

Health care practices in rural Sikkim:
A case study among Lepchas of Bakcha and Chojo villages

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Degree of Master of Philosophy

By
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DECLARATION

I, Tenzing Zangmu Lepcha, hereby declare that the dissertation entitled "HEALTH CARE PRACTICES IN RURAL SIKKIM: A CASE STUDY AMONG LEPCHAS OF BAKCHA AND CHOJO VILLAGES" is an original work carried out by me under the guidance of Dr. K.R. Rama Mohan. The contents of this dissertation did not form the basis of any previous degree to me or to the best of my knowledge, and that the dissertation has not been submitted by me for any research degree in any other University/Institute. This is submitted to the Sikkim University, for the award of the degree of Master of Philosophy in Anthropology.

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Health care practices in rural Sikkim: A case study among Lepchas of Bakcha and Chojo villages

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- Tenzing Zangmu Lepcha

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Legend

- East district
- North district
- South district
- West district
- Chojo Village
- Bakcha Village

CHAPTER I

INTRODUCTION

There is a huge compilation of research work that has been conducted by many scholars on Lepcha tribe. In all these works, the researchers have described about the simplicity of Lepcha folk and their beautiful relationship with nature. Lepchas like other indigenous groups of the world shares an intense relationship with nature as such, everything in their life is highly influenced by it. As it is already mentioned that ‘everything’ in the life of Lepcha is influenced by nature in which health occupies an especial platform. The concept of health and illness among the Lepcha community is exclusively guided by the supernatural belief in which their belief of influence of good spirits *rum* and bad spirits *mung* on their well being plays an active role in their society.

When I was at field, working among the Lepchas of Bakcha and Chojo villages, I asked some Lepchas that what is health, and how can a person be healthy? All of them gave different answers; some said keeping oneself active is healthy as it helps to maintain good health; some said avoiding harmful things like alcohol and consuming healthy food is healthy as one can maintain good health through it and there were some Lepchas who said that praying to *rum* (god) keeps a person healthy and one should always pray to *rum* (god) for good health.

Thus, hearing all of them it can be said that health is an overall wellbeing of the people which allow them to lead a better and long life. Health care is a system that balances the overall wellbeing of each and every individual of all societies; it varies from society to society according to their culture and environment. Hence, there is no doubt regarding the interrelationships that exist between health, culture and environment.

The discipline of medical anthropology studies the cultural conceptions of the body, health and illness. It has an interest on health behaviour as a mode to learn about social relations and social values (Bhasin, 2007). The origin of medical anthropology can be traced back to three different sources: ethnographic interest in primitive medicine, including witch-craft and magic; the culture and personality movement of the late 1930's and 1940's, with collaboration between psychiatrists and anthropologists and the international public health movement after World War II (Foster, 1974). Some of the initial ethnographic studies by various anthropologists on rites and religion like Evans-Pritchard's *Witchcraft, Oracles and Magic Among the Azande* 1937, Turner's *Forest of Symbols* 1967 and *Drums of Affliction* 1968, and Spiro's *Burmese Supernatural* 1967 were best to elucidate medical events in structurally simple, kinship based societies where the attention of the people were concentrated on the social and symbolic state of sickness (Johnson and Sargent, 1990 and Diasio, 1999).

In India, one of the early publications by Indian scholar was by S.C. Mitra on 1923, a social anthropologist from University of Calcutta. His paper was initially read at the tenth session of the Indian Science Congress at Lucknow, and was appeared in the journal *Man in India* which was the most active journal of that time. The title was "On the Cult of the Godlings of Disease in Eastern Bengal"; it directly highlighted the core interest of medical anthropology. It talked about deities Ekachaura, Bara Kumara, Lalasa Bisveswara and Khala Kumari as godlings of disease (Joshi, 2016).

(Bhasin, 2007) stated that Anthropology of medicine or Medical Anthropology is "a sub-branch of anthropology that is concerned with the application of anthropological and social science theories and methods to questions about health, illness and healing". The well-being of the human body is the matter in which every society is

interested. Every society has its own separate way of describing and promoting good health and curing the ailments from which people suffer (Sikknik, 2009). Medical anthropology, a subdivision of anthropological research deals with the issue that cause, maintain or contribute to illness or disease, and the tactics and practices that different human societies have developed in order to respond to disease and illness (Baer et al. 1997). Medical anthropologists research these cultural variances and involve themselves intensely in the cross cultural matters surrounding health, illness, and health care. Anthropologists consider that culture influence man's actions both biological and non-biological. Culture determines to a large extent the type and frequency of disease in a population, the way people explain and treat disease and the manner in which persons respond to the delivery of modern medicine (Logan and Hunt, 1978). Although disease and health care are universal, they are always marked by variability because it is one's own culture that mainly defines why people suffer from certain disease and what kind of treatment to be followed and so on. It is such rising awareness of such cultural role in health that gave wings to the development of Medical Anthropology.

(Helman, 1984) defined medical anthropology as a branch of social and cultural anthropology, also focus in a wide range of biological phenomena, mainly in association with health and disease. Thus, as a discipline it lies between the social and the natural sciences and built its insight from both sets of disciplines. (Foster and Anderson, 1978) defined medical anthropology as 'a bio-cultural discipline concerned with both the biological and socio cultural aspects of human behaviour and particularly with the ways in which the two interact and have interacted throughout human history to influence health and disease'.

Theoretically, the varieties of activities in which medical anthropologists are engaged, may be stretched along a scale, one end by biological pole and the other by a socio cultural pole. Toward the biological pole anthropologists dominant interests include human growth and development, the role of disease in human evolution, and paleopathology. Towards the socio cultural pole, anthropologist's dominant interests comprise traditional medical systems (ethno medicine), medical personnel and their professional preparation, illness behaviour, the doctor patient relationship, and the dynamics of the introduction of western medical services into traditional societies (Sigdel, 2012). Along with cultural and physical anthropology, medical anthropology is also related with other social science disciplines. Like many medical sociologists, medical anthropologists have come to study the social organization of medicine, but their focus is more than that of sociologists upon an ethnographic understanding of the perceptions held and shared by native within their environment (Medical Anthropology News letter, 1981).

APPROACHES OF MEDICAL ANTHROPOLOGY

Medical anthropology is not characterised by a single, theoretical paradigm. For instance, ethnographic account and examination of religion and healing systems are as ancient as anthropology itself, while fresh approaches like critical medical anthropology are the products of more current intellectual trends. This sometimes has led to extreme debates within the field such as those between clinically applied medical anthropologists (interested in building cultural knowledge convenient to the purposes of medical practitioners) and critical medical anthropologists (interested in the phenomenology and political economy of biomedicine). But, even though the scope of intellectual inquiry is very different, it is possible to identify five basic

approaches: biomedical, ethno medical, ecological, critical and applied. These approaches share three central principles:

- To the human experience illness and healing are basic and are best understood holistically in the context of human biology and cultural diversity.
- Disease represents an aspect of the environment that is both influenced by human behaviour and required bio-cultural adaptations.
- The cultural aspects of health systems have important pragmatic consequences for the acceptability, effectiveness, and improvement of health care, chiefly in multicultural societies.

ETHNOMEDICAL APPROACH

Ethnomedicine is the study of traditional medical practice. It covers process of diagnosis and treatment. Ethnomedical studies are done to evaluate the efficiency of traditional health care practices; the frequency of illnesses and the distribution of knowledge about illness attributes; the negotiations and instantiation of illness identities; the power of discourse to produce as well as cure suffering; discourse as moral commentary; links between medico-religious institutions, models of self, power and the state (Bhasin, 2007).

(Rivers, 1924) in his work titled “Medicine, Magic and Religion” defined medicine as a cultural system. He professed medicine, magic and religion as “three sets of social processes... so closely interconnected that the separation of each from the rest is hard or impossible. The ethnomedical approach studies how in particular culture an illness is identified, understood, and treated (Karim, 2014). In every society, there has a

medical system that gives a theory of disease aetiology, methods for the diagnosis of illness, and prescription and practices of curative therapies (Rubel and Hass, 1996).

Earlier, the study of ethnomedical was limited to the study of non-western societies and exotic cultures and was basically subsumed under the comparative study of religion, ideas about sickness and therapeutic rituals were evaluate as a window on underlying cosmological beliefs and cultural values. As the close relationship between the concepts of illness and the social organisation were recognised, ethno medicine became a general focus of ethnographic research. This approach has been defined by (Fabrega, 1975) as ‘the study of how members of different cultures think about disease and organise themselves toward medical treatment and the social organisation of treatment itself’. Classic ethnomedical researches focus on the categorization and cultural meaning of illness (both somatic and mental), the health seeking behaviours of people suffering from illness, and the theories, training and practices of healers. (Nichter, 1992) described this approach as the study of the afflicted body as space where opposite ideologies is contested and evolving ideologies is developed through medico religious practices and institutions which direct the production of knowledge.

HEALTH, DISEASE AND ILLNESS

The world health organisation (WHO) has defined health as “not merely the absence of disease and infirmity but complete physical, mental and social wellbeing.” Health is more than simply a physiological or emotional state; it is a concept that in many societies humans have developed in order to express their sense of wellbeing. Many medical anthropologists believe health to be a cultural construction whose meaning differs considerably from society to society or from one historical period to another (Bradby, 2009). From the perspective of critical medical anthropology, health can be defined as access to and control over the basic material and nonmaterial resources that

maintain and promote life at a high level of contentment. Health is not fixed state of being but an elastic concept that must be evaluated in a larger socio-cultural context (Baer et al. 1977).

Even under the best of circumstances, people discover themselves confronted with disease or illness. Like for biomedicine, a central question for medical anthropology is, what is disease? As the nature of its importance to medical anthropology is more complex, medical anthropologists have tend to avoid the question altogether by describing disease as the domain of medicine and illness as the appropriate arena of anthropological investigation. In all societies humans state disease as a disruptive event that threatens the flow of day-to-day life. It raises questions like why I am sick? Or what I am being punished for? and may assist as a device for expressing disease from existing socio-cultural settings.

Health and disease are conditions that human beings in all societies come across, depending upon their access to basic as well as prestige resources. Disease differs from society to society, in some part because of climatic or geographical settings but in large part because of the ways productive activities, resources, and reproduction are organised and carried out. Disease is not just the direct result of a pathogen or physiological disorder. Instead, a various social problems such as malnutrition, economic insecurity, occupational risks, industrial and motor vehicle pollution, bad housing, and political powerlessness contribute to susceptibility to disease (Baer et al.1977).

The state of illness has been explained by some social scientist as basically different from that of disease (Kleinman, 1988 and Turner, 1996). Illness is said to be the social, lived experience of symptoms and suffering which is naturally human. It

comprises recognizing that bodily processes are malfunctioning and taking actions to resolve the situation, such as seeking treatment. On the other hand, disease is not limited to humans. Animals or plants can be diseased (Turner, 1996). Disease in contrast to illness, is defined as a technical malfunction or deviation from the biological norm which can be diagnosed 'scientifically'. This definition essentially does not mean that disease is an objective state. Intellectuals from the social-constructionist perspective argue that like the definition of illness, the classification of disease is influenced by the social, historical and political context (Lupton, 2012). There can be a case where an individual experience illness even when no corresponding disease or biological explanation is found. Likewise one can have a disease, such as HIV or cancer without being aware of it or feeling ill.

HEALTH CARE IN INDIA

The Indian Government promises total health care to its native, and directs that responsibility to the state. In part IV of Article 47 of the Indian constitution, it is stated that it is a "duty of the state to raise the level of nutrition and the standard of living and to improve public health." The National Health Policy (NHP) created in 1983 and updated in 2002 is the main venue through which legislation is based. In addition, there have been multiple five year plans that address issues such as preventive medicine, communicable diseases, and health in rural areas. There are three main forces in the health industry- government, trust and private organisation. The government has structured its hospital system along a ranked basis, with primary health centre (PHCs) in rural areas, larger hospitals at the town level and the wider government hospital in the cities. Trust hospital, made through charitable contributions and private public partnerships, offer services at a much cheap price as compared to private hospitals, but are not run by the government. Lastly the private

industry makes up most of India's health care capacity, being the most likely setting of consumer spending (Mehta, 2011).

Beside biomedical system, in India, like many other societies of the world, there is a visible and extensive use of an indigenous health culture. Indigenous health culture is represented by two streams: oral folk stream and codified classical stream. Both of these streams are present in all parts of India and together they make up the 'Indian Medical Heritage'. Millions of ordinary households, folk healers, even learned physicians are the store house of Indian Medical Heritage. The fact and presence of the folk stream till 2002 went unseen in official policy. However in 2002, National Policy on Indian systems of Medicine, under clause 9, has acknowledged for the first time, the subsistence of the village based local healthcare systems. The policy acknowledges: 'In addition to the documented knowledge, indigenous traditional medical knowledge available with the individuals, communities, tribals have not been fully tapped, documented and validated. Such knowledge over the years gets eroded causing irreversible harm. The providers of such knowledge have not been given due acknowledgement, financial benefit and support to patent their knowledge' (Shankar, 2004).

In the field of health and healing, pluralism has always been part of all cultures and at all times. (Stoner, 1986) stated "Medical pluralism offers a variety of treatment options that health seekers may choose to utilize exclusively, successively, or simultaneously". In India the pluralistic nature of the medical system is crucially linked with its inherent heterogeneous character and its long history of medical tradition (Mishra, 2010). In the officially renowned alternative system of health, India has a very long, safe, and continuous usage of many herbal drugs viz, Ayurveda, Unani, Siddha, Homeopathy, Naturopathy, etc. As stated by Venkat Subramanian,

these systems have rightfully existed side by side with allopathy and are not in domain of obscurity. There are more than 500,000 non allopathic practitioners, who are trained in the less than 400 medical colleges of their respective health system and are registered with the official councils which monitor professionalism (Nagori, 2011).

HEALTH CARE IN SIKKIM

Sikkim has extremely unique eco-system prosperous in medicinal plants, which occupies an important position in primary health care of the people of the state of Sikkim. In India, Sikkim is only state to achieve national norm of establish one primary health centre for 20,000 people and one PHSC for 3,000 people (Panda, 2012). Sikkim has two big hospitals – Sir Thodup Namgyal Memorial (STNM) Government Hospital and Manipal Central Referral Hospital (a private hospital) which provides their services to the people of Sikkim. Along with it there are districts hospitals; numbers of Primary Health centres (PHCs) and Primary Sub-Health centres (PSHC) in different parts of Sikkim which provides basic health care to people. Diverse benefits under various programmes and schemes of health care are benefiting the people of Sikkim. Some of these programmes and schemes are Janani Suraksha Yojna, Mukhya Mantri Sishu Suraksha Avum Sutkeri Sahayog Yojana, Janani Shishu Suraksha Karyakram, Mukhya Mantri Jeevan Raksha Kosh Scheme, Mukhya Mantri Shrawan Shakti Samridi Yojana, Sikkim State Illness Assistance Fund, Chief Minister's comprehensive Annual and Total Health check up for Healthy Sikkim (CATCH) Programme, etc. (Source: Health care, human services & family welfare department, Govt. of Sikkim).

Even though, among the people of the state of Sikkim, traditional medicine has continued to play a significant role. There is a large number of traditional healers specialized in their own field and are the repositories of traditional medical knowledge. Some of them are- *Paow* and *Nejum* in Bhutia community, *Mun* and *Bongthing* in Lepcha community and *Dhami*, *Jhakri*, *Phendangba* and *Bombo* in Nepali community, (Panda, 2012).

REVIEW OF RELATED STUDIES

Man has been practicing medicine in one way or another since they became a cultured animal. Even there is some evidence that a first-aid technique derives from our primate ancestors, as in the picking and cleaning of wounds observed among baboons by Devore (Clune, 1976).

(Weaver, 1968) in his work titled *Medical Anthropology, Trends in Research and Medical Education* defined medical anthropology as a branch of applied anthropology which deals with diverse aspects of health and disease. Medical anthropology is not only restricted to the extent of providing productive strategies to the health care planners. It has also contributed significantly in the theory building process of general anthropology, too. (Lieban, 1974) define medical anthropology as not only a way of viewing the state of health and disease in a society but a way of observing society itself.

