

**The Traditional Medicine and Spiritual Healing  
Practices in Sikkim During Nineteenth and Twentieth  
Century: A Study of its Continuity**

A Thesis Submitted

To

**Sikkim University**



In Partial Fulfillment of the Requirement for the  
**Degree of Doctor of Philosophy**

By

**Jigme Dorjee Bhutia**

Department of History

School of Social Sciences

Sikkim University

**January, 2025**

**DEDICATED TO MY FAMILY: MY FATHER LT. JIMBA  
WANGDI BHUTIA, MY MOTHER, MRS. LHENZOM BHUTIA,  
AND MY SISTERS, MISS SEDEN LHAMU BHUTIA AND MISS  
KIKI LHAMU BHUTIA**

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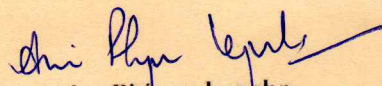
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All the assistance and help received during the investigation have been duly acknowledged by him.

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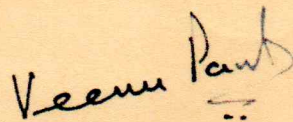
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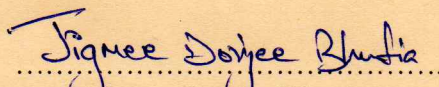
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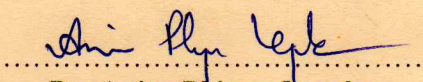
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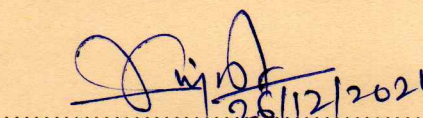
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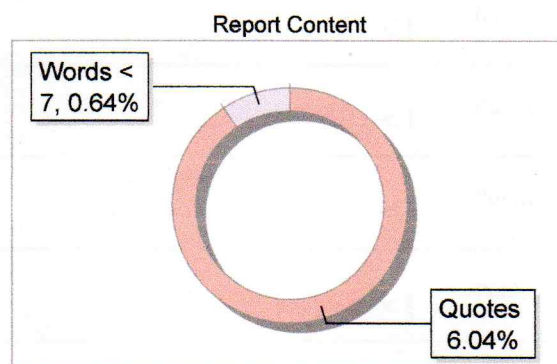
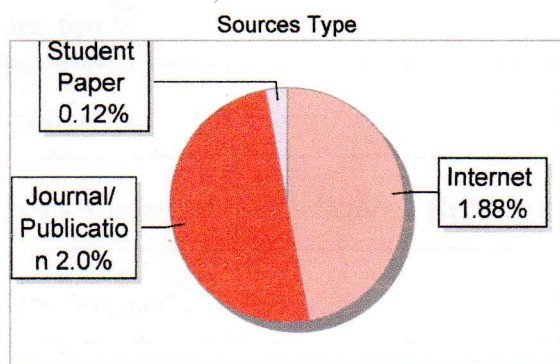


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**Jigmee Dorjee Bhutia**

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# **CHAPTER – I**

## **INTRODUCTION**

In the Eastern Himalayas lies the tiny state of Sikkim, which is always covered with snow and surrounded by mountains. The mighty Kanchenjunga, situated in the northwestern part of Sikkim, shares its boundary with Nepal. It receives the southwest monsoon clouds, resulting in its diversity of flora and fauna. The loftiness of Kanchenjunga protects Sikkim from the invaders.<sup>1</sup> It is also known as *sBas Yul* ‘*Bras Mo ljongs*’<sup>2</sup> by the Bhutias (this work particularly emphasised with special reference to ‘Lhopos’<sup>3,4</sup> due to the inclusion of the communities like Chumbipa, Dophapa, Dukpa, Kagatey, Sherpa, Tibetan, Tromopa, Yolmo, under ‘the Constitution (Sikkim) Scheduled Tribes Order, 1978’. Since they have their own separate history and identity, hence in this work the word Bhutia denotes only the Lhopo section of the community)<sup>5</sup>, *Nye-Mayel* or ‘paradise’ by the Lepchas, *Su-Khim* or ‘new house’ by the Limboos and *Indra-Khil* or ‘the abode of the gods’ by the Nepali community of

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<sup>1</sup>Bedi, Rajesh. *Sikkim*. Brijbasi Art Press Limited, Gangtok, 2006, p. 9.

<sup>2</sup>There are some enchanting and thrilling passages in the land description in the original Tibetan version. The revealers of hidden treasure have given various narratives of the *sBas-Yul* ‘*Bras-Mo-ljong*’s derivative meaning of the name of the land as, a) Valley of fruits, b) Hidden Valley, and c) *Bar-Yul* or the country sandwiched between the two countries i.e., Nepal and Bhutan. Dokham, Rigzin Ngodup. *sBas-Yul* ‘*Bras-Mo-ljong*’s: Hidden Valley of Bounty. In Lepcha, Samten Gyatso, et al. (Ed.). *Bulletin of Tibetology*, New Series, no. 1. Sikkim Research Institute of Tibetology, Gangtok, 1998, p. 12.

<sup>3</sup>Within their ethnic group, when speaking their own language, the people refer to themselves as Lhopo and their language as Lhoke. On the national level in India, the Lhopos are known as Bhutias in Sikkim. Yliniemi, Juha. “The Life of a Semi Urban Lhopo/Sikkimese Bhutia Family.” *Himalayan Discoveries: An Interdisciplinary Journal on Himalayan Studies*, vol. 2, no. 1, 2018, pp. 95-109. HELDA, Stable URL: <http://hdl.handle.net/10138/301106>, p. 96.

<sup>4</sup>In time, the Tibetans’ descendants developed their own language and culture and now call themselves Lhopo (*lho pa*, people from the south of Tibet). However they are generally known as Bhutia, Denjonpas, the people of Denjong or Demojong (*bras mo ljongs*, the fruitful valley, often translated as the ‘valley of rice’). The term ‘Bhutia’ can also refer to any Buddhist highlander of Tibetan origin living in the Himalayas. Denjongpa, Anna Balicki. Ritual in Sikkim: Expressions of Cultural Identity and Change among the Lhopos. In Klieger, P. Christiaan (Ed.). *Tibetan Borderlands*. Brill Publications, Leiden, 2006, p. 128.

<sup>5</sup>Published with the Ministry of Law, Justice and Company Affairs, Notifn. No G.S.R. 385 (E), dated the 22<sup>nd</sup> June, 1978, Gazette of India, Extraordinary, 1978, Part II, Section 3(i), page 546. <https://socialjustice.gov.in>, accessed on 06.07.2023.

Sikkim.<sup>6</sup> Different ethnic groups such as Bhutias, Lepchas, Nepalis, and people from other parts of the country, live in Sikkim. Each ethnic group has a different culture and way of dealing with different health-related problems.<sup>7</sup>

Regarding the history of Sikkim, the original inhabitants of Sikkim were the Lepchas and the Limboos. However, from the thirteenth century onwards, the Tibetans (Bhutias) began settling in Sikkim.<sup>8</sup> Later, during the seventeenth century, when the three Tibetan lama of the Nyingma-pa sect, namely Lha-tsun Nam-kha Jig-med, Kathog Kuntu bZangpo and mNag-bDag Sem-pa Phun-tsog Ringzing, enter Sikkim, one of the Nyingma-pa lama, namely- Lha-Tsun Chempo, quoted the prophesied guide book of Rinchen Lingpa, which mentioned thus “One of my four avatars will be like a lion an allusion in the same as to the residence and name of the chosen one:- ‘one named Phuntsog from the direction of Gang will appear.’”<sup>9</sup> As prophesied, they coronated Phuntsog Namgyal (the descendent of Guru Tashi, who was prophesied to proceed towards *Denzong*, where his descendants were supposed to rule in the future) as the first *Chogyal* (Dharma raja or righteous king) of Sikkim at Yuksom in 1642.<sup>10</sup>

As a whole Sikkim was ruled by total twelve *Chogyals* and it was during the rule of Tsugphud Namgyal, the seventh *Chogyal* of Sikkim, the history of Sikkim took a new turn with the signing of the Treaty of Titalia with the British in 1817. From then onwards, most of Sikkim’s affairs went into the hands of the British until

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<sup>6</sup>Doma, Yishey. *Sikkim– The Pilgrim’s Retreat*. Information and Public Relation Department, Government of Sikkim, Gangtok, 2001, p. 19.

<sup>7</sup>Sundriyal, R. C. *Cultivation of Medicinal Plants and Orchids in Sikkim Himalaya*. Shiva Offset Press, Delhi, 1995, p. 75.

<sup>8</sup>McKay, Alex. *Their Footprints Remain: Biomedical Beginnings Across the Indo-Tibetan Frontier*. IIAS Publication Series, Amsterdam, 2007, p. 86.

<sup>9</sup>Namgyal, Thutob and Dolma, Yeshay. *History of Sikkim*. Translated by Dousandup, Kazi, Unpublished work, n. p., 1908, p. 18.

<sup>10</sup>Gurung, Suresh Kumar. *Sikkim, Ethnicity and Political Dynamics: A Triadic Perspective*. Kunal Books, New Delhi, 2011, pp. 32-33.

they left India in 1947. The situation of Sikkim remained the same; new provisions were made with free India, which led the Maharaja of Sikkim, Sir Tashi Namgyal, to sign a treaty with the Indian Political Officer Harishwar Dayal on 5 December 1950.<sup>11</sup> Ultimately, this political turmoil made Sikkim the 22<sup>nd</sup> State of India on 3<sup>rd</sup> of May 1975.

The history of medicine has always been a crucial phenomenon in human civilisation. Since time immemorial, humans have always found a way to cure themselves. Basically, curing different health-related issues and diseases is divided into; ‘traditional<sup>12</sup> knowledge’<sup>13</sup> and ‘modern biomedical systems’. The traditional knowledge is again divided into organised tradition and folk traditions. Organised tradition comprises formal cultured hypothetical basics, stated in many manuscripts comprising complete divisions of medicinal practices like Tibetan medicine, *Unani*, *Sidaha* and *Ayurveda*. On the other hand, folk medicinal practices are those groups of medicinal practices that are informal and have been passed on verbally since time

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<sup>11</sup>Sen, S. C. “SIKKIM — WHERE FEUDALISM FIGHTS DEMOCRACY.” *Verfassung und Recht in Übersee / Law and Politics in Africa, Asia and Latin America*, Vol. 8, No. 3/4, 1975, pp. 345-364. Nomos Verlagsgesellschaft mbH, Stable URL: <https://www.jstor.org/stable/43108474>, p. 350.

<sup>12</sup>“Tradition means that people ‘follow’ it, willingly or not, and may define themselves through its presence. Tradition in its most authoritarian sense is a ‘natural’ way of doing things, which goes unchallenged because it is a basis of social life.” Bronner, Simon J. “The American Concept of Tradition: Folklore in the Discourse of Traditional Values.” *Western Folklore*, Vol. 59, No. 2, 2000, pp. 143-170. *Western States Folklore Society*, Stable URL: <http://www.jstor.org/stable/1500157>, p. 145.

<sup>13</sup>“The term “Indigenous Knowledge” or “Traditional Knowledge” are frequently used interchangeably and does not command a universal agreed definition. Indigenous Knowledge, which is variously referred to as “Traditional Knowledge”, “restricted Knowledge”, “Folk Knowledge”, etc., refers to that body of understanding developed by neighbouring and indigenous communities over period in response to the requirements of their precise restricted environment.” Denzongpa, Karma Dorjee. *A Study of the Legal Framework for the Protection of Medico-Spiritual Practices in Sikkim as Indigenous Knowledge under Intellectual Property Law*. Unpublished Ph. D thesis, Department of Law, University of North Bengal, 2018, p. 23. Stable URL: <http://shodhganga.inflibnet.ac.in>, accessed on 28.07.2021.



immemorial without any written form.<sup>14</sup> The folk medicinal practices are again divided into two groups; Natural folk medicine and Religious folk medicine.<sup>15</sup>

In regard to the definition of the interchangeable word ‘Traditional medicine’, ‘popular medicine’, ‘folk medicine’<sup>16</sup> or ‘ethnic medicine’, ‘alternative medicine and complementary medicine’,<sup>17</sup> different field of experts have provided different concept and meaning; according to Geest, “medical practice and knowledge which fall outside the realm of biomedicine can be considered traditional medicine. Though quite diverse, the only thing these medicines have in common is that they are not biomedical.”<sup>18</sup>

According to Omoleke Ishaq Isola, “Traditional Medicine involves collecting, conserving, utilizing and the application of medicinal plants for the cure, prevention and promotion of physical and spiritual well-being of citizens.”<sup>19</sup>

Likewise, Samuel Adu Gyamfi and Eugenia Ama Anderson, mentions that “traditional medicine is medicine, which appeals to both natural (herbs, roots, animals, spices, oils, etc.) and supernatural elements accepted by the society.”<sup>20</sup>

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<sup>14</sup>Nayak, Puspashree. *Folk Medicine and the Traditional Healers in Orissa: An Anthropological Study*. Unpublished Ph. D Thesis, Department of Anthropology, Sambalpur University, 2010, p. 21. Stable URL <http://shodhganga.inflibnet.ac.in>, accessed on 12.11.2020.

<sup>15</sup>Yader, Don. Folk Medicine. In Dorson, Richard M. (Ed.). *Folklore and Folklife*. Chicago University Press, Chicago, 1972, p. 192.

<sup>16</sup>Loux, Franfoise. Folk Medicine. In Bynum, W. F. and Porter, Roy (Ed.). *Companion Encyclopedia of the History of Medicine, Volume 1 & 2*, Routledge Taylor & Francis Group, London, 1993, p. 661.

<sup>17</sup>Yuan, Haidan, et al. “The Traditional Medicine and Modern Medicine from Natural Products.” *molecules journal*, 2016, pp. 1-18. MDPI, DOI: 10.3390/molecules21050559. p. 3.

<sup>18</sup>Geest, S. V. Der. “Is there a role for traditional medicine in basic health services in Africa? A plea for a community perspective.” *Tropical Medicine and International Health*, Volume 2, No 9, 1997, pp 903–911. *PubMed*, DOI: 10.1046/j.1365-3156.1997.401-410. p. 904. Quoted in Adu-Gyamfi, Samuel and Anderson, E. A. “Indigenous Medicine and Traditional Healing in Africa: a Systematic Synthesis of the Literature.” *Philosophy, Social and Human Disciplines*, Vol. 1, 2019, pp. 69-100. *ResearchGate*, Stable URL: <https://www.researchgate.net/publication/334974143>, p. 70.

<sup>19</sup>Isola, Omoleke Ishaq. “The ‘Relevance’ of the African Traditional Medicine (Alternative Medicine) to Health Care Delivery System in Nigeria.” *The Journal of Developing Areas*, Vol. 47, No. 1, 2013, pp. 319-338. *College of Business*, Stable URL: <https://www.jstor.org/stable/23612272>, p. 320.

<sup>20</sup>Adu-Gyamfi, Samuel and Anderson, E. A. Op. cit., 2019, p. 71.

Similarly, according to WHO definition “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 and in the prevention, diagnosis, improvement or treatment of physical and mental illness.”<sup>21</sup>

The history of traditional medicine and spiritual healing practices of the Sikkimese people consists of faith healing, rituals of Buddhist monks or lamas, and the use of different locally available herbs, medicinal plants, and parts of animals. Sikkim, which comprises three different communities—the Bhutias, the Lepchas, and the Nepali community—has faith healers known by different names. Mentioning the faith healers of the Lepcha community, which they believed was sent by their great mother goddess as a divine gift, are known as *Mun* and *Bongthing*. The male priest who does the rituals related to the household, clan, community and healing, is known as *Bongthing* and the other functions like curing sickness, guiding souls to the otherworld and making prophecies, when possessed by the spirits, is the work of *Mun*. *Mun* can be both male and female and act as a medium between ancestors, deities, and the human world.<sup>22</sup>

Similarly, in the Bhutia community, faith healers are known as *Pau* (male) and *Ney jum* (female). The basic functions of these shamans<sup>23</sup> are protecting lineage, conducting household rituals, and appeasing spirits, which causes sickness among

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<sup>21</sup>WHO guidelines on safety monitoring of herbal medicines in pharmacovigilance systems, World Health Organization, Geneva, 2004, p. 6. Stable URL: [www.who.int](http://www.who.int), accessed on. 03.02.2022.

<sup>22</sup>Doma, Yishey. *Faith Healers of Sikkim: Traditions, Legends and Rituals*. Trysts and Traces (Information & Public Relation Department, Government of Sikkim), Haryana, 2018, p. 71.

<sup>23</sup>Shamanism is an anthropological term for various beliefs and practices relating to communication with the spiritual world. Shamanism encompasses the belief that shamans are intermediaries or messengers between the human world and the spirit world. Shamans are said to treat ailments/illnesses by mending the soul. Subba, J. R. *Origin and Development of Religion: 100 Questions Answered in Yumaism*. Sukhim Yakthum Mundhum Saploppa (SYMS), Gangtok, 2013, pp. 201-202.

animals and humans.<sup>24</sup> Apart from the faith healers, the village lamas<sup>25</sup> or Buddhist monks also play a great role in appeasing the local spirits, gods, and goddesses and protecting them from all the health-causing spirits and sicknesses. They also have their medicinal practitioners, both formal and informal. The formal medicinal practitioner is known as *Amchi's* and lama *Men pa* (a monk who gives medicine), while the informal medicinal practitioners are known as *Men pa*. Juha Yliniemi has mentioned: "Lhopo religion is an intricate mixture of shamanism and Buddhism."<sup>26</sup>

Likewise, the Nepali community of Sikkim has its own healing and medicinal practices. They comprise different ethnic groups consisting of a) *Tagadharis* or Caucasoid features, b) *Matwalis* or Mongoloid features, and c) Scheduled Caste.<sup>27</sup> The Community of *Tagadharis* or Caucasoid features are the follower of the Hindu religion, while the communities like Buddharmargi Newar, Kagates, Yolmus, Gurung and Tamangs are the follower of Buddhism. The remaining Nepali communities, Yakha, Rai, Limboo, etc., have their own ways of worshipping their deities.<sup>28</sup> Hence, it has been witnessed that when it comes to following of larger religions like Buddhism, Hinduism, and Christianity, they differ in their practices. However looking into their faith healing practices, it is observed that all the Nepali communities of

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<sup>24</sup>Doma, Yishey. Op. cit., 2018, p. 99.

<sup>25</sup>In Tibet the majority of the lamas are celibate, dependent on the monasteries for maintenance, while in Sikkim the lamas are householders. They are an integral part of Sikkim's political economy as farmers or traders who need to earn a livelihood. The lamas in Sikkim were never dependent on State patronage for their maintenance, unlike the case in Tibet. Arora, Vibha. "We are the Lhopo of Sikkim. We Do Not Have Tibetan Origins. The Tibetans are the Refugees": Changes in the Perception of Bhutia and Tibetan Identities in Sikkim, India. In Klieger, P. Christiaan (Ed.). Op. cit., 2006, pp. 164-65.

<sup>26</sup>Yliniemi, Juha. Op. cit., 2018, p. 105.

<sup>27</sup>Chhetri, D. R. Herbal Medicinal Culture of the Nepalis of Darjeeling and Sikkim. In Subba, T. B, et al, (Ed.) *Indian Nepalis: Issues and Perspectives*. Concept Publishing Company, New Delhi, 2009, p. 311.

<sup>28</sup>Subba, T. B. The Nepalis in Northeast India: Political Aspirations and Ethnicity. In Sinha, A. C. and Subba, T. B. (Ed.). *The Nepalis in Northeast India: A Community in Search of Indian Identity*. Indus Publishing Company, New Delhi, 2007, pp. 58-59.

Sikkim follow similar healing practices through their faith healers, known as *Dhami/Jhakri/Bijwa*.

However, these traditional medicine and spiritual healing practices faced a great challenge in the late nineteenth century. Particularly, after the British entry into Sikkim, they started to preoccupy the health sector of Sikkim by introducing modern or Western biomedicine. The dispensary was established at Gangtok in 1890 by the British Agency and was later open to the public. This was further extended when D. G. Marshall, the army medical officer stationed at Gangtok, wrote a letter to a political officer in 1891 for the purpose of a civil dispensary.<sup>29</sup> Slowly and gradually, in the health sector, the use of Western biomedicine began to increase with the establishment of modern hospitals and dispensaries in Sikkim. This has resulted in the gradual derecognition of traditional medicinal practices in Sikkim.<sup>30</sup> Although there has been a growing change in the health sector of Sikkim, many faith healers and medicinal practitioners have continued their profession. That led to the continuity of traditional medicinal practices in Sikkim, alongside the modern biomedical system. In relation to this, J. J. Roy Burman mentions “In Sikkim, the traditional Medicinal Practices operates simultaneously with the modern allopathic system.”<sup>31</sup>

Therefore, this study focused on the concept of change and continuity within the health sector of Sikkim and the traditional medicine and spiritual healing practices of the three ethnic communities. How it was able to cure different health-related diseases and continued alongside Western biomedicine despite a gradual change in the health practices of Sikkim.

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<sup>29</sup>Kharel, Sunita. Public Health. In Kharel, Sunita and Bhutia, Jigme Wangchuk (Ed.). *Gazetteer of Sikkim*. Home Department, Government of Sikkim, Gangtok, 2016, p. 476.

<sup>30</sup>Bhutia, Jigme Dorjee. *British Influences on Folk Medicine and Healing Practices in Sikkim*. Unpublished M. Phil Dissertation, Department of History, Sikkim University, 2020, p. 7.

<sup>31</sup>Burman, J. J. Roy. *Tribal Medicine*. Naurang Rai for Mittal Publication, Calcutta, 2003, p. 62.

Regarding the concept of 'change and continuity', Frances Blow in his work mentioned:

"Change and continuity have stable historical meanings. When something happens in the past, there is a change; when nothing happens, there is continuity. Each is the inverse of the other... So, events and states of affairs are all seen as 'change'... Continuity is no longer seen as the inverse of change but signifies 'persistence in time until change occurs'...Continuity is now understood as 'stays the same, rather than 'nothing happen...'”<sup>32</sup>

Similarly, Yosanne Vella, argument on the concept of change and continuity contradicted the concept of Frances Blow because, as Vella mentioned:

"Change as a process rather than an event, and to a close-up view with enough detail for them to understand what that change actually meant for those living through it. A further demand is the need to acknowledge both elements- recognising that changes in one sphere of life can co-exist with continuities.”<sup>33</sup>

Furthermore, another important concept of change and continuity was given by Peter Burke, as he mentions:

"They wrote as if continuity, in one sense or the other could be taken for granted, while change, especially violent or rapid change, required explanation...Why does an old regime persist? I am using the term in a deliberately wide sense which is not restricted to forms of political organisation- there are also old economic regimes, old demographic regimes, old regimes in religion, literature, science, architecture. How do all these systems resist change? One answer to this question may be given in terms of tradition. Values, techniques and forms persist because they are 'reproduced' in each successive generation...”<sup>34</sup>

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<sup>32</sup>Blow, Frances. "Everything flows and nothing stays': how students make sense of the historical concepts of change, continuity and development." *Teaching History*, No. 145, 2011, pp. 47-55. *Historical Association*, Stable URL: <https://www.jstor.org/stable/43260465>, p. 48.

<sup>33</sup>Vella, Yosanne. "The Gradual Transformation of Historical Situations: Understanding 'Change and Continuity through Colours and Timelines.'" *Teaching History*, No. 144, 2011, pp. 16-23. *Historical Association*, Stable URL: <https://www.jstor.org/stable/43260446>, p. 16.

<sup>34</sup>Burke, Peter. *The New Cambridge Modern History*. Cambridge University Press, Cambridge, 1979, p. 3.



Hence, we can clearly understand from the different concepts of Change and Continuity that they have different meanings and theories. A single definition is not sufficient to explain the proper concept. This depends on the situation of an event, or we can say how certain things change and continue.

### **1.1. Statement of the Problem**

Sikkim, a small state situated in the northeastern region of India, has long been known for its extensive knowledge of its medicinal practices. Throughout history, every community in Sikkim has preserved and passed down their healing and medicinal knowledge from one generation to the next. Each community, including the Bhutias, Lepchas, and Nepalis, has traditionally relied on its traditional medicine and spiritual healing practices, such as the use of locally available herbs, animal parts, medicinal plants, as well as divine worship, to treat various illnesses, in addition to utilising the formal medicinal practices.

The different communities of Sikkim have their own traditional healers, who are known by various names. In the Bhutia community, faith healers are referred to as *Pau* (male) and *Ney jum* (female) and they work in conjunction with Buddhist monks or lamas. Their medical practitioners are known as *Amchi* and *Men pas*. Lepchas, on the other hand, have shamans and medical practitioners called *Mun* (both male and female) and *Bongthing* (male), who are involved in household, clan ritual practices, and healing of various illnesses and ailments within the community. Similarly, the Nepali community has faith healers and medical practitioners, who are collectively referred to as *Dhami/Jhakri/Bijwa*. This research aims to explore the traditional medicine and spiritual healing practices of these three communities in Sikkim, which serve as mediators between the human and spiritual worlds, providing healing for

sickness, advice on health and social matters, and even addressing psychological issues.

The traditional knowledge of medicine and spiritual healing practices of the Sikkimese community faced a great threat after signing the treaty of Titalia in 1817 with the British. As the British began settling in Sikkim, there was a gradual increase in the use of Western biomedicine in Sikkim. This has led to the gradual derecognition of traditional medicinal practices in Sikkim. Despite these changes, many traditional medicine and spiritual healing practitioners still continue their practices and co-exist with Western biomedicine in Sikkim. Hence, in this work, we find how the coming of the British and their education system brought about the notion of Western supremacy. The way modern health information and knowledge are communicated from school education brought change within the children and then to the whole society. Therefore, the continuity will be seen from the light that how it is continuing despite dominance, that is, either the traditional medicinal and spiritual healing practitioner did not get excess to the modern system, so they continued or was it that they found some inherent value in what they were doing earlier or it is just the resistance to change? Lastly, this research also tries to trace the difference between the work of faith healers and that of medicinal practitioners. There are certain sections of the medicinal practitioners who only use medicine to cure the diseases, and there are certain sections of the faith healers who only heal the patients with the use of healing rituals. However, there are also certain sections of faith healers who can heal different health problems using both medicine and spiritual healing rituals. All the aforementioned research gaps in the history of traditional medicine and the spiritual healing practices of Sikkim have been addressed in this research.

## 1.2. Literature Review

R. C. Sundriyal, (1995), *Cultivation of Medicinal Plants and Orchids in Sikkim Himalaya*, investigates the environmental factors that contribute to the growth of medicinal plants in Sikkim. Sundriyal discussed the climate, soil, and geography of the region, highlighting their significance in the cultivation of various medicinal plants. Although he covered a diverse range of flora in Sikkim and its role in the cultivation of medicinal plants, he neglected to address the traditional folk medicinal practices prevalent in the region.

Alex McKay, (2007), *Their Footprints Remain: Biomedical Beginnings across the Indo-Tibetan Frontier*, examines the indigenous medicinal practices of the local people in the frontier region of the Indo-Tibetan border, including Sikkim, Kalimpong, Tibet, and Bhutan, as well as the introduction of Western biomedicine in these areas. In his work, McKay utilised both primary and secondary sources. He highlighted the role of missionaries in the dissemination of modern healthcare and Western biomedicine in the aforementioned regions. Although he briefly mentions the traditional medicinal practices of the region, his work primarily focuses on the spread of Western biomedicine in the Indo-Tibetan regions of Sikkim, Kalimpong, Tibet, and Bhutan.

Puspashree Nayak, (2010), *Folk Medicine and the Traditional Healers in Orissa: An Anthropological Study*, predominantly focuses on the medicinal practices and healing techniques employed by the tribes residing in Western Orissa. This study provides an in-depth analysis of the unique concepts of tribal medicine, folk healing, and their wide acceptance within the region. Additionally, Nayak highlighted the promotion of traditional medicine by the World Health Organization (WHO), which, according to

them, is cost-effective, accessible, and secure. The extensive use of medicinal plants by the tribal community in Western Orissa has also been elaborated. However, the author has not delved into the healing practices of the tribal community of Western Orissa in great detail, with only a few exceptions.

Saul Mullard, (2019), *Opening the Hidden Land: State Formation and the Construction of Sikkimese History*, offers a comprehensive study of Sikkim's political history and state formation during the seventeenth century. To gain a deeper understanding of state formation, Mullard utilised various Tibetan primary sources from the seventeenth and eighteenth centuries. He began his work by explaining the early settlement of Sikkim and migration of Lepchas. Mullard then revisited the history of Sikkim and its formation through local historical and Tibetan migration narratives. Finally, he challenged the traditional history of Sikkim and raised numerous questions regarding its early history.

Marianne Winder, (1989), *Tibetan Medicine*, aimed to elucidate the medicinal practices of the Tibetan people and attributed them to Indian Buddhist medicine. She posited that, prior to the introduction of Buddhist medicine, only primitive medicine was practiced in Tibet. Winder further argued that the principal causes of diseases are inappropriate diet, improper behaviour, and seasonal factors, such as cold winters or humid springs, and demons. Tibetan medicine primarily comprises animal parts, minerals, and vegetables. According to Winder, the most significant aspect of Tibetan medicine is the integration of religion and medicine. When a person falls ill, they are provided with medicine and prayer, which are considered more effective than either prayer or medicine alone. Tibetan doctors diagnose poor health by asking questions and examining urine and pulse. However, above all, Winder believed that bad health



could be treated by altering one's diet and behaviour in conjunction with the use of medicine.

According to Chowang Achary, (1998), *Aspects of Monastic Education in Sikkim*, monastic education in Sikkim began in the seventeenth century, initiated by followers of the Nyingma sect and the offshoot of the Samye University established in Tibet during the eighth century. The establishment of monasteries subsequently led to the construction of *Dupda*- a meditation centre, and *Sheda*- a centre for higher learning. At *Sheda*, a diverse range of knowledge and skills were imparted. Meanwhile, *Dupda* provided training in developing control over one's mind, soul, and sense. The monastic practices of Sikkim are rooted in the Tibetan and Indian Gurukul systems. When the monastic system was introduced in Sikkim, young monks from Tashiding and Pemayangtse gompas were sent to the Mindrol-Ling and Dorji-Dak monasteries in Tibet to learn religious rites and adhere to strict discipline. Several monasteries in Sikkim, including the Sikkim Institute of Higher Nyingma Studies in Deorali and Rumtek, offer courses in healing (medicine), astrology, Sanskrit, and Pali. Despite the comprehensive information provided about the monastic education system in Sikkim, Achary's work did not highlight the specifics of healing (medicine) practices taught in these courses.

Elisabeth Finckh, (1993), *Diagnosis and Therapy According to the rGyud-b'zi*, delves into the traditional Tibetan medicinal practices as described in the Tibetan text, the *rGyud-b'zi*. Chapters 6 and 9 detail the diagnosis, therapy, and medications used in these practices. Finckh discusses various medicines and remedies for curing illnesses and diseases caused by the three humours: wind, bile, and phlegm. Additionally, she emphasises the importance of following the same method outlined in the *rGyud-b'zi* to accurately recognise and treat diseases.

Mariyln Silverstone, (1973), *Five Nyingmapa Lamas of Sikkim*, highlights the significant role of five Nyingmapa lamas from Sikkim and Tibet, who frequently travelled between the two regions. These lamas were instrumental in spreading Buddhist teachings and practices, with some even venturing into Tibet to study religion. Khempo Dazar, one of the five lamas, was the head of the *bShad sGra*, a small Nyingma college affiliated with the Namgyal Institute of Tibetology in Gangtok. He arrived in Sikkim in 1966, and the college offered instruction in five major fields of study and five minor fields, including *Sowa rigpa*, the Tibetan practice of medicine.

Although she mentions the teaching of *Sowa rigpa* or Tibetan medicine, she fails to mention its broader aspect, i.e., what are the topics they deal under *Sowa rigpa* or a kind of knowledge they provide, either practical or theoretical.

Haleen Plaisier, (2007), *In Awe of so Many Múng: Halfdan Siiger in the Sikkim Himalayas*, examines Halfdan Siiger's fieldwork in Sikkim between 1949 and 1950, with a particular focus on the Lepchas of the Dzongu region. Plaisier obtained information from the Halfdan Siiger archive in Copenhagen. In her article, Plaisier references Siiger's original works, including the third volume, which was not published at the time, and discusses Lepchas ritual ceremonies and supernatural practices before the influence of Buddhism in Sikkim. According to Plaisier, the Lepchas were particularly fearful of the evil spirits known as *Múng*, and conducted regular worship to appease them through sacrifices. Plaisier's review of Siiger's work provides valuable insight into Lepchas' beliefs and practices in Sikkim but does not include additional information about their shamanic practices.

Anne de Sales, (2009), *Lamas, Shamans and Ancestors: Village Religion in Sikkim*, Anna Balikci, is a review work, where she mentions Anna Balikci descriptions about the shamanic practices of the Sikkimese Lhopos alongside the Buddhist practices and how ritual works are divided between the village lamas and the shamans. It focused more on the important aspects of the persistence of the shamanic practices of Lhopos in Sikkim as a whole and Tingchim as a particular. She explains how different elements of social life came together to produce a particular religious formation in a certain period and changed to another by carrying the old practices alongside. Hence, Buddhism, which came with the formation of the monarchical system in Sikkim, could not spread to the vicinity of the rural area. The village in Tingchim remained a follower of the *Bon* religion until 1910, when lamas started settling in the village. The main reason behind this was the weak monarchical system of Sikkim and the Lhopos during that period, which mainly depended on slash and burn cultivation, which required many people to engage in cultivation and production. This means that a family could not afford to lose their son to the monastery. In particular, it was only during the latter half of the nineteenth century that with the production of cardamom crop and the immigration of the Nepalis in Sikkim (who started working in their fields), the Lhopos started to focus on monastic practices, which were more expansive and prominent. In her review, she mentions the important aspect of the religious life of the Lhopos of Sikkim but field to explain the shamanic practices of the Lhopos of Tingchim village, which is mentioned in Anna's work.

Smanla T. Phuntsog, (2006), *Ancient Matria Medica, Sowa-Rigpa (Tibetan Science of Healing)*, he commences his work by discussing the history of *Sowa-rigpa* practices and their connections to the Buddhist medicinal practices. Additionally, he described the various properties and characteristics of Tibetan medicine, which are utilised by

Tibetan medicinal practitioners to treat a wide range of diseases. Phuntsog also addresses the Tantric healing rituals, which is practiced in the Tibetan medicinal practices to address psychiatric-related ailments. Finally, he discusses the dissemination of the Tibetan medicinal practices to neighbouring trans-Himalayan regions of India, such as Arunachal Pradesh, Sikkim, Ladakh, and Himachal Pradesh.

Yeshe Dhonden, (2000), *Healing from the Source: the Science and Lore of Tibetan Medicine*, explains the Tibetan medicinal practices and their history. In this work, the author tries to explain the medicinal history of Tibet, its relations, and differences with the Āyurvedic practices of India. He particularly focused his work on explaining Tibetan medicinal practices in detail through a question and response session at every end of the chapter. He even mentions the importance of Tibetan medicine in curing diseases such as AIDS and cancer and provides a few examples of cured persons who have these diseases. He further explains the relationship between the body and diseases, the causes of illness, etc. However, he did not mention the names of the different medicines used to cure these diseases in his work.

Frances Blow, (2011), *‘Everything flows, and nothing stays’: how students make sense of the historical concepts of change, continuity and development*, explains the concept of change, continuity and development in history and put forward a research-based model for development in understanding this concept. Blow states that change and continuity have a firm’s historical meaning. If something happens in the past, means change, and if nothing happens, then means continuity. He further explains that “events and states of affairs are all seen as change”. To explain this more precisely, he conducted experimental teaching and research with some students in his work. He tried to teach them the importance of generalisation, which deals with historical concepts of change and continuity. Although he has mentioned the historical concept

of change, continuity, and development in this work, it somehow puts more focus on the concept of 'change' and somewhat lacked in explaining the concept of 'continuity and development' in history.

Yosanne Vella, (2011), *the gradual transformation of historical situations: understanding 'change and continuity through colours and timelines*, mentions the historical concept of change and continuity, particularly regarding the 'religious change in medieval Malta'. In this article, she tries to explain this concept by conducting an activity with a group of 11 years and 12 years school children. She mentions change as a process rather than an event, and further explains that the concept of change in one sphere of life can co-exist with continuity. Consequently, this concept of her contradicts the concept of change and continuity, which Frances Blow addressed in his article "‘Everything flows and nothing stays’: how students make sense of the historical concepts of change, continuity and development" because Blow mentions a change in history means 'events and states of affairs. However, Vella's historical concept of 'change' indicates the gradual conversion of a situation where only a few phases change. This means that it is not an event where incidents in history change the course of history; instead, it is a gradual process of co-existence.

Karma Dorjee Denzongpa, (2018), *A Study of the Legal Framework for the Protection of Medico-Spiritual Practices in Sikkim as Indigenous Knowledge Under Intellectual Property Law*, highlights the need for a legal framework to protect the traditional medicine and spiritual healing practices of Sikkim. This is due to issues such as biopiracy and the failure of the Traditional Knowledge Digital Library to record the traditional healing and medicinal knowledge of Sikkim. Additionally, loopholes in state policies to protect natural resources, such as medicinal knowledge, herbs, and healing practices have led to a lack of intellectual property rights protection.



Denzongpa employed an empirical and open-ended methodology to identify the existing problems and issues faced by traditional medicine and spiritual healing practitioners in Sikkim. He also proposed legal norms and laws that can be used to protect traditional knowledge and inform local practitioners of their legal rights and protection.

Sofia Zank and Natalia Hanazaki, (2017), *The Coexistence of Traditional Medicine and Biomedicine: A Study With Local Health Experts in two Brazilian Regions*, studies about the coexistence or combined use of traditional medicine and Western biomedicine by the local experts of the two Brazilian communities, that is, maroon communities and chapada do araripe communities. The central purpose of this study is to understand the treatment of different diseases and the role of medicinal plants. This information is obtained from different environments to cure these diseases and to understand the perceptions of local health specialists. The important findings mentioned in the work stated that the people of these two Brazilian communities mostly treat their simpler health problems such as colds, general pain, flues, and gastrointestinal problems with local medicinal plants and problems such as nutritional diseases, general pain, endocrine, and blood pressure, they prefer Western biomedicine. In general, the people of both communities use medicinal plants and Western biomedicines in complementary forms. It also shows that the people of both communities have knowledge and appreciation of their traditional health practices.

B. E. Owumi, et al., (2018), *Continuity and Change in the Practice of Traditional Medicine in Modern Nigeria*, mentions about the concept of change and continuity in the health sector of the African nation of Nigeria. Its focal point is related to the continuity of traditional medicinal practices in modern Nigeria, despite the advent of Western medical science and technology and modernisation. The central purpose of

this study is to highlight the importance of traditional medicine and its inherent ability to modify itself with each developing human era in relation to healing, illness, and health. The final outcome of the study implies the importance of traditional medicine in the treatment of different health problems and also recommends a few important strategies for further advancement of current traditional medicine and accessibility of the Nigerian to the greater healthcare benefits. Although it mentioned that the advent of modernity and colonialism led to its effect on traditional medicine, it did not clearly mention how it impacted the existing system of traditional medicinal practices.

Watienla and Toshimenla Jamir, (2019), *Indigenous Health Practices of the Naga People: Continuity and Change*, explained the traditional health practices of the Nagamese people, which they passed on from generation to generation. Since ancient times, traditional medicines have played a key role in maintaining an efficient healthcare system in society, but due to the advent of Christianity and Western education, the worldview has changed. The worshipping of many spiritual gods, such as big trees, stones, and lakes, is replaced with the worshipping of one Almighty god, Jehovah. Likewise, local people started to prefer Western biomedicine and started the amalgamation of Western biomedical and traditional medicinal practices. Finally, the writer tries to explain that if the new health system continues to exist, indigenous knowledge will be disintegrated. Therefore, they suggested to look into the science and technology of traditional knowledge and instead of replacing it with modernisation and scientific development, it should be developed with proper documentation.

Samuel Adu-Gyamfi and Eugenia Ama Anderson, (2019), *Indigenous Medicine and Traditional Healing in Africa: a Systematic Synthesis of the Literature*, explains that African traditional medicinal practices are diverse in its nature and always were a

subject of controversy between the Africans and Colonists. The old knowledge of traditional medicine is still practiced today because of the secret techniques used by its practitioners and the absence of any other advanced medicinal practices. They further argued about the availability of different literature on traditional medicine in Africa, but mostly based on the region or country. Hence, the authors of this work tried to explain the need for a systematic review of the available literature, which will focus on the impact of changing society on traditional medicine and the nature of traditional medicine and its healers.

S. R. Lepcha and A. P. Das, (2011), *Ethno-medicobotanical exploration along the international borders to Tibet Autonomous Region of China and the kingdom of Bhutan with special reference to the Pangolakha Wildlife Sanctuary, East Sikkim*, deals with the ethno-medico-botanical work in the Pangolakha Wildlife Sanctuary, which is located in the East district of Sikkim. It basically highlighted the traditional medicinal practices of the communities like Lepchas, Sherpas, Bhutias, Tibetans, Tamang, Mangers, Limboo and Rais, who resides in the vicinity of the Pangolakha Wildlife Sanctuary. The authors of this work mentioned that due to the unavailability of Western medicine, the people of this area treated their common diseases through their traditional herbal practitioners, who treat the patient with the herbs that are locally collected by them. The authors conducted an extensive survey from 2003 to 2008 to determine the TCM knowledge of these people. They also mentioned the total hundred species of plants and their medicinal importance which are used by traditional herbal practitioners to treat common diseases among people as well as their cattle. However, they also mentioned that due to trans-border trafficking, over-exploitation, and unsystematic collection, the population of these species in the wild is

decreasing at an alarming rate. Lastly, the government mentioned the need to conserve this herb to protect it from becoming extinct.

Veena Bhasin, (2007), *Medical Anthropology: Healing Practices in Contemporary Sikkim*, explains about the traditional medicinal practices of the people of Sikkim in general and Lepcha and Bhutia community of North Sikkim in particular. It generally deals with the healing practices of modern Sikkim and the changes that have taken place among cultural minorities. This work mostly focused on the official health policies of the ethnic people of North Sikkim, the various methods of treatment, and their concepts of sickness and diseases. It also mentions traditional medicinal practices, such as spiritual healing, herbal practices, medicinal plants, religious practices, home-based remedies, and ethno-botanical knowledge among the ethnic communities of North Sikkim. Finally, this work also focused on the question of why and how this traditional medicinal knowledge of Lepcha and the Bhutia community of North Sikkim persist alongside modern medical system.

Mark Harrison, (2015), *A Global Perspective: Reframing the History of Health, Medicine, and Disease*, tries to redefine the history of medicine, health and disease through a broader perspective, i.e., basically with the development and emergence of modern world economy. It tries to find its relevance to global history, so that this new technique can clarify some essential problems of the history of medicine, health, and disease. He further mentions that this new perspective of looking at the history of medicine, health, and disease is not to replace the other method of looking into it, but to explain how looking beyond one national approach is essential to understanding some crucial elements with which the historians of medicine, health, and disease are concerned. Therefore, the author tries to look into the history of medicine, health, and

disease from a rising issue of global health or the contemporary era of globalisation, instead of just analysing its early history.

Bharat K Pradhan and Hemant K Badola, (2008), *Ethnomedicinal plant use by Lepcha tribe of Dzongu valley, bordering Khangchendzonga Biosphere Reserve, in North Sikkim, India*, offers valuable insight into the medicinal plants utilized by the Lepcha community. This study identified 118 different species of wild plants used for medicinal purposes, which were applied to 66 various ailments. Additionally, the authors attempted to compare the use of these plants by other tribes in India to address different health concerns. Although the researchers provided comprehensive information on the plants, including their botanical names, families, parts used, and methods of application, they did not include the local names of these medicinal plants, as used by the Lepcha community in the Dzongu region.

Tapan Chattopadhyay, (2013), *Lepchas and Their Heritage*, delves into the life and customs of the Lepcha community. This includes an exploration of their economic, literary, religious, artistic and socio-ethical values. Chattopadhyay explains that the Lepcha belief system is centered on divinity, demons, and gods. The most significant deity for Lepchas was *Kongchen-Konghlo* and Kanchenjunga. Furthermore, Chattopadhyay explained that the inhabitants of a village are referred to as *Mu*. On social occasions and among themselves, Lepchas introduced themselves as the *Mu* of particular villagers, for instance, Pedongmu or Nibongmu. Chattopadhyay categorizes the Lepcha community into three primary groups based on their settlement: Damsangmu or Lepchas residing in the Kalimpong region, Ilammu or Lepchas residing in Ilam (Nepal), and Renzongmu or Lepchas residing in Sikkim. Moreover, he mentions that Lepchas have different types of grave systems, including a rectangular grave for *Bongthings* and *Muns* known as *kokk-den*, a round-shaped grave



where the body is placed in a sitting posture, known as *kokk*, and a triangular grave known as *kokk-blee*. According to the author, the body in all these graves is always oriented towards the north. Lastly, Chattopadhyay provides several important Lepcha songs, such as worship songs for Kanchenjunga, deliverance from demons, love for the motherland, seeding songs, and spring songs.

D.C. Roy, (2012), *LEPCHAS: Past and Present*, delves into the language, culture, religion, social, and historical aspects of the Lepcha community. According to the author, Lepchas' original homeland encompasses the present-day Illam in Nepal, Darjeeling District, Sikkim, and West Bengal. The Lepchas referred to their homeland as "*Nye Mayel Renjyong Lyang*," which translates to "the hidden, eternal, and holy land of the gentlemen." They had their own line of priests, priestesses, kings, queens, and ministers until the area was gradually settled by the Bhutias, Bhutanese, and Nepalis. With the influx of these communities, the simple nature-worshipping Lepchas were converted to Lamaism, Christianity, and Hinduism. As the author notes, these conversions have placed Lepcha culture, literature, and language in jeopardy, as religious services, customs, and rituals are practiced in English, Nepali, Hindi, and Tibetan, rather than the Lepcha language. The author also states that Lepchas have been oppressed, marginalised, and suppressed for the past 368 years. Nevertheless, despite external pressure, marginalisation, and modernisation, Lepcha literature, language, and culture continue to thrive and are actively being protected.

A. R. Foning, (2003), *Lepcha My Vanishing Tribe*, sheds light on the Lepcha community and its way of life. As a member of the Lepcha community, the author provides an insightful and authentic perspective on society. He highlights the strong connection Lepchas has with nature and how they live in harmony with it. However, the influx of Nepalis immigrants has caused significant damage to their settlements,

including the destruction of their forests and farming practices. Foning also shares ethnographic information, such as the Lepcha practice of erecting large upright stones called '*Long Chok*' as sacred symbols. He further discussed the role of *Mun* and *Bongthing* in preserving Lepcha culture and customs. Lastly, the author aims to provide a detailed account of the Lepcha society, their gods and spirits, and the impact of outsiders on their land and traditions.

Geoffrey Gorer, (2005), *Himalayan Village: An account of the Lepchas of Sikkim*, principally delves into the traditional and cultural aspects of the Lepcha community of Lingthem, both in particular and in general, for the entirety of Sikkim. The author endeavours to elucidate all essential aspects of the Lepcha community, including birth, death, marriage, housing, cultivation, and social events, by immersing himself in their customs and practices. He details the significance of *Mun* within Lepcha society and its impact on their daily lives. Additionally, he underscores that, alongside their traditional healers, i.e., *Mun* and *Bongthing*, the inhabitants of Lingthem also called upon Lamas to conduct religious ceremonies and to heal certain ailments. From his work, it becomes evident that Buddhism had already penetrated deep within the Lepcha community of Lingthem during his visit, and that they followed both religions simultaneously. Although Gorer provides substantial details about the role of *Mun* in the Lepcha society, there is a scarcity of references to *Bongthing* or *Padim* in his work.

J. R. Subba, (2016), *History, Culture and Customs of Sikkim*, provides crucial information about the general population of Sikkim and the socio-historical aspects of the Limboo community. He claimed that the region situated between the present Eastern part of Nepal and the Western part of Sikkim was the original homeland of the Kirat community. He divided the area into three sections: *wallo* or near, *majh* or

middle, and *pallo* or far Kirat. The first two were inhabited by Rai Kirats, and the latter was settled by Limbuwan, also known as Limboo Kirat. Additionally, Subba discussed the tripartite agreement between the three communities of Sikkim (Lepchas, Bhutias, and Limboos) and the resistance of the Mangar community in the agreement. He also touched upon the political history of Sikkim as well as the culture, language, and religious aspects of the people of Sikkim.

Casper J. Miller, (1997), *Faith Healers in the Himalaya: An Investigation of Traditional Healers and their Festivals in the Dolakha District of Nepal*, examines the faith healing practices of *Jhankris* in the Dolakha District of Nepal. Despite belonging to different ethnic groups such as Chetri, Tamang, Kami, Thami, and Sherpa, Miller found that the fundamental function of *Jhankris* while approaching the world and their worldview is common when dealing with their patients. He also explored the possibility of collaboration between *Jhankris* and doctors, instead of merely introducing the modern healthcare system or eradicating the traditional faith healing practices. Miller observed that villagers approach *Jhankris* first when facing health issues rather than doctors. Thus, he believes that if these two institutions work together, it can lead to improved healthcare facilities for people.

Bal Gopal Shrestha, (2015), *The Newars of Sikkim: Reinventing Language, Culture, and Identity in the Diaspora*, provides an overview of the historical background, tradition, religion, socio-culture, and ethnicity of the Newari community in Sikkim. The main focus of his work is on the changes and transformations that have occurred in the practices and traditions of the Newari community in Sikkim owing to factors such as global trends and government policies.

### 1.3. Objectives of the Study

The objectives of this study are as follows:

- To explore the traditional spiritual healing practices and the socio-cultural background of the Bhutias, the Lepchas and the Nepali community of Sikkim.
- To study the use of traditional medicine by the Bhutias, the Lepchas, and the Nepali community of Sikkim.
- To discuss the historical background of British settlement and their role in the spread of Western biomedicine and education system in Sikkim.
- To examine the continuity and change in the traditional medicine and spiritual healing practices and the challenges faced by its practitioners in Sikkim.

### 1.4. Methodology

Qualitative research is a means of exploring and understanding the meaning of individuals or groups ascribed to a social or human problem. The research process involved emerging questions and procedures, data typically collected in the participants' setting, data analysis inductively building from particulars to general themes, and the researcher interpreting the meaning of the data.

Hence, this research work primarily focused on a qualitative method to study the past events of the spread of Western biomedicine, the continuity of traditional medicine and spiritual healing practices, and the *Sowa rigpa* practices in Sikkim, based on primary and secondary sources. The primary source includes all relevant archival documents and records from the National Archives of India, Sikkim State Archives, and the Sikkim Palace Archive. Other primary sources include Tibetan sources, gazetteers, government publications, and observations of oral and written testimonies. The secondary sources include all published books, research articles, and

journals relating to Sikkim, folk healing and medicinal practices, community history, etc., has been analysed and used. Various libraries such as the Sikkim Central University Library, Sikkim State Library, Library of Namgyal Institute of Tibetology, and Nehru Memorial Museum and Library has been visited. Similarly, all the relevant Sikkim Government Departments, such as the Department of Information and Public Relations and the Cultural Affairs & Heritage Department, has been consulted and studied. First-hand information obtained through open-ended interviews and analysed through a field study.

Finally, exploratory research has also been conducted to gain a better understanding of the traditional medicine and spiritual healing practices of the three communities: Lepchas, Bhutias, and Nepalis.

## **1.5. Chapterisation**

The different chapters are as follows:

### **Chapter I: Introduction**

The introductory chapter consists of an introduction to the research work, including a statement of the problem, a literature review, the objective of the study, methodology, and chapters.

### **Chapter II: A Socio-Cultural Background of the Bhutias, the Lepchas and the Nepalis: With Special Reference to Spiritual Healing Practices**

This chapter presents a concise overview of the socio-cultural context of the Sikkimese Bhutias, Lepchas, and Nepali communities. However, its main focus is on the spiritual healing practices of these communities, as facilitated by their faith healers, who invoke spiritual gods, goddesses, and ancestors in conjunction with Buddhist monks or village lamas, with a particular emphasis on the Bhutia community.

### **Chapter III: Traditional Medicine and the Healing Practices of the Bhutias, the Lepchas, and the Nepali community of Sikkim**

This chapter addresses the conventional medical practices and therapeutic techniques employed by the three communities of Sikkim: the Bhutias, Lepchas, and Nepali communities. Each community has its own medical practitioners who specialise in the preparation of various medicinal remedies without incorporating spiritual guidance. This chapter aims to showcase the curative techniques utilised by these medicinal healers to treat various ailments and illnesses, including the formal medicinal practices, such as *Sowa rigpa* or Tibetan medicine.

### **Chapter IV: The British Political Motive and the Introduction of the Western Biomedicine and Education System in Sikkim**

This chapter addresses the arrival of the British in Sikkim, the dissemination of Western education, the establishment of various health facilities, the introduction of Western biomedicine, and the subsequent transformation of the healthcare practices in Sikkim.

### **Chapter V: A History of Continuity in the Traditional Medicine and Spiritual Healing Practices and the Struggles of Healers in Sikkim**

This chapter aims to explore the persistence of traditional medical and spiritual healing practices in Sikkim during the nineteenth and twentieth century's, while also examining the difficulties faced by traditional healers from the three communities as a result of transformations in the region's healthcare practices, particularly following the advent of Western biomedicine.

### **Chapter VI: Conclusion**

The final chapter serves as the concluding section with the purpose of providing a summary of the key findings derived from the research.



## **CHAPTER - II**

### **A SOCIO-CULTURAL BACKGROUND OF THE BHUTIAS, THE LEPCHAS AND THE NEPALIS: WITH SPECIAL REFERENCE TO SPIRITUAL HEALING PRACTICES**

The existence of a certain community or society relies on its understanding of its nature and its ability to face any problems that comes its way. One important factor that menaces the way of life of a certain community is health. Thus, every community and society tries to focus on the improvement and preservation of its medicinal systems.<sup>1</sup> From the historical period the role of folk medicinal healers has greatly contributed to improvement and preservation of the health of any community. During sickness and health issues both the healer and the sick share common beliefs and assumptions about its function and composition. They often enter into informal and mutual healing practices and try to verify their problems. With the absence of any formal system of health practices, the sickness is often looked after by the people already associated through religion, friendship or kinship ties.<sup>2</sup> All these folk medicinal healers, from herbalists to the spiritual healers, share the common belief system of the culture they serve. Their practices are mostly spiritual and religious and treat health issues related to psychological, physical, and social aspects that affect both the individual and the society. Besides working in close contact with their families, society and the sick, they help to articulate and strengthen their social values.<sup>3</sup>

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<sup>1</sup>Adu-Gyamfi, Samuel and Anderson, E. A. "Indigenous Medicine and Traditional Healing in Africa: a Systematic Synthesis of the Literature." *Philosophy, Social and Human Disciplines*, vol. 1, 2019, pp. 69-100. *Research Gate*, <https://www.researchgate.net/publication/334974143>, pp. 69-70.

