CHAPTER I

INTRODUCTION

Markets in the most literal and immediate sense are places in which things are bought and sold. In the modern industrial system, however, the market is not a place; it has expanded to include the whole geographical area in which sellers compete with each other for customers. In China, traditional markets are considered as important places for trading of medicinal plants harvested by rural villagers, which also play a social role of exchanging traditional use of herbal medicine among different cultural and social groups at local level. Market survey is often engaged in ethnobotanical studies for documenting locally used herbal plants and associated traditional knowledge. Information collected from market survey is also useful for plant conservation in the habitat areas (Lee et. al. 2008 : 262-377). Various countries put emphasis on traditional market in order to promote indigenous products. For example, attempting to save traditional market and promote Indonesian products, President Susilo Bambang Yudhoyono asked regional administrators to make physical allocation for both modern and traditional markets in order to ensure the latter’s survival (David 2007).
The Problem

Presence of traditional market is one of the important salient aspects of traditional society. Traditional markets are hub of economic activities where transaction of various commodities have taken place. For the common people these are the weekly markets as it is held once or twice in a week. From the academic point of view they are termed as traditional markets, because (a) they are not regular or daily markets, they are held once or twice in a week (b) in a daily market, the commodities exhibited for sale are more or less similar. For example, in a daily vegetable market or fish market, one will find vegetables and fish only. But traditional market provide avenues for diversified range of items (c) it is a meeting place for various groups of peoples (d) a place of leisure and recreation (e) place of gossiping (f) place for political propaganda (g) In such a market, the culture of the people of the neighbouring area is reflected through their dress patterns (h) indigenous food items, crafts, textiles are available for sale in the market. It is seen that like other items, transaction of folk medicine have also taken place in these markets. The folk system of medicine at the rural level is going on parallely to the more advanced science of medicine. It is built upon traditional knowledge, beliefs and superstitions regarding the causes, cures and prevention of diseases. Even today, when the facilities of modern treatment have become more or less easily available in the villages including those inhabited by the tribal people, faith in the traditional medical lore is fairly widespread and deep-rooted (Datta 1999 : 108).

In all human groups, no matter how small or technologically primitive, there exists a body of belief about the nature of disease, its causation and cure, and its relations to other aspects of group life. There also exists therapeutic and preventive practices, many of which are empirically efficacious by standards of modern medicine, although often not for the reasons advanced by folk belief (Ackerknecht 1942a). Disease and death are universal experiences of
each and every society. Disease is a disvalued process which has obstructed the proper functioning of a person and may lead to death. In every culture a substantial and integral set of belief, knowledge, techniques and practices are related to the major life experiences of health and diseases. Every society has a theory of disease and provides an efficacious for the treatment. Folk medicine treats illness as a cultural category (Medhi 1995 : 61-68). According to Websters Third New International Dictionary, folk medicine means traditional medicines that is practised nonprofessionally by people isolated from modern medical services and involving specially the use of vegetable remedies on an empirical basis and the retention of outmoded theories. According to World Health Organisation, traditional medicine is the sum total of all knowledge and practices, whether applicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experiences and observation, handed down from generation to generation, whether verbally or in writing. According to Hasan (1967) the system which involved within the folk culture and which practice both physical and supernatural methods of treatment are found to exist side by side is known as folk medicine. It includes holistic knowledge and practices, oral or written and functions in diagnosis, prevention and curative aspects of illness and disease to promote total well being of the community. Folk medicine in the words of Yoder (1972 : 191-296) is the substance of all the traditional view point of sickness and the healing methods applied against disease which exist among people. There are essentially two varieties, two branches of folk medicine:(i) natural folk medicine and (ii) magico-religious folk medicine. The first of these represents one of man’s earliest reaction to the herbs, plants, minerals and animal substance called ‘herbal’ folk medicine because of the predominance of herbs in its materia medica and in some cases, many of its effective cures have made their way into scientific medicine. The second branch of folk medicine is magico-religious variety, sometimes called ‘occult’
folk medicine, which attempts to use charms, holy words and holy actions to cure disease (*ibid* Yoder).

