Chapter III

INDIGENOUS TRADITIONAL HEALING PRACTICES

The art of curing ailments and diseases through indigenous methods is a very old tradition in human history. Among the early societies, diseases were linked to ‘possession by evil spirits’ and spells and drugs were accordingly formulated. In this regard Gordon Childe writes:

The craft-lore of the medicine-man, like that of the magician, had been committed to writing even in the Bronze Age and continued to be transmitted in the Iron Age...In Greece... there were healing gods...who wrought miraculous cures in their temples. But outside the temple there grew up a school of private physicians who discarded the magical paraphernalia of the medicine, but not his drugs, and relied on manipulative and chemical remedies.¹

The indigenous traditional healing systems followed by various communities of Arunachal Pradesh were attached to religious beliefs and practice. Because of this, the indigenous traditional healing system was synonymous with the traditional priest, the shaman. The term shaman is variously used along with native healer, medicine man or medicine woman depending on the cultural perspective of the writer. A performing Native American shaman and writer prefer the term Native healer since it represents the cultural perspective of the tradition the shaman is part of.² Mircea Eliade, the noted Romanian historian of religion defined Shamanism as ‘an ancient technique of ecstasy, often considered a kind of mysticism or magic but in very broad terms also a religion; for him the

essence of shamanism was ecstasy’. Writing about the Shamanism among the Tungus of eastern Siberia, Shirokogoroff described a shaman as ‘persons of both sexes who have mastered spirits, who at their will can introduce these spirits into themselves and use their power over the spirits in their own interests, particularly helping other people, who suffer from the spirits’. These various definitions were broadly summarized as: ‘shamanism is a form of religion which centers on a magico-religious specialist who has a special ability to enter into a trancelike state at will and in the abnormal psychological state can make direct contact with the supernatural being’. Thus, a shaman was the link between the material and the spiritual world of the people. It is argued by Eliade that ‘...because the properties and conditions of the soul are within his domain of knowledge, the shaman is a curer and healer of disease’. These definitions of shaman and shamanism can be inferred to describe the traditional priests of various communities of Arunachal Pradesh. Thus, the traditional priests (healers) were the bedrock of indigenous healing system. Forster and Anderson defined ethnomedicine as: ‘Comprising those beliefs and practices relating to disease which are the products of indigenous cultural development and are not explicitly derived from the conceptual framework of modern medicine’. The ethno-medical practice of the

4 S.M. Shirokogoroff, Psychomental Complex of the Tungus, 1935, as cited in ibid.
5 Kokan Sasaki, ‘Shamanizumu no jinruigaku (The Anthropology of Shamanism)’, 1984 as cited in ibid.
people of Arunachal Pradesh was rooted in religious beliefs and shaped by their environment and customs.

Early ethnographical study was discovered, perfected, and institutionalized in western centres of power for telling stories about the native populations of the world. Its origin is traced in the flagrant colonial inequalities from which modernity was born and in the arrogant assumptions that its privileged intellectual class made about who has the right to tell stories about whom. As we know that Herodotus is widely referred to as ‘The Father of History’ who said in his work The Histories; ‘So far, it is my eyes, my judgment, my searching that speaks these words to you’. He was the first historian known to have broken the Homeric tradition and treat geographical and ethnographical information as a method of investigation.

Among the people of Arunachal Pradesh the concept of illness was basically rooted in supernatural cosmology. The concept of disease or ailments of any sort occurring as a result of breach of the balance with natural and supernatural forces among the animistic communities of Arunachal Pradesh thus made the traditional priest (healer) the curer and healer of disease. The priest was the sole negotiator to safely retrieve the diseased soul of a person from the offended spirits and gods.

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8 Ruth Behar, ‘Ethnography and the Book that was Lost’, *Ethnography* 2003, Vol. 4, No. 15, pp. 15-16 Retrieved from: [http://eth.sagepub.com/content/4/1/15.full.pdf+html](http://eth.sagepub.com/content/4/1/15.full.pdf+html) on 21.02.2014 11:00 am, p. 15.

9 Ibid., cited so.

Indigenous Science of Healing: the Role of Traditional Priests (Healers)

The traditional priests are known by various names across the communities of the state depending on linguistic variation. They however perform similar functions and fulfill same objectives. Among the central tribes of the state the traditional priests known as Nyubhu among the Nyishi, Nyibu among the Apatani, Tagin and Galo and Miri among the Adi. They are informally divided into various categories in terms of their competence with the more proficient ones capable of going into trance and ‘speak to the spirits’. They were the sole negotiator to deal with the spirit world and were the sole agency of performance of religion in this sense. Since all individual and communal adversities and as well as good fortunes were traced to an offended spirit or deity, the latter must be reimbursed with necessary rituals and sacrifice. Ailments of any sort formed an important part of this human-shaman-spirit complex. Rituals varied in nature depending on the type it was meant for. But each started after auguries had been taken priorly, usually by checking conjured parts of egg, chicks’-liver etc.