<sup>2</sup>Risse, Guenter B. Medical Care. In Bynum, W. F. and Porter, Roy (Ed.). *Companion Encyclopaedia of the History of Medicine*, volume 1 & 2, Routledge Taylor & Francis Group, London, 1993, p. 48.

<sup>3</sup> *Ibid*, p. 49.

Historically, the problem of health has been attributed either to natural causes or divine causes by the folk medicinal healers, which are usually cured with the use of both the spiritual healing practices and with the use of natural herbs. From the very beginning, they worked as diviners or shamans, bearing the power to deal with supernatural forces, which is attributed to be the main cause of the sickness. Apart from these spiritual healers, there are many secular healers who are commonly recognised and consulted for their expert knowledge in their particular fields, for example- herbal practitioners, bone-setters, midwives, etc.,<sup>4</sup> Hence, the folk medicinal practices and their healing rituals are an important socio-cultural event, which still today can be found practicing in different parts of the world, continuing their traditional knowledge of medicinal practices alongside modern biomedical systems.

## **2.1) A Socio-Cultural Background of the Bhutias in Sikkim: With Special Reference to the Spiritual Healing Practices**

In the following, we will discuss the historical and socio-cultural background and the spiritual healing practices of faith healers and the Buddhist monks or lamas among the Bhutia community of Sikkim. For different names in the Bhutia and Tibetan languages, both the phonetic and wylie translation have been used.

### **2.1a) A Brief Historical Background of the Bhutia Settlement in Sikkim**

The history of the Bhutia settlement in Sikkim can be traced roughly to around thirteenth and seventeenth century, as mentioning by the two important sources like “*History of Sikkim*” by Maharaja Thutob Namgyal and Maharani Yeshay Dolma and “*The Gazetteer of Sikkim*” by H. H. Risley. According to the former sources, it mentioned, the Bhutia descendent, i.e. *Beb-Tsan-Gyat* (the eight tribes of settlers) and *Tong-due-ruzhis* (the four regiments of 1000 in each) from the sons of Gye-Bum-Sa,

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<sup>4</sup>Ibid.

i.e. *Trag-tsan-dar*<sup>5</sup> (the three siblings [from the father]. *Tong-due-ruzhis* consisted of, A) Shangdarpa, B) Tse-chu-dar, C) Guru Tashi, D) Nyimagyalpo, and one additional tribe named E) Lingserpa. And *Beb-Tsan-Gyat*, were mentioned as the descendent of the *Tong-due-ruzhis* tribes. *Beb-Tsan-Gyat* consisted of, A) Bonpos (further subdivided as, a) Lhasung, b) Bonpo-Nagdig, c) Nabons, d) Wo-cha-bonpos and e) Bonchungs.), B) Gonsarpas or Gantagputsos, C) Namtsangkors, D) Tagchung-dars, E) Kartsopas, F) Gyonto-pas, G) Tsungyalpas, H) Topas and I) Dokhangpas. These fourteen tribes were considered as the pure group of the Bhutias of Sikkim, as mentioned in the “*History of Sikkim*”.<sup>6</sup>

Now looking into the work of Risley it mentioned, *Beb-Tsan-Gyat* as the descendent of the Gye-Bum-Sa, three brothers, A) Se-shing, B) Tsendong, and C) Kar-tshogs. And the six tribes from the Gye-Bum- Sa three sons, i.e. A) Yul-tenpa from his son Kyabo-rab, B) Lingserpa from his son Langmorab, and C) *Tong-due-ruzhis*, from his son Mitponrab.<sup>7</sup>

Comparing the two important sources, it can be understood that, *Tong-due-ruzhis*, consisted of six tribes, i.e. A) Shangdarpa, B) Tse-chu-dar, C) Guru Tashi, D) Nyimagyalpo, E) Lingserpa and F) Yul-tenpa, were descended from the Gye-Bum-Sa, three sons. A) The first four tribes were the descendent of the Mitponrab, B) The fifth tribe, i.e. Lingserpa from the Langmorab and C) The Sixth tribe, i.e. Yul-tenpa from Kyabo-rab. The descendent of the Mitponrab four sons were further multiplied

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<sup>5</sup>Tradition relates that Gye Bumsa's three sons were named Kyabo-rab (sKya bo rab), Langmorab (gLang rmo rab), and Mitponrab (Mi dpon rab). The youngest son Mitponrab, who displayed the aptitude of a leader and succeeded his father, in turn, had four sons...These four grandsons of Gye Bumsa ...together form a superior descent group referred to as the Tongduruji (sTong 'du rus bzhi)'. Balikci, Anna. *Lamas, Shamans and Ancestors: Village Religion in Sikkim*. Brill Publications, Leiden, 2008, p. 70.

<sup>6</sup>Namgyal, Thutob and Dolma, Yeshay. *History of Sikkim*. Translated by Dousandup, Kazi, Unpublished work, n. p., 1908, section II, p. 7.

<sup>7</sup>Risley, H. H. *The Gazetteer of Sikkim*. B. R. Publishing Corporation, Delhi, 2010, pp. 8-9.

and later know as *Beb-Tsan-Gyat*. Risley's argument of *Beb-Tsan-Gyat* as the descendent of the Gye-Bum-Sa three brothers creates certain confusion as they went and settled at Hah in Bhutan.

Apart from the above mentioned fourteen tribes of Bhutia community, there are references of many other Bhutia tribes in Sikkim, who are considered to be of inferior tribes. Which are as follows:-

A) Topas, B) Butsawopa, C) Barphung-Putsos, D) Adenputsos, E) Sharpas, F) Lagdingpas, G) Botpas, H) Gyengap, I) Gorongpas, etc.<sup>8</sup>

But when we look into the work of Anna Balikci in regard to the Bhutia settlement in Sikkim, she has mentioned the origin of the Tingchim Bhutia to the Yarlung valley of central Tibet by tracing their worshipping to *mo lha* of Yarlung, i.e. Yum Machen Düsüm Sangay (the central deity of the Tingchim *Pau*) which roughly indicates their settlement in the Southern valley of Ha and Chumbi<sup>9</sup>, before the thirteenth century (the period when the Bhutia of Kham Minyak enter Sikkim).<sup>10</sup> Similarly, she also quoted the work of M. Aris and mentioned:

“The possibility of a Lhopo settlement in Sikkim prior to the thirteenth century is a debated issue which needs to be addressed by archaeologists and historians. M. Aris mentions (1979: 40) that the neighbouring black and white temples built in the Ha Valley date perhaps to the time of Songtsen Gampo (seventh century). Considering that Ha was part of Sikkim until the valley was retained by Bhutan following the early eighteenth century Bhutanese

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<sup>8</sup>For further details of the Bhutia clans and sub-clans, look into: Namgyal, Thutob and Dolma, Yeshay. Op. cit., 1908, p. 8.

<sup>9</sup>It was an extensive country then, encompassing parts of eastern Nepal, Ha Valley (Bhutan), Chumbi Valley (Tibet) and much of the Jalpaiguri district of West Bengal. The kingdom swept south into the plains to include the northern marches of Bihar, West Bengal and what is now Bangladesh. Its boundaries were the Arun River in the West, the Taigon Pass in the East, and Kishanganj in Purnea district in the South. Doma, Yishey. *Sikkim: The Hidden Fruitful Valley*. Prakash Books India Pvt. Ltd, New Delhi, 2008, p. 20.

<sup>10</sup>Balikci, Anna. Op. cit., 2008, p. 374.

occupation of Sikkim, the possibility of a pre-thirteenth century Lhopo settlement in Sikkim is not a baseless hypothesis.”<sup>11</sup>

Likewise, Saul Mullard, in his work also tried to explain about the Bhutia settlement in Sikkim by tracing some similarity of old *Bon* ritual practices of Sikkim and Tibet. Possibly, with the rise of Buddhism and the fall of the Tibetan empire in the ninth century, a faction of armed forces or traders may have settled in Sikkim and retained their old ritual practices. He also explains that the Tibetans from the very early period had an active relation with its neighbouring kingdom of Bhutan and Nepal and had trade relations with Bengal. Therefore, it seems implausible that Sikkim which lies between these kingdoms is unknown to Tibetans. Apart from the above suggestions, he further explains the persistence of certain phonemes of Old Tibetan in the Bhutia language or *Lho skad* and the *Rdzong kha* of Bhutan and the similarity in their languages, led him to argue that the Tibetan settlement in Sikkim must have been in the same period as Bhutan, if not earlier, which is around ninth century.<sup>12</sup>

Many important works have mentioned the Bhutia settlement in Sikkim, with different time periods. However, one thing is clear: their settlement in Sikkim cannot be fixed to a certain period and rather was a continuous flow of settlement. For better understanding of their settlement in Sikkim, further research is needed with more authentic historical evidence.

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<sup>11</sup>Denjongpa, Anna Balikci. Ritual in Sikkim: Expressions of Cultural Identity and Change among the Lhopos. In Klieger, P. Christiaan (Ed.). *Tibetan Borderlands*. Brill Publications, Leiden, 2006, p. 128.

<sup>12</sup>Mullard, Saul. *Opening the Hidden Land: State Formation and the Construction of Sikkimese History*. Rachna Books & Publications, Gangtok, 2019, pp. 76-77.

## **2.1b) A Socio-Cultural Background and the Role of Buddhist Monks or Lamas and the Faith Healers among the Bhutias in Sikkim**

The Bhutia of Sikkim trace their social and cultural inheritance to Tibetan culture, which includes their language, religion, etc.<sup>13</sup> Although, certain section of them were engaged in farming, but most of them were herdsmen and traders. They mostly preferred to settle in high-altitude regions with cold climate. But after 1642, with the forming of political power and the rise of religious domination, not only the pattern of their settlement changed but their social position also started to change into nobles, monks or lamas, royal family and the common citizens.<sup>14</sup>

If we look into the life of the Bhutia Community, the role of Buddhist monk or lama and the faith healers like *Pau* and *Ney jum* is very significant. The central deity of the Bhutia community of Sikkim is Lord Buddha and Guru Padma Sambhava is adorned as the patron saint, followed by different guardian deities as well as local and family deities.<sup>15</sup> The faith healers also worship the founder of the *Bon* faith, i.e., ‘Tonpa Shenrab’ and other lineage and ancestral spirits. On every socio-cultural occasion from birth to marriage, to warding off evils or death, they work side by side, either independently or sometimes jointly in certain occasions. This interaction creates certain rituals that are not purely Buddhist or entirely *Bon*. This form of ritual represents a distinct cultural identity among the rural Bhutia community of Sikkim.<sup>16</sup> According to Anna Balikci:

“The *pawo* (*dpa’ bo*) and the *nejum* (*rnal ’byor ma*), the male and female shamans of the Sikkimese Lhopo, have remained independent of the Buddhist

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<sup>13</sup>Lepcha, Tshering Tashi, et al. “Ethnomedicinal Use of Plants by Bhutia Tribe in Sikkim Himalaya.” *Proceedings of 1st Himalayan Researchers Consortium*, vol. 1, 2019, pp. 71-78. *Research Gate*, Stable URL: <https://www.researchgate.net/publication/341606935>, p. 71.

<sup>14</sup>Gurung, Suresh Kumar, *Sikkim, Ethnicity and Political Dynamics: A Triadic Perspective*, Kunal Books, New Delhi, 2011, p. 108.

<sup>15</sup>Doma, Yishey. Op. cit., 2008, p. 46.

<sup>16</sup>Denjongpa, Anna Balikci. Op. cit., 2006, pp. 142-43.



establishment and, for the most part, were neither suppressed nor greatly influenced by the lamas...the independence of the Sikkimese *pawo* and *nejum*, and the tolerance the village lamas have shown them, may seem unusual.”<sup>17</sup>

Also, there is different ceremonial worship performed by both the monk or lama and the *Pau* and *Ney jum* for different purposes like curing of sickness, forgiveness of sins, for the benefit of the death, warding off evils, acquiring of merits and so on.<sup>18</sup>

### **2.1b. i) Lamaist Buddhism and the Spiritual Healing Practices among the Bhutias**

In Sikkim, Lamaist Buddhism can be traced roughly around the eighth century, when Guru Padma Sambhava visited Sikkim. After him, many Lamaism teachers or gurus also came to Sikkim for its propagation but it was only after the seventeenth century, with the coming of the three Nyingma lamas the proper form of Lamaist Buddhism started to flourish in Sikkim.

Waddell, in his work, mentioned the state religion of Sikkim as Lamaism<sup>19</sup> or Tibetan Buddhism, which is followed by a large section of the society. This form of Buddhism, i.e. Lamaism, was founded by Guru Padma Sambhava<sup>20, 21</sup>. In the

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<sup>17</sup>Balikci, Anna. Op. cit., 2008, p. 3.

<sup>18</sup>Namgyal, Thutob and Dolma, Yeshay. Section II, Op. cit., 1908, p. 13.

<sup>19</sup>Lamaism is not a distinct form of either Mahayana or Theravada. It is an admixture of *Bon* practices and elements of Tantricism at the centre of which the Buddha has been placed. Lamaism has different sects of which Nying-ma is the oldest. It was established by Guru Rimpoche. This sect is respected for its strict norms of monastic life and maintenance of purity of the doctrine. Kadam a sect of Lamaism originated with the famous Gelug which is less ascetic but highly ritualistic. From Kadam developed two other sects known as Kagyud and Sakya. Dash, Narendra Kumar. Guru Rin-Po-Che and Lamaism in Sikkim. In Tobden, Tashi (Ed.). *Bulletin of Tibetology*, Sikkim Research Institute of Tibetology, Gangtok, 1995, p. 37.

<sup>20</sup>Padmasambhava is one of the staunch practitioners of Mahayana Buddhism, who emerged as the sole authority of this faith in the Northern India. Popularly known as “Guru Rimpoche” was famous Indian Buddhist scholar and saint, born in swat valley, Udiyana Province (now in north west province of Pakistan). He is known by various names, mainly eight names such as, 1) Padmasambhava, 2) Nima Hoijer, 3) Dorjee Droleh, 4) Singhi Dradok, 5) Loden Chokseh, 6) Padma Gyalmo, 7) Shakya Singhi and 8) Padma Jungne. Bhutia, Pintso. The Contribution of Guru Rimpoche to Sikkim. Ibid, p. 31.

<sup>21</sup>Waddell, L. A. *Lamaism in Sikkim*. Manjusri Publishing House, New Delhi, First Published 1894, Reprint 1978, p. 1.

legendary account, it is mentioned, when Thrisong Deutsen, was the ruler of Tibet, Guru Padma Sambhava visited Sikkim through Jo-la pass or Lordly pass. He blessed number of rocky-terrains and caves for meditation and to hide many treasures called *terma* (Tib. *gter ma*- hidden teachings of Guru Padma Sambhava). Among 27 sacred caves in Sikkim, the four important caves are Lhari-nying-phug in North, De-chen-phug in West, Khandro-sang-phug in South, and Shar-chok-bayphug in East, with Drak-kar Tashiding as its centre.<sup>22</sup> He then entrusted *Gang-Chen Zod-Nga* (which means- the five repositories of the ledges of the great snow)/ Kanchenjunga as the guardian deity of *Denzong* or Sikkim. In the work of Guru Padma Sambhavas “*Denzong Lamyig*”, which was later revealed by Lha-tsun Nam-kha Jig-med, mentioned in detail about the five repositories or god’s treasures as- i) Different means to increase prosperity and secret writings of Guru, ii) Gold and Turquoise, iii) Deposit of Salt, iv) Different kinds of useful arms and weapons, and v) Deposits of all kinds of medicines and grains.<sup>23</sup> It is also mentioned, to cure different diseases, he changed the form of roots, leaves and fruits into different medicines. Likewise, different hot springs and cold springs into different medicinal water or *Men-chu*, naming of few hot springs like Yumthang, Tag-rum, Ralang, Ralap, Khandro-sang-phug, etc., and cold springs like Bakcha, Gol and Tik-kosha at Kabi.<sup>24</sup> Along with the teachings of different medicine to cure different diseases, most of his *termas*, mentioned of tantric meditational practices and *sadhanas* (a spiritual practice or discipline leading to a goal).<sup>25</sup>

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<sup>22</sup> Dorje, Dechen. An account of Guru Padmasambhava’s Contribution to the Establishment of Dharma Tradition in the Hidden Land of Sikkim. In Tobden, Tashi (Ed.). Op. cit., 1995, p. 16.

<sup>23</sup> Acharya, Chewang. Guru Padmasambhava’s Contrubution: The Genesis of Buddhism in Sikkim. Ibid, p. 23.

<sup>24</sup> Dorje, Dechen. An account of Guru Padmasambhava’s Contribution to the Establishment of Dharma Tradition in the Hidden Land of Sikkim. Ibid, p. 16.

<sup>25</sup> Clifford, Terry. *Tibetan Buddhist Medicine and Psychiatry: The Diamond Healing*. Motilal Banarsidass Publishers Pvt., Ltd, Delhi, 1994, p. 56.

After Guru Padma Sambhavas blessing to *sBas Yul 'Bras Mo ljongs*, and hiding various treasures for the future beings, many of his reborn disciples entered Sikkim and rediscovered its material or spiritual form. The first one to open the doors of *sBas Yul 'Bras Mo ljongs*, during fourteenth century was Rig 'dzin rgod Idem can (1336-1408). Later, his Tulku (reincarnate lamas) Ngari Rigzin Legdenje and many other incarnate lamas also visited the hidden land and discovered many terma texts.<sup>26</sup> It was only after the entering of three lamas, namely Lha-tsun Nam-kha Jig-med, Kathog Kuntu bZangpo and mNag-bDag Sem-pa Phun-tsog Ringzing, all the doors and sacred places of hidden land was opened and Lamaist Buddhism was firmly established, with monasteries as an important centre of learning in Sikkim.<sup>27</sup>



**Fig. 2.1:** Image of Pemayangtse' which means "most secret lotus summit monastery", this monastery was founded by Lha-tsun Nam-kha Jig-med in 1647 A.D. It was originally started with a small shrine called Tsangkhang on the spot of present monastery. Later the third Dharma King of Sikkim, *Chogyal Chagdor Namgyal* and Khenchen Rolpai Dorjee (Vajra Master of Pemayangtse) expanded this Lhakhang and re-established it in the year 1705 A.D, located at Pelling, West Sikkim. Photo taken by the Research Scholar, on 31/05/2022.

<sup>26</sup>Gyatso, Tsultsem. A Short Biography of four Tibetan Lamas and Their Activities in Sikkim. In Denjongpa, Anna Balikci (Ed.). *Bulletin of Tibetology*, vol. 41, no. 2, Namgyal Institute of Tibetology, Gangtok, 2005, p. 52.

<sup>27</sup>For more information about the sacred places and the founder of Sikkim, look into Appendix-I.



**Fig. 2.2:** Image of Sangachoeling monastery which means “the land of sacred spell”, build by Lha-tsun Nam-kha Jig-med in 1697, located at Pelling, West Sikkim. Photo taken by the Research Scholar, on 31/05/2022.

### **2.1b. ia) Spiritual Healing Practices of the Buddhist Monks or Lamas**

With respect to the spiritual<sup>28</sup> healing practices of Buddhist monks or lamas within the Bhutia community, two primary methods are employed. Initially, if an individual is grappling with a serious illness, the monks or lamas will pose several enquiries, such as the day, date, and time in which the sickness manifests and asks for their animal signs of the year. Utilising this information, they look into the sacred text, known as the “*Lhamo Gya-rtse*”, (Tibetan text) to identify the cause of the ailment and the appropriate rituals to be performed. In contrast, if the patient’s condition is not severe, the monks or lamas will conduct a divination (*Mo*) ceremony using dice. Based on the outcome, they prescribe a specific ritual for the individual to undertake.<sup>29</sup> Following are the different spiritual healing rituals which are practiced in Sikkim from the date of the establishment of Lamaist Buddhism in Sikkim.

<sup>28</sup>“Spiritual or Dharmic medicines (Tib. *chos-sman*) are produced in tantric rituals in order to heal the sick. They are specifically the kinds of religious medicine that can cure disease which is karmic in cause and which therefore cannot be affected by ordinary herbal medicines.” Clifford, Terry. Op. cit., 1994, p. 76.

<sup>29</sup>Interviewed Lopsang Lepcha (Head monk or lama of Rapem monastery), (M), 64 years, Subithang, East Sikkim, on 8/07/2022.

### ***Riwo Sangchoe* or Mountain Smoke Offering**

One of the earliest and important spiritual healing practices is the mountain smoke or *sang* offering called *Riwo Sangchoe* of Lha-tsun Nam-kha Jig-med<sup>30</sup>. This practice of *sang* offering is part of the profound dharma cycle of *Rigdin Sokdrup* (the gathering of the knowledge holders). According to the tradition, it mentioned, when Lha-tsun chempo enter Sikkim to open the doors of hidden land, he had a vision of *Dakini* (sky dweller) who bestowed upon him the secret instructions, which was set down by Lha-tsun chempo, without any error. After revealing this visionary text he mentioned thus “Through this diamond-like practice of, *Riwo Sangchoe* one will be able to ‘ransom’ death, purify the misuse of offerings and avert the various kinds of obstacle.”<sup>31</sup>

In *Riwo Sangchoe* practices total 108 items are used, which includes silk, raisins, barley, sesame seeds, the three white (yogurt, milk and butter) and three sweets substances (sugar, molasses and honey) all kind of incense, powder, aromatic woods and medicinal herbs are required. Only those woods and medicinal plants are used in *Riwo Sangchoe* which is consumed by cow, like *Omphi*, *Kedha* (banana tree) *Dumpham*, *Harra*, *Barra*, *Amla*, *khempa* (mugwort), sandalwood, juniper, pine, etc. After collecting all these items, mantra “*Om Ah Hung*” (to purify the body, speech, and mind of negative actions), has to be recited, with the blessing of spiritual power

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<sup>30</sup>Lha-sTsun Nam-mKha’ ‘Jigs-Med is famed to have embodied in his person, the spiritual essence of the Indian Pandita Vimalamitra and the Tibetan Master kLong-chen rab-‘byams (1308-1363 A.D.). He was born towards the southern end of byar-Yul in the family of Lha-btsed-po in the tenth sexagenary cycle (Rab-byung) of the fire-bird year of the Tibetan Calendar corresponding to 1507 A.D. He took his ordination as a celibate monk at the monastery of gsung-snyak Ri-khrod by virtue of which he was given the name Kun-bzang nam-rgyal and studied Thong-hborg under the tutelage of illustrious masters Prul-sku U-rGyan dpal-hbyor. He undertook monastic studies at the feet of erudite scholars from a period of seventeen years in the course of which he comprehended the crux of all the doctrines and understood the essential nature of all external and mundane phenomena as illusory and void. Dokham, Rigzin Ngodub. Notes on the Biography of Lha-bTsun Nam-mKha’ ‘Jigs-Med (1597-1650): The Patron Saint of Sikkim. In Topden, Tashi (Ed.). *Bulletin of Tibetology*, new series, no. 3, Sikkim Research Institute of Tibetology, Gangtok, 1994, p. 57.

<sup>31</sup>Interviewed Jigme Wangchuk Bhutia (Assistant Professor, SHEDA Pangthang), (M), 32 years, Chumbung, West Sikkim, on 19/05/2022.

from the deities. After collecting all the required items an auspicious fire is made with the sprinkle of the holy water (mentioned below). This process is called “*Tsi-shing nag-tshog-gyi thuba*” (smoke of all the herbs and plants of woods and forest). The smoke is offered to four different levels of spirits: Firstly, the smoke of these materials is offered to *gurus*, *yidams* (deity that serves as focus for personal devotion and spiritual practices), *dākinīs*, *dharmapālas* and all the *mandalas* (geometrical array of deities visualized, imagined, or represented in two or three dimensions)<sup>32</sup> of the Buddha’s of the ten directions. Secondly, to the local deities of this world, beings of the six realms and the guests to whom one owe karmic debts, especially to those who would steal one’s life and deplete one’s life force. Thirdly, to the malicious *jungpo* demons who inflict sickness and obstacles, bad signs in dreams and all types of evil omens, the eight classes of negative spirits, the masters of magical illusions. Fourthly, those to whom we owe karmic debts of food, place and wealth, to forces that bring obscuration and madness, to the shades of dead men and women and to all the spirits, *térangs*, ghouls and female ghosts. Finally holy benediction is conducted.<sup>33</sup>

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<sup>32</sup>Source: “*Ri bo bsangs mchod*” in Rig 'dzin srog sgrub, 5 vols, Delhi: Chos spyod dpar skrun khang, 2000, (TBRC W13779) Vol. 1: 829–834. <https://www.lotsawahouse.org/tibetan-masters/lhatsun-namkha-jigme/mountain-smoke-offering>, accessed on 3/07.2022. For full record of the text, look into Appendix II.

<sup>33</sup>Interviewed Yab. Loboan Tempa Gyatso (Monastery’s estate manager and incharge, Pemayangtse monastery), (M), 70 years, Pelling, West Sikkim, on 1/06/2022.





**Fig. 2.3:** Image of *Sang* offering, taken at Simik Lingzey, by the Research Scholar, on 01/03/2023.



**Fig. 2.4:** Image of *Bumpa*, taken at Lhenzom Bhutia house, Simik Lingzey, by the Research Scholar, on 03/07/2022.

The *Bumpa* (offering vase) which contains the holy water is also used in the, *Riwo Sangchoe* offering, and it contain medicinal properties like Red *Chanden* (Red Sandalwood), White *Chanden* (white Sandalwood), *Loung* (clove), *Jaiphal* (Nutmeg), *Lochan* (Bamboo Silica), *Keshar* (saffron), only then it will be consider as sacred or holy water. Originally it is consisted of twenty five items but if not availed then at

least five to six of these items is required.<sup>34</sup> In, *Riwo Sangchoe*, it not only protects one from different spirits but it also contains different medicinal herbs which will help one to cure various physical health problems.

### ***Klu* or Nāga Sang Offering**

This great *sang* offering to the nāgas, known as *Lasel Chenmo* (The Great Spirit Clearing), was composed by Guru Padmasambhava. The offerings were made to four different levels of *klu* or nāgas spirits. Following are the shorter version of the *klu* or nāga *sang* offering prayer:

Firstly, the lord of nāgas is offered, and he is described as such; their palace, which is surrounded by lakes covered with three petalled white lotuses, springs, meadows, and lovely pools. From the discs of the moon, sun, and a syllable of HRĪḤ appeared lord Khasarpāṇi. Secondly, it is offered to the eight great nāgas kings (*Klu chen-po-brgyad*) they are- Nanda, Padma, Kulika, Balavat, Upananda, Varuna, Vāsuki, and Śaṅkhapāla, who surrounds the great nāgas king. Their upper part of the body is in the human form and the lower part of the body is in the form of serpent. Thirdly, it is offered to *klu* or nāgas spirits of priestly caste, merchant caste, commoners' caste and untouchable caste. Fourthly, it is offered to the *klu* or nāga spirits of surrounding areas like local spirits, protector spirits, etc.<sup>35</sup>

In the following, we will discuss the longer version of the *klu* or nāga *sang* offering prayer. As mentioned by the monks, while doing the offerings, one has to visualise everything.

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<sup>34</sup>Interviewed Yab. Loboan Tempa Gyatso (Monastery's estate manager and incharge, Pemayangtse monastery), (M), 70 years, Pelling, West Sikkim, on 1/06/2022.

<sup>35</sup>Chapter- III, *Klu bsangs, bla Sel chen-mo, bzhugs so/* . In *Klu 'bum/ bshags 'bum/ klu bsang/ thebs zlog, bcas bzhugs so/*, unpublished manuscript, pp. 97-100. For its original sources, look into Appendix-III. And Chakme, Karma. *Lasel Chenmo: A Sang Offering to the Nāgas*. Translated by Pearcey, Adam, 2017, Revised and updated 2019, Stable URL: <https://www.lotsawahouse.org/tibetan-masters/karma-chakme/lasel-chenmo-naga-offering>, p. 12.



Firstly, it is offered to nāga kings Jambhala and Ratnacūḍa and their palace.

Secondly, it is offered to the eight nāgas who surrounds the kings: a) white nāgas, b) blue nāgas, c) dark nāgas, d) yellow nāgas, e) green nāgas, f) multi-coloured nāgas, g) red nāgas, and h) black nāga.

Thirdly, it is offered to the nāgas of different casts: a) white nāgas of the royal casts, b) yellow nāgas from the merchant casts, c) black nāgas from the priestly casts, d) green nāgas from the commoner's casts, and e) black nāgas from the untouchables casts.

Fourthly, it is offered to the four great kings, their retinue and eight great nāgas, their retinue and planets and the constellation.

Fifthly, it is offered to the different female nāgas as: horses, riches, sheep, wealth, food and treasure.

Sixthly, it is offered to different gods and nāgas of surrounding nature, who live in: a) left and right side of the mountains, b) streaming water, c) solid rock, d) flowing air, e) stable space, f) mountains, g) oceans h) supreme lands, and i) springs.

Lastly, it is offered to all the 360 nāgas and 21,000 beneficial nāgas.<sup>36</sup>

### **Benefits of *Klu* or Nāga *Sang* Offering**

With *sang* offerings to all the above mentioned nāgas, the monks will ask for the contagious diseases to be cease, end of financial loss and ruin, diseases among animals to end, and also end of impurity, instability, contamination and dispersal.

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<sup>36</sup> Ibid, pp. 91-96. Ibid, pp. 2-6.

Instead ask for the increase of livestock, prosperity, wealth, sheep, horse, sustain longevity, protection of life force and fortunes.<sup>37</sup>

### Materials Needed in *Klu* or *Nāga Sang* Offering

- 1) *Ringchen kna-nga* (five types of precious materials)-
  - a) *Gser* (gold), b) *Dngul* (silver), c) *Mu-tig* (pearls), d) *Byu-ru* (coral), e) *Mu-sman* (lapis-lazuli).
- 2) *Dho-nga* (five types of grains)-
  - a) *Bru* (barley), b) *Bras* (rice), c) *Gro* (wheat), d) *Sey-ma* (bean) e) *Til* (sesame seed).
- 3) *Bdud rtsi nga* (five types of nector)-
  - a) *Sbrang rtsi* (honey), b) *O ma* (milk), c) *Sho* (curd), d) *Mar* (butter), e) *Kha-ra* (sugar).
- 4) *Sman-nga* (five types of medicines)-
  - a) *Laetae* (heart leaved moonseed), b) *Kantakari* (white bramble), c) *Wong-la* (markata), d) *Gya tso bua* (cuttlebone), e) *Shudag* (sweet flag).
- 5) *Thi nga* (five types of fragrance)-
  - a) *Tsendhen karpo* (white sandalwood), b) *Tsendhen marpo* (red sandalwood), c) *Zhati* (nutmeg), d) *Gabur* (camphor), e) *Gurkum* (saffron).
- 6) *Bzang po drug* (six superlative medicines)
  - a) *Chugang* (bamboo pith), b) *Gurkum* (saffron), c) *Li-shi* (clove), d) *Zhati* (nutmeg) e) *Sugmel* (Small cardamom), f) *Kakola* (big cardamom).
- 7) *Dug-ma-spos-shing-na* (different types of non-poisonous wood)<sup>38</sup>

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<sup>37</sup> Ibid, pp. 97-100. Ibid.

<sup>38</sup> Ibid, pp. 90-91.

### ***brGya bzhi* or four hundred offerings**

The commencement of the offering of four hundred or *bdud bzhi* occurred during the *satya yuga* or divine years. As per the sources, during the *satya yuga*, there was a regular battle between the *Dev lok (Lha Yul)* and *Asur lok (Lhamayin)*. It was always the *Devas* who emerged victorious against the *Asuras*, but on one particular battle, the *Devas* suffered defeat at the hands of the *Asuras* due to the harm inflicted upon the spirits of the four *maras* (demons) or *bdud bzhi*. This consequently led to continuous suffering, sickness, and misfortune among the *Devas*. Since the *Devas* possessed the ability to foresee the future, they foresaw that due to their continuous misfortunes, suffering, and sickness, they would end up in hell after their demise. Hence, they sought assistance from the Lord Buddha, enquiring how they could prevent future problems. The Lord Buddha informed them that the root cause of their problems was the harm inflicted on the *bdud bzhi* spirit. Therefore, to avert themselves from continuous suffering, sickness, and misfortune, they should engage in offerings to the spirits of the *bdud bzhi*. Consequently, the *Devas* commenced offerings and successfully protected them from future misfortunes. Since then, offerings to the spirits of the *bdud bzhi* have continued.<sup>39</sup>

Following are the names of four *maras* or *bdud bzhi*:-

- i) *Lha'i bu'i bdud* (*mara* of the sons of the gods).
- ii) *Phung po'i bdud* (*mara* of the aggregates).
- iii) *Nyon mongs kyi bdud* (*mara* of the destructive emotions).
- iv) '*Chi bdag gi bdud* (*mara* of the lord of Death).<sup>40</sup>

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<sup>39</sup>*Mkhas pa bai ro tsa na nas mdzad pa'i rgya bzhi'i cho ga zhes bya ba bzhugs so/*. In *gto 'bum dgos 'dod sna tshogs kyi cho ga bzhugs/*, unpublished manuscript, pp. 14-73. For its original sources, look into Appendix-IV.

<sup>40</sup>*Ibid.*

While performing the offering ceremony, these four *maras* or *bdud bzhi* represents the four fingers of the right hand of Lord Buddha, with the image of the mandala at the centre.



**Fig. 2.5:** Image, on the custody of Lhenzom Bhutia at Simik Lingzey depicting the right hand of the Lord Buddha and *mandala* at the centre, taken by the Research Scholar, on 22/10/2022.

The forefinger of the Lord Buddha represents the *mara* or *bdud* of aggregates or *Phung po'i bdud* and is painted in yellow. The middle finger of the Lord Buddha represents the *mara* or *bdud* of lord of death or '*Chi bdag gi bdud* and it is painted in black. The ring finger of the Lord Buddha represents the *mara* or *bdud* of the destructive emotions or *Nyon mongs kyi bdud* and it is painted in red. And the little finger of the Lord Buddha represents the *mara* or *bdud* of the sons of the gods or *lha'i bu'i bdud* and it is painted in white.



**Fig. 2.6:** Images of the four *maras* or *bdud bzhi* taken at Lhenzom Bhutia's house, Simik Lingzey by the Research Scholar, on 08/03/2023.

The effects of the four *maras* or *bdud bzhi* are; a) *Mara* of the aggregates, which prevents one from the attainment of the rainbow body or spiritual attainment at the time of death, b) *Mara* of the destructive emotions, which prevents one from the liberation from *samsara*, c) *Mara* of the lord of death, which prevents one from long life and cuts one life short, and d) *Mara* of the songs of the gods, which prevents one from concentration and put distraction in the meditation state.

Along with the images of these four *maras* or *bdud bzhi*, the image of the male and female ancestor, i.e., *pho lha* and *mo lha*, is also made to provide honour to them.



**Fig. 2.7:** Image of male and female ancestors; *pho lha*, *mo lha* taken at Lhenzom Bhutia house, Simik Lingzey by the Research Scholar, on 08/03/2023.

The following are the names of four hundred offerings. While making an offering one has to visualised every step of the offerings.

- i) *Mar-me brGya* or hundred butter lamps.
- ii) *Tsa-tsa brGya* or hundred miniature clay image.
- iii) *Nang-Sel brGya* or hundred *tormas* (conical dough offering) or *shyal sey*.
- iv) *Torma brGya* or hundred *tormas*.<sup>41</sup> or *Ngarlo*.

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<sup>41</sup> Ibid.



**Fig. 2.8:** Image of the four hundred or *brGya bzhi*, taken at Lhenzom Bhutia house, Simik Lingzey by the Research Scholar, on 08/03/2023.

The importance of the four hundred or *brGya bzhi*:

- a) The offering of the hundred *Tsa-tsa* is to destroy the yellow demon or *mara* of the aggregate.
- b) The offering of the hundred *Nang-Sel* is to destroy the white demon or *mara* of the sons of the gods.
- c) The offering of the hundred *Mar-me* is to destroy the red demon or *mara* of the destructive emotions.
- d) The offering of the hundred *tormas* is to destroy the black demon or *mara* of the lord of the death.

Following are the sequence of the different levels of offerings in *brGya bzhi*.

- i) Since, all the misfortunes, sickness and sufferings came to an end due to the blessings and guidance of the Lord Buddha. Hence, first, it is offered to the supreme Lord Buddha.
- ii) It is offered to the Buddha of past, present and future.
- iii) It is offered to the Buddha of ten directions.
- iv) It is offered to all the Bodhisattva or *chang choop sempa*.
- v) It is offered to all the dharma protectors or *Sung wa*.

- vi) It is offered to the *bdud bzhi* or four spirits.
- vii) It is offered to the spirits of different *lok* from top (*shye bi chay mo*) to the lowest (*dorje nhe wa*).
- viii) It is offered to *lha sim* (harmful deities).
- ix) It is offered to the harmful spirits.
- x) It is offered to the fifteen evil spirits, which cause harm to the children.
- xi) It is offered to the spirits causing harm to the family and relatives.
- xii) It is offered to seven hundred twenty spirits, which cause sudden misfortunes, etc.
- xiii) And lastly, it is also offered to all the minor spirits.<sup>42</sup>

After making offerings to all the gods and spirits, they ask for protection against sickness, diseases, misfortunes, poverty, death, etc. All the spirits of *bdud bzhi* will send to their respective places along with the offering of *tormas*. These four hundred *tormas* are placed in four different directions.<sup>43</sup>

### **2.1b. ii) Bon and the Spiritual Healing Practices among the Bhutias**

Among the Bhutia community of Sikkim, although Buddhism was formerly established in the seventeenth century, its influences remain mostly in the mainstream of the Buddhist monastery. Whereas the Bhutias who have settled far from those places mainly depend on the faith healers for all their health issues. Anna-Balikci mentioned in her work, “Until the end of the nineteenth century, each patrilineage had its personal *pawo* or *nejum* responsible for his or her lineages and its households’ ritual needs.”<sup>44</sup> Gradually, even when lamaist Buddhism spread among every Bhutia

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<sup>42</sup>Ibid.

<sup>43</sup>Ibid.

<sup>44</sup>Balikci, Anna. Op. cit., 2008, p. 145.

community of Sikkim, they worked side by side, with the village faith healers, without any discrepancy.

### **Origin and the History of *Bon***

Firstly, before we go into the origin and the history of *Bon* (invocation), let's discuss what *Bon* actually means by referring to the different works on *Bon*. Geoffrey Samuel mentioned, "Bon was animistic, shamanistic, and generally a repository for all the elements of Tibetan religion which did not appear to derive from the somewhat idealised pictures of Indian Buddhism prevailing at that time."<sup>45</sup>

Zeff Bjerken, mentioned:

"In the late nineteenth and early twentieth century, many western writers used Shamanism as a monolithic category to subsume a great variety of religious phenomena. Most often it was assigned to the "native" tradition of Bon, with its dark occult practices. Black magic, fetishism, sorcery, divination, demonolatry, necromancy, exorcism, ecstatic trance, spirit possession, and various other supernatural powers were all thought to lie at the heart of Bon Shamanism."<sup>46</sup>

Per Kvaerne mentioned "Bon"...which has often been characterized as 'shamanism' or 'animism', and as such, regarded as a continuation of what supposedly were the religious practices prevalent in Tibet before the coming of Buddhism."<sup>47</sup>

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<sup>45</sup>Samuel, Geoffrey. Revisiting the Problem of Bon Identity: Bon Priests and Ritual Practitioners in the Himalayas. In Jardins, J.F. Marc des (Ed.). *The Journal of the International Association for Bon Research*. New Horizons in Bon Studies 3, Inaugural Issue Volume 1 – Issue 1, the International Association for Bon Research, Montreal, 2013, p. 79.

<sup>46</sup>Bjerken, Zeff. "Exorcising the Illusion of Bon "Shamans": A Critical Genealogy of Shamanism in Tibetan Religions." *Revue d'Etudes Tibétaines*, no. 6, 2004, pp. 4-59. *Apollo*, Stable URL: [www.dspace.cam.ac.uk/handle/1810/229286](http://www.dspace.cam.ac.uk/handle/1810/229286), p. 5.

<sup>47</sup>Kvaerne, Per. *The Bon Religion of Tibet: The Iconography of a Living Tradition*. Shambhala Publications, Inc. Boston, 1996, p. 10.



Larry Peters mentioned, "...the earlier tradition, Bön or Bön *po* (practitioners of Bön) refers to an independent "indigenous priest," "invoker," "sorcerer," or, more to the point, "shaman," and does not refer to a church or organized religion."<sup>48</sup>

Similarly, Sarat Chandra Das, in his dictionary, mentioned:

"The ancient religion of Tibet which was fetishism, demon worship and propitiation by means of incantations. The word *chos* which ordinarily means religion is used as the antithesis to Bon. Bon now signifies the kind of shamanism which was followed by Tibetans before the introduction of Buddhism and in certain parts still extant..."<sup>49</sup>

By looking into the above definitions of the *Bon*, somehow, we can associate the term *Bon* with the practice of shamanism, which prevailed in Tibet before the coming of Buddhism. But it lacked any clear definition of the concept of *Bon*. As Geoffrey Samuel also mentioned:

"...can we reach any overall conclusion about the meaning of Bon? Perhaps ...there is no single thing called Bon. This is a term that has been used by Tibetans and culturally Tibetan groups in a variety of ways. We need to study these independently, with careful attention to how they have been used in the past, and how they are being used today."<sup>50</sup>

And also associating the term such as, demonolatry or demon worship is controversial, as mentioned by Zeff Bjerken and Sarat Chandra Das in their definition of *Bon*. Because according to Anna Balikci "If the supernatural beings of *Bon*, whether *pho lha mo lha* or *nöpa*, have come to be seen as 'demons' in the literature, I believe it to be a result of the influence of conventional Buddhism..."<sup>51</sup>

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<sup>48</sup>Peters, Larry. *Tibetan Shamanism: Ecstasy and Healing*. North Atlantic Books, California, 2016, p. 6.

<sup>49</sup>A Tibetan-English Dictionary: With Sanskrit Synonyms by Sarat Chandra Das, p. 879.

<sup>50</sup>Samuel, Geoffrey. Op. cit., 2013, p. 92.

<sup>51</sup>Balikci, Anna. Op. cit., 2008, p. 123.

## The Origin of *Bon*

The *Bonpos* usually trace the origin of *Bon* to a region called ‘Zhang chung’ in the far Western Tibetan region. Eventually, they further trace the origin of *Bon* to a geographically and historically vague region in a further Western area called ‘Ol mo lung ring in ‘Ta zig’.<sup>52</sup>

They addressed their land of origin to be a semi-paradisiacal land or hidden land, which in the latter-day can be possible for humans to reach only through mystical means or visions after attaining spiritual purification.<sup>53</sup> They called ‘Ta zig’ as their holy land of religion, as Tonpa Shenrab<sup>54</sup> was born into the royal family of ‘Ta zig’, who was later enthroned as the king of the region. They worshipped him as the founder of their faith and believed him to be a fully enlightened one or the Buddha of their faith.<sup>55</sup> They further mentioned that in Zhang chung, *Bon* flourished and became the centre of their faith before reaching Tibet. Ultimately, the Tibetan empire subjugated the place in the seventh century. Gradually, the place was incorporated into Tibetan culture, which led not only lost their independence but its language and religious heritage as well and eventually their place was converted to Buddhism.<sup>56</sup>

However, in regard to the location of Zhang chung, Per Kvaerne mentioned, “There is no doubt as to the historical reality of Zhangchung, although its exact extent and ethnic and cultural identity are far from clear. It seems, however, to have been

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<sup>52</sup>Blezer, Henk, Gurung, Kalsang Norbu and Rath, Saraju. Where to Look For the Origins of Zhang chung-related Scripts?. In Jardins, J.F. Marc des (Ed.). Op. cit., 2013, p. 101.

<sup>53</sup>Kvaerne, Per. Op. cit., 1996, pp. 14-17.

<sup>54</sup>*gSen-rab* gave to the *bonpos* of Tibet as *bon* (doctrine) the ‘inspired teaching’... Snellgrove, David L. *The Nine Ways of Bon: Excerpts from gZi-brjid*. Prajñā Press, Boulder, 1980, p. 14.

<sup>55</sup>Kvaerne, Per. Op. cit., 1996, p. 17.

<sup>56</sup>Ibid, p. 13.

situated in what today is, roughly speaking, western Tibet, with Mount Kailash as its centre.”<sup>57</sup>

Similarly, Samten G. Karmay also tried to trace the location to Mount Kailāsa and further indicated that in front of the Mount Kailāsa is situated a lake called Ma-phang, which is a source of the rivers like Karnali, Indus, Sutlej and Brahmaputra.<sup>58</sup>

Anne Carolyn Klein and Geshe Tenzin Wangyal Rinpoche, in their work, mentioned:

“Tagzig is commonly regarded as Bonpo’s term for Bactria and Sogdia, though it is often located in the Kara Korum Mountain area at the boundary of Pakistan. This term has various meanings and spellings in Tibetan literature. Before the tenth century, “sTag-gZig” meant a place in which beasts such as tigers and leopards made travel difficult.”<sup>59</sup>

Hence, following the above study, it can be understood that the *Bon* Faith has emerged from the Western side of the Tibet, but its exact location is not yet identified, and further more research is needed to locate it.

### **History of *Bon* Faith and its Relation with Bhutias of Sikkim**

When considering the historical background of the *Bon* Faith in Sikkim and its connection to the Bhutia community, there is little evidence to support its relationship with the ancient *Bon* Faith of Tibet. Previously, in the sub-topic ‘a historical background of the Bhutia settlement in Sikkim’, the faith healing practices of the Bhutias in Sikkim and their relation to the ancient *Bon* Faith of Tibet were discussed

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<sup>57</sup>Ibid.

<sup>58</sup>Karmay, Samten G. *The Treasury of Good Sayings: A Tibetan History of Bon*. Motilal Banarsidass Publishers Pvt. Ltd, Delhi, 2001, p. xxviii.

<sup>59</sup>Klein, Anne Carolyn and Rinpoche, Geshe Tenzin Wangyal. *Unbounded Wholeness: Dzogchen, Bon, and the Logic of the Nonconceptual*. Oxford University Press, Inc, New York, 2006, p. 315.

by examining their settlement history. In this subsection, we delve further into this topic.

The faith healing practices of the Bhutia community of Sikkim is known as *Bon* and its healers are known as *Pau* and *Ney jum*. Waddell also mentioned in his work “Exorcising of devils in cases of sickness and misfortune is done by the regular devil-dancers-“Pā-wo” and “Nyén-jorma...”.<sup>60</sup> The evidences of the pre-Buddhist *Bon* faith of Tibet can also be traced in the *Bon* practices of Bhutia community; like the worshipping of the founder of the *Bon* faith ‘Tonpa Shenrab’ in the alter of the faith healers of Bhutias and the similarity in the practices in first three ways of *Bon*, from the nine ways of *Bon* practices (*theg pa dgu*)<sup>61</sup>, i.e., i) Divination, prediction, medical diagnosis, ii) Rituals to local gods and spirits, and iii) Destructive rituals.<sup>62</sup> Nebesky-Wojkowitz, also mentioned:

“A peculiar group of Tibetan mediums are the male “Pawo” (dpa’bo) and the female “Nyenjomo” (bsnyenjomo), to be found mainly in the Chumbi Valley, in Sikkim... They are laymen and laywomen who...are regarded by the Buddhists as typical representatives of the Bon creed. Actually, they seem to be a remnant of the earliest, unorganized Bon as it existed before the so called “white Bon” (Bon dkar) had developed after the example of Buddhism.”<sup>63</sup>

Geoffrey Samuel also mentioned in his work:

“More specifically, there remains a range of local, village-based religious practices among contemporary culturally Tibetan populations which are referred to as Bon but which have no obvious connection with the

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<sup>60</sup> Waddell, L. A. Lamaism in Sikkim. In Risley, H. H (Ed.). Op. cit., 2010, p. 356.

<sup>61</sup> The nine ways of bon is divided into “Bon of Cause” and “Bon of Effect”. “Bon of Cause” includes, i) Divination, prediction, medical diagnosis, ii) Rituals to local gods and spirits, iii) Destructive rituals, iv) Death rituals. “Bon of Effect” includes, v) Sutra level 1 (*dge bsnyen*), vi) Sutra level 2 (*drang srong=dge slong*), vii) Tantra level 1, viii) Tantra level 2, ix) rDzogs chen. Samuel, Geoffrey. *Tantric Revisionings: New Understanding of Tibetan Buddhism and Indian Religion*. Motilal Banarsidass Publishers Pvt. Ltd, Delhi, 2005, p. 127.

<sup>62</sup> Balikci, Anna. Op. cit., 2008, p. 13.

<sup>63</sup> Nebesky-Wojkowitz, René De. *Oracles and Demons of Tibet: The Cult and Iconography of the Tibetan Protective Deities*. Book Faith India, Delhi, 1996, p. 425.

sophisticated scholarly tradition of G. yung drung Bon lamas, monks and lay practitioners. At the same time, these kinds of Bon recall some of the older stereotypes of Bon practice...variety of studies in the Himalayan borderlands, ranging from Central Nepal through Sikkim to Bhutan... have described practices that have at any rate a clear family resemblance to each other.”<sup>64</sup>

But, as mentioned by Anna-Balikci in her work that the *Bon* practice of Bhutias is evolved one, through an interaction with the rituals of Limboos, Lepchas, Bhutanese and the Buddhism.<sup>65</sup>

Hence, it can understand from the above works, that the origin of the *Bon* healing practices of the Bhutia community can be traced roughly to the pre-Buddhist old *Bon* practices of Tibet. However, gradually their original practices started to change due to the influences and interaction with the rituals of the other community of Sikkim, along with the later Buddhist influences.

### **2.1b. iia) *Pau*, *Ney jum* and their Healing Rituals**

The Bhutias have their own faith healers known as *Pau* and *Ney jum*. Before discussing the healing practices of *Pau* and *Ney jum* in detail, it is pertinent to understand who is ordained as *Pau* and *Ney jum*.

Understanding this interview was conducted with *Ajyo* Norbu (popularly known as *Pau ajyo*), from become a *Pau* at the age of seven and inherited the healing power from his father (who was also a *Pau*) mentioned; the process of becoming a *Pau* and *Ney jum* is a hereditary process. The *Pau* inherent his spiritual power from his common male lineage, whereas *Ney jum* from her common female lineage. When someone is chosen as a *Pau* or *Ney jum*, they will show the sign of a unique trait which can only be diagnosed and predicted by a senior *Pau*. The senior *Pau* then does

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<sup>64</sup>Samuel, Geoffrey. Op. cit., 2013, p. 80.

<sup>65</sup>Balikci, Anna. Op. cit., 2008, p. 13.

the divination (*Mo*) and tells whether he or she is the chosen one or not. Once it is confirmed that he or she is blessed, the new *Pau* and *Ney jum* must undergo initiation rituals and ceremonies.<sup>66</sup> According to Yishey Doma, “the initiation ritual of *pau* is performed to fulfil three things: to validate the new *pau*; to introduce him to the *pho lha mo lha* and *noepa* (local harmful spirits), and to instal him as the new shaman of a particular lineage/village”.<sup>67</sup> Even after the initiation ritual is over, for installing a new *Pau* and *Ney jum*, the faith healers have to fulfil few steps, which Anna Balikci, in her work, mentioned;

“Two additional conditions need to be fulfilled in order to install a new *pawo* once the latter has been chosen by the deities and has displayed the ability of medium ship. First, he must become the spiritual descendant and recipient of the powers and qualities of a deceased *pawo* who will be referred to as his *kabab* (*bka’ babs*) or spiritual ascendant ... And second, he must be trained by a *pawo*-teacher who will officiate at his initiation ritual where the new *pawo* will be tested.”<sup>68</sup>

*Ajyo Pau* also added that; one cannot merely acquire the knowledge of healing practices and become a *Pau* or *Ney jum*. Rather, it is a prerequisite that this knowledge be present within the individual from the time they were in their mother’s womb.<sup>69</sup>

Once chosen as a new *Pau* or *Ney jum*, they will be presented with their ritual instruments like hand drum or *nga chung*, vajra bell or *thip*, vajra or *dorje* and the dress called *chengu* (the dress of lower body part of the body, which is made up of the

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<sup>66</sup>Interviewed *Ajyo Norbu (Pau Ajyo)*, (M), 86 years, Lower Yangtey, Pacherbong busty (Gyalshing), West Sikkim, on 7/12/22.

<sup>67</sup>Doma, Yishey. *Faith Healers of Sikkim: Traditions, Legends, and Rituals*. Trysts & Traces (For Information & Public Relations Department), Government of Sikkim, Haryana, 2018, p. 100.

<sup>68</sup>Balikci, Anna. Op. cit., 2008, p. 147.

<sup>69</sup>Interviewed *Ajyo Norbu (Pau Ajyo)*, (M), 86 years, Lower Yangtey, Pacherbong busty (Gyalshing), West Sikkim, on 7/12/22.

red and white cloth) but the headgear called *thaci* and *ri nga*<sup>70</sup> is only allowed to be worn by a *Pau*. And all their power vested in their headgear; without it, they could not be able to perform any healing rituals or ceremonies because all their power they get it from their head gear.<sup>71</sup>



**Fig. 2.9:** Image of vajra bell or *thip* and vajra or *Dorje* of *Ajyo Pau*, taken at *Ajyo Pau* house at Pacherbong busty (Gyalshing), by the Research Scholar, on 07/12/2022.



**Fig. 2.10:** Image of hand drum or *nga chhung* of *Ajyo Pau*, taken at *Ajyo Pau* house at Pacherbong busty (Gyalshing), by the Research Scholar, on 07/12/2022.

### Healing Rituals of *Pau* and *Ney jum*

When it comes to healing rituals or ceremonies, *Ajyo Pau* said that there are two types of spirits in this world: one is good spirit, which is good in nature, and another is bad

<sup>70</sup>*ri-nga* (the fivefold crown representing the Cosmic Buddhas). Balikci, Anna. Op. cit., 2008, p. 157.

