

TRADITIONAL WISDOM AND METHODS OF HEALTH CARE IN MANIPUR

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ABSTRACT

Traditional Manipuri Cultures addresses forces in both the natural and the spiritual world to maintain the health and vitality of human beings. This paper uses a combination of primary and secondary data sources to identify the strengths, opportunities, weaknesses and threats of the traditional wisdom in Manipur. It presents some concepts and practices, some characteristics of indigenous knowledge transfer system and some aspects of their link with the modern health care systems. The paper concludes that the traditional wisdom in health system is very complex. To understand and documentation of these complexities has led to a great task with the cooperation between traditional medicine and the modern health care systems. It, therefore,

identifies the scope to build up the strengths and challenges the weakness of the traditional wisdoms. It recommends that there is a need to research for methods of testing, refining and validating indigenous wisdoms in traditional health care systems in order to support the process of integration with the modern health care systems and proper documentation.

KEYWORDS: Traditional Wisdom, Indigenous Knowledge, Medicinal Plants.

INTRODUCTION

Since from time immemorial, people in Manipur practices traditional healing methods. The healing system consisted of two major elements that were often used in combination: the application of natural products (plants, animals and minerals) and an appeal to spiritual forces. Appeals to spiritual forces involved incantations, symbols and sacrifices among other rituals (Darshan and Bertus 2000; Juan et al., 2000). These practices are still very common in many cultures. Traditional medicine has been defined by WHO as “diverse health practices,

approaches, knowledge and beliefs incorporating plant, animal and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness". The World Health Organisation (WHO) estimates that 70 to 80% of the people in developing countries use traditional medicines as a major source of health care. Many Manipuri cultures have a holistic perception of health and vitality. Vitality is the energy to sustain life. It is the essence of health (Darshan and Bertus 2000). In this perception five entities are considered: God, the super human and ancestral spirits; mankind; biological life forms (plants and animals); and finally, all phenomena and objects that do not have a biological life. In addition to these five entities, there is a "vital life force" that permeates the whole universe (Esdsieck 1977; Haverkort et. al. 1999; Haverkost 1999).

People of Manipur believed that God is the source and ultimate controller of the vital forces, while the spirits have access to some of these forces. A few human beings have the knowledge and ability to tap, manipulate and use the vital forces, such as "Amaiba/Amaibi", witches and priests. The vital life forces can be benevolent or malevolent, and used in either positive or negative ways (Bossard 1996). The role of the witches is to address the "negative" powers. They can cause or cure a curse given to a person, an animal or a location. The priests and traditional healers normally use positive spiritual powers. In order to appease the Gods, people have to perform rituals and make sacrifices. The traditional cultures accept that the vitality of human beings, animals, plants and environments are interrelated. Moreover, only when different needs at the physical, mental and spiritual level are balanced, is well-being and vitality possible. Ironically, traditional medicine is today being challenged by modern biomedical tradition. In Manipuri society, the traditional health care system operates side-by-side with the modern health care system. The paper investigates the functioning of the traditional health care system, its strengths and weaknesses, its link with the modern health care system and the scope for the development and documentation.

THE STUDY AREA

Manipur is located between 23.83⁰ N and 25.68⁰ N latitude and 93.03⁰ E and 94.78⁰ E longitudes. It comprises 1820 Sq. Km. of valley and 20,507Sq. Km. of Hill areas. The Meitei, Meitei Pangal (Muslim) and Tribal communities are located in the valley and Hills of Manipur. The Hill areas are characterized by several small kingdoms located in mountainous landscapes. Land under natural forest including degraded forest is covered with valuable

plants. The state is lying in the Indo-Burma Biodiversity Mega Hot-Spot rank in the 8th amongst the 34 Biodiversity Hot-Spots of the world (Meyer et. al. 2000). Mountain dwellers are characterized by isolation, remoteness, marginality, vulnerability to the inhospitable environment and the drudgery of farm labour. Their culture and indigenous knowledge system have therefore been based on learning from and adapting their civilization to the environment.