Earlier ethnographical studies on healing rites and rituals in Arunachal Pradesh were largely interwoven within study of religion and culture. As a result, the conceptual and methodical framework for study of indigenous traditional healing practices of the state did not get much attention from earlier researchers and ethnographers except a few works done on ethno-botanical studies hitherto. For example, Dunbar, Stonor and Haimendorf studied the ritual types, symbolism of both the priests’ dress and the ritual structure etc. In the scheme of indigenous belief system the supreme creator was presumed to have adopted a policy of non-
interference in the daily affairs of the human beings and therefore, rituals involving diseases were not performed in the name of the absolute power. Ethno-etiologic was rooted in the balance or imbalance of the human-spirit relationship and the ability of the shaman to restore it to a favourable position.

Traditional priests are reported as the healer of ailments and diseases in the early societies of Arunachal Pradesh which prevailed till 20th century. These healing and curing of various ailments in the interior areas by the local priests strengthened the popular existence of ethno-medical health care system as well as their function. Amongst the communities of the state who did not follow Buddhism, the healing system was similar as described above. Similar Aka (Hrusso) religion and propitiatory rituals were reported in 1868 by Hesselmeyer. The same system of religious belief and healing in contemporary Aka life is supported by recent researches. The religious rites of the Nyishi who live further north and east to the Aka (Hrusso) was noted around the same time and it was emphasized that the sole remedy of disease was propitiation of deities. Diseases were supposed to arise entirely from preternatural agency which can only be cured through the service of the traditional priest through performance of rituals. Among the Nyishi cases of cholera and small-pox were isolated in the jungle. A more detail study of the Nyishi religion, rituals and shaman was done in 1957 under which the centrality of the traditional priest in healing continued to

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13 F/No. 420 of 1851, Government of Bengal Papers, ‘Mr Robinson’s Note on the Daflas (Nyishi) and Peculiarities of their Language’, ASA, Dispur.
be emphasized.\textsuperscript{15} The Sulung (Puroik) who live in the midst of the Nyishi have similar religion, rituals and priests.\textsuperscript{16} Haimendorf who studied the Nyishi and Apatani observed that the religion and ritual practice of the Apatani falls in the same pattern as that of the Nyishi and the Adi.\textsuperscript{17} The Tagin who live to the north of the Nyishi and Apatani in Subansiri follow similar ritual practice and healing through the institution of traditional priest.\textsuperscript{18} The prominence of the traditional priest in religious life of the people and the centrality of rituals in mitigating diseases are no different in the case of the Galo and the Adi living to the east and south-east of the Tagin. Ethnographic works by many anthropologists confirms the similarity of cultural life and indigenous healing systems with their neighbours.\textsuperscript{19} French missionary Father Krick who visited Mebo in the Adi area in 1853 and Dalton made same observations which were later on expanded by Haimendorf.\textsuperscript{20} In 1825-28 Mishmis living further east of the Adi were reported with similar religious belief and propitiation to various sylvan deities for cure of


any illness or misfortune. The taboo observed after rituals were also noted. On such occasions a sprig of a plant was placed at the door to inform strangers that the house is under a ban for the time and that it must not be entered.21 This was the ritual taboo prescribed by the presiding priest and observed after performance of any ritual, the degree and nature of isolation or seclusion depending on the type of ritual performed. This feature is considerably common amongst all the tribes of the state whose treatment of diseases are the sole domain of religio-magic knowledge of a priest. Similar propitiatory rituals of the Mishmi as mentioned by Wilcox and Needham 22 have been elaborated in more detail by recent researches.23 In 1873, it was reported that the Khampti as followers of the Myanmarese Buddhism and practiced polytheistic cults and no trace of monotheism24 amongst the Khampti. Similar development among the Singphos were also reported. In 1828 Neufville noted strange mixture of idolatry and superstition among the Singpho.25 He also mentioned Megh deota which shows some influence of religious idea from the neighbouring people of plains. Similarly, Macgregor and Gray also described the Singpho propitiatory rituals practiced during those days.26 The Tangsa and Wancho who live in the eastern

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part of the state also practiced the indigenous institution of religion and rituals\textsuperscript{27} system in their homestead. The propitiatory rituals are connected to agriculture, festivals, diseases and welfare of human being. Generally ritual is performed in order to propitiate the deities and in return such blessings for bumper harvesting, word off from natural calamities and rich animal husbandry. Other than the common welfare ritual the priest also performed a sacrifice ritual for healing the ailment of patient in the society. Thus because of this centrality of ritual healing system being practiced by the people the indigenous priests occupied a prominent place in the society and play a vital sacerdotal role.