<sup>71</sup>Interviewed *Ajyo Norbu (Pau Ajyo)*, (M), 86 years, Lower Yangtey, Pacherbong busty (Gyalshing), West Sikkim, on 7/12/22.

in nature and brings harm to the people. When it comes to curing any sick patient, he first asks for the patient's zodiac sign (*Lo*), and then starts with divination (*Mo*) with the help of rice inside the plate. He then tries to determine which evil spirit causes the patient to become sick. If the patient is not inflicted with any serious sickness or harmful evil spirits, he will perform small benediction by offering items such as eggs, money, clothes, and fermented millet along with butter in a small pot called "*Chya kyo*" and smoke offering of juniper (*sang*). While performing the ritual, he first asks for strength and power from his supreme god Tonpa Shenrab. After that, he first offered these items to the gods and spirits of the highlands. Then, to all lakes, rivers, and mountains of Sikkim, and if needed, he put offerings and prayers to *Ri cha* (a highlander hunter spirit). With these offerings and prayers, he mentioned that the sickness is cured within a day.<sup>72</sup>



**Fig. 2.11:** Image of "*Chya Kyo*", taken at *Ajyo Pau* house at Pacherbong busty (Gyalshing), by the Research Scholar, on 07/12/2022.

However, if the condition of the patient is serious, because of the occurrence of continuous sickness, or if the patient is in a critical condition, he usually performs a larger ceremony or ritual called *Tamo Dheuce* (it is an act of asking the god to extend

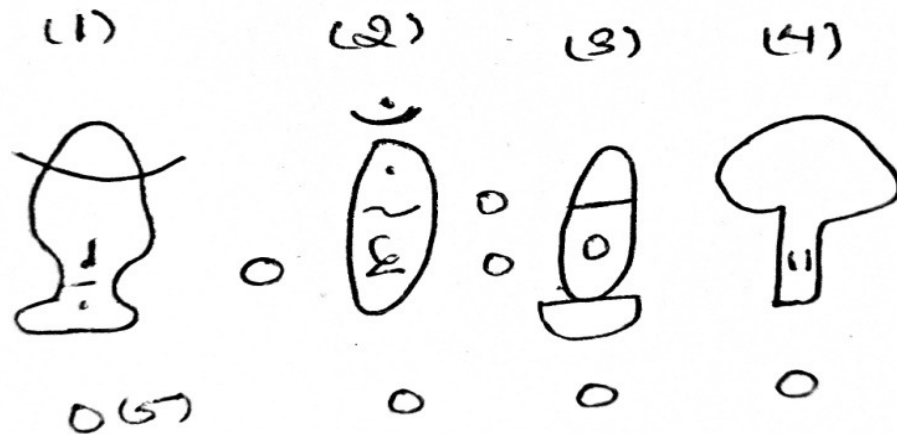
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<sup>72</sup> Ibid.



the life of the patient), which includes *Shya dey*, *Nyin dey*, and *Cho dey*. Therefore, to please gods, he usually performs ox sacrifices. Once the ox is sacrificed, its hind leg (*shya nga*) and *thyung ra* (meat extracted from the waist of the bull) are offered to the gods. After the ritual is over, the head of the ox (*go sha nga*) is offered to *Pau* as a payment, and the rest of the meat is distributed across the whole village. Along with the meat of an ox, total one hundred and eight *tormas* is offered. These *tormas* were made of millet flour, which has now been replaced by wheat flour.<sup>73</sup> Following are the details of the *torma* offerings.

Initially, four sets of *tormas* and butter lamps constructed from millet flour were placed in the centre of the altar and subsequently offered reverence.



**Fig. 2.12:** Images of *tormas* representing different household deities, drawn by *Ajyo Pau* on 7/12/2022, while discussing about *tormas*.

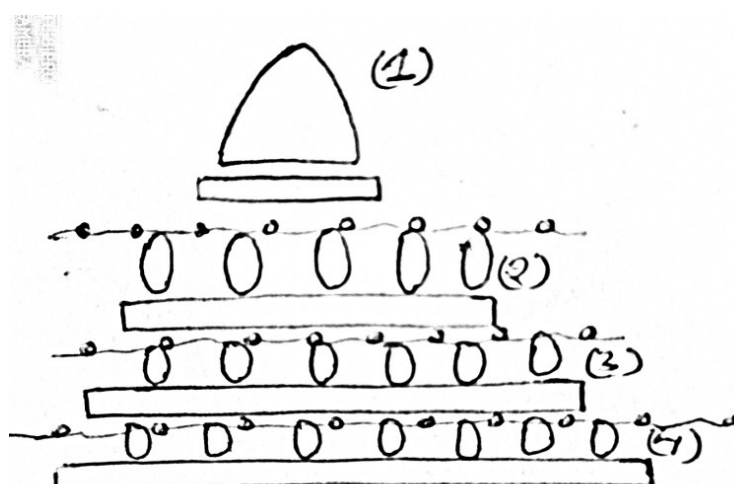
1. The first *torma* represents *Senge Dongma* or lion face *dakini*, one of the forms of guru Padmasambhava. She is worshipped to prevent negativity and spiritual obstacles. While the offering is made to the *torma* of *Senge Dongma*, *Pau* also perform prayers to *pho lha* and *mo lha* (the ancestral gods and lineage protectors), *dab lha* (warrior god), *nye lha*, *ki lha* and *so lha* (The three gods

<sup>73</sup>Ibid.

which comes along with the wealth and property of women, which she receives from her parents, while coming to her husband house).<sup>74</sup>

2. The second *torma* represent *Chyaro Diche* or worshipping *torma* of *Ney jum*.<sup>75</sup>
3. The third *torma* represent *Chuku Yum Chimbu*. *Ajyo Pau* considers this *torma* as important among all the *tormas* because it will help *Pau* and *Ney jum* to find out the cause of the patient's sickness.<sup>76</sup>
4. The fourth *torma* represents *Palden Lhamo*. *Pau* and *Ney jum* worship it as the symbol of protector.<sup>77</sup>
5. The fifth *torma* represent butter lamp or *mar-me*, made up of millet flour.<sup>78</sup>

Furthermore, the three-story structure of the *tormas* reverses alongside the primary *torma* at the apex.



**Fig. 2.13:** Image of three storey *tormas* along with the main *torma* at the top, drawn by *Ajyo Pau* on 7/12/2022, while discussing about *tormas*.

1. The First big *torma* represents a place where *Pau* has to reach spiritually during his ritual ceremony to negotiate with the gods and asking the gods to extend the life of the patient.<sup>79</sup>

<sup>74</sup>Ibid.

<sup>75</sup>Ibid.

<sup>76</sup>Ibid.

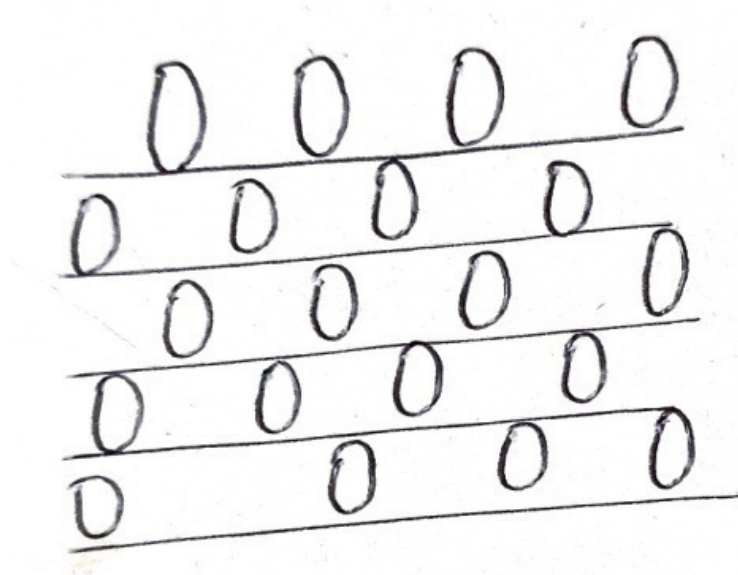
<sup>77</sup>Ibid.

<sup>78</sup>Ibid.

<sup>79</sup>Ibid.

2. The second, third, and fourth rows of the *tormas* are presented to the deities in ascending order. For example, the second row from the top should comprise five *tormas*, the third row from the top should comprise six *tormas*, and the fourth row from the top should comprise seven *tormas*.<sup>80</sup>
3. With these *tormas*, one hundred and eight small pieces of ox meat are tied in a string in front of the *tormas* and offered to the gods and goddesses.<sup>81</sup>

Thirdly, another set of *tormas* are offered to different gods and goddesses.



**Fig. 2.14:** Image of *Gye chay che mu*, drawn by *Ajyo Pau* on 7/12/2022, while discussing about *tormas*.

The last set of *tormas*, which is offered by the *Pau* to the gods and goddesses is called *Gye chay che mu*. These *tormas* represent the nature like rivers, mountains, lakes, etc. It consisted of five rows or *tho nga*, and each row are placed with four *tormas* or *thup shi*. These *tormas* act as a guide to the *Pau*, while performing the ritual ceremony.<sup>82</sup>

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<sup>80</sup>Ibid.

<sup>81</sup>Ibid.

<sup>82</sup>Ibid.

After offering these items to the gods and goddesses, the *Pau* will perform his ritual dance with the help of *nga chhung* (hand drum), *thip* (vajra bell), *chengu* (ritual dress), *thaci* and *ri nga* (headgear). While performing the ritual, the *Pau* will recite the mantra and prayers to every gods and goddess from the plains to the Himalayas.<sup>83</sup> The duration of ritual dance is not the same for all types of sicknesses but depends upon the condition of the patient. As for minor sicknesses, a one-night ritual is performed but for the major sicknesses, two to three days ritual is performed by *Pau* and *Ney jum*.<sup>84</sup>

In certain situations, like epilepsy and when women are not able to conceive a child *Ajyo Norbu* (*Pau Ajyo*) gives them amulets to overcome the problem. Similarly, *Lha chey*<sup>85</sup> is an annual ritual which *Ajyo Norbu* (*Pau Ajyo*) performs once every year.<sup>86</sup>

Inquiring with curiosity, many questions were asked to various Bhutia faith healers as to who possessed greater potency between *Pau* and *Ney jum*. A divergent array of responses was received. Some believed that *Pau* held greater potency, while others asserted that *Ney jum* was more powerful. Nevertheless, a Bhutia folktale about *Pau* and *Ney jum*, provided a vital insight into the superiority of *Ney jum* over *Pau*. The folktale narrates the following account:

Once, there was a *Pau* and *Ney jum* (husband and wife) in a place called Chadey, in East Sikkim. Every morning both the husband and wife used to go to the field for their daily work. Since, their field was some distance away from their

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<sup>83</sup>According to *Ajyo Pau* 'they don't have any text for the ritual but they have to learn the mantras in their dreams and write them in their ribs'. Ibid.

<sup>84</sup>Ibid.

<sup>85</sup>*Lha chey* is an annual ritual, which is performed by *Pau Norbu* during winter to help the gods to move to the plains. Ibid.

<sup>86</sup>Ibid.

residence, they kept their child at home under the protection of local deities, and it was their daily routine. However, one day, when they reached home after finishing their daily work in the field, they could not able to find their child anywhere at home, despite searching everywhere. After many hours of search, they notice the tip of their child hand on the cliff of a giant rock. They tried to reach there but could not able to get there. So, they requested local spirits, god and goddesses of the surroundings to help them get their child back but their prayers went unanswered. Thus, to get their child back they were left with only one option, to break the rock itself. Both the *Pau* and *Ney jum* brought and kept the *Chom* (a hollow wooden vessel to pound grains) on top of that giant rock and with their power summoned the god and goddess of lightning and thunder (*Namcha phomo*) and put them inside the *Chom*. After that for three days and three nights, *Ney jum* performed the ritual dance by moving the *Chom* upside down continuously. It was on the third day of her ritual dance, she exploded the whole rock into several pieces and its bigger part is still there in the same spot. With this, they were able to get their child dead body.<sup>87</sup>



**Fig. 2.15:** Image of the remaining part of the rock from the folk story at Chaday village, taken by the Research Scholar on 03/01/2023.

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<sup>87</sup>Interviewed Passang Wangdi Bhutia, govt. of Sikkim employee, department of health, (M), 56 years, Simik Lingzey, Khamdong (Singtam), East Sikkim, on 28/12/2022.

Thinlay Ongmu mentioned that after the breaking a huge rock, the deity who had been there was transported to a sizable tree in Martam, a location in East Sikkim, by *Pau* and *Ney jum*. Additionally, she stated that since *Ney jum*, originally from a place called Sang in East Sikkim, demolished the abode of the deity situated in the giant rock, the deity became enraged. Therefore, the inhabitants of Sang continue to perform ceremonies in the name of colossal rock to prevent misfortune from befalling them.<sup>88</sup>

## **2.2) A Socio-Cultural Background of the Lepchas<sup>89</sup> in Sikkim: With Special Reference to the Spiritual Healing Practices**

This sub-topic discusses the historical and socio-cultural background and spiritual healing practices among the Lepcha community of Sikkim.

### **2.2a) A Brief Historical Background of the Lepchas in Sikkim**

The Lepchas or “‘*Rongpa*’, or ‘*Raongkup* or *Rumkup*’” (beloved children of God) is a small *Adivasi* community of the Himalayan state of Sikkim.<sup>90</sup> They are the autochthones of Sikkim and Darjeeling hills.<sup>91</sup> They called Sikkim *Nye Mayel Renjyong Lyang*, the holy, hidden and eternal land.<sup>92</sup> Their folktales and folksongs mention their origination from the snow of Mt. Kanchenjunga and reflect their

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<sup>88</sup> Interviewed Thinlay Ongmu Bhutia, govt. of Sikkim employee, department of women and child development, (F), 37 years, Chaday village, East Sikkim, on 28/12/2022.

<sup>89</sup> “The name “Lepcha” has been derived from a Nepali word Lapcha, meaning ‘vile speaker’ and a general belief exists among them that the Gurkhas termed them as “Lapcha” in contempt. A Second version regarding the origin of the term Lepcha is...a type of fish in Nepal known as Lapcha. This Lapcha is a very submissive in nature like the Lepcha people who are also noted for their submissiveness...However the word “Lapcha” has further been modified to “Lepcha” in English pronunciation...” Das, A. K. and Banerjee, S. K. *The Lepchas of Darjeeling District*. Tribal Welfare Department (Government of West Bengal), Calcutta, 1962, p. 3.

<sup>90</sup> Lepcha, A. P. “The Religion of the Lepchas with Special Reference to their Boongthing-Mun Culture in Sikkim.” *International Referred Journal*, Vol. 3, No. 4, 2017, pp. 35-38. *Deepak: An International Research Journal*, Stable URL: [www.cus.ac.in](http://www.cus.ac.in), p. 35.

<sup>91</sup> Lepcha, A. P. “Social Transformation and the Lepchas of Darjeeling Hills: Role of Christian Missionaries, Mid 19<sup>th</sup> Century to 1947.” *Indian Church History Review*, Vol. XLIV, No. 2, 2010, pp. 130-150. *The Church History Association of India*, p. 133.

<sup>92</sup> Roy, D. C. *Lepchas: Past and Present*. N. L. Publishers, Siliguri, 2012, p. i.

lifestyle associated with the places of Sikkim. Anira Phipon Lepcha writes “Lepcha people associate places with events that have taken place in ancient time...many of these place names and each of the stories and legends tell a tale of their land and morality in connection with the environment...it is found that most of the place names of Sikkim...carry Lepcha origin and meaning.”<sup>93</sup> However, many theories, talk about the migration of the Lepchas in Sikkim from different places, which cannot be neglected.<sup>94</sup>

Tapan Chattopadhyay, in his work, mentioned Lepchas migrating to Sikkim from Mongolia either through Tibet or Burma along the foot-hills of Nepal and Assam in the beginning of the Christian era.<sup>95</sup>

A. Campbell, in his work, tried to trace the origin of the Lepchas in Tibet. He argued that Lepchas consisted of two families i.e. Rong and Khamba. Belonging to the same family and tribe in Tibet but migrated to Sikkim in two different stages. Whereas Rong enter Sikkim way back in time as compare to the later entry of the Khambas in Sikkim.<sup>96</sup>

Similarly, G. D. Kumar, in his work, also argued and divided Lepchas into two branches, i.e. Rong and Khamba. However, he gave a different opinion about the origin of the Rong specifically. Like A. Campbell, he mentioned Khamba migrating from the Kham province of Tibet, an autonomous region of China, but traced the

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<sup>93</sup>Lepcha, A. P. *Marginalised Autochthones: Understanding the Historical Process of Subversion- A Case Study of the Lepchas*. Unpublished Ph. D thesis, Department of History, University of Kalyani, 2013, p. 84.

<sup>94</sup>Bhutia, Jigme Dorjee. *British Influences on Folk Medicine and Healing Practices in Sikkim*. Unpublished M. Phil Dissertation, Department of History, Sikkim University, 2020, p. 22.

<sup>95</sup>Chattopadhyay, Tapan. *Lepchas and Their Heritage*. B. R. Publishing Corporation, Delhi, 2013, p. 7.

<sup>96</sup>Campbell, A. “On the Lepchas.” *The Journal of the Ethnological Society of London*, Vol. 1, No. 2, 1869, pp. 143-157. *Royal Anthropological Institute of Great Britain and Ireland*, Stable URL: <https://www.jstor.org/stable/3014448>, p. 145.

origin of the Rong from Mongolia into the present region of Sikkim in two successive phases.<sup>97</sup>

But J. C. White, in his work, provided a different argument about the origin of Lepchas because he believed Lepchas entered into Sikkim from the Eastern part of the foot hills, i.e, from the direction of Upper Burma and Assam, rather than Tibet or the Himalayas. He further argued about the body and facial structure, which, according to him, resemble the Jewish people more than the Tibetans. He also mentions their difference in language from the Tibetan dialect.<sup>98</sup>

G. B. Mainwaring in his work on ‘Lepcha language grammar’ tries to trace the origin of the Lepchas to Mongolia and Manchuria or in and around these countries by looking into their physical feature. Moreover, it suggested the body of the Lepchas might still be able to be found in these regions.<sup>99</sup>

Therefore, the above arguments through different authors who have suggested the origin of the Lepchas from different regions are still not satisfactory, as none of the writers could provide a proper and authentic source for the origin of the Lepchas. However, the Lepchas believed their land of origin to be Sikkim itself and their forefather originated from Mount Kanchenjunga. Hence, due to the lack of any proper theory related to the place of origin of the Lepchas and to understand their proper history. A thorough research is needed with proper evidence and authentic sources.

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<sup>97</sup>Kumar, G. D. “Morpho-Physical Variability of the Bhutias and the Lepchas of Darjeeling District.” *Indian Anthropologist*, Vol. 10, No. 1, 1980, pp. 41-54. *Indian Anthropological Association*, Stable URL: <https://www.jstor.org/stable/41919390>, p. 42.

<sup>98</sup>White, J. C. *Sikkim and Bhutan*. Kessinger Publishing, La Vergne, 2010, p. 7.

<sup>99</sup>Mainwaring, G. B. *Grammar of the Rong (Lepcha) Language*. C. B. Lewis, Baptist Mission Press, Calcutta, 1876, p. xx.



## 2.2b) A Brief Socio-Cultural Background of the Lepchas of Sikkim

The socio-cultural background of the Lepchas is based on their folklore and folktales, which have been passed on from generation to generation.<sup>100</sup> Their culture includes their tradition, songs, music, customs, beliefs, religion, dress, literature, rituals, taboos and everything which they practice in their daily life.<sup>101</sup> One important factor of their culture is *Mu* or clan system based on gender equality. Their *Mu* or clan system is scientific in nature because they prohibited themselves from marrying within the same clan, which prevents- mental depression, deformity and genetic diseases in their society.<sup>102</sup>

Their religion is shamanic in nature. They are god-fearing, and their most cultural aspect is related to rituals carried out by *Bongthing*<sup>103</sup> and *Mun*. Their beliefs revolve around their gods, divinity and demons and they are animistic nature worshippers. The highest form of God which they worship is *Kongchen-Konghlo* or Kanchenjunga and the protection of their land is conferred upon him. It is Kanchenjunga from where their sacred river Rongit and Rongnyu (Tista and Rangit) originates, and according to their folklore, they believe Tarbong and Narip (their mythological hero and heroine) originating from its two snow covered hills.<sup>104</sup> Anira Phipon Lepcha writes, “One of the interesting aspects of Lepcha culture is that though the Lepchas are nature worshippers yet they also have the belief and concept of the

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<sup>100</sup>Roy, D. C. Op. cit., 2012, p. 246.

<sup>101</sup>Ibid, p. 67.

<sup>102</sup>Ibid, pp. 148-150.

<sup>103</sup>“The word *bongthing* is the derivative of the two words *abong* and *athing*. *Abong* means ‘the trunk’, ‘the main’ or ‘the original’, and *Athing* means ‘honourable and the highly respected one’. Originally, the word stood as *Abong-Athing* but, as is customary with us, generally we abbreviate almost all compound and lengthy words; so, now, *Abong-Athing* has become *Bongthing*, ‘the original highly honoured and respected one’.” Foning, A. R. *Lepcha My Vanishing Tribe*. Chyu Pandi Farm Publication, Kalimpong, first published 1987, second edition 2003, p. 62.

<sup>104</sup>Chattopadhyay, Tapan. Op. cit., 2013, p. 27.

creator god whom they called *Itdeburum* or in short *Rum*.”<sup>105</sup> Their life basically revolves around their villages. Their villages are usually surrounded by dense forests and high hills. The residents of these villages are known as *Mu*. During social events or functions, they introduce themselves as *Mu* of a particular village. Generally they are divided into three major categories based on their settlement; for example- Lepchas living in the Ilam part of Nepal are called as Ilammu; Lepchas living in Kalimpong region of West Bengal are known as the Damsangmu and Lepchas living in Sikkim is are known as Renzongmu.<sup>106</sup>

### **2.2c) Spiritual Healing Practices and the Role of *Bongthing* and *Mun* among the Lepcha Community of Sikkim**

First of all, before we begin with the spiritual healing practices, we should look into its history as to how these spiritual healing practices started among the Lepcha community and the origin of *Bongthing* and *Mun* in the Lepcha society.

#### **Folk tale about the origin of *Bongthing* and *Mun***

When Itbumo, the great mother goddess, created the world, she felt it was lacking in life. To remedy this, she sent Tukbo Thing and Na Jyong Nyu to Earth and instructed them to live as brother and sister. However, over time, the two siblings began to live together, resulting in the birth of many evil spirits or *mungs* that caused various types of sicknesses. To pacify these evil spirits and prevent further problems, the mother goddess created a male priest called *Bongthing* (in Dzongu, they prefer to call him *Padim*) and *Mun* (which can be either male or female). Their work was divided by a god called Kum Si Thing<sup>107</sup>. The *Bongthing*'s job was to perform simple rituals, such as giving offerings to evil spirits or *mungs* and pledging them not to harm humans.

<sup>105</sup>Lepcha, A. P. Op. cit., 2013, p. 181.

<sup>106</sup>Chattopadhyay, Tapan. Op. cit., 2013, pp. 41-42.

<sup>107</sup>A divine mediator between Itbumo and her creations. Doma, Yishey. Op. cit., 2018, p. 73.

However, even after the *Bongthing*'s efforts, the *mungs* continued to cause harm, so the mother goddess then sent a *Mun* to Earth to offer sacrifices to the devils, pacify the evil spirits, perform ritual ceremonies to the gods and goddesses, and pray to the ancestors. Later, many *Bongthings* and *Muns* were created and sent to Earth by mother goddesses. Some were sent to the high Himalayas, some to the middle portion of Earth, and some to the lowest portion of Earth, each given their respective duties. Their duties were to grow all the materials needed for rituals, such as plants, trees, and bamboo, and to assist the higher-ranking *Bongthing* and *Mun* on different occasions.<sup>108</sup>

### **How a Person Becomes *Bongthing* or *Mun* in a Modern Society? The Chosen One**

According to Ola Lepcha (senior *Mun*)- when signs and traits of a chosen one/*Bongthing*/*Mun* are shown in a person, they are brought to him to check what is causing the abnormalities. He confirms it by performing either of the two rituals. Firstly, he will ask what problems he or she is suffering, and after enquiring a few more questions, he will do the divination with the use of beads (*Raksha Phemu* or *rudraksha* beads or blueberry beads) by asking their zodiac sign and whether any of their family members were faith healers previously. He will repeat the divination for at least twice or thrice to confirm if he or she is the chosen one or not.<sup>109</sup> Or secondly, he will do the divination by performing a whole night ritual to see whether a person is the chosen one or not. During the ritual, if the chosen one starts to search for their bead, chant the mantras automatically, and their body starts to shake and shiver. Then,

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<sup>108</sup>Interviewed Ola Lepcha (*Mun*), (M), 64 years, Naga Namgor, North Sikkim, on 02/03/2023.

<sup>109</sup>Ibid.

he or she is declared the chosen one, who will tell since when their ancestors have chosen him or her and they have not noticed their presence and all.<sup>110</sup>

Once the ritual is over, the senior healer further teach the chosen one how to do the benediction, divination, invocation, etc., and give him or her, the power to do all these rituals. Continuously for three years, the chosen one has to perform the *guru puja* which means performing a ritual for the personal gods and goddess of his teacher or *guru*, along with his or her own gods and goddess. During this ritual, his or her teacher will also attend the ceremony and again teach the young one how to perform the rituals.<sup>111</sup>

Similarly, Sonam Ongdup Lepcha a young *Mun* shared his experience about being chosen as a *Mun*. According to him, at the age of 29, he became a *Mun* and inherited a blessing from his forefather. He mentioned that in 2017, he started to experience many changes in his body, such as frequent fatigue, unconsciousness, and mood swings. For six months, he was unable to sleep properly; when he went to bed, his body started to shake automatically. Every night, two older people (an older man and an older woman) visit in his dreams, wearing traditional dresses and having long-tied hair (an older lady with two tied long hair and an older man with one tied long hair) and try to communicate with him. When these problems persisted for some time, he went to the hospital and performed a whole-body check-up and even showed it to the psychiatric doctor, but the problem continued. He even performed rituals in the monasteries but saw no sign of relief, and the problem persisted. One day, one great *Yaba* or male *Mun* (Pem Tshering from a place near Kaluk in West Sikkim) came to know about him and after enquiring about his condition, told him that he was the

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<sup>110</sup>Ibid.

<sup>111</sup>Ibid.

chosen one from his forefather. Later, when he visited Pem Tshering or senior *Mun* in his residence, he felt like, he was relieved from all his worries, pain, and suffering and got all the answers to his questions, which he had been searching for many years. Then, after he took blessings from *Mun* Pem Tshering and recognised him as his teacher, he became a *Mun*.<sup>112</sup>

### **Different Types of *Mun* and *Bongthing***

In discussing the different types of *Mun* and *Bongthing* in the Lepcha society, there are different opinions have been forwarded by different authors. Yishey Doma mentioned six types of *Muns*, namely- a) Nyulik Nyosong *Mun*, b) Luyong-Luva *Mun*, c) Toryo Toryol *Mun*, d) Lu-Ngyen Luva *Mun*, e) Prong Toryo *Mun* and f) Tungjir Luyong *Mun*.<sup>113</sup> But J. R. Subba mentioned the number of *Muns* as seven in number, with different names, namely- a) Avore-*Mun*, b) Pildon-*Mun*, c) Tangli-*Mun*, d) Mun-Jyum-*Mun*, e) Anngan-*Mun*, f) Aur-Mur-*Mun*, and g) Lyang-Ith-*Mun*.<sup>114</sup> Whereas, A. R. Foning mentioned six different types of *Muns*, namely- a) Pildon *Mun*, b) Mun Jyum *Mun*, c) Tangbor *Mun*, d) Nyulik *Mun*, e) Mum-Mook-*Mun* and f) Tangli-*Mun*.<sup>115</sup>

When enquired about the different types of *Mun* among the Lepchas, Ola Lepcha (a senior *Mun*) mentioned that among *Mun*, there are basically three types of *Mun* and consist of both males known as *Yaba* and females *Yama*. The work of *Yama* is to beat the copper plate during the ritual, and *Yaba* along with the beating of the copper plate, also does the healing ritual dance.<sup>116</sup>

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<sup>112</sup>Interviewed Sonam Ongdup Lepcha (*Mun*), (M), 35 years, Subithang, East Sikkim, on 24/03/2023.

<sup>113</sup>Doma, Yishey. Op. cit., 2018, p. 77.

<sup>114</sup>Subba, J. R. *History, Culture and Customs of Sikkim*. Gyan Publishing House, New Delhi, 2008, p. 260.

<sup>115</sup>Foning, A. R. Op. cit., 2003, pp. 75-79.

<sup>116</sup>Interviewed Ola Lepcha. Op. cit.

Following are the three different types of *Mun* in the Lepcha society-

- a) Tangli *Mun*- They are also known as straight *Mun* because they have the power to reach the sky as well as go below the Earth. They can perform all the rituals and also contain the knowledge of medicines.<sup>117</sup>
- b) Afet or Abar *Mun*- They are also known as half *Mun* because though they perform all the rituals but contain only half of their knowledge. Unlike Tangli *Mun*, they cannot perform the whole night ritual. If annoyed or do something wrong with them, it can lead to sickness.<sup>118</sup>
- c) *Mun Jyum Mun*- Like Tangli *Mun*, they can also perform all forms of rituals, but their main work is related to the herbal medicinal practices.<sup>119</sup>

Likewise, there are different types of *Bongthing* in the Lepcha society, and they consist of men only. They are categorised into two group- i) Angan *Bongthing*- who performed the rituals in sitting posture, and ii) Ading *Bongthing*- who performed the rituals by standing.<sup>120</sup> Ola *Mun* mentioned that when the mother goddess created the world, two important *Bongthing* and other smaller *Bongthing* were created by her and sent them to the earth.<sup>121</sup> The following are their types-

- a) Gye Bo Achok Thing- He is considered as the most powerful *Bongthing* among all the *Bongthings*.<sup>122</sup>
- b) Mun Solong Thing- He is considered as an important *Bongthing*, and it is also said that he is the creator of all the holy places and springs.<sup>123</sup>

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<sup>117</sup>Ibid.

<sup>118</sup>Ibid.

<sup>119</sup>Ibid.

<sup>120</sup>Interviewed Sonam Ongdup Lepcha. Op. cit.

<sup>121</sup>Interviewed Ola Lepcha. Op. cit.

<sup>122</sup>Ibid.

<sup>123</sup>Ibid.

Apart from the above two important *Bongthings*, the mother goddesses also created other *Bongthings*, who are less powerful and only perform simple rituals like divination, with the offering of smoke, butter lamp, puffed rice, flowers, fruits, etc.<sup>124</sup>

### **Spiritual Healing Practices and the Role of *Mun* and *Bongthing***

In the Lepcha society *Mun* and *Bongthing* are highly respected and they hold an important position. They are considered the carriers and protectors of the Lepcha traditional religion. In every stage from birth to death, they played an important role in the Lepcha society. When it comes to power between the *Bongthing* and *Mun*, the Lepchas considers *Mun* to be more powerful because *Mun* can communicate with both good and bad spirits. *Mun* knows all the rituals, from hardest to simplest, to pacify the evil spirits and demons. *Mun* know the names of every elements and the story of the creation of this world. However, during minor sicknesses, both the *Mun* and *Bongthing* perform the similar rituals, for example, first they ask for the zodiac sign of the patient, and then ask for the regular rituals performed in the patient's house and which gods and goddesses they give regular offerings. After enquiring about all the details, they give the smoke offering to the local deities. With the use of *Raksha Phemu* or blueberry beads they start the divination process with their eyes closed. During divination<sup>125</sup> they will ask for help and guidance from their respective teacher and their personal head gods. With their support and blessings, *Mun* and *Bongthing* start chanting the names of different spirits and deities, which might cause the person to fall sick.<sup>126</sup>

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<sup>124</sup>Ibid.

<sup>125</sup>During divination if they see water then they will have to put an offering to goddess. If they see rock it means they will have to put an offering to snake god. If they see Hunter spirits then offering is made to the spirits of mountains and rivers. Ibid.

<sup>126</sup>Ibid.

While counting the bead and chanting the names of different spirits and deities, if it ends with a pair, then they will know whether it is a household deity or evil spirit that has caused the person to fall sick. Then again they will repeat the process to know among the household deity or evil spirits which particular spirit led the person to fall sick. Again if it ends with pair then they will be able to know which particular spirit or deity caused the person to fall sick, and they will trace the cause of the sickness. The *Mun* and *Bongthing* mentioned; in most of the causes the sickness is caused by the evil spirits, except for few cases the deities are responsible for sickness. That, too, is when the person does not perform regular rituals and prayers to gods which leads them to cause all the bad omens and brings sickness. Once the *Mun* and *Bongthing* detect the cause of patient sickness, they will put an offering so the spirits relieve the patient from sufferance. Once the offering is made the healers will make the spirits take a pledge that they will not suffer the person further.<sup>127</sup>

The *Mun* and *Bongthing* also do the divination with the help of rice. First, small amount of rice is put into their hand and, move around the patient head and, spread on the plate. As before, they chant the mantra, and with the help of their personal head god and teacher, they start divination. This time, they will do divination through rice, which is put on the plate, and started to separate it into pairs. If it ends with pair, then they will know whether it is a household deity or evil spirit which has cause the person to fall sick. Then again, they will repeat the process to know among the household deity or evil spirits which particular spirit or deity led the person to fall sick. Moreover, if it ends with a pair then they will be able to identify which spirit or deity caused the person to get sick, and they will trace the cause of the sickness. Once the cause of the sickness is detected, then it will be followed by the above mentioned

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<sup>127</sup>Ibid.



offering rituals. Even after offering if the patient did not recover from their sickness, they will perform a sacrificing ritual. But Ola Lepcha (*Mun*) mentioned, today, most of the faith healers have stopped giving animal sacrifices, instead go for other alternate, where sacrificing of animal is no longer needed, like offering of fruits, flowers, etc.<sup>128</sup>



**Fig. 2.16:** Image of *Purnam aso* or offering a respect to the Guardian deities of Sikkim to protect people from different diseases and epidemics like diarrhoea, fever, flu, etc. Photo courtesy of Tshering Gyempo Lepcha, Lower Dzongu, North Sikkim.

## Rituals and Ceremonies

There are many rituals and ceremonies which are performed by *Mun* and *Bongthing*. It usually depends upon what kind of rituals or ceremonies they are performing. For example; for minor sickness only a single day ritual is enough to cure the patient but in certain severe cases two to three night rituals is mandatory. Following are the few rituals and ceremonies performed by *Mun* and *Bongthing* to prevent and protect people from various situations like diseases, hazards, calamities, etc.<sup>129</sup>

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<sup>128</sup>Ibid.

<sup>129</sup>Ibid.

- i) *Sigi Lyot* or *Guru Puja*: It is a ceremony usually performed in the month of November every year by *Mun* and *Bongthing*. In this ritual they will worship their personal head gods and the gods of their teacher. It usually takes three full nights to complete it.<sup>130</sup>
- ii) *Rum Kuk*: It is a ceremony usually performed in the month of March every year by *Mun* and *Bongthing*. In this ritual they will call their gods and goddesses and ask for their help to protect the people from all types of sickness and pray for long life.<sup>131</sup>
- iii) *Lyang it Nikung*- If a person suffers from stomach swelling, stomach pain, etc., a ritual is performed to *Lyang it Nikung* or the goddess of earth by *Mun* and *Bongthing*.<sup>132</sup>
- iv) *Lungzey-Lunglong*- It is a clan based rituals, which is a worshipping of local deity by *Mun* and *Bongthing*. Each and every Lepcha shaman of Sikkim has their own local deity, which they worshipped. For example- the local deity of *Bongthing* Tshering, which he worshipped, is known as *phalo*.<sup>133</sup>
- v) *Ung rum*: This ritual is performed by *Mun* and *Bongthing*, on the bank of the rivers, during monsoon seasons. To protect people from the evil spirits that led to sickness like stomach pain, diarrhoea, etc.<sup>134</sup>
- vi) *Sho ripsel*: This ritual is performed by *Mun* and *Bongthing* in the month of March. An altar is constructed on top of the hill, which is made of bamboo and it is marked with certain design known a *puchu puyek*. In front of the altar few

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<sup>130</sup>Ibid.

<sup>131</sup>Ibid.

<sup>132</sup>Ibid.

<sup>133</sup>Bhutia, Jigmee Dorjee. Op. cit., 2020, p. 44.

<sup>134</sup>Interviewed Ola Lepcha. Op. cit.

things are offered like white flower, butter lamp, alpine tree leaf, tea leaf and milk, in the honour of hunting god or *Chu Ripsel*.<sup>135</sup>

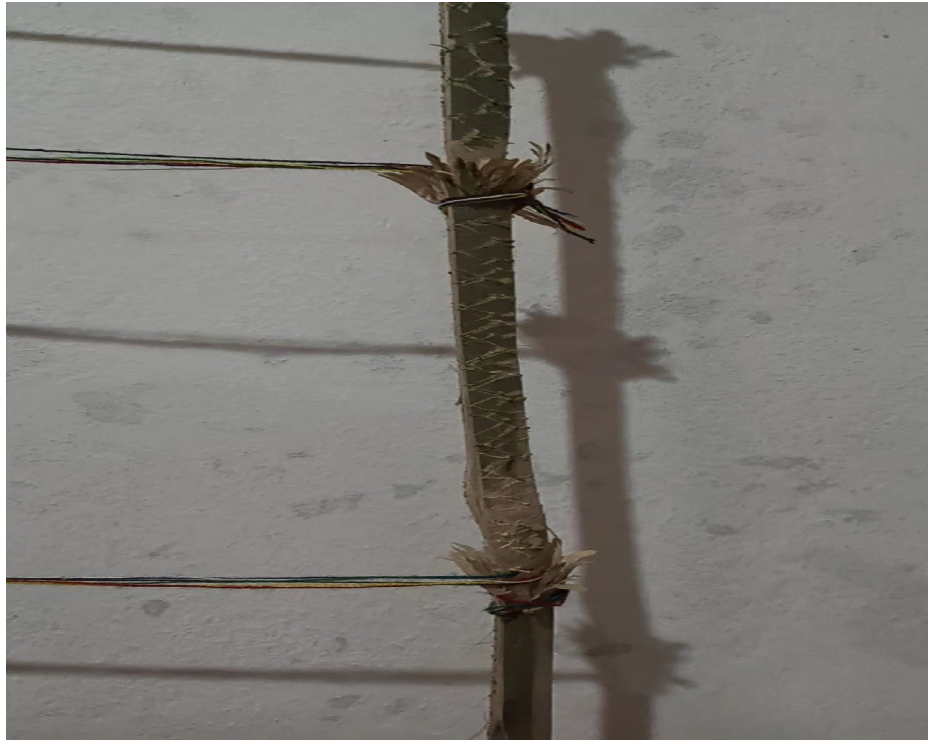


**Fig. 2.17:** Image of *Mun Ongdup Lepcha* and *Mun Pem Tshering Lepcha*, performing *Guru Puja* ceremony at subithang village. Photo taken by the Research Scholar on 27/12/2021.



**Fig. 2.18:** Image of alter made by *Mun Ola Lepcha* for the *Guru Puja* or *Sigi Lyot* ceremony at *Bongthing* house, Naga Namgor. Photo taken by the Research Scholar, on 02/03/2023.

<sup>135</sup>Ibid.



**Fig. 2.19:** Image of a design of *puchu puyek* in a bamboo altar at *Bongthing* house, Naga Namgor.

Photo taken by the Research Scholar, on 02/03/2023.

### **Offerings made by *Mun* and *Bongthing***

This sub-topic, will discuss about the rituals performed by *Mun* and *Bongthing* and the offerings made to different spirits. Basically, there are two types of offerings which *Mun* and *Bongthing* make; a) Simple offering- In these rituals, the offering is made of fruits and flowers. Only in few exceptional cases, egg is offer and mostly performed during minor sickness. b) Animal sacrifice - In this form of rituals, the sacrificing of animals is needed and mostly performed during severe sickness.<sup>136</sup>

- i) Simple Offerings- In these forms of offerings, the *Mun* and *Bongthing* will first make an altar and put all the items of offering in a bamboo pan or *lafit* and offer it to the altar. Usually, in a bamboo pan, a banana leaf is spread. On top of the banana leaf, butter lamp made up of three bamboo pieces, consisting of total 21 lights, puffed rice, dried bird (*sumdey-sumthok*), ginger, local dried fish

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<sup>136</sup>Ibid.

(*mumo-muyang*), fruits (*thampot*), flowers (*rip*) of different colours (except the red one) white silk scarf and some money are offered. After that the *Mun* and *Bongthing* will chant the mantra and ask the evils spirits to take the offering and spare the sick person from the sufferings (this ritual is called the simple ritual).<sup>137</sup>

These forms of offering are mostly done to their own respective head god. When someone is affected by the spirits of high mountains and also when the evil spirits is sent by each other, due to fight among them.<sup>138</sup>

- ii) Animal Sacrifice- The sacrificing of animal is performed when the ritual of simple offering do not work. Usually, the evil spirits were offered with the sacrificing of hen, pig and goat (depends upon the evil spirits, which had caused the patient to sickness). But today, the Lepcha Shamans tried to avoid the sacrificing of animal and instead go for other alternative. According to Ola Lepcha, earlier, to prevent a family from all kinds of sickness and ill fortune, a special household ritual used to be performed every three years known as *Putso Faat*. In this ritual a whole bull used to be sacrificed to their respective household deities like the spirits of their forefather and the head god of the family. But today they have stopped sacrificing the whole bull instead few important parts of a bull like front leg, hind leg, intestine, chest meat and the head, is brought from the slaughterhouse for the ritual. During the ritual ceremony, all these parts of the meat are offered but it has to be followed with certain order like if right side of the front leg is used then the left side of the hind leg has to be offered and then its intestine, chest meat and head of a bull.

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<sup>137</sup>Ibid.

<sup>138</sup>Ibid.

In this ritual only male member of the family should be present and women are not allowed.<sup>139</sup>

iii) *Dek Topsey*- This form of ritual offering is only made by *Mun*. This is a one night ritual and it is done for the long life of the sick patient or *Nying zim* and also during severe sickness. For this ritual, one important ritual item is made and offered to the supreme one and it is known as *Song Dun E Dun* (it is made up of one mitre rope and in the middle of the rope a small bamboo pouch is tied, which contains an egg and few rice grains. At the bottom of the rope nine pieces of grains inside the paper and a coin is tied) alongside other important offerings. After preparing these items, the *Mun* will perform his or her one night ritual. After completing it, the *Mun* has to wrap the offered items in a Tiger grass leaf and have to present it to the gods and goddesses, early in the morning before the waking up of the birds.<sup>140</sup>



**Fig. 2.20:** Image of *Song Dun E Dun* made by *Mun* Ola Lepcha at *Bongthing* house, Naga Namgor. Photo taken by the Research Scholar, on 02/03/2023.

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<sup>139</sup>Ibid.

<sup>140</sup>Ibid.



## Trance and Initiation

Mentioning about the process of going into the trance and performing initiation process; it is mostly done by *Mun* but in case of the absence of *Mun* then those *Bongthings* who have got the blessing from their gods and trained by their masters, can perform the ritual by going into trance and perform initiation process.<sup>141</sup> But, there is different between the way the *Mun* and *Bongthing* do the invocation; the *Mun* while invocation produce a melodious notes, which we can find absence in *Bongthing* way of invocation.<sup>142</sup> Apart from it, they follow the similar procedure, which are as mentioned below.



**Fig. 2.21:** Image of *Sum Kyo* at *Bongthing* house, Naga Namgor. Photo taken by the Research Scholar, on 02/03/2023.

Primarily, before going into a trance, they will prepare a few items; for example- they will put some fermented millet or *chi* inside the *Sum Kyo* (a small vessel, made up of mud) and butter is put on its edges, a few coins, butter lamps and total one hundred and eight different types of plants and parts of trees. These items are collected from the bottom to the top of a Himalaya. Secondly, they will prepare their instrument for the ritual like, *Tukshur* (bamboo jar), *Shili* (Bow), *Tukfit* (bamboo

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<sup>141</sup>Ibid.

<sup>142</sup>Foning, A. R. Op. cit., 2003, p. 78.

ladle), *Shulu* (arrow quiver of bamboo) and *Tukfit* (small round ladle). For further reference, look into Image 2.22, from right to left.<sup>143</sup>



**Fig. 2.22:** Image of a ritual instrument use by *Mun*, during various rituals at *Bongthing* house, Naga Namgor. Photo taken by the Research Scholar, on 02/03/2023.

After collecting all the required items for the ritual and preparing their ritual instrument, the *Mun* or *Bongthing* begin their procedure by entering a trance. In this process, when they get possessed by their respective head gods (who will help them diagnosing the problem of sick person) their body started to shake involuntary and they started to mutter wildly. *Mun* Ola Lepcha mentioned that Angi Rum and Lopun Rum are the two gods who are especially responsible for the *Mun* to go into trance and help them do the divination. Angi Rum is a personal head god of the *Mun* and Lopun Rum is a personal head god of his or her teacher. Mostly, the cause of the sickness is attributed to different evil spirits like the spirits of dead people, dead children, witchcraft, evil eyes, etc., and sometimes the spirits of their household deities.<sup>144</sup> Apart from it, the sickness is also attributed to different spirits, which are both good and bad, residing in various forms of nature. For example- all the

<sup>143</sup> Interviewed Ola Lepcha. Op. cit.

<sup>144</sup> Ibid.



benevolent spirits reside in a fruit trees, lakes and fruitful land. Whereas all the malevolent spirits reside in barren lands, rocks, waterfalls, etc.<sup>145</sup>

Moreover, during rituals the *Mun* and *Bongthing*, wear their traditional dress called *thokro*, *tomu*, *tagu*, *khanjya*, *yamrik* etc. But the shamans considered their hat known as ‘*Sumok-Thyaktuk*’ as an important part of their dress especially during rituals because they believe their power vested in their hat.<sup>146</sup>



**Fig. 2.23:** Image of ‘*Sumok-Thyaktuk*’ of *Mun Ola Lepcha*. Photo taken by the Research Scholar, on 02/03/2023.

Apart from all the above mentioned rituals, and their healing practices, the *Mun* and *Bongthing* can also heal patients suffering from snake bites and dog bites by chanting the prayers to the almighty gods and goddesses. Sometimes they even give amulets to protect people from various evil spirits.<sup>147</sup>

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<sup>145</sup>Gorer, Geoffrey. *Himalayan Village: An Account of the Lepchas of Sikkim*. Pilgrims Publishing, Varanasi, 2005, p. 77.

<sup>146</sup>Interviewed Ola Lepcha. Op. cit.

<sup>147</sup> Ibid.

### **2.3) A Socio-Cultural Background of the Nepalis in Sikkim: With Special Reference to the Spiritual Healing Practices**

This sub-topic, will discuss the Nepali community, their historical and socio-cultural background and their spiritual healing practices.

#### **2.3a) A Brief Historical Background of the Nepalis in Sikkim**

Before looking into the history of Nepalis in Sikkim, a brief discussion on the Nepalis is *sine-qua-nun*. The Nepalis are a heterogeneous group of people and are largely categorised into two sub groups, i.e. Mongoloids and Aryans.<sup>148</sup> T. B. Subba, in his editorial work further tried to differentiate the meaning of the terms “Nepali” and the “Nepalese”. Where he discusses the word “Nepali” as a conceptually broader term that characterises the culturo-linguistic sub-group of Indian Nepali and the term “Nepalese” refers to the people of Nepal and their language. He further tried to explain the meaning of the term “ese” by referring to *The Concise Oxford Dictionary* as “names of foreign countries and towns meaning (inhabitants or language) of”.<sup>149</sup> Hence, in this work, we will refer the term Nepali to the people of Sikkimese or Indian origin and the Nepalese to the people of Nepal.

Now, discussing the historical background of the Nepali in Sikkim; as mentioned above, they are heterogeneous group and immigrated into Sikkim in different phases. It is also important to remember that, among the Nepali community itself, there are communities like Limboos and the Mangars, who are also regarded as the original inhabitants of Sikkim. Risley, referring to Oldfield’s 1858 work, mentioned the areas lying from the left bank of the Arun to the western part of the

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<sup>148</sup>Gurung, Suresh Kumar. Op. cit., 2011, p. 114.

<sup>149</sup>Subba, T. B. The Nepalis in Northeast India: Political Aspirations and Ethnicity. In Sinha, A. C. and Subba, T. B. (Ed.). *The Nepalis in Northeast India: A Community in Search of Indian Identity*. Indus Publishing Company, New Delhi, 2007, p. 56.

Sikkim, such as Limbuan or the place of Limboos.<sup>150</sup> Other substantial evidence which proved Limboos being one of the early settlers can be traced from the *Lho Mon Gtsong gsum* agreement signed between the *Lho pa* (Bhutia), *Mon* (Lepcha) and *Gtsong*<sup>151</sup> (Limboos) in 1663.<sup>152</sup> Likewise, the Mangars also belong to one of the early inhabitants of Sikkim can be traced from different sources and works done by different authors. One of the primary evidences can be traced from the work of Thutob Namgyal and Yeshay Dolma “*History of Sikkim*”. In this book, Phuntsog is mentioned as been taken to Yuksom for the coronation; they went passed Yangang, where two communities were settled, namely the Lepchas and the Mangars.<sup>153</sup> J. R. Subba has also mentioned in his work, “The Mangars inhabited and ruled at least some parts of Sikkim.”<sup>154</sup> And J. D. Hooker also mentioned, “The Mangars, a tribe now confined to Nepal west of the Arun, are aborigines of Sikkim; hence they were driven by the Lepchas westward into the country of the Limboos, and by this latter further west still. They are said to have been savages, and not of Tibetan origin, and are now converted to Hinduism.”<sup>155</sup> Although, due to the conflict in the past, the Mangars were forced to settle in Nepal, they gradually migrated back to Sikkim along with the other Nepalese communities of Nepal in different phases.

Now, the question arises as to why and how Nepalese immigrated to Sikkim?

One important reason for Nepalese immigration to Sikkim is its higher-density

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<sup>150</sup>Risley, H. H. Op. cit., 2010, p. 2.

<sup>151</sup>“The word ‘*Tsong*’ has been derived from *Tsong* Province of Tibet (China). But the Gorkhas call them Limboos. They first settled down in the banks of the Arun River, right down to Kangkai. Their headman used to be called Subahs. And they have 10 sub-divisions, called *Thars*, and they call themselves the 10 Limboos. Again mode of differentiating is by grouping themselves into local blocks called ‘*Thums*’.” Subba, J. R. Op. cit., 2008, p. 4.

<sup>152</sup>Mullard, Saul. Op. cit., 2019, p. 140.

<sup>153</sup>Namgyal, Thutob and Dolma Yeshay, Op. cit., 1908, p. 18.

<sup>154</sup>Subba, J. R. Op. cit., 2008, p. 346.

<sup>155</sup>Hooker, J. D. *Himalayan Journals: Notes of a Naturalist in Bengal, the Sikkim and Nepal Himalayas*. Franklin Classics, London, 1855, p. 130.

population in Nepal during nineteenth and twentieth century.<sup>156</sup> Another reason is being the economic opportunity, which British have created for them in Sikkim.<sup>157</sup> Their settlement in Sikkim was not only encouraged by the British alone but a few landlords or kazis, who started giving the Nepalese land rights and occupancy rights to gained regular income.<sup>158</sup> This new phase in the history of Sikkim gradually let to many Nepalese settlement into Sikkim.

Starting from the reign of the Chagdor Namgyal to the Tsugphud Namgyal, the small kingdom of Sikkim was frequently attacked by the Bhutanese and the Nepalese. It resulted in great hostility among these three kingdoms. This led Tsugphud Namgyal to make an ultimatum to not let any resident from Bhutan and Nepal to settle in Sikkim.<sup>159</sup> The 1861 treaty which was signed between the British and Sikkim under which Sikkim was made into a protectorate of the British Empire gradually led defy his order of prohibition of any Nepalese settlement into Sikkim;<sup>160</sup> particularly in 1867, when Khangsa Dewan (landlord) and Phodang Lama (landlord) backed by the British issued a deed of the Lands Lease to the Lambodar, Jitman, Chandrabir and Lachmidas. These lease holders then started to settle a large number of the Nepalese population into their lands.<sup>161</sup> Similarly, Chebu Lama,<sup>162</sup> in 1875 also started to settle many Nepalese into the Sikkimese territory of Chakung, Ramam

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<sup>156</sup>Debnath, J. C. *Economic History and Development of Sikkim*. Abhijeet Publications, New Delhi, 2009, p. 10.

<sup>157</sup>Shrestha, B. G. *The Newars of Sikkim: Reinventing Language, Culture, and Identity in the Diaspora*. Vajra Books and Publications, Kathmandu, 2015, p. 140.

<sup>158</sup>Dutt, Srikant. "Migration and Development: The Nepalese in Northeast." *Economic and Political Weekly*, Vol. 16, No. 24, 1981, pp. 1053-1055. *Economic and Political Weekly*, Stable URL: <https://www.jstor.org/stable/4369935>, p. 1054.

<sup>159</sup>Namgyal, Thutob and Dolma, Yeshay. Section I, Op. cit., 1908, p. 72.

<sup>160</sup>Kharel, Sunita, et al. History. In Kharel, Sunita and Bhutia, J. W. (Ed.). *Gazetteer of Sikkim*. Home Department, Government of Sikkim, Gangtok, 2016, p. 85.

<sup>161</sup>Sinha, A. C. *Sikkim: Feudal and Democratic*. Indus Publishing Company, New Delhi, 2008, p. 75.

<sup>162</sup>“Chebu Lama was a Sikkimese Lepcha. Though a priest by profession, he stayed at Darjeeling as the political representative accredited by the Sikkim Raja according to provision of the Anglo-Sikkimese Treaty of 1861.” Kharel, Sunita, et al. History. In Kharel, Sunita and Bhutia, J. W. (Ed.). Op. cit., 1908.

River and Rishi River.<sup>163</sup> However, the process of Nepalese immigration became more intense when the first political officer of Sikkim, J. C. White was appointed in 1889. He witnesses the empty treasury and thinly populated lands. Therefore, to increase the revenue, he encouraged large settlements of Nepalese by giving them lands in Sikkim. 1889 to 1890 he settled around four hundred Nepalese into Sikkim.<sup>164</sup> Within the span of ten years he raised the revenue of Sikkim from Rs. 8000 per annum to Rs. 2,200,000 per annum.<sup>165</sup> Later, Risley, provides a report of a Census conducted in 1891, which gives an over-all total population of Sikkim and glimpses of the rise of Nepalese population in Sikkim.