(Lieban, 1977) in his work titled *The field of Medical Anthropology* wrote, the core attention of medical anthropology is, it reflect the importance of culture in health and health care. Hence, culture determines to a large extent not only the type and frequency of disease but also the way people perceive, describe and treat disease. Thus, the anthropological study of social and cultural impact on health and disease

comprises not only matters of instant therapeutic relevance, but phenomena that have special concern because of their effects on human ecology and the course of human evolution, and it is not only medical personnel that is the subject of medical anthropology, but society at large, as it relate to health and medical problem.

(Kleinman, 1977) in his work *Clinical Approach to Medical Anthropological Research* wrote, the growth of medical anthropology is associated with the emergence of various areas of special research interest. Some of the notable examples are ethno-medicine, comparative studies of medical systems, and cross-cultural studies of topical areas such as nutrition, aging, population, and comparative epidemiology.

(Sikkink, 2009) in her work *Medical Anthropology in Applied Perspective* wrote, every society has its own separate way of describing and promoting good health and curing the ailments from which people suffer. Medical anthropologists research these cultural variances and involve themselves intensely in the cross cultural matters surrounding health, illness, and health care. Medical anthropologists brings unique perspective and approaches to the study of health and illness as they are expert in examining both the cultural beliefs surrounding health that comprise patterns of illness and notions of the body by a specific group of the people, and practices of those who cure illness.

(Landy, 1977) in his work *Culture, Disease and Healing: Studies in Medical Anthropology* wrote, medical anthropologists is a lively, heterogeneous community busily engaged in myriad activities, studying, and writing about behaviours of human collectives and individuals in understanding and coping with disease and injury.

The World Health Organisation (WHO) defines health as not just the absence of disease and infirmity but absolute physical, mental and social wellbeing. (Baer et al.1977) in their book titled *Medical Anthropology and the World System* wrote,

Health and disease are conditions that people in a society come across, depending upon their access to basic as well as prestige resources. Disease differs from society to society, in some part because of climatic or geographical settings but in large part because of the ways productive activities, resources, and reproduction are organised and carried out.

(Gadamer, 1996) in his work *The Enigma of Health: The Art of Healing in a Scientific Age* wrote, It is quite meaningful to ask somebody ‘Do you feel ill?’ but it would be quite strange to ask someone ‘Do you feel healthy?’ Health is not a condition that one introspectively feels in oneself. Rather, it is a condition of being involved, of being in the world, of being together with one's fellow human beings, of active and rewarding engagement with one's everyday tasks.

(Bhuyan, 2015) in *Comparative Study of Ethnomedicine among the Tribes of North East India* wrote, Illness as culturally defined. Western world understands illness in relation of germs, viruses and presume it to be a biological constant, a pathological state to be tested by clinical examinations or laboratory tests. Illness from the cultural view is quite different; it is a social recognition that a person is not able to fulfil his normal role appropriately and thus, he should be brought back to normality.

People from traditional societies usually do not make a difference on ill health concepts between disease, illness and sickness. On a basic level, medical practitioners and laypersons vary in their opinions and interpretations of symptoms and signs of ill health. From the perception of laypersons, these concepts of ill health i.e. disease, illness and sickness seem to mean fundamentally the same state of human ailment and are frequently used interchangeably (Vivien and Noor 2013; Vivien et al 2013). Among Lepcha, the concept of ill health is denoted by a word *doak* and this term is used for disease, illness and sickness.

(Vivien and Noor, 2013) in their study on Malaysian Chinese women cancer survivors gave proof that cancer patients or cancer survivors in most cases regard 'cancer' as a kind of illness, rather than disease. In another event, (Vivien et al. 2013) examined that due to their cancer sickness, cancer patients refer themselves as taking 'sick leave' from official duties. Likewise, both studies by (Vivien and Noor, 2013) and (Vivien et al. 2013) shows how cultural health beliefs plays an important role in their cancer informant's meanings of ill health concepts between disease, illness, and sickness. In dealing with the disease (cancer), the informant's personal experiences entangled with their day to day experiences, as a result they use illness and sickness interchangeably in their normal conversation.

On the other hand, in the scientific paradigm of medical world, the medical profession offers a perspective that differs from the laypersons. The medical practitioners recognize disease as distinct from both illness and sickness that only the medical practitioners are able to help in treating the disease (Hofmann, 2002).

(Rao and Choudhury, 2012) in their work *Health Care Financing Reforms in India* wrote, health is a vital component of human development. Empowerment of people arises from the freedom they enjoy, and this comprises freedom from poverty, hunger, and malnutrition, and freedom to work and lead a healthy life. Access to health care is significant to improving health status, and good health is essential for empowerment. Ensuring access to health care helps to reduce absenteeism, improve labour productivity, and prevents misery. Throughout the world, governments have a significant role in providing and regulating health services and their role is particularly important in developing countries with large concentration of the deprived group. India has extensive health care resources. India, in the world has the largest number of medical colleges. It produce largest number of doctors, these

doctors are exported to many countries and are regarded as the best medical specialist in the world. India gets medical tourists from many developed countries which reflect the great standard of medical skill and expertise here. Regarding medicines, India is the fourth largest producer of drugs by volume in the world (National Coordination Committee, 2006).

(Bhandari and Dutta, 2007) in their work, *Health Infrastructure in Rural India* state, In India, the health care services are divided under state list and concurrent list. While some items such as public health and hospitals fall in the state list, others like population control and family welfare, medical education, and quality control of drugs are included in the concurrent list. The central authority is responsible for the implementation of various programmes and schemes in areas of family welfare, prevention, and control of major disease is the Union Ministry of Health and Family Welfare (UMHFW).

(Mishra, 2010) in her work titled *Health Illness and Medicine Ethnographic Readings* wrote, in the field of health and healing, pluralism has always been part of all cultures and at all times. In India the pluralistic nature of the medical system is crucially linked with its inherent heterogeneous character and its long history of medical tradition.

(Nagori et al. 2011) in their work titled *General Awareness on Allopathic, Ayurvedic and Homeopathic System of medicine in Chattisgarh, India* wrote, In the officially renowned alternative system of health, India has a very long, safe, and continuous usage of many herbal drugs viz, Ayurveda, Unani, Siddha, Homeopathy, and Naturopathy, etc.

The World Health Organization (WHO) defines traditional medicine as “the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of

health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses”. According to World Health Organization (WHO), the use of traditional medicine is more substantial in the developing world. In India, 70 percent of the population and more than 90 percent of the population in Ethiopia depends on traditional medicine for primary health care. It is reported that more than 70 percent of the population in Chile and 40 percent of the population in Colombia have used traditional medicine. In China, traditional medicine accounts for approximately 40 percent of all health care delivered.

(Jha et al. 2016) in their work *Study on ethnomedicinal plants of Sherpas of Sikkim, Himalayas* wrote, the history of use of medicinal plants is assumed to be as old as that of the history of humankind. This knowledge of medicinal plants in India has been documented around 2500 years back in the Rigveda. The Vedic era was abundant with use of over 100 medicinal plants. The modern science today recognizes that large number of ethnic cultures across the world which often holds unique knowledge on use of medicinal plants for well being of the people, and accordingly, a large numbers of researches are focused onto discovering this knowledge of the indigenous people all over the world.

(Bhasin, 2007: 9) in her work titled *Medical Anthropology: A Review* wrote “The medical systems of all groups, however simple some may be, can be divided into two major categories: (i) *disease theory system*, and (ii) *a health care system*. A *disease theory system* embraces beliefs about the nature of health, the cause of illness, and the remedies and the other curing techniques used by doctors. In contrast, a *health care system* concern with ways employed by the society to deal with sickness and maintenance of health. The knowledge of disease theory and health care system of a society enables us to cope more wisely, more sensitively while introducing new

medical system among people who have known traditional system previously. Traditional disease causation ideas often persist long after western innovations in health care have been introduced”.

(Bhasin, 2005: 5) wrote, in India natural or supernatural forces guide illness. In Rajasthan, the indigenous theory of tribes alleges that illness is a result of humoral imbalances “stemming from diet, climate, social offences, life activities, astrological and imperceptible forces, spiritual action, witchcraft and sorcery”. Accidents, disability, calamity, diseases and losses are explained through supernatural beliefs. “Similarly tribal classify some diseases like colds, fevers and other respiratory infections as illnesses of cold (*sardi ki bimariyan*); and problems like boils, ulcers, piles, genitor urinary disorders are believed to be illnesses of heat (*garmi ki bimariyan*). These illnesses are alleged to be caused by excessive internal cold or heat in the body respectively. The cold or heat does not correspond to body temperature but rather to internal humoral state”.

Tribal theory of sickness describes a different source of misfortune caused by supernatural beings that exist in their environment. These supernatural beings inhabit trees, rivers, lakes, mountains and deserted places around the habitation. It is alleged that bad spirits and ghosts cause various kinds of suffering and are means of illness and death. The belief in spirits as causing sickness, emanated from witches, has also been stated from multi-caste villages and in rural areas of Rajasthan. Comparable observations have been made from other tribal communities of Rajasthan (Bhasin, 2002, 2003, 2004); Sikkim (Bhasin, 1993, 1997); Himachal Pradesh (Bhasin, 1990) and Ladakh (Bhasin, 1997).

(Doshi, 1971) reported that a cross enclosed in a circle is made on the cross roads and lemon slices along with other ingredients are reserved on it to cause sufferance or for

transmission of disease to other. In case of child sickness, Garasias of Rajasthan keeps a large chapatti on any of the village crossing to drive illness. In many countries, crossroad pattern in disease transference is common.

(Kleinman, 1980: 33-34) wrote, illness and disease should be understood within a holistic perspective that covers all forms of therapy within the health care system of a culture. In relation to that, Kleinman note that in Taiwan, “the sick person often visit more than one type of health practitioners, ranged from self-medication within the family, to shamans operating through divination, temple priest, traditional Chinese medicine, and finally Western medicine. In most cases, the sick visit a Western doctor expecting that the Western doctors’ ‘magic bullet’ approach, in which a shot of antibiotics given by the doctors might be able to work instantly in releasing the physical pain in them. At the same time, the same patient will also get additional advice and treatment from a shaman or religious counsellor from a Chinese temple, with the purpose of getting himself cured from the *illness* completely”.

(Bhasin, 2007: 10) “Ethnic medical literature has defined two types of Traditional Health Systems-the *naturalistic* system and *personalistic* system. The *naturalistic* systems have been described as those, which are natural sciences with controlled investigation of documented *materia medica* having a comprehensive theoretical framework against which treatments are tested and new treatments are generated. The *personalistic* traditions have been described as these which have the knowledge of healing, possessed by an individual either selected by someone in the community or by a process of divine revelation, or by revelation of some form”.

(Badola and Pradhan, 2013) in their work titled *Plants used in healthcare practices by Limbo tribe in south- west of Khangchendzonga Biosphere Reserve, Sikkim, India* described “Traditional medicine or ethnomedicine as a health care practice that has

been transmitted orally from generation to generation through traditional healers and shamans with an aim to cure different ailments, and is strongly associated to religious beliefs and practices of the indigenous people". But, with the advent of modernization, especially globalization, many cultures that possess a valuable knowledge on the utilization of natural resources for healthcare are vanishing. Indigenous knowledge of medicinal plants and their use by the different communities are not only useful for the conservation of cultural traditions and biodiversity, but also for the global healthcare and drug development for various health problems in present and in the future.

(Shankar, 2004) in his work *Agenda for Revitalisation of Indian Medical Heritage* wrote, the folk health culture is extremely diverse and varied because it is ecosystem and ethnic community specific. According to the Anthropological Survey of India, the country has 4635 ethnic communities and each of these communities have their own health culture. The health knowledge in the folk stream has been generated over centuries by sensitive and intelligent lay people- tribals, farmers, artisans, shepherds, barbers, housewives, wandering monks and so on. There are about one million specialized traditional medical practitioners who have no legal status but enjoy a definite social legitimacy in their own localities. These specialized carriers are herbal healers (1,00,000) birth attendants (600,000) bone setters (60,000) healers who treat 'visha' (60,000) i.e. poisonous snake and scorpion bites and rabies; vets(60,000) who treat ailments of local livestock.

(Chaudhary, 1967) in his work titled *Magic Vs. Medicine in a tribal village* explained the areas of interest of medical anthropologists while discussing about the health problems of tribals - health and culture including the traditional belief in supernatural relating to diseases; health, food habit and environment - covering the sanitation,

water supply, settlement patterns, food-habits, food during socio-religious occasions and the total physical environment affecting health; medicine, health and community - the traditional and modern health care practitioners, their position in the society, concept and treatment of disease, nature and use of medicine; fertility and mortality among the tribals, variations and reasons, the population problems of small tribes, traditional and modern practices of birth control; interaction of traditional and modern system of medicine at various levels, explanations for non acceptance of modern practices; traditional tribal medicine - its use and application with certain development and modification, study of the methods of indigenous treatment.

STATEMENT OF THE PROBLEM

Lepchas are indigenous inhabitants of Sikkim Himalayan region. Lepcha is the only Particularly Vulnerable Tribal (PVTG) community in the state of Sikkim. Traditionally, among the Lepchas, the concept of health and illness is completely directed by the belief in supernatural and had their own traditional system to deal with it. In most parts of Sikkim and adjoining areas, Lepcha practices indigenous medical knowledge systems for various health problems. But now with the change of time and with the influence of other communities in their culture and religion, a change has come in their lives even in their practices related to health. Thus, it is imperative to study the topic for more in-depth understanding and analysis.

OBJECTIVES OF THE STUDY

- To study traditional health care practices among the Lepchas of Bakcha and Chojo villages.
- To explore the magico-religious practices in relation to health and illness.
- To assess the modern health care practices among the villagers.

METHODOLOGY

The research is based on intensive field work in Bakcha village in North Sikkim and Chojo village in West Sikkim. Both primary and secondary sources are used for this research. Secondary data was collected from various books, articles and journals to get relevant information needed for the research. Data was collected through anthropological methods like participation observation, schedule, interview, case study, collection of folk lore, folk tales and oral history related to health. The study is empirical in nature; qualitative data rather than quantitative data were collected from the field areas. Sample includes health care practitioners (both traditional and modern) and villagers of the Bakcha and Chojo villages.

ORGANIZATION OF THESIS

The first chapter deals with the introduction of the topic, it brings out informations from earlier studies related to present study. This chapter also brings out the statement of problem which highlights the importance of conducting this research. It also contains the objectives of the research.

The second chapter gives the details of study areas i.e. Bakcha and Chojo villages and its people under study.

The third chapter is all about traditional health care system dynamic in the study areas, which gives a glimpse of the community's culture and tradition in relation to health.

The fourth chapter focuses on modern health care system related to the health of community that has been upraised with the changing world.

The last chapter i.e. fifth chapter brings in the summaries and conclusions.

CHAPTER II

ETHNOGRAPHIC PROFILE OF THE LEPCHA

THE LEPCHAS

Lepchas are one of the Eastern Himalayan tribe. They are inhabitants of Sikkim and Darjeeling District of West Bengal in India, Ilam in Nepal and Bhutan. The Lepcha divide themselves in to four main groups according to the region they inhabit. The Lepcha from Sikkim is known as *Renjongmu*, the Lepcha from Kalimpong, Kurseong, Mirik and Darjeeling are known as *Tamsangmu*, Lepcha living in Ilam of Nepal is known as *Ilammu* and the Lepcha who live in Bhutan *Prolyang* is known as *Promu* (Plaisier, 2007). The Lepcha call themselves *Mutanchi RongKup Rumkup* meaning the ‘Beloved children of Mother Nature and God’. They call themselves *Rongpa* meaning ravine folk. According to a scholar Dahal, the Lepchas belonged to this area from ancient time, even at the reign of Chandragupta Maurya in 330 B.C (Dewan, 2012). The Bhutia rulers also disclosed that Lepchas were there during the 8th century. With all these facts, in 2005 the Sikkim Government has moved the Central Government to recognize the Lepcha under the category of the Most Primitive Tribe (Tamlong, 2008).