It is fairly well known that in the Indian society of the Vedic times magico-religious beliefs and practices, combined with some empirical knowledge of the medicinal properties of herbs, formed the basis of the healing art. The Atharva Veda contains elaborate accounts of these beliefs and practices involving gods and spirits, sacrifices and incantations, sorcery and evil eye, and charms and amulets (*ibid* Datta). Its root could be traced back to nearly 3,000 B.C. in the Indus Basin of the Indian sub-continent (Brion 1961 : 122). In Assam according to Datta (1999), the traditional folk methods of diagnosis and treatment has been very strong and wide spread. It is seen that a large number of *puthis* (manuscripts) dealing with the magico-religious and empirical varieties of the traditional medical lore have been in the possession of medicine-men all over the state. They are known as *karati puthis* and *nidan puthis*, these manuscripts have preserved a lot of traditional knowledge of the indigenous healing art ranging from the empirical to the esoteric and the occult. In Assamese, the medicine man is called *oja/ojha* (Lower Assam) or *bez* (Upper Assam). Most folk medicine man take up the practices with a tenacity of purpose being motivated by a sense of humanism and service. The free medical service rendered by a medicine man is reciprocated by the client-villagers with offers of paddy, fish and seasonal fruit to the healer from time to time. At times, the healer receives manual labour from his clients in the paddy field like transplantation of seedlings or harvest of the crops. In fact, this exchange of medical service for manual labour between the medicine-man and village-people is under the jajmoni system, a mode of reciprocal service and caste inter dependence widespread in traditional village India (Lewis and Burnouw 1956 : 66). In Assam, neither fees nor honorarium is paid to a medicine-man excepting a pair of a betel leaf and a betel nut as a token of
respect shown towards him and his knowledge; only on certain occasion, he accepts a sum of Rs. 1.25 along with a pair of betel leaf and betel nut (Medhi 1993: 97). Earlier, it is seen that folk medicine has never been practiced as a means of livelihood. In rural context, agriculture is the main occupation in spite of the knowledge on folk remedies. People use to go to the house of medicine man. Occasionally medicine man visit to the house of patient. However, it is found that traditional markets (weekly market/rural market/tribal market) gives a new dimension in the field of folk medicine. Traditional markets are found in the traditional societies and they are mostly rural. According to Oxford English Dictionary, 'market' is the meeting or congregating together of people for the purchase and sale, provisions of live stocks, publicly exposed, at a fixed time and place, the occasion or times during which such goods are exposed for sale. Firth (1967) has referred 'market' as an institutionalized locus of exchange having a market place with its booths and its traders, its competition and its conventions. In the words of Redfield (1956: 49) in a peasant society, market means both a state of mind and a place to trade. According to Polanyi (1964:43) the institution of market was fairly common since the late Stone Age. But during that period it played an incidental role. Adam Smith contended that some of the traits found in 'market economy' were present even in barter system of economy which confirmed that although it was more compatible with modern economy system, market exited in pre-industrial, pre-urbanized, tribal and primitive society also.

The market, as an institution, depends on the free interplay of buyers and sellers, with price established through the interaction of buyers who are not large enough to set price, and sellers who do not control enough of the supply to affect the price (Nash 1971: 170). Polanyi attempted to show that the market economy characterized a specific and very particular moment of western society. He also questioned the notion that the market economy was
more 'rational' or more efficient than other forms of economic organization based on different principles. In effect, he identified three main economic principles: reciproity, redistribution and exchange (Cited in Vidal 2004:389). Polanyi and his associates insisted that the market life in many societies is embedded in social relationships (Cited in Gudeman 2004: 260). No doubt the market play a central role in allocating resources and distributing income in most modern economics (Symeonidis 2004:601).