**Table No. 2.1: Given is the list of population based on Census taken in February 1891**

Race or caste	Males	Female	Children	Total
Lepcha	2,362	2,399	1,001	5,762
Bhutia	1,966	1,960	968	4,894
Limboo	1,255	1,159	942	3,356
Gurung	1,108	1,047	766	2,921
Murmi	801	778	1,288	2,867
Rai, Jimdar, &c	742	691	587	2,020
Khambu	726	648	589	1,963
Kami	626	464	580	1,670
Brahman	521	372	521	1,414
Mangar	363	346	192	901
Chetri	303	253	273	829
Newar	240	183	304	727
Slaves	124	99	103	326
Dirzi	102	92	93	287
Miscellaneous, Including troops	350	72	99	521
Total	11,589	10,563	8,306	30,458

**Source:** Risley, H. H. *The Gazetteer of Sikkim*. B. R. Publishing Corporation, New Delhi, Reprinted 2010, p. 27.

<sup>163</sup>Namgyal, Thutob and Dolma, Yeshay. Section I, Op. cit., 1908.

<sup>164</sup>Sinha, A. C. Op. cit., 2008, p. 78.

<sup>165</sup>White, J. C. *Sikkim and Bhutan*. Kessinger Publishing, La Vergne, 2010, p. 27.

Similarly, according to the British report of the year 1910-11, they mentioned; due to the rise in Nepalese settlement, the total population of Sikkim increased to 88,248.<sup>166</sup> Therefore, being a heterogeneous group, the Nepali community has a long history of Settlement in Sikkim. Therefore, the two Nepali communities, viz the Limboos and Mangars belonged to early settlers of Sikkim.

### **2.3b) A Brief Socio-Cultural Background of the Nepalis of Sikkim**

The Nepali communities in Sikkim can be broadly divided into three categories:

(i) *Tagadharies* or Caucasoid features- this category wears a sacred thread and consists of Bahun, Thakuris and Chhetris. (ii) *Matwalis* or Mongoloids features- this group of community do not wear a sacred thread and drink alcohol. They are basically consisted of Sherpa, Gurung, Yolmu, Rai, Tamang, Limboo and Mangar.<sup>167</sup> (iii) Scheduled Caste- consisted of Damai, Kami, Lohar, Majhi and Sarki.<sup>168</sup> Among the Nepali communities, the Newars, followers of both Buddhism and Hinduism have their own hierarchy of caste system from high to low caste.<sup>169</sup> Linguistically, the Caucasoids speak Indo-Nepali language and Mongoloids speaks of Tibeto-Burman language. But the Limboos and Newaris, among the Nepali communities have their separate grammatical system and script.<sup>170</sup>

Discussing their religious practices, it is commonly considered that Nepalis followed the Hindu religion but it is not correct altogether. The Indo-Aryan Nepali-speaking Caucasoids, consisting of only 20 per cent among the Nepali communities,

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<sup>166</sup>Ray, S. K. Datta. *Smash and Grab: Annexation of Sikkim*. Tranquebar Press, Chennai, 2013, p. 48.

<sup>167</sup>Chhetri, D. R. Herbal Medicinal Culture of the Nepalis of Darjeeling and Sikkim. In Subba, T. B, et al, (Ed.) *Indian Nepalis: Issues and Perspectives*. Concept Publishing Company, New Delhi, 2009, p. 311.

<sup>168</sup>The Constitution (Sikkim) Scheduled Castes Order, 1978. <https://socialjustice.gov.in>, accessed on 06/07/2023.

<sup>169</sup>Chhetri, D. R. Herbal Medicinal Culture of the Nepalis of Darjeeling and Sikkim. In Subba, T. B, et al, (Ed.). Op. cit., 2009, p. 312.

<sup>170</sup>Subba, T. B. The Nepalis in Northeast India: Political Aspirations and Ethnicity. In Sinha, A. C. and Subba, T. B. (Ed.). Op. cit., 2007, p. 58.

are followers of the Hindu religion, as strictly followers of the caste hierarchy. Whereas communities like Buddhamargi Newar, Kagates, Yolmus, Gurung, Sherpas and Tamangs are followers of Buddhism. The remaining Nepali communities like Yakha, Rai, Limboo, etc., have their own way of worshipping their deities.<sup>171</sup> Although the heterogeneous Nepali communities are the follower of different major religions still, each of them share common faith healers known by different names, for example (i) *Dhami* and *Jhankri* among the Jogi, Sanyasi, Thakuri, Sarki, Chhetri, etc., (ii) *Phedangma*, *Samba*, *Yeba* and *Yema* among the Limboo community, (iii) *Guruamma* and *Guruappa* among the Thami community, (iv) *Poibo* and *Ngyami* among the Sunuwars Community, (v) *Poju* and *Klhebri* among the Gurung community, etc.<sup>172</sup> Even though the Mangars are the follower of the Hindu and Buddhist religion but they are also animists, they worship their ancestors and different spirits and sacrifices animals to their different gods and goddesses.<sup>173</sup> So, just referring to the Nepali communities in Sikkim as the follows of only the Hindu religion would be wrong because they follow different religion. When it comes to the following major religions like Hinduism or Buddhism, they have different worshipping system and traditions. On the other hand, looking into their animistic and shamanic rituals they share common belief and practices. It is because of the inter-cultural exchange among them; for example- we can find the presence of faith healers of one community among the other communities. Santa Kumar Rai is a *Bijwa*, his *guru* or teacher is an Adhikari Chettri *Jhakri* and there are three students under him- a girl *Bijwa* from the Rai community, another girl *Bijwa* from the Mangar community and one boy *Bijwa* from the Tamang community. This reflects that though belonging to different communities but also share similar beliefs in faith and healing rituals.

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<sup>171</sup>Ibid, pp. 58-59.

<sup>172</sup>Doma, Yishey. Op. cit., 2018, p. 35.

<sup>173</sup>Subba, J. R. Op. cit., 2008, p. 352.

Therefore, this sub-topic will deal with special reference to the *Dhami/Jhakri/Bijwa* among the Nepali communities of Sikkim.

### **2.3c) Spiritual Healing Practices and the Role of *Dhami/Jhakri/Bijwa* among the Nepali Communities of Sikkim**

The term *Dhami/Jhakri/Bijwa* is used interchangeably by the Nepali communities of Sikkim to their faith healers. They perform similar healing rituals; the only difference is- the *Bijwas* do not involve them in dealing with the spirits of the crematorium or *Masan Khalawnu*, whereas *Dhami* and *Jhakri* is expert in this form of healing ritual.<sup>174</sup>

#### **How a Person Becomes *Dhami/Jhakri/Bijwa* in a Modern Society? The Chosen One**

One becomes a *Dhami/Jhakri/Bijwa* after being chosen by their ancestral spirits, and there is no specific age for it. The day they were chosen by their ancestral spirits, they started to experience strange things in their lives. This is what Santa Kumar Rai (*Bijwa*) has to say about it: He became *Bijwa* at the age of seven, and his father, uncle, and grandfather were *Bijwas* too. Once chosen by their ancestral spirits, he experienced a loss of appetite, avoided crowds, preferred to spend more time in quiet places, and gradually lost interest in everything. Each day and night, he saw a short person with long hair known as *Ban Jhakri* (shamanic deity of the forest, who becomes a child during the day hours and an old person during the night). One day, while he was in his school, he was summoned by *Ban Jhakri*, took him to a beautiful house, and taught him many things (which he did not explain). After school, when he did not reach home, his parents searched for him everywhere, and when they could not find him. They called a *Jhakri*, and with his help, they found him inside one cave

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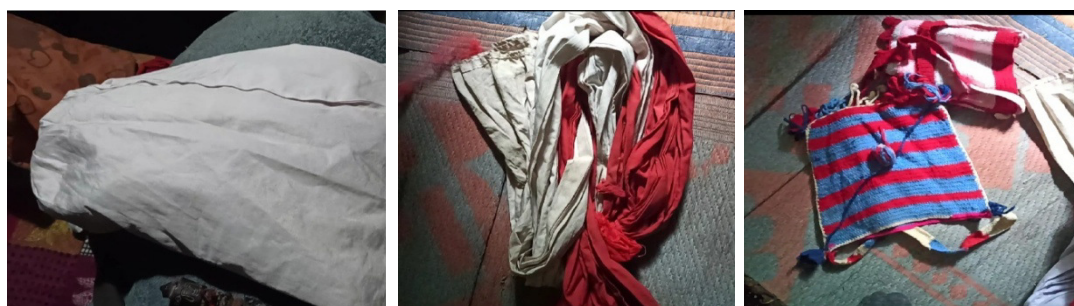
<sup>174</sup>Interviewed Santa Kumar Rai (*Bijwa*), (M), 43 years, 7<sup>th</sup> Mile, Bhusuk, East Sikkim, on 20/07/2023.



after three days. The *Jhakri*, with his divine power, knew that he was chosen and recognised him as a *Bijwa*. Continuously for seven days, *Jhakri* performed the ritual and taught Santa Kumar many valuable teachings of *Jhakri* by making him shiver. After that day, he stopped having the problems that he had experienced earlier. Although he does not know any Rai language, when he goes into a trance and performs the divination, he automatically starts to speak in the Rai language. Gradually, he began to perform healing rituals from the age of nine. However, even after being recognised as a *Bijwa*, he was still visited by *Ban Jhakri* for some time. Especially on days like *Awsi* (new Moon) and *Purna* (Full Moon), when he summons him, on one can stop him from going after *Ban Jhakri*.<sup>175</sup>

### Ritual Dress and Items

After attaining an apprenticeship, the chosen one has to go through a test in front of his teacher. By successfully completing the test; the chosen one will officially declare as *Dhami/Jhakri/Bijwa* and their *Guru* or teacher will provide him or her with different ritual items and their ritual dress. From that day onwards, they can wear their ritual dress and perform their rituals. The faith healers believe all their power is vested in their ritual dress and ritual items. In the following, we will look into different ritual items used by the faith healers and their ritual dress.

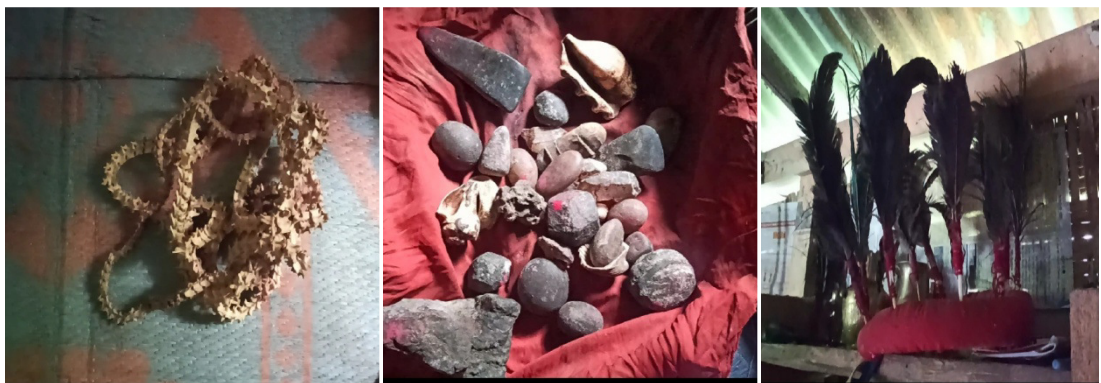


**Fig. 2.24:** Image of *Jama* or white skirt (left), *Pogari* or head gear (middle) and *Namjo* or bag (right) taken at *Bijwa* Santa Kumar Rai house at 7<sup>th</sup> Mile, Bhusuk. Photo taken by the Research Scholar, on 20/07/2023.

<sup>175</sup> Ibid.



**Fig. 2.25:** Image of *Thurme* (left), *Wasang* or head gear (middle), bell and *Rudraksha mala* (right) taken at *Bijwa Santa Kumar Rai* house, 7<sup>th</sup> Mile, Bhusuk. Photo taken by the Research Scholar, on 20/07/2023.



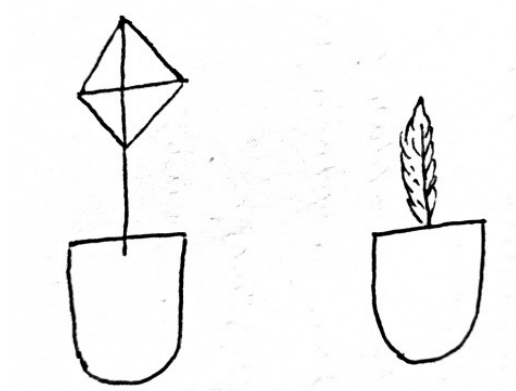
**Fig. 2.26:** Image of snake bone (left), *Sila* or stones and shells (middle) and *Wasang* or head gear; specially wear during death ceremony ritual (right) taken at *Bijwa Santa Kumar Rai* house, 7<sup>th</sup> Mile, Bhusuk. Photo taken by the Research Scholar, on 20/07/2023.

### Faith Healers and their Healing Rituals

When someone gets sick, they are brought to the healer for diagnosis. Initially they will do the divination, either by counting the rosary or by counting the rice grains inside the plate. While counting the rosary or rice, they will predict which evil spirits can cause the specific problems. To confirm it, they will again count the rosary or rice. If the rosary or rice ended up in pair, they will know the exact cause of the problem. Accordingly, they perform the ritual which can calm the spirits. If the rosary or rice ends up single, they will repeat the process until the cause of the problem is detected. Likewise, depending upon the cause of the sickness, such as body pain, dizziness, leg and hand pain, evil eyes, suffering from evil spirits, people with speaking problems and so on, the healer performed different types of rituals and give

different offerings. To carry out these rituals, the faith healers ask for help from different deities, such as hunter gods, lioness goddesses, ancestral spirits, etc., to cure the sick person.<sup>176</sup> In the following section, a detailed discussion of different types of healing rituals performed by the faith healers is presented.

- a) Ritual for spirits of unnatural death- When someone gets sick due to the suffering caused by the malevolent spirits of person- died with hunger or suicide or accident, etc., the faith healer will perform the specific ritual along with making two different *tormas*. i) One *torma* is made of sand; on top of it, they keep a *chhatra* (made of small pieces of bamboo and rope in a diamond shape). ii) Another *torma* is made of ashes; on top of it, they will put the feather of the hen. The importance of the *chhatra*, hen feather, sand *torma* and ash *torma* is that, the *chhatra* and hen feather represent the head, whereas sand and ash *tormas* represent body of the malevolent spirits. After making the *tormas*; the faith healers will offer them to the spirits of the dead people in the name of the sick person, along with a few other items, such as food. After completing the offering, the faith healers will chant the mantras and ask the spirits to accept the offering and leave the patient alone.<sup>177</sup>



**Fig. 2.27:** Image of *torma* and *chhatra* (left) and *torma* and hen feather (right) drawn by Santa Kumar Rai on 20/07/2023, while discussing about *tormas*.

<sup>176</sup> Ibid.

<sup>177</sup> Ibid.

- b) Ritual offering to the Forest spirits- The forest spirit is considered as one of the most dangerous malevolent spirits. It can cause different sicknesses and also lead to paralysis. Once the soul of the patient is taken by the forest spirits then it is not even possible for the *Dhami/Jhakri/Bijwa* to bring back the soul. So, the ritual has to be performed in time, if suffer with the spirit of the forest. The faith healers, to pacify the spirits, will perform the special ritual by providing the offering of *sindur* (powder of *Bixa orellana*), *supari* (*Areca catechu*), *paan* (piper betle), *kapoor* (*Cinnamomum camphora* plant) lamp and few coins.<sup>178</sup>
- c) Ritual offering to hunter spirit- If people suffer from the hunter spirit, the faith healer will simply burn the incense and perform the ritual with short benediction. It will cure the patient, if not then they will go for other alternative.<sup>179</sup>
- d) Ritual offering to family deities- Sometimes people also face problems by not performing regular rituals to their household deities which led to consequences such as severe sickness, misfortune and so on. Hence, to pacify the deities, the faith healers will perform a specific ritual with the offering of ginger, fermented millet and local wine.<sup>180</sup>

After performing the above rituals, if the problem persists, then the faith healers will give animal sacrifice to the different spirits. They will sacrifice a hen for hunter spirit and the spirit of the forest. But for lioness goddesses, a different

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<sup>178</sup>Ibid.

<sup>179</sup>Ibid.

<sup>180</sup>Ibid.

community of *Dhami/Jhakri/Bijwa* will give a different animal offerings- for example, a goat by Chhetri *Jhakri*, whereas a pig by Limboo *Jhakri*, etc.<sup>181</sup>

Apart from the above mentioned rituals, the faith healers also perform *chinta* or healing séance. Although it can be performed both day and night, the faith healers consider it to be more effective during night. It is mostly performed to create contact with the soul of the dead person or to cure a person with a serious illness, through the spirit possession ceremony. In this ceremony, the helper of faith healers known as *Dhola* (who beat the drum) will build an altar and in front of an altar, the faith healer will perform the ceremony.<sup>182</sup> Therefore, in the following, we will discuss the construction of an altar and how *chinta* is performed.



**Fig. 2.28:** Image of *Dhola* making *Phurke* of bamboo (left) and *Shewli* or bundle of tree stem (right) taken at Simik Lingzey. Photo taken by the Research Scholar, on 13/08/2023.

An altar is made of short bamboos of one to two feet in height; its outer skin is pilled and makes it like a flower called *Phurke*. The bamboo has to be five in number, the shortest one on the right and left side and two medium sizes in between and one tall size at the centre. On top of the bamboo, seven line ropes will be attached along

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<sup>181</sup>Ibid.

<sup>182</sup>Ibid.



with three line ropes in the middle of the bamboo altar. The altar, when placed, has to be facing towards the east direction. On both sides of the altar, *Shewli* made of *Ghungring* (*Neyraudia arundinacea* (L.)), *Kattus* (*castanopsis lanceifolia*) and *Kaulo* (*machilus odoratissima*), along with the *Kalas* or copper pot on each side has to be kept. In front of the altar, three dried bottle gourds with a right side containing alcohol, the left side containing fermented millet brew and the middle one containing fresh water have to be kept. In front of the altar an offering is placed on top of the banana leaf, such as egg, rice, ginger, few coins, piper betle, etc. A ritual dagger called *thurmi* is kept on the right side of the altar. Lastly, one medium size *trishul* or trident is placed at the front; a couple of small ones at the back of the altar and two big size tridents at both sides of the altar.<sup>183</sup>



**Fig. 2.29:** Image of Samthi Rai (female *Jhakri*) performing *chinta* in front of the altar at Simik Lingzey. Photo taken by the Research Scholar, on 13/08/2023.

After completing the altar, the faith healer will perform the *chinta*. It begins by taking the blessings of his or her teacher's personal deities. After that, they invoke the names of their different gods and goddesses. Then, they will call their personal head

<sup>183</sup>Ibid.

deity, who will get inside his or her body and guide them do the divination. Once they create contact with the invisible world, their body starts to shake automatically and try to find the cause of the sickness. If the condition of the patient is very serious, the faith healers promise to offer the animal sacrifice, if the spirits guarantee to leave the body. During the ceremony, their helper, the *Dhole* will accompany them by beating the drum or *dhyangro*, with the stick called *gajo*.<sup>184</sup> The faith healers also cure problems like poisoning, *moss* (spirit of a dead child) and *Graha* (problem caused by planets, stars, moons, etc.), by providing amulets to the patient.

Lastly, the *Dhami/Jhakri/Bijwa* also performs the *Guru puja*- It is mostly performed in the beginning month of July by keeping all the gods and goddess at rest for the entire month. Earlier, the faith healers used to remain fast for the entire month by taking only one meal in a whole day, but today, they remain fast the day before they keep their deities in rest. From *Bhadaw purnima* (August or September), they will again begin the ritual by burning incense and offering items such as cucumber, fruits, etc., to the deities and it is known as *Udawli puja*. In this ritual, they will send their deities to the plains because of the start of winter in the Himalayas. Another is *Ubawli puja*, it is perform in *Vaishakh purnima* (April or May), and in this ritual, the faith healers will remain fast for three days before they call their deities again to the Himalayas due to the start of summer in the plains. The importance of this ritual is to honour their teacher and his tutelary deities and also to prevent people from all forms of sickness, misfortune and bad omens.<sup>185</sup>

To conclude, this whole chapter deals with the socio-cultural background, history and spiritual healing practices of the Bhutia, Lepchas and the Nepali

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<sup>184</sup>Ibid.

<sup>185</sup>Ibid.

communities, before the introduction of the Western biomedicine in Sikkim. The Lepchas are the original inhabitant of Sikkim and since time immemorial they have their own way of dealing with various health issues. Their religion is based on animism and their cultural aspects are related to rituals carry out by *Bongthing* and *Mun*. However, Anira Phipon Lepcha writes, “The tradition of *Mun* and *Bongthing* is disappearing because of the fact that such profession cannot be professed by training or learning...one should be called for and spirit possessed to have a special kind of power to become *Mun* and *Bongthing*.”<sup>186</sup> Their beliefs mostly revolve around their gods, divinity, demon and nature. Later in due course of time, the Bhutia came to Sikkim, who traced their socio-cultural inheritance to Tibet. With the coming of the Bhutias, they brought along their healing knowledge and traditions and started practising it, which was a new form of healing and ritual practice based on Buddhism and *Bonism*. Similarly, during the nineteenth and twentieth century’s, many Nepali communities were brought to Sikkim by the British to increase the kingdom revenue. When they entered Sikkim they brought with them a new form of religion and faith healing practices. Though consisting of various communities but due to the inter-cultural exchange among themselves, we can witness the presence of faith healers of one community among the other Nepali communities as well. Therefore, this chapter is a discussion on long history of the presence of different faith healers and how they were able to cure different form of illnesses among the Sikkimese people before the introduction of the Western biomedicine in Sikkim.

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<sup>186</sup>Lepcha, A. P. Op. cit., 2013, pp. 186-187.



### **CHAPTER - III**

## **TRADITIONAL MEDICINE AND THE HEALING PRACTICES**

## **OF THE BHUTIAS, THE LEPCHAS, AND THE NEPALI**

## **COMMUNITY OF SIKKIM**

Human history is also a history of medicines; from the prehistoric age, they have used different natural resources to prevent and treat different health conditions, such as sea organisms, animals, microorganisms, plants, etc. Fossil records traced back the use of plants as medicinal purposes to 60,000 years. The using of natural resources for medicinal purpose must have challenged for those early people. Probably in search of food, they frequently consume toxic vegetation, which leads to serious health issues or even death. However, through this continuous experiment, they were able to expand their knowledge about the natural medicines and edible resources.<sup>1</sup> Since, humans from the very early period have used herbs as their first medicine. It has become a part of every culture and has helped the expansion and development of traditional herbalist<sup>2</sup>. Presently, for some aspects of primary health care, over 80 percent of the world population, i.e., four billion people are still using herbal medicine, as per the report estimated by World Health Organization.<sup>3</sup>

In Africa, around eighty per cent of its people use traditional medicine, alone or combined with modern medicine. In Australia, due to dominance of the modern

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<sup>1</sup>Yuan, Haidan., et al. "The Traditional Medicine and Modern Medicine from Natural Products." *molecules journal*, 2016, pp. 1-18. MDPI, doi: 10.3390/molecules21050559, p. 1.

<sup>2</sup>"...someone who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious backgrounds as well as the prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being and the causation of disease and disability in the community". Ramashankar, Deb. S and Sharma, B. K. "Traditional Healing Practices in North East India." *Indian Journal of History of Science*, 2015, pp. 324-332. *Ayurveda Regional Research Institute*, doi: 10.16943/ijhs/2015/v50i2/48242, p. 325.

<sup>3</sup>Bhasin, Veena. "Medical Anthropology: Healing Practices in Contemporary Sikkim." *Anthropologist*, Special Volume No. 3, 2007, pp. 59-94. *Kamla-Raj Enterprises*, Stable URL: <https://www.krepublishers.com>, p. 62.

medicine, the traditional medicine is under great threat. Likewise, in Israel, with its diverse ethnicity and the existence of Western medicine, traditional medicine is vanishing.<sup>4</sup> However, in India, it is rich in a variety of medicinal plants, which are spread in various environmental and geographical conditions and also associated with traditional knowledge. In the history of medicinal plants, India is abundantly rich, and around seventy-five per cent of its native population is still using herbal remedies in a different form, as these medicinal plants are easily obtainable in nature and the local population always believed in their traditional knowledge. Around seventy per cent of its population resides in the countryside and mostly in the forest surrounding areas and uses different parts of plants as medicine, food and for many other purposes for their day to day life.<sup>5</sup>

According to Ram Prakash “In India, medicinal plants offer low cost, easily available, less side effects as compared to modern medicine and safe health care solutions. The medicinal characteristics of many plants are found in leaves, used as alterative, tonic diuretic, blood purifier and antiphlogistic... Medicinal plants are used at the family or household level by women taking care of their families at the village level by medicine men or tribal community.”<sup>6</sup>

Among the World Biodiversity Centres, India is one of the largest biodiversity centres and its greatest biodiversity hotspot is located in the northeastern region. Nearly forty three per cent of India’s total floras are situated in the northeastern part

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<sup>4</sup>Yuan, Haidan., et al. Op. cit., 2016, p. 4.

<sup>5</sup>Sarkar, Rimi and Mandal, Sujay Kumar. “Role of Indigenous Folk Medicinal Plants among the Tribal Communities in West Bengal.” *Lokodarpan*, Vol. V, No. I, 2015, pp. 116-124. *ResearchGate*, Stable URL: [www.researchgate.net](http://www.researchgate.net), p. 117.

<sup>6</sup>Prakash, Ram. “Medicinal Plants Used By Tribal Communities: A Study of Uttarakhand Himalayan Region.” *Journal of Humanities and Social Science Invention*, Volume 4, Issue 2, 2015, pp. 55-61. N. A, Stable URL: [www.ijhssi.org](http://www.ijhssi.org), p. 57.

of India.<sup>7</sup> Sikkim is located in the Eastern Himalayas with a total area of 7,096 sq km. It receives its annual rainfall from the south-west monsoon varying from 40 to 50 inches in the Lachung valley to 150 inches in the lower Teesta valley. The total area of about 43% is covered with various types of abundant green forest. Around 36 varieties of Rhododendrons are found with the altitude of 6000 ft. to 8000 ft. Among 5000 varieties of floral plants, primulas of 30 species, orchids of 500 species and medicinal plants of 424 species are found in Sikkim.<sup>8</sup>

Traditionally, the ethnic communities of Sikkim mostly practice the folk medicine, which is learned through demonstration and observation and passed from one generation to another through oral means.<sup>9</sup> Although few references of organised traditional medicine like *Sowa-rigpa* (Tibetan Science of Healing or knowledge of Healing)<sup>10</sup> Practices are also found in many sources.

For basic health issues and services, the rural community of Sikkim mostly depends on the traditional medicines prescribed by the faith healers and their local herbalist. This traditional knowledge to cure different illnesses with the use of plants and herbs has been transmitted from generation to generation since prehistoric times. These medicinal herbs and plants are prescribed on the basis of the symptoms and proper signs of the diseases. The choice of medicine of faith healers and herbalists also depends on faith-related beliefs, cost-effectiveness, availability and geographical

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<sup>7</sup>Hussain, S and Hore, D.K. "Collection and conservation of major medicinal plants of Darjeeling and Sikkim Himalayas." *Indian Journal of Traditional Knowledge*, Vol. 6(2), 2007, pp. 352-357. *ResearchGate*, Stable URL: <https://www.researchgate.net/publication/237821787>, p. 352.

<sup>8</sup>Gurung, Suresh Kumar. *Sikkim, Ethnicity and Political Dynamics: A Triadic Perspective*. Kunal Books, New Delhi, 2011, pp. 30-31.

<sup>9</sup>Sherpa, Mingma Thundu, et al. "Medicinal Plants and Traditional Medicine System of Sikkim: A Review." *World Journal of Pharmacy and Pharmaceutical Sciences*, Volume 4, Issue 02, 2015, pp. 161-184. *ResearchGate*, Stable URL: <https://www.researchgate.net/publication/343263251>, p. 165.

<sup>10</sup>"*So-wa-rigpa*, ancient science of medicine, is also known as *chheyi-rigched*, (life sustaining knowledge) i.e. knowledge of human body, causes of disease, diagnosis of disease, prevention and elimination of disease." Phuntsog, Smanla T. *Ancient Matrial Medica: Sowa-Rigpa (Tibetan Science of Healing)*. Paljor Publications (P) Ltd., New Delhi, 2006, p. 25.

location.<sup>11</sup> Therefore, it can be understood clearly that, all these developing nations are continuously following their traditional knowledge and belief systems as compared to most of the developed nations of the world, where there is dominance of the modern medical system.

### **3.1) Traditional Medicine and Healing Practices among the Bhutia Community of Sikkim**

When we discuss about the traditional medicine and healing practices among the Bhutia community of Sikkim, one thing has to be clear that, they practice both the formal, i.e., *Sowa-ripga* and informal, i.e., natural folk medicine. When Buddhism was formally introduced into Sikkim (particularly after the seventeenth century), it not only brought their spiritual healing practices but they also brought along their formal medicinal and healing practices. However, it can be also understood that, their influences remain mostly limited to the aristocratic and royal family members, whereas for the common Bhutias they depend mostly on the natural folk medicinal practitioners or *Men pas* (as mentioned by the Bhutias). According to Alex McKay:

“The Lhopo aristocracy (who made up the bulk of the monastic population), had access to the wider Himalayan medical tradition known as *sowa rigpa*, which was practiced there by monks and less commonly by *amchis*...But in rural areas, where even today 90% of the population still resides, such knowledge was less accessible and various forms of local healing were the primary treatment option...”<sup>12</sup>

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<sup>11</sup>Denzongpa, Karma Dorjee. *A Study of the Legal Framework for the Protection of Medico-Spiritual Practices in Sikkim as Indigenous Knowledge under Intellectual Property Law*. Unpublished Ph. D thesis, Department of Law, University of North Bengal, 2018, p. 208. Stable URL: <http://shodhganga.inflibnet.ac.in>, accessed on 28.07.2021.

<sup>12</sup>McKay, Alex. *Their Footprints Remain: Biomedical Beginnings Across the Indo-Tibetan Frontier*. IIAS Publications Series, Amsterdam, 2007, p. 90.

Although, Alex McKay in his work mentioned that, the system of *Sowa-rigpa* was practiced by monks and less by *Amchis*<sup>13, 14</sup> among the Bhutia community. This may be because as mentioned by Marianne Winder, “Medicine was taught at the Tibetan monastic colleges, and most doctors used to be monks.”<sup>15</sup> Therefore, the monks who practiced *Sowa-rigpa* were also the *Amchis* themselves. This can be further proved from the work of Yang Ga, who mentioned “The *Four Tantras* is the most important classical Tibetan medical text and teaching manual for *Sowa rigpa* practitioners, who are known as *amchi*, *men pa*, or *drungtsho*.”<sup>16</sup> Hence, the Tibetan Doctor is known by different names and one of its names is *Men pa*, which is mostly followed by the Bhutia community of Sikkim. The following sub-topics, explains the aspects of traditional medicine and healing practices of the Bhutia of Sikkim.

### 3.1a) A History of *Sowa-Rigpa* Practice

The origin of the *Sowa-rigpa* has been a debatable issue for many centuries among the scholars. Whether the work is actually the teachings of Buddha or was later composed by learned scholars of Tibet, some scholars of *Bon* also argued that it was copied from

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<sup>13</sup>“...the colloquial Tibetan word for ‘doctor’ is *Emchi* or *Amchi*, a word which has been borrowed from the Mongolian. This word also appears in 13<sup>th</sup> century Turkish, and it has not yet been clarified which way the word has travelled in mediaeval Central Asia. The word used in the written scriptures in classical Tibetan is ‘*sman pa*’ from ‘*sman*’ medicine. Winder, Marianne. Tibetan Medicine. In Rechung, Jampal K., et al. (Ed.). *Bulletin of Tibetology*. No. 2, Sikkim Research Institute of Tibetology, Gangtok, 1989, pp. 13-14.

<sup>14</sup>“*Amchis* enjoy great respect and social status among trans-Himalayan Buddhist communities. The meaning of *amchi* is self-explanatory in the Buddhist language; it means ‘superior to all’.” Kala, Chandra Prakash. “Health traditions of Buddhist Community and role of *amchis* in trans-Himalayan region of India. *Current Science*, vol. 89, no. 8, 2005, pp. 1331- 1338. *Current Science Association*, Stable URL: <https://www.jstor.org/stable/24110838>, p. 1333.

<sup>15</sup>Winder, Marianne. Op. cit., 1989, p. 9.

<sup>16</sup>Ga, Yang. The Origins of the *Four Tantras* and an Account of Its Author, Yuthog Yonten Gonpo. In Hofer, Theresia (Ed.). *Bodies in Balance: The Art of Tibetan Medicine*. Rubin Museum of Art, New York, 2014, p. 155.

a medical work of *Bon* tradition called *Bumshi*.<sup>17</sup> Few others considered it to be the translated work of Chinese medical text.<sup>18</sup>

Although, there are different arguments on the history of *Sowa-rigpa* or the authorship of the *Gyu-zhi* (the four tantras), but, most of the works agreed upon its passing down upon by Lord Buddha in the form of Medicine Buddha (*Men la*). The first among his disciples who got this teaching was Jivaka. Then it was later passed on to Chandranandana, through Buddha's physician-saints, who gave it to the Tibetan Vairochana in the form of writing. He then translated it and presented the work to King Thrisong Deutsen and Yuthok Yönten Gönpö<sup>19</sup> the elder in the eighth century. Afterwards, this text was hidden by Guru Padma Sambhava in Samye Monastery and it was later taken out by Trapa Ngonshe, in the middle of the eleventh century. Trapa Ngonshe, then gave it to Khuton Tarmatra. He then passed it on to Yuthok Yönten Gönpö<sup>20</sup> the younger.<sup>21</sup> And it was he (who is also called the father of Tibetan Medicine) who composed *Gyu-zhi* by including the essence of the then-known Asian Medical system like Chinese, Ayurveda as well as the Greek medicine; making it one of the most reliable, comprehensive and oldest medical system in the world.<sup>22</sup>

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<sup>17</sup>“Some Bön documents say that their founder, Tönpa Shenrap, who was contemporaneous with the Buddha, preached thirteen volumes of medical teachings. One work on Bön history claims his son Chebu Trishé memorized 21,000 medical works.” Gyatso, Desi Sangyé. *Mirror of Beryl: A Historical Introduction to Tibetan Medicine*. Wisdom Publications, Boston, 2009, pp. 1-2.

<sup>18</sup>Ga, Yang, Op. cit., 2014.

<sup>19</sup>“Yuthok Yönten Gönpö the elder was an almost mythical figure who had made a striking impression as a young man during a conference of foreign doctors held at Samyé Monastery under the auspices of the king. In later years he travelled to India and to other lands to seek out medical teachings, which he brought back to Tibet. Yuthok was the composer of many a work on medicine and founded the first medical college in Kongpo.” Gyatso, Desi Sangyé. Op. cit., 2009, p. 12.

<sup>20</sup>“Yuthok Yönten Gönpö the younger was a descendent of the elder Yuthok and was born in the eleventh century... his contribution to establishing medicine as a truly Tibetan science was immense. He was especially influential in the propagation of *Four Tantras* (or, according to many commentators, its composition).” Ibid.

<sup>21</sup>Clifford, Terry. *Tibetan Buddhist Medicine and Psychiatry: The Diamond Healing*. Motilal Banarsidass Publishers Pvt., Ltd, Delhi, 1994, p. 58.

<sup>22</sup>Gonpo, Yuthok Yonten. *The Fourth part called the Subsequent Tantra from the Secret Quintessential Instructions on the Eight Branches of the Ambrosia Essence Tantra*. Translated by Paljor, Thokmay, et al., Men-Tsee-Khang Publications, Dharamsala, 2018, p. xvii.

### 3.1a. i) Lamaist Buddhism and the Presence of *Amchis* in Sikkim

The presence of *Amchis*, and the introduction of Lamaist Buddhism in Sikkim are discussed here. According to Yab. Loboan Tempa Gyatso (Monastery's estate manager and incharge of Pemayangtse monastery) and Thenyoed Bhutia (Asstt. Khyorpon of Pangthang, Sheda), they opine that earlier, each *Chogyal* of Sikkim used to have their personal physician and they were known as lama *Men pa* or "monk who give medicine", maybe because, as mentioned by Marianne Winder, during earlier time most of the Tibetan doctors used to be the monks and similarly, as mentioned by Yang Ga, Tibetan Doctors were also known as *Men pa*. Hence, the Tibetan doctors were known in Sikkim with two different names, either as lama *Men pa* or *Amchi*. In the following, we will discuss in detail about the history of *Amchis* or lama *Men pa*.

During seventeenth century, when Lamaist Buddhism formally established in Sikkim by the three great Nyingma lamas, they not only introduced a number of important religious traditions but one of the Nyingma lama namely Lha-tsun Nam-kha Jig-med, was the first monk or lama to introduce the system of Tibetan medicine in Sikkim.<sup>23</sup> Similarly, J. R. Subba also mentioned, "In Sikkim, the Tibetan medicine came with the migration of Tibetans who started migration to the present Sikkim area mainly after the blood brotherhood treaty of Khe-Bumsa and The-Kong Tek during 13<sup>th</sup> century."<sup>24</sup> Hence, in the following, we will discuss how different sources mention the names of different *Amchis* or Tibetan medicinal practitioners, who were there during the reign of different *Chogyal's* in Sikkim.

One of the earliest evidence of the Tibetan medicinal practitioners can be traced, when second *Chogyal* of Sikkim, Tensung Namgyal, got ill; one of the person

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<sup>23</sup>Mullard, Saul. *Opening the Hidden Land: State formation and the construction of Sikkimese History*. Rachna Books and Publications, Gangtok, 2019, p. 133.

<sup>24</sup>Subba, J. R. *History, Culture and Customs of Sikkim*. Gyan Publishing House, New Delhi, 2016, P. 241.

named Tshering Sangay Gyatsho in 1699 sends few of the medicinal practitioners from Tibet to treat the *Chogyal*.<sup>25</sup> Likewise, during the reign of the third *Chogyal* Chagdor Namgyal, there arose some discrepancy between him and his sister Phande Wangmo, to usurp the royal throne of Sikkim. When he went to the Ralang hot spring, his sister Phande Wangmo conspired with the medicinal doctor to kill the *Chogyal*. Under the pretence of performing medical bleeding, the doctor cut through his artery, which led to *Chogyal* death in Ralang hot spring.<sup>26</sup> Similarly, Jigmee Wangchuk Bhutia mentioned, while he was working on the restoration project in the monastery of Pemayangtse, there was many unpublished Tibetan manuscript, in one of those manuscripts, the name of *Amchi* Pekar was mentioned, which he dates back roughly to 1718, though he was not much sure about the date. He further noted, as he could not able to get much information about it, as half of the manuscript was burned by fire. Hence, if the date is correct, then *Amchi* must be there during the reign of fourth *Chogyal* Gyurmed Namgyal.<sup>27</sup> Also, during the reign of ninth *Chogyal* Thutob Namgyal, when there arose some discrepancies regarding the Gorkhas or Bhutanese settlement in Sikkim, few important names have been mentioned and one among those were *Amchi* Khökar.<sup>28</sup>

Apart from the above mentioned names of *Amchis*, there are also many oral sources that provide information about the *Amchis* in Sikkim. According to Yab. Loboan Tempa Gyatso he have heard from their forefather that there used to be an *Amchi* in Pemayangtse called *Amchi* Lungto, but he could not recall in whose reign he was present. He also added that roughly around ninety years ago there was another

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<sup>25</sup>Mullard, Saul. Op. cit., 2019, p. 163.

<sup>26</sup>Ardussi, John A., et al. *The Royal History of Sikkim: A Chronicle of the House of Namgyal*, Serindia Publications, Chicago, 2021, p. 145.

<sup>27</sup>Interviewed Jigmee Wangchuk Bhutia, (Assistant Professor, SHEDA Pangthang), (M), 32 years, Chumbung, West Sikkim, on 19/05/2022.

<sup>28</sup>Ardussi, John A., et al. Op. cit., 2021, p. 295.



*Amchi* called *Amchi* Kuzyo in Pemayangtse. Apart from the above two, he further mentioned an *Amchi* called *Amchi* lama, who has settled in Helipad Dara in Pelling. He knows about him because *Amchi* lama wife was his cousin grandmother from Pelling. Lastly, he also mentioned during the 1960's one of the Rinpoche (Serdup Dungzin Paljor Lhundup Dorje) (1917-1980), arrived in Pemayangtse monastery and along with him his personal *Amchi* called *Amchi* Uchimula also came to Pemayangtse, who stayed there for around five years and prepared many medicines for the people. The Rinpoche himself had a great knowledge of medicine and helped many people from the Gyalshing bazaar get cured, who were dying in large number during 1960's due to Dysentery or *ragat masi*. The Rinpoche himself went to the nearby forest and collected the herbs to prepare the medicines and gave it to the people who suffered from the sickness.<sup>29</sup> In the mid-twentieth century due to the growing conflict in Tibet caused by the Chinese activity along with many Tibetan monks or lamas like Dungzin Rinpoche, many *Amchis* also arrived in Sikkim.<sup>30</sup> But an evidence of formal study and research on Tibetan Medicine can be traced only from the reign of *Chogyal* Tashi Namgyal (1914-1963 AD), when he granted the Royal Charter to establish Namgyal Institute of Tibetology in Dotapu, Gangtok. The cornerstone of the Institute was laid by His Holiness the XIV Dalai Lama on 10.02.1957 and was inaugurated by Pt. Jawaharlal Nehru on 01.10.1958. One of the important objectives and functions of the institute was sponsoring and promoting of research in *Chhos* (Buddhist religious teachings) and associated subjects like iconography, medicine, astrology, etc.<sup>31</sup>

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<sup>29</sup>Interviewed Yab. Loboan Tempa Gyatso (Monastery's estate manager and incharge, Pemayangtse Monastery), (M), 70 years, Pelling, West Sikkim, on 1/06/2022.

<sup>30</sup>Gyatso, Tsultsem. A Short Biography of four Tibetan Lamas and Their Activities in Sikkim. In Denjongpa, Anna Balikci (Ed.). *Bulletin of Tibetology*, vol. 41, no. 2, Namgyal Institute of Tibetology, Gangtok, 2005, p. 55.

<sup>31</sup>Namgyal Institute of Tibetology, British Library, EAP880/1/1/240, <https://eap.bl.uk/archive-file/EAP880-1-1-240>.

Therefore, from the above evidence, it can be understood that, the introduction of Buddhism in Sikkim, not only led to the spread of Buddhist teaching and spiritual healing practices but the formal system of Tibetan Medicine was also introduced. One such evidence can also be traced, when Khempo Dazar was appointed as the head of the Sheda (Nyingmapa College) in Sikkim in 1966. The subjects which were already taught in the Sheda when he arrived there were the five greater disciplines and five lesser disciplines. Among the five great disciplines, one important subject was *Sowa-rigpa*.<sup>32</sup>

### **3.1a. ii) *Gyu-zhi* or Four Tantras<sup>33</sup>**

Before we discuss about the *Gyu-zhi* or four tantras, let's discuss in brief what *Sowa-rigpa* or Tibetan Medicine actually is. *Amchi* is a doctor or physician, *Sowa-rigpa* is the medicine. *Amchi* is not a system but *Sowa-rigpa* is, *Amchi* is a profession like doctor or Physician. This system is mostly effective in chronic diseases; although it takes time, it is very effective. It is useful not only in curing diseases but for preventive purposes. Tibetan Medicine is based on Science, art and philosophy. Science is based on five elements similar to what modern science explains about atom, electron and proton, etc. In Tibetan Medicine, the human body is made of five elements and each element has its own characteristics, based on its substances. It is also an art because when they diagnose the disease, they analyse the urine, and by looking into the colour of the urine, odour, sediments, bubbles and cream forming, they diagnose the disease. Apart from this, they also do pulse diagnosis, and accordingly, they diagnose the diseases rather than using modern equipment. They also ask for case history of the patient, lifestyle, and diet. For treatment, lifestyle is

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<sup>32</sup>Silverstone, Marilyn. Five Nyingmapa Lamas in Sikkim. In Kuloy, Hallvard K. *Kailash: A Journal of Himalayan Study*, vol. i, no. 1, Ratna Pustak Bhandar, Kathmandu, 1973, p. 13. <https://himalaya.socanth.cam.ac.uk>, accessed on 28/03/2021.

<sup>33</sup>The full contents of the whole text of four tantras or *Gyu-zhi* is mentioned in Appendix-V.

very important, their diet, what patient should eat, what not to eat etc. Diseases are caused by stress and hypertension, so that give advice for their daily lifestyle to stay health. Instead of surgery they give therapy like bloodletting, *mokcha*, massage etc., along with medicines and physical therapy. Tibetan medicine is also based on philosophy- it is based on Buddhist philosophy like ethics, karma, belief in law and causalities; while treating patients, they treat in parallel ways, i.e., mind and body. The mind is based on ignorance, bringing desire, anger, hatred, delusion, confusion, etc.<sup>34</sup>

Now, discussing about the *Gyu-zhi*, the whole chapters of *Gyu-zhi* is divided into four tantras, which consist of the Root Tantra, the Explanatory Tantra, the Oral Instruction Tantra and the Subsequent Tantra. The entire chapters consisted of one hundred and fifty-six chapters, divided into eleven sections, eight branches, fifteen categories and four compendia. It is basically a record of dialogue between the Sage Rigpai Yeshe, who has been mentioned in the text as emanating from the heart of Medicine Buddha and Sage Yidlay Kye, who have been mentioned in the text as emanated from the speech of Medicine Buddha.<sup>35</sup> Discussing all the chapters from the four tantras is not possible, due to the time constraint and also other sub-topics are not much related to the main area of the study. Therefore, few important chapters from the four tantra text are discussed.

### **Root Tantra**

The Root tantra basically provides a brief summary of the whole text. The first chapter of the root tantra consists of the ‘basis of the discussion’, which describes the

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<sup>34</sup>Interviewed *Amchi* Tsultrim Kalsang (Head of the *Sowa-Rigpa* Department), (M), 55 years, Namgyal Institute of Tibetology, Deorali, East Sikkim, on 28/04/2022.

<sup>35</sup>Gonpo, Yuthok Yonten. *The First Part Called the Root Tantra from the Secret Quintessential Instructions on the Eight Branches of the Ambrosia Essence Tantra*. Translated by Dolma, Sonam, et al., Men-Tsee-Khang, Documentation and Publication Deptt, Dharamsala, 2008, pp. 10-12.

celestial world of the Medicine Buddha. Here, it mentioned about the city of medicine called *Tanadhug* (beautiful to behold) and the palace of Medicine Buddha. This city of medicine was surrounded by mountains from four directions; on the eastern side situated a mountain called *Poenyedhen* (fragrant), on the western side situated a mountain called *Malaya* (garlanded), on the northern side situated a mountain called *Gangchen* (snow capped), on the southern side situated a mountain called *Bigje* (penetrative) and at the centre of the city lies a palace, where a jewel throne made of lapis lazuli, was seated by Medicine Buddha. These mountains, palace and city were covered with medicinal forest, medicinal water, and five categories of hot springs, which can soothe all health problems.<sup>36</sup> Now the third chapter i.e. ‘Basis of Health and Disease’ is discussed.

Basis of Health and Disease, the third chapter begins with the summary of the root tantra, i.e., three roots sprout into nine stems, which branched out into forty-seven branches, in these branches grow two hundred and twenty-four leaves, three ripen fruits and two blossom flowers. Discussing it in detail, it mentioned that- health and disease occur when there occurs a balance and imbalance between the three forces, i.e., waste products (*drima*), bodily constituents (*luzung*) and principal energies (*nad*). 1) Principal energies are divided into three types, i.e., wind (*loong*), bile (*tripa*) and phlegm (*baekan*), which further consisted of five types each; for example, a) the five types of wind energies are descending, fire-accompanying, ascending, life sustaining and pervasive, b) the five types of bile energies are complexion clearing, digestive, sight, accomplishing and colour regulating, c) the five types of phlegm energies are satisfying, experiencing, supporting, connective and decomposing. 2) Bodily constituents are divided into seven types, i.e.,

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<sup>36</sup>Ibid, pp. 4-7.

a) muscle tissue, b) fat, c) bone, d) nutritional essence, e) blood, f) regenerative fluids and g) marrow. And 3) Waste products are divided into three types, i.e., a) urine, b) perspiration and c) feces. If these twenty-five components are maintained properly by three ways of lifestyle, potency and suitable taste, it helps in body development. If it does not maintain properly, it will damage the body.<sup>37</sup>

In the human body, disturbances occur due to the three causes and it can be understood through four supportive ways. This disorder remains in the upper, middle and lower sections of the body, which enters our body from six entrances. This disorder moves in our body through fifteen pathways and by nine ways, its development can be diagnosed with season, place and age. If not cured can led into nine deadly diseases, that further led to twelve worse effects. All these conditions can be classified into cold and hot nature. Therefore, there are sixty-three types of diseases to be cured.<sup>38</sup>

Wind (*loong*), bile (*tripa*) and phlegm (*baekan*) disorders are born, due to the delusion, aversion and attachment. More number of harmful disorders is caused by lifestyle, evil spirits, season and diet. These disorders enter the body through skin, grow into the muscle tissue, move through the vessels and stick to the bones. It then affects the vital organs and move down to the vessel organs.<sup>39</sup>

Phlegm is located in the upper portion of the body, since it depends on the brain, bile is located in the middle portion of the body, since it depend on gall bladder and liver and wind is located in the lower portion of the body, since it depends on waist and hip. Phlegm disorder moves within the kidney, stomach, spleen, urinary

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<sup>37</sup>Ibid, pp. 20-21.

<sup>38</sup>Ibid, p. 22.

<sup>39</sup>Ibid, pp. 22-23.

bladder, lungs, feces, tongue, nose, regenerative fluid, marrow, nutritional essence, muscles and fats. Bile disorder moves within eyes, blood, perspiration, gall bladder, small intestine and liver. Wind disorders moves within the heart, skin, nerves, blood vessels, bones and ears. These three disorders are identified on human body by looking into the sensory organs, vital organs, vessel organs, waste products and bodily constituents. These three disorders are categorised, according to the age of the people, like phlegm are categorised to children type, bile is categorised to adult types and wind are categorised to elderly type. Therefore, these three disorders are considered to be more vulnerable, according to their age. Mostly these disorders are occurred according to the regions, seasons and time, for example- a) phlegm disorders are occurred in wet, humid region, in the morning, at dusk, during the spring season, b) bile disorders are occurred in dry, extreme hot region, at noon and at midnight, during autumn season and c) wind disorder are occurred in extreme cold, windy region, in the evening, at dawn, during summer season.<sup>40</sup>

The human body is affected with many diseases, some are of minor nature and some are of a severe nature. Following are the nine deadly or severe nature diseases, which occur in the human body:- a) severe problems that contradict every healing process, b) identical in nature of the healing and the sickness, c) complete depletion of the lifespan, merit and karma; the three reasons of endurance, d) weaker part of the body getting damage, e) wind disorder became beyond curable, when there occurs a serious pause in the flow of wind energy in the life channel, f) a hot disorder beyond curable, g) persistence of cold disorder, h) the power of body resistance became immensely weak and i) the dominance of the evil spirits became high. Likewise, the two states of appeasement and incitement of wind, bile and phlegm disorder create

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<sup>40</sup>Ibid, pp. 23-24.

two reactions, which lead to four effects for each *nye pa* (humour), which further led to twelve worse effects. Wind and phlegm are cold in nature, like water elements, whereas bile and blood are hot in nature, like the fire elements. Depending on the prevalence of *nye pa*, the nature of *cin*<sup>41</sup> and *chhuser*<sup>42</sup> can be understood as either cold or hot in nature. Therefore, these eighty-eight categories of arrangement help in understanding the entire basis of health and diseases.<sup>43</sup>

### **Explanatory Tantra**

This chapter deals with the four roots and its eleven branches. Hence, among thirty-one chapters, chapter twelve or ‘classification of the disorder’ will be looked upon. But firstly, we will discuss about the summary of the explanatory tantra: It is mentioned for human being to attain long life, maintain proper health, treatment, happiness, wealth and Dharma, it is important to understand the science of healing. The whole understanding of the science of healing is summarised into the healing and its method, its means, its subject and its healer; a) the healing and its method- it focuses on the ways to apply the curative methods to treat the imbalance disorders, promote long life and to maintain health, b) the healing and its means- it focuses on external therapies, diet, medicine and lifestyle, that are curative means to treat different disorders, c) the healing and its subject- the process of healing is meant for the human body from where the subject of healing is revealed as well as the disorder

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<sup>41</sup>An inborn tiny organism amounting to eighty-four thousand that exist in the body. It helps to digest food and generate physical strength with the promotion of glowing complexion. The location of the *cin* determines its classification. The external *cin* are lice and nits. The internal *cin* are classified into four types based on *loong*, *tripa*, *baekan* and blood. When disturbed, it causes illness accompanied with unbearable pain.

<sup>42</sup>The waste material of the blood, and the refined portion of bile. This bodily fluid is found throughout the body, and is specially concentrated in the interstitial parts of the skin and the joints. It is tinged with red and yellow colour due to its association with blood and bile. Thus, it is named after its nature and colour.

<sup>43</sup>Ibid, pp. 24-25.

that appear from the human body, and d) the means of treatment and healers- it contains the ways of cure and its methods, after diagnosing the disorder.<sup>44</sup>

The classification of disorders is divided into three categories: 1) The cause, 2) the gender and age, and 3) the general features.

1) The classification of disorders, which categories under the cause is further divided into three divisions: I) Disorder of present lifespan, II) disorders led by past actions, III) disorders caused by the blend of the previous two divisions; I) disorder of present lifespan- this disorder is cause by the combination of causes and conditions, II) disorders led by past actions- it led to critical outcome without any clear cause, III) disorders caused by the blend of the previous two divisions- it led to an irrelevant cause that further lead to serious problems.<sup>45</sup>

2) The classification of disorders, which is divided into five categories, according to gender and age is as follows: I) Male disorders, II) female disorders, III) children's disorder, IV) elderly disorders and V) general disorders.