There are different views regarding the origin of name ‘Lepcha’. In the work of (Stocks, 2001) titled *Folklore and Customs of the Lap-chas of Sikkim*, he stated that the term *Lap-cha* or *Lap-che* is of a Nepalese origin. “Lap-cha is derived from a word in the Parbatiya dialect of Nepal, meaning ‘Lap’- speech, and ‘cha’- unintelligible, i.e. the unintelligible speakers, a contemptuous term referring to the tribe not adopting the Parbatiya language”. Similar explanation has been given by (Sharma, 1970). He stated “The lepcha is the name given to the tribe by the Nepalese. In a Parbatiya dialect of

Nepal 'Lep' means 'speech' and 'cha' means 'unintelligible' i.e. the 'unintelligible' speaker. It is referred to as *Lep-Cha* or *Lepche* for not adopting the Parbatia language. And in the work of Lyangsong Tamsang titled *Lepcha Folklore and Folk songs*, he state that perhaps the term Lepcha used today is derived from a Lepcha word, *Lapchao*, which means "a resting or waiting place on the wayside or a place on the wayside where stones are heaped up as sign post to direct travellers". It is said that when the Nepalese first arrived in the land of Lepcha and ask about their identity at such awaiting place *Lapchao*, the *Rong* folk because of language barrier not knowing what the Nepalese were enquiring, replied by saying that it is *Lapchao* guessing that may be they are asking about the name of the place. The Nepalese unable to pronounce the name, *Lapchao* correctly addressed the *Rong* people as *Lapcha* and later *Lapche*. Later, when the British arrived in the Lepcha land, they anglicized the term in to 'Lepcha'. In Illam, the name *Lapcha* is still being used. The *Rong* folk never address among themselves as 'Lepcha'. With pride they address themselves as *Mutanchi* or simply *Rong* (Tamsang, 2008).

The Lepcha tribe of Sikkim consider themselves as the children of the Himalayas. They believe that the first man Fadongthing meaning 'most powerful' and women Narzongnyoo meaning 'ever fortunate' were created by *Rum* (God) from handful of pure, virgin snow from the top of Mount Pandim which is one of the mountain peak of mount Kangchenjunga. According to (Risley, 2005), Lepchas are claimed to be the native of Sikkim. They hold Sikkim as the home of their ancestors referring to their homeland as *Mayel Lyang* meaning 'land of hidden paradise'.

THE LAND

Sikkim is the 22nd state of Indian union with its geographical area of 7,096 sq. km. It lies in the Eastern Himalaya between 27° and 28° N latitude and 88° and 89° E longitude. The state lies in the middle of Tibet in the North, Nepal in West, the kingdom of Bhutan and Chumbi valley of Tibet in East and Darjeeling district of West Bengal in South (Subba, 2002). The term Sikkim is said to be derived from the word “Su-khim” or “Soo- Him” meaning a ‘new house’. According to census report of 2011, Sikkim has the total population of 607,688 out of which 111,405 are Scheduled Tribes (ST) which account for 20.6 per cent of the total population. The state in 1991-2001 has registered 22.56 percent decadal growth in Scheduled Tribe (ST) population. The Bhutias and Lepchas comprise 63.4 per cent and 36.6 per cent respectively of the total Scheduled Tribe (ST) population of the Sikkim (Kharga and Bhutia, 2015).

LEPCHAS IN CHOJO AND BAKCHA VILLAGE

Chojo is a village in Khechupari Gram Panchayat Unit, West Sikkim. This village is just below the famous Khechuperi Lake and has a distance of 137 km from capital town Gangtok. There is another village Leethyang which along with Chojo is one ward. The overall population of Chojo-Leethyang is 566, of which there are 303 males and 263 females. Beside Lepcha, there are also other population belonging to Bhutia, Limboo and Tamang communities, but Lepchas are in majority with the total population 481 of which there are 257 males and 224 females. Bakcha village is a part of Sardang ward which is one of the seven wards of Phensong Gram Panchayat Unit in North Sikkim. The distance from Gangtok to Bakcha village is approximately 27 km. The total population of village is 209 out of which there are 107 males and 102

females. The village has 40 households, out of which 4 houses belong to Tibetans, 2 houses belong to Subba, 2 houses belong to Rai and 2 houses belong to Biswakarma families. The remaining 30 houses belong to various clans of Lepcha.

LEPCHA *PUTSHO* (CLANS) IN BAKCHA AND CHOJO VILLAGES

According to Lepcha folklore, the origin of Lepcha's clan started with the battle against Laso Mung Pano under the leadership of Tamsangthing at a place called Sukver where Laso Mung Pano got defeated. After Laso Mung Pano, was killed, the Lepchas and Tamsangthing moved to a place called 'Tarkaol Tam-E-Tam', meaning 'the valley of deliverance', and Tamsangthing divided the Lepchas into the following clans;

1. The title of 'Munlaommoo' was given to the Lepchas who prayed Itboo-Deboo, the Creator, and requested to deliver the Lepchas from the control of the Laso Mung Pano.
2. 'Karvomoo' title was given to the Lepchas who made and set weapons like swords, Banmaok etc. to fight against Laso Mung Pano.
3. The title of 'Adenmoo' was given to the Lepchas who served Tamsangthing, Nyomk Nyosong Mun, Azaor Boongthing, and other Lepcha leaders during the battle.
4. 'TPhyoong Talimmoo' title was given to those Lepchas who during the battle helped to make bows and arrows.
5. The title of 'Joriboo' was given to water and food suppliers.
6. 'Brimoo' title was given to those Lepchas who constructed and made bridges, roads, rope and bow-strings.
7. The title of 'Lutsaotnmoo' was given to the Lepcha who dared to check if Laso Mung Pano's heart was beating or not.

8. The Lepcha who broke the eyes and blinded the devil was given the title 'Seemickmoo'.

9. The Lepcha who separated Laso Mung Pano's head and legs with his 'Banmaok' was titled 'Sungngootmoo'.

10. The Lepcha who beat up, crushed the body of Laso Muog Pano into dust and blown them into the air from a hill top was titled 'Sungdyangmoo' (Tamsang, 2008).

Thus, in this way ten clans among Lepchas were originated. The clans or *Putsho* in Bakcha village are

1. Regiputso
2. Leekmoo
3. Sambatongden
4. Saeryok
5. Dozatputsho
6. Phimputsho
7. Toaumputsho
8. Gyadungmo
9. Barfungpa

Putsho in Chojo village are

1. Luksommu
2. Sadammu
3. Heemu
4. Namchyongmu
5. Adenmu
6. Sungdyangmu

LANGUAGE

Lepcha is a Tibeto-Burman language spoken in Sikkim, Darjeeling district of West Bengal in India; Illam in Nepal and Bhutan. Most of the areas in which Lepcha is spoken today were once Sikkimese territory (Plaiser, 1997). According to the 1991 census of India, the total numbers of mother tongue Lepcha speakers across the India are 29,854. The distribution is largely in Sikkim and northern districts of West Bengal in India (van Driem, 2001: 819). Dharnidhar Dahal in his book titled *Sikkim ko Rajnaitik Itihas* has said that the Lepcha language though cannot be compared with Latin and Sanskrit is more ancient than any other Indian tribal language. Presently, with the changing world and global interaction, Lepchas of Bakcha and Chojo villages speaks multiple languages beside their own.

THE ATTIRE



Plate 1: Lepcha girls of Chojo village in their traditional attire during *Dho faat* ceremony.

In earlier times Lepchas use to make their own clothes using fibre of the *Kuzoo kung* or Nettle plant, which nowadays is rare and expensive. *Dumbun*, the native Lepcha female dress is usually made of smooth cotton or silk and consists of one large piece of material that is folded over one shoulder, pinned at the other shoulder and held in place with *ngyam-raek* waistband over which part of the remaining material hangs. The ankle length *dumbun* is worn along with long sleeved blouse, which can be of different colours. The male dress *dumpra* or *thokro* a multicoloured hand woven cloth, is of knee length which is pinned together at one shoulder and held in place by a *ngyam-raek* 'waistband'. The *dumpra* is usually worn over a simple white shirt *tago* and knee length trousers *tamu*. There are two types of *thyaktuk* or cap for men. One is of round shape made of fine velvet with a knot of fine red cloth in the centre. The more traditional hat, now rarely seen, is made of bamboo and cane strips and is conical in shape with a narrow top. For women they wear *taro* or scarf on their head. But nowadays, Lepcha people also wear clothes belonging to other communities according to their comfort.

RELIGION

The Lepchas at present are either Buddhists or Christians. Their traditional religion was the Mun-Bongthingism. They were animists thus; they were the worshippers of trees, rocks, mountains and other natural objects and ancestral spirits. They express the idea of god by the word *rum* and the word *mung* to express demon or bad spirits. They believed in animal sacrifices like most of the tribes to propitiate the god. Later with the advent of Namgyal dynasty, they came in contact with Buddhism, the religion which was made the state religion. (Nirash, 1982). Nowadays, though we do not find many Lepchas following their old faith, but in some places they are still practicing their ancient religion along with Buddhism. The Lepchas of both Bakcha

and Chojo villages are Buddhist though side by side they follow their own traditional belief. Even though in comparison, Lepchas of Bakcha village are more toward Buddhist practices than that of Lepchas of Chojo village. Lepchas of Chojo village have maintained the balance between the two.

EDUCATION

The nearest school for the children of the Bakcha village is Phensong govt. sec, school which is in Safyong ward. The school was established in year 1946. The classes are from 1st to 10th standard. The number of students is 128, out of which girls are 80 in number and boys are 48. Number of teachers in the school are 23. The subjects taught at school are English, Hindi, Lepcha, Science, Social Science, Nepali. For further study after 10th standard, the nearest school is Kabi sen, sec, school which is 3 km far from Bakcha village.



Plate 2: Children at Chojo Primary School

For the children of Chojo village, Chojo Primary School is the nearest school in their own village. It was established in the year 1980 and has the classes up to 5 standard after which the nearest school is Government senior secondary school Khechuperi,

established in year 1948 and one private school Good Will Academy established in a year 2007. The classes in Good Will Academy School are up to 5. Both of these two schools are in Thingling ward. The children of age 5 and above are given admission.

Beside formal education there are children from both Bakcha and Chojo villages who are pursuing monastic education from different institutions.

POLITICAL SYSTEM

Both Bakcha and Chojo village have Panchayati Raj system. Mr. Chuzing Lepcha is the panchayat of Bakcha village. And Mr.karma Lhendup Lepcha is the panchayat of Chojo village.

ECONOMY

Lepchas of both Bakcha and Chojo villages practice agriculture along with domestication of animals like cow, bullock, goat, hen, pig. Beside cash crop cardamom, all other products are produce only for consumption. But recently, few of them have started selling their agricultural products at nearby market.

CHAPTER- III

TRADITIONAL HEALTH CARE PRACTICES IN BAKCHA AND CHOJO VILLAGES

Many traditional societies have gained a lot of empirical knowledge on the basis of their experience with nature and natural resources. Their knowledge is based on the basic realisation that man and nature form a significant part of an inseparable whole and thus should live in collaboration with each other. Such eco-centric view of traditional or indigenous communities is extensively reflected in their attitudes towards plants, animals, rivers and other natural objects in their environment. As per the World Health Organization (WHO) Traditional medicine is “the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses” (WHO, 2000).

(Kleinman, 1980) stated that the health care system comprises people’s beliefs (largely tacit and unaware of the system as a whole) and pattern of behaviour. Those behaviours and belief are directed by cultural roles. World Health Organisation (WHO) estimated that about 80% of the world’s population rest on traditional medicine for their primary health care needs. Countless rural communities of the world are far away from the touch of modern medicines and doctor and such communities still depend on traditional medical systems. At the basic level many people of modern world still go for ethno medicine for primary healthcare (Bhuyan, 2015). W.H.R. Rivers in his book *Medicine, Magic and Religion* argued that

“indigenous medicine practices, which might seem irrational to westerners, were rational when placed in the wider context of local belief and culture” (Rivers, 1924).

Among Lepcha, the concept of health and illness is entirely guided by the supernatural belief; the world for Lepchas has good spirits *rum* and evil spirits *mung*. There are some semi divine beings or guardian spirits known as *Lungzee*; believe to be residing in various natural objects present in their environment. It is believed that if they are ignored or any disregard is shown to them by destructing or polluting them and their surroundings, will possibly invite suffering to the particular individual or to the entire village. People may suffer from severe sickness or even may die. On the other hand, the fine health and vitality, good harvest and prosperity are thought to be the given by the *rum* (Panda et al. 2012). But, as shared by *bongthings* of Bakcha and Chojo villages, it is not always *mung* who hurts people but some time *rum* also hurts them when they are not treated well. As reported by *bongthing* as well as herbalist, Ajyu Phumzay of Chojo village, *rum* is like our parent and we should not forget them and should not leave to pray and offer them. Traditionally, the Lepchas are animists. Thus, only the *bongthings* (male Lepcha priests) and *muns* (often Female Lepcha priestess but not necessarily) are invited in all cultural ceremonies. But after Buddhism got introduced, the *lamas* also perform the rituals in close association with the *muns/ bongthings* (Panda et al. 2012).

In the case of the Lepchas of Bakcha village, almost all cultural and religious ceremonies from birth to death are done by the *lamas* and only for few ceremonies such as ancestor propitiating ceremony and for illness they depend on *bongthing*. In the case of Lepchas of Chojo village, there is a balance between two. Except funeral ceremony, in all cultural rituals both *lamas* and *bongthings* play an important role in their lives.

BONGTHING

In Lepcha community, the central religious roles are traditionally taken by the *mun* and *bongthing*, who both are Shamans. Traditionally, *bongthing* is a male shaman who conducts various religious ceremonies and seasonal festivals and also heals acute illness. The *mun* are often but not necessarily a female shaman and is a healer who exorcises demons. She also helps to cure illness and guides soul to the afterlife. It is possible for a *bongthing* to develop into a *mun*. Such healers in Sikkim are called *Padem* (Plaiser, 2007). *Bongthing* is believed to be the son of a goddess who was sent to protect the human beings from the sufferings of the *mung* or evil spirits, and to be the mediator between the God and the humans (Stocks, 2001). (Bonney, 1988) stated that Shamanism is most often perceived as some kind of magico-mystical alliance between a divinely nominated man or woman and his or her god head. Shamans are a mediator between man and the gods who plays a vital role in the religious affairs of a community. *Bongthing* in Lepcha community deals with numerous *mung* or evil spirits who occupies most of the trees and mountains and rocks, etc. He makes a contract with these evil spirits that they will not disturb the humans in peace as long as they are appeased by blood sacrifices (Stocks, 2001). (Mainwaring, 1876) stated that the Lepcha “religion was particularly simple; they believed in one good spirit, and to him they offered their prayers and thanksgivings; the latter they considered prowled about, and haunted every spot; to them they attributed whatever sickness or misfortune befell, therefore deemed it requisite to propitiate them, which they did by offerings of rice, etc. the first fruits of the season were always offered to the good spirit”.

(Stocks, 2001) wrote “When people get ill, a *bongthing* is called who at once burn incense to know whether it is the *rum* or the *mung* who are troubling the sick person.

Then by counting his rosary and throwing dice, he discovers what is troubling the patient and sacrifices. The severity of the illness indicates the form of sacrifice, sometimes it seems only necessary to propitiate the evil demon with a basket filled with small bamboo stems containing rice, millet seeds, and grain”.

BONGTHING OF CHOJO VILLAGE



Plate 3: *Bongthing* Kaloo Aju of Chojo village

Name- Kaloo Lepcha

Nick name- Kaloo Aju

Age- 78

Kaloo Lepcha is an important *bongthing* of Chojo village. There are few other *bongthings* (like Phumzay Aju) but Kaloo Aju is the one who is elder in age and experience than other. He is the one who even today follows the traditional way of doing rituals in which he tells people to what to sacrifice which is not in the case of

other *bongthing*, as other *bongthing* like Phumzay Ajyu do not give animal sacrifices. Kaloo Ajyu plays an important role in the life of Lepcha of Chojo village.

He informed that he became a *bongthing* at the age approx 25 years and before that he did not had an idea that he was going to be the one. It happened naturally and had no tutelage. He shared that becoming *bongthing* is hereditary, before him his father was a *bongthing* and before his father, his Grandfather was a *bongthing*. But now as he said that he is not sure that who will be the next succession. The reason for this might be the fact that he don't have son and have daughter who is already married in Yangthang. He said that he does not consume chi because of some health issues. He said that the stomach pain is an illness which can be cause by *mung*. He further informed that he cannot cure diseases as he don't have medicine but can cure illnesses that are caused by *ami* (guardian or protector of land and crops), *Namkyon* (Epilepsy), etc.

He said that cancer cannot be cured through magico-religious practices. He showed some of his old Lepcha books. The papers of these books were made in traditional way i.e. by pounding under bark of Daphne tree *kun-tu kung* (*Daphne gnidium*), all these books were hand written. Within these books he informed that he has one book which he called it as *Lamgachi* which only by reading can cure patient. The writer of the book is Rapsey Lepcha. All these books have been passed to him by his elder.