MATERIAL AND METHODOLOGY

Culturally, the ethnic peoples in Manipur are outside of the dominant cultures of mainstream society in India, they provide an opportunity for an understanding of the functioning of the traditional health care system and its ethno pharmacological resources. Most of the villages in valley as well as in the Hills have long been known as experience of traditional healing. People travel over several kilometres to receive treatment. Nowadays, traditional medicine in the area has been the focus of several recent studies. Studies have focused more on the ethno botanical studies of the plant resources of the area. Further work is necessary on scientific identification and inventory of medicinal plant species and their medicinal value.

In this study the Traditional Folk Healers (Maibas/Maibis) who are renowned experts in diagnosing and treatment illness practices by using plants and other ingredients were selected as informants. The study was carried out for qualitative participatory documentation of the traditional healers of Meitei, Meitei Pangal and Tribal Communities in Manipur. Twenty six traditional health practitioners of different villages were selected. Close ended schedule type questioner is prepared and semi-structured interviews of these practitioners were taken visiting their home for each professional traditional healer. The method of collection of such information follows Martin 1995, Haile et al 2007 and Isil et al 2004 with some modifications. Some of the criteria included in the questioner for statistical analysis are age of the informant, gender, status, traditional medicinal system, method of diagnosis of ailment, classification of traditional medicinal system, nomenclature of medicinal plants, prefer ability/hesitation to treatment, outcome, effectiveness, self-confidence, doses, source of knowledge, mode of preparation, was questioned which is common to all the different communities.

Data on ailment treatment, local name of medicinal plants, parts used, growth form, availability of plants (wild/cultivated), method of preparation, route of administration and

application, threats to medicinal plant species and indigenous knowledge transfer were recorded.

RESULT AND DISCUSSION

The Concept of Traditional Medicine

Traditionally, practitioners used herbal and animal products as medicines, intoxicants, and poisons in their struggle for survival and in their quest for religious experiences. A traditional healer's power is not determined by the number of medicinal plants he knows but by the ability to apply an understanding of the intricate relationship between the patient and the world around him. The traditional healers demonstrate outstanding ability and wisdom. All twenty six traditional healers reported specialized and renowned knowledge of herbs/shrubs and treatment for special type of illness. On the other hand, the diviners reported that they were being sought out more often to diagnose obscure maladies and treat them by the method of discovering what form of "spiritual uncleanness" the patient was suffering from and then perform a suitable purification ceremony to remove the cause. Unlike a Doctor trained in modern medicine, the traditional healer looks for the cause of the patient's misfortune in the relationship between the patient and his social, natural and spiritual environment. The diagnosis of diseases by a traditional healer is based on an understanding of the concepts that, it is not limited to direct observation tests (Bossard 1996). Many supernatural methods are used, such as "reading" an egg, fishes (eg. Ngamu) and mud made model of animals. Sometimes fowls are used in diagnosing disease. There are no schools or other formal training centres for learning traditional healing practices. Preventive and Curative measures are in line with the holistic view of health and disease (Pottier 1993). They combine the use of herbs/shrubs with certain symbolic and mystical activities.

Along with the medicinal treatment, a ritual is needed to recreate adequate spiritual conditions for a healthy life. Failure to understand and appreciate these complexities has led to a great number of failures in the cooperation between healers and outsiders (Durshan and Bertus 2000).

THE TRADITIONAL HEALTH CARE SYSTEMS

The traditional health care systems has the following components:

Ritualism and healing are often practiced by the same person, who has the power to deal with the spiritual realm. They look for disturbing events in the past, which can cause misfortune if left untreated. Many traditional healers are specialized in one or more biomedical aspects,

such as herbalism, midwifery or surgery. Modern medical practitioners criticize such expertise by focussing on the risks of traditional medicine. Though there is a genuine cause for concern, it is unfair to pass judgement on traditional healing simply on the basis of its worst results.

