Then we can read it whenever we get time and go to him to learn about the quantities and identify the plants"*.

## Discussion

### Perception and practices of healers towards traditional tribal healing system

The healers participated in the study reported utilising both plant and animal products in their treatment practices to treat a wide range of mental and physical ailments. They also perform rituals like pooja, mantra, thikina, animal or bird sacrifices as a part of their healing practices. Contrast to this finding, the reviewed studies reported healers utilising either plant or animal sources or performing rituals as a part of their healing process and not everything.<sup>5,7,8,9,10.</sup>

Reporting of emergency care, healers in the current study reported providing self-perceived emergency care. Self-medication was reportedly the first choice of treatment for healers in the current study. Similar finding was reported in a study by Jugli et al. in eastern Arunachal Pradesh. The study reported that in remote villages of eastern Arunachal which lacked access to allopathic medicine, emergency care like delivery or road traffic accidents was provided by healers<sup>16</sup>.

Although no formal referral linkages are reported in the current study, healers have advised patients to visit public or private hospitals as per need. Similar findings have been reported in studies by Namsa et al. and Shankar et al. where healers took patients to hospitals after they did not show any signs of improvement after the full course of treatments<sup>9,13</sup>. Back referral of patients from hospitals to healers have also been reported in the current study which to the best of our knowledge has not been reported in other studies.

The healers believed that the traditional healing system although benefits the community, is in the phase of disappearance mainly due to the younger generation lack of interest, unavailability of herbs or less income. Similar findings have been reported in other studies with additional factors like cultural change, particularly the influence of modernization and lack of written documents contributing to disappearance of tribal traditional healing system.<sup>15,9,10.</sup>

Knowledge transfer in the current study was reported from one generation to another within the family or was reportedly learnt by providing guru dakshina to a teacher. Documenting botanical aspects was reported by only a few healers in the current study. Similar findings were reported in another study by Namsa et al. which also mentioned that gender, preference of transfer of knowledge to sons in the family and reduction in vertical transfer due to younger generation's lack of interest in learning and practicing traditional healing have also reportedly influenced the knowledge transfer among traditional tribal healers.<sup>9</sup>

### Perception and practices of the community towards traditional tribal healing practices

The current study reported that the community relies heavily on the healers for varied illnesses. Consultation of both healers and medical professionals for treatment of minor illnesses was reported in the current study. Similar findings were reported in other studies which stated that the community relies on healers for minor ailments and seeks modern medicines depending on the severity of the condition.<sup>5,9,13.</sup> Some of the community members also reported having knowledge of the herbs locally available and using them for home remedies for minor illnesses. Similar findings have also been reported in other studies which additionally also reported using these herbs in cooking purposes.<sup>9,5.</sup>

The current study reported that community members did not consider traditional tribal healing system as a comprehensive solution for all categories of illnesses. Instead, they preferred traditional system for minor illnesses only. Similar findings have been reported in another study.<sup>17</sup> The polite behaviour and easy availability of healers reportedly influenced communities' perceptions towards traditional healing system in both studies.

Although the current study reported pregnant women directed by the community and healers to hospitals for safe deliveries, another study showed it varies with different tribes like the Karbi tribe healers are believed to be local ethnogynaecologists for pregnancy and childbirth.<sup>17</sup>

The current study reported decline of traditional herbal medicine was reportedly mentioned as a challenge due to factors like deforestation and global warming. The finding resonated with other studies that also mentioned additional factors like modernization and younger generations' preference for modern scientific treatments influencing the decline of traditional tribal medicine.<sup>15,9,10</sup> Availability of limited time to cultivate herbs and prepare medicine as a method of conservation was also reported by some healers in the current study.

The current study reported the maintenance of herbal gardens at homes as a means to preserve traditional herbs and knowledge. The contribution of the government and other organizations in raising awareness and preservation of traditional medicine mentioned reported in the current study resonated with findings from another study<sup>13</sup>.

## Conclusion

While the community relies heavily on healers, it is not accepted as comprehensive care. Plurality in care-seeking is reported in the community and the healers seem to approve of it as they refer cases to medical facilities which cannot be cured by them. This provides an opportunity to establish a formal referral mechanism between the public health system and traditional healing system and also increase the treatment-seeking behaviour of the tribal communities. This further paves a path to educate healers regarding the aspects of health and health system, thereby also preserving their traditional healing system. Identifying of positives of the traditional healing system and educating the future generation on the same and supporting them in taking this system further is the need of the hour to preserve the traditional healing system. Certifying healers practices boosts the confidence and provides healers a wider platform for their practices. Further studies to explore the tribe-wise practices of traditional healing system, knowledge and attitude of healers towards health and health system should be conducted to understand the feasibility of integrating both the systems.

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