He further shared that in earlier times when he was young there were no Primary Sub Health Centre in Khechuperi area thus, people wholly use to depend on traditional healthcare system. Even pregnant women use to deliver their child at home and some time at field where they used to work.

DIAGNOSIS/ TREATMENT PROCESS

He first prays to his clan's god and then with his *phaengpo* (prayer beads), some rice and mantras, he finds out the reason for the suffering, after which he performs ritual according to needs. He also gives *g-hyu* (rice) as medicine to people which he sanctifies with mantras.

BONGTHING OF BAKCHA VILLAGE



Plate 4: Aju Sangay of Bakcha village

Sonam Regipo, a 63 years old man, is a *bongthing* of Bakcha village. He is not known by his real name as people call him Azyu Sangay. 'Azyu' in Bhutia language means 'Grandfather' and 'Sangay' means 'Buddha', as he is considered to have the knowledge and blessing of god. Lepchas of Bakcha village respects him. He is an active person and people hardly see him relaxing. People come from distant places to meet him and that was the reason that most of the people in the village suggested me to visit him as he is the one who knows everything.

He informed that he does not perform animal sacrifices instead; he offers *rip* (flowers), *ngeen* (milk), *chi* (millet beer), *thampot* (fruits), *song* (incense) and *mor* (butter). He shared that being a faith healer is a hereditary based in his family. Before him, his father was a faith healer and before his father, his grandmother was a faith healer. He said that it was first started from his grandmother. And from her time itself, the practice of sacrifices were not done.

DIAGNOSIS/ TREATMENT PROCESS

At first, when a patient visits him he first evokes *Guru Rinpoche (Guru Padma Sambhava)*, secondly to *Sangay Chevami*, as *Sangay Chevami* is a god of life. And thirdly, to *Cheraji* who is god of kindness and love. In case of serious illness for instance, if the patient is seem to be in his or her last stage than he ask *Sangay Chevami* whether the patient has his time in this earth or not. He detects this from his *phaengpo* (prayer beads). As told by him, while counting if one or two beads left than it is bad. And which means patient does not have time on earth. For this he evokes *Sangay Chevami* and asks him the reason for the illness and whether the illness is curable or not. While counting if one or two beads remain that means not curable and the patient does not have time. So, for this he begs *Sangay Chevami* for long life of the patient. And recommend patient's family to perform *Tshep jung* rituals (recitation of mantras of *Sangay Chevami*). But in the case of three beads, which means the patient has a chance. He with the help of his rosary checks whether the illness can be cured by performing some rituals or by visiting hospital and according to it he recommend patient's family to do things further.

He gives *Heng* (ginger) and *Lenji* (cardamom) as medicine to his patient which he blesses with holy mantras. His way of diagnosing or performing every cultural ritual is a syncretise form of Buddhism and Bongthingism.

MID WIFE OF BAKCHA VILLAGE

Midwives are specialists who help in delivering babies. Midwifery signifies one of the oldest occupations. The places where access to clinics/hospitals is limited, midwives deliver almost all the babies, except where mothers are expected to deliver the baby by their own. To show her courage and strength, in traditional society like Jul'hoansi society a woman sometimes gave birth alone (Shostak, 1981).



Plate 5: Tshering Yangkit Lepcha, mid wife of Bakcha village

Name- TsheringYangkit Lepcha

Age- 58

Before the governmental schemes came to Bakcha village, she was helping the women of the village in delivering babies. When the scheme came to the village

which provided 7,200 rupees a year to midwives in rural areas, one of the elder of the village named Aju Sangay suggested her name to the then Honourable MLA Mr. Thinley Tshering Bhutia. After which she started working under this scheme of which she does not have much idea. She doesn't know the exact number of deliveries she has handled but she vaguely mentioned that after working as a government servant she helped approximately 10 women in their delivery.

(Gorer, 1938:287) has mentioned that among Lepchas, after the birth of a baby if the blood does not flow liberally a blood clot will form, as such the mother is given hot soup and drinks, and fish boiled in butter to remove the clot. Similarly as shared by midwife Tshering Yangkit Lepcha, after delivery she gives warm water and later thick soup of some grains, pulses and vegetables to the mother. Later the mother is allowed to eat normal nutritious food like *mon* (meat) and *g-hyu* (rice). According to her, she suggest newly mother to wear warm clothes and to avoid heavy work for few days or month. Culturally, *chi* (millet beer) is an important part of diet among Lepchas during pregnancy, but she suggest women to not to consume it before or after the birth of a baby. Earlier people use to prepare *chi* which they use to consume after the birth of a baby. According to older people it is necessary to drink *chi* as it works as a medicine for mother and also help to gain good amount of milk needed for a baby. It has also been mentioned by Gorer in his work that “About a month before delivery is expected some specially strong *chi* is prepared and put aside; this must on no account be touched by anybody until the third day after deliver, when it is served at the birth feast; and, for a month after, it is given as a specially strengthening food to the newly delivered mother.” (Gorer, 1938: 286).

Nowadays because of ASHA/ Anganwadi workers she doesn't actively perform her job of mid wife. Though, she does suggest and is always ready to help others if they

want her to help them. She informed that her teacher is her mother who is *Nezum* (Shaman) in another village.

THAM-TOOM

Tham-toom is an unavoidable result of some earlier act which affects the performer or his/ her descendants. There is a strong belief among the Lepchas of Bakcha and Chojo villages that such acts will surely affect them and their close ones lives. Some of the *Tham-toom* that affects babies especially by the act of mother are-

1. Touching or teasing monkey during pregnancy will affect the newly born baby, it is believe that a baby will have a behaviour or physical feature similar to monkey.
2. Touching of doll by pregnant women will have baby like a doll who won't talk or won't be physically active.
3. Ginger should not be touch, the new born baby with have more or extra fingers.
4. Twin fruits or vegetables should not be consumed as the woman will have normal twin or Siamese twin.
5. *Colocasiaesculenta*, (Sing-T) should not be touch or consume as it is believe that the born baby will have the habit of swinging head like the way the leaves of (Sing- T) swings.
6. Pregnant mother should not step over fallen bamboo trees and bamboo rope which is use to tie coffin during funeral as it will cause *Namkyon* (Epilepsy).
7. Lunar and solar eclipse should be strictly avoided by both parents or it will cause epilepsy to new born babies. It is known as *Lavo un Suchuk tham-toom*.

8. *Muru* is a *Fo* (bird), it is believed that the shadow of this bird cause *Namkyon*. That is why among Lepcha it is believed that one should not keep his or her clothes outside the house at night time because the shadow of *Muru* bird can touch the clothes, causing *Namkyon* to its owner. Even Pregnant mother should take care of themselves from *Muru fo*. The *Thamtoom* that is caused by *Muru* is known as *Muru Thamtoom*.

Similar information has been given by (Gorer, 1938: 284) in which he has mentioned that “if either of the parents are engaged in making a fence he or she must do the whole work by himself; otherwise the baby cannot be born properly. The father must not take any fish out of a trap in the river or the child will be born with its nose stopped up. Neither parent must lock up anything except their own box or the child will not be able to be born until what is closed is opened; even the house door must not be fastened. Neither parent may eat animals which have made their death by accident or by being killed by a wild beast; the father must never look at a recently killed animal; he can kill animals but must run away at once. The father must not touch the iron or rope of a horse’s bridle; should he do so the mother and child are liable to die, but this can be prevented if a bridle is kept in the house which can be *pek* over the women during delivery. If either parent should be weaving a mat or cloth he or she must never quite finish it but must leave a little bit over....Neither parent must stick poles into the ground or tie knots or drive in nails or put small stones in to the cracks between bigger stones when building a wall; all of these prevent proper delivery.... if a child has recently died the paths it used to walk in and its house must be avoided; and as a general precaution it is better to avoid the paths and houses of all recently dead people. Expectant parents must not watch a dog being born; if they do so the child will have one eye smaller than the other. If expectant parents move a

sacred image the child will be born dumb, should either parent look at or kill a field mouse or should they eat rice which has stuck to the bottom of the cooking pot the placenta will not descend”.

TAGAG

In earlier times, Lepchas had belief that still born babies and infants reincarnate immediately as the devil named as Ing bong mung or Num een mung which tries to kill other children by causing diarrhoea (Gorer, 1938:288). Thus, Lepchas used to tie *tagag* or shells amulet on their baby’s wrist or neck as there is a belief that it will save babies from the attack of *mung* or devil as the soul of a baby will hide inside the shell and *mung* will not find them. As reported by villagers of Bakcha and Chojo they use to tie *tagag* to their children but nowadays the practice has been disappeared. Now Lepchas of both the villages ties *sungdi*, a Buddhist amulet in order to protect their babies from *mung*.

TROFROK MUNG

Trofrog is the name of a house and *mung* means devil or bad spirit. Thus, Trofrog mung refers to the bad spirit that resides in the place called Trofrog. In rural Sikkim, each house has its own name and which is common among Bhutia and Lepcha communities. One of my informants Mr. Pema Ringzing Bhutia of Chojo village shared the story of its origin as follow- long, long ago; a dispute took place between two people regarding their land boundaries. Since one of them was rich and powerful won the dispute with his power, another person in order to take revenge killed seven oxen and cows of the rich person. Next morning, when no one were able to identify the culprit, the whole villager decided that each household should bring *g-hyu* (rice) and *chi* (millet beer) which they offered to god requesting him to bring the culprit in

light. Thus, after few days, one by one, the family of culprit died. This later resulted in the origin of Trofrok mung. The Trofrok mung as informed by the villagers attacks pregnant ladies and cattle. He claimed that recently his cow died because of Trofrok mung.

Mr. Karma Lendup Lepcha, newly elected panchayat of Chojo village further added that the dispute took place between two *bongthings* regarding land boundaries resulted in harming each other by using their supernatural power. He shared that when he was a kid, he was scared to visit this place. And he said that there was a time when it was so powerful that even passing from nearby Trofrok use to make people ill. But once, two boys of village entered the field of Trofrok and destroyed the box which was there in the field and explode firecrackers. He said that the boys are now no more and he is not sure whether they died because of Trofrok mung or some other thing.

Even today people hesitate to visit this place and because of this reason the fields of Trofrok is safe and no one dares to put their hand on it. If someone fell ill because of Trofrok mung, the sacrifice of two chickens are given by *bongthing* following with ritual. The *bongthing* who does this ritual is Kaloo Ajyu.

RITUAL FOR GOOD HEALTH OF BABIES AMONG LEPCHA OF CHOJO VILLAGE

Among the Lepcha of Chojo village, a holy ritual known as *Mutsam* is done during 5-6 month of pregnancy. This ritual is done for the good health of unborn baby. This ritual is only done among Lepcha of Chojo village and not among the Lepcha of Bakcha village. As informed by the locals of Chojo village, the reason for the practicing of this ritual is because of Trofrok mung and some other *mung* who hurts baby. It is belief that the Trofrok mung and some other *mung* harm pregnant women

and cattles. Thus, it is important to perform this ritual and has been performing since ancient time. The main deity of this ritual is *Agek rum* (god of Birth). As said by Kaloo Ajyu, nowadays it is rarely practice even though he did this ritual when his daughter was pregnant. The sacrifices are given twice, first during 5-6 month of pregnancy, later after baby is born and later if necessary when baby got ill. In one ritual, one *pahyep* (bamboo container) of *chi* (millet beer) with some grains and two chickens are sacrifice. He further added that *lyang heek* (village chicken) is needed for this ritual not the dairy one. The similar ritual is practice by Subba community of Thingling village which is approximately 2km far from Chojo village. This ritual is known as *Sopok chomen* among them. *Sopok* means Stomach and *Chomen* means ritual in Limbo language. Their reason for the practicing of the ritual is similar like Lepcha of Chojo village i.e. for the good health of unborn baby but not because of Trofrok mung.

Mr. Karma Lhendup Lepcha of Chojo village shared that when his son was born, who is now two years old, his relatives and friends suggested him to perform the *Mutsam* ritual as they told him that if he do not perform this ritual the baby will not be healthy and perhaps will have some serious problem. Thus, he went to *bongthing* Kaloo Ajyu to discuss on this issue. He told Kaloo Ajyu that he don't want to give sacrifices because he don't want to take some one's life for his unborn child. So, he asked Kaloo Ajyu that instead of slaughtering two Chickens, he want to rear them as long as they live. For which Kaloo Ajyu said that it is ok but when the time comes it will mysteriously disappear and will go to its owner, which means to *Agek rum*. Later when the delivery date came, he and his wife went to STNM Hospital at Gangtok and when they returned back with their baby, his aunt told him that yesterday one chicken got lost. For which he checked and found it was that of *Agek rum*. But as he informed

that he did not link this incidence with what *bongthing* had said but later on another chicken also mysteriously got lost.

MURUM FAAT

When a person gets sick, they consult *bongthing* who, detecting through his prayer beads, tells the person or his/her family to conduct certain rituals. One of the rituals among many is *Murum faat* in which prayer to the god of life is done for the patient. This ritual is done at home and Lepchas of Chojo village do this ritual at Khechuperi Lake by inviting *bongthing*. Various *thampot* (fruits), *book* (tubers), *mor chumi* (butter lamp), *fo-chi* (small dried bird) and *mu-chi* (small fishes) are offered to the god in this ritual.

MUT RUM FAAT

Mut rum faat is a ritual done by Lepchas of Bakcha and Chojo villages having a hunter ancestor. It was informed by the villagers that if the ritual is not conducted, a person and his family will have mental retardation and other health-related problems and bad luck will never leave the person or his family. Hunting is a male activity; thus, it might be the reason for females to not being a part of this ritual. They are prohibited from being a part of it; they cannot, and are not allowed to touch all those items needed for the ritual. As informed by the villagers of Bakcha and Chojo villages, things needed for this ritual are *chi* (millet beer), *rip* (flower), *mor chimi* (butter lamp), *book* (tuber), *lakchyö* (weapons) for hunting, etc. It is believed that *Pong rum*, the king of the jungle and the master of all animals, have offered the Lepchas with bows, arrows, and knives, and taught them how to kill fish (Das, 1978: 192). Therefore, *Pong rum* occupies an important place in the Lepcha society. Thus, the families having their ancestor weapons kept them in front of the altar during the ritual. It was informed that when *Pong rum*

comes the wind blows and whistling sound can be hear thus, the sacrifice is given to appease the hunting god.

EGGSHELLS FOR BAD SPIRITS



Plate 6: Eggshells for *mung* (bad spirits)

It was found hanging on the door of *bongthing* Kaloo Ajyu's house. As shared by him, doing so, bad spirits or *mung* will not enter the house as by seeing the empty eggshells *mung* will think that there is nothing to get in this house as it is already empty.

COMPETITION BETWEEN GOOD AND BAD

Long, long ago, there had been a competition between Lepcha priest Angee Anjo mun and *mung* (bad spirit). The task of the competition was to reach Kabi first from the starting point *Telyou dho* (somewhere from ocean). When the race started, the *mung* offered *chi* (millet beer) to Angee Anjo mun in order to distract him. Since, Angee

Anjo mun was drunk and was lying on the ground a rooster came to him and asked him, why you are lying like this? For which Anjee Anjo mun answered that he has lost the competition with *mung* as the *mung* cheated on him. After hearing him the rooster advised him not to stay like this. Instead, both of them should try hard to defeat *mung* to save Lepcha folk. Thus, rooster also did competition with *mung* and before competition he pledged that if he loses the competition, he will cut his wings and nails and will bury it at Kabi Lungtsok and he really got defeated. Thus, as promised he slashed his wings and nails and this is the reason why people eats him. Hence, the *mung* won the competition and reached Kabi.

When Anjee Anjo mun realized that he has lost the competition he felt embarrassed and turned himself in to a bird *Layong mun* and went back to an ocean. But before that he turned himself into a bird which gave *tobok doak* (stomach pain) to *mung*.

FOLKLORE ON THE ORIGIN OF KHECHUPERI LAKE

Due to its unique landscape and rich biodiversity, Khechuperi Lake also known as ‘wish fulfilling Lake’ in the Sikkim Himalayas has gained popularity within the tourism sector beside its religio-cultural aspects and sacred beliefs associated with it. Throughout the year, a large number of national and international tourists visit the site. This holy Lake is situated 147 kilometers west of Gangtok, in the west district at an altitude of 1700 meters amsl (above mean sea level) (Raina, 1966). It has been estimated that the Lake is more than 3,500 years old (Jain et al. 2007).