Under the indigenous traditional healing practices of the native population we may cite one typical example of healing practice maintained by the Monpa in the following discussion. The traditional indigenous healing system amongst the Buddhist communities of the state reflects continuance of the indigenous propitiatory rituals as well as prevalence of Buddhist medicine. The term \textit{Sowa-Rigpa} (‘science of healing’) is being promoted to connote confusing labels like Tibetan medicine, Himalayan Medicine, Buddhist medicine, \textit{Amchi} System referring to the same medical system.\textsuperscript{28} It is maintained that internationally cosmopolitan Buddhist medical science is said to have enriched by other non-Buddhist medical science of Asia surrounding Tibet in every direction viz. Turkic, Persian, and Kashmiri regions to the west and northwest, Indian and Nepali


\textsuperscript{28} Ngawang Thupten (Shakya), ‘Sowa-Rigpa: Affordable and Effective Traditional System of Tibetan/Himalayan Medicine for the People of Arunachal Pradesh’ in Hage Lasa et.al. (eds.), \textit{Tribal Development and Northeast India}, Adhyayan Publishers and Distributors, New Delhi, 2013, pp. 142.
region to the south, and Chinese and Mongol regions to the east and northeast. At least one authority on Tibetan medicine emphasized its origin to Ayurvedic system of India. It is however also reported to embody greater percentage of difference than similarities with the Ayurveda system of India. Thus, there is difference of opinion on the question of Indian influence on Buddhist medicine.

A field work was carried out to study the healing routine of a Buddhist bonesetter cum chiropractor to understand the role and position of indigenous traditional medicine expert amongst the Monpa. The focus was on a single medicine-specialist whose healing routine and a few of the herbal medicines used were recorded.

Aba Namge Tsering, aged about 65 years a resident of Khortung village now live in Changbu village located within the urban limits of the monastic town of Tawang in western Arunachal Pradesh bordering Tibet. He lives with his members of family and spends his days by attending consultation and treating patients. Remuneration is voluntary on the part of the healed person. In Buddhist healing system remuneration is not expected and virtues like humility and sense of selfless service are expected from healers. Aba was earlier reportedly interviewed by an American and a Taiwanese researcher and the former tried unsuccessfully to induce him to fly to the United States where assured with a

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32 Hereafter it will be referred to as Aba.
lucrative healing and teaching career in return for revelation of his healing methods. It is said that the healing system Aba practices is not inherited but learnt from the Tibetan Guruji. Aba frequently visits the nearby Pragya\textsuperscript{34} office to get more training on medicinal plants. Translator Rinchin Norbu whose brother is also an expert in treating poisoning case emphasized that Aba’s skill is respected in the entire town and the list of his patients even included the top brass of army personnel posted in the district in the state.

The primary text used by Aba is a thin rectangular manuscript of the size of Buddhist flags which is called Moh. Written in the Bhoti language and carefully maintained having about thirty pages which serves as manual for the expert. Vital information like the time, date of start of an illness or an accident, the physique and gender of the patient, etc. are crucial information when consulting the almanac for choosing the appropriate course of treatment. Checking pulse of the wrist is another way of determining the course of treatment. No sacrificial rites are involved in the administering of treatment. A specific prayer in the form of short utterance of words is invoked during administering of healing exercise. However, these prayers are not attached to any spiritual significance. The different categories of healing procedures adopted by the local experts are shown below in the form of table:

\textsuperscript{34} An NGO; source: http://pragya.org/pragyaindia.php, accessed on 28-11-2015, 04:45 pm.
Table 2.1: Types of Herbal Healing Methods used by the natives of Tawang District.\textsuperscript{35}

