



**PRACTICE OF ETHNO-MEDICINE AMONG THE MANIPURIS OF BANGLADESH:
AN ANTHROPOLOGICAL STUDY**

A Ph.D. Dissertation

Submitted by,

Nazia Mahmood

Registration No. 145/2009-2010

188/2014-2015 (New)

Department of Anthropology

University of Dhaka

Dhaka, Bangladesh

**Thesis submitted as Partial Fulfillment of the Requirement for the Degree of Doctor of
Philosophy to the Department of Anthropology, Faculty of Social Sciences,
University of Dhaka**

**PRACTICE OF ETHNO-MEDICINE AMONG THE MANIPURIS OF BANGLADESH:
AN ANTHROPOLOGICAL STUDY**

Supervised by,
Professor (Rtd.) Dr. Anwarullah Chowdhury
Department of Anthropology
University of Dhaka
Dhaka, Bangladesh

**Thesis submitted as Partial Fulfillment of the Requirement for the Degree of Doctor of
Philosophy to the Department of Anthropology, Faculty of Social Sciences,
University of Dhaka**

Declaration

I hereby declare that the dissertation entitled “Practice of Ethno-Medicine among the Manipuris of Bangladesh: An Anthropological Study” is an original piece of research work done by me. I have specified by means of reference from where all the information have been collected. To the best of my knowledge this dissertation has not been submitted elsewhere for publication or for any other degree.

Nazia Mahmood

Reg. No: 145/2009-2010

188/2014-2015 (New)

Date:



This is to certify that the dissertation entitled “Practice of Ethno-Medicine among the Manipuris of Bangladesh: An Anthropological Study” has been written by Nazia Mahmood under my supervision for the degree of Doctor of Philosophy. To the best of my knowledge this is an original research work and she has not submitted this dissertation elsewhere for any degree.

Certificate

Professor (Rtd.) Dr. Anwarullah Chowdhury

Department of Anthropology

University of Dhaka.

Dated:

Acknowledgements

At the outset I would like to express my great thanks to my supervisor, eminent social anthropologist Professor (Rtd.) Dr. Anwarullah Chowdhury for sticking it out with me all the years and giving liberally his valuable times. His wide knowledge and his logical way of thinking have been of great value for me. His understanding, encouraging and personal guidance, have provided a good basis of this thesis.

I would like to express my thanks and gratitude to ethno-medicinal practitioners of Manipuri community in my study area, who provided valuable information on ethno-medicinal practices and treatment procedures during my fieldwork. In particular I am grateful to *Maiba* Bidha Ratan Singha of my study village 'Songaon' for his all out help that he had rendered me in the field. Thanks are to *Maiba* Shudhendro Singha, the ethno-medicinal healer of the *Meitei* community for kindly allowing me to do my fieldwork on practice of ethno-medicine of the *Meitei* community. Further, *Maiba* Bishajeet Singha of 'Shubidbazar' area in Sylhet Metropolitan area also extended his cooperation by allowing me to act as his assistant in treating patients in patient's home. I am greatly indebted and thankful to him.

With warm regards and deep gratitude I would like to express my sincere respect to *Maiba* Sri Melow, who unfortunately passed away during my fieldwork. His valuable sermon enlightened me greatly about ethno-medicine especially on *Puk-Shuba* treatment procedure. I gratefully remember the contribution of late *Maiba* Brajeshar Sharma from neighboring village of my study area at Bhanugach. He provided me many technical data on *Puk-Shuba* treatment.

I wish to convey my special thanks to two persons in my research. One is 'Shilpi' a young lady teacher of the Songaon primary school. She worked with me as my assistant during my fieldwork. Shilpi extended all possible help to me to understand *Meitei* language during my conversation with the people. Another is a *Meitei* writer and researcher A.K.Sharam a very renowned person among the Manipuris. Mr. Sharam at different times during my fieldwork advised me and gave valuable suggestions that helped me in collecting reliable and valid data from the field.

My endless respect and gratitude are to Dr. Stanley Krippner, Professor of Psychology at Saybroke University, and to Professor Geffrey Samual, Professor of Anthropology at Cardiff University, whom I consider as my mentors for their advice, guidance and for helping me with secondary materials on Medical Anthropology and Ethno-Medicinal issues.

I am also grateful to Professor (Rtd.) Quamrul Ahsan Chowdhury, the Department of Sociology at University of Dhaka, whose encouragement helped me to accomplish my study. I would also like to thank Professor Dr. Shahed Hassan, Professor Dr. Zahidul Islam, Professor Dr. Farhana Begum, Professor Hasan A. Shafie all from the Department of Anthropology at Dhaka University and other respected teachers of the Department of Anthropology at Dhaka University for their valuable advices and cooperation that they rendered me during my study period. I also express my thanks to the librarians of different universities in Bangladesh for providing me access to valuable documents on ethno-medicine in their respective libraries while conducting my research.

I am thankful to all of my family members. In particular I am grateful to my parents for their all out cooperation that they have extended to me during my research work. Their encouragement in different phases of my life helped me to become what I am today.

Besides, the person who gave me all out supports during my stay in the field for a long period of time, took all possible care of mine, encouraged me to go ahead, is none but my beloved husband Tanvir Ahmed Jaigirdar. I express my thanks and gratitude to him from the core of my heart.

Lastly, I am immensely thankful to all the people under the study. Without their active supports and help it would not have been possible for me to overcome several obstacles on my way in preparing this Ph.D. dissertation. I am grateful to them.

Glossary

Amabasha: Day of the new moon.

Aman: A variety of paddy.

Amla or Amloki: *Emblica officinalis* or *Phyllanthus emblica*.

Apokpa: The name of the traditional religion of the *Meiteis*.

Apomba: Abscess.

Arambai Hunba: This is a game, played during the festival *Kwak Jatra* after Durga Puja.

Arum-Lai-Hou: Fever.

Ashan or Fida: Seat of the *Maiba* (male healer) also known as ‘The Royal Throne’ or *Rajsginghashon* during *Puk-Shuba* treatment. It is also popular as ‘*Padmasan*’ among the *Maibas* in Manipuri community.

Atiya Guru Sidaba or Yaibiral Sidaba: Immortal supreme creator who represent ‘Sky God’.

Aus: A variety of paddy.

Awaphadigom: *Eryngium foetidum L.*

Awa-thabi: Papaya, papaw tree.

Ayurveda: Ayurveda an ancient philosophical tradition originating on the Indian subcontinent that combines the Sanskrit word *aṅyus*, which refers to the life process, and the word *veda*, which means “knowledge” (Womack 2010: 328).

Baan: The magic of dart.

Bahera: *Terminalia bellirica*.

Bazar: Market.

Beri: A specially decorated seat of the healers, wrapped up with a piece of cloth or tongs.

Bhubati: King of Bitters.

Bhurja-Patra: It is a special kind of dried bark of Birch tree used as for writing spells by the healers of the Manipuris.

Bishnupriya: *Bishnupriya* is one group among the Manipuris.

Bhorta: Smashed food.

Bokul Pambi: Cherry or Bullet wood tree.

Boro: A variety of paddy.

Boroi: Jujube or Chinese date, *Ziziphus mauritiana Lam.*

Chaban: It is a healing act or worship, generally organized by the *Maibas* of the *Meiteis*, also termed as ‘*Chaban Thaba*’.

Chabokpi Maibis: A group of female healers of the *Meiteis* who work as Traditional Birth Attendant (TBA).

Cha chandan Pambi: Sandalwood Tree.

Chadder or **Shal:** A wide sheet, wear on upper side of the body.

Chak: Rice.

Chak-Khaw-dogi Tinkang: Intestinal worms.

Chaklen Chaba: Eat in noon hour or lunch.

Chakra: A ritual act of the Manipuris.

Chalan: It is a magical substance occurred for the malevolent intention.

Charawanba: Foods, those are take in morning hour or breakfast.

Chinghi: Natural herbal shampoo of the Manipuris.

Chirata: *Swerita chirata*.

Dhatugoto Rug: The diseases related to the Male potentiality.

Dhatugye Mopak: Antique plate.

EashingYaafam: Dysuria or Urinary burning of women.

Emanu: The *Meitei* God place.

Epan thaba: Manipuri people celebrate the birth of a child on the 6th day of the baby, a baby-Shower or a welcome ceremony called '*Epan thaba*'.

Eshing Pukchat: Bladder overflows or extra vaginal discharge after giving birth.

Faguya: Holi, a type of ritual.

Fakpai: One type of leaves, use as spice in Manipuri community.

Fingou Chatpa: White fluid discharge or watery discharge.

Firak: The right side of the kidney is called '*Firak*' among the *Meitei* healers.

Funga: Fire place.

Gamcha: Towel.

Gol Morok: Black pepper.

Guru Dakhina: Honorarium of the master or teacher.

Guru: Teacher.

Haa: Potato tree or Asiatic yam.

Haijing Pot Puba: A stage of Marriage where formal declaration of the wedding is done.

Hai-Rukh-Tangla: The seat of fruits, made with banana placed on banana leaves.

Hakchangda Kakpa: Cut of any parts of body.

Haraw Fee: Green or red velvet blouse of the *Meitei* women. Generally, bride wear *Haraw Fee*.

Haribaok: Wild orange, *Citrus Macroptera*.

Haritaki: *Terminalia chebula*.

Hawaijar: Soybean

Heigru Heikrumaan: Leaf of Emblic Myrobalan, Indian Gooseberry.

Heigru or Heikru: Emblic Myrobalan or Indian Gooseberry.

Heina: A plant.

Heinou: Mango plant.

Heiri Khagok: Bael Tree.

Hingchabi: A kind of spirit, which comes under the group of Devi Salai Taret.

Hingjang Napi: Vegetables.

Hiyang Tannaba: Boat race.

Hiyanggei: The month November.

Hongam Thau: Mustard Oil.

Hongghu: Taro.

Ibook: Grand Mother.

Iche: Elder Sister.

Ikaithabi: Sensitive plant or Shy plant.

Ima: Mother.

Imandou: Chachi (Aunty).

Ine: Mami (Aunty).

Ingola or Era: The pulse, located on the left side of the navel also considered as ‘Vayuee’ that represents Swarashati River.

Ingthamtha: Winter Season (December to February).

Innaphi: Women wear *Innaphi* or blouse, covering the upper part of the body.

Ipanoiu: Chacha (Uncle).

Ipu: Grand Father.

Ishing Ikaithabi: Water Mimosa or *Neptunia Oleracea Lour.*

Jagannath Deber Rathajatra: A type of rituals.

Jankong: A circular stuff use for rice winnowing made from bamboo.

Jati Pushpa or Jati Kooppi: Jasmine or Spanish Jasmine.

Jeera: Cumin seed.

Kabiraj: A healer who serve people as an alternative medicine from the ancient past.

Kai: The cot used for taking the dead body called 'Kai'.

Kala Ghandhak: A type of stone.

Kala Neem-Kaan: Black Salt.

Kang: A game which is played by both male and female *Meiteis*. It is believed that Manipuris began to play this game well before Vashnavism came to Manipur.

Karot Akhabi: Bitter Gourd, Bitter Milons.

Kartik Pali or Niyam Pali or Marar Pali: A type of rituals.

Kasturi: Musk, contain from musk gland or naval of Musk deer.

Keehom: Pineapple, Ananas.

Ketuki Loi: Kewra Flowers.

Khari or Thum: Salt.

Khoihi: Honey.

Khongdogi Thokpa Pout: Some kind of Minerals.

Khongdrum: Bottle gourd.

Khongnang Botpambi or Oshuk bot: A type of Banyan Tree.

Khongnang Pambi or Bhelu Bot: A type of Banyan Tree.

Khujeng Mihoon: The pulses of the human body.

Khu-tegiesoigidogi-Shonba: Weakness of Sexual Organ.

Khutlaina Shokpa: Wound of body; an injury caused by a cut, blow, or other impact.

Kirtan: Sort of Hindu religions song in glorification of Radha and Krishna.

Koboj or Jantra: An amulet made by metal substance.

Kochu: Arum.

Komla: Orange.

Kuchia: Gangetic mud eel/ *M.Cuchia*.

Kulkundolini Shokti* or *Matri-Shwattwa Shakti: The nerve that is located on the lower part of the navel is known as the *Kulkundolini Shokti* or the *Matri-Shwattwa Shakti* among the Manipuri healers.

Kuno Bang: An Asian Common Toad, *Duttaphrynus Melanostictus*.

Kusthi Laithung or Shatrug: Leprosy.

Kuthap: Glory Bower.

Kuwakotabi: *Trichosanthes dioica Roxb.*

Kwa pambi: Betel nut tree, betel palm.

Lai Thokpa: Chickenpox.

Laiharaoba: It is a traditional dance offered in the name of three hundred and sixty four deities of the *Meiteis*. There are six major types of *Laiharaoba*: *Kanglei (Imphal)*, *Chakpa*, *Andro*, *Sekmai*, *Moirang* and *Kakching Haraoba*.

Laiming Lowba: A ritual of the Manipuris.

Laitean: Clayey soil.

Laitharoi: River Snail.

Leimarel Apoibi: Mother of *Hingchabi* (a kind of spirit).

Leipaak Horai: Peanut or groundnut tree.

Leitrang: *Mukut* or crown wear on head.

Likon: Shell.

Lime peel: *Citrus aurantifolia*.

Loi-gulab-ouchowba: Rose flower.

Lok Thungba* or *Lok Kangkhu: Cold Cough or Dry Cough.

Lok: Cough.

Lomhui Thau: Oil, collected from Fox Fat.

Maiba Loishan: An institute, established in Manipur of India which has been providing training to the healers of Manipuri community.

Maiba: The term 'Maiba' originated from the word 'Amaiba' which refers to the male healers of the Manipuris.

Maibi: In Manipuri community, the female healer is called 'Maibi' where the term came from 'Amaibi'.

Malika Loi: Star Jasmine.

Mana: Leafs.

Manahi or Manahei: Chebulic myrobalan.

Manahidak: Air plant, Life Plant.

Mangba: Irregular menstruation.

Mange Pambi: Tamarind Tree.

Mangon Kata: A stage of marriage where some honorable persons goes to the girl's house after formal discussion about the marriage.

Mantra: Spell or mystical verse.

Maral Touba and O'ba: Whipworm and Vomiting.

Matir Chula: Clay stove.

Mauza: Revenue village.

Mayangba: Hoary Basil, *Canum L.* One type of leaves, use as spice in Manipuri community.

Mayek Mapi: Major Letters of the *Meiteis* which are used for writing.

Mayek Naibi: *Meitei* women wear *Mayek Naibi* when going out of the house. It is a type of *Phanek*, covering the lower part of their body.

Meetei-Mayek: For writing they use their own script called '*Meetei-Mayek*'.

Meitei: *Meitei* is one group of Manipuris from three different sects. They can rightfully claim to be the original Manipuri by themselves and by different ethnologists also (Ahmmed and Singh 2007). Therefore, the terms 'Manipuri' and '*Meitei*' are use as synonym in many time.

Meiteigi Laiyeng Thouram: Treatment system of the *Meiteis*.

Meiteilion: Manipuris have their own dialects that is known as '*Meiteilion*'.

Mera: The month October.

Mihun-Maran: According to expert healers of the Manipuris, every pulse has its own rhythm and meaning. The language of rhythm for individual pulse is known as *Mihun-Maran*.

Mingshel Kanglon Yengba: A ritual where a practitioner uses a mirror and chants mantras in order to find a thief or someone has lost things or goods, then he or she will inform them the place where the goods may be kept.

Mironbi Nupi: Pregnant woman.

Misri or Shida misi: Crystallized sugar lump.

Mityengtadanaba-lik: A necklace to protect from evil eye.

Morok Aama: Red Chilli, *Chili pepper*.

Mukna Kangjei (Khong Kangjei): It is a wrestling with cane stick, played by two teams.

Mukna: One type of Manipuri wrestling, played by two persons.

Mum: Mama (Uncle).

Namra or Elaichi: Cardamom.

Napu Kaabi: Jaundice

Nashika Moanbi: Bon nakful or *Spilanthes calva* dc.

Nazoar Mala: A necklace to protect from evil eye made with Chandan wood.

Nga or Ngamu or Taki: A kind of fish.

Nim: *Azadirachta indica*.

Nokh-Dorpaan: A ritual act.

Nongjutha: Rainy Season (June to August).

Nongsing Ashangba: *Tutia*, a local fruit.

Numilanggi Chaklen Chaba: Take foods at night or dinner.

Numit lei: Sunflower.

Nung Leiba: Bladder Stone.

.

Nungshit Houba: Acidity.

Nungshong or Nungshang Thokpa: Piles.

Ojha: The master.

Olangtha: Summer season (April to June).

Ongouba: Sugar.

Oshuk Lai: Banyan Tree, *Ficus Benghalensis L.*

Pabung: Father.

Panamana or Kwamana: Betel Leaf.

Pana-Tangla-Tareat: A seat of betel-leaf made with betel leaves where each leaf holds betel nuts.

Pancha-Pandav: Five brothers of the Mahabharat. There are *Judisthir, Vim, Arjun, Nokul* and *Shoho Dev*. They considered as five figures of the hand of *Maibas* in *Puk-Shuba* treatment.

Panchayet: It is a village council of the selected members and respected elders of the community which plays the role of mediator or decision maker in case of disputes arising in community.

Pangan: Among three different sects of the Manipuris, *Pangan* is one of them who are Muslim from religious beliefs.

Pangthaba: Paralysis.

Pani Pora: Water puffed by the sacred spells of the healers or religious persons.

Panjabi: One kind of shirt, wear Manipuri men.

Paphal: The *paphal* is the diagrammatic representation of the snake form of Pakhangba.

Param-atma: The nerve which is termed as '*Shushumma*', located above the navel is considered as supreme spirit which is named as *Param-atma* to the *Maibas*.

Pei: The left side of the kidney is called '*Pei*' among the *Meitei* healers.

Pethri Shell Moyek: Coin, made with Bronze Metal.

Phaijom or Dhoti: Men wear *Dhuti* covering the lower part of their body around the waist.

Phakpai: Posumbu *Buch*.

Phan: A wooden platform where the decorated seat of the *Maiba* is positioned.

Phanek: Women wear *Phanek* which is made of cotton and silk white cloth covering the lower part of their body around the waist.

Pingola: The pulse *Pingola* is located on the right side of the navel, symbolizes by Jol or Water and represented by Jamuna River.

Polloi or Potloi: Very much decorated skirt or gown for the women. On the day of marriage, the bride wear. It is also wear in 'Ras dance'.

Puk-Shuba: '*Puk-Shuba*' is a unique technique of ethno-medicinal practice among the Manipuris. The term '*Puk*' in *Meitei* language means 'belly' or 'navel' and '*Shuba*' means to 'press with fingers'. The literal meaning of '*Puk-Shuba*' is pressing on bowels or nerves around the navel with fingers or massaging the same.

Pungdon: Guava, Lemon guava.

Ras Purnima: A largest religious ritual of the Manipuris.

Ras-Leela: It is highly evolved dance drama which is introduced among the *Meiteis* in the event of the 18th century when the Manipuris were oriented to Vashnavism. There are

different kinds of *Ras-dances*. For instance, *Maharas*, *Kunjaras*, *Basantaras*, *Nityars* and *Dibaras*.

Rihorai or Kalandri: Kidney Bean.

Ritugoto Rug: Menstruation related diseases of female.

Rupajay: This stuff is the navel part of a sea organism.

Saffron: It is a color that is a tone of golden yellow.

Sagol Kangjei: It is a game of horse polo, played between two teams of seven players in each side.

Sajna: *Moringa oleifera*, known as Moringa, Miracle Tree.

Sanajay: A stone, use as medicinal ingredient among the healers.

Sanamahi: He is the son of God who recognized as male deities among the *Meiteis*.

Sanarei athonba: Marigold.

Sapri pata: Leaves of guava.

Sayruchabi or Lirel Shojik: Cancer.

Shajibu: The month April.

Shakti Jai or Chatti Jai: This is basically a tooth of a sea visceral that has hundred and eight sharp teethes in its jaw.

Shaman: Originally a Siberian medicine man; by extension, a medicine man in any primitive society. A shaman has supernatural power which stems from its original source,

to which he has access. He has not only the power to cure but sometimes also the power to harm. Some societies had contests among the shamans (Tylor 1990: 478).

Shamanism: Religious practices based on the theory that a spirit outside the individual takes possession of him and that he thereafter operates only when motivated by the spirit. These practices were prevalent among the American Indians and in Siberia (Tylor 1990: 478).

Shana-khong-naan: One type of Banyan Tree, *Ficus benghalensis L.*

Shangom: Cow Milk.

Sharoi: Evil deity.

Shasthi puja: A religious ritual.

Shindur: Vermillion.

Shishow: Apprentice.

Shonba or Sonhaba: Body Weakness.

Shunu Eshing: Lime water.

Shushumma: The pulse *Shushumma* is considered as the middle nerve, placed in between the 'Era' and 'Pingola'. It is considered as Agni or Fire and is the manifestation of Ganga River.

Sing or Haodei: Ginger.

Taang Chikpa: Rheumatism.

Tabiz: Tabiz is considered as a sacred inanimate object possessing supernatural power of curing diseases. People put tabiz as amulet and wear the same either in the neck or in the arm generally.

Tadhon: Elder Brother.

Tairal Leaves: Leaves of wood tree.

Takhay-loi: A plant.

Talisman: It refers spell to protect the patients from various illnesses or from any physical or other problems caused naturally or caused by any supernatural forces. Talismans are narrations of some mystic stories written in poetry form and are believed to contain magical powers.

Tanja Lila Pakhangba: According to the *Meitei* 'Puran' (*Puya*) the ancient man and king of the *Meiteis* is 'Tanja Lila Pakhangba', youngest son of the God *Yaibiral Sidaba*. He is Moon God of the *Meiteis*.

Taton: Younger Brother.

Tdakur: A Religious Man or *Maiba*.

Tekpa: Fracture.

Terosene Thau: Kerosene.

Thabaak Naba: Chest Pain.

Thaladarpaan: Watch through a plate.

Thang-Ta: The traditional *Meitei* Martial form called *Thang-Ta*. *Thengourol* and *Khousarol* are two different steps of martial art.

Thankuni: *Centella asiatica*.

Thaoda Yengba: It is a ritual. In this method, the practitioner uses oil with mantras and by looking at this he or she can describe the physical features of the culprit and can also tell the thief or place where things that have been lost would be found.

Thee Phaiba Yadba: Constipation.

Thoyaimin: The sacred spirits.

Tingthou Sanalupa: This is an instruction or guide line of ritual act for the *Meitei* healers.

Tingthou: Durbaghash or Bermuda grass or *Cynodon dactylon*.

Tinkhak Motu Chongba: A type of skin abscesses arise for entering scorpion's hair into the body skin of the person.

Tinkhak Yubaa: Skin Abscesses, boil causes by insects.

Toningkok: *Houttuynia cordata Thunb.*

Torbut: Red gourd or Squash.

Transformer Thau: Transformer oil.

Tri-Beni: There are three major nerves beside the navel in a human body, termed as 'Tri-Beni' by the *Meitei* healers.

Tulsi: Holy Basil or Sacred Basil, *Ocimum sanctum*.

Turban: *Pagri* wear on the head of men.

Uchekki Morum: Hen's Egg.

Uchi-suman: Bhringaraj, *Eclipta prostrata (L.) L.*

Unani: *Yunani* or *Unani* medicine is the term for Perso-Arabic traditional medicine as practiced in Mughal India and in Muslim culture in South Asia and modern day Central Asia. The term *Yūnānī* means "Greek", as the Perso-Arabic system of medicine was based on the teachings of the Greek physicians Hippocrates and Galen (Wikipedia, 26.02.2018).

Upazila: Sub district.

Urik: One kind of necklace, made by Chandan wood.

Ushoi or Ooti: *Dendrocalamus giganteus* Munro Poaceae.

Vorta: Mashed food.

Woolaobi: This game is mainly played by the female which is very much similar to Kabaddi.

Yak-shalai: At the initial phase of universe creation, the God *Yaibiral Sidaba* created seven 'Human beings' who were the ancestors of today's human species. The off springs of those seven ancient men, in the stream of time have been divided into seven different clans called *Shalai* in *Meitei* language and that classification is known as 'Yak-shalai'. These seven clans or *Shalai* are: *Ningthoiga*, *Angom*, *Khumon*, *Mairang*, *Luoyang*, *Chenlei* and *Khabanganba*.

Yanaba: Toothache.

Yaroipot: It is the stage of engagement in Marriage. Here, the day of the marriage is determined.

Yenningtha: A season of the Manipuris.

Yongchak: *Parkia Javanica* Merr.

Yubi Lakpi: A game of capture of coconut among the *Meiteis*.

Yumja: The traditional house of the *Meiteis* called *Yumja*.

Zenom/ Nennam: One kind of leaf.

Zenthou: A sharp weapon of the *Meiteis* to stitch the clipping area.

Zila: A district.

Executive Summary

This research is an attempt to explore the practice of ethno-medicine among the Manipuris of Bangladesh from anthropological perspective. The objectives of this research are to understand the nature and types of ethno-medicinal practices of the Manipuris, examine users perception about ethno-medicine and their health-seeking behavior. In most of the countries of the world among different communities traditional healing and health care options are still very popular. Manipuris are one of such community within greater Bangladeshi culture who still are dependent on traditional health care and healing system. Manipuris are classified into three different groups- the *Meitei*, the *Bishnupriya* and the *Pangan* (Muslim Manipuri). My research deals with *Meitei* Manipuris. This study had been conducted among the *Meitei* Manipuri inhabitants of the village “Songaon” located under 'Adampur' Union Parishad of Kamalganj Upazila of Maulvibazar Zila in Sylhet Division.

The study is basically qualitative in nature. Thus the basic methodological approach for this study is participant observation. To support the qualitative data, some quantitative data have also been gathered during fieldwork. Several techniques such as in-depth observation, Key Informant Interviews (KII), Informal interviews, Focus Group Discussion (FGD), and short survey were applied for collection of information from the field.

The study village, 'Songaon' has mixed population of *Meiteis* and Bengalis but *Meiteis* are majority. In total there were 47 households of the *Meiteis* during my field study in Songaon village. I considered these households as the units of my study. Manipuris in Bangladesh had migrated from the eastern state of India named ‘Manipur’. Manipuris belong to *Kuku-Chin* group of Tibeto-Burman section of Mongoloid race. They belong to Vaishnavite sect of Hinduism. Some of the families in my study area still practice their traditional *Apokpa* religion. *Meitei* Manipuris are divided into seven different clans called ‘*Shalai*’ in *Meitei* language. These clans (*Shalai*) are: *Ningthoiga*, *Angom*, *Khumon*, *Mairang*, *Luoyang*, *Chenlei* and *Khabanganba*. The dialect of the *Meiteis* is *Meiteilon* which they use while interacting within themselves only. Among the Manipuris, kinship ties are very strong. The marriage system of the *Meiteis* is exogamous and marriage within same clan is prohibited. They have patriarchal family structure where father is the head of the family.

The economy is agro based. *Meitei* Manipuris are very rich in cultural traditions. They have their own traditional games, music and dances which not only portray the rich cultural heritage of the Manipuri community but also these have enriched the greater cultural tradition of Bangladesh.

In Bangladesh today, different treatment options are available, such as Ayurveda, Unani, Homoeopathy, Kaviraji, biomedicine or allopathic medicine and so on. The Manipuri people live under this pluralistic setting of healthcare system in Bangladesh. My study village is located in a rural setting quite far away from nearest urban center Moulvi Bazar town. The village people have difficulties in accessing to avail various modern health care options available in the country mainly due to its location and economic reasons. As such most of the inhabitants of my study village depend on their traditional treatment system for health and healing. In the village *bazar* at Adampur a few numbers of allopathic or biomedical practitioners serve the people of the locality. In the Adampur *bazar* a few pharmacies cater some common drugs for cold and cough, fever, headache, hypertension, diabetes and so on. There is a homeopathic store inside the *bazar*. All these provide the health care needs of the local population.

The Manipuri community has their own traditional treatment system. This healing system combines *Puk-Shuba* treatment, herbal medicine, shamanic healing, ritual healing, healing related to the problems of women health, curing and preventing diseases by food intake. In performing *Puk-Shuba* treatment procedure, the healers press the bowels or nerves around the navel with fingers and massage the area. Without using any instruments or stuffs, the healers as claimed only apply their inner energy and mind for massaging. The procedure needs fine skill and experience of the practitioner. By applying the *Puk-Shuba* treatment, the healers treat gastrointestinal problem, dysentery, male impotency, menstruation related diseases and so on of the patients. In certain instances when disease is critical, the practitioners of the community apply this technique combining with other treatment options of healing available to them. For treating the patients through herbal medicine, healers prepare their medicine by using different medicinal herbs, plants, minerals, diverse animal parts and so on. For treating ailments like fever, pox, cough, piles, paralysis, diarrhea and so on the herbal medicines are considered as very effective in healing these diseases by the Manipuri healers. They also claim that even diseases like diabetes, blood pressure, cancer which are delicate in nature and are not curable could be kept under control by the application of certain herbal medicine. For preparing their herbal

medicines the healers follow certain rules and rituals. Some medicines are prepared by using leaves, roots, barks, plant stems, flowers, fruits and other parts of plants and trees. Some are prepared by mixing different ingredients with herbs and plants and extracts. For instance, honey, sugar, mustard oil, milk, soil, shell, sugar lump, salt and so on are the ingredients that the herbal healers use in their medicines. Herbal healers of the Manipuri community also prepare some medicines by using animal organs, body parts and other stuffs from animals. In shamanic healing of the Manipuris, the healers utter different sacred spells, provide amulets to the patients. Many practitioners create paranormal surroundings by performing certain rituals and apply their healing techniques to cure patients. These transcendental activities of the practitioners could create great impact on the common people. Sometimes, the healers try to heal an ill person by driving out the bad spirit from the body with the help of benevolent spirit. Sometimes, the practitioners draw some pictures and numerical equations of spells on floor and ask the bad spirit causing illness to leave the patient's body. In many instances, female practitioners try to communicate with spiritual world as mediators for benevolent purposes. All these treatment procedures of the healers basically provide psychological supports to the patients and as well to their relatives. By performing certain rituals, the practitioners try to heal their patients. Most of the rituals and worships performed by the practitioners for healing patients are done to please the spirit and different gods. For example, by organizing a *chaban thaba*, the practitioners try to relieve the victims from the wrath of evil eye or spiritual possession. Healers believe that after performing the ritual the god and goddesses would provide relief to the victim from sufferings. The practitioners claim that they make conversation with possessing spirit and convince the spirit to leave the patient's body. The *Meitei* people follow different rules and rituals from birth to death for protecting their health and mind from all bad things. For treating female health related problems, the female healers apply different treatments. For example during menstruation, childbirth difficulties, problems in adolescence and so on, they apply specific treatment for women only. Again in certain instances the male healers of the Manipuris also treat females with *Puk-Shuba* treatment, herbal medicine and others. *Meiteis* are very health conscious people and choosey about food and food-stuffs. They consider foods that they consume as medicine too. As such they prepare their food with stuffs that could supplement sufficient nutrients for maintaining their health. They prefer to take vegetables and herbs in their different meals that make their foods unique in tastes. Also, *Meiteis* prepare some dishes for performing certain religious rituals.

The health-seeking behavior of the *Meiteis* is influenced by their cultural and socio-economic factors. The Manipuris have their own beliefs, customs, rituals, and religious values. All these influence them to choose their own treatment options. Now a day, different health care options are available. The *Meiteis*, population under study can choose from these different options for treating their different health problems. In case of treating children, *Meiteis* go for different treatment to avoid any kind of risk. In chronic diseases, *Meiteis* at one stage also go for pluralistic treatment. Ironically majority of the people cannot afford to go for different options of healthcare because of financial constraints and inaccessibility. These people chose the cheaper and accessible option for treating their ailment and that is their traditional treatment. At the same time it has to be admitted that the beliefs, ideology and traditional outlook of the *Meiteis* also influence in choosing their options for health care and healing. Usually *Meiteis* prefer herbal medicine, allopathic and others in case of natural diseases. But in case of abnormal causes, they prefer to go to the shamanic healing, ritual healing, sacred spells and amulets of the traditional healers which as they believe give them better results in treating the patients and their illnesses.

TABLE OF CONTENTS

Declaration	iii
Certificate	iv
Acknowledgements	v
Glossary	vii
Executive Summary	xxvi
Table of Contents.....	xxx
List of Tables	xxxiii
List of Figures.....	xxxiv
List of Graphs	xxxv
List of Maps	xxxvi
List of Pictures and Photographs	xxxvii

Chapter- I

Introduction	1
1.1 Statement of the Problem.....	4
1.2 Objectives of the Study.....	6
1.3 Scope and Importance of the Study	7
1.4 Limitations of the Study	8
1.5 Methodology	9
1.5.1 Anthropological Method as Principal Method of Investigation.....	9
1.5.2 Other Methods and Techniques.....	18
1.5.3 Experience of Fieldwork	19
1.6 Theoretical Framework.....	21

Chapter- II

Literature Review.....	24
-------------------------------	-----------

Chapter- III

Socio-Economic Profile of the Study Area	39
3.1 Location of the Study Area	39
3.2 Topography	42
3.3 Demographic Situation	43
3.4 Settlement Pattern, Racial Characteristics and Socio-Cultural Organization of the Manipuris	53

Chapter- IV

Ethno-Medicine and Ethno-Medicinal Practices of Bangladesh in the Context of World Medicine	72
4.1 Ethno-Medicine: An Overview	72
4.2 World's Medicinal Tradition: In the Context of Drug History	76
4.3 Pluralistic Medicinal Setting in India and Bangladesh	79
4.4 Medicinal Tradition of the Manipuris	81

Chapter- V

Practice of Ethno-Medicine Among the Manipuris of the Study Area	84
5.1 Types of Ethno-Medicinal Treatment of the Manipuris and Its Procedures	85
5.1.1 <i>Puk-Shuba</i> : A Special Technique and Method of the Ethno-Medicinal Practitioners in Manipuri Community	91
5.1.2 Herbal Treatment among the Manipuris of the Study Area	109
5.1.3 Shamanic Practice in Healing: An Ethno-Medicinal Application among the Manipuri Healers	143
5.1.4 Ritual Healing in Manipuri Community	209
5.1.5 Healing and Healthcare for Women Well-being	223
5.1.6 Dietotherapy in Ethno-Medicinal Practice of the <i>Meiteis</i>	231
5.2 Categories of the Diseases and Illnesses and Medicine among the Manipuris	243
5.3 Health-Seeking Behavior of the <i>Meitei</i> people in Study Area	257
5.4 Knowledge Tradition: Transmitted into Generation to Generation	265

Chapter- VI

Conclusion..... 268

6.1 Analysis 268

6.2 Findings 276

Bibliography and References..... 285

Appendixes 292

Appendix A: Interview Schedule 292

Appendix B: Checklists 303

Appendix C: Maps 306

Appendix D: Photographs 311

LIST OF TABLES

Table-3.1: Way to Go to the Location Area	41
Table-3.2: Professional Activities of the Population	47
Table-3.3: Water Use and Sources	53
Table-3.4: Name of the Religious Beliefs and Rituals	63
Table-3.5: Name of the Wedding Dresses	65
Table-5.1: Name of the Pulses.....	97
Table-5.2: Name of the Diseases (With Common and Medicinal Term)	111
Table-5.3: Name of Some Ingredients of Herbal Healings	138
Table-5.4: Categorization of the Activities of Shamanic Healers	147
Table-5.5: Colors of Seven Clans among the <i>Meiteis</i>	158
Table-5.6: Ingredients of <i>Chaban Thaba</i>	211
Table-5.7: Name of Food Taking Times	232
Table-5.8: Taboos of Clans.....	233
Table-5.9: List of Ritual Foods and Their Preparation.....	240
Table-5.10: List of Common Diseases and Treatment	243
Table-5.11: List of Seasons and Diseases.....	245
Table-5.12: Age and Gender Based Diseases.....	246
Table-5.13: Causes of Diseases	247
Table-5.14: Causes of Diseases by the Practitioners	248

LIST OF FIGURES

Figure-3.1: Kinship Terminologies among the <i>Meiteis</i>	62
Figure-5.1: Three Places of Pulse Bit of a Person	95
Figure-5.2: Location of the Nerves in Human Body	96
Figure-5.3: Position of the Nerves	98
Figure-5.4: Massaging Steps for Curing Gastric	102
Figure-5.5: Sequences of the Massaging for Unnatural Causes	104
Figure-5.6: Repeat Process for Massaging of Unnatural Causes	105
Figure-5.7: Ingredients of <i>Irath Chaban</i>	212
Figure-5.8: Healthcare in Life Phases of the Manipuris	219
Figure-6.1: Simultaneous Resort (Type A)	272
Figure-6.2: Hierarchical Resort, Exclusive Type (Type B)	273
Figure-6.3: Hierarchical Resort, Mixed Type (Type C)	274

LIST OF GRAPHS

Graph-3.1: Number of the <i>Meitei</i> Population	44
Graph-3.2: Male-Female Percentage among the <i>Meiteis</i>	44
Graph-3.3: Percentage of Age Group among the <i>Meiteis</i>	45
Graph-3.4: Marital Status among the <i>Meiteis</i>	46
Graph-3.5: Marital Ratio among the <i>Meiteis</i>	46
Graph-3.6: Household Economy of the <i>Meiteis</i>	47
Graph-3.7: Rate of Literacy among the <i>Meiteis</i>	49
Graph-3.8: Different Literacy Level.....	49
Graph-3.9: Literacy Rate of Male and Female	50
Graph-3.10: Monthly Income of the Households	50
Graph-3.11: Household Pattern of the <i>Meitei</i> Population	51
Graph-3.12: Land Ownership Pattern of the <i>Meitei</i> Households	52
Graph-3.13: Sanitary System of the Households.....	52
Graph-5.1: Different Options of Treatment among the <i>Meiteis</i>	258

LIST OF MAPS

Map-3.1: Kamalganj Upazila Where the Study Area is Located	39
Map-3.2: Songaon, the Study Village.....	40
Map-7.1: Manipuri Settlement in Bangladesh after Migration from Manipur, India.....	306
Map-7.2: Manipuri Areas in Sylhet Division	307
Map-7.3: Manipuri Villages in Kamalganj Upazila and Study Village ‘Songaon’	308
Map-7.4: Maps for Accuracy to Identify Location of Study	309
Map-7.5: Manipuri Livings in consideration of Languages in Bangladesh	310

LIST OF PICTURES AND PHOTOGRAPHS

Picture-3.1: Letter (Font) of the <i>Meiteis</i>	64
Picture-5.1: Picture of Royal Thorne and Cosmic Power.....	99
Picture-5.2: Books of Herbal Medicine	115
Picture-5.3: Picture of a Rose	116
Picture-5.4: Different Flowers, Plants and Fruits	117
Picture-5.5: Pictures of Different Plants and Herbs Use as Herbal Preparation.....	127
Picture-5.6: Different Animal Substances Use as Herbal Medicinal Elements.....	140
Picture-5.7: Pakhangba Paphal in <i>Meitei</i> Scripts, Martial Form and Flag	150
Picture-5.8: Pakhangba Symbol on Different Temples and Significant Artifacts.....	150
Picture-5.9: Pakhangba Symbol (One of 364 Forms)	151
Picture-5.10: Representation of Pakhangba Paphal by Two Xerox Copies	152
Picture-5.11: Ingredients of an Amulet	156
Picture-5.12: Some Postures of Pakhangba Paphal Use as Amulets	159
Picture-5.13: Bile of Snake, Turtle and <i>Kuchia</i>	167
Picture-5.14: Some Numerical Expressions Used as Spells or Amulets	169
Picture-5.15: Some Pictures of Spells from a Sacred Book	170
Picture-5.16: Spell for Curing Epilepsy.....	172
Picture-5.17: Spell to Remove Evil Eye	173
Picture-5.18: Spell for Curing Eye Disease	173
Picture-5.19: An Instruction for Offering God and Goddesses	174
Picture-5.20: Spell to Protect the Victim from Enemies or Evil Activities.....	174
Picture-5.21: A Piece of <i>Bhurja Patra</i>	185
Picture-5.22: Picture of Birch Tree and Its Description	187
Picture-5.23: A Thigh Bone of a Child.....	188
Picture-5.24: Femur Bone in Human Body	188
Picture-5.25: <i>Shakti Jai</i> , a Tooth of a Sea Visceral	190
Picture-5.26: Process of Placement of <i>Shakti Jai</i> on Suffered Person	191
Picture-5.27: A Powder Substance, Use as More Effective Ingredient for Making Medicine	192
Picture-5.28: A Small Part of <i>Kala Ghandhak</i>	193
Picture-5.29: A <i>Sanajay</i> Stone.....	194
Picture-5.30: <i>Rupajay</i> Stuff	195
Picture-5.31: <i>Sanajay</i> and <i>Rupajay</i>	196
Picture-5.32: A Metal Coin.....	196
Picture-5.33: Soil from Stove and Clayey Soil.....	197
Picture-5.34: An Antique Plate, Made by Cooper	198
Picture-5.35: A Knife of a <i>Maiba</i>	199
Picture-5.36: A Sharp Bamboo Stuff.....	201
Picture-5.37: Some Ingredients for Offering to the God or Goddesses.....	202
Picture-5.38: A Healing Process of the <i>Maibis</i>	205
Picture-5.39: <i>Nokhdorpaan</i> Book with Spells	216
Picture-5.40: A Black Spell	217

Picture-5.41: Spell for Magic of Dart (Baan)	218
Picture-5.42: Ingredients and Preparation for Curing <i>Fingou Chatpa</i>	228
Picture-5.43: Ingredients and Preparation for Curing <i>Eashing Yaafam</i>	229
Picture-5.44: Ingredients and Preparation for Curing <i>Eashing Pukchat</i>	230
Picture-5.45: <i>Phakpai</i> Leaves	234
Picture-5.46: <i>Mayangba</i> Plant	234
Picture-5.47: <i>Toningkok</i>	235
Picture-5.48: <i>Awaphadigom</i>	235
Picture-5.49: <i>Zenom</i> Leaves	236
Picture-5.50: <i>Ishing Ikaithabi</i>	236
Picture-5.51: <i>Yongchak</i> Plant.....	237
Picture-5.52: <i>Laitharoi</i>	237
Picture-5.53: <i>Hawaijar</i>	238
Picture-5.54: <i>Ushoi</i>	239
Picture-5.55: <i>Heina</i> Plant.....	239
Picture-5.56: Sources of Water	242
Photograph-7.1: Photographs of the Location, Story Behind the Study Area.....	311
Photograph-7.2: Photographs of Songaon Village, the Study Area	316
Photograph-7.3: Photographs on the Basis of Socio-Cultural Activities of the Manipuris	324
Photograph-7.4: Photographs of Ethno-Healers and Ethno-Medicine of the Manipuris	328
Photograph-7.5: Photographs of the Researcher during Fieldwork.....	336

CHAPTER: I

INT

INTRODUCTION

1.1 Statement of the problem

1.2 Objectives of the study

1.3 Scope and importance of the study

1.4 Limitations of the study

1.5 Methodology

1.6 Theoretical Framework

CHAPTER:I

INTRODUCTION

The present study proposes to explore the practice of ethno-medicine among the Manipuris of Bangladesh from anthropological point of view. One of the indices of development of any society is its progress in health condition of the mass people. From earliest time, people in all societies have been constantly trying to protect their health from various diseases and looking for means to cure the same and for bringing relief to the sick in different ways. In course of history, different medicinal discoveries have paved the way for curing health related problems of people. Ironically, most of these modern medicinal discoveries remained out of reach of the majority population of the world, mainly due to exorbitant cost of the same. However, due to little access of mass population to modern medical facilities, a large numbers of health seekers depend still on the traditional healing and hygienic practices for their health and combating related problems.

Parallel to modern medicine in all societies one can still find the existence of traditional medicinal practices. These traditional medications are nothing but the expressions of long accumulated knowledge of the people on health and hygiene to combat different diseases and to keep their health fit. These processes are still is in existence as major means of health-seeking behavior of the rural and ethnic population in many societies. These treatments are applied in particular to heal those sicknesses which people usually believe to be caused by spiritual or supernatural aspects. Regrettably; these traditional procedures of healing diseases have consistently been ignored by modern bio-medicinal research and in its applications because of its lacking in scientific validation. Due to difficulties in getting accessibility to modern health care, such as for excessive cost of the modern medicine and mass people's belief in spiritual and supernatural aspects of health and sickness, ethno-medicine has enormous popularity among the people who constantly face health related problems. They rely much on their own style of medical practices to combat health related problems of theirs. In recent years ethno-medicine is gradually becoming a subject of research for the scientists all over the world due to its effectiveness. Thus ethno-medicine has now become a popular parlance in modern medicinal arena. According to Wikipedia, "Ethnomedicine is a study or comparison of the traditional medicine practiced by various ethnic groups, and especially by indigenous peoples. The

word ethnomedicine is sometimes used as a synonym for traditional medicine” (<https://en.wikipedia.org/wiki/Ethnomedicine>, 31.01.2018).

Before proceeding further, we need to clarify the meaning of traditional medicine. Traditional medicine (also known as indigenous or folk medicine) comprises medical aspects of traditional knowledge that developed over generations within various societies before the era of modern medicine (Wikipedia, 31.01.2018). The World Health Organization (WHO) defines traditional medicine as:

“the 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” (<http://apps.who.int/medicinedocs/en/d/Js2297e/4.1.html>, 31.01.2018)

Ethno-medicine also refers to “...medical systems that are based on the cultural beliefs and practices of specific ethnic groups” (*Dorland's Medical Dictionary for Health Consumers*, 2007). “The practice of ethno-medicine is a complex multi-disciplinary system constituting the use of plants, spiritually and the natural environment and has been the source of healing for people for millennia” (Williams 2006:215).

The examples of ethno-medicines are herbal therapy, acupressure, acupuncture, Yoga, Tai chi, Meditation, Sorcery or magical incantations, Dance and music, Reiki, Qigong, Aromatherapy, etc (<https://study.com/academy/lesson/ethnomedicine-definition-examples.html>, 31.01.2018). It also includes different ritual healing; prayers and so on. For example, in many tribes of Africa for curing common colds and ailments ritual dances performed. It is believed that through performing dancing the spirits or ailments could be Sweated out or forced out by its movement (https://en.wikibooks.org/wiki/Ethnomedicine/Ethnomedicine_by_Culture_Group). In shamanic healing of ethno-medicine, a shaman generally calls on the spirit world to help him to perform the healing tasks. There are different types of shaman. A shaman could be a healer, a soul retriever, or could even be a messenger (<http://pioneerthinking.com/four-types-of-shaman>). The *Department of Social Anthropology*, ‘Panteion University’ in Athens, Greece offers a course on Ethnomedicine. The course provides knowledge on medical systems practiced in different cultural contexts. The students are to engage themselves in investigating and analyzing different ethnomedical systems in different cultures, alternative and complementary medical systems (with particular emphasis to Chinese medicine and Ayurveda). Pamela I.

Erickson in a deliberation on the healing Lessons of Ethnomedicine remarked, “there are thousands of ethno-medicines in the world with varying theories of disease causation and healing practices- Voodoo, Ayurvedic medicine, zar, Christian science, herbalism, shamanism etc” (<https://www.youtube.com/watch?v=vY25GHZ6qNY>).

The article entitled “Some Antipyretic Ethno-medicinal Plants of Manipuri Community of Barak Valley, Assam, India” the authors carried out information on the use of some antipyretic plants and could record 26 no. of such plant species. They found that the leaves of such antipyretic plants were used in curing many diseases or illnesses. The authors further remarked that herbal medicines are the best remedy for curing many diseases which have no side effects in human’s body (Choudhury, Bawari and Singha 2010:21). Loitongbam Sunita Devi in her article “Ethnomedical Practice in Manipur: A Case of Evil Eye” stated that the *Meiteis* of Manipur believe in evil eye (evil spirit) which is locally known as *Hingchabi Changba*. It is believed to be a kind of supernatural phenomena where the *Hingchabi*’s (possessor) spirit enters into the body of a person and by taking control of the body it causes both mental and physical sufferings for the possessed. It is worth mentioning that these sorts of ailments have no cure in modern medicines. Only traditional method of treatment performed by *Maiba* (male healer) could cure such patients. For treating such patients, a *Maiba* is called upon for treatment who performs certain rituals to get rid of evil spirit by offering specific materials which the possessor spirit demand (Devi 2003:39 &40). The article entitled “Ethnomedicine: Shamanism” published by the Sacred Earth Newsletter shared about shamanism and activities of a shaman. The article mentioned that to keep the universe in balance and avert disasters, it is important to maintain a harmonious relationship with all the spiritual powers of this magical world, if the universe slipped out of equilibrium, disease or disaster are bound to ensue. It is the task of the shaman to readjust the cosmic balance if ever it threatened to become unstable. The shaman is the link and messenger between the world of woman or man and the world of the Gods. The article further states that, healing is one of the tasks of a shaman especially where supernatural causes are suspected. In their treatment, the shaman recognizes the fundamental unity between body, spirit and soul. The treatment consists of a ritual or series of rituals to re-establish the psycho-spiritual equilibrium of the patient (<http://www.sacredearth.com/ethnobotany/medicines/shamanism.php>). In his book “Tribal Ethnomedicine: Continuity and Change” Jose Boban. K. examined the medical practices and healing rituals existing in the tribal communities and to evaluate the changes

occurring in the traditional medical system as a result of the influence of modern medicine (Boban 1998: 1). He also remarked that the tribal accept modern medicine for curing of healing of certain diseases, but reject the same for some others. He explained the matter with an example from a tribal community named '*Muthuvans*.' The members of this tribe control diseases both by natural and supernatural methods. A *Muthuvan* hamlet has a *Manthrakkaran* who can be equated to the shaman. A senior *Manthrakkaran* is known as a *Vathy* in their community who provides healing to the people. The *Muthuvans* have a number of concepts regarding the etiology of illness. This includes both natural and supernatural causes of disease. The author viewed that wrath of deities and ancestral spirits, possession of evil spirits, soul-loss, violation of taboos and sorcery are some of the supernatural causes for the occurrence of diseases (Boban 1998:149). To heal these diseases they practice many of the healing rituals of ethno-medicine and so on.

Bangladesh has a long heritage of ethno-medical practices. Most of the ethnic communities in Bangladesh are still dependent on their traditional treatments which are as fascinating as their colorful life pattern. Among the ethnic groups, Manipuris deserve special attention in terms of its population and for their rich culture which has great contribution in enriching greater Bangladeshi culture at large.

The present study was conducted among the Manipuris an ethnic community that have migrated from the Manipur state of India. Generally, the Manipuris are Hindus by religion belonging to Vaishnavite sects. Manipuris have their own dialects and it is known as '*Meiteilion*'. But for communicating with people outside their communities, they speak Bangla. They have their own traditional games, music and dances that not only have enriched their cultural tradition but also added its fervor to greater Bangladeshi culture. I have discussed about these elaborately in later chapter.

1.1 Statement of the Problem:

Manipuris have rich traditional medicinal practices which is part of their socio-cultural heritage. So far few studies have been carried out depicting the socio-cultural activities of the Manipuri community, but lamentably, studies on their health-seeking behavior and treatment system are very negligible. But the fact remains that, ethno-medicinal practice of the Manipuris has great scientific as well as socio-anthropological value.

In today's world, ethno-medicine has been steadily affirming its position as an alternative to modern allopathic medicine in both developed and developing countries of the world. In a recent research it was found that of the total world population 80 percent rely predominantly on plants and plant extracts for their healthcare. In China, the traditional herbal preparations account for 30 to 50 percent of the total medicinal consumption. In Ghana, Mali, Nigeria and Zambia, the first line of treatment for 60 percent of children with malaria, they apply herbal medicine. In San Francisco, London and South Africa, 70 percent of people living with HIV/AIDS use traditional medicine (Williams 2006:215). In spite of the fact that, though in Bangladesh use of traditional medicine is still very popular not only among the ethnic minorities but also for a large number of people, so far a few research works have been conducted on ethno-medicinal issues. It needs to be explored extensively from analytical perspectives in in-depth.

Due to expansion of modern medical facilities and absence of recognition and institutional supports, ethno-medical practice and its practitioners are facing the threat of extinction. Yet, ethno-medical practices among the Manipuri people retained its existence though in a dilapidated condition. The numbers of ethno-practitioners in the Manipuri community are also gradually declining.

Due to various health related programs for the rural people, modern health care system has now become available to the Manipuris also. But high cost of medicines and treatment, modern medicinal facilities are still remained unreachable for the common population. As a consequence people remained dependent on traditional medicines as an alternative and these traditional medicines are perceived to be more effective for certain conditions. As well in certain instances due to the failure of biomedicine to resolve a health problem people also tilt towards traditional medicine.

The ethno-medical treatment processes which is particularly followed by the ethnic minorities of the country, because of its great scientific values, has drawn attention of the social scientists, in particular of the anthropologists.

In view of the above, I made an humble attempt to carry out a detailed research from anthropological perspective on ethno-medical practices of the Manipuris in Sylhet division of Bangladesh. This research is an attempt to provide information on the perception of the study population-the Manipuris on their traditional medicine, practitioner's of the medicinal procedures of the treatment and the nature of health-seeking behavior of the

community people in the context of their culture. The study also attempted to portray the process of application of herbal medicines, massage therapy, shamanic healing, dietotherapy, ritual based various sorts of treatments. Many of these treatments are till today remained unexplored and undiscovered to the world. It is indeed important to explain the unexplored issues of the health seeking behavior of this ethnic population and to record the same in written documentary form. These documents could be of great importance in future and exhaustive research in the field of ethno-medicinal practices in Bangladesh.

Over 400 million traditional practitioners across the world provide access to health care services in remote and rural regions for the world (Policy Brief: Legal Recognition of Traditional Health Practitioners, Dutch Ministry of Development Cooperation). According to data released by the World Health Organization (WHO, 2003), ethnomedicine has maintained its popularity in all regions of the developing world and its use is rapidly expanding in the industrialized countries (Williams 2006:215). In many studies it has been observed that in different societies a large section of population, particularly rural population in the present day world relies predominantly on traditional medical treatment based on plants and plant extracts for healthcare (Williams 2006:215).

1.2 Objectives of the Study:

The broad objective of the study is to carry out an in-depth research and analyses on the practice of ethno-medicine among the respondents of the study area.

The specific objectives of the study are:

- To explore the nature and types of ethno-medicinal practices.
- To assess the impact of socio-cultural aspects on the health-seeking behavior of the population.
- To assess the effectiveness of ethno-medicine in curing diseases.
- To ascertain people's perception about ethno-medicine and modern medicine.

1.3 Scope and Importance of the Study:

The scope of the study is limited to ethno-medical practices of the Manipuri population located in Songaon, Moulvibazar. It covers the role of the practitioners and users of ethno-medicine, their perception about ethno-medicinal practice and also about modern medicine.

There are a number of reasons, which would justify the significance of the proposed study. According to World Health Organization (WHO), ethno-medicine keep its distinction all over the world (WHO report, 2003), where in Bangladesh, little research has so far been carried out on traditional medicines; especially academic research work related to ethno-medicine is very thin. But in the present day world researches on traditional medicine has been gaining momentum in different countries of the world to assess its exact value. Therefore, to cope up with the world wide recent development in this regard it is indeed necessary to take up researches related to ethno-medicine both from academic and health care planning point of views in Bangladesh.

The traditions of ethnic minorities are important components of our cultural heritage in Bangladesh. Manipuris have their treatment practices along with other cultural activities. Perception about health, medicine, ritual based practices, treatment procedures of practitioners- all are intimately integrated with their culture that are related with perseverance and wisdom. As it is an important part of national indigenous folk culture, it should be preserved through documentation, exchange of information and preservation of habitat for future generations (Policy Brief: Legal Recognition of Traditional Health Practitioners, Dutch Ministry of Development Cooperation). Integration of ethno-medicare and modern treatment could provide positive results in the health sector of Bangladesh.

This research work is expected to provide an in-depth understanding about the ethno-medical practices among the Manipuris. It is also an endeavor to analyze and understand the bio-nature of ethno-medicine produced by the ethno-practitioners along with its cultural meaning and use of medicine to cure different diseases. On completion it could be assumed that the study will be able to contribute necessary information on ethno-medical issues covered under several academic disciplines like anthropology, botany, food science and nutrition etc. from Bangladesh perspectives. This study may also be supportive for

policy planners in planning a sound health service for the ethnic communities or the people in rural areas of Bangladesh.

1.4 Limitations of the Study:

Every research might have some limitations and in fact no research could be conducted without any limitation. In this research also I had some limitations.

The first limitation of this research is the dearth of available studies or research works on healing tradition of the Manipuris in Bangladesh. Non availability of sufficient scientific information on the ethno-medicinal treatment system to a great extent hindered my study in many ways.

Gathering information from the respondents was another factor that to a great extent delayed my fieldwork causing problems in data collection. Respondents sometimes were unwilling to disclose their traditional healing secrets to an outsiders or sometimes they felt shy to talk to me about their health problems and related treatments. But, finally I could made good rapport with the community under study and overcome all the obstacles and I could collect all information successfully that were needed.

Many of the times; the healers were hesitant to open their secrets related to treatments. Especially they showed unwillingness to provide the content of the prayers and sacred spells related to their treatments. It was prohibited for the healers to disclose or share these to the general people. To overcome this, I became a disciple of the healers to understand their healing procedures. As an apprentice I had the opportunity to observe the procedure of medicinal preparation and healing procedure of the healers.

Due to aging, some of the healers were not able to provide accurate information on many of the issues. They could not explain in details about the healing procedures too. As such some of the techniques of healing remained unexplored even to me.

1.5 Methodology:

The methodology section of this Ph.D. research dissertation provides the data collection processes and its analyzing strategy. It describes actions that I have applied for investigating my research problem. This section also provides the rationale for the application of specific procedures or techniques that I have used to identify, select, process, and analyze information applied to understanding the problem (<http://libguides.usc.edu/writingguide/methodology>).

Collection of data is most significant and procedural effort in field research. Consequently, in any anthropological research the researcher needs to be suspicious and methodological for data collection. This study is basically qualitative in nature. In qualitative data collection, several techniques were followed for collection of data. Alongside, the qualitative techniques, I have also adapted some quantitative techniques to gather information on socio-demographic profile of the population of the study area. For the purpose, a survey with structured questionnaire was carried out in all the Manipuri households of the study village. In the survey, some questions were included to ascertain the notion of Manipuri population about the ethno-medicine.

1.5.1 Anthropological Method as Principal Method of Investigation:

This research dealt with the practice of Ethno-medicine followed by an ethnic community of Bangladesh known as ‘Manipuri’. The community is located in Moulvibazar District of Sylhet Division. My research issue basically comes under the domain of Medical anthropology. According to Society for Medical Anthropology “Medical Anthropology is a subfield of anthropology that draws upon social, cultural, biological, and linguistic anthropology to better understand those factors which influence health and well-being, the experience and distribution of illness, the prevention and treatment of sickness, healing processes, the social relations of therapy management, and the cultural importance and utilization of pluralistic medical systems” (<http://www.medanthro.net/about/about-medical-anthropology/>).

From the above definition, Medical anthropology treats people both as biological organism and as cultural beings. It provides a window for a researcher to look into certain cultural

processes that are invaluable for understanding cultural behavior related to health practices. As such Medical anthropology has both theoretical and applied aspects. The term for the scientific study of such indigenous healing practices is known as ethno-medicine in anthropology. Ethno-medicine thus could also be said to be “a study or comparison of the traditional medicine practiced by various ethnic groups, and especially by indigenous people” (Wikipedia 2017).

In the above context my research is an attempt to understand the procedure of traditional healing or ethno-medicinal practice, dealing with the health related issues, its influence on the socio-cultural life of the Manipuri community, an ethnic group of Bangladesh.

Since ethno-medicinal practice basically deals with traditional healing process among the people of an ethnic group, as such any research on such an issue, essentially needs an approach which can explore the process of healing procedure in details and very deeply. An in-depth participatory approach could thus be a reliable approach through which a researcher can open up the secrets and processes related to this healing procedure. Thus the basic methodological approach for conducting this study of mine was Participant Observation.

However for conducting this research I also decided to apply some other techniques of data collection in order to ensure and strengthen the reliability and validity of my research data. Below I discussed about my data collection techniques and procedure which I followed in my field research.

1.5.1.1 Participant Observation:

The primary source of data for my research was generated from my long-term personal engagement in the field research. This is called ‘Participant Observation’. I have applied ‘Participant Observation’ technique for collecting major part of my field data. This technique was the primary source of collecting information on the problem of my research. The term ‘Participant Observation’ signifies “...immersion in a culture. Ideally, the ethnographer lives and works in the community for six months to a year or more, learning the language and seeing patterns of behavior over time. Participant observation requires close, long-term contact with the people under study (Fetterman 1989: 45 & 47).

According to Pertti J. Pelto, “Participant observation is a research methodology for human studies that places the researcher in direct contact with people in everyday life settings” (Chowdhury & Rashid 1995:95).

At the time of designing my research and after deciding to use ‘Participant Observation’ as a data collection technique, I prepared a check list on which data had to be collected. These tools finally provided me guidance to conduct my study. After selecting my study area in discussion with my research guide for conducting the fieldwork, I made a reconnaissance on what opportunities could possibly be available at the study site for observation, the representativeness of the participants of the population at that site, and prepared the strategies to be used to record and analyze the data. The whole process involved a variety of activities and considerations for me. These included ethics, establishing rapport, selecting key informants, the processes for conducting observations, deciding what and when to observe, keeping field notes, and write down my findings by using the diary.

Initially building rapport was quite difficult. Few people from my study area were unwilling to allow me access to the community and denied to disclose many of their secrets related to their traditional healing procedure. Even at one stage they asked me to leave the study area. Fortunately after tiring efforts I was successful in building rapport with one of the *Meitei* healer by making him understand that I have no ulterior motive excepting collecting information for academic purpose. He was convinced and accepted me as his disciples by performing certain ceremonial rituals with consent of the community people. Once I got the status of his assistant as his disciple, the doors were open and it became easier for me to get into all possible information on their healing procedure and related issues that were available within the community. I could finally overcome all the obstacles and successfully completed the field work for my research.

Application of Participant Observation in my study immensely helped me in conducting my fieldwork. These included, helping my access to a new community culture, detailed description, such as my goal of describing behaviors, intentions, situations, and events as understood by the study respondents and it provided me opportunities for viewing or participating in unscheduled events of the community under study.

1.5.1.2 Key Informant Interview (KII):

Key Informant Interview (KII) is also an important technique for conducting this kind of research. KII could provide the researcher opportunities to collect valid and reliable data. In any community, only a small number of individuals are “good key informants” (Pelto 1996:95). These people are more articulate and culturally sensitive than others. They become a key factor in the theater of ethnographic research and plays a pivotal role, linking the fieldworker and the community (Fetterman 1989:58-59). Key Informant Interview could be defined as ‘loosely structured conversation with people who have specialized knowledge about the topic that the researcher wish to understand’. Key informant Interviews were developed by ethnographers for understanding cultures other than their own. A good Key Informant can convey this specialized knowledge to the researcher (<https://www.oasas.ny.gov/prevention/needs/documents/keyinformantinterviews.pdf>).

Since the purpose of key informant interviews is to collect information from a wide range of people—including community leaders, professionals, or residents—who have firsthand knowledge about the community, it is considered as a reliable tool for data collection in ethnographic studies. Thus I also have used this technique of KII for collecting information by interviewing persons who were knowledgeable in the field of my research. I conducted KIIs among the healers who practice ethno-medicine in the community. I believe this helped me in gathering information about the procedures, rituals, and about ingredients used in ethno medicinal practice. Also KII technique helped to ascertain how the traditional practitioners of ethno-medicine perceived modern medicine in comparison to their traditional healing practice.

Key informant interviews helped me to explore my field of research in in-depth. The conversation between the key informant and myself as the researcher also helped me in discovering information that would not have been revealed in a normal field survey. Key informant interviews provided me with the following opportunities during the field data collection.

- Key Informants helped me understanding the procedure of traditional treatment system and the efficiency of those drugs;
- Key informant interviews helped me in identifying target populations or issues that I as a researcher should investigate further;

- Key informant interviews with the healers of traditional healing who knew their communities well, and had the skills to work with them in stream culture, provided me the information I needed.
- Key informant interviews had some advantages over other forms of data collection. I found these were easier and less expensive than focus groups since they involve only one respondent and one interviewer and do not require incentive payments, refreshments, or special facilities.
- Key informant interviews provided me readily understandable information for reports.
- They were flexible, as questions and topics could be added or omitted during the interview.

Designing the Key Informant Interviews:

To implement Key Informant Interviews (KII) for data collection, I followed some basic steps. At the initial stage, under the guidance of my supervisor, I prepared and formulated the primary questions on which I sought answer later in the field. Once I had drafted my primary questions, next I determined the type of data that would be needed. For example, data on community practice, community opinions, or existing health care services such as both traditional treatment and modern health care services. This type of data collection helped me to identify the best people to interview.

Prior to selecting Key Informants it was important for me to map out my population of interest, or target population. This target population included all community residents living in a particular area within the geographical region of Bangladesh. Once I could select my target population I did thinking for selecting Key Informants who would be knowledgeable and closely linked to my population of interest. Finally I conducted two KIIs from among the practitioners of ethno-medicine one of whom was a male practitioners and the other was a female practitioners.

1.5.1.3 Interview:

Interview is the most important data gathering technique in ethnographic studies. Interviews explain and put into a larger context what the ethnographer sees and experiences (Fetterman 1989:47). In this research, I applied both structured and unstructured interview schedule for gathering information from the respondents. Structured interview schedule was primarily used for collecting household census data. But for the collection of other information I applied unstructured interview technique and also gathered information through informal discussions.

Informal interview with study respondents is the most common data collection technique in ethnographic research. Apparently they seemed to be casual conversations and in such conversation structured interview could have explicit agenda. But informal interviews contain specific implicit research agenda (Fetterman 1989: 48). This technique is identified by some anthropologists as “informal interview as conversation” (Chowdhury and Rashid 1995: 104). In this research, informal discussions with the informants helped in establishing an excellent rapport with my respondents that in turn helped me in collecting information from the respondents without any hassle. Interestingly a large number of queries typically emerged in course of my conversations with the respondents. In this case the subject matter of discussion was to be memorized and as soon after my arrival at my residence I noted down. In some instances data so collected were deleted. I also had to rearrange twice or thrice, informal interviews with some persons for ensuring collection of reliable information. Maximum data for this study were collected through this technique.

1.5.1.4 Focus Group Discussion:

For collecting further information I also conducted a few Focus Group Discussions (FGDs). “A focus group discussion (FGD) is a good way to gather together people from similar backgrounds or experiences to discuss a specific topic of interest. The group of participants is guided by a moderator (or group facilitator) who introduces topics for discussion and helps the group to participate in a lively and natural discussion amongst them” (<https://www.odi.org/publications/5695-focus-group-discussion>, 23.11.2017).

In FGD participants are allowed to agree or disagree with each other and the findings lead the researcher to an insight about how a group thinks about an issue, about the range of opinion and ideas, and the inconsistencies and variation that could exist in a particular community in terms of beliefs and their experiences and practices. Conducting FGDs among the different categories of community members were fruitful and provided me insight into different opinions among different groups involved in the change process. These FGDs enabled me to manage the more smoothly (Ibid).

Detailed Outline of the Process

For conducting FGD sessions I made careful preparation, identified the main objective(s) of the meeting, developed key questions, an agenda, and chalked out a plan for how to record the session. The next step was identification and inviting suitable discussion participants (Ibid). Each of the FGD sessions was participated by six (6) numbers of participants.

The crucial element of FGD is the facilitation. I kept in mind some important points during facilitating FGDs and ensured meaningful participation, careful wording of the key questions, maintaining a neutral attitude and appearance, and summarized the sessions to reflect the opinions evenly and fairly. I prepared detailed reports after the sessions were finished. All observations during the session were noted down and included in the reports. I also noted down all the facts that emerged in the sessions and conducted the FGD sessions as facilitator. In total 6 FGDs were carried out with the participation of the following categories of participants.

A. General people (Both male and female)

B. Practitioners of modern medicine

C. Opinion Leaders (Teachers, Priests etc).

1.5.1.5 Survey:

Survey research is defined as "the collection of information from a sample of individuals through their responses to questions" (Ponto 2015:168). This type of research allows for a variety of methods to recruit participants, collect data, and utilize various methods of instrumentation. Survey research can use quantitative research strategies (e.g., using

questionnaires with numerically rated items), qualitative research strategies (e.g., using open-ended questions), or both strategies (i.e., mixed methods). As it is often used to describe and explore human behavior, surveys are therefore frequently used in social and psychological research (Ibid). According to Fetterman, “A survey question is designed to elicit a broad picture of the participant or native’s world, to map the cultural terrain. It helps define the boundaries of a study and plan wise use of resources” (Fetterman 1989: 51).

As mentioned earlier that I had to conduct a census survey of my study population to document their socio demographic profile. With the help of census survey, I successfully could collect information on the age and sex structure of the study population, educational profile, death and birth rate, types of their diseases, percentage of people going for traditional healing and modern medicine as well and why and so on. These data supported my qualitative findings to establish the study on a sound basis.

1.5.1.6 Triangulation:

In ethnographic research, triangulation is at the heart of ethnographic validity, testing one source of information against another to strip away alternative explanations and prove a hypothesis. It always improves the quality of data and the accuracy of ethnographic findings (Fetterman 1989: 89 & 91). Also, it can say that triangulation is often used to indicate that two (or more) methods or techniques are used in a study in order to check the results of one and the same subject. The idea is that one can be more confident with a result if different methods lead to the same result. Triangulation is a powerful technique that facilitates validation of data through cross verification from two or more sources. In particular, it refers to the application and combination of several research methods or techniques in a study of the same phenomenon. By combining multiple observers, theories, methods, and empirical materials, I earnestly tried to overcome the weakness or intrinsic biases and the problems that usually come from single method, single-observer and single-theory studies (Wikipedia 2017). The purpose of triangulation in my research which is basically qualitative in nature was to increase the credibility and validity of the findings.

1.5.1.7 Phases of the Study:

The study was conducted in following four phases:

Phase 1: In phase one, I reviewed relevant literature to ascertain the nature of works done in the field of my study and to find out the gaps that still exist in this field. After discussion with my study guide I fixed my study objective(s), made reconnaissance survey and based on my experience in the reconnaissance my study objectivities were reviewed and necessary changes were made. Appropriate checklists and survey questioner were designed and finalized for data collection.

Phase 2: Phase two of the study was the data collection phase. In this phase I stayed in the field intermittently for about one and half year. Prior to initiating my fieldwork I built rapport with the community population on whom I carried out my study, about which I narrated earlier. However, I successfully could complete my field data collection.

Phase 3: In phase three tabulation and analysis of collected data were done. During this phase anomalies in collected information were checked and two occasions field revisit was done to mitigate certain issues that seemed controversial.

Phase 4: On the basis of the information and data collected from primary and secondary sources, I prepared and finalized the dissertation.

1.5.1.8 Ethical Consideration:

It should be know the people or community that the researcher make a document on their activities after observing their life and living. During my field study, I remained much cautious about the ethical issues. When I first met the community members for the first time, I made it sure to inform them about the purpose for being there, shared sufficient information with them about the research topic in view of their questions about my research and the purpose of my presence among them. This I did to introducing myself as a researcher.

Another ethical responsibility of mine as the researcher was to keep anonymity of the participants in the final write-up and in field notes to prevent their identification. This was not a feasible option for me. The reason is, as I proceeded with my research in a small

community of an ethnic minority, it was quite easy for the local community members to identify these participants. The community was small, where everyone knew everyone else, and they would have known who the participants were. However, considering the ethical issue I described the participants with minimal portrayal.

Another ethical concern during my field work about which I had to remain cautious was regarding the relationships that I established when conducting participant observation. I needed to develop close relationships, but those relationships were difficult to maintain, when I returned to my home at Sylhet Town. I spent an extended period of time in my study area to establish friendships and other relationships with community people and in fact I still have been maintaining that relationship even after completion of my field study. I, as the researcher took a participatory approach to research by including community members in the research process, beginning with obtaining culturally appropriate permission to conduct research and ensuring that the research addresses issues of importance to the community. I also shared my findings with the community to ensure accuracy of findings.

1.5.2 Other Methods and Techniques:

During the fieldwork, I also used some other techniques to collect the data. These helped me to collect reliable and valid data from the field.

Prior to initiation of my field research, I collected an area map of the study village from local statistical office. This helped me in detailing out my phases of field study based on the area map. I also could locate some rare books preserved by the traditional healers of the area on healing process of the Manipuris. From these books, I took some snap shots of the pictures on healing procedure. Besides, I also collected some written information from these books about their healing system. This documentary information helped me later in writing my dissertation.

I kept records of my day to day activities in the field. These notes were helpful during analysis of my field data. While conducting an interview, I used to write down the key points and information in the field. Later, on the basis of those key information and points I elaborately could write down the whole interview. I also maintained a personal diary for

noting down my personal reflections on issues related to my research topic. In the diary, I also maintained the schedule of my daily works. In the diary I noted down the time I started my work, place and person(s) I visited, and wrote down the information collected during the field trip.

In ethnographic research Camera plays a special role. It can be termed as a “can opener” that provides rapid entry into the community or classroom (Fetterman 1989:82). According to Fetterman, “...the camera often captures details on film that the human eye has missed... A photographic record provides information that the fieldworker may not have noticed....” (Fetterman 1989:84). In this research, I used camera to capture some important moments related to my study. Also, I documented the inner beauty of the nature of my village through photography. Moreover, Camera was helpful in recording pictures of many of the herbs and plants in the field. After taking permission of the respondents, I used my Camera as field equipment.

During conducting an interview, it becomes difficult to note down all information simultaneously. Therefore I used tape recorder for recording the interviews and FGDs with the permission of the respondents. It helped me in recoding some *Meitei* terminologies and important statements of the respondents.

1.5.3 Experience of Fieldwork:

Field research contains both the elements of pains and pleasure. In the process of my fieldwork for this research, I must say I have been enlightened in several ways. It helped me to deflect my way of thinking about ethnic people and society from my traditional ideas and thinking.

Issues related to ethno-medicinal practices among Manipuris invade their religious rituals, belief system, customs and day to day life. But fortunately, I could get into the inner core of the population under study and received all supports from them. They guided me how to collect adequate and correct data about my subject matter. It was really a pleasant surprise for me. I have been enriched academically by participating in many of their religious and cultural occasions. I also had the opportunity to witness treatment procedures of the ethno-medicinal healers, during their visit to their patients. These visits and my

participation as an observer in the healing procedure with the healers helped me to clarify my understanding about the procedures which helped me to gather appropriate data necessary for this research. I am really grateful to them for allowing me to do this research in their community.

Beside the above, I also have some painful memories too. Both during rainy season as well as in winter I faced many difficulties in conducting my fieldwork. During rainy season communicating with the study population was very difficult due to incessant rains and during winter due to excessive cold conducting fieldwork sometimes become impossible. Further, during my fieldwork I once was seriously injured by a nail and suffered for two months. At the initial phase of the study, some *Meitei Maibas* raised the issue that as a Non-*Meitei* person I should not be allowed to get the information about their treatment secrets that are related to their religious and cultural beliefs. But finally I could convince them about my purpose and could continue the research work in their community in a very friendly atmosphere.

Field interviews were done according to time given by the respondents. Some respondents gave interview in the morning or at daytime, while some gave time in the evening for taking their interviews on Friday and Saturday.

I was lucky to observe some of the cultural programs of the Manipuris the population under study. Such as their indigenous game tournament, cultural programs, which were held during my field study time.

In doing my field data collection and later analysis of the same I always tried to remain objective. During asking questions on my subject of study I remained very careful about my objectivity as a researcher. Sometimes because of their own language I faced problems to understand some issues. But, my key informants helped me to solve these problems. Despite these problems, the respondents were very cordial to me. They helped me very much to complete my fieldwork. Without their help, it was impossible for me to complete this whole work.

1.6 Theoretical Framework:

The Manipuris have a long tradition of their own healing process which is deeply rooted in their cultural tradition. In any society, health and healing system depend on various factors, of which cultural and environmental or ecological factors are most important. Cultural factors influence a sick person to choose an option from the healing procedures available in the society and ecological factors provide ingredients of the healing procedures. In this study, all the above issues have been analyzed from different perspectives of medical anthropology. This helped to define my study problem and to conduct the research in a logical way. Because of multi-dimensional nature of the study the emphasized on different conceptual perspectives dealing with medical anthropology rather than concentrate on any single theoretical frame of analysis.

1.6.1 Medical Ecological Perspective:

In this research, Medical Ecological Perspective was applied, which is coined by McElroy and Townsend (McElroy & Townsend 1985:4). According to Anita Hardon, medical ecology deals with the process of human adaptation to environment. McElroy and Townsend have shown that medical ecology considers health to be a measure of how well a population could adapt to its environment. Social, biological and environmental factors interact and influence health, it is holistic, and thus deals with the entire system of factors that affect health (McElroy & Townsend 1985:6). To study about the health and ethno-healing procedures of the Manipuris, adaptation to environment is of vital concern and this model was applied to analyze the issue.

1.6.2 Healthcare Pluralism:

Arthur Kleinman in his book “*Patients and Healers in the context of culture*” has suggested that one can identify a local healthcare system combined of three overlapping, and interconnected sectors of healthcare: the popular, folk and professional sectors. C.G. Helman said that from these three sectors of healthcare one person might use one or more sector at a time, which is based on health seeking behavior that he called the term ‘**healthcare pluralism**’. In analyzing ethno-medicinal practice of the Manipuris, healthcare and

healing variety among them and choosing treatment options by using their health seeking behavior were explained by the Health Care Pluralism model of Kleinman.

1.6.3 Explanatory Model (EM):

This model introduced by Arthur Kleinman in his book “*Patients and healers in the context of culture*”. By this term, he suggested a useful way of looking at the process by which illness is patterned, interested and treated. According to this model, sick people offer explanations of sickness and treatment for choosing appropriate health care option from among available therapies and therapists and to provide personal and social meaning to their experience of sickness. In this research, I applied this concept to explore user’s and community dweller’s perception about treatment procedures of ethno-practitioners.

1.6.4 Cultural Frame Model:

Traditional treatment is always to some extent ‘cultural-bound’ (Johnson & Sargent 1990:78). In the present day treatment system, bio-medical treatment is gradually becoming expensive for many and thus poor people seek for cheaper and easily reachable traditional treatment. Again in many societies, people’s health-seeking behavior is also bounded by their ideology, beliefs, religion and in the context of their culture. Such as religion, medicine and morality are frequently found together in the behavioral act or event and ‘ethno-medicine’ becomes ‘social medicine’ which are unusual in industrial societies (Johnson & Sargent 1990:147). So for understanding of the traditional treatment, one must always see it in the context of the basic values, ideology, political organization and economic system of the society from which it arises (Johnson & Sargent 1990:78). Thus, I applied the cultural frame model to explain how ethno-medicinal practices among the Manipuris are related to their overall culturally patterned responses.

1.6.5 Knowledge Tradition:

Popper formulates the epistemological credo that “Knowledge is always a modification of earlier knowledge” (Barth 1987:84). In exposition of variations of knowledge and its

representation and reproduction, Fredrik Barth has explained his own procedure in his book “*Cosmologies in the making: A generative approach to cultural variation in inner New Guinea*”. He focused on interactional events construct and described events as a model of a process, and then consider whether the results of the recurrent operations of such a process would by those aggregate patterns which the ethnographies reveal. The importance of knowledge tradition approach is, it explains the importance of how certain compositions and distributions of knowledge are (re)produced and modified and not how the first bit of knowledge might had been be created (Barth 1987:83-84). I applied this model to carry out the study on the knowledge transition among the Manipuri ethno-practitioners and ethno-medical treatment tradition.

CHAPTER: II

LI

**LITERATURE
REVIEW**

CHAPTER: II

LITERATURE REVIEW

Ethno-medicine is comparatively a new field in anthropological literature. There are few studies which covered the area from anthropological view point. Most of the studies on ethno-medicine concentrate on medical aspects of the issue and thus were technical in nature and most of the works have concentrated on ethno-botanical aspects only. In Bangladesh, so far no specific studies on this issue have been carried out. Among the thin literature related to ethno-medicine covering anthropological aspects following works are worth mentioning along with other medical anthropology books and books on the Manipuri community.

Helman, Cecil G. 1994, *Culture, Health and Illness: An Introduction for Health Professionals*, Butterworth- Heinemann Ltd, London.

In 1994, there was the third addition of the book have thirteen chapters. Since the first edition of ‘*culture, Health and Illness*’ in 1984, medical anthropology massively as have its applications to a variety of different health problems. The chapters of the book have carried aims to address cultural aspects of medical practices through which various emerging issues in clinically applied medical anthropology – especially in relation to cross cultural psychiatry, international health, Aids Maternal and infant care gender and health, the management of chronic pain and psychosomatic disorders, the abuse of drugs, alcohol and tobacco, the role of traditional and alternative healers and the spread of pharmaceuticals into the developing world are all discussed in much more detail. So, there are some of the more complex theoretical issues, such as those dealing with the nature of symbolic healing, the comparison of mental disorders; the complexities of body images the implication of the new reproductive technologies; the contemporary concept of stress; the role of narratives in illness and misfortune and the intricate relationship between body mind and society in daily life and perceptions.

In the first chapter focusing the medical anthropology, the author argued that i. e health associated related with the cultural values and customs and cannot be understand the reaction of ill health without considering the culture of which one grows up. Again

generation is drawn poverty and disease. The second chapter leads the conception that human body is more than just a physical organism, fluctuating between health and illness. By analyzing body image which describe all the ways that an individual's conceptualizes and experiences, his or her body whether consciously or not as a part of growing up in particular family culture or society through which person can categorized his or her body, such as a sick body from a healthy one, a fit body from a disabled. Then the author discussed about diet and nutrition. He stated, "In human societies food plays many roles, and is deeply embedded in the social, religious and economic aspects of everyday life." In one society, which takes as food, there are religiously forbidden in another society. Sacred and profane matters are also related with food. In many country or society, the people use food as medicine and other hand medicine as food. After that he discussed about different options of health care and about ill people's seeking behavior. Doctor- patient's interaction is also described in the book. Causes of illness and people's perception about ill and healing are also discussed here and so on. Basically, in this book, to illustrate the validity of a cross-culture, comparative perspective in dealing with problems of health and illness in different parts of the world.