Khechuperi Lake for the Lepcha of Chojo village is an important part of their life. There day to day life revolves around it. The native of Chojo village holds Khechuperi Lake as sacred which if propitiate can bring good health and prosperity to them. Thus, every year *Dho faat* or worship of lake is done by collecting contributions

from whole village in which one house takes the charge of whole ceremonies and other households gives their contribution by giving rice, millet beer, money, etc. needed for the ceremony. Next year another house takes the charge of the ceremony. Thus, the turn comes to each house. Besides this many other rituals are done in the lake.

“According to popular legend, there were two sister lakes in the north- western part of the Himalayas. The elder lake is still there but the younger lake, which is called Labding Pokhari, moved to the western part of Sikkim to a place called Yuksam. The people in Yuksam (the first capital of Sikkim) did not respect Labding Pokhari and deposited waste into her waters. The goddess got dismayed and flew the lake first to a place called Chhojo. It could not fit into the area so the goddess then shifted the lake to Khecheopalri” (Jain et al. 2004).

WHITE COW OF KHECHUPERI LAKE



Plate 7: Place of old dried Khechuperi Lake

According to the Lepcha of Chojo village, the present day Khechuperi Lake was not always there. It is believed that it was approximately half kilometre downward the present lake at Chojo where, even today there is a swampy land. As narrated by natives of Chojo village it was shifted because of the evil act of human beings. It is said that there was a white cow, which use to eat grasses from the surrounding of lake and use to live there. One day, that cow along with other cattle of a Bhutia man of Gensapa clan, went to his house. After seeing the cow without owner, he killed the cow. It was found that the cow had white fluid instead of red blood. From that day onward, all family members of a Gensapa man had a mysterious death. And as the area got polluted the lake automatically shifted to present place.

NYOM SHIM DHO



Plate 8: Khechuperi Lake

Everyone who knows about the lake in Khechuperi calls it as Khechuperi Lake, but only few people knows about its native name that is ‘Nyomshim dho’. As informed by Lepchas of Chojo village, long, long ago the place where now lake is present was a swampy land where native Lepchas used to harvest paddy and nearby it, there use to

be a bushes of *Kuzoo kung* (nettle plant). One day a Lepcha woman from Chojo village went to that area to collect barks of *Kuzoo kung* for making *Assyam* (traditional female Lepcha dress). While she was busy in her work, she heard some strange sound, as such she started looking here and there and found that the level of water in swampy land was getting high and all of sudden she noticed that her feet was already in water. So, she got scared and ran toward the hill top. After reaching the hill top she looked back and found that the place where she was collecting the bark of *Kuzoo kung* has already turn into a big lake. Later she went back to home where her father-in-law enquires her about her shocking face. For which, she replied that ‘today I have witnessed something which has never happened before’. She further said that the lake has formed in an area of swampy land and after witnessing it she thinks that she is dreaming. Next morning, they went to see the lake and father-in-law named it as ‘Nyom shim dho’ meaning ‘a lake seen by daughter in law’. Further he prayed to lake to protect the place and to bless it, and also to fulfil the wishes of people who visits the place with pure hearts. Later in few days the daughter-in-law died.

After few days, a mother-in-law Nenjum Ashya Lhamu, who was a shaman, performed a ritual in which she carried a lighted *chumi* (burning lamp) on her head and went inside the lake. The whole villagers waited for her but after one week when she didn’t return, people thought that she might have died so, they organised funeral rite for Nenjum Ashya Lhamu where in the middle of the ritual she arrived in similar condition the way she left with *chumi* on her head. She asked people to stop the ritual and told them about things she had experienced inside the lake. Further she told people that she has brought some precious gems for them which people found were earthworms and didn’t accept. Thus, leaving a funeral rite for Nenjum Ashya Lhamu, a ritual for her good health was done.

After all these incidences, one day when Nenjum Ashya Lhamu was working on their field and her husband was busy in weaving mat. Her husband heard a sound *charak...charak...* when he got up to see what it really is he saw a big snake inside their house. He thought that it is a bad omen so he killed it. Later when Nenjum Ashya Lhamu saw a lifeless snake, she told her husband that he had done a great mistake as the snake was not an ordinary snake and it belongs to the lake. It was found that instead of red blood the snake had white fluid. From that time a holy ritual for lake is perform every year on 15th day of 10th month according to Tibetan lunar calendar. In this day, a sacred ceremony is also done for Nenjum Ashya Lhamu as she is considered as protector of lake by the Lepchas of Chojo village.

DHO FAAT

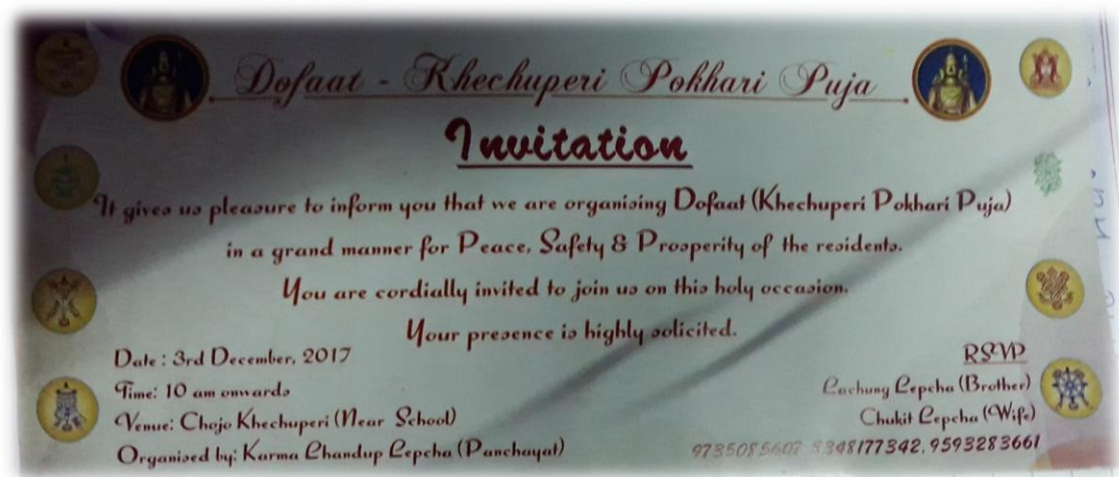


Plate 9: Invitation card for Dho faat

Dho faat is a ritual for appeasing *Dho* or lake. It is celebrated by the Lepcha of Chojo village along with other people of surrounding villages. This ritual of worshipping Khechuperi Lake is celebrated twice in every year for the peace, safety and prosperity of the people. Lepchas of Chojo village takes turn to become an in charge of this

ritual, in which one family becomes *Jinda* or host for a year to whom other villagers will support by gifting some necessary items needed during the function to *Jinda*.

NAROKSHOR KYONG



Plate 10: Narokshor Kyong

In Leethyang, a part of Chojo village, Narokshor kyong is a water source which people of the village claims to have some power which causes harm to menstruating, pregnant women and animals. If such person or animals visits the place will fall ill and eventually die. Because of this reason people avoid this place and also restrict their animals to visit the place. Some villagers claim that Narok shor kyong is more of a bad spirit as it harms animals and people's lives. Though people living in the lower part of this water source use water of Narok shor kyong. When question was raised that is there no harm in using water of Narok shor kyong? Then the villagers informed that there is no harm in using water of Narok shor kyong for daily needs, the only thing to be take care of is to avoid the water source area.

LINGDING BONG AJYU



Plate 11: Lingding Bong Ajyu

Just few yards above the water source ‘Narok shor kyong’, there is a big rock which looks like a wall painted in white colour. Very close to it is one pine tree in which a bell is tied. According to an informant Mr. Phurba Tshering Lepcha, in earlier times their ancestor had a war with Britishers, since the Lepchas were less in number, fighting with their enemies with simple weapons led them to nearly drop the battle. At that point of time, the Lepchas got power from this holy rock from where they got one sword and with it, they won the battle. The battle went for very long days that when his fore father came back to home he used warm water to detached sword from his hand as it got stuck with blood. He claimed that the sword is still at his home under his father’s guidance who is a *bongthing*. Even today the whole villagers of Chojo-

Leethyang especially Lepchas of Luksommu clan perform holy ritual every year during the month of June to thank this holy rock 'Lingding Bong Aju'.

The collection of 20 rupees each from all household is done for this ritual out of which 50% of total collection goes as gift to *bongthing* and remaining 50% for the feast. Beside money people also contributes *chi* and other things to support the feast. The ritual is done without animal sacrifices. The whole village sees Lingding Bong Aju as their protector, who even today blesses them with power to deal with many unfavourable situations in their lives.

SUNEN MUNG

It was informed by Mr. Phurba Tshering Lepcha of Leethyang village that his family and relatives usually suffers from the curse that was passed to them from their grandmother who when got married for second time, her elder husband from a place called Sunen in West Sikkim sent *Sunen mung* also known as *Pankar* in order to take revenge, which till present day is causing harm to people related to his grandmother's blood line. Some of the symptoms of the illness caused by *Sunen mung* are pain and buzzing sensation in hands and legs. He said that sometime he also suffers from it and some ritual performed by *bongthing* cures it.

FOLKLORE ABOUT THE WAR BETWEEN BHUTANESE AND LEPCHA

Long, long ago there had been a war between Lepcha and Bhutanese. Since the armies of Lepcha were lesser than Bhutanese armies, all great *bongthings* gathered in one place and planned about the ways to defeat their enemies. Thus, all *bongthings* made an appeal to the keepers of lakes and mountains, gods of *Rongnyoo* (Teesta), *Runghyt* (Rangeet) and *Beek rum* to help them in the battle against Bhutanese. They also ordered *mung* (bad spirits) to help them in this battle. The Lepchas sent *Tarek Bu*

(round worm) which helped them by troubling their enemies with diarrhoea. They further sent *Tik* for headache and *Pauti Bu* for body ache. Thus, the Lepchas won the battle by defeating their enemies.

Since all of them has helped Lepchas during their tough times, every year the Lepchas inorder to thank them conducts different rituals. As stated by Ajyu Phumzay it is important to propitiate them through holy rituals as it can harm Lepchas with various illnesses if they are not pleased well.

ZUNG

Among Lepcha, *zung* is a practice of rearing animals in the name of household deity. It is common among other communities namely Bhutia and Rai. Such animals are not slaughter and even they are not beaten because it is believe that by doing so one will suffer through illness. But it does not mean they keep rearing them. They do sell and slaughter after buying new animal which is offer to god as a substitute of older one by following some ritual. Some of the *rum* or gods of *zung* are *Mungskung rum*, *Beek rum*, *Aram thing*, *Yuksom Agen thing* and *mael nyu*. *zung* is kept in pig in case of *Aram thing*, *Yuksom Agen thing*; ox in case of *Mungskung rum* and *Beek rum*; both ox and chicken are kept in case of *mael nyu*. It is said that the family having *zung* in chicken easily gets prey during hunting.

In ancient times, *Beek rum* (also known as *Pauvik*) had helped Lepchas during the war against their enemies, thus, he is worshipped and *zung* is kept in his name. As shared by Ajyu Phumzay, during war time, warriors belonging to Luksommu, Adenmu and Sungdyangmu clan use to perform ritual praying *Beek rum* for support and because of that reason they don't use to get hurt in the battle ground. It is said that after completion of ritual, there used to be a selection of armies in which the one who can

fly higher and cut the tip of bamboos and again can land in their respective positions were considered eligible for war. After coming from war, women at house use to heat water and make it warm in which warrior use to put their swords in order to detach their hand from sword that used to get stuck with blood.

AMI

Among Lepchas, *ami* are the protectors or guardians of their lands and especially crops. As such no person dares to touch or take belongings of the house having *ami* without the permission of an owner. If a person plucks a flower or fruit of such place will suffer because of *ami*. As reported by the Lepchas of Bakcha and Chojo villages, there are various types of *ami*, these are *Suhu Ami*, *Pundi Ami*, *Kungmthyong Ami*, *Suthang Ami*, *Bu Ami*, *Purhyuk Ami*, *Pumol Ami*, *Perfyuk Ami*, *Sumbok Sukyu Ami*, *Raeyot Ami* and *Damsang Ami*.

Suhu Ami causes *ako daok* (hand ache) as if like it has fracture, *Bu Ami* causes *athung adok* (Leg pain) and *alut adok* (heartache), *Kungmthyong Ami* causes *alut adok* (heartache) and it also attacks domestic animals. *Sukyu Ami* causes *achyong adok* (back pain), a person suffering from *Sukyu Ami* won't be able to stand properly because of severe *achyong adok* (back pain). As said by Aju Sangay of Bakcha village, *Damsang Ami* is very dangerous among all *ami*. Grains are offered to *ami* every year and are replaced with new one with the harvest of new crops. As shared by Aju Sangay, Nowadays, some people don't offer new crops to *ami* as such they get suffer from various illnesses and visit him to get rid of it. He conducts ritual after which people gets relief and again they forgets to offer grains to them. *Bongthing Kaloo* Aju informed that he has *Suhu Ami* in his house.

Prem Kumar Tamang, a fifty three years old man, native of Chojo village is a teacher in Government senior secondary school, Khechuperi. He shared his experience of back pain which got healed after performing some ritual by *bongthing* cum herbalist Phumzay Ajyu. He said that he did not have any accident neither did he carry some heavy weight but all of sudden he suffered back pain. Thus, as he said, some doubt came on his mind that there must be something that is causing pain to him so, in order to find the reason he went to Phumzay Ajyu who told him that the pain he is suffering is because of touching some flowers or fruits of others field, which means *ami*.

As shared by Prem Kumar Tamang, next time he suffered from wrist pain as he was on the way to his duty took bamboo shoot from the field belonging to some other person. That time also he went to Phumzay Ajyu who treated him.

SOME AMI CAN SPOIL CHI

A woman from Leethyang told that her neighbour has *ami* which is very dangerous and one should not touch fruits and crops of their field and if did, a person might fall ill. She shared that once she prepared a bucket full of *chi* (millet beer) which she checked after few days and found that it was spoiled and awful smell was coming from it. Since her father-in-law is a *bongthing* she told him about the incidence. Later he told her that it was because of *ami* from lower house. She further said that *ami* not only harms human but also to other things like *chi*. The interesting thing she shared was after performing some ritual by her father in law, the *chi* automatically became tasty. I asked her, why the lower house *ami* attacked her *chi*? For which she said nowadays people are not taking care of *ami* as such it harms other in the hope that they will help them. I later enquired to *bongthing* Kaloo Ajyu of Chojo village that is

it really possible that some *ami* can spoil *chi*? To which he answered, yes, *Sukyu Ami* spoils *chi* and food besides hurting people with severe back pain.

FOLKLORE ABOUT LEPROSY

Leprosy is caused by a slow growing type of bacteria called *Myco bacterium leprae*. This is what western medical practitioners believe. But according to Lepchas of Bakcha village its origin goes back to their ancestors. In ancient times, some of their ancestors were hunters, beside elephants, they use to hunt almost everything even tigers. After hunting their game they first used to pray god by saying that I have lived my whole life hunting animals for survival and my descendant will also follow this tradition. If they do not then they will suffer from the disease, which the Lepchas of Bakcha village believed as Leprosy. Another reason for Leprosy is believed as a result of burning *Payong* (cane) for cooking meat by earlier Lepcha hunters. Thus, it is because of such act of them their present generations are suffering from Leprosy.

FOOD POISONING

Generally, food poisoning, occurs when people consume food or water that has been infected with certain types of bacteria, parasites, viruses, or toxins. But in the context of the Lepchas of Bakcha and Chojo villages it has very different meaning. Food poisoning commonly known as *Neeng* and sometime indirectly *Thamklyam* in these societies has nothing to do with contamination of harmful substances in food but is something that a person gives to some other by mixing it in their food. This is only one side; people believe that there are different types of *neeng*. According to a faith healer of Bakcha village Azyu Sangay, there are three types of *Ngeeng* or poison-

- Through mouth - People come in contact of poison that is through food. Symptoms of it is unremitting diarrhoea and vomiting.

- Through clothes - In this case, poison giver puts poison in victim's clothes. Symptom of it is with passing of time victim becomes weak and dull which not treat on time led to Tuberculosis and even death of victim.
- Through sitting on *Leelhop* (chair or other sitting places) – this type of poison is considered as most dangerous one and there is no medicine for the cure of it. In this case victim dies in short time.