<table>
<thead>
<tr>
<th>Local Ailment Category</th>
<th>Description of ailment</th>
<th>Plant/ part of plant used</th>
<th>Method/ further explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone (Ruip) fracture</td>
<td>Any kind of bone fracture</td>
<td>Local name: Syarma Hindi name: Paplar</td>
<td>Bark of the plant used as plaster</td>
</tr>
<tr>
<td>Vein/ vessel (Chali)</td>
<td>Chiropractic complaints</td>
<td>Local name: Nyulum Assamese name: Titabati</td>
<td>A small plant; used as anti-hemorrhage. The leaves are boiled over a small metal cup, the extracts so remaining is used to massage the affected area</td>
</tr>
<tr>
<td>Flesh/ Muscle</td>
<td>Chiropractic complaints</td>
<td>Boiled rice</td>
<td>Hot rice bundled into a towel, massage in the affected area</td>
</tr>
<tr>
<td>Common Illness</td>
<td>Common cold</td>
<td>Capsicum</td>
<td>A composite paste of Churpi (preserved for at least 13 years), capsicum and rice is taken in portions of the size of a regular pill. The cure is claimed within a week of starting the medicine.</td>
</tr>
</tbody>
</table>

More serious ailments are referred to Tsering Tobgye of Gomkhang Village located ten miles from the town. Tobgye learnt the Tibetan medicine from Dharamsala\textsuperscript{36} and runs a medicinal garden called Gomkhang Medicinal Garden. An ex-serviceman, Tobgye lamented wanting of the government support in practicing of medicinal herbs and healing system.

In the recent time, a patient named one Dondup Tsering about 60 years could not move his body for a week after he fell from a pine tree while hacking branches for firewood. After getting a round of treatment from the doctors of the nearby district hospital did not yield desirable result, he began consulting with Aba and at the time of researcher’s field study the patient was already under Aba’s

\textsuperscript{35} The words in italic are local names against the preceding term. Hindi/Assamese names are so reported and have not been verified.

\textsuperscript{36} Interview with Tsering Tobgye on April 16, 2015, Tawang.
treatment for a week. We are told that an acute pain considerably receded and now able to get up on his own. An ointment prepared from the yak’s fat called pin in Monpa language is used to massage the affected area followed by uttering of short incantations. The moh is checked and reported a prognosis for quick healing. It is also reported that weather conditions determined the exact course of treatment and that chiropractic patients are healed faster when the weather is sunny during the course of treatment.

Apart from the above healing practices the other treatments like fractures, muscle sprain, etc. are performed by indigenous bonesetters and chiropractors like Aba. It would seem that these experts are not formally attached to the religious order of the Gompa which are very popular among the people. In fact, the Gompas are approached by the government health officials to encourage the lay to seek and receive benefits of modern medicine and health care facilities. It appeared that religion is separated from traditional healing system in Monpa society except than to inspire general virtues of service as discussed earlier.

The Monpa priests are classified by Haimendorf as Yu-min, the oracle or magic man who are subject to possession by gods and spirits, and who also prophesize while in trance. They are considered as a practitioner of the cult of local deities called Bon faith than Buddhism. Healers like Aba are called lah-chogan-lama and as can be gathered from the above discussion the lah-chogan-lama is different from the Yu-min. It is reported that though the Pangchenpa of Zemithang circle in Tawang converted to the Buddhism people continued to

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37 Guru Tulku Rinpoche, Abbot, Gaden Namgyal Lhatse, Tawang Monastery, Tawang and Wangdi Lama of the Khimney Monastery (Nyigmapa), Tawang interviewed on April 15, 2015 at Tawang.
follow their traditional healing system with the various herbs and roots.\(^{39}\) Thus, the Monpas follow two types of traditional healing system which are the Buddhist healing system and the pre-Buddhist indigenous healing system belonging to \textit{Bon} religion. The \textit{lah-chogan-lama} was a representative of Buddhist healing system and the \textit{Yu-min} represented the \textit{Bon} rituals and belief system.

From the typologies offered by Garret, Walsh and Thupten the type represented by the \textit{lah-chogan-lama} falls within the realm of medicine outlined in classical Tibetan medical treatises. The \textit{lah-chogan-lama} and the \textit{Yumin} can be compared with the independent healer and cultic healer of the Black Folk Medicine respectively.\(^{40}\) The \textit{lah-chogan-lama} are independent as they do not owe direct allegiance to any institution in their healing practice while the \textit{Yu-min} derives their meaning and function from the cult of pre-Buddhist \textit{Bon} faith. With a similar logic, they may further be compared with the Welsh Natural Folk Medicine and Magico-religious Folk Medicine respectively.\(^{41}\) The \textit{lah-chogan-lama} whose healing practice is devoid of rituals except short incantation but relies more on human anatomy, use of herbs and weather conditions resembles the Welsh natural folk medicine while the \textit{Yu-min} is similar with the magico-religious folk medicine. The primary tools and techniques of the \textit{lah-chogan-lama} relied more on natural objects and principles as also is the kind of ailments they attend to while the \textit{Yu-min} is reported to take up matters in the realm of supernatural. The \textit{lah-chogan-lama} is a representative of the larger Tibetan


medical system while the *Yu-min* is a remnant of the *Bon* religion. Thus, the Monpa ethnomedicine reflects cosmopolitan nature and eclectic trend of the parent *Sowa-Rigpa* medicine system.