Common ailments, such as headaches, coughs, Diarrhoea etc. are considered to be diseases with natural causes. Their symptoms are treated at the household level, without resorting to magical practices. For other illnesses, or when a common ailment persists, recourse is sought to divination in combination with herbalism. Herbal medicines are applied to every part of the body in any conceivable way. There are oral forms, enemas, fumes to be inhaled, vaginal preparations, fluids administered into the urinary tract, reparations for the skin and various lotions and drops for the eye, ear and nose. The traditional healer knows the virtues of the native plants. Not everyone can cure everything. According to the lineage, this “depends on the hand of each traditional healer”. The belief is that the cure comes from something secret deep within the healer. For this reason the genuine healers never asked to be paid for their services. Their compensation depends on the discretion of the patient. Table 1 listed some medicinal plants of Manipur and its uses. Hundreds of wild plants have medicinal value but this knowledge base remains secret. Few plants are used to cure a single illness or disease. The preparation of a mixture of several plants is common. These medicinal plants cannot be gathered at any time of the day; they have their proper time.

The plants listed in Table 1 constitute the base for herbal medicine in Manipur. De Smet (2000) noted that more than 50% of the Western Drugs currently available are either directly or indirectly based on natural substances. Dr. S. Ningombam et al (2014) reported that 90% of the Manipuris significant depends on the traditional health care system because of its affordable. These past and current dependence upon plant as source for medicine gives impetus to ethno medical studies for their efficacy, safety and drug discovery potentials. Clinical studies with human subjects represent the only assessment of effectiveness and safety that can translate into medical practice, and National or Local Health Policy (Graz et al 2007).

Table 1: List of Medicinal Plants of Manipur.

Scientific Name	Local Name	Form	Uses
<i>Blumea balsamifera</i>	Langthrei	Shrub	Ritual
<i>Vangueria spinosa</i> Roxb.	Heibi	Tree	Ritual/ Medicine
<i>Acorus calamus</i>	Ok-Hidak	Shrub	Medicine
<i>Adhatoda vasica</i>	Nongmangkha	Small Tree	Medicine
<i>Alpinia galangal</i>	Kanghoo	Herb	Medicine
<i>Azadirachta indica</i>	Neem	Tree	Medicine
<i>Centella asiatica</i>	Peruk	Herb	Medicine
<i>Cynodon dactylon</i>	Tingthou	Herb	Ritual
<i>Melothria purpusilla</i>	Lamthabi	Creeper	Medicine
<i>Mentha arvensis</i>	Nungsi hidak	Herb	Medicine
<i>Nelumbo micifera</i>	Thambal	Herb	Ritual/ Medicine
<i>Nymphaea rubra</i>	Tharo	Herb	Ritual
<i>Ocimum sanctum</i>	Tulsi	Shrub	Ritual/ Medicine
<i>Polygonum posumba</i>	Phakpai	Herb	Medicine
<i>Phyllanthus emblica</i>	Heikru	Tree	Medicine
<i>Solanum nigrum</i>	Leipung Ngangkha	Shrub	Medicine
<i>Zarmatum</i> Dc. Syn	Mukthruhi	Small Tree	Medicine
<i>Zanthoxylum acanthopodium</i> DC	Mukthruhi tingkhang panbi	Small Tree	Medicine
<i>Trigonella foenum-graecum</i> Linn.	Methi	Shrub	Medicine
<i>Ocimum basilicum</i> Linn	Naosek Lei	Shrub	Medicine
<i>Houttuynia cordata</i> Thunb.	Tuningkhok	Herb	Medicine
<i>Gynura nepalensis</i> Dc.	Tera Paibi	Herb	Medicine
<i>Euphorbia hirta</i> Linn.	Pakhang Leiton	Shrub	Medicine
<i>Cycas pectinata</i> Hamilton	Yendang	Small Tree	Medicine
<i>Artemisia maritime</i> Linn.	Laibak-ngou na-kuppi	Shrub	Medicine
<i>Asparagus filicinus</i>	Nungarei	Herb	Medicine
<i>Cedrela toona</i> Roxb.	Tairen	Large Tree	Ritual
<i>Cinnamomum camphora</i>	Karpura	Tree	Medicine
<i>Cinnamomum tamala</i>	Tejpata	Tree	Medicine
<i>Citrus latipes</i>	Heiri-bob	Tree	Medicine
<i>Citrus limon</i> Linn.	Champra	Tree	Medicine
<i>Linaria ramosissima</i> Linn.	Nungai-Peruk	Herb	Medicine
<i>Plantago erosa</i> Wall.	Yempat	Herb	Medicine
<i>Pogostemon parviflorus</i> Benth.	Sangbrei	Shrub	Medicine
<i>Terminalia arjuna</i> Roxb.	Mayokpha	Tree	Medicine