Johnson, Thomas M. and Sargent, Carolyn F. 1990, *Medical Anthropology: A Handbook of Theory and Method*, Greenwood press, New York.

In their book '*Medical Anthropology: A Handbook of Theory and Method*', the authors attempted to present the state of the Art in medical anthropology, capturing the range of theoretical orientations, research findings and method characterizing the discipline today. The first section is collection of five chapters addressing core, theoretical issues in discipline in order to present the breadth of current theoretical concerns in medical Anthropology. To understand the therapeutic process, Thomas J. Csordas and Arther Kleinman tend to emphasize the symbolic and non-symbolic aspects of healing. Again to be explicit of its nature, they seek to distinguish therapeutic process form therapeutic procedure on the one hand and from therapeutic outcome on the other. The idea of therapeutic process is analogous to the idea of ritual process and categorization of it, the first formulation the treatment event has been described as the process which is understand as the sequence of actions, phases or stages undergone by the participants, on the other

hand, process within therapeutic events is constituted by elements of verbal interaction and interpersonal relationship between therapist and client.

The second conceptualization is on experiential or intra-psycho process with a focus on the sequence of mental states, the emergence of insight, interpretation of religious experience and endogenous symbolic or Somatic process. Third sense that of progression or course of an illness episode, defined by a sequence of decision leading to diagnosis and treatment. The final sense- social and ideological control exercised through healing practice that may consider political that is the sense in which therapy and healing articulate with broader social issues and concerns.

Their approach to understanding health and healing focuses on the personal illness experience and the local ideological control inherent in healing. On the other hand Csordas and Kleinman also advocate for more macro social analysis that demands attention to the role of broader economies and social dynamics in therapeutic process.

The authors insist that health and healing cannot be understood without attention to individual experience, cultural meanings and the structure of society. Section two contains five chapters covering aspects of medical system. The first three chapters consider various dimensions of ethno-medicine a term that has connected non-western medical systems in discipline that has traditionally dichotomized medical systems.

McElroy, Ann. and Townsend, Patricia K. 1985, *Medical Anthropology in Ecological Perspective*, Westview Press. Inc.

The book '*Medical Anthropology in Ecological Perspective*' emphasizes on the meaning of some key concepts in anthropology such as evolution, adaptation, cultural systems and ethnography. There are also some topics in this book which are highlights by the authors, such as, reproduction, nutrition, cultural change and modernization. The book shows the health and health problems of different societies and communities in world. It is basically a comparative perspective which helps the people understand the problems of their society. A central purpose of this text is to demonstrate the value of the comparative perspective in health studies and the value of a holistic, ecological framework for learning medical anthropology.

In Chapter one, they trace the linkages in the system approach, constructing a general framework for thinking about how health, community, and environment are related. They discussed how the framework can be applied to both simple and complex societies, including own society, and how each of the anthropological sub disciplines has contributed to the development of medical anthropology. In this chapter, they also discussed about two isolated groups, the Inuit and the Yanomamo, a tropical forest people in South America. This kind of study is a comparative perspective, helps us understand the problems of our own society that they said.

In chapter two, the special contributions to medical ecology made by the various disciplines in the clinical sciences, the environmental sciences, and the social sciences are outlined. Intensive fieldwork, on-the-spot observational study has a prominent place in medical anthropology that the authors said. The methods of fieldwork used in distant locales such as Papua, New Guinea are put to equally good use in locales as close to home as southern California, as extended examples in this chapter illustrate.

In chapter three, the authors explained and illustrated the adaptive processes of adjustment and change that enhance a population's survival in a given environment. These adaptive processes include genetic change, physiological adjustments, and cultural responses to problems.

Chapter four provides the changing patterns of birth, disease, and death that have accompanied the evolution of ever-larger societies and more complicated cultures. Death in infancy and early childhood from infectious disease is frequent in agricultural societies; death in old age from heart disease and cancer is typical of industrial societies. These contrasting patterns are founded in altered relationships to the environment.

Chapter five and six provide the discussion about food and nutrition. The authors said that food is basic to health, but the kinds and amounts provided to people vary greatly in different cultures and environments. Chapter five follows an evolutionary framework, dealing with food in hunting-gathering societies, agricultural societies and industrial societies. This chapter also includes the nutrition through the life cycle from infancy to old age.

Chapter seven introduces a topic often neglected in medical anthropology, the factor of stress in health and disease. From laboratory studies by psychologists, we have learned how important a role stress plays in the health of urban people. We need to know more

about how environmental stress affects people in all types of culture and how it has influenced human evolution; this chapter discussed initial efforts by medical anthropologists to study those questions.

The last two chapters provide the health problems of culture contact, modernization, and economic development. Culture change sparked by the introduction of new economic systems or by conquest and colonialism often disrupts ecosystems and affects health. Continuing change exerts stress on native peoples and ethnic minorities throughout the world. The authors assumed that these will increase the understanding of how rapid, poorly planned change can create critical health problems, how applied medical anthropologists can help alleviate some of these problems.

Hardon, Anita. 1992, *Applied Health Research Manual: Anthropology of Health and Health Care*, Cip Data Koninklijke Bibliotheek, Den Haag, Netherlands.

In this book, the author aims to acquaint the participants with the conceptual and methodological tools of Medical Anthropology. The first twelve modules included in this manual give a general introduction to the Anthropological approach to health and health care and to Anthropological research on specific problem areas, the rest of the modules focus on the methodological tools for applied health research.

The author's first assumption is that the human body is more than just a physical organism but has a cultural mind, which influences people's health. As the formulation of them, disease is the definition of a health problem by a medical expert, illness refers to the experience of the problem by the patient and sickness is the social role attached to a health problem by the society at large. From the Lay theories of illness causation, Young (1983) distinguished internalizing belief systems which occurred within the individual either due to incorrect behavior or lack of social and economic resources or could be the result of personal vulnerability; and externalizing belief systems attribute the causes of an illness episode to the natural world, to the social world or to the supernatural world. Again another classification proposed by Foster and Anderson (1978), in personalistic systems, illness is due to the purposeful intervention of an agent, either supernatural or human. In naturalistic systems, illness is explained in impersonal systematic terms, it can be caused by natural or by imbalance within the individual the view taken for instance in humoral medicine.

Within the general framework of Anthropological approach, Structural Functionalism could view illness as dysfunction of the body and health care contributes to the maintenance of society as a whole by repairing the sick individual. In the ecological model health is regarded as the result of successful adaptation to environment and disease the outcome of the failure to adapt. Medicine both curative and preventive is seen here as a cultural device to restore optimal adaptation. The Marxist political economy model viewed health and quality of health care are largely determined by social competition between groups of people (classes) and the unequal distribution of scarce resources. The transactionalist perspective can be applied both to health workers and their clients. The activities of health workers may be motivated by profit-making considerations and patients may use health services to further their individual interests. Questions such as: what is illness, how do people explain and label illness, how do they choose between various curative alternatives and how they communicate with health practitioners may be usefully addressed from a symbolic point of view. The described approach should be seen as complementary but critical to Anthropology which has integrated politico-economic and symbolic views and tries to connect macro and micro level insights in social processes. Illness is presented as the embodiment of Society's most basic problems and conflicts.

The authors argued health system as part of a cultural system which includes patterns of belief about the causes of illness, norms governing choice and evaluation of treatment, socially-legitimated statuses, roles, power relationships, interaction settings and institutions. They also focused on medical pluralism as the ultimate reality of the western world, that is why it varies. The popular sector comprises the lay, non-professional domain where illness is first recognized and treated. Self-care is an example. The folk sector consists of local healers such as herbalists, bone-setters, spiritual healers, diviners and traditional birth attendants. The professional sector is the domain of medical specialists who enjoy a privileged position in the sense that they are legally protected and control memberships, knowledge and quality of medical practice by means of formally recognized professionalization.

Authors further elicit other classifications of health systems, public or formal medicine is offered by the state and is either inexpensive or free, Private or informal medicine tends to be the domain of non-government organizations or private entrepreneurs. A health system is an integral part of the wider culture and society in which it is found. They explicitly

argued for the mutual understanding of traditional and modern medicine and respect for each other.

The outcome of individual decision-making process for selecting therapy is to a large extent this result of cost-benefit analysis: not only in economics but also in social terms.

Self-care is one kind of the therapeutic decision, which include are activities undertaken by individuals themselves to treat or prevent ill health. The authors firmly argued Anthropological research focuses on popular notions of the disease and transmission related behavior. On the other hand the next part of this explicitly analyzed the methodological consideration in respect of mutual understanding of both qualitative and quantitative approach but emphasize more.

Foster, G.M. and Anderson, B.G. 1981 *Medical Anthropology*, Newyork, John Wiley K Sons.inc.

In their book '*Medical Anthropology*' Foster and Anderson have turned their attention to matters of health and illness during post generation. The book deals with a number of matters in medical anthropology that have attracted both biological and social anthropologists. There is a general overview of the field of medical anthropology as we see it, concentration on the topics that have found to be of interest to students as to know firsthand from research, consulting activities and teaching. Health related behavior, in western and third world countries a like past as well as present tends to be adoptive consciously and subconsciously it is designed to promote the survival and increase of the members of each society.

A reader neither ignore the importance of biological side of medical anthropology which are described by the authors in this book alongside with socio-cultural orientation of most of the chapters that follow make clear the debt the writer owe to the sister discipline, medical sociology. There are very real difference in subject matter, conceptual framework, and research methods between medical anthropology and medical sociology and the validity of separate disciplines is not in doubt. But their one also important similarities and common ground. Anthropologists interested in the social and cultural dimensions of health and illness can no more ignore the data models that come from biological anthropology. They view health behavior, too, a rational response (given the worldview) or cognitive

orientation of the members of every group to the perceived courses of illness. They believe that the comparative method of anthropology gives the greatest insight into the structure and dynamics of health behavior. Consequently, they stress a cross-cultural perspective emphasizing the common elements that underline all aspects of medical systems, regardless of cultural context. In the chapters that deal primarily with the western world, it is implicit, in the sense that culture specific medical institutions of the west provide an obvious and striking contrast to those of other part of the world.

The organization of the chapters that follow. While eclectic, emphasizes these points of view they first consider the general characteristics of the new field of medical anthropology between disease and culture as they appear to particularly on the findings of anthropology. Connecting the theme of disease and its relationships to culture and human behavior, they discuss some of the principal ecological themes that have interested anthropologists and their colleagues. They then discuss medical systems which we find to be adoptive responses to the biological threat of disease. The concept of medical system also provides an appropriate backdrop for later chapters since, in one way or another, all most all the work done by medical anthropologists ultimately relates to specific systems. They turn our attention to the west to consider some of the major topics that have interested medical sociologists and medical anthropologists: role behavior and symbolic interaction as evidenced in the relationship between patients, doctors, nurses and other medical personnel, hospitals as small societies, and the question of professionalism our focus to this point is descriptive and theoretical.

The authors emphasize the applied side of medical anthropology, the roles anthropologists have played (and might play) both in the country and in the developing world in helping to find answers to health needs, the concept of change inherent in all of these chapters, although in slightly different way. In the first four chapters, their approach is in the tradition of American applied anthropology (i.e. the social aspects of technological change model), as evidenced in classic works such as sounders cultural difference and medical care, Paul's health, wide variety of articles appearing in human journals. In the final chapter they suggest the role of the medical anthropologist as a constructive critic of American medicine, one who asks questions about our doctor dominated healthcare delivery system and about the ethical dilemmas that science and technology have forced on us. They speculate as to whether there are not lessons about birth old age and dying that we can learn from practices in other less complex societies.

Hodson, T.C. 1908, *The Meitheis*, David Nutt, 57, 59 Long acre.

The information of the book '*The Meitheis*' has been collected by the author T. C. Hodson when he was the assistant political agent in and superintendent of the princely state of Manipur. Though, he was also an anthropologist of note. Since Hodson's days so little of any lasting value has been written about the people of Manipur. The author explained an account of the people Meitheis. This book is starting with an introduction by Sir Charles J. Lyall. Then, the author T. C. Hodson divided his book with six sections and discussed about different socio-cultural activities of the Meitheis. In first section of the book contains the people as habitat of the area, their physical appearances, geographical distribution of the people, origin of them, their affinities, dressing pattern, ornaments and weapons of the Meitheis. The second section has been arranged by the occupation of the people, housing pattern, agriculture, crops, fishing, hunting, food and drink, games of the people. In section three, he deliberated about laws and customs of the Meitheis. In this case, he explained with political organization of the people, their marriage rules, inheritance and so on. Religion and their different beliefs have been arranged by the section four. Hodson accumulated the information about their traditions, superstitions and folk tales in section five. Finally, in section six, he described about Meitheis's languages and numbers. This well elaborate documents has been and will remain the major source book on the subject and will continue to assist scholars, administrators and lay- readers alike in understanding a complex area and its people.

Sheram, A. K. 1996, *Bangladesher Manipuri: Troyi Sankritir Tribeni Songome, Agami Prochashoni*, Banglabazer, Dhaka, Bangladesh.

In his book, the author expressed about the history of the Manipuri settlement and their different cultural activities. He states that Manipuri people are basically Mongoloid, but they also mixed up with different groups in different times. He provides that Manipuri is a nation, not a sub-nation or their culture is not a sub-culture. The Manipuri people migrate from the 'Manipur' in India. For discussing the settlement pattern of Manipuri people in Bangladesh, he has drowned the well-known background i.e. the seven years devastation. Manipuris are divided into three parts: the *Meitei*, the *Bishnupriya* and the *Pangan*. As he explained, Manipuri people are in engaging the different occupation, but they inherit some traditional occupation such as handloom, and handicraft. About 61% Manipuri people are

literate that has investigated by Bangladesh Manipuri Sahitya Sangsad in 1979. He further mentioned about Manipuris religion, rituals which they practice different events of the life. Traditional dances, games, marriage systems, *Maiba* and *Maibis* rule in their life etc. are also described in this book. One thing is true that he under-communicated or did not explain properly about the three Manipuri communities. His discussion is mostly related to the *Meitei* daily-life through in some aspects to the *Bishnupriya* community.

Ahmed, Faisal Md. And Singh, Lakshmikanta. 2007, *State of the Rural Manipuris in Bangladesh*, Ethnic Community Development Organization (ECDO), Sylhet, Bangladesh.

The book '*State of the Rural Manipuris in Bangladesh*' is an outcome of nine months fieldwork on two Manipuri villages by the authors. They have been studied all the households of the two villages and gathered information as participant observer. The primary focus of this book is to explain socio-economic situation of the community studied.

The authors divided the book into five chapters. Both primary and secondary data are blended in every chapters where chapter four and five is based on their empirical data.

In chapter one, they provide background, scope and literature reviews. In their introduction in chapter one, they said that Bangladesh is a country with rich cultural heritage in where 45 different ethno-linguistic groups are living. Those people lead a simple life and have strong sense of group solidarity. Among these groups, Manipuri is one of the communities living mainly in Sylhet and Moulvibazar districts of the country, having migrated from the Manipur state of India. Thus, they selected two villages from Moulvibazar district to study. In chapter two, from secondary sources the authors tried to orient the Manipuri people. Here, they showed the settlement pattern of the Manipuris in Bangladesh, total population who live in the country, their educational situation, the people who are agriculture based and their others occupational status, their languages and so on. Chapter three provides their methodological aspects includes objectives of their study and conceptualizing the terms. In chapter four, they discussed the socio-economic and cultural life of the rural Manipuris based on their empirical data. Finally, in chapter five provides their major findings with recommendations as concluding observation.

Sattar, Abdus. 1983 *In the Sylvan Shadows*, Bangla Academy, Dhaka, Bangladesh.

The author has worked in this book about a deal with the ethnic groups in Bangladesh. He states that he had come in touch with different tribes of this part of the world and he thus got interested in social, customs, institutions and ethnology of those people. He has included 16 ethnic groups in this book; those are – the Oraons, Santals, Rajbansis, Khasis, Manipuris, Pangons, Garos, Hajongs, Maghs, Murangs, Tipras, Pankhos, Banjogis, Shendus, Khumis and the Chakmas. He said “The diversity of their beliefs has imparted a wide variety in their cult of deities, worships, religious celebrations, social rites and the ceremonies”

The Manipuris an ethnic group is one of them who as the names itself suggests, were once inhabitants of Manipur kingdom in Assam and then different causes are occurred to migrate them Sylhet. The author has discussed about the cultural aspects of all the sixteen which he mentioned. He state that Manipuris are divided into ‘*Visnupuris*’ and ‘*Meitei*’, and he described about *Pangan* (Muslim Manipuri) is as different ethnic group. His great limitation is that his data are solely based on just observations and his traveled.

Devi, Dhanapati. Dr. L. 1995, *Folklore on the use of Indigenous Plants and Animals in Manipur (Vol-1)*, Keisamthong Irom Pukhri Mapal, Imphal-795001, India.

The book entitled ‘*Folklore on the Use of Indigenous Plants and Animals in Manipur*’ (Vol-1) is outcome of the Ph.D. research work of the author. In this book, she has described several hundreds of wild plants and animals used by the ethnic groups and *Meiteis* of Manipur for their food, medicine, culture, religions etc. The language of the book is fairly simple and straight with a lucid account and illustrations. In first chapter, the author has described the geographical account of Manipur. She said, Manipur is bounded on the north by Nagaland, on the west by the Cacher district of Assam, on the south by the Mizoram and Burma is on the east. In this purposes, she also explained about valley, rivers, lakes, climate, temperature, rainfall, humidity and forests of Manipur. The author has been provided the information about the people of the Manipur. Then, she provided a list of indigenous plants with their ethnobotanical importance as food, medicine, and socio-

religious and cultural practices etc. In last chapter of the book, she added another list of indigenous animals with the folklore of Manipur. She said that these plants and animals products which were used by the tribes and *Meitei* in Manipur as their traditional medicines have been scientifically proved to be important source of pharmacological properties. These analysis and investigations of the plants and animals may help in the discover of the new drugs and medicines which could be even more effective than the conventional modern drugs that the author mentioned.

Choudhury, Manabendra Dutta. Bawari, Meenakshi and Singha, Shyamali L. 2010, “Some Antipyretic Ethno-medicinal Plants of Manipuri Community of Barak Vally, Assam, India”, *Ethnobotanical Leaflets* 14:21-28.

The survey of the authors have been carried out during 2007 to 2008 to collect the information on the use of some antipyretic activity plants used by Manipuri community of Barak Valley, Assam in India. In this work, they recorded total of 26 no of antipyretic plant species belonging to 20 families and 23 genera. They applied structured questionnaires to collect data from community practitioners from ethnomedicobotanical aspects. They provide their data about the plants namely Neem (*Andrographis paniculata* Nees.), Swarnalata (*Cuscuta reflexa* Roxb), Tulsi (*Ocimum Sanctum* L.), Panamana (*Piper betle* L.), Shing (*Zingiber officinale* Rosc.) etc. They found that the use of aboveground plant parts was higher (65.38%) than the underground plant parts (15.38%).

Jain S. K. 1994, *India the Land and the People Medical Plants*, National Book Trust, India.

In his book ‘*India the Land and the People Medical Plants*’, the author presents hundred such plants with illustrations. He provides the pictures, origin and medicinal qualities of the herbs and plants. These plants lead to thought of some miraculous and supernatural cures. In old days, a medicine prescribed by a hermit. As times changed, man started weighing everything on the scales of reasoning, several of the earlier beliefs seemed unsound, and despite their golden past, the use of medical herbs declined. He assumed that two factors were responsible for this. When developed countries were busy researching on their native plants and exploring newer users and newer sources of useful constituents, we

only talked of our glorious past, our miracle herbs, and our wealth of past knowledge, we remained complacent. On the other hand, we welcomed the increasing members of allopathic drugs with such enthusiasm that we gradually lost interest in Ayurveda and Unani medicines of even proven efficacy. Most of us never tried to know or even think, whether any of our medicinal plants also had real useful properties.

Blanchet, T. 1984, *Meanings and Rituals of Birth in Rural Bangladesh*, the University Press Limited, Dhaka, Bangladesh.

The book is outcome of two years anthropological fieldwork of Blanchet, T. conducted in a village namely, 'Miapur', north of Jamalpur district. She divided the book as three parts, in where, in first part she discussed about beliefs in pollution. In second part of the book, the author explained birth practices of the study people and last part about the role and status of the *Dai* in Bengali Muslim society.

The author mentioned in her book '*Meanings and Rituals of Birth in Rural Bangladesh*' that the village culture is far from being familiar with pregnant women regularly checked up by trained people. More than three-fourth deliveries is a domestic affair generally conducted by the relatives of the women and only in critical cases *dai* are called for the activities. Writing about the role of *dai*, it has been observed in Muslim society, the *dai* is not an essential participant at birth and her role is devoid of religious meaning. Among Hindus, the function of the *dai* is intimately linked to the hierarchy of castes. She is an essential pollution removing specialist who has a ritual role to play not only at birth but often at marriage and first menstruation as well. There is another level of women's health coming within the purview of traditional beliefs and it is related to the women in monthly cycle. It is seen polluting and menstruating women are not allowed to bath in river, the role of *dai* is actually indicative of the strong dominance enjoyed by the traditional folk healers.

Islam, Mahmuda. 1980, *Folk Medicine and Rural Women in Bangladesh*, Women for Women, Research and study Group Dhaka, Bangladesh.

Mahmuda Islam conducted her research in two villages of Tangail. Following the method of simple survey of folk medical practitioners and their practices, she accomplished her study. As, it was a village study, she applied the participant observation method. Though, her main focus was on the women who had suffered from ailment. The result of her research was published later under the title of folk medicine and rural women in Bangladesh. It was however found that material information on the relationship of folk medicine with the health condition of rural women is grossly inadequate. She firmly mentioned that once the practitioners have been located and their practices identified it would be possible of a certain. If there is a possibility of integrating folk medicine with modern system in the context of cultural and social system of Bangladesh during the survey, two basic factors came into light in expensiveness of the treatment; and proximity and associations of practitioner with the rural people specially the rural women. She further mentioned that a research council might be instituted to go into the quality of the folk medicine so as to improve and standardize them. Existing divergent types of practices may be coordinated and integrated so as to create a fairly uniform system and a program of systematic dissemination of the knowledge may be undertaken.

Islam, Mahmuda. 1985, *Women, Health and Culture*, Women for women research study group, Dhaka, Bangladesh.

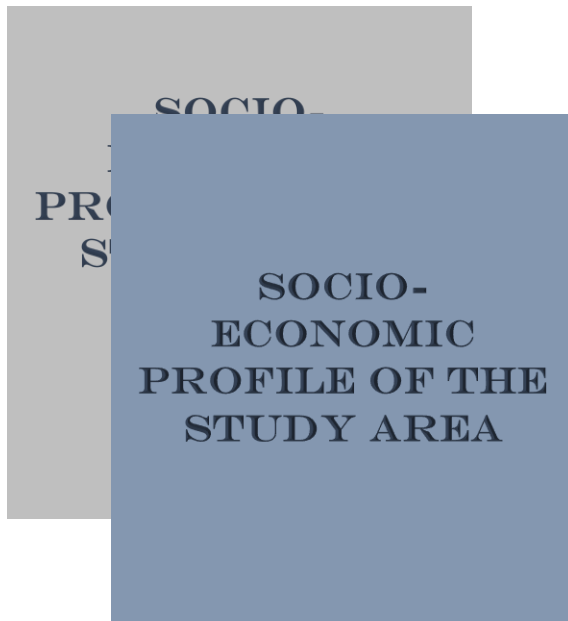
The author says in her book 'Women, Health and Culture' that it is need to emphasize on the study on folk medicine. It has the influence to attract people especially the women. Therefore, more research works in this area should be done. In research, anthropological method will be very helpful that she expressed. She has done her work in Dhankura of Karatia police station, Tangail and applied participant observation method to conduct her study. In chapter two of her book provides an overall view of the village and its people. In chapter three, she deals with more specifically with the women of the village. Chapter four of the book deals with full of prevailing conceptions about disease and the common female diseases, chapter five to describe the prevailing beliefs about causation of diseases held by the villagers and chapter six provides the activities of the folk healers and their remedies.

Mollick, Bissojit. 2000, *Indigenous Treatment in the Rural Community*, Trinomul Uddayge, Vol-2, Bangladesh Resource Centre for Indigenous Knowledge, Lalmatia, Dhaka, Bangladesh.

The data has been collected from the research area namely 'Tala' thana of Sathkira district by the author Bissojit Mollick. He discussed about traditional system of treatment of the people of study area. He said that in contrast with modern medical systems and in pluralistic manner, the traditional systems are more effective, less expensive and without any harmful side effect, it can be cured many of the diseases. He provided the formulas of medicines or it's preparing method for various diseases like headache, dysentery, fever etc.

From the above literature review, we can see that different emerging issues in medical anthropology, its theory and method, various tools in methodology etc. have been discussed by the authors. They have mentioned about few issues of ethno-medicine, but these basically emphasized on the medicinal aspects of it. Also, some of the works have been done with special emphasis upon botanical plants only, which ignored other areas of ethno-medicine. In Bangladesh, a small amount of works have been conducted on rural traditional medicine. Most of these works portrayed women health only. In Bangladesh, different ethnic minorities enrich the culture of the country. Various research works on socio-economic aspects among the ethnic communities have been carried out, but research on traditional treatments is almost nonexistent. Specially, there is almost no worth mentioning anthropological and sociological studies investigating about the traditional treatment processes of the Manipuri community living in Bangladesh. This research will probably be the first attempt to uncover the ethno-medicinal practices from the ethnographic aspect.

CHAPTER: III



3.1 Location of the Study Area

3.2 Topography

3.3 Demographic Situation

**3.4 Settlement Pattern, Racial
Characteristics and Socio-Cultural
Organization of the Manipuris**

CHAPTER: III

SOCIO-ECONOMIC PROFILE OF THE STUDY AREA

The study was conducted in a village located within wet land ecology and surrounded by vast agricultural fields. This chapter describes the physical features of the study village as well as the socio demographic profile and socio cultural aspects of the study population.

3.1 Location of the Study Area:

The study had been carried out among the Manipuri inhabitants of the village “Songaon” located in 'Adampur' Union under Kamalganj Upazila in Maulvibazar Zila of Sylhet Division. Maulvibazar was a sub-division of former Sylhet district. It was upgraded to a district in the year 1984. Moulvibazar district consists of 7 upazilas which are Barlekha, Kamalganj, Kulaura, Moulvi Bazar Sadar, Rajnagar, Sreemangal and Juri (Population and Housing Census 2011: 18). The study village ‘Songaon’ is under the administrative jurisdiction of Kamalganj Upazila. In 1922 Kamalganj was designated as a Thana under Moulvibazar subdivision. Kamalganj upazila covers an area of 485.26 sq. km that includes 112.65 sq. km of forestlands. The upazila is located between 24°08′ and 24°29′ north latitudes and between 91°45′ and 91°57′ east longitudes. It is bounded on the north by Rajnagar upazila, on the east Kulaura upazila and Indian state of Tripura delineate the boundary, the southern part is bordered by Indian state of Tripura and Sreemangal and Moulvibazar Sadar upazila form the western border of the upazila (Population and Housing Census 2011: 21). Map below shows the location of Kamalganj upazila under Moulvibazar zila.

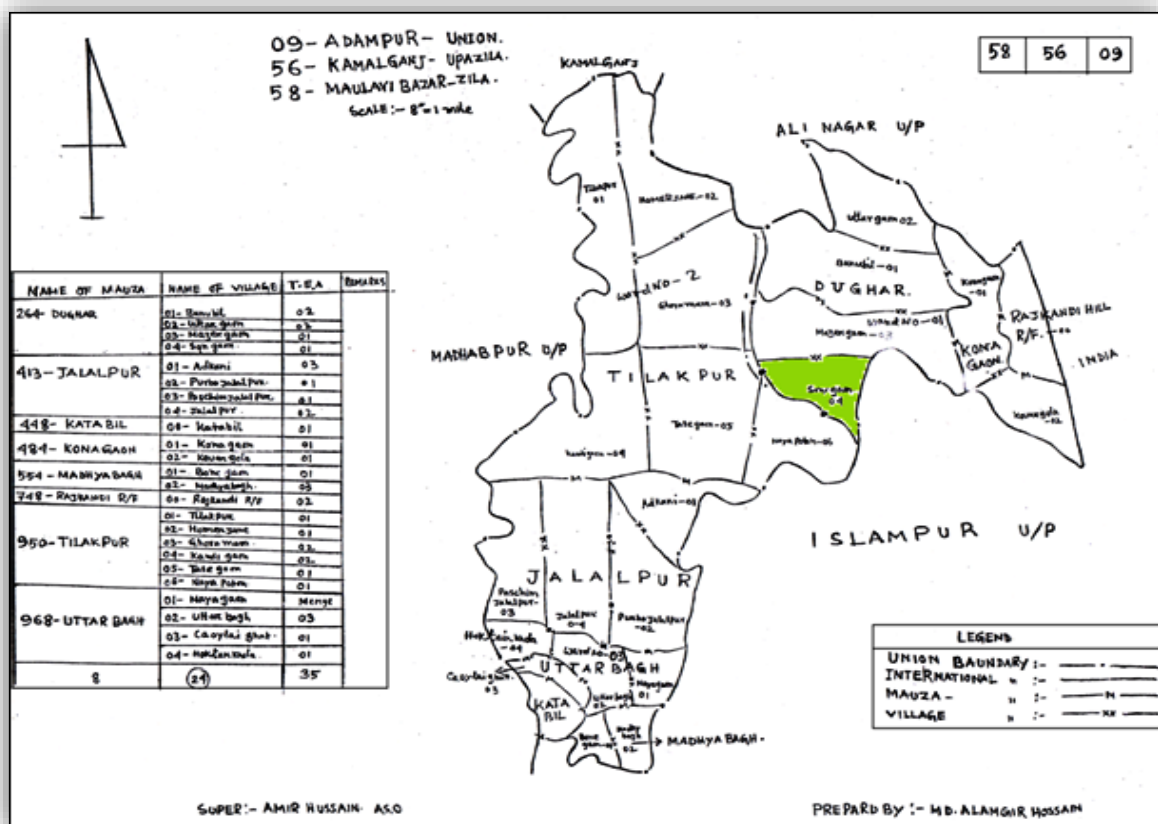
Map-3.1: Kamalganj Upazila Where the Study Area is Located



Source: http://en.banglapedia.org/index.php?title=Maulvibazar_District

Kamalganj upazila consists of 1 paurashava, 9 wards, 29 mahallahs, 9 unions, 111 mauzas, and 251 villages (Population Census 2001:15). The study area is under the jurisdiction of 'Adampur' Union Parishad and is one of the 9 unions that comprise Kamalganj Upazila of Maulvibazar Zila in Sylhet Division. The upazila is located at a distance of 92 k.m approximately from Sylhet sadar. The study village Songaon is bounded in the north by 'Mazergaon' village under 'Dughar' mauza, on the east by Indian state of Tripura, on the south by 'Nayapoton' village under 'Tilakpur' mauza and on the west by 'Tategoan', 'Ghoramara', 'Kandigaon' villages under 'Tilakpur' mauza of Adampur union.

Map-3.2: Songaon, the Study Village



Source: Upazila Parishad Office, Kamalganj 2014

Manipuris in clusters reside in 14 villages around the 'Adampur' bazar. Approximately, the total Manipuri population residing in these villages is around 7000-8000 people. 'Songaon' is one of these 14 villages and was chosen as the study area for this research of mine. Majority of the people in this village were Manipuris and they were the population under the present study. Beside the Manipuris a few non-Manipuri Bengali families also reside in the study village Songaon.

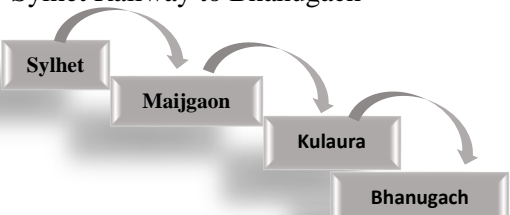
Songaon village was selected as the study village for this research for several reasons. The village is located in an area which is remote and whose population is more dependent on traditional medicines for their health and healing. The basic reason is because of remoteness of the area the study population have little access to modern medicine of health care facilities.

Specifically following are the reasons for selecting ‘Songaon’ as my study village for this research.

1. The study village is placed comparatively in the remote part of Sylhet region where traditional healing practice and practitioners are still exist.
2. A large portion of Manipuri community of Sylhet division is living in Kamalganj. There are number of villages inhabited by Manipuris, as such the area was selected for this research to have appropriate information from them on my research issues.
3. At present, many of their traditional healing practices have been changing. The tradition of healing knowledge of the Manipuri’s that has been transmitted from generation to generation, from among *Guru* to *Shishaw* are still found to see in this village areas.
4. The rural life styles and perception about traditional treatment and application of the same are still very much appreciated by the villagers.

Transport System & Distance from the Centre of Sylhet Shadar: As mentioned earlier that my study area is situated under Sylhet division and moreover I myself have conducted the study commuting from Sylhet Sadar, therefore I detailed out the communicational links of the study area with that of Sylhet Sadar. One can travel to the study village from Sylhet Sadar by the following ways.

Table-3.1: Way to Go to the Location Area

By Driving	By Train
<ul style="list-style-type: none"> • Zindabazar point (Centre of Sylhet Shadar) to Kadamtali Bus Stand ----- 1.7 km.- about 5 mins • Kadamtali Bus Stand to Moulvibazar Bus Stand (Srimangal Road) ----- 60 km.-about 1 hour 15mins 	<p>Stoppage of Train Stations; to go from Sylhet Railway to Bhanugach</p> 

<ul style="list-style-type: none"> • Moulvibazar Bus Stand to Choumuhuna (Shamsher Nagor CNG Stand)---1.5 km.- about 2 mins • Choumuhuna to Kamalganj Upazila---20 km.-about 35 mins • Kamalganj Upazila Shadar to Adampur Bazar in Adampur Union-----10 km.-about 20mins • Adampur Bazar to ‘Songaon’ village---2 km.about 35mins by walking <p style="text-align: center;">Total: 95 km (about) – 2 hours 15 mins (about)</p>	<p>Total: 88 km. (about) – 2 hours 6 mins (about)</p>
--	--

Source: Fieldwork 2014

3.2 Topography:

Moulvibazar district where the study area is located covers southern part of the Sylhet Division. Its topography is diverse having both low lying areas intersected by tortuous and sluggish rivers and the whole area is dotted over with huge saucer- like depressions called haors. Maulvibazar also has hilly terrains. In total twenty four haors are located in this area(Bangladesh District Gazetteers Sylhet'71). The main rivers of the Maulvibazar district are Manu, Dholoi and Juri. In rainy season, excessive rainfall occurs every year (Hassan, Shahed. 'Ethno-Medicine in Bangladesh: A Study on Users, Practitioners and Prescribers' a study report).

3.2.1 Common Flora:

Flora of Maulvibazar can be divided into three broad groups, namely a) Cultivated Plant; b) Trees, epiphytes and other plants of the forest and jungle and c) Other Natural Vegetation of land and water.

a) Cultivated Plant: Cultivated plants include cereals, pulses, vegetables, fibers, tea, orange, pineapple, rubber plantation, and few timber yielding plant i.e teak mahogany etc. Other important cultivated crops are Aman, Aus, and Boro rice, mustard, linseed, til or sesame, sugar-cane, jute, short staple cotton, betel-nut are common in the Moulvibazar.

b) Trees, lianas, epiphytes and other plants of the forest and jungles: Important timber yielding trees are Ggrjan (*Dipterocarpus xylocarpa*), Chaplash (*Artocarpus chaplasha*), Chympa (*Muhelia sp.*), Arjun (*Terminalia arjuna*), Bahera (*T. bellerica*) etc. The common Epiphytes, climber and lianas are: Peraterpa (*Dioscorea sp.*), Swarna lata (*Cuscuta reflexa*), Kumarica (*Smilax macrophylla*). Variety of ferns, orchids, cans, bamboos, reeds etc are also found in the forest area (Hassan, Shahed. 'Ethno-Medicine in Bangladesh: A Study on Users, Practitioners and Prescribers' a study report).

c) Other natural vegetation of land and water: Tal (*Borassus flabellifer*), Narikel (*Cocosnucifer*), Supari (*Areca catichu*), Thankuni (*Hydrocotyle asiatica*), Banपालong (*Rumex maritimus*) etc. are common in land. Whereas, Shapla Saloak (*Nymphaca nouchali*), Thanji (*Utricularia steliaris*), Khudipana (*Lemna paucieostata*) etc. are common aquatic plants (Ibid).

3.2.2 Fauna:

In this area, cows, bullocks, buffaloes, goats, ducks, sheep, fowls etc. are commonly found as livestock. In total 378 species of fisheries are found in haor and in rivers of Moulvibazar (District Gazetteers Sylhet'71). Almost all varieties of sweet water fishes can be found in this area. The common fishes are Ruhu, Katla, Kai, Mirgal, Punti, Katla, Chapila, Singi, Boal, Poah etc (Hasan, Shahed. 'Ethno-Medicine in Bangladesh: A Study on Users, Practitioners and Prescribers' a study report)

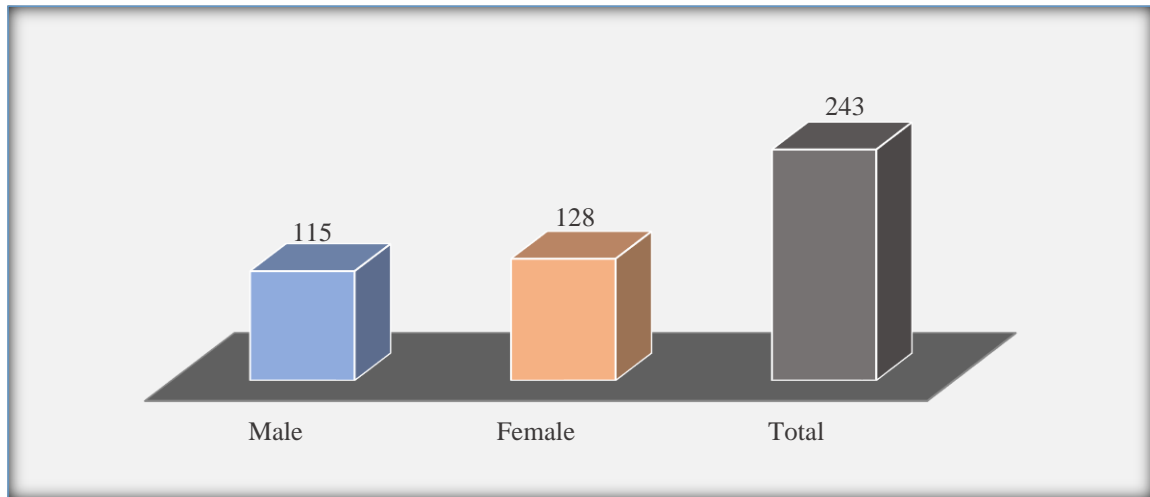
In the following paragraphs I attempted to provide a demographic features and diverse aspects of the Manipuri community.

3.3 Demographic Situation:

It is mentioned above that the study area, Songaon village has mixed population of *Meiteis*, a group among the Manipuris and Bengalis. The *Meiteis* of the Manipuris were the population under the present study. They are majority population of the village and the rests are Bengali speaking people. In fact Adampur Union in which my study village is located, itself is mostly populated by *Meiteis* with few non-*Meitei* Bengali speaking households and others.

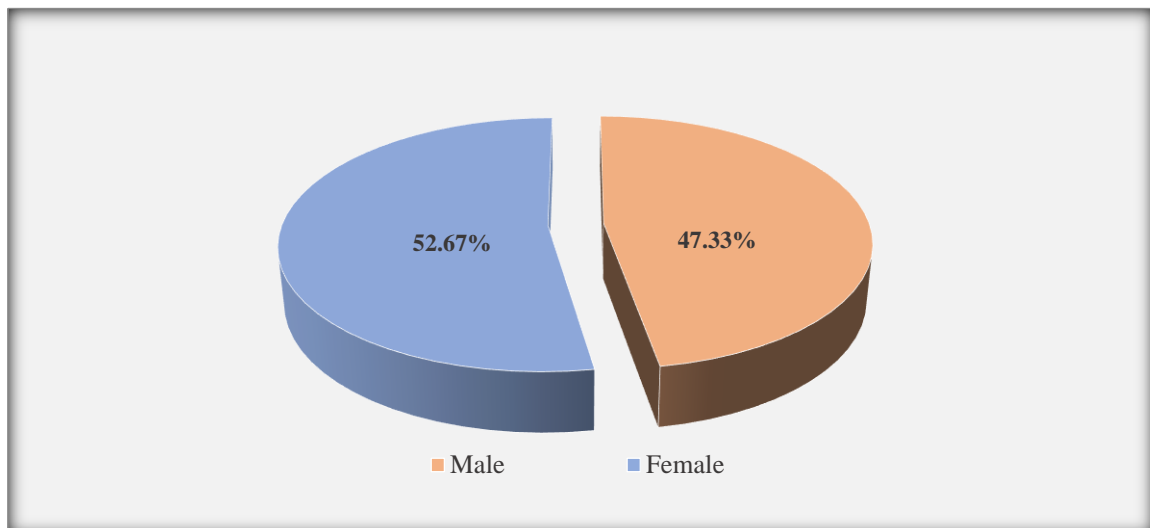
There are 47 *Meitei* households in Songaon village. The total *Meitei* population is 243 and the average household size of the village is 5.2 persons. The number of female members in the *Meitei* community of Songaon village is higher (52.67%) than the males (47.33%).

Graph-3.1: Number of the *Meitei* Population



Source: Fieldwork in Songaon 2014

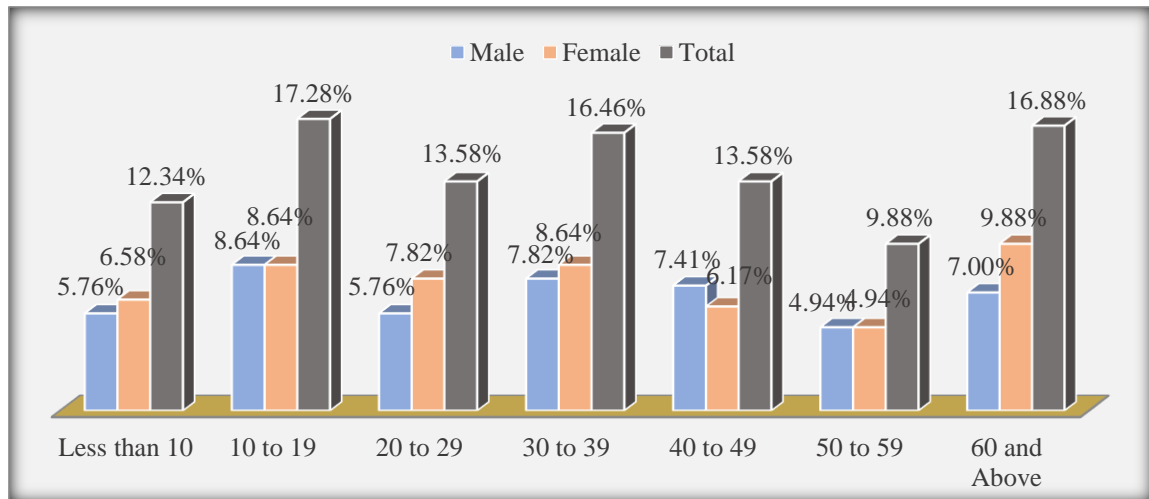
Graph-3.2: Male-Female Percentage among the *Meiteis*



Source: Fieldwork in Songaon 2014

3.3.1 Age: Majority of the population belong to the age group of 10 to 19(17.28%) years followed by the age group of 60 and above (16.88%) and between 30 to 39 years (16.46%).

Graph-3.3: Percentage of Age Group among the Meiteis

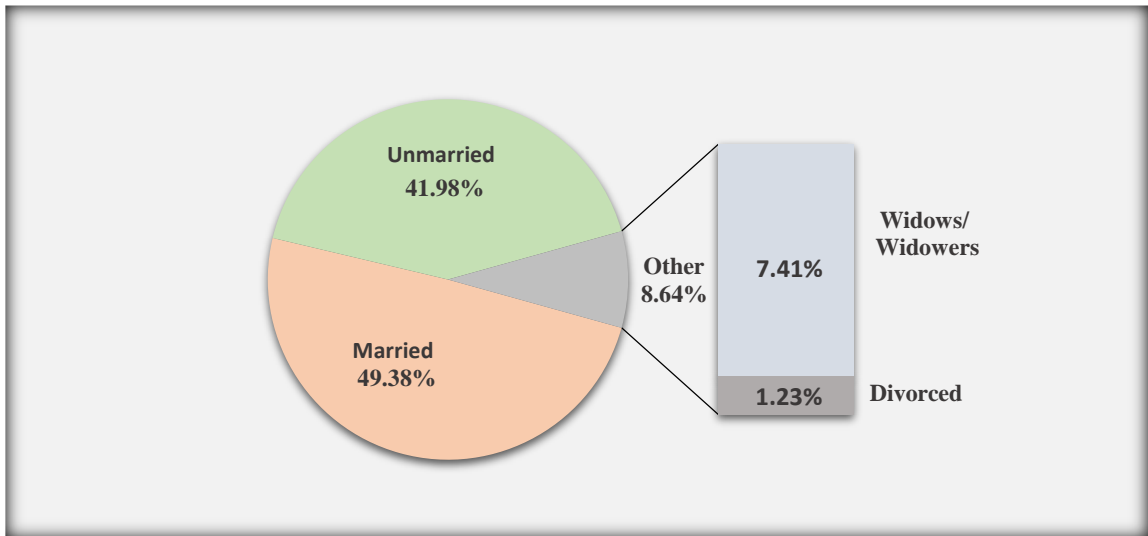


Source: Fieldwork in Songaon 2014

It is interesting to note that, the population under study has good number of elderly population above 60 years of age. The reason is *Meiteis* are health conscious people and regulate their life in a disciplined way. *Meiteis* are very particular about their food intake and nutrition. Normally they do not indulge in any sort of addiction. Moreover the *Meitei* members of population in this study live in pollution free ever green environment and all these help them to have a long healthy life.

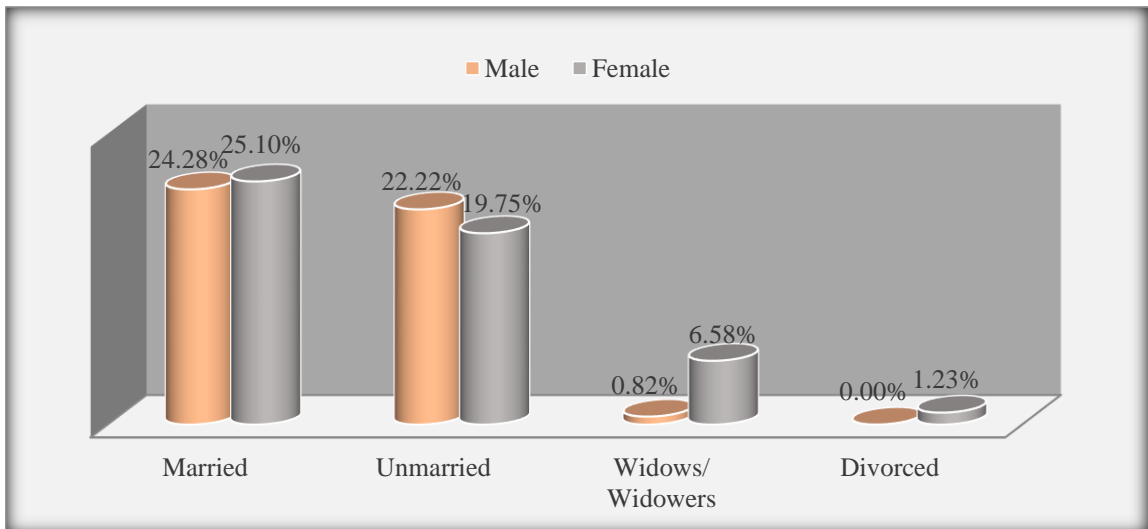
3.3.2 Marital Status: Nearly half (49.38%) of the population under study are married. The percentage of male married adult is 24.28 percent and female is 25.10 percent. Divorce is very rare and only 1.23 percent of the population were found to be divorced and all of them were female. In *Meitei* culture, male can remarry after divorce, but for the females it is not normally accepted by the society. This is the reason why it is difficult to find divorced males in *Meitei* society.

Graph-3.4: Marital Status among the Meiteis



Source: Fieldwork in Songaon 2014

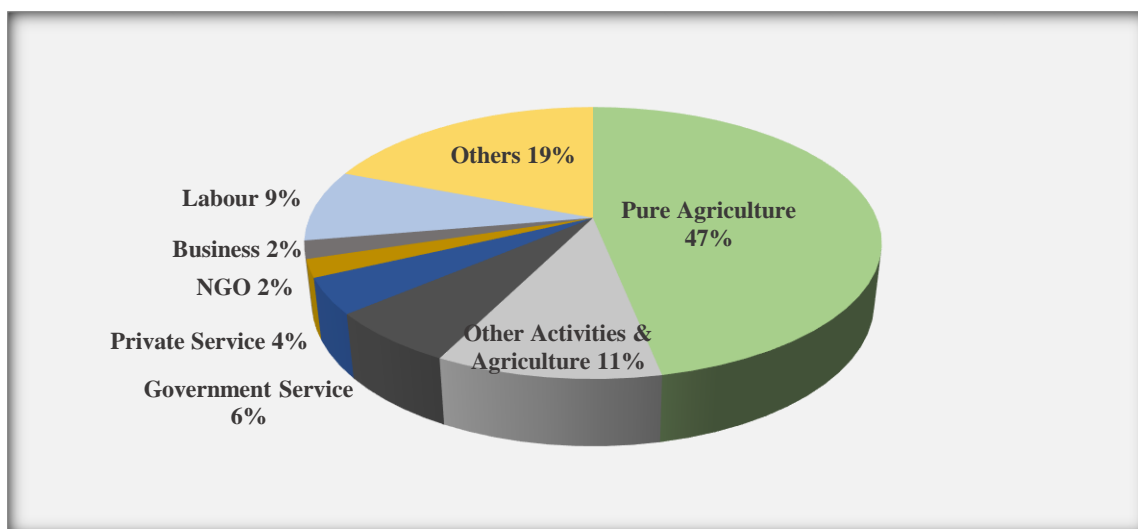
Graph-3.5: Marital Ratio among the Meiteis



Source: Fieldwork in Songaon 2014

3.3.3 Profession: *Meiteis* are basically agro based people and thus most of my study households are directly or indirectly connected with agriculture. Of the total households 47 percent have their main earnings from agriculture and related activities. An added, 11percent of the households have agriculture as secondary profession. Few numbers of households

Graph-3.6: Household Economy of the Meiteis (based on major sources of income of the households)



Source: Fieldwork in Songaon 2014

depend on service oriented professions like Government jobs (6%), Private jobs (4%), NGOs(2%) and so on. Business based household is almost rare among the study people and only 2.47 percent household could be identified during fieldwork who earn their livelihood from large business. There are different professional and non-professional activities among the population under the study is presented in table below:

Table-3.2: Professional Activities of the Population

Sources of Income	Name of Profession	Population (Total)		Male		Female	
		No.	%	No.	%	No.	%
Agriculture	Pure Agriculture	39	16.05%	32	13.17%	7	2.88%
	Agriculture & Others	9	3.70%	6	2.47%	3	1.23%
Service	Government	8	3.29%	4	1.65%	4	1.65%
	Private	5	2.06%	5	2.06%	0	0.00%
	NGO	7	2.88%	5	2.06%	2	0.82%

Business	Large	6	2.47%	5	2.06%	1	0.41%
	Small (Handloom-Taata)	39	16.05%	0	0.00%	39	16.05%
Laborer	Without Agriculture	5	2.06%	4	1.65%	1	0.41%
Others (Specify)	Housewife	34	13.99%	0	0.00%	34	13.99%
	Housewife & others	4	1.65%	0	0.00%	4	1.65%
	Student	63	25.93%	32	13.17%	31	12.76%
	None	17	7.00%	7	2.88%	10	4.12%
	Others	7	2.88%	6	2.47%	1	0.41%
		243	100.00%	106	43.62%	137	56.38%

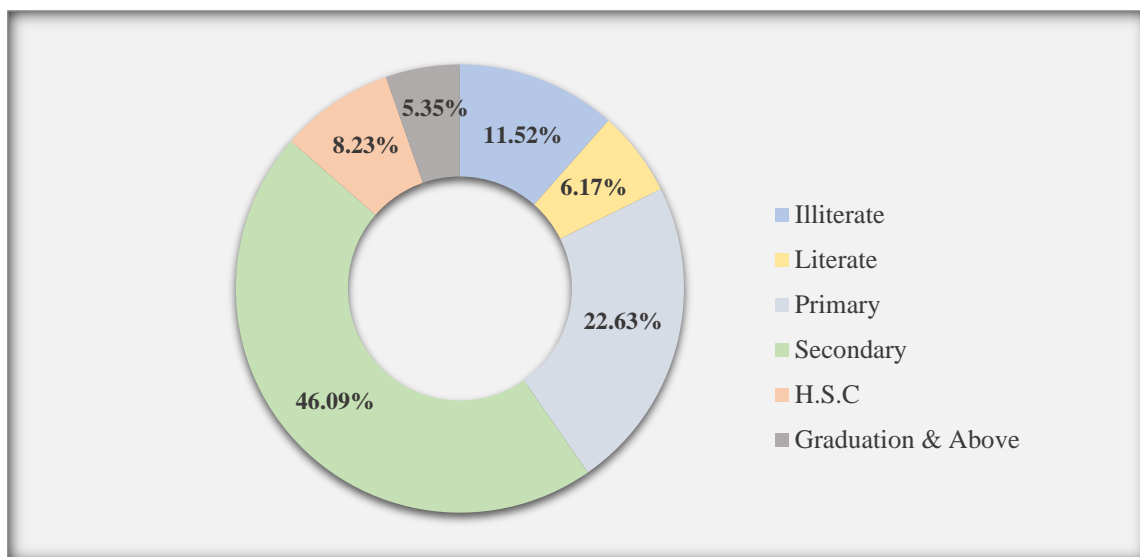
Source: Fieldwork in Songaon 2014

Though few in numbers some also have income as Laborer (2.06%) and some of them are engaged in the profession of healing by traditional medications, singing, driving and others. Besides a large segment of the total study population are Housewife (13.99%) and Students (25.93%) and they are the non-earning members of the community.

Another characteristic of *Meitei* household economy is their cottage based handloom industries. Almost every household have number of looms in their homesteads for weaving their own clothes as well as for marketing the same for earning extra money for their respective families. This weaving industry is entirely run by the women of the community.

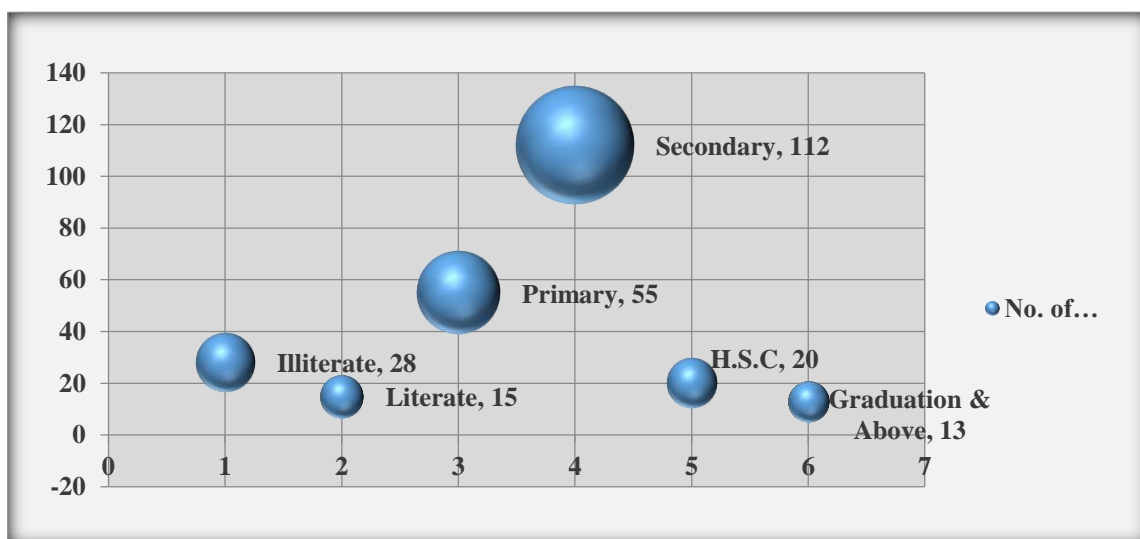
3.3.4 Education: *Meiteis* have natural inclination towards educating their children. They give paramount importance to education which could be assumed from the data presented in the pie graph below. It could be observed over 46.09 percent of the total population could reach up to SSC level while 22.63 percent of them had education up to primary level followed by 8.23 percent with HSC level and 5.35 percent having education up to graduation.

Graph-3.7: Rate of Literacy among the Meiteis



Source: Fieldwork in Songaon 2014

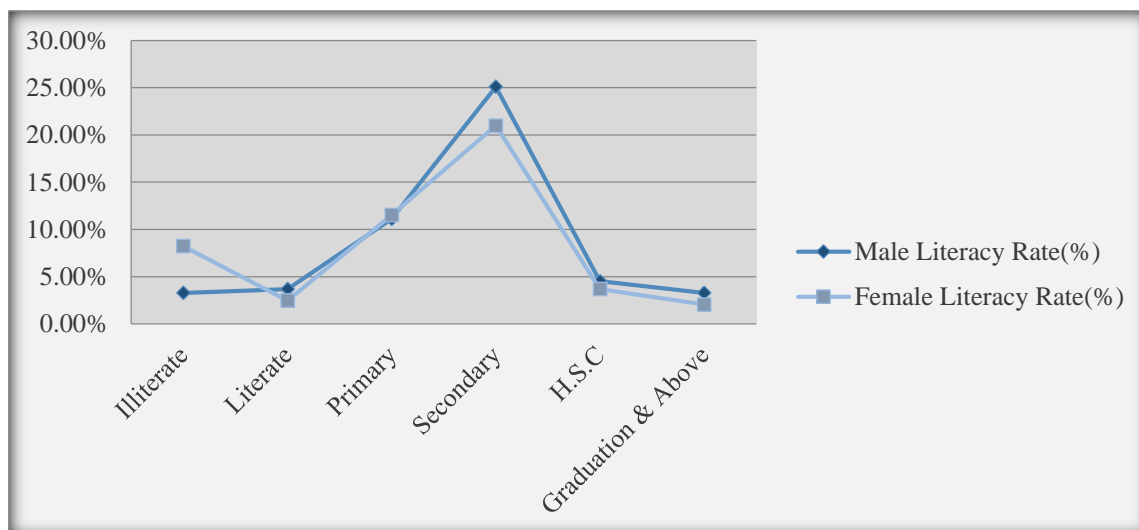
Graph-3.8: Different Literacy Level



Source: Fieldwork in Songaon 2014

Gender differentiation could be observed in educational attainment among the study community at different level. From the graph below it is observable that Primary level is the only strata where the percentage of literacy is almost same for both male (11.11%) and female (11.52%). This is due to Government educational policy which officially supports enhancement of education for the girls. Like non-ethnic majority population of

Graph-3.9: Literacy Rate of Male and Female

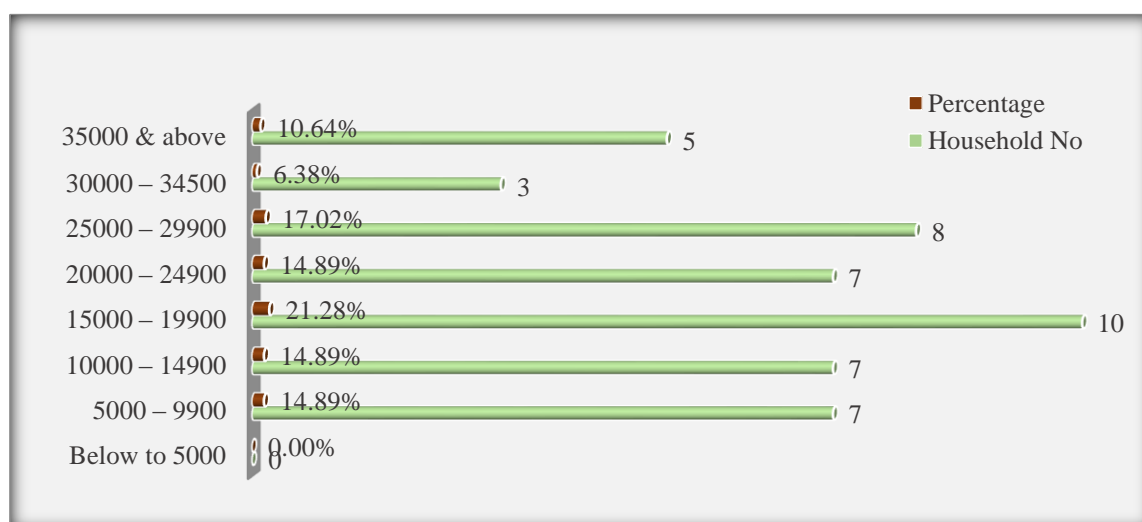


Source: Fieldwork in Songaon 2014

Bangladesh, enrolment of the *Meiteis* in higher education gradually has been declining particularly among the females. The main reasons for drop out are economic hardship which hinders the higher education for the girls among Manipuri community.

3.3.5 Income: In *Meitei* households, monthly income vary from Tk. 5000 up to Tk. 35000 and above. Slightly above one fifth of the total households have monthly income between Tk, 15000 to 19900 and they constitute the largest segment of the earning households.

Graph-3.10: Monthly Income of the Households

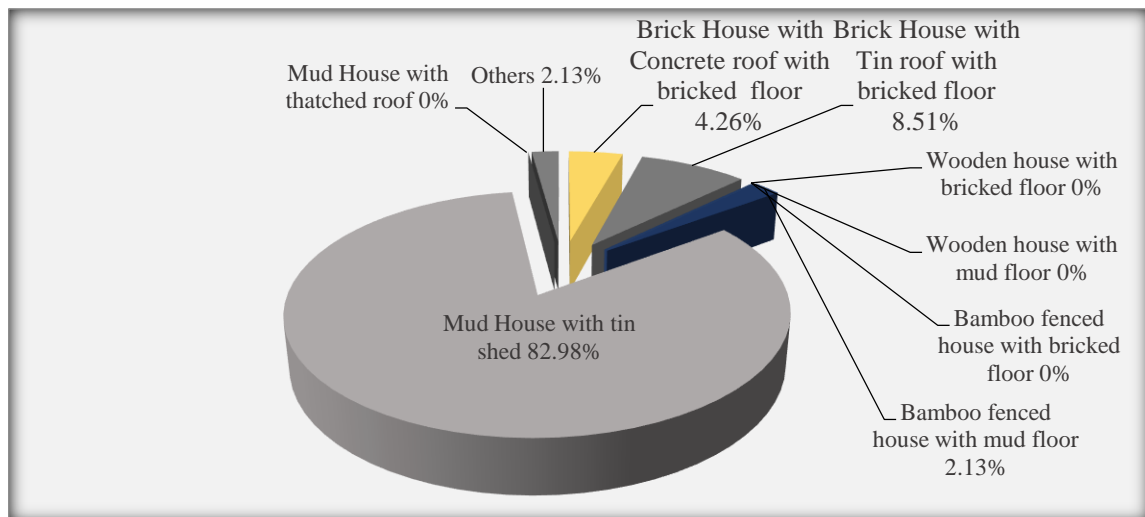


Source: Fieldwork in Songaon 2014

The minimum income was found to be Tk. 5000 per month for 14.89 percent households while maximum is Tk 35000 and above. No household was found without any fixed income. The reason is, every household of the study population produce cottage based clothes which help them to earn money besides earnings from other sources.

3.3.6 Housing: Majority of the *Meitei* reside in mud house with tin roof (82.98%). Bricked houses are rare in the village and only 8.51 percent have houses with brick wall having tin roof. Only 4.26 percent homesteads are bricked with concrete roofs. Mud houses depict traditional architectural designs of the *Meiteis* which are environmentally eco-friendly. Some of the families expressed that they would like to build brick houses if they could, but because of economic reason their dreams remained unfulfilled.

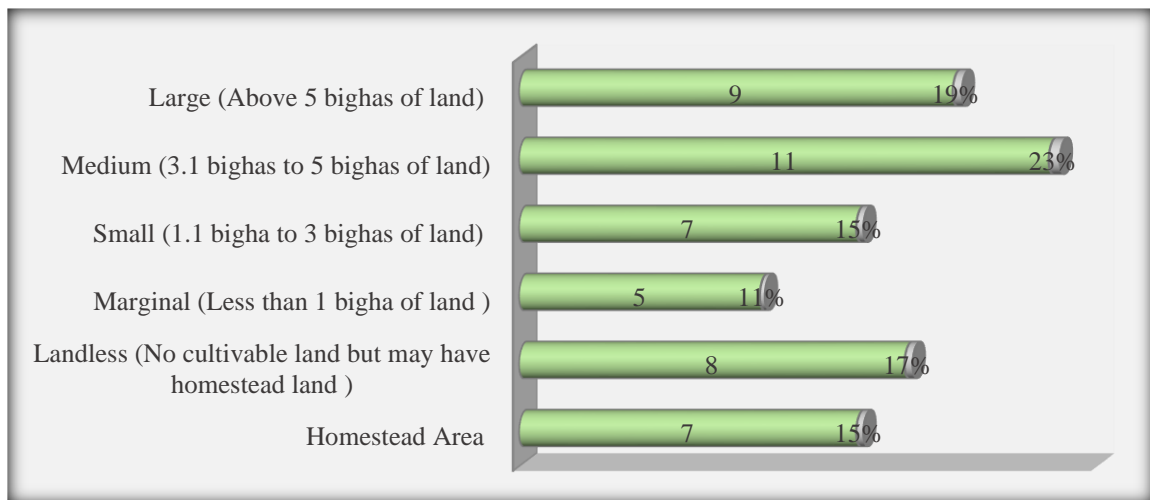
Graph-3.11: Household Pattern of the *Meitei* Population



Source: Fieldwork in Songaon 2014

3.3.7 Land Ownership Pattern: In terms of land ownership, *Meiteis* have better social standing in comparison to their Bengali neighbors in the village. In the study area, even the poorest *Meitei* families were found to have at least a homestead (15%). Majority of the families were Medium farmers (23%) followed by Large farmers (19%), small farmers (15%) and marginal farmers (11%). Some households were identified (17%) who have homestead land with very small land area surrounding the homestead in which they go for homestead gardening from which they could get daily supply of vegetables.

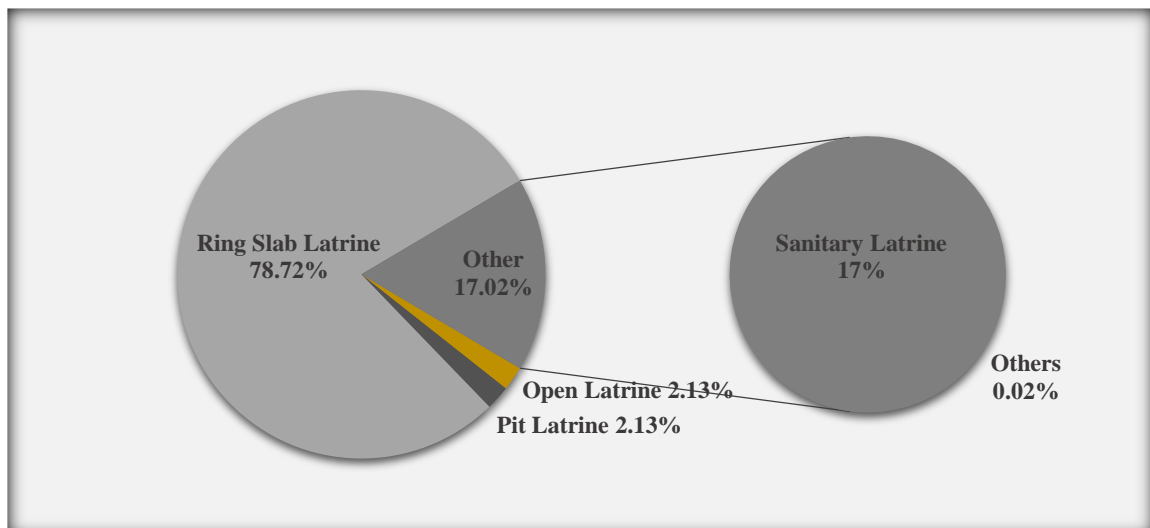
Graph-3.12: Land Ownership Pattern of the Meitei Households



Source: Fieldwork in Songaon 2014

3.3.8 Health: As mentioned earlier, *Meiteis* are quite health conscious people which are reflected in their day to day life pattern. Only one household was found to have open latrine but rest of the households use hygienic latrines. Of the total households, 78.72% households have Ring Slab Latrines, 17.02% use sanitary latrines and one household use pit latrine.

Graph-3.13: Sanitary System of the Households



Source: Fieldwork in Songaon 2014

Majority *Meitei* households (63.83%) use Tube well water as the main source for drinking and cooking followed by water from well (27.66%). Insignificant number of households (6.38%) also use pond water for cooking and drinking. For bathing and washing clothes, *Meitei* households normally use pond water (21.28%) followed by water from Tube well (19.15%).

Table-3.3: Water Use and Sources

Sources of Water	Use of Water			
	Cooking	Bathing	Washing	Drinking
Well	13 (27.66)	18 (38.30%)	18 (38.30%)	13 (27.66)
Tube well	30 (63.83)	9 (19.15%)	9 (19.15%)	30 (63.83)
Pond	3 (6.38)	10 (21.28%)	10 (21.28%)	3 (6.38%)
Water Pump	1 (2.13%)	0 (0%)	0 (0%)	1 (2.13%)
Tubewell+Well	0 (0%)	7 (14.89%)	0 (0%)	0 (0%)
Tubewell+Pond	0 (0%)	3 (6.38%)	3 (6.38%)	0 (0%)
Well+Tubewell	0 (0%)	0 (0%)	7 (14.89%)	0 (0%)
	47 (100%)	47 (100%)	47 (100%)	47 (100%)

Source: Fieldwork in Songaon 2014

3.4 Settlement Pattern, Racial Characteristics and Socio-Cultural Organization of the Manipuris:

The cultural diversity of Bangladesh is immensely rich. Alongside the Bengali speaking majority population, there are numbers of ethnic minorities residing in the country with their own cultural and social heritage. Manipuri is one of such ethnic groups. In spite of intrusion of modernity the Manipuris still are struggling hard to preserve their own customary laws and cultural traditions. They have

their own history of settlement in Bangladesh. They differ in their physical features from majority Bengalis. Their family pattern, marriage system, kinship type, language etc. are also different from other communities of the country. The life and livelihoods of the Manipuri people have distinctive characteristics. Rice cultivation is the main economic activity of the Manipuris. Traditional handloom also plays a great role in boosting their economy. Due to economic pressure, in recent times, many of the Manipuris have now been working outside their communities for livelihood and these people are working in different government and private organizations in Bangladesh and abroad. In the following passages I have discussed about the settlement pattern, racial characteristics and on the organizational activities of the Manipuri community.

3.4.1 Settlement Pattern and Racial Characteristics: Manipuris are not sons of the soil of Bangladesh. The ancestors of the present day Manipuris in Bangladesh migrated from the State ‘Manipur’ in India during seven years long war from 1819 to 1826 between Manipur kingdom and Burma. The war displaced many Manipuri families in the state of Manipur and history witnessed a large scale exodus of these uprooted families from Manipur to different adjacent states of eastern India. Some of these uprooted population settled in different regions of this part of India known today as Bangladesh. Manipuris have their distinct racial characteristics which could be observed from their physical features and racial identity. Now, I would like to discuss here about the history of settlement pattern of the Manipuris in Bangladesh and focus on their physical features and ethnic identity and clan.

3.4.1.1 SETTLEMENT PATTERN OF THE MANIPURIS IN BANGLADESH:

The Manipuri community in Bangladesh migrated from the state of Manipur in India. History depicts that Manipur state had various names like *Kyangleipak*, *Kyangkleipang*, *Kyanglei*, *Meitrabak*, *Mekhali* etc. (Sheram 1996: 14). The present state of Manipur lies between Latitude 23⁰50’ and 25⁰30’ North and Longitude 93⁰10’ and 94⁰30’ East, and consists of about 7000 square miles of hill territory, and of 1000 square miles of plain land forming the broad valley. The Manipuris named this land valley as *Meithei Leipak*, meaning broad land of the *Meitheis* (Hodson 1908:1).

The natural and ethnographic settings and the different ethno-political situation of Manipur lead many people in different time of history to leave Manipur and they settled down in Assam, Tripura and Sylhet region of present day Bangladesh. In the following discussion I provided a brief description of history of settlement of the Manipuris in Bangladesh in different period of time.

It is generally known that in the period of Manipur-Burma war, especially during the seven years war between Manipur-Burma, in history which is known as *Chohi Taret Khuntakopa* or seven years devastation, a large scale exodus of the Manipuri people occurred that compelled many Manipuris to leave out Manipur state of India and settle in Cachar, Tripura, Assam and in some regions of Bangladesh. But it is not the whole truth. From the history it could be found that even before seven years war, Manipuri people had started to settle down in different regions of Bangladesh. But, large scale migration of the Manipuris in the region now known as Bangladesh occurred between 1819 to 1826, the period of seven years devastation. Moreover, even after this time the migration of Manipuri people from Assam, Cachar, Tripura or Manipur continued in Bangladesh region (Sheram 1996: 21 & 22). In view of the above discussion we may classify the settlement history of the Manipuris in Bangladesh as follows:

- (a) Before the *Chohi Taret Khuntakopa* or old period.
- (b) During the *Chohi Taret Khuntakopa* or middle period.
- (c) After the *Chohi Taret Khuntakopa* or the period after the war (Sheram 1996:22).

(a) Before the *Chohi Taret Khuntakopa*:

Many historians opined that the Manipuri people started to settle in Bangladesh from 18th century. In Tripura Census Report it was mentioned that during the first “Burma” war many Manipuris left Manipur state and settled in Cachar, Srihatta and Tripura state. The first ‘Burma’ war was held in 1755. Besides this, from different historical records we could know about an event of settling of Manipuris in Bangladesh. In 1764/65 when the King Vaggo Chandra was in power, the Rajput of Moyrang region, Govinda developed political enmity with the king. As a consequence the Rajput of ‘Moyrang’ region Moyrangthem Govinda had to leave Manipur along with his followers and they settled down at Satgaon (Khaspur) Srimongal Sylhet. Sree Achutcharan Chowdhury in his book named ‘History of

Srihatta' mentioned that during the period of *Pamhaiba* or Garibe Newaz (1714) there was relations between Srihatta and Manipur. In 1798 King Vaggachandra handed over power of the state to his son Labannochandra and left Manipur for Nabodip. But for his hostile relation with the Cachar, Vaggachandra did not dare to travel through Cachar with his 700 followers. He preferred to go through Sylhet. During his journey in Jiri, Lakshmipur and Sylhet many Manipuri congratulated him. From this event we can assume that Manipuri in Sylhet dates back much earlier even before the reign of Vaggochandra. In the book 'An Account of Assam', Francis Hamilton mentioned that during his tour in Comilla in 1798, he met a Manipuri Bramhan who was the followers of Vaggochandra. According to his description when Burma took control over Manipur and devastated the state for the eight years, at that period some 3, 00,000 Manipuris were compelled to leave Manipur. During this period Manipuris migrated to Assam, Cachar, Tripura and Sylhet (Sheram 1996:22 & 23).

It is clear from the above discussion that prior to seven years devastation probably, during the period of King Garibe Newaz (1709-48) or during the period of Vaggocahndra (1764-98) the Manipuris started settling down in the above mentioned regions (Sheram 1996:24).

(b) During the *Chohi Taret Khuntakopa*:

One of the successful rulers of Manipur state was king Vaggochandra. After the death of Vaggochandra in 1798 conflict arose among his heirs for the throne. In 1812 Prince Marjit defeated Chowrojit the reigning prince with the help of the king of Burma and took over the state power. Chowrojit with his younger brother, Gambhir Singh escaped to Cachar. But the treaties between Marjit and Burma did not work out very long and in 1819 Marjit failed to protect Manipur from the attack of Burma and escaped to Cachar. But the relationship between two brothers did not sustain for long. Within very short time, Gambhir Singh withdrew his support to Chowrojit in Cachar and Chowrojit took shelter in Srihatta. In 1828 when the Indo-Burma war began, Marjit also came to Srihatta and within very short time Gambhir Singh followed him. The Manipur state went under the control of Burma from 1819-1825. During this period one third of total population of Manipur state died and one third escaped to Cachar, Tripura or to Sylhet. In 1826 with the help of British Military, Gambhir Singh again took control of the state power of Manipur.

Chowrojit, at old age, left Sylhet and went to Nabodip. He has died in Nabodip in the year 1828. Marjit lived permanently in Vanugas and he died there (Sheram 1996:24).

(c) After the *Chohi Taret Khuntakopa*:

During seven years devastation a great number people migrated to different regions of Bangladesh. But even after 1826, when Gambhir Singh recaptured the power of Manipur, the migration of the Manipuris continued from Manipur to Assam, Cachar or Tripura. In 1830 after the death of King Naro Singh, Debandra Singh was installed in power. But after three months King Chandra Kirti dethroned him. With some of his followers Debandra Singh took shelter in Dhaka. This occurred during seven years devastation. The main event of settling in Dhaka had occurred in 1950 (Sheram: 1996:25).

Some Manipuris took shelter at Tejgaon locality of Dacca City, Shushong Durgapur of Mymensing and also in different parts of Comilla (Sheram 1993:5). At present in Sylhet Manipuris area mostly concentrated in Sylhet division. The census of 1961, depicted the number of Manipuri population in Sylhet as over 30,000 (Satter 1983:161). Most of the people of Manipuri community are now living in five Upazilas of Sylhet division. These Upazilas are Kamalganj, Sreemongol, Kulaura, Companygonj, Chatak. As well some Manipuris reside in different parts of the Sylhet district and in Sylhet Metropolitan area. Within the Sylhet Metropolitan Manipuris have concentration in Shibgonj, Lamabazer, Baghbhari, Amborkhana, Kawapara, Noyabazer ares (Sheram 1993:34).

From the above description it is clear that in different period of history, Manipuri people migrated to Bangladesh for various causes. Manipuris are divided into three different cultural groups. They are *Meitei Manipuri*, *Bishnupriya Manipuri* and *Pangan (Muslim) Manipuri*. A general picture of these three groups is given below:

THE MEITEI MANIPURI

The *Meiteis* are one of the major parts of Manipuri population who migrated from Manipur state to Bangladesh. Most of the historians believe that *Meitei Manipuris* belong to *Kukuchin* group of Tibeto-Burman sect of Mongoloid race. Religiously, they have been practicing Hindu Vishnavism for nearly 300 years. But till now, they also follow some of

their early religious beliefs known as *Shanamhi*, *Leimoren* and *Apakpa*. Their language is *Meeteilon*. In their intra-group (*Meitei-Meitei*) interaction, *Meiteis* speak their own language *Meeteilon*. But while interacting with Bengali plain landers or other communities they speak Bangla. Among *Meitei* Manipuris, there are a great numbers of people who are technically skilled in some particular occupation such as jewelry, carpentry, motor mechanic etc. *Meiteis* still follow some of their indigenous cultural practices. For instance *Lai Haraoba* dance, house construction, indigenous games and so on. *Meitei* Manipuris of Bangladesh still struggling hard to maintain their cultural identity.

THE BISHNUPRIYA MANIPURI

Bishnupriya is another group of Manipuris who migrated from Manipur in different period of time. Linguistically they belong to *Indo-Aryan* group. They are the followers of Vishnu cult of Hindu religion from ancient time. In intra group interaction they also speak their own language. But to interact with other groups, they speak Bengali language. They have great similarity with the *Meitei* Manipuris for migrating reason. Major part of the *Bishnupriya* Manipuris in rural areas are farmers. Women in this community are hardworking and also take part in agricultural works alongside with their domestic works. *Bishnupriya* Manipuris religiously are more akin to Hindu community. Their Language is very close to Bengali language.

THE PANGAN (MUSLIM) MANIPURI

Pangan is another group of the Manipuris, migrated from Manipur mainly to Sylhet region of Bangladesh. They are Muslim in faith. In Manipur the emergence of Islam was in the first half of the 17th century. King Khagemba was then in power of the throne and he had a younger brother named Shanongbar. Because of his enmity with elder brother King Khgemma, Shanongbar with some of his followers took shelter in Cachar region. With the support of Cachar king, Shanongbar attacked Manipur state but he failed. Later, Shanongbar with the help of Cachar and Tarap king once again attacked Manipur, but this time also he could not succeed. King of Manipur arrested many soldiers of Tarap and Cachar. In course of the conflict for different causes the Muslim soldiers of Tarap got married to Manipuri women. The next generation produced due to these cross marriages (Muslim man + Manipuri woman) came to be known as Muslim Manipuri or *Pangan*.

In religious belief *Pangans* are Muslim but their language is *Meeteilon*. They also use Bengali as second language. Racially, their physical features are very akin to *Meitei* Manipuris, because they were the crossbred of two groups of people. Like the other Manipuris most of the *Pangan* Manipuris are also agriculturalist by profession. Besides this some *Pangan* Manipuris are also involved in other occupations. In religious belief they follow the wider trend of Bengali community the Islam, but still they follow some of the traditions of Manipuris (e.g. *Pangan* Manipuri women in village still wear the traditional dresses of Manipuris). Thus *Pangan* Manipuri people by their mixed cultural content express their own identity.

These three groups of people migrated from same place and share their cultural features based on their religion (*Meitei* and *Bishnupriya*), language (*Meitei* and *Pangan*). There exist a debate between the *Meiteis* and *Bishnupriya* sects regarding their ethnic identity- to determine who the original Manipuris are. Different ethnologists in their research works suggested that among the three groups of Manipuris, *Meiteis* can rightfully claim to be the original Manipuri ethnic community (Ahmmed and Singh 2007:32). Since the ethnologists identified *Meiteis* as the rightful claimant of original Manipuri population, therefore, the terms 'Manipuri' and '*Meitei*' are used as synonym in many time. In my research I concentrated on the *Meitei* Manipuris as has already been mentioned earlier.