Mrs. Sangkit Lepcha wife of *bongthing* cum *herbalist* Phumzay Ajoy of Chojo village informed that once she was poisoned for which initially she did not had an idea and went to hospital for treatment but the biomedicine did not cure her. Thus, she later tried local medicine which gave her the positive result. She shared that she had headache, heartache, stomach pain and diarrhoea. It was informed by Ajoy Phumzay and his wife that if one got poison in tea then a person will dislike tea. It is similar with other things. It is said that the poison won't work is hot water. Thus, one person whom I met out of the field told me that whenever he goes to some doubtful places, he tries to drink tea as hot as he can. Further Ajoy Phumzay added that a poison can also be present at the door of poison giver's house. In both Bakcha and Chojo villages, people fear to visit some of the houses. The people of both Bakcha and Chojo villages wholly rely on traditional health care system for *neeng* (food poisoning). There are various medicinal plants which are used by the Lepchas of both villages. Some of these plants are *Sugor sa Banmara*, *Ribum* and *Bikmar*. *Sugor sa Banmara* and *Ribum* are found and use in Chojo village by Phumzay Ajoy and *Bikmar* is use by Lepchas of both areas but is not available in their areas. One can get it from market that is sold by herbalists. Beside it there are people like *bongthing* Ajoy Sangay and Ajoy Phumzay who prepares holy water having medicinal properties in it.

INFLUENCE OF BUDDHISM ON LEPCHAS HEALTH CARE SYSTEM

Originally, Lepchas do not have a word for religion. The word *sang-gyo* for ‘religion’ which the Lepchas used today is actually the shortened version for Buddhism. They had no religion as we know today. They believed in spiritual beings (Tylor, 1871) that existed in their surroundings, to which they divide as good and bad spirits. Later, in Sikkim, from the seventeen century onwards, the Lepchas came in contact with Buddhism, which was made the state religion by the rulers, the Namgyal dynasty (Nirash, 1982). Since then, with friendliness, they accepted Buddhism but also practiced their traditional religion “without any feeling of theoretical discomfort, two mutually contradictory religions” (Gorer, 1938: 181). Thus, making their religious practices as syncretise form of Buddhism and Bongthingsm.

(Berglie, 1976: 87) in his work on *pawo* (male shaman) among Tibetans in Nepal wrote that the activities of the *pawo*, the *lama*, and the *sngags pa* partly overlapped as they were asked to help in the same kinds of situations: some are ill; someone got struck by misfortune, etc. It would be incorrect to regard them as competitors. As they used different methods for healing the sick or bringing good luck, they are rather regarded as complementary to each other. Similar is the case among the Lepchas of Bakcha and Chojo villages, the Lepchas in these areas goes for both *lamas* and *bongthings* for each and every occasion of their lives. It is only in case of death rites the *bongthing* have no role, but beside it in every occasion they play an important role in the lives of the Lepchas of Bakcha and Chojo villages.

In terms of health, the Lepchas of Bakcha and Chojo villages consult both *lamas* and *bongthings*. The first person to whom the Lepchas of Bakcha village goes to is *bongthing* Ajyu Sangay who besides performing certain rituals for the patient also suggest rituals that is to be performed by *lamas*. And in Chojo village people consults

bongthing Kaloo Ajyu and *bongthing* Phumzay Ajyu. Along with it, Lepchas of the both areas consult with *lamas*. They visit monastery where they meet *Tulku* or *Rinpoche* (incarnated one) in an expectation of getting healed. Mostly patients are suggested to perform some rituals for the betterment of their health. Some of the rituals that are suggested to them are-

Tshep jung- it is a ritual for appeasing god *Sangay chewami* for long life.

Dokar and *Pharchae lamchae*- it is a ritual for appeasing god *Chuktar* and *Guru Padmasambava* respectively for getting rid of bad fortune.

Dolma- it is a ritual for appeasing goddess *Dolma*.

Dokar chukdup- it is a ritual for protection in case of *lho ghok*. *Lho ghok* comes once in twelve years. It is related to the cycle of animals according to Lepcha lunar calendar, in which each animal comes once in twelve years in which one has to perform some ritual for his or her good health and fortune. For children and older people it is performed by their family.

Pholo- it is a ritual for appeasing ancestor deities.

Menzung- it is a ritual for appeasing god *Sangay Menla* for better response of medicine on patient's health.

REASONS FOR THE DECREASE OF BONGTHING

It has been found that in Bakcha village there is only one *bongthing*, Aju Sangay and in Chojo village there are two *bongthings*, Kaloo Aju and Phumzay Aju. As shared by the villagers nowadays the numbers of *bongthing* is decreasing. As informed by Mr. Chopel Lepcha of Chojo village, earlier the village had great *bongthings*, who were very powerful. Some of them he can name were Aba Bongthing, Kundongbong Bongthing, Sungdyang Bongthing and Zu Bongthing. As informed by Mr. Karma Lhendup Lepcha of Chojo village, *bongthings* are dying in early ages. They do see other future but not of their own. *Bongthing* Aju Sangay of Bakcha village said, earlier everything had good fortune; there were abundant of things to eat. Lots of milk, butter, fruits, crops but now; cultivation of crops is reducing, rivers are drying, in the same way the number of *bongthings* are reducing. Now there are more varieties to eat but people are not satisfied. Nowadays people cannot digest butter, milk, curd etc. because things do not have fortune.

Another reason for less number of *bongthings* as shared by many people is because of the less practices of traditional religion and custom, example- according to ancient Lepcha tradition, the body of the *muns* and *bongthings* should be buried as it enables the spirit to come back and possess someone from the deceased *mun's* or *bongthing's* lineage to continue the line. But now with the introduction of Buddhism in their community, Lepchas have started burning dead bodies of their kinfolk.

There is one tree *Tepchyak kung* which should not be burn since there is a Lepcha belief that this tree is use to make ladder for going to heaven but nowadays people burn them leading to the decrease in reincarnation of *bongthings*.

COMMON HEALTH PROBLEMS IN BAKCHA AND CHOJO VILLAGE

Some of the common health problems among the Lepcha of Chojo village are Epilepsy, Jaundice, Alcoholism and Poisoning. And the common health issues among the Lepchas of Bakcha village are Back pain, Knee pain, Body ache, Gout, Hypertension, and Alcoholism. Since Lepchas of both areas are mostly agriculturists and are hard workers it is common among them to have health problems like knee pain, back pain and body ache. But there were some people who were saying that they don't have any health problems as such since they are accustomed to do hard work. Epilepsy among Lepcha of Chojo village is known as *Namkyon*. Till today, this disease has been regarded with fear and superstition. It is not only among the simple people like Lepchas who see it through cultural lens but it has always been a part of fear and superstition in western countries. There was a belief in Aberdeenshire, Scotland, that burning the clothes of a person who had a seizure would produce a cure (Black, 1883: 72). Grated human skull has been ingested to cure epilepsy in Ireland and the bones of a man were regarded as cure for woman in Scotland (Black, 1883: 96-97). There are many societies as such who have their own explanation and system to deal with the problem of Epilepsy. Among Lepcha of Chojo village it is believe to be caused by *Tham-toom* (result of some earlier act which affects the performer or his/her descendants). There are varieties of *Tham-toom* such as *Muru Tham-toom*, caused by bird known as *Muru fo*; *Lavo un Suchuk Tham-toom*, caused by solar and lunar eclipse. It has been said by medical specialists that the high blood pressure or hypertension is a result of non specific lifestyle or genetic factors. Lifestyle factor includes taking of excess salt, extra body weight, alcohol and smoking. And consumption of alcohol is common among both genders in these two villages. Alcoholism is one of the important health problems in both Bakcha and Chojo

villages. Since *chi* (millet beer) is an important part of Lepcha's life which is need in each and every occasion, thus, it is commonly use and consume among them. But this cultural habit is creating problem of alcoholism among the Lepchas of these two areas which many people agrees and some do not. Some natives of both the field areas said that it is important for them since they are agriculturist and have to work hard; *chi* helps them or gives energy to them to do work hard without fatigue.

Food poisoning is common in both areas, for which Lepchas of both areas exclusively prefer traditional medicine. It is common among the elders since, it is believed that people come in contact of it through some other person i.e. poison giver who most of the times they meet in social gatherings like wedding and funeral ceremony in which it is mostly elder and not children who attend such important function of the society.

Among the children, *Telim* (Measles), *Kacho* (Diphtheria), *Kathaer* (Chicken pox) are common for which the Lepchas of both areas uses traditional as well as modern health care systems. In traditional medical system, the Lepcha of Bakcha village uses pork's fat or blood or even consumption of meat for *Telim* (Measles) and *Ai thu* (honey of stingless bee) for *Kacho* (Diphtheria). Nowadays, according to some of the villagers, these health problems among the children are decreasing with the use of modern medicines along with traditional health care practices.

MEDICINAL PLANTS

India is a treasure house of ancient medical knowledge. It is a country where lots of medicine for various health problems are prepared and found at home and its surroundings respectively. Over three quarter of the world people are depend on plants and plants extracts for health care. It has been found that world market for plant derived drugs may account for about Rs 2, 00,00,0 crores. In India, from ancient

times, drugs of herbal source have been used in traditional medical systems such as Unani and Ayurveda. The medical system Ayurveda, uses about 7,000 species, Siddha 6,000, Unani 7,000, Amchi 6,000, and modern medicine around 300 species (Nagori et al. 2011). In India, around 16,000 species of higher plants are found and out of these 7,500 species are used for medicinal and health care purpose by different ethnic communities (Bhuyan, 2015). It is the heritage that has been transferred from generation to generation.

J. D. Hooker, a renowned botanist in the late 1840s and early 1850s visited Sikkim, Darjeeling, and Nepal Himalayas complemented the Lepchas as born botanists and pure naturalists in his book, *the Himalayan Journals* part I and II (Tamsang, 2008). The uses of medicinal plants are found in the epics of Lepchas (Namthar, Tengyur, Domang). K. P. Tamsang in his work titled *Glossary of Lepcha Medicinal Plants* has described more than 80 varieties of medicinal plants use by Lepcha (Tamsang, 2004). As informed by *bongthing* of Chojo village Kaloo Aju, medicines among Lepchas are given by *Chuthing* (Mountains) mainly *Kongchen* (Kanchendzonga) and by some ‘mun sa rum’ meaning ‘god of medicine’ like *Bong rum*, *Chyong rum* and *Sugyu rum*.

MEDICINAL PLANTS USED BY LEPCHAS OF BAKCHA VILLAGE

There are various medicinal plants prefer by the Lepchas of Bakcha village to overcome some health problems, some of them are *Mentha* (Ausoodaong) commonly known as mint, for control of diarrhoea and also for digestion; *Ammomum Subulatum* (Lenji) commonly known as large cardamom, for stomach pain; *Zinziber officinale* (Rose) or ginger, for stomach pain and vomiting control; *Swertia chirata* Haiu (Rungkyen), for fever; *Entada scandens* Benth (Koolokpoth), for swollen neck glands; (Tunghrel), for diarrhea ; *Cane shoot* (Rudung), for cold and cough, high

blood pressure, diabetics; *Eupatorium cannabinum linn* (Nam nongmuk), for healing wound and nose bleeding; *Urtica dioica* (Sorong bee), for high blood pressure; *Heracleum wallichii* (Syamben), for stomach pain; *Carica papaya Linn* (Mayaa paot), for Jaundice; *Litsea citrata* (Ngemupoth), for stomach disorder; (Aepmu), for stomach disorder and vomiting control; *Artemisia vulgaris Linn* (Tiknyel), for control of nose bleeding and bleeding in case of injury, leaves of (Peju kung) for body ache. *Cannabis* (Ghaja) is use for dealing with health issues of cow, goat and pig.

Besides varieties of plants for medicinal purpose, Lepchas of Bakcha village also prefer animal products for some health issues like Deer's skin *Suku-kompu* for mushroom poison; Monkey's meat *Suhu-maon* for high fever; Fox meat *Homu-maon* for breathing problem or Asthma; Bear's appendix *Sinaha-khepu* for Tuberculosis and swelling; *Chyakmong-fo* for diabetics; Toad *Tuthyuk* for healing wound, controlling unremitting diarrhoea, and for diabetics; pork's fat or blood or even consumption of meat in case of Measles *Telim*; in case of Diphtheria *Kacho*, *Aithu* (honey of stingless bees).

For *sujong-ro* (high fever)



Plate 13: *Swertia chirata Haiu* (Rungkyen) - the whole part of the plant is use as medicine. Few pieces of *Rungkyen* are added in water. Later, the water is consumed.

For *tobok doak* (stomach pain) and *mik-sor* (evil eyes)



Plate 14: *Curcuma aromatic Salish* (Selek) – Rhizomes are consume.

For healing *mo* (wound) and *numar-v* (nose bleeding)



Plate 15: *Eupatorium cannabinum Linn* (Nam nongmuk)- leaves are to be rubbed first, then apply over the wound, and put inside the nostrils in case of nose bleeding.

For *tobok doak* (stomach pain)



Plate 16: *Heracleum wallichii* (Syamben) - the dried fruits are chewed.

For control of *numar-v* (nose bleeding) and bleeding in case of injury and for skin disease



Plate 18: *Artemisia vulgaris* Linn (Tiknyel) - it is rubbed and put inside the nostril to stop nose bleeding. Beside its root, the whole plants are rubbed in skin to treat skin disease.

For *tobok doak* (stomach disorder) and *amot nung* (vomiting control)



Plate 19: (Aepmu) - fruit is consumed.

For diabetics



Plate 20: *Tupistra nutans wall* (Parvek) - The flowers are cook as curry.

For *tobok doak* (stomach disorder) and *amot nung* (vomiting control)



Plate 21: *Zinziber officinale Rose* (Heng) - root is consumed.

For *tobok doak* (stomach pain)



Plate 22: *Ammomum Subulatum* (Lenji) or large cardamom- seeds are chewed.

For Jaundice



Plate 23: *Carica papaya* Linn (Mayaa paot) – fruit is consume.

For *muzu doak* (body ache)



Plate 24: (Peju kung) - taking bath with the boiled water with barks and Leaves cure.

For *sujung ro* (fever) and *vyang shyong* (infection)



Plate 25: *Acorus calamus* Linn (Ruklop) - root is consumed.

For health problems related to cow, goat and pig






Plate 17: *Cannabis* (Ghaja) - juice of leaves is given.



For healing *mo* (wound), unremitting *etshya* (diarrhoea) and for diabetics









Plate 26: Toad (*Tuthyuk*) – it is poisonous thus, one should be very careful while consuming it. The head is to be cut where poison is present. The meat is boil and consume as soup.



Table 1.0: Showing medicinal plants used by Lepchas of Bakcha village.

Medicinal plant	Scientific name	Local name	Health problem	Uses
	<i>Swertia chirata</i> Haiu	<i>Rungkyen</i>	For <i>sujung-ro</i> (high fever).	The whole part of the plant is use as medicine. Few pieces of <i>Rungkyen</i> are added in water. Later, the water is consumed.
	<i>Curcuma aromatic</i> <i>Salish</i>	<i>Selek</i>	For <i>tobok doak</i> (stomach pain) and <i>mik-sor</i> (evil eyes).	Rhizomes are consumed.
	<i>Eupatorium cannabinum</i> Linn	<i>Nam nongmuk</i>	For healing <i>mo</i> (wound) and <i>numar-v</i> (nose bleeding).	Leaves are to be rubbed first, then apply over the wound, and put inside the nostrils in case

				of nose bleeding.
	<i>Heracleum wallichii</i>	<i>Syamben</i>	For <i>tobok doak</i> (stomach pain).	The dried fruits are chewed.
	<i>Artemisia vulgaris</i> <i>Linn</i>	<i>Tiknyel</i>	For control of <i>numar-v</i> (nose bleeding) and bleeding in case of injury and for skin disease.	It is rubbed and put inside the nostril to stop nose bleeding. Beside its root, the whole plants are rubbed in skin to treat skin disease.