THREATS AND OPPORTUNITIES

In many villages of Manipur both traditional and modern health care systems exist. Normally, people consult both systems for different reasons and during different stages of the disease. Certain diseases are believed to be better treated by one of these systems. Despite the

increased interest in traditional health care, forms of true cooperation between the two systems are rare. There is a tendency in the western-oriented bio-medical tradition to focus on risks and play down indigenous medicine and the expertise of traditional healers (De Smet 2000). We cannot deny the drawbacks of traditional medicine, which include incorrect diagnosis, imprecise dosage, low hygienic standards, the secrecy of some healing methods and the absence of written records about the patient. The intense interest in herbal medicine in recent years has also resulted in the emergence of unqualified medicine practitioners in urban areas. It is unfair to pass judgement on the traditional healing systems on the basis of their worst outcomes.

Traditional wisdom represents a precious, invisible link between regions and cultures, its resources and the store of experiences nurtured by the specialist in the community. The adoption of new practices and the dominant western systems of learning and scientific investigation appear to threaten these indigenous knowledge systems (Gareth 2000). New techniques should therefore serve to describe, analyse, validate and classify the beliefs and processes of the traditional knowledge system. Such validation according to Gareth (2000) can confirm the long process of observation, analysis and evaluation that determines each unique culture. It may also represent the basic point of reference in the process of exchange between modern health care system and the traditional health care system.

There is need to stimulate local people and traditional health practitioners to evaluate the strong and weak aspects of their own knowledge and practices. This is certainly a sensitive issue. Can we assume that modern health practitioners have the capacity and sensitivity to assess traditional knowledge and technologies? What techniques exist to test and improve indigenous knowledge with a spiritual dimension.

Traditional healers are the principal professionals in rural health care services. The investigation noted that most traditional healers are willing to learn more about modern medicine and to cooperate to some extent with their biomedical counterparts. They presume that this may increase their prestige, recognition and income. However, the feeling among traditional medical practitioners is that such projects have failed as a result of opposition from biomedical establishments. Moreover, some traditional healers often do not want to be incorporated in the western-oriented primary health care system as community health workers. They fear that this would look as if they accepted the superiority of modern medicine, alienating themselves from their traditional roots. Their clients might feel that the

healer has lost control over the total healing process and therefore make an unqualified practitioner.

CONCLUSION

Since different paradigms of health and illness stand in the way of real integration of the two systems, modern medicine and indigenous traditional medicine may remain apart as two parallel systems. There is need to research for methods of testing, refining and validating indigenous knowledge in traditional medicine in order to support the process of integration. This will require a thorough understanding of indigenous health practices. In this process, reluctance to share specific indigenous knowledge with outsiders must be understood. The study recommends working within a basic framework of education involving local individuals chosen from among the sons and daughters of the local healers or from relatives. This counteracts the suspicion of intellectual piracy.

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