3.4.1.2 PHYSICAL FEATURES:

Generally, the physical features the Manipuris belong to Mongoloid stock. Most of the historian believes that the Manipuris belong to the Kuki-Chin group of the Tibeto-Burman sect of the Mongolian race as was mentioned earlier. But there is a good mixture of Aryan and other blood groups (Sheram 1996:18). Based on this statement, Dr. Brown observed that “Although the general facial characteristics of the Munniporie are of Mongolian type, there is a great diversity of feature among them, some of them showing a regularity approaching the Aryan type” (Hodson 1908:2). Again, Sir James Johnstone said ‘The Manipuri themselves are a fine stalwart race descended from an indo-Chinese stock, with some admixture of Aryan blood’ (Sheram 1996:19). The Manipuris have their fair complexions with flat nose, small eyes and wide forehead. Their hair is coarse and black to look. The height of them is medium in general. Dr. Brown observed “Among both men and women the stature is very various, differing about as much as is found among

Europeans” (Hodson 1908:2). The Manipuris have strong physique. Among them, fat people are rare. The men have good chests and well-formed limbs. The women, however, are beautiful to look.

3.4.1.3 ETHNIC INDENTITY AND CLAN:

Meiteis believe that by the order of the God *Yaibiral Sidaba* at the initial phase of the creation of the universe begun. He created seven ‘Human beings’ in the image of His own. These seven human beings were the ancestors of today’s human species. The off springs of those seven ancient men, in the stream of time have been divided into seven different clans called *Shalai* in *Meitei* language and that classification is known as ‘*Yak-shalai*’. These clans (*Shalai*) are:

1) *Ningthoiga* 2) *Angom* 3) *Khumon* 4) *Mairang* 5) *Luoyang* 6) *Chenlei*; and 7) *Khabanganba*.

According to the *Meitei* ‘Puran’ (*Puya*) the ancient man and king of the *Meiteis* is ‘*Tanja Lila Pakhangba*’, youngest son of the God *Yaibiral Sidaba*. ‘*Pakhangba*’ and ‘*Sanamahi*’ the son of God are recognized as male deities among the *Meiteis* and still now they respect their *Sanamahi*, *Pakhangba* and pay homage to these deities on different occasions.

3.4.2 Social Organization and Way of Life: As an ethnic group of Bangladesh Manipuris have some unique social organizational features which are arranged under different characteristics. These features have enriched the cultural identity of theirs and its surrounding environment. With their own unique custom, values, cultural practices, religious rituals and different activities, Manipuris have striking social system which evolved from their deep-rooted cultural heritage. In this presentation, I would now focus on the features of their social organizational characteristics of the Manipuris residing within the territory of Bangladesh.

3.4.2.1 FAMILY: *Meiteis* are very cohesive people. They love to live in a family atmosphere neatly in a joint family system. But, changes are visible in the family structure with the process of globalization, especially in the structure of previous joint family. Mainly because of economic pressure nuclear families are gradually replacing the old joint and extended families among the *Meiteis*. For instance, from a joint family in a village, an employed son moves and lives in his work site with his wife and children. But they still maintain their respects for the parents and elders of the family and ensure all supports to them whether they are residing in joint families or in nuclear families.

3.4.2.2 MARRIAGE AND DIVORCE: The marriage system of the *Meiteis* is 'Exogamous' that is marriage within the same clan is prohibited. As the members of the clan, they considered themselves to be related by blood and they are not allowed to entangle themselves in sexual relationship.

Marriage has several stages:

1. *Mangon Kata*: In this stage, after the formal discussion about the marriage, some honorable persons on behalf of them goes to the girl's house.
2. *Yaroipot*: It is the stage of engagement. Here, the day of the marriage is determined.
3. *Haijing Pot Puba*: In this stage formal declaration of the marriage is done.

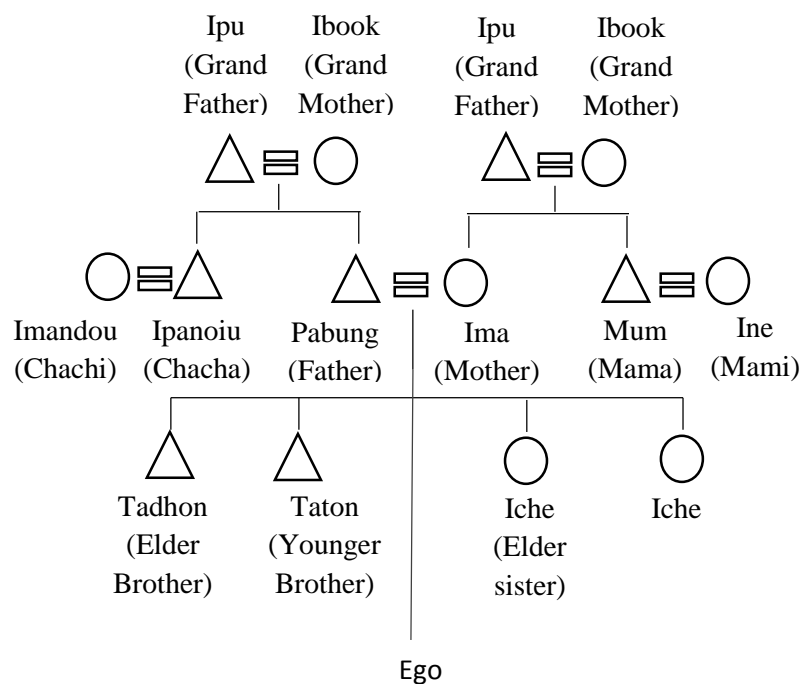
In the day of the marriage, a circle is made with bamboo and other materials and a team sings *Kirtan* (sort of Hindu religions song in glorification of Radha and Krishna). Before starting of the *Kirtan*, the bridegroom and his company cannot enter the place where the marriage will be held. If the bridegroom comes earlier in that case they shall have to wait stayed outside the place of marriage to be held. On the day of marriage, the bride shall wear the *Polloi* the dress that is wear in *Ras* dance. The bride will sit on the left side of the bridegroom. Then, the hands of the bridegroom and bride will be tied together. After this the relatives of the bride shall bless the bridegroom. The bride then shall start rounding the bridegroom and he shall give 'seven' rounds. After completing the seven round, bride shall take sit on the left side of the bridegroom and the part of the dress of bride and bridegroom shall be tied together and the bridegroom then by following the bride shall enter inside the house. The bridegroom shall give donation to the priest. On completion of the marriage ceremony the program shall come to an end.

Divorce can be taken place by mutual consent of the couple.

3.4.2.3 KINSHIP: In Manipuri society, kinship ties are very strong. Older people are respected by their family members and are respected in the society also. Younger can learn about their traditions, norms, values, religious rituals from their older members of the family like grandfather and grandmother.

Kinship system plays significantly decisive role during marriage among the *Meiteis*. Within same clan, marriage is prohibited by their social custom. Some of the basic Kinship terminologies among the *Meiteis* are given bellow:

Figure-3.1: Kinship Terminologies among the *Meiteis*



Source: Fieldwork 2014

3.4.2.4 RELIGIOUS BELIEFS AND RITUALS: During the early period of 18th century, The *Meiteis* adopted the Vaishnava tradition of Hindu religion by giving up their earlier religious belief *Apokpa*. However, in the study area few families could be identified who still practice *Apokpa* religious tradition. *Sanamahism* is a traditional religious practice of the Manipuris that concentrate around the Sun God or *Sanamahi*. As their dwelling deity

Meiteis practice *Sanamahi* in their morning and evening prayer every day. Also, they worship the gods named *Atiya Sidaba*, *Pakhangba*, *Leimaren*.

In a place or area, Manipuris live as a group where they have a temple for practicing their religious rituals. These religious rituals are operated by a priest or religious *Maiba*. From birth to death, Manipuri people follow different religious rules and regulations. Even their music and dances represent many of their religious rituals. For instance, in *Raslila*, they perform the dance which are related to their religious activities. Manipuris have been maintaining different religious rituals which are as follows:

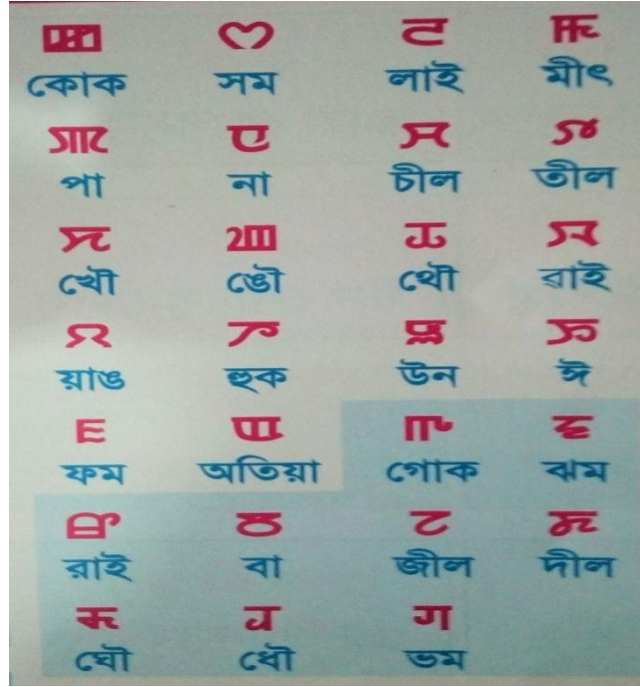
Table-3.4: Name of the Religious Beliefs and Rituals

Name of the Rituals	Duration of the time
i) <i>Kartik Pali</i> or <i>Niyam Pali</i> or <i>Marar Pali</i>	i) 1 Month; Lokhi Purnima to <i>Ras Purnima</i>
ii) Jagannath Deber Rathajatra	ii) 9 days in the Bangla month Aashar
iii) <i>Faguya</i> or Holi	iii) 4 days
iv) <i>Ras Purnima</i> (A largest religious ritual of the <i>Meiteis</i>)	iv) Afternoon of the day of occasion to the next early morning

Source: Fieldwork 2014

3.4.2.5 LANGUAGE: The language of the *Meitei* Manipuris is called '*Meeteilon*'. It belongs to the Tibeto-Burman family of languages. For writing they use their own script called '*Meetei-Mayek*'. According to some historians, king *Pakhengba* (33-154 A.D) first introduced the *Meitei* Script. At the initial phase the number of *Meitei* font was 18 and later, some extra font was added during of the time of king *Khagemba* (1596-1651) which is shown in the following picture of *Mayek Mapi*. A characteristic feature of this script is that each and every letter of alphabet is named according to a limb of human body.

Picture-3.1: Letter (Font) of the *Meiteis*



Source: Sheram 2012:7

In Bangladesh the script and language have not yet been recognized officially and the medium of education among them is English and Bangla. Although, the language of them in India is the state language of the *Meitei* people of Manipur and one of 18 state languages of India. A good number of literature and works are also found in *Meitei* language in India. By using their language, some films, songs and music videos are created in there.

3.4.2.6 FOOD HABITS AND FOOD TABOO: Food is more than just a source of nutrition. In all human societies it plays important roles. Cultural groups differ markedly from one another in their beliefs and practices related to food. The most favored food among the *Meiteis* is *Chak* (rice) which they take with *Nga* (fish) and a lot of *Hingjang Napi* (vegetables). With changing pace of time the *Meiteis* are getting accustomed to different foods belonging to other culture. However intake of meat is a taboo to them from the point of their religious rules. Also, they do not take onion, garlic and instead, they take *Zanam* (one kind of leaf). Cow is particularly forbidden for them, though intake of cow milk and its product are allowed to be consumed. The *Meiteis* also eat different sorts of leaves, roots etc both as a medicine and as a food such as *Tulsi pata* (leaves of holy basil), *Nim pata*, *Sapri pata* (leaves of guava), *Kochu* (Arum) and so on. *Fakpai* and *Mayangba*

are used as spices in their community. Aged people among the *Meiteis* avoid food with high protein and fat as well as spicy food also.

3.4.2.7 DRESSES: Generally, the *Meiteis* wear the dresses which they have adopted from the Bengali culture. The *Meitei* men wear *Dhoti* and *Panjabi* or shirt like Hindu men and occasionally they add a chadder (a wide sheet) or *Shal* with dresses mentioned above. Women wear *Phanek* which is made of cotton and silk white cloth covering the lower part of their body around the waist and upper part of the body is wrapped by *Innaphi* or blouse. However, when going out of the house *Meitei* women wear *Mayek Naibi*, a type of *Phanek*. But in special occasion like wedding ceremony they go for gorgeous dress for example like, bridal dress which is unique among the *Meiteis*.

Name of the wedding dress of the bride and groom is given below:

Table-3.5: Name of the Wedding Dresses

For Bridegroom	For Bride
White <i>Panjabi</i> (Kurta or Shirt)	<i>Haraw Fee</i> (green or red velvet blouse)
White <i>Phaijom</i> or <i>Dhoti</i>	<i>Polloi</i> or <i>Potloi</i> (very much decorated Skirt or gown)
<i>Shal</i> or <i>Chadar</i> (wide sheet)	<i>Chadar</i> (white color embroidered sheet)
<i>Turban</i> (<i>Pagri</i> wear on head)	<i>Leitrang</i> (<i>Mukut</i> wear on head)

Source: Fieldwork 2014

3.4.2.8 DANCE AND MUSIC: Manipuri dance of the *Meiteis* is an indigenous cultural heritage of Manipur state in India. It is recognized as one of the eight classical dance styles of India, the others being Bharatan-atyam, Kathak, Kathakali, Kuchipudi, Mohiniyattam, Odissi and Sattriya.

Manipuri dance is purely religious and its aim is a spiritual experience. Development of music and dance had evolved from religious festivals and daily activities of the Manipuri people. *Meiteis* not only consider dance as a medium of worship and enjoyment, but also

they believe dance as a door to the divine, and indispensable for all socio-cultural ceremonies. From the religious point of view and from the artistic angle of vision, Manipuri classical form of dance is claimed to be one of the most chestiest, modest, softest and mildest but the most meaningful dances of the world. Among the classical dances of Manipuris, *Ras-Leela* is highly evolved dance drama which is introduced among the *Meiteis* in the event of the 18th century when the Manipuris were oriented to Vashnavism.

Manipuri classical dance-Ras Lila: Manipuri classical dance, the Radha-Krishna '*Ras-Lila*' is the most meaningful dances of the world, in relation to its highest form of *Sudha Swattic Gunas* (pure qualities of the Lord). The movements of the dance are very beautiful. The fixation of eyes is to the point of the tips of the fingers. The artist never looks at any person or audience as a mark of concentration to the Lord surrendering the outward world. For watching the dance or play, sitting arrangement is also done under strict religious ritualistic rule. The *Maibas*, *Maibis*, the king, the knights, the warriors, the ladies, the female, the girls etc. are given special seats. Now the technique of the presentation has been changed.

There are different kinds of *Ras-dances*. They are:

1. *Maharas* – to be played on the full-moon day of *Mera* (October) based on Shrimad Bhagavata Panchyadyaya.
2. *Kunjaras* – to be played on the full-moon day of *Hiyanggei* (November) based on Brahma Beibarta Purana.
3. *Basantaras* – to be played on the full-moon day of *Shajibu* (April) to the full-moon of *Kalen* (May) based on Govinda Lila Amrita.
4. *Nityars* – to be played on any auspicious day of ten months except *Hiyanggei* and *Shajibu* based on Govinda Lila Amrita.
5. *Dibaras* – to be played in all months on any auspicious day, based on Govinda Lila Amrita

Besides these, there are also different kinds of dances, such as *Gosthalila*, *Udhukhal*, *Ekagopi*, etc which were originated in this culturally fertile land of Manipur.

Laiharaoba: The *Laiharaoba* is a traditional dance offered in the name of three hundred and sixty four deities of the *Meiteis* of Manipur. It is the merry festival of the recollection of the creation stories played by all these deities with the first origin of this universe and evolution of the plants and animals through the will of Atiya Shidaba.

There are six major types of *Lai-Haraoba*:

1. *Kanglei (Imphal) Haraoba*
2. *Chakpa Haraoba*
3. *Andro Haraoba*
4. *Sekmai Haraoba*
5. *Moirang Haraoba*; and
6. *Kakching Haraoba*.

The different in the six festivals are very wide and broad. But, the inner significance and the gist are the same. To satisfy the gods for making human free from sickness, fearfulness, illness, and for blessing them with good, prosperous, wealthy and healthy descendants, is the only prayer song in the whole story of the festival.

In Manipuri *Ras Lila* dance is as popular as that of the Manipuri dance. They still practice the *Laiharaoba* dance which portrays the story of their creation and ancient religious beliefs. For Manipuri dance, they wear specific gorgeous dress.

3.4.2.9 SPORTS AND GAMES: *Meiteis* perform both **Indoor** and **Outdoor** games. The outdoor games are *Mukna* (the Manipuri wrestling), *Mukna Kangjei* (wrestling with cane stick), *Sagol Kangjei* (Horse Polo), *Yubi Lakpi* (the capture of coconut, like rugby), *Hiyang Tannaba* (the boat race) etc. and Indoor games are *Kang* a game which is played by both male and female Manipuris.

Outdoor games:

1. *Mukna* (Manipuri wrestling): It is a very popular game of two persons who are trained by the village *Ojha* (Master), and the winner receive the title of '*Jatra*' (Unbeaten or Champion) person.

2. *Mukna Kangjei* (*Khong Kangjei*): It is played by two teams, each team consists of seven players. All players hold a natural cane stick with root, gradually increasing the size of the root, to the length of about seven inches to play the ball made out or seasoned bamboo rots of approximately a diameter of four inches.

3. *Sagol Kangjei* (*Kangjei* on horseback): It is also played between two teams of seven players in each side. It requires perfect control over the pony, the stick and the ball.

4. *Yubi Lakpi* (Capture of Coconut): Before starting of this game, players rub their bodies with mustard oil and water to make the body slippery so that players can escape the catch of opponent players and the coconut is placed in front of the seat of the chief guest.

5. *Woolaobi*: It is mainly played by the female. This game is very much similar to that of Kabaddi in India. Here, players are divided as: a) Raiders (Attackers) and b) Defenders (Avoiders).

6. *Hiyang Tannaba* (Boat race): This game is a traditional function of the *Panas*. This is held during the month of November.

7. *Arambai Hunba*: This game is displayed even now, during the festival "*Kwak Jatra*" after Durga Puja.

Indoor Games:

1. *Kang*: It is played by both male and female *Meiteis*. It is believed that Manipuris began to play this game well before Vashnavism came to Manipur.

From the above games, Manipuris play all of their games as a ritual based performances. The people of the Manipur play these games in different form. Although, the people of the urban areas face difficulties because of absence of proper places of the games.

3.4.2.10 HOUSING STRUCTURE: Most of the Manipuri houses in the study area are plastered with mud and the roofs are made of thatch or tin. Very few houses are made of bricks. Interestingly Manipuri housing structures in urban areas give a different look. However, to build a house in rural or urban areas, they try to maintain their traditional housing structure as far as possible.

The traditional house of the *Meiteis* called *Yumja*. For the coming generation it will be an extinct art or entity. Manipuri housing pattern follows certain design based on their religious rules. Every single house is needed to be constructed with the front of the house facing the east. They believe that it is good for health and since they are the descendants of the Sun God, the first ray of the rising sun will fall on the front if the design of the house is done accordingly. In rural areas the *Meiteis* use local materials like bamboo, wood, grass etc. for making their houses which are available in their surroundings.

The house building technique of the *Meiteis* is very simple, scientific and Philosophical. It can control the temperature inside the house automatically. In every *Meitei* house there is a fireplace in the middle of a house called '*Sanamahi*'. A true follower of the *Meitei* tradition shall never give a partition in the inner portion of a house. All the dwelling houses face eastward having a large open Verandah. In constructing a resident or house, *Meiteis* always give importance to their healthy and suitable life.

3.4.2.11 SOCIAL CONTROL SYSTEM: *Meiteis* practice traditional social control laws. Village council of the selected members and respected elders of the community, *Panchayet* plays the role of mediator or decision maker in case of disputes arising in their community. Recently, younger generation among the *Meiteis* has initiated to play role differently in social development and control.

3.4.2.12 SOCIAL CHANGES: With the passage of time, the Manipuris are assimilating external cultural patterns from the Bengalis and western cultures. This assimilation is clearly visible in their dress pattern, household furniture, food habits, adoption of modern-medical treatment etc. In Manipuri society, the people are going out for education, business and service. Many Manipuris are presently active in different kinds of economic activities for supporting their life and living.

3.4.3 Economic Organization: The economy of the Manipuri people are mainly agriculture-based. Manipuris keep themselves busy in different activities of agriculture within their own village areas. Manipuris residing in the urban areas are engaged in business and various types of occupations. Manipuri women also contribute in the household economy by producing different handloom products. The products from their handloom are found in commercial markets of Bangladesh and have great demand. These economic activities run their economic organization which are discussed below:

3.4.3.1 ECONOMY: The economy of the Manipuris is mainly based in their agriculture that is mentioned above. They cultivate different types of seasonal crops, for instance Aus, Aman, Boro and other crops in their land. They also grow a variety of other crops that include rubber, sugarcane, tobacco, oranges, and pineapples. They cultivate different types of vegetable especially in their homestead land. This vegetation work is mostly done by the Manipuri women. In agricultural works, women help their male mates in many ways. For instance, they plant paddy in the land and participate in crop harvesting. During processing and preserving the paddy, women play an important role in Manipuri community. Solvent women are usually keep themselves aloof from such activities.

The traditional handloom productions of the Manipuris contribute meaningfully to the economy of the community. In village areas, most of the families are related with this activity. The women produce shares, shawls which have great demand in the outside market. They also made bed sheet, bed cover, and pillow cover and so on. These handicraft products are quite popular among the common people of Bangladesh.

3.4.3.2 LAND OWNERSHIP: Most of the Manipuri families own small amount of land. No-one owns an abundant amount of land. Landlessness in recent years emerged as a great threat for the Manipuri people. The people who are landless go for share cropping with the owner of the land. One of the biggest reasons for Manipuri's present landlessness situation can be traced back to the time of Bangladesh liberation war. At that time a large number of the community people were forced to flee across the Indian border to escape the threat of Ethnic violence. It was then at that period the Manipuris were forced by the majority Bengali neighbors to sell their land at a very low price. If someone refused to sell they

were subjected to threat and torture. As a result, many of them left their land unprotected or under the custody of their majority neighbors. After independence many Manipuris returned to their homes. Unfortunately, by the time their land had been grabbed by the dominant majority by producing fake documents. (Ahmed and Singh 2007:55 & 56).

3.4.3.3 OCCUPATION: As mentioned earlier that the Manipuri economy is based on agricultural activities and thus basically they are farmers. Besides agricultural activities some of the Manipuris in the study area are also engaged in different professions like government service, private jobs, laborer, business etc. There are some people with higher education among the Manipuris. These people work as doctors, engineers and hold other jobs. Also, some of the Manipuris have earned technical skill in some special occupation for instance jeweler's work, carpentry, motor mechanics etc. One of the inherited qualities of the Manipuris is their skill in handloom and handicrafts. As producers of Manipuri artifacts, made by the *Meitei* women quite known in Bangladesh and abroad as well.

3.4.3.4 INHERITANCE OF PROPERTY: The *Meiteis* have patriarchal family structure with father as the head of the family. Children get the family name from their father's heritage. Father reserves the right of distributing the family wealth among his children. Traditionally the daughters cannot inherit father's wealth. But for socializing, parents provide all kind of support to their daughters. Though *Meiteis* social structure is patriarchal in nature but at the same time women are respected in their society. Thus a woman may and can act as the head of her household if her husband is no longer alive.

Manipuris have their own history of settlement pattern, unique physical characteristics from other communities, distinctive living pattern and socio-economic context. Due to wars and conflicts and other socio-cultural issues they migrated from Manipur India to different areas of Bangladesh. They have their rich cultural heritage which provide them own identity. In spite of urbanization and impact of modernization, they have been trying hard to maintain their traditional culture and different activities.

CHAPTER: IV

ETHNO-MEDICINE
AND ETHNO-

M
PR
BAN
THE
WOR

ETHNO-MEDICINE
AND ETHNO-
MEDICINAL
PRACTICES OF
BANGLADESH IN
THE CONTEXT OF
WORLD MEDICINE

4.1 Ethno-Medicine: An Overview

**4.2 World's Medicinal Tradition: In the
Context of Drug History**

**4.3 Pluralistic Medicinal Setting in India
and Bangladesh**

4.4 Medicinal Tradition of the Manipuris

CHAPTER: IV

ETHNO-MEDICINE AND ETHNO-MEDICINAL PRACTICES OF BANGLADESH IN THE CONTEXT OF WORLD MEDICINE

Bangladesh is a country with diverse cultural heritage. The population of Bangladesh consists mainly of Bengali speaking population but within its political boundary reside numbers of different ethnic minorities with their illuminating lifestyle. The presence of these ethnic communities has enriched the social and cultural life of the country as a whole. The population of Bangladesh depend on a pluralistic medicinal setting available in the country for their health care needs. The people have adopted different health related activities and practices from different cultures in different stages of its history. In Bangladesh people in general seek treatment mainly from these sources; Ayurveda, Homeopathy, Unani, Allopathic and others. Besides, there are indigenous systems of healing to which people are also adhered to. Thus diverse groups of population in Bangladesh have to depend on a pluralistic arrangement for their health and healings.

Different ethnic communities living in Bangladesh also have their own medicinal traditions. Likewise, the Manipuri community also has pluralistic medicinal setting; although they are free to choose other options of treatment available in the country. Ironically, in many instances people have little or no access to the available modern biomedical health care facilities due mainly to economic reason or because of communicational problems.

In this chapter, I made an effort to explain ethno-medicine and ethno-medicinal practices in the context of world medicinal history. Also, I tried to describe the medicinal settings of Bangladesh. And finally, I analyzed the medicinal setting of Manipuri community living in Bangladesh.

4.1 Ethno-Medicine: An Overview

Ethno-medicine is a term that refers to a wide range of healthcare systems/structures, practices, beliefs, and therapeutic techniques that arise from indigenous cultural development. Ethno-medicine is also taken to mean the study of these systems and

techniques more so from the sense of placing them into an anthropological context rather than evaluating their effectiveness using the scientific method. Either way, such healthcare systems don't necessarily follow the structure of modern or 'Western' medicine. Instead, these healthcare practices are based on the unique culture that has arisen from native/indigenous groups of people (<https://study.com/academy/lesson/ethnomedicine-definition-examples.html>, 31.01.2018). The blog namely 'Society and Culture' stated "Ethnomedicine implies something other than biomedicine- something more ethnic, less scientific and more magical" (<http://society--culture.blogspot.com/2017/01/what-is-ethnomedicine.html>).

Ethno means race, people, or cultural group, and ethno-medicine is simply the study of the medical systems or healing practices of a cultural group (past or contemporary), the comparison of such systems, and increasingly the concurrent use of different ethno-medicines (Brown and Closser 2016:189). Marsha B. Quinlan said that "ethnomedicine includes how people think and how people act about well-being and healing" (Singer and Erickson 2011: 381). Krippner defined ethno-medicine as "...the study of traditional medical practice which is concerned with the cultural interpretation of health, diseases and illness and also addresses the healthcare-seeking process and healing practices"(Krippner 2003). According to 'Dictionary of Complementary and Alternative Medicine' "Ethno-medicine is the comparative study of native or indigenous systems of medicine. The topics of the study generally include etiology of diseases, practitioners and their role in health care, and types of treatment administered" (Jonas: Mosby's Dictionary of Complementary and Alternative Medicine. © 2005, Elsevier). The ethno-medical perspective focuses on health beliefs, cultural values, and social roles. A. McElroy stated that this field of knowledge originally was limited to the study of primitive or folk medicine, but now also it has come to mean the health maintenance system of any society (D. Levinson, M. Ember (Hrsg.), Encyclopedia of Cultural Anthropology. Henry Holt, Newyork 1996).

Stanley Krippner in his paper entitled 'The Future of Ethnomedicine' viewed that the typical ethno-medical topics include causes of sickness, medical practitioners and their roles, and specific treatments utilized (Krippner 2009:574). In comparing between 'western medicine' and 'traditional medicine', Krippner viewed that western biomedicine put emphasis upon "curing" (removing the symptoms of an ailment and restoring a patient to health), while traditional medicine focuses upon 'healing' (attaining wholeness of body, mind, emotions, and /or spirit). Cassell (1979) further claimed that allopathic biomedicine

treats disease but not illness (Krippner 2009). Krippner presented some data of Kaufmann about biomedicine. These are:

1. “In the United States, 200,000 people die each year from medical mistreatment.
2. “1.5 million People are injured each year in the United States by medication errors, including the poor handwriting of some physicians that leads to incorrect prescriptions being filled. The cost of treating victims of these errors exceeds 3.5 billion dollars (U.S.).
3. “Some widely prescribed drugs are ineffective for more than half of the patients to whom these are prescribed.
4. “Many surgical procedures are unnecessary, and some sicknesses are “constructed” by pharmaceutical companies, business corporations, and the medical system to insure profits” (Krippner 2009).

In his paper, Krippner delivered the above data to throw a light on the biomedicine and its effectiveness. He also has shown the causes of sickness in indigenous medical belief systems. In that he said indigenous medical system believe that “sickness is caused by the loss or capture of a client’s soul, or part of the soul, or one of the souls. As a result, soul has left the client’s body, has entered another realm, and the client suffers as a result. In treatment of the sickness, practitioners try to recapture the soul and restore the balance of spiritual forces of the client. In latter instance he said, sickness is causes by the intrusion of a real or symbolic object within the individual; these objects range from pebbles to small animals to chunks of plastic to toxic substances such as various. In that, treatment involves an intervention to remove, kill, or neutralize the intruding objects, restoring the client to health” (Krippner 2009:574).

As mentioned earlier that of the total world population 80 percent rely predominantly on plants and plant extracts for their healthcare. Though, these components of ethno-medicine have long been ignored by many biomedical practitioners, but in present day world the use of plants as core ingredients of ethno-medicinal treatment is considered as one of the most successful medication procedure and is now being used widely by the pharmaceutical industries. Some outstanding medicinal drugs have been developed from the plants those are used in ethno-medicine. Some of these include, vinblastine and vincristine from *Catharanthus roseus* (the periwinkle) used for treating acute lymphoma, acute leukaemia etc, reserpine from *Rauwolfia serpentina* (Indian snake root) used for treating hypertension, aspirin from *Salix purpurea* (willow) used for treating inflammation, pain

and thrombosis and quinine from *Cinchona pubescens* (cinchona) used for treating malaria (Williams 2006: 215).

Beside herbal remedies, the spiritual aspects of health and sickness have also been ignored by biomedicine practitioners, but are considered as an important aspect of ethno-medicinal healing procedure. The ethno-medical system has two categories of disease etiology-natural and un-natural (Supernatural) causes. Cold, heat and possibly by an imbalance in the basic body elements are believed to be the causes of natural illnesses. On the other hand it is believed that un-natural illnesses are caused by supernatural forces, such as by spirit or human agents or caused by God (Williams 2006: 215).

Bio-medicinal practitioners claimed that the ethno-healers are not trained practitioners where they are highly respected as skilled and knowledgeable persons in their own communities. Biomedicine practitioners provide their full attention on a patient with their names and symptoms of diseases only. But ethno-healers on the other hand, try to know the private life of their clients to heal a person in totality.

For about a decade, research interest and activities in the area of ethno-medicine have increased greatly (Williams 2006:215). Some institutions in the USA have incorporated many of the ethno-medical activities into their services. Beside the poor, the people from all social classes have been returning to the traditional healthcare system especially in North America, Europe and the Caribbean (Williams 2006:215).

Brown, Barrett and Padilla considered that there are five major areas of research for studying ethno-medical systems by the medical anthropologists. They are:

1. Ethnographic description of healing practices.
2. Comparison of ethno-medical systems.
3. Explanatory models of health and sickness.
4. Health-seeking behaviors; and
5. The efficacy of ethno-medical systems (Brown and Closser 2016:14).

Based on the above discussion, we may say that ethno-medicine has been playing an important role in many countries in particular where access to biomedicine for general mass is difficult. Economic hardship barred many people in different communities of the present day world to get access to adopt expensive biomedical treatment. However; there

is no denying of the fact that in many of the countries of the world; people adhere to traditional treatment due to their cultural believes too. Again for mistreatment of biomedicine, many of the people in the world has been tilting towards the traditional treatment.

4.2 World's Medicinal Tradition: In the Context of Drug History

In the present day world diverse medicinal systems are in existence having their own historical tradition. Each and every medicine has its own history and every medicine has passed through a cultural tradition.

Human beings belonging to different cultures and societies avail health care options for keeping themselves well and healthy by controlling illnesses and diseases by taking help from available health care system in their own cultural surroundings. In the remote past prior to modern scientific medicine, it was medicine man, the priest, the herbalist and the magician were the healers of diseases and brought relief to the sick (Park 2015:1). Modern health care system evolved through different stages of experiment and innovations and the process is still continuing. The medical historian Henrey Siegerist has stated that “every culture had developed a system of medicine, medical history is but one aspect of the history of culture” (Park 2015:1). I explained here about different medicinal culture in the context of medicinal development.

In ancient time, medicine was dominated by magical religious beliefs. During that period health and illness were interpreted from a cosmological and anthropological perspective. Dubos said that ancient medicine was the mother of sciences and played a large role in the integration of early cultures (Park 2015:1).

Around 5000 B.C., medicine became intermingled with superstition, religion, magic and witchcraft. Thus, it has been truly said that medicine was born out of necessity of human beings (Park 2015:1). In ancient times, when the people fell sick, they try to get relief from the illnesses and used the certain stuffs as medicines that were available within their social surroundings. In this stage of human civilization, people used to explain their sufferings as wrath of gods or for evil spirits or due to the evil influence of stars and planets. People considered that diseases occur for supernatural causes. Consequently the treatments for healing were sought through prayers, rituals and sacrifices. People look the charms and

amulets to protect themselves from various diseases and sufferings. They also used different plants and herbs as medicines which otherwise were harmless but could heal diseases. Also evidences of using tools for treatment by the prehistoric humans such as for trephining of the skulls was traced in history. (Park: 2015:1).

Ayurveda and Siddha are the medical systems which are truly Indian in origin. The origin of Ayurved could be traced far back to the Vedic times, back to 5000 B.C. The celebrated authorities in Ayurvedic system of medicine of ancient India were Atreya, Charaka, Susruta and Vagbhata. Atreya (about 800 B.C.) is the first great Indian physician and teacher. Charaka mentions some 500 drugs. Susruta is the “father of Indian surgery” who compiled the surgical knowledge of his time in his classic “Susruta Samhita”. This classic knowledge includes surgery, medicine, pathology, anatomy, midwifery, ophthalmology, hygiene and bedside manners. The Siddha system is practiced in the Tamil-speaking areas of South India. There also were some other systems of medicine practiced in ancient India but were not of Indian origin. For example the Unani-Tibb system of medicine was introduced into India by the Muslim rulers in and around 10th century A.D. basically this system of medicine originated in ancient Greece and was later transmitted to the east by the Arab scholars. After British conquest, Homeopathic system of medicine was introduced in India. This system of medicine was discovered by Samuel Hannemann (1755-1843) in Germany. Both Unani-Tibb and Homeopathy are still very much popular in the countries of Indian subcontinent. These medicinal systems have become an important part of Indian health care culture (Park 2015:2).

In the development of medicine Chinese civilization played a great role. It is believed that Chinese medicine originated back in 2700 B.C. It claims to be the world’s first organized body of medical knowledge. The yang and the yin- these are the two opposing forces which are considered as base of Chinese medicine. The Chinese traditional physicians combine the hygiene, dietetics, hydrotherapy, massage, drugs in their medicinal practices. The Chinese people have great faith in their traditional medicine, and it has been integrated with modern medicine. The Chinese system of “barefoot doctors” and acupuncture are popular healthcare system in today’s world (Park 2015:2).

In Egyptian civilization specialized health care system prevailed. People could get specialized medical supports from Eye Specialist, doctors of head related diseases and Dentist. These healers were state employed physicians. In Egyptian medicinal system it

was believed that diseases were caused due to absorption of harmful substances in the intestine that increase of putrefaction in blood and consequently pus forms in the body and people fell sick. Egyptians believed “The Pulse is the speech of the heart.” During ancient period in Egypt, diseases were treated with cathartics, enema, and blood-letting and by application of wide range of drugs. The best known medical manuscripts belonging to the ancient Egypt are the Edwin Smith Papyrus (3000-2500 B.C.) and the Ebers Papyrus (1150 B.C.). The first one is the oldest treatise on surgery and second one is a unique record of some 800 prescriptions based on some 700 drugs. The Egyptian physicians used castor oil, tannic acid, opium, turpentine, gentian, senna, minerals and root drugs for treating different diseases. For about 2,500 years, Egyptian medicine occupied a dominant position among different health care systems of the ancient world. Later this system was replaced by Greek medical system after Egypt went under Greek domination (Park 2015:2, 3).

Around 6000 years ago in Mesopotamian (Present day Iraq) civilization developed an unique system of health care. The basic concepts of medicine in Mesopotamian civilization was based on religious doctrines, and had been taught and practiced by medicine man known as herb doctors, knife doctors and spell doctors. Sumerians, Babylonians and Assyrians civilizations were the creator of a medical astrology that flourished in the whole of Eurasia. From Mesopotamia, the oldest medical prescription dating back to 2100 BC was discovered. Laws relating to medical practice were contained in the Babylonian Code of Hammurabi, the very first codification of medical practice (Park 2015:3).

The period from 460 to 136 B.C. is considered as the classic period of Greek medicine. This period provided a new direction to medical science. Rejecting the supernatural theory of disease, during this period the Greek physicians looked upon causation of diseases as a natural phenomenon. Greeks believed that earth, air, fire and water – these are four elements with which matter is formed. According to Greek medicine, good health prevail when these four elements remain in equilibrium and when the balance is disturbed, people fell sick. In Greek civilization, dichotomy between curative medicine and preventive medicine began and still has been continuing. Hippocrates (460-370 B. C.) who is often called the ‘Father of medicine’ was from Greece. Later, Alexandrian scholars compiled the lectures and writings of Hippocrates in 72 volumes. These writings contain the first scientific clinical case histories. Famous Hippocratic Oath has become the keystone of medical ethics. He was, in fact, the first true epidemiologist. The Hippocratic School inspired the Alexandria school, and the Arabo-Persian medicine (Park 2015:3, 4).

Greek civilization was followed by the Roman civilization. The center of civilization shifted to Rome by the first century B.C. The Roman people were more practical-minded than the Greeks. With the development of public baths, sewerage systems and aqueducts, an effective public health care system developed in Rome. Romans ensured access to pure water for all the citizens through aqueducts, drained marshes to combat malaria, built sewerage systems and established hospitals for the sick. Among Roman medical teachers, Galen (130-205 A. D.) was an outstanding figure. He was far ahead of his time in his views about health and disease. He was the author of some 500 treatises on medical subjects. European medicine had greatly been influenced by the writings of Galen (Park 2015:4).

The period between 500 and 1500 A.D. is generally known as “Middle Ages” in history. During this period no remarkable progress of medicine was made and as such it could be termed as the “Dark Ages of medicine”. In this period, the medicinal practice reverted back to primitive medicine dominated by superstition and dogma. But this was the period when, the golden age of Arabic medicine (800-1300 A. D.) started. In this period, Arab scholars translated the Greco-Roman medical literature into Arabic and helped in preserving the ancient knowledge of Medicine. Based on Greek medical knowledge Arabs developed their own medical system which is popularly known as Unani system of Medicine. They founded schools of medicine and hospitals. Arab physicians introduced a wide range of syrups, oils, poultices, plasters, pills, powders and aromatic waters. Later Arab system of medicine influenced Christian Europe and led to the establishment of hospitals in different parts of the continent. The first hospital on record in England was built in York in 937 A. D (Park 2015:4).

The revival of medicine encompasses the period from 1453-1600 A. D. for many historians. The 17th and 18th centuries were full of events of exciting discoveries in medicinal tradition (Park 2015:5). After passing through different stages the modern medicine became established and took its position with other options of healthcare that exist in the present day world.

4.3 Pluralistic Medicinal Setting in India and Bangladesh:

The healing tradition of Bangladesh is an intermingling of different medicinal practices. In most countries of the world pluralistic medical setting exists. Bangladesh and India also

have a pluralistic medical system. Indo Bangladesh medical tradition has developed through contact of different medical knowledge in different historical periods. Since both India and Bangladesh are countries of south Asia, both maintain some common characteristics which also has influenced in shaping many matters related to their medical history. In the following passages a general discussion on medicinal culture of India and Bangladesh is presented.

Hans A. Baer in his write up ‘Medical Pluralism’ describes the basic tenets of medical pluralism in India as compared to medicinal practices in other countries. In his writing Baer referred to the work of Leslie (1977) who has conducted his study on medical pluralism in India. Leslie delineates five levels in the Indian dominative medical system:

- (1) Biomedicine, which relies upon physicians with medical degrees;
- (2) “Indigenous” medical systems, for which practitioners needs to have degrees from Ayurvedic, Unani, and Siddha medical colleges;
- (3) Homeopathy, whose physicians have to complete correspondence courses;
- (4) Religious scholars or learned priests with unusual healing abilities ; and
- (5) Local folk healers, bonesetters, and midwives (Ember and Ember 2004: 111).

In early 1970s, India had 400,000 practitioners of Ayurveda, Unani, and Siddha compare to 150,000 biomedical physicians. In India there are 95 biomedical schools, 92 Ayurvedic colleges, 15 Unani colleges, and a college of Siddha medicine. Ayurveda is based upon Sanskrit texts, Unani on Galenic and Arab medicine, and Siddha on South Indian humoralism. Homeopathy entered India as a European import which later became a standard component of Ayurveda (Ember and Ember 2004: 111). In India, biomedical practice dominated other options of healthcare system although homeopathy, Ayurveda, Unani and some other medicinal products have increasingly becoming commodity of industrial production in India now a days (Ernst 2002:184).

It has already been mentioned that in Bangladesh a pluralistic medical setting is observable. In this pluralistic setting of healthcare, Ayurvedic, Unani, Homoeopathy, Kaviraji, Biomedicine or Allopathic medicine and so on do exist side by side. A large numbers of people in Bangladesh prefer to use folk medicine especially in rural areas of Bangladesh. Traditional folk based medicine practitioners of Bangladesh mostly provide plants and herbs to their patients for healing from ailment. The ethnic communities of Bangladesh depend largely on their own traditional healing procedure alongside with other

options of the healthcare available in Bangladesh. Most of the people residing in rural areas of Bangladesh are poor and their access to biomedicine is limited as a healthcare options. Again many wealthy people having ability to afford biomedicine to treat their ailment but in actual they prefer indigenous medicines due to their social mindset that supports customs and cultural bindings. Even in urban areas, many people still use folk medicine because of their traditional beliefs. In both urban and rural settings of Bangladesh there are clinics and hospitals with biomedical doctors, chambers of Allopathic healers, homeopaths, Unani practitioners with institutions and so on.

4.4 Medicinal Tradition of the Manipuris:

Manipuris are the original inhabitant of the state of 'Manipur' in India. A large section of Manipuris migrated to Bangladesh long back and settled mainly in greater Sylhet region. Among more than forty five different ethno-linguistic groups of Bangladesh, Manipuris are one of the largest communities (Ahmed & Singh 2007:17 & 19). Like other Bangladeshis 'Manipuris' also seek health care within a pluralistic medicinal setting of the country but side by side Manipuris also have their own traditional healing system on which they have great faith. The Manipuris generally prefer to seek health care options from their own medicinal setting along with other options of healthcare available in the country.

The Manipuri traditional healers in the study village are termed as *Maibas* (the male healers) and *Maibis* (the female healers). In traditional healing practice these healers apply different options available to them. The Manipuri people can choose their treatment options from their traditional medicine as well as from the other medication program available in the country such as from Ayurveda, Homoeopathy, Kabiraji, biomedicine and so on, which are available in medicinal practices of Bangladesh.

Loitongbam Sunita Devi has shown the different categories of the treatment system of the Manipuris of India in her article entitled "Ethno-medical Practice in Manipur: A case of Evil Eye". She mentioned about different types of medicinal practices of the healers. In healing practices of the male healers, she provides the following categorization:

1. *Maiba*, is a man who performs rituals as a priest, especially during the festival of *Lai-haraoba*.
2. *Maiba* who is a medicine man includes:

(a) Man who performs the rituals, which are related to the treatment of *Hingchabi Changba*.

(b) Man who can cure ailments like stomach ache, fracture, sprain, boils etc.

3. *Maiba* as a shaman who performs magic that may be good or bad.

4. *Maiba* who performs a ritual for benevolent purposes (Devi 2003:25 & 26).

Devi mentioned that it is not necessary for a particular *Maiba* to perform a specific function or duty as mentioned above. A *Maiba* can perform either one or more duties at a time (Devi 2003:26).

The female healers or *Maibis* can perform different duties and functions as Devi has mentioned in her article. These are:

1. *Maibi*, who performs rituals as priestess. Alongside with different activities, this type of *Maibis* performs as mediators between gods and human beings.

2. *Maibi* who attends a delivery or midwife.

3. *Maibi* as a witchcraft, performs the ritual for good or bad purposes. A *Maibi* can also do this type of work (Devi 2003:26).

In another article, Hemlata Devi, Kaushal, Katewa and Joshi have shown that the fishermen of the Manipur community in India believe in different causes of illness. Wrath of god or goddesses, evil spirits, breach of taboo, sorcery, natural agencies etc. are considered as the major causes of diseases and illnesses by the community people. They provide some categories among the *Maibas* and *Maibis* in treatment system (Chaudhury 2006:143, 144 & 145).

Among *Maibas*, they are divided into four types according to their specialization:

1. *Maiba* who is a ritual performer, act as a priest.

2. *Maiba* as a medicine man, who can perform the rituals drive away the evil- spirits and cure ailments which are caused by the natural agencies also.

3. *Maiba* as a shaman, who performs magic that may be good or bad. If 'A' done black magic with the help of ghosts, 'B' of such category will remove it.

4. *Maiba* who perform as a specialist in delivery time (Chaudhury 2006:145 & 146).

The *Maibis* are divided into three types by the authors according to their duty:

1. *Maibi* who perform rituals as priestess.

2. *Maibi* who attends a delivery or a midwife known as *Mayokyabi*.
3. *Maibi*, a woman who participates in witchcraft (Chaudhury 2006:147).

There are also some other categories of the healers who perform magico-religious activities, provide naturalistic medicine and treat the patient through massaging (Chaudhury 2006:147 & 148).

Performance and activities of different categories of *Maibas* and *Maibis* in India, may vary in some instances. The activities of the practitioners in some cases overlap with each other. Even activities of the Bangladeshi Manipuri healers may differ from the practices of their counterparts in India. Some activities which are restricted for the female healers in India those are performed by the male healers in Bangladesh.

In next chapter, I made an attempt to explain the practice of ethno-medicine among the Manipuris on basis of empirical data of the research.

CHAPTER: V

PRACTICE OF
ETHNO-MEDICINE
AMONG THE
TH

**PRACTICE OF
ETHNO-MEDICINE
AMONG THE
MANIPURIS OF
THE STUDY AREA**

5.1 Types of Ethno-Medicinal Treatment of the Manipuris and Its Procedures

5.2 Categories of the Diseases and Illnesses and Medicine among the Manipuris

5.3 Health-Seeking Behavior of the *Meitei* People in Study Area

5.4 Knowledge Tradition: Transmitted into Generation to Generation

CHAPTER: V

PRACTICE OF ETHNO-MEDICINE AMONG THE MANIPURIS OF THE STUDY AREA

Within Health Care Pluralism in both developed and developing countries, people in general along with biomedical and other therapeutic options, also depend on ethno-medicine for their health care and healing. Although, biomedicine itself is an ethno-medicine of western culture as it is recognized as a professional sector in healthcare system for all over in world. The unprecedented development of biomedicine in contemporary world, ethno-medicine even retains its popularity for many people in much culture. Thus, ethno-medicinal research both in social and medical sciences is an emerging field of studies in present world. There are multifarious reasons for such acceptance to the users of ethno-medicine. Due to the high cost of biomedical treatment in several circumstances to many of the people, especially who are insolvent in economically, its side effect in human body, misconception about biomedicine etc. sometimes barred people to go for biomedicine and instead, they prefer ethno-medicine for health and healing, which is cost effective, easily accessible particularly for rural or remote people in world and has little or no side effects. Besides the above, the basic reason for people's dependence or preference for ethno-medicine is rooted in the cultural beliefs, customs and various rituals of different communities. Based on these beliefs, customs, and rituals, people mostly prefer to go for ethno-medicine and take service of the ethno-healers for various remedies of them.

Among all the ethnic communities in Bangladesh, Manipuri population is more familiar for their rich culture that they practices. Inside cultural practices of the Manipuri community, the healing system of them has a distinct nature that is rooted in their religious beliefs, rituals and cultural practices. 'Manipur' in India, the ancestral territory of the Manipuris is also popular for their traditional healing method as famed for their other cultural activities of the community. In Manipur, there are established an institute named '*Maiba Loishan*' that has been providing training to the healers of Manipuri community who are known as *Maibas* and *Maibis*. In order to promote this inherent healing procedure of them, the *Maiba Loishan* has functioned as significantly in healing tradition of their community. For providing precise training of the healers, the institute has to go through a rigorous procedure as the healers can prove their skill and ability for becoming a member of *Maiba Loishan*.

In Bangladesh, there is no authorized institute like *Maiba-Loishan* of Manipur for the traditional healers of the Manipuris and as such some of the healers go to Manipur for receiving healing training from the *Maiba Loishan*. This lessons of ethno-healing also passed through generation to generation by practicing and the healers receive their training in traditional remedies from the aged experienced members of their family. Moreover, some of the healers receive healing knowledge from skilled experienced healers of the community. Also there are few healers in community who claim to have special ability to heal that they achieve from their dreaming influence. However, the activities of the ethno-medicinal healers among Manipuris residing in the urban centers is relatively diminutive and is threatened by the intrusion of modern lifestyle but among the rural Manipuris it is quiet popular. Over that, some Manipuri healers in urban areas have their own chambers from where they try to provide their services to the patients. These patients belong not only from Manipuri community but many also come to the healers belonging to different group of people like Muslim, Hindu, Cristian and Buddhist also visit the chamber of these Manipuri traditional healers for receiving their treatment.

5.1 Types of Ethno-Medicinal Treatment of the Manipuris and Its Procedures:

Even with the advent for modern medicine, the traditional system of treatment is more or less still active among the *Meitei* community. There are two groups of traditional healers based on gender role have been found among the *Meiteis* in this study. They are ‘*Maiba*’ and ‘*Maibi*’ in namely where ‘*Maiba*’ is male healer of the Manipuris and the female healer is called ‘*Maibi*’. These two terms originated from *Meitei* word ‘*Amaiba*’ and ‘*Amaibi*’ respectively. There are some differences in the treatment strategies and techniques applied by the *Maibas* and *Maibis*.

Maibas or male healers differ in treating their patients by diverse procedures of treatment such as:

Type:1 the men who perform religious rituals in a temple. Generally they execute their role as priest in the community. Many of them also practice in ritual based healing to treat a patient for recovering from different illnesses or difficulties. In this case, they provide

sacred spell, blessed water with puff and also by offering prayers to gods or goddesses they seek divine help for healing their patients.

Type:2 the healers who are also recognized as *Maiba* in *Meitei* community, providing treatment to their patient generally by using herbal medicine.

Type:3 there is another group of *Maibas* in Manipuri community those who practice a special method for healing ailments. This is a distinct skill that few *Maibas* can achieve and apply as for healing purposes. The treatment known as '*Puk-Shuba*' among the *Meitei* healers. In healing, this type of *Maibas* press the nerves around the navel of a patient. During the diagnosis they can say the situation and condition of a patient and even can assume whether the patient took any treatment before. It is believed that this type of *Maibas* is capable of predicting the time of death of a dying patient or a person with the help of this method.

Type:4 one more group of *Maibas* is found in Manipuri community who have divine power to heal a patient that they claim. They deals with those things which are beyond the existing or physic world. Sometimes this type of *Maibas* accomplishes their duties by preventing illness of the person. For treating patients they follow a process by using sacred spell, amulet and magic. They asserted that they can realize their patients or sufferers from the bad curse and magic spell also. Interestingly the treatment variations that are mentioned by the above types often are overlapped in many cases. In this study, I observed that in most settings the *Maibas* applied their treatment method by following one or more of the above procedures for treating their patients.

Again among the *Maibis* or female healers of the Manipuris, there are variations in their techniques and procedures of providing treatment and services to patients. These are as follows:

Type:1 there are some *Maibis* in Manipuri community who deal with the treatment of pregnancy period of the women and also deliver their health care services in time of childbirth as birth attendants. In this case, they provide different advices to expecting mothers during pregnancy period and help to raise health consciousness among would be mothers. Also, they practice some more rituals during their treatment phases that will be described elaborately in section of treatment procedures.

Type:2 one group of female who are basically devotees and worshipper in temples, also can treat patients occasionally with the help of worshipping deities, performing rituals and through spell. In Manipuri community they are also considered as *Maibis*. These *Maibis* provide their services to help the people through performing their rituals beside other regular religious duties of theirs. In the study area, some *Maibas* were also found, who follow the above process of the *Maibis*. One group of them help to locate those persons or matters who are responsible for the illnesses and sufferings of the people. In that cases, they relate their inner power through meditation. This type of practitioners also apply their method to trace the valuable things that have been stolen by thieves or lost. They try to identify the lost article or the person who has stolen the stuffs. Manipuris believed that in most instances these *Maibis* and also *Maibas* within a little period of time could detect the lost object or locate the person who has stolen the stuffs with the help of their spiritual power through performing certain rituals.

However, the above group of practitioners has been found during this research in Manipuri community. They are skilled specialists equipped with their technique, well versed in applying meditational power along with some ritual practices. They generally try to provide relief to the victim from their problem. Also they help persons who fall prey of their enemies through providing the psychological and physical supports. These supports from the *Maibas* or *Maibis* provide psychological wellbeing and well health to the victims or the patients. This has been discussed in the chapter related to ethno-practice of Manipuri practitioners for their psychological curing of the victims from their unexpected conditions, created by the bad people.

Type:3 some of the *Maibis* exist till today and perform their ritualistic healing through shamanic practices in Manipuri community. They are very knowledgeable about both white and black magic. However, most of them apply their knowledge for benevolent purposes of the people in society. In this way they try to improve the health condition of the people and relieve them from different malevolent activities created by their enemies or bad people and also from unkind deeds of nature. They also provide their services for the people in terms of social welfare for the society at large. For instances; to save the crops from storm or floods, they perform some rituals through praying and reciting sacred spells of theirs. Also they claim to have power to bring rain to protect paddy from drought. For the purpose they create a magical surrounding by using their shamanic power. Moreover, they even can predict the proper time of rain and storm so that farmers can take

care of their crops. Through worshipping and offerings to the god or goddesses and performing various rituals, *Maibis* extend helping hand to the community people to overcome their difficulties.

Type:4 A group of *Maibis* in Mainipuri community deal with herbal medicine for the treatment of various diseases and illnesses of the patient. They also concern about women health and their treatment. Therefore, they apply their medicine for preventing and curing female health related problems. To provide the treatment, this group of *Maibis* prescribe the patient to take specific herbal medicine only or with one or more treatment procedures of them depending on the nature of diseases and illnesses of the patient. In case of more procedures of treatment applying, they provide sacred charms and amulets of them, holy water after blowing holy spell over the water for feeding or by sprinkling over the patient and other treatment methods with their herbal remedies.

In the above types of *Maibas* and *Maibis* of the Manipuri community, there is some distinctions in their nature of treatment among the male and female practitioners of ethno-healing. These treatment procedures or areas of healing practices of the *Maibas* and *Maibis* in Manipuri community in Bangladesh are more or less literally specified. In this study, I have observed in many cases that *Maibas* provide their help to several healing activities of the *Maibis*. Similarly, the female practitioners of the Manipuris also try to help their male practitioners or *Maibas* in many of their healing events. Also, in healing scenario of Indian Manipuris, the *Maibis* or female healers of the community perform some of their unique healing practices which are in existence among the *Maibas* or male healers of the study area in Bangladesh. Even the healing procedures of the *Maibas* and *Maibis* which are mentioned through the types of practitioners in above also overlapped each other as interrelated activities of the practitioners in many cases that I observed during my fieldwork. They basically do not remain confined within their gender specific treatment activities in many of their healing procedures. While, in some instances, the role and activities of these two categories of ethno-medicinal practitioners will be explicated distinctly for demand of the study. Thus, I have tried to expose these enchanting healing procedures of the practitioners in Manipuri community of Bangladesh based on my findings. Therefore, I have categorized those healing measures in the following six categories:

1) **Puk-Shuba:** It is a unique treatment method of *Meitei* healers that is practiced usually by the *Maibas* in Bangladesh, but, *Maibis* are also knowledgeable about this healing method for curing patients.

2) **Herbal Treatment:** This method of treatment is a common healing practice among the Manipuri healers for treating their patients. They use herbs and different parts of plants as raw ingredients for preparing herbal medicine. *Meitei* healers also use some other ingredients for preparing herbal medicine. Even in some cases they mix up crushed stone of special kind, minerals and other liquids for medicinal preparation. Moreover, the healer of the Manipuri's also uses animal substances in herbal remedies.

3) **Shamanic Healing:** This is a healing procedure practiced by some *Meitei* practitioners. Through this procedure, the shamanic healers provide both physical and psychological supports to their patients that help them to get relief from illnesses believed to be caused by evil spirit or spell. Thus the shamanic healers play the role of psychotherapists through their shamanistic practices in healing. One group of shamanic practitioners also applies their mystical power for the wellbeing of the society at large.

4) **Ritual Healing:** A group of practitioners among the Manipuris provide their healing through performing different activities or by conducting ritual ceremonies to heal or protect the people from various ailments and sufferings. In these cases, ill people mostly suffer in psychologically more than their physical discomforts. The practitioners claimed that there are some occurrences behind these causes happen by the malevolent activities of the enemies and by supernatural forces. They also sued to those magicians who apply their inner power as destructive manners to harm people. To release the victims from these evil deeds or curses, the practitioners perform their assorted rites by worshipping and offering to their god or goddesses. Therefore, they accumulate some material ingredients to perform the rituals beside with puff water and sacred verses of them.

Common people in Manipuri community also concern about their healthcare and try to practice some rituals through daily life and living. They give emphasis to protect themselves from evil eyes and various malevolent activities. In that cases, they take advices from their traditional healers to maintain a healthy life. In part of their learning, the people receive healthcare knowledge from their senior citizens too and share it to their next generation by healthcare practicing. Although, some of these preventive measures of the Manipuris are directly not related to their healing but it should be a vital part of their

ethno-medicinal practices. These healthcare issues and practices will be lightened in further discussion of ethno-medicinal practices too.

5) Healing and Healthcare for Women Well-being: One group of female healers or practitioners among the Manipuris provide their healthcare services during the pregnancy period of the women and also play their role as birth attendant in the community. They consider their services as treatment or healing for expecting mothers and take the issue as a serious effort for the women well-being related to their health. Therefore, the practitioners acquaint with advising to maintain expecting mother's health from the very beginning of the pregnancy period to childbirth. Even in post pregnancy period, the practitioners also remain their activities for caring mother's health by offering different instructions of them with several ritual activities. Through these activities, they essentially protect the women health and also newborn from evil eyes and other unkind deeds. However, this group of ethno-healers overly provide herbal medicine to the adolescents and women to recover from different sexual problems or sufferings concerned with supernatural forces or bad curses.

Interestingly, the *Maibas* or male healers who have proper knowledge about *Puk-Shuba* treatment procedure also join with their *Maibis* or female healers of the community during delivery phases of the women. In these cases, they provide their services through applying some techniques of *Puk-Shuba* treatment. *Maibas* also utter their sacred verses through performing some rituals in that time. The elaborate discussion on this issue will be reflected in later section of ethno-medicinal practice among the Manipuris.

6) Diet-therapy: Diet therapy is usually suggested by both *Maibas* and *Maibis* of the Manipuri healers for maintaining good healthy life. The healers prescribe proper diet for the well-being of patients in particular and the society in general. They also relate some prohibition in taking food of the ill people for recovering purposes. The practitioners also prescribe some methods to the people for preparing healthy food in many cases. Although, most of the people in community are conscious about their hygiene and nutrition. Therefore, the people provide a special attention in their cuisine and take some special and unique foods prepared according to their cultural tradition and use the same for diet-therapy. They essentially take these foods as medicine and also act as their own doctors to keep healthy. Moreover, they follow a traditional technique in water purification and using sanitation also. Common people sometimes go for self-healing in case of minor physical ailment or to protect their own health from various diseases by using herbs as medicine

and by following certain dietary chart. In such instances, they take instructions from the healers in many times and receive advices from aged and experienced persons in community. From this view point, the family members and community people by far role of the healers.

In the following description of ethno-medicinal procedures, I have endeavored to further elaborate the above mentioned healing processes practiced among the Manipuris in Bangladesh. This chapter is presented based on field data provided by the respondents of the study area.

5.1.1 *Puk-Shuba*: A Special Technique and Method of the Ethno-Medicinal Practitioners in Manipuri Community

Puk-Shuba is a unique technique of ethno-medicinal practice among the *Meiteis*. This technique has been prevailed and practiced in their community from remote past. Their knowledge in this regard has been enriched by the accumulation of generational knowledge of healers that passes from one generation to other. Most of the *Meiteis* believe that the treatment method of *Puk-Shuba* has certain similarities with that of massage therapies practiced by the folk healers of Thailand and Philippine.

The success of the *Puk-Shuba* treatment depends on fine skill and experience of the practitioner. In general, *Maibas* apply this treatment process to cure various sorts of grave illnesses of the patients. The term '*Puk*' in *Meitei* language means 'belly' or 'navel' and '*Shuba*' means to 'press with fingers'. Thus the term '*Puk-Shuba*' literally means "the massage on the Belly or navel by fingers" or "the message beside the navel with fingers". Among the *Meitei* practitioners, the treatment also is known as '*Kuthly-Paiba*' in conventional term.

In the treatment process of *Puk-Shuba*, the *Maibas* provide their treatment to the patients without using any instruments or stuffs. They only apply their fingers of the hands for treating patients through massaging. During massage treatment, the healers recite their sacred spells. Healers also employ other techniques of their treatment along with the technique of *Puk-Shuba* as supporting to treatments of massaging. The *Maibas* use their fingers for pressing on the nerves around the navel of the patient. According to the healers, through concentrating their inner energy of the body and mind the *Maibas* treat their patients with the help of massaging. The practitioners of *Puk-Shuba* had to go through a

long rigorous training and meditation for learning this technique of controlling their body and mind. Most of the practitioners believe that only an expert *Maiba* is capable of making link with spiritual world or beyond the living world. The *Maibas* need proper training to comprehend the techniques of the *Puk-Shuba* for equipping themselves with proper and accurate application of the procedure.

I came to know about this unique technique of treatment among the Manipuris in Bangladesh while preparing my dissertation for partial fulfillment of the degree Masters in Anthropology in the year 2005. Before that, probably no one in Bangladesh dealt with this distinct cure technique of the *Meiteis*. Moreover, the written documents of the *Maibas* about *Puk-Shuba* and also books, related to the procedure are hard to find. This procedure of treatment orally passes through generation after generation among the *Meiteis*. Thus it is really difficult to describe about the whole procedure precisely and also is complex to explain it with minute details. I tried to portray an overall picture of the *Puk-Shuba* procedure and practice by the *Maibas* in Mainipuri community from my early experience and from present fieldwork that I have carried out for my present research. The numbers of expert *Maibas* have decreased in recent years for various reasons that I have discussed later. There are very few *Meitei* healers in the study area, who have been practicing this healing practice. I have collected data on *Puk-Shuba* from elderly *Maibas* who are very experienced and experts in this technique and also from very few *Meiteis* who are also knowledgeable about the above healing process.

Generally male healers of the community perform the *Puk-Shuba* treatment, but the *Maibis* or female healers of the Manipuris also are knowledgeable about the treatment procedure. A few number of *Maibas* could still be found now a day, who follow this procedure in their healing session along with other healing techniques. In Songaon village, there is one *Maiba* who is formally trained in *Puk-Shuba*. Most of the time, he applies this treatment for seriously sick patients when other treatment process fail to cure the patient illness. Also, a *Maibi* or female healer of the community who live in the study village was detected during my field work having extensive familiarity and knowledge with the technique of *Puk-Shuba* procedure. But its application in her healing method was unnoticeable. While doing my field work, especially on healing procedures of the Manipuris, I could locate a few *Maibas* from neighboring villages inhabited by the Manipuris who still practice their traditional *Puk-Shuba* healing procedure for treating their patients. Moreover, a few *Maibas* of *Puk-Shuba* who lived in the suburb of Sylhet town also helped me in this regard.

Based on all of their information, I have attempted to explain the unique treatment method of the *Puk-Shuba* healers in Manipuri community.

***Puk-Shuba* Treatment Procedure:**

A human body has different nerves located in precise places. To identify or diagnose any diseases and to treat a patient, a *Puk-Shuba* healer has to be well versed about all the nerves and nervous system in a human body. *Puk-Shuba* healers believe that, diseases are caused by the displacement of certain nerves, especially those are located around the navel in a person's body. *Maibas* believe, if thorough and proper pressing or massaging of these nerves around navel could be performed than the displaced nerves may well again be placed in their proper or right positions and that will lead to healing of any disease. In this case, the nerves to the left, or to the right, upwards or downwards of the navel move to their proper places or change their homes. This displacement of nerves causes illness and if the displacement is too serious then it might even cause death to the patients.

Diagnosis Process in *Puk-Shuba* Treatment: Prior to the application of *Puk-Shuba* to a patient, the practitioners at first go for the diagnoses of the disease in the patient. The diagnosis is done based on identifying the location of the pulses or the arteries in the wrist of the hands. In *Meitei* language, the pulses of the human body are called as '*Khujeng Mihoon*'. To diagnose a patient's condition, the *Meitei* healer usually study left hand for female patients and the right hand for the males.

At the time of diagnoses, if the healer identifies any problem in the continual rhythm of the pulses of a patient, that is, if the healers find a sudden rise or irregular or low pulse beats, then it is suspected that the person under treatment has been infected by a disease. Basically, by applying the above process the practitioners initially determine the condition of the patient and *Meiteis* claim that if a *Maiba* is well experienced or well versed then he can even foresee the day or time of the death of a person or a patient. *Maibas* count on the body temperature of a patient which is believed to be depended on the increase or decrease of pulse beats. At the time of death this pulse beats drops and the patient gradually loses body temperature.

A *Puk-Shuba* healer starts his treatment by checking a patient pulse in the wrist of the hand to locate the position of pulses. The healers of *Puk-Shuba* believe that these nerves can

change their position in a patient's body depending on the health condition. In their view, these pulses can move within some selected areas in a human body and if it is possible to identify the position of the pulses than based on the location of the nerves, diagnoses of illness in a patient could be done. According to expert *Maibas*, every pulse has its own rhythm that contain it's meaning which only could be comprehended by an expert practitioners. This language of rhythm for individual pulse is known as "*Mihun-Maran*" among the *Meitei* healers. Manipuris believe that a wise practitioner must have extensive understanding about this language of pulse rhythm in human body. For diagnosing disease in a patient's body through these pulses, the *Meitei* healer needs to have adequate devotion to perceive the rhythm of the pulses. Although there are differences in opinion among *Maibas*, about proper locations of the pulses in human body, but, these differences in opinion usually never create any major variations in detecting pulses for disease diagnosing. The differences about the location of nerves among the *Maibas* are basically due to the differences in their training from different preceptors or for their learning variation. Also, the practitioners of the Manipuri community do not have any written scripts or documents of *Puk-Shuba* treatment procedure; as such they have to depend on oral tradition passing from one generation to other for learning about the treatment.

Biraj Singha, age 61, a folk musical instrumentalist, serves as a *Meitei Maiba* in Manipuri community also. He is a renowned traditional healer among the Manipuris in Sylhet district for reciting his sacred verses from religious script in case of death of a person. In healing, he attempts to identify the nature of illness that he narrated in below:

I have to rely on pulse bit of a person for detecting the nature of ailment. If I can identify any irregularity in pulse rhythm in a patient body, I try to diagnose the illness and the reason whether it is caused due to the influence of evil eye or evil spell and accordingly I try to provide treatment to the patient based on their pulse rhythm. After detecting the pulse rhythm in final attempt, we, the *Maibas* apply *Puk-Shuba* on the patient by pressing on the nerves around the navel. In many instances this procedure works and the patient recovers even from 'coma' and can be back to the dying stage to recovery. Moreover, I want to be mentioned that pressing the nerves located beside the navel and recital of sacred verses from religious scripts during the time of death of a person is also regarded as a religious custom in our community. If the pulse rhythm is not traceable in any point

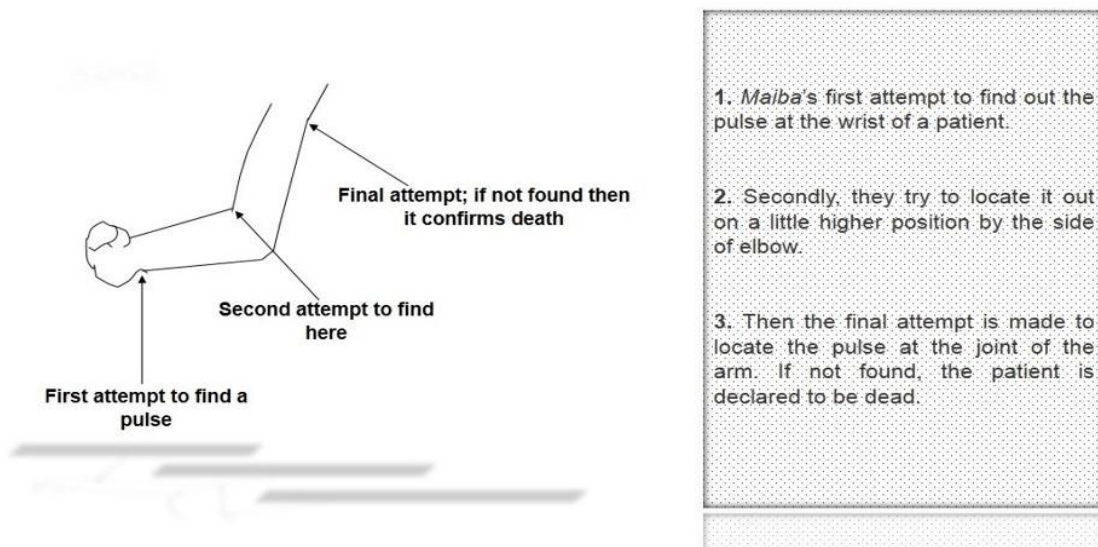
of the patient's body, then we declare the death of the patient in our community.

Maiba Biraj Shinga, during discussion pointed out about the differences of opinion regarding the location of the nerves in human body. In his view, this apparent differences among the *Maibas* are dissimilation in arguments put forward by the *Maibas* on this issue. He stated:

Some *Meitei Maibas* in Manipuri community examine the pulses from three areas in a patient's body on the other hand, many other *Maibas* try to feel these by checking six different parts in patient's body. In case for identifying the pulses in a patient's body, I try to follow the second one in applying *Puk-Shuba* healing on my patients.

The matter of process of diagnosing nerves in human body is try to define through the below diagrams of human body parts according to *Maiba* Biraj Shingha and some other healers in Manipuri community.

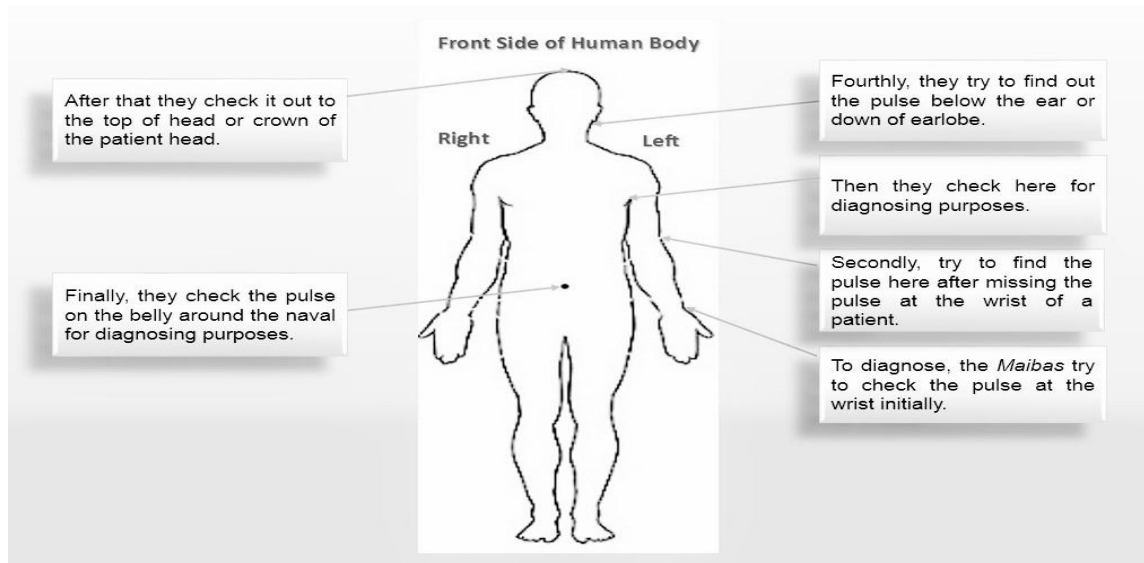
Figure-5.1: Three Places of Pulse Bit of a Person



Source: Fieldwork 2015

One group of *Maibas* in Manipuri community try to detect the location of pulse in three areas of the hand in patient body that has been indicated by the first picture in above. The second one is presented six different areas of a patient body in where the *Puk-Shuba* healers try to detect the pulse rhythm by checking one after another, given below.

Figure-5.2: Location of the Nerves in Human Body



Source: Fieldwork 2015

Therapeutic Process in *Puk-Shuba*: As stated earlier, *Puk-Shuba* is a process of treatment which is basically related with massaging of the nerves located in an around the navel of human body. According to the *Maibas*, these nerves are located on the left, right and upper portion of the navel. Also, there are some nerves which are placed bellow the navel of a person. But it is a debatable issue among the *Maibas* whether these nerves below the navel is at all necessary for the treatment of diseases.

In *Puk-Shuba* treatment procedure the *Maibas* identify three major nerves beside the navel, which are termed in concert as '*Tri-Beni*', but each of these three nerves has individual identity and the *Meitei* healers label them in separate terms.

Table-5.1: Name of the Pulses

At the left of the navel	Middle	Right of the navel
<p style="text-align: center;"><i>Ingola</i> or <i>Era</i> Pulse</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Vayuee (air)</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Swarashshati</p>	<p style="text-align: center;"><i>Shushumma</i> Pluse</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Agni (fire)</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Ganga</p>	<p style="text-align: center;"><i>Pingola</i> Pulse</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Jol (water)</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Jamuna</p>

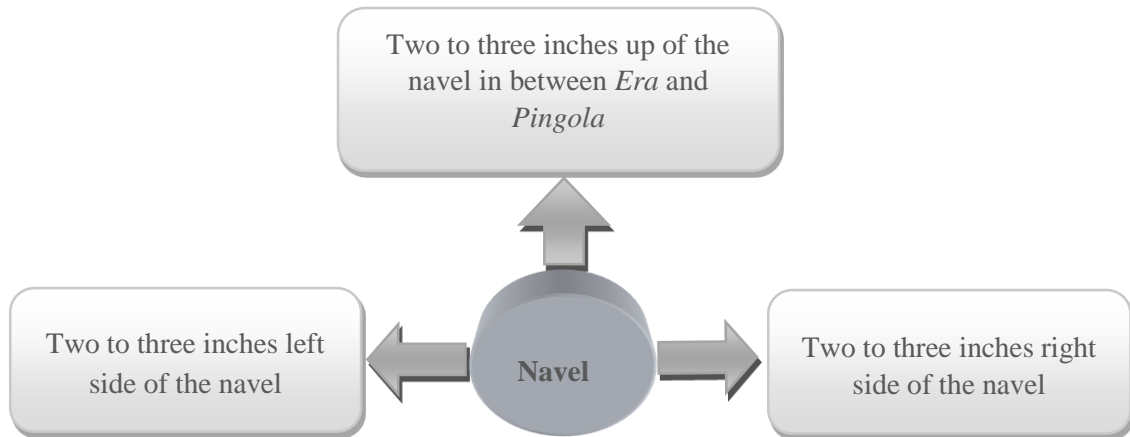
Source: Fieldwork 2015

For *Meitei* healers these three nerves represent three natural substances such as **Agni** (fire), **Jol** (water), and **Vayuee** (air). In their view, combination of these three substances is the basic component that supports life form in this world. The pulse *Ingola* or *Era* is the symbolic presentation of Vayuee or Air that again represents Swarashshati, *Shushumma* by Agni or Fire and is the manifestation of Ganga and lastly *Pingola* which is symbolizes by Jol or Water and represented by Jamuna. These three terms ‘Ganga’ ‘Jamuna’ and ‘Swarashshati’ are three river system located in different parts of the Indian sub-continent.

Among these three main pulses, ‘Agni’ is considered as the middle nerve and the *Meiteis* named it as ‘*Shushumma*’. ‘Jol’ is located on the right side of the navel and it is given the name of ‘*Pingola*’ pulse. The pulse which is located on the left side of the navel is considered as ‘Vayuee’, locally known as ‘*Era*’. The pulse named ‘*Shushumma*’ is placed in between the ‘*Era*’ and ‘*Pingola*’ and is located slightly below from the level of other two nerves. Basically ‘*Shushumma*’ nerve is static in nature, but if it moves upward, then it is considered that the patient is on the point of death. Normal functioning of ‘*Era*’ nerve is considered to be a good sign of healthy body.

Most of the *Maibas* interviewed expressed their opinion that, in a normal healthy body each of these three nerves are positioned two to three inches distance from the navel on the upper, right and left position as shown in the next diagram:

Figure-5.3: Position of the Nerves



Source: Fieldwork 2015

As the treatment procedure of the healers is based on oral tradition, there are different opinions too regarding the positions of these nerves. The steps followed by the healers in *Puk-Shuba* healing process are as follows:

Step: 1 Half an hour before the initiation of the healing process of *Puk-Shuba*, the patient takes holy water (*Pani Pora*), puffed three times by the sacred spells (*Mantra-puto or Shukhot Nonggai Rahoi*) of the *Maibas*. The healers believe that intake of such spelled water cures the patient to a great extent and just a little massage on the nerves besides the navel could than heal a patient completely. For different diseases, sacred water with different holy verses is being prepared by the *Maibas*. Even though, the *Puk-Shuba* treatment can be executed on a patient without feeding of the spelled water.

Step: 2 After the intake of spelled water, the patient is laid down on the ground by keeping the legs folded or bent to follow the instruction of the *Maiba*.

Step: 3 For providing *Puk-Shuba* treatment, a *Maiba* take seat beside the patient on a specially prepared *Ashan* or *Fida* (seat) known as ‘The Royal Throne’ (*Rajsginghashon*). It is also popular as ‘*Padmasan*’ among the *Maibas* in Manipuri community. The seat of the *Maibas* for *Puk-Shuba* treatment is a special well decorated seat has to be built by the healers themselves. This specially decorated seat is wrapped up with a piece of cloth or tongs (*Beri*) and positioned it on the top of a wooden platform which is termed as ‘*Phan*’.

During the visit to the patient, a *Maiba* takes up the *Beri* (Wrapped piece of cloth) and then bows (*Proname*) three times by touching the *Beri* with his head in the name of his *guru* (master). This is done assuming that the *Beri* resembles the Serpent God 'Pakhamba' or 'Layren' and is considered by the *Meiteis* as their creator. For preparing the *Beri*, the entire cloth is wrapped by the *Maibas* where the last end of the cloth open and faced to the East by symbolizing as a Serpent God.

Among the *Meiteis*, there are certain beliefs centering this *Beri*. These are:

- 1) If any person other than the *Maiba* touches the wrapped cloth then the patient will not be cured.
- 2) If any person seats on the specially prepared royal throne for the *Maibas*, it is believed that he or she will fell sick and even can embrace the death.

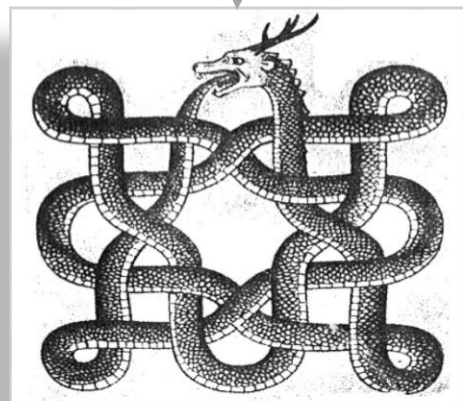
Step: 4 Before applying the message on the belly or beside the navel of the patient, the *Puk-Shuba* healer firstly blows spells on some of their own fingers. Then these spelled fingers are used for massaging the nerves to restore them in their proper position. The pointer, middle and ring figure of the healers ordinarily use as for healing a patient through massaging along with sacred spells.

Moreover, many of the *Maibas* also practice with all of their five fingers for the treatment of patients. In case of using five fingers for treatment, some of the *Maibas* do not use their thumb in first step of massaging. They start with four fingers and finally at the end of massage, they repeat the process with all the five fingers. Also, some *Maibas* apply all of their five fingers in hand from beginning of massaging in *Puk-Shuba* treatment. In Manipuri community, there is a *Maiba*, namely Ironghal Shing, age 60 gave his opinion for using five figures in *Puk-Shuba* treatment at the year 2005 when I have collected data for my Master's degree. He said:

Picture-5.1: Picture of Royal Thorne and Cosmic Power



The Royal Throne of *Maiba*, which is compare with the following symbol of cosmic powers that is one out of 364 models



The five fingers of a hand for massaging in *Puk-Shuba* treatment considered as *Pancha-Pandav* or five brothers of the Mahabharat among the *Maibas* in our community. There are '*Judisthir*' for the thumb, '*Vim*' as for index finger, '*Arjun*' for the middle, '*Nokul*' for the ring finger and the little finger considered as '*ShohoDev*'. When I provide sacred spell by massaging the nerves of the patient, I try to apply all five fingers or combination of *Pancha-Pandav* for *Puk-Shuba* treatment. In this case, we blows all five fingers of our hand by using sacred spells for massaging the nerves around the navel of the patient. The spell carries the below meaning, roughly:

“Oh you all five brothers, take away all the illness from the body!”