		<p><i>Aepmu</i></p>	<p>For <i>tobok doak</i> (stomach disorder) and <i>amot nung</i> (vomiting control).</p>	<p>fruit is consumed.</p>
	<p><i>Tupistra nutans wall</i></p>	<p><i>Parvek</i></p>	<p>For diabetics.</p>	<p>The flowers are cook as curry.</p>
	<p><i>Zinziber officinale</i> <i>Rose</i></p>	<p><i>Heng</i></p>	<p>For <i>tobok doak</i> (stomach disorder) and <i>amot nung</i> (vomiting control).</p>	<p>Root is consume.</p>

	<i>Ammomum Subulatum</i>	<i>Lenji</i>	For <i>tobok doak</i> (stomach pain).	Seeds are chewed.
	<i>Carica papaya</i> Linn	<i>Mayaa paot</i>	For Jaundice.	Fruit is consumed.
		<i>Peju kung</i>	For <i>muzu doak</i> (body ache).	Taking bath with the boiled water with barks and Leaves cure.

	<p><i>Acorus calamus Linn</i></p>	<p><i>Ruklop</i></p>	<p>For <i>sujong ro</i> (fever) and <i>vyang shyong</i> (infection).</p>	<p>Roots are consume.</p>
	<p><i>Cannabis</i></p>	<p><i>Ghaja</i></p>	<p>For health problems related to cow, goat and pig.</p>	<p>Juice of leaves is given to animals</p>

MEDICINAL PLANTS USED BY LEPCHAS OF CHOJO VILLAGE

It was clear that many Lepchas of Chojo village have an immense knowledge on medicinal plants and they are great experts but one of the problem for getting data from them were that they were not open about their precious knowledge. Similar behaviour of Lepcha herbalist has been experienced from Dzongu. (Pradhan and Badola, 2008) has mentioned that the Lepcha medicine man or 'Maon-doak', restricts his medicinal practices and prescriptions only to Lepcha community, and he does not share or offer the same to the foreigners. "The 'Maon-doak' believes that if his secret traditional knowledge of using plants is disclosed to any unauthorized person, the

plants under use would produce adverse effects, and he may encounter ill-fate generated from the rage of the supreme deity of medicinal plants in the forest. This non-sharing attitude must have been one of the strongest reasons for the decline of this ancient system of medicine” (Pradhan and Badola, 2008). When an informant Ajyu Phumzay took me on the field to show some medicinal plants, he was worried and was continuously checking here and there that whether some other person is there or not. Once the group of men came and ask him, ‘what happened? What are you looking for?’ He hid the truth by saying ‘there was a snake, so I am looking for it’. And that group of men also accompanied him in order to search for a snake. Later, when I enquired him for the reason of his hiding of truth, he replied that he don’t want other to know about the medicines. And he showed me his secret place where the precious medicinal plant for poisoning *Sugor sa Banmara* was present. But some people informed me that it might not true because among the Lepchas of Chojo it is believe that one should not introduce this medicinal plant to other with its real name and should not show this medicinal plant by pointing finger on it as it is believe that this medicine won’t work on the people who fails to follow the above rule. It is said that one has to throw some leaves or stem of it in backward direction and after which it is on learner to find the correct plant or to identify it. But for me he did not threw the plant. The thing he did was, he direct me that the plant is there without pointing on it. So I kept asking him, and I was lucky that I found the correct one after showing few wrong plants.

Another fine morning I was on my way to field when I saw an elder man walking on the side of the road. By observing him it was sure that he was searching for something really important. I asked him ‘what are you searching for?’ he replied by saying, ‘I am searching for something’. I asked him again, ‘tell me what it is? Maybe I can help

you!’ he directly replied me, ‘vandina!’ meaning ‘I won’t tell you!’. After hearing his reply, the smile came on my face and it became clear to me that he is searching for some medicines. Thus, in order to know the truth I said ‘may be you are searching for some medicines. Even I have some medicines for poisoning and I took it out from my bag and showed him. After a careful inspection he said yes it is for poisoning and it is found in high altitude not here. With this he said but, you should not consume it after three years as it will get expire and will turn in to poison. After discussing on it for few minute I again asked him that, ‘Are you searching for some medicines?’ For which this time he replied, ‘yes, I am searching for medicinal plant for poisoning’. I showed him the direction and there the man went.

MAON DOAK (HERBALIST) OF CHOJO VILLAGE



Plate 27: Nam Tshering Lepcha, herbalist weaving bamboo basket

Name- Nam Tshering Lepcha

Age- 70 years

Nam Tshering Lepcha is one of the *maon doak* ‘herbalists’ of Chojo village. He prepares medicine for poisoning of local origin using various secretive medicinal plants. He also prepares medicine for other health problems like bone fracture and snake bite. Many people, far from other areas also visit him for his medicine. He said that he has gained this knowledge of using various medicinal plants for curing health problems from a man named as Chuden Lepcha who is already demise.



Plate 28: Nedup Tshering Lepcha, herbalist of Chojo village

Name- Nedup Tshering Lepcha

Nick name- Phumzay Ajyu (As his elder daughter’s name is Phumzay)

Age- 60

Clan- Namchyongmu

Spouse- Sangkit Lepcha

Kids- 2sons and 2 daughters

Though herbalist, he is also a *bongthing*. As informed by him, he became *bongthing* at the age of 30. He said that being *bongthing* is hereditary. One cannot become a *bongthing* by learning, it is by fate. It is only after getting possess he went for tutelage. Before becoming a *bongthing*, he was a monk studied at Khechuperi Monastrey. This is one of the reasons that he doesn't do sacrifices for performing rituals as a *bongthing*. He said, he has gained the knowledge of medicinal plants from his uncle and other people.

MEDICINAL PLANTS AS INFORMED BY PHUMZAY AJYU

For *athyak doak* (headache), *afo doak* (tooth ache) and sinusitis



Plate 29: *Tim bum chilaok*- the juice of the root is use.

For *suk-daek adaok* (throat pain) and typhoid



Plate 30: *Oroxylum indicum vent* (Phaago Koong) - seeds are consumed.

For curing *mo* (wound)



Plate 31: *Tingsik muk*- root along with some soil attach on it is apply over wound.

For *suk-daek adaok* (throat pain)



Plate 32: *Hydrocotyle asiatica* Linn (Sugee muk/ Kahley Nyaok)- leaves are consume.

As shared by Aju Phumzay there are two types of *Sugee Muk* which he described as male and female, the bigger leaves *Sugee Muk*, female is medicine and the smaller one is male and is not medicine.

For *neeng* (poisoning)



Plate 33: *Sugor sa banmara*- whole plant is use as medicine.

For *neeng* (poisoning)



Plate 34: *Ribum*- root is use as medicine.

For *suk- daek adaok* (Throat pain) and *muzu-adaok* (body ache)



Plate 35: *Tungtok*- tuber is consumed.

For problems related to *mik* (eyes)



Plate 36: *Turjyor muk*- stem of this plants have medicinal properties.

For *neeng* (poisoning)



Plate 37: *Sungtuk*- root is consumed.

For *tobok daok* (stomach pain)



Plate 38: *Nokhrul poth* – fruits are consumed.

For curing *Telim* (Measles)



Plate 39: Bag of the roots of nettle plant *Kuzoo kung* – use by *bongthing* Kaloo Ajyu
for curing Measles *Telim*.

**ANIMAL PRODUCTS USE FOR HEALTH ISSUES BY THE LEPCHA OF
CHOJO VILLAGE**

For body swelling; tuberculosis also consume for various health problems




Plate 40: Frogs (lupok taluk)- it is boil in water and consume it as a soup.




For poisoning










Plate 41: Wild sheep *sufyuk*, horn and its ring- people wear rings of it so that whenever they go to some new place and some edible are offer to them, they first dip or touch it with their rings. It is believe that it reacts in the food with poison.

Table 1.1: Showing medicinal plants used by Lepchas of Chojo village.

Medicinal plant	Scientific name	Local name	Health problem	uses
		<i>Timg bum chilaok</i>	For <i>athyak doak</i> (headache), <i>afo doak</i> (tooth ache) and sinusitis.	Juice of the root is use.

	<p><i>Oroxylum indicum</i> vent.</p>	<p><i>Phaago Koong</i></p>	<p>For suk- daek adaok (throat pain) and typhoid.</p>	<p>The seeds are consumed .</p>
		<p><i>Tingsik muk</i></p>	<p>For curing mo (wound).</p>	<p>Root along with some soil attach on it is apply over wound.</p>
	<p><i>Hydrocotyle asiatica</i> Linn</p>	<p><i>Sugee muk/ Kahley Nyaok</i></p>	<p>For suk- daek adaok (throat pain).</p>	<p>Leaves are consumed .</p>

		<i>Sugor sa banmara</i>	For <i>neeng</i> (poisoning).	Whole plant is use as medicine.
		<i>Ribum</i>	For <i>neeng</i> (poisoning).	Root is use as medicine.
		<i>Tungtok</i>	For <i>suk-daek adaok</i> (Throat pain) and <i>muzu-adaok</i> (body ache).	Tuber is consumed .

		<p><i>Turjyor</i> <i>Muk</i></p>	<p>For problems related to <i>mik</i> (eyes).</p>	<p>Stem of this plants have medicinal properties.</p>
		<p><i>Sungtuk</i></p>	<p>For <i>neeng</i> (poisoning).</p>	<p>Root is consumed.</p>
		<p><i>Nokhrul</i> <i>poth</i></p>	<p>For <i>tobok daok</i> (stomach pain).</p>	<p>Fruits are consumed.</p>
			<p>For curing <i>Telim</i> (Measles).</p>	<p>Bag of the roots of nettle plant <i>Kuzoo kung</i> –</p>

				use by <i>bongthin</i> g Kaloo Aju for curing Measles <i>Telim.</i>
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HERBALIST OF PHENSONG



Plate 42: Dhan Bdr. Mangar, herbalist at Phensong

Name - Dhan Bdr. Mangar

Nick Name – Mangar Bajae, (meaning Grandfather Mangar)

Age- 84

Occupation- Herbalist and had worked for Border Roads Organisation (BRO)

Religion - Christian

Permanent address- Phensong

Mangar Bajae is a prominent man who looks after patients from not only Bakcha village but from various distant places. He is non-Lepcha, even though Lepchas of Bakcha village seeks help from him during various health problems. People visit him in search of medicine for their health issues. He claimed that he has medicine for almost all kinds of health problems. As state by him, he has gained this knowledge about all those medicinal plants for one of his book which he vaguely mentioned as “Baidang Kitab” by Jaisree Rana Mangar. Since the book is not with him because of his elder wife who threw it away in river because of irritation for his second marriage. He said that with the help of this book, firstly he cured himself, as he had suffered from Tuberculosis during his younger age. He claimed that he did it by following all those procedure that were mentioned in that book for the cure of Tuberculosis. Later he shared, that 27 items of various herbs and plants are needed for curing Tuberculosis. Along with it meat of black hen and local alcohol is also needed.

Some of the health problems which he claim that he can deal with are Bone setting, Jaundice, Gastric, Asthma, Snake Bite, food poisoning, Throat pain, Joint pain, Tooth ache, Cancer, Diarrhea, Epilepsy and Tuberculosis.

Some of the medicine plants use by him-

Jaundice



Plate 43: Mango leaves - boil leaves and take bath with that water treats jaundice from outside.



Plate 44: (Namley lahara) – take juice or powder of it cures jaundice from inside.

Food Poison



Plate 45: *Aconitum ferox* Wall (Bikmar) – Root is use as medicine for poisoning of local origin. After consuming it, it is suggest to not to eat sheep meat.

Tooth ache and Minor fracture



Plate 46: *Urtica dioica* linn (Kuzoo) – root paste is use.

Cancer



Plate 47: *Adhatoda vasica* (Asuro) – boil leaves and consume water.

Swollen neck glands



Plate 48: *Aesculus indica* (Pangra) – to apply power of seeds.

Diabetics



Plate 49: Leaves of Passion fruit – water boiled with leaves is drink.

For Blood Pressure control and Diarrhoea



Plate 50: Guava leaves – boil in water and take juice of it.

Snake Bites

(Kathyori ko moaha) and honey of stingless bee (Putka ko moaha) - to eat and apply.

Schima wallichii (Chilowna) – powder of bark is applied over wound.

Asthma

(Haraelo ko lahara) – dry it and consume with water.

Throat Pain

Terminalia belerica (Barar) – powder of dry bark is mixed with water and drink it.

CHAPTER IV

MODERN HEALTH CARE SYSTEM AMONG THE LEPCHA OF BAKCHA AND CHOJO VILLAGES

Health care is one of the most vital of all human endeavours to improve the quality of life especially of the tribal people. It involves the provision of conditions for normal, physical and mental development and functioning of human being individually as well as in a group (Balgir, 1997). Universally, health is a cherished goal. It cannot be forced upon the people. The organisation of health services to all people is considered to be an important step towards development (Srinivasan, 1987). The Indian Government to its citizens assure total health care; but direct that responsibility to the state. In part IV of Article 47 of the Indian Constitution, it is stated that it is a “duty of the state to raise the level of nutrition and the standard of living and to improve public health”. The National Health Policy (NHP) was created in the year 1983 and updated in the year 2002 is the main venue through which legislation is based on. In addition, there have been multiple five year plans that address issues such as preventive medicine, communicable diseases, and health in rural areas. There are three main forces in the health industry- government, trust and private organisation. The government has structured its hospital system along a ranked basis - Primary Health Centre (PHCs) in rural areas, larger hospitals at the town level and the wider government hospital in the cities. Trust hospital, made through charitable contributions and private public partnerships, offer services at a much cheap price as compared to private hospitals, but are not run by the government. Lastly, the private industry makes up most of India’s health care capacity, being the most likely setting of consumer spending (Mehta, 2011).

The health standards among all the communities in Sikkim have improved significantly over the last 15 years (Lahiri, 2001). With the advancement in health and medical facilities the infant mortality rate have reduced from 88 per thousand in 1988 to 51 per thousand in 1997 against the national rate of 71 per thousand. The birth rate in 1997 was 19.8 per thousand and the death rate was 6.5 per thousand, which are lower than the all India average of 27.2 and 8.9 per thousand, respectively. Medical services are free for almost everyone in the government hospitals, and food and medicines are distributed at no cost to all patients in hospitals and primary health centres. The state also compensates for secondary and tertiary health care treatment outside the state (Lahiri, 2001).

INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) IN BAKCHA AND CHOJO VILLAGES

India is home to the largest population of malnourished and hunger-stricken people and children leading to high infant and maternal mortality. Along with these issues are a deluge of problems ranging from diseases, lack of education, lack of hygiene, illness, etc. (Yadav, 2012). With over 40,000 centres nationwide Integrated Child Development Scheme (ICDS) in India is the world's largest combined initial childhood programme. In 1975 since its initiation, the program has developed and extended, despite difficulties in adapting to the enormously different local circumstances found on the Indian subcontinent. UNICEF has helped to launch the ICDS programme and continues to offer financial and technical assistance along with the World Bank. Today, the programme covers over 4.8 million expectant and nursing mothers and over 23 million children under the age of six. Of these more than half participate in initial learning activities. The purpose of ICDS is to advance nutrition, health and development of children. The program provides health, nutrition and

hygiene education to mother, non-formal preschool education to children of aged between 3 to 6 , supplementary feeding for all children and pregnant and nursing mothers, growth monitoring and promotion, and relates to primary health care services like immunization and vitamin A supplements (UNICEF).

In Bakcha village, there is one ICDS centre which is run by ICDS teacher Mrs. Doma Lepcha and her co-worker Mrs. Ongkit Lepcha. The centre provides medical and nutritional facilities to children. From 9:30am to 2:00pm, six days a week except Sunday and government holidays, the children of age group 3 to 5 years are provide with non-formal preschool education. Meals are also given to these children that consist of rice, pulses, vegetables curry and milk. On every Thursday *kheer* (sweet dish made up of milk, sugar, rice and dried fruits) is given to children. The centre also provides iron tablet to pregnant ladies. It also provides nutritional powder to pregnant women that continue till their baby reaches the age of three. Food products like soya bean, ground nuts, gram, sugar, *chura* (Beaten rice) are given to adolescent girls. Presently, the ICDS centre has 5 children which according to Mrs. Doma Lepcha is less in number as compare to earlier times when the number was more than 10- 12 children. As shared by her, the decrease in number is because of parents preference of giving education to their children in private schools and another reason is family planning.