**Herbal Healing System**

The indigenous traditional healers for surgical and chiropractic cases are different from the traditional priests amongst the communities of Arunachal Pradesh. There appear to be no clear distinction between chiropractic healers and traditional priests’ ritual healing amongst the non-Buddhist communities. This is an aspect of traditional healthcare practice which might appear easy but in practical administering of indigenous healing techniques and method involved intricacies of knowledge. We may argue that in terms of treatment in such cases, the recourse adopted is both ritual and secular in nature. Surgical cases often resulted from accidents and in such cases a soul-calling ritual is performed as the patient believed to have lost their soul at the time of accident is profitably restored with it. This is a common practice even today in most parts of the state. Any major incident happening in a person’s life is construed to be a result of some disorder in the world of spirit and gods and the same disorder must be ritually intervened along with other measures. So, even in cases where healing from herbs through chiropractors and bonesetters are administered a ritual healing is also performed alongside.

No indigenous name for herbal healer is mentioned in the earlier literature available for critical review except the Monpa *lah-chogan lama*. However herbal experts still exist among most of the communities of Arunachal Pradesh, especially the bone-setters and chiropractors. Knowledge of medicinal use of
plants, herbs and animal products formed a part of the indigenous knowledge system. A few works available on traditional herbal medicine are largely of scientific study in nature rather than on historical study which is wanting of more knowledge the indigenous herbal healers. The service of the herbal healer and their expertise are not studied in depth to appreciate and understand the traditional knowledge of science.

It is observed that traditional herbal medicine did not evolve into an established system of healing among the indigenous communities because every fortune and mis-fortune are within the domain of both the sacred and profane which is embedded in a set of religio-magico occult practices. That there could be a secular non-ritual approach to healing and cure has no ontological basis. The use of herbs, plant and animal products for healing and curing emerged from exigencies of life and therefore remained a marginal occupation. As a result, unlike the priests the herbal experts do not enjoy any privilege or command respect and their sole remuneration are rewards for specific treatment. Being a secular profession, herbal healing is open to any interested apprentice to pursue a career provided that one had a willing tutor or through one’s own effort. It is to be pointed out here that many experts are secretive with their knowledge which restricts both in learning and expansion of herbal medicine among the native population. Anecdotes of herbal healers of exceptional competence are common across most of the communities of the state.
Sickness Carrying Raids

Events related to disease in the history of Arunachal Pradesh has a chequered social history of protestation and prostration. Diseases were reported alongside many important events which in some cases were consequential in the turn of events. An early account of disease related events referred to the Ahom period when several thousand of Nyishi were reportedly captured by the Ahom Raja Gaurinath Singh (1780-95) and made to dig a canal at a place called Kollongpur died due to hostile weather. What impression the survivors carried back of the incident in the plains country when they returned home to the hills can only be imagined. Oral traditions of many communities of the state are replete with anecdotes and tales of abandoned residencies in the plains which are now in Assam because of alien sickness and fatal diseases.

French missionary Father Nicholas Michael Krick escaped unhurt during his first visit to the Mishmi area in 1851 due to his medical skill but was murdered along with his colleague Augustine Etienne Bourri in 2nd August 1854 in Tibetan border by a Mishmi villager three years later. It was reported that Bourri was sick at the time of attack and was killed in his sick bed. The immediate cause of this attack most probably related to the disease that Bourri was suffering which was perceived by the Mishmi as an impending sign of epidemic. Similarly, Rungmun Mouzadar was killed by the Adi during the 1858 Sengajan raid who was caused goitre and said that they first cut the goitre swelling the Mouzadar’s neck

42 Government of Bengal Papers, File No. 420 of 1851, ASA, Dispur; and William Robinson, A Descriptive Account of Assam, Gowhatti Government Seminary, 1841, Sanskaran Prakashan, New Delhi, 1975, p. 354.
43 Alexander Mackenzie, The North East Frontier of India, 1884, Reprint 2004, Mittal, New Delhi, p. 49.
and then killed him. Did the Adi consider goitre as a physical impairment exported to the hills by people from the plains or was it thought of as a sign of ill omen when confronted in a strange land? It is to be noted that a traveller had in the beginning of twentieth century said that goitre was a common disease all over south-eastern Tibet. Whereas we are wanting of information which are not recorded by the colonial officials except than to refer to such incidents as plain murder and raids by the tribe.