I) Male disorders include seventeen disorders, which include- A) nine penile disorders, B) swelling of the testicle which is connected with six disorders, C) release of extreme sperm and D) insufficient sperm.

II) Female disorders include thirty-two disorders, which include- A) sixteen disorders connected with unusual menstrual flow, B) two uterine disorders connected with active and infuriated micro organism, C) five uterine disorders and D) nine uterine tumours.

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<sup>44</sup>Gonpo, Yuthok Yonten. *The Second Part Called the Explanatory Tantra from the Secret Quintessential Instructions on the Eight Branches of the Ambrosia Essence Tantra*. Translated by Dolma, Sonam, et al., Men-Tsee-Khang, Documentation and Publication Deptt, Dharamsala, 2008, pp. 42-43.

<sup>45</sup>Ibid, pp. 118-119.



III) Children's disorders include eight disorders: A) Major, B) minor and C) common disorder.

IV) Elderly disorders are due to a decline in cosmo-physical elements of the body because of the general weakness of physical strength.

V) General disorders are mainly caused by: A) Humour, B) principal dominance, C) the location and D) its type.<sup>46</sup>

General disorders are mainly caused by humour, principal dominance, the location and its types:

A. The disorders caused by humour are classified into three categories: wind, bile and phlegm. It consists of total one hundred and one types of disorders under humour.

i. Wind disorders are categorised into two main groups: General and specific. The general group is again divided into two sub-groups: its type and location. According to its type, it consisted of twenty different disorders. Likewise, according to its location, it consists of each of the six opening of disorders and one group connected with the five sense organs. Hence, its location consisted to total seven disorders.<sup>47</sup>

The specific group is consists of the five imbalanced states, which come under the five subcategories of wind disorders and ten disorders that are blend the five category of bile and phlegm disorders. Hence, wind disorders are classified into forty-two disorders.<sup>48</sup>

ii. Bile disorders are categorised into two main groups: General and specific. The general group is again divided into two sub-groups: Its type ad location.

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<sup>46</sup> Ibid, pp. 119-120.

<sup>47</sup> Ibid, p. 121.

<sup>48</sup> Ibid.

Types are divided into four categories of disorder- bile, which is large in number; digestive bile and its dislocation; flood of bile; and the bile, which moves inside the blood vessels. Likewise, according to its location, it consists of each of the six openings of disorders and one group connected with the five sense organs. Hence, its location consisted of a total of seven disorders.<sup>49</sup>

The specific group consist of the five imbalanced states, which come under the five subcategories of bile disorders, and ten disorders that are blending of the each five categories of wind and phlegm disorders. Hence, bile disorders are classified into twenty-six disorders.<sup>50</sup>

- iii. Phlegm disorders are categorised into: Independent disorders and dependent disorders. The independent disorder is again divided into two sub-groups: General and specific. The general sub-group is further divided into type and location. In phlegm disorders like *lhen*, according to its type is divided into six types. According to its location, it consists of each of the six openings of disorders and one group connected with the five sense organs. Hence, its location consisted of a total seven disorders. The specific group consists of the five imbalanced states, which come under the five subcategories of phlegm disorder, and ten disorders that are blending of the each five category of wind and bile disorders.<sup>51</sup>

Dependent disorder of phlegm is also divided into two sub-groups: Phlegm *serpo*<sup>52</sup> and phlegm *mukpo*<sup>53</sup>. Phlegm *mukpo* is further sub-categorised into four

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<sup>49</sup> Ibid.

<sup>50</sup> Ibid.

<sup>51</sup> Ibid. p. 122.

<sup>52</sup> A phlegm disorder associated with bile.

types: distending, rupturing, progressing and dispersing. Hence, phlegm disorder is classified into thirty-three disorders.<sup>54</sup>

B. The disorders caused by principal dominance are of two natures: Independent and dependent nature. It consisted of a total of one hundred and one types of disorders under principal dominance.

i. An independent nature disorder is a sole disorder which exhibits only the associated signs and symptoms. They are categorised into four types: a) Expanded, b) greatly expanded, c) extremely expanded and d) expanded with the same decreased state.<sup>55</sup>

ii. Dependent nature disorder is categorised into three groups: a) *Dhenpa*, b) *dhuepa*<sup>56</sup> and c) *laanyen*.<sup>57</sup>

C. The category of disorders, based on their location has two types: Mind and body disorders, and it consist of total one hundred and one types.

i. Mind disorder is divided into two categories: Psychosis and dementia.

ii. Likewise, body disorders are divided into four categories: a) The upper part of the body and its disorder, b) the lower part of the body and its disorder, c) the outer part of the body and its disorder, d) the inner part of the body and its disorders and e) a fifth disorder, is a sub-category of the previous four disorders, which includes the whole body.<sup>58</sup>

a) The upper part of the body and its disorder, are located in the head and sense organs, that includes palate, tongue, teeth, lips, nose, ears, eyes,

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<sup>53</sup>A combined disorder of wind, bile, phlegm, *chhuser* and blood. '*Mukpo*' denotes 'brown' and is an indication of combined colours of wind (bluish), bile and *chhuser* (yellowish), phlegm (pale or whitish) and blood (reddish).

<sup>54</sup>Ibid.

<sup>55</sup>Ibid, p. 123.

<sup>56</sup>A combined disorder of wind, bile and phlegm.

<sup>57</sup>Ibid.

<sup>58</sup>Ibid, pp. 124-125.

goitre, throat and the one which locates above the thoracic region. The disorder which is located in the throat area is: The common disorder of the throat, throat obstruction, vocal obstruction and diphtheria. The disorder which is located in the upper part of the thorax is of five types, i.e., hiccups, asthma, thirst, common cold and anorexia. Hence, the upper part of the disorder consisted of eighteen types.<sup>59</sup>

- b) The lower part of the body and its disorders are consisted of five types: Piles, constipation, perineal fistula, *chinyi*<sup>60</sup> and urine block.<sup>61</sup>
- c) The outer part of the body and its disorders are consisting of four types: Muscle tissue, skin, bone and channels. The disorders formed in the muscle tissue are disorders of the lymph nodes and goitre, the other forms of the disorder develop in muscle tissue. There are ten types of disorders formed in the skin, they are: venereal diseases, warts, pigmentation, eczema, the patchy loss of skin pigmentation, *baedagh*<sup>62</sup>, *langshu*<sup>63</sup>, *yanpa*<sup>64</sup>, *zakong*<sup>65</sup> and other skin related disorders. The disorders formed in the bone are *kangbam*<sup>66</sup>, gout, and other bone related problems. The disorders formed in the channels are nerve disorders, blood vessels and the access of other forms of disorder in the channels of the body. The most common disorders that occur in bones,

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<sup>59</sup>Ibid, p. 125.

<sup>60</sup>A disorder related with a sign of frequent urination. It has a broad category within its classification and diabetes is one of them.

<sup>61</sup>Ibid, p. 126.

<sup>62</sup>A condition in which the skin appears pale with patches as if licked by the tongue of a cow.

<sup>63</sup>A skin condition characterized by a hard and thick skin with eruptions resembling the nape of an ox.

<sup>64</sup>A skin condition accompanied with intense itching and oozing of *chhuser*.

<sup>65</sup>A skin condition caused by excessive *chhuser*, resulting in formation of pits in skin accompanied with intense itching.

<sup>66</sup>A disorder in which the leg swells due to phlegm and blood disorders.

muscle tissue and other forms of tissues are arthritis. Hence, the outer part of the disorders consisted of twenty types.<sup>67</sup>

- d) The inner part of the body and its disorders are located in the vital and vessel organs of the body, that includes heart disorders, liver, lungs, kidneys, spleen, stomach, small intestine, gall bladder, large intestine, the seminal vesicles or ovaries and urinary bladder. Disorders that are generally found in both the vital and vessel organs are six in number, which are: Abdominal cramps, tumour, indigestion, *surya*<sup>68</sup>, tropical diarrhoea and dysentery. Lastly, the general disorder which occurs only in the vessel organs is diarrhoea and vomiting. Hence, the inner part of the disorder consisted of nineteen types.<sup>69</sup>
- e) The whole parts of the body and its disorders are as follows: Bile, phlegm *mukpo*, abdominal dropsy, regional oedema, general oedema, six types of hot disorders, chronic wasting disorders, muscle inflammation, smallpox, rabies, insect bite, elemental spirits disorders, stroke, snake venom, leprosy, cancer, head injury, abdominal injury, limbs injury, neck injury, *cin*, *maevel*<sup>70</sup>, hot disorders like dispersed, disturbed, and contagious and different poisoning like compounded, polluted air, vapour, food, aconitum, meat, and ultra-violet rays. Hence, the body's parts consisted of thirty-eight types.<sup>71</sup>

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<sup>67</sup>Ibid, pp. 126-127.

<sup>68</sup>A disorder characterised by the sun-like appearance of round and red abscesses on the lungs, liver, kidneys, stomach and large intestine.

<sup>69</sup>Ibid, pp.125-126.

<sup>70</sup>An infectious skin disease featuring intense burning sensation.

<sup>71</sup>Ibid, p. 128.

D. The categories of disorders based on their types are: i) Internal organs disorder, ii) wounds, iii) hot disorders and iv) uncategorised disorders. It consisted of total one hundred and one types.

i) Internal organ disorders are divided into two groups, i.e., indigestion disorder and the disorder of cause and resultant chronic. Indigestion is again divided into four categories based on its type, association, nature and stage.<sup>72</sup>

The disorders of cause and resultant chronic are divided into two categories: Fresh and chronic. Fresh chronic disorders are further sub-divided into four types, i.e., the six types of phlegm *kyawo*<sup>73</sup>, the ten types of phlegm *mukpo*, three types of the bile disorders and the two types of chronic poisoning. Likewise, chronic disorders are further sub-divided into the eight types of tumours, four types of abdominal dropsy, two types of localized oedema, general oedema are of five types and the bodily component and its excessive waste are of four types. Hence, the internal organs disorder consists of forty-eight types.<sup>74</sup>

ii) Wound disorders are divided in two groups: Wounds that grow along with other disorders and wounds that are caused by external forces. Wounds that grow along with other disorders are lymphadenopathy, cancer, piles, *maevel*, *surya*, perineal fistula and *kangbam*. Likewise, wounds that caused by external forces are sub-divided into their location and types. Wound disorders, according to their location are neck, torso, head and limbs. Wounds, according to their types are tearing of skin, amputation, cut, injury caused by falls,

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<sup>72</sup>Ibid.

<sup>73</sup>A phlegm disorder without other associating diseases. The term '*kyawo*' means pale and phlegm *kyawo* is coined because of the disorder manifesting itself in pale appearance.

<sup>74</sup>Ibid, pp. 128-130.

incisions, punctures, suspension injury and fragmentation. Hence, wound disorders are consists of fifteen types.<sup>75</sup>

iii) According to their basis, hot disorders are divided into six types: The acute, immature, chronic, empty, hidden and turbid. According to its types it is again divided into three types of disturbed disorder, five types of contagious disorder, two types of dispersed disorder and three types of hot disorder connected with poisoning.<sup>76</sup>

iv) Uncategorised disorders are divided into nineteen types, they are: Hiccup, vocal obstruction, abdominal cramps, *cin* disorders, anorexia, thirst, vomiting, constipation, asthma, diarrhoea, tropical diarrhoea, *chinyi*, gout, nerve disorders, urine obstruction, *chhuser*, skin, problems caused by minor accidents and arthritis.<sup>77</sup>

Hence, according to the four main categories of phlegm, principal dominance, location and types, it consisted of four hundred and four different types of disorders. Apart from the four hundred and four different types of main disorders there are also four other disorders: a) Disorders caused by negative imprints of past life, although treated properly can still inflict serious disorders, b) disorders caused by evil spirits can be treated with proper rituals, c) disorders caused by imbalanced humour of this lifetime can be dangerous, if not treated proper, but if it treated properly, the patient will survive, and d) disorders which are caused by minor incidents will get better without treatment. Therefore, when the former four hundred and four different types of disorders are included in each of the latter four categories of disorders, it generates a total of one thousand six hundred and sixteen disorders.<sup>78</sup>

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<sup>75</sup> Ibid, pp. 130-131.

<sup>76</sup> Ibid, p. 131.

<sup>77</sup> Ibid, p. 132.

<sup>78</sup> Ibid, p. 133.

3) The categorisation of general feature disorders is countless in its nature. When the twenty-five aspects of humour, bodily components and waste products are joined with each humour, *dhenpa* and *dhuepa*, it brings countless number of disorders which are not possible to name or provide its accurate number. Yet, its nature will always be three humours, and its objects of distress will always be ten basis of distress. Likewise, there may be a number of categorisations of disorders, but they are always classified into hot or cold; for example- phlegm and wind are cold in nature and bile and blood are hot in nature.<sup>79</sup>

Each disorder consists of each section with its individual importance, which is:

I) the cause, II) the dormant, III) stage and IV) completely developed stage of disorders. These disorders can be understood through four different means, which are: A) Its categorisation, B) its examination, C) principal dominance and D) strength of the disorder.<sup>80</sup>

### **The Oral Instruction Tantra**

The Oral Instruction Tantra is the third book of *Gyu-zhi*, consisting of ninety-two chapters and it explains in detail the cause, conditions, categorisation, signs and symptoms and treatment of the given disorders. These disorders are grouped and explained under eight branches of disorders; like disorders of the body, gynaecological disorders, disorders caused by evil spirits, paediatric disorders, poisoning, wounds, geriatric disorders and aphrodisiac. The first disorder, which is the disorder of body, is further described under eight sections: Humour, metabolic disorder, hot disorders, upper body disorder, vital organs and vessel organs disorders, genital disorders, uncategorised disorders and endogenous lesions. Hence, from the

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<sup>79</sup>Ibid, pp. 133-134.

<sup>80</sup>Ibid, p. 135.



third book of *Gyu-zhi*, only the treatment of wind, bile and phlegm disorders which is the cause of disturbing all disorders, has been discussed.<sup>81</sup>

1) Treatment of wind disorder: The treatment method for wind disorder is divided into two categories, i.e., general and specific. The general treatment method is again divided into four types: Diet, lifestyle, medicine and therapy. Likewise, the specific treatment method is also divided into three types, according to its: type, location and specific types.<sup>82</sup>

A) The General Treatment: i) Diet, ii) lifestyle, iii) medicine and iv) external therapy.

i) Diet: The treatment through diet is done by combination of foods having oily, warm and nutritious qualities like- garlic, bone nettle, onion, dried *tsampa*<sup>83</sup> dough, sheep meat, horse meat, donkey meat, conserved old meat, bone soup, old butter, jaggery, warm cooked *tsampa* dough, *chhang*<sup>84</sup>, milk, etc.<sup>85</sup>

ii) Lifestyle: The treatment involves lifestyle choices such as living in a warm place with no disruption, living in a dark place, wearing warm clothes, speaking good words, getting enough sleep, staying together with dear ones and avoiding harmful diet and lifestyle.<sup>86</sup>

iii) Medicine: The treatment through medicine is subdivided into five categories:

a) Soup, b) *chhang*, c) expellant compounds of medicine, d) medicine powders and e) medicine butter.<sup>87</sup>

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<sup>81</sup>Gonpo, Yuthok Yonten. *The Third Part Called the Oral Instruction Tantra from the Secret Quintessential Instructions on the Eight Branches of the Ambrosia Essence Tantra*. Translated by Dolma, Sonam, et al., Men-Tsee-Khang, Documentation and Publication Deptt, Dharamsala, 2017, pp. 5-6.

<sup>82</sup>Ibid, p. 20.

<sup>83</sup>A Tibetan staple food prepared from roasted barley.

<sup>84</sup>A Tibetan wine made from fermented wheat, barley or rice.

<sup>85</sup>Ibid.

<sup>86</sup>Ibid, pp. 20-21.

<sup>87</sup>Ibid, p. 21.

- a) Soup: A few examples of the soup to cure different diseases are; boiled soup prepared from *chhang* mixed with butter, meat and old jaggery cures all wind disorders, specially the teeth. Likewise, the soup made from a three-year conserved sheep head mixed with *Shingkun* (asafoetida), *Ga* (ginger), and *Gyam tsha* (rock salt) removes all wind disorders in general and head disorders in particular.<sup>88</sup>
- b) *Chhang*: An example of *chhang* to cure different diseases like; the *chhang* prepared from *tsampa* dough, *dro chhang*, *ra nye* (solomon's seal), strain and *chawa* (botanical name- *angelica glauca*), can cure wind disorders of waist, lower part of the body and kidneys.<sup>89</sup>
- c) Expellant Compounds: An example of expellant compound to cure different diseases consisted of dairy products, meat, *chhang* and garlic. Each of these products has to be mixed with a few other required products like roasted barley, *gyam tsha*, sheep meat, bone soup, etc., to get better result. With the use of any of these compounds can eradicate all kinds of wind disorders, improve the body strength and brighten the senses.<sup>90</sup>
- d) Medicine Powder: The medicine powder is made with a mixture of *zhati* (nutmeg), *shingkun* (asafoetida), *kharu tsha* (Himalayan black salt), *gyam tsha* (rock salt), *shing tsha* (cinnamon), *sedu* (pomegranate), *sugmel* (cardamom), *arura* (chebulic myrobalan), *laetae* (heart-leaved moonseed) and three hot medicines, but the powder of *shingkun* or *zhati* should be used as a principal ingredient. The mixture of these medicinal powders should be taken with the soup made from three nutritious bones or the

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<sup>88</sup> Ibid.

<sup>89</sup> Ibid, pp. 21-22.

<sup>90</sup> Ibid, p. 22.

soup made from four essences, which can treat all wind disorders like external, internal, upper and lower body.<sup>91</sup>

e) Medicine Butter: There are several examples of the medicine butters used to cure different diseases. For example, the medicine butter made from *arura*, *kharu tsha*, *dri* butter and *pipiling* (Indian long pepper) is good for almost all wind disorders. Likewise, medicine butter made from *ga*, *sedu*, *wosu* (coriander), *tsitaka* (red chilli), *pipiling* and *dri* butter eradicate all wind disorders, help people gain weight, and generate digestive heat.<sup>92</sup>

iv) External Therapies: In external therapies for wind disorder of the lower body, the treatment is done by gently applying an enema with warm old butter and a suppository made from the blending of substances like *arura*, *gyam tsha*, *gokya* and clarified butter. For other severe wind disorders, it can be treated with the mild purgation with oil. Likewise, to reduce sharp pain and tenderness of a small cavity like hair follicles, it can be treated with entire body massage by old seed oil, applying a mixture of boiling *bachha*<sup>93</sup> and old bones on painful areas and taking a steam bath by boiling mixed bones and messaging the whole body from the greased produced from boiled bones. This whole process not only helps in sharp pain and hair follicles but makes it possible for body flexibility and extension, as well as facilitates weight gain, promotes digestive heat and increases body strength. These therapies should be avoided if the wind disorder is connected with other disorders.<sup>94</sup>

B) The Specific Treatment: i) Type, ii) location and iii) specific type.

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<sup>91</sup>Ibid, pp. 22-23.

<sup>92</sup>Ibid, p. 23.

<sup>93</sup>The residue of seeds after the oil is extracted.

<sup>94</sup>Ibid, pp. 23-24.

- i) Type: The treatment of wind disorders according to its type like *laa reng*<sup>95</sup>.

The reason for this disorder is indigestion, which leads to propagation of phlegm and fats; initially, for its treatment, one should avoid oil therapy and should go for coarse treatment. For this disorder, one should consume food made of white barley dough, barley of thick-shelled, pearl barley, sour food, honey, salt less cooked vegetables, *tsab*<sup>96</sup> and consume the meat of animals from dry land. Prepared a paste from honey mixed with *tsaja*<sup>97</sup>, *pipiling*, three myrobalan fruit and *honglen* (picrorhiza). Prepared a paste from honey mixed with *tsitaka*, *tsaja* and *arura*. Prepared a paste from cow urine mixed with *drak shhuen* (mineral exudates), *arura* and *gugul* (Indian bedellium tree). Prepare a powder with equal amount of *tsitaka*, *gugul*, *laagang* (nut sedge), *jitanga* (false black pepper), three hot medicines and three myrobalan fruits, can help burn down excess fats and phlegm. The excess fats and phlegm can also be burned with continuous physical activities. Once the excessive fats and phlegm burns down, one should lessen the dietary restriction and perform oil therapy. Lastly, for external problem, apply paste made of mixed cow urine with *karanza* (botanical name- *pongamia pinnata*) and *yungkar* (white mustard seed).<sup>98</sup>

- ii) Location: A few examples of wind disorders and their treatment are as follows: the wind disorders which occur in the skin and muscle tissues can be treated with compresses and oil massage. Wind disorders which occur in the fats can be treated with the same medicinal compounds which are used in *laa reng* wind disorder. The wind disorders in the bone and marrow can be treated

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<sup>95</sup>One of the twenty types of wind disorders featuring rigidity and numbness of the legs as well as difficulty in walking.

<sup>96</sup>*Tsab* here refers to substances that are used to make curd.

<sup>97</sup>Old man's beard (plant).

<sup>98</sup>Ibid, pp. 25-26.

with oil compresses, combining the oil of four kinds and it should also be applied in the external part of the body and through a mild enema. The wind disorders which occur in the joints, tendons and channels can be treated by applying the compress paste in the affected area and tightly wrapping it or performing oil therapy. Wind disorders in the ligament contracture can be treated with a paste made from boiled *moen sen dreu*, sesame oil and *gyam tsha*. The wind disorders that infiltrate the blood can be treated by venesection or through oil therapy. Due to the bleeding, if the patient loses sensation, the paste made with the composition of sesame oil, *gyam tsha* and soot should be applied.<sup>99</sup>

- iii) Specific Type: The specific type treatment of wind disorder is useful to treat the whole-body disorders. This treatment methods is basically divided into five categories: a) the life threatening wind disorders can be treated with sesame oil by massaging the effected part or with the use of mild nasal medication or by heating the wind points, b) the ascending wind disorders can be treated by performing Moxibustion on the three wind points or applying medicinal butter and bone soup or can also be treated by applying the oil compresses on the *dhuego*<sup>100</sup> and chest, c) the persistent wind disorders can be treated by applying the medicinal butter prepared from *Nying shhosha* (hog plum) and *Zhati* or it can also be treated with the use of old meat, soup, etc., d) the wind disorder associated with fire can be treated by applying compresses or *Shingkun Churni* (asafoetida) compound or by performing Moxibustion on the thirteen vertebra of the body, and lastly, e) the descending wind disorder can be treated with Moxibustion on the lower part of the sixteen

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<sup>99</sup> Ibid, p. 27.

<sup>100</sup> A common point of venesection and Moxibustion located at the nape measuring four fingerbreadths from the crown of the head.

vertebra of the body or with the use of nutritious food of warm nature or can also be treated with the mild enema, oil massage and compresses.<sup>101</sup>

2) The Treatment of bile disorder: The treatment methods for bile disorder are divided into two categories, i.e., general and specific.

A) The general treatment of bile disorders is again divided into two categories according to their nature: Hot and cold. It consists of four types of remedial measures: Medicine, external therapy, diet and lifestyle.<sup>102</sup>

i) Hot Nature- The hot-natured bile disorders can be treated by applying a cold infusion made of *bongnga karmo*, *bhashaka* (Malabar nut), *kyiche* (botanical name- *gentiana robusta*), *ser gyi metok* (golden flower), and *tikta* (bitter stick). If the patient could not able to digest it due to the weak digestive heat, then warm-natured medicine should be added to the above mentioned medicines. Likewise, preparing a medicinal powder with the a mixture of medicines like the three types of *tikta*, *ser gyi metok*, *ruta* (costus), *parpata* (botanical name- *hypecoum leptocarpum*), *bongnga karmo*, *tsa tri* (violet dandelion), *honglen*, white sugar and the stem cortex of *kyerpa* can eradicate all types of bile disorders.<sup>103</sup>

ii) Cold Nature- The cold-natured bile disorders can be treated by consuming the medicines prepared from white jaggery mixed with pig dropping ash, *tarbu* (sea buckthorn), *nimpa* (botanical name- *azadirachta indica*), *kyurura* (emblic myrobalan), *shing tsha*, *sedu* and drinking it with boiled water.<sup>104</sup>

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<sup>101</sup>Ibid, pp. 29-30.

<sup>102</sup>Ibid, p. 43.

<sup>103</sup>Ibid, p. 44.

<sup>104</sup>Ibid, p. 46.

- B) The specific treatment of bile disorders is mentioned through many examples in this chapter; hence, we will discuss few of the important examples of the bile treatments in this sub-topic.
- i) If a person's digestive bile location is occupied by wind, they should be provided with fresh butter, *chhang*, mutton and mixture of medicines prepared from *pipiling*, *tikta*, *sedu*, *arura*, *kharu tsha*, *chaga* (ginger) and jaggery with boiled water. Or from the fresh butter prepare a mild enema and apply in the area, this will act like nectar and it can also be cured with Moxibustion in the first and ninth vertebrae.<sup>105</sup>
  - ii) The jaundice disorders in skin can be treated by practising the following steps: Firstly, apply a decoction made from medicinal substances like *bhaleka* (botanical name- *aristolochia indica*), *bongnga karmo*, *bhashaka*, *honglen*, *sergyi metok*, *dhugmo nyung* (conessi tree) and *tikta*. Secondly, cutting open a vein of *tse chhung*<sup>106</sup>, *drukgo*<sup>107</sup> and *sha ring*<sup>108</sup> concurrently. Thirdly, cleanse the area with *dhugmo nyung*, *dhurji* (*euphorbia helioscopia*), *tikta* and *kyiche* and after finishing the cleansing process, the person should be given the cool-natured meat as post cleaning care. Lastly, the person should be given the mixture of *gurkum dhuenpa* (safflower) and well-stirred curd.<sup>109</sup>
- 3) The Treatment of phlegm disorder: The treatment method for phlegm disorder is divided into two categories, i.e., general and specific.<sup>110</sup>
- A) The general disorder of phlegm with cold nature can be treated with warm-natured treatment, which is divided into four categories: Medicine, external

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<sup>105</sup>Ibid, pp. 47-48.

<sup>106</sup>A venesection point located three fingerbreadths toward the right and left sides of the Adam's apple.

<sup>107</sup>A venesection point located four fingers down from the inner base of the elbow.

<sup>108</sup>Venesection points on the arm muscles.

<sup>109</sup>Ibid, p. 49.

<sup>110</sup>Ibid, p. 62.

therapy, diet and lifestyle. And phlegm with heavy and earth-like in nature needs extensive course of treatment because it reacts slowly to its treatment.<sup>111</sup>

- i) Medicine: A few examples of medicines to cure different phlegm diseases like; stomach ache, belching, appetite and digestion is cured by the medicinal powder prepared from medicinal substances such as *kharu tsha*, *zira* (cumin), and *chaga* mixed with *sedu shhipa* (four types of pomegranate) compounds, and it also helped in enhances body heat. Likewise, a medicinal compound made from five hot medicines, *sedu shippa* compound, *gyam tsha*, *kharu tsha* and *jitanga*, removes all types of phlegm disorders which are cold in nature, etc.<sup>112</sup>
- ii) External Therapy: The treatment of external therapy includes warm liquid made from salt, pelt and lumps of earth. Moxibustion and surgical therapy is applied if the cold disorder occurs to a great extent.<sup>113</sup>
- iii) Diet: The treatment from diet are as follows; the use of warm dough made from old grains, old *chhang*, boiled water, mixture of garlic and meat of wolf, wild yak, eagle, lynx, sheep and fist, consisting of food and drink of warm, light and rough-nature can cure the phlegm disorders. But it has to be kept in mind that these items should be consumed in small quantities for better digestion, instead of excess eating.<sup>114</sup>
- iv) Lifestyle: The phlegm disorder can be treated through lifestyle by wearing warm clothes, performing regular physical and verbal exercises in a dry place

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<sup>111</sup>Ibid, p. 63.

<sup>112</sup>Ibid, p. 64.

<sup>113</sup>Ibid.

<sup>114</sup>Ibid, p. 63.



and staying in the sun and fire. One should also avoid an unhealthy diet, unhealthy lifestyle and day time sleep.<sup>115</sup>

B) The specific treatment of phlegm disorders is divided into its types, location, specific types and dependent disorders.

- i) Types: One example of treatment based on its type is *baekan chaagdek*<sup>116</sup>, it can be cured by using a mixture of *chongshhi* (botanical name- *calcite*) ash or a mixture of sharp ash<sup>117</sup>, and as such treatment helps in extracting impurities like mucus layers. Hence, the disorder can be removed through the process of cleansing. After cleansing process is done, apply the mixture of *sedu*. If still the disorder persists, then apply Moxibustion on both front and back the sides of stomach.
- ii) Location: A disorders based on its location is phlegm disorder in the stomach. First, the mixture of *sedu ngapa* (five types of pomegranate) or the mixed components of *dhatig* (Chinese magnolia vine), *kharu tsha* and *shingkun* should be apply in affected area, then Moxibustion should be performed on either front or back side of the stomach, based on the location of disorder.<sup>118</sup>
- iii) Specific Type: One example of phlegm disorder based on its specific type is supporting phlegm disorder. Firstly, the patient should be perform emesis made from *chang tsher* (botanical name- *cryptothladia polyphylla*), then use a mixture of *sedu ngapa* or *chongshhi drukpa* and lastly, Moxibustion should be perform on the eighth vertebra.<sup>119</sup>

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<sup>115</sup>Ibid.

<sup>116</sup>A digestive disorder characterized by an excess formation of mucus in the stomach leading to the building of layers of plaited surfaces on the stomach.

<sup>117</sup>The strong medicinal ash compound here refers to the compound formed by adding wild yak horn, the three hot herbs, *shudag* (sweet flag) and *shingkun* to the smooth medicinal ash compound mentioned in the subsequent tantra.

<sup>118</sup>Ibid, p. 69.

<sup>119</sup>Ibid, p. 70.

iv) Dependent: An example of phlegm disorder based on its dependents is *baekan serpo*<sup>120</sup>. It can be treated with the use of mixed medicinal properties like *chha nyam shhithang* and *sedu gyepa* (eight types of pomegranates), after that emesis should be performed by using *ser gyi phue bu* (sponge gourd), followed by warm natured cleansing with medicinal substances like *arura*, *laetae*, *kanta kari*, *dhong ga* (golden shower tree), *chum tsa* (botanical name- *rheum palmatum*) and *manu* (elecampane). Finally, venesection should be done in *ser dhung*<sup>121</sup>, after that mixture of *chongshhi drukpa* (six compound of *calcite*) should be used and consumed food like fresh meat, butter, cow milk and *zho*<sup>122</sup> milk.<sup>123</sup>

### The Subsequent Tantra

The Subsequent Tantra is the fourth book of *Gyu-zhi*, consisted of Twenty-seven chapters and it explained in detail about the- pulse and urine examination, pacifying medications, evacuative therapies and mild and drastic external therapies. Since, dealing with all these chapters is not possible. Hence, from this fourth book of *Gyu-zhi*, this work deals with the pulse and urine examination, it is a general topic and used in examining all kinds of disorders.

- 1) Pulse Examination: The pulse in the body of a person act as a messenger for the physician, who will diagnose the disorders, according to the rate of the pulse. The pulse examination of the body is categorised under thirteen sections and they are as follows: A) preliminary instructions on diet and lifestyle, B) appropriate time for examination, C) proper place for finger placement, D) finger pressure to be

<sup>120</sup>A phlegm disorder associated with bile.

<sup>121</sup>A venesection point located at the right side of the forehead measuring two fingerbreadths towards the right side from the midpoint between the right and left eyebrow, and then measuring four fingerbreadths upwards.

<sup>122</sup>Hybrid of yak and cow or bull and female yak).

<sup>123</sup>Ibid, p. 71.

applied on the pulse, E) methods of pulse examinations, F) the three constitutional pulses of a healthy person, G) calculation based on the four seasonal pulses in relation to the five elements, H) the seven wondrous pulses of a healthy person, I) determining healthy and unhealthy state of a person based on the number of pulse beats, J) determining a disorder through the general and specific pulses, K) prognosticating death or survival through the three death pulses, L) appeasing the related evil spirits through rituals after reading the evil spirit pulses and M) understanding the lifespan of a person through *laa*<sup>124</sup> pulse.<sup>125</sup>

A) Preliminary Instructions: The preliminary instructions on diet and lifestyle constitute the avoidance of consuming nutritious and warm diets, such as meat and *chhang*. Other dietary habits like consuming of foods with extremely cold in nature and indigestible foods can disturb the nature of order. To have a proper diagnosis of the disorder, one should avoid certain things like empty stomach, excess eating, indulging in sexual activity, lack of sleep, excess involvement in activities like verbal and mental, tiring physical activities and inactive way of life. If the mentioned activities are followed strictly, the three imbalance states will not get disturbed further and a proper diagnosis is possible. In sudden cases, if a pulse has to be diagnosed immediately, the patient should be given time to take some rest so that their breathing will return to normal. One thing has to be kept in mind; the pulse level intensity is not affected by any condition.<sup>126</sup>

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<sup>124</sup>The subtle energy of life force that moves and resides on the specific site of the body for a period of time.

<sup>125</sup>Gonpo, Yuthok Yonten. *The Fourth Part Called the Subsequent Tantra from the Secret Quintessential Instructions on the Eight Branches of the Ambrosia Essence Tantra*. Translated by Paljor, Thokmay, et al., Men-Tsee-Khang Publication, Dharamsala, 2018, p. 7.

<sup>126</sup>Ibid, pp. 7-8.

- B) Correct Time for Pulse Examination: The correct time for the pulse examination is in the early morning on an empty stomach or before taking any food. When the sun has just come up in the sky and its rays have not yet touched the plains. When the internal warm breath is not exhaled, the external cold air is not inhaled. It is the correct time for the pulse examination, as the respiration and the *sib*<sup>127</sup> and *dhaag*<sup>128</sup> energies are in a stable state, and the pulses are in their unchanged form.<sup>129</sup>
- C) The Proper Place for Finger Placement: The perfect place for the finger placement is on the protuberant bone surface, which is one fingerbreadth downwards from the first line of the wrist. Place the index, middle and ring fingers evenly on this particular place.<sup>130</sup>
- D) Finger Pressure on the Pulse: Finger pressure on the pulse differs with each finger. The pressure of the three fingers, i.e., index, middle and ring, should be good enough to feel the pulse beneath the skin, flesh, and bone clearly.<sup>131</sup>
- E) Methods of Pulse Examination: While examining the pulse, the examiner hand should be warm, smooth and soft or flexible enough with equal temperature of hand and body. A male patient pulse can be examined by their left hand and a female patient pulse can be examined by their right hand.<sup>132</sup>

Following are the importance of each finger and its reading capacity: When the physician's right hand fingers examines the patient's left hand then the given pulses can be examined; i) the pulses of heart and small intestine can be read with

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<sup>127</sup>It denotes various meanings in various contexts such as night time, left side, inhalation, the six vessel organs, and cold nature. It is an antonym for *dhaag*.

<sup>128</sup>It denotes various meanings in various contexts such as day time, right side, exhalation, the five vital organs, and hot nature. It is an antonym for *sib*.

<sup>129</sup>Ibid, p. 8.

<sup>130</sup>Ibid, p. 9.

<sup>131</sup> Ibid.

<sup>132</sup> Ibid, p. 10.

index finger, ii) the pulses of spleen and stomach can be read with middle finger, iii) the pulses of left kidney and seminal vesicle can be read with ring finger. Likewise, when the physician's left hand fingers examine the patient's right hand then the given pulses can be examined; i) the pulses of lungs and large intestine can be read with the index finger, ii) the pulses of liver and gall bladder can be read with the middle finger and iii) the pulses of the right kidney and urinary bladder can be read with ring finger. If this process has to be examined in a female patient, the index fingers should be reversed from left to right and so on. The reason for the reversal examination between the male and the female is that in the males, the tip of the heart is slightly tilt towards the left and in the case of female it slightly tilt towards the right.<sup>133</sup>

F) The Constitutional Pulses: The constitutional pulses are divided into three types: male, female and bodhisattva. The pulse of the male beats bulky and coarse; the pulse of the female beats fast and thin, whereas the pulse of the bodhisattva beats smooth, soft and continuous. Similarly, a male will have a long life if they have a female pulse; a female will give birth to more sons and earn more wealth if she has a male pulse; and if both husband and wife have a bodhisattva pulse, it means i) less illness with long life span, ii) their elders will love them and hated by their younger one, and iii) their three closest relatives will act like enemies, which ultimately led to the end of the family lineage. Likewise, a wife gives birth to more sons if both the husband and wife have male pulses and more daughters if both have female pulses. Lastly, if one partner has either a male or a female pulse and the other has bodhisattva pulse,

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<sup>133</sup> Ibid.

they will have only one child, either male or female; it depends on their pulse characteristics.<sup>134</sup>

G) Calculation of the Four Seasonal Pulses: The calculation of the four seasonal pulses in regard to the five elements is done. Firstly by comparing the types of pulse with the seasons and the essential nature of the vital organs. The four seasons include i) the three months of spring, ii) the three months of summer, iii) the three months of autumn, iv) the three months of winter, and one intermediate season, i.e., midsummer and midwinter, in addition to four seasons, makes a total of five seasons. The five elements are wood, fire, earth, metal and water. Secondly, it can also be calculated through the relationship between mother-child and enemy-friend: i) If the pulse of individual beats equivalent to the mother type pulse, every good thing will happen in one's life ii) if the pulse of an individual beats equivalent to the child type pulse, more power will be enjoyed by one iii) if the pulse of an individual beats equivalent to the enemy type pulse, either one will die of an uncontrollable disorder or misfortune will occur in one's life and iv) if the pulse of an individual beats equivalent to the friend type pulse, more fortune will be blessed upon one.<sup>135</sup>

H) The Seven Wondrous Pulses: The seven wondrous pulses are examined to predict: i) Pregnancy, ii) examination of substitute pulse, iii) influences of evil spirits, iv) wealth and fortune, v) one's enemy, vi) an approaching guest, and vii) family conditions.<sup>136</sup>

I) Determining the Healthy and Unhealthy State of a Person: It is determined based on the number of pulse beats. For example- a healthy person's pulse normally beats for five times in a one complete respiratory cycle, and the pulse

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<sup>134</sup> Ibid, p. 11.

<sup>135</sup> Ibid, pp. 11-15.

<sup>136</sup> Ibid, p. 15.

should beat at the same rate for one hundred times without any disturbances in its beat, without any rise, fall, submerge and overflowing of beats, without any pause, retraction, looseness and tightness of pulse beats on the lower and upper part of the fingertips. If anything goes wrong in the above mentioned pulse, beats can be considered as unhealthy pulse. Therefore, in one complete respiratory cycle, if the pulse beats is more than five or less than five beats in a healthy person, it indicates hot and cold disorder, respectively.<sup>137</sup>

- J) Determining a Disorder through the General and Specific Pulses: i) General pulses- The general pulses diagnosis is divided into six categories, which distinguish the hot and cold natures of disorders: a) The distinctive pulse types of hot disorders are strong, overflowing, rolling, fast, twisted, and taut, and it appears in three different natures based on its frequency, height and in-depth strength. A pulse having more frequency and lofty height shows newly formed disturbed and infectious hot disorders, whereas in-depth strength pulse shows chronic hot disorders. b) The distinctive pulse types of cold disorders are sunken, declining, weak, slow, loose and empty. In-depth strength pulse shows a new case of cold disorder and less frequency and low height pulse shows chronic cold disorder. ii) The Specific- the specific diagnosis of disorders is categorised into two types: a) by distinguishing the different disorders through specific pulse types. B) Examining twelve different pulsations felt under the index, middle and ring fingers, determining whether a disorder is located in the lower or upper body, vessel organs or specific vital organs.<sup>138</sup>

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<sup>137</sup>Ibid, p. 21.

<sup>138</sup>Ibid, p. 22.

- K) Death Pulse: The death pulse is categorised into three kinds: i) Changing pulse characteristics, ii) absence of pulse and iii) pause in pulse.<sup>139</sup>
- L) The Evil Spirits Pulse: The evil spirits pulse do not beat in a regular manner and led to uncertain halts, fluctuations, retracting and concurrent beats, for example: i) Negative influence from one's god and protector is seen, if the evil spirit pulse type appear on the heart pulse, ii) harmful influences from *looh dhue*<sup>140</sup> and *looh tsen*<sup>141</sup> is seen, if the evil spirit pulse type appears on the lung pulse, iii) harmful influences from *sa dhag*<sup>142</sup>, *dhamst*<sup>143</sup> and *dremo*<sup>144</sup> is seen if the evil spirit pulse type appears on the liver pulse, and so on. Once the effecting spirit is identified, various means of treatment should be carried out, as per the local customs and rituals; such as- thread cross rituals, exorcism rituals by competent lamas, blessings receiving from holy beings, reading holy scriptures, etc.<sup>145</sup>
- M) Examining *laa* pulse: i) One's life will be stable if *laa* pulse is present and beats normally, ii) one's life will be unstable if *laa* pulse beats with lots of instability, iii) one's life will end if *laa* pulse does not beat at its own site. But with the performing of long-life rituals, one's life can be recalled and save from approaching death. Therefore, a hundred years of lifespan means a hundred uniform beats of *laa* pulse and fifty years means fifty uniform beats

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<sup>139</sup>Ibid, p. 27.

<sup>140</sup>Hybrid offspring of *looh* (a serpent spirit, similar to Sanskrit term naga) and demon.

<sup>141</sup>Hybrid evil spirit of *looh* and mountain dwelling spirit.

<sup>142</sup>A class of evil spirits that claims to be the owner of the earth, usually known as the landlord spirit.

<sup>143</sup>The demonic spirit of a monk or a nun formed as a result of breach of vows or commitment as well as recitation of evil mantra.

<sup>144</sup>The female demon.

<sup>145</sup>Ibid, pp. 29-30.



of *laa* pulse. Thus, one whole year of existence means each single beat of *laa* pulse.<sup>146</sup>

2) Urine Examination: The urine examination for a doctor is like a mirror, which replicating the exact condition of the health. This urine examination process is classified into eight categories: A) Preliminaries, B) appropriate time for urine analysis, C) urine container, D) urine formation, E) urine of a healthy person, F) urine of an unhealthy person, G) urine indicating an approaching death and H) urine indicating evil spirit influences.<sup>147</sup>

A) Preliminaries: For urine analysis, the preliminary measures should be taken an evening before the examination, such as- i) avoiding drinking too much strong tea, buttermilk, fresh and old *chhang*, because it can change the colour of the urine specimen, ii) avoiding getting thirsty, lack of sleep, inactive lifestyle, sexual activities and unnecessary indulgence in mental and physical activities, because it can disturb the state of the urine. Urine collected after midnight is useful for diagnosis because the urine collected before midnight is influenced by food. Hence, it should be emptied before midnight.<sup>148</sup>

B) Appropriate Time for Urine Analysis: Since the urine analysis is done based on its colour, steam and *kuya*,<sup>149</sup> the appropriate time for its analysis is in the morning, when the urine container is touched by the sunbeams.<sup>150</sup>

C) Urine Container: Analysis of the urine in the right container is must so that the colour of the urine does not change, such as white steel, bell-metal basin and white porcelain cup. One should avoid using containers like brass bowls,

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<sup>146</sup> Ibid, pp. 30-32.

<sup>147</sup> Ibid, p. 33.

<sup>148</sup> Ibid, pp. 33-34.

<sup>149</sup> The waste material of bile which appears in both healthy and unhealthy urine of a person. It appears more in case of hot disorders and less in case of cold disorders.

<sup>150</sup> Ibid, p. 34.

copper container, red reflection container and earthen container, as they will affect the urine colour. However, if an appropriate container is not available, it can also be analysed by placing reeds or white straws or any white coloured materials at the bottom of the container.<sup>151</sup>

D) Urine Formation: When the consumed food and drinks are processed into refined and residual portions, the urine formation starts to begin in the stomach. The residual portion then moves to intestine and divided into solid and liquid forms. The liquid then passes through the intestinal channel and is collected in the urinary bladder. Meanwhile, the refined portion passes through the livers mechanism and transformed into blood. Then, the waste product of the blood, i.e., bile, is stored in the gallbladder. The refined form of bile turns into *chhuser* and its waste into *kuya*. *Kuya* then collects in the urinary bladder along with the urine after passing through the urinary channels. Hence, the colour of the urine is influenced by the food we eat and since the *kuya* originates from the place of bile and blood, the urine examination clearly verifies whether the nature of the disorder is of cold or hot type.<sup>152</sup>

E) Urine of a Healthy Person: A healthy person's urine is similar to the colour of melted butter from a *dri* and has a minor urinal smell. The intensity and duration of the urine vapour is of moderate type. The size of the bubble is of moderate type and has uniformly dispersed *kuya*. The cream formation on the urine surface resembles the scum formed in the stagnant pond. The change in the urine takes place from the peripheral towards the center, when the steam disappears, and the urine appears more clear and whitish yellow.<sup>153</sup>

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<sup>151</sup>Ibid.

<sup>152</sup>Ibid, p. 35.

<sup>153</sup>Ibid, pp. 35-36.

- F) Urine of an Unhealthy Person: The urine of an unhealthy person is basically divided into the general and specific. i) The general- in general there are three periods and nine modes of analysis. ii) The specific- specific is divided into the hot disorder urine and cold disorder urine.<sup>154</sup>
- G) Urine Indicating an Approaching Death: Following are the few examples of the approaching death through urine.
- i) In hot disorders, an approaching death through urine can be identified when the colour of urine appears bloody and smells like decayed leather, and even after the treatment no sign of any improvement can be seen.<sup>155</sup>
  - ii) In cold disorders, an approaching death through urine can be identified when the colour of the urine appears bluish without any smell, stem, or taste, and even after the treatment, no sign of any improvement can be seen.<sup>156</sup>
  - iii) In wind disorder, an approaching death through urine can be identified, when the urine's colour resembles spoiled vegetable soup, with a separate pattern between the refined and the residual form.<sup>157</sup>
  - iv) In bile disorders, an approaching death through urine can be identified, when the colour of the urine resembles a spoiled decoction of *chhu tsa* with a separate pattern between the refined and the residual form.<sup>158</sup>
  - v) In phlegm disorders, an approaching death through urine can be identified when the colour of the urine resembles spoiled milk with a separate pattern.<sup>159</sup>

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<sup>154</sup>Ibid, pp. 36-41.

<sup>155</sup>Ibid, pp. 43-44.

<sup>156</sup>Ibid, p. 44.

<sup>157</sup>Ibid.

<sup>158</sup>Ibid.

<sup>159</sup>Ibid, p. 45.

H) Urine Indicative Evil Spirit Influences: The examination of the urine indicating the evil spirit influences, here in this sub-topic is explained in an image of a tortoise, which is as follows- the tortoise is first imagined lying in a position of north-south, where head the is positioned on a southern side. Then, it is divided into two horizontal and two vertical lines, making it into nine portions. The three portions on the right side of the tortoise are positioned as the places of God, humans and evil spirits. The three portions on the left side of the tortoise are positioned as the places of cemetery, house and field. And the three central portions are positioned as ancestor, self and child.<sup>160</sup>

In these nine portions of the tortoise, when there occur certain problems like formation of various images, slow or no changes in the urine like an appearance of bubbles or eyes of a fish, etc., are considered as the signs of the evil spirit influences.<sup>161</sup>

### **Traditional *Sowa-Rigpa* Equipments to Treat Various Diseases**

*Sowa-rigpa*, a traditional medicinal system has a long history of its use of variety of technique and equipments. Hence, in the following, we will be discussing about the use of different equipment to treat various health problems.

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<sup>160</sup>Ibid, pp. 45-46.

<sup>161</sup>Ibid, p. 46.

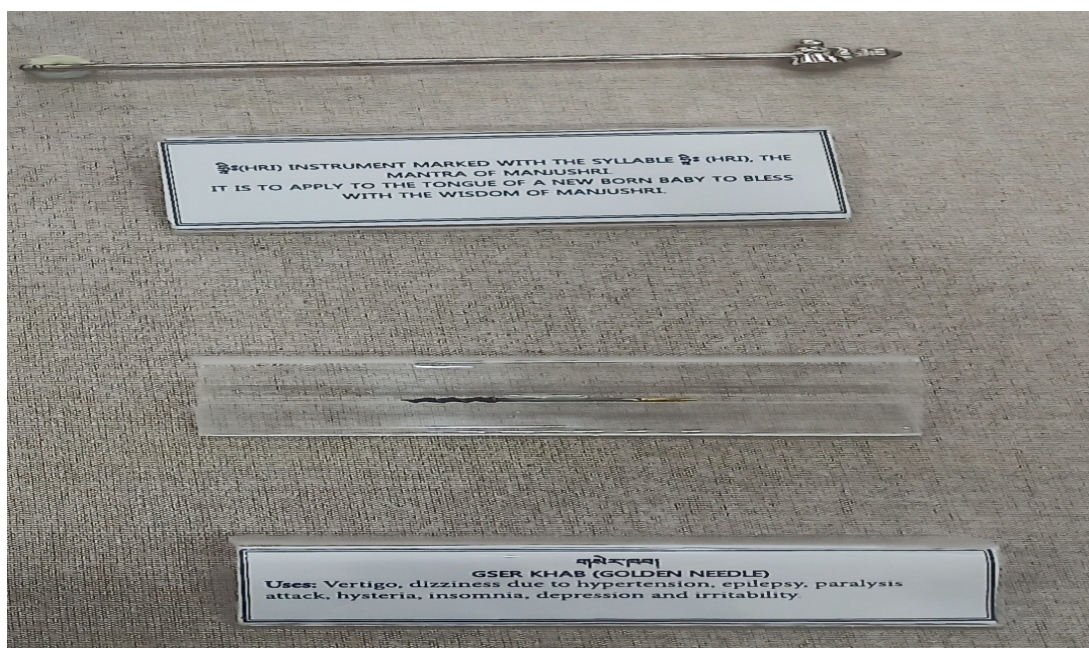


**Fig. 3.1:** (a) Copper Hammer and its Supplementary Tool- Uses: Dry up pus, treats *Chu ser* disorder, weak digestion, tumour, dazed mental state, epilepsy, paralysis and *lung* disorders, (b) Silver Hammer and its Supplementary Tools, Uses: Treats *Chu ser* disorder, weak digestion, tumour, dazed mental state, epilepsy, paralysis, *lung*, cold disorders and dry up pus, (c) Golden Hammer and its Supplementary Tools, Uses: To treat lack of digestive heat, tumour, body ache, dazed mental state, insanity, epilepsy, paralysis, *lung* and cold disorders. Photo taken by the Research Scholar at Men-tsee-khang, Sowa-Rigpa Museum in Gangchen Kyishong, Dharamshala, on 20/10/2022.

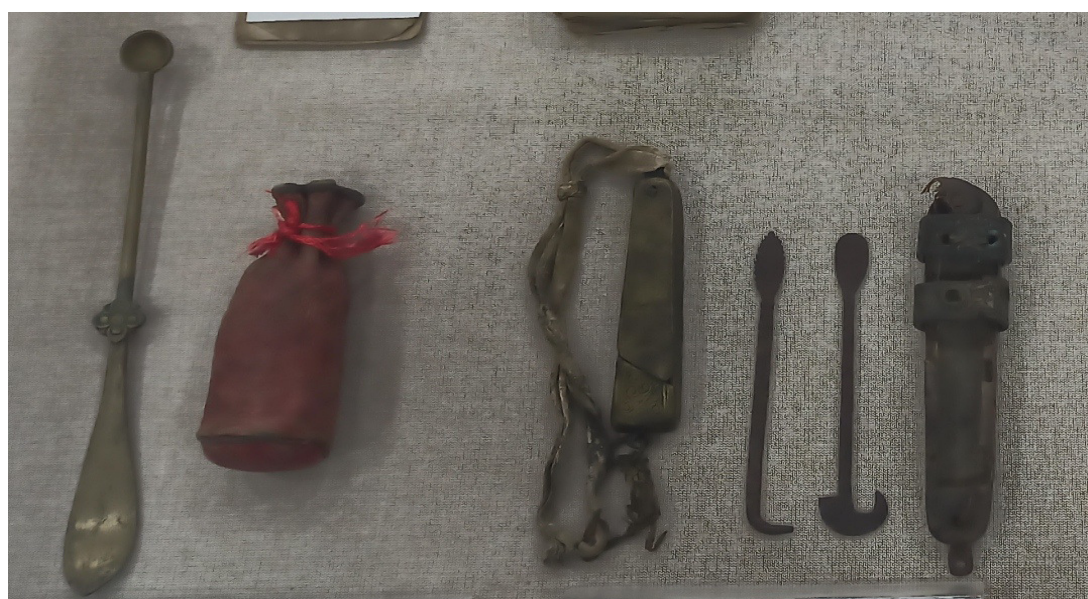


**Fig. 3.2:** Above (a) Bronze Hammer and it's Supplementary Tools- Uses: To treat tumour, insanity, body ache, cold disorders, dazed mantel state, epilepsy, and to improve digestive heat. Below (b) Brass Hammer and its Supplementary Tools- Uses: To treat tumour, insanity, body ache, cold disorders, excess accumulation of fluid in the joints, etc. Photo taken by the Research Scholar at Men-tsee-khang, Sowa-Rigpa Museum in Gangchen Kyishong, Dharamshala, on 20/10/2022.