By the mid-eighteenth country, development of market forces had made deep inroads into the subsistence character of Indian agriculture, though the producer continued to meet all his requirements of food out of his own produce. But at least in some areas, the poorer agriculturist depended on the trader-money lender for the supply of seed and food grains for the six months in the year. The involvement of farmers with trade and of traders with farming, the extensive dependence of market oriented production on advances from buyers, the wide prevalence of rural markets and their links with the arteries of inland commerce, vary substantial growth of non-food crop production and some tendency towards their localization, all these developments were features and indicators of increasing commercialization (Roychaudhury 1982:15).

The market can be divided into rural and urban markets. Rural market having low population density, unintegrated in terms of communication and physical distribution facilities; and urban markets having high density population nexuses with a developed infrastructure. The dimensions of rural marketing can be defined in terms of population, income and consumption levels (Sharma and Rao 1972:1-15). Rural markets differ in the size, shape, functions as well as their temporal characters. Keeping in view their variable dimensions and characteristics, the rural markets have been categorized into various groups:
(i) Periodic and permanent markets on the basis of their frequency of meeting in a market week,
(ii) Cattle and commodity markets on the basis of functions dealt with,
(iii) Night and day markets on the basis of temporal meetings of day and so on (Khan 1991).

These centres are known by different names in various parts of the country. For example, chuna in Kerela, shandi in other southern states, hat, parinth or bazar in northern and north eastern states (Sharma 2003). In the hats (traditional markets) of Assam, people assemble for the purpose of transaction of necessary items. Earlier, any kind of transaction relating to folk medicine is a rare phenomena. However, various kinds of vegetables having medicinal value is seen in the markets. Ayurvedic vendors are there in the markets. They feel the demand of the ingredients of folk medicine. For example, vujpatra, which is essential in preparing amulet is worth mentioning. Similarly, there are various other items which they procure from reputed stall based on city. The get higher price in those markets. In Assam there is no such evidence of medicine man who took it as full time profession. In the context of this study, attempt is made to find out, is there any medicine man who has direct link with traditional markets.

**Objectives of the study**

The aim of the work is to study transaction of folk medicine in the traditional markets of Assam. The study concentrates mainly in the weekly markets of Kamrup now two Districts: Kamrup (urban) and (metropolitan) and Sonitpur Districts of Assam.

(i) The study is initiated with an objective of survey of the traditional markets where transaction of folk medicine has taken place,
(ii) Identification of medicine sellers and also examine whether he is local or itinerant,

(iii) Is he a traditional knowledge holder or local folk medicine practitioners?

(iv) What kind of disease he can cure?

(v) Is there any specific name of such type of medicine sold in the market?

(vi) If possible try to gather information regarding ingredients and composition of such medicine?

(vii) The price of medicine,

(viii) If are there any specific rule suggested by sellers for application of such medicine,

(ix) Who are the buyers?

Last but not the least attempt is also made to find out the nexus between traditional market or weekly market and folk medicinal expert (not in market place) of the village within the radius of the market and further.

**Scope of the Study**

The nature and scope of the study is wide. For the convenience of the study, only two districts are selected. The two districts are Kamrup and Sonitpur. Later on Kamrup district is divided into two districts: Kamrup (Rural) and Kamrup (Metropolitan). The topic of the study is exploratory in nature. Weekly market so called traditional market (for the study purpose) is found in nook and corner in Assam. It is not possible to cover these markets in entire Assam. Transaction of folk medicine in traditional market is not a common phenomenon in Assam. It is found that person seeking remedies used to visit home of folk medicine man in the village. However, considering these two
districts, an attempt is made to solve out the queries raised in the objectives.

**Methodology**

As mentioned above this study has been carried out in two Districts: Kamrup and Sonitpur of Assam. The study has covered mainly the weekly markets (Traditional market for the purpose of study) of these two districts. Weekly market is common in rural Assam. However, there are some weekly markets held in the cities or town also. In this study traditional markets signify the weekly markets held in the context of rural background of Assam. It is very natural that there may arise a question Why the researcher has selected Kamrup and Sonitpur for this study? However, the answer is not academic but personal. I feel it is pertinent to mention here in this regard that my parents belong to these Districts. I had a desire to do something in combination of these Districts. The initial observation and identification of markets helped me undertaking interviews and case studies followed by photography.