Step 5: In massaging the nerves, the process begins from the mid- nerve, then the right nerve and finally moved to the left nerve for most of the illnesses and diseases. An experienced *Maiba* usually never touches the lower nerve to the navel, because, it is considered as a mistreatment to most of the *Maibas* in Manipuri community. The late Brojeshwar Sharma informed that, the case of poisoning, evil spirit, black-magic and some others in special, he included the lower nerve also for treating a patient beside with sacred spells.

After touching the nerves of the patient, the *Maiba* can understand whether the disease is located in the upper part (from the nerve located on the upper portion of the navel up to the chest) or it is located in the lower part of the navel. According to the *Maibas*, diseases are caused because the nerves create pressure on one another. As such, it is important to identify which nerve pushes other and how much it causes displacement of other nerves to the left, to the right, or upwards or to the downwards. The identification of this is the basis to determine the nature and type of the diseases that has infected the patient.

The nerves remain straight in their position in normal condition. As mentioned earlier '*Shushumma*' (the mid nerve) is a steady nerve which remains static in its positions. The location of '*Shushumma*,' is just on the upper part of the navel and on this nerve, other two nerves '*Ingola*' and '*Pingola*' located respectively on the left and right side of '*Shushumma*' create pressure. Due to this pressure on '*Shushumma*' by other two nerves causes different diseases in human body. The nerve that is located on the lower part of the navel is known as the '*Kulkundolini Shokti*' or the '*Matri-Shwattwa Shakti*'.

The major three nerves have the following activities:

1. All these three nerves together produce tears.
2. The internal balance in the human body depends on these nerves.
3. These nerves are also responsible for digestive capacity of the stomach.
4. These three nerves in fact control the whole body, but do not have any role in producing urine and sweats; rather it is believed that intake of water by the human body naturally produces urine and sweats.

When these three nerves become entangled with each other or create an upward pressure then patient dies. This is the reason why the *Maibas* while treating a patient try to separate these nerves with three fingers which is the basic treatment process followed in *Puk-Shuba* by a *Maiba*. Even a slight mistake of a *Maiba* or the healer may cause death to a patient. Massaging of these nerves must be done by strict measurement, too much or lesser gap could become harmful for the patient.

The normal position of these nerves is described below. If there is any shift of the nerves from this position, may cause health risk to the patient.

The mid nerve: The nerve which is termed as '*Shushumma*', located above the navel is considered as supreme spirit which is also named as '*Param-atma*' to the *Maibas*. It extends from the navel to the chest. It usually stays static, but in some rare cases, it might move to the left, to the right or upward. But if it moves too much upwards or even beyond one and half inches downward that will cause death to the patient. The healers of the Manipuris claim that they can predict the date of death of a person or ill people by detecting the location of this nerve.

The left and the right nerves: If the left or right nerves remain in proper position, then the person has a healthy body. If any of these move slightly from their position, the symptoms of some diseases arise in human body. The expert *Maiba* is capable to identify the movement of these nerves causing diseases.

To restore these nerves by massaging, the *Maibas* firstly try to identify the nature of a disease and then they apply some of their rules and formulas in this regard for treating a patient.

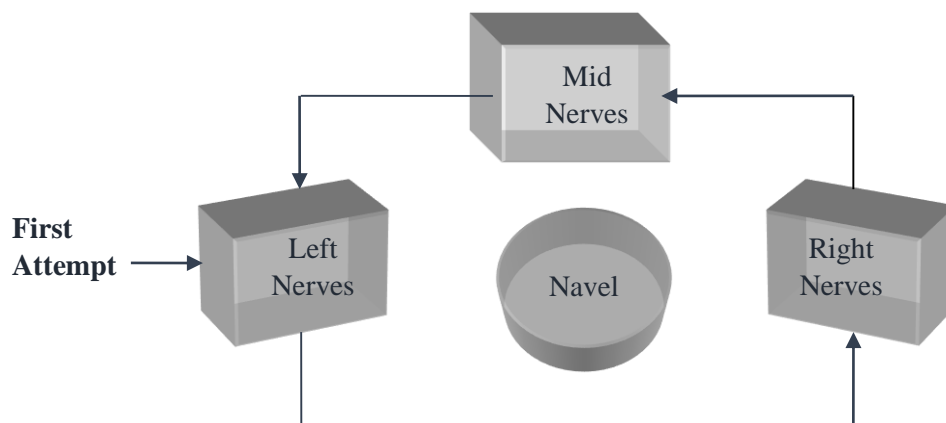
Execution of *Puk-Shuba* Massages in Manipuri Community: There are some diseases given below which are treating by the *Puk-Shuba* healers using some of their massage sequences.

✚ **Gastrointestinal Problem:** To recover from gastrointestinal problem of a patient, *Maibas* follow some steps of *Puk-Shuba* healing through pressing and massaging on the nerves around the navel to escape or discharge the trapped gas with the belch that has already placed in various places of patient body.

Late Brojeshor Shorma stated that the left nerve viz. *Ingola* is responsible for gastrointestinal diseases. According to him, left side of the kidney is called '*Pei*' and right side is called '*Firak*' where the gases of the gastric accumulates but cannot stay long. As a consequence, it moves upward and takes shelter in between the chest and the navel. This causes pain to the patient. The gas that is trapped between the navel and the chest escapes with the belch.

For curing gastric, the *Maibas* practice the following messaging steps. It takes nearly half an hour to treat the patient.

Figure-5.4: Massaging Steps for Curing Gastric



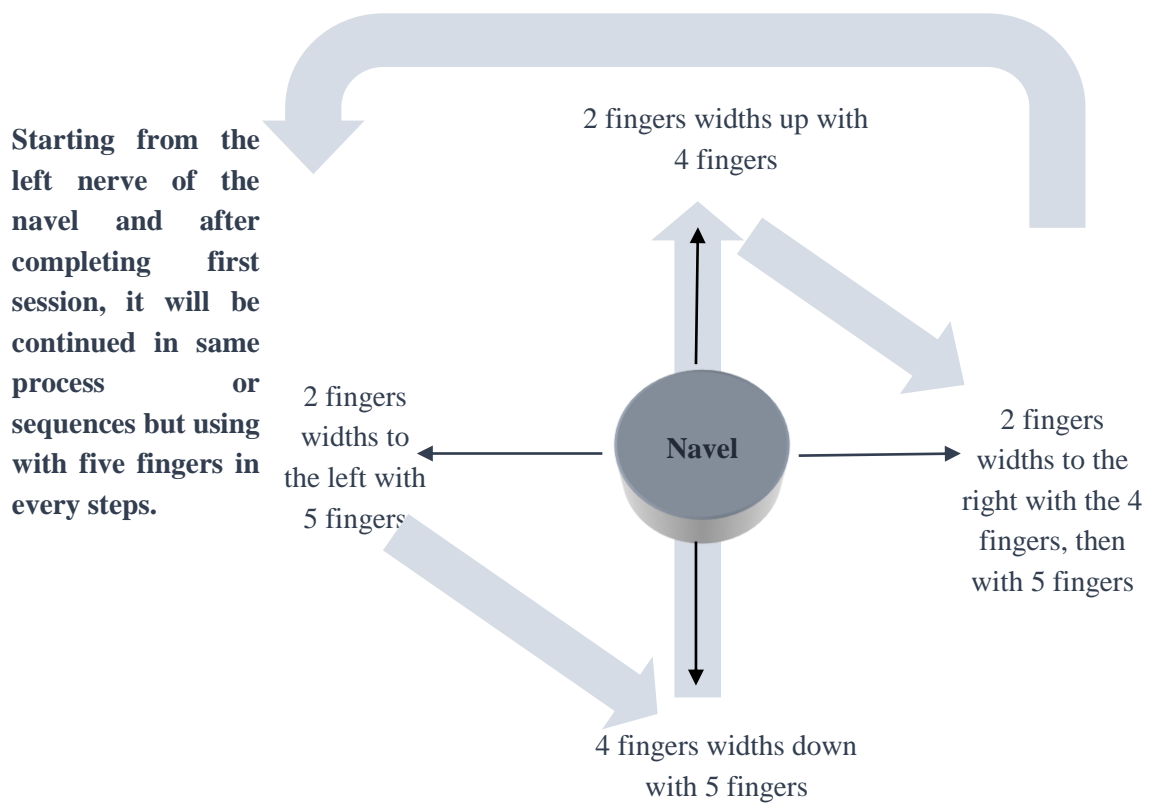
Source: Fieldwork 2015

✚ **Illnesses created and organized by evil spirit, black-magic and by some other erratic causes:** Some of the healers in Mainipuri community claimed that there are several diseases and illnesses created by the evil spirit, spelled formed by other *Maibas* or the enemies of the patient. Some illnesses also caused through unnatural influences like erratic reasons. These illnesses required special attention of the healers for their unusual behaviors. Thus, the *Maibas* in Mainipuri community apply their special messages through *Puk-Shuba* remedy with their sacred spells and charms. In case of *Puk-Shuba* massages, there are some variations in implementing massage sequences among the *Maibas* of the Manipuris. In *Puk-Shuba* treatment, the healers commonly use their three fingers for massaging on patient's belly and try to evade to pressures on the lower nerves of the navel. However, many of the *Maibas* especially for the above causes of illnesses not to follow the even orders of the treatment through *Puk-Shuba*, but they also practice the treatment by using altered massage sequences in many times. For instance, *Maiba* Khoiram Ibonghal Singh apply *Puk-Shuba* treatment for exorcism through dissimilar orders to regular ones. According to him, the following sequences are persuaded for the treatment of the above illnesses:

1. He uses his all five fingers in hand to press the left side of the navel in first attempt of massages.
2. Then he massaging on the nerves below to the navel of the patient with his all five fingers.
3. Afterwards, he continue the massaging with the upper side of the navel through four fingers of him.
4. And again pressing the right side of the navel with four fingers and finally use of all five fingers together for pressing around navel in the same sequence.

These above sequences of massaging through using figures are presented by the following figure.

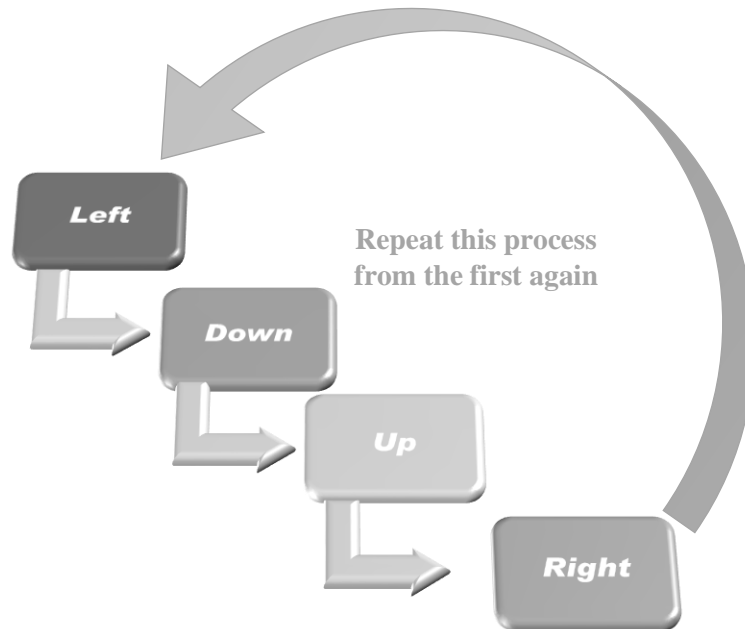
Figure-5.5: Sequences of the Massaging for Unnatural Causes



Source: Fieldwork 2015

We can show this process by the following diagram also:

Figure-5.6: Repeat Process for Massaging of Unnatural Causes



Source: Fieldwork 2015

✚ **Dysentery:** The healers of the Manipuri community believe that dysentery is an airborne disease. If it is related to the environmental reason, it can be caused by some unusual details or unnatural influences. Moreover, it originates from the area of the bally section in human body, it should be treated by the *Puk-Shuba* treatment using massages on the nerves beside the navel or on the bally of the persons. Thus, an expert *Maiba* heals this illness by the remedial process of *Puk-Shuba* along with their sacred verses.

✚ **Male Potency and menstruation related diseases of female ('*Dhatugoto*' and '*Ritugoto*' diseases):** For the treatment of '*Dhatugoto Rug*' or the diseases related to the Male potentiality, some *Maibas* operate on the lower nerves of the navel for the patient. Also they take care of the water nerve termed as '*Jol Ndri*' to identify if there is any problem. To reduce and recover from over pain during menstruation period of women, the *Maibas and Maibis* in many cases apply *Puk-Shuba* massaging to take their first attempt to remedy. Through massaging on the lower nerves to the navel of the person, they try to heal and reduce from the pain of the patient. In that case, the healers follow some different sequences of massaging depend on the level of diseases and illnesses.

✚ ***Puk-Shuba* treatment in excess of bleeding during Child Birth:** To stop the bleeding in child birth to women, *Maibas* perform their healing technique by following *Puk-Shuba* procedures. This healing procedure is also applied by the female practitioners of the community at the time of child birth of Manipuri women. In this case, they massage on the nerves stated below to the navel of the women body and also provide versed water to stop the bleeding. Moreover, they implement some rituals related to the treatment shaped by the cultural beliefs of the community.

Beside the treatment process of *Puk-Shuba* healing, there are also various aspects of it which is executed by the practitioners in Manipuri community. The healers practice the *Puk-Shuba* method for preventing purposes to protect the people from imminent illnesses. They apply it to relieve the patients from different curses of black magic and evil spirit beside with their sacred spells. The *Puk-Shuba* healers of Manipuri community extend their help to their female healers during their treatment, especially in childbirth of women. Moreover, they implement their technique for the people or the patients in dying bed. In this case, the *Maibas* are welcoming by the family members of the dying person for the salvation of his or her soul. At that time, the *Maiba* take a sit beside the person who is near to death and create pressure on the nerves belong to the navel of the person through *Puk-Shuba* technique. They also recite their sacred verses loudly from their holy book until the person's dies. The *Maibas* of the study area explained that the *Shushumma* nerve (the mid nerve) rises relatively above from the *Ingola* and *Pingola* nerves at the moment of death of a person. At this time, all three nerves actually tangled up together and create an upward pressure which resist the breath in the lungs (pulmonary) tracks and slowly block breathing system completely and the patient dies.

Meitei Maiba Shudhardra Singha expressed his opinion about the *Puk-Shuba* and stated:

Every *Maibas* in our community enhance their knowledge about death of people in the course of their learning period. The Knowledge they gather is about how to help the dying people to die in less painful death with the help of reciting sacred verses besides the patient. Learning about death and dying during training time, many of us exercise our knowledge in practice. Although, I have altered my way of practice from the *Puk-Shuba* treatment and selected herbal medicine and ritual healing to provide healing to my patients. As, *Puk-Shuba* treatment needs more accuracy from the

practitioners to heal a patient which is hard to maintain many of its rules and regulations in most of the time. However, I am lucky to see few moments of dying people who took back in their normal life from the death moment after applying *Puk-Shuba* by other of my colleague *Maibas*.

Therefore, most of the *Maibas* and *Maibis* have extensive knowledge and training on the above *Puk-Shuba* in Mainipuri community. Some of the *Maibas* do not practice in every case as healing method because application of this method needs precision and is quite intricate in application. Some of the practitioners perform the procedure without complying its ethical rules. In this case, they follow the treatment technique only whether one group practice the method to evade ritual performing of it to consider its effectiveness only.

In this issue, Sri Shudhendro Singh also argued:

If anyone fails to comply with the rules of *Puk-Shuba*, it can bring harmful effect on the health of both patients and healers that may lead to death not only of patient but also of the healer too. Only pressing by the fingers of the practitioners on the belly or beside the navel of the patient cannot be designated as *Puk-Shuba* treatment. Rather, the *Maibas* need to follow proper way of healing particularly. While treating patients through *Puk-Shuba* a *Maiba* should be remain very careful about his seat sitting on which *Maiba* will treat his patient. This should be a very sensitive issue to an authentic *Maiba* because, any negligence in maintaining the sanctity of the royal seat could infect the practitioner with contagious diseases. In training session, my teachers have advised me to follow all the rules if I perform the method during my lifetime. For the above reasons, I am reluctant to apply this treatment method for my patients and I never try to perform the same in my healing life. In that, I took the permission to my educator to avoid the *Puk-Shuba* treatment method after learning phase and promised to my instructor with the following statement that:

“O great preceptor, I receive it in myself, but forgive to avoid the method in my healing for all my life”

In this study, I have introduced with a *Maiba* namely Bishojeet Singha from Sylhet town who performs exorcism, provides holy water with his sacred verses and other treatment of him. Beside these, he also practices *Puk-Shuba* healing and applies it on those who need treatment for recovering or relive from illness and for treating health related problems of the people. During data collection phase of this research, I have participated in an occasion of *Puk-Shuba* healing application on the patient of *Maiba* Bishojeet Singha. It was really a great opportunity for me to observe and also participate in such an occasion which is strictly prohibited for an outsider. I have visited there as his assistant as I have received as his apprentice earlier for my study purposes.

The patient whose I visited with *Maiba* is a solvent business man and his house built with bricked one locate do on a huge area of land with full of green trees. He also has a food restaurant in Mehendhibagh of khadim para area in Sylhet district. He has three children all of whom are well educated and well established. For the healer that was not the first visit. *Maiba* Bishojeet had been treating his patient for long. Bishojeet also treats other family members of the patient. The patient's family treats *Maiba* Bishiojeet as their own family member and take advice from him on any health related problems of the family.

The patient, had been suffering from serious heart problem for five years. He consulted allopathic doctors and also visited heart specialist in Dhaka, center of Bangladesh. The doctor's detected heart block in him and suggested surgery for unclog the block. He followed the advice of the physician and went for heart surgery. After few months of the surgery, his health started deteriorating and his condition again become critical. He then decided to consult a *Maiba* and with help of his friend he met *Maiba* Bishojeet. After having treatment from *Maibas* his health condition improved and from then on he remained under the observation of the *Maiba*.

I visited the patient's house with the practitioner. When we entered inside the patient room, I observed the patient was lying on his bed with full of pain in his chest. Even though, he failed to move his whole body was looking like a paralyzed patient and he was shouting loudly for his pain.

The *Maiba* recited some sacred verses on him and blow his holy air over a healing knife made of metal stuffs. Then he rubbed on the patient chest by using his versed knife. That time, the *Maiba* moved his own body through an art and again and again he recited his verses with metal knife without harming the patient anyways and puffed over the effected place of the victim strongly. At that moment, he feed the patient some holy versed water also. The patient informed the *Maiba* after receiving all the above processes of the healer that he felt slight better than earlier and abled to move his body lightly. For feeling better, the *Maiba* applied *Puk-Shuba* treatment as his final weapon on patient body and pressing by using the *Maiba*'s figures with sacred verses on the belly and beside the nerves of the patient navel. *Maiba* followed some steps of massages of *Puk-Shuba* in his healing period. After providing long two and half hours of healing, the patient released from his pain and incredibly he stood on his foot and walked easily like a healthy person.

From the above cases, there are found a scenario of the *Puk-Shuba* treatment which is practiced by one group of *Maibas* in Manipuri community. Few of them apply their treatment to follow all strict ritualistic rules and regulations of the *Puk-Shuba* treatment to heal their patients. But, in some cases, many of the practitioners just maintain its technical matters to heal their patients.

5.1.2 Herbal Treatment among the Manipuris of the Study Area:

Treatment with herbs and plants is a kind of traditional treatment that existed in human civilization from antiquity. Traces of herbal treatment could be found in every society from remote past. In fact herbal treatment is a kind of science based on which modern scientific medicines were discovered and modern medical treatment emerged. With the advent of the modern medicine at the beginning of Industrial Revolution in 18th century, the significance of herbal medicine and treatment procedure gradually started declining and remained confined mainly among the rural poorer segment of the society. But of late herbal treatment procedure in modern world has again gradually been gaining momentum as a popular treatment procedure for all classes of population to treat their different ailment. Further it is noticeable that rural inhabitants everywhere, as compared to urban population

are still more disposed towards herbal treatment. This is particularly true about the rural population of the developing countries of which Bangladesh is a part. In spite of unprecedented expansion of modern medical treatment facilities, the mindset of rural population is still inclined towards their traditional folk treatment throughout the world, mainly because this treatment procedure is based on their beliefs, norms, and cultural values that give them a sense of psychological relief and supports. Moreover, economically poorer segment of population, besides their mental proclivity for folk treatment, in many instances for treating their ailment prefer to go for herbal treatment because of easy access to it and for cost effectiveness as compared to biomedical treatment. Further, herbal treatment in recent times is also gradually making headway among the educated population both in the urban and rural areas due to avoid possible negative side effects caused by allopathic medicines.

The people of the study village Songaon primarily prefers to go for their treatment to herbal healers. Treatment procedures of the herbal healers are much popular among the inhabitants of village Songaon. Healers apply their herbal treatment in different ways for treating the community population depending on the nature and types of ailment. The process or techniques of preparing herbal medicine by the healers of Bangladesh seemed more or less similar to that of the techniques of herbal healers of Manipuri community in India. Learning procedure of herbal treatment passes from generation to generation by knowledge sharing. Time-honored treatment procedure among Manipuris is transmitted from the elderly practitioners to his or her disciples. Apprentice of traditional medicine, besides gathering knowledge and having practical training about treatment procedure from the respective revered teachers, also has to deeply study written documents on the herbal healing procedure preserved by their teachers. Many of these documents are written in 'Meiteilion' language, the language of the *Meitei* which has its own letters and grammar. For written documents and books on the healing procedure many of the Manipuri healers in Bangladesh have to depend on the *Maiba Loishan* of Manipur in India for publication. A number of healers from Bangladesh often take training in the aforesaid institute, because in Bangladesh there is no such training center that could serve the purpose. *Maiba Loishan* from where the *Manipuris* receive their training to become a healer is a training institute on Manipuri healing system and is located in the Manipur state of India. This institute is officially authorized to certify a person as a healer in Manipuri healing system after passing certain examinations and completing necessary training. These trained *Maibas* and *Maibis*

on healing procedures transmit their knowledge to their disciples who are willing to practice as a healer but have little scope or access to take training in *Maiba Loishan*. Along with other treatment procedure the Manipuri healers also provide herbal treatment to their patients if necessary. For instance, in *Puk-Shuba* treatment or healing that is done by exorcism or sacred verses and holy water; the healers also provide amulets with spells written in paper, along with herbal medicine to heal a patient, if they think it necessary.

For certain specific diseases and illnesses Manipuri people prefer to go for the herbal treatment. To treat these diseases, some common healing techniques are followed by all the herbal healers or in other words, there are some common diseases that all the healers deal in their healing phases. These diseases are mentioned below in table:

Table-5.2: Name of the Diseases (With Common and Medicinal Term)

Sl. No	<i>Meitei</i> Name	Common Name of the Diseases	Medical Term
1	<i>Pangthaba</i>	Paralysis	<i>Palsy</i>
2	<i>Napu Kaabi</i>	Jaundice	<i>Icterus</i>
3	<i>Lai Thokpa</i>	Chickenpox	<i>Varicella</i>
4	<i>Nungshong/ NungshangThokpa</i>	Piles	<i>Hemorrhoids</i>
5	<i>Arum-Lai-Hou</i>	Fever	<i>Pyrexia</i>
6	<i>Lok-Khuba</i>	Cough	<i>Tutsis</i>
7	<i>Nung Leiba</i>	Bladder Stone	<i>Vesical Calculi</i>
8	<i>Tinkhak Yubaa</i>	Abscess (Boil causes by insects)	Abscessus
9	<i>Thee Phaiba Yadba</i>	Constipation	Constipation
10	<i>Tekpa</i>	Fracture	Fracture

11	<i>Khutlaina Shokpa</i>	Wound of body; an injury caused by a cut, blow, or other impact	Lacerations
12	<i>Chak-Khaw-dogiTinkang</i>	Intestinal worms	Intestinal Parasites
13	<i>Maral Touba and O'ba</i>	Whipworm and Vomiting	<i>Trichuristrichura and Emesis</i>
14	<i>Shonba</i>	Body Weakness	<i>Asthenia</i>
15	<i>Yanaba</i>	Toothache	<i>Chinadopt/Odontalgia</i>
16	<i>Kusthi Laithung</i>	Leprosy	<i>Hansen's disease (HD)</i>
17	<i>Taang Chikpa</i>	Rheumatism	<i>Drsugathan/Myalgia</i>
18	<i>Eshing Pukchat</i>	Diabetes	<i>Diabetes Mellitus</i>
19	<i>Sayruchabi or Lirel Shojik</i>	Cancer	<i>Malignant Neoplasm/Oncology</i>
20	<i>Fingou Chatpa</i>	WomenWhite discharge	<i>Wet mucous discharge</i>
21	<i>Eashing Yaafam</i>	Dysuria or Urinary burning of women	<i>Urinary Tract Infection(UTI)</i>
22	<i>Eashing Pukchat</i>	Lochia or extra vaginal discharge after giving birth	<i>Leukorrhea</i>
23	<i>Khu-tegiesoigidogi Shonba</i>	Weakness of Sexual Organ	<i>Erectile Dysfunction</i>

Source: Fieldwork in Songaon 2015

For recovering or preventing from above diseases, most of the Manipuris prefer herbal medicine as alternative to other available options of healthcare system in society. The

practitioners of herbal medicine are of the opinion that, many of the common diseases from which human being suffer, could be cured by using herbal medicine. The indigenous treatment and application of herbal medicine among Manipuri community are considered as very effective for curing some common diseases such as fever, pox, cough, piles, and paralysis. The traditional healers of the Manipuris also claim that they are capable of curing critical diseases that are difficult to be treated by allopathic treatment or another alternative medicines. Even if the patient cannot be cured fully by the application of herbal treatment, the Manipuri healers during my field visit confidently asserted that patient could partly be recovered from ailment with their treatment. Moreover the healers informed that application of herbal medicine prevents individuals from many diseases. For instance, the healers informed that diseases like diabetes, blood pressure and even cancer which are not curable can be kept under control by the application of herbal medicine and treatment. Again for any sorts of fracture anywhere in the body could be healed by the application of herbal treatment and medicine. Herbal medicine and treatment also can help a patient to get rid of diseases' like piles, gall bladder stone and so on. In some instances I found that the healers giving guarantee of curing the patients from certain diseases like diarrhea, common fever, coughs cold, eczema, bronchitis and so on. *Meitei* healers also claim that they can increase the stamina in a person. In particular, healers claim to be expert in curing impotency or erectile dysfunction among males. In their opinion, if they treat a person suffering from impotency or erectile dysfunction, he will be able to restore normal sex life and enjoy with full satisfaction the pleasure of sex.

Bidha Ratan, an ethno-healer of the study village provides the herbal medicine to his patients after diagnosing the specific disease from which the patient is suffering from. He explained to me about the herbal medicine in the following way:

We all know about that the human being suffer from many types of illnesses and diseases in the world. Any of the diseases can be cured or even prevented by the application of herbal medicine that we provide. In many instances, when I treated certain patients where Allopathic treatment fails to make any headway, in such cases, I could able to solve the problems through the application of my treatment and medicines that are prepared from different herbs and plants. Even, I can affirm that some of the health problems like impotency, small pennies, that creates difficulty in performing normal sexual intercourse or the problem of erectile

dysfunction in man definitely could be cured with the help of herbal medicine that I will provide. For curing impotency and diseases related to sexual life of individuals, many people visit me for treatment who earlier took allopathic medicines for treating their incapability of leading normal sex life. I also treated a patient who heavily suffered from side effects of biomedical treatment for long. After taking my treatment and medicine, the patient fully cured.

About effectiveness of the herbal medicine, a *Meitei Maiba* said that their medicine not only work against the physical ailments but it is capable to heal psychological sufferings of the patients too. He explained:

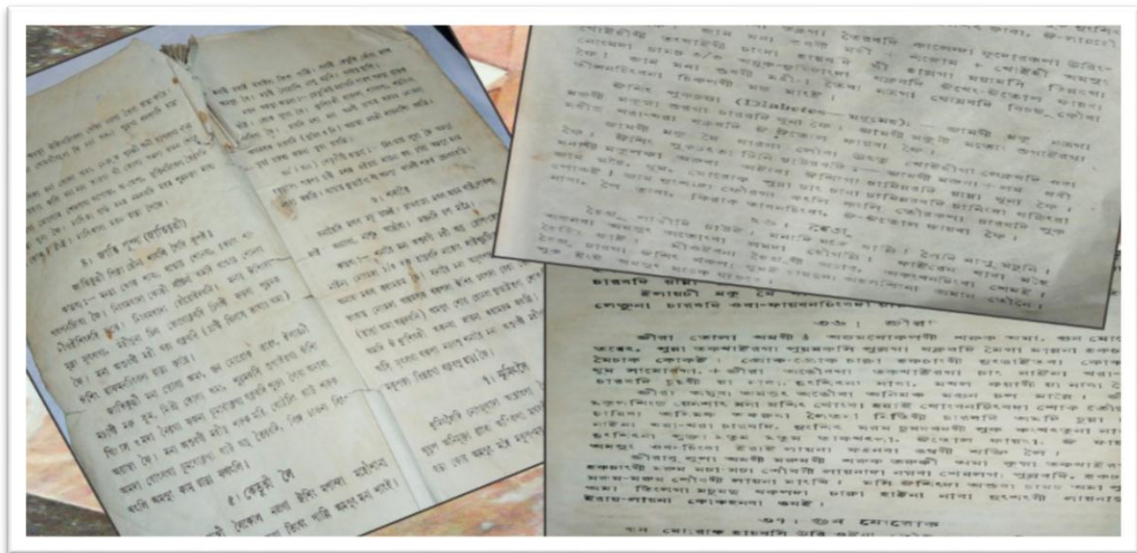
Many of the diseases and illnesses keep a negative effect on the mind and body of the persons, can never be explained or cured by the western biomedical treatment. Look, the problem of mental illness is a serious issue in human life. In allopathic treatment persons suffering from mental illness is considered as psychological patient. Normally patients with such problem cannot be cured by biomedicine. Biomedicine even cannot explain the real fact why mental illness occur in a person but we try to explain it in our own way. Therefore, we apply exorcism, sacred verses and sprinkle holy water, follow ritualistic healing like *Chaban* through offerings to god or goddesses and give herbal medicine to the patient. By the above procedures, we would heal the patient psychologically which is beyond the capacity of any other healing procedures or allopathic practitioners. These activities of us give support to mentally ill patients, help the family members in restoring peace in the family and in the surroundings of the patients.

Different herbs and stuffs of herbal medicine that are being used by the healers of Manipuri community is not a unique event rather these ingredients are commonly used by the herbal healers for preparing medicines in different parts of the world. For instance, Amla or Amloki (*Emblica officinalis* or *Phyllanthus emblica*), Bahera (*Terminalia bellirica*), Nim (*Azadirachta indica*), Haritaki (*Terminalia chebula*), Tulsi (*Ocimum sanctum*), Chirata (*Swerita chirata*), Thankuni (*Centella asiatica*) and other fruits, leaves, plants and other parts are used as herbs in herbal medicine in throughout the world.

For herbal treatment, the healers of Manipuri community in the study area follow some written documents and books that they hold in their personal collection for generation after generation and with the passing of time their collection of such literature is enriched by addition of new books. I have already mentioned earlier, for learning treatment processes and its related books on traditional Manipuri treatment, the *Meitei* healers have to depend on Manipur state in India. The language of these written sources in which they are written is called *Meiteilion* of the Manipuris. The written sources guide the healer on how to use or process the leaves, flowers and fruits of the plants for preparing herbal stuffs or ingredients for the herbal medicine. Some people just by following these books prepare herbal medicines and practice as folk healers in their own community without having any training on the herbal treatment. I found during my fieldwork that most of the traditional healers follow pluralistic application of treatment. Along with herbal medicine they also apply other treatment procedures to treat their patients in Manipuri villages.

The pictures of written documents or books about leafs, flowers, fruits and beans used as herbs for making herbal medicine by the Manipuri healers were collected by me during my fieldwork is presented below:

Picture-5.2: Books of Herbal Medicine




Source: Fieldwork in Songaon, 2015

The previous documents contain description of preparing herbal medicine from different parts of the plants and herbs that the healers follow for their healing practice. The above documents are written in *Meiteilion* language of the Manipuris although the letters used to express the *Meiteilion* language by the Bengali setup. These written scripts are bind in a

book form and is preserved with a *Maiba* in the study village. The book is an old one that carry the description of flowers, fruits, plants, leaves, roots and other parts of the trees of 77 species. The procedures of treatment by herbs, preparing herbal medicine and its dosages are provided in the book quite elaborately in *Meitilion* language. It is hardly understandable for general people due to its languages and use of medical terms. I translated it by the help of the *Maibas* and tried to understand its inner meaning of herbal medicines used by the folk healers. For instance, uses of a flower parts as herbal medicine in different diseases and illnesses is given below:

Picture-5.3: Picture of a Rose

<p>Meitei Name: <i>Loi-gulab-ouchowba</i></p> <p>English Name: Rose Flower</p> <p>Scientific Name: <i>Rosoideae</i></p> <p>Parts Uses as Medicine: Flower Part</p>		
Preparation and Dosages		
Name of Illness	Ingrédients	Preparation and Dosages
Head hotness from annoyance	Flower juice	Collect the juice extract from rose after contrucing it and take the juice as medicine, twice in a day for one month.
Memory Reducing	One ounce flower powder + Four grains in ammount of cardamom powder + seven black pepper + one hounce sugar candy + a glass of water	Mix all the ingridients with a glass of water and take it twice a day for one month.
Head warming by Sunlight		



Source: Fieldwork in Songaon, 2015




Like the above rose, there are different flowers, fruits, seeds, leaves, roots and so on are used as basic ingredients of herbal medicine and descriptions of those are given for the guidance of the practitioners. This guidance is very important one for an herbal healer.

Thus the *Meitei Maibas* and *Maibis* follow some traditional books or written documents for guidelines in herbal healing procedure.


In the above book used by the *Maibas* also contain descriptions on seven types of flowers, twenty seven different sorts of plants and forty tree types of fruits. In the following matrix, names and the illness for which they are applied for as medicine by the healers are projected below:

Picture-5.4: Different Flowers, Plants and Fruits


SL. No	Meitei Name	English Name	Botanical Name	Pictures
Flowers as Herbal Ingredients				
1	<i>Malika Loi</i>	Star Jasmine	<i>Trachelospermum jasminoides</i>	
Use for Diseases: For disease of skin infection, the leaf paste is applied by the healers.				
2	<i>Jati Pushpa (Jati Kooppi)</i>	Jasmine or Spanish Jasmine	<i>Jasminum officinale</i>	
Use for Diseases: To cure sore in mouth, the leaves are given for chewing. The leaves are also used for curing skin diseases and burns.				

3	<i>Ketuki Loi</i>	Kewra Flowers	<i>Pandanus</i>	
<p>Use for Diseases: For curing cough and leprosy, the healers provide the juice of leaves to the patient.</p>				
4	<i>Sanarei athonba</i>	Marigold	<i>Tagetes erecta L.</i>	
<p>Use for Diseases: For treatment of skin diseases, the paste of leaves is applied. The leaves are also used for body injuries. For colds and some other remedies, flower decoction is given.</p>				
5	<i>Numit lei</i>	Sunflower	<i>Helianthus annus</i>	
<p>Use for Diseases: To crash bladder stone, the juice of leaves is given. Flower Seeds are used for chest diseases.</p>				

Leafs and Plants as Herbal Ingredients

6	<i>Tulsi</i>	Holy Basil or Sacred Basil	<i>Ocimum Sanctum</i> <i>L.</i>	
---	--------------	-------------------------------	------------------------------------	---




Use for Diseases: For treatment of skin diseases, the leaves are used effectively. Leaf extract is useful for sores. Also for curing many diseases, the holy basil is used by the Manipuri healers.




7	<i>Bokul Pambi</i>	Cherry or Bullet wood tree	<i>Mimusops elengi</i>	
---	--------------------	-------------------------------	------------------------	--



Use for Diseases: To treat headache and pain, flower is used by the healers. For toothache, bark powder is applied. The paste of leaves is used in snake bite also.

8	<i>Khongnang Pambi (Bhelu Bot)</i>	Banyan Tree	<u>Ficus</u> <u>benghalensis</u>	
---	------------------------------------	-------------	-------------------------------------	---




Use for Diseases: For skin disease, burning and leprosy, the healers provide the leaves of the tree as ointment. In piles, bark is chewed by the patient. Smashed bark is also used for treatment of diarrhea, diabetes and dysentery.




9	<i>Heiri Khagok</i>	Bael Tree	<i>Aegle marmelos</i> (Linn.) Correa	
Use for Diseases: The leaves are used in diabetes, fever and bronchitis. In jaundice, the healer provide the juice of the leaves mixed with honey. Root bark is also used for fever.				
10	<i>Pungdon</i>	Guava, Lemon guava	<i>Psidium guajava</i>	
Use for Diseases: For diarrhea, bark decoction is used. Leaves are used as astringent.				
11	<i>Heinou</i>	Mango plant	<i>Mangifera Indica</i>	
Use for Diseases: For treatment of skin diseases, fruit pulp paste is used.				


12	<i>Mange Pambi</i>	Tamarind Tree	<i>Tamarindus indica</i>	
<p>Use for Diseases: For curing cough and cold, fruit pulp is prescribed by the healers. To get well from rheumatic pain, the healer provide leaf paste. To recovery from unnecessary sweating the ripe fruit is provided.</p>				
13	<i>Awa-thabi</i>	Papaya, papaw tree	<i>Carica papaya L.</i>	
<p>Use for Diseases: Fruit is good for stomach. For curing urinary problems, root juice is prescribed. Crushed fruit is useful for painful rheumatism.</p>				
14	<i>Heigru or Heikru</i>	Emblic Myrobalan or Indian Gooseberry	<i>Phyllanthus emblica L.</i>	
<p>Use for Diseases: In blood diseases, piles, constipation and so on, fruits are used. Fruits are also prescribed for recovering diarrhea, dysentery and jaundice. To control high blood pressure, leaf decoction is used. As hair lotion, fruit decoction is used with rice water.</p>				

15	<i>Neem Pambi</i>	Neem tree or Indian Lilac	<i>Azadirachta indica</i> Adr. Juss.	
<p>Use for Diseases: After boiling the leaves, water used for washing body in skin diseases. Leaf paste also use for curing skin abscesses. Also bark is used in skin irritation. Seed oil used for leprosy and rheumatism.</p>				
16	<i>Cha chandan Pambi</i>	Sandalwood Tree	<i>Santalum album</i> Linn.	
<p>Use for Diseases: Both wood paste and wood oil is used to relieve from skin diseases. Wood paste is also applied in headache and fever.</p>				
<p><i>Fruits and Beans as Herbal Ingredients</i></p>				
17	<i>Namra or Elaichi</i>	Cardamom	<i>Elettaria cardamomum</i> .	
<p>Use for Diseases: To make blood purifier, seed powder and boiled decoction both are used. Seed also provided by the healer for controlling high blood pressure.</p>				

18	<i>Jeera</i>	Cumin seed	<i>Cuminum cyminum</i>	
<p>Use for Diseases: It is used as good spice in food. For digesting, fruit infusion is prescribed by the Manipuri practitioners.</p>				
19	<i>Gol Morok</i>	Black pepper	<i>Piper nigrum</i>	
<p>Use for Diseases: For taking fresh fruit, it can increase taste in food. Decoction of leaves is useful for throat cleaning and diseases.</p>				
20	<i>Kwa pambi</i>	Betel nut tree, betel palm	<i>Areca catechu</i>	
<p>Use for Diseases: In low blood pressure, nut with leaf is chewed. Nut paste is used for leprosy patients.</p>				

21	<i>Sing (Haodei)</i>	Ginger	<i>Zingiber officinale</i> Rosc	
Use for Diseases: High body temperature and fever/ The juice extract is good for fever and cough. Also, the ginger paste is used to reduce headache.				
22	<i>Heigru Heikrumaan</i>	Leaf of Emblic Myrobalan, Indian Gooseberry	<i>Phyllanthus emblica</i> L.	
Use for Diseases: To reduce abdomen pain, boil water of leaves is applied as fomenting. The decoction of leaves is used to control high blood pressure.				
23	<i>Khongdrum</i>	Bottle gourd	<i>Lagenaria siceraria</i>	
Use for Diseases: Fruits are very effective during stomach upset or diarrhea. To reduce headache, root paste is applied on forehead. Flowers use as medicine to food poisoning.				

24	<i>Rihorai</i> or <i>Kalandri</i>	Kidney Bean	<i>Phaseolus vulgaris</i>	
Use for Diseases: The crushed of leaves is applied on children to cure worm diseases.				
25	<i>Panamana</i> or <i>Kwamana</i>	Betel Leaf	<i>Piper betle</i>	
Use for Diseases: For cutting or burning on body, the leaves are applied as ointment. The leave extract is provided for curing cough & fever.				
Use for Diseases:				
26	<i>Komla</i>	Orange	<i>Citrus sinensis</i> <u>L.</u>	
Use for Diseases: Leaf extract is used to cure children worm. Plant is applied for cough, rheumatism, diabetes and jaundice. The paste of leaves used for skin diseases.				

27	<i>Haa</i>	Potato tree/ Asiatic yam	<i>Solanum tuberosum L.</i>	
Use for Diseases: Potato is used in diabetes, leprosy and piles.				

The Processes of Herbal Medicine Preparation by the Healing Practitioners of the Manipuris:

For preparing herbal medicines, folk healers deal with various herbs and plants as ingredients. Along with herbs, healers also apply some other stuffs like, minerals, liquid substances and so on as medicinal elements to make the dose powerful. These are clay, stone, animal organs and so on. The Manipuri healers also follow some rules, religious customs and taboos and perform some rituals to execute healing procedure as a whole.

During my fieldwork I have noticed that there are varieties in formulating or preparing herbal medicine by the healers among Manipuri community. These processes of herbal medicinal preparation could be categorized in three types as follows:

- (i) Medicine prepared by using herbs and plants only.
- (ii) Medicine prepared by mixing different elements with herbs and plants.
- (iii) Medicine prepared from animal substances as a herbal remedy.

(i) Medicine Prepared by Using Herbs and Plants: Certain medicines are prepared by the *Meitei* healers by using leaves, roots, barks, plant stems, flowers, fruits and other parts of plants and trees. Sometimes, they just go for raw plants and its parts as ingredients for preparing herbal medicine. For preparing such herbal medicine, Manipuris use some very unique and rare plants and leaves. Many of these plants and leaves are used as raw herbs for treating patients by the healers. In some instances, healers prepare the medicine by

smashing the raw stuffs with food items such as rice that is considered as an extra nutrient substitute for the patient.

In the following arrangement, name of plants and herbs and their methods of use as herbal prescription by the *Meitei* practitioners are presented.

Picture-5.5: Pictures of Different Plants and Herbs Use as Herbal Preparation

Plants Serial No: 1

Meitei Name: *Mayangba*

Common Name

English: Hoary Basil

Bangla: Vantulshi

Scientific Classification

Scientific Name: *Ocimum basilicum*

Kingdom: Plantae

Group: Angiosperm (Dicotyledon)

Family: Lamiaceae

Genus: *Ocimum*

Species: *canum* Sims.

Source: Extensively cultivated in valley areas.



Use of the Plant for the Disease: The plant is used for preparing herbal medicine to heal a patient from Physical Weakness. This medicine as stated by the *Maibas* is capable to regenerate the body stamina of a weak person. The Manipuri people also believe that the *Mayangba* plant and its leaves have power to prevent many of the diseases in health. Thus, Manipuris eat its raw leaves and also with vegetables mixing with rice.

Preparation of Medicine by the Healers: Healers smashed the leaves of the plants and advise the patients to take the smashed (*bhorta*) leaves with rice. Also one can chew leaves with teeth. It works as a vitamin for increasing the body stamina of a weak person.

Plants Serial No: 2

Meitei Name: Panamana

Common Name

English: Betel

Bangla: Pan Pata

Scientific Classification

Scientific Name: *Piper Betle*

Kingdom: Plantae

Group: Angiosperm (Monocotyledon)

Family: Piperaceae

Genus: Piper

Species: betle Linn.

Source: Betel cultivated usually in moist areas, although it avoid the excessive moist ground.



Plants Serial No: 3

Meitei Name: *Tingthou napi*

Common Name

English: Dhub grass

Bangla: Durba ghash

Scientific Classification

Scientific Name: *Cynodon dactylon*

Kingdom: Plantae

Group: Angiosperm (Monocotyledon)

Family: Poaceae

Genus: Cynodon

Species: dactylon (Linn.) Pers.

Source: Extensively grown in valley & hilly areas.



Plants Serial No: 4

Meitei Name: *Tulsi*

Common Name

English: Holy basil

Bangla: Tulsi

Scientific Classification

Scientific Name: *Ocimum tenuiflorum*

Kingdom: Plantae

Group: Angiosperm (Dicotyledon)

Family: Lamiaceae

Genus: *Ocimum*

Species: *sanctum* Linn.

Source: Most of the Manipur household try to keep a plant around their homestead areas.

They believe that the plant convey sacred essence for human body and mind. Also it has an abundant significance to the healers of the study area in their healing.



Use of the Plant for the Disease: To stop bleeding on any physical burn and cut.

Medicinal Preparation by the Healers: Apply the leaves on the cut/injury/burn area after pounding it. For a patient, this medicine provides a primary healing. For full recovery from bodily injury, the Manipuris follow some other steps after completing the overhead one. Three plants namely; *Panamana*, *Durbaghash* and *Tulsi* that have mentioned above use as herbal medicine in same resolutions.

Plants Serial No: 5

Meitei Name: *Nashika Manabi*

Common Name

English: Panicked Spot Flower

Bangla: Bon Nakful

Scientific Classification

Scientific Name: *Acmella paniculata*

Kingdom: Plantae

Group: Angiosperm

Family: Asteraceae/ Compositae

Genus: Spilanthe

Species: Acmella

Source: Around the garden area of the Manipuris and also rode side area and mostly in forest areas mostly in wet places.



Plant used for curing Disease: Tooth pain and Piles.

Medicinal Preparation by the Healers: To heal tooth pain, the herbal healers of the Manipuris and also general people in the community pull out the globules of flower stem and after grinding the same they apply it at root of the teeth for few minutes.

For treating piles, after plucking some leaves from young *Nashika Manabi* plant, the healers smashed the same after streaming during rice cooking. It will be continued as *bhorta* with rice for a long period that can recover the problem easily.

Plants Serial No: 6

Meitei Name: *Ikaithabi*

Common Name

English: Sensitive plant or Shy plant

Bangla: Lajjabati Lota

Scientific Classification

Scientific Name: *Mimosa pudica*

Kingdom: Plantae

Family: Fabaceae

Genus: Mimosa

Species: *M.pudica*

Source: Usually found in open areas, particularly in cultivated land and garden areas, discarded areas and road sides in rural areas and even in urban parts.



Use of the Plant for treating Disease: To control excessive passing of vaginal fluids after childbirth of a woman, uterine pains after delivery, to cure abscesses and other skin diseases and also for piles.

Medicinal Preparation by the Healers: After child delivery by a woman, the *Maibis* of the *Meiteis* used *Ikaithabi* plants for controlling overflow of fluid and also for pains during urination. In such cases, the healer boils the leaves of *Ikaithabi* and put the boiled water in a water bag for warming in an around the area or painful part of the patient and apply the same for uterine pain by boiled water for three days.

Also the decocted leaves are used for covering the boils and abscesses and also for other skin diseases. The leaf juice is used for piles treatment by the herbal healers of the Manipuris.

Plants Serial No: 7

Meitei Name: *Manahidak*

Common Name

English: Air plant, Life Plant

Bangla: Patharkuchi

Scientific Classification

Scientific Name: *Kalanchoe pinnata* (Lam.)
Pers.

Synonyms: *Bryophyllum pinnatum*
Bryophyllum calycium Salisb.

Kingdom: Plantae

Group: Dicot

Family: Crassulaceae

Genus: *Kalanchoe*

Species: *Kalanchoe pinnata*

Source: Cultivated all over Bangladesh as an
ornamental plant.



Use of the Plant for the Disease: To clear the bladder stone.

Medicinal Preparation by the Healers: The juice extract of *Manahidak* leaves is used as medicine by the *Meitei* healers to help in smashing the bladder stone of a patient. They prescribe the juice to the patient for two months.

Plants Serial No: 8

Meitei Name: *Kuthap*

Common Name

English: Glory Bower

Bangla: Bhatigach or Bhat

Scientific Classification

Scientific Name: *Clerodendrum colebrookianum* Walp.

Kingdom: Plantae

Family: Lamiaceae

Genus: Clerodendrum

Species: *C. colebrookianum*

Source: Generally found in moist and waste places and hilly areas.



Use of the Plant for the Disease: For treating the constipation of a patient, the Manipuri practitioners prescribe the herbal medicine, made from the *Kuthap* plants. Also for healing cough and dysentery, they use the same. Many of the healers apply it to control high fever in a patient.

Medicinal Preparation by the Healers: To cure constipation problem, healers prescribe the patient intake of two or three piece of *Kuthap Mathon* (Young leaves of the Glory Bower plant) by chewing one to three weeks. The boiled leaves and steam are also applied as foment on forehead and on chest of the patient in fever and cough respectively. The hot decoction of the leaves also is used for relieving fever. Healers also prescribe the leaf juice for curing dysentery.

Plants Serial No: 9

Meitei Name: *Bhubati*

Common Name

English: King of Bitters

Bangla: Kalmegh, Chirota

Scientific Classification

Scientific Name: *Andrographis paniculata*
Wall ex. Nees

Kingdom: Plantae

Family: Acanthaceae

Genus: *Andrographis*

Species: *A. paniculata*

Source: Usually found in sunny areas.



Use of the Plant for the Disease: Reaction of over dose due to intake of aphrodisiac.

Medicinal Preparation by the Healers: *Bhubati* herbs play a significant role in Manipuri traditional treatment system. Almost whole plant is used for making medicine in various ways and phases of treatment. However, it is particularly noteworthy in healing practice of the Manipuris. The healer use the juice extract of the leaves of *Bhubati Mana* after pounding the same for removing the overdose effects of aphrodisiac in a patient. The healers prescribe two spoonful of juice extract of *Bhubati Mana* to be taken by the patient in the early morning in empty stomach and also two tea spoonful juice extract at night before going to bed for about fifteen days.

Plants Serial No: 10

Meitei Name: *Karot Akhabi*

Common Name

English: Bitter Gourd, Bitter Milons

Bangla: Korolla

Scientific Classification

Scientific Name: *Momordica charantia L.*

Kingdom: Plantae

Family: Cucurbitaceae

Genus: Momordica

Species: *M. charantia*

Source: It is a climber tree, grows in garden areas of the Manipuris.



Use of the Plant for the Disease: The parts of the plant is used for diabetes, Malaria and for some other ailments by the Manipuri healers.

Medicinal Preparation by the Healers: To control diabetes, the Manipuri people in general take it with meals as medicine. Also to get rid of Malaria, the healers prescribe the juice extract of the leaves of *Karot Akhabi* or Korolla as medicine to the patient. The Manipuri healers also provide *Bhubati Mana* or Chirota for the same reason.

Plants Serial No: 11

Meitei Name: *Keehom*

Common Name

English: Pineapple, Ananas

Bangla: Anaras

Scientific Classification

Scientific Name: *Ananas comosus (L.) Merr.*

Kingdom: Plantae

Group: Monocot

Family: Bromeliaceae

Genus: Ananas

Species: *A. comosus*

Source: It is a stemless tropical plant widely cultivated.



Use of the Plant for the Disease: For curing and preventing TB (Tuberculosis), to stop vomiting and for body weakness.

Medicinal Preparation by the Healers: The Manipuri healers believe that the TB (Tuberculosis) is preventable by regular intake of pineapple as medicine. Healer prescribes people to take two young Ananas as raw food with some salt for two to three times in a year. Moreover, they also prescribe juice extract of the fruit for restoring body stamina of a weak person. The leaf and also its extract are used to stop vomiting.

(ii) **Medicine Prepared by Mixing Different Ingredients with Herbs and Plants:** The herbal healers also use various ingredients together for preparing some kinds of herbal medicine for treatment in Manipuri community. Healers never share the procedures followed and ingredients used for preparing the medicine with others. Even they avoid sharing the same with their own family members in many cases. If some is really willing to learn the process he or she has to become a disciple of the healer and has to pay honorarium to him.

During my fieldwork, I had the opportunity to become an apprentice under a *Maiba* in study village and could observe the procedure of medicinal preparation and healing procedure of the *Maibas* from a very close proximity. As an apprentice of *Meitei* healers, I assisted the practitioners during the application of the healing procedures.

In medicinal preparation by mixing different ingredients, the *Meitei* healers sometimes use various elements like minerals, animal substances, and herbs and so on. In such cases, for preparing the medicine not only plants and herbs are used as raw ingredients, but the healers also apply other liquids and substances with these herbs and plants. Names of some of the ingredients are given below in a table that are used as important ingredients of the herbal healings in Manipuri community of the study area:

Table-5.3: Name of Some Ingredients of Herbal Healings

Sl No.	<i>Meitei</i> Name of the Ingredients	Common Name of them
1	<i>Khoihi</i>	Honey
2	<i>Ongouba</i>	Sugar
3	<i>Hongam Thau</i>	Mustard Oil
4	<i>Terosene Thau</i>	Kerosene
5	<i>Transformer Thau</i>	Transformer Oil
6	<i>Shangom</i>	Cow Milk
7	<i>Laitean</i>	Clayey soil
8	<i>Likon</i>	Shell
9	<i>Misri/ Shida misi</i>	Crystallized sugar lump
10	<i>Khongdogi Thokpa Pout</i>	Some kind of Minerals
11	<i>Khari/Thum</i>	Salt

12	<i>Pethri Shell Moyek</i>	Coin, made with Bronze Metal
13	<i>Uchekki Morum</i>	Hen's Egg
14	<i>Shunu Eshing</i>	Lime water
15	<i>Lomhui Thau</i>	Oil, collected from Fox Fat

Source: Fieldwork in Songaon 2015

(iii) **Medicine Prepared from Animal as a Herbal Medicine:** Herbal healers of the Manipuri community also prepare and use some medicines for healing by using animal organs, body parts and other stuffs from animals. In India, one can find a great numbers of such herbal healers in Manipur state who still use the above substances to prepare medicines, but in Bangladesh there are few members of the practitioners those who is capable of applying animal substances for making medicine. This type of medicinal preparation is declining day by day due to difficulties in procuring the ingredients that are required for the same. Very high cost of these ingredients also creates hindrances in the scenario of such medicinal preparation and application of the same among the Manipuri herbal healers in Bangladesh. As such Manipuri healers in Bangladesh try to substitute the ingredients by choosing alternative medicinal elements for preparing these types of herbal medicine. Moreover, the Manipuri healers also face problem from the forest staffs and officials for which it becomes difficult for them to collect medicinal herbs that are grown in the deep forests of Bangladesh or to hunt animals and collect their body parts for using the same in medicinal preparation.


For the above causes, most of the practitioners are now a day's compelled to avoid many of their traditional procedure of preparing medicines and use the herbs and plants as ingredients as alternatives to animal substances. My study area is located within the close proximity of a forest full with herbal plants that serves as the medicinal stuffs and meets the demand of the herbal healers for preparing medicines. Also, many herbal practitioners produce the herbal plants and trees on their own to meet up their own needs in and around their homestead land and by gardening. Folk healers practicing in urban areas face some difficulties in collecting necessary herbs and plants for preparing medicine. They usually take help of rural healers or the rural people for collecting the same.

Till to date, a few practitioners could be located in the Manipuri community in Bangladesh those who use animal substances as herbal medicinal elements. The information were collected from the *Maiba* in this case under whom I became an apprentice during my field

study. He is one of the rare *Maibas* in Bangladesh who uses animal ingredients to prepare medicine for treating his patients. Based on the data collected from him below in few tables procedure of some medicinal preparation and doses for healing diseases by those is furnished.


Picture-5.6: Different Animal Substances Use as Herbal Medicinal Elements

Animal Substance Use as Herbal Medicinal Ingredient among Manipuri *Maibas*: SL No.1


<p>Name of the Ingredient: <i>Kasturi</i> or Musk (Contain from musk gland or naval of Musk deer)</p>	
<p>For the Disease:</p> <ol style="list-style-type: none"> 1. Difficulty in Breathing/Dyspnoea 2. Chest Pain 3. Heart Disease 	
<p>Medicinal Preparation and Doses: Grain or spots are used by the healer as medicine that they provide to take.</p>	

Picture of the Ingredients: *Kasturi* or Musk


Animal Substances Use as Herbal Medicinal Ingredient among Manipuri Maibas: SL No.2

<p>Name of the Ingredients:</p> <ol style="list-style-type: none">1. Tiger Milk2. Turtle oil3. Bile of Kuchia (<i>Gangetic mud eel/M.Cuchia</i>)	 <p>Picture: Tiger, Turtle and Kuchia</p>
<p>For the Disease: Body weakness</p> <p>Medicinal Preparation and Doses: Mixed all the ingredients with some honey and take it one tea spoon for a day (the dose is for the person who are above twenty five years in age).</p>	


Animal Substances Use as Herbal Medicinal Ingredient among Manipuri Maibas: SL No.3

<p>Name of the Ingredients:</p> <ol style="list-style-type: none">1. Tiger's Bile2. Crow Bile3. Rat Bile4. Fat of Black goat	 <p>Picture of the Ingredients: Tiger, Crows, Rat Bile and fat oil of Black goat.</p>
<p>For the Diseases:</p> <ol style="list-style-type: none">1. Disease through tetanus2. Serious Sores created by Allergies <p>Medicinal Preparation and Doses: Mixed all the ingredients together to follow the amount given and use it as an ointment for the affected areas of the ill person who suffered by tetanus or any allergic diseases on skin of the body.</p>	

Animal Substance Use as Herbal Medicinal Ingredient among Manipuri Maibas: SL No.4

<p>Name of the Ingredient: Python Gallbladder</p>	 <p>Picture: Python Gallbladder</p>
<p>For the Disease: Abscesses or Illness created by <i>Shalais</i> (or <i>Pakhangba</i>)</p> <p>Medicinal Preparation and Doses: Use it as an ointment.</p>	

Animal Substances Use as Herbal Medicinal Ingredient among Manipuri Maibas: SL No.5

<p>Name of the Ingredients:</p> <ol style="list-style-type: none">1. Turtle Oil2. Liquid Fabric Softener	 <p>Picture: Turtle and Liquid Fabric Softener</p>
<p>For the Disease: Burning of skin or other body parts</p> <p>Medicinal Preparation and Doses: Make an ointment by mixing with both ingredients and rubbed it on the affected areas of the patient.</p>	

In time of medicinal preparation, the herbal healers believe that preparing medicine and prescribing the same to the patients are not the only duties of the healers. The healers should also need to remain clean by themselves for sacred reasons of healing. They need to follow religious rules for preparing medicines and all and above, they should provide guidance to their patients about intake of medicine and those advices are essentially related to sacred and profane as a part of their culture practice.

Like the previous procedures for preparing medicine, there are several healing procedures still exist among the Manipuri healers which are unfamiliar to the general people. This study is an attempt to provide an introduction to these unexplored healing procedures and their practices among the Manipuris too.

5.1.3 Shamanic Practice in Healing: An Ethno-Medicinal Application among the Manipuri Healers:

During data collection, I met a Muslim Bengali speaking lady in the chamber of a *Meitei* healer who came there for the treatment of her 14 years old girls. The little girl according to her mother has been suffering from the curse of 'evil eye'. The woman shared with me about her daughter's ailment.

"... .. look; my lovely daughter has been suffering from a curse of evil eye. She was absolutely a healthy baby, having no problem even few months back. Suddenly, one day, she started feeling bad and gradually her health condition deteriorated. So I and my husband decided to consult an allopathic physician at government hospital in the Sylhet city. The doctor after examining my daughter advised us to do certain pathological tests for diagnosing her disease and also prescribed some medicines for her treatment. Accordingly we followed his suggestions but all in vain, our daughter did not improve. After passing some days, finding no improvement in our daughter we again met the physician for further advice. He then suggested us to consult a psychiatrist for her treatment. We followed his advice and took our daughter to a psychiatrist. The psychiatrist diagnosed her disease as a psychic problem. We could not accept such impression of the psychiatrist about our daughter. We then decided to visit a renowned physician in Dhaka and did accordingly. But all the treatment so far we tried for our daughter did not yield any positive result. Our daughter's health condition further deteriorated. We were in a dilemma what to do? Meanwhile a relative of ours suggested that we better should try a *Meitei* healer who according to him treats this sort of patients with efficacy. Finding no other alternative, we decided to take our daughter to a *Meitei* healer. Our relative at this point introduced us with this *Meitei* healer practicing in Sylhet town. My baby is feeling much better now after taking treatment under this healer. The healer is trying his utmost to cure my daughter and I am very much hopeful that she will completely be cured within short span of time.

In the midst of other patients present in the chamber of the healer, the lady, mother of the girl further stated “you know when I describe about the illness from which my daughter has been suffering, often people laugh me, passes sarcastic remarks about our notion of evil eye, evil spirit, because, for them these are all phony descriptions of the illness. But you see the reality is different, when one himself faces with such crisis and suffer; only then one can realize the pains of such problems, it becomes puzzling for the person what to do? How to treat? Where to go? At this stage, people accept any suggestions for curing disease and take all possible measure for recovery. Explaining such behavior is difficult and goes beyond the logic... ..”

During our discussion, some other patients in the chamber of the *Meitei* healer, participated and passed their opinion and shared their own stories what has already been happened in their life. In summary they wanted to express that at the time when an evil eye possess within someone or a black spell affects somebody, he/she should go for a folk healer for treatment; because only in traditional healing is capable of healing such ailment and no one else. Folk healers to protect the patient from the curse, provides treatment with the help an amulet or spell or even perform rituals for healing or for driving out the bad spirit from the sick body or provides exorcism for cleaning the patient’s body from demonic possession. In their view, allopathic practitioners are not capable of giving any satisfactory explanation on the causes of such disease or causes behind the illness and as such they fail to provide comfort to the patient. But a traditional healer has the knowledge to explain causes of such disease and their treatment. As such they seek help of traditional healers and normally get satisfactory services than that of the treatment from the biomedical healers.

In fact, in almost all societies of the world it can be observed that, reliance on such faith healing as is believed is only common among poor, illiterate or ethnic population. Contrary to that, it is also popular among educated, literate population too. The reason may be that modern medical practitioners explain the causes of diseases from scientific viewpoints but do provide any causal explanation of such diseases and their treatment in terms of mindset of the people at large. But traditional healers can do that and that gives a psychological support to the patients and as well to their relatives. From time immemorial; till to date, large section of people from all stratum of society has believed in the treatment procedure of the folk healers with full faith and take medicines from them. They believe that the

healers have shamanic powers in their possession which they apply to relieve their patients' sufferings caused due to unexplainable phenomena.

Obviously the question may arise whether shamans can actually heal their patients? This can be answered satisfactorily only if one looks carefully at the meaning of healing. If healing is recognized as bounded within an experiential domain of suffering, then shamans are capable of healing their clients, by providing relief from the chaos caused by illness, repairing personhood, and offering new models of meaningful identity. Shamans do not cure disease; they seek to construct a life world in which disease lost its meaning (Walter & Fridman 2004:137).

A distinction is commonly drawn in medical anthropology between disease and illness and corollary curing and healing. The term disease as defined by Arthur Kleinman, refers to biological or psychological malfunctioning, while illness refers to the patient's experiences and perceptions, including social responses to disease. Illness "is created by personal, social, and cultural reactions to disease," and so has a biological and as well as a physiological significance (Walter & Fridman 2004:137).

In such a case, the identity of integrity of a patient as a social person could be restored, even if a pathological state might remain untreated in the patient's body. In this sense that *Shamans*, and other religious specialists, as well as practitioners of "traditional" or "alternative" medicines, is believed to be capable of treating diverse health related problems. The term healing in folk tradition, frequently implies spiritual, miraculous, or psychic means, or may be looked at as a process involving occult or divine forces at work for curing patients. Although such transcendental speculations lie (Walter & Fridman 2004:138).

In my study village Songaon, during my fieldwork, I became closely acquainted with different activities related to healing practices of the Manipuri traditional healers. Among the healers, I identified a group of healers, who in my opinion, could be termed as Shaman. "A Shaman is a person regarded as having access to, and influence in the world of benevolent and malevolent spirits, who typically enters into a trance state during a ritual, and practices divination and healing (Wikipedia 2016)". The pattern of healing practices practiced by this group of *Meitei* healers is spiritualistic. It is believed that these healers are endowed with spiritual power and with the help of that they can get access to benevolent spirit. With the help of the benevolent spirit the healers try to cure an ill person

by driving out bad spirit from the body of the sick person. From the world perspective, shamanism cannot be treated as one uniform phenomenon over a wide range of time and space. Each culture lays its own imprint on the belief system, practices, and outward appearances of its shamanic practitioners (Walter & Fridman 2004: xi). The religious tradition of the Manipuris combines their pre-Hindu beliefs and latter Hindu Vaishnava practices. The pre-Hindu religion of the *Meiteis* namely '*Apokpa*' has a rich shamanistic tradition (Walter & Fridman 2004:763) which is practiced by both male (*Maibas*) and female healers (*Maibis*). This shamanistic healing procedure is influenced by their religious rituals, customs and traditions. Among the shamanic healers of the study area, one group of the shaman concentrates on freeing human being from the evil spirit or from a demon possession. Such practitioners try to protect a victim from the sorcerer's influence by providing different sacred spells, amulets and also sacred by reciting holy verse towards the patients for healing their illness. In case of evil spirit possession of a person, the shamanic healer also performs certain rituals. Through these rituals, they try to appease the evil spirit by giving offerings, so that the spirit leaves the body of the ill person and relieve the patient. The use of shamanic divination in healing is also practiced by another group of healer who treat their patients through divine revelation form benevolent spirits. These types of Shamans also perform the role of a savior of the community at the moment of crisis, such as in case of draught or floods, severe storms from destroying the paddy land and so on. Shamans are believed to be well versed about the world of the spirits and human soul through "ecstasy," the power of an altered state of consciousness, or trance, which is used to make a connection to the world of the spirits in order to bring about benefits to the community (Walter & Fridman 2004:xi). The shamanistic practitioners of my study village also have knowledge about black magic or sorcerer's malevolent activities but they never try to apply their knowledge for any negative purpose. They very strongly practice white magic with benevolent intentions. I detected a few *Meitei* practitioners practicing witchcraft in the Manipuri society. These healers are believed to have power to create a magical environment for benefitting society at large. But I came to know from my field study that some Shamans also practice black magic. This sort of practice is a highly confidential matter and practitioner of such black magic, under any circumstances will never reveal the secrets of the black magic to any outsiders.

In view of my above discussion, it can be concluded that a group of *Meitei* healers could very well be treated as Shaman who with benevolent intentions try to cure and relieve an

ill person suffering from both physical and mental ailment. In actual, they play the role of psycho-therapists clad in shamanistic practices for healing.

It needs to be mentioned here that Manipuri healers of my study area, compared to their counterparts in Indian state of Manipur, are not the similar activities that they practice. I noticed during my fieldwork that in Bangladesh among Manipuri communities, many healing rituals are performed only by *Maibas* but in India the same rituals are also being performed by the female *Meitei* healers the *Maibis*. There are some activities of the shamanic healers among the Manipuri practitioners collected in this study are categorized in below:

Table-5.4: Categorization of the Activities of Shamanic Healers

Categorization of the Shamanic Healers Based on Their Healing Methods and Approaches related to Shamanistic Practices of Healing	
Type of the Healers	Categories of the Healing Activities of Healers
<i>Maibas</i> of the Manipuris in Shamanic Healing	<p>1. Healing through providing amulets or sacred spells by the <i>Maibas</i>.</p> <p>(A) Intricate postures of the <i>Pakhangba</i>: A paper amulet in healing practice of the <i>Meitei Maibas</i>.</p>
	<p>(B) Application of sacred images and numerical expression as spell and paper amulet by the <i>Meitei Maibas</i>.</p>
	<p>(C) Healing by talisman: A mystical formula of the <i>Maibas</i> in Manipuri community.</p>
	<p>2. Healing through providing some material ingredients by the <i>Maibas</i>.</p>
	<p>1. Healing through shamanic power and spiritual activities of the female healers in Manipuri community.</p>

<i>Maibis</i> of the Manipuris in Shamanic Healing	2. Healing through Charms and Incantations by the <i>Meitei Maibis</i> .
	3. Healing through possession by the <i>Maibis</i> in Manipuri community.
	4. Treatment and preventive technique of the <i>Maibis</i> by following Shamanic Healing.

The procedures that the *Maibas* and *Maibis* follow for healing patients or supporting the overall peace and protection of community, through the above healing categories are described below. For most of the healing procedures, *Meitei* healers should have extensive and deep knowledge. In particular they must be well versed in certain techniques of healing. Efficacy of many of these methods depends on the spirituality and shamanic power of the practitioners and is needed to be accomplished through some healing rituals. The ethno-practitioners of the Manipuri community also apply some methods and preventive techniques, worshipping and praying to god and goddesses and placing offerings to the deities by performing certain rituals for helping and protect people's health and wealth.

5.1.3.1 *Maibas* of the Manipuris in Shamanic Healing:

I have already mentioned earlier that the performance, activities and healing procedures among the *Maibas* may differ from place to place. Based on my field data on the healing practices of the *Meitei* healers that I have collected for the purpose of this research I have explicitly attempted to analyze the same in the following discussion. This discussion will provide an analysis of 'ethno-medicinal' practices prevailing among the Manipuris in Bangladesh. Many of the healing issues are related to their community beliefs and religious dogmas due to which, I kept many of the names of the informers and their addresses and name of the ingredients used for preparing medicines hidden for ethical reason.

In shamanic healing, the male healers or *Maibas* in Manipuri community apply certain methods for healing their patients suffering from different problems. In certain cases modern biomedical or other alternative remedial treatment fails to diagnose the problems because of lack of proper scientific reasoning for explaining the illness. The shamanic

healers try to explain the causes of the illnesses in their own ways, and try to help patients to recover or to minimize the problems and uncomfortable situations of the sick people and their family members also. They also perform some worships and rituals and pray for recovering of the patient that gives the patients and their family members a kind of psychological support that helps the patient to recover and bring peace in the mind of the sick and family members or relatives. The practitioners believe that most of their shamanic healing are related to the spiritual world and are based on supernatural power.

1. Healing through providing amulets or sacred spells by the *Maibas*:

(A) Intricate Postures of Pakhangba: A Paper Amulet in Healing Practice of the *Meitei Maibas*:

The traditional ancestral religion of the Manipuris, before assimilating into Hinduism was a combination of polytheistic, animistic and naturalistic beliefs mingled with the belief and practices of spirits, ritualistic faiths, ancestral worship, totemic cult, fetishism and so on (<http://shakmachanongmaithem.blogspot.com/2012/04/paphal-mythical-assumptions-of-lord.html>). Although, most of the present day *Meiteis* belong to Hindhu vaisnavite sect, but yet the people have also been practicing their traditional religion named *Apokpa* for nearly 300 years and show their full faith on their traditional deities. The functions of these deities as manifested in the tradition and described in literature of the *Meiteis*, clearly depict the existence of animistic religious beliefs among the study people. Their three members of the trinity of the deities are Atiya Guru Sidaba, who represent ‘Sky God’, the immortal supreme creator, Sanamahi as Sun God and Pakhangba as Moon God (Devi 2003:25) in where, their religious belief enrich with their mythological culture.

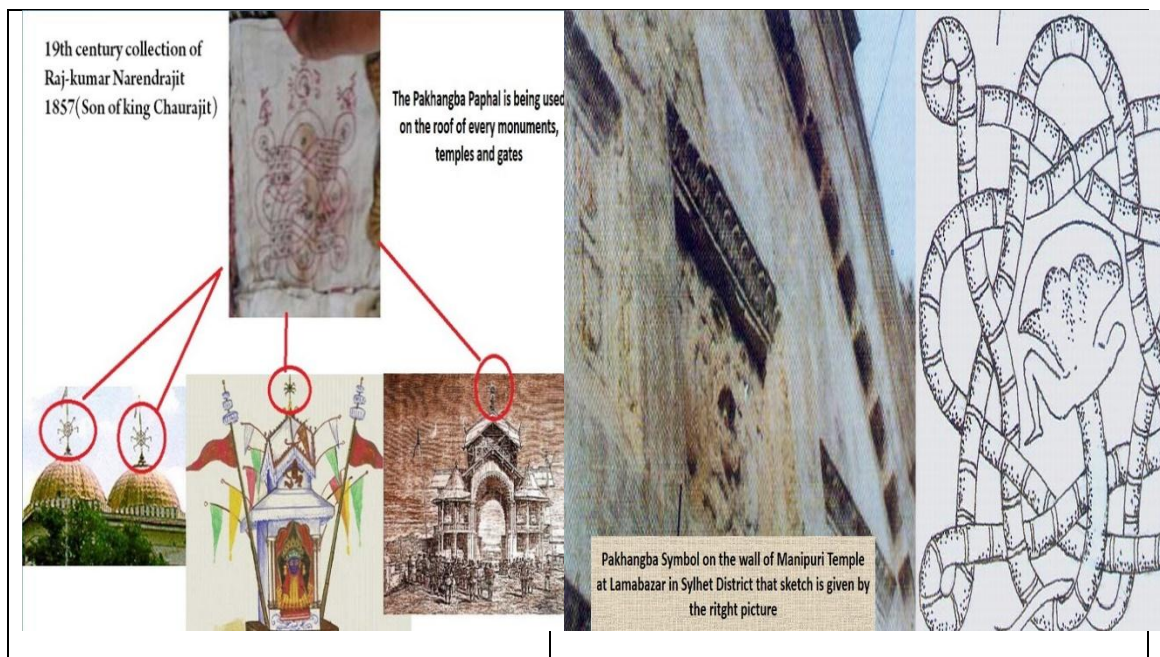
According to a popular *Meitei* myth of creation the newly created earth was to be ruled by the sons of the Atiya Guru Sidaba (immortal Guru of Heaven). Among the sons of him, Pakhangba was crowned as the ruler of the earth and Sanamahi as the ruler of every household. In this way, Pakhangba became the most important public deity while Sanamahi is regarded as a household god. The reason of public deity, Pakhangnba symbol, specially the *paphal* took place among the *Meiteis* in their living pattern; For instance, reflections of the Pakhangba *paphal* appear in the *Meitei* numerals and scripts. Some of these intricate postures are guidelines of *Thengourol* and *Khousarol* (steps) to the traditional *Meitei* Martial form called *Thang-Ta*. Many of the traditional dance movement

influenced by these. Even the Pakhangba *paphal* exist in different religious temples of the Manipuris both in Bangladesh and in Manipur of India, the ancestral territory of the *Meiteis*. In following pictures can represent the above statements.

Picture-5.7: Pakhangba Paphal in Meitei Scripts, Martial Form and Flag

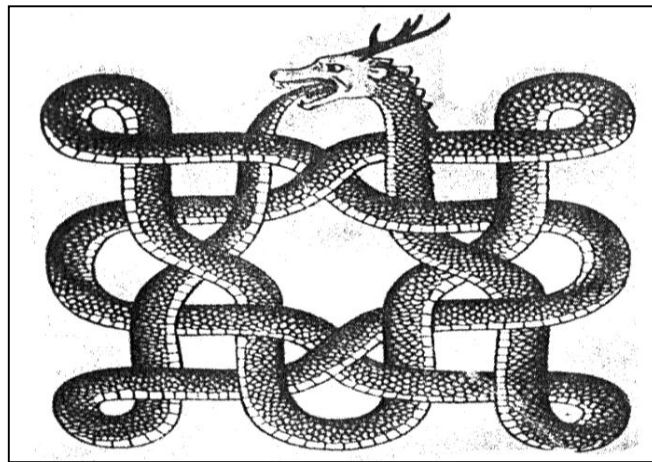


Picture-5.8: Pakhangba Symbol on Different Temples and Significant Artifacts



The *paphal* is the diagrammatic representation of the snake form of Pakhangba is the most important during the regime of the Maharajahas. Although, in Manipuri belief, the Pakhangba exist in different form in an earth. Pakhangba, other than its human existence is also believed to have appeared in a divine form called *Paphal*. According to *Meitei* belief, earlier there was a vast expanse of water with no patches of soil. This mythical assumption called *Paphal* exists more than 364 different forms.

Picture-5.9: Pakhangba Symbol (One of 364 Forms)

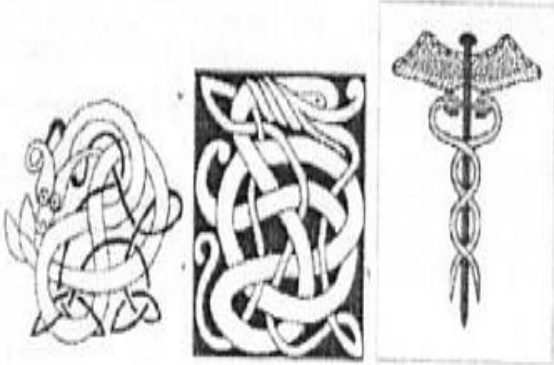


The above one is out of these 364. This picture is a representation of Lord Pakhangba, and basically in this form, called Paphal-a mythical creature with the body of a snake, head of a dragon, with antlers of a deer (<http://erinmclaughlin.com/hindirinny/2015/06/pakhangba-meetei-mayek/>, 2016).

Every ancient mythology has some form of world serpent, which statement proves from the following two Xerox copies, where coiled snake with its tail in its mouth is sometimes known as Ouroboros and is thought to represent the circle of the community of life (encyclopedia, 2016).

Picture-5.10: Representation of Pakhangba Paphal by Two Xerox Copies

The Celtic symbols of serpent (Xerox from the originals)



'Every ancient mythology has some form of world serpent.'
'The serpent represent the cyclic nature of life.'
'Thus, many ancient people believed snakes are immortal.'
'The serpent also is a phallic symbol, but ironically, serpents also are one of the older symbols of female power in the celtic religion.'
'The coiled snake with its tail in its mouth is some times known as Ouroboros, and is thought to represent the circle of the continuity of life.'

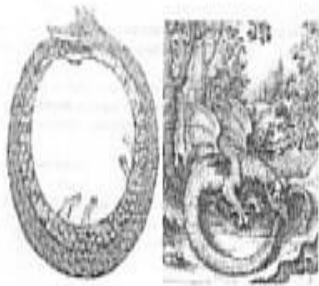
From an article, *the serpent (An Nathair)* by Micheal Daugherty. (Source: irelandown.net/serpent.html)

OUROBOROS (Xerox from the originals)
 (From Wikipedia, the free encyclopedia)

Ouroboros

From Wikipedia, the free encyclopedia

The **Ouroboros** (Greek *Ουροβόρος*, from *ουροβόρος* *ourōboros*; "tail-devouring snake", also spelled *(Uroboros* in English pronounced /*uˈrɒbɔːrɪs*/ or /*juˈɔːrɒbɔːrɪs*/), is an ancient symbol depicting a serpent or dragon swallowing its own tail and forming a circle.



The Ouroboros often represents self reflexivity or cyclicity, especially in the sense of something constantly recreating itself, the eternal return, and other things perceived as cycles that begin anew as soon as they end (see Phoenix). It can also represent the idea of primordial unity.

HISTORICAL REPRESENTATIONS
ANTIQUITY

Plato described a self eating, circular being as the first living thing in the universe, an mythical, perfectly constructed animal.

The notion of the serpent or dragon eating its own tail can be traced back to ancient Egypt circa 1600 B.C. From ancient Egypt it passed to phoenicia and then to the Greek philosophers, who gave it the name *Ouroboros* (tail devourer).

Like the above representation of the Pakhangba *paphal* in different sectors of the Manipuri culture, some of these sacred assumptions are means of healing with proper writings of mantras on the intricate postures by the *Maibas* (traditional healers) where they use these in their healing practices. All of these practices of the *Meiteis* actually reflect their culture as the view point of their religious traditions.

Healing Practices with the help of Pakhangba *Paphal* among the Manipuri *Maibas*:
 In healing practices of Manipuris, a group of *Maibas* or male healers for treating their patients, draw on a piece of paper the picture of Pakhangba *paphal* details of which is given below by depicting various postures of the deity and insert the same in an amulet usually and give the same to the patients for healing. To prepare this paper spells, the *Maibas* need to follow the *Yek-Salai* of the *Meiteis* for improving and recovering of the

patients from their physical ailment. Treating patients with this method is a traditional technique of the *Maibas* and they are very much skilled in it. For learning this technique of healing, *Maibas* need to have proper training on *Yek-Salai* under the guidance of former or aged practitioners of the Manipuris or in an institution which provides this type of training.

Pakhangba and its forms are regarded as the creator of seven clans of the *Meiteis*. Clans are called '*Salai*' in *Meitei* language and that classification of different clans is known as '*Yak-Salai*'. The seven clans (*Salai*) in which *Meiteis* are divided are:

- 1) *Ningthouja (Mangang)*
- 2) *Angom*
- 3) *Luwang*
- 4) *Khuman*
- 5) *Mairang*
- 6) *Chenglei;* and
- 7) *Khaba-Nganba.*

To draw the intricate postures of the Pakhangba, the *Salai* plays an important role for the *Meitei Maibas*. Firstly, the *Maibas* identify the clan (*Salai*) of a patient, then they draw the posture of the Pakhangba or Pakhangba *paphal* on a paper that represent the clan of the patients. There are very few books available on these treatment procedures among the *Maibas*. During fieldwork, I could manage to have access to some rare collections under the possession of some *Maibas* in the Manipuri community. These *Maibas* collected the books from preceptors 35 to 50 years back. Since these books are very rare; the healers who possess these usually keep the books hidden from display and use them secretly. They never bring these holy books and designs in front of the people. During healing a patient, a practitioner prepare the paper amulet after first seating with a patient and takes time to make ready the amulet, the procedure of which is very much intricate. The reason is each and every line of the posture carry in-depth meaning for the *Maibas*. Thus to provide an accurate result for the patient *Maibas* need to put full concentration in drawing the postures of the deity precisely depicting the problems of the patients. The *Maibas* of Songaon village said that each of these pictures bear hundred and eight alphabets of the *Meitei Mayak (Meitei Script)*.