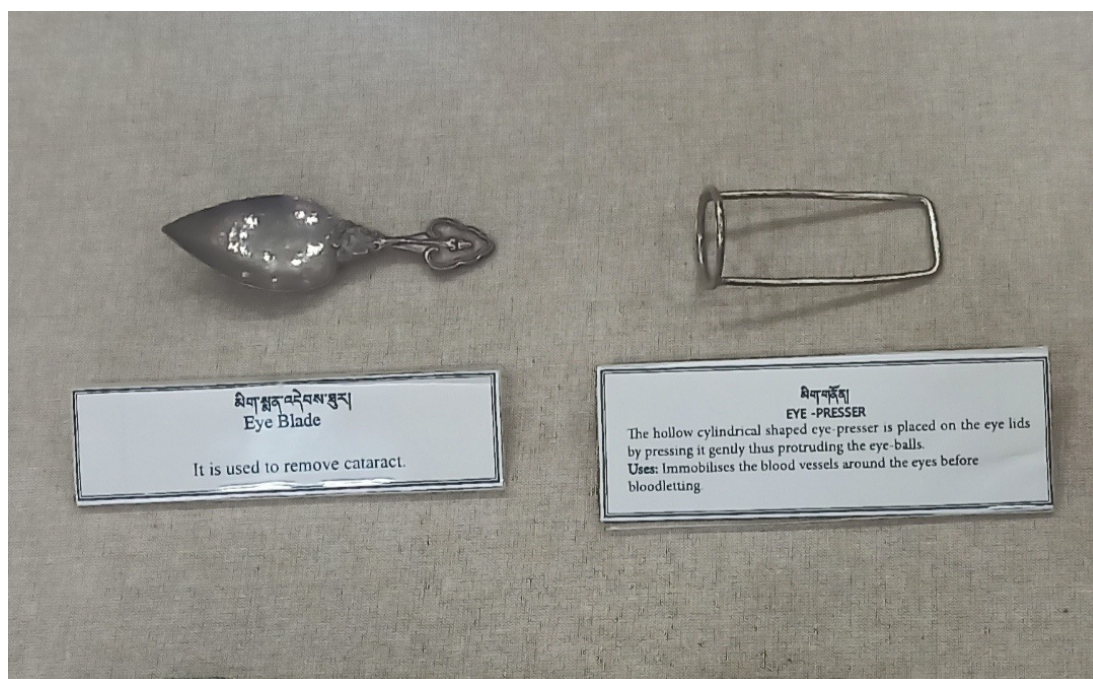


**Fig. 3.3:** Above (a) Instrument Marked with the Syllable (*Hri*), the Mantra of Manjushri- Uses: It is to apply to the tongue of a new born baby to bless with the wisdom of manjushri. Below (b) Golden Needle- Uses: Vertigo, dizziness due to hypertension, epilepsy, paralysis attack, hysteria, insomnia, depression and irritability. Photo taken by the Research Scholar at Men-tsee-khang, Sowa-Rigpa Museum in Gangchen Kyishong, Dharamshala, on 20/10/2022.

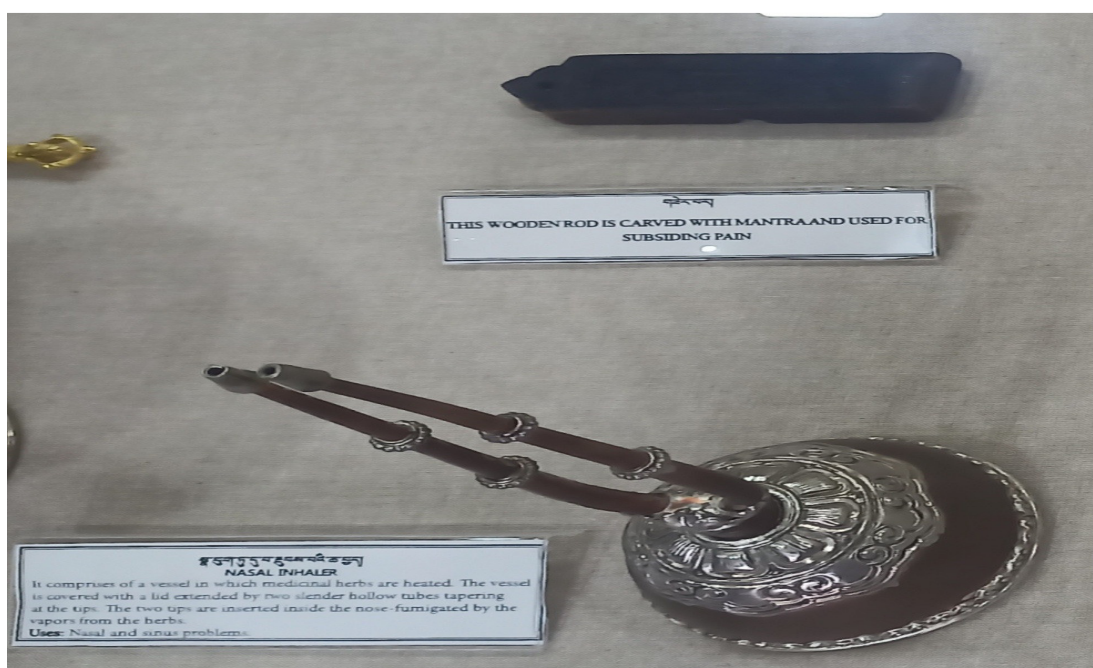


**Fig. 3.4:** Left (a) it is used for measuring dosage of medicinal powder and medicinal container. Right (b) Venesection Blade- it is used to treat blood and hot disorders. Photo taken by the Research Scholar at Men-tsee-khang, Sowa-Rigpa Museum in Gangchen Kyishong, Dharamshala, on 20/10/2022.





**Fig. 3.5:** Left (a) Eye Blade- it is used to remove cataract. Right (b) Eye Presser- the hollow cylindrical shaped eye presser is placed on the eye lids by pressing it gently thus protruding the eye-balls- Uses: Immobilises the blood vessels around the eyes before bloodletting. Photo taken by the Research Scholar at Men-tsee-khang, Sowa-Rigpa Museum in Gangchen Kyishong, Dharamshala, on 20/10/2022.







**Fig. 3.6:** Above (a) this wooden rod is carved with mantra and used for subsiding pain. Below (b) Nasal Inhaler- it comprises of a vessel in which medicinal herbs are heated. The vessel is covered with a lid extended by two slender hollow tubes tapering at the tips. The two tips are inserted inside the nose fumigated by the vapours from the herbs- Uses: Nasal and sinus problems. Photo taken by the Research Scholar at Men-tsee-khang, Sowa-Rigpa Museum in Gangchen Kyishong, Dharamshala, on 20/10/2022.

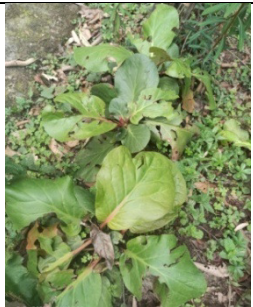
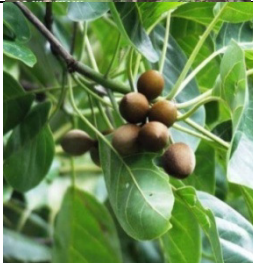

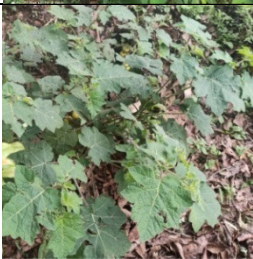


### Traditional *Sowa-rigpa* Plants found in Sikkim



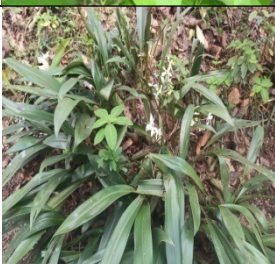

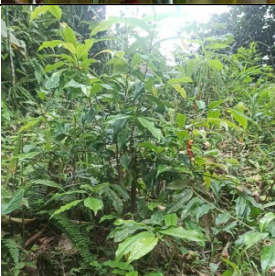
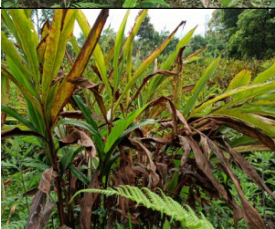
The knowledge of plants in the *Sowa-rigpa* practices has been witness since the beginning of the system. Hence, in the given below table, we will discuss about the different use of plants and herbs as medicine by the Tibetan doctors or *Amchi's* in Sikkim.




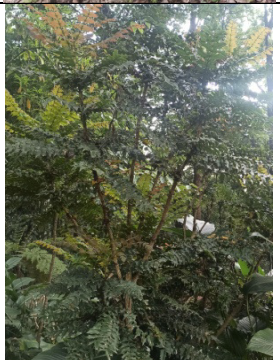

**Table No. 3.1: List of Different *Sowa-Rigpa* Plants Found in Sikkim**

Sl. No.	Scientific Name	Romanised Tibetan Name	Health Problems	Parts of the Plant Use	Image of the Plant
1.	<i>Acorus calamus</i>	<i>Shudag nagpo</i>	Indigestion, dyspepsia and fever	Root	
2.	<i>Tarminalia chebula</i>	<i>Arura</i>	Treat all disorders	Roots, trunk, bark, branches, leaves, flowers and fruit	
3.	<i>Phyllanthus emblica</i>	<i>Kyurura</i>	Fever and blood purifier	Fruit	
4.	<i>Justicia adhatoda</i>	<i>Vasaka</i>	Blood infection and fever	Leaves	




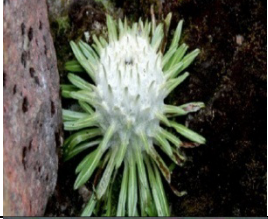










5.	<i>Bergenia stracheyi</i>	<i>Li Khatur</i>	Cold and cough	Root	
6.	<i>Terminalia belerica roxb</i>	<i>Ba ru ra</i>	Blood diseases, indigestion, leprosy, vomiting and diarrhoea	Fruit	
7.	<i>Koenigia mollis</i>	<i>Eya-lo</i>	Constipation	Stem	
8.	<i>Kantakari virginianum</i>	<i>Kan takari</i>	Flue, influenza, cold and cough	Stem	
9.	<i>Rubus ellipticus</i>	<i>Gah-trah</i>	Weakening of the senses, vaginal or seminal discharge, cold and cough	Inner bark of the stem	
10.	<i>Rubus niveus thumb</i>	<i>Kan takari kapo</i>	Cold and cough	Stem	

11.	<i>Artemisia absinthium</i>	<i>Khempa</i>	Cut, wounds and swelling	Leaves and stem	
12.	<i>Tinospora cordifolia</i>	<i>Ley-Trey</i>	Arthritis, gout, contagious fever, etc.	Stem	
13.	<i>Dedrobium moniliforme (L)</i>	<i>Pu shel tse</i>	constant vomiting and chronic gastritis	Root	
14.	<i>Rhododendron prezewalskii</i>	<i>Tagh-Mah</i>	Stops flow of bleeding in the thoracic region while injured	Flower	
15.	<i>Myrsine semiserrata</i>	<i>Tshu-khen</i>	Lungs, fever, kidney and trauma	Leaves	
16.	<i>Amomum subulatum roxb</i>	<i>Kakola</i>	Spring pain	Ground dried seeds	

17.	<i>Rubia cordifolia L</i>	<i>Tzöh</i>	Lungs, kidney, intestines and blood disorder	Stem and Roots	
18.	<i>Saussurea costus</i>	<i>Rhoo-thah</i>	Related to all digestive problems, swelling of stomach, pulmonary disorder, etc.	Rhizome	
19.	<i>Asparagus racemosus</i>	<i>Nyay-shing</i>	Pain in hip or kidney, skin problems and also act as immune booster.	Tuber	
20.	<i>Berberis x hortensis</i>	<i>sKerpa Nagpo</i>	Eye related problems	Middle portion of the stem	
21.	<i>Fragaria orientalis lozinsk</i>	<i>Dee-tah-sah-zhee</i>	Nerves system and fever	Entire plant	



22.	<i>Rheum nobile</i>	<i>Choo-Mah-Tzee</i>	Swelling and fullness of abdomen, nausea and vomiting, etc.	Stem and flower	
23.	<i>Picrorhiza kurroa</i>	<i>Hong-len</i>	Viral, bacterial and fungal infections.	Roots	
24.	<i>Soroseris hookeriana</i>	<i>Sol-gong-sel-po</i>	Hypertension, bleeding and upper backache	Whole part of the plant	
25.	<i>Saussurea gossypiphora</i>	<i>Chya-gya-suk-pa</i>	Cuts, wounds, asthma, rheumatism and bronchitis	Whole part of the plant	
26.	<i>Dactylorhiza hatagirea</i>	<i>Wang-look or wangpo lakpa</i>	Used as nervine tonic for its astringent and aphrodisiac properties	Tuber	
27.	<i>Cyananthus lobatus</i>	<i>Ngön-bhoo</i>	Constipation and other serious disorders	Flowers	
28.	<i>Gentiana urnula</i>	<i>Gangga-chhung</i>	Digestive and liver problems	Whole part of the plant	
29.	<i>Fritillaria cirrhosa</i>	<i>Abhi-khya</i>	Poison and menorrhagia	Whole part of the plant	

30.	<i>Saussurea obvallata</i>	<i>Sah-du-goh-ghoo</i>	Urinary infections and sexually transmitted diseases	Entire plant	
31.	<i>Meconopsis horridula</i>	<i>Ajya-chel-mon</i>	Heat and pain	Whole part of the plant	
32.	<i>Saxifrage umbellulata</i>	<i>Sum-chu-tigta</i>	Fatty liver diseases and liver cancer	Whole part of the plant	
33.	<i>Eriophyton wallichii</i>	<i>Dutchi-gang-syampa</i>	Inflammation of lungs and wounds	Whole part of the plant	

**Interviewed:** Zamyang Sherpa, *Sowa-rigpa* department, NIT Deorali, (Male), 25 years, East Sikkim, on 28/04/2022.

### 3.1b) Natural Folk Medicine and its practices among the Bhutia community in Sikkim

The common Bhutia community of Sikkim though mostly rely on their faith healers for most of their common health issues, but they also have their traditional medicinal practitioners consisting of vast knowledge on the use of different medicinal herbs, part of animals, etc., to cure different health diseases. According to Juha Yliniemi, he mentioned “Biodiversity in Sikkim is also reflected in its languages. Lhoke, a Tibetic language, has a much richer vocabulary for flora and fauna...The Lhopo flora and

fauna remain a fertile field for ethno-botanical studies.”<sup>162</sup> Therefore, in the following, we will be discussing about the traditional knowledge of the medicinal practices of the common Bhutia community of Sikkim.

Norbu Bhutia is a traditional medicinal practitioner of Thingchim village who cures many health diseases using different medicinal herbs, plants etc. His knowledge of curing different health diseases using of different medicinal plants and herbs is mentioned in the table below (3.1), but apart from it, he also cures many health problems through certain mantras and benediction from a Buddhist text called “*ngba bum*”. He mentioned that this holy text contains every mantra, which can cure different health problems. According to him, for patients suffering from snake, dog and black spider bites, food poisoning, etc., providing only medicine is not sufficient, but alongside certain mantras and benedictions, is also required to cure the patient. For cases related to poisoning from snake, dog and spider bites, he gives the patient some drops of stingless bee honey and a small amount of the honey he applies to the infected areas and then chants the mantras from the holy text. He also mentioned that while treating patients with such poisoning cases, he mostly uses the stingless bee honey because a patient with sugar, gastric, ulcer, etc., faces more problems if Himalayan bee honey is used and affects their bodies more. While making medicine, it has to be kept in mind that the medicines are clean and not covered with dust because that will lead to infection or side effects. Even giving the medicines, patient age is important because different age groups should be provided with different doses of medicine or else it will have side effects. For problems like animal scratches in the body, to prevent it from getting infected, he applies the paste of turmeric and honey of

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<sup>162</sup>Yliniemi, Juha. “The Life of a Semi Urban Lhopo/Sikkimese Bhutia Family.” *Himalayan Discoveries: an interdisciplinary journal on Himalayan studies*, vol. 2, no. 1, 2018, pp. 95-109. HELDA, Stable URL: <http://hdl.handle.net/10138/301106>, pp. 95-96.

stingless bees. Calmaic is a plant which is used for blood pressure, diabetics, and can also cure patients with stage one cancer. He further mentioned that these days, animal parts are not allowed but earlier when modern medicinal facilities were not there, there forefather use to cure certain health problems like jaundice and heart problems with the meat of musk deer and bear bile. Although, on average, one to three patients visits him every day, he never accepts fees because he had a guru or teacher, with whom he swore, that he would not take any money while caring of a patient or sharing his knowledge in exchange of money. Most of the herbs he grows in his gardens or obtains from the jungle, and few of them, he buys from other places.<sup>163</sup>

Likewise, Yab. Loboan Tempa Gyatso, an estate manager and in-charge of Pemayangtse Monastery, mentioned that when he was small, most of the health-related problems were cured by local medicinal practitioners. He has witnessed many incidents as such, for example- during bone fractures. First, they adjust the bones, and some medicinal herbs are applied; after that, the fractured area is covered by a cloth and tied it with the bamboo and within a week or ten days, the fracture will get cured. Apart from that, many other health issues like worms, pneumonia, eye problems, toothache, stomach pain, rabid dog bites, etc., are also cured by the local medicinal practitioners. He also mentioned an incident when he was small; their cow got wounded by a knife, which led to maggot infection. Although his father tried to cure the wound, he was not able to treat her. Then there was an old medicinal practitioner from their village, who was called by his father to look into the wound. After some observation, he then collected a few herbal plants from the forest, mix those herbs with the salt and gave them to the cow. Within a minute, all those maggots fell out of the wound and the wound started to heal from the next day onwards. There are also

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<sup>163</sup>Interviewed Norbu Bhutia (farmer and medicinal practitioner), (M), 72 years, Upper Thingchim, North Sikkim, on 14/06/2022.

many medicinal herbs and plants which can cure the problems of rabid dogs and cows; in this process, these animals get cured by giving them a few herbal medicines which lead to bloodletting through their urine, and similarly, if any human is affected by a rabid dog bite, through the same process, they can also get cured.<sup>164</sup>

Similarly, according to Karma Lopsang Bhutia, by accident, if someone cuts their hand and led to continuous flow of blood, immediately applying a person's urine can stop the flow of blood and also have less chance of getting infected. If the wound is big, then after applying the urine, tying or wrapping it with a spider web and covering it with a clean cloth can help it healed within days. If possible, putting the juice of *banmara* (botanical name- *Eupatorium cannabinum*) leaf is more effective but it should also be kept in mind that the leaf of the plant should be clean and no insect should be there, otherwise it will lead to infection. Sometimes, a painful lump or knot is formed above the thigh of a person, which is called "*lenchom knou*" in Bhutia language. This can be cured by cutting the nail on the same side of the leg where the lump or knot is formed. Then the nail is to be burn with a fire, and the smoke which comes from the fire has to be smelled from the same side of the nose. It will cure the problem, or it can also get cured by placing the cold knife or rock in the knot or lump. They also mentioned, traditionally among the Bhutia community, whenever they have problems related to certain health problems like body aches, body pain, etc., they put the bark of the tree called "*pi sing*" in the traditionally made small hot bath (it is made by digging a small hole on the ground and the burned rock is put inside the hole half full of water), which will help them cure many diseases, body ache, body pain, etc.<sup>165</sup>

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<sup>164</sup>Interviewed Yab. Loboan Tempa Gyatso (Monastery's estate manager and incharge of Pemayangtse monastery), (M), 70 years, Pelling, West Sikkim, on 01/06/2022.

<sup>165</sup>Interviewed Karma Lopsang Bhutia (Graduate Teacher, West Point Sr. Sec. School), (M), Tathangchen- SNT Colony, East Sikkim on 19/05/2022.







**Fig. 3.7:** Image of the traditionally made hot bath, used by the Bhutia community of Sikkim.





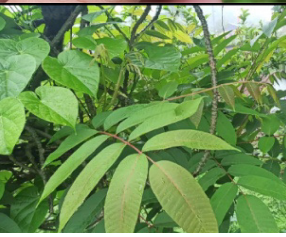
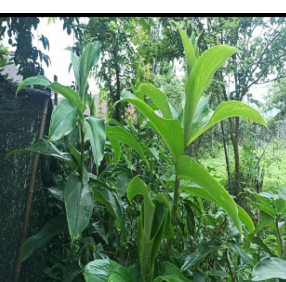


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Bhaichung Bhutia, further mentioned that if a person gets injured by a rusty nail, it can be cured by using a piece of cloth, where the cloth should be burned and that burning cloth should be placed into the affected area can cure the wound and prevent it getting infected.<sup>166</sup>

**Table No. 3.2: List of Traditional Medicinal Plants used by the Bhutia Community of Sikkim**

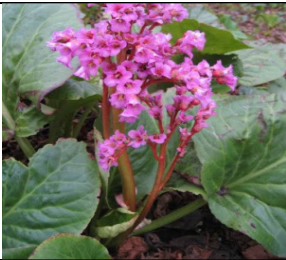


Sl. No.	Scientific Name	Local Name- Bhutia(B)/Nepali (N)	Health Problems	Parts of the Plant Use	Image of the Plant
1.	<i>Bryophyllum pinnatum</i>	<i>Patharchatta</i> (N)	Stone problems- specially the kidney Stone	Leaf	
2.	<i>Astilbe rivularis</i>	<i>Buriokahti</i> (N) <i>Tongsarygugay</i> (B)	Broken bones, bone fracture, joint pain and body ache	Root	

<sup>166</sup>Interviewed Bhaichung Bhutia (Assistant Educational Officer- Education Department, Bhutia Language Section), (M), Barapathing, East Sikkim on 19/05/2022.

3.	<i>Drymaria cordata</i>	<i>Abhijal</i> (N)	Throat pain, pneumonia, etc.	Whole part of the plant	
4.	<i>Oxalis cormiculata</i>	<i>Chariamilo</i> (N) <i>Nho Kyoom</i> (B)	Throat pain, pneumonia, etc.	Whole part of the plant	
5.	<i>Hydrocotyle japonica makino</i>	<i>Gol Patta</i> (N)	Throat pain, burning sensation in the chest, etc.	Whole part of the plant	
6.	<i>Centella asiatica</i>	<i>Gora taprey</i> (N)	Skin problems, insect bites, etc., and it is not suitable to consume	Whole part of the plant	
7.	<i>Tinospora cordifolia</i>	<i>Garjo</i> (N)	It is used in almost all health problems but mostly used in high blood pressure, sugar problems, piles	Stem	
8.	<i>Costus speciosus</i>	<i>Bet laure</i> (N)	Urine problems and also helps in cleansing the kidney	Stem	
9.	<i>Clematis buchnaniana</i>	<i>Pinaasey lahara</i> (N)	Sinusitis	Root	
10.	<i>Datura stramonium</i>	<i>Daturo</i> (N) <i>Radung Minto</i> (B)	Rabid dog bite	Seeds	

11.	<i>Sauromatum venosum</i> (Aiton)	Name not found	Rabid dog bite	Root	
12.	<i>Viscum articulatum</i>	<i>Harchur</i> (B)	Bone fracture	Whole part of the plant	
13.	<i>Eupatorium cannabinum</i>	<i>Banmara</i> (N) <i>Khno Naku</i> (B)	Gastritis, cuts and wounds.	Leaves and stem	
14.	<i>Rubus ellipticus</i>	<i>Aeiselu</i> (N) <i>Chheyloom</i> (B)	Throat pain or tonsil	Stem	
15.	<i>Artemisia vulgaris</i>	<i>Khempa</i> (B)	Dizziness, cold, body ache, etc.	Stem and leaves	
16.	<i>Acorus calamus</i>	<i>Bojho</i> (N) <i>Sho-tako or Sudag</i> (B)	Scabies	Root	
17.	<i>Paris polyphylla</i>	<i>Satuwa</i> (N) <i>Bhaptoo</i> (B)	It helps to boost the immune system	Whole parts of the plant	



18.	<i>Bergenia purpurascens</i>	<i>Peyogokhum</i> (B)	Throat pain, body ache, etc.	Rhizome and stem	
19.	<i>Elatostema platyphylla</i> wedd.	<i>Dambrum choem</i> (B)	De-worming among children	Leaf	
20.	<i>Oroxylum indicum</i> <i>Bignoniaceae</i>	<i>Paksam minto</i> (B)	Burns, piles, throat infections, etc.	Bark, fruits and seeds	

**Interviewed:** Bhaichung Bhutia (Assistant Educational Officer- Education Department, Bhutia Language Section), (M), 39 years, Barapathing, East Sikkim on 19/05/2022.

**Interviewed:** Karma Lopsang Bhutia (Graduate Teacher, West Point Sr. Sec. School), (M), 58 years, Tathangchen- SNT Colony, East Sikkim on 19/05/2022.

**Interviewed:** Norbu Bhutia (farmer and medicinal practitioner), (M), 72 years, Upper Thingchim, North Sikkim, on 14/06/2022.

### 3.2) Traditional Medicine and Healing Practices among the Lepcha Community of Sikkim

The Lepchas of Sikkim are not only restricted to the practices of spiritual healing but also have a vast knowledge of traditional medicinal practices. They, being so close to nature, have acquired enough skills to survive any environment.<sup>167</sup> They are good botanists and contain valuable knowledge about medicines derived from leaves, fruits, roots, barks, animal products, etc., and can counter many diseases with the help of their age-old methods and techniques to prepare these medicines. They are also good chemists who know how to remove poisonous substances from natural products and use them for their benefits. This knowledge was transmitted to their younger

<sup>167</sup>Pradhan, B. K and Badola, H. K. "Ethnomedicinal Plant use by Lepcha Tribe of Dzongu Valley, Bordering Khangchendzonga Biosphere Reserve, in North Sikkim, India." *Journal of Ethnobiology and Ethnomedicine*, 2008, pp. 1-8. *Pubmed*, DOI: 10.1186/1746-4269-4-22, p. 2.

generation by their elders, since time immemorial.<sup>168</sup> Although common diseases like diarrhoea, skin diseases, indigestion, cough, cold, minor ailments, wounds, etc., can be treated by any elderly member of the Lepcha family but for certain serious sicknesses they have their separate medicinal practitioner known as *Maon doak*.<sup>169</sup>

In regard to the medicinal knowledge of the Lepchas, Risley mentions in his work “the Lepchas, or as they call themselves, the Rong-pa...they are above all thing’s woodmen of the woods, knowing the ways of birds and beasts, and possessing an extensive zoological and botanical nomenclature of their own.”<sup>170</sup>

Likewise Puspashree Nayak also stated, “The healer not only learns from his ancestors but also he tries to learn from the animals like dogs, cats, reptiles and wild animals that eat specific grasses, roots, and other plant parts to relieve pain, supplement diet, and help cure the diseases”.<sup>171</sup>

The reason for Lepchas being so close to nature is because of their caring approach towards it. Their age-old interaction with nature has taught them about the delicacy of nature and their responsibility towards it. This led them to inflict a stern religious and social order upon themselves and their environment. They believe everything to be a part of the environment and consist of spiritual significance to mankind and always share emotional ties with their nature. Therefore, many plants are considered sacred and believed to contain some healing powers by the Lepchas.<sup>172</sup>

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<sup>168</sup>Roy, D. C. *Lepchas: Past and Present*. N. L. Publishers, Siliguri, 2012, p. 248.

<sup>169</sup>Chhetri, Geetamani and Rai, Y. K. “Ethno-medicinal Practices of the Lepcha Tribe in Kalimpong District of West Bengal, India.” *An International Journal of Environment and Biodiversity*, Vol. 9, No. 1, 2018, pp. 158-167. *NeBIO*, Stable URL: [www.nebio.in](http://www.nebio.in), p. 158.

<sup>170</sup>Risley, H. H. *The Gazetteer of Sikkim*. B. R. Publishing Corporation, Delhi, Reprinted 2010, p. i.

<sup>171</sup>Nayak, Puspashree. *Folk Medicine and the Traditional Healers in Orissa: An Anthropological Study*. Unpublished Ph. D Thesis, Department of Anthropology, Sambalpur University, 2010, p. 19. Stable URL <http://shodhganga.inflibnet.ac.in>, accessed on 12.11.2020.

<sup>172</sup>Jha, Vanya and Jha, Ajeya. *Ethno-Ornithology of Lepchas of Sikkim*. Readworthy Publications, New Delhi, 2012, pp. 32-34.

### **Folk Tale about the use of Medicinal Plants by *Mun* and *Bongthing***

Ola Lepcha (*Mun*) mentioned; when earth was created by the mother goddess, she sends Tukbo thing and Na Jyong Nyu, as the first human in the earth. But due to their mistake, there arouse many evil spirits (*mung*) and demons (already discussed in chapter two). Due to which, infections, diseases and misfortune started to spread everywhere. So, to subdue and pacify the evil spirits, the mother goddess sends *Mun* and *Bongthing* to earth. When they were send to earth, they were not only blessed with spiritual healing power but sends with them many important medicinal plants to cure people from sickness. Among all the medicinal plants, the most important one was *selek* (*Curcuma aromatic Salish*) and *gazing*. He further added that mother goddess also made a promise to *Mun* and *Bongthing*, as these medicinal plants will be companions to them to treat every sickness from bodily to spiritual. Therefore, today every *Mun* and *Bongthing*, uses *selek* and *gazing*, to cure every health-related problems.<sup>173</sup>

*Selek* and *Gazing*: These medicinal plants are especially used in curing headache, stomach pain, diarrhoea and dizziness and even protect from evil spirits. *Mun* Ola Lepcha mentioned, simply using the medicine will not be of much effect, unless a benediction with the counting of one hundred and eight *raksha phemu* or blueberry beads for three times continuously is done by *Mun* and *Bongthing*. After that within five to ten minutes the sickness will get cured.<sup>174</sup>

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<sup>173</sup>Interviewed Ola Lepcha (*Mun*), (M), 64 years, Naga Namgor, North Sikkim, on 02/03/2023.

<sup>174</sup>Ibid.

*Nho Cho*- this medicine is made with the soaking of *selek* inside the hot water and its soup is use for the treatment of stomach pain, headache, dysentery, etc. This medicine is especially used during emergency.<sup>175</sup>



**Fig. 3.8:** Image of dried *selek* and *gazing*, taken at *Mun Ola* Lepcha house, at Naga Namgor, North Sikkim, by the Research Scholar, on 02/03/2023.

*Rung Kyen* (*Swertia Chirata*): This plant has to be dried first and make it into a powder. After that it has to be spread on the fermented bitter millet or *chi*, along with rock salt or Tibetan salt. The final product needs to be benedicted by the *Mun* and *Bongthing*. This medicine is used for stomach pain, diarrhoea, dysentery, etc., and this whole method is known as *sigi chipip*.<sup>176</sup>









**Fig. 3.9:** Image of dried *Rung Kyen* taken at *Mun Ola* Lepcha house, at Naga Namgor, North Sikkim, by the Research Scholar, on 02/03/2023.

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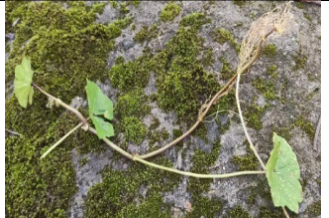



<sup>175</sup>Ibid.

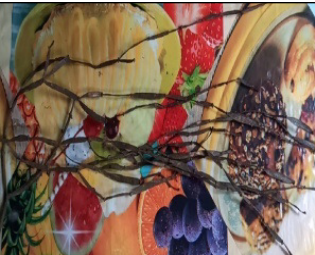
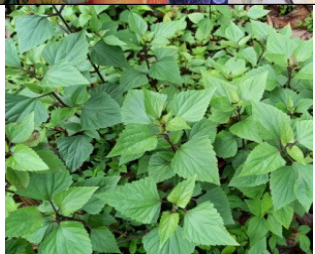
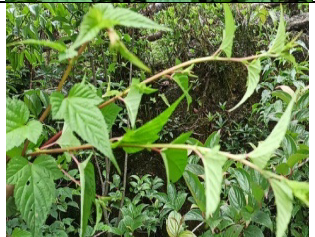
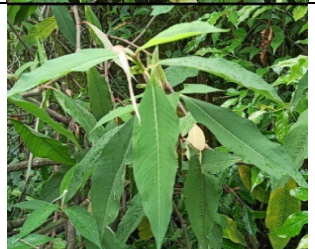
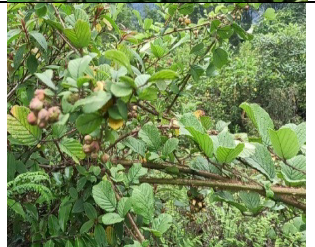
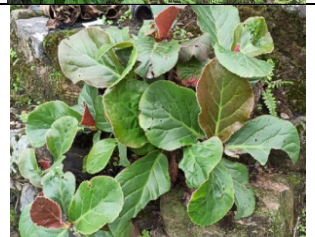
<sup>176</sup>Ibid.

**Table No. 3.3: List of Traditional Medicinal Plants use by the Lepcha Community of Sikkim**

Sl. No.	Scientific Name	Local Name	Health Problems	Parts of the Plant Use	Image of the Plant
1.	<i>Swertia Chiraita</i>	<i>Tikta</i>	Cold, cough and fever	Root and Stem	
2.	Name not found	<i>Mun ka</i>	Body pain, wounds and bone fracture	<i>Sangrick</i> or Aerial roots	
3.	Name not found	<i>Mun thum</i>	Body pain, wounds and bone fracture	Sapling	
4.	Name not found	<i>Peju Chayo</i>	Body pain, wounds and bone fracture	Bark	
5.	Name not found	<i>Afo Dok Mon</i>	Teeth problems	Root	
6.	<i>Dichroa febrifuga</i>	<i>Nyung Mon</i>	Poisoning	Root	
7.	<i>Drymaria cordata</i>	<i>Sugee Muk</i>	Pneumonia, fever and cold	Root and leaf	



8.	<i>Smallanthus sonchifolius</i>	Name not found	Sugar problems	Root	
9.	<i>Allium schoenoprasum</i>	<i>Rong mo</i>	body pain, stomach pain, diarrhoea,	Leaf	
10.	<i>Phytolacca acinosa</i> Roxb.	<i>Tankubee</i>	Poisoning	Whole plant	
11.	<i>Centella asiatica</i>	<i>Bu Mun</i>	Skin Problems and snake bite	Leaf and root	
12.	Name not found	<i>Ka ambe</i>	Jaundice	Root	
13.	<i>Heracleum wallichii</i>	<i>Sim Ben</i>	Gastritis, cold and cough	Flower	
14.	<i>Artemisia vulgaris</i>	<i>Tiknyel</i>	Mouth infections and skin diseases	Leaf	

15.	<i>Viscum articulatum</i>	<i>Harchur</i>	Bone fracture	Whole part of the plant	
16.	<i>Eupatorium cannabinum</i>	<i>Banmara</i>	Cut and wounds	Leaf	
17.	<i>Rubus sachalinensis</i>	<i>Chak chuk mu</i>	Cold, cough and throat pain	Leaf and root	
18.	<i>Aconogonum molle</i>	<i>Kunzyum pam</i>	Digestion	Stem	
19.	<i>Rubus horrefactus</i>	<i>Kisim path</i>	Immune booster	Fruit	
20.	<i>Berginia ciliate</i>	<i>Pakhanbed</i>	Diarrhoea	Root and rhizome	

**Interviewed:** Nam Tshering Lepcha (herbalist and bonesetter), (M), 69 years, Chojo Village, Yuksam Block, West Sikkim, on 26/05/2023.

**Interviewed:** Sankit Lepcha (housewife), (F), 64 years, Chojo Village, Yuksam Block, West Sikkim, on 26/05/2023.

**Interviewed:** Yang Sam Lepcha (herbalist), (M), 77 years, Chojo Village, Yuksam Block, West Sikkim, on 27/05/2023.

Nam Tshering Lepcha<sup>177</sup> and Yang Sam Lepcha<sup>178</sup>, (herbalist and the bonesetter) both mentioned- “it is not easy to practice the traditional medicine or one cannot randomly go and collect the medicinal herbs from the forest. But before collecting the herbs or plants from the forest, a proper ritual must be followed, or the medicine will not work. If someone wants to learn its knowledge, then on special days like Tuesday and Saturday, they will first have to go to the forest and put some offerings like coins and ask for the permission of the forest to use the medicinal plants and herbs. Only then can they collect the medicinal herbs and use it for the patient.”

Yang Sam Lepcha also mentioned about the importance of *bu mun* or *centella asiatica*, as it is not only important for human to cure skin problems and poisoning. When a frog is bitten by a snake, if it consumes this plant, it will recover from the poisonous bite.<sup>179</sup>

The Lepchas also have a vast knowledge about the use of animal parts as a medicine. They use deer skin or *suku-kompu* for the treatment of mushroom poisoning; fox meat or *homu-maon* for asthma; stingless bees or *aithu* honey for diphtheria; pork fat or meat or blood for measles; bear appendix or *sinaha-khepu* for swelling and tuberculosis; meat of the monkey for high fever; toad meat or *tuthyuk* for diarrhoea, diabetics and wounds and meat of the frog like *lupok taluk* for tuberculosis and body swelling.<sup>180</sup>

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<sup>177</sup>Interviewed Nam Tshering Lepcha (herbalist and bonesetter), (M), 69 years, Chojo Village, Yuksam Block, West Sikkim, on 26/05/2023.

<sup>178</sup>Interviewed Yang Sam Lepcha (herbalist), (M), 77 years, Chojo Village, Yuksam Block, West Sikkim, on 27/05/2023.

<sup>179</sup>Ibid.

<sup>180</sup>Jha, Vanya and Jha, Ajeya. Op. cit., 2012, pp. 67-85.

### **3.3) Traditional Medicine and Healing Practices among the Nepali Communities of Sikkim**

In Chapter two, it has already been discussed about the historical background of the Nepali's settlement in Sikkim. Therefore, in this sub-topic, we will discuss about the traditional medicine and healing practices of Nepali communities of Sikkim.

#### **Brief History of Traditional Health Practices of Nepali communities**

The Nepali communities before immigrating to Sikkim already had their rich tradition, culture and knowledge of traditional medicinal practices. Their healing practice includes the use of mineral based medicines, animal parts, plants, etc., which have been passed down orally from generation to generation in the form of folklore, songs, legends, stories, etc.<sup>181</sup> Living alongside the richness and diversity of the ecosystem, they have learned the art of organisation and using the properties of different animals and plants, sustainably.<sup>182</sup> Bishundayal Prasad Patel, et al, mentioned in their work,

“Nepal is rich in culture, tradition, knowledge of traditional healing practices. In fact, traditional health practices have been a strong cultural and scientific heritage in this country...The ethnic people residing in different geographical belts of Nepal depends on wild plants to meet their basic requirements and all the ethnic communities have their own pool of secrete ethno medicinal and ethno pharmacological knowledge about the plants available in their surroundings, which has been serving rural people with its superiority.”<sup>183</sup>

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<sup>181</sup>Prasad, S. M, et al. “Traditional Healers of Nepal: Their Knowledge, Skill, Practices and Technology.” *Journal of Ayurveda Campus*, Volume 1, Issue 01, 2020, pp. 7-15. *JAC*, DOI: 10.51648/jac.3, p. 7.

<sup>182</sup>Chaudhary, R. P, et al. *Traditional Practice and Knowledge of Indigenous and Local Communities in Kailash Sacred Landscape, Nepal*. International Centre for Integrated Mountain Development, Kathmandu, 2017, p. 1.

<sup>183</sup>Patel, B. P. et al. “An Assessment of Local Use Pattern and Traditional Knowledge on Medicinal and Aromatic Plants in Kapilvastu District Nepal.” *The Healer Journal*, Volume 2, Issue 1, 2021, pp. 17-41. *The Healer*, DOI: 10.51649/healer.54, pp. 18-19.

Similarly, Mohan Bikram Gewali also mentioned in his work,

“Nepal is home to more than 59 culturally rich ethnic and indigenous groups. Many of them have their own medical practices handed them orally from generation to generation. As in the scholarly traditional medical systems, plants form the mainstay of the folk medicine. In fact, the folk medicine employs more number of the plants than the plants used in the scholarly medical systems.”<sup>184</sup>

Therefore, it can be understood clearly that the Nepali communities before immigration to Sikkim had a vast history of traditional health practices. So, when they entered Sikkim during the nineteenth and twentieth centuries, they not only brought with them, their rich culture, tradition, and religion but also their traditional medicinal and healing practices.

### **Traditional Medicine and the Healing Practices**

Bedh Nidhi Sharma is a 60 years old herbalist and bone setter, residing at Pangthang village in East Sikkim. Since childhood, he has witnessed the use of plants and trees as medicine from his father and his grandfather (both of them were herbalist and bone setter) and learned the art of medicinal knowledge from them. He fully become an herbalist and bone setter after the passing away of his father. Although! Today, he only works as a bone setter and stopped practicing as an herbalist because of his old age, but he still holds the knowledge of the use of different medicinal plants for different health problems. On an average minimum one to two person visits him daily and sometimes as many as ten people visit him for bone related problems. He mentioned even the sisters and a doctor from different hospital also visit him for their bone problems. Due to his selfless work he is even provided with a monthly allowance of Rs. 1200 from the state government. The medicinal plants which he uses

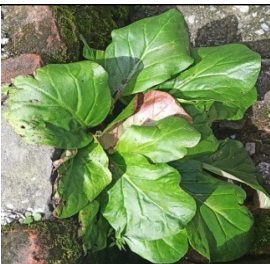




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<sup>184</sup>Gewali, M. B. Medicinal Plants. In Awale, Suresh (Ed.). *Aspects of Traditional Medicine in Nepal*. Institute of Natural Medicine, Toyama, 2008, p. 31.

are mostly collected from the forest and some of it he grows in his surround areas.<sup>185</sup>






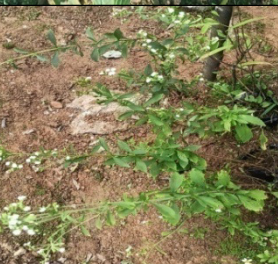
In the following table different uses of the medicinal plants have been mentioned in detail.

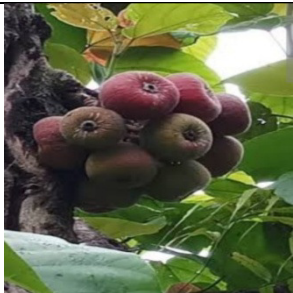

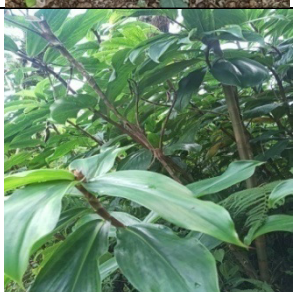


**Table No. 3.4: List of Different Medicinal Plants Use for Different Health Problems**

Sl. No	Scientific Name	Local Name	Health Problems	Parts of the Plant	Image of the Plant
1.	<i>Berginia ciliate</i>	<i>Pakhanbed</i>	Cuts, Dysentery and kidney infection.	Leaf is use for cuts and kidney infection and Root is use for dysentery	
2.	<i>Rubus ellipticus</i>	<i>Aeiselu</i>	Gastritis	Root	
3.	<i>Drymaria cordata</i>	<i>Abhijal</i>	Throat Pain and Pneumonia	Whole plant	
4.	<i>Plantago Major</i>	<i>Nashay jhar</i>	Cuts	Leaf	
5.	<i>Astilbe rivularis</i>	<i>Buriokahti</i>	It is use for loosening body weight and helps to cure body pain and joint pain.	Root	
6.	Name not found	<i>Pungalay Jhar</i>	Throat pain, throat infection and pneumonia	Fruit	


<sup>185</sup>Interviewed Bedh Nidhi Sharma (herbalist and bonesetter), (M), 60 years, Pangthang, East Sikkim, on 25/09/2023.



7.	Name not found	<i>Ram Guha tree</i>	Bleeding Piles	Milky sap	
8.	<i>Rumex nepallensis</i>	<i>Halhaley</i>	Piles	Leaf	
9.	<i>Litsea citrate</i>	<i>Siltimur</i>	Gastritis	Fruit	
10.	Name not found	<i>Dabai lahara or Singawto</i>	Bone fracture	Whole plant	
11.	<i>Heracleum wallichii</i>	<i>Chimphing</i>	Cold, cough and fever	Flower	
12.	<i>Paris polyphylla Sm.</i>	<i>Satuwa</i>	Gastritis and joint pain.	Whole plant	
13.	<i>Stevia rebaudiana</i>	<i>Gulyo patta</i>	Diabetes	Leaf	

14.	<i>Ficus Roxburghii</i>	<i>Nebhara</i>	Pressure and Diabetes	Fruit	
15.	<i>Zenthoxylum acanthopodium</i>	<i>Bokey timbur</i>	Gastritis	Fruit	
16.	<i>Rhododendron macrophyllum</i>	<i>Guras</i>	Throat pain	Flower	
17.	<i>Costus speciosus</i>	<i>Bet Laure</i>	Urinary infection	Stem	
18.	<i>Swertia Chiraita</i>	<i>Chiraita</i>	High Fever	Leaf	
19.	<i>Asparagus racemosus</i>	<i>Kurilo</i>	Increase milk production in women with breastfeeding problems.	Root	



20.	<i>Centella asiatica</i>	<i>Gora taprey</i>	Ear infection	Leaf	
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**Interviewed:** Bedh Nidhi Sharma (herbalist and bonesetter), (M), 60 years, Pangthang, East Sikkim, on 25/09/2023.

Apart from the knowledge about above mentioned medicinal herbs to treat different health problems, Bedh Nidhi Sharma also specialised in treating bone related problems. He mentioned that while curing the injured bone, one has to be very cautious and keep in mind that in the place where the bone has been fractured or broken, there should be no wounds around it because bandaging the affected area with the wound can lead to infection. Therefore, the wound should be treated first; only then treatment of injured bone is possible. The duration of the healing varies from age to age and the seriousness of the injury. If the cases of injury are related to the younger people or it is a small injury, then within ten to fifteen days, the bone will get healed. But if the cases of injury are related to older people and it is deep and serious, then it will take more time to heal, roughly from a month to four or so.<sup>186</sup>



**Fig. 3.10:** Image of Bedh Nidhi Sharma, demonstrating how he cures fractured bones, Pangthang, East Sikkim. Photo taken by the Research Scholar, on 25/09/2023.

<sup>186</sup> Ibid.

To cure a fracture of bones, he basically uses medicinal plants like *dabai lahara* or *singawto*, *pakhanbed* and twigs and roots of the *bhui chipla* plant and *harchur*. These medicinal plants are first dried and later made into a powder. This powder is kept inside the plastic container, as shown in the above picture and used whenever is needed.<sup>187</sup>

When a person with bone injury visits him, he first burns the stone, called *balchin dhunga* or river stone inside the fire, when it gets heated, he puts the stone inside the vessel containing cold water. When the smoke evaporates, he then covers the mouth of the vessel with a cotton cloth and when it observes the vapour he gently dresses of the affected area with the cotton cloth. After that, he makes a paste from the medicinal powder and applies it to the injured areas. When it is done, he bandages it with cotton and cloth. He further mentioned that usually, the injury gets better within ten to fifteen days but if the case is severe, then it might be able to take a month to four or so before it heals properly.<sup>188</sup>

Apart from the above process, he also said that the patient should also drink the same powder along with milk and honey after food once a day, either morning or evening. As mentioned earlier, the consumption of powder also varies according to the seriousness of the injury; for example- for minor injury one tea spoon of power along with milk and honey should be taken continuously for ten days and serious injuries, one should take it at least twenty days for a full recovery.<sup>189</sup>

To conclude, Sikkim has always been a land of medicinal herbs and every ethnic community of Sikkim has an excellent knowledge of these medicinal plants

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<sup>187</sup>Ibid.

<sup>188</sup>Ibid.

<sup>189</sup>Ibid.

and trees. Talking about the Bhutia community of Sikkim they practice both the formal, i.e., *Sowa-ripga* and informal, i.e., natural folk medicine. The Bhutias brought this medicinal knowledge with them when they migrated to Sikkim during different periods and are continuing till today. The Lepchas, who are the indigenous ethnic community of Sikkim always consider plants sacred and believe that they having healing power in it. They have extensive knowledge of every flora and fauna of Sikkim, which made them the masters among all the health practitioners of Sikkim. Likewise, the Nepali community of Sikkim, who are a heterogeneous group of people, also have a great knowledge about the use of different medicinal plants and trees. Due to the similarity in the Himalayan eco-system between Nepal and Sikkim, when they entered Sikkim, it became easier for them to recognise these medicinal herbs, and that led to continuing their traditional healing knowledge to date.

**CHAPTER – IV**  
**THE BRITISH POLITICAL MOTIVE AND THE**  
**INTRODUCTION OF THE WESTERN BIOMEDICINE AND**  
**EDUCATION SYSTEM IN SIKKIM**

After the Battle of Plassey in 1757 and the control of Bengal falling under the British, a new system of political power emerged in the Southern boundary of Sikkim with a modern institution of economic, administrative and military power. This new development in Bengal also brought changes in the history of Sikkim due to its geographical location. Since the British had an objective to build trade relations with Tibet and Sikkim, situated at the centre of Nepal, Bhutan, Bengal and Tibet provided an opportunity for the British.<sup>1</sup> But the immediate reason for the British to establish their relations with Sikkim was the “Anglo-Nepalese war of 1814” as there was growing rumour of Nepal-Bhutan military alliance against British. Thus, to prevent the alliance and to cut off Nepal from any kind of assistance from China, the British decides to build relation with Sikkim. As Sikkimese king shares their religious and matrimonial alliance with Tibet and Tibet further shares its relation with China.<sup>2</sup> For British, the tiny kingdom of Sikkim became their most important region to hold relation with, not only for its trading benefits but also for its military and political strategies. When tension between the British and Nepal started getting intense, Governor General Lord Moira, in 1815, sent Captain Barre Latter to convince the *Chogyal* of Sikkim Tsugphud Namgyal to help the British defeat Nepal, and in return promised to give back areas captured by Nepal from Sikkim.<sup>3</sup> After the Anglo-Gorkha

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<sup>1</sup>Gurung, S. K. *Sikkim, Ethnicity and Political Dynamics: A Triadic Perspective*. Kunal Books, New Delhi, 2011, p. 36.

<sup>2</sup>Rao, P. R. *India and Sikkim (1814-1970)*. Sterling Publishers, New Delhi, 1972, p. 1.

<sup>3</sup>Gurung, S. K. Op. cit., 2011, p. 37.

war from 1814-16 concluded, a treaty at Titalya<sup>4</sup> was signed on 10 February 1817. Under the treaty (No. CXIII, Article I) the area between Mechi and Teesta was handed back to the Sikkimese king.<sup>5</sup> Despite the fact that the treaty put a check on Gorkha expansionist ambition to some extent, the freedom of *Chogyal* was also restricted by the treaty.<sup>6</sup> Also, with this treaty, a new chapter begins in the history of Sikkim.

The relationship that began between Sikkim and the British after 1817 started to deteriorate gradually. The first episode can be witnessed when Tsongzod Bolek was murdered near Tumlong in 1826. His followers, nearly eight hundred, fled and settled at Ontoo in Nepal and started creating problems for the *Chogyal*. Latter, when under the treaty of 1817, refer the case to Governor General Lord William Bentinck and he sends Captain Lloyd and J. W. Grant to investigate the situation. But the two instead were attracted by the beauty of Darjeeling, suggested the place idol for the sanatorium to the acting Governor General of Calcutta Sir Charles Metcalfe.<sup>7</sup> However, he opposed the idea of demanding Darjeeling to the *Chogyal*. Soon, in 1835, when the Lepchas settled in Nepal they again created problems in the Terai region of Sikkim and Captain Lloyd was sent to look after the matter. He, without delay, grabs the opportunity and asks for Darjeeling from the *Chogyal*. In return for Darjeeling, when *Chogyal* demanded Debgong and Morung. They turned down his demand, and Lloyd treacherously distorted the deed of cession and made Darjeeling part of British India. In return, they just send twenty yards of red broadcloth, a double-barrelled gun, a rifle and four shawls of two superior and two inferior to the

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<sup>4</sup>For details on the treaty, look into Appendix - vi.

<sup>5</sup>Aitshison, C. U. *A Collection of Treaties, Engagements and Sanads Relating to India and Neighbouring Countries, Vol. II.* Superintendent Government Printing, Calcutta, 1909, pp. 311-12.

<sup>6</sup>Gurung, S. K. Op. cit., 2011.

<sup>7</sup>Risley, H. H. *The Gazetteer of Sikkim.* B. R. Publishing Corporation, Delhi, 2010, pp. 19-20.

*Chogyal*. When Sikkim authority demanded compensation for the Darjeeling, they constantly ignored the demand, and it was only in 1841, that the British agreed to pay the rent of Rs. 3000 on annual basis.<sup>8</sup> The second episode of the British-Sikkim deteriorating relation can be witnessed when Dunya Namgyal, a Dewan, arrested two British subjects Hooker and Campbell in November 1848. This resulted in a military clash between Sikkim and the British, which ultimately resulted in the treaty of Tumlong between Ashley Eden and Sidkeong Namgyal in March 1861. The significant impact of the treaty was that the British hold over Sikkim became more rigid, and most of the power of *Chogyal* was vested in the British. The last episode of the Sikkim-British deteriorating relation can be witnessed when Thutob Namgyal became the *Chogyal* of Sikkim. The new *Chogyal* was more into creating good relations with Tibet than with the British. In 1886, when the British decided to send a trade mission to Tibet, it was opposed by the Tibetans who captured Lingtu, an area belong to Sikkim, instead. The *Chogyal* also supported this act of Tibetan. This resulted in a military expedition and Lingtu was again capture along with Gnatong by the British in 1888. This whole incident resulted into the signing of the new treaty at Calcutta between China and the British in 1890. In this treaty the Chinese officially recognised Sikkim as the British protectorate.<sup>9</sup> To win over the Sikkimese *Chogyal* and run their administration smoothly without any objection, the British Government used two important strategies with the introduction of Western biomedicine and the education system in Sikkim. British physicians who attended military and diplomatic relation officially introduced Western biomedicine in Sikkim. Though their main aim

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<sup>8</sup>Ray, S. K. Datta. *Smash and Grab: Annexation of Sikkim*. Tranquebar Press, Chennai, 2013, pp. 30-31.

<sup>9</sup>Gurung, S. K. Op. cit., 2011, pp. 41-42.

was to look after the health of the British forces, they gradually started treating the local population of Sikkim.<sup>10</sup> To quote McDonald from Alex McKay work:

“The peaceful and civilizing influence of the work done in the dispensaries and by regimental surgeons on the frontiers of India, has been in political importance equivalent to the presence of some thousands of bayonets...no amount of military coercion or of purity of administration could have exercised the same pacifying effect...”<sup>11</sup>

Therefore, to fulfil their ambitions to create trade relations with Tibet and have a political hold over Sikkim. The British government followed the policy of introducing Western biomedicine and Western education in Sikkim.

#### **4.1) Health Centres and the Spread of Western Biomedicine in Sikkim**

After 1888-89 expedition, a British head quarter was established at Gangtok under Assistant Political Officer, and to look after the health of British agencies one dispensary was also started in 1890. When surgeon D. G. Marshall was appointed as the army medical officer in 1891, he wrote a letter to the Political Officer on 8<sup>th</sup> April 1891 and informed him about the requirement of civil dispensary for the treatment of the native population. He also requested for the enlargement of the dispensary building so it could accommodate more people.<sup>12</sup>

On 14 April 1891, the Political Officer of Sikkim forwarded the latter to Deputy Commissioner of Darjeeling, mentioning about the need of the enlargement of dispensary for the native population and keeping it under the in-charge of Dr Marshall.<sup>13</sup> The Deputy Commissioner of Darjeeling, on 27 May 1891, again

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<sup>10</sup>McKay, Alex. *Their Footprints Remains: Biomedical Beginnings Across the Indo-Tibetan Frontier*. IIAS Publication Series, Amsterdam, 2007, p. 21.