In the first phase of the work, fieldwork was carried out in the weekly markets of the two Districts. Prior to the visit, information regarding the day on which market is held have to be collected. On the particular day, the market was visited and observed. This observation was made without any queries. Most of the markets visited reflected more or less similar kind of transaction of commodities required for day to day life, however, in some of the markets, transaction of ayurvedic medicine is observed. It is done by itinerant vendors and also by local people through vehicle by the road side of the weekly market. It was the difficult phase of the study. It made the researcher a little confused. Accordingly, this researcher adopt new tactics and started visiting the neighbouring villages of the markets. Various information relating to the study were collected through interviews of the village Headman. It helps to draw the line of nexus between folk medicine and market. Folk medicine man
and sellers of folk medicine were identified and located. Establishment of rapport has helped me to get necessary information regarding ingredients used for folk medicine. Various cases were highlighted by them. These are utilised as case studies in the following chapters. In order to cross-check the cases, this researcher also met some of the patients at their residence and interviewed them. Moreover, ten markets (five each) of the two districts were revisited and interviewed the folk medicine man and sellers in the context of transaction. Prolonged observation and interview in the context of the market and residence help me to generate necessary information for the study which are arranged in the following chapters.

**Difficulties of Field Work**

It is obvious that knowledge on folk medicine is passed on from one generation to another. Medicine man don’t want to share the body of knowledge to outsiders. In such a situation, it is difficult to generate detailed information. In some of the cases, they asked “what will be their profit?” Even, it was difficult to know the adjacent amount of money. The sufferer also try to hide the money given for the treatment. Identification of floral parts were difficult. As it needs time. Nobody came forward to help the researcher out. However, Mr. Dharmeswar Barua and Md. Jakiruddin Ahmed (Dagala) of Sonitpur district helped in identifying plants while interviewing them at their village. The plants were recorded through photography which are incorporated in the plates. In all the above mentioned situations selection of appropriate tactics is very essential. Sometimes, the researcher have to develop own tactics according to the situation.

**Review of Literature**

It is obvious that the present study has three important dimensions - folk
medicine, market and marketing of folk medicine. The books and papers integral to marketing of folk medicine are scanty. This investigator has to depend on books, journals and Ph.D thesis which deal with all three said dimensions. Here a modest review of those books, journals and thesis are presented.

A market is a social mechanism for exchanging goods and services. Markets are based on certain principles, such as competition, a fair deal, profit and gaining advantage over others which distinguish it from other modes of exchange, such as communal sharing and co-operation. In this regard, the work of Belshaw (1965) on traditional exchange and modern markets is worth mentioning. In market dominated societies, there is a tendency to measure worth in terms of monetary value. Smiths (1759) *Theory of Moral Sentiments* explores the complimentarity between sympathy and self interest that is central to the functioning of a market economy. In the *Wealth of Nations*, Smith observes, “It is not from the benevolence of the butcher, the brewer, or the baker that we except our dinner, but from their regard to their self interest” [(1976) 1977 Vol. 1:10]. Thus, Smith viewed the functioning of markets as the outcome, on the one hand, of the innate capability of humans to engage in moral behaviour socially, which also is serving their self interest. The economist Karl Polanyi (1968) stimulated the comparative study of exchange and several anthropologists followed his lead. To study exchange cross-culturally, Polanyi defined three principles orienting exchanges: the market principle, redistribution and reciprocity. Smith (1974 : 167-201) have studied the economics of marketing systems from the perspective of economic geography. Bromley (1974) completed a bibliographical work on periodic markets, daily markets and fairs for the International Geographical union working group on market distribution systems.