Plate 51: Children having mid day meal at Bakcha village ICDS centre



Plate 52: The children of Chojo village having mid day meal along with their teachers
at ICDS centre

The ICDS centre of Chojo village is run by ICDS teacher Mrs, Dawa Phuti Bhutia and her co-worker Mrs. Kamala Limboo. The centre provides medical and nutritional facilities to children. From 9:30am to 2:00pm, six days a week except Sunday and government holidays, the children of age group 3 to 5 years are provide with non-formal preschool education. Meals are also given to these children that consist of rice,

pulses, vegetables curry and milk. On every Thursday *kheer* (sweet dish made up of milk, sugar, rice and dried fruits) is given to children. The centre also provides iron tablet to pregnant ladies. It also provides nutritional powder to pregnant women that continue till their baby reaches the age of three. Presently, the ICDS centre has 6 children.

PRIMARY HEALTH CENTRE OF BAKCHA VILLAGE



Plate 53: Staff of Phensong Primary Health Centre

Phensong GPU has one Primary Health centre (PHC) in Safyong ward which looks after all seven wards including Bakcha village which is a part of Sardang ward. It is an important centre from where every activity related to health operates. Every month on 15th day Village Health and Nutrition day program is organized in which free medical counselling is given to villagers. Medical mobile unit from main hospital arrives once in a month provides free tests for various health issues like diabetics test, anemia, etc. Free medications are also given to villagers. Under the scheme of National Rural Health Mission (NRHM), Doctor from district hospital visits village once in three months. Multipurpose health worker, Mr. Gnawo Lhendup Lepcha visits

village frequently to check health problems in the villages along with ASHA worker Passangkit Lepcha.

PRIMARY SUB HEALTH CENTRE OF CHOJO VILLAGE



Plate 54: New born baby with his mother at Primary Sub Health Centre at Thingling

The primary sub health centre for Chojo village is in Thingling ward which is approximately 2 km far from Chojo village. This primary sub health centre looks after all the five wards of khechuperi GPU. The health centre has three staff namely Mrs. Donzi Hangma Limboo- ANM, Mr. B.B Limboo- MPSW and Ms. Sukuhangma Limboo- Female Ward Attendant. Every month, doctor from Yuksam Primary health centre visits the sub health centre and treats patients. The PSHC also helps women in village in delivering babies. They handle cases of normal delivery and do not conduct C section. In case of critical condition, patients are transferred to the district hospital at Geyzing which is 35 km far from the village. Within this year, as reported by MPSW Mr. B. B Limboo four deliveries of babies were done in PSHC and during my presence at field, two more deliveries were done. Every month Village Health Nutritional Day is conduct in ICDs of all wards in which counselling regarding

various health issues are delivered to the villagers. Some time, medical mobile unit visits PSHC and gives free check up to villagers. Two times a week i.e. on Monday and Tuesday ASHA of all wards visits PSHC with detail data of their respective field. Vaccination is done twice a year in ICDS where PSHC staffs along with ASHA holds the programme.

Beside all, there are various related schemes which are benefiting the people of both Chojo and Bakcha areas; there are some of the programmes and schemes which are benefiting them. These are Janani Suraksha Yojna, Mukhya Mantri Sishu Suraksha Avum Sutkeri Sahayog Yojana, Janani Shishu Suraksha Karyakram, Mukhya Mantri Jeevan Raksha Kosh Scheme, Mukhya Mantri Shrawan Shakti Samridi Yojana, Sikkim State Illness Assistance Fund, Chief Minister's comprehensive Annual and Total Health check up for Healthy Sikkim (CATCH) Programme (Source: Health care, human services & family welfare department, Govt. of Sikkim).

CHAPTER V

SUMMARY AND CONCLUSIONS

The state of Sikkim as per census report of 2011 has a total population of 607,688 out of which 111,405 are Scheduled Tribes (STs) which account for 20.6 per cent of the total population. The Lepcha, the only primitive tribal community of Sikkim constitute 36.6 per cent of the total Scheduled Tribe (ST) population of the state (Kharga et al. 2015).

The health status of all communities is highly influenced by the interaction of health consciousness of the people, socio-cultural, educational, demographic, economic and political factors. The common beliefs, traditional customs, myths, practices associated to health and disease in turn controls the health seeking behavior of an indigenous people (Balgir, 2004). With regard to Lepchas of Bakcha and Chojo villages, like the other indigenous people of the world, they have deep rooted culture and tradition which highly influenced their day to day lives. There is a strong belief among the Lepchas of both these villages that everything good or bad in their lives are caused by *rum* or *mung* and there need to have a balance between these two. The balance is maintained through worshipping or appeasing and by offering them various items like *rip* (flowers), *Chi* (millet beer), *thampot* (fruits), *song* (incense) and some time animal sacrifices, etc. But with the influence of Buddhism over their traditional religion i.e. *Bongthingism*, there is a rapid demise in some of their old practices. One of the examples of it is offering animal sacrifices to *rum* or *mung* for the well being and prosperity of Lepchas. There was a time when diseases and illnesses were treated by offering sacrifices by the village *bongthing* but, with the advent of Buddhism the value for non violence have developed among the Lepchas which resist them from performing animal sacrifices. And there exist an unspoken tension between the

intertwined religions as (Ortner,1995: 357) emphasizes that the 'conflict between Buddhism and shamanism is not new to the Tibetan Buddhist tradition'. It has been found that some of the Lepchas in both Bakcha and Chojo villages have an aversion toward traditional Lepcha practice of sacrifices. It has been found that the influence of Buddhism is high among Lepcha of Bakcha village as compared to that of Chojo village.

When the question of *Rong* culture and tradition were asked to the villagers of Bakcha village, the most common answer provided by the people was the suggestion to visit Aju Sangay. Thus, it can be said that Aju Sangay is the important person to whom Lepchas of Bakcha village are relied on in term of their cultural knowledge. He is the one who finds solution for their problems related to *rum* and *mung* and solves it in a simple way without conducting animal sacrifices. On the other hand, the Lepchas of Chojo village has somehow maintained the balance between the two religions. There are various rituals which are performed only by *bongthing* or only by *lamas* and some rituals which are performed by both. Mostly among the Lepcha of Bakcha village, whenever people falls ill they consult Aju Sangay or *lamas* and performs the ritual for good health according to Buddhist tradition but in Chojo village, the ritual for well being is conduct by *bongthing* and some time by *lamas*. There are good number of folklores about various supernatural beings living in their surrounding among the Lepcha of Chojo village which is almost absent among the Lepcha of Bakcha village. The differences between Lepchas of these two areas can also be seen through the language they speak. The Lepcha of Bakcha village calls *Thipkyon* to epilepsy which is not understandable to Lepchas of Chojo village who calls it as *Namkyon* which is again not understandable to Lepchas of Bakcha village. The reason for it is the influence of Bhutia language among Lepchas of Bakcha village as epilepsy among

Bhutia community is known as *Thipkyen* which later used by Lepcha of Bakcha village with Lepcha accent as *Thipkyon*. Considering the population of whole Bakcha and its surrounding area, Bhutias are in minority even though the Bhutia's culture and language has a great influenced over Lepchas living in Bakcha village. Many words even the kinship terms they use are actually the syncretise form of both Lepcha and Bhutia Languages.

Kinship terminologies use by the Lepcha of Bakcha village differ from traditional Lepcha kinship terms

ENGLISH TRANSLATION OF KINSHIP TERMS	TRADITIONAL LEPCHA KINSHIP TERMS	KINSHIP TERMS USE BY LEPCHA OF BAKCHA
Father	A-Bo	Aku/ Appa
e.sister	Anom	Anom
y. uncle	A-Bo Chimbu (Bathim)	Aku
e.uncle	A-Bo Thimbu	Aku Thimbu
e. uncles wife	A-mu Thimbu (Matim)	Angi
y. uncles wife	A-mu Chimbu	Angi

G. father	Thikung	Ajyu
G. mother	Nikung	Anna
G.child	Kup zong	Kup zong
Son in law	Myok	Myok
Daughter in law	Nyom	Nyom

(Balgir ,1997) wrote “If general health of an average non-tribal Indian is inferior to the Western and even many Asian counterparts, the health of an average Indian tribal is found to be much poorer compared to the non-tribal counterpart. The health status of tribal populations is very poor and worst of primitive tribes because of the isolation, remoteness and being largely unaffected by the developmental process going on in India”. Since the Chojo village is 137 km far from capital town Gangtok and 35 km far from nearest town Geyzing, it is quite hard for the villagers to meet their basic needs regarding health. The only transportation service that one get from Chojo village to Gangtok is a jeep that depart for Gangtok at early morning around 5:30- 6:00 am and return from Gangtok at 1:00 to 2:00 pm. Though there is a Primary

Sub Health Centre which is providing basic services to the people of Chojo and its surrounding areas. Mr, Karma Lhendup Lepcha, newly elected Panchayat of Chojo-Leethyang ward informed that during the birth of his baby, he took his wife to capital town Gangtok before the delivery date. He and his wife stayed at their relative's place from where it became easy for them to continue further treatment. But there are many families in Chojo who cannot afford to go far or even to the nearest town Geyzing for treatment for whom the only hope is that small Primary Sub Health Centre.

In case of Bakcha village, the distance between capital town Gangtok and village is 27 km, thus it is not that hard for the people of Bakcha village to get access to health treatment facilities provided by government. In both the villages there are very few people who have pursued their education after school and that is also the present generation. As such, most of the Lepchas of both the villages are uneducated and are unaware of health related education but there are programmes like Village Health Nutrition Day which is organised every month in ICDS centres, on this day ASHA, Anganwadi workers and other medical officers from village health centres meet villagers especially women and children and provide basic health related information and services. But as informed by MPSW Mr. B.B Limboo of Primary Sub Health centre, the Lepchas of Chojo village have a problem of alcoholism. And even during the Village Health Nutrition Day there are women who attend the program in a drunken condition. Similar is the case among the Lepchas of Bakcha village where intake of alcohol is high among the natives.

There are few cases of epilepsy in Chojo village which is considered by Lepchas of both the areas as the result of *Tham-toom* (an unavoidable result of some earlier act which affects the performer or his/ her descendants) and is hard to get cured. There is a girl at Chojo village, aged 15 who left school because of embarrassment that she felt

because of epilepsy she has suffered. Poisoning is a serious matter in both Bakcha and Chojo villages, for which Lepcha of both areas exclusively prefer traditional medicine. It is common among elders since it is believed that people come in contact with it through some other person i.e. poison giver who most of the times they meet in social gatherings like weddings and funeral ceremonies.

The Bakcha village has two self help groups known as Lyangmit Group founded on 5th July 2016 and Pendimit Group founded on 18th February 2017. These two groups of women with its total member of ten each are actively performing their duties. They conduct meetings once or twice in every month. On the other hand, Chojo village does not have such self help group. It is said by some of the villagers and by village expansionist Mr. Sonam Wongda Bhutia that there is no unity among the people as such, it has become impossible to found such group of village development.

The Lepchas of both the villages are receiving governmental subsidy in the form of ration. Prior to recent implementation by NFSA, there were basically three types of ration cards which were issued by state governments, these were APL, BPL and Antyodaya (AAY) ration cards. Now according to NFSA 2013, APL and BPL groups have been reclassified into Priority and Non-Priority. As informed by the Panchayat of Chojo-Leethyang village, the Lepchas of the village are getting Antyodaya Anna Yojana (AAY) benefits. It is a benefit for very poor people who do not have a stable income. This scheme covers groups, who are landless agriculture labourers; marginal farmers; rural artisans such as potters, blacksmiths, carpenters, tanners, weavers, slum dwellers and people earning livelihood on daily basis in the informal sector like fruit and flower sellers, snake charmers, rag pickers, cobblers, porters, coolies, rickshaw pullers, hand cart pullers, destitute and other similar categories in both rural and urban areas; the households headed by widows or terminally ill persons/ disabled persons/

persons aged 60 years or more with no assured means of subsistence or societal support; widows or terminally ill persons or disabled persons or persons aged 60 years or more or single women or single men with no family or societal support or assured means of subsistence; All primitive tribal households (Mayilvaganan and Varadarajan, 2012).

The benefits that are got by AAY holders according to NFSA are 35 kg of food grain per household per month. The scheme provides 15 kg wheat and 20 kg rice per family per month at the rate of rupees 2 and 3 per kg respectively. But according to the Lepchas of Chojo village, the whole villagers gets only 5kg rice per family member at the rate of 3 rupees which is not under AAY scheme and is actually a part of Priority ration card (PHH) scheme. The basic economy for whole population of the Bakcha and Chojo village is farming. The numbers of people having government or permanent job are almost equal to zero. Though cardamom is one of the important sources of income among the Lepcha of Chojo village but it does not mean that each and every household owns it and as informed by the natives, nowadays the number of cardamom harvest is decreasing. There are families for whom it is hard to take out money for buying their monthly ration, there are families of only elder couple living alone, there are single lonely people staying alone and in all these conditions, it seems that there is no proper distribution of resources among the people of different social-economic status. There are policies which are supporting for the overall development of human beings but it lacks proper implementation. There are many elder people who have not received old age pension. The amount they were supposed to get is Rupees 1,000 per month till the age of 79 and Rupees 2,000 after they reached the age of 80 years. When it was enquired to the elder people of the Chojo village they replied by saying that some documents have been taken by panchayat for it but have not got yet.

Another thing is they are not aware of the amount they will get from old aged pension. When the question was raised to the Panchayat of Chojo village regarding elders of the village devoid of old aged pension, he replied that it is because of the lack of proper documents and he further added it is hard for him to get documents for each and every elder people of the village. Such is not a case in Bakcha village. One of the reasons for it might be the proximity they have with the capital town and because of it, the awareness they have regarding many things. There have been the case in Bakcha village where a man got financial assistance of around Rupees 75,000 from government for eye surgery and rupees 15,000 to another man in the case kidney problem. This kinds of report is absent among the Lepcha of Chojo village.

In both the villages i.e. Bakcha and Chojo, they prohibited Christianity. Prohibition in the sense, that they don't allow or accept their kin people to follow Christianity. It has been found that they won't rent room to Christian people because the Lepchas of both areas said that they try to convert them in to Christianity which they won't accept. As informed by the principal of Goodwill Academy School, Mr. Kamal Niroula, he once tried to convert the Lepchas of Chojo village in to Christianity by inviting some missionaries to the place but there he found was a strong resistance among the people. He further said that the elder people had at least listened them but the younger people did not even want to listen them.

As informed by the villagers, like Principal of Chojo Primary School, he said once he was invited on a birthday party where he went and later returned back but he found that the birthday party continued till 3:00 am at morning. He further added that the Lepcha of Chojo drinks and eats and enjoy as if like there is no tomorrow. He further added the Children studying at Chojo Primary School are weak in studies. He said it might be connected with their habit of consuming non vegetarian. He said, that the

lady, native of Chojo village, who cooks mid day meal at school once informed him that she do not like to have food without meat.

To conclude, it has been found that there is a strong resistance among the Lepchas especially of Chojo village toward outsiders that lots of people complain for them. The people whether they are from their neighbouring village, medical officers, educational officers, all have same thing to say that is the Lepcha of Chojo village do not want to interact with other nor wanted to listen to the things which other people are saying, they do not want to accept new innovations. There are people who are not aware of many basic things related to health. One of the examples of it is the health scheme Janani Suraksha Yojna (JSY), under which all pregnant mothers belonging to Below Poverty Line, Scheduled Tribe, Scheduled Caste households gets incentives of Rupees 700 for institution delivery in rural health areas. All the women of Chojo village do not have an idea about it, when it was asked to ASHA and medical officers regarding the unawareness among the women of Chojo village, they informed that it is not like they have not informed the people of Chojo village, they did but people are not attentive. One of the woman in the village said that she attends the Village Health Nutrition Day programme only for her baby as the nurse of the PSHC will scold her if she fails to attend it and she have to visit PSHC for further check up of her child. It is the story of other mothers too. It is not there interest to attend such programmes but the obligation they have. Thus, (Balgir, 2000) has rightfully written that as we all know that the health comes by evolution and not by revolution. Health must meet the need of the people, as the way they perceive them. Health cannot be forced from outside against people's will. It cannot be bestowed to the tribal people. They must want and be prepared to do their share and to collaborate fully in whatever the health programs a community develops.

Beside all these things, the Lepchas of both Bakcha and Chojo villages are practicing both the traditional and modern health care systems. For food poisoning they exclusively rely on traditional health care system and they do not prefer modern healthcare system for it. Apart from food poisoning, the Lepchas of Bakcha and Chojo villages mix both traditional and modern health care system according to nature of the health issue and degree of the health problem and according to their convenience and affordability.

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