<sup>11</sup>Ibid.

<sup>12</sup>File No. 140-151 of August 1892, Foreign Department, External – B, National Archives of India, Proceeding no. 144.

<sup>13</sup>Ibid, Proceeding no. 143.

forwarded the letter to the Chief Secretary of the Government of Bengal.<sup>14</sup> However, Latter, after looking into the growing attendance of people in the Gangtok army dispensary, i.e., from 25 December 1890 to 25 January 1891 was 41 and exactly one year later, from 25 December 1891 to 25 January 1892 was 85, which was double the number, as compared to the previous year, also felt the need of dispensary for the native people of Sikkim. So, H. H. Risley (the Officiating Secretary to the Government of Bengal) recommended it to the Secretary to the Government of India for its final approval.<sup>15</sup> With the consent of Governor General Council, the plead request of civil dispensary was granted with the extra allowance of Rs. 50 to the army medical officer for the medical treatment of the native people.<sup>16</sup> The civil dispensary was constructed with the total allowance of Rs. 1330 in 1895-96.<sup>17</sup> Therefore, the British ambition to establish full control over Sikkim through the introduction of the Western biomedicine started with the establishment of a civil dispensary in 1895-96.

**Table No. 4.1: Attendance of People at Gangtok Dispensary from 25 January 1891 to 25 February 1892**

Sl. No.	Period	Total no. of Patient
1.	25 January - 25 February 1891	39
2.	25 February - 25 March 1891	64
3.	25 March - 25 April 1891	62
4.	25 April - 25 May 1891	37
5.	25 May - 25 June 1891	47
6.	25 June - 25 July 1891	30
7.	25 July - 25 August 1891	33
8.	25 August - 25 September 1891	66
9.	25 September - 25 October 1891	128
10.	25 October - 25 November 1891	54
11.	25 November - 25 December 1891	81
12.	25 December 1891 - 25 January 1892	85
13.	25 January - 25 February 1892	78

**Sources:** File No. 140-151 of August 1892, Foreign Department, External – B, National Archives of India, Proceeding no. 147.

<sup>14</sup>Ibid, Proceeding no. 142.

<sup>15</sup>Ibid, Proceeding no. 141.

<sup>16</sup>Ibid, Proceeding no. 140.

<sup>17</sup>File No. 87-88 of October 1898, Foreign Department, Secret – E, National Archives of India, Proceeding no. 87.



The Second dispensary was opened at Chidam in June 1902.<sup>18</sup> Since, it was equipped with fewer infrastructures, thus, on 31 January 1907, J. C. White (Political Officer of Sikkim) wrote a letter to the Secretary to the Government of India in the Foreign Department, requesting for the sanction of amount Rs. 300 for the supply of furniture for the Chidam Hospital.<sup>19</sup> In his reply to a letter dated 12 March 1907, the Assistant Secretary to the Government of India sanctioned the requested amount for the supply of furniture.<sup>20</sup> Details are mentioned in the given table.

**Table No. 4.2: List of Estimate Amount for the Supply of Furniture in Chidam Hospital**

Sl. No.	Items	Rs
1.	Beds, Wooden, 30 at 5 each	150
2.	Almirahs (poison) 2 at 15 each	30
3.	Almirahs (medicines) 2 at 15 each	30
4.	Almirahs (instrument) 2 at 15 each	30
5.	Office table	8
6.	Medicine table, 2 at 8 each	16
7.	Chairs (arm), 4 at 6 each	24
	Total	288
	Contingencies	12
	Grand total	300

**Sources:** File No. 10-11 of April 1907, Foreign Department, External – A, National Archives of India, Proceeding no. 10.

On 7 January 1906, J. C. White, the Political Officer of Sikkim, wrote a letter to the Officiating Secretary to the Government of India, for the need of a permanent medical officer or Agency Surgeon at Gangtok. By that time, the Civil Hospital

<sup>18</sup>McKay, Alex. Op. cit., 2007, p. 90.

<sup>19</sup>File No. 10-11 of April 1907, Foreign Department, External – A, National Archives of India, Enclo. 2, Proceeding no. 10.

<sup>20</sup>Ibid, Proceeding no. 11.

Assistance was Harendra Nath Mitra and Indu Bhusan Sen Gupta stationed at Gangtok and Chidam dispensary respectively. To quote his letter:

“...the want of an administrative medical officer over both civil and military matters for the Agency is being more and more felt. There are many pressing questions such as the development and supervision of existing dispensaries, the opening of new ones, vaccination, sanitation, etc., and the organisation of medical aid generally, which require special knowledge and which are now suffering from the fact that there is no medical officer attached to this Agency...New dispensaries are required to be opened in Sikkim and without proper medical advice it is difficult to say where and how they should be opened.”<sup>21</sup>

And additional reasons he put forward for the appointment of the permanent medical officer in Sikkim were: a) It was because of the growing population of European travellers in the kingdom, who needed more medical attention, and b) The increase in trade with Tibet also led to the spread of the epidemic from Tibet like smallpox in many nearby regions.<sup>22</sup>

Following are the details of the proposals he made in the letter:

- a) The Agency Surgeon should be of rank not less than that of major.
- b) He should be administrative medical officer to the Agency for both civil and military matters.
- c) He should receive the following allowances:-

	Rs
Allowance for military work...	200
Allowance for attendance on Maharaja's household....	250
Allowance for supervision of State dispensaries, jails, etc....	100
Local allowance as administrative medical officer...	<u>250</u>
	Total - 800 <sup>23</sup>

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<sup>21</sup>File No. 40-46 of September 1906, Foreign Department, External – A, National Archives of India, Proceeding no. 40-44.

<sup>22</sup>Ibid.

<sup>23</sup>Ibid.

In response to the request for the appointment of the Agency Surgeon by J. C. White, His Majesty Secretary of State, on 17 June 1908, wrote a letter to C. A. Bell, newly appointed Political Officer of Sikkim, mentioned the approval of the request with 2<sup>nd</sup> Class Military Assistant Surgeon J. N. Turner as new Civil Surgeon at Gangtok. He took charge of his work from 21<sup>st</sup> August 1908 onwards.<sup>24</sup>

**Table No. 4.3: Following are the details of the total cost of Gangtok Dispensary**

Sl. No.	Details	Cost per mensem	Cost per annum
		RS.	RS.
1.	Allowance to Regimental Surgeon at Gangtok.	50	600
2.	One Civil Hospital Assistant – average	43	516
3.	Special allowance to Hospital Assistant	20	240
4.	Allowance to Military Hospital Assistant at Gangtok for doing the dispensary work during absence on tour of the Civil Hospital Assistant.	3	36
5.	One compounder	12	144
	Menial Establishment.		
6.	One chowkidar	10	120
7.	One servant	8	96
8.	One sweeper	10	120
9.	Contingencies	20	240
	<b>Total</b>	...	<b>2,112</b>

**Sources:** File No. 40-46 of September 1906, Foreign Department, External – A, National Archives of India, Proceeding no. 40.

Alongside Gangtok dispensary, a small hospital was also built where indoor patients were treated with a total accommodating capacity of two special patients, five female and eight male patients. In 1908, a new dispensary at Rangpo was opened. It

<sup>24</sup>File No. 3-15 of December 1908, Foreign Department, Establishment– A, National Archives of India, Proceeding no. 3-9.

was actually opened for the employees of the Public Works Department but it was also frequently visited by the local people. In the same year, a few Thikadars and Kazis also offered to construct a dispensary if provided with drugs and other items by the government. In 1908-09, the Sikkim Darbar made vaccination compulsory for the people to prevent people from diseases and to execute it, they divided the kingdom into five circles with head quarters at Namchi, Namthong (Namthang), Seriyong (Soreng), Gangtok and Mainbong. In each centre, a licensed vaccinator was appointed with the charge of 2 annas for each person vaccination. The Darbar also made sure to carry out the vaccination process during cold weathers, when people are not much engaged in their fields.<sup>25</sup>

**Table No. 4.4: Number of People Vaccinated from 1907 to 1929**

Years	Number of People Vaccinated		Total
	Male	Female	
1907	N.A	N.A	5,935
1908-09	N.A	N.A	5,652
1910-11	3,282	2,393	5,675
1911-12	4,839	3,613	8,452
1912-13	5,279	4,301	9,580
1914-15	4,462	3,581	8,043
1915-16	6,291	5,212	11,503
1916-17	3,129	2,799	5,928
1917-18	3,039	3,124	6,163
1918-19	3,250	3,391	6,641
1919-20	2,331	2,158	4,489
1921-22	1,901	1,969	3,870
1923-24	3,538	3,138	6,676
1926-27	3,730	3,407	7,137
1927-28	4,754	4,723	9,477
1928-29	3,938	3,946	7,884

**Sources:** Administration Report of the Sikkim State from 1907-1929. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>25</sup> Administration Report of the Sikkim State for 1908-1909. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

In 1909, due to the unpopularity of the Indian doctors in the hill regions of Tibet and Sikkim, the British Government decided to send three young boys from Sikkim to train as hospital assistants at Kalimpong and Temple Medical College in Patna. The primary reason was their political and economic motive to enter Tibet and create friendly relations with the Tibetan government. Since among the three boys two of them Tonyot Tshering and Bo Tshering belong to Bhutia community, who shares a common religion, language and customs with Tibetan people, were decided to send at Gyantse and Yatung in Tibet as a civil hospital assistant in March 1913 and 1914. One Nepali boy, Bhowani Das Pradhan, was appointed as a civil hospital assistant at Chidam dispensary in 1913.<sup>26 27 28</sup> In 1915-16, the construction of a new hospital was started at Gangtok with a total cost of 17,255. The new hospital is estimated to consist of rooms for Civil Surgeons, dispensary, stores, Medical Officer in charge and examination and also consisted of two main wards in both sides of the administration building.<sup>29</sup> The following year, the new building was expanded with the construction of different wards like infectious wards, second and third class wards, along with other additional rooms like godowns, kitchens for all the wards, sweeper's house and latrines. For the residence of the Medical Officer, a new building located near hospital was purchased, bringing the total cost of the construction of the hospital to 24,772.<sup>30</sup> In 1917 the hospital was finally completed with the additional expenditure of 3,998 for the construction of drainage, mortuary, additions and alterations to Medical Officers' quarters, bringing the total cost of the hospital to

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<sup>26</sup>File No. 57-58 of June 1909, Foreign Department, Internal- B, National Archives of India, Proceeding no. 57.

<sup>27</sup>File No. 179-184 of February 1913, Foreign Department, Establishment- B, National Archives of India, Proceeding no. 179.

<sup>28</sup>Administration Report of the Sikkim State for 1912-1913. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>29</sup>Administration Report of the Sikkim State for 1915-1916. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>30</sup>Administration Report of the Sikkim State for 1916-1917. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

28,770. The new hospital was built in memory of Lt. *Chogyal* Sir Thutob Namgyal by giving the name of the hospital as STNM (Sir Thutob Namgyal Memorial Hospital), which was inaugurated on 24 September 1917 by then *Chogyal* Tashi Namgyal.<sup>31</sup> From 1<sup>st</sup> April to 10<sup>th</sup> of October 1918, the Sub- Assistant Surgeon of Gangtok was put under the charge of Gangtok Hospital. Later when he was transferred to the Campbell Medical School at Calcutta, he was replaced by Bhowani Das Pradhan as incharge of Medical Officer and Sub-Assistant Surgeon of STNM hospital at Gangtok. At Chidam dispensary in replacement of Bhowani Das Pradhan, Prasanna Kumar Biswas was appointed as new Sub-Assistant Surgeon on 1<sup>st</sup> November 1919.<sup>32</sup>

<sup>33</sup> On 17.02.1920, civil surgeon J. N. Turner was replaced by second class Assistant Surgeon J. C. Dyer as the new civil surgeon at Gangtok. Following are the letters of his appointment.

**From**  
**The Director-General, Indian Medical Service.**

To  
The Director,  
Medical Services in India.

SIMLA.

Simla, the 24<sup>th</sup> December, 1919.

Sir,

I have the honour to request you to be good enough to spare the services of 2<sup>nd</sup> class Assistant Surgeon, J. C. Dyer for employment as Civil Surgeon, Gangtok, Sikkim.

He should be instructed to proceed as early as possible to Gangtok and to report himself to the Political Officer in Sikkim.

2. Assistant Surgeon Dyer's transfer documents should be forwarded to this office.

I have the honour to be.

Sir,

Your most obedient servant,

Sd/- B. Gale,

Captain, I. M. S.,

for Director-General, Indian Medical Services.<sup>34</sup>

<sup>31</sup>Administration Report of the Sikkim State for 1917-1918. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>32</sup>Administration Report of the Sikkim State for 1918-1919. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>33</sup> Administration Report of the Sikkim State for 1919-1920. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>34</sup>File No. 176-187 of June 1920, Foreign and Political Department, Establishment-B, National Archives of India, Proceeding no. 176.

Letter from the Political Officer of Sikkim to the Secretary to the Government of India.

**From**

**C.A. Bell, Esq., C.M.G., C.I.E.,  
POLITICAL OFFICER IN SIKKIM,**

**To**

**THE SECRETARY TO THE GOVERNMENT OF INDIA IN THE  
FOREIGN AND POLITICAL DEPARTMENT,**

Delhi.

Dated Gangtok, the 18<sup>th</sup> March, 1920

Sir,

I have the honour to acknowledge the receipt of your telegram No. 967-Est.A., dated the 9<sup>th</sup> March, 1920, regarding leave of Captain J. N. Turner, I.M.D.,  
2. Captain Turner was relieved by Assistant Surgeon J. C. Dyer, on the forenoon of the 17<sup>th</sup> February, 1920, and the charge reports were forwarded to the Director General, Indian Medical Service, in accordance with the instructions contained in your telegram No. 4376-Est.A., dated the 31<sup>st</sup> January 1920.

I have the honour to be,

Sir,

Your most obedient servant,

Political Officer of Sikkim.<sup>35</sup>

From 1921 onwards sanitation work was also started in Gangtok areas, with the appointment of one sanitary supervisor and seven sweepers with the total expenditure of Rs. 1,626-4-0. The responsibility for the cleanliness of the bazaar area of Gangtok was given to the contractors of the bazaar area.<sup>36</sup> In October 1921 the Chidam dispensary was also moved to Namchi because of its suitable location.<sup>37</sup> When Lieutenant Colonel R. S. Kennedy, I.M.S., was returning from Lhasa along with Sir Charles Bell in November 1921, he was requested by *Chogyal* Tashi Namgyal to inspect the dispensary and hospital at Gangtok for the improvement of better health facilities. According to the suggestion of the Kennedy, the Sikkim

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<sup>35</sup>Ibid, Proceeding no. 180.

<sup>36</sup>Administration Report of the Sikkim State for 1921-1922. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>37</sup>Ibid.

Darbar made the following decisions: a) Construction of incinerator; b) There was 44 beds in the Gangtok hospital; 18 for the male ward, 12 for the female ward and 14 for the jail and police hospital, with new arrangement it was decided to treat the jail and police patient to main upperwards, c) those patient suffering from infectious diseases be treated in a separate infectious wards, and d) the additional allowance of 150 to the civil surgeon which was discontinued previously by the Sikkim *Chogyal* with the appointment of Tibetan doctor from 1 January 1919 was decided to restore in return for his supervision of Gangtok hospital, dispensary, medical arrangement of the state and attending professionally on the *Chogyal* and his family.<sup>38</sup> In 1926, the *Chogyal* of Sikkim sanctioned the provision for the construction of new wards for Tuberculosis patients comprised of 4 males and 2 females at Gangtok hospital. He also made a provision for the construction of Namchi Hospital with 6 beds of total capacity.<sup>39</sup> J. C. Dyer, the Agency Civil Surgeon, served in Gangtok hospital and dispensary till 21<sup>st</sup> January 1928, was replaced by K. P. Elloy, D. C. M., I. M. D., as the new Agency Civil Surgeon at Gangtok. The Tuberculosis wards at Gangtok hospital were also completed in 1928, but it was converted into paying wards with the cost of 1 Rs per day for the bigger room and 8 annas per day for a smaller room.<sup>40</sup> Dr. Elloy, who served as Agency Civil Surgeon at Gangtok for four years was replaced by 1<sup>st</sup> Class Assistant Surgeon W. St. A. Hendricks, as a new Civil Surgeon at Gangtok from 6<sup>th</sup> February 1932 onwards. Following is the letter of his appointment.

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<sup>38</sup>File No. 13 of 1921, Sikkim Agency, National Archives of India, Serial no. 16.

<sup>39</sup>Administration Report of the Sikkim State for 1926-1927. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>40</sup>Administration Report of the Sikkim State for 1927-1928. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.



**From**

**Lieut-Colonel J. L. R. Weir,  
Political Officer in Sikkim,**

**To**

**The Under Secretary to the Government of India  
In the Foreign and Political Department,**

New Delhi.

Dated (Camp via Gangtok), the 12<sup>th</sup> February 1932.

Civil Surgeon, Gangtok.

Sir,

With reference to your letter No. D. 5432-E/31., dated the 11<sup>th</sup> January 1932, I have the honour to inform you that Assistant Surgeon K. P. Elloy, D. C. M., I. M. D., has been relieved from the post of Civil Surgeon, Gangtok, by Assistant Surgeon W. St. A. Hendricks, I. M. D., and has proceeded on the leave as sanctioned in the Foreign and Political Department telegram No. 216-E., dated the 3<sup>rd</sup> February 1932, with effect from the afternoon of the 5<sup>th</sup> February 1932.

2. Mr. Hendricks took over charge of the duties of Civil Surgeon, Gangtok, from Mr. Elloy on the afternoon of the 5<sup>th</sup> February 1932.

I have the honour to be,

Sir,

Your most obedient servant,

Lt- Colonel,

Political Officer in Sikkim.<sup>41</sup>

The civil health centres which started with the small dispensary at various places in Sikkim were able to combat many life-threatening epidemics diseases like measles, dysentery, small-pox, cholera, influenza, etc., but it had to tackle one of the worst health disasters when Sikkim was inflicted with the spread of kala azar. The initial phase of its infections was witnessed from Tista Valley since 1926 but it started to ravage Sikkim from 1934 in epidemic form. To combat the disease many extra doctors were employed to inspect and treat patients in most affected areas. Hospitals were opened at Namchi and Rangpo in 1936 and the daily average patients they treat was roughly around 104 at Namchi and 140 at Rangpo.<sup>42</sup> Following are the details of the expenditure and report of kala azar patients in Namchi and Rangpo hospitals.

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<sup>41</sup>File No. 24 (4) of 1932, Foreign and Political Department, Establishment– E, National Archives of India, Serial no. 1-8.

<sup>42</sup>File No. 648-X of 1936, Foreign and Political Department, External, National Archives of India, Serial no. 1-5.

**Table No. 4.5: Total Expenditure on kala azar from 1934 to 1937**

Sl. No.	Years	Total Expenditure
1.	1934-35	Rs. 10, 330/-
2.	1935-36	Rs. 8, 000/-
3.	1936-37	Rs. 23,000/-
	<b>Total</b>	Rs. 41, 330/-

**Sources:** File No. 648-X of 1936, Foreign and Political Department, External, National Archives of India, Serial no. 1-5.

Following are the total number of cases dealt from the date of the opening of Namchi and Rangpo hospitals.

**Table No. 4.6: Report on Patients from August 1936 to end of February 1937 at Namchi and Rangpo Hospital**

Sl. No.	Report	Total Number
1.	Treated	1187
2.	Cured	780
3.	Died in hospitals	53

**Sources:** File No. 648-X of 1936, Foreign and Political Department, External, National Archives of India, Serial no. 1-5.

The period from 1933 to 1936 also witnessed many cases of people suffering from malaria along with kala azar, resulted in treatment of large number of people. The following are the details of the patients treated in different hospitals and dispensaries in Sikkim.

**Table No. 4.7: Number of Patients Treated from October to December of each year from 1933 to 1936**

Hospital and Dispensary	1933		1934		1935		1936		Total	
	K.	M.	K.	M.	K.	M.	K.	M.	K.	M.
Gangtok	66	1,918	153	1,468	208	1,175	197	1,328	624	5,889
Namchi	67	1,003	26	390	58	275	731	345	882	2,013
Rangpo	56	65	414	192	519	183	327	355	1,806	795
Rangpo, P. W. D.	492	1,847	308	2,032	570	1,459	94	2,448	1,464	7,786

**Sources:** File No. 648-X of 1936, Foreign and Political Department, External, National Archives of India, Serial no. 1-5.

\* (K) Kala azar and (M) Malaria.

#### 4.2) Missionaries and the Spread of Western Health System

After the 1817 treaty the British hold over Sikkim gradually started to tighten and it became more severe when they again signed a new treaty in 1861 known as treaty of Tumlong. Under this treaty Sikkim was opened to all British subjects for the purpose of trade or travel and protection was assured to all merchants, traders and travellers, who settled or trading or passing through Sikkim. But the treaty did not discuss anything about the missionary residing or travelling in Sikkim. The Sikkim darbar was also opposed to the missionary residing or travelling in Sikkim. All this condition made missionary work in Sikkim not much easy in its initial phase. In 1883, when Revd. Mr. Sutherland of the Scotch Mission asked permission to the *Chogyal* of Sikkim for the grant of land to build a school and also for their residence; it was refused by the *Chogyal*. In 1894, when two of the members of Tibet Pioneer Mission namely Miss Jasson and Miss Rasmussen entered Sikkim, they were send back immediately by J. C. White because the British authority also do not want to interfere with the orders of the Sikkim darbar.<sup>43</sup> But it become impossible to check their settlement into Sikkim forever; therefore, in 1894, The Scandinavian Alliance Mission settled as the first missionary work in Sikkim and the first head-quarter of missionary Church was established at Chidam by Scotland Mission. Later, when they ask for the permission from *Chogyal* to transfer their head-quarter from Chidam to Pakyong, he reluctantly agree to grand them the land at Pakyong. However, he also asked the Government to put restriction on further missionary settlement into Sikkim. In 1905, the Scotch Mission of Kalimpong request of making their head-quarter at Gangtok was also opposed by the *Chogyal* of Sikkim.<sup>44</sup> For further entry into Sikkim,

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<sup>43</sup>File No. 427-444 of July 1894, Foreign Department, External- A, National Archives of India, Proceeding no. 437.

<sup>44</sup>File No. 53-54 of July 1907, Foreign Department, External- A, National Archives of India, Proceeding no. 53.

the missionaries started to established small health centres and opened many educational institutions. It turned out to be great advantage for them to settle in Sikkim and gradually started to established many health centres and education institutions in Sikkim. Scottish Universities Mission was the first one to established dispensary at Chidam in 1897 and they appointed a Christian converted Lepcha known as Elatji Matiyas as the compounder of the dispensary.<sup>45</sup> By 1908 six members from Scandinavian Alliance Mission were permitted to station in Sikkim. They are Mr and Mrs. Owen at Ringem, Miss Johanson at Lachung, Mr. and Mrs. Tjader at Song and Miss Hertz at Lamteng in the Lachen Valley.<sup>46</sup> To quote from the official letter of C. A. Bell (Officiating Political Officer) to the Secretary to the Government of India, regarding SAM work in Sikkim, mentioned thus-

“They appear to get on well with the people and do not interfere with them in any way. They have been of great assistance to the State in affording medical aid to the people, teaching their children in the day school which they have opened and to which the Durbar contributes Rs. 400/- annually, and especially in connection with the weaving industry at Lachung and Lamteng, the weaving has been supervised by the ladies of the Mission for many years without any remuneration.”<sup>47</sup>

Scotland Mission also established many dispensaries in Sikkim at Rhenok, Seryong (Soreng) and Dentam. For the distribution of the minor remedies they also established small dispensary at Vok (Wok) near Namchi.<sup>48</sup> In 1911 a new dispensary was also established at Rinchenpong by the local people with the help of Scotland mission and the compounder of Dentam was made the in-charge of new dispensary as

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<sup>45</sup>McKay, Alex. Op. cit., 2007, p. 93.

<sup>46</sup>File No. 154-155 of August 1908, Foreign Department, External– B, National Archives of India, Proceeding no. 154.

<sup>47</sup>Ibid.

<sup>48</sup>Administration Report of the Sikkim State for 1910-1911. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

well.<sup>49</sup> But in 1914, the dispensary of Rinchenpong and Dentam had to be closed for few years due to the dismissal of the compounder.<sup>50</sup> In 1916, two new dispensaries were opened at Temi under Reverend W. G. Mackean of the Scotch Mission and Miss Trashback at Lachung.<sup>51</sup> In 1918 Sikkim was struck with epidemics like Cholera in June and July and Influenza in October and November. The Cholera disease mostly affected the regions of the lower valley like Rongli, Rhenock, Melli and Rangpo, leading to eighteen deaths. Likewise, Influenza also causes great havoc throughout Sikkim and mostly affected the rural areas of Sikkim. That year, the epidemic led to the death of around 2,767 people, which is the 3.14 per cent of the total population of Sikkim. The Medical Officers and compounders from different dispensaries work tirelessly, moving from one place to another for the treatment of disease. Alongside these medical personnel, Miss Kronquist, of the Scandinavian Alliance Mission also offer valuable services to combat diseases in Lachung valley by providing medical aid to the local people.<sup>52</sup> In 1921, the Temi dispensary was put under the charge of Reverend Lakshman Singh of the Scottish Mission. In 1923, two more dispensaries were opened by Scandinavian Alliance Mission at Lachung and Scottish Universities Mission at Chidam. By 1927, there was total nine missionary dispensaries situated in Sikkim and following are the list of the dispensaries.<sup>53</sup>

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<sup>49</sup> Administration Report of the Sikkim State for 1911-1912. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>50</sup> Administration Report of the Sikkim State for 1914-1915. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>51</sup> Administration Report of the Sikkim State for 1916-1917. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023

<sup>52</sup> Administration Report of the Sikkim State for 1918-1919. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023

<sup>53</sup> Administration Report of the Sikkim State for 1927-28 and 1928-1929. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023

- a) Lachen, Lachung and Ringim Valley dispensary started by Scandinavian Alliance Mission.<sup>54</sup>
- b) Temi, Song, Vok (Wok), Dentam, Soreyong (Soreng) and Rhenock by Scottish Universities Mission.<sup>55</sup>

In 1934, when Sikkim was infected with great epidemic of kala azar, missionaries like Mary H. Scott of the Scottish Universities Mission, stationed at Gangtok played a great role in combating the diseases alongside government medical officers and compounders. In the middle of the August of 1936, when a new treatment centre at Namchi was opened under the supervision of the Medical Officer of Namchi, Mary H. Scott rendered a great service by supervising the general management and nourishing of the patients.<sup>56</sup>

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<sup>54</sup> Ibid.

<sup>55</sup> Ibid.

<sup>56</sup> File No. 648-X of 1936, Foreign and Political Department, External, National Archives of India, Serial no. 1-5.

**Table No. 4.8: Diseases Treated in Different Dispensaries from 1908 to 1929**

Diseases	Years														
	1908-09	1910-11	1911-12	1912-13	1914-15	1915-16	1916-17	1917-18	1918-19	1919-20	1921-22	1923-24	1926-27	1927-28	1928-29
Worms	5250	10,618	3611	10,898	...	10,168	...	6590	2517	4264	2627	3868	3494	4565	4598
Malaria	2257	6114	3593	3821	5125	4380	...	4004	1360	1488	1787	2454	1775	1788	1589
Skin Diseases	1179	...	1989	1099	2169	2506	2137	1938	951	580	1241	920	818	362	476
Goitre	776	713	1302	1371	1115	1240	1055	846	474	315	354	820	72	1430	1415
Ulcers	733	...	...	...	2142	...	...	...	...	...	...	...	...	...	...
Digestive System	...	...	...	...	8766	...	...	...	...	...	...	6	...	...	...
Small Pox	...	...	...	...	...	4	6	...	1	3	...	...	1	4	...
Cholera	...	...	...	...	...	...	...	...	...	...	103	...	...	...	...
Dysentery	...	...	...	...	...	409	745	695	254	88	103	174	217	368	528
Diarrhoea	...	...	...	...	...	608	473	583	490	256	229	196	252	565	674
Rheumatic Fever and Rheumatism	...	...	...	...	...	161	228	364	70	73	156	165	40	186	152
Pneumonia	...	...	...	...	...	9	2	7	21	2	8	6	2	4	5
Tubercle of the Lungs	...	...	...	...	...	3	3	7	12	5	7	5	13	14	5
Other Tubercular Diseases	...	...	...	...	...	4	6	9	2	7	7	...	1	6	4
Respiratory System	...	...	...	...	...	1388	1437	1680	871	421	1125	1482	1640	1290	2027
Primary and Secondary Syphilis	...	...	...	...	...	136	74	86	70	43	57	70	43	133	340
Gonorrhoea	...	...	...	...	...	198	120	87	78	91	54	161	90	182	381
Bright's Disease	...	...	...	...	...	...	...	...	...	...	2	23	...	6	...
Hydrocele	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...
Leprosy	...	...	...	...	...	...	...	...	...	...	1	1	9	7	5
Eye Disease	...	...	...	...	...	151	100	174	112	75	111	245	163	340	326
Ear Disease	...	...	...	...	...	58	50	41	37	36	33	45	82	164	195
Scurvy	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...

**Sources:** Administration Report of the Sikkim State from 1908-1929. Stable URL: <https://cap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023

#### 4.3) British Political Ambition and the Spread of Western Education in Sikkim

The British government since their political hold over Sikkim always wanted to established, Western mode of education in Sikkim; the purpose being generating a new class of Western educated youths who would be more obedient towards the British government and work for their benefits. Initially the British government executed their plan by providing Western education to the sons of leading families of Sikkim like *Chogyal*, *Kazis*, *Chiefs* and *Lamas* and sent eighteen of their sons to study in Darjeeling with financial assistance. Behind their initiative, the sole purpose was to train them in the British way of thinking and render support for every decision British government made. Also, at the throne of Sikkim, they wanted a kind of ruler who would act according to their wishes and have a colonial way of thinking.<sup>57</sup>

In 1895, the British government decided to establish a school at Gangtok for the education of the sons of the leading family of Sikkim instead of sending them to Darjeeling High School. To quote from the letter written by Sir Alfred Croft (Director of Public Instruction, Bengal) To the Chief Secretary to the Government of Bengal in regard to the establishment of School at Gangtok, stated "...it would be a better and much more economic plan to establish a school in Guntok for the sons of *Kazis* and others, rather than to bring these young men into Darjeeling. Mr. J. C. White informs me that if a school were established at Guntok, the food for the pupils could easily be supplied from their homes, and the attendance would be very much larger than if they had to go to Darjeeling."<sup>58</sup> As the head of the School, they have decided to appoint the Deputy Inspector of Darbhanga, Babu Ram Dhani Pande, because he is well

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<sup>57</sup>Kharel, Sunita. *Gangtok: Metamorphosis of A Stereotype-Sikkim-Urban Conglomerate into A Colonial Hill-Station (1889-1950): A Historical Construct*. Unpublished Ph. D thesis, Department of History, University of North Bengal, 2005, pp. 193-94. Stable URL: <https://shodhganga.inflibnet.ac.in>, accessed on 04.06.2021.

<sup>58</sup>File No. VIII of 1895, Agency Darbar Branch, External Affairs, National Archives of India, Serial no. 1.



acquainted with the knowledge of Hindi and English and some knowledge of Paharia and Tibetan, also he had been a head-master of Darjeeling Government School previously. For the education of the second son of the *Chogyal* of Sikkim, who at the time was studying at Darjeeling, the British government appointed Lama Sherab Gyatsho to teach the prince Tibetan Language and Babu Ram Dhani Pande to teach English and Hindi. When Babu Ram Dhani Pande got engaged in arranging the opening of the new boarding School at Gangtok in 1895, he was replaced as a new English and Hindi tutor by Babu Kali Kumar Das, who was a nephew of Sarat Chandra Das. For the construction of the school building with boarding house for twenty boys and quarter for the two masters, the Political Officer of Sikkim, Mr. J. C. White estimated the total expenditure of Rs. 656. The annual expenditure of the maintenance of the School, boarding house and payment of two teachers is estimated around 3500 and the said amounts will be drawn from the Sikkim state revenue.<sup>59</sup> It was only after 1906, the new boarding school of Gangtok started to function regularly with the name of Bhutia Boarding School. In 1907, another school was opened in Lal Market area of Gangtok with the name of Nepali Boarding School.<sup>60</sup> Following are the details of the number of students and expenditure in different Schools of Sikkim from 1908 to 1918.

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<sup>59</sup>Ibid.

<sup>60</sup>Kharel, Sunita. Op. cit., 2005, p. 199.

**Table No. 4.9: Schools Maintain by the State for the Year 1908 to 1918**

Years	No. of Schools		Description of Schools	No. of Pupils on Roll on 31 <sup>st</sup> March		Daily Average Attendance		Expenditure		
	Past Year	Present Year		Past Year	Present Year	Past Year	Present Year	High School	Secondary	Primary
1908-09	1	1	Nepali Boarding School	58	61	31.36	37.55	...	...	1678
	1	1	Bhutia Boarding School	47	38	39	33	...	...	3807
1910-11	1	1	Nepali Boarding School	57	55	48.28	48.01	...	...	2121
	1	1	Bhutia Boarding School	31	42	26	32	...	...	4055
1911-12	1	1	Nepali Boarding School	55	66	48	45	...	...	...
	1	1	Bhutia Boarding School	42	45	32	39	...	...	...
	3	3	Village School	...	...	...	...	...	...	...
1912-13	1	1	Nepali Boarding School	66	60	45	51	...	3106	...
	1	1	Bhutia Boarding School	45	59	39	43	...	2180	...
	2	2	Village Schools	...	...	...	...	...	...	...
		1	Kazis Daughter Schools	...	5	...	5	...	...	115
1914-15	1	1	Nepali Boarding School	62	97	47.31	54.87	...	2513	...
	1	1	Bhutia Boarding School	51	43	34.00	34.00	...	3184	...
	1	1	Lachen Village School	...	18	...	16.00	}	...	301
		1	Lachung Village School	...	17	...	17.00			
	1	1	Kazis Daughter School	9	13	6.76	9.00		...	338
			<b>School Maintain by the Landlords</b>							
	1	1	Pathing Village School	...	...	...	...	...	...	...
	1	...	Rhenock Village School	...	...	...	...	...	...	...
	1	...	Namchi Village School	...	...	...	...	...	...	...
	1	1	Duga Village School	21	13	17.00	11.00	...	...	180
	1	...	Timi Tarku Village School	...	...	...	...	...	...	...
	1	1	Namthang Village School	...	...	...	...	...	...	...
1915-16	1	1	Nepali Boarding School	97	71	79.47	68.86	...	2459	...

	1	1	Bhutia Boarding School	43	47	34.00	40.00	...	3822	...
	1	1	Lachen Village School	18	11	16.00	10.83	...	...	...
	1	1	Lachung Village School	17	19	17.00	18.01	...	...	400
	1	1	Kazi's Daughter School	13	13	9.00	10.59	...	...	294
			<b>School Maintain by Landlords</b>							
	1	1	Pathing Village School	...	13	...	11.99	...	...	96
	1	1	Duga Village School	13	19	11.00	11.72	...	...	145
	1	1	Namthang Village School	...	12	...	11.75	...	...	132
1916-17	1	1	Nepali Boarding School	71	83	68.86	46.16	...	2338	...
	1	1	Bhutia Boarding School	47	48	40.00	29.75	...	3545	...
	1	1	Lachen Village School	11	14	10.83	8.02	...	...	372
	1	1	Lachung Village School	19	18	18.01	16.65	...	...	335
	1	1	Kazi's Daughter School	13	14	19.59	11.30	...	...	207
	1	1	Industry School, Gangtok	2	2	2.00	2.00	...	...	...
			<b>School Maintain by Landlords</b>							
	1	1	Pathing Village School	13	20	11.99	15.99	...	...	101
	1	1	Duga Village School	19	...	11.72	7.65	...	...	144
	1	1	Namthang Village School	12	15	11.75	7.43	...	...	111
1917-18	1	1	Nepali Boarding School	83	81	46.16	58.00	...	2651	...
	1	1	Bhutia Boarding School	48	48	29.75	46.00	...	3367	...
	1	1	Lachen Village School	14	15	8.02	14.00	...	...	195
	1	1	Lachung Village School	18	14	16.65	14.00	...	...	195
	1	1	Kazi's Daughter School	14	13	11.30	13.56	...	...	317
	1	1	Industry School, Gangtok	2	...	2.00	2.00	...	...	256
			<b>School Maintain by Landlords</b>							
	1	1	Pathing Village School	20	30	15.99	...	...	...	103
	1	1	Duga Village School	...	11	7.65	...	...	...	132
	1	1	Namthang Village School	13	14	7.43	14.00	...	...	145

**Sources:** Administration Report of the Sikkim State from 1908-1918. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

Regarding Bhutia Boarding School, from 23<sup>rd</sup> December 1905, Kazi Dowsandup, was appointed as the new Head Master of the School on a salary of Rs. 100 per month.<sup>61</sup> Initially, at the Bhutia Boarding Schools, subjects like English, Tibetan, History, Geography, Mathematics and Drawing were taught. In 1911, Hindi subject was included in the school syllabus of Bhutia Boarding School.<sup>62</sup> Likewise, in Nepali Boarding School, subjects like English, Hindi, History, Geography, Mathematics and Drawing were taught. In 1910 three village schools also started to functions at Rhenock, Pathing and Namchi.<sup>63</sup> In 1912 along with these three village schools at Rhenok, Pathing and Namchi, one more village school was opened at Duga and these village schools were maintained by the local landlords. In the same year the Maharaj Kumar, Sidkeong Namgyal and his council also decided that every landlords of Sikkim should send at least half of their sons to get Western education at School. A new school was also started for the education of the Kazis daughter and they were taught subjects like Hindi, Tibetan and Knitting.<sup>64</sup> In 1914, a new subject of Sanskrit was started at the Nepali Boarding School for the senior boys. Lachen and Lachung Schools were maintained by the State and they were taught subjects like Tibetan, Arithmetic and Hindi was taught in Lachung School. One small industrial school was also maintained by *Chogyal* Sidkeong Tulku at Gangtok and they were taught wickerwork at the school.<sup>65</sup> In 1919, for the proper supervision of the Gangtok state schools, a committee was formed and they consisted of working committee and monthly visitors. Their work was to perform the examination and inspections of the

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<sup>61</sup>File No. 10-15 of September 1907, Foreign Department, External – B, National Archives of India, Proceeding no. 10-15.

<sup>62</sup>Administrative Report of the Sikkim State from 1911-12. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>63</sup>Administrative Report of the Sikkim State from 1910-11. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>64</sup>Administrative Report of the Sikkim State from 1912-13. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>65</sup>Administrative Report of the Sikkim State from 1914-15. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

Gangtok state School and maintain book, where they note their observation and submit it to the *Chogyal* for his information.<sup>66</sup> Following are the details of the committee and the visitors:-

#### **Working Committee:**

1. Rai Sahib Lobzang Chhoden – President.
2. Mr. Pestonji Jamasji – Members.
3. Mr. Vishnu Dayal – Members.
4. Mr. Diley Singh – Members.
5. Kumar W. Palden – Secretary.

#### **Monthly Visitors:**

I	<ol style="list-style-type: none"> <li>1. Barmiak Lama.</li> <li>2. Kumar W. Palden.</li> <li>3. Babu H. L. Dikshit.</li> </ol>	March and September.
II	<ol style="list-style-type: none"> <li>1. Rai Sahib Lobzang Chhoden.</li> <li>2. Babu R. B. Pradhan.</li> <li>3. Babu Dharma Nath.</li> </ol>	April and October.
III	<ol style="list-style-type: none"> <li>1. Mr. Pestonji Jamasji.</li> <li>2. Malling Kazi.</li> <li>3. Dr. Bhowani Prashad.</li> </ol>	January and July.
IV	<ol style="list-style-type: none"> <li>1. Mr. Vishnu Dayal.</li> <li>2. Gellong Kazi.</li> <li>3. Babu Balkrishna Pradhan.</li> </ol>	February and August.
V	<ol style="list-style-type: none"> <li>1. Mr. Diley Singh</li> <li>2. Gyaltzen Kazi.</li> <li>3. Babu Naraindass Pradhan.</li> </ol>	June and December.
VI	<ol style="list-style-type: none"> <li>1. Babu Faqir Chand.</li> <li>2. Rhenock Kazi.</li> <li>3. Babu Agum Singh Giri.<sup>67</sup></li> </ol>	May and November.

On 1<sup>st</sup> February 1922, *Chogyal* Tashi Namgyal put the two departments of Education and Ecclesiastic under the charge of the Judicial Secretary with the help of

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<sup>66</sup>Administrative Report of the Sikkim State from 1919-20. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>67</sup>Ibid.

“Board of Education, Sikkim State”.<sup>68</sup> Following are the details of the members of the Board of Education.

1. Barmiak Kusho (Chief Lama), Sikkim State.
2. Maharaj Kumari Choni Wangmo La, President.
3. Rhenock Kazi, Vice- President.
4. Barmiak Dewan, - Members.
5. Yangthang Kazi, - Members.
6. Gellong Kazi, - Members.
7. Enthang Lama, - Members.
8. Tassang Nako Lama, - Members.
9. Phodong Chotimpa, - Members.
10. Rai Sahib Lamboder Pradhan, - Members.
11. Babu Ratna Bahadur Pradhan, - Members.
12. Babu Narain Dass Pradhan, - Members.<sup>69</sup>

A few more members were also added to the “Board of Education of Sikkim State” in due course of time. In 1925, the two state schools of Gangtok, i.e., Bhutia Boarding School and Nepali Boarding School were integrated into a Higher School and named it as Sir Tashi Namgyal High School. By 1926, there was a total 185 students studying at the School, and to look after the proper working of the School, a committee was formed, which used to meet once a month to discuss the school matters.<sup>70</sup> Following are the members of the School:-

1. Mr. C. E. Dudley, B. A., President.
2. Kumar W. Polden, Vice- President.
3. Rai Bahadur Lobzang Chhoden.
4. Mr. Rup Narain, B. A., LL. B.
5. Babu Ratnabahadur Pradhan.
6. Gyaltzen Kazi.

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<sup>68</sup>Administrative Report of the Sikkim State from 1921-22. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>69</sup>Ibid.

<sup>70</sup>Administrative Report of the Sikkim State from 1921-22. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

7. Norzang Kazi.
8. Pundit Misrilal Pathak.
9. Babu Reshmi Prashad Aley.<sup>71</sup>

The School was affiliated to Calcutta University, followed Bengal education code and teaches up to the matriculation standard.<sup>72</sup> In March 1930 the school was able to send its first batch of matriculation examination at Calcutta University. Total five schools were maintained by the State apart from other schools maintained by the private bodies and missionaries.<sup>73</sup> Following are the schools maintained by the State:-

1. Sir Tashi Namgyal High School, Gangtok,
2. Enchey Monastery School, Gangtok,
3. Village School, Lachen,
4. Village School, Lachung, and
5. School of Industry, Gangtok.<sup>74</sup>

#### **4.3 a) Imparting of Western Education to the Crown Princes**

Further, to fulfil their ambition to make the new successor to the Sikkimese throne more into the British way of thinking, they started to pay much focus on providing Western education to the crown prince's. Initially, they have target the eldest son of the *Chogyal* Thutob Namgyal, "an heir apparent to the throne", to call back from Tibet to Sikkim and proceed with their plan to impart Western knowledge. But on his refusal to oblige the British order to return Sikkim, his succession to the throne of Sikkim was set aside and the British focused their attention on installing his younger brother, the crown prince, Sidkeong Tulku at the Sikkim throne and was imparted

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<sup>71</sup>Ibid.

<sup>72</sup>Ibid.

<sup>73</sup>Administrative Report of the Sikkim State from 1927-28 and 1928-29. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>74</sup>Ibid.

Western education by sending him to study at St. Paul's School Darjeeling.<sup>75</sup> Again, on 20<sup>th</sup> March 1906, J. C. White made a proposal to send Sidkeong Tulku and his three companions, i.e., Nari Kazi, Dowgay Kazi and Kazang Kazi to study for 12 months or extended to 18 or 24 months in England in a subjects like English language, law, agriculture, trade, forestry, &c. and following are the details of the proposals:-

- (a) That the Maharaja Kumar, accompanied by the Kazi's sons named in his letter, should be permitted to complete their education in England;
- (b) That on arrival in England they should be placed in charge of a tutor who would devote all his time to them, and that their head quarters should be at Oxford;
- (c) That they should leave India in August 1906, which would give them time to see a little of England before settling down to work in Oxford in October;
- (d) That, during the vacation, they should make a tour through the country to cities and places of interest as considered advisable; and
- (e) That, at the end of the period of study, they should return via America, Japan and China.<sup>76</sup>

On 24<sup>th</sup> August 1906, the above proposal was sanctioned in an official letter from Under Secretary to the Government of India in the Foreign Department to J. C. White, "With reference to the correspondence ending with your letter...on the proposal of the Sikkim Durbar that the Maharaj Kumar Sidkyong Talku should be permitted to proceed to England for educational proposes."<sup>77</sup> But regardless of his

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<sup>75</sup>File No. 107-116 of August 1901, Foreign Department, External - A, National Archives of India, Proceeding no. 108.

<sup>76</sup>File No. 30-42 of October 1906, Foreign Department, External – A, National Archives of India, Proceeding no. 30.

<sup>77</sup>Ibid, Proceeding no. 32.



request and proposal send by J. C. White, out of his three companions, only two of his companions were allowed to accompany him in his journey to England. But later in 1907, due to the growing expenses the two companion of the Kumar was send back to Sikkim.<sup>78</sup> The crown prince Sidkeong Tulku also left England in July 1908 and visited America, Japan and China before reaching Gangtok on 6<sup>th</sup> February 1909. After that, he was appointed as Vice-President of the State Council and put under his charge the Department of Forests and Education, along with religious control of the monasteries.<sup>79</sup> In 1910, the crown prince Sidkeong Tulku also opened three vernacular schools in Pathing, Rhenok and Namchi.<sup>80</sup> In February 1914, the *Chogyal* Thutob Namgyal passed away and was succeeded by crown prince Sidkeong Namgyal but due to the sudden cause of heart failure he too died on December 5<sup>th</sup> 1914. After the death of Sidkeong Namgyal, Crown Prince Tashi Wangyal the youngest son of the late *Chogyal* Thutob Namgyal was to be installed at the throne of Sikkim. On 19<sup>th</sup> February 1915, he was coronated as the new *Chogyal* of Sikkim and he adopted the name of Tashi Namgyal.<sup>81</sup> *Chogyal* Tashi Namgyal was also educated in Western education at Mayo Chief's College, Ajmer and St. Paul's School, Darjeeling.<sup>82</sup> After installing as an eleventh *Chogyal* of Sikkim, he was in-charge of the three departments: Education, Monastery and Forest. In April 1916, a few other departments like Police and Jail, Income tax and Excise were also transferred to him. In 1918, the full authority of the administration was handed over to the *Chogyal* Tashi

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<sup>78</sup>File No. 126-136 of June 1907, Foreign Department, Secret– E, National Archives of India, Proceeding no. 134.

<sup>79</sup>Administrative Report of the Sikkim State from 1908-09. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>80</sup>Administrative Report of the Sikkim State from 1908-09. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>81</sup>Administrative Report of the Sikkim State from 1914-15. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>82</sup>File No 5/PE, Government of Sikkim, Biography of Tashi Namgyal (Chogyal r. 1914-1963). Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

Namgyal.<sup>83</sup> Similar to his predecessor, Crown Prince Palden Thondup Namgyal was also imparted with Western education at St. Joseph's College, North Point, Darjeeling and Bishop Cotton School, Shimla, till he completed his education.<sup>84 85</sup>

### **Missionaries and the Spread of Western Education**

The Missionaries like the British government also used education as an important weapon to spread their gospel and religion in Sikkim, along with the spread of Western biomedical system. Anira Phipon Lepcha writes "The Christian missionaries not only propagated the teachings of Jesus Christ but also carried out an extensive network of social services in the field of education and health care which brought in a new way of life among the people."<sup>86</sup>

The most prominent among the spread of Western education in Sikkim was Scottish Universities Mission and Scandinavian Alliance Mission. Their strategy to spread their religion with the use of biomedicine and education not only allowed them to settle in Sikkim, but they were even provided with grant-in-aid from the Sikkim Darbar for the maintenance of dispensaries and educational institutions. The following are the list of Schools started by the missionaries in Sikkim.

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<sup>83</sup> Administrative Report of the Sikkim State from 1916-17 and 1918-19. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>84</sup> Correspondence of Tashi Namgyal with Crown Prince Kunzang Paljor Namgyal and Palden Thondup Namgyal while they were away at School. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>85</sup> File No. 671 of 1935, Foreign and Political Department, Political Branch, National Archives of India, Pages. 1-6.

<sup>86</sup> Lepcha, A. P. "Women Education and Mary Scott in Sikkim (1923-1939)." *Adroit: An International Refereed Research Journal*, Vol. 4, No. 1, 2007, pp. 1-3. Stable URL: [www.internationalresearchjournallepa.com](http://www.internationalresearchjournallepa.com), p. 1.

**Table No. 4.10: Schools Maintained by the Missionaries from 1908 to 1918**

Years	No. of Schools		Description of Schools	No. of Pupils on Roll on 31 <sup>st</sup> March		Daily Average Attendance		Expenditure		
	Past Year	Present Year		Past Year	Present Year	Past Year	Present Year	High School	Secondary	Primary
1908-09			<b>Scotland Mission School</b>							
	3	4	Lace School							
	11	13	Day School	307	327	253	253	...	...	...
	6	8	Night School							
			<b>Scandinavian Alliance School</b>							
	7	*	Day School							
	1	*	Night School	*	*	*	*	...	...	...
1910-11			<b>Scotland Mission School</b>							
	4	3	Lace School							
	13	12	Day School	330	415	255	356	...	...	...
	8	12	Night School							
			<b>Scandinavian Alliance School</b>							
			Day School							
			Night School	*	*	*	*	...	...	...
1911-12			<b>Scotland Mission School</b>							
	3	3	Lace School	26	37	23	24	...	...	...
	12	11	Day School	247	240	190	200	...	...	2283
	11	11	Night School	238	211	214	191	...	...	282
			<b>Scandinavian Alliance School</b>							
	4	4	Day School	433	47	33	47	...	...	...
1912-13			<b>Scotland Mission School</b>							
	3	3	Lace School	37	33	24	29	...	...	...
	11	12	Day School	240	322	200	282	...	...	...
	11	...	Night School	211	...	191	...	...	...	...
			<b>Scandinavian Alliance School</b>							
	4	3	Day School	47	*	47	*	...	...	264
1914-15			<b>Scotland Mission School</b>							
	12	10	Day School	259	344	282.75	235.20	...	...	2101
	2	2	Lace School	16	19	17.75	13.10	...	...	209
			<b>Scandinavian Alliance School</b>							
	2	2	Day School	41	41	31.00	23.00	...	...	451

1915-16			<b>Scotland Mission School</b>							
	10	9	Day School	344		285.20		...	*	...
		8	Night School		296		253.00			
	2	2	Lace School	19		13.10				
			<b>Scandinavian Alliance School</b>							
	2	3	Day and Night School	41	58	23.00	34.00	...	...	426
1916-17			<b>Scotland Mission School</b>							
			Temi Village School	18	20	13	17			
			Pakyong Village School	15	25	14	15.50			
			Rhenock Village School	31	32	17	17.25			
			Kamlet Village School	6	7	6	5.75			
			Chidam Village School	45	49	41	43.75			
	12	11	Vok Village School	43	49	35	36.50	.	...	2848
			Chakung Village School	41	44	60	50			
			Soryong Village School	44	47	42	44.78			
			Chambong Village School	19	25	16	15.50	...	...	
			Dentam Village School	23	18	21	17.75			
			Vok Lace School	12	11	19	9.25			
			Gangtok Lace School	8	...	...	...			
			<b>Scandinavian Alliance School</b>							
			Song Village School	24	15	11	9		...	270
	2	2	Ringim Village School	17	19	17	11	...	...	296
1917-18			<b>Scotland Mission School</b>							
			Temi Village School	20	23	17.00	17.00			
			Pakyong Village School	25	23	15.50	20.00			
			Rhenock Village School	32	35	17.25	32.00			
			Kamlet Village School	7	8	5.75	7.00			
			Chidam Village School	49	47	43.75	44.00			
	11	11	Vok Village School	49	34	36.50	33.00	.	...	2444
			Chakung Village School	44	44	50.00	52.00			
			Soryong Village School	47	46	44.75	41.00			
			Chambong Village School	25	25	15.50	20.00			
			Dentam Village School	18	18	17.75	18.00			
			Vok Lace School	11	12	9.25	10.00			
			<b>Scandinavian Alliance School</b>							
			Song Village School	15	13	9.00	9.00	.	...	200
			Ringim Village School	19	15	11.00	11.00	...	...	233

Sources: Administration Report of the Sikkim State from 1908-1918. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

One of the greatest contributions of the missionaries in the field of education was the female education and it became more prominent when Mary Scott of Scottish Universities Mission was allowed to establish a girl's school at Gangtok by the *Chogyal* Tashi Namgyal. Anira Phipon Lepcha, writes,

“She was the only missionary who was permitted to reside in Gangtok from 1923 to 1939. She established Paljor Namgyal Girls school (PNGS) with an aim to educate and uplift the deprived women particularly youngsters. This was the only female educational institution in the state for many decades, in the memory of the Crown Prince, who had died in the air accident.”<sup>87</sup>

Before 1923 only one female school was established by the Crown Prince Sidkeong Tulku in 1912 that too was only for the daughter's of the Kazis and land owning classes. They were taught subjects like Tibetan and Hindi and practice skills like lace making, spinning and knitting.<sup>88</sup> Later, this school was started as a common girls School under Mary Scott and they were taught subjects like English, Hindi and Tibetan, along with practice in skills like needle work, sick nursing, first aid and cooking. The School was later upgraded to middle school under the supervision of Mary Scott. When she was retired in 1939, Mrs Fairservice another Scottish missionary was appointed to supervise the school administration. It was under her direction *Chogyal* Tashi Namgyal in the memory of his eldest son, Crown Prince Palzor Namgyal a new building was constructed along with residence and hostel in 1941. Under Mrs Fairservice tenure the school was upgraded to High School and later recognised by Calcutta University in 1945. The last headmistress of the Paljor

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<sup>87</sup>Ibid, pp. 1-2.