Training of the *Maibas* to Draw the Postures of the Pakhangba: In Bangladesh, for the training of this special art, no institution is built till today. In the state of Manipur in India, the ancestral territory of the Manipuris, an institution namely *Maiba-Loishan* was established. This institute offer courses for training of the Manipuri healers. I met with a

Maiba in Songaon village my study area, who practices this special technique of the traditional healing. He became a *Maiba* after taking the training from the institution *Maiba-Loishan*. I also could locate a *Maibis* the female *Meitei* healer at Tatoigaon a neighboring village of my study area who was also trained in the same institution. Besides, there are *Meitei* practitioners who did not have the opportunity to receive training from *Maiba-Loishan* but took lessons from a knowledgeable *Maiba* and became a *Maiba* or *Maibis* by himself/herself. Also, *Maibas* accumulate knowledge on the treatment procedure through generational learning. Some healers who has interest in acquiring this knowledge also take training form Philippine, China and other countries of the world where this sort of folk healing practice is still prevailing. I met the *Maiba* in Songaon village who also received training from a practitioner in Philippine even after having training in *Maiba-Loishan* of Manipur state. Most of the Manipuri *Maibas* believe that without learning about the *Yek-Salai* education, a *Maiba* cannot become a knowledgeable healer and as such he needs to complete his study. Thus the *Yek-Salai* training is mandatory for every *Maiba* and *Maibi*. This training is provided to them after completion of healing or end of their regular course.

Procedure to Draw the Postures as Amulet: There are different rules to draw or write a posture of a Pakhangba *paphal* for making it a paper amulet. The *Maibas* also use these, as spell for treating a patient to recover from a disease or a problem. In such instances, the *Maibas* recite the spell which is written beside the pictures of every *Salai* from the book. After reciting, they puff on a patient or blow the wind as sacred stuff. *Maibas* also put this paper amulet in a glass of milk or water and provide the patient to drink the same.

To draw the postures of Pakhangba *Paphal*, the *Maibas* must follow some rules and regulations as follows:

- Firstly, *Maibas* need to keep themselves clean before writing these sacred spells as amulet. Most of the *Maibas* take bath and maintain some rituals for appeasing their god and goddess.
- *Meitei* healers offer some rituals to the Pakhangba before starting the drawing for evoking the deity. The belief is during performing such rituals the Pakhangba make response to their call and arrive in the place of the healer as an embodiment of a snake or a turtle or *Kuchia*. The *Maibas* believe that only an expert having proper training in

this procedure can do this. For performing this treatment healer must have meditational knowledge. This procedure of treatment is entirely is related to the spiritual world that refer a shamanic power of the healing of the *Maibas*.

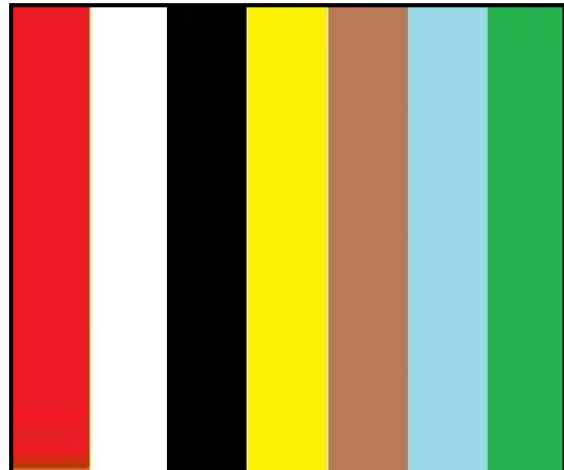
- To give a shape of Pakhangba *Paphal*, a *Maiba* at first needs to identify the *Salai* or the clan of a patient. After confirming about patient's *Salai*, *Maiba* draw the posture of the Pakhangba that represent the clan of the patient. If the *Maiba* and the patient belong to a same *Salai*, the paper amulet will yield results quickly within two or three days. On the other hand, if the practitioner and his patient are not from the same *Salai*, in that case, longer time will be needed for the treatment. In such instances, the amulet will start working within ten to fifteen days. For treating patient of a clan other than the healer, the *Maiba* must follow certain steps for curing his patient. If a *Maiba* from 'Ningthuja' *Salai* of *Yek-Salai* want to heal a patient who from 'Angom' *Salai*, it will be desired some extended times to the regular one by following some of their steps.
- It is not compulsory for apprentice to belong in a same *Salai* of his educator. The *Maiba* from the study village namely Bidha Ratan practices *Yek-Salai*, who belongs to 'Ningthuja' *Salai* of the Manipuris. He learnt this technique and method from his preceptor who belongs to 'Khuman' *Salai* of *Yek-Salai*. His mentor provided him the knowledge on how to serve patients belonging to different *Salais* other than the *Maiba*'s own.
- After identifying the *Salai* of a patient, *Maiba* draws a posture of the Pakhangba which is meant for *Salai* of the patient and also for specific disease or problem of the diseased person. For this, the *Maibas* use a special dry leaf called 'Bhuj-Pata'. The picture of *Bhuj-Pata* is given below in discussion section of ingredients of paper amulets.
- For drawing the posture of Pakhangba the *Maibas* use seven different colors in a picture. These colors are made by the *Maibas* themselves using a special technique. To make these seven colors, the Manipuri *Maibas* also need to follow some instructions which they learned from their preceptor during the training period. The color making procedure is discussed in the section on discussion of the ingredients of an amulet.

The Ingredients that are needed to make a Paper Amulet with the Posture of Pakhangba: There are some essential materials that are needed to make an amulet by the *Meitei Maibas*. These are presented below in the pictures:

Picture-5.11: Ingredients of an Amulet



(a) *Bhuja-Patra*



(b) Seven Colors of Clan



(c) Metal Amulet

The above pictures depict the ingredients of paper amulet. The first two elements are vital for drawing the postures of Pakhangba for using the same as a spell by the *Maibas*. The *Maibas* often put the paper spells inside the cover of a metal container and is shown in the last picture. When the healer prescribe a person to hang the paper spell in an amulet around the neck or wear it over the elbow of a patient, the last ingredient of the above pictures will be compulsory for that case. If a *Maiba* goes for a spell by drawing a posture on *Bhuja-Pata* with water or milk, then the first two ingredients will be needed. Moreover, in such

instance the healer put the drawing spell into liquid herbal medicine and then feed this mixture to a patient to recover from the disease or problem.

The brief description of above ingredients used for preparing a spell is given below:






(a) **Bhuja-Patra:** To draw a posture, a tree bark (Birch tree or *Betula Alba*, *Betula Pendula*) is used by the *Maibas* as paper for writing or drawing is called '*Bhuja-Patra*' by the healers. *Maibas* believe that a spell also can be written on a normal white paper, nevertheless most of the *Maibas* use this special bark for a better result in healing. In above picture (a) shows few slices of dry *Bhuja-Patra* which have light brown color at one side and the opposite has white in shade.

(b) **Seven Colors:** To draw the postures of Pakhangba *Paphal* as charm or amulet, the *Maibas* use some special colors as ink. For the purpose, the *Maibas* need seven different colors shades of which are similar to that of the rainbow colors. For preparing the colors, *Maibas* collect the juice extract as basic ingredients from different plant leaves which are bitter in test. It is a difficult task to gather these leafs of the plants because of paucity of the same in and around the place where the *Maibas* resides.

Therefore, they try to make those colors from surrounding ingredients of them. For instance; to make 'Red' color, they use 'Saffron' (the color that is a tone of golden yellow by mixing with vermilion). Also for black they take the color from fire lead. Thus the rest of the colors are made by the *Maibas* using different ingredients.

Before starting painting with the seven colors, it is important to identify the clan or *Salai* of a patient. Each clan or *Salai* of the Manipuris has its codified color. In the above picture (b) the seven colors of *Yek-Salai* of the Manipuris is displayed. Manipuris also use these colors in their everyday life in different ways. The flag of the Manipur state in India is designed with these seven colors of *Yek-Salai*. The name of the *Salais* are presented in codes or by codifying colors as presented below.

Table-5.5: Colors of Seven Clans among the Meiteis

Name of Clan (<i>Salai</i>)	Codified color of the <i>Salai</i>
<i>Ningthouja (Mangang)</i>	Red 
<i>Angom</i>	Yellow 
<i>Luwang</i>	White 
<i>Khuman</i>	Black 
<i>Mairang</i>	Violet/maple 
<i>Chenglei</i>	Light Green 
<i>Khaba-Nganba</i>	Blue 

Source: Fieldwork in Songaon 2015

These seven colors are essential ingredients to draw pictures as spell. In drawing such spell *Maibas* at first use the color which represent the specific *Salai* or clan to which the patient belongs, for instance, if a patient is from *Khuman Salai*, the *Maiba* draws a posture of Pakhangba *Paphal* by starting with black color which represent the *Khuman Salai clan*. *Maibas* use rest of the colors one after another by following his preceptor's instruction.

In the above rules, *Maibas* attempt to apply all the seven colors for a particular drawing meant for specific illness or problem. For this expertise in technique of drawing and devotion of the *Maibas* are needed. Thus, the sketching the postures of the Pakhangba *paphal* is quite intricate.

(c) Metal Amulet: When the *Maibas* prescribe the patient to put the amulet hanging around neck or wearing, it needs a container where the written paper is inserted and is known as '*Koboj*' or '*Jantra*' or an amulet made by metal as shown by the above picture

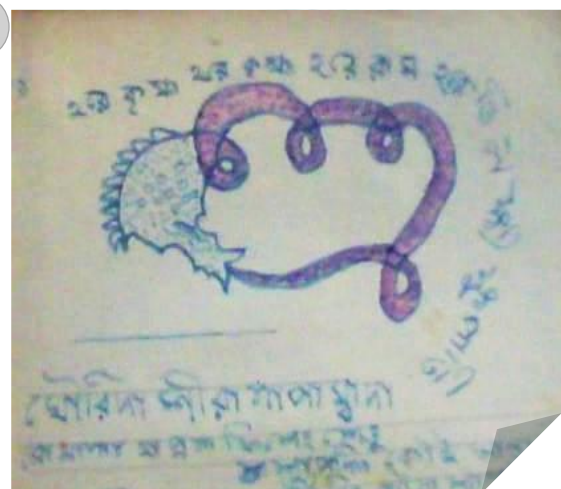
at 'c'. For paper amulet depicting Pakhangba *Paphal*, the *Maibas* usually collect those type of metal amulets which are made by seven metals such as gold, silver, copper, zinc, lead and iron. These metal amulets are special then the other ordinary amulet for its metallic value. The *Maibas* believe that these metal amulet has the power to highly protect a person from evil spells or from anything bad.

Paper Amulets and Healing Method of the *Maibas* in Songaon Village: Every society has some secrets related especially to health and healing. These secrets mostly center on the sacred spells and talisman recommended to protect the ill person from invisible negative occurrences. Manipuri community also has their secrets related to health and healings and the healers treat those as sacred. The *Maibas* perform their activities with celestial events. I myself had an opportunity to look at these paper spells or amulets as an apprentice of my mentor a *Maiba* in my study village. He is *Maiba* Bidha Ratan who was well versed and have wide knowledge about *Yek-Salai* related healing procedure, its spells and talisman that the *Maibas* recommend as amulet. He possessed a rare sacred book where vivid description and postures of Pakhangba *Paphal* is written. He managed this book from the father of his preceptor *Maiba* Iboton almost thirty five years ago.

I place below a brief description on some of the postures of Pakhangba *Paphal* and their application for healing as amulets with the permission of *Maiba* Bidha Ratana in Songaon village.

Picture-5.12: Some Postures of Pakhangba Paphal Use as Amulets

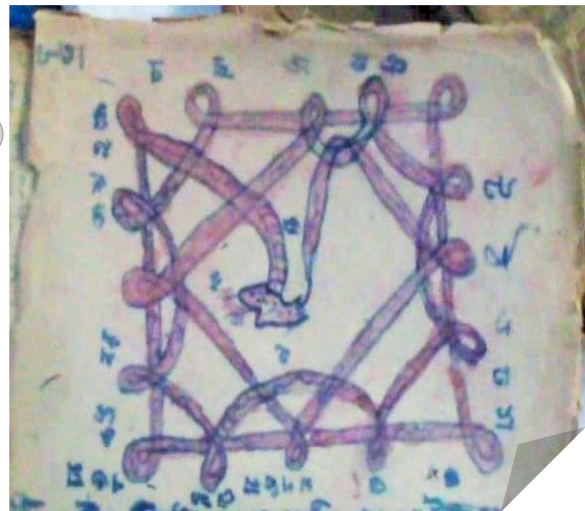
1. This postures of Pakhangba called as 'Cha-magaan-ekpaan' among the healers which is carrying hundred and eight letters of *Meitei Mayak*. While drawing the figure, the *Maiba* has to be very careful to minutely look at the signs in the body of snake figure and few intricate turns of posture. These signs and posture bear significant meaning for healing to the healers. Thus when they draw this one, they try to give all of their devotion in it.



2. This picture is for a *Salai* use as an amulet that contains some equations. It is drawn by using seven different colors made from bitter crushed leaves by the *Maibas*. They put it into a metal amulet after drawing the picture on a *Bhuj-Pata*.



3. This posture of Pakhangba Paphal named as *Mairang Salai* among the *Meitei Maibas*.



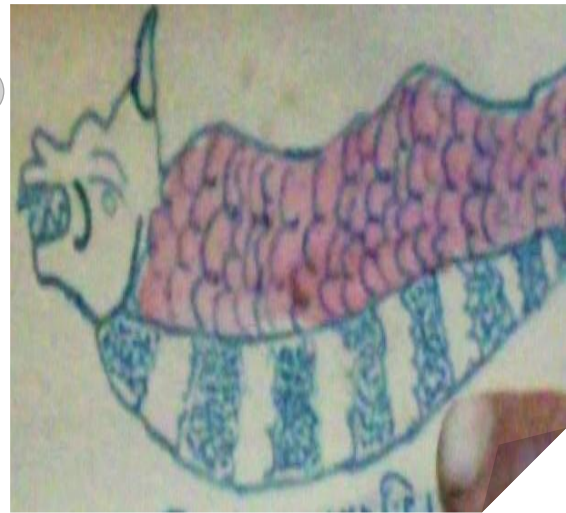
4. This symbol called as *Tubi-Lairen* by the *Maibas*.



5. The portrait of *Tamuba-Salai* draws by the expert *Maibas* that indicates some characters itself. If any of the characters is missing in drawing that will create a different meaning and the whole treatment process will become useless or even harmful for the patient.



6. Each line and letter of this portrait bears significant meaning and spell as an amulet. The healers draw these postures on a *Bhuj-Pata* and mix it with water or milk. Then they prescribe the patient to drink this mixture as medicine for treatment of specific illness.



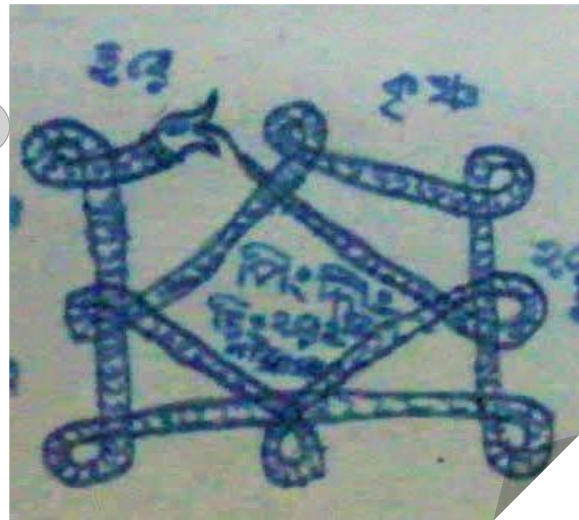
7. *Khong-ber-laye Ting-khat-laye*; this portrait is used for the patients who have skin diseases like *Apomba* (Abscess, *Cutaneous Abscess*). This talisman mostly use for the young children who go for swimming in ponds or rivers from where they are contaminated and carry the germ of the disease.



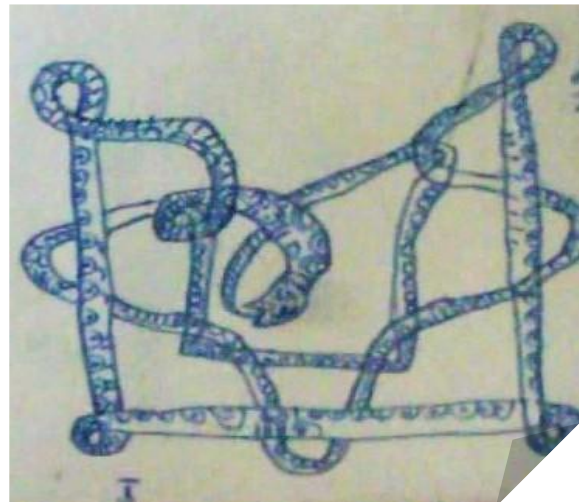
8. The picture shows a posture of 'Ningthouja' Salai which is the largest clan among the Maibas. As Ningthouja clan is considered to be the supreme decent among the Yek-Salai of the Manipuris, Maibas believe that this posture depict their king decent. When a patient suffers from leprosy, Maibas draw this on a Bhuj-Pata and soak it into herbal medicine for seven days. After seven days, Maibas take out it from the medicine liquid and then the medicine is applied for treating the patient.



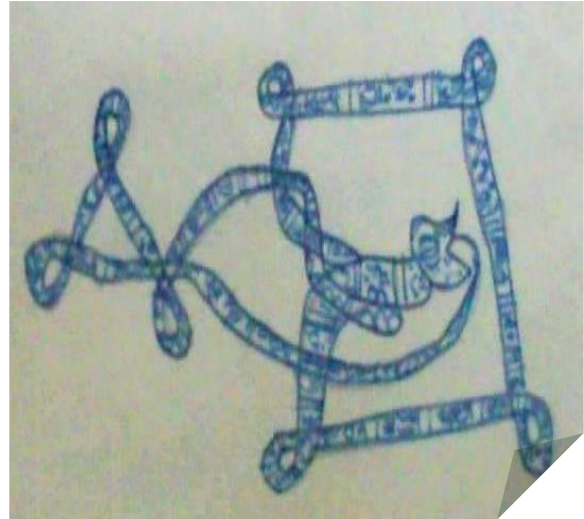
9. This one for 'Angom' Salai which is also used for the treatment of skin diseases, especially for Leprosy disease. To treat a patient for Leprosy, Maibas firstly prescribe this paper spell with herbal medicine. If it fails to cure the patient, then Maibas apply the above Ningthouja Salai, described overhead.



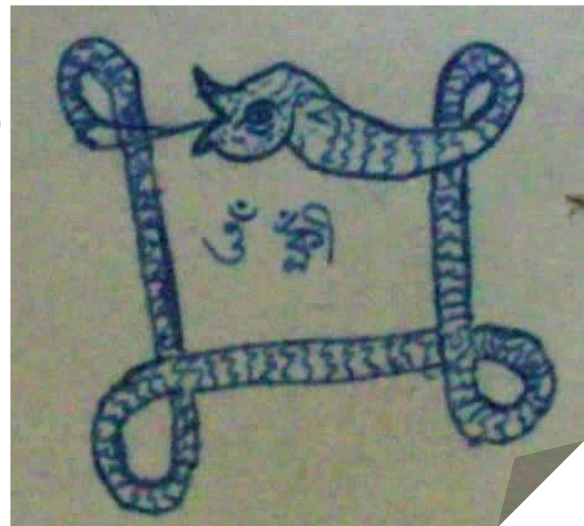
10. This posture of Pakhangba Paphal portrait by the Maibas as amulet for healing purposes that contain seven letters of Meitei-Mayek.



11. This is one form of 'Mairang Salai' which uses for protecting a baby from bad dream or dream fear at the time of fever. The Maibas prescribe the Salai as spell with a metal amulet to wear around the baby's neck.



12. The posture is a type of Ningthouja-Salai which is small and simple to draw compared to the drawings of other Ningthouja-Salais. It is used for skin disease treatment by the Meitei Maibas through mixing up with herbal medicine.



13. The technique of art of this Salai is considered to be very intricate by the Maibas because of it needs highly skilled person to draw. If a Maiba fail to draw this figure properly for healing, it may bring mistreatment and harmful effect on the patient.



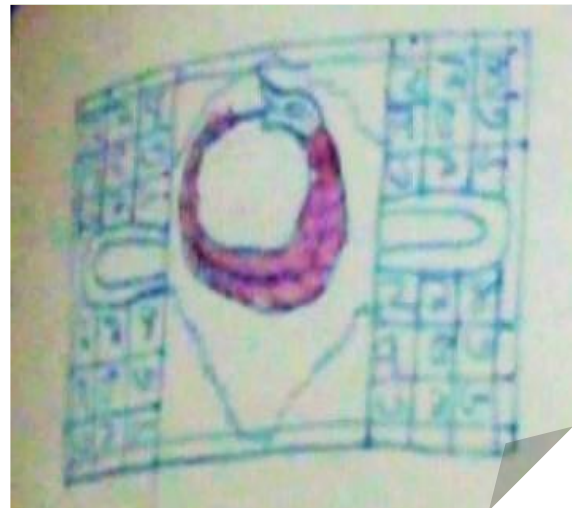
14. *Ningthouja-Neen-Salai* is king fish that is considered by the *Maibas* as the representative of all fishes. It can be figured out through seven different fishes like *Shingi* (শিঙিমাছ in Bengali, Asian Stinging catfish or *Heteropneustes fossilis*), *Magur* (মাগুরমাছ in Bengali, African catfish or North African catfish or *Clarias gariepinus*) and so on. In time of fishing, if the fisherman or any person try to catch these fishes which are possessed by this *Salai* or *Pakhangba* as malevolent power may bring bad sin on a person. The person may affected by decomposition in touch of possessed fishes. For the healing of an affected person, *Maibas* prescribe this drawing as divine power and put it into a metal amulet made by seven different metals like gold, silver, cooper, tin, lead, zinc and iron which are considered as very specious for human body also. This amulet fitting round the neck of the person for twenty one days.



15. This posture prescribes for the treatment of children who grin their teeth in sleep. Generally *Maibas* provide this paper amulet for hanging it around a child's neck by using metal amulet.



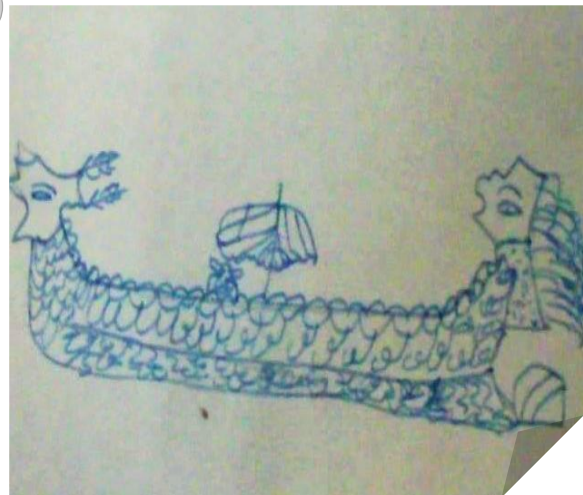
16. This is also use for healing as an amulet for grinding teeth problem of the children. It is different from the earlier one as for its distinctive art pattern.



17. This portrait is called *Nongdalairen-Pakhangba* among the Manipuri *Maibas*. They prescribe it as a divine spell for healing purposes. But this *Pakhangba* has excessive anger and if it is angry and possess a person of with its malevolent power, it becomes difficult to save the patient's life for a *Maiba*.



18. This picture represents *Shana-lula* *Pakhangba* which lies inside the soil ground. It never comes out from underground as the *Mabas* believe. It may bring misfortune for a family if enters and stay below their house. To have protection from this *Pakhangba Maibas* draw its picture on four different slice of *Bhuj-Pata* separately and hang these at the east, west, north and south corner and at the middle point of a house.



19. Some Postures of *Pakhangba Paphel* which are used in healing and also to help the people for various purposes by the *Maibas* in Manipuri community.



Source: Fieldwork in Songaon 2015

So far I have described the healing tradition practiced by the *Meitei* Manipuri healers who perform their healing by using sacred spells and talismans. Both the healers and ill people or sufferer usually have deep faith in this healing procedures and remain confident about the recovery, even though at times these spells or amulets fail to cure their diseases. The healers also prescribe herbal medicine to the patient mixing with this paper amulet. However, the process in drawing the intricate postures of the Pakhangba and collection of ingredients for the drawing is gradually becoming difficult for the healers in recent times. As an alternative, the *Maibas* choose another option to heal a patient. I have described below an alternative option used by many of the healers in Manipuris.

An Alternative Way of Healing: A Process Behalf of Pakhangba Paper Amulet

The alternative healing method of the *Maibas* is related to their divine activities. These activities include their spiritual actions and shamanic power. These powers can only be hold by those *Maibas* who have expertise in healing patients as *Maiba* and who practice through meditation and could connect their soul with their god and goddesses.

By using their distinct power, they at first call a *Salai*(by *Salai*, the *Maibas* mean ‘Pakhangba’ of a *Salai*) through the shape of Snake, Turtle or *Kuchia* (কুচিয়া in Bengali, Gangetic mud eel or M.Chchia in selected areas located beside a pond, front of a river or any other places. According to the *Maibas*, the *Salai* must responded to their call in the shape of a snake or Turtle or a *Kuchia*. At that time, they collect the *Peet* or ‘Bile’ from that animal body by using their sharp weapon and then they stitch the clipping area of the animal body. Their weapon for stitching is known as *Zenthou* and is made of thin piece of bamboo and they made the same all by themselves. The collected bile or gall is dried under sunlight by the *Maibas*. A piece of dried bile with few drops of honey is prescribes by the healers to the patient. The bile is also found in market which is very rare in case and its price is too high. And as such *Maibas* prefer to collect it from their proprietor by requesting him. If the master satisfied by the apprentice’s entreating then they offer them a little piece of bile to make medicine.

Picture-5.13: Bile of Snake, Turtle and *Kuchia*



On the right side of above picture shows a bile which should be collected from the snake or Turtle or Kuchia whose pictures are also presented in the images.

In treatment of *Tinkhak Yubaa* (Skin Abscesses), *Shatrug* (Leprosy), *Pangthaba* (Paralysis) and so on, *Maibas* apply their above treatment procedure. This alternative treatment procedure is considered as more effective than treatment by paper amulet or talisman for curing some diseases that the healer's believe. The animal bile actually is used as a medicinal ingredient for treating various diseases worldwide. It is especially used for preparing traditional medicine. In this case, snake bile, turtle bile and other animal bile are used for medicinal preparation.

From the above discussion, it can be concluded that, the haling procedure of the Manipuri community in Bangladesh is deeply related to their religious belief, mythological story of creation, tales on their clan and descents, ancestor's belief, symbolic representation of their community and socio-cultural institution. This healing procedures of the Manipuris ultimately represent their culture as a whole.

(B) Application of Sacred Images and Numerical Expression as Spell and Paper Amulet by the *Meitei Maibas*:

In the Manipuri community, there is another group of healers (*Maibas*) who carries out a different kind of healing practice by prescribing paper amulets having sacred images and numerical expressions as spell and talismanic art. These spells or talismans are considered by them as remedy for their patients. The inner essence of this type of amulet is akin to Manipuri religious beliefs and their mythology also.

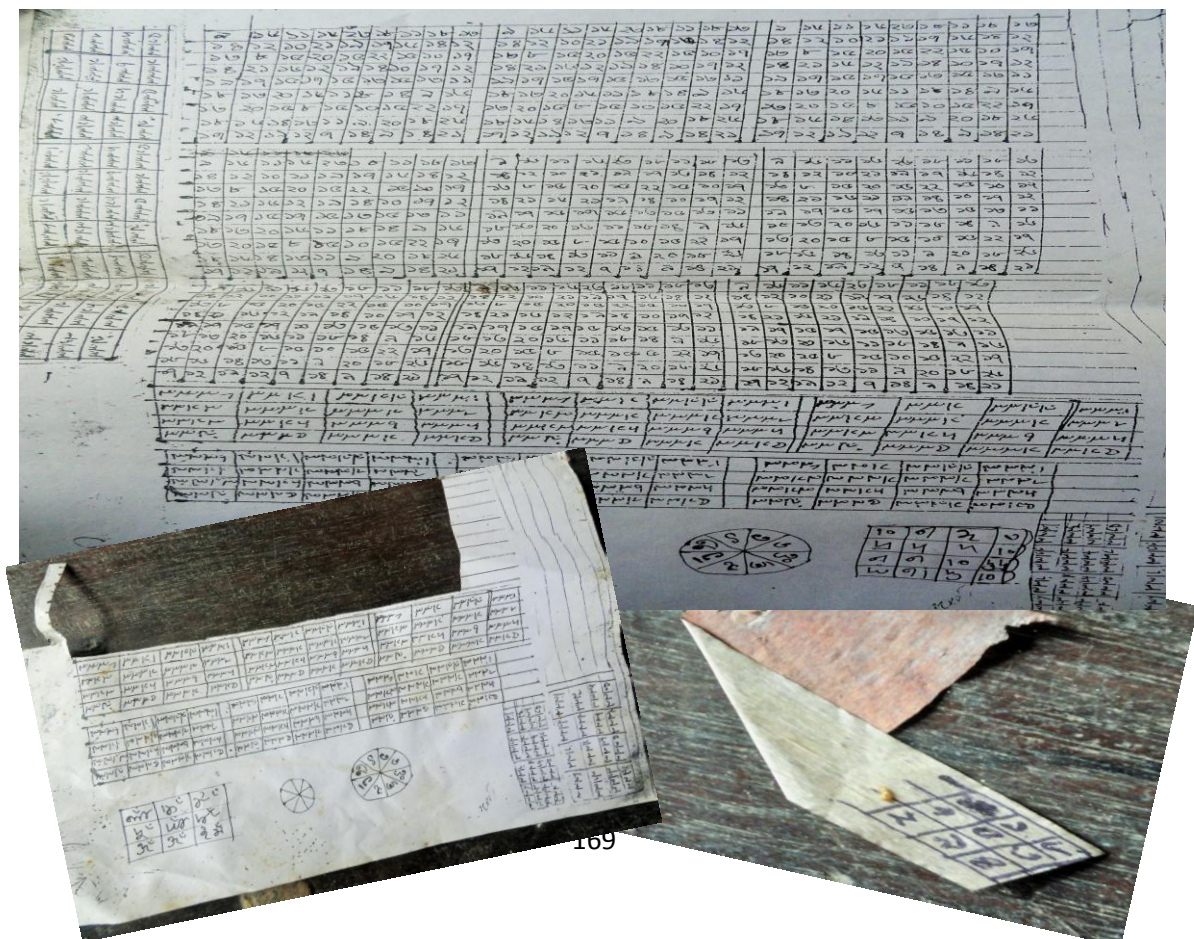
During my fieldwork I had the opportunity of getting scope of going through some rare books written on the traditional healing procedures of the *Meitei Maibas*. These books describe the secret and sacred healing spells and on preoperational procedure of amulets. *Maibas* preserve these books with utmost secrecy and never allow those to become public. Normally the healers inherit these books from their forefathers. But these books can also be collected from other sources too. I found some *Maibas* during my fieldwork who have collection of these books and they inherited these from their ‘Guru’ or in other word the ‘teacher’ from whom they learned the healing procedure. Based on these books *Maibas* gather knowledge on sacred spells and talismanic practice. Some of these books are very rare and old. I was lucky to come across one of such books possessed by a *Meitei* healer which he had inherited from his family. This book on *Meitei* healing practice was more than 200 years old.

The spells or amulets the *Maibas* prescribe to the patients are considered to be very sacred and the healers always keep the contents of the spells or amulets top secret from outside people. I had to made relentless efforts in order to get hold of the whole procedure of preparing the amulets. I succeeded finally and could make an intimate rapport with a healer and the community people at large. Finally the healer accepted me as his disciple, and uncovered some secret information to me on the *Meitei* healing procedure. In fact it is mandatory for a *Maiba* to take an oath before their preceptor that, under any circumstance they will never disclose the secrets of healing procedures to any one and on some issues not even to their family members other than their disciples. A *Maiba* only can open the secrets to his disciples. If a *Maiba* decides to tutor a person on *Meitei* healing procedure, the learner at first will be kept on probation as an apprentice of the healer. But for this the learner had to pay some honorarium (*guru dakhina*) to his teacher and had to follow certain rigorous rules and regulations related to the healing practices. On successful completion

of probation, *Maiba* the teacher starts revealing the secrets written on the books on healing procedures to his disciple and after completion of the course, if the teacher feel like, may present a copy of the sacred book on healing or some specific chapters of the same to his disciple.

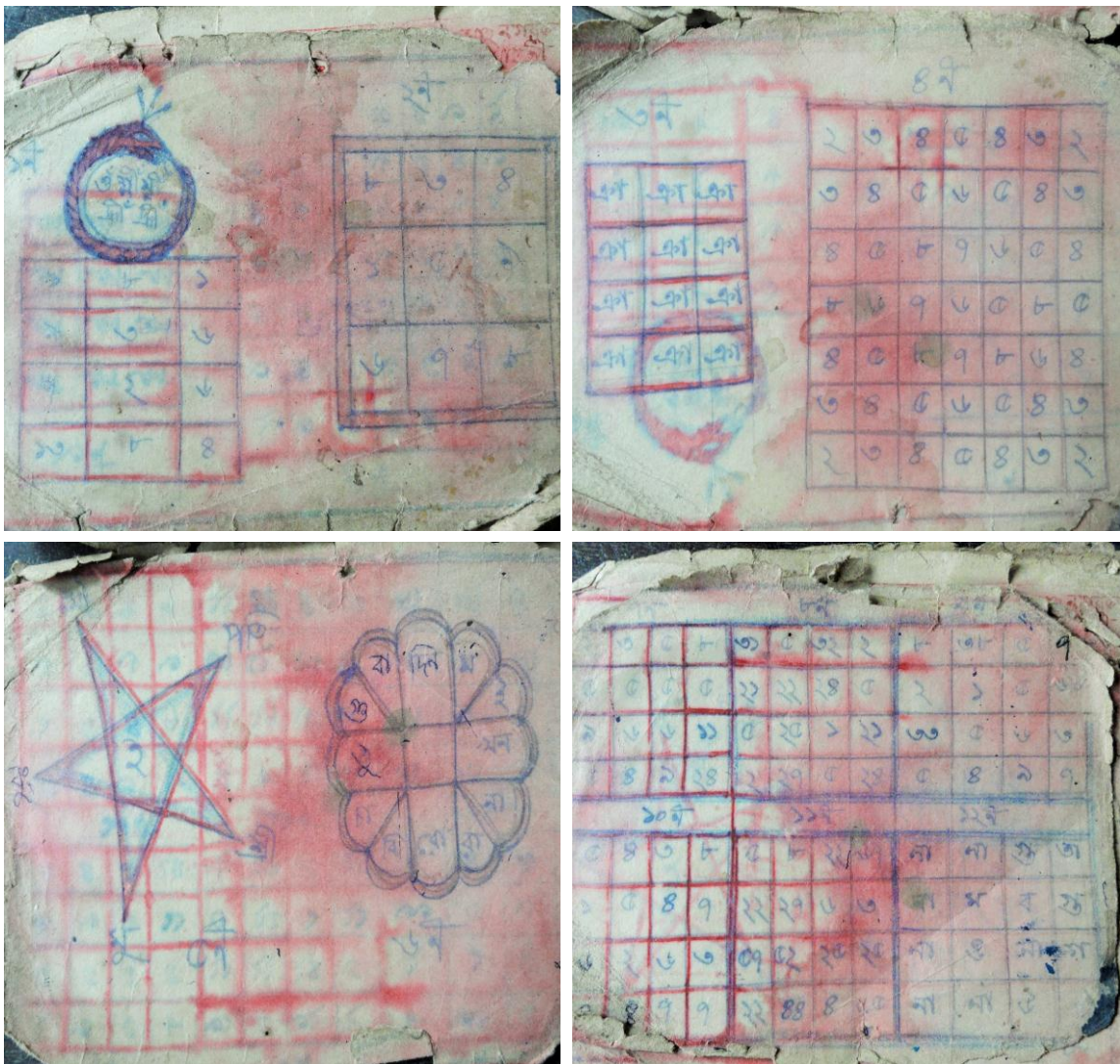
After following all the above rules, regulations and restrictions related to learning of the healing process, the healer agreed to accept me as his disciple. He then gradually unwrap his sacred books on healing procedures along with a sample of paper amulets in front me. But the healer, my teacher, did not explain in details about certain healing procedures due to strict ethical restrictions. Again the healer due to aging also could not explain in details about the features of amulets and healing procedures. As such some of the techniques of healing remained unexplored even to me. Ironically, even in some instances the family members of these *Maibas* could not provide the information about these spells and amulets depicting some figures to the researcher in spite of their wide knowledge about these. In some cases, I found that the figures in the amulets and many of the letters of the spells written on the books became obscure and have erased from these books. All these hindrances made it quite difficult for me to uncover the meaning of certain issues related to *Meitei* healing process. Some pictures of these amulets from two rare old books are presented below:

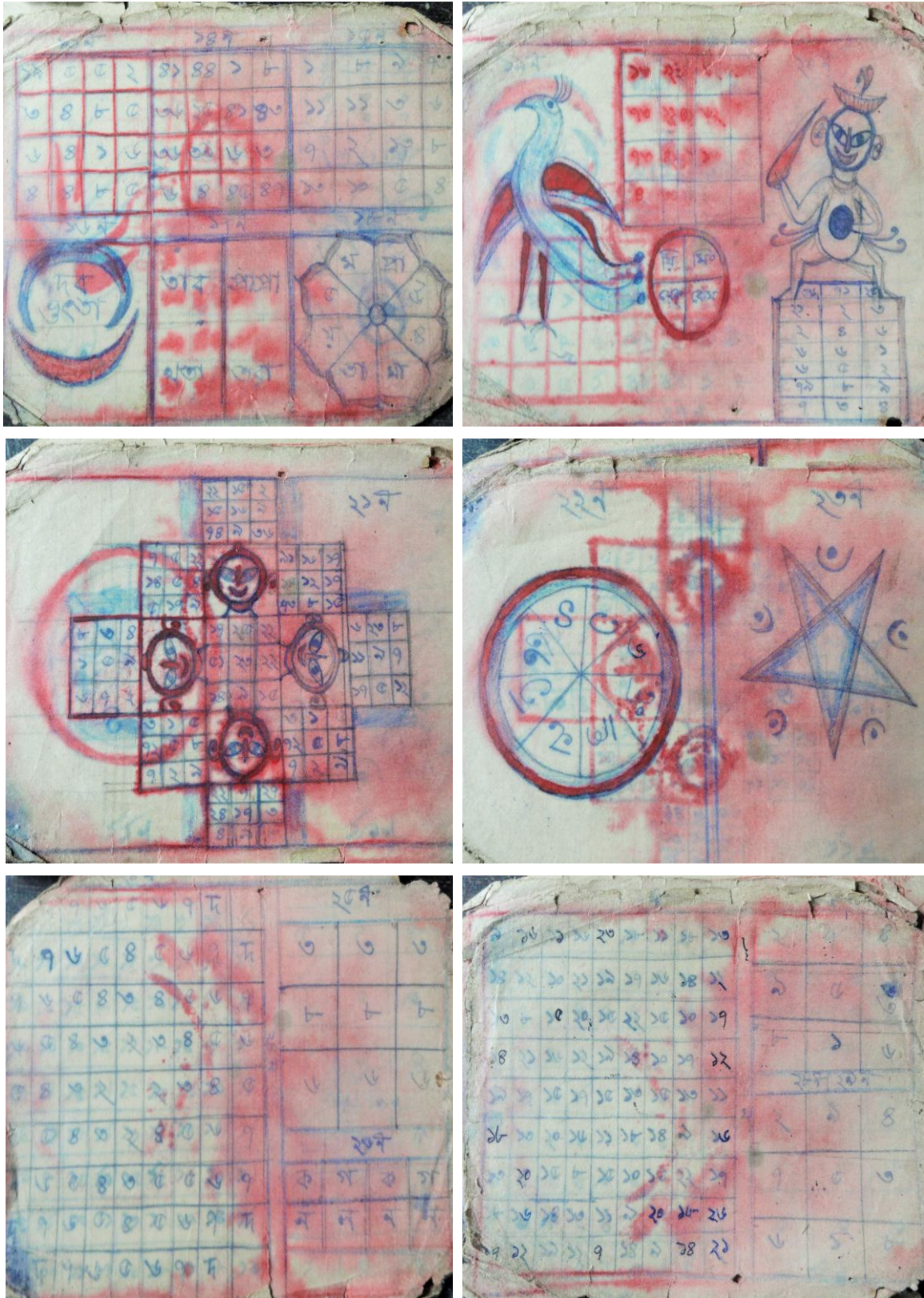
Picture-5.14: Some Numerical Expressions Used as Spells or Amulets



The picture from previous page depicts some numerical equations used in the amulets. This amulet is prescribed to the patients by the *Maibas* for treating different kind of illness. In preparing this amulet, *Maibas* now days in some instances make photo copies of the spell from the book and put it inside the amulet. This is an interesting example of how modern technology is influencing the traditional healing procedure. But in most occasions the *Maibas* copy spells from the holy book on a *Bhurja-Patra* (Dried Birch tree leaf). In some instance, the *Maibas* put these written spells on *Burja-Patra* inside a metal amulet and give it to a patient suggesting following certain taboos and healing rules. Sometimes the *Maibas* prescribe these amulets along with herbal medicine to the patient. *Maibas* believe that these amulets have sacred and divine powers for healing a patient and protect a person from different physical or mental disorders or occurrences.

Picture-5.15: Some Pictures of Spells from a Sacred Book





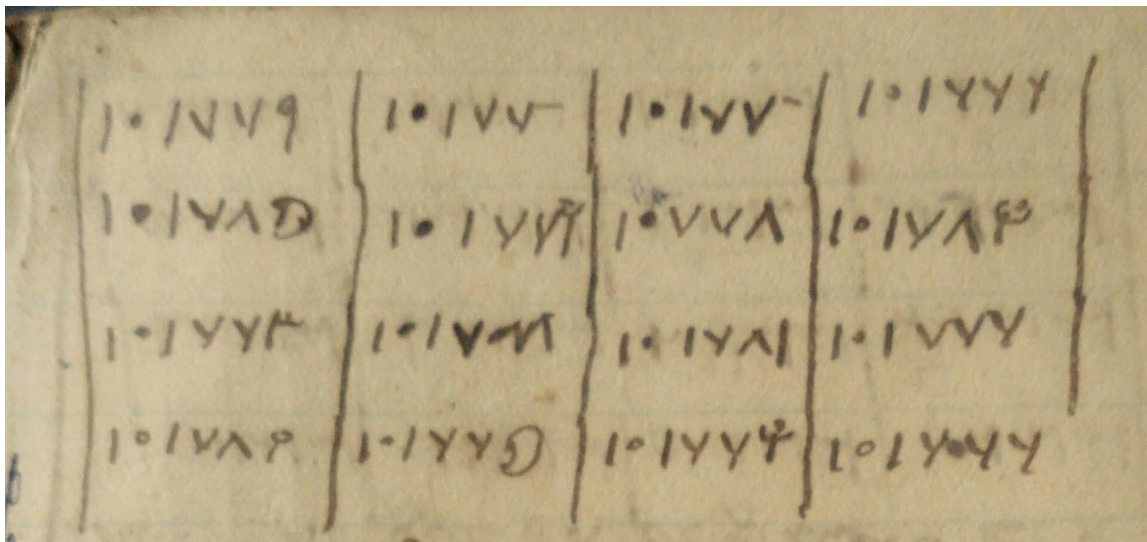
Source: Fieldwork in Songaon 2015

There are ten pictures in total, carry twenty nine spells depicting some equations in numerical format of the *Maibas*. Few of these figures are related to calculation about healing which are akin to Manipuri religious beliefs in many ways. In many cases, the

Maibas use these pictures and equations like that of planchet practice. For this, the *Maibas* draw a particular spell or figure on floor and by sitting in front of the drawing they presume to control the spirit that causes a disease by applying their shamanic power. The *Maibas*, call the spirit and request the spirit to leave the ill person's body. They also exorcize the evil spirit by reciting some spells. The process of this spirit possession is discussed later in this dissertation.

The twenty nine paper spells that have been discussed above are documented in a 200 hundred years old book on Manipuri healing tradition. Also I found a book containing some spells used as amulets by the Manipuri healers. Unfortunately in the stream of time, most of the spells written in this book became illegible. Below some of the spells from this book are presented along with their use and preparation in healing purposes of the healers.

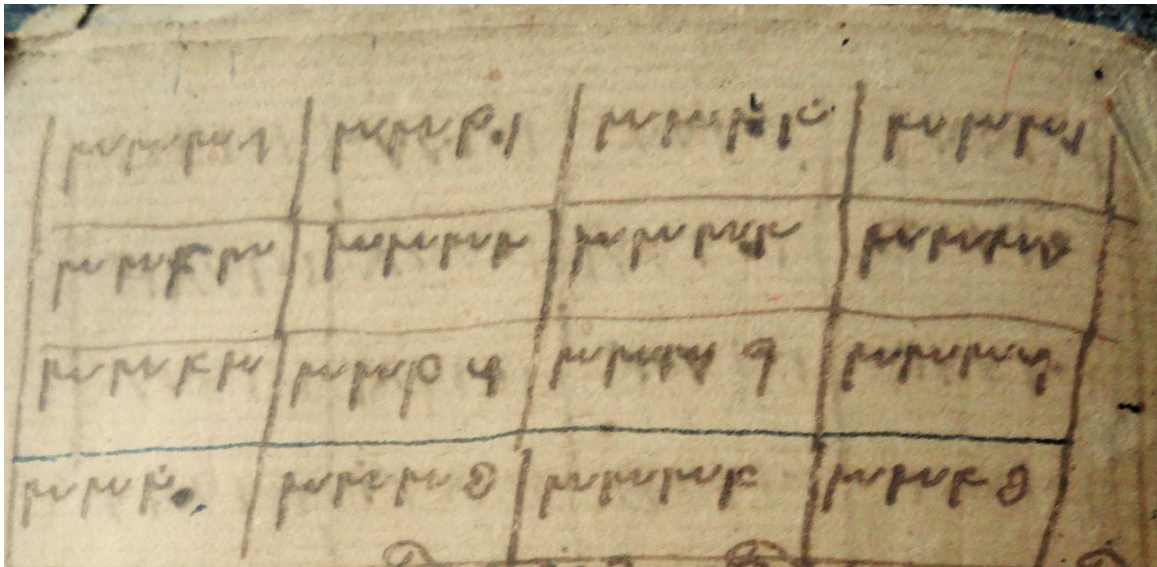
Picture-5.16: Spell for Curing Epilepsy



Source: Fieldwork in Songaon 2015

The above picture contains a spell used as talisman. The *Maibas* prescribe patients with this for curing epilepsy. They believe that if an epilepsy patient keeps it with him or her, he or she could be cured in few days.

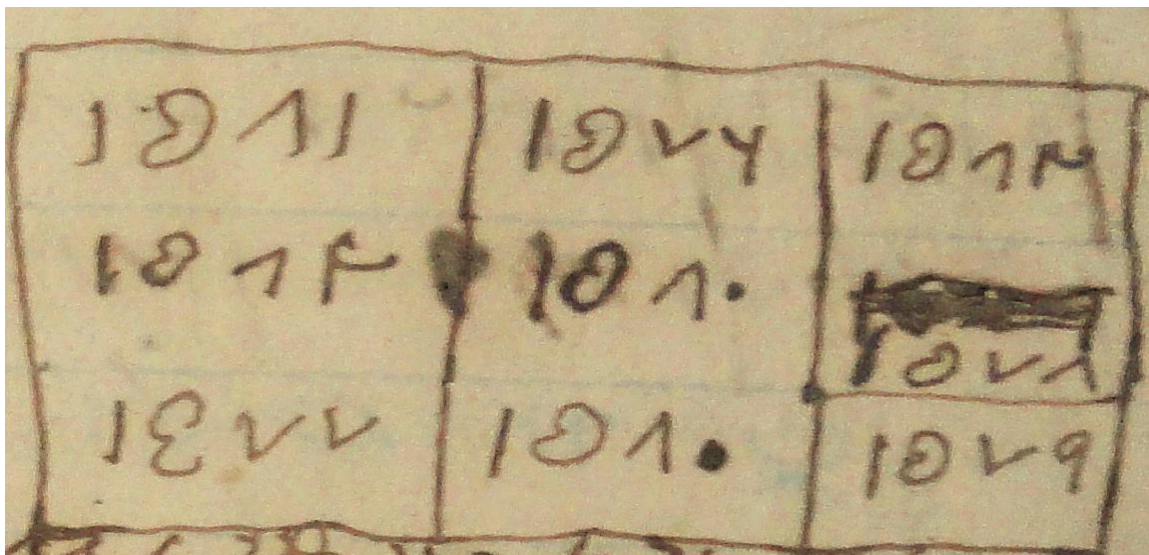
Picture-5.17: Spell to Remove Evil Eye



Source: Fieldwork in Songaon 2015

After writing the above spell on a *Bhuj-Pata*, the *Maibas* put it into a glass of water for some times. After soaking the same in water, *Maibas* take it out and give the spelled water to a patient for drinking for three days to remove evil eye on the patients.

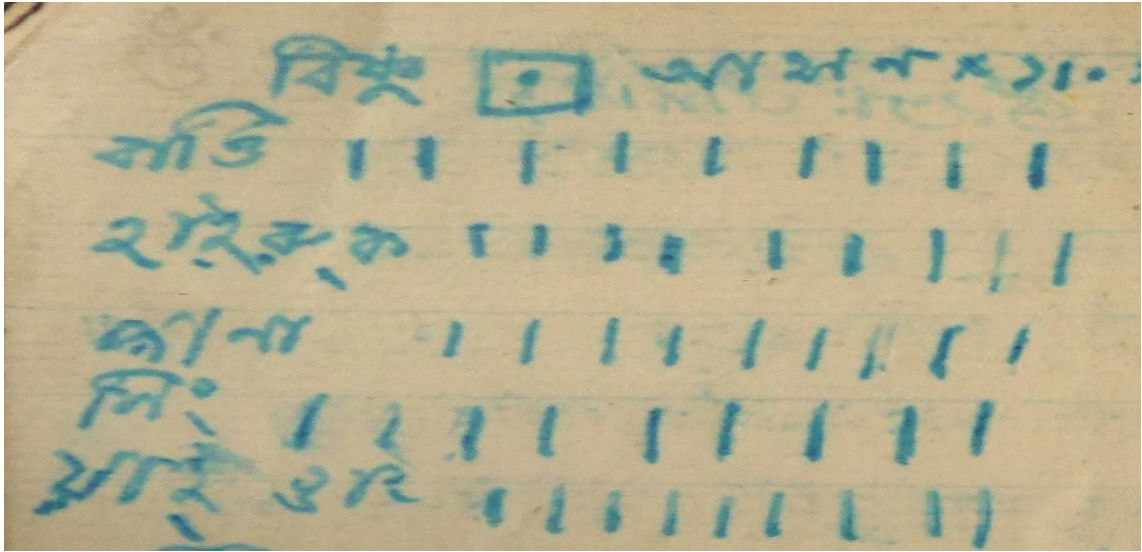
Picture-5.18: Spell for Curing Eye Disease



Source: Fieldwork in Songaon 2015

This spell is used by the *Maibas* to cure him or her from eye disease. The *Maibas* recite the spell seven times and then blow the holly verse around the eyes of patients who suffer from eye disease with pain.

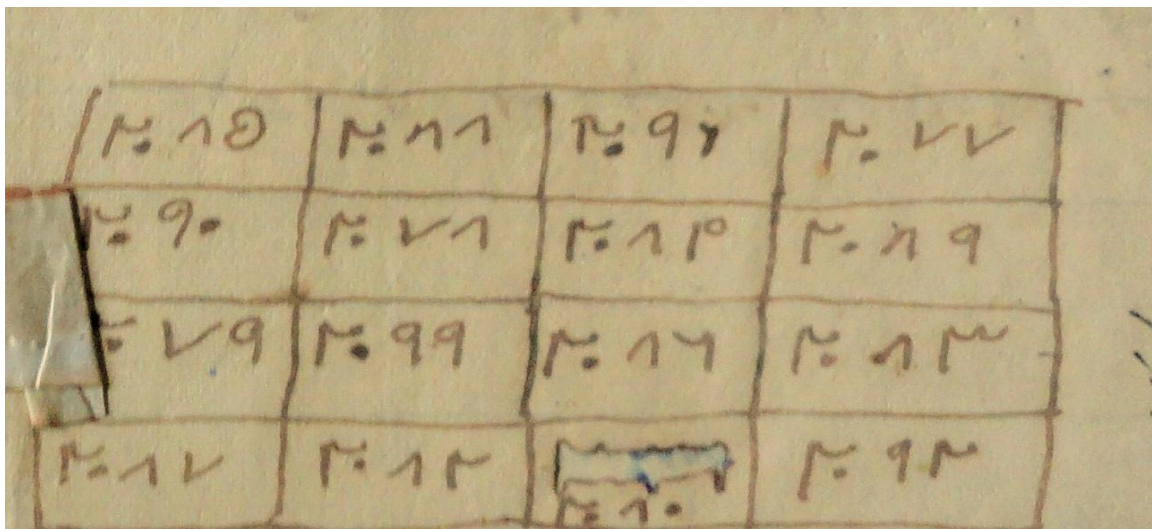
Picture-5.19: An Instruction for Offering God and Goddesses



Source: Fieldwork in Songaon 2015

This is an instruction for the *Maibas* and is titled '*Tingthou Sanalupa*'. This instruction guides the *Maibas* how to give offerings to god or goddesses for healing their patients from the illnesses caused by the evil spirit or due to anger of Pakhangba and other Manipuri deities. In order to give offerings to god or goddesses, *Maibas* need to perform certain ritual that needs ingredients like candles, betel-nuts, some fruits, flags and so on.

Picture-5.20: Spell to Protect the Victim from Enemies or Evil Activities



Source: Fieldwork in Songaon 2015

To protect a person from a strong enemy or from evil activities against him, the *Maibas* use this spell to protect the victim and advise him to keep it as an amulet along with himself

or herself. The *Maibas* believe that this amulet can provide safety to the possessors from their enemies and from evil eye also. Moreover this spell keeps the person's body healthy and wealthy. It can also protect the person from different illness and diseases.

From all above descriptions on the procedure of preparing amulets, it is noticeable that the *Maibas* who prescribe the paper spells with sacred Images and numerical equations, mainly prescribe these spells to their patients in the following ways:

- 1) The healers recite the spells or charms and blow holy air on a patient to heal him or her from different illnesses.
- 2) They write down and draw these equations or figures on a *Bhurja-Patra* and provide these to the patient putting the same in a metal amulet.
- 3) The *Maibas* also treat their patients with herbal medicine along with amulets for curing diseases.
- 4) *Maibas* sometimes prepare a mixture of herbal medicine and then inside the mixture they put a paper amulet and prescribe the patient to drink the same for treating disease. Sometimes *Maibas* also provide a written paper amulets mixing with water or liquid milk and prescribe it as medicine.
- 5) Sometimes *Maibas* draw these spells on floor of the house and recite the spells by themselves for healing spirit possessed patients.

From the above discussion it can be concluded that the paper amulets or spells based on sacred images and equations are offshoots of the first one, because the ways these are applied for curing diseases of the patients are based on the first one. Paper amulets with Pakhangba postures seem more intricate than currently used one by the *Maibas* which originated from their traditional religion. In fact it was observed in many instances the spells that the *Maibas* use for healing patients, are influenced by different religious believes other than their own. Some of the portraits that are being used in preparing amulets depict the figures of Hindu god and goddesses and are influenced by Vaishnavism a cult in Hindu religion which the Manipuris adapted as their own faith long back. Interestingly I also found some spells written in Arabic scripts. These are also being used by the *Maibas* to prepare amulets for healing patients. The reason for such diversity in healing procedure is possibly due to cultural assimilation of different religious beliefs in the course of history. The present day Manipuris have inherited the same from their forefather and now are accumulating new cultural tenets in their medicinal practice.

(C) Healing by Talisman: A Mystical Formula of the *Maibas* in Manipuri Community:

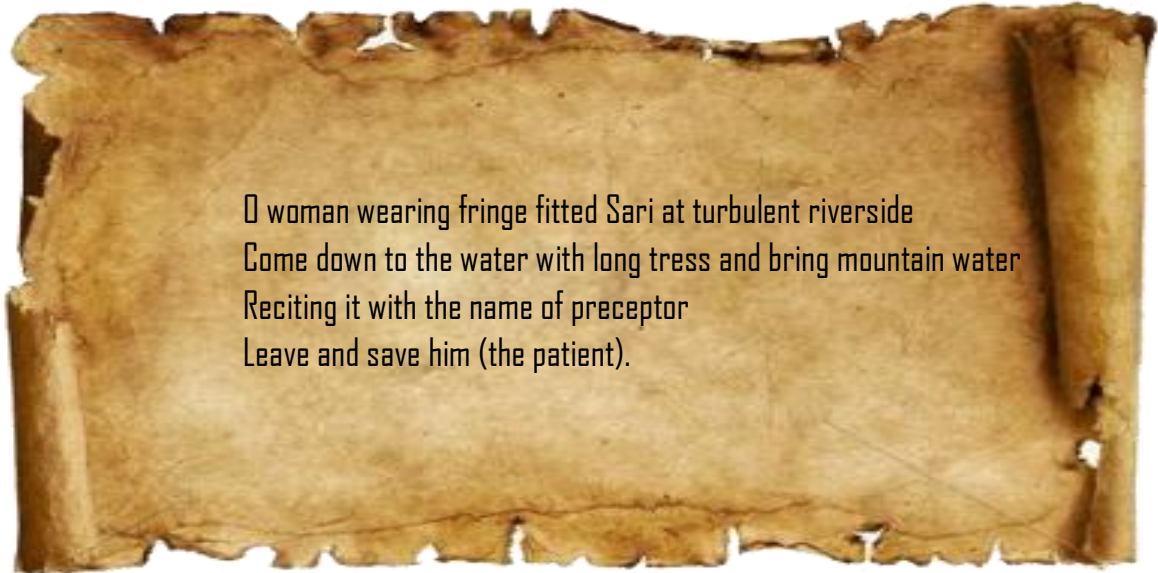
Healing tradition of the Manipuris is rich and heritable and is manifested in their talisman culture which is still prevalent in their day to day life. Most of the *Maibas* in community prefer to provide treatment with the help of talisman or spells for protecting their patients from various illnesses or from any physical or other problems caused naturally or caused by any supernatural forces. In such instances, a group of *Maibas* chant these talismans or spells in addition to the application of their traditional healing methods. Sometimes they only use these spells by reciting charms from sacred texts in front of their patients.

These talismans are narrations of some mystic stories written in poetry form and are believed to contain magical powers. The *Maibas* believed that, these talismans have symbolic meaning that can cure diseases. Perceptibly the interpretation of these talismans was not an easy task and thus finding the inner meaning of these talismans and their literal implications that the healer's truly mean was extremely difficult. During application of these talismans, the narrator *Maibas* chants the same very carefully in front of their patients and they believe it helps to apply their shamanic power for healing. They believe that if these spells are not chanted properly, the magical power of the same will wane and will not work rather could cause harm to practitioner's health also.

However, the applications of these talismans are practiced by the *Maibas* in Manipuri community from antiquity and the knowledge of the same passes from one generation to the next. These texts are basically based on their mythological traditions and are considered to be very sacred to the Manipuri *Maibas*. But as mentioned earlier, due to assimilation of different technology and religious beliefs changes are apparent in the contents of some talismans that show influence of Vaishnavic religious belief and even Arabic influence.

Below are presented some of the Talismans of the *Maibas*:

✚ **Talisman through Ordering and Requesting:**

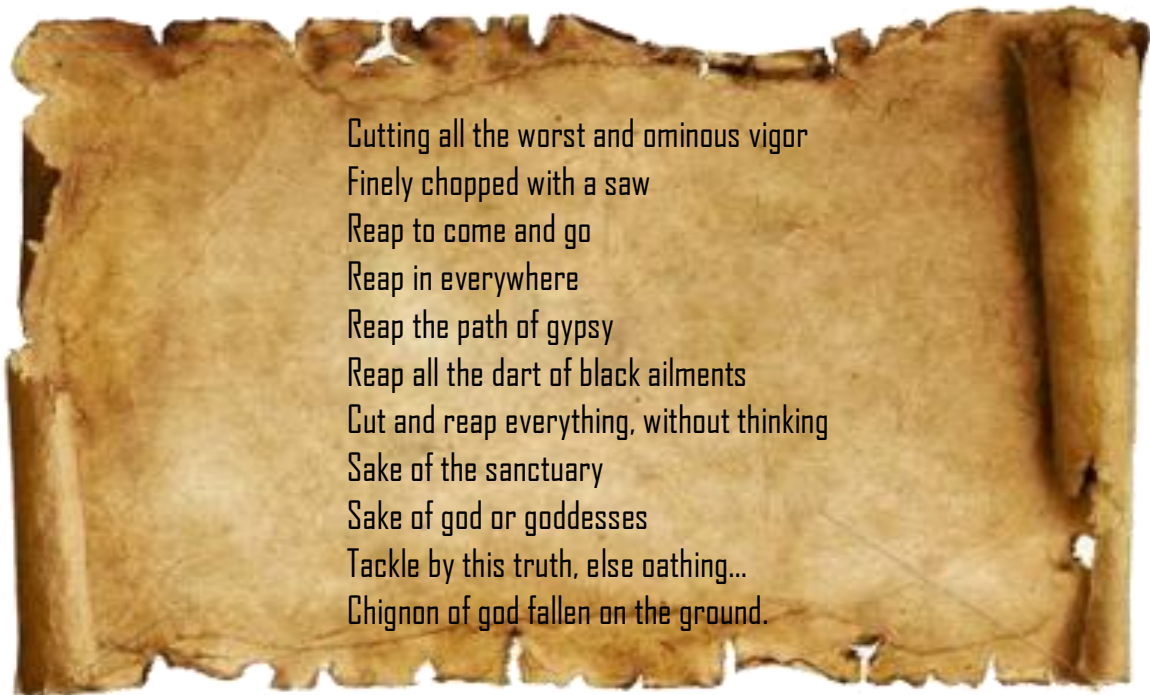


Meaning of the Verse: *Maiba* is seeking help of a spirit symbolized in the form of beautiful women with long hair. He is requesting the beautiful women to bring holy water from the mountain. *Maiba* puffs holy spell in that water with uttering of the name of his ‘Guru’ and then sprinkle the same on the patients with directive to the evil spirit to leave the patient. If the evil spirit defies then it faces severe consequences.

In the above text, *Maiba* utters a talisman in the form of a poem, requesting his ‘Guru’ to bless him so that the he could heal his patients. At the same time, the *Maiba* also orders the evil spirit to leave ill person’s body.

Formulation: After chanting this spell seven times, the *Maiba* blows his sacred verse on the water collected from a river or seven different rivers if possible.

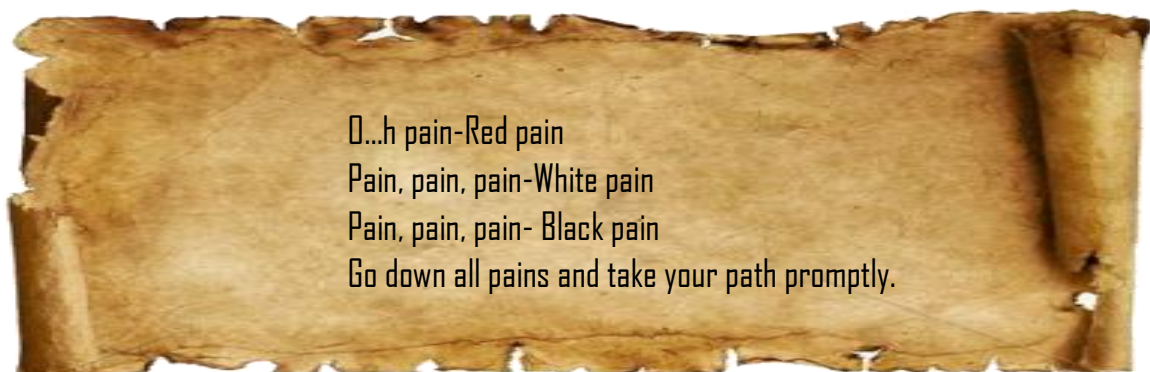
✚ **Talisman, asking for the Saint's help against Evil Shadow:**



For relieving patients from the curse of evil spirit or evil eyes, or from bad wind, a *Maiba* chant the above 'Mantra' in front of the patient and apply his divine power to save the sick person. After chanting this spell, it is believed that the patient will get rid from all sorts of bad spells, bad eyes that are causing sufferings to the patients. .

Formulation: The *Maiba* blows his holy verse after reciting or chanting the above spell for seven times at a time into the water of a coconut or blow the spell over the water collected from a flowing river.

✚ **Talisman through ordering the venom against headache, stomach pain and other ailments:**



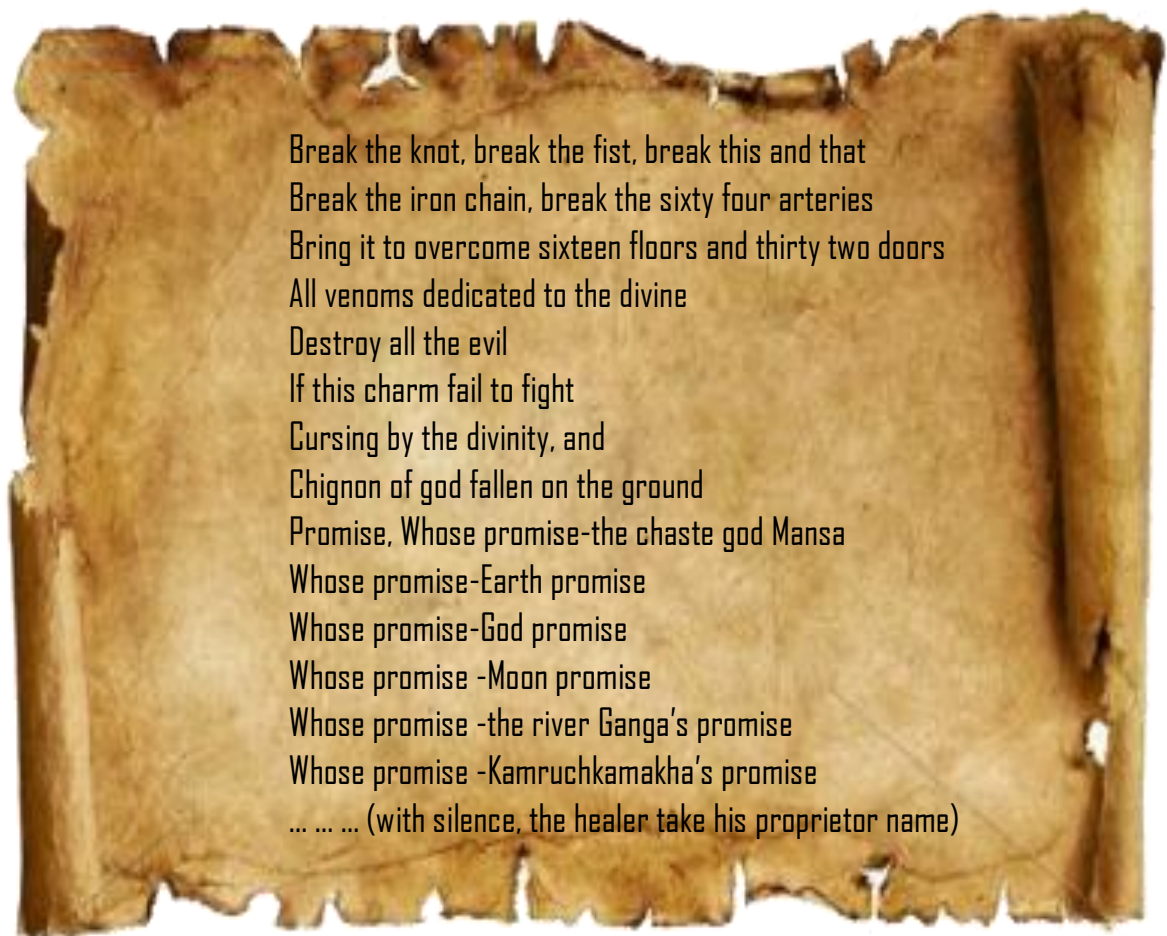
By applying this *Mantra* the *Maiba* actually insists the pain to go down from the patient's body by forsaking poison that is causing pain in the body of the patient. The *Maibas* perform this spell for headache, stomach pain and Hydrocele (*Psyllium*) disease and other ailments to relieve the patient from the pain.

Formulation: For removing patient's headache, the *Maibas* chant the above spell and blow to the patient their sacred verse without touching his body.

Also *Maibas* apply this *Mantra* to remove stomach pain from a patient. *Maiba* blows holly air over the navel of a patient having stomach ache three or five or seven time to remove the pain.

For curing Hydrocele patient, the *Maibas* blow the spell on the affected testis of the man and try to relieve him from its pain.

✚ **Talisman through Ordering, Cursing with Swearing against all the body pain and rheumatism:**

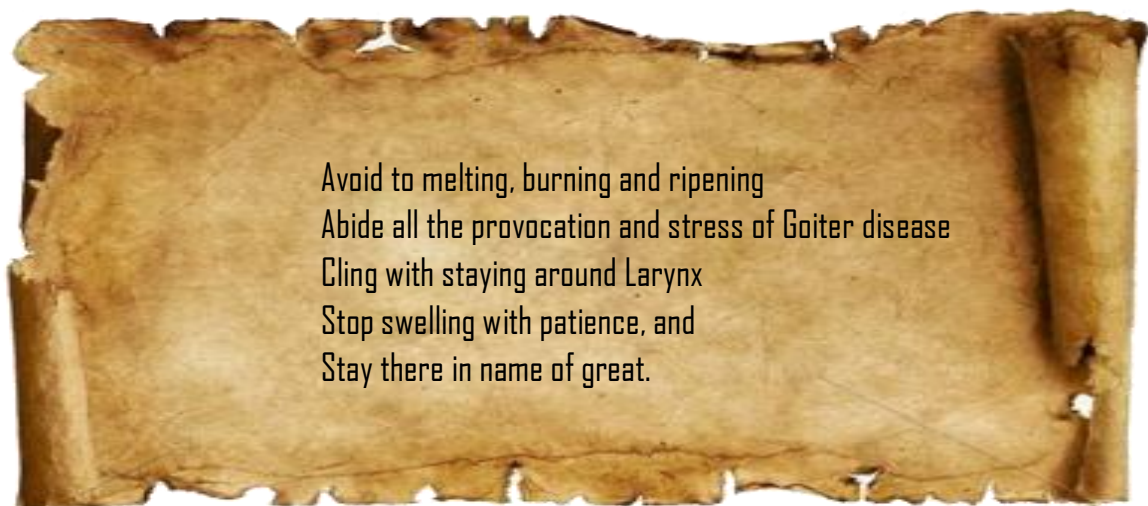


By uttering the previous *Mantra*, *Maibas* of the Manipuris order all kinds of the pains to release the patient's body. Especially this charm is used for curing rheumatic diseases. Beside it, they intimidate to ache with cursing by themselves and swearing the name of some objects and non-object matters, instance of chaste Manasa or Mansa God (the folk god of snakes, worshipped mainly in Bengal and other parts of North and northeastern India chiefly for the prevention and cure of snakebite and also for fertility and prosperity; Wikipedia, <https://en.wikipedia.org/wiki/Manasa>, 19.06.2016), earth, goddesses, moon, sun and the sacred place also.

Formulation: *Maibas* chant the *Mantra* for three times and then whisper holy verse over the patient's body. Through this procedure *Maibas* try to remove any pain of the body from a patient. It is prohibited for the healers to recite this spell more than three times at one session. If needed to apply the *Mantra* more than three times, *Maibas* could do that in three different sessions in a day and could repeat the same for three to five or seven days.

The *Maibas* also use edible oil for messaging over the painful parts of the body of patients to relieve them from discomfort by whispering the above sacred verse over the body of the patient.

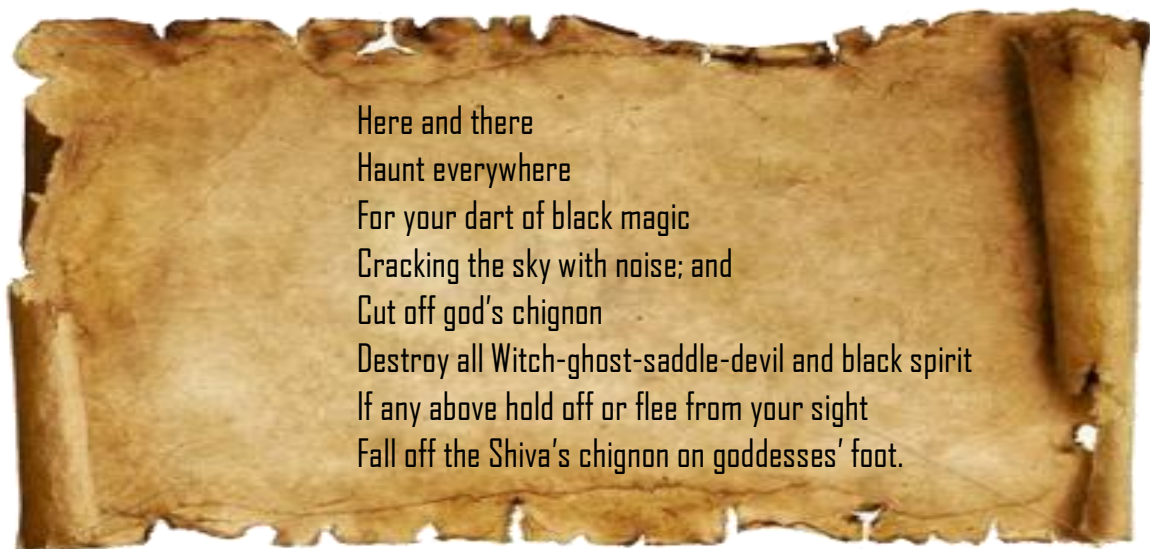
✚ **Talisman through Supplicating for comfort with the name of god or goddesses against the 'Scrofula' Disease:**



The above sacred text shows that *Maibas* by uttering the above, request the disease not to spread further and stop its action. In the name of god, the practitioners utter this spell as talisman for recovering the patient from the disease.

Formulation: Firstly, *Maibas* bind together all the heads of seven black color armlets or sacred threads together. Then the rest part of these seven threads are twisted all together that gives these seven threads a shape that looks like one rope. Then pressing the middle portion of the rope with his fingers the *Maiba* recite the above sacred verses over the rope and blow the same over the patient. On the right side from middle point of the rope, *Maibas* bind six knots one after another in equal distance. *Maibas* repeat the same pattern on the left side of the rope also. During this procedure *Maibas* recite the above spell and blow on each knot at the time of binding the knot. In all the times, *Maibas* chant the spell for preparing this rope as talisman or amulet for their patients. *Maibas* prescribe this sacred rope for wearing the same around the neck of the patients. The rope has to be tied over the swelling area of the patient's neck that will gradually go down with the healing of the swelling in the neck. After recovering, the rope has to be destroyed by the patients by throwing the same into river water. The *Maibas* apply this spell mostly in the new moon night for early and sharp recovery of the patient.

✚ **Talisman of Exorcise against oppressing by Bed Wind or Evil Eye:**



Maibas chant the above *Mantra* in an ordering manner. By chanting the *Mantra* the practitioners request their saints or gurus to support their efforts for healing the patient in a proper manner suffering from the curse of evil eye or bad spirit or wind.

Formulation: After taking one handful amount of white mustard seeds (Shada Sharisha in Bengali), *Maibas* recite the above spell as talisman for three times at a stretch and blow

the sacred verse over the mustard seeds. Then the sacred seeds are thrown on the patient's body by the *Maibas* for three times.

Or



In the above verse it is stated that the malevolent or immoral shadow exists everywhere in nature. But when it becomes harmful for anyone or oppress on anybody, the *Maibas* utter their sacred spell as talisman to release a person from the curse of evil spirit and try to provide the effected person a harmless life.

Formulation: When the rats made their home with soil, a certain amount of soil from there are collected by the *Maibas* in which they blow their above sacred verse over it. After doing that the *Maibas* sprinkle the soil over the ill person's body to relieve him from the evil eye or bad wind.

✚ **Talisman for Proper Replacement of Navel or Charm against Navel Displacement**



In many instances the navel moves from its usual place to upward or downward direction or sideways and is called naval displacement by the *Maibas*. The *Maibas* of the Manipuris believe that the navel is like a junction for all nerves, a point where many nerves and muscles are joined together. From this point the nerves provide support to the navel to function properly in human body. Due to many causes, these nerves or muscles could be displaced from its own position. In such cases the traditional healers in Manipuri community at first try to diagnose the exact location of the naval displacement or confirm about navel shifting, then they recite the above spell and provide their treatment to the patients.

By reciting the above talisman, *Maibas* utter the name of their god and goddesses one by one and apply their treatment procedure for navel displacement. The diagnosis process of navel displacement by the *Maibas* and its formulation of treatment are described below:

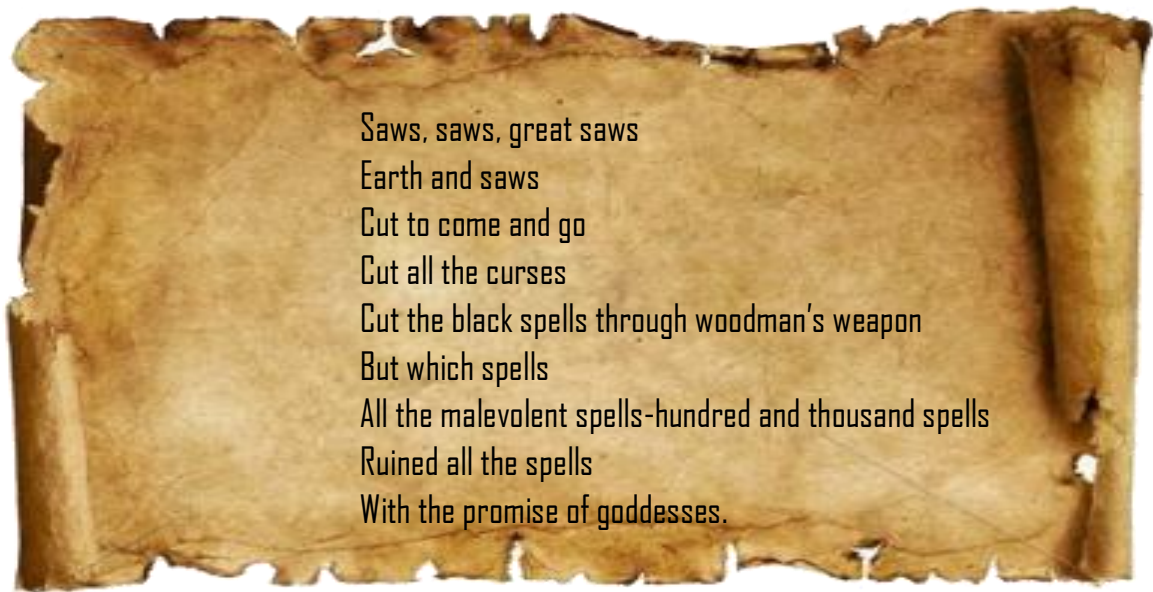
Diagnosis process: For identifying the navel displacement, at first, *Maibas* apply their special technique by chanting sacred *Mantra*. After that, the sick person has to stand straight in front of *Maibas* and tries to join both of his hands together from elbow to fingertip through following the healer's direction. In this manner, the *Maibas* try to measure any unusual displacement of navel by measuring the fingers length of the patient. If they find any irregularity in measurement then the *Maibas* regard this as a condition of navel displacement. In such case, the healers provide their treatment by following processes.

Formulation: After diagnosing the problem, the *Maibas* chant the above spell and blow their sacred verse on fingers of the patient and massage over the fingers and turn the front and back of the fingers for replacing the navel in its earlier position.

Or

The *Maibas* utter the *Mantra* for forty one times at a stretch and then they blow holy verse over an antique copper plate. Afterwards the *Maibas* lie down the patient on a floor and place the chanted plate on the back side of the patient's body. *Maibas* believe that as this plate is made with copper metal, it can absorb all the poison of the pain from the patient's body. The sacred spell of the *Maibas* and for the above technique that they apply for healing the *Maibas* believe can recover the patient from the problem and help the patient to get well soon.

✚ **Talisman against black magic or magical dart (*Baan Maara*):**



The above spell is applied by the *Maibas* to compel a person or other *Maiba* responsible for putting black magic or *Ban Mara* on an individual to take it back. *Maibas* utter the above lyric to heal a patient of suffering due to Black magic.

Formulation: *Maibas* collect water from ebb tide of a river and put it into a pitcher. In this case, they keep the water into the pitcher from contrary course firstly, then they put water of ebb-tide into the same through following their healing low and beliefs. Then they chant the above Mantra and blow mantras on the collected water. After that the *Maibas* sprinkle the water on the body of the patient suffering due to Black Magic.

Or

In case the healers fail to collect ebb water, they go for an alternative strategy for preparing the healing materials. In such case, healers collect fresh water from a pond or a river and put it into a square shape container. Then they act to turn the path of water with their holy verse after reciting the above spell for twenty one times. This performance is done to release the patient from his or her difficulty. Beside above action of healing, *Maibas* prescribe the patient to drink and bathe by using the spelled water, thrice a day for eleven or twenty one days.