Various studies on market have been conducted throughout the world. The
volumes of literature on weekly and periodic markets contributed by the scholars of underdeveloped and developing countries are vast. Some important ones are Bohannon et al., 1965; Kaplan 1965; Barnum 1966; Beals 1967; Berry 1967; Nash 1968; Thompson 1968; Hodder et al. 1969; Ukwu 1969; Bromley 1971 and Howry 1973. These studies emphasize mainly on the markets of all types. There were some other studies emphasizing only periodic markets. Some important studies are Hodder 1961 and 1971, Fagerland et al 1970; Hay 1971; Jackson 1971; Smith 1971 and 1972, Eighmy 1972; Good 1972; Hill et al. 1972; Lockwood 1972; Mekim 1972; Bromley 1973; Plattner 1973; Symanski 1973 and Weber et. al. 1973.

The study on emergence of traditional markets is very important in the developing countries. In this regard, Hodder (1965) made an attempt to study the origin of traditional markets in Africa south of the Sahara. In the study, Hill (1966) discusses on traditional market authority and market periodicity in West Africa. Church (1970) studied on traditional agricultural markets in Guatemala. Waterbury (1970) has studied the impact of urbanization in a traditional market system in Latin America. Markets can be categorized into rural, peasant and tribal. Good (1970) explores rural markets and trade in East Africa. Ortiz (1967) have conducted an exploratory study on Colombian rural market organization. Dewey (1962) examined peasant marketing in Java. Forman et al. (1970) have studied peasant economic integration with the help of marketing system. Mikesell (1958) studied the role of tribal markets in Morocco. The book written by Ensminger (1996) analyses the process by which the market was introduced into the economy of a group of Kenyan pastoralists. The book edited by Haskell et al. (1996) shows that the experiences and feelings engendered by the historical development of market societies have been, and still remain, open to a broad range of interpretations. It is observed that the norms and practices that foster market societies have been
shifting and conflict ridden.

Various market based studies have been conducted in Indian context. Karve (1960-70), directed a study on the role of weekly markets in tribal, rural and urban setting at Baglan Taluka of Nasik district in Maharashtra. The study aims at finding out the role of weekly markets in the tribal, rural and urban settings under the conditions of directed or autonomous change. The study attempts to examine not only, the interactions of buyers and sellers as individuals but also as members of the larger society made up of tribe, peasant and urban. Another work include the study on culture change by Sinha (1968) is worth mentioning. Sinha has described, analysed and interpreted Banari inter-tribe market located in Chotanagpur as an agent of culture change. This study, however, is concerned not with a community as such but rather with the institution of a weekly market which serves to bring together a number of communities like Oraon, Birhors, Birjia, Kishans, Asur, Chik-Baraik, Mahali and the non-tribal Hindu Baniyas living in the hinter land of Banari. He rightly concluded that this tribal market maintains a network of socio-cultural ties and gives them a common base for regional ethnology.

In India, agrofact and artifact are integral of weekly markets. In his work, Sinha (1961) studied weekly markets of south Manbhum in association with agriculture and crafts. It is seen that market economy plays an important role in economic transformation of tribal society. In this context, the study conducted by Danda (1982) on the role of market in economic transformation in tribal India is important. A number of writers wrote important articles related to market in leading newspapers. Few of them are Aneja 1991; Arya 1992; Joshi 1992; Rajendran 1992, Samata 1992 Varmudy 1992; and Prasad 1993. In the book ‘The Tribal Culture of India’, Bidyarthi and Rai (1976 : 108-111) have narrated periodical markets located in the tribal setting of India.
It has been already stated that folk medicine and marketing of folk medicine are important factors of this present endeavour. The book and journal integral to these dimensions are reviewed below:

Every culture, irrespective of its simplicity and complexity, has its own beliefs and practices concerning diseases. It involves its own system of medicine in order to treat diseases in its own way. Health culture is an important sub culture within a totality of population. It encompasses a vast complex of knowledge, beliefs, techniques, roles, norms, values, ideologies, attitudes, customs, rituals and symbols which are related to health and disease. Folk medicine is an important part of health culture and defined as traditional medicine as practiced non-professionally by people isolated from modern medicine services and involving especially the use of vegetable remedies on an empirical basis and the retention of outmoded theories.