Combination of diseases and beliefs considerably influenced the course of the British relations with the people of Arunachal Pradesh. In 1865, a section of Adi are said to have refused to meet the Deputy Commissioner of Luckimpur District of present day Assam citing prevalence of small pox and cholera in the plains. While in 1883 one Lakhidar, the mauzadar (Revenue Officer) of Balipara who was detained by the Aka (Hrusso) reportedly died of fever in captivity. This incident was the immediate cause of the first Aka Expedition, 1883-84 launched by the imperial powers. Earlier Neel Williamson, the Assistant Political Officer of Sadiya during his visit to Adi area had to change his route due to an epidemic outbreak. Whether it was the risk of contracting the disease or the fear of the official’s arrival being associated with the disease, we do not have any concrete information. Williamson in his subsequent visit to the Adi area was said to have publicly insulted a leading villager’s skin disease which resulted for avenge of the insult and eventually leading to murder of the visiting officer. This insult-

46 Alexander Mackenzie, op.cit., p. 45.
47 Ibid., p. 368.
retribution story is based on oral traditions maintained by the families involved in
the killing of the officer 48 and is substantiated by a recent vernacular work. 49
When encountered with indigenous perception on diseases and epidemics the
visitors were often left amazed and reported it with a taste of amusement. For
example, as late as 1948 Ralph Izzard and C.R. Stonor while in Nyishi Hills in
undivided Kameng during the Buru Expedition took care that their camera clicks
were not mistaken by the locals to cause measles. 50 This was because the people
believed that the camera was capable of inflicting disease on the person being
photographed. 51 These suggest that beliefs related to diseases affected the group
opinions and collective actions directly or indirectly which influenced the inter-
tribe relations vis-a-vis with the colonial administration in the plains. The
perception of the people of Arunachal Pradesh on diseases and its influence on
their individual and collective action was a matter which the colonial officials
failed to record the detail. One such was the sickness-carrying raid.

The sickness-carrying raid was part of the belief system of some of the
communities in the state which even affected cordial relations between the people
of the hills and plains. The earliest reference to such events was made by the
English zoologist, Charles R. Stonor who was the then Agricultural Officer of
North East Frontier Agency (NEFA). Stonor did some ethnographic fieldwork in
the parts of present day East Kameng District as a member of the Buru Expedition

83-84, 89.
49 Onyok Pertin, Adi Among Sim Milun E’ Aabondak Dooying (’The Story of Coming of the British in
50 Ralph Izzard, The Hunt for the Buru: the true story of the search for a prehistoric reptile in North
51 Ibid., p. 109.
and he aptly described that: ‘An epidemic in one village would be attributed to the disease being introduced by a man from another village, and the former would take retribution from the alleged carrier village’. About a decade later, Stonor further extended the explanation on sickness carrying raids in these words:

*After the outbreak of a contagious sickness the senior priest available takes the omens to decide whence it has come: the spirits reveal it to have been transmitted from another village which they name: the guilty village being normally one with which there is in any instance a feud, or a score to be paid off: and a raid is accordingly organised to capture slaves and cattle in compensation. An influenza outbreak in the Kadeng country during 1946 led to such a procedure...*

This disease carrying raid was an extreme form of representation of belief system related to disease and epidemics. It may be explained that after subsequent outbreak of fatal epidemic the affected household or clan and village accused another household or clan and village to be the ‘originator’ of the epidemic. After that a raid was undertaken against the alleged epidemic originator clan or village to compensate the loss of lives due to epidemic. Sometimes the affected clan or village demands for customary reparations from the source of epidemic village failure to meet the demands then leading to complex sequence of enmity among such groups for generations.

As we know that raids were reported to be common in various parts of the globe in the generations before ours. Raids from the hills of Arunachal Pradesh into the plains were not uncommon since the Ahom days and the trend continued even during the colonial rule in the Brahmaputra Valley. Most of these raids

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exclusively related to sickness-carrying were officially recorded by the colonial administrators in order to ascertain frequencies of occurrence.