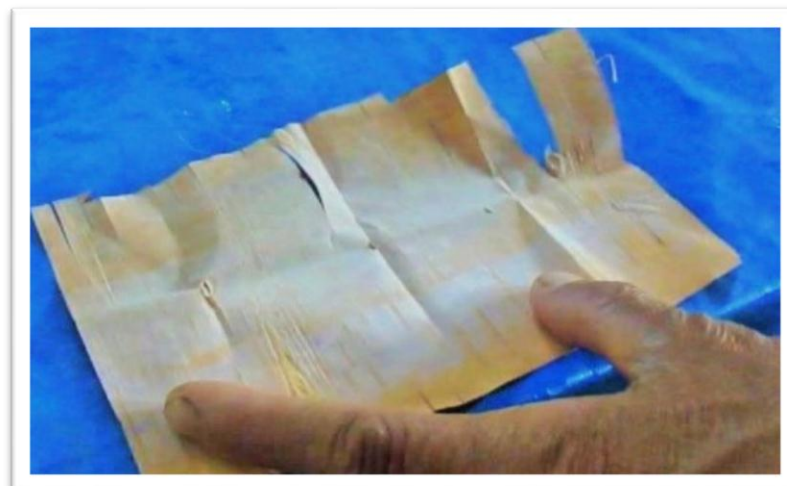
2. Healing Through Providing Some Material Ingredients by the *Maibas*:

In the study area, the Manipuri healers apply some special healing techniques to cure their patients. They apply different herbs, plants, liquid substances, animal stuffs, and spell and so on as medicine and that have already been described above. The *Maibas* of the Manipuris also use certain stones, animal organs, minerals, some metal made elements, clay, mud and others stuffs during their healing process.

‘*Bhurja-Patra*’ as Material for Writing: For writing their spells, the *Meitei Mabas* use a special kind of tree bark named as *Bhurja-Patra* which actually is the dried bark of Birch tree. Some practitioners call it as *Bhuj-Pata*. Most of the ancient religious texts and manuscripts, Magical spells and talismans, horoscopes were written on this type of materials.

Among the healers of Manipuris, *Bhurja-Patra* is still in use for writing and drawing spells. *Maibas* believe it gives better results in curing patients when especially spells are written on *Bhurja-Patra* to overcome various problems and to protect patients from evil eyes or spell. For healing a patient or protecting a person from evil eyes or evil spell, the *Maibas* write sacred spells or drawing on *Bhurja-Patra* and then place the same in a metal amulet and tie it above the elbow of the patient or advise the patient to wear it around the neck. *Maibas* also soak the *Bhurja-Patra* with written spells in liquid herbal medicine or milk and water. Moreover *Bhurja-Patra* is also used in worshiping deities in Manipuri tradition. A picture of a *Bhurja-Patra* is presented below which was collected from *Maiba* Bidha Ratan in Songaon village of the study area.


Picture-5.21: A Piece of *Bhurja-Patra*



Source: Fieldwork in Songaon 2015

The *Bhruja-Patra* made from a tree bark of 'Birch' tree that have already mentioned above. It is a thin leaved deciduous hardwood tree of the genus *Betula* (/ˈbɛtjʊlə/) (https://en.wikipedia.org/wiki/Birch#cite_ref-2,02.06.2016). The inner bark of *Bhurja* (*Betula* spp.) tree was the most popular material for writing manuscripts, especially in northern-western India. Al-Biruni informs, "In central and northern India, people use the bark of the *tuz* tree, one kind of which is used as a cover for bows. It is called '*bhurja*'. They take a piece, one yard long, and as broad as the outstretched fingers of the hand, or somewhat less, and prepare it in various ways. They oil and polish it, so as to make it hard and smooth and they write on it." (History of Paper Technology in India by Lalit Tiwari, <http://www.infinityfoundation.com> 02.06.2016).

Picture-5.22: Picture of Birch Tree and Its Description

<p>Common Name: Birch English Name: Birch or Indian Birch Botanical Name: Betula Alba, Betula Pendula Group: Angiosperm (Dicotyledon) Family: Betulaceae (Birch family) Genus: Betula Species: alnoides Buch.-Ham.</p>	 <p>BOULEAU BLANC</p>
<p>Taste of Birch: Sweet, Bitter, Astringent Parts Used: Bark, Root, Leaf Bud, Leaves</p>	<p>The left above briefly introduce of 'Birch' with botanical picture, presented its right side. Moreover from a Birch tree picture, we can familiarize with the bark of the tree, from that the writing paper made.</p>

Moreover, 'Birch' leaves are also used by the healers as antiseptic against many infectious diseases, especially for Skin diseases.

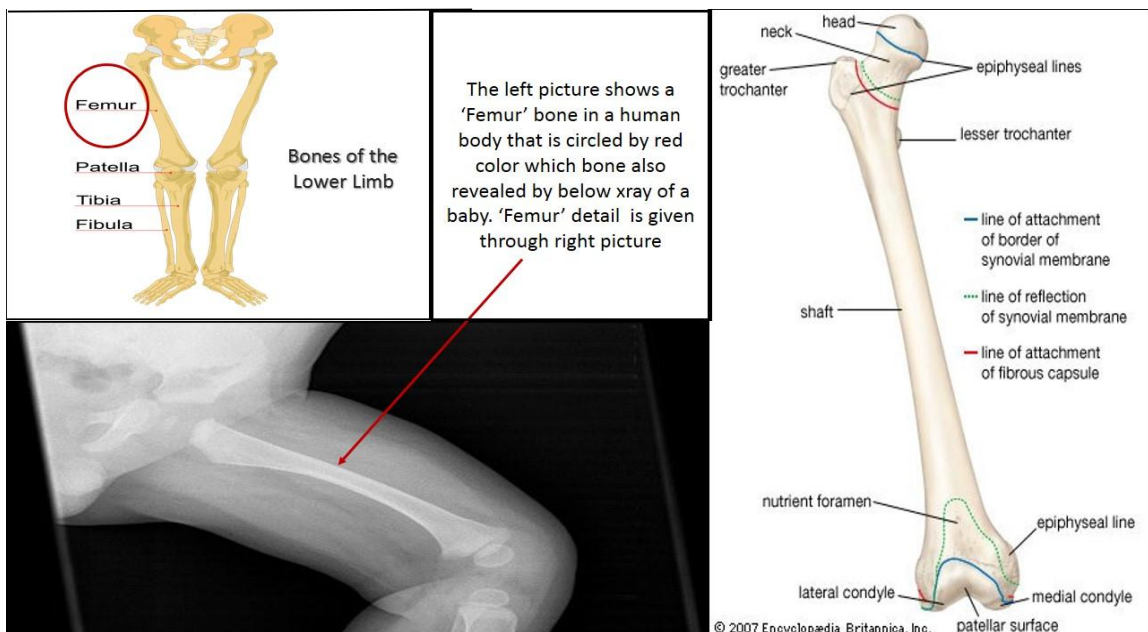
A Special Bone: It is a thigh bone of a child collected by *Maiba* Bidha Ratan of Songaon village twenty five years back. This bone is part of the lower limb area in a human body. The *Maibas* collected this bone from dead people's thigh part of a leg, especially of a child who died particularly on 'Saturday' in first moon (*Amabasha*) night. They use it as a stuff in their shamanic healing process. The picture of the bone is given below. This bone is kept by a *Maiba* in the study village.

Picture-5.23: A Thigh Bone of a Child



Source: Fieldwork in Songaon 2015

Picture-5.24: Femur Bone in Human Body



The information on the thigh bone as displayed in earlier picture authenticates with the explanation of modern medicinal science about human bones in a body. Femur bone is placed above the knee of a human leg which is shown in the following pictures.

According to human anatomy, the femur (/ˈfiːməʊr/, pl. *femurs* or *femora* /ˈfemərə, ˈfɛmrə/) or thighbone, is found only in the hind limbs. The head of the femur articulates with the acetabulum in the pelvic bone forming the hip joint, while the distal part of the femur articulates with the tibia and kneecap forming the knee joint. By most measures the femur is the strongest and longest bone in the body (<https://en.wikipedia.org/wiki/Femur>, 05.06.2016).

Femur Bone is used for healing purposes by the *Maibas* of the Manipuris. They utilize this bone in various ways during healing process. These are as follows:

1. As a shamanic tool in the process of exorcism. The *Maibas* use this bone to drive away malignant spirit or to protect a person from the disturbances made by a departed soul. For exorcising, *Maibas* recite their sacred spell and blow it on the bone and then put it on the patient to eliminate the problem.
2. Protecting homestead from evil eye or a bad spirit, *Maibas* cut a portion of a Femur bone and cut it into pieces and then healer applies these pieces of the bone with their sacred spells written on a *Bhruja-Patra*. They put all these together into a bottle and hang it at the top of the roof of the house.

This is the process through which the *Maibas* as *Shaman* of the Manipuri community protect their people from malevolent spirit and is considered as a special bone for the healers.

Shakti Jai: This one is another stuff named '*Shakti Jai*' among the *Maibas* in Manipuri community. In *Meitei* language, it is also termed as '*Chatti Jai*' which is basically a tooth of a sea visceral that has hundred and eight sharp teeth in its jaw. The traditional healers use it to protect themselves from assaults of other *Maibas* or from their competitors. They also apply it to save people facing problem of bad spell (*Baan Mara*) by his or her strong enemies.

Picture-5.25: *Shakti Jai*, a Tooth of a Sea Visceral



Source: Fieldwork in Songaon 2015

I have taken the above picture of *Shakti Jai* during fieldwork phase which is under possession of the *Maiba* Bidha Ratan. The healer collected it from Bhutan many years back to protect himself from other malevolent activities against him by his strong rival *Maibas*. He also uses it when performing his ritual healing to protect and save anybody from bad objects and also uses the same for the purposes to save a person from the vindictive action against him by any person or an evil eye.

The process of such healing with *Shakti Jai* is, firstly *Maibas* keep it on the forehead of a suffered person and then hold it on the belly of the same person and utter their sacred and holly spells. By performing these activities *Maibas* try to recover a patient from his problem with their shamanic influences. Below in the picture placement of *Shakti Jai* by a *Maiba* on a suffered person is presented:

Picture-5.26: Process of Placement of *Shakti Jai* on Suffered Person



Source: Fieldwork in Songaon 2015

For the healing, a person who is suffering from bad spell of an enemy or a *Maiba*, the healer recite their sacred spell one hundred and eight times at a stretch and blows sacred air after putting the sharp parts of *Shakti Jai* on the forehead of the patient. Again, they place the upper part of the teeth on the navel of a patient shown in the right side of the above picture.

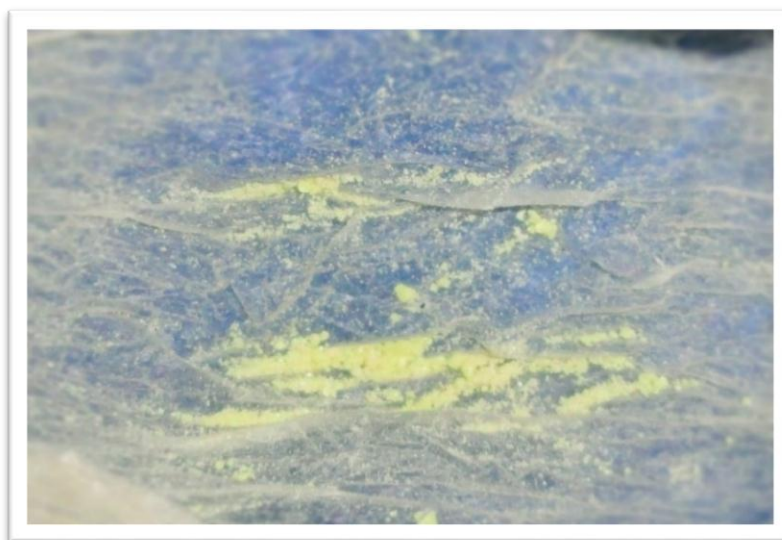
Maiba Bidha Ratan from the Songaon village recalled an incident about *Shakti Jai* during discussion with me. He stated:

I fought with my competitor in the healing arena for many years. The war was fought among our wisdom and power. We encountered with each other in the war by our wisdom and shamanic strength. Unfortunately I lose the war and I collapsed psychologically that ultimately caused excessive bodily weakness in me. In that time, I could not defeat my rival because of my rival possessed the power of *Shakti Jai*. It is believed that if someone has the possession of *Shakti Jai* he/she acquires power that can defeat anybody. After passing few years, I felt the urge again for winning and decided to counter my opponent. I inspired to get hold of a *Shakti Jai* and finally collected it by which I

could regain my lost status again. I also apply this tool for healing purposes and try to save the life of persons suffering critical illness with our sacred spells and also by prescribing medicine.

A Powder Substance: It is a special powder substance among the traditional healers of the Manipuris that looks yellow color. Due to oath that the *Maibas* took before their *guru* they never reveal the name of this substance to me. Many of their healing rules and procedures are tabooed, and as such the *Maibas* never uncover the secret of those in front of general people. The picture of that element by which the *Maibas* provide treatment is given below which is considered to be very sacred and more effective for healing patients.

Picture-5.27: A Powder Substance, Use as More Effective Ingredient for Making Medicine



Source: Fieldwork in Songaon 2015

This yellow completion substance applied by the *Maibas* as an ingredient for healing used for those who are possessed by the evil eye or malignant spirit or obsessed by demon essence. In this case, the *Maibas* put a little bit of the powder mix it with some honey by uttering their sacred spell twelve times and blow the holy air over the medicine. The *Maibas* admit that the substances like this are very sensitive in use and also could bring harmful effect to the health of a person for its misapplications or improper dosages.

Kala Gandhak: The stone named as '*Kala Gandhak*' among the *Maibas* which is a rare material and cannot be found easily in Bangladesh. Healers of the Manipuris in Bangladesh collect *Kala Gandhak* from India and apply this to make medicines. In preparing medicine the healers could effort to put very small quantity of *Kala Gandhak* for preparing herbal medicine because of its very high cost.

Picture-5.28: A Small Part of *Kala Gandhak*



Source: Fieldwork in Songaon 2015

From the piece of *Kala Gandhak* a *Maiba* takes a very little amount with the help of his knife. They apply it only when other ingredients and medicines fail to cure a disease or unsuccessful to heal a patient. The healers put *Kala Gandhak* with their usual herbal medicine to the patient. Also to protect from bad eyes or demon's influence, the *Maibas* put a little bit of it into a metal amulet and recommend to keep the amulet tied in the body of the person suffering from such problems.

Moreover, the *Maibas* of the *Meiteis* provide the above two ingredients the 'Yellow Powder Substance' and *Kala Gandhak* in the same mixture and offer it as medicine to solve problems created due to the curse or as a result of anger of Pakhangba, which I have described earlier. *Maibas* consider these two ingredients as sacred substances and believes these medicines along with their spiritual activities they can perform.

Sanajay: ‘*Sanajay*’ is a stone, from which gold is extracted. The traditional healers of the *Meiteis* use this stone to make herbal medicine especially for Leprosy disease. They prescribe this medicine prepared from *Sanajay* to Leprosy patients for using it as ointment on their infected skin.

Picture-5.29: A *Sanajay* Stone



Source: Fieldwork in Songaon 2015

In treating Leprosy disease, firstly the *Maibas* break a part of the above stone and then grind it. After grinding, they take the powder of this stone and mix it with the mixture of herbal medicine and prepare the ointment and use the same on the infected skin area of Leprosy patient. However, this ointment is ineffective in case the disease spreads in the whole body of a patient.

A *Maiba* of the study village shared his healing experience with me about treating Leprosy with *Sanajay*. He explained:

I collected a chunk of *Sanajay* rock for a few years back. After breaking and grinding of the stone for healing, a tiny shape has now reached. I am able to cure any leprosy patient with the ointment made of *Sanajay* stone. Many Leprosy patients from far and near, and even from India, come to me for their curing and I got success in every cases of Leprosy treatment.

Rupajay: This stuff is the navel part of a sea organism. It roams under sea water as the *Maibas* believe. Below is picture of *Rupajaya* is presented. A *Maiba* of the village collected this *Rupajay*. It is basically a creature with granule under sea water. It is dwindled after cutting its granule to make medicine by the *Maibas*.

Picture-5.30: *Rupajay* Stuff



Source: Fieldwork in Songaon 2015

The *Rupajay* is used as an ingredient for making some specific herbal medicines after grinding or pounding its granule. A little bit in amount of this ingredient is applied by the Manipuri *Maibas* for making herbal medicines.

A *Meitei Maiba* described the medicinal value of *Rupajay* and said:

To us, *Rupajay* is very valuable ingredient for making a medicine. After applying it with herbal stuffs as an ingredient the medicine becomes very effective than an ordinary preparation. I had a patient who became stiff by clenching with bite of his teethes, they I try to cure the patient by prescribing the medicine along with some honey mixed with a little bit of crushed powder of *Rupajay*. He cured by this process of treatment by using this substances.

Picture-5.31: *Sanajay* and *Rupajay*



Source: Fieldwork in Songaon 2015

Further, the medicine prepared by mixing of these above two ingredients at the same time also is applied as a remedy for those diseases which occur due to the malevolent effect of *Yek-Salai*. It certainly works for early recovery of a patient.

Shel Moyek: ‘*Shel Moyek*’ means metal money of the Manipuris. They use a special coin or *Shel Moyek*, made from cooper as a substance to make medicine. This special metal coin is preserved by the expert *Maibas* of the Manipuris for preparing many of their medicine. The picture of such a coin is given below.

Picture-5.32: A Metal Coin



Source: Fieldwork in Songaon 2015

The healers of the *Meiteis* prescribe the medicine made with the mixture of herbs and a small amount of powder prepared from the grinding a small part of the coin. Especially they provide this medicine prepared with the metal coin for controlling the spread of cancer in a patients. However, they failed to discover the medicine which can cure cancer forever till today, but they try to stop further spreading of the disease in a patient’s body.

Clay and Mud Use as for Making Medicine among the Healers of the *Meiteis*: The healers of the Manipuris use clay and mud as ingredients to make medicine for the treatment of certain patients. Most of the *Maibas* apply it with their sacred spells and also many of them mix it with other ingredients of herbal medicines. Depending on the types and nature of disease of a patient, the *Maibas* collect the mud from various places. The shamanic healers of the *Meiteis* firstly collect the mud and blow the sacred verse of theirs over the mud and apply it to bring out the poisons from the body of a patient that entered in the body due to evil deeds or the curse of a spirit or because of anger of the Pakhangba.

Picture-5.33: Soil from Stove and Clayey Soil



Source: Fieldwork in Songaon 2015

The diseases that occur due to the above causes are *Tinkhak Motu Chongba* (a type of skin abscesses arise for entering scorpion's hair into the body skin of the person) and other boils or abscesses due to contact with or bite of insects.

From the above picture on the left, it can be seen that *Maiba* is collecting clay stove soil from their *Matir Chula* (Clay stove). After smashing the mud it will be cleaned with fine woven cloth. Then the soil will be mixed with some mustard oil and make the soil a circle for rubbing on infected area of abscesses of the patient apply with their sacred verses. Also, they collect the mud from *Emanu* the place where the *Meitei* household deity is kept.

Moreover, the healers collect the clayey soil (*Laitan*, 'এঁটেল [eñṭēla] মাটি' in Bangla) (above right picture) and then mix it with *Nongsing Ashangba* (*Tutia*, a local fruit). After grinding the both, they apply it on the abscesses as an ointment for treatment.

In this way, the healers of the Manipuris use the clay and mud as Ingredient in their healing practices.

Dhatugye Mopak: Many of the *Maibas* in Manipuri community use antique plate called as '*Dhatugye Mopak*' in Manipuri language. This antique metal plate is used as a stuff by the *Maibas* for treating patients with back pain or any other pains in the body. The *Maibas* place it on the back side of the patient like that of the picture given below for curing the back pain of a person or any pains of the body. *Maibas* believe that the metal with which the antique plate is made of, can absorbed all the poisons that create pains in human body. However, the *Maibas* recite sacred spell of theirs, blow holy air over the body of a patient along with putting the plate on the body for recovery. Also they perform some rituals with gesticulation while reciting the verse during the healing phases.

Picture-5.34: An Antique Plate, Made by Cooper



Knife: Many of the healers in Manipuri community use a knife as a tool for their shamanic healing. In most cases, the knife is made of metallic substance which the *Maibas* keep with themselves. Usually, *Maibas* use normal shaped knives. If a *Maiba* visits any of the patient's houses, he hold it with him. Depending on the illness of the patients or if the *Maiba* feels it necessary during healing, *Maibas* apply the knife along with other tools of healing. The knife generally carried by the healers is of the following shape:

Picture-5.35: A Knife of a *Maiba*



With the knife, the *Maibas* rub on the part of the body where the pain or infection occurred in a patient along with their ritual healing. By ritual, they act as shaman and recite sacred verse of them and blows the holy verse over the knife. They apply it on the body of the patient or in the infected area or painful area of the same. During this act, *Maibas* being alert with their ritual knife and never take risk to injure anybody through their knife. They try to gain their energy in their body and use it by their actions through the ritual knife. They try to remove all the troubles or harmful energy by their knives which is hold and placed into the patient body. During their spiritual act of the healing, the *Maibas* guided by their divine power.

As an apprentice of a *Maiba* during field data collection, I participated in certain healing sessions with my Guru as an assistant of him. The *Maiba* used to visit to the patients houses to provide them treatment in presence of the researcher. These opportunities fortunately helped me in observing some healing processes of the *Maibas* several times.

One day, the *Maiba my Guru*, visited a patient's house in Sylhet town after he is called by the patient's family members. I accompanied my Guru as his assistant. After entering into the patient's home, we observed that the patient was shouting from severe left chest pain. My Guru the *Maiba* after checking the patient, recited his sacred spells for several times loudly and blow the holy verse over the infected area. After that he applied his sacred blows by reciting his spells over his knife several times at a stretch. Then he gave some body posture to relieve the pain from the patient's body and placed the knife on the chest of the patient. He rounded his knife all over the patient's body with his sacred spell and rubbed on the painful area by using his ritual knife. He remained alert so that the patient does not get any injury from the use of his ritual knife during that healing phase. *Maiba* continued his method for about one hour. Then he asked the patient about his chest pain and the patient informed that he was feeling better than earlier. It was really surprising for me to see that the patient who was literally laid down in bed with his massive pain became cured after healing process of the *Maiba* within an hour and got up from the bed, walked himself in the room. *Maiba* narrated that in this case, the illness was due to the displacement of body energy that jammed around the chest and back side into the patient body and created severe pain in him. *Maiba* replaced the energy through his energetic power that he gathered from the spiritual world. The *Maiba* basically used his energy which he gained through his meditation and practices and performed the healing actions of him by applying his sacred spells and ritual knife.

Sharp object from young bamboo: The *Maibas* use an instrument to cut some abscesses of the patient and also for surgical basis, made from young bamboos. It is used as cutting tool like knife among the healers in doing surgery on a patient.

Moreover, to collect the bile from the animal body, they also apply a sharp weapon to stitch the clipping area of the animal after cutting and collecting the bile from them. Their weapon for stitching called '*Zenthou*' which is very thin in size that they made by themselves.

Picture-5.36: A Sharp Bamboo Staff



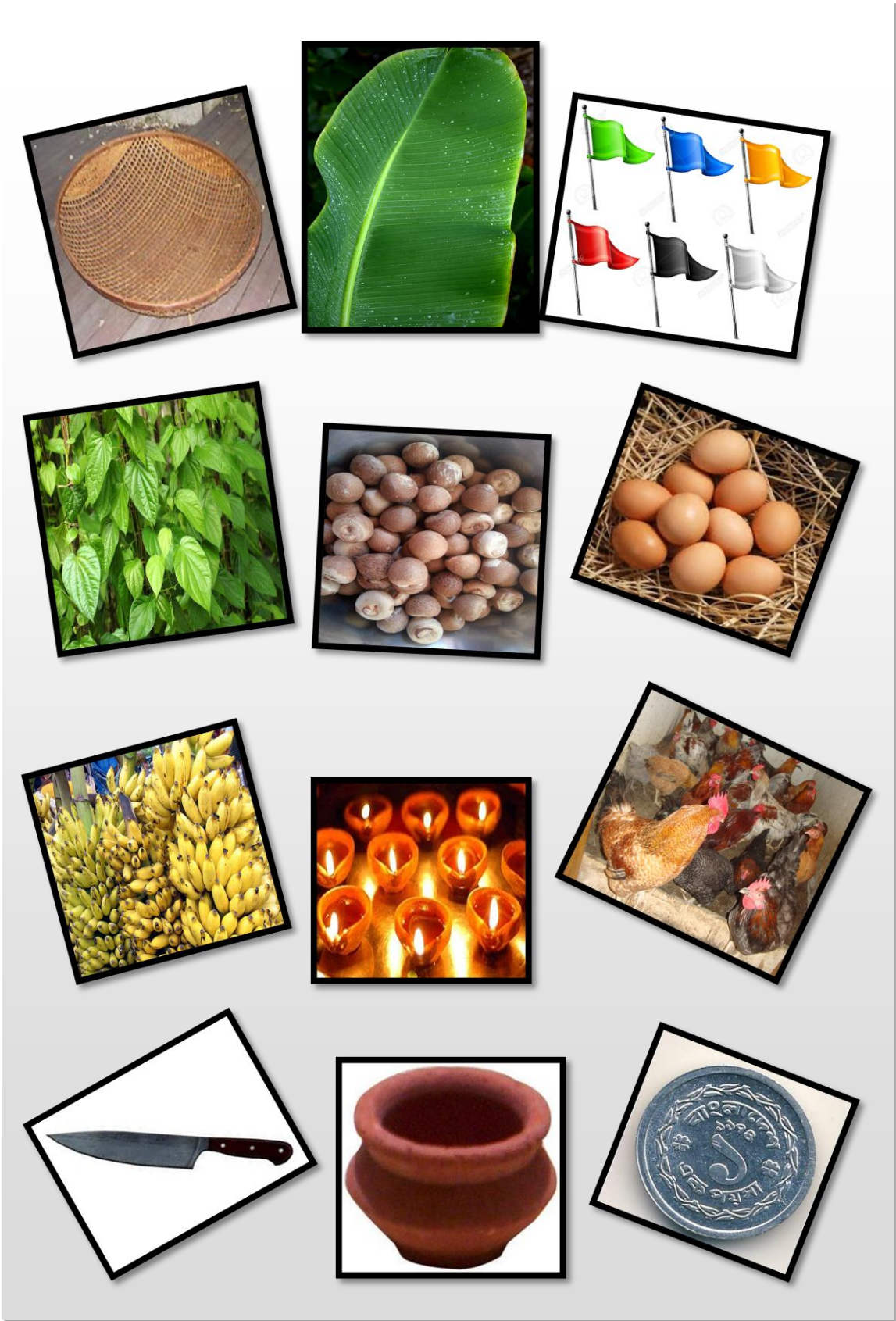
The bamboo tree from which the material of the tools collected



The sharp weapon like this which applied by the *Maibas* during their healing phases

Some other ingredients used by the *Maibas* during healing practices: The *Jankong*, a circular stuff use for rice winnowing made from bamboo. Below the picture of the same is presented. It is used by the *Maibas* to collect all the healing ingredients for offering to the god or goddesses. *Maibas* perform their rituals and make offerings with some fruits and substances like bananas, betel-nut and betel leafs, with some lights and colored flags, coins and so on which they put on the *Jankong*. By offering to the god or the spirit, the *Maibas* sacrifice some of animal and other stuffs like hens or eggs, given by the patient's family members in certain cases.

Picture-5.37: Some Ingredients for Offering to the God or Goddesses



By offering through the above ingredients, the *Maibas* perform their ritual healing with their shamanic activities and spiritual divine will be discussed briefly in ritual healing of the healers. Beside it, there are also some ritual activities of the *Maibas* in healing tradition which are related to their shamanic healing. For instance, spirit possession and exorcism, healing by compromise with spirits, control over the spirit through ‘*Chakra*’ or meditation of the *Maibas* and some other shamanic activities of them. As, these shamanic events of the *Maibas* occurred through different ritual activities of them will be described the section of the ritual healing of the practitioners too.

5.1.3.2 *Maibis* of the Manipuris in Shamanic Healing:

From distant past, Shamanic healing has been practiced as an important tool for healing diseases in different societies and in different cultures of the world. In spite of tremendous advancements in the field of treating diseases with modern medicines and technologies, the indigenous population and people in all cultures and societies still show their inclination towards indigenous treatment procedures. In this case, the method of shamanic healing provides holistic approach of healing for recovering from physical unrest of the individuals. These are also applied to reduce psychological stress of the patients.

The male healers of the Manipuris in this study, are known as *Maibas* and the female healers are very often addressed as ‘*Maibis*’ that is mentioned earlier. These healers are considered as very respected members of the community. The healers play very important roles in health and healings of the Manipuri people. In this section of my study, I attempted to focus on certain activities of the *Maibis*, the female healers of the Manipuris and their healing practices which are basically performed through some specific spiritual actions of theirs. In performing these spiritual actions for healing patients, *Maibis* carry out certain rituals by chanting sacred spells, and by paying offerings to the gods and goddesses. While performing these rituals, *Maibis* create a paranormal environment by their performances. It is believed that the *Maibis* through performing rituals communicate with the spiritual world as mediators between the patient and the spiritual power for benevolence of their patients. These performances are beyond the understanding of the general people. *Maibis* claim that they are capable of controlling their inner power and wisdom and through these accumulated energy and wisdom in them, they could help people to heal from different

illnesses, sufferings and problems. A few practitioners among the *Maibis* ironically also apply black magic to do harms to someone and they keep this practice hidden from the outside world.

Based on my field data I have narrated below the types of Shamanic activities that the *Maibis* apply for healing their patients.

1. Healing through shamanic power and spiritual activities of the female healers in Manipuri community: The *Maibis* claim to have some shamanic and spiritual power. These shamanic powers as the *Maibis* assert could be achieved through rigorous meditation and by performing different rituals. In this study, I have narrated the case of a *Maibi* in my study area who provides treatment to her patients by applying Shamanic rituals.

According to the traditional healers of the Manipuris, some diseases are caused by evil eye or bad spirit. When the god Pakhangba becomes angry on his followers, he in the shapes of snake, insects could do harms to people. Diseases caused by Pakhangba is termed as *Pakhangba Dush* among the Manipuris. Some skin diseases and other ailments are also believed to be caused due to the meddling of lord Pakhangba. These diseases are comparatively difficult to be cured. For curing these difficult diseases, the Manipuri healers play the role as Shaman and try to connect the spirit world with exist and they play role as mediator as healer. For the purpose healers perform certain rituals and create a spiritual environment by reciting sacred spells.

For curing from her own skin abscess, a *Maibi* from the study village narrated the rituals that she had to perform:

In Manipuri language abscess of the skin is termed as '*Tinkhak Yubaa*'. Manipuris believe it is caused by *Tinkhak Motu Chongba* or a scorpion (bichā) bite and is very painful for the patients. For curing such disease, *Maibis* collect soil from household stove made by soil. Then collected soil is cleaned by fine woven cloth. After that the soil is mixed with mustard oil and *Maibis* makes a circular shaped cake with the soil and keep it on a banana leaf. Then, *Maibis* rub the prepared soil on the infect area of a patient by uttering sacred spells. While reciting spells *Maibis* make rhythmic body movements. The healers claim that this procedure of treatment they connect themselves with the spirit world and through

prayer the healers ask insect's hair to come out from the skin of the patient. This procedure is believed to act very successful in case of scorpion bite.

The *Maibi* Ebeytombey Devi performed this healing ritual during my fieldwork and I was lucky to observe the act. The whole process of the treatment is presented in pictures below.

Picture-5.38: A Healing Process of the *Maibis*



Source: Fieldwork in Songaon 2015

2. Healing through Charms and Incantations by the Meitei Maibis: Significant numbers of *Maibis* in their ethno-medicinal practice perform treatment by using charms and chants as sacred healing performance. They provide these charms and incantations for recovering of the patients from different diseases and illnesses and also for protecting individuals from unexpected problems. They apply their charms and chants during treatment. Healers also use these spells along with herbal remedy and *Puk-Shuba* treatment. The *Maibis* in addition play the role as *Chabokpi Maibis* or traditional birth attendant. During child birth of a woman, they recite *tantra-mantra* for safe delivery of child. *Maibis* keep their spells secret from general people. These are prohibited for general people or tabooed by their masters and is part of their healing ethics. Although *Maibis* chant these spells quite loudly in many cases, but their utterances always remain elusive for general people. Some of the *Maibis* claimed that they were enlightened about these incantations and charms in dreams and it helped them in linking with the spirit world. Some of the practitioners inherited this power from their learning predecessors.

These types of female practitioners apply their incantations and charms for treating people with following problems:

A. Some sexual problems caused due to application of black magic or by some supernatural power, as the *Maibis* believe. In such cases the *Maibis*, recite their sacred spells and verses on a glass of water and give it to the patient to drink for healing from the disease. Practitioners also offer many of their charms especially for young people who fail to make the marriage in proper time of their age.

B. During menstrual pain of women, the *Maibis* apply their sacred spells as charms and blow it on a glass of water. The water is taken by the woman and she gets cured that they believe.

C. For natural delivery of child, the *Maibis* chants in front of a pregnant woman through which they apply their inner power on her. Through this procedure *Maibis* connect themselves with the spirit world by their meditational power. *Maibis* perform some rituals during the childbirth with chanting their charms and spells.

D. The practitioners help persons for coming out from curses of a spell. In this case, the *Maibis* play an important role by chanting their mantras. They claim to protect people from the evil eye and help people to overcome the curses by using their charms that carry sacred power from spirit world.

E. The *Maibis* offer paper amulets with written spell on it. These amulets are given to the people in a metal container usually made of bronze or silver for healing different ailments. They provide these along with their herbal medicines also.

3. Healing through possession by the *Maibis* in Manipuri community: A group of *Maibis* in Manipuri community developed possession from positive purposes to heal the patients. They arrange a paranormal environment and call the spirit in their own bodies. When they feel that the spirit has possessed their bodies then through the spirit, they try to help the ill people to heal. In many agro based countries of world the traditional folk healers do practice this procedure for solving the problems of the ailed person and even use it for benevolent purposes such as for the welfare of the society as well. .

Like other villages of Bangladesh, the economy of Songaon village my study area and other neighboring villages are agro based. The staple food of the inhabitants is rice. These villages are extensively surrounded by fertile paddy lands that produce many other crops besides paddy. In most of the homestead areas, inhabitants grow different fruits and other plants like medicinal trees and herbs. For producing crops they depend on rainfall.

For saving their paddy and crops from both torrential rainfall that causes floods and also from drought, the *Meiteis* the population under study pray to their god or goddesses. This is done by their traditional practitioners. Some of the healers, not only could heal their patients by their mystical power and possessions, but they also can apply the same for the well-being of the society, such as protecting crops from drought or from floods that I have found in my study area. Especially the female healer or *Maibis* are called by the community to protect them from such natural disasters. The *Maibis* believe that production of crops is extremely important for their existence as well as for the well-being of their health depend on good production of crops. Thus, the shamanic healers of the *Meities*, perform different rituals to protect the crops. *Maibis* apply their inner power with meditation and follow some rituals and create a magical environment that they believe

would cause rain for the crops. The Mainipuris deeply believe that the *Maibis* possess mystical power in bringing rains. The healers pray and worship through various rituals and with the help of the spirit do good to the people of the community. For healing patients from diseases, these healers also claim to get directions of treatment from the possessed spirit within their own bodies.

4. Treatment and preventive technique of the *Maibis* by following shamanic healing:

To heal the patients and to relieve the sufferers, some of *Maibis* apply their inner power on the patients as healing technique. Healers claim that while treating a patient through meditation they energize their body with some kind of mystic energy. They apply this possessed energy on the patients during healing procedure for relieving the patients from sufferings. The healers claim that by controlling the brain and mind of the patients during treatment they heal their patients from ailment. During treatment the healers recite their charms and chants loudly that creates a spiritual environment around the patients and their family members. The surroundings and actions of the practitioners usually reduce the mental stresses and tensions of the people and thus release the patients from mental agonies. It provides peaceful environment for both the patients as well as for their family members. Besides healing, this group of the healers also applies their activities for prevention. They try to protect individuals as well as community people from the possible assault of different harmful actions from enemies or curses. Healers believe they can control any assault of evil occurrences on the people and community. In the course the *Maibis* offer worships to their god and goddesses and they pray for the victims to get relief from various malevolent activities.

The shamanic activities of the *Maibis* are practiced extensively in the Manipur state of India. *Maibis* in Bangladesh usually do not intend to make public their shamanic healing secrets and remain more reserve than their male counterparts the *Maibas*. However, the shamanistic practices in healing among the Mainipuris of India, a group of practitioners related to the treatment of *Hingchabi Changba* (Devi 2003:25). *Hingchabi* is a kind of spirit, which comes under the group of Devi Salai Taret. By entering into a person's body, it possesses the person and creates troubles. For treating such cases, a practitioner performs worship or certain rituals to satisfy *Leimarel Apoibi*, the mother of *Hingchabi*. Practitioners offer her some ingredients and requests her to instruct *Hingchabi* her child to

withdraw from the patient's body (Devi 2003:27). Another group of *Maibis* perform magic as a shaman. *Maibis* also indulge in witchcraft for evil or good purposes. For instance; for finding out thieves or stolen things they perform *Mingshel Kanglon Yengba*. For that, a *Maibi* uses a mirror and chants mantras in order to locate a thief or the stolen things. After locating the thief or stolen thing she informs the place where the goods could be found or the thief could be located. *Maibis* use another method known as *Thaoda Yengba*. In this method a *Maibi* uses oil with mantras and by looking at this she can describe the physical features of the thief and the place where the lost things could be found (Devi 2003:26). Although these are not directly related to the ethno-medicine but the ethno-healers of the *Meiteis* apply the same for benevolent purposes to help people. These activities of the *Maibis* in India can be found among the male practitioners of Bangladesh.

5.1.4 Ritual Healing in Manipuri Community

Puk-Shuba, herbal medicine and shamanic healing practices have already been described. All these three procedures are performed by the healers along with ritualistic activities. But, many of the rituals are applied only for healing purposes by the healers. In this section I tried to put some light on the same. By practicing these rituals, a group of healers try to heal ill persons or protect the individuals from various ailments and sufferings.

Ritual healing is a form of traditional or alternative medicine rooted in spiritual or religious practices. It involves a wide range of ceremonies and materials, depending on the culture, and may be used to treat physical, mental, or emotional problems (<https://www.alleydog.com/glossary/definition.php?term=Ritual%20Healing>, 2017). It has been observed that the basically the healers deals with patients who suffer from psychological ailment rather than physical discomforts. The psychological ailments the healers' belief could be the result of malevolent activities of the enemies and due to some supernatural forces. To overcome the problem, the healers perform worship and place offerings to their god or goddesses.

The healers treat ill people and help the victims to recover from their ailments by performing various rites and rituals that are explained below.

1. Ritual Healing and Spirit Possession: Possession is conceptualized as involving an alien entity or consciousness that enters into a person's body. It takes control of the person from inside and acts. Possession, as the practitioners' believe, could occur spontaneously resulting in a profile where theta waves are dominant. In this situation blood pressure drops to lower level, while at the same time the pulse rate increases (Walter & Fridman2004:75). Moreover, the *Meitei* healers also could invite the spirit inside their body through meditation along with reciting their sacred spells to heal the ill people and release the victims from different sufferings. In such cases, they try to get knowledge from the spirit, the ways with which they could cure their patients.

To relief the patients from malevolent activities of the enemies and spiritual possession oriented by natural forces, the *Meitei* practitioners follow certain rituals:

A. *Chaban* or *Chaban Thaba*: A Worship for Healing by the *Maibas*

'*Chaban*' is a healing act organized by the *Maibas* and is also termed as '*Chaban Thaba*' in Manipuri language. To heal the patients or to relieve the victims from the evil eye or spiritual possession, black spells of the enemies and other practitioners, *Maibas* perform *Chaban Thaba*. This worship is executed by performing some rituals to please the god or goddess. The practitioners believe that the god and goddesses can help ill persons and get relief from ailments.

In this worship, the healers offer some ingredients as substitute of the patient to the god or goddesses. For instance, a *Maiba* offer a hen while performing rituals to recover the illness of a patient is called *Chaban* among the Manipuri healers.

Before organizing the ritual *Chaban Thaba* a *Maiba* try to diagnose the cause of the illness of a patient. They try to make sure that the cause is inflicted by human being or supernatural powers. If it is related to the spirit world or evil eye, they perform the ritual known as '*Irath Chaban*'. For performing this ritual, seven rules have to be followed. If, a *Maiba* is able to recognize the cause of the illness specifically, then he performs any one of these seven rules. If *Maiba* fails to diagnose the cause he provides the treatment combining all seven rules at a time. There are different opinions about how to perform a *Chaban Thaba* among the practitioners of the Manipuris. However, below is presented a procedure of performing *Chaban Thaba*.

Procedure of *Chaban Thaba*:

Ingredients: Following elements are required to make a *Chaban*. The proper time for preparing *Chaban* is around 12.00 o'clock at night.

Table-5.6: Ingredients of *Chaban Thaba*

1. A <i>Jankong</i> (a round shape 'Kula' or a globular element)
2. The tip of three banana leaves in length of 4 inches
3. Three bunches of bananas with each bunch containing six and half pairs or 14 bananas. This is mandatory (according to <i>Maiba's</i> treatment law) to buy bunches without any bargain.
4. Seven <i>Pana-Tangla-Tareat</i> (Seat of Betel-leaf) made with 7 Pcs. of betel leaves where each leaf holds 3 betel nuts (21 in total). These seven betel leaves with nuts are placed top on the seven rounded banana leaves.
5. Seven <i>Hai-Rukh-Tangla</i> (Seat of fruits, made with 7 Pcs. banana placed on banana leaves where each round shape leaf contains 1 banana only)
6. Seven lighted candles.
7. Seven coins of one Tk. totaling 7tk are to be placed on the top of the <i>Pana-Tangla-Tareat</i> or the <i>Hai-Rukh-Tangla</i> .
8. 7 colored flags (white, red and black colors are compulsory with the rest)
9. A pot full of purified water
10. A knife

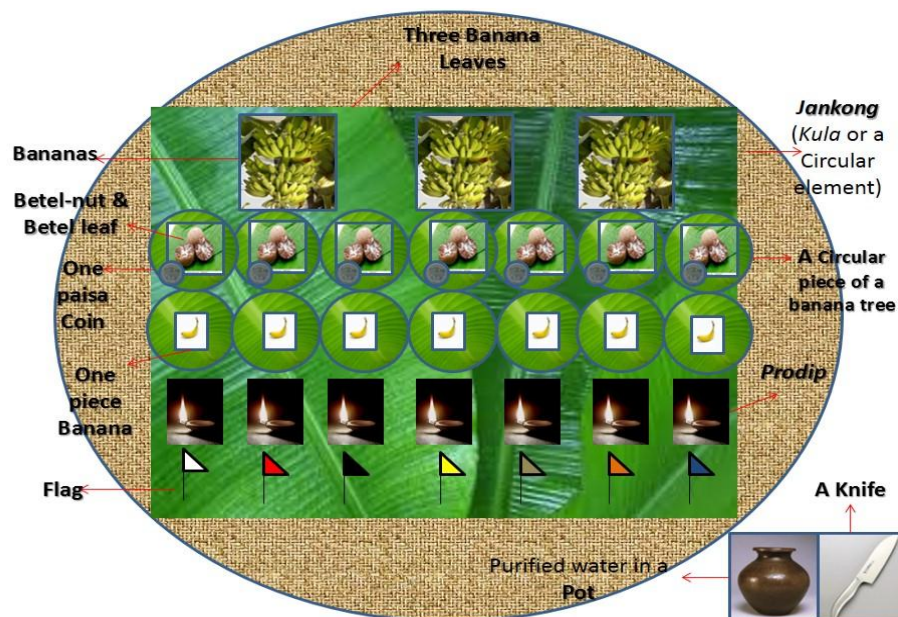
Source: Fieldwork 2015

Formulation: All the above ingredients are put on a *Jankong* ('Kula' or a circular element) then is placed (*Jankong*) in front of the *Maibas*, near a river or a pond. Then *Maiba* start uttering holy verses quietly and performs worship of the divine deity. In his utterances, he

mentions the name of the patient and the disease the patient is suffering from and prays to divine deity for the recovery of the patient. At a phase, the *Maiba* brings out all the ingredients from the *Jankong* uttering the spell of *Salang Tareat*. It is symbolic that the healer is sacrificing all the elements to the holy deity. Then he makes a hole on the ground by a knife and pour all water in the hole. Finally, the *Maiba* draws seven lines after uttering a spell so that no evil spirits can ever cross the lines.

The above rules of ‘*Irath Chaban*’ is given by making the below figure:

Figure-5.7: Ingredients of *Irath Chaban*



Source: Fieldwork 2015

To get rid of the sin, the healers essentially apply the above ritual for healing. Besides, they also provide purified water with their sacred spells and herbal medicines.

A *Meitei* woman experience on *Chaban* is presented below:

My son had a sound health and was a psychologically a sound person. Suddenly, he started facing some unusual incidences that made him psychologically disturbed. It started after he got involved in a clash with a group of people. I believe they had applied black magic on him. For his cure at first I went to biomedical practitioners, but they failed to spot his problem. Then, I came to our community healer and

followed his all instructions. He also provided some herbal medicines for my son. He gave *Chaban* to heal my son. After his treatment, my son recovered and got back a new life. All credit goes to the *Maiba*.

A *Maiba* shared an incidence with me where he did apply *Chaban* for healing his own son two decades back. He explained:

I reached at the home of my sister-in-law for providing treatment to her son. Unfortunately prior to going for treating my patient, I forgot to truss my home by spell for safety. My nephew, the patient, was sick due to spell of the evil eye on him. I applied *Chaban Thaba* to cure him and arrange a session of healing for him around 1.00 pm at night. While performing the healing session, my elder brother came and informed me that my elder son became very sick and was in a senseless condition. This happened when he went to the toilet a little far from the homestead. I felt guilty of myself for my mistake. I immediately rushed to my home and found my son in a senseless condition. I immediately managed a *Chaban* for his recovery. A black hen with some other ingredients was arranged for performing the healing process. These items were offered to our deity for making her happy. After performing the rituals throughout the night, my son got back his sense and recovered from ailment, but he failed to narrate what had happened to him or why did he fainted.

B. Session with Spirit: A Ritual Healing of the *Maibas*

To cure a patient from spirit possession, a group of *Meitei* practitioners perform certain rituals. They arrange conversation session with the possessing spirit and bargain with it for freeing the patient from its possession.

When an evil spirit enters into a person's body, it takes full control of the victim and does harms to the person both mentally and physically. In such a situation the possessed acts like a total blank person and fails to identify his own relatives, friends and even his surroundings. The healers believe that, the victim behaves in a way only what the possessed spirit demand. Healers try to drive out the evil spirit from the patient's body by

fulfilling the demand of the spirit. They organize a counseling session with the spirit that entered the patient's body. The *Maiba* asks the spirit about the reason for possessing the body of the victim and for freeing the patient from its evil possession what needs to be done? During this time, *Maiba* also recites sacred verses and sprinkle holy water all over the body of the patient. In case of failure to fulfill the demand of the spirit, the healer offers the spirit substitute stuffs. After successful negotiation with the spirit, *Maiba* suggests the victim's family for paying offerings to the god or goddesses. After completion of all the procedures, *Maiba* confirms that the spirit left the victim's body. At this stage, the patient feels weak due to tiring healing procedures. To overcome the tiredness, the *Maiba* prescribe the patient some herbal medicines and holy water spelled with sacred verses. This is a procedure followed by a group of *Maibas* or male healers for healing patients possessed by evil power.

C. Healing through 'Chakra':

Maibas in Manipuri community also practice a special healing procedure for controlling the spirit world. In healing procedure through 'Chakra', a *Maiba* draws a *Chakra* or a circular diagram on the floor. Healers believe that through this *Chakra*, healers can invite the spirit essence within their own body or in a person's body belonging to zodiac sign of Libra. With the help of the spirit the healers can heal their patients. The *Maiba* chats with the spirit and questions the same to know about the cause of the illness of the patient. During this time, healer keeps his eyes closed and utters the sacred mantras. The healers meditate in front of *Chakra* that he earlier drew on the floor.

As mentioned above the healers sometimes also choose a person for performing this ritual belonging to the zodiac sign of Libra. It is believed that, persons with Libra zodiac sign have strong mind and necessary wisdom to perform this sorts of works. When a Libra person is chosen to perform the ritual, the healers and the person sit on both side of the *Chakra* facing each other and communicate with the spirit. With the inner power, the healers call the spirit through the medium sitting opposite to him on the other side of the *Chakra*. The healers then ask the spirit about the cause(s) of the diseases the patients suffering from. The procedure followed by the healers in performing 'Chakra' essentially is an attempt to create a divine environment for healing a patients or the sufferer.

A renowned and an educated person of the study community, narrated that he was a *Libra* person and he once had a chance to perform the role of a medium in front of a *Maiba* many years ago. He stated:

I never believed in spirit possession or making communication with them. Once, I had to help a relative of mine, who is also an experienced *Maiba* to play the role of a medium. Keeping the *Chakra* drawn by the *Maiba* in the middle I and the practitioner sat on the both side facing each other. The healer recited some spells loudly and we closed our eyes seated in a special position called *Padmashan*. It was something like a plan chat. It may sound unbelievable, but it was actually happened to me. I felt like the spirit was communicating through me and I answered all the questions asked by the *Maiba*. A friend of mine was present in that session and after completion of the session he narrated me how did I speak with the direction of the *Maiba*. After that I developed faith on the inner power of the *Maibas* and believe that they can cure and help the poor people who suffer due to illnesses.

2. Ritual Healing with Charismatic Power of the Practitioners:

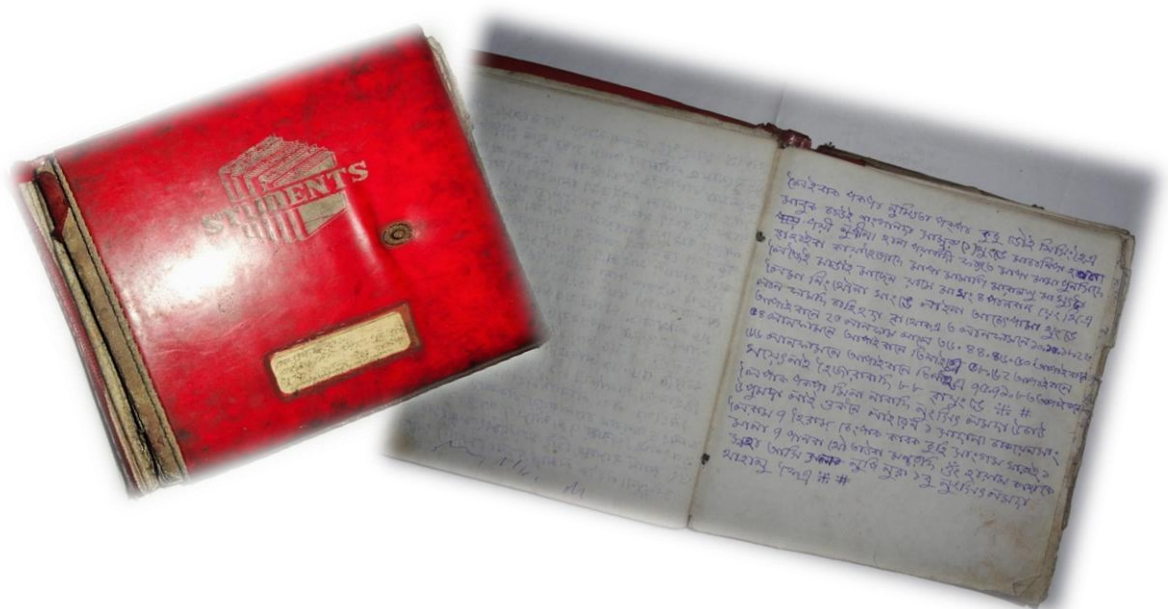
The healers and practitioners of the Manipuris are also believed to have some special powers with which they protect the people and help them during their crucial, crisis moments. In many instances, the application of these special powers does not directly relate to healing. In the following passages some examples of such practices is narrated.

A. Nokhdorpaan and the Maibas of the Manipuris: *Nokhdorpaan* is an act which is performed when something is stolen. *Maibas* by this process of *Nokhdorpaan* could locate the thief and the stolen things. This technique is used for benevolent purposes, to help the people. Alongside, a few *Maibas* in study area also apply this technique to know the cause of the illness of a patient or to identify the person who is responsible for illness of a patient. If any *Maiba* or a person want to do harm to people that can be identified by this process and needed treatment could be provided to the victim. The healers follow the following procedure to help the people with this technique:

Procedure of Nokhdorpaan: For performing this act of *Nokhdorpaan* at first a *Libra* girl has to be selected by the healer. The girl and the *Maiba* both take their seats on the floor at the direction of the *Maiba*. *Maiba* takes some oil from a container and pouring his sacred spell on it. After that the healer place a drop of the oil on the nail of the thumb of the girl. By using his Shamanic power the *Maiba* turns the oil placed on the nail of the thumb as a mirror, through which he could then see the thief as well as the thing that is stolen. In case of illness, *Maibas* identify the cause behind that and try to provide some ritual healings as and when needed.

During my fieldwork, I found a *Nokhdorpaan* book with sacred spells that are chanted by the *Maibas*. The picture of the book is given below:

Picture-5.39: Nokhdorpaan Book with Spells



Source: Fieldwork in Songaon 2015

In some instances, instead of oil on the thumb nail, many *Maibas* use a plate to find out the thief and stolen things. It is called '*Thaladarpaan*' or watching through a plate.

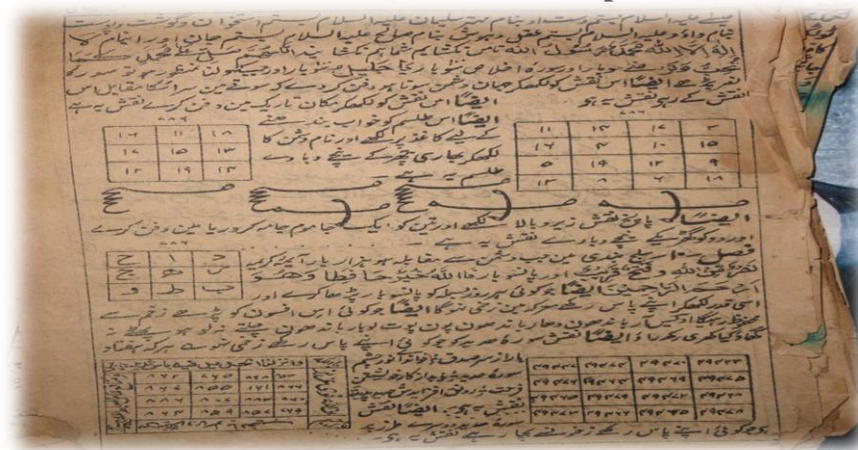
Some *Maibas* bury their ingredients and stuffs under the ground with utterance of sacred verses on those. They try to vision the cause of the problem. After diagnosing the cause of illnesses or identifying the problems of the person, *Maibas* give explanation and solution of the problem.

B. Chalan: *Chalan* is a magical procedure that is performed with malevolent intention by bad people and also by the *Maibas* or by the black magician to do harm to any person. During my field work, *Maibas* of my study area informed me that they never had indulged in such heinous acts, though most of them are well versed in performing black magic. They apply this knowledge only to protect a person from the curse of black magic. Therefore, they learn some black magical spells and also keep books on black magic with them. *Maibas* during my field study informed that, if the *Maibas* apply these spells for harmful purposes, it could cause serious harm to them. Even the early ageing could start before the right time. Moreover, they can be attacked by disease like paralysis.

However, a few *Maibas* use their charms for causing harm to their enemies or opponents. These *Maibas* perform the rituals very secretly. They are capable of performing such practices and applying the same against their enemies. To harm anyone, they need to have some information about the person. For instance, the name, address, and also some personal belongings of the person against whom it will be done are needed.

The picture of a black spell that is chanted to harm a person is given below which has been collected from a *Maiba* during study period.

Picture-5.40: A Black Spell



Source: Fieldwork in Songaon 2015

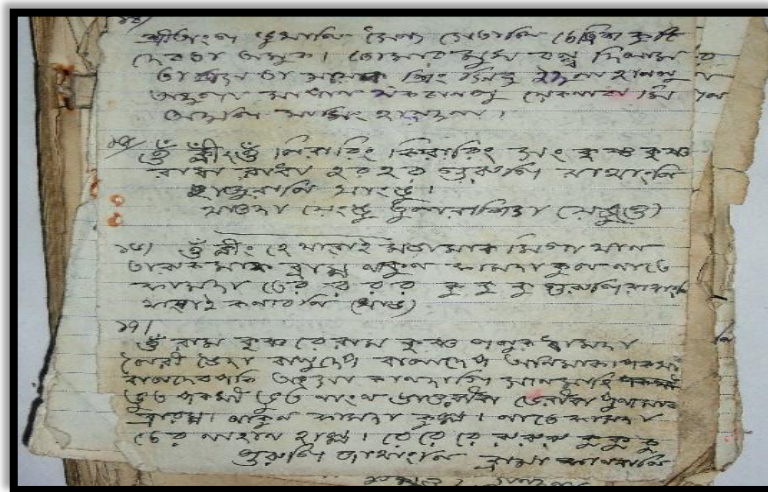
The above page of a book depicts a spell to reach harm to any person. In such instance, the healer makes a doll and places an amulet on it with the above verse in a white page. Then they break hand of the doll from the belief that the targeted person would suffer in the same way like the doll. It is believed that through this procedure, *Maibas* could capture

the soul of the targeted person and put it into the doll. Thus the person feels same pains as the doll suffer.

The owner of the spell claims it as a very old book on black magic and was written before the birth of the holy Prophet of Islam, Muhammad(SM). Interestingly, the verses were written in Arabic alphabets.

I found another spell book of the *Maibas* written in *Meitei* language by using Bengali letters. The book is used for getting rid of the magic of dart (*Baan*) by the *Maibas*.

Picture-5.41: Spell for Magic of Dart (Baan)

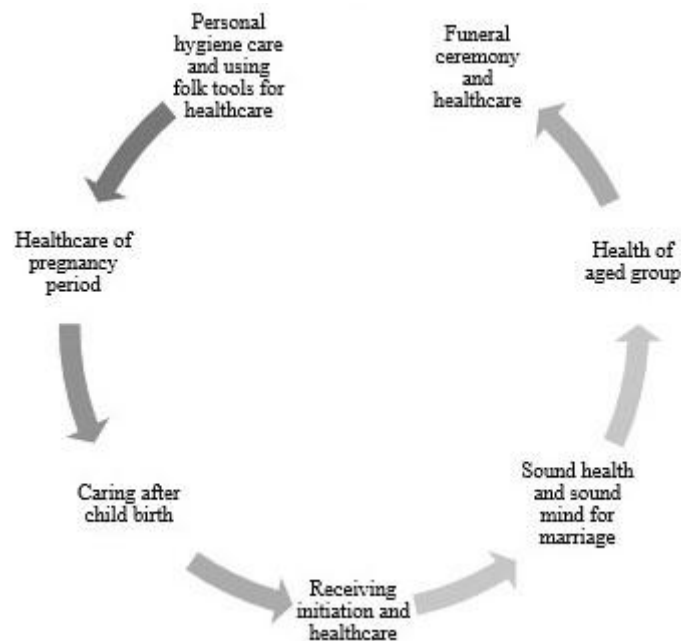


Source: Fieldwork in Songaon 2015

3. Life Cycle Rituals among the Manipuris: A Reflection of Healthcare

To protect their health and mind from all the negative occurrences, Manipuris follow some rules and taboos from birth to death. They carefully perform all the rites and rituals in different phases of their life. They take necessary advices from their aged members of the family and of the community, to maintain their health, and for preventive purposes.

Figure-5.8: Healthcare in Life Phases of the Manipuris



Source: Fieldwork 2015

Let us discuss different practices of healthcare among the *Meiteis*.

A. **Personal Hygiene and Using Folk Tools for Healthcare:** Manipuri people always try to keep themselves fresh and clean as part of their religious ritual. They take shower just after defecation. Women usually get up from bed early in the morning and after taking shower, perform worships and after that they complete cooking for the family. During menstruation, the women are not allowed to go to the kitchen and also are not permitted to touch any religious scriptures or items. Post pregnancy period of a woman, especially three months after pregnancy is also considered as profane.

Manipuris are very careful about their hygiene. For washing hair, they prepare a natural herbal shampoo called as '*Chinghi*'. It is a compound of rice water, herbs and leaves of fruit trees, like *Heikru* (Aonla or *Emblica Officinalis*), Lime peel (*Citrus aurantifolia*). For preparing the shampoo at first the herbs are mixed with rice water and boiled. After boiling the water is cleaned and this water is used as shampoo by the Manipuris.

For drinking, *Meiteis* usually use tube-well water or boiled water. Beside they make indigenous water purifying machine through which they purify the water. For the purpose, they filled up a jar with five kilo river sand, coal, some stone powder and put water in it. A piece of fresh cloth is used to clean the water.

Manipuris wear some ornaments like *Urik* (one kind of necklace, made by Chandan wood), *Jantra* (Amulet), *Shindur* (Vermillion), *Mityengtadanaba-lik* (a necklace for baby to provide protection from evil eye) and other stuffs. These they believe could protect their health from evil eyes.

B. Healthcare during Pregnancy Period: A *Mironbi Nupi* (pregnant woman) performs different types of customs and rituals during pregnancy according to Manipuri beliefs. A pregnant woman is not allowed to go outside her homesteads by keeping her hair untied. They cannot go for a way at night for the sake of the coming baby (Sheram 1996:52). Usually pregnant women consult both allopathic and traditional healers. They take advices from *Maibis* and aged members of their family for safe delivery and to keep their health fit during pregnancy period. They drink water puffed with sacred verses by the *Meitei* healers, wear amulets and so on. Pregnant women are always advised by the *Maibis* to take nutritious food and avoid those foods that could bring harmful for their pregnancy.

C. During Childbirth Period: The *Chabokpi Maibis* (TBA or Traditional Birth Attendant) are called when labor pain of women occurs. The *Maibis* perform certain rituals during Child Birth. Even, the male healers or *Maibas* are also called by the family members of the woman. *Meitei* healers apply some *Puk-Shuba* treatment beside with their sacred verses for safe child birth.

D. Healthcare of the Women and Children after Childbirth: After the childbirth, *Maibis* perform some birth related rituals, which they believe will do well for the health of women and their child. After the birth, attendant *Maibi* addresses the sacred spirits (*Thoyaimin*) by reciting from their religious scriptures and cut the umbilical cord by a piece of sharp bamboo. After that, the placenta is placed inside a clay pot and then the pot

is placed under the ground. Manipuris celebrate the birth of a child on the 6th day, with a baby-Shower or a welcome ceremony called '*Epan Thaba*' (Sheram 1996:52).

After delivering baby, a mother takes rice without any spice and salt. Sometimes rice with burned *Taki* fish is offered to the woman. Honey with *Tulsi* leaves are sometimes offered them to eat.

For healthcare of baby, they take some steps:

1. Nobody is allowed to enter the room, where the baby sleeps.
2. If it is highly necessary to enter the room, a person needs to touch fire before entering.
3. Food grain (white), iron made things etc. are kept besides the head of the baby so that no devils could act upon the baby
4. During *Shasthi puja* the *Thakur* (Religious *Maiba*) put *Sindur* on the baby's forehead and then a *Nazoar Mala* (a necklace made with Chandan wood) is put on the neck of the baby.
5. Babies are not allowed go outside at mid-day or evening.

A *Meitei* woman narrated:

Once, I took my child outside home without giving heed to long traditional religious norms practiced by our forefather. As a result the baby became sick for my fault and suffered from diarrhea. It was caused due to evil eye. After that, I always try to put an amulet around her neck made by *Chandan* wood and put *Chandon futa* or *shidur* on her forehead.

E. Laiming Lowba and Healthcare among of the Manipuris: In Manipuri community, children are receiving initiation by religious ceremony which is performed by both *Maibas* and *Maibis* (male and female religious practitioners). In this ceremony, each children has to give a kilo rice, pulses etc. On the day of the ceremony foods are cooked with the donations of the children and are offered to the deities. The *Thakur* gives them *Urik* (the necklace which made by *Chandhan* wood), which the children have to wear for five days

at least. It is related to *Meitei* religious belief. This occasion is supposed to bring happiness in the life of the children and would keep their health sound and safe.

F. Meitei Marriage Rituals: During wedding ceremony, Manipuris perform certain religious rituals to ascertain the future health life of the couple. Two women on behalf of the bride and bridegroom set free three *Ngamu* (*Taki* fishes) into a large jar. Among these three fishes one is considered as the guard against all evils and rest two are considered as bride and bridegroom. The women carefully watch the movements of the fish. If the fishes swim together, it is considered that the bride and bridegroom will have a happy life. Many of the Manipuris believe that if anybody avoids this ceremony, they will never get a happy life and will suffer from illness and other misfortune.

G. Health Care of Aged Community Members: Manipuris, respect their aged members in the community very much. They provide all supports to the aged members so that the aged people could keep their health well. Aged people usually take different herbs and leaves like *Neem* leaves (*Azadirachta indica*), *Tulsi* leaves (*Ocimum tenuiflorum L.*) with honey, vegetables etc. for maintaining their health. Normally the aged Manipuri population in the community suffers from cough, heart attack, high blood pressure, fevers etc.

H. Funeral Ceremony and Healthcare: If a person die in Manipuri community the dead body of the deceased is kept facing the north direction. After performing some rituals the dead body is taken to the cemetery. The cot that carries the dead body to the cemetery is called '*Kai*'. For burning the dead body the *Chita* is made ready in such way that the woods are arranged in 'seven' layer as a symbol of their seven *Yak Shalai*. After burning the dead body the *Maiba* draws seven lines on the earth and closed the door of the house of the dead person. The burned bones from forehead of the deceased are kept at his house. The reason is, it is believed that the bone would protect from the evil from entering the house. After sometimes the bone is to be thrown out into the river – the Ganga. After one year of death, the Manipuris perform ritual ceremony for the deceased person.

Manipuris also are concerned about some other issues that are related to their healthcare. These are as follows:

I. Housing Pattern and Healthcare Issues of the Manipuris: Many *Meiteis* in designing a new house still maintain their traditional architectural pattern that they believe helps them in maintaining a good healthy atmosphere for the inhabitants. Even if a house is built following modern trend, *Meiteis* try to add their traditional architectural rules in designing the housing structure. However, the housing pattern of the Manipuris is scientific and good for the healthy living. Manipuri houses are built in such a way that it controls the temperature inside the house naturally. Usually Manipuris build their houses with the front facing the east. This allows the sunlight of the early morning to enter the house that has positive effect on human body. In laying foundation of a new house, *Meiteis* choose lucky month and days. The foundation ceremony is also performed with different religious rituals. This they do for a prosperous, healthy and happy living in the newly built house. After completion of the house construction, it is thoroughly cleaned with *Tairal* Leaves (leaves of wood tree). Basil leaves are also used for the same purpose. Cleaning with *Tairal* or Basil leaves they believe would remove all germs and evil things from inside the house.

5.1.5 Healing and Healthcare for Women Well-being

In different stages of life cycle, women had to face various problems related to their health and healthcare. For instance, during menstruation, many teenager face different health problems. Sometimes they suffer from *Fhingou Chatpa* or discharge of white vaginal fluids (watery vaginal discharge, 'Shadasrab' in Bengali) that causes bodily weakness. The healers of the Manipuris especially female healers deal mostly with patients having this type of problem. *Meitei* Male healers also provide advices and herbal healing, sacred spells and other treatments to women patients with diseases and illnesses. During child birth the *Maibis* of the community play an important role as a child birth attendant and provide their treatment during the period. They consider their such services as sacred duty and give all out efforts for safe and healthy child birth. The male healers also sometimes perform their roles during child birth. After a child is born, many women face problems like *Eashing Pukchat* or bladder overflows and over water flow, *Eashing Yaafam* or burning during urination, abdomen pain etc. These are treated by the *Maibis* in Manipuri community.

There are some diseases and illnesses in life cycle of the Manipuri women and they are treated by the *Maibis* in study area. These details are described below:

A. Healing and Healthcare for Adolescents: Further, during adolescence, young Manipuris also face other health problems too. For instance, some suffer from *Sonthaba* or body weakness, *Mangba* or irregular menstruation, malnutrition and so on.

A *Meitei* girl explained:

I faced the problem of irregular menstruation. Sometimes it occurred twice in a month. I, at one stage became very weak and anemic. To recover from such problems, at the advice of my grandmother I collected some roots of *Tingthou* or Durbaghash (Bermuda grass) and after pounding these roots, I took the same as medicine for recovery. Few fellow girls in my community suffered from severe pain in abdomen for delayed menstruation. They drink hot water for recovery. We consult *Maibis* in our community for health related problems and they provide us herbal medicine and *Puk-Shuba* massages to relieve us from pain and health problems. For weakness, the *Maibis* advise us to take *Mayangba* leaves after pounding with some rice to increase the body stamina.

B. Healthcare during Pregnancy Period and Childbirth of the Women:

Maibi plays an important role in healing tradition of the Manipuri community, especially, during the time of a child birth. *Maibis* advice would be mothers about healthcare issues and they perform the role of a Traditional Birth Attendant (TBA) during childbirth. They are called ‘*Chabokpi Maibis*’ in Manipuri language. The knowledge related to child birth is transmitted among the *Maibis* from generation to generation. Also many *Maibis* take trainings on caring and curing procedure from expert *Maibis* or from elder knowledgeable persons in their own family.

Healthcare during Pregnancy and Childbirth: Usually following advices are given by *Maibis* to women for keeping their health well and for the wellbeing of their babies:

1. Pregnant women should not go outside the house with untied hair during pregnancy.

2. Women should avoid going far from the homestead during night to keep themselves and their babies safe from any evil eye or bad spirit.
3. The pregnant women should always try to take nutritious food for both herself and her baby in the womb.
4. Intake of nutritious food should be limited for pregnant women because too much intake of nutritious foods may cause birth of an over-weighted baby and the mother could face difficulties at the time of delivery.
5. The pregnant women should avoid all foods which are considered harmful for their pregnancy. The *Maibis* put some restrictions on food intake by the pregnant women.
6. The *Maibis* also advise to the expected mother to do hard labor during pregnancy.
7. The female practitioners used to fix up the orientation of the baby in the womb by massaging oil and spells.

Maibis also provide diet chart for healthy baby and give some suggestions for life style that should be followed by a pregnant woman. *Meitei* Manipuri families at the time of child birth call the *Maibis* to attend the expecting mothers. *Maibis* follow all rituals and their traditional procedures related to child birth. In some instances it was observed along with the *Maibis*, families of the expected mother also invite *Maibas* to perform some rituals for the well-being of the mother and child. *Maibas* in such a program recite their sacred verses and feed the would be mother holy water with puff by using their charms for a healthy child.

Healthcare after Childbirth: After childbirth, the placenta is not removed until the baby starts crying. Because it is believed that the baby may die if it is done. They also believe that life comes through placenta. The *Maibi* address the Thoyaimin (scarred) and cut the umbilical cord of the baby by a piece of sharp bamboo. The severed placenta is placed in a clay pot and the pot is put in a burrow covered with soil. The placing of the placenta under soil depends on the sex of the child. If the child is male then it is put on the west side of the house and if the child is female then on the left side of the house. After that the *Maibi* spread seven banana leaves on a *Kula*. Rice, *Taki* or *Ngamu* fish turn with fire, salt, chilly etc. are kept on this *Kula* or *Jankong* and they make attitude as such that the child is

feeding. This ritual is performed seven times and the rest of the foods are offered to the *Sharoi* or evil deity. On completion of this the child is kept on the *Kula* and rounded over the *funga* or the place near the fire which is ignited inside the room. After finishing these rituals, *Maibi* give back the child to his or her mother.

The *Maibis* also perform some rituals for the good health of the baby after his or her birth so that the baby does not have to suffer for shelter and food in future. *Meities* also practice some rituals such as *Shasthi puja*. In this practice, the baby is weighted with soil and rice. Firstly, the *Maibi* puts the baby in one side of the weighing scale and on the other side they put soil.

And then, the *Maibi* says to the parents,

“Which do you prefer to take- the soil, or the child?”

The parents are to reply,

“We want the child.”

Then the *Maibi* says,

“Take! Take! Take!”

Again in the same manner, the *Maibi* puts the baby in one side of the scale and balances the baby by putting paddy on the other side of the weighing scale. And the *Maibi* repeats in the same way,

“Which do you prefer to take- the rice or the child?”

The parents are to reply,

“We want the child.”

Then the *Maibi* says,

“Take! Take! Take!”

After successful child birth, various gifts like saris, rice, fruits etc. are given to the *Maibis* as honorarium. The gifts are given during the *Shashsti Puja* when the baby is fed the first rice. In this way the *Maibi* still are performing role of practitioner and birth attendant in Manipuri community.

Also one can find some trained *Maibis* who work as birth attendants in present days beside with untrained practitioners. The practitioners who are untrained use their indigenous knowledge in time of child birth. *Maibi* Tochabi Devi narrated:

I include some raw rice with some necessary equipment of delivery like thread and blade in a pot full of soda. Then I boil until the raw rice grain seemed to be cooked. This helps me to maintain the boiling time of the equipment.

Some problems may occur to mother after childbirth. For Instance, one can feel tired and bored or turned into depression. It can make a psychological disorder for the women. Even, many of them suffer dumb illness and it can create different problems in their daily life. Thus, Manipuris remain careful about women's health especially after childbirth of the women. They try to follow advices which are given by the *Maibis* and other members of their family to keep their health well.

C. Healing Procedures of the *Maibis* for Treating Sexual Diseases and Reproductive Health: For treating problems related to sexual diseases and malfunctions as well as for providing supports to reproductive health *Maibis* prescribe certain treatment procedures.

No.1

Illness Term: *Fingou Chatpa*

Scientific name of the Illness: Wet mucous discharge

Description of the Illness: White discharge of the women

Picture-5.42: Ingredients and Preparation for Curing *Fingou Chatpa*



Source: Fieldwork in Songaon 2015

No.2

Illness Term: *Eashing Yaafam*

Scientific name of the Illness: Dysuria

Description of the Illness: Burning urination

Picture-5.43: Ingredients and Preparation for Curing *Eashing Yaafam*



Source: Fieldwork in Songaon 2015

No.3

Illness Term: *Eashing Pukchat*

Scientific name of the Illness: Leukorrhea

Description of the Illness: Bladder overflows or extra vaginal discharge after giving birth

Picture-5.44: Ingredients and Preparation for Curing *Eashing Pukchat*



Source: Fieldwork in Songaon 2015

5.1.6 Dietotherapy in Ethno-Medicinal Practice of the *Meiteis*:

“Let Food be Your Medicine” said the Greek physician Hippocrates. The philosophy behind this homily is “Focus on Prevention”. Consuming foods is necessary for all animals including human being. Food provides nutrients for health and thus people usually prefer to take foods that helps to keep their health and living in proper condition. To avoid illnesses or to prevent diseases, people always focus on prevention measure. Scholars now emphasizes on the concept “consuming foods as medicine” for keeping healthy life. In 1989, Dr. Stephen De Felice coined the term ‘Nutraceutical’ by combining the term ‘Nutrition’ and ‘Pharmaceutical’. According to him, “Nutraceutical is any substance that is a food or a part of a food that provides medicinal or health benefits including the prevention and treatment of disease.”(Page: 4 & 5, Nutraceuticals: “Let Food be your Medicine” a slide presentation by Patel Bindia Ramesh, PE Society’s Modern College of Pharmacy, Moshi, Pune). Cai Jingfeng use the term as ‘Dietotherapy’ for food in his book namely “Eating Your Way to Health: Dietotherapy in Traditional Chinese Medicine” in 1988. In defining ‘Dietotherapy’ he said “Dietotherapy refers to the treatment of disease by taking common foodstuffs, which in China, are sometimes called by the name of medicinal foods” (Jingfeng 1988:7). In my analysis, I prefer to use the term ‘Dietotherapy’ to describe the use of foods as medicine by the Manipuris. Food provides nutrition to the people for maintaining their good health and provide them body stamina to make them capable of doing different activities. Moreover, malnutrition, irregular eating, too much eating, polluted water and unclean or improper sanitation may cause different disease and illnesses. For understanding the health status of a community it is necessary to have knowledge in in-depth about their habit of food to know a community as a whole. I tried to discuss here about the food intake and nutritional practice of population under study, the *Meitei* Manipuris. In my discussion I narrated about the food consumption pattern of the *Meities*, their use of different vegetables and plants as food and as medicinal purposes and for prevention of diseases.

A. Diet Chart: Rice is the staple food of the Manipuris. In general Manipuris are vegetarian. Pulses, meat, eggs, garlic and onion are avoided by the Manipuris in preparing their daily foods. The reason is they believe these stuffs contain high fat and protein. But things are changing. Now a day’s, many Manipuris settled in the urban areas consume onion and garlic with their foods mainly due to scarcity or unavailability of their

substitutes. But, these stuffs are strictly forbidden to use in foods prepared for offerings to the god or goddesses in temples. The people of Manipuri community avoid over-cooked food. The Manipuris are different from other communities of Bangladesh in consuming some vegetables as their food and foodstuffs. For instance, *Zenom*, *Mayangba*, *Toningkok*, *Ekathabi* and so on are their special dishes which may not be found in other communities. Instead of area, the urban people use their balconies and terraces to transplant these plants or buy to the local market which are cultivated for them. Their food preparation processes are also different from others. It has different cultural fervor.

In taking food, *Meiteis* are receiving for three times in a day. They are:

Table-5.7: Name of Food Taking Times

<i>Meitei Name</i>	Description	English Term
<i>Charawanba</i>	Foods, those are take in morning hour	Breakfast
<i>Chaklen Chaba</i>	Eat in noon hour	Lunch
<i>Numilanggi Chaklen Chaba</i>	Take foods at night	Dinner

Source: Fieldwork 2015

Like other cultures, certain foods in Manipuri culture is considered as sacred and some foods as profane. For instance, the cow meat is forbidden for the Manipuris, but the milk is sacred to them and they take it as food stuffs. Again, some foods are sacred for them in their society for a specific time but are forbidden otherwise. For instance, during pregnancy or in menstruation, or for some other reasons, many foods are forbidden to women but usually are consumed or allowed to take as food in their daily life. For food taboos, they try to follow some rules provided in their culture. They are:

1. It is mentioned earlier that cows and goat meat are forbidden religiously in Manipuri community, but their milk is allowed for drinking.
2. Eggs, pulses, meats etc. which carry protein are forbidden for them.
3. They generally avoid onion, garlic in food making or as food stuffs. For their substitute, they use some plants and leaves for flavor.
4. Each clan follow their specific taboos on food taking. For instance,

Table-5.8: Taboos of Clans

Clan	Taboos
Angom	Sour is forbidden to eat as food
Thokchoam	Tailorbirds (<i>Orthotomus sutorius</i>) are forbidden to touch
Sheram	Goats, Tailorbirds (<i>Orthotomus sutorius</i>) are forbidden to eat and even touch.

Source: Fieldwork 2015

B. Manipuri Cuisine: A Store for Healthcare

The cuisine style of any community plays an important role for maintaining good health of the community people. Food and foodstuffs prepared in Manipuri kitchen contains nutrients. Manipuri kitchen acts as a store for supplying nutritional foods for family members. The people consume certain vegetables and plants as foods that contain high value nutrition. They prepare some ritualistic dishes which represent their cultural tradition.

1. Vegetables and Herbs Use as Food as Medicine: In Manipuri community, there are some unique vegetables and herbs those are use as food. These food have some medicinal qualities also. The food and food stuffs mentioned below with their *Meitei* name and botanical name is given along with their ethno-medicinal importance as food.

Phakpai

(Posumbu Buch)

Herbs aromatic. Stem extensively creeping below. Leaves alternate, short petioled. Raceme erect white small (Devi 1995:126).

Picture-5.45: *Phakpai* Leaves



Source:<http://naturalproductsofboonville.com/rau-ram>

Way of Food Intake: The plant and its leaves are short in stature. Leaves are slightly rough and are used for flavoring mashed foods. The *Meiteis* specially use this leaves to prepare food with mashed young banana.

Mayangba

(Canum L.)

Herbs erect. Leaves alternate, aromatic. Flowers in whorls of spikes small, white. Nutlets brown (Devi 1995:109).

Picture-5.46: *Mayangba* Plant



Source: Fieldwork 2015

Ethno-Medicinal Application: The plant is used as insect repellent. The leaves are prescribed in dysentery. The decoction of the leaves is given as mouth wash to remove bed odor. The oil from the seeds is antibacterial (Devi 1995:109).

Way of Food Intake: The plant resembles like holy basil tree. The Manipuri people apply the leaves in food for flavoring the same and to add extra taste into mashed foods. The healers prescribe the leaves to the patients who feel weak for redeeming their body stamina.

Toningkok

(*Houttuynia cordata* Thunb.)

Herbs perennial with creeping rootstock. Stem erect. Leaves broad ovate, cordate. Flowers small naked in spikes, subtended by four white petaloid bracts (Devi 1995:84).



Source: Fieldwork 2015

Ethno-Medicinal Application: Leaves are prescribed in dysentery and also used in treating gonorrhoea. Rhizomes is useful in curing stomach ulcers and skin diseases (Devi 1995:84).

Way of Food Intake: The leaves are used as spice with mashed foods and as salad too.

Awaphadigom

(*Eryngium foetidum* L.)

Herbs perennial spinescent. Leaves spinous toothed. Flowers in terminal or axillary head. Fruits ellipsoid. Seeds semi-terete (Devi 1995:70).



Source: <http://www.e-pao.net>

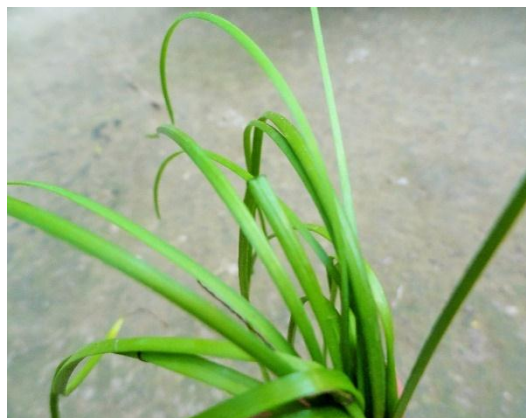
Ethno-Medicinal Application: The plant is useful for restoration of blood circulation and in paralysis. (Devi 1995:70).

Way of Food Intake: It resembles the leaves of *Phadigom* or Coriander. The name 'Awa' means 'Ava' or 'Burma'. This plant was imported from 'Burma'. It is used as a substitute of onion and garlic to prepared food. The leaves are available in the local market.