Much of the development of medical anthropology has occurred since World War II. The study of human confrontations with disease and illness and of the adaptive arrangements (that is medicines and medical systems) made by human groups for dealing with these ever-present and panhuman dangers, has come to be known as medical anthropology (Landy 1977). It is concerned with the biocultural understanding of man and his works in relation to health and medicine (Alland 1966, Roney 1959, 1963; Scotch 1963).

Most studies carried out by the early pioneering ethnographer are concentrated on the native inhabitants of Africa, America and Australia; however, a very few studies on medicine were conducted in India. The published accounts of world’s medical systems have made possible the new discipline of ‘ethnomedicine’, i.e those belief and practices relating to health and disease, which are products of indigenous cultural development and not explicitly derived from the conceptual frame work of modern medicine (Cited in
Tribhuwan 1998:10). In addition to ‘ethnomedicine’ various other terms have been used to refer to the domain of it, such as ‘folk medicine’, ‘popular medicine’, ‘popular health culture’, ‘ethnoiatry’ and ‘ethnoiatric’ (Huard 1969).

Notable studies have been carried out by anthropologist since 1935 on the ethnography of medicine and health related beliefs and practices. Some examples are Field (1937) among the Ga people, Evans-Pritchard (1937) on the Azande, Harley (1941) on the Mana in Africa, Oppler (1936, 1941) on the Apathi, Hallowell (1934, 1942, 1950) on the Apathi, Hallowell (1934, 1942, 1950) on the Ojiba; Redfield and Redfield (1940) on the Maya in North America. These works have highlighted descriptively the ethnographic contents of medicine. The relationship between medicine and the rest of culture has been noted by Ackerman (1942). He observed that medicine is nowhere independent and following it own motivations. Its character and dynamism depend on the place it takes in every cultural pattern, they depend on the pattern itself. The studies made by early pioneering social scientists in the field of medicine provided new theoretical dimensions to ethnomedical studies. Mead and Henry (1949) have discussed the general relationship of anthropology with psychosomatic medicine. Hall (1951) has outlined the progress of sociological research in the field of medicine; outstanding over the years is the classic statement by Rivers (1924) which gives the relationship between religion, magic, medicine and Clement’s work tracing the world-wide distribution of five basic categories of disease attributable to sorcery, breach of taboo, object intrusion, spirit intrusion and loss of soul (Clements 1932).

The subject of ethnomedicine began to get a strong theoretical base with the studies of George Foster (1981:17-24) and Lieban Richard (1972:1042-48) who reviewed the major areas of ethnomedicine namely disease classification: causality concepts, nature and role of ethnomedical specialists. The
phenomenon of ethnomedicine has been also studied from symbolic and meaningful angle by Turner (1967), David (1977), Munn Nancy (1973), Camaroff Jean (1981) on the symbolic and communicational aspects of ritual healing by Douglas Mary (1966, 1970, 1957), Sutherland (1976) and Camaroff Jean (1981). The etiology of disease is the central to any discussion of the connection between medical phenomenon and their cultural setting (Lieban 1973:1048). In most indigenous medical systems the primary consideration in the diagnostic of disease is its cause (Glick 1967). In ethnomedical accounts causes such as these are commonly described as 'magical' or 'supernatural', in contract or 'natural'. Illness caused due to angry deities, ghosts, ancestors and witches fall in the first category, while those due to an upset in body humors and consequent loss of bodily equilibrium into the second (Foster 1981:19). When illness occurs, it may be ignored or treated without the help of a specialist (Polgar 1962). If treatment is sought from a medical practioner, various types of specialists may be available, including herbalist, diviners, shamans, midwives, masseurs (Nurge 1958; Lieban 1962; Maclean, 1969). Herbalist in Ethiopia employ pragmatic means to treat illness, including an elaborate pharmacopoeia, but mysticism is mixed with materia medica; the name of a curative plant may not be said aloud, for instance, because this would enable the spirit causing disease to defend itself against the therapy (Messing 1968).