One of the earliest raids having important political repercussion was that of Amtolla village near Gohpur in the present day Sonitpur District of Assam in 1872. G. Campbell’s report on the raids attributed the prevalent cholera and whooping cough in the interior Nyishi village for the raid on the administered plain village in Assam.\textsuperscript{55} The Amtolla raid and its political fallout in the Nyishi-British relations has since been elaborated in more detail by a recent ethnohistorical study based on contemporary official records.\textsuperscript{56} To paraphrase the details provided in the work the incident unfolded in the following way. There was a severe outbreak of cholera and whooping cough in the plains Nyishi villages of Gohpur and Kullungpore\textit{ mauzas} in the late part of 1871. Soon afterwards, the interior Nyishi village of Nyimte of present day Sagalee Sub-Division of Papum Pare District suffered heavy casualty as a result of similar epidemic which the villagers suspected was brought by visitors from the affected plain villages in the foothills. After several parleys for settlement of the grievance of Nyimte through\textit{ Nyele} was ignored by the plain villages, the latter undertook a raid on Amtolla village which was suspected to be the originator of the epidemic and killed two men, wounded three and took captive forty. The episode raised alarm and general insecurity among the British subject of the area and an atmosphere of intense hostility developed between the British and the hill Nyishi. As a result, the British policy of reconciliation and forced diplomacy towards the Nyishi was abandoned and the policy of economic blockade and military

\textsuperscript{55} As cited in Alexander Mackenzie, \textit{op.cit.}, p. 31.
\textsuperscript{56} Tana Showren, \textit{op.cit.}, pp. 184-190.
expeditions started. The Amtolla raid was the first officially documented raid similar to the description of sickness-carrying raid mentioned by Stonor seventy years later. From the administrative point of view of the British India Government, such raids were considered as serious breach of order and attack upon their administered territory. But from the other side, it was merely an extension of unwritten customary decree to avenge the loss of human lives suffered as a result of epidemic. It involved time tested indigenous method of taking omen and performing rituals to establish the source of the cause of the epidemic. It was part of the belief system and indigenous outlook on epidemics. Strictly speaking, the Amtolla raid was not an isolated event but there were several such raids carried out by the people of Arunachal Pradesh which are discussed in the following arguments.

As late as 1944 similar raids to avenge disease carrying was reported from the Aka and Sajolang (Miji) area of the present day West Kameng District of the state. The incident seriously affected the peace of the whole area inhabited by the Sajolang (Miji), the Aka (Hrusso), the Khowa and the Monpa which attracted immediate political intervention from Charduar, the headquarters of the erstwhile Balipara Frontier Tract. One of the immediate effects of the incident led to establishment of an Assam Rifles outpost at Rupa in present day West Kameng. Around the same time, another incident of similar disease-carrying raid was

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57 Ibid., p. 184.
58 G.S. Lightfoot, P.O. Balipara FT, Charduar to the Secretary to the Governor of Assam dated Charduar the 7th June 1941, Governor’s Secretariat, Tribal Branch, NEFA, File No. TR/24/44-Ad., SAGAP, Itanagar.
59 Ibid.
reported from the Aka (Hrusso) area.\textsuperscript{60} The phenomenon of sickness-carrying raids was practiced across the state invariably. Stonor briefly mentioned that sickness-carrying revenge was the common cause for most of the raids.\textsuperscript{61} And such raids were not limited only amongst the Nyishi but were widespread amongst the neighbouring tribes also.\textsuperscript{62} It is difficult to establish the accurate extent of this phenomenon in Arunachal Pradesh because official records are available only for those incidents which directly affected the administration of the plains or its interest of order in the hills. But the influence of the British administration was not felt in most parts of the state during the British India Government in the North East India.

These two incidents cited above from contemporary official records cannot be explained in more detail as elaborating the details of the participants of the disease carrying raids could incite discarded memories of the recent past. Even Stonor is silent on the above official reports, about which he must have been aware of as a contemporary officer. He is also very catious of his reference to these raids among sections of the Nyishi. Haimendorf once cautioned that the identity of the informants in sensitive matters must not be disclosed.\textsuperscript{63} The restraint is expanded in the case of the above raids though the records cited are in public domain for any researchers’ scrutiny. For the same reason many inter-clan or inter-village disease carrying raids were either not recorded deliberately or might have been left to oblivion due to hyper sensitive nature of issue. It would