Zenom/ Nennam

(Chives)

Picture-5.49: Zenom Leaves



Source: Fieldwork 2015

Way of Food Intake: The leaves are used as substitute of onion and garlic in Manipuri community. The people use it to prepare ‘Pulse’. They also take the raw leaves.

Picture-5.50: Ishing Ikaithabi

Ishing Ikaithabi

(*Neptunia Oleracea Lour*)

Water Mimosa

Herbs aquatic, floating. Leaves bipinnate. Leaflets small, sensitive. Flowers yellow. Pods oblique oblong. Seeds slightly compressed, brown (Devi 1995:105).



Source:<http://www.flickrriver.com/photos/tags/ekaithabi/interesting/>

Way of Food Intake: The plant grows in water thus it is called ‘Water Mimosa’. It is a very popular food of the Manipuris. This plant and leaves are consumes as fried food and also is used as spice.

Picture-5.51: Yongchak Plant

Yongchak

(*Parkia Javanica Merr.*)

Trees erect, medium sized. Leaves bipinnate with numerous leaflets. Flowers in dense, long peduncle head. Pods large, long flat. Seeds round or oval slightly compressed (Devi 1995:115).



Source: <http://www.e-pao.net>

Ethno-Medicinal Application: The fruits are used to cure bleeding piles. The bark is prescribed in dysentery and diarrhea (Devi 1995:115).

Way of Food Intake: The Manipuris take its fruits as food. They consume its raw seeds and also mixed the seeds with other vegetables as foodstuffs. Moreover, seeds are smashed and are mixed with rice. It is a very favorite dish of the Manipuris.

Manipuris also prepare some delicious food dishes which contains ingredients from animal and bean categories. These are as follows:

Laitharoi

(River Snail)

Constituents: Containing protein, inorganic salt, and vitamins A, B1, B2 and D (Jingfeng 1988:132).

Picture-5.52: Laitharoi



Source: <http://openchallenge.tumblr.com/post/18613615404/tharoi-thongba-river-snails-cooked-in-spicy>

Ethno-Medicinal Application: Beneficial for free flow of urine and defecation. For jaundice due to evil heat and dampness, rickets in children, diabetes with polyuria. For, external application in edema and anal prolapse (Jingfeng 1988:132).

Way of Food Intake: This dish is prepared from snail grown up into the river water. Manipuris collect these from the river and after thoroughly cleaning those with water they take the inside flesh of the snail by cutting its back side with knife. Then after boiling the same in water Manipuris consume it with potatoes as curry. Many of the Manipuris smash the snails after boiling and take it with rice.

Picture-5.53: *Hawaijar*

Hawaijar

(Soybean)

Constituents: Containing large amounts of protein, fat, iron, calcium, carotene and vitamins B1 and B2 (Jingfeng 1988:97).



Source: <http://www.lakako.com/tag/hawaijar>

Ethno-medicinal Application: Common cold, diarrhea (bake the bean skin until scorched and grind into powder administer orally). For boils when applied locally (Jingfeng 1988:97).

Way of Food Intake: It is a special type of food of the Manipuris in their culinary practice. To prepare the dish, Manipuris at first boil the Soybean beans and keep those in a banana leaf for three to four days. After opening the leaf, beans smell like putrefy food. This is a special delicacy of the Manipuris which they consume with some salt, pepper and others stuffs.

Picture-5.54: Ushoi

Ushoi or Ooti

(Dendrocalamus giganteus Munro Poaceae)



Source: <https://manipurian.blogspot.com/2016/01/wild-but-edible-plants-of>

Way of Food Intake: The food is prepared from bamboo bloom. After collecting it, people slice the inner white part of the bloom and boil the slices. The boiled bloom are then smashed and this smash curry is taken as food with rice. The Manipuris also have a different way of preparing dishes from bamboo bloom. For instance, they collect the white inner part of the bamboo bloom and putrefied like the food ‘*Hawaijar*’ which has mentioned above. After putrefying, they smash it and take it as mashed food or *bhorta* with rice.

Heina

Picture-5.55: Heina Plant



Source: Fieldwork 2015

Way of Food Intake: The leaves and fruits of the *Heina* is sour in taste. The word ‘*Heina*’ carry ‘*Hei*’ means ‘fruits type’ and ‘*Na*’ means ‘*Mana*’ or ‘Leafs’. The leaves of the plant

is taken as sour food with fish among the Manipuris. The fruits of the plant are also consumed as food with fish and rice.

2. Food for Performing Rituals: Among Manipuris, some foods and foodstuffs are considered as essential parts of their religious rituals. These are as follows:

Table-5.9: List of Ritual Foods and Their Preparation

Name of the Food Dish	Food Preparation
<i>Eronba and Amerpi</i>	<i>Eronba</i> and <i>Amerpi</i> both are similar types of food to Manipuris though some differences are there. Any mashed foods or vegetables usually with big dish for rituals are called ‘ <i>Eronba</i> ’ among the Manipuris. For instance, Potato <i>Eronba</i> , Banana <i>Eronba</i> etc. While <i>Amerpi</i> carry a small arrangement or dishes of the foods which made for home.
<i>Champhudh</i>	This dish is used as a vegetable item or item prepared from exclusively of fish and meat for the offering at religious ritual at temple. It is like a meal made by Gourd. The food is prepared by boiling the gourd and mixing it with sugar.
<i>Shinjhu</i>	This is also a food dish of the Manipuris which is also prepared for religious ritual. Different types of vegetables are used as salad with salt and pepper to make this dish. This food dish is also made with fish in Manipuri household.

<i>Chamdhong</i>	The food dish is prepared by using vegetables with boiling. A very small amount of spices are used to make the food. Salt is also used in this culinary preparation.
<i>Ushoi Ironba</i>	This is a curry dish made with young bamboo bloom from the bamboo. After boiling the inner part of the bloom, the Manipuris consume it as mashed food.
<i>Kanji</i>	This food contains some peppers and salt with grilled fish. Many of the Manipuris prepare it with dry fish by adding little amount of water.
<i>Voutong</i>	The food is also called ‘ <i>Ngouthong</i> ’ among the Manipuris. They prepare it with dry vegetables and small amount of water.
<i>Uti</i>	This food dish is mandatory item for their performing religious rituals. Pulses are used to prepare it.
<i>Chakempomba</i>	This is made with tiny rice. Some spices and vegetables are added with tiny rice to prepare this food dish.

Source: Fieldwork 2015

C. Water and Sanitation: Water and sanitation is mostly related to the health and diseases. Inadequate, impure sources of water and bad sanitation may create health related problems. The health condition of a community represents their level of health related consciousness. Below, the health situation of the Manipuris in my study area is presented.

1. Use of Water: Manipuris keep surroundings clean and use fresh water for drinking, cooking, washing and bathing. Majority of the Manipuris in my study village (63.83%) use tube well water for drinking and cooking, followed by 27.66 percent depending on well water for the same. For washing and bathing they use ponds. For purifying water they use handmade filter. If they are to drink water from other sources besides tube well, they purify the water in their indigenously designed water filter.

Picture-5.56: Sources of Water



Source: Fieldwork in Songaon 2015

Water Filter:

The Manipuris manufacture a kind of water filter by following their own indigenous technology. They collect five to six kilo sands from river and put the sand in clean water for a night. Next they wash the sand for fifty to sixty times using a bowl with water. After cleaning sand they take a dram or big pot and perforate the same with thirty to forty holes on bottom side. They cover the side of holes with a clean cloth. Some concrete, coal and sand are mixed together and then kept on the cloth. A stone or a concrete is placed in middle of the mixing. Now, fill the dram with water. The water purified by the mixing elements of concrete, coal and sand, then go down through the cloth as fresh water.

2. Sanitation and Health: *Meiteis* are quite health conscious people which is reflected in their use of modern sanitation method. Only one household was found in my study area using open latrine. Rest of the households is equipped with hygienic latrines such as ring slab latrines or sanitary latrines.

5.2 Categories of the Diseases and Illnesses and Medicine among the Manipuris:

For treating seasonal diseases like cold, fever, cough, chicken pox, jaundice, diarrhea *Meities* choose treatment from their traditional healers or from biomedical doctors. For treating these diseases and illnesses the *Meitei* people of the study area generally go to the traditional community healers. If, traditional treatment fails to heal a person, then they sometimes go for homeopathic treatment or consult allopathic physicians. But, in case of any abnormality such as mental disorder or any diseases that cannot be explained or cured by biomedicine, they seek help of the traditional healers who provide treatment of the patient in their own way. The healing process starts with pacifying their god and goddesses or deities by offering or performing religious ceremonies. The traditional healers recite their different sacred verses and provide spells with amulets to the patients. Also they arrange different rituals for healing purpose. In case of child diseases and illnesses, *Meiteis* at first try to heal the patient in consultation with the community healers. In this section, I attempted to classify the diseases and illnesses that the Manipuri people suffer from and the healing process of their healers.

Some Common Diseases that the *Meitei* People Suffer: *Meitei* community people generally suffer from the following diseases:

Table-5.10: List of Common Diseases and Treatment

SL No.	Common Name of the Suffering	<i>Meitei</i> Term	Scientific Name	Treatment that people take in study area (generally)		
				Traditional	Biomedicine	Other Treatment
1	Fever	<i>Arum-Lai-Hou</i>	<i>Pyrexia</i>	✓	✓	
2	Cough	<i>Lok-Khuba</i>	<i>Tutsis</i>	✓		
3	Toothache	<i>Yanaba</i>	<i>Chinadopt/Odontalgia</i>	✓		✓
4	<i>Abscess</i>	<i>TinkhakYuba</i> <i>a</i>	Abscessus	✓		

5	Fracture	<i>Tekpa</i>	Fracture	✓	✓	
6	Jaundice	<i>NapuKaabi</i>	<i>Icterus</i>	✓		✓
7	Chickenpox	<i>Lai Thokpa</i>	<i>Varicella</i>	✓		
8	Leprosy	<i>KusthiLaithung</i>		✓		
9	Diabetes	<i>EshingPukchat</i>	<i>Diabetes Mellitus</i>	✓	✓	
10	Cancer	<i>Sayruchabi or LirelShojik</i>	<i>Malignant Neoplasm/Oncology</i>	✓	✓	

Source: Fieldwork in Songaon 2015

The above table depicts the name of some common sufferings with their local terminologies and scientific names. People chose their treatment by using their health-seeking behavior from different options of healthcare. It can be observed that the people generally opt for treatment available within their own surroundings. The first preference for choosing healers thus obviously would be the community healer for treating their illnesses and diseases. For some diseases, *Meiteis* opt for more than one treatment procedures at a time. Diseases like ‘Diabetes’ and ‘Cancer’ which do not have curable treatment yet *Meiteis* opt for both traditional and modern medicine at a time. To keep minimize these diseases, they try to apply their maximum afford. For treating diseases which are of very serious nature they go for their traditional healers in their surroundings. However, in many instances, *Meiteis* only prefer treatment by *Maibas* and *Maibis* because of their faith on its effectiveness. From tradition they have perceived that some of the diseases and illnesses could only be recovered or minimized by using traditional procedure of healing.

Seasonal Diseases among the Meiteis: In every society, people suffer from some illnesses and diseases caused due to their environment and ecological condition. In seasonal basis, there are some diseases happened in every society. Manipuris define twelve calendar months of a year in four seasons. The months are 1. *Sajibu*, somebody spell it as ‘*Sachifoi*’ 2. *Kalen* 3. *Inga* 4. *Ingel* or *Ingen* 5. *Thawan* or *Thouwan* 6. *Langban* 7. *Mera* 8. *Hiyanggei* 9. *Poinu* 10. *Wakching* 11, *Fairen* or *Fairel*; and 12. *Lamta*. Seasonal diseases among the study population mainly occur during season changing time. Their four seasons are *Olangtha*, *Nongjutha*, *Ingthamtha* and *Yenningtha*. For seasonal diseases Manipuris emphasize on three periods in a year that is presented below:

Table-5.11: List of Seasons and Diseases

Name of the Season	Season Name in English/ Time of the Month	Diseases
Olangtha	Summer (April to June)	Dysentery, Chickenpox, Measles, Jaundice etc.
Nongjutha	Rainy Season (June to August)	Dengue fever, Diarrhea, worm, Malaria, Cholera, Dysentery etc.
Ingthamtha	Winter (December to February)	Fever, Cough, Tonsil problem etc.

Source: Fieldwork in Songaon 2015

In the above table common diseases are depicted which affect the study population in different seasons. These are related to cold and hot concept in medicinal sciences.

Age and Gender related diseases: Men, women, children and aged people may equally suffer by many of the diseases and illness. For instance, cough, fever etc. are common diseases from which all may suffer. Some diseases occur mainly to the children like Mumps, Polio, Tetanus, Pox and so on. Some sex related diseases are caused through sexual intimacy of men and women. Females suffer from some diseases exclusively. Most of the women usually suffer after childbirth from different physical problems. Aged people suffer from some common diseases like Diabetes, Hypertension, Heart problems and so

on. In table below age and gender related diseases from which the study people suffer is presented.

Table-5.12: Age and Gender Based Diseases

Children's Diseases	Men's Diseases	Women's Diseases	Aged Diseases
Fever, Cough, Dysentery, worm, Vomit, Pneumonia, Pox, Mumps, Diarrhea, Malaria, Jaundice, Polio, and so on.	Weakness of Sexual Organ, Hypertension, Physical weakness, Piles and so on.	Low pressure, Menstruation pain, Women white discharge, Urinary burning problem, Extra vaginal discharge after giving birth, Baat and so on.	Diabetes, Hypertension, Heart problems, Chest pain, Kidney failure, Piles, Sinus Problem, Memory lost, Weakness, Baat and so on

Source: Fieldwork in Songaon 2015

Category of the Diseases Occurred by the Causes: Manipuris believe that some diseases are caused naturally as mentioned above. These can be cured by herbal remedies, or by allopathic and other treatments. But in diseases caused due to evil eye, sin, imprecation, enmity it is essential to seek healing from the traditional healers. These traditional healers treat their patients with their sacred and hidden spells and verses. The practitioners of the study area claimed that most of the diseases which caused by unnatural matters, the patients may suffer madness and so on. In that cases, the patients behave like abnormal person and even fail to recognize his or her relatives. The traditional healers of the study area believe that if anyone give imprecation to a person, he may face instable in psychologically and can suffer in many ways. An enemy of a person can organize black magic on him or her to reach them harm. Black magic is considered more harmful for the women. For these activities of the people, women may face difficulties in many way. It causes complications during childbirth and even after childbirth women may suffer physically and psychologically too.

The *Meiteis* believe that some causes are responsible for certain diseases. The list of such diseases is presented below:

Table-5.13: Causes of Diseases

Category of the Causes for Occurring Diseases	Name of the Diseases
Seasonally	Fever, Cough, Pox, Cholera, Typhoid etc.
Feminine	Menstruation troubles, Urinary problem, Abdomen Pain, Childbirth related problems etc.
Ageing	Diabetes, Hypertension, Weakness, memory lost etc.
Evil Eye	Madness and so on
Sin & Guilty	Madness, Abnormality etc.
Imprecation	Madness, Deformity, Abnormality etc.
Enmity	Madness, Abnormality, Fertility problem of Women etc.

Source: Fieldwork in Songaon 2015

From the above table, we can see that some natural causes can create ordinary disorder. Manipuris believe that fever, cough, pox etc. are causes for seasonally and some physical discomforts and sufferings of the women can create from their physical complications. But, abnormal diseases are caused by supernatural power, non-human activities and malevolent activities of human beings. Madness and other abnormal activities may occur from evil eye, sin, imprecation of human and god and from enmity.

On the other hand, practitioners of the *Meiteis* believe that some causes are responsible for certain diseases and illnesses. A list of such is given below.

Table-5.14: Causes of Diseases by the Practitioners

Category of the Causes for occurring Diseases	Name of the Sufferings
Nerves Displacement in Body	Chest Pain, Heart Problem, Gastric, Acidity Problem, Difficulty in Digestion, Trouble in Kidney Functioning and so on.
By Bacteria	Cholera, Leprosy, Typhoid Fever, cough etc.
By Virus	Fever, Pox, Mumps, Jaundice, AIDS etc.
By Fungi	Dysentery, Malaria and so on.
Sin & Imprecation	Madness, Abnormality etc.
Enmity	Madness, Deformity, Abnormality, Fertility problem of Women etc.
Black Magic or Malevolent Activities	Madness, Deformity etc.
Unhappiness of God or goddesses	<i>Pakhangba</i> Dush (Grief of Divinity), Skin Abscesses
Seasonally	Cough, Fever, Pox, Cholera etc.
Feminine	Fertility problem, Menstruation problems, Urinary related troubles, Abdomen Pain etc.

Source: Fieldwork in Songaon 2015

The healers and practitioners of the Manipuris consider the nerves displacement around the navel can cause many of the diseases and this displacement even can create death of a person. They believe that these displacements can solve by applying *Puk-Shuba* treatment which has been explained in my earlier discussion elaborately. Bacteria, Virus and Fungi are similarly responsible for many of the diseases that the practitioners believe. However, they also consider some of the causes like sin, imprecation, enmity, malevolent activities, unhappiness of god or goddesses can create many of the diseases and illnesses.

Medicine of the Diseases: I have already described about different types of the healing procedures among the *Meitei* people in earlier section of the thesis. Here, I want to share some treatment procedures of the diseases and illnesses offered by the *Meitei* healers.

Disease Name in Meitei Term: *Thabaak Naba*

Common Name of the Disease: Chest Pain

Scientific Name of the Disease: *Angina Pectoris*

Providing Treatment and Medicine:

Ingredients: 1. A Knife made by bronze 2. Holy Spell by the *Maiba* 3. *Puk-Shuba*, a unique technique of ethno-medicine among the *Meiteis*.

Treatment Pattern: Chest pain occurs anywhere between the neck and upper abdomen of the body front, feel discomfort or pain (Source: Medline-Plus). When a patient go down with chest pain, a *Maiba* generally rubbed the chest of the patient by a knife with holy spell. They believe and explain that the metal of the knife is beneficial for the patient health, scientifically. Then they apply the *Puk-shuba* (the massage organized with the press of fingers around the naval) method with same patient. The *Maibas* believe that the chest pain is mainly caused by the displacement of certain nerves in the body. If through proper pressing or massaging these nerves could again be placed in their appropriate or right positions, the patient can recover, the treatment pattern is appropriate for many of diseases besides other treatment procedures. (*Maiba*: Bishojit Singha)

Disease Name in Meitei Term: *Nungshit Houba*

Common Name of the Disease: Acidity

Scientific Name of the Disease: Heartburn (*Pyrosis* or *Cardialgia*)

Providing Treatment and Medicine:

Ingredients: 1. By use of *Puk-Shuba* treatment of ethno-medicine 2. The purified water with holly spell.

Disease Cause and Healing Process: In *Puk-Shuba*, there are three major nerves beside the navel in a human body, termed as 'Tri-Beni'. Among the nerves, the left is called '*Ingola*' or '*Era*' or '*Bayyue*' (air) or '*Sharashatti*', the middle is '*Shushumma*' or '*Augnee*' (fire) or '*Ganga*' and the right nerve is termed as '*Pingola*' or '*Zole*' (water) or '*Jamuna*'. In the case of acidity, *Maibas* state that '*Ingola*' nerve is responsible for the disease. They give detail for the reason of the disease that the left side of the kidney is called '*Pei*' and

right side is called '*Firak*' where the gases of acidity take shelter but cannot stay long. As a consequence, it moves upward and takes shelter in between the chest and the navel. This causes pain to the patient. The gas that is trapped between the navel and the chest that make route upwards next and escapes with the belch. To cure the disease, *Maibas* apply *Puk-Shuba* nearly half an hour to treat the patient and provide them the holy spelled water. In *Puk-Shuba* the messaging steps they follow are: '*Ingola*' or '*Era*', '*Pingola*', '*Shushumma*' (repeated for scheduled time). (*Maiba*: Brojeshor Shorma)

Disease Name in Meitei Term: *Lok*

Common Name of the Disease: Cough

Scientific Name of the Disease: *Tussis*

Providing Treatment and Medicine:

Ingredients: 1. *Lafhoi Changbi* (Seeded Banana, *Musa spp.*, '*Bichi Kola*' in Bangla) 2. *Uchithi* (Long pepper, *Piper longum L.* '*Pipul*' in Bangla).

Formulation & Dosage: Slice the rind of Seeded Banana and dry them in sunlight. Then grind these dry slices and shift them with cloth or strainer. The making powder mix with *pipul* powder, made from dried *pipul* after crushing. Here, condition is that if the both ingredients amount is equivalent. Finally, pour the mixer in a container and have to take half spoon as medicine and chews it (mixer) and take only juice from the mixer, thrice a day until recovery. (*Maiba*: Shudhir Singha)

Disease Name in Meitei Term: *Lok Thungba/ Lok Kangkhu*

Common Name of the Disease: Cold Cough/Dry Cough

Scientific Name of the Disease: *Rhinosinusitis, acute coryza*

Providing Treatment and Medicine:

Ingredients: 1. *Neem Maana* (Neem leaves, *Azadirachta indica*, 'Nimpata' in Bangla) 2. *Kala Neem-Kaan* (Black Salt) 3. *Morok Aama* (one Red Chilli, *Chili pepper*) 4. Ghee.

Formulation & Dosage: A bit of *Kala Neem-Kaan* is fried in a small amounts of ghee with Neem leaves and a red Chili. Then grind all of the fried ingredients together and make them like globule shape and have taken these as medicine, thrice daily for 7 days. (*Maiba: Shudhir Singha*)

Disease Name in Meitei Term: *Lai Thokpa*

Common Name of the Disease: Chickenpox

Scientific Name of the Disease: *Varicella*

Providing Treatment and Medicine:

Ingredients: 1. An Asian Common Toad (*Duttaphrynus Melanostictus*, 'Kuno Bang' in Bangla) 2. A glass jar with water 3. An Instrument like tongs.

Use & Dosage: Catch an Asian common Toad alive and put it into a glass jar with full of water. Then bring out the Toad from the jar and drink the water and use the remained for body wash at the time of bathing for 15 days. (*Maiba: Shudhir Singha*)

Disease Name in Meitei Term: *Apomba*

Common Name of the Disease: Abscess

Scientific Name of the Disease: *Cutaneous abscess*

Providing Treatment and Medicine:

Ingredients: 1. *Laitean* (Clayey soil, 'এঁটেল [ēñṭēla] মাটি in Bangla) 2. *Nongsing Ashangba* (*Tutia*, a local fruits).

Use & Dosage: Equal amount of both ingredients are grinded like ointment is applied on abscesses. When the applied medicine area is dried, smear it again on infected place. The process repetition is necessary for times in this treatment. (*Maiba:* Shudhir Singha)

Disease Name in Meitei Term: *Ya Chikpa*

Common Name of the Disease: Tooth Pain

Scientific Name of the Disease: *Chinadopt/Odontalgia*

Providing Treatment and Medicine:

Ingredients: 1. Yellow petals of *Nashika Moanbi* (*Spilanthus calva* dc. 'Bon nakful' in bangla).

Use & Formulation: First collect the yellow petals after twist from the green holder at the base of Dandelion flower then keep these on the gum side of affected teeth for bit. It can cause the recover a patient from tooth pain after some days. Also, blend the dandelion flower nipples by the press of finger that will help to come out the inside materials of the nipples. Rubbed the tooth by these which can help to strong tooth gums of a patient and closure the bleeding. (*Maibi:* Srimoti Ebeytombey Devi)

Disease Name in Meitei Term: *Nungshang Thokpa*

Common Name of the Disease: Piles

Scientific Name of the Disease: *Hemorrhoids*

Providing Treatment and Medicine:

Ingredients: 1. *Uchi-suman* (Bhringaraj, *Eclipta prostrata* (L.) L., 'Kesuti' in Bangla) leaves 2. *Thowshang* (Mustard Oil, *Brassica* oil, 'Sarishar tel' in bangla).

Formulation & Dosage: The extract taken of Bhringaraj leaves is mixed with two ounces mustard oil if both ingredients amount are same in quantity. The medicine is taken every morning on an empty stomach for one week, *relief* from piles. (*Maiba*: Shudhir Singha)

Disease Name in Meitei Term: *Napu Kaabi*

Common Name of the Disease: Jaundice

Scientific Name of the Disease: *Sourabh/Lcterus*

Providing Treatment and Medicine:

Ingredients: 1. One handful young leaves of *Boroi* (Jujube or Chinese date, *Ziziphus mauritiana* Lam.) tree who does not start flowering till now 2. Sugar crystals.

Formulation & Dosage: Pound the young leaves after wash and make them in a three pills. Then smear with sugar crystals and have to take every morning in three days as a medicinal course. (*Maiba*: Shudhir Singha)

Disease Name in Meitei Term: *Diabetes*

Common Name of the Disease: Diabetes

Scientific Name of the Disease: *Diabetes Mellitus*

Providing Treatment and Medicine:

Ingredients: 1. One third of one grain *Oshuk Lai* (Banyan Tree, *Ficus Benghalensis L.*, 'Oshukbot' in Bangla) powder after crush of one handful dry young leafs of Banyan tree 2. Two thirds of one grain crushed powder of young *Kuwakotabi* (like pointed gourd or parval, *Trichosanthes dioica Roxb.*, 'পটল' Bangla) fruit after slice and dry 3. One grain powder from bark of *Shana-khong-naan* (one type of Banyan Tree, *Ficus benghalensis L.*, 'Valubot' in Bangla) plant.

Formulation & Dosage: Put all three mixture of ingredients into light heating water and then have to take one tea spoon, once daily for seven days. (*Maiba: Bidha Ratan*)

Common Name of the Disease: Hypertension

Scientific Name of the Disease: Blood Pressure or Hypertension

Providing Treatment and Medicine:

Ingredients: 1. 7 pieces Garlic (*Allium sativum, Linn*) 2. A *Jaifal* (Nutmeg, *Myristica* 'জায়ফল' in Bangla) seed 3. 100 gm. *Talamisri* (crystallized sugar lumps).

Formulation & Dosage: At first, peel the portions of seven garlic (to find out one portion or part in a garlic though it is rare, but it can be found) and cut them into small sizes for dry. Now unwrap a nutmeg seed and slice it into three parts. After drying them, it will take two thirds from dried amount and mix them with 100gm crushed sugar lumps and also with dried and prepared garlic. This mixture can stored in a jar within a normal temperature for several days. The medicine is taken as one bit in seven times a day for seven days. (*Maiba: Bidha Ratan*)

Disease Name in Meitei Term: *Baat*

Common Name of the Disease: Baat

Scientific Name of the Disease: *Drsugathan/Myalgia*

Providing Treatment and Medicine:

Ingredients: 1. Pound the bark of Sajna (*Moringa oleifera*, known as Moringa, Miracle Tree) root after washing 2. *Hangam Khau* (Mustard oil, 'Shorisha oil' in Bangla).

Use & Dosage: Firstly, mustard oil is rubbed on affected area, then keep dressed with grinded bark. After five or ten mints unwrap the bandage and clean with cold water. Lastly rub again with oil for three days.

How to take: Firstly cut the bark of *Hongghu* (Taro, 'Fan Kochu' in Bangla) root, then sliced it and dry by the sun light. Then crushed the dry slices and one spoon powered root mixed with any 'chutney'. Avoid access spice in it. The medicine is taken twice daily for seven days. (*Maiba*: Bidha Ratan)

Disease Name in Meitei Term: *Hakchangda Kakpa*

Common Name of the Disease: Cut of any parts of body

Scientific Name of the Disease: *Amputation*

Providing Treatment and Medicine:

Ingredients: 1. *Pana* (Betel Leaf, *Piper betle L.*, 'Paanpata' in Bangla).

Formulation & Use: Grind the *Pana* leaves after washing, then apply it to the place of cut in initial stage of sickness. Again *Tingthou* (Bermuda grass, *Cynodon Dactylon*, Durbaghash in Bangla) and *Tulsi* (Holy Basil, *Ocimum tenuiflorum L.* or *Ocimum sanctum*, *Tulsi* or *Tulasī* in Bangla) leaves are used also in same purposes. (*Maibi*: Srimoti Ebeytombey Devi)

Disease Name in Meitei Term: *Pangthaba*

Common Name of the Disease: Paralysis

Scientific Name of the Disease: *Hemiplegia, Palsy, Paraplegia, Quadriplegia*

Providing Treatment and Medicine:

Ingredients: 1. 1 liter transformer oil 2. 200gm Pig oil 3. Powder of Mimosa (Lazzaboti, *Mimosa pudica* Linn) root, 5gm.

Use & Dosage: Massage the paralysis part of a patient with all ingredients. Take it seven days (thrice a day) after bath. (*Maiba*: Bidha Ratan)

Disease Name in Meitei Term: *Cancer/ Sayruchabi*

Common Name of the Disease: Cancer

Scientific Name of the Disease: *Malignant Neoplasm/Oncology*

Providing Treatment and Medicine:

Ingredients: 1. 1 grain *Neem Maana* (Neem leaves, *Azadirachta indica*, 'Nimpata' in Bangla) powder 2. 1 grain *Highru Macha* (Aonla, *Phyllanthus emblica* L. 'Aula' or 'Awla' in Bangla,) powder 3. 1 grain dried and powdered *Bhugoti* ('Chirata' or 'Chirayita', *Swertia Chirata*) plant leaves 4. A single *Likon* (Shell, 'Kora' in Bangla) 5. 1 grain *Haribaok* ('Satkara', *Citrus Macroptera*, commonly called 'wild orange') juice extract 6. 1 spoon or required amount of *Khari* (Raw Salt) 7. $\frac{1}{14}$ of a bronze coin.

Formulation & Dosage: Shell and part of bronze coin put into *Satkara* juice for sometimes. As a result they both melt in *Satkara* juice for its alkali quality. Then raw salt and remaining ingredients are mixed. Three table spoon of the mixer for less sick patient and six table spoon for serious patients re prescribed every morning on an empty stomach till recovery. (*Maiba*: Bidha Ratan)

Disease Name in Meitei Term: *Nung Leiba*

Common Name of the Disease: Bladder Stone

Scientific Name of the Disease: *Vesical Calculus* or *Cystoliths*

Providing Treatment and Medicine:

Ingredients: 1. 25 grams *Haari boup Mahi* or Juice of *Satkora* (*SatKara*; *Citrus macroptera*, commonly called 'Melanesian papeda' or 'wild orange' or 'cabuyao') is one kind of fruits like lemon used as cooking purpose; and 2. A medium size *Likon* (Shell, 'Kori' in Bangla).

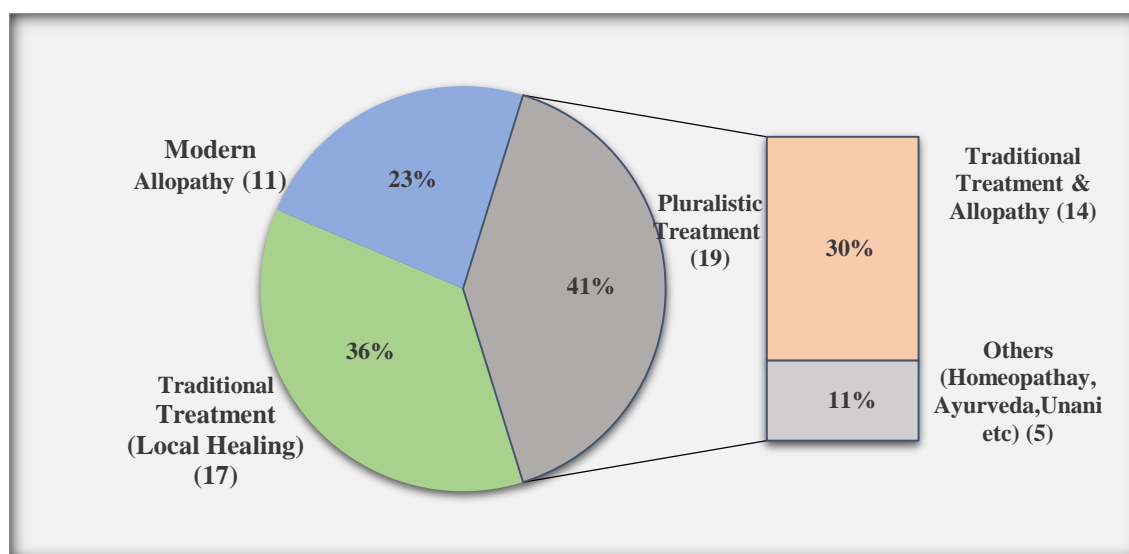
Use & Dosage: A medium size shell put into a covered glass with 25 gm juice extracted from *Satkora*. The shell mixed with juice, have to take three days, once a day. As a result, stone will be crush. (*Maiba*: Shudhir Singha)

5.3 Health-Seeking Behavior of the Meitei People in Study Area:

Health-seeking behavior depends on cultural, political and socio-economic context of any society. Manipuris have their own beliefs, customs, rituals, religious values etc. Thus their treatment system is influenced by all the above factors. Economic situation of the people also is a factor to decide the treatment procedure they will seek. Among different healing and health care services, people choose their preferred treatment options. In most instances poorer people chose the treatment option which is easily available and cheap. Health seeking behavior is bounded by community beliefs, ideology, and religion or by their context of the culture as a whole. In this section I explained the health-seeking behavior of the population under study in the context of 'cultural frame model' of Johnson & Sargent. This model depicts that traditional treatment is always to some extent 'cultural-bound' (Johnson & Sargent 1990:78).

In study area, people seek treatment for their ailment from different options available for them which is shown below in the graph:

Graph-5.1: Different Options of Treatment among the *Meiteis*



Source: Fieldwork in Songaon 2015

From the above display, it can be observed that '*Meiteigi Laiyeng Thouram*' (treatment system of the *Meiteis*) is a popular treatment process in Manipuri community. Of the total 47 study households, 17 households depended on their traditional healing system for treating their ailments. Migration outside village for higher education, income earnings or for other purposes has changed the mindset of the *Meiteis* about the modern healing procedure. Consequently, 23 percent of the study households preferred for modern Allopathic treatment. At the same time it was also found that some patients had fallen back to ethno-medicine again because they did not get good results in allopathic treatment. This happened to patients who suffered from side effects of modern medicines. On the other hand, *Meiteis* believe that ethno-medicine does not have any side effect on the patients, because the treatment is done mostly with herbs and plants. Again low cost of treatment in ethno-medical practices also pulled them back to traditional healing system. Beside this, some of the *Meitei* respondents also go for pluralistic treatment. In such cases the patient chose various sorts of treatment at a time for early recovery from a disease. For instance, the patient takes Allopathic treatment with traditional healing to avoid all kind of risk. This sort of health seeking behavior is normally visible for the treating children. Alongside community people also take special care of themselves to protect from diseases. Elderly community people advice the patients about food intake during illness and for keeping general health condition good. They also suggest medication for the patients. It is interesting to note that few *Meiteis* in my study village Songaon who seek help of

allopathic doctors or to duty doctor of the pharmacy at the Adampur *bazaar*. They also visit to the homeopathy practitioners for the same purpose.

Therefore, I have found different health-seeking behavior of the people during my fieldwork that are given below through various cases:

Not only insolvent people opt for traditional treatment, I found many wealthy people to choose to go to the traditional healers and take medicine to treat their ailments. Cultural values, beliefs, rituals etc. are the factors which basically influence the health-seeking behavior. Even some educated persons also seek treatment from *Maibas* and *Maibis* of the community.

A teacher from Songaon described about her brother who is a biomedical doctor from Dhaka city. She said:

My brother is a doctor and he had no faith in our folk healers and on their healing methods. Always he used to make sarcastic remarks about the healing techniques of the traditional healers all the time. But, when his own son fell sick he consulted the local traditional healers and opted their treatment for his son. My nephew was a student in a college at Dhaka city. He with some of his friends one day went for walking besides a graveyard and during their stroll suddenly he felt sick. As, his father is a doctor, he consulted with all his fellow colleagues at first. Ironically even after few months of treatment they all failed to cure my nephew. Then, my brother consulted me about what can be done for the boy. At this point I referred my brother to go to a *Maiba* in our village. The *Maiba* provided him some sacred verse and amulets with holy water. After few days, the boy started feeling better and at one stage he was cured. Now, my brother is a staunch believer in our traditional treatment and for any critical disease he consults our traditional healers along with his allopathic treatment.

Meitei Manipuri Momota Debi has two son. She narrated her experience about traditional medicine:

My younger son fell sick one day. Many said he was suffering from psychological problem and soon will become mentally imbalanced. But, I had a feeling that my son was a victim of evil eye. I was financially well off to go for an allopathic doctor but I preferred to go to a *Maiba* (*Kabiraj*) for his treatment. The *Maiba* provided him *Puk-Shuba* treatment with herbal remedy and my son recovered soon.

Many of the *Meitei* people during my fieldwork expressed their opinion about the *Puk-Shuba* treatment. They opined that this treatment is not just a folk belief but it has efficacy for treating patients suffering from different diseases. They also believe that the *Maibas* have lot of supernatural powers to support a patient mentally and psychologically. Sri Kirti Singha narrated:

I knew a man who was mentally very ill. He was treated by a *Maiba* with *Puk-Shuba* treatment procedure. After getting the treatment the patient became cured and prepared and offered a cup of tea to the *Maiba*.

Some *Maibas* discard biomedicine in Manipuri community. According to them, Allopathic treatment with their instruments and operations are nothing but a drama. These *Maibas* treat their own diseases and their patients with *Puk-Shuba* and herbal medicines. They also use Homeopathy or Ayurvedic or Unani medicines since these have no side effects as they believe. *Maibas* said that the reaction of modern medicine is bad for health and has long-term consequences.

A *Meitei Maiba* said, *Puk-Shuba* treatment does not have any side effects. Due to this treatment, the disease leaves the body through sweat and urine. Modern doctors prescribe medicines in high dosage that accumulate in the body overtime and impact adversely on human body. *Maiba* Shudhendro Singha stated that after failing to cure sufferings by biomedical treatments, many patients turn back to them. The traditional healers also apply certain techniques that effectively could heal diseases. *Maiba* Bidha Ratan narrated, he had a patient with paralysis. He went for allopathic treatment but no improvement was seen. Then he took

treatment from traditional healers and finally recovered. The patient consulted twelve allopathic doctors and all failed to cure him.

Many believe that, some causes of illnesses still exist in the world that cannot be explained by modern biomedicine. For instance, *batash laga* (bad air), *Upri* (causes by evil eye) and so on cannot be explained by modern biomedical doctors, but traditional healers can understand the reasons of such disease causations and thus also can treat the patients. The *Meitei* woman Shimla Devi explained:

One day suddenly my daughter felt sick. My neighbors suggested me that it was a case of evil wind or *kharap batash*. For treating her I rushed to the *Kabiraj* and he provided *Chaban* to heal my daughter. I arranged the whole ingredients needed for the *Chaban* and handed over those items to the *Maiba*. He arranged a ritual ceremony and gave offerings to god and prayed for the wellness of my daughter. After some times, my daughter felt well and became cured.

Some people of the study area also believe that any types of treatment are based on some belief system and the effectiveness of the same only depends on the procedure of treatment. A *Meitei* teacher said:

I believe on the traditional treatment because of its effectiveness. I think that there are many things that cannot be logically explained. When something weird happens to a person, only then he or she could realize the pains. Allopath and Homeopathy both treatments are also based on the belief that these are effective in treating diseases.

To choose the treatment option, many of the people in Manipuri community influenced by their religious beliefs, custom, rituals etc. Rashi Devi is an educated *Meitei* woman stated:

I believe that evil eye, bad winds and evil possession do exist in the world. Though, I am an educated person, but our forefathers had believe these matters. In many instances allopathic physicians cannot provide any solution or the reason of some ailments. But, our traditional healers in such instances could provide us with some treatment that helps the patients to recover from illness.

Most of the aged people, especially aged women prefer to opt for traditional healing for treating their illness. Numitt Loi Devi, age 75 takes treatment from the traditional healer in case she fell sick. She said:

I always prefer to go to our *Maibas* and *Maibis* for treatment during my illness. I believe their treatment and feel comfort by using these. Whenever I feel uncomfortable due to health problems, I go to the *Maibis* in our village for massaging my whole body by applying herbal oil with their sacred verse. This gives me comfortable feeling.

About traditional treatment Ranjit Singha said:

Brojomohon Singha was a *Meitei* Manipuri and died fifteen years back. He was in love with a girl of the village. But Girl's family refused to give her hand to Brajomohon and arranged her marriage with some other person. After her marriage, some of the family members of the girl targeted Brojomohon to do harm to him. For the purpose they contacted to a *Maiba* of the locality. The *Maiba* applied black magic (a *Baan*) on Brojomohon and as a consequence he became a mental patient and died soon. This incidence increased my faith on the powers of the traditional practitioners.

Beside the Manipuris, local Bengali community people also have been taking treatments from the *Meitei* healers. Both in the villages and the urban areas of Sylhet, some Bengali families take treatments from the traditional healers of the Manipuris. Abdul Mannan, a Bengali Muslim who lives in Mehendhibag area in Sylhet Sadar said:

My son faced some problem with tonsil and we went to the biomedical doctors for treatment. We also consulted Homeopaths for the treatment of our son. But all were in vain, they failed to cure him. Then, a friend of mine suggested me to consult a *Meitei* healer who lives in Shibganj area in Sylhet town. After consulting the healer, he gave herbal medicine and sacred verse to my son. He prepared the medicine from the leaves *Thankuni Pata* (*Centella asiatica*) and applied his sacred spells for three days. The treatment resulted positive and my son recovered from his

ailments soon. From then I consult the *Maiba* not only for treating my health problems but also for treating my family members too.

A Bengali woman from economically solvent family background narrated her experience to me in the chamber of a *Meitei Maiba* at Shubid *bazar* area in Sylhet City. She said:

I had been suffering from arthritis or *Baat* pain in my legs for years. I consulted many biomedical doctors, but all were in vain. I was wondering how to get rid of such severe pains. Then one day I heard the name of a *Meitei* healer in my daughter's school. I went to him and he treated me with herbal medicine. After taking his medicine now I feel much better than earlier.

Many patients in the village areas opt for different treatments all at a time. They do self-medications by the advice of neighbors and relatives. Again, they go for the traditional healers and take medicine from them. Also they seek allopathic treatment at a time.

A woman from Songaon, explained:

In case of my own physical discomfort or ailment or of any of my family members I usually go for the treatment of traditional healer and at the same time also go for allopathic doctor who has chamber in the Village *Bazar*. In such a case, *Maiba* provides his sacred spell and amulets and the doctors give us their treatment.

A *Meitei* girl also said:

I had been suffering from skin disease for five years consulted an allopathic physician in Sylhet City, but getting no result I went to Dhaka and consulted a skin disease specialist. But nothing worked. Then I consulted our herbal healers in the village who gave me herbal medicine and suggested to take bath with the leaves of *Neemmana*. And finally I was relieved to the problem.

Many educated people usually do not believe in traditional treatment and normally visit allopathic or biomedical doctor for treating their ailment. But in many instances getting no results from allopathic treatment, many of them fall back to traditional forms of treatments.

Manipuris believe that *Maibas* have the power to calculate the exact date and time of the death of a person.

A *Meitei* Manipuri girl, who is graduate from Dhaka University stated:

Since my childhood I have been hearing about the *Maibas* that they could actually predict the day and time of the death of a person. But I never believed it. But when my grandmother fell very sick we called a *Maiba*. It was Monday. The *Maiba* forecasted that my grandmother would die on next Saturday after 2pm. To my utter surprise it really happened.

Many believe that traditional treatment system of the *Meitei* healers treats people by exploiting the psychology of the patients. To some Manipuris, in the age of modern technology and advanced medication system, treatment based on supernatural beliefs, animal sacrifices, black magic, spiritual healing etc. are actually nothing but are hoaxes. They opined that such treatment practices could cause death to many people.

A family planning officer said:

I have heard about spirits, black magic, and treatment by spell, *Chaban* etc. that are performed by the *Maibas*. But, I never have seen these with my own eyes. Therefore, I do not believe on all these so called healings. I think in this modern era of technology and medicine, these types of treatment still exists because these are culturally and religiously ingrained in the society.

A teacher from village school also gave her opinion that:

The healing procedures of our traditional healers only affects the psychology of the patients. I am not sure whether these procedures of healing have any possibility or scope to heal a patient. But I trust on the healers who provide herbal medicine in our community. The reason is the plants and herbs that the healers prescribe have their own medicinal quality to heal ailments.

From the above discussions, it could be concluded that the perception of the Manipuri people on health, illness and cure is influenced by diverse cultural components. There are different opinions about traditional medicine, biomedicine and related issues.

5.4 Knowledge Tradition: Transmitted into Generation to Generation

From remote past and for generations *Meiteis* have been practicing ethno-medicinal treatment procedure which is related to their perseverance and wisdom. It needs to be mentioned here that this training in ethno-medicine is generally restricted to *Meiteis* only. They try to maintain all possible silence to outsiders about the way of treating patients with ethno-medicine. This treatment procedure combines, herbal medicine, *Puk-Shuba*, ritual based treatment, health protection from different unexpected occurrences under black spells and from other evil activities of the healers. These are considered as parts of the whole treatment procedure.

Knowledge always takes a new look through changes and modification with time. Fredrik Barth has shown this in his concept of knowledge tradition by ‘Reproduction’ and ‘Retention’. The process of healing system and related other aspects of knowledge have been transmitted through generation to generation. But at the same time, the transmission chain sometimes also has been disrupted by economic crisis caused due to global politics in this age of globalization. For this reason, traditional healers cannot give enough time to their practice. Some left their traditional healing practices as *Maibas* and *Maibis* and have shifted to some other occupations for earning their livelihoods.

In the following section, I attempted to portray on the knowledge tradition among the healers of the Manipuris in present day world.

Preceptor-Apprentice (*Guru-Shisho*) Relation in Manipuri community: In the learning procedures of the traditional healing, the relation between the preceptor and the apprentice or *guru-shisho* as the Manipuris call is very deep. Though, many changes have occurred in socio-economic and cultural life pattern of the Manipuris but the bonds between the preceptor and his apprentice still remained and it has to follow certain rules. For instance, to enroll oneself as an apprentice under a practitioner he/she has to offer his

guru (preceptor) a *Dhuti* or *Gamscha* (towel) or some money. Many of the apprentice offer betel-leaf and nut or serving a meal in his/her home. When a student complete his leanings, the master gives him permission to practice the treatment process.

In this stage, the apprentice has to take the following oath before his master:

“My master, in all my activities from now, I shall remember you. Please give me permission to serve and treat the people”.

In day of completing the course, apprentice invites his preceptor at his home and feed his *guru* with specially prepared foods as well as honor him with a *Dhuti* or a *Gamscha*. It is like the same manner as that perform in their reception of the master. For the rest of the life, the new *Maiba* would take the name of his masters while treating any patient. For instance, in performing *Puk-Shuba* treatment, they wrap cloth on the royal throne of the *Maiba* and bow before it in the name of the master.

An intimate relationship exists between the master and the apprentice. The master remains always alert to protect his student from any danger or evil forces. A *Maiba* said:

While I was an apprentice of a *Maiba* some people tried to kill me.
But my master defended me and said, “No one can put even a scratch on my student as long as I’m alive.”

An apprentice learns various treatment procedures from the master. They share their experiences and thoughts with each other. This is a graceful part of the *Meitei* Manipuri culture.

Changing Pattern of Knowledge Tradition: In the past, an apprentice use to serve his preceptor by staying at his house. Apprentice used to help his preceptor by doing various works. This tradition is not much more observable among the Manipuris of Bangladesh. But in Manipur in India, the *guru-shisho* relation still exist and the apprentice still serves and does all the works for his preceptor while staying at latter’s home.

Most of the *Maibas* in Bangladesh practice their treatment procedure based on their knowledge transmitted to them from their ancestors. Some of the *Maibas* also maintain written scripture on the healing procedure that they inherited from their ancestors. A small number of *Maibas* were found to have training on *Meiteigi Laiyeng Thouram*. They were

trained officially from healer association of *Maibas* in Manipur which is considered as prestigious training among the *Meiteis*.

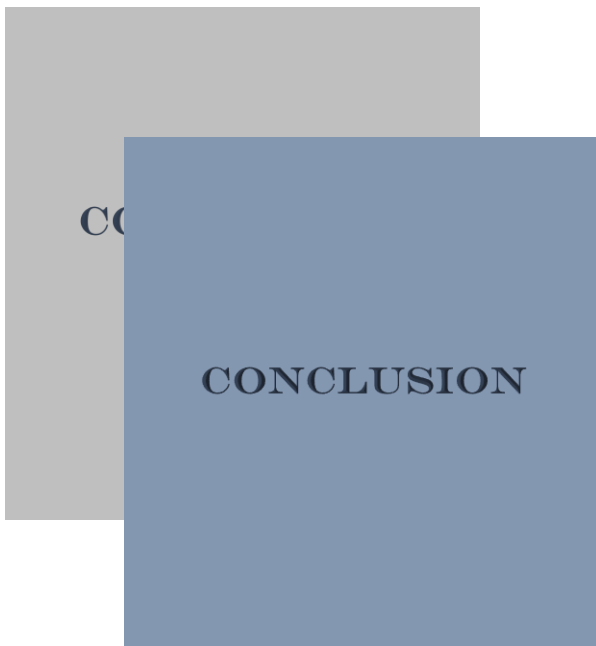
Moreover, due to expansion of modern education, most of the Manipuris are now trying to educate themselves and consequently chose their own carrier as service holders in different government or non-government sectors like that of mainstream people. They are now reluctant to stick to their traditional earning sources. Late *Maiba* Melow said:

‘**B**ishgaon’ a village from Chunarughat in Habiganj district was popular for the traditional treatment of the *Maibas* and *Maibis* of the Manipuris. Now a day, a few practitioners are involved in practicing traditional healing processes. In the stream of time many techniques and traditions of the *Meitei* healing process have been lost. The present Manipuri generation is seeking a life that is compatible with modern world. Even, in my family, nobody showed any interest to learn this treatment processes.

In study village, the child of a *Maiba* mentioned:

I never want to learn my father’s art. Because, the processes of the treatment are so hard and needs a long time to learn. For this a person needs more skills and wisdom.

CHAPTER: VI



6.1 Analysis

6.2 Findings

Bibliography and References

Appendixes

Appendix A: Interview Schedule

Appendix B: Checklists

Appendix C: Maps

Appendix D: Photographs

CHAPTER: VI

CONCLUSION

6.1 Analysis:

In previous chapter I discussed about the practice and procedures of ethno-medicine among the Manipuris. In my discussions I tried to provide information on preventive techniques of the healers beside with curing procedures. The healers also apply some palliative treatment for their patients. These different techniques of the treatment procedures applied by the traditional healers are the healing options for the Manipuris. There are few numbers of traditional healers who reside inside the study area as well as in the adjacent villages. In Adampur *bazar*, a market place near to the study area, I also located chambers of biomedical doctors, few pharmacies and homeopathic healers. The people of the study village and adjacent villages have the opportunity to choose their treatment and healers for ailment from these different options available in the area. In case of serious ailments, available healing options cannot cater the needs of the villagers. In such instances villagers have to seek help of better medical treatment facilities in the nearing urban centers of Moulvibazar or in Sylhet City. Some even travel down to Dhaka City for treatment. The ethno-healers practicing in Sylhet Metropolitan area, also often visit these villages for treatment purposes. The picture provides us a structure of health-seeking behavior of the study population that reflects existence of 'Healthcare Pluralism' among the people of the community. The health-seeking behavior of the study population coincides with that of the concept of Kleinman's 'healthcare pluralism'. C.G. Helman remarked that from 'popular', 'folk' and 'professional' sectors of healthcare one person might use one or more sectors at a time, which is based on health-seeking behavior of the people. The health-seeking behavior of the Manipuris in the study area reflects this healthcare attitude of the people. Among, 47 households in study area, 36 percent depended on their traditional healing system, 23 percent opted for modern Allopathic treatment and 41percent took more than one treatment at a time. This health-seeking behavior of the people also is patterned by community beliefs, ideology, religion and culture. The health-seeking behavior of the Manipuris also to some extent depends on political and socio-economic situation of the people. This context has been discussed earlier.

Among three healthcare sectors, C.G. Helman stated ‘popular sector is a lay, non-professional, non-specialist domain of society which includes all the therapeutic options that people utilize, without any payment, and without consulting either folk healers or medical practitioners’ (Helman 1994: 64 & 65). Among the study population it was found that some healing and prevention advices are provided by the aged people, friends, neighbors. Even in certain instances it was found that the patient themselves go for self-medication for treating their own ailment. For instance, a woman who has several children could provide informal advices to a newly pregnant young woman by telling her what are the symptoms of pregnancy, or problems a pregnant woman could face and how to deal with those. Also in lactation or during menstruation period, certain foods are sometimes avoided by the Manipuris. Manipuris believe that during lactation the supply of breast milk could be increased by taking plenty of liquid diets and mother should avoid spicy hot-herbs or any kind of spicy foods. Persons who have ‘high blood pressure’ generally cut off protein from their diet. Sometimes, many avoid cold food, because they believe ‘feed a cold, starve a fever’ and also take vitamins for their good health. The *Meiteis* believe that a person can get rid of ill-health through special prayers, rituals, confession or fasting, or by using talismans and charms. Manipuris also take allopathic medicines available over the counter when they feel feverish or other discomfort without consulting any medical practitioner. The Manipuri people consume some special foods as medicine for keeping their health well. In earlier chapter I discussed the issue of diet therapy of the Manipuris. This is also related to the popular sector of their healthcare.

Helman described about the folk sector of health-seeking behavior. This sector is especially large in non-western societies. Individuals specialized in certain forms of healing that could be either sacred or secular in nature, or a mixture of the two. These healers are not part of the ‘official’ medical system, and occupy an intermediate position between the popular and professional sectors (Helman 1994:67). In Manipuri community, there are traditional healers who perform their sacred ritualistic or secular activities to heal the patients could be bracketed under this sector. They are herbalists, spiritual healers, shamanic groups, technique based healers, midwives and so on. We have already described earlier on some of such groups of male and female healers in Manipuri community. For instance, one group of *Maibas* use a special therapy to heal their patients by massaging the nerves around the navel. These practitioners can determine probable time of death of a person also. Another type of *Maibas* provide healing mechanism through spells and

amulets. Some *Maibas* perform certain rituals to heal the patients and they worship deities for healing diseases or illnesses of their patients. Another group of *Maibas* offer different herbal medicine for curing diseases. The female healers of the Manipuris who help in childbirth and treats women related diseases could also be include in this sector. Some *Maibis* heal patients by using their inner power. The *Maibis* who treat the patients by ritual healing- they all fall under this healthcare sector. Although, the healers of this sector are skilled and popular to their community people, but their treatment techniques are avoided by the modern medicinal science. Few of such healers have chambers of their own for treating patients but basically, they are located in an intermediate position between the popular and professional sectors, as was described by Helman.

The Manipuri people also take treatments from professional sector along with popular and folk sectors. The healers of this professional sector are trained professional physicians, nurses, midwives paramedical professional, therapists etc. Healing institutions are public sector or government hospitals, private clinics and so on.

During fieldwork I found some remarkable issues on the practice of ethno-medicine among the Manipuris. In few instances I found some *Meitei* healers faced difficulties in applying their traditional treatment or healing procedure or in formulating application of medicinal remedies. For instance, in *Puk-Shuba* treatment, the healers need to maintain certain rules. Such as during treating a patient, the *Maiba* sit on a specially prepared seat besides the patient. This seat has special charm, it resembles the Serpent God ‘*Pakhangba*’ or ‘*Layren*’. The *Maiba* takes seat very carefully by following some laws of their healing tradition. But some healers fail to follow these rules and only apply the treatment by massaging the nerves around the navel. Moreover, some ingredients for preparing medicine are difficult to found. In such situation the healers use alternative elements or stuffs for preparing the medicines. For instance, to write spells and incantation, it is necessary to write these by using some colors as ink from animal’s blood. Unfortunately now a day it has become quite difficult to collect blood from animals to prepare the ink. This situation compels the Manipuri healers in Bangladesh to use some other ingredients as substitutes of animal blood for preparing ink. Again, some spells are needed to be written by the practitioners on a tree bark known as ‘*Bhujpata*’ (Birch tree or *Betula Alba*, *Betula Pendula*). This tree is gradually becoming extinct in Bangladesh. As an alternative, many of the healers are using normal white paper to draw and write their sacred spells for healing patients. It often becomes difficult to collect all the ingredients needed in ritual

healing. Healers try to use alternative stuffs and with those they make offerings to the god or goddesses for healing patients. The healers from urban settings also face difficulties in collecting many of their herbs and plants needed as ingredients of the medicines and as such, they use substitute for those. It can thus be concluded that medicinal preparation depends to a large extent on environmental issues and availability of necessary ingredients. Furthermore, in Bangladesh, there is no institutional support for training of the traditional healers like that of the Manipuris in India. In India, the healers of the Manipur state have their own training institute known as '*Maiba Loisan*'. Above limitations compel the Manipuri practitioners to alter their way of healing sometimes. Even in food habits, the *Meiteis* use substitute stuffs in many of their cuisine because of unavailability of certain material. All these have gradually been changing the healing pattern and techniques of the traditional Manipuri healers both in India and Bangladesh. The above issues can be explained by using 'Medical Ecological Perspective' that deals with the process of human adaptation to environment. McElroy and Townsend have shown that medical ecology considers health to be a measure of how well a population has adapted to its environment (McElroy & Townsend 1985:2). They also described that human being is known for their ability to adapt with their changing environment (McElroy & Townsend 1985:13). By a model designed on ecosystem, they have also shown that how people impact on their environment and the how environment impact on people. To study on the health and ethno-healing procedures of the *Meiteis*, adaptation to environment is of vital concern. In this study, I have already mentioned those issues. Different areas like that of villages, urban settings and Manipur of India where the Manipuris reside have diverse ecological settings. Each of these environmental setting has impacts in selecting medicinal ingredients for preparing medicines. People residing in different ecological setting also adapt and survive in their given environment. In case the people of one area fail to get or collect the elements or ingredients of the medicine, they seek alternative ingredients. Again, if the people want to prepare medicine by using any organs of animals, it is quite difficult to collect the elements and it may create negative impact on environment. Moreover, collection of animal organs for preparing medicine, are risky because it is strictly prohibited by state law to hunt most of these animals from which these organs are collected. The *Meitei* healers also use some animal substances as their medicinal ingredients that I have discussed earlier. They collect these ingredients from different parts of the world to increase the efficacy of their medicinal preparation. Thus it can be said that people try to

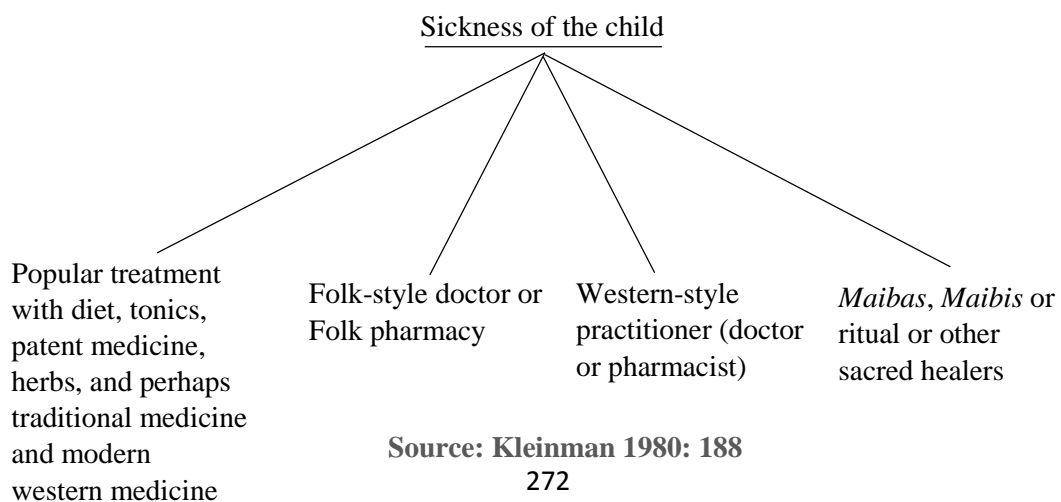
adopt to their given environment and use and apply those ingredients for preparing their stuffs which are available in their surroundings.

To understand health-seeking behavior of the villagers, I have applied ‘Healthcare Pluralism’ model of Kleinman. The health-seeking behavior also depends on cultural, political and socio-economic context of the people. People take their treatment from their given healthcare options by using their health-seeking behavior. In case of availability of different health care options people usually choose treatment option which is readily available and the cheapest. If that treatment fails to heal, people go for other options which then become costlier. Many solvent or wealthy people were found during my field data collection who keeps full faith on the traditional healers because of their cultural beliefs, values and from religious viewpoints. Moreover, I also found many people seeking one or more healthcare options at a time.

The health-seeking behavior of the people has also been explained by the ‘Pattern of Resort’ model of Kleinman. The strategy that people employs to decide which option is to be used at which stage of the illness, is called patterns of resort. In this model, Kleinman provides a generalized explanation of health seeking behavior. He stated that, almost in all episodes of illness, patients at first go for self-treatment. If this does not produce symptomatic relief, resources are made available for treatment from among family members, neighbors and pharmacists, or professional or folk practitioners. His study in Taiwan disclosed these patterns. The model is describe below.

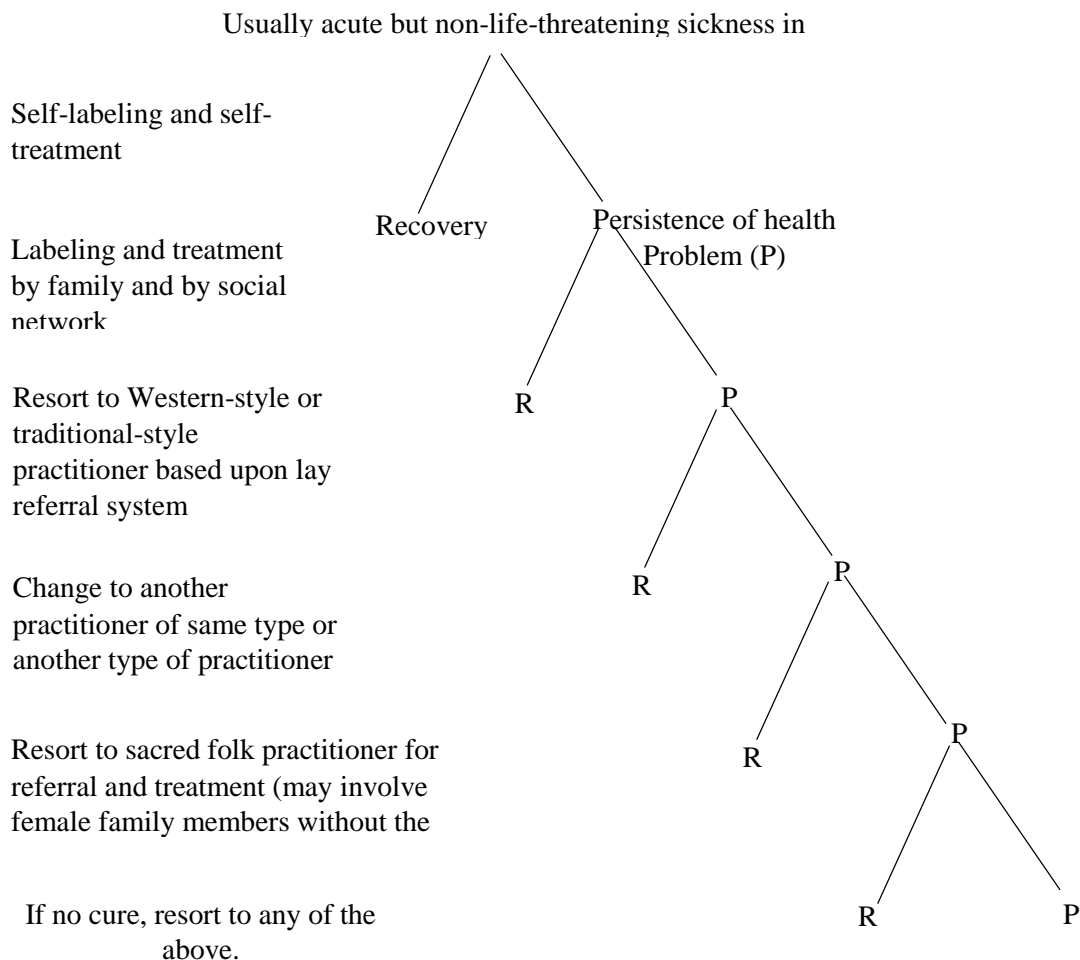
In “simultaneous resort” model, several treatment options were applied at the same time. Usually this is applicable in case of a serious childhood sickness. In treating child sickness in Manipuri community, I observed the application of the same pattern of treatment for treating their children. Manipuris choose several treatment options at a time, such as

Figure-6.1: Simultaneous Resort (Type A)



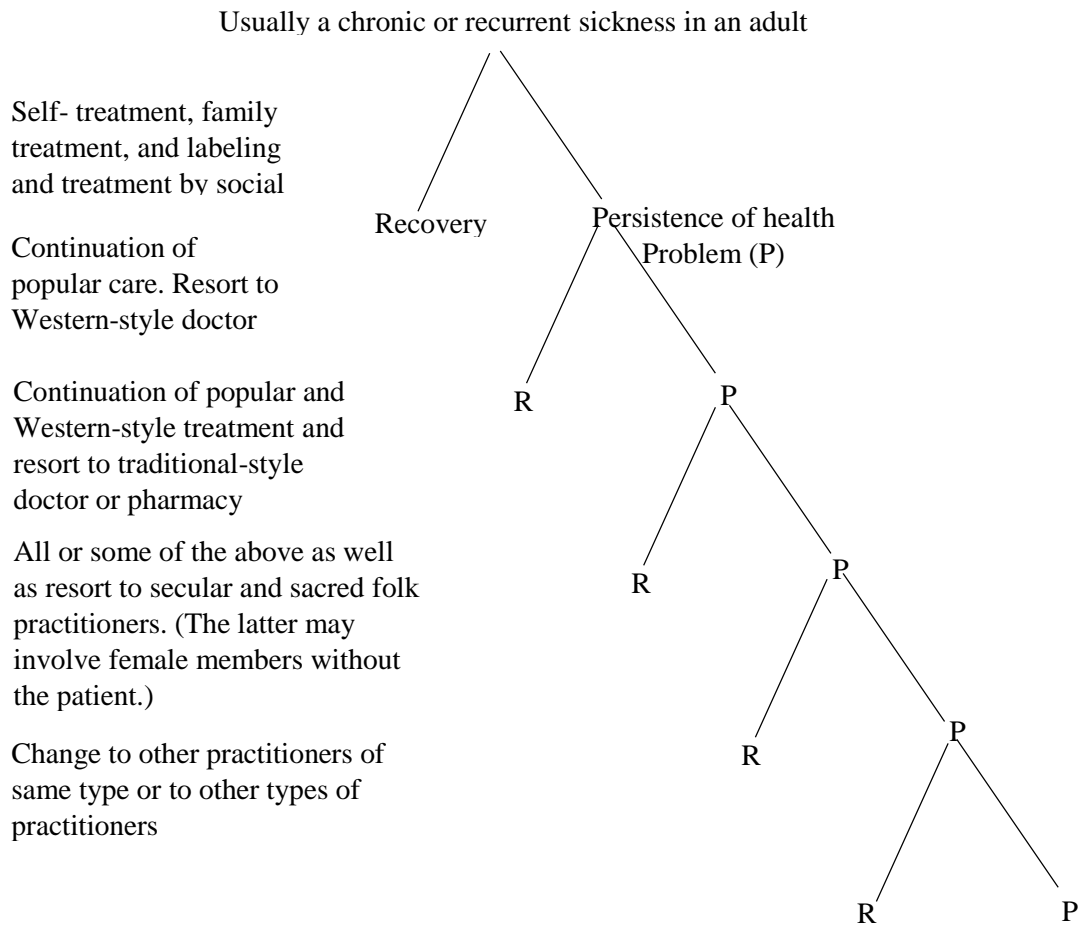
In “hierarchy of resort”, people first try one thing and then try another until their condition is fixed to their satisfaction. While the concept, is first used in related patterns of resort to acculturation issues. The phrase is often used today to mean that people try the most familiar or simplest and cheapest treatments first and seek more expensive, complex, or unfamiliar treatments later, if necessary (Health Seeking and Patterns of Resort, Barnard Health Care – Medical Anthropology, Tue, 07 Feb 2012 (<https://www.barnardhealth.us/medical-anthropology/healthseeking-and-patterns-of-resort.html>)). Manipuris, at first try to recover by seeking advice within the family network, then they take advices from their friends, relatives and from others. If these do not work, they turn to the *Maiba* and *Maibis* in their community to take treatment. If that treatment produces fails too, they go for Allopathic doctors in Sylhet city and after that they take treatment from Dhaka city and from others. The opposite trend is also visible. In some instances I found people, at first opted for treating ailment by biomedical doctors but later turned back to traditional healers of the community for better result.

Figure-6.2: Hierarchical Resort, Exclusive Type (Type B)



Source: Kleinman 1980: 188

Figure-6.3: Hierarchical Resort, Mixed Type (Type C)



Source: Kleinman 1980: 189

In the above models of hierarchical resort, first one represents the treatment stages for the adult, where the sickness is non-life-threatening. It provides treatment one step after another. The second model presents the mixed treatments pattern for chronic sickness and people can choose the stages one after another. The healing pattern of the Manipuri community can very well be described with the help of the above models.

The study population described their illnesses in various ways. These have been discussed earlier in the categorization of illnesses section. The different causes behind illnesses can be explained by the ‘Explanatory Model (EM)’. This model has also been applied to explore users and community dweller’s perception about treatment procedures of ethno-practitioners. The model introduced by Arthur Kleinman and he suggested a useful way of looking at the process by which illness is patterned, interested and treated. Kleinman

viewed that bad health leads people to speculate about how they got sick, how it will affect them, and what they can do to make it better (Singer and Erickson 2011: 383).

Manipuris explain that cold, heat and other natural causes are responsible for some of the common illnesses and diseases among them. They think that diseases like fever, cough, pox, jaundice, diarrhea etc are caused by nature. They also believe that some of the diseases are caused due to ageing, sexual reasons and so on. Nevertheless, they believe people also suffer from some abnormal diseases that could not be cured by modern scientific treatment. These sorts of diseases are caused by evil eye, sin, imprecation, enmity and so on. Manipuris also believe that a person may suffer from psychological instability, if anybody spell imprecation on the person. If a person wants to do harm to anybody, he or she uses black magic with the help of a folk practitioners. The Manipuris consider some of the diseases are caused due to supernatural power, non-human activities and malevolent activities of human beings. The healers of the *Meiteis* believe that different diseases and illness are caused by different causes.

Popper formulates the epistemological credo that “Knowledge is always a modification of earlier knowledge” (Barth 1987:84). The importance of knowledge, tradition approach is, it explains the importance of how certain compositions and distributions of knowledge are (re)produced and modified and not how the first bit of knowledge might had been be created (Barth 1987:83-84). To know about the transition of knowledge among the ethno-practitioners of ethno-medical treatment tradition among the Manipuris I applied this model of Fredrik Barth.

The traditional treatment procedures of the Manipuris have been in practice for long. The knowledge of traditional healing and medicines passes from one generation to next generation. In Manipuri ethno-medicinal healing practices many traditional procedures still exist. But it has to be admitted that in the stream of time, many changes have also been taken place in the procedures of the treatment tradition. In earlier days, an apprentice had to learn his or her lessons from the preceptor by staying at his/her house. But, in present day, it is very rare, but an apprentice still has to enroll himself under a teacher. The learner pay honorarium to his/her preceptor and take lessons from him/her. Due to the impact of globalization, some changes have also been visible in the process of Manipuri treatment

tradition. For instance, people involve on different jobs and services in present time and many of them are not interested to take their traditional treatment as their service.

Gradual intrusion of modern medical facilities and absence of recognition and institutional supports, ethno-medical practice and its practitioners in Bangladesh have been facing threat of extinction. But due to difficult location of the study village, access of the villagers to modern medicinal healing is still difficult. Non availability of essential and lifesaving drugs, absence of trained physicians, distance of modern health care centers, economic condition altogether mingled with their traditional beliefs, all these are acting as push factors for the *Meiteis* to opt for ethno-medicine.

Even after initial opting for biomedicine, in many instances people again turn back to traditional healing after failing to get proper results from allopathic treatment. Again, some of the poor people depends on traditional treatment because of high cost of biomedicine and difficult access to allopathic treatment. Most of the villagers in Bangladesh still have been facing difficulties in getting access to biomedicine. The villagers for threatening their ailment thus have to choose from treatment options available within their reach.

6.2 Findings:

I shall now present my findings briefly here based on my study.

A. This research was conducted in a village named ‘Songaon’. It is located within the jurisdiction of Kamalganj upazila under Moulvi Bazar District of Sylhet Division. A *bazar* named Adampur is located about two km away from the study village Songaon. The village has mixed population of Manipuris and Bengalis and Manipuris are the majority (93%) (Census Report, 2000). The ‘Manipuri’ inhabitants of the study village are the study population of this research. There are three different sects of the Manipuris - the *Meitei*, the *Bishnupriya* and the *Pangan* (Muslim). The population under study belongs to *Meitei* group of Manipuris. The Manipuris in Bangladesh had migrated from ‘Manipur’, a state of eastern India, in different times of history. They adopted the Vaishnava tradition of Hindu religion but some still practice their earlier religious belief *Apokpa*. The *Meiteis* are divided into seven different clans called *Shalai*. The language of them is *Meeteilon* which belongs to the Tibeto-Burman family of languages. In Manipuri society, kinship ties are

very strong. Their marriage system is exogamous that is marriage within same clan is prohibited. The economy of the Manipuris is based on agricultural activities and one of the inherited qualities of them is their skill in handloom and handicrafts. Manipuris have rich cultural heritage. Among the dances, they perform a dance drama based on religious tradition and is known as '*Ras-Leela*'. This dance performance has earned worldwide reputation. They have their own traditional games, music and dances which they practice among themselves.

B. Manipuris are an ethnic group of Bangladesh and they live within a pluralistic health care setup of the country that consists of Ayurvedic, Unani, Homoeopathy, Kaviraji, Biomedicine or Allopathic treatments and Medicare. Thus the people of the Manipuris can chose their treatment from diverse healthcare options of the country. The study area is located in a rural setting. The people of the study area need to communicate with urban centers for better access to healthcare options. Due to difficulties in communicating with the urban health care centers many of among population under study, depend on healthcare facilities that are available within their surroundings.

C. The Manipuris have their own traditional treatment system which combines *Puk-Shuba* treatment, herbal medicine, shamanic healing, ritual healing, healing related to the problem of women health, curing and preventing diseases by intake of certain foods and food-stuffs.

D. Among Manipuris, there are two groups of traditional gender based healers. One group is '*Maiba*' who are male healers of the Manipuris and another group is '*Maibi*' who are the female healers of the community. The term '*Maiba*' originated from the word '*Amaiba*' and '*Maibi*' came from '*Amaibi*'. There are some differences in treatment procedures of these two groups, but they help each other in many of their treatment events. In this study, I found some similarities between the activities of the female healers of India and the Male healers of Bangladesh. Sometime, the activities of the *Maibas* and *Maibis* are overlapped. They basically do not remain confined within their gender specific treatment activities and also in many of their healing procedures.

E. *Puk-Shuba* is a unique technique of healing in ethno-medicinal practice of the *Meiteis*. The literal meaning of *Puk-Shuba* is pressing on bowels or nerves around the navel with fingers or massaging the same. Most of the *Meiteis* believe that this treatment has certain

similarities with that of massage therapies practiced by the folk healers of Thailand and Philippine. In Manipuri community, the experienced healers practice the *Puk-Shuba* treatment. Generally male healers of the community perform the treatment, but the *Maibis* or female healers of the Manipuris also are knowledgeable about the treatment procedure. To recover from gastrointestinal problem, dysentery, male impotency, menstruation related diseases and so on are treated by applying the *Puk-Shuba* treatment. Alongside other treatment techniques, the healers of the Manipuris also apply the *Puk-Shuba* treatment to treat a patient.

F. Another popular treatment among the *Meiteis* is 'Herbal Treatment' which is comparatively inexpensive and Manipuris believe that it can cure the diseases without any side effect. By using different herbs and its extracts, roots of herbs, herbs with minerals and animal substances the medicines are prepared. The herbal practitioners claims they can heal the *Arum-Lai-Hou* (Fever), *Napu Kaabi* (Jaundice), *Lai Thokpa* (Chickenpox), *Nungshong* (Piles), *Yanaba* (Toothache), *Kusthi Laithung* (Leprosy) and many other diseases with their herbal medicines.

Healers provide herbal treatment to their patients along with other treatment procedures, if necessary. The herbal healers of the Manipuris claim that they are capable of curing different critical diseases which are difficult to be treated by allopathic treatment or another alternative medicines. There are variations in formulas for preparing herbal medicines. Certain medicines are prepared by the *Meitei* healers by using leafs, roots, barks, plant stems, flowers, fruits and other parts of plants and trees. Sometimes, they just go for raw plants and its parts as ingredients for preparing herbal medicines. The herbal healers sometimes use various elements like minerals, liquids, animal substances mixed with herbs for treating patients. By using animal organs, body parts and other stuffs from animals, the healers of the Manipuri community also prepare herbal medicines.

G. Among the Manipuris, one group of the healers also performs some shamanic activities to protect the people from various sufferings. They can be treated as Shaman who with benevolent intentions tries to cure and relieve an ill person suffering from both physical and mental ailment. Both the male and female healers practice this healing method in Manipuri community. This type of treatment mostly provides a psychological support to the patients and as well to their relatives. But for biomedical healers, this treatment method is unscientific and as such has no validation.

In shamanic activities of the *Meitei* healers, the *Maibas* heal the patients by providing amulets or sacred spells. They believe that this practice needs the wisdom and inner power of the healers that are related to the spiritual world. They provide paper amulet with drawings of the postures of *Pakhangba*. This is related to their religious and mythological traditions. The *Maibas* as an alternative to *Pakhangba paphal* amulet, also give support to the patients with other healing techniques. These alternative techniques are also related to divine activities of the healers. It includes spiritual actions and shamanic power of the *Maibas*. For treating *Tinkhak Yubaa* (Skin Abscesses), *Shatrug* (Leprosy), *Pangthaba* (Paralysis) and so on, *Maibas* apply the above treatment to heal the patients. Some sacred images and numerical equations also are used as paper amulet by the *Maibas*. In many cases, these pictures and equations are also applies in planchette. For this, the *Maibas* draw a particular spell or figure on floor and call the spirit by applying their shamanic power and ask the evil spirit to leave the ill person's body. They also exorcize the evil spirit by reciting some spells. Some spells are like poetries and used as chants by the *Maibas* to heal the people from evil shadow, black magic, headache, stomach pain, body pain, rheumatism, scrofula and so on. The *Maibas* of the Manipuris also use certain stones, animal organs, minerals, some metal made elements, clay, mud and others stuffs during their healing process.

In shamanic healing, the female healers play an important role in Manipuri community. They perform various rituals through chanting sacred spells, offering to the god and goddesses and by creating a magical surroundings through their performances. In most cases, the *Maibis* try to communicate with spiritual world as mediators for benevolent purposes which are beyond the understanding of the general people and to modern science. By applying charms and incantations, the *Maibis* try to cure sexual problems created by the curse or black magic, pain during menstruation of the women, spell out a person and so on. In healing through possession, the *Maibis* arrange a magical surroundings and call the spirit within their bodies. With the help of that spirit, they try to help the ill people to heal.

H. Another ethno-medicinal practice is found among the *Meiteis* that is performed by ritualistic activities by the healers. By practicing these rituals, a group of practitioners try to heal the ill people or protect the persons from various ailments and sufferings. The *Meitei* practitioners perform different rituals to keep peace in their society also.

Most of the patients of ritual healing actually suffer mainly from psychological problems rather than physical ailments. According to *Maibas* these are caused by malevolent activities of the enemies and by supernatural forces ultimately. Therefore, the practitioners try to recover these problems through performing ritual activities. By ‘*Chaban Thaba*’, the healers of the Manipuris try to heal the patients or relieve the victims from the evil eye or spiritual possession, black spells organized by the enemies or of the other practitioners. The ritual is performed to please the god or goddess so that they help the patients to get cured. In another type of spirit possession, the practitioners arrange a conversation with possessing spirit through bargain to the same to free the patient from spirit possession. There are some healers in Manipuri community who try to release the evil spirit from the patient’s body after fulfilling the spirit’s demand. Moreover, a group of practitioners draw a diagram on floor for receiving the essence of the spirit within his own body or in a person’s physic who belongs to Libra zodiac to heal the patient. In this case, they try to know the causes behind the illnesses from the spirits by arranging a ‘*Chakra*’.

The Manipuri people maintain all religious ceremonies and rituals in different phases of their life to protect their health and mind from all possible sorts of bad happenings. They also follow certain taboos. For instance, during menstruation women are not allowed to enter in the kitchen and barred from touching any religious scripts or participate in any sacred matters. Pregnant women are not allowed to go outside of the house keeping their hair untied. Also, during post pregnancy period, women are considered as untouchable among Manipuris. For washing hair, Manipuris made natural herbal shampoo called as ‘*Chinghi*’. For drinking clean water, Manipuris make indigenous water purification machine. The Manipuris wear *Urik* (one kind of necklace, made by Chandan wood), *Jantra* (Amulet), *Shindur* (Vermillion of Chandan), *Mityengtadanaba-lik* (a necklace for baby to protect from evil eye) and other stuffs. These are believed to be protector of the health from evil eyes. After death of a person, Manipuris keep a bone from forehead of the deceased person so that no evil can enter their home. After one year, the bone is to be thrown away in the river ‘*Ganga*’. Manipuris build their houses by keeping in mind that wrong placing of the house structure can affect their health and body. Therefore, they try to build their houses with front facing towards east. This allow the sunlight of the early morning to enter the house that has positive effect on human body. During construction of the house Manipuris from beginning to the end follow various rules so that the house keeps the inhabitants healthy and in good shape. After completion of the construction of house,

it is washed and cleaned by the *Tairal* Leaves (leaves of wood tree) or the basil. It is believed by the Manipuris that cleaning and washing of newly constructed house with these leaves can bring good health to the inhabitants. The Manipuri people try to maintain all of the above steps for maintaining good health from birth to death by performing different rituals and customs.