In their study of ethnomedicine in Indian context, several authors have examined medicinal plants and their utility. Jain (1963a, 1963b, 1963c, 1964a, 1964b, 1964c) and Jain et al. (1963 and 1964) have studied the medicinal plants used by various Indian tribes. The book edited by Trivedi (2007) provides excellent glimpses of the rich herbal medicine and traditional knowledge heritage in India. Singh et al (2003) provide traditional knowledge based on herbal medicines and plant resources of North-East India. Mibang
and Chaudhari (2003) have studied ethno medicines of the tribes of Arunachal Pradesh. The ethno botanical studies carried among various ethnic groups in North-Eastern region including Assam have brought to light various plants used as medicines. Few of the studies are Singh 1995, Gogoi 1997; Bhuyan 1998; Dutta Choudhary 1999; Bora 2001; Nath 2001; Sharma 2001; Dutta 2002; Kar 2005; Roy 2006; Samati 2006; Das 2007; and Sarkar 2007. Certain part of animal organism is also used as ethnomedicine. Frick (1957) has extensively discussed about the medicine derived from animal organs in China. In Indian ontext, Rajan et. al (2002) studied ethno-zootherapy among the Irulas of Nilgiri District. Borang (1999) have under taken studies on ethno zoological aspects of Adi tribe of Arunachal Pradesh.

In his book, Steiner (1986) explores the medical practices of non-western cultures to establish a scientific basis for the successes of folk remedies. He brings together work from many countries and a variety of cultures and explains why western medical researchers are increasingly turning their attention to folk medicine for new drugs. The emergence of new infections, chronic and drug resistant diseases have promoted scientists to look towards medicinal plants as agents for treatment and prevention. Iwu et al. (2002) provides an interphase between ethnomedical and ethnobotonical approaches to new drug discovery and advances in bio-technology and molecular science that has made it increasingly feasible to transform traditional medicines into modern drugs. In the book Payne-Jackson et al. (2004) examines the rich folk medicine of Jamaica. The authors analyze the historical and linguistic aspects of folk medicine and explore the sociological and ethnological dimension of common healing practices. In Indian context, Boban's (1998)s book have highlighted an indepth understanding of the symbolism in tribal medicine with reference to their concept of disease, etiology, body symbolism, ethnophysiology, nature and role of ethnomedical specialists, mother and child health practices,
ethnomedical therapies, ritual healing and health seeking behaviour. Roy-Burman's Study (2003) on tribal medicine of Sikkim is important so far as traditional practices and its changes are concerned. There are several other studies on tribals dealing with their health, disease, traditional medicine and treatment. Elwin (1964) studied various aspects of tribal health in the course of his study of the tribes of Arunahal Pradesh. Ethnographers like Hutton (1968) and Mills (1973) have also discussed tribal medicine in their studies of different Naga groups. The books edited by Das and Kar (1997) and Sengupta (1999) provide information on health care practices among some communities inhabiting Eastern India including Assam. The studies undertaken by Baruah 1994; Barua 1997; Roy 1998; Dutta 2002; Paul 2003; Das 2007 and Boruah 2008, have covered various aspects of tribal health, ethnomedicine and treatment. Kar and Gogoi (1996) have studied health culture among the Noctes of Arunachal Pradesh. Baishya (2009) studied traditional health care practices of the Monpas of Tawang District, Arunachal Pradesh. In another studies, Kar (1986, 1993, 1990) focused health behaviour and sanitation among the tribes and tea labourers respectively. Begium (1996) has examined various issues related to health among the Assamese Muslims. Medhi (1994 and 1995) has studied ethnomedicine among the Kaibartas (a fishermen caste) and the Mishing (a plain tribe) of Assam. Boissya et al. (1980, 1981 and 1983) have discussed traditional plant medicine among the Assamese peasants. Das (1981) has studied folkmedicines from Assam. Guha (1986) and Medhi et. al. (2002) have studied folkmedicine of the Bodo-Kacharis and Garos respectively.