\begin{itemize}
  \item[I. Ali, P.O., Balipara FT to the Adviser to the Governor of Assam dated Charduar the 12th Feb. 1945, \textit{Office of the Adviser to the Governor of Assam on Tribal Affairs and States}, File No. Tr. 14/45-Ad., SAGAP, Itanagar.]
  \item[Ralph Izzard, \textit{op. cit.}, p. 109.]
  \item[C.R. Stonor, ‘Notes on Religion…’, \textit{op. cit.}, p. 9.]
  \item[Christoph von Furer-Haimendorf, ‘The Presidential Address…’, \textit{op. cit.}, pp. 7-8.]
\end{itemize}
seem that the accounts relating to raids are often kept in secrecy which are hardly divulges to any non-clan or village members amongst the clansmen and tribesmen. Most probably the reason for maintaining secrecy of such account may be the danger of revealing the identity of a former enemy to an ‘outsider’, who might in turn to cross check or even by mere publication of the general fact may flare up avoidable resurgence of malice from respective quarters. Similar apprehensions might have been experienced by earlier social anthropologists like Furer Haimendorf and Verrier Elwin whose humane objective in doing ethnography in Arunachal Pradesh is described as philanthropology. As a result, perceptions on disease and epidemics remained a sub-theme of religious beliefs and rituals and its effect on the local polity and custom did not attract professional investigation. Also, by the time these researchers could study the tribes in detail much of inter-clan or village hostilities which were the most endemic form of conflict in the hills had significantly declined as the time advanced. Likewise, the head-hunting tradition of some the Naga tribes studied in detail by J.H. Hutton provides no parallel to the sickness carrying raid of Arunachal Pradesh. The nearest custom Hutton described is of a raid undertaken to avert an epidemic of small pox in 1891 in Kigwema village in which the raid was considered successful by the villagers forgetting that the vaccine they were priorly given. Among the Naga, a head-hunting raid formed a part of fertility beliefs, notions of masculinity or mere vendetta cycle of vendetta. Thus, no

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practice parallel to sickness-carrying raid of Arunachal Pradesh could be found among other cultures of the trines of North East India.

Sickness-carrying conflict is still believed though practice is no longer undertaken nowadays. The notion of sickness-carrying was not wrong from a modern scientific epidemiological point of view. It is to note that the raids related to disease were a part of an indigenous social mechanism to check the spread of epidemics though it appears to be a harsh measure from retrospective analysis. These raids affected many aspects of life like on settlement and migration pattern impeding social cohesion, affecting trade routes and relations with the colonial administration in the plains. Actions that arose out of belief and customs related to disease and epidemics probably determined the worldview of social progress which rendered their future beyond their liking as was the case with the Nyishi after Amtolla raid.

It is now important to have a broad picture of the types of healing systems practiced in the state by the different tribes based on the indigenous traditional science of knowledge and method of healing. In the light of foregoing discussion it would seem that all the Buddhist groups are having similarities in terms of their ethno-medicinal practices. The chief characteristics are the dominance of Sowa-Rigpa system of healing and parallel existence of local pre-Buddhist rites and rituals. The practitioners of the Sowa-Rigpa system like that of the Monpa lah`-chogan-lama are genuine representatives of the established medical system while the Monpa Yu-min practice resemble the priest of other indigenous method and technique. It may be noted that among some Buddhist community of Nepal
existence of two types of healers without any conflict has been reported. The 
general approach of both the Mahayana and Hinayani Buddhism towards their 
lay followers’ practice of healing of disease and ailments is cosmopolitan. The 
Nocte who are in Elwin’s last group may be added within this group because of 
the reported prevalence of eclectic rituals in their healing rites. The rest of the 
communities of the state thus fall within a broad ‘true’-animistic complex. Thus, 
we have two types of ethno-medicinal practice in the study area viz. those 
following or influenced by established cultural and healing traditions and those 
relatively practicing a ‘purer’ form of animistic religion. Among the former, 
herbal medicine is established and among the latter it appears to be dying. This 
aspect is further dealt with in chapter five along with other factors like influence 
of Christianity.

 Amidst this complex network of religion, rituals, diseases and healing an 
entirely new system of medicine was gradually but purposefully introduced in 
Arunachal Pradesh. This happened over a period of roughly seventy years, the 
first thirty during the period of Colonial interventions (1915-1945) and the rest in 
the subsequent phase (1947-1987). But the history behind this development 
germinated from the mid-nineteenth century. The previous and the succeeding 
two chapters are efforts directed to unravel this novel historical development.

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67 Christoph von Führer-Haimendorf, ‘Pre-Buddhist Elements in Sherpa Belief and Ritual’, Man, 
24/09/2010 01:34 pm, pp. 49-52.