I. Treatment of women health problem is a branch of ethno-medicinal practice of the Manipuris. In their life cycle women face various health related problems come. For instance, problems during menstruation, watery vaginal discharge, malnutrition, bladder overflows, burning during urination, abdomen pain and so on. In Manipuri community, the childbirth is also considered as a serious health related matter for the wellbeing of women. Most of these problems related to women health are handled by the female healers of the Manipuris. In certain instances, the male healers provide herbal medicines, puffed by their sacred verses, spells and so on to heal these problems. Besides, there is a group of female traditional healers in Manipuris who use their indigenous knowledge during delivery time of the women. Some rituals are followed by the female healers or *Maibis* during childbirth in Manipuri community.

J. To identify the health condition of a community, it is necessary to clarify the nature and types of food intake by the community people. Manipuris consume different kinds of vegetables and plants as foods that have medicinal properties. Food preparation processes of the Manipuris are also different from other communities residing in Bangladesh and it reflects their rich cultural heritage within the greater cultural arena of Bangladesh. They produce certain unique kinds of vegetables, herbs and animal stuffs and consume those as foods. These are *Phakpai, Mayangba, Toningkok, Awaphadigom, Zenom, Ishing Ikaithabi, Yongchak, Laitharoi, Hawaiiar, Ushoi, Heina etc.* Also, there are some food and foodstuffs which are prepared for performing certain rituals for instance; *Eronba, Amerpi, Champhudh, Shinjhu, Chamdhong, Ushoi Ironba, Kanji, Voutong, Uti, Chakempomba etc.*

Like Bengali plain land population, rice is the staple food of the Manipuri community. They consume rice by mixing the same with different vegetables. Pulses. Meat, eggs, garlic and onion are prohibited in them. Although, the cow meat is forbidden for the Manipuris, its milk is sacred to them. During pregnancy, or during menstruation and in some in special circumstances, some foods are forbidden to them. Most of the clans have their own taboo on some foods which they follow and maintain.

To stay healthy, the Manipuris keep themselves and their environment clean. They use fresh water for drinking, cooking, washing and bathing. For drinking and cooking, most of the households of the study area use tube well water or well water. For bathing and washing clothes and utensils Manipuris use Pond water. Most of the households in the village either have ring slab latrines or sanitary latrines.

K. Manipuris live in a pluralistic healthcare setting. For treating ailments Manipuris can choose from different health care options available in Bangladesh. Popular, folk and professional- all three sectors exist in the study area. During my fieldwork I found that out of 47 study households, 17 households were totally depend on traditional healing for their healthcare. Another 11 households relied on allopathic treatment and the rest 19 households opted treatment from more than one sector.

L. Choosing different healthcare options for treatment by the Manipuris is influenced by their own beliefs, customs, norms, rituals, religious values, economic condition etc. Depending on all these factors they choose one or more options from different choices of treatment. Most of the Manipuris at first try the treatment which is cheap and easily available within their surroundings. But I found many economically solvent people to opt for traditional treatment for treating their health problems due to cultural influence. Obviously large numbers prefer to opt traditional treatment because of their economic condition. I also found some people after having allopathic treatment fall back to traditional healing for different reasons. Some also rely on allopathic treatment. Some also go for more than one option for treating their ailment, in particular for treating child related diseases. It can be said that all these attitude of the people towards choosing health care options depend to a large extent on their cultural and economic factors.

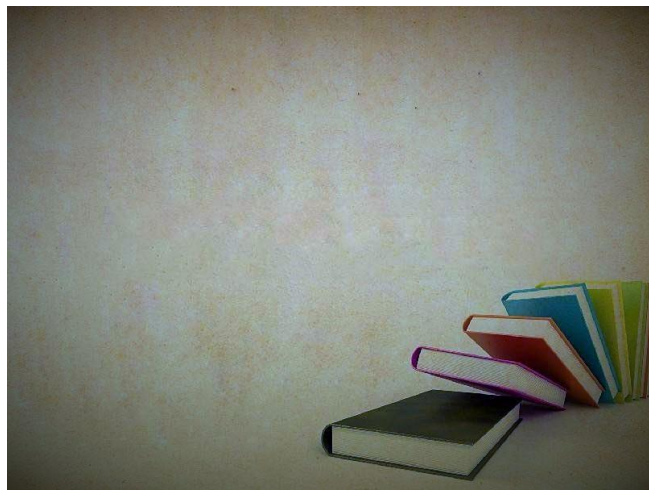
M. People in the study area suffer from different types of illnesses and diseases due to different causes. Manipuris believe that some diseases and illnesses are caused due to natural reasons. Seasonal ailment, aging, gender based health problems and so on are considered as natural reasons. On the other hand Manipuris also believe that some diseases are caused by evil eye, sin, imprecation, enmity and such super natural reasons. In case of diseases caused due to super natural reasons the patients may behave like abnormal persons. For treating diseases caused by natural reason Manipuris seek treatment from herbal healers or from allopathic doctors or go for other options of healthcare. But, in case

of treating abnormality or diseases caused by super-natural power, Manipuris for treating such patients depend on their traditional healers. The traditional healers treat the patients with their sacred and hidden spells and verses. The healers worship the god and goddesses and provide different treatment to the patient by performing special rituals.

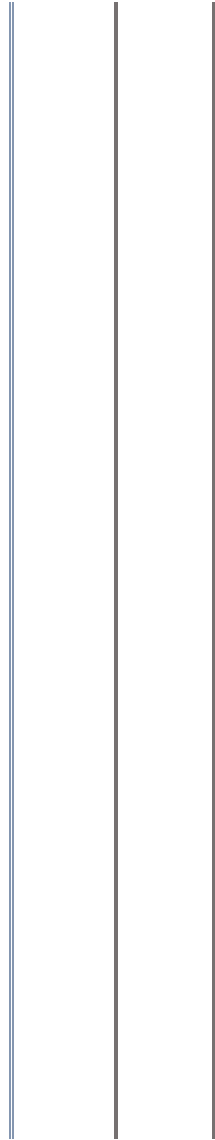
N. The traditional treatment system of the Manipuris is still quite popular among the population under study. The treatment is quite popular in Manipur state of India the original home of the Manipuris. Ironically, for the *Meiteis* of Bangladesh it is gradually becoming difficult to properly train themselves on various healing process of their traditional treatment system due to economic, political and social reasons. Most of the healers in Bangladesh now a day's practice their treatment procedure based on the knowledge transmitted to them from their ancestors. Some healers' possess written scriptures on the healing procedure of their traditional treatment process inherited from their ancestors. In the stream of time many changes in the treatment system of the *Meiteis* in Bangladesh have occurred. A small number of traditional healers could still be found in the Manipuri community who have received training on their traditional treatment system. They took the training from healer association in Manipur India and such training is considered as very prestigious for the *Meiteis*.

O. Among the *Meiteis*, traditional healing method is still quite popular. But changes are taking place in the life patterns of the study population rapidly and it can be assumed that the influence of such changes will gradually diminish the necessity and importance of traditional *Meitei* healing procedure in future from the Manipuri community. People from the study area are now migrating outside from their villages mainly to combat economic pressure. For earning their livelihood *Meiteis* are constantly coming in contact with modern life pattern and health seeking behavior. Consequently, changes have also been taking place in their mental faculty too about the modern healing procedure and their ethno-medicinal practices. For that, their dependency on traditional treatment has been decreased as before. Some of the respondents of the study area showed inclination towards allopathic medicine for treating diseased persons for quick recovery that ethno-medicine cannot provide. Indications are clear that *Meiteis* have been gradually tilting towards allopathic treatment from their traditional medicines.

In spite of much advancement in providing modern Allopathic medicine to the people of Bangladesh, there still exist various options of treatments for the mass population. In rural set up and even in urban areas of Bangladesh for treating their ailment, along with modern medicine, people also seek help of folk medicines and these are quite popular. Some of these could be fake, but at the same time it needs to be accepted that there are some traditional treatment procedures that still exist and have scientific properties. But unfortunately very little has been studied on such treatment procedures which are still very much preserved in the cultural heritage of Bangladesh. Ethno-medicinal treatment procedures among different groups are some of them. These treatment procedures are based on the cultural beliefs and practices of specific ethnic groups. Earlier, health seekers and practitioners had deep faith on such ethno-medicinal treatments. Since treatments under ethno-medicine are done with the help of different herbs, plants and techniques it can easily be assumed that ethno-medicine certainly have scientific and logical values which need to be explored. At the same time, ethno-medicine has social and cultural values too. The spells, amulets and massages linked with the treatment under ethno-medicine, create psychological impact on patients which helps patients to get quick recovery from ailment. Again the rituals performed during the practice of ethno-medicine also have social importance, because it involves the community as a whole and as such it keeps the social fabrics cohesive. In this study on ethno-medicinal practice of the *Meiteis*, I tried to address all the above issues. Moreover, the data of this research on certain unexplored aspects of ethno-medicinal practice among the Manipuris will be helpful to develop the healthcare programmes of the community. This study may raise many new questions on ethno-medicinal practice of the Manipuris.



BIBLIOGRAPHY AND REFERENCES



BIBLIOGRAPHY AND REFERENCES

Ahmed, Faisal Md. and Singh, Lakshmikanta, 2007, *State of the Rural Manipuris in Bangladesh*, Ethnic Community Development Organization (ECDO), Sylhet, Bangladesh.

Ahmed, Md. Faisal. 2006, "Assimilation: A Challenge for the Indigenous Culture and Custom", *Journal of Ethnic Affairs*, Vol II.

Ahmed, Neaz. 2010, *Research Methods in Social Science*, A H Development Publishing House, Dhaka, Bangladesh.

Amick, Benjamin C., Walsh Diana Chapman & Others (ed.), 1995, *Society and Health*, Oxford University Press Inc.

Barth, Fredrik. 1993, *Balinease Worlds*, the University of Chicago Press.

Barth, Fredrik. 1987, *Cosmologies in the making: A generative approach to cultural variation in inner New Guinea*, Cambridge University Press.

Bernard, Russell. 1988, *Research Methods in Cultural Anthropology*, California, SAGE Publications.

Blanchet, T. 1984, *Meanings and Rituals of Birth in Rural Bangladesh*, the University Press Limited, Dhaka, Bangladesh.

Boban K. Jose. 1998, *Tribal Ethnomedicine: Continuity and Change*, A. P. H. publishing Corporation, New Delhi, India.

Brown, Peter J and Closser, Svea (ed.) 2016, *Understanding and Applying Medical Anthropology*, Third Edition, Routledge, New York, USA.

Chaudhury, Sukant. K (ed.), 2006, *Culture, Ecology and Sustainable Development*, Mittal Publications, New Delhi, India.

Choudhury, Manabendra Dutta. Bawari, Meenakshi and Singha, Shyamali L. 2010, "Some Antipyretic Ethno-medicinal Plants of Manipuri Community of Barak Vally, Assam, India" in *Ethnobotanical Leaflets* 14:21-28.

Chowdhury, Anwarullah and Rashid, Saifur. 1995, *Nribijnan (A Study of Anthropology)*, Bangla Academy, Dhaka, Bangladesh.

Devi, Dhanapati. Dr. L. 1995, *Folklore on the use of Indigenous Plants and Animals in Manipur (Vol-1)*, Keisamthong Irom Pukhri Mapal, Imphal-795001, India.

Devi, Loitongbam Sunita. 2003, "Ethnomedical Practice in Manipur: A Case of Evil Eye" in *Anthropologist*, 5 (1), 25-40, Kamla-Raj.

Elling, R.H. 1981, "The Capitalist World system and International Health" in *International Journal of Health Services II* (1):21-57.

Ember, Carol R. and Ember, Melvin. 2004, *Encyclopedia of Medical Anthropology: Health and Illnesses in the World's Cultures*, Kluwer Academic / Plenum Publishers.

Ernst, Waltraud. 2002 *Plural Medicine, Tradition and Modernity 1800-2000*, Routledge, London.

Fetterman, David M., 1989 *Ethnography: Step by Step*, SAGE publications, Inc., USA.

Foster, G.M. and Anderson, B.G. 1981 *Medical Anthropology*, Newyork, John Wiley K Sons.inc.

Grifo F, Rosenthal J. 1997, *Biodiversity and human health*, Island Press, Washington DC, USA.

Hardon, Anita. 1992, *Applied Health Research Manual: Anthropology of Health and Health Care*, Cip Data Konkinklijke Bibloteek,Den Haag, Natherlands.

Helman, Cecil. G. 1994, *Culture, Health and Illness: An Introduction for Health Professionals*, Butterworth-Heinemann Ltd, London.

Hodson, T.C. 1908, *The Meitheis*, David Nutt, 57, 59 Long acre.

Islam, Mahmuda 1980, *Folk Medicine and Rural Women in Bangladesh*, Women for Women, Research and study Group Dhaka, Bangladesh.

Islam, Mahmuda. 1985, *Women, Health and Culture*, Women for women research study group, Dhaka, Bangladesh.

Jain S. K., 1994, *India the Land and the People Medical Plants*, National Book Trust, India.

Jingfeng, Cai. 1988, *Eating Your Way to Health: Dietotherapy in Traditional Chinese Medicine*, Foreign Languages Press, Beijing.

Johnson, Thomas M. & Sargent, Carolyn F. (ed.), 1990, *Medical Anthropology: A Handbook of Theory and Method*, Greenwood Press, New York.

June, 2012 Community Report, Moulvibazar Zila, Population and Housing Census 2011, Bangladesh Bureau of Statistics, Statistics and Informative Division, Ministry of Planning.

Kader, Md. Abdul (ed.), *Right: A Journal for Development and Research Activists*, Ethno-Medicine in Bangladesh, National Policy advocacy Cell, Samata, Vol. No.4, September 2003. Pp-45-80.

Kleinman, Arthur. 1980, *Patients and Healers in the Context of Culture*, University of California Press, Ltd, London, England.

Krippner, S. 2003, "Models of Ethnomedicinal Healing", Ethnomedicine Conferences, Munich, Germany 26-27 April and 11-12 October.

Krippner, Stanley. 2009, "The Future of Ethnomedicine". In L. Freeman, *Mosby's Complementary & Alternative Medicine: A Research Based Approach*, (3rd ed., pp. 574-580). St. Louis, MO: Mosby/Elsevier.

McElory, Ann & Townsend, Patricia. K., 1985, *Medical Anthropology in Ecological Perspective*, Westview press, USA.

Methodologies to Support Endogenous Development, December 2009, Endogenous Development Magazine No 5.

Mollick, Bissojit. 2000, *Indigenous Treatment in the Rural Community*, Trinomuul Uddayge, Vol-2, Bangladesh Resource Centre for Indigenous Knowledge, Lalmatia, Dhaka, Bangladesh.

Park, K. 2015, *Park's Textbook of Preventive and Social Medicine*, 23rd edition, M/s Banarsidas Bhanot Publishers, Prem Nagar, Jabalpur, India.

Pelto, Perthi J., 1996, *Anthropological Research*, Cambridge, Cambridge University Press.

Ponto, Julie. 2015, "Understanding and Evaluating Survey Research", *Advanced Practitioner.com*, Vol 6, No.2, Harborside Press.

Population and Housing Census 2011, Community Report Moulvibazar Zila-2012, Bangladesh Bureau of Statistics, Statistics and Informative Division, Ministry of Planning.

Population Census, 2001, Community Series, Zila: Maulvibazar, Bangladesh Bureau of Statistics, Planning Division, Ministry of Planning.

Population Census, Community Series, Zila: Maulvibazar, Bangladesh Bureau of Statistics, 2001, Planning Division, Ministry of Planning.

Promud, Hamom. 1997, *Manipuri Sahitya O Sangskrity*. (Manipuri Cultural Development, Promotion & Study Centre), 57/1, East Raja Bajar, Tajgaon, Dhaka.

Rashid, K.M., Khabiruddin, Md. and Hyder, Sayeed (ed.) 1999 *Textbook of Community Medicine and Public Health*, RKH Publishers, Dhaka, Bangladesh.

Rizvi, S.N.H. (ed.), *Bangladesh District Gazetteers Sylhet 1971*, Bangladesh Government press.

Sattar, Abdus. 1983, *In The Sylvan Shadows*, Bangla Academy, Dhaka, Bangladesh.

Setzer MC, Werka JS, Irvine AK, Jackes BR, Setzer WN. "Biological activity of rainforest plant extracts from far north Queensland, Australia", In: Williams LAD ed. *Biologically*

Active Natural Products for the 21st Century, Research Signpost, Trivandrum-695 023, Kerala, India 2006, 21–46.

Sheram, A. K. (compiled by), 2012, *Learners' Primary Book of Manipuri (Meitei) Alphabet*, Manipuri Vasa Gobesona O Unnoyon Sangstha, Kolkakoli, Laladighirpar, Sylhet, Bangladesh.

Sheram, A. K. 1996, *Bangladesher Manipuri: Troyi Sankritir Tribeni Songome*, Agami Prochashoni, Banglabazer, Dhaka, Bangladesh.

Sheram, A.K. 1993, *Monidipto Manipuri-O-Bishnupriya Bitarka – Itihashe Darpane Dekha*, Bangladesh Manipuri Sahitya Sangshad, Topobon, Lamabazar, Sylhet.

Singer, M. 1981, "The social Meaning of Medicine in a sectarian community" in the *Journal of Medical Anthropology*, Vol-1 p.207.

Singer, Merrill and Erickson, Pamela I. 2011, *A Companion to Medical Anthropology*, Blackwell Publishing Ltd.

Singha, Bhim.Sen. (ed.) 1984, *Let History and Facts Speak about "Manipuris"*, Calcutta.

Sinha, Ranjit. 1997, *Shadhenata Sangrame Bangladesher Manipuri Samaj*, Ajkal Prakashani, Dhaka.

Tribluwan R.D. and Gambhir R.D. 1996, "Ethno-medical Pathway: A Conceptual model" in the *Estern Anthropologists*.

Tylor, E.B. 1990, *Dictionary of Anthropology*, Ashwani Goyal for GOYLSaaB, Jawahar Nagar, Delhi, India.

Walter, Mariko Namba. and Fridman, Eva Jane Neumann. (ed.) 2004, *Shamanism: An Encyclopedia of World Beliefs, Practices, and Culture*, Library of Congress Cataloging-in-Publication Data, ABC-CLIO, Inc.

Williams, LAD. 2006, "Ethnomedicine" in *West Indian Medical Journal*, ISSN 0043-3144 versao impressa, v.55 n.4 Mona set.

Womack, Mari. 2010, *The Anthropology of Health and Healing*, Alta Mira Press, a division of Rowman & Littlefield Publishing Group, Inc.

World Health Organization (WHO), 2003, Traditional Medicine, Fact sheet No 134.

APPENDIXES

APPENDIX A: INTERVIEW SCHEDULE
APPENDIX B: CHECKLISTS
APPENDIX C: MAPS
APPENDIX D: PHOTOGRAPHS

Appendix A



Interview Schedule

For Conducting Survey on the Songaon Villagers

6. Income of the Family Members:

SI No	Sources of Income	No	Nature of Job/Position	Monthly Turn out	Total
01	Agriculture				
02	Service	Government			
		Private			
		NGO			
		Others (Specify)			
03	Business	Large			
		Small			
04	Labor	Agricultural			
		Non-Agricultural			
05	Others (Specify)				
Total					

7. Housing Structure:

Types of House	No. of Bed Rooms	No. of Living Rooms	Kitchen	Store House	Cowshed
Brick House with Concrete roof with bricked floor					
Brick House with Tin roof with bricked floor					
Wooden house with bricked floor					
Wooden house with mud floor					
Bamboo fenced house with bricked floor					
Bamboo fenced house with mud floor					
Mud House with tin shed					
Mud House with thatched roof					
Others (Specify					

8. Water Use and Sources:

Sources	Cooking	Bathing	Washing	Drinking
Well				
Tube well				
Pond				
River water				
Others (Specify)				

9. Sanitation:

Types	
Open latrine	
Pit latrine	
Ring Slab latrine	
Sanitary Latrine	
Others (Specify)	

10. Land Ownership Pattern:

Categories	Total land owned
Homestead Area	
Landless (No cultivable land but may have homestead land)	
Marginal (Less than 1 bigha of land)	
Small (1.1 bigha to 3 bighas of land)	
Medium (3.1 bighas to 7 bighas of land)	
Large (Above 5 bighas of land)	

11. What are the diseases your family members normally suffer? Kindly give the Local names along with generic names:

Sl. No	Name of the Diseases the Family Members Suffer from	Generic name
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

12. What sorts of treatment do you prefer to control these diseases?

Sl. No	Name of the diseases	Types of Treatment				
		Allopathic	Homeopathic	Ayurveda	Hakimi	Others (Specify)
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

13. For combating a particular disease, as you mentioned earlier you prefer to go for a particular type of treatment procedure. Will you please narrate the reasons?

Sl No	Name of the Diseases	Reasons for choosing a Particular Healing Process
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

14. Do you prefer same sorts of treatment for male, female and children suffering from any disease? Yes No

If no, what are the diseases for treating which you go for different treatment for male, female and children?

Sl No	Name of Diseases	Categories	Treatment procedure preferred	Reasons
01		Male		
		Female		
		Children		
02		Male		
		Female		
		Children		
03		Male		
		Female		
		Children		
04		Male		
		Female		
		Children		
05		Male		
		Female		
		Children		

15. Do you know the reasons for which these diseases occur? Yes No.

If yes, will you please specify the reasons?

S1 No	Name of the Diseases	Reasons for the occurrence of diseases
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

16. Do you have any idea about.....treatment procedure? Yes No

If yes, can you please tell something about the procedure:

1.

2.

3.

4.

5.

17. Do you think this treatment procedure is effective? Yes No

If yes what are the diseases for which this procedure is effective do you think? And why

Sl. No	Procedures	Name of diseases	Why effective?

18. Do you go for multiple treatments for a disease? Yes No

If yes Why?

19. In your view, which treatment procedure is more effective?

Ethno-Medicine Bio-Medicine

Why?

1.

2.

3.

4.

5.

20. Do you think ethno-medicinal treatment is sufficient enough to treat all the diseases from which your community people suffer? Yes No

If yes why?

1.

2.

3.

4.

5.

If no why?

1.

2.

3.

4.

5.

21. What are the health care treatment facilities available in your Village?

Hospital Private Clinic Traditional healer Homeopath Unani

Faith Healers (Ojha) Others (Specify)

22. What problems do you face in getting treatment from the above?

1.

2.

3.

4.

5.

23. Do you think that traditional healing system should be preserved?

Yes No

If yes state reasons:

1.

2.

3.

4.

5.

If no state reasons:

1.

2.

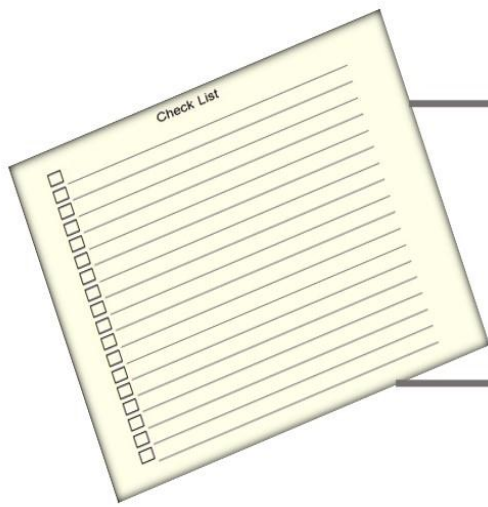
3.

4.

5.

Thank you very much for your kind cooperation.

Appendix B



Checklists

CHECKLIST

Checklist for KII (Practitioners)

Collect the social, economic and academic background of the person attending KII

1. How long practicing in the field of Ethno-medicine?
2. Is this the only profession?
3. From where the respondent learned the treatment process? Any change in the learning process?
4. How long it took the respondent to learn the treatment procedure?
5. Any reading materials/traditional books available on the treatment procedure? Name and the authors
6. What types of disease the respondent treats?
7. What are the procedures the respondent follows to treat different types of diseases? (Food taboos, living, clothes, etc)
8. What are the ingredients the respondent use for preparing medicines for treating different diseases? From where the respondent collects the ingredients?
9. Can the respondent explain the effectiveness of these ingredients?
10. Does the respondent perform any rituals before treating a patient? Why? What are the rituals?
11. Does the respondent treat his/her family members with traditional healing procedure? Why?
12. Why diseases occur in a person? Natural/supernatural causes?
13. Any gods or goddess related to different disease and treatment?
14. Does the treatment procedures followed by the practitioners are same among all the sub groups of the Manipuris? Types of differences

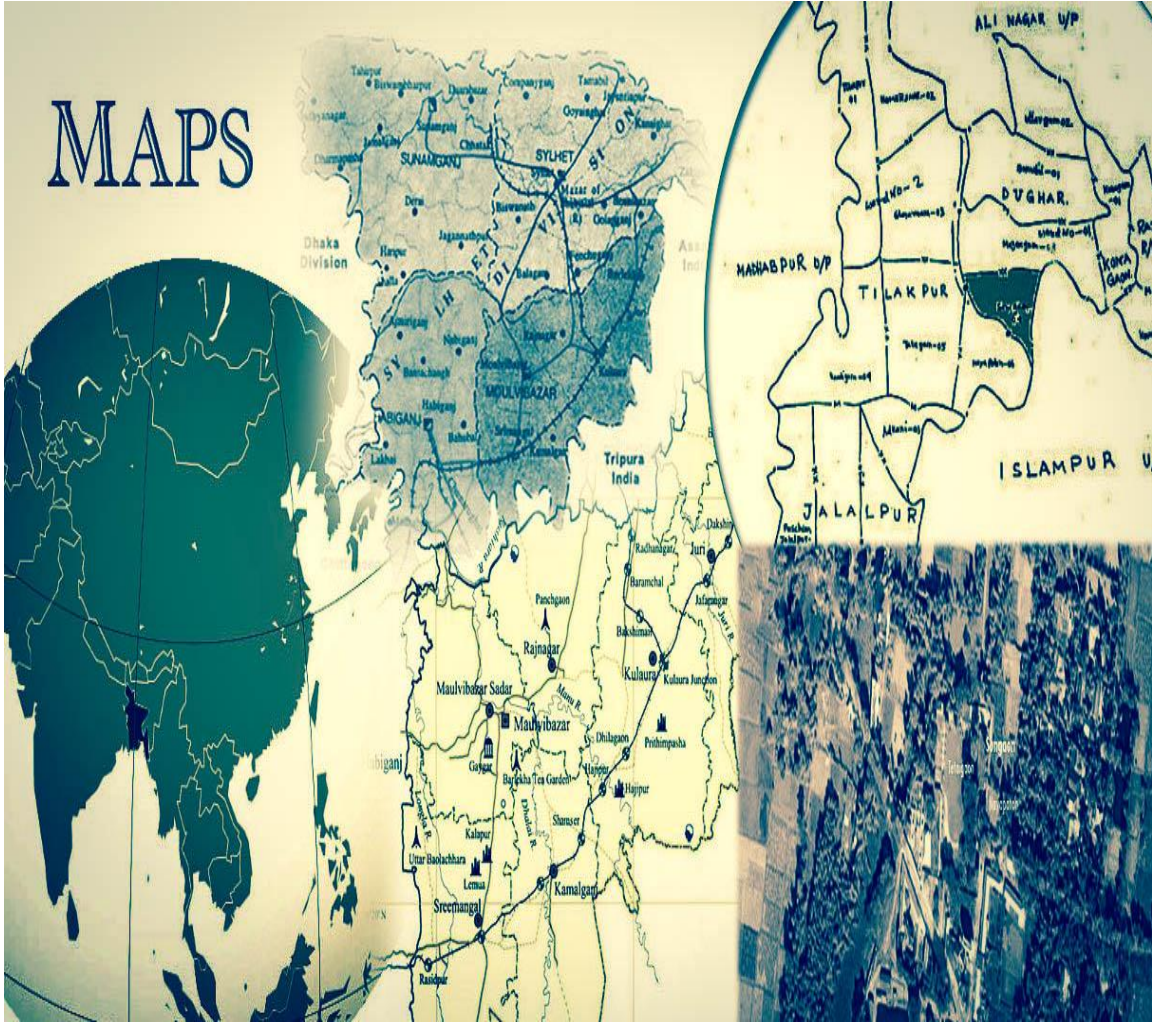
15. What types of patients normally visit the respondent?
16. How much does the respondent charge for treating a patient?
17. Does the respondent treat patients beyond his locality or in the area of other healers? Any conflict?
18. Does housing structure influence disease pattern of the community people? How and Why?
19. Does he teach his knowledge to others? Are any of his/her family members interested to learn the process?
20. Does the respondent have any chamber to treat patients? Does anyone assist the respondent in treating patients? How do the respondent choose assistant?
21. What credibility the traditional healers enjoy among the community people? Is it eroding? Reasons.
22. Views of the respondents on the difference between modern medicine and the treatment process the respondent follows? Which is more effective? Why?
23. Does the respondent think that traditional healing procedure is on decline? Why? Does the traditional healing process need support? In What way and Why?

CHECKLIST

Checklist for Socio-Economic profile of the study Population

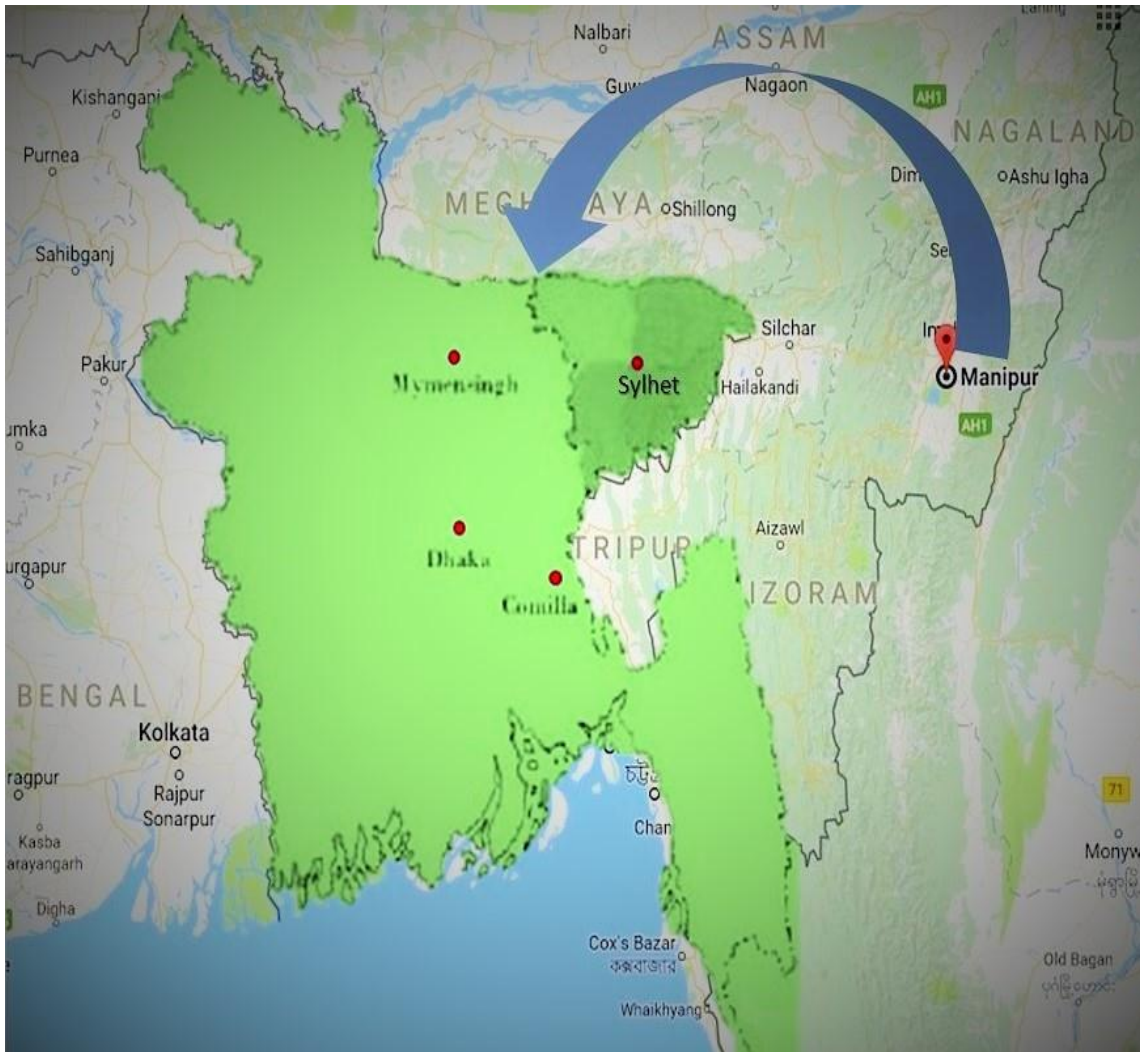
1. Educational status of the community people
2. Income sources and Occupational status
3. Communication System (Interpersonal communication, communication with other villagers and outside of the community, communication facilities with the proper of the district and division level, others)
4. Religious and other Rituals (Religious Practice, Religious Taboos, others)
5. Family Structure (Kinship Structure/Marriage/Family, Family decision making)
6. Community Governance (Who rules, community participation in decision making)
7. Housing pattern (Characteristics-how does it affect the overall health situation of the family, community)
8. Dressing pattern (Traditional dress, its importance, Changing Pattern of it-impact)
9. Concept of Purity and Pollution
10. Food habit (Food, ingredients, cooking, taboos)
11. Medicinal practice (Traditional practice, modern medicine)
12. Health practice

Appendix C



Map-7.1: Manipuri Settlement in Bangladesh after Migration from Manipur, India

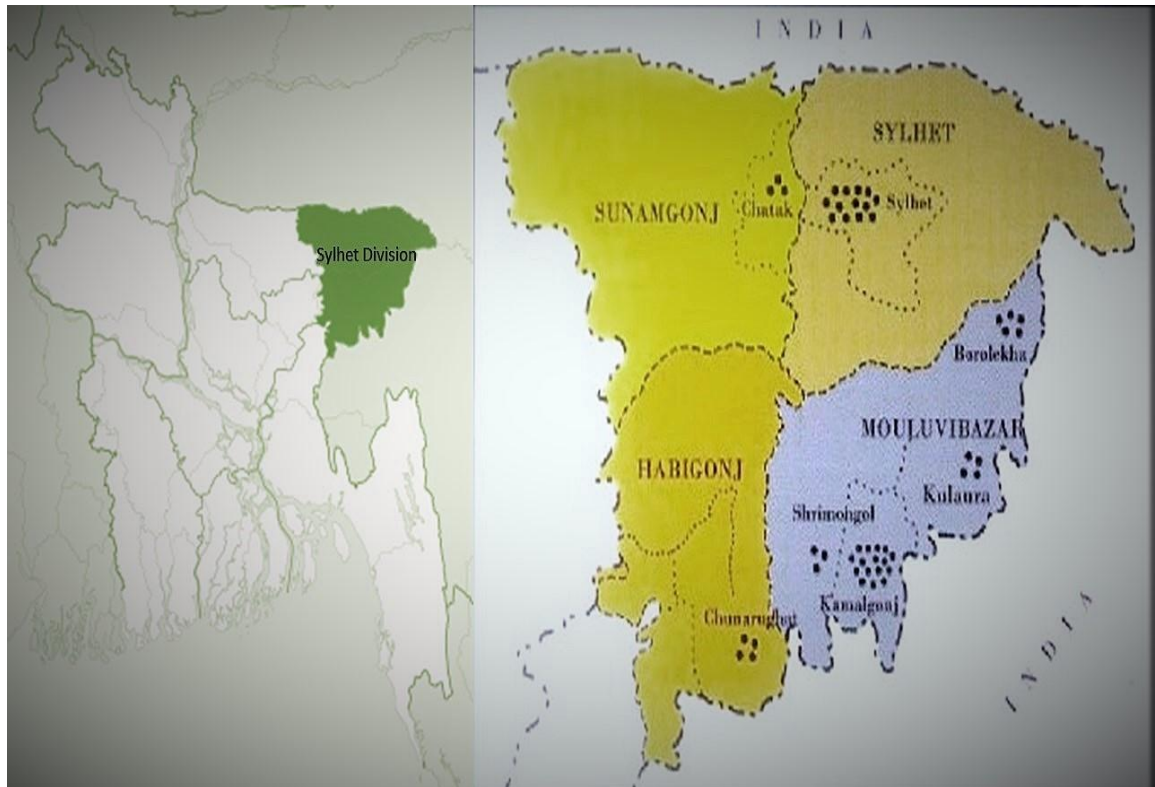
This map illustrates that the Manipuris in Bangladesh have migrated from ‘Manipur’ state of India and settled down in different locations of Dhaka city, Mymensing, Comilla and Sylhet in Bangladesh.



To indicate the location of the Manipuris in Bangladesh after their migration from Manipur, I tried to re-shape the above map. For that I took the help from a map which is basically pointed on migration of the population in Bangladesh from Manipur state. This map borrowed from an article namely “Manipuri Meiteis in Bangladesh”, published at ‘Siroi-Lily, dated by Sunday 7, December 2008 (Internet address: <http://siroi-lily.blogspot.com/2008/12/manipuri-meiteis-in-bangladesh.html>)

Map-7.2: Manipuri Areas in Sylhet Division

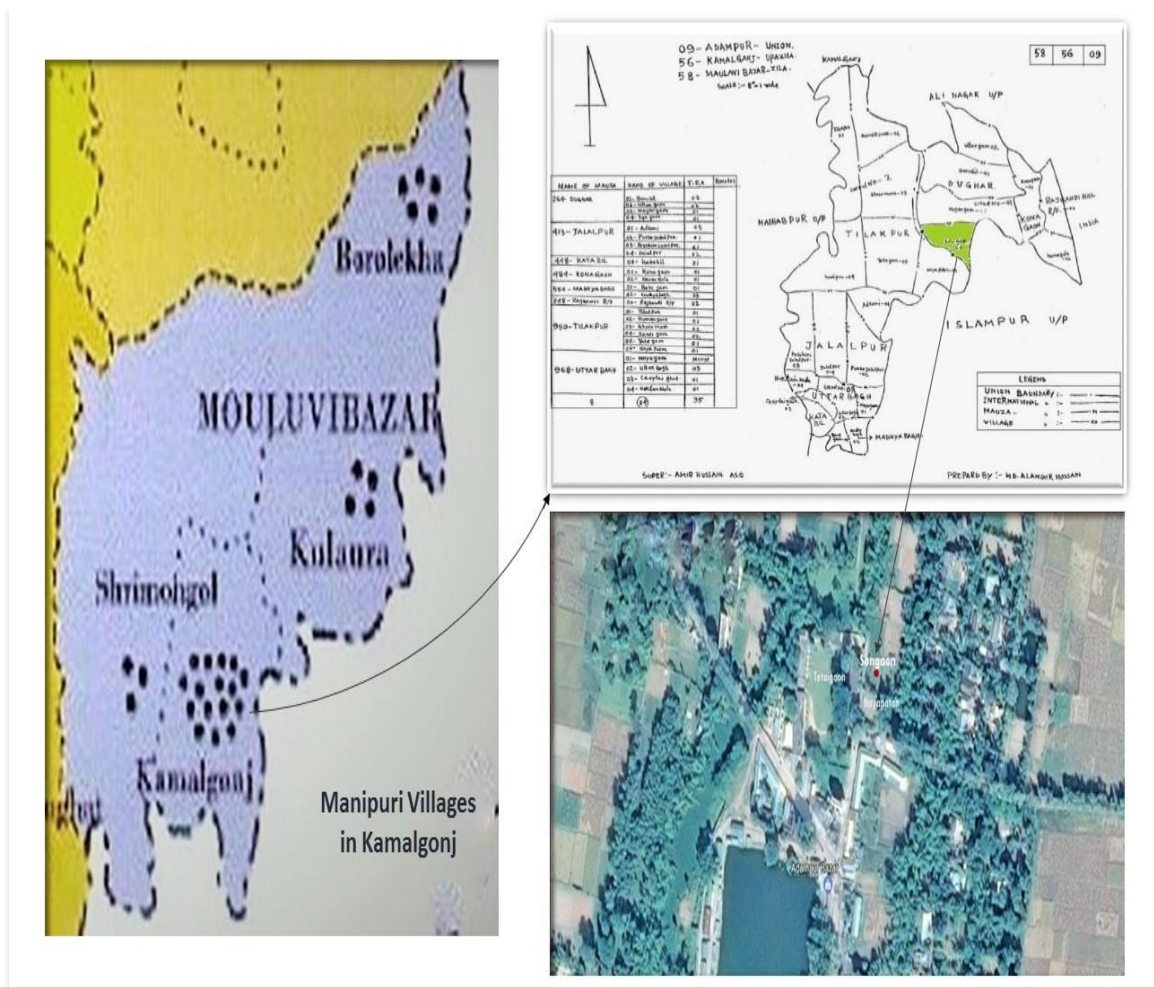
After migration of the Manipuris from India, a major part of them settled around Sylhet division that is shown from the left map below. By the right side map indicates the living areas of the Manipuris in Sylhet division in where Moulvibazar district conveys major portion of the Manipuri population compare to other three districts in Sylhet division.



The left of the above map took from Wikipedia, the free encyclopedia to explain about Sylhet division (Source: https://en.wikipedia.org/wiki/Sylhet_Division) and the right one collected from the E-Pao of the Manipuris, the article is namely “Manipuri Textile from Bangladesh and Myanmar”, Part 3, Art of Textile, written by Mutua Bahadur (http://www.e-pao.net/epSubPageExtractor.asp?src=manipur.Arts_and_Culture.Mutua_Bahadur_Art_Collection.Textile_Bdesh_Myanmar_3).

Map-7.3: Manipuri Villages in Kamalganj Upazila and Study Village ‘Songaon’

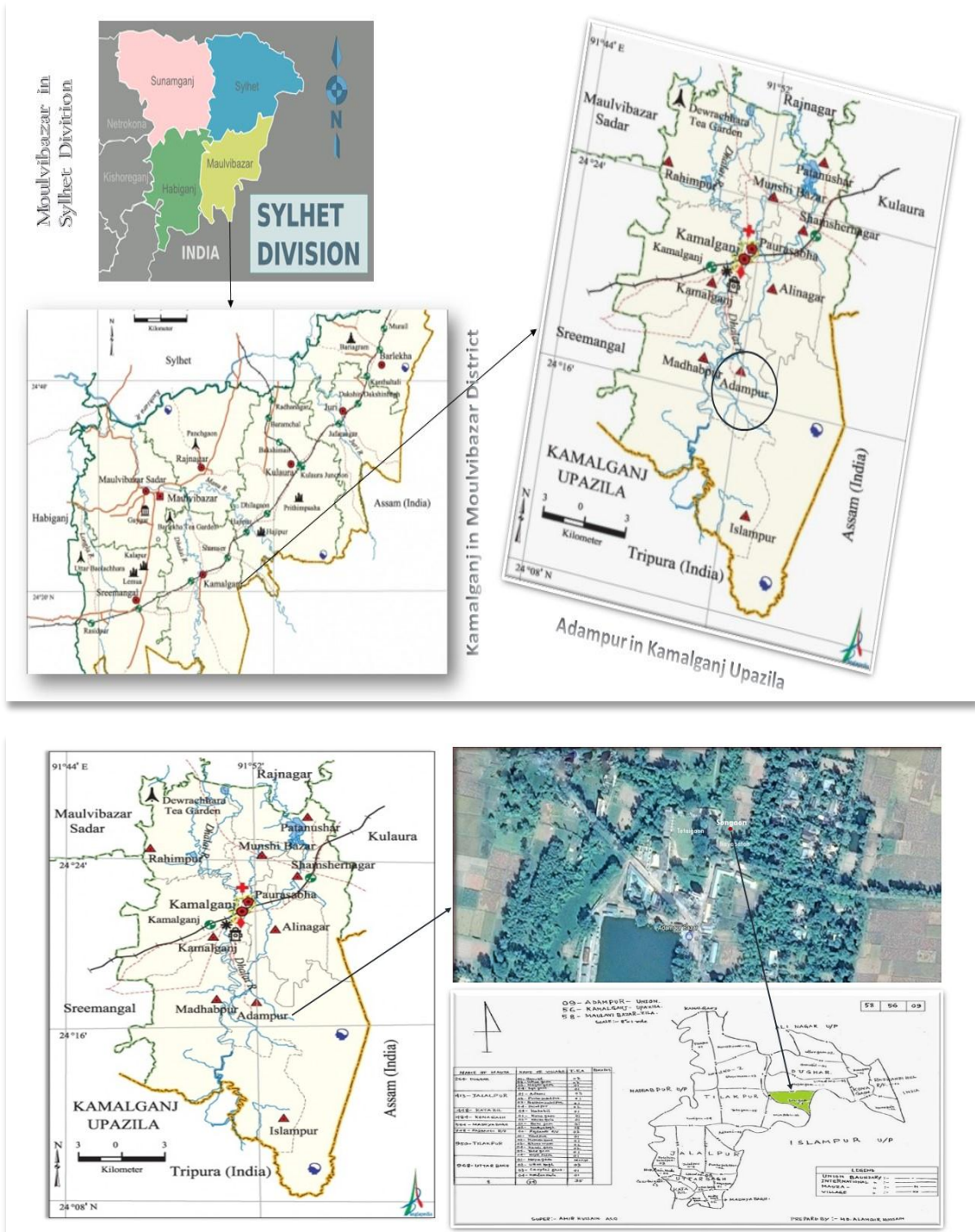
As a largest section of the Manipuris live in Moulvibazar district in Sylhet division, therefore the study area ‘Songaon’ has been selected from those areas which belongs under 'Adampur' Union Parishad of Kamalganj Upazila of Moulvibazar Zila in Sylhet Division. The study village is marked by the green color from the right side map which has also been displayed through the satellite picture below.



The right map from the top provides the location of the study area ‘Songaon’ with other villages inhabited by the Manipuris under Adampur union, collected from Kamalganj Upazila Parishad office. The satellite picture of the same area took from the Google maps by the address of <https://www.google.com.bd/mans/@24.284708.91.8597097.344m/data=!3m1!1e3>.

Map-7.4: Maps for Accuracy to Identify Location of Study

The below maps generally depict an elaboration about the study location for accuracy.



The above map of Sylhet division collected from the address namely Wiki Voyage (source:https://en.wikivoyage.org/wiki/Sylhet_Division#/media/File:Sylhet_Division_districts) and below from that namely map of Moulvibazar district took from the address, http://en.banglapedia.org/index.php?title=Moulvibazar_District. The map of Kamalganj Upazila collected from Banglapidia (source: http://en.banglapedia.org/index.php?title=Kamalganj_Upazila)

Map-7.5: Manipuri Livings in consideration of Languages in Bangladesh

There are different language based communities live in Bangladesh that is shown by the below map. The population under study belongs to the language family of Sino-Tibetan, in where other group of Manipuri community namely Bishnupriya belongs to the Indo-European language family that is more similar to the language of Bengali, Sylheti and some others in Bangladesh. This map also provides a massive support to the *Meiteis* as an original Manipuri people from the linguistic perspective.



Source: https://commons.wikimedia.org/wiki/File:Languages_of_Bangladesh_map.svg

Appendix D



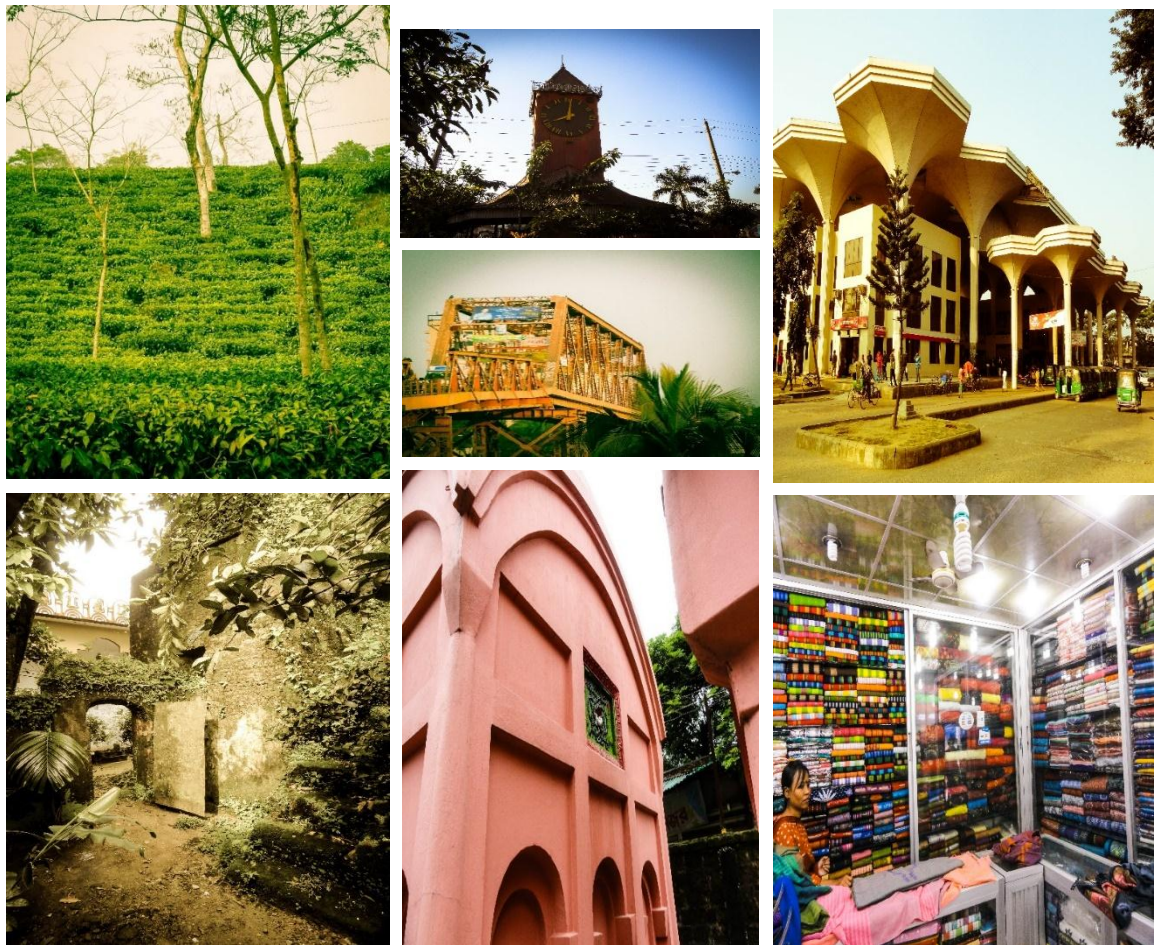
PHOTOGRAPHS

Photograph-7.1: Photographs of the Location, Story Behind the Study Area



'Songaon' Village

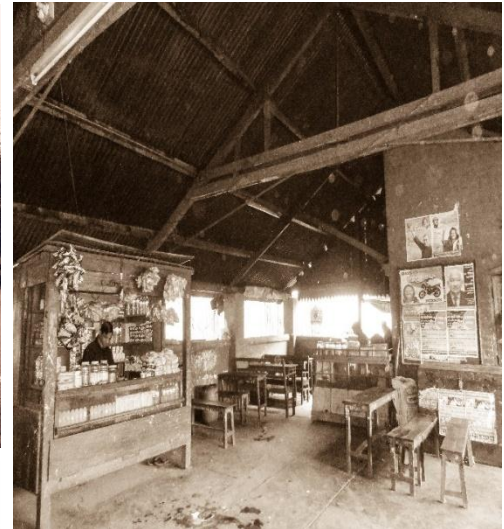
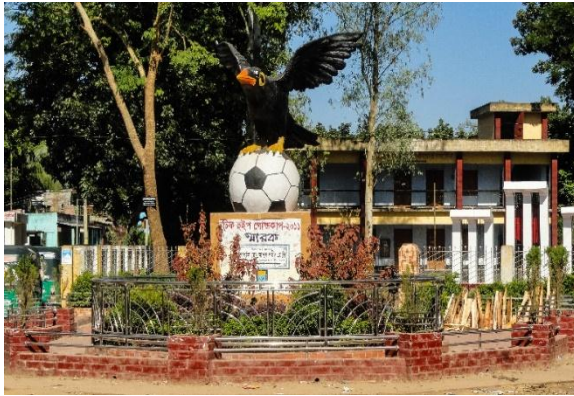
The Study Area 'Songaon' village located under 'Adampur' Union Parishad of Kamalganj Upazila of Maulvibazar Zila in Sylhet Division. There are some pictures of Sylhet, Maulvibazar, Kamalganj and Adampur in here to portray a story behind the study area.



The above images present the scenario of Sylhet district in Sylhet division. As, the study area located from this division and also a group of Manipuris live in there, it is necessary to portrait a picture of Sylhet city. It seems a story behind the study area. Moreover, few ethno-healers of the Manipuris live in some of the locations of Sylhet town who provide their healing technique among the people of Songaon village also. In this case, some patients of the study village communicate with them for receiving their treatment and the healers are also visited the village areas if the patient's family invite them to treat the patient.

I took the pictures during my fieldwork to portrait an image of Sylhet city. There are some pictures on tea garden, Ali Amjad's Clock, King Bridge and Sylhet Railway station. The below three pictures attempt to depict life and living of the Manipuris in Sylhet district. By the left from the below shows wreckage monument of King Gambhir Singha, located to Lamabazer area in Sylhet town. The next one indicate the 'Pakhangba' symbol on wall of a Manipuri temple from Rikhabi bazar area. Also, a picture of Manipuri handloom shop is presenting here.

The first three pictures present the Kamalganj Upazilla of Moulvibazar district where the study area of Adampur Union is located. The right image indicate the road of Kamalganj Upazila. There are also a famous square on the way of the study area and also a picture of Kamalganj Upazila Parishad.



To reach the study area, railway is another way of communication. One should catch a train from Dhaka to Sylhet and stop at 'Bhanugach' station of Kamalganj Upazila. There are a CNG stoppage, outside of train station. By hiring a CNG, one can easily go to Adampur bazar to reach the Manipuri villages.

‘Adampur Bazar’ is located under Adampur Union of Kamalganj Upazila in Moulvibazar. The *bazar* is surrounded by twenty four villages inhabited by the Manipuris. There are some development activities conducted by of the Government and Non-Government organizations of Bangladesh.



The above picture of village court is formed under the Union Council to settle civil and criminal cases.

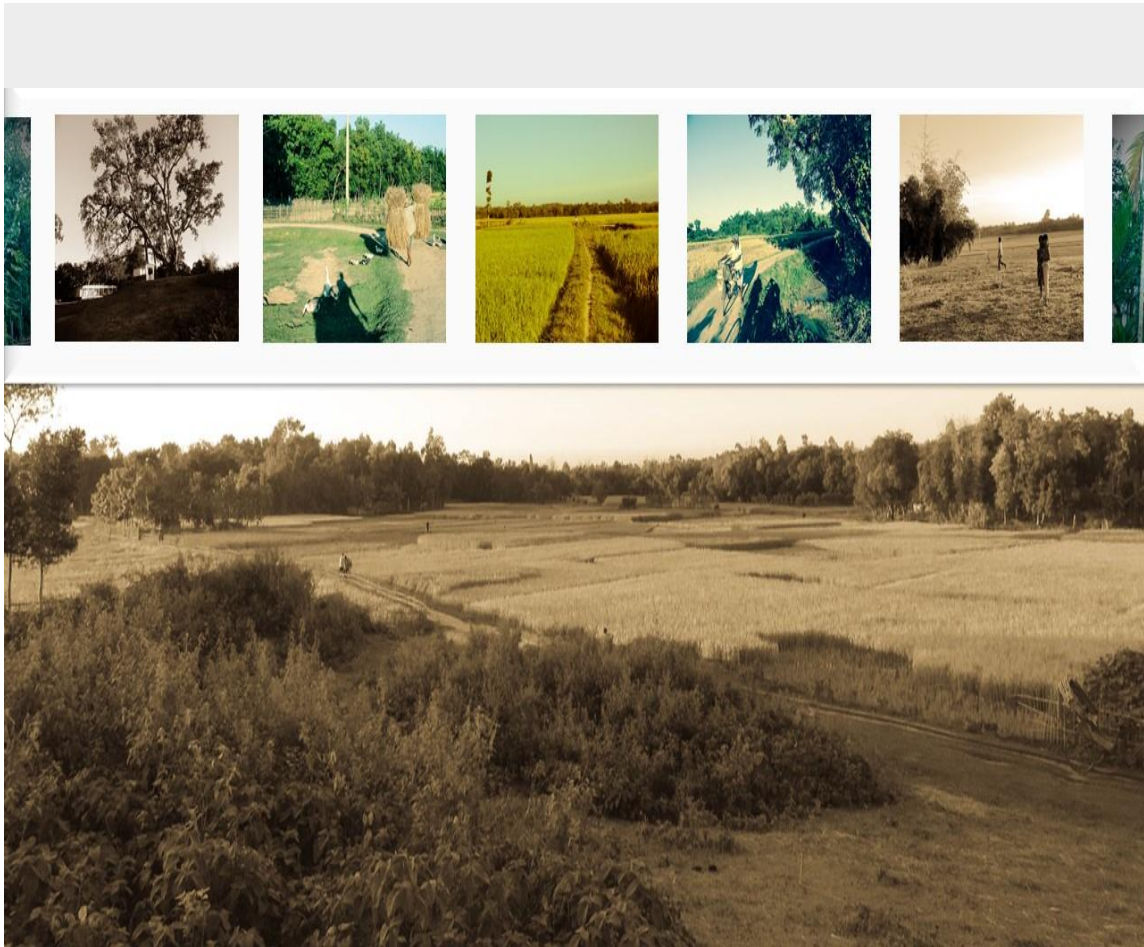


The Union information and service center located at Adampur Bazar try to ensure the information services to the village level.



This non-government organization is a member of Good Neighbors International (GNI) to improve the lives of people. They provide their services to the villagers through water and sanitation, education and other activities of them.

Photograph-7.2: Photographs of Songaon Village, the Study Area





The above pictures represent the study area ‘Songaon’ village. Most of the roads in the village are made by mud and the people communicate within village and neighboring villages by using foot way. Although, very few rickshaws and CNGs are hardly found in village road if someone come to the village from *bazar* or others urban areas. There are a rubber garden located at the end of the village area. In first picture, we can see a slop of the village. The end of the slop is merged with the rubber garden. The below of this picture shows the ‘Songaon’ Government Primary School’ with slightly hilly area. Moreover, there are paddy lands and agricultural fields around over the village area.



Most of the villagers in rural Bangladesh set a verbal boundaries of the area of a village. Similarly, the entrance of the ‘Songaon’ village is shown by the set of above images that are unwavering by the village people in orally. The village economy of ‘Songaon’ is based on agricultural activities mostly beside with some other economic events of the people.



The life and living pattern of the villagers are presenting here. The people of the Manipuri community rise early in the morning and be engage with their everyday doings. They have been ended their work with consistency and sincerity. Even in senior citizens of families and community also very firm to help their household members by participating through diverse deeds.

In using tube well water for drinking and cooking, most of the households of the *Meiteis* in village areas consist well too. Many of the villagers use well water for drinking beside with bathing and washing as well.



The village 'Songaon' is surrounded by its immense natural beauty with enormous expanses which are filled with children's pleasure and diurnal happenings of the people. The portraits denote the above statement properly about the landscape and individuals of Songaon village.



Most of the Manipuri houses in 'Songaon' village are plastered with mud and the roofs are made of thatch or tin which are shown by the above and left photographs. Very few houses are made by bricks with tin shade in village. Only a house has found during the fieldwork is made with fully brick is presented by the below picture.





After harvesting, the homestead area or the courtyard is fulfilled with ripe rice in Manipuri villages of Adampur union. In many cases, Manipuri people use a special type of shed or outhouse made with mud and roofs of tin to preserve the crops



The people also use this type of shed to keep their cattle, such as cows, buffaloes, goats and other animals.

This picture can illustrate a consequence of living standard of the Songaon villagers truly. Although, majority of the houses in village made with mud that has been mentioned earlier.



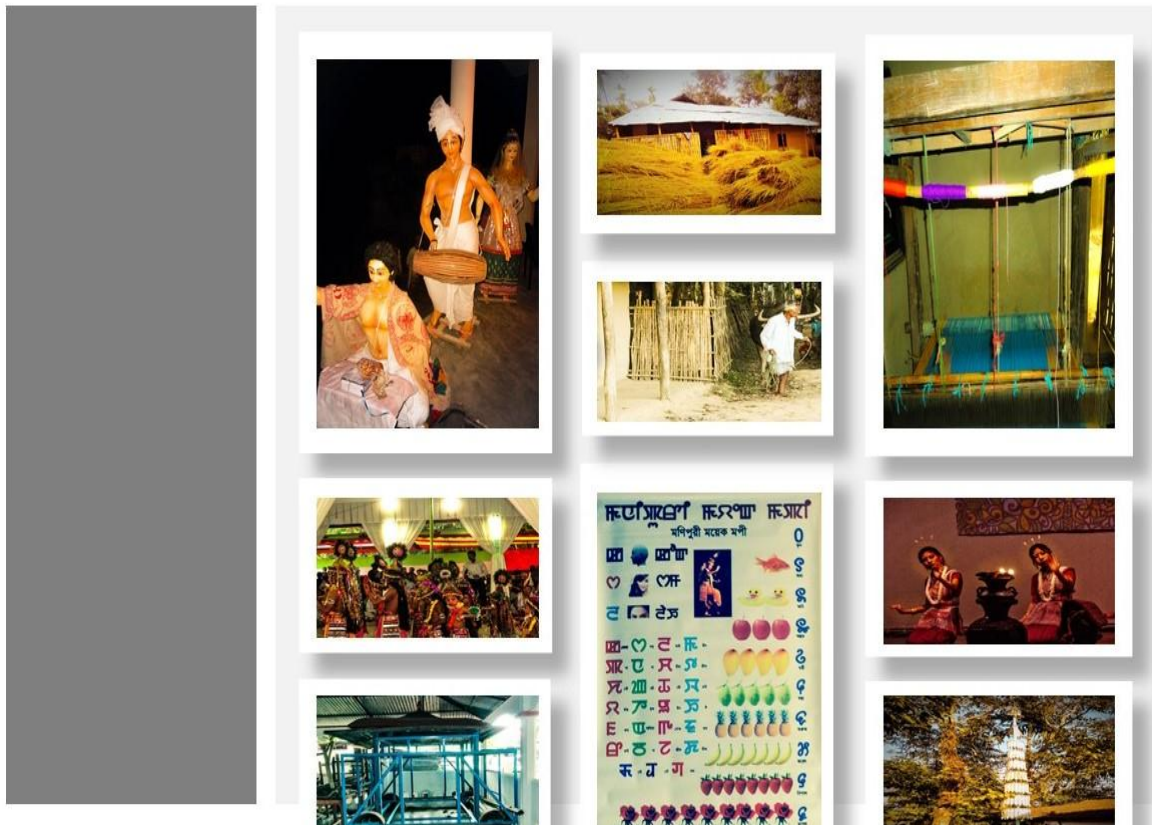


The cottage based handloom industries of the Manipuris in Songaon village also play an important role on their economy. The first picture in above depict a handloom machine of the Manipuris, uses for weaving the cloths. After weaving, the cloths need to dry in sunlight that is portrait by the right image in where the people pulled over the cloths with bamboo at beside of paddy field.

By the left two photography (below from the weaving matching picture) have been trying to illustrate their religious belief in where first one indicates a white banner which is assigning their traditional religious belief namely 'Apokpa' religion of the Meiteis. The 'Shiv' temple of Manipuris at primary school area in Songaon village has been presented by the next image. The last picture from the left side presenting a museum of Manipuri cultural artefacts located at beside the house of Maiba Bidha Ratan in Songaon village.

The image of annual sports of 'Songaon Government Primary School' is presenting here by the overhead photography.

Photograph-7.3: Photographs on the Basis of Socio-Cultural Activities of the Manipuris





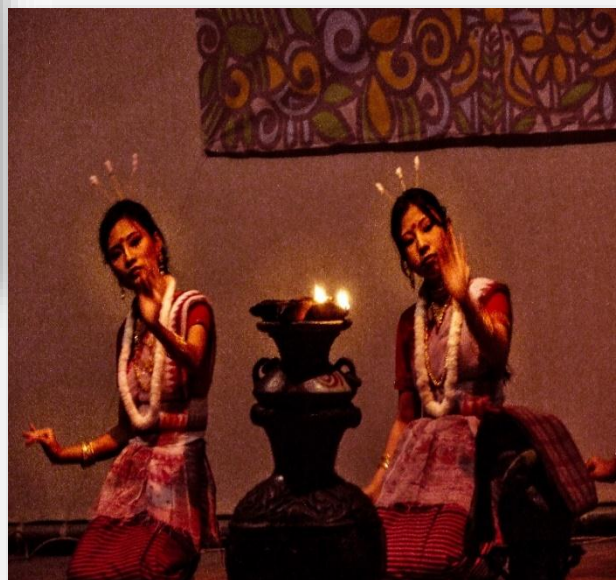
As an ethnic group of Bangladesh, Manipuris have some unique socio-cultural activities which evolved from their deep-rooted cultural heritage that have enriched their cultural identity. The above photography is a footstep to illustrate a scenario of socio-cultural actions of the Manipuris. From the first picture above basically depict their own script called '*Meetei-Mayek*'. The next one shows the religious sacred place of the Manipuris which is remaining in almost all houses of them for worshipping to their divine god and goddesses. The right picture from the top present their traditional dresses and also by the picture from the left corner of bottom portrait their traditional sarees for women, made through handloom machine by using the customary design of them. In middle photographs illustrate their classical dance namely, '*Ras-Lila*' in where the king of their community take his place to participate in the program. The next from that illustrate their traditional feast provide to the children from the customary low of the rituals. The picture of vehicle of '*Rath Yatra*' or festival of Lord *Jagannatha* is depict by the overhead picture.

These photographs represent different moments of *Ras-Lila* in *Ras Purnima* of the Manipuris. *Ras-Leela* is a Manipuri classical dance which is highly evolved dance drama purely related to their religious beliefs. The pictures took during fieldwork phase, the ceremony organized in a temple of the Manipuris under Adampur union.





The photographs depict diverse cultural activities among the Manipuris, taken from different programs, organized by 'Manipuri Shahitya Shangshad' and 'Ethnic Community Development Organization (ECDO) in Sylhet district.



Photograph-7.4: Photographs of Ethno-Healers and Ethno-Medicine of the Manipuris



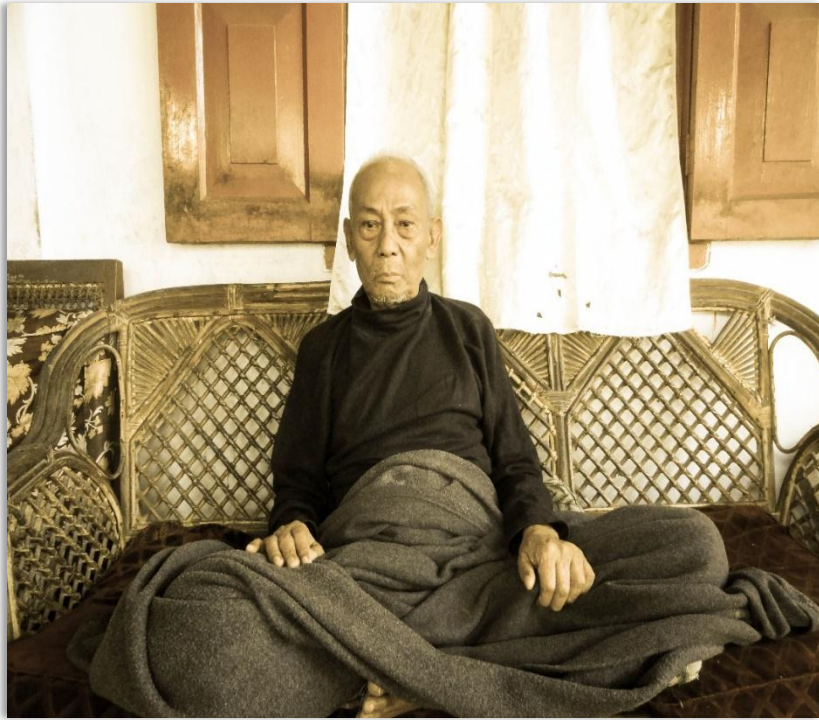
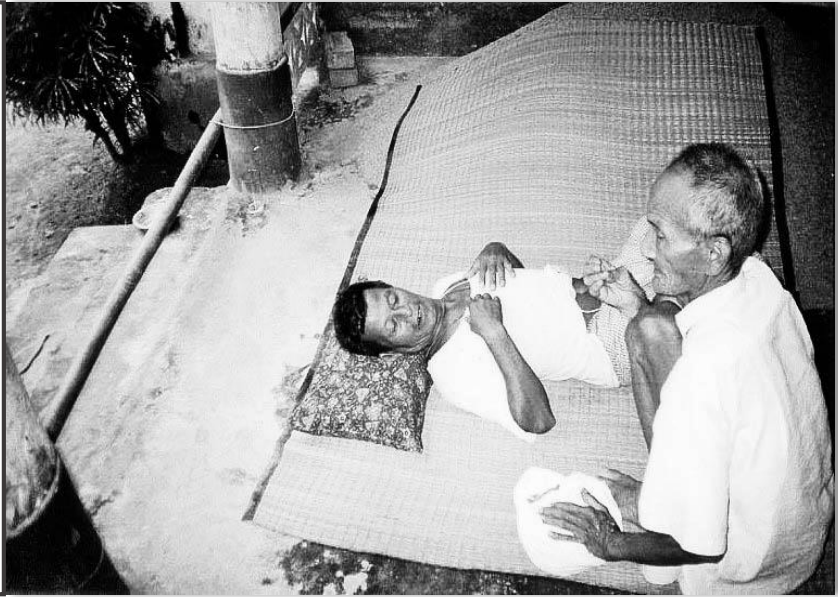


The above image of the *Maibi* from 'Songaon' village illustrates a portrait of an age group of practitioners who have a wide knowledge on traditional medical domain. *Maibi* Ebeytombey Devi, age 90 provides her remedy to heal the ill people who suffer from several illnesses and diseases by offering some instructions of her and delivering therapeutic deeds to the victims. To heal and relief from different sufferings, she also applies sacred verses of spells and amulets to the patient. The *Maibi* and the villagers claimed that she might control the rain through worshipping to the god or goddesses with conducting some rituals. To protect the paddy and crops from both over rainfall and mostly from drought, the method is implemented by the *Maibi* in executing her inner power.



The above image captured during the treatment session of *Maiba* Bidha Ratan in Songaon village. The child belongs to the Manipuri community from neighboring village, received treatment to cure from Paralysis ailment. *Maiba* arranged third session of his treatment, starting from one and half months ago. He offered herbal oil massage for curing with holy verses of sacred spells of him.

The picture depicts the way of verse after reciting sacred spells of the *Maiba* during the *Puk-Shuba* treatment. After blowing with sacred spells over the hand fingers of the *Maiba*, the healer applies his versed fingers for massaging the nerves beside the navel of the patients to reinstate the nerves in their proper places.



The photograph presents a picture of a *Meitei* healer, Sri Melow. He had a wide knowledge about *Puk-Shuba* treatment. He also practiced herbal medicine and ritual healing among the Manipuris. The healer provided paper amulets having sketches with some pictures from traditional healing books of them and also carried out some numerical equations used as amulets. He also versed these sacred spells and blew with this blessed air over the patient body for recovering ailments.

Maiba Melow has passed in the end of the year 2016 during this study work. The soul of *Maiba* Brojeshwar Sharma has also departure for last three years ago. Brojeshwar Sharma provided his valuable information about *Puk-Shuba* treatment during the fieldwork. His informative data have also assisted to enrich this research work on ethno-medicinal practice of the Manipuris. My heartiest respect to them and wishing eternal rest and peace to both of them.

The below picture of spells and amulets illustrates some assorted written sources in a frame that collected from individuals of Manipuri community in disorganizing manner. These spells and amulets are very few in numbers as written sources to the Manipuri healers of Bangladesh which have a relation to their cosmologic power and also mythological believes too. Some of these spells contain poetic grace while the words and sentences are used as symbolically in meaning that have enriched the amulet or talismanic art in medicinal culture of the Manipuris.

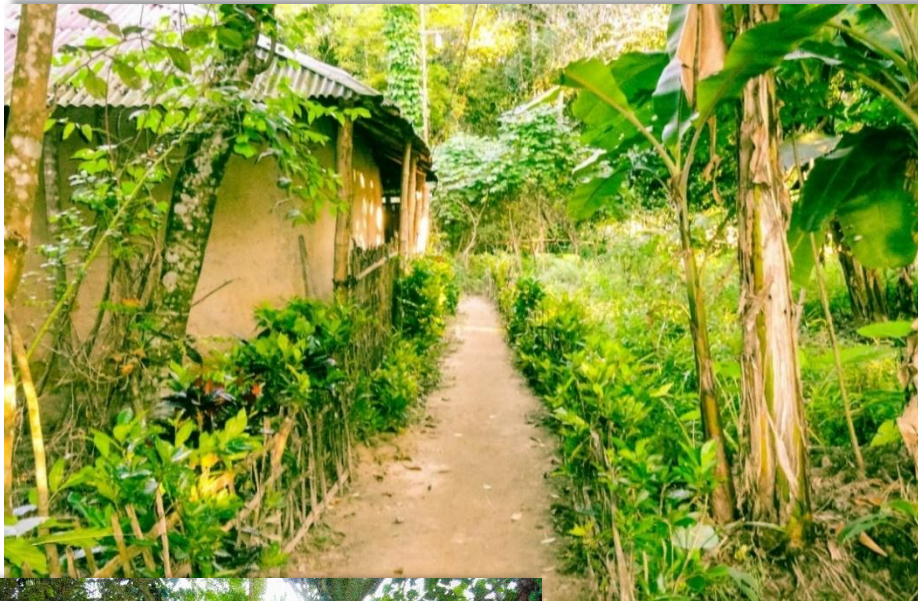


Beside with spells and amulets, different herbs, plants, liquid substances, stones, animal organs, minerals, some metal made elements, clay, mud and other stuffs used by the *Meitei* healers as medicinal ingredients that are shown by the left picture.

The *Maibi* of the study area 'Songaon' accumulate some herbs and plants from her garden for making medicine to cure the diseases of the patients.



The portrait of *Maiba* Shudhendro Singha represent the seat of the healers namely 'Padmashan' during meditation when they utters holy verses with rapt attention.



Most of the household areas are covered by the green and leafy plants in 'Songaon' village that make clear through these photography. In every household convey a small garden as drug store with herbs and plants. Village people take nutritious food as medicine from these areas.





The drug store and the doctor's chamber in Adampur bazar exist with their traditional healing practice describe a scenario of a pluralistic healthcare system of the Manipuris in Songaon village by the above photographs. Though, the people of the village chose their therapeutic options through their health-seeking behavior which is much more influenced by their socio-cultural beliefs and customs of the community and also depend on living standard of the family members of the households.

Photograph-7.5: Photographs of the Researcher during Fieldwork





**During
Survey Phase**



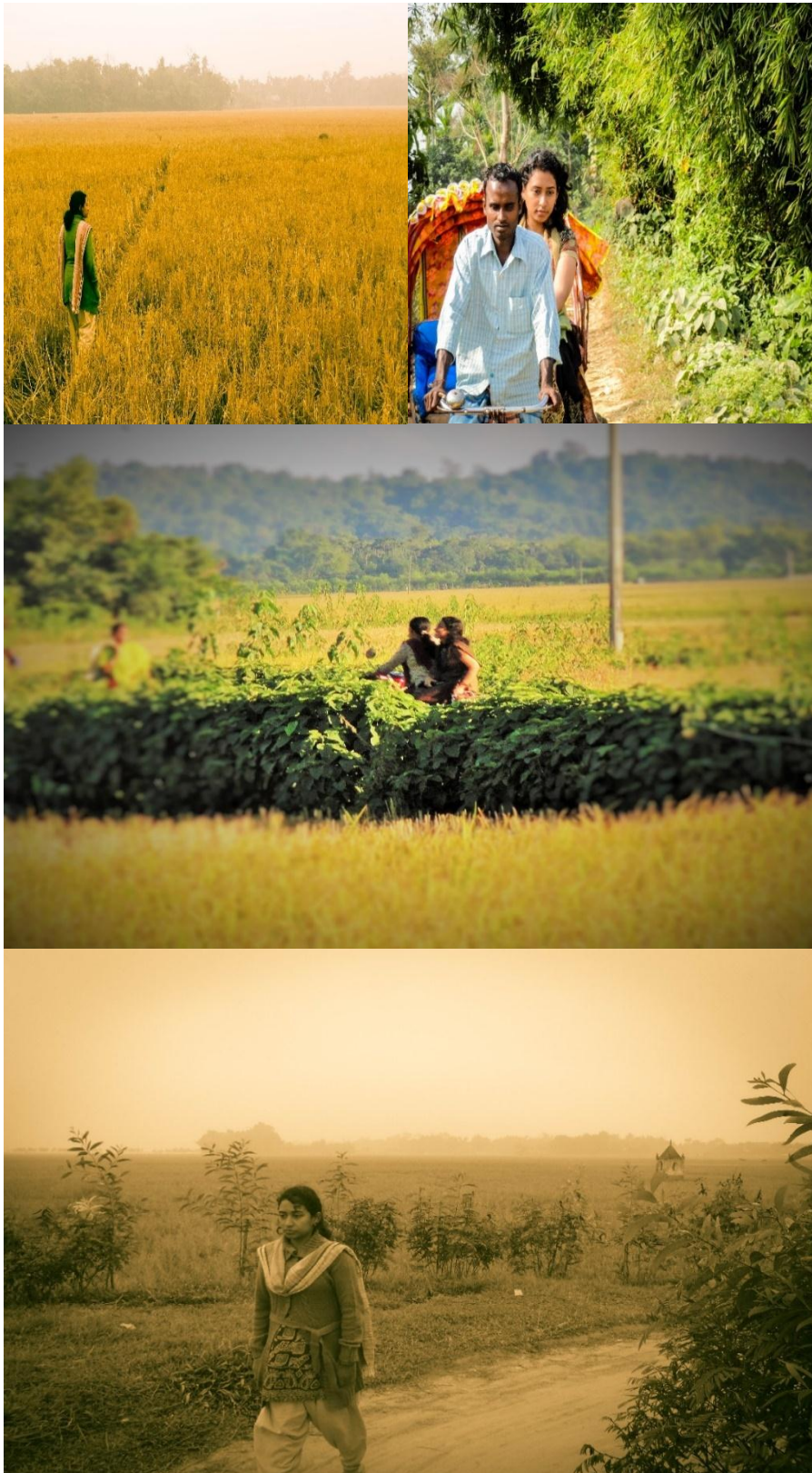
To collect, the socio-demographic data of the households in 'Songaon' village, I applied the survey method by following 'Questionnaire' segment. For data analysis, the yearly census report also collected from Komalganj Upazila Parishad office that are presented by the left pictures.

Communication Processes during the Fieldwork Session



To communicate with the study area, I used the ways both in railway and road manner during fieldwork. The above picture captured from Sylhet railway station of Sylhet district. The below picture presented the 'Bhanugach' railway station, located about the middle of Dhaka-Sylhet railway station.





To communicate within the villages in Adampur Union, one has to walk. If a person wants to go into the villages, they can hire a rickshaw or CNG from Adampur *bazar* or if anyone has their own bicycle or motorcycle, they can move around the areas more easily. The images portray several communication processes during my fieldwork time. Most of the time, I visited the households of the village by walking beside the mud road area or by using a bike or rickshaw in the paddy land.

**At Rapport
Buildup Phase
during
Fieldwork**



**With some villagers
during walking
time at Songaon
village**





The first photograph depicts an annual sport's program, organized by Songaon Government Primary School and the second one portray an image of a healer's house where I gossiped with the family members of the household.



The first one present a picture of a child who participated as Krishna in a Manipuri program and the second one from the top illustrate an opening ceremony of cultural event organized by Manipuri Shihitta Shangshad. The below from the left present *Ras* dance organized in midnight at a temple where I took my seat with some *Maibas* of the Manipuris and general people to watch a drama dance of *Ras-Purnima*. The right picture took in a stall of Manipuri fair with their handloom products and middle one depicts colorful culture of the Manipuris where some children with me after participating a Manipuri dance in a platform.



A Public Hearing Program of the Manipuris



A Press report delivered the news on Manipuri education program in where I attended as an



বিশেষ অতিথি ফারুক মাহমুদ চৌধুরী তার বক্তব্যে বলেন, আমাদের সবার উচিত সকল আদিবাসী জনগোষ্ঠীর ভাষাকে শ্রদ্ধা ও সন্মান করে এসকল ভাষার সংরক্ষণের জন্য কাজ করা। তাই তিনি আদিবাসী শিশুদের নিজ নিজ ভাষায় লেখাপড়া করার অধিকার নিশ্চিত করার আহবান জানান।



Attended as a Spectator in a Manipuri Socio-Cultural Issues



In a discussion program of the Manipuris in Sylhet district, participated as discussant with Manipuri renowned writer A. K. Sharam and with others



I delivered my speech on 'Nupilan Day' of the Manipuris



The photographs represent my participation in different events related to the socio-cultural activities in Manipuri community

The Healers of the Manipuris and Their Knowledge Sharing Session about Ethno-Medicine during the Fieldwork



The first two pictures from top depict the sessions with the *Maiba* and *Maibi* in Songaon village with me. They shared their knowledge about healing techniques. The left image from the bottom presented the picture of the *Maiba* Melow with renowned Manipuri writer A. K. Sharam at the healer's house in Sylhet city. The overhead right picture took with *Maiba* Bidha Ratan at my residence when he visited to me for gossiping purposes.

The right picture captured with his permission during the therapy session of the *Maiba* at his home in Songaon village.



The photograph depicts an interview session with a patient in Songaon village.



In few cases, I collected some data from aged healers with the help of interpreter. In that time, the transcriber provided me some medicinal terms of the *Meitei* healers.

The picture indicates a garden of a *Maiba* in Songaon village, covered with a large section of herbal plants and trees.



The picture depicts a group discussion session among some of the Manipuri people. They kept their argument about choosing the healing options from various procedures of treatment of the healers.