<sup>88</sup>Administrative Report of the Sikkim State from 1923-24. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

Namgyal Girl's School till the departure of British government in 1947 was Miss Shirras, who succeeded Mrs Fairservice as a new headmistress of School in 1945.<sup>89</sup>

To conclude, the British government who always wanted to trade with Tibet and stop Nepal and Bhutan from forming any military alliance against the British saw a great opportunity to create relations with the small kingdom of Sikkim, located at the centre of these kingdoms. On 10 February 1817, the British government, without further delay grab the opportunity and signing the Treaty of Titalya with Sikkim. Even though they signed the treaty, differences gradually started appearing in their relation. Thus, to eliminate their differences and achieve their political motive, they started introducing Western biomedicine and education system in Sikkim.

Directly or indirectly, the missionaries also played an important role in making the ambition of the British government success in Sikkim. However, Anira Phipon Lepcha writes, that all the missionaries were not the collaborators' of the British, it was failed to understand the difference between white man who ruled and white man who preached, and served. She further argues that the missionaries entered into the educational scenario of Sikkim also with the help of the local and native converts who were educated in mission schools at Kalimpong and Darjeeling. The success of the Scottish University Mission regarding introducing the formal education in Sikkim lies in the dedication and sacrifice of the native workers/teachers. The main intent of the missionaries schools were to teach the destitute and the commoners. This would perhaps fulfil their objectives of converting people into Christianity.<sup>90</sup>

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<sup>89</sup>Kharel, M. P. Education. In Kharel, Sunita and Bhutia, Jigme Wangchuk (Ed.). *Gazetteer of Sikkim*. Home Department, Government of Sikkim, Gangtok, edition 2013, reprinted 2016, pp. 441-442.

<sup>90</sup>Lepcha, A. P. "A History of the Church of Scotland Foreign Mission in Sikkim." *Adroit: An International Refereed Quarterly Research Journal*, Vol. 3, No. 2, 2016, pp. 27-32. Stable URL: [www.internationalresearchjournalEPA.com](http://www.internationalresearchjournalEPA.com), p. 27-31.

The British government began its motive by providing Western education to royal members and the leading families of the Sikkim. So they can put them into a British way of thinking and help the British make every decision they make. Lastly, from the above-given tables, we can also understand how the royal family members, including the noble family, and common people gradually started to incline more toward the Western mode of biomedicine and Western education. Hence, it is realised that the British were able to achieve their goal by winning the trust of the Sikkimese people and also succeeded in every strategy they made for them, from opening trade relations with Tibet to stopping forming any alliances among the Himalayan kingdom against the British government.

**CHAPTER - V**

**A HISTORY OF CONTINUITY IN THE TRADITIONAL**

**MEDICINE AND SPIRITUAL HEALING PRACTICES AND THE**

**STRUGGLES OF HEALERS IN SIKKIM**

In the previous chapters, we have already discussed the rich tradition of ‘the history of medicinal knowledge and spiritual healing practices of the three ethnic communities of Sikkim’ and how it was passed on from generation to generation since time immemorial. However, during the nineteenth and twentieth century’s, when the British phase started in Sikkim, they started to create a section of Western educated youths who would support the decision they made. Initially they targeted the royal prince and the leading families of Sikkim to achieve their plan. Gradually, they also started to win the support of the common people by establishing Western health centres and providing them with biomedical facilities in Sikkim. This new development in the history of Sikkim brought gradual changes in many spheres, especially in the field of health sector. To quote Alex McKay, he has mentioned in his work; “Throughout the first half of the 20<sup>th</sup> century, British policy in regard to Sikkim... was generally to befriend the indigenous elites and to encourage a gradual and selective approach to modernity...such as education and bio-medicine.”<sup>1</sup> Therefore, in this chapter, the changes that have been brought about with the introduction of Western biomedicine and the Western education system in Sikkim are discussed. It also looks into the continuity of the traditional medicine and spiritual healing practices even after the great changes brought by the Western practices of biomedicine and the education system, as well as the struggles of the healers in preserving and continuing their traditional healing knowledge.

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<sup>1</sup>Mckay, Alex. “Indifference, Cultural Difference, and a Porous Frontier: Some Remarks on the History of Recreational Drugs in the Tibetan Cultural World. *The Tibet Journal*, vol. 39, no. 1, 2014, pp. 57-73. JSTOR, Stable [URL:https://www.jstor.org/stable/43741556](https://www.jstor.org/stable/43741556), p. 59.



### 5.1) Change and its Impact on Traditional Health Practices

Previously, in chapter four, the Sikkim-British relation and the introduction of the Western biomedicine and education system by the British authority and the Christian missionaries are discussed. Their contribution to this field was immense, leading to its wide spread. The common people and the darbar of Sikkim also did not restrict the spread of the Western biomedicine and education system; instead, they fully welcomed this new system in Sikkim. However, there also arises these questions', regarding their motive to spread the Western health practices and education system. This new system of health practices not only brought a positive impact on the health sector of the Sikkimese people but also led to negative impacts like the derecognition of the traditional health and healing practices of the native population. To quote Aparna Basu, she mentioned;

“In many colonial countries, the metropolitan powers introduced Western education with the hope that this would lead to a class of persons who would imbibe Western culture and values, appreciate the benefits of foreign rule and become its political allies. The content of schooling with its heavy emphasis on European knowledge was designed to create a sense of inferiority and inadequacy in the minds of the indigenous people...”<sup>2</sup>

Likewise, Deepak Kumar also mentioned;

“Western medical discourse occupied an extremely important place in the process of colonization...In its former role it served the state and helped ensure complete dominance...And the indigenous systems were so marginalized that they sought survival more in resistance than collaboration.”<sup>3</sup>

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<sup>2</sup>Basu, Aparna. “Colonial Education: A Comparative Approach.” *Proceedings of the Indian History Congress*, vol. 50, Golden Jubilee Session, 1989, pp. 707-736. JSTOR, Stable URL: <https://www.jstor.org/stable/4414/6127>, p. 733.

<sup>3</sup>Kumar, Deepak. “Medical Encounters in British India, 1820-1920.” *Journal of Economic and Political Weekly*, vol. 32, no. 4, 1997, pp. 166-170. JSTOR, Stable URL: <https://www.jstor.org/stable/4414/6127>, p. 169.

Hence, to fulfil their political and economic ambition, disease and medicine occupied a central place in the history of British expansionism.<sup>4</sup> The British authority, whose regime mainly depend on their judiciary, police, army, etc., now turn their attention towards more cheaply won battles through their education and medical system. To quote David Arnold “It was sometimes reckoned that as a ‘civilizing and pacifying force’ one skilful doctor was worth more than a company of infantry, and that a well-run hospital had ‘greater power in the long run than a battery of maxim guns’. The importance attached to its ‘civilizing and pacifying’ role is a further reason for not seeing colonial medicine in purely enclavist terms.”<sup>5</sup> This new system of Western biomedicine and education brought many great changes in the field of education and the health sector. However it had a tremendous impact on the people’s faith in the traditional knowledge of faith healing and medicinal practices in Sikkim. For British authority, their sole motive was political and they knew well enough instead of conquering the body, conquering the mind was more important and this policy of British authority was supplemented by the missionaries with the conversion of the local population, which led to the spiritual and mental conquest.<sup>6</sup> These Christian missionaries started to call the indigenous practices as superstitious and started to preach their gospel by telling people; their work was to drive away the superstitious and provide people with “the true light of Christianity”.<sup>7</sup> These new changes started to ignore and neglect the traditional way of medicinal practices and healing rituals, and the indigenous knowledge was considered insignificant, inferior,

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<sup>4</sup>Arnold, David. Medicine and Colonialism. In Bynum, W. F. and Porter, Roy (Ed.). *Companion Encyclopedia of the History of Medicine, Volume 1 & 2*, Routledge Taylor & Francis Group, London, 1993, p. 1403.

<sup>5</sup>Ibid, p. 1406.

<sup>6</sup>Panikkar, K. M. “Asia and Western Dominance: A Survey of Vasco da Gama Epoch of Asian History, 1498-1945.” George Allen & Unwin Ltd, London, 1959. As quoted in Sarkar, Sumit. *Modern Times: India 1880’s-1959*. Permanent Black, Ranikhet, 2014, p. 46.

<sup>7</sup>Basu, Aparna. Op. cit, 1989, p. 711.

and even barbaric by the Western people. Their educational institutions started to encourage people with the belief that the local culture and knowledge contributes nothing in the field of science, technology, knowledge, etc., unlike the Western knowledge system.<sup>8</sup> The British notion of their superiority is also evident when ‘The Political Officer of Sikkim, J. C. White’ wrote a letter to ‘The Secretary to the Government of India in the Foreign Department’ regarding the education of the Maharaj Kumar Sidkrong Tulku, the letter mentioned thus “The Maharaj Kumar is now 26 years of age. His present surroundings in Sikkim, being narrow and limited and breathing an atmosphere of ignorance and superstition, are not calculated to improve him...In England...he will mix with men of his own age and of good education...it is not possible for him to obtain all these benefits in Sikkim...”<sup>9</sup> On the other hand, the aged-old practices of the Tibetan doctors in the treatment of the Maharaja’s household or family started to change. Now, apart from the Tibetan doctors, the Western doctors were also appointed to look after the health problems of the royal household. Especially, when J. N. Turner was appointed as the new Civil Surgeon at Gangtok, he was provided with extra allowances to attend to the health of the maharaja’s household from 1908 onwards.<sup>10</sup> Also with the coming of the British in Sikkim, a number of diseases has also been found recorded in the official documents of British authority, which they have treated in different dispensaries of Sikkim, like; malaria, goitre, ulcers, smallpox, cholera, dysentery, etc., and Tuberculosis from 1915 onwards.<sup>11</sup> No wonder, a few of these diseases might have

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<sup>8</sup>Knopf, Karstin. “The Turn Towards the Indigenous: Knowledge System and Practices in the Academy.” *Journal of Amerikastudien/American Studies*, vol. 60, no. 2/3, 2015, pp. 179-200. JSTOR, Stable URL: <https://www.jstor.org/stable/4414/6127>, pp. 179-180.

<sup>9</sup>File no. 30-42 of October 1906, Foreign Department, External– A, National Archives of India, Proceeding no. 30.

<sup>10</sup>File No. 3-15 of December 1908, Foreign Department, Establishment– A, National Archives of India, Proceeding no. 3-9.

<sup>11</sup>Administration Report of the Sikkim State from 1908-1929. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

been present there in Sikkim before the arrival of the British, but there are many diseases which were brought by the British people when they entered Sikkim. Particularly, the diseases like Tuberculosis, malaria, cholera, etc., which we can find also referred in the work of Mark Harrison, where he called these diseases as European diseases.<sup>12</sup> He further emphasises the tuberculosis prominence in the industrialising West at the beginning and how it gradually spread into the non-western nations. The spread of Tuberculosis became wide spread, particularly after the First World War, due to the involvement and mingling of soldiers from the West the colonial troops of the East along with the labourers.<sup>13</sup> This is also one of the reasons that in Sikkim also we can find the evidence of the tuberculosis diseases from 1915 onwards and later to combat the rising cases of the Tuberculosis a new ward was started by *Chogyal* Tashi Namgyal in 1926.<sup>14</sup> When, these new kind of diseases started appearing in non-western societies, it became difficult for traditional health practitioners to diagnose and treat the diseases. In these circumstances, when Western biomedicine was able to cure the disease, the local people started to rely more on this new form of health system.<sup>15</sup> Particularly, those sections of the society who have got the Western education and know the capacity of Western biomedicine to provide instant relief, started to be more sceptic of traditional health practices. This sceptic attitude always had a negative impact on the local healing practices, and when traditional medicine took a longer time to heal the sickness, they often opted for Western biomedicine for instant relief from their health problems.<sup>16</sup> Not only that but

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<sup>12</sup>Harrison, Mark. "A Global Perspective: Reframing the History of Health, Medicine, and Disease." *Bulletin of the History of Medicine*, vol. 89, no. 4, 2015, pp. 639-689. JSTOR, Stable URL: <https://www.jstor.org/stable/10.2307/26309101>, p. 665.

<sup>13</sup> Ibid, pp. 658-59.

<sup>14</sup> Administration Report of the Sikkim State for 1926-1927. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

<sup>15</sup>Boban, Jose. *Tribal Ethnomedicine: Continuity and Change*. A. P. H. Publishing Corporation, New Delhi, 1998, p. 294.

<sup>16</sup>Ibid, p. 297.

with the support and power of the government, Western biomedicine started to enjoy great prestige, while calling the traditional health practice as inferior practices.<sup>17</sup> The British military officer, L. A. Waddell, in his work, 'Lamaism in Sikkim' also mentioned the local faith healing practices and the worshipping of the nature as demonolatry or the worshipper of the demon.<sup>18</sup> These kinds of mindset was carried forward by those converted Christians, who started to look into their age-old traditional healing and medicinal practices with suspicion, which led to derecognition of their ancient practices in Sikkim.

## **5.2) Continuity of the Traditional Medicine and Faith Healing Practices**

With the introduction of the Western biomedicine and education system, the change in health practices occurred gradually in Sikkim. The ethnic communities, whose mode of treatment earlier were their traditional medicine and healing practices are now exposed to a new form of Western biomedical system that revolutionised the health system of Sikkimese people and provided an alternative to health treatment. However, things started to get problematic when these new system of health practitioners failed to recognised the age-old traditional practices of the ethnic people of Sikkim and started to declare it as barbaric, superstitious, primitive and outdated. Certain sections of the Sikkimese population, especially the Western educated ones and the ones converted to Christianity, continued the conviction of Western ideas. But there were also the larger sections of the Sikkimese people, who continued their age-old tradition of rituals and healing practices because it was an important part of their culture, which they have carried forward since time immemorial. Moreover, the sharing of ideas about the meaning, origin and preferable healing of the sickness,

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<sup>17</sup>Harrison, Mark. Op. cit., 2015, p. 666.

<sup>18</sup>Waddell, L. A. Lamaism in Sikkim. In Risley, H. H. (Ed.) *The Gazetteer of Sikkim*. B. R. Publishing Corporation, Delhi, 2010, p. 353.

enhances the effectiveness of the treatment between the traditional healer and the patient.<sup>19</sup>

Traditional medicine is also a community based medicine, where they do not have to worry about the rich expanses of medicines unlike the modern hospitals.<sup>20</sup> The patients get treatment with the herbs and minerals which are locally available and at very affordable prices in the case of formal traditional medicinal practices like *Sowarigpa*. Another factor for the continuity of traditional medicine and healing practices was the inaccessibility of the people from the far flung rural areas to visit modern health centers. So, people mainly opted for the convenient and easily available facilities of traditional medicine. But most importantly, the belief system between the patient and the traditional practitioner led to the patient opted for the traditional medicine and healing practices.<sup>21</sup> Daniel A. Offiong, he mentioned, “‘healing’ is far more than the curing of disease or illness.”<sup>22</sup> Bente Gullveig Alver, further explained in detail about the difference between the healing and curing; according to her,

“Health disorders have a biophysical as well as a socio-cultural aspect. In medical anthropology these two features are designated disease and illness. Disease is viewed as the biological disturbance in the body, while illness refers to the cultural and social meaning attributed to the disorder. One may visualize the two aspects graphically as partly overlapping one another and jointly constituting the total health field within a particular culture. On the

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<sup>19</sup>Geest, Sjaak van der. “Is there a role for traditional medicine in basic health services in Africa? A Plea for a community perspective.” *Tropical Medicine and International Health*, vol. 2, no. 9, 1997, pp. 903-911. *Pubmed*, DOI: 10.1046/j.1365-3156.1997.d01-410.x., p. 907.

<sup>20</sup>Owumi, B. E, et al. “Continuity and Change in the Practice of Traditional Medicine in Modern Nigeria.” *The Nigerian Journal of Sociology and Anthropology*, vol. 16, no. 2, 2018, pp. 78-92. *Nigerian Anthropological and Sociological Practitioners Association*, DOI:10.36108/NJSA/8102/61 (0260), P. 88.

<sup>21</sup>Watienla and Jamir, Toshimenla. “Indigenous Health Practices of the Naga People: Continuity and Change.” *Journal of Health and Medical Sciences*, vol. 2, no. 3, 2019, pp. 373-385. *The Asian Institute of Research*, DOI: 10.31014/aior.1994.02.03.61, p. 374.

<sup>22</sup>Offiong, D. A. “Traditional Healers in the Nigerian Health Care Delivery System and the Debate over Integrating Traditional and Scientific Medicine.” *Anthropological Quarterly*, vol. 72, no. 3, 1999, pp. 118-130. *The George Washington University Institute for Ethnographic Research*, Stable URL: <https://www.jstor.org/stable/3317426>, p. 118.

whole, professional medicine is oriented toward disease, while the folk (lay) sector has its orientation toward illness. The medical strategies in relation to disease are designated curing, while those in relation to illness are termed healing.”<sup>23</sup>

Therefore, those problems, that failed to be cured by the Western biomedicine, appeared to get healed by the traditional medicine and healing practices.<sup>24</sup> With these perspectives, in today’s context, the presence and use of both the health facilities are equally important. The kind of ignorance which was started by the Westerners should not be continued, and equal respect and importance are also given to the traditional practitioners. According to the definition of the World Health Organisation, in 1946; the absence of disease does not merely represent a health but a complete state of social, mental and physical wellbeing.<sup>25</sup> Similarly, the kind of confidence, assurance and dependency which is provided by the faith healers and traditional medicinal practitioners is responsible for the continuity of the traditional healing practices.<sup>26</sup> The ethnic people, mainly settled in the rural areas, still today consult their shamans and herbalist for all the health problems because their healers acquire valuable knowledge about their ethno-medicine to cure and heal different diseases and sicknesses, which they passed on since time immemorial. Their requirement for a modern health system only comes when it is out of their logic or any newly formed diseases appear in their body. Hence, based on the origin of the diseases and sickness and according to their nature, the ethnic people will opt for the treatment.<sup>27</sup>

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<sup>23</sup>Alver, B. G. “The Bearing of Folk Belief on Cure and Healing.” *Journal of Folklore Research*, vol. 32, no. 1, 1995, pp.21-33. *Indiana University Press*, Stable URL: <https://www.jstor.com/stable/3814395>, p. 25.

<sup>24</sup>Ibid, p. 26.

<sup>25</sup>Fritzell, Johan and Lundberg, Olle. Health, inequalities, welfare and resources. In Fritzell, Johan and Lundberg, Olle (Ed.). *Health, Inequalities and Welfare Resources Continuity and Change in Sweden*. The Policy Press, Bristol, 2007, p. 8.

<sup>26</sup>Boban, Jose. Op. cit., 1998, p. 4.

<sup>27</sup>Ibid, p. 307.

### **5.3) Struggle of the Faith Healers and Medicinal Practitioner to Continue their Traditional Practices**

Norbu Bhutia is a seventy two years old farmer and herbalist from a small village in upper Thingchim, North Sikkim. He started practising using herbs as medicine at the age of twenty seven. Although he does not have a guru or teacher, he learned this knowledge from his relatives, who had great knowledge of medicinal herbs and some he learned through self practice. For most of the sickness, he treated only with the use of herbal plant but in certain kind of sickness, along with the use of medicinal herbs, benedictions and mantras is also use by the herbalist to cure the problem. On average, two to three persons visit him daily to discuss their problems. He is not only visited by the people from his surrounding villages, but people from far places like Gangtok, Geyzing, Dzongu, Mangan, and even from Nepal visit him for the treatment. Usually, the patient visits him in his residence. However, in certain serious cases, if the patient's condition is severe, he himself visits the patient in their house and provides the treatment. People often visit him, when they failed to get cured in the modern hospitals and sometimes when they do not afford to pay the high hospital bills and medical expenses. There are also sections of people who only consult him for treatment and take the medicines which he provides. Now, talking about his treatment method, he first asks the patient about their problem, and after examining their condition, he provides medicine in small quantities. If still problem persist then he will increase the quantity. In certain cases, if he is not able to diagnose the problem, especially those inside the body and problems related to pregnant women, he advises them to do a thorough body examination with the help of modern equipment, and according to the test report, he will provide the medicine or go for further treatment. On asking about people's response regarding his practices- He mentioned, "Still



today, the older generation person value the importance of traditional medicinal practices and visits him regularly: unlike the younger generation, who do not give any attention to the traditional knowledge practices.” He wanted the younger generation to learn the traditional knowledge of medicinal practice and continue it further. He fears that if things go like this, then soon this old knowledge will soon disappear.<sup>28</sup>



**Fig. 5.1:** Image of Norbu Bhutia (farmer and medicinal practitioner), from Upper Thingchim, North Sikkim. Photo taken by the Research Scholar, on 14/06/2022.

*Ajyo* Norbu is a farmer and a Bhutia faith healer or *Pau*. He is eighty six years old and resides at Gyalshing, West Sikkim. He became a faith healer at a very young age and since then he started practicing the healing rituals. People visit him daily, not only from in and around but also places from Yuksom, Namchi, North Sikkim, Tashiding, etc. Sick people of every age visit him and not only from villages but also from towns. Most of the time, he is busy healing the patients; as such, there are not many faith healers in his locality. People often visit him first whenever they fell ill and take his advice. If it is related to spirits possession or harmful evil spirits, he will cure it by performing the rituals and offering rituals items to the offending spirits. If not, according to the nature of the sickness, like a physical one, he will suggest the

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<sup>28</sup>Interviewed Norbu Bhutia (farmer and medicinal practitioner), (M), 72 years, Upper Thingchim, North Sikkim, on 14.06.2022.

patient go for another alternative, like modern hospitals, where proper scanning or diagnosis of the body is done with the help of modern equipment. When asked about the changes in the perspective of the people, after the construction of the district hospital- He mentioned “when he was young, only one small dispensary was there and later district hospital was also constructed at Gyalshing. But he never felt any difference, as he still receives the same number of people for the treatment as before.” He never asks for any fees for the treatment of the person because he believes god has chosen him for this work and it is his duty to help people from their health problems. But, people sometimes out of their willingness offer him cash or kind, which he accepts.<sup>29</sup>



**Fig. 5.2:** Image of *Ajyo Norbu (Pau Ajyo)* from Lower Yangtey, Pacherbong busty (Gyalshing), West Sikkim. Photo taken by the Research Scholar, on 7/12/22.

Regarding the continuity of the faith healing practices, he mentioned “he does not want his culture to vanish, which his ancestors have passed on since time immemorial. But he also does not want his knowledge to get into the wrong hands. He has seen many young people showing the signs of the new faith healer, but he provides his teaching only to those young ones who are capable of holding the power

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<sup>29</sup> Interviewed *Ajyo Norbu (Pau Ajyo)*, (M), 86 years, Lower Yangtey, Pacherbong busty (Gyalshing), West Sikkim, on 7.12.22.

and who can guard the old practice truthfully and continue it in future.” However, looking into the situation of the people and their beliefs, he made one major change in his healing practices; that is- he stopped asking for animal sacrifices because he observed the poorer section of the people could not afford it, and the one who can afford does not want to sacrifice the animal. Although it is necessary to perform the animal sacrifice, he never forces people because he is afraid, if forced, they might not follow their old traditions. Therefore, only on very rare cases he asks for animal sacrifice, that too only of a hen, if the condition of the sick person is very severe.<sup>30</sup>

Ola Lepcha is a sixty four year’s old *Mun* or Lepcha faith healer; he inherited the power of *Mun* at the age of twenty five from his grandfather, who was also a *Mun*. Ever since becoming a faith healer, people have visited him continuously for their various health problems. Except for a few days, he is regularly visited by one to three sick people every day. He not only does divination to find the cause of the sickness but also prepares medicinal herbs to treat the patient. Most of the time, people visit him for spiritual problems (which he mentioned is caused due to the misdeed put to the divine beings residing in their home, field, etc.) and also for physical health problems like high sugar, high blood pressure, headache, stomach pain, body ache, body pain, ear problems, eye pain and so on. If he cannot diagnose the sick persons physical problem, he then advises them to go for other alternative like modern hospitals. There are also many cases when people were not been able to get a cure in the modern hospitals; they come to seek his help. When asked, about the importance of traditional knowledge and why he is continuing his practices- he mentioned- “in the present time, people are constantly forgetting their tradition and they do not want to practice all those rituals which they felt tired some and time taking. Instead, they go

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<sup>30</sup>Interviewed *Ajyo* Norbu (*Pau Ajyo*), (M), 86 years, Lower Yangtey, Pacherbong busty (Gyalshing), West Sikkim, on 7.12.22.

for easy options and go to modern hospitals or follow religion where they do not have to go through all the long rituals for the treatment.” Although he does not have any issue with people going to the modern hospitals, he also does not want people to forget about traditional practices. He wants both the knowledge to go hand in hand. He also argues, though certain sections of the society are more into Western way of lifestyle; there is also a larger section of the Sikkimese people who still believe in the power and knowledge of the traditional practitioners. He also has four students who have been benedicted as the new faith healers, and he believes they will continue the tradition further. Since, he does not want people to discontinue their belief in the traditional knowledge and practices. So, instead of blood sacrificing the animals to appease the spirits, he went for simple offerings with fruits, flowers and other simple items. In certain cases, if it is unavoidable, he will ask for a hen and with this hen, he will recite the mantras by sprinkling the holy water on top of the hens head. When the ritual is complete, he then releases the hen into the jungle, as an offering to the offended spirit in the name of the sick person.<sup>31</sup>



**Fig. 5.3:** Image of Ola Lepcha (*Mun*), from Naga Namgor, North Sikkim. Photo taken by the Research Scholar, on 02/03/2023.

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<sup>31</sup>Interviewed Ola Lepcha (*Mun*), (M), 64 years, Naga Namgor, North Sikkim, on 02/03/2023.

Ongdup Lepcha is also a *Mun* and works as a government employee. He is thirty five years old and a resident of subithang, East Sikkim. When asked about the question of continuity of the traditional faith healing practices, he mentioned- “He continued his practices because he wanted to preserve his culture, tradition and identity. Also he found some inherent value in his ancestral practices, the value which his forefathers have been carrying forward since the historical past. He wanted his tradition and knowledge to be continued by the younger generation and contribute this knowledge towards the society. Although modern hospitals have brought a change in the health practices of the ethnic society but many people still believe in old traditions. He, too, wants both systems to go hand in hand; both are important in today’s time, as many new kinds of diseases are found in our society for many reasons, so both are needed. But the most important measure for humans to follow, if they want to avoid sickness, he mentioned- is through regular ritual practices to gods, goddesses and ancestors, which has been followed since time immemorial.” He also mentioned that- one should not kill animals in the name of ritual and should teach this to our younger generations as well, instead he wanted people to offer fruits, flowers, butter lamps, etc.<sup>32</sup>

Yang Sam Lepcha is an herbalist, and he is seventy seven years old from Chojo village, Yuksam, West Sikkim. He learned about plants as medicine from an old person named Tadong *Ajyo*. He even shared the story of how he became interested in learning this old practice; he mentioned- once a snake bit his cow, and at that time, Tadong *Ajyo* taught him the use of herbal plants to cure the snake bite, and that incident made him interested to learn about the use of local medicinal practices. He also said that, to date, he has not visited any modern hospitals; when he falls sick, he

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<sup>32</sup>Interviewed Sonam Ongdup Lepcha (*Mun*), (M), 35 years, Subithang, East Sikkim, on 24/03/2023.

cures himself by using medicinal herbs, which he learned from Tadong *Ajyo*. Now he is becoming old, and it is hard for him to go into the forest and find the medicinal herbs, which are not available in the nearby surroundings. To date, only a few people have come forward to learn the use of medicinal herbs from him, but he want more number of the younger generation to learn the use of traditional medicine, or else he fears that soon this knowledge might get disappear from the community.<sup>33</sup>



**Fig. 5.4:** Image of Yang Sam Lepcha (herbalist) from Chojo Village, Yuksam Block, West Sikkim. Photo taken by the Research Scholar, on 27/05/2023.

Bedh Nidhi Sharma is an herbalist and a bone setter; he is sixty years old and resides in Pangthang, East Sikkim. He learned about medicinal herbs from his father, a bone setter. When his father used to collect herbal medicines and use them for the treatment of patients, he used to help his father, and that is how he got interested in traditional medicinal practices. After his father's death, he continued this knowledge; although being a government employee, he was not able to give much time to the treatment of the patient before. However, after his retirement, he works as a full-time herbalist and bone setter. When asked about the importance of traditional medicinal practices, he mentioned- "it is very important and for every disease, you can find

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<sup>33</sup>Interviewed Yang Sam Lepcha (herbalist), (M), 77 years, Chojo Village, Yuksam Block, West Sikkim, on 27/05/2023.

treatment in the surroundings. There is nothing nature does not cure, so it is our duty to protect and preserve this knowledge. Therefore, I do not want this knowledge to get disappear, so I am teaching my younger sister the knowledge of the medicinal plants.” When asked again about the impact of modern hospitals in his practices, he told “it did not put any impact in his practices, people visits him continuously and even increased over time. He is not only visited by the common people, but even the doctors and sisters who work in modern hospitals visit him for the treatment of their fractured and broken bones. Also with the help of modern machines like x-ray, it helped him cure the bone problems more properly.”<sup>34</sup>



**Fig. 5.5:** Image of Bedh Nidhi Sharma (herbalist and bonesetter), from Pangthang, East Sikkim. Photo taken by the Research Scholar, on 25/09/2023.

Santa Kumar Rai is a *Bijuwa* or Nepali faith healer; he is forty three years old and residing in Bhusuk, East Sikkim. When asked about the importance of traditional faith healing practices, he mentioned- “people should not neglect the importance of faith healing practices. When people get sick, they should not be taken to hospital directly because; in certain cases using injection will make the situation worst. However, ignoring their advice when people still take the patient to the hospital

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<sup>34</sup>Interviewed Bedh Nidhi Sharma (herbalist and bonesetter), (M), 60 years, Pangthang, East Sikkim, on 25/09/2023.



causes the patient conditions to become serious. When it becomes worst, only then will they bring the patients to the faith healer. Though, he does not have any objection in taking sick person to the hospital but only thing he wants is to do the proper divination first and accordingly go for further treatment. He wants people to be cautious enough to follow both the practices and should not neglect one over the other for the treatment of different health problems.”<sup>35</sup>



**Fig. 5.6:** Image of Santa Kumar Rai (*Bijwa*), from 7<sup>th</sup> Mile, Bhusuk, East Sikkim. Photo taken by the Research Scholar, on 20/07/2023.

And also, the important factor for the continuity of the traditional medicine and faith healing practices was people desired to preserve their old practices, especially the faith healers and the medicinal practitioners. According to the Census of 1919, around 91 per cent of the Sikkimese population was residing in villages.<sup>36</sup> People residing in villages have always been great preservers of the traditional practices, and they are the ones who still believe and follow the old traditional

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<sup>35</sup>Interviewed Santa Kumar Rai (*Bijwa*), (M), 43 years, 7<sup>th</sup> Mile, Bhusuk, East Sikkim, on 20/07/2023.

<sup>36</sup>Lama, M. P. *Sikkim Human Development Report 2001*. Social Science Press, Government of Sikkim, New Delhi, 2001, p. 39.



practices and their practitioners. Even though due to the influence of Western education and modern health centres, many people disregard traditional practices. But, there are also people in Sikkim, regardless of Western education and working in different institutions, still follow their traditions. A few examples include; Bedh Nidhi Sharma, a government employee in a veterinary department, who was also an herbalist and bone setter. Similarly, Ram Prasad Limboo, who was working as a deputy director of the fishery department, was also a Limboo faith healers or *Sawara Yetchhammuk Samba* and so on.<sup>37</sup>

### **Organised Medicinal Practices and its Continuity**

Tibetan medicine is one of Sikkim's important organised or formal medicinal practices. Before, this formal practice of traditional medicines was mostly confined to the Royal family during the Namgyal period, but gradually, the benefits of this formal practice was also started to avail to the common people with the establishment of Men-Tsee-Khang (Tibetan Medical & Astro. Institute) in different places of Sikkim. Since its history and its practices have already been discussed in chapter three, so here in this chapter, we will only discuss about the importance of *Sowa-rigpa* (Tibetan Science of Healing or knowledge of Healing) and its continuity in Sikkim.

The continuity of the Tibetan medicinal practices can be witnessed in today's society, but the purity which was there before is bit absent today due to the shift towards large production and applying of pharmaceutical rules derived from Western medicine and rapid commoditisation.<sup>38</sup> The effectiveness of the Tibetan medicine on human body or to accurately recognise ingredients and its quality and the six related

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<sup>37</sup>Bhutia, Jigmee Dorjee. *British Influences on Folk Medicine and Healing Practices in Sikkim*. Unpublished M. Phil Dissertation, Department of History, Sikkim University, 2020, p. 112.

<sup>38</sup>Blaikie, Calum, et al. "Coproducing Efficacious Medicines: Collaborative Event Ethnography with Himalayan and Tibetan Sowa Rigpa Practitioners." *Current Anthropology*, vol. 56, no. 2, 2015, pp. 178-204. JSTOR, Stable URL: <https://www.jstor.org/stable/10.1086/680464>, p. 179.

taste by the *Amchi* is very vital in Tibetan medicine. Due to the ability of the *Amchi* to recognise its quality, it is mentioned that *Amchi*'s "have their laboratory on their tongue." Moreover, these six important tastes are: astringent, bitter, sweet, pungent, salty and sour. However, due to the laboratory based biochemical testing system for the large manufacturing of the industrial production of Tibetan medicine, led to the production of pure quality medicines into less standard.<sup>39</sup> Now, the question arises, does this new system of biochemical testing followed only to those places where its demand is higher with big population or it is followed in every centre of Tibetan medicine production areas. What about the situation in small states like Sikkim? Let's discuss it in the following.

*Amchi* Tsultrim Kalsang, head, the *Sowa-rigpa* department at Namgyal institute of Tibetology, Gangtok, says- Tibetan medicine is one of the important medicinal practices and there is solution for all kind of health related problems. It contains the knowledge of every part of the body and problems related to it, he explained; Mind is based on three energies wind (*loong*), phlegm (*baekan*) and bile (*tripa*). Body is based on five elements, and each element has its own constitution. Medicine is also based on the nature of the patient, i.e., either cold or hot in nature; for example- If the patient is suffering from hot disorder, the *Amchi* will provide medicine of cold nature; likewise, in cold disorder, warm medicine will be provided. This is how Tibetan medicine works. Due to this knowledge of Tibetan medicine and the large side effects of the Western medicines, people are turning more towards organic medicines today. Not only the Asian people but also the Western people are taking Tibetan medicine. The younger generations are also coming forward and trying

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<sup>39</sup>Ibid, p. 187.

to learn the Tibetan Medicinal practices. It can continue till today because of its historical importance and the knowledge they share among themselves.<sup>40</sup>

*Amchi* Tsultrim further mentioned that- This knowledge of Tibetan medicine could be witnessed in *Sowa-rigpa* literature, where apart from the use of medicinal plants, the use of minerals, animals parts, etc., were also used as medicine, but today they do not use animals parts as medicine because of ecological maintenance, to safe guard endanger species and some of it are in the fragile environment.<sup>41</sup> To quote from the oral instruction tantra, stated,

“Tibetan Medicine is deeply rooted in Buddhist philosophy and Buddhism strictly denounces causing harm to any living creature. In the past, there was no demand for bulk production of Tibetan medicine, and the use of animal products was in fact negligible. After coming into exile, and witnessing intense environmental awareness world-wide and increasing regard for vegetarianism, the use of animal products in Tibetan Medicine has been completely substituted by equally potent herbs. However, in order to reveal the richness of Tibetan medical knowledge and to preserve the knowledge of the therapeutic value of animal products, their potencies are revealed in...source text.”<sup>42</sup>

He lastly mentioned that- to preserve Tibetan Medicinal practices and provide their benefits they have also conducted many medical camps, workshops, etc.<sup>43</sup>

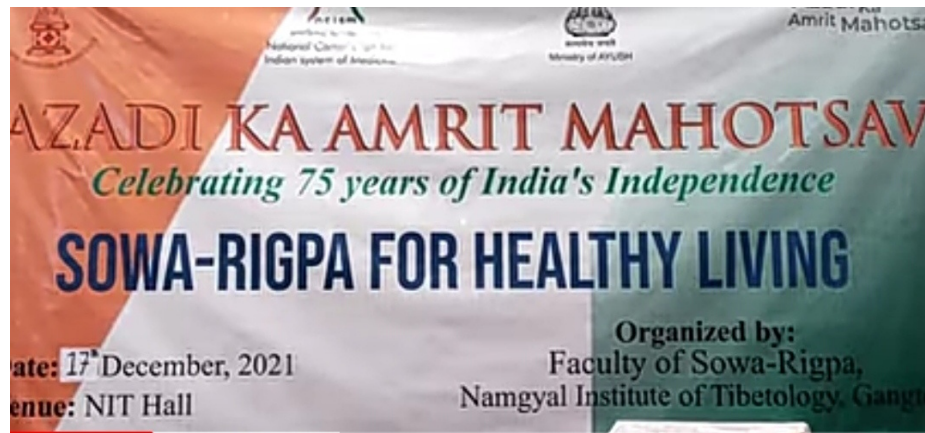
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<sup>40</sup>Interviewed *Amchi* Tsultrim Kalsang (Head of the *Sowa-Rigpa* Department), (M), 55 years, Namgyal Institute of Tibetology, Deorali, East Sikkim, on 28/04/2022.

<sup>41</sup>Ibid.

<sup>42</sup>Gonpo, Yuthok Yonten. *The Third Part Called the Oral Instruction Tantra from the Secret Quintessential Instructions on the Eight Branches of the Ambrosia Essence Tantra*. Translated by Dolma, Sonam, et al., Men-Tsee-Khang, Documentation and Publication Deptt, Dharamsala, 2017, p. xvii.

<sup>43</sup>Interviewed *Amchi* Tsultrim Kalsang (Head of the *Sowa-Rigpa* Department), (M), 55 years, Namgyal Institute of Tibetology, Deorali, East Sikkim, on 28/04/2022.



**Fig. 5.7:** Image of a free health camp to raise awareness of Tibetan Medicine. <https://youtu.be/8aQ172ivhY0?si=xiQxfOZepGeDjiZd>

When asked about the manufacturing of Tibetan medicine and its quality in small state like Sikkim, the *Amchi* of Namgyal Institute of Tibetology, Passang Dolma, mentioned that before they used to make medicines using traditional equipments like grinding stones. However, today, due to the growing demand for medicine to reach a larger section of the population, they are using the modern equipment like grinding machines to grind the medicines. Some of these medicines they prepare in the institute itself, and some they bring from other places. The medicines they use are made from herbal plants, roots, trees, barks of the tree, etc., which they grow in their garden and some they collect from high-altitude regions. Though they use modern grinding machines to grind medicinal herbs and other ingredients, regarding their taste, they follow proper old methods, to be effective and benefit people. They diagnose every disease using traditional methods such as looking into pulse and urine. This is why she mentioned *Sowa-rigpa* can flourish and a large number of people get treatment in *Men-see-khang*. She also mentioned that diseases and sicknesses that modern hospitals could not cure were brought to the clinic as a last hope of treatment.<sup>44</sup>

<sup>44</sup>Interviewed *Amchi* Passang Dolma (Assistant Professor in the *Sowa-Rigpa* Department), (F), Namgyal Institute of Tibetology, Deorali, East Sikkim, on 28/04/2022.



**Fig. 5.8:** Image of grinding stone from *Sowa-Rigpa* Department, Namgyal Institute of Tibetology.  
Photo taken by the Research Scholar, on 28/04/2022.

*Amchi* Tenzin Paldon also mentioned the importance of *Sowa-rigpa* and stated that; Tibetan medicine is not just about curing sickness or diseases with the use of medicine but astrology also plays an important part. Medicine and astrology go hand in hand in *Sowa-rigpa* treatment. She explained that, during the therapeutic time specially when using equipment like copper needles or performing treatment by bloodletting, etc., they first check the favourable day to do the treatment and the equipment. Because they believe that if it is done on an unfavourable day, the patient's problem will worsen or have adverse effects rather than treatment.<sup>45</sup> *Amchi* Sonam Wangmo further explained the role of astronomy in *Sowa-rigpa* practices and stated that if a doctor is not able to cure the patient, then the doctor will advise the patient to consult the astrologer or do the '*né-tsee*' or horoscope analysis. As such, sometimes the doctor cannot cure the patient due to the astrological problem between the patient and the doctor. Therefore, if one doctor cannot cure the patient, then with the advice of the astrologer, the patient will be sent to another doctor, where the astrological part cannot be a problem between the two. She also mentioned that in

<sup>45</sup>Interviewed *Amchi* Tenzin Paldon (Tibetan Doctor), (F), 36 years, Men-tsee-khang, Gangchen Kyishong, Dharamshala, on 20/10/2022.

*Sowa-ripga*, while treating the patient, first, they ask the patient to correct their diet and lifestyle, and if still the problem persists, only then will they go for treatment by providing the medicine. She also added that every patient has a different life style, so that treatment will also be provided based on the patient's nature and life style. Hence in *Sowa-rigpa*, each patient will receive different treatment based on their nature and life-style.<sup>46</sup>



**Fig 5.9:** Image of *Amchi* Tenzin Paldon (extreme left), Anira Phipon Lepcha (supervisor, middle left), *Amchi* Sonam Wangmo (middle right) and Jigme Dorjee Bhutia (Research Scholar, extreme right), from Men-tsee-khang, Gangchen Kyishong, Dharamshala. Photo taken by the Research Scholar, on 20/10/2022.

Today, we can witness evidence of the continuity of Tibetan medicine in large numbers because of the values and knowledge that they carry among themselves. Due to its importance, the government of India also recognised *Sowa- rigpa* as a legal practice on 27 of September 2010.<sup>47</sup> Even though in larger populated areas, biochemical testing systems for the large manufacturing of the industrial production of Tibetan medicine have started. However, still today, in small populated states like

<sup>46</sup>Interviewed *Amchi* Sonam Wangmo (Tibetan Doctor), (F), 41 years, Men-tsee-khang, Gangchen Kyishong, Dharamshala, on 20/10/2022.

<sup>47</sup>The Gazette of India, Ministry of Law and Justice officially published the IMCC (Amendment) Act, 2010. For further information look at Appendix – viii.

Sikkim, for the testing of medicine, the *Amchis* are following the traditional methods, which led to the maintenance of its standard, purity and effectiveness. To make awareness and provide benefits of Tibetan medicine, many workshops and camps have been conducted and organised by the *Sowa-rigpa* department of Namgyal Institute of Tibetology, Sikkim.

### **Benefits of traditional medicine and faith healing practices**

In India, about 70-75 per cent of the population still depend upon traditional herbal medicine and healing practices for their primary health care.<sup>48</sup> These local practitioners cure the health problems of every age group with the use of readily available medicine. Their treatment (either ritual or natural or sometimes both) is widespread, containing the element of preventive, curative and protective.<sup>49</sup> The effectiveness of their practices also depends on the knowledge of the healer or medicinal practitioner about the type of sickness, they cure and the knowledge about the correct use of medicine, taboo linked with medicine, use of the right amount of medicine, and rituals associated with medicine.<sup>50</sup> Moreover, these traditional practices provide meaning and reason to life and lead to the healthiest way of living. Thus, it is not wrong to believe that religious features are a central path of healing.<sup>51</sup> In the following lines, we will discuss the benefits of traditional Healing and Medicinal practices.

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<sup>48</sup>Chhetri, D. R. Herbal Medicinal Culture of the Nepalis of Darjeeling and Sikkim. In Subba, T. B, et al. (Ed.). *Indian Nepalis: Issues and Perspectives*. Concept Publishing Company, New Delhi, 2009, p. 313.

<sup>49</sup>Deb, R. S and Sharma, B. K. "Traditional Healing Practices in North East India." *Indian Journal of History of Science*, 2015, pp. 324-332. *Ayurveda Regional Research Institute*, DOI: 10.16943/ijhs/2015/v50i2/48242, P. 328.

<sup>50</sup>Adu-Gyamfi, Samuel and Anderson, E. A. "Indigenous Medicine and Traditional Healing in Africa: a Systematic Synthesis of the Literature." *Philosophy, Social and Human Disciplines*, Vol. 1, 2019, pp. 69-100. *ResearchGate*, Stable URL: <https://www.researchgate.net/publication/334974143>, p. 78.

<sup>51</sup>Offiong, D. A. Op. cit., 1999, p. 156.

- a) The importance of traditional medicine and faith healing practices is not only limited to curing diseases or just healing the sickness, but it is also about prevention misfortune, bad omens, etc.<sup>52</sup> It brings security of property and life and good luck, good health, etc.
- b) Traditional medicinal practitioner and the faith healers are easy to approach; they can avail their services anytime and even visit the patient's house if the situation is serious. They know the history of the patient as what might be able to cause the person to fall sick and accordingly perform the exact treatment.
- c) The ethnic people know very well that even though the Western medicines provide quick relief, they hold serious side effects, and the curing of one health problem led to another due to the harmful elements of Western medicine. Therefore, until or unless the condition is not suitable, people often go for traditional medicine because of its compatibility with the body and its harmless nature.<sup>53</sup>
- d) Since the patient and the traditional practitioners belong to a similar community, they share a familiar and friendly relationship; the patients become comfortable discussing their problems. As a result, their joint efforts help in the treatment of the patient successfully. On the other hand, the patients and doctor's relationship is formal, and the treatment of disease is limited to diagnosing and curing.<sup>54</sup>
- e) Modern hospitals today are overcrowded and patients suffering from serious mental stress are sent to mental hospitals and only physical problems are likely to be treated in the hospitals. Whereas traditional practitioners will try to treat

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<sup>52</sup> Ibid, p. 123.

<sup>53</sup> K, Boban Jose. Op. cit., 1998, p. 286.

<sup>54</sup> Ibid, p. 287.



the patients with different methods of therapy, if they cannot cure serious cases, they will refer the patients to more experienced practitioners.<sup>55</sup>

#### **5.4) Important Measures to Preserve the Traditional Knowledge of Health Practices**

A few important measures can help preserve the traditional knowledge of health practices of the ethnic communities. This knowledge has been passed on from generation to generation since time immemorial and maintains the local population's health. Following is the list of a few important points-

- 1) By bringing awareness among the ethnic communities about the knowledge they retain with them, their knowledge proved its efficiency and versatility by taking care of the people's health from different ages in their community.<sup>56</sup>
- 2) Proper documentation of the traditional medicinal practices is necessary before this knowledge totally vanishes from the ethnic society; for example like including the names and species of different traditional medicines of Sikkim in the Traditional Knowledge Digital Library and other platforms.
- 3) A proper course in schools and colleges should be started, where the importance of the traditional knowledge of healing and herbal practices should be incorporated.
- 4) With the help of traditional herbal practitioners, the government should set up and maintain proper herbal gardens.
- 5) The traditional faith healing practices can be preserved by accepting the divine calling of their deities, instead of taking them to the modern hospitals and ignoring the traditional practices.

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<sup>55</sup>Landy, David. "Role Adaptation: Traditional Curers under the impact of western medicine." *American Ethnologist*, vol. 1, no. 1, 1974, pp. 103-127. Wiley, Stable URL: <https://www.jstor.org/stable/643805>, p. 110.

<sup>56</sup>K, Boban Jose. Op. cit., 1998, p. 305.

### **5.5) Government Initiative to Preserve the Traditional Medicine and Faith Healing Practices**

Situating at the lab of Mother Nature, the people of Sikkim have always been nature worshippers, like worshipping lakes, rivers, mountains, caves, etc., in the form of different deities. Causing harm to nature has always been considered as a sign of bad omen. So, before taking anything from nature, they ask for their permission by performing the required rituals, done by different faith healers belonging to different ethnic communities. Hence, looking into the importance of nature and its socio-cultural relation with the ethnic communities, different governments have taken different initiatives to preserve, conserve and promote the local practices of tradition knowledge and also for the continuity of the faith healing and medicinal practices in Sikkim. Following are the few examples:-

- 1) In 1998, the government of Sikkim started a scheme called '*Shakti Shanti Puja*' for the promotion and recognition of different faith healers of Sikkim.<sup>57</sup>
- 2) Under the government of Sikkim's guide line for the preservation of the traditional healing practices, the culture department of Sikkim has launched a new scheme under the title '*Samajik Sewa Bhatta*' from 1 September 2008. Under this scheme, the faith healers of the different ethnic communities were provided with monthly allowance, to promote and continue their traditional practices. Bedh Nidhi Sharma (herbalist and bonesetter) is one of the beneficiaries of this scheme, and he is getting monthly allowance of Rs 1200 per month.
- 3) In 2011 at Naga Namgor, North Sikkim, the government of Sikkim have established a Lepcha Cultural Centre cum Boongthing and Mun Research

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<sup>57</sup>Doma, Yishey. *Faith Healers of Sikkim: Traditions, Legends, and Rituals*. Trysts & Traces (For Information & Public Relations Department), Government of Sikkim, Haryana, 2018, p. 19.

Centre. At present, the head of this school is sixty four years old Ola Lepcha, who hail from Dzongu, North Sikkim.

- 4) Similarly, to preserve and sustain the old tradition of *Ban Jhankri*, the government has established a 'Ban Jhankri Falls and Energy Park' near Gangtok in 2008.
- 5) In May 2022, the government of Sikkim established a 'Paruhang Saptan Mangkhim', an international Kirat Rai Linguistic Cultural Research Centre at Ranka.

Apart from the government initiative in preserving the traditional practices of faith healing and its practitioners, there are many government institutes and departments, have contributed great effort in preserving the traditional practices of medicinal knowledge. Following are a few government institutes and departments:-

- 1) Sikkim State Council of Science and Technology, Government of Sikkim, have a record of around two hundred medicinal plants in Sikkim.
- 2) Forest and Environment Department, Government of Sikkim, have also taken an initiative to preserve the traditional practices of medicinal plants under the scheme titled 'Plan for Medicinal Plants Conservation and Sustainable Utilization.'
- 3) Govind Ballabh Pant 'National Institute of Himalayan Environment (NIHE)' is another government institute that has made a great contribution to the preservation of the medicinal plants. They have their own herbal garden and medicinal plants and multipurpose tree nurseries.
- 4) Namgyal Institute of Tibetology is another institute located at (Deorali) Gangtok, where young students are provided training in Tibetan Medicinal Practices.

To conclude, it can be understood that, though the Western biomedicine and education systems introduced by the British authority and the Christian missionaries made immense contributions to the field of health sector, but their sole motive was political, and they did nothing to recognise the traditional practices of medicine and faith healing. The new system of Western biomedicine and disease started to become an important factor for change. Due to the spread of the new disease and lack of knowledge about these diseases, like Tuberculosis, cholera and malaria, among the people made them believe in the greatness of biomedicine by the Western people. According to the definition of WHO, health is not only about absence of disease but a complete state of social, mental and physical wellbeing. It is only possible with the traditional medicine and faith healing practices, due to their socio-cultural connection and the sharing of the ideas about the meaning, origin and preferable healing of the sickness. This connection among the ethnic communities, especially the rural people led to the continuity of their traditional practices till date. However, to continue it further, the efforts of local people, government, and various institutes are necessary, and more awareness about the importance of traditional knowledge of medicinal and healing practices is needed.

## **CHAPTER - VI**

### **CONCLUSION**

Traditional knowledge forms the basis of every knowledge system in society. This traditional knowledge is the foundation upon which the modern knowledge system has grown and continues to develop. It is not surprising that traditional knowledge plays a vital role in identifying the causes of problems. One of the key aspects of traditional knowledge is healing practices and medicinal remedies used by the local community based on faith.

Sikkim, situated in the northeastern region of India, comprises various ethnic groups, each with its own unique therapeutic and medicinal traditions. The healing practices of the Bhutia community are typically carried out by faith healers, which include *Pau* (male) and *Ney jum* (female), as well as Buddhist monks or lamas. The primary responsibilities of these faith healers encompass safeguarding lineage, conducting domestic rituals, and soothing spirits that bring about illness in both humans and animals. The function of the village lamas or Buddhist monks is to pacifying local deities, spirits, and goddesses and shields the community from malevolent spirits and sicknesses. The Bhutia community also has formal and informal medical practitioners, such as *Amchi's* or lama *Men pa* (a monk who provides medicine), and informal medicinal practitioners known as *Men pa*.

When Buddhism was formally introduced to Sikkim in the seventeenth century, it brought not only Buddhist healing practices, but also formal medicinal knowledge. During the Namgyal period, the influence of formal medicinal knowledge remained largely limited to aristocratic and royal family members, in the form of personal physicians. Formal study and research on Tibetan medicine for the general

public began only during the reign of *Chogyal* Tashi Namgyal (1914-1963 AD). One of the important objectives and functions of the institute like Namgyal Institute of Tibetology, was to sponsor and promote research in Buddhist religious teachings (*Chhos*) and associated subjects, such as medicine, iconography, linguistics, astrology, history, geography, etc.

Similarly, the Lepcha community has its own spiritual healers, known as *Mun* and *Bongthing*, who hold significant importance in their daily lives. The process of becoming a *Mun* and *Bongthing* is hereditary and cannot be learned. In the past, *Mun* and *Bongthing* performed ceremonies from birth to death. However, today, the influence of Buddhism and Christianity can be observed in their ritual practices. The knowledge of *Mun* and *Bongthing* extends beyond spiritual practices to include extensive knowledge of natural substances such as plants, herbs, minerals, etc., as medicinal remedies. Additionally, the Lepcha community has medicinal practitioners known as *Maon doak*.

The Nepali community is a diverse group of individuals who adhere to a variety of major religions including Buddhism, Hinduism, and Christianity. Despite these differences, they share common beliefs and practices, particularly in their animistic and shamanic rituals. This can be attributed to the cultural exchange that has occurred among them. They refer to their faith healers as *Dhami/Jhakri/Bijwa*, who attempt to cure individuals through spiritual healing rituals by divination with the assistance of their supreme deities. They also have traditional medicinal practitioners, who use herbs, plants, and minerals to create medicines.

In the early history of Sikkim's healthcare system, traditional medicinal practices were the only prevalent form of healthcare. However, with the arrival of

British and Christian missionaries in the region, the influence of Western medicine and treatment methods began to spread. This new systems brought significant improvements to the education and health sectors. The British authorities recognised the importance of conquering the mind, and their policy was supported by missionaries through the conversion of the local population. This led to spiritual and mental conquests in the region. The Christian missionaries referred to indigenous practices as superstitious and sought to replace them with their own beliefs, preaching that their work was to drive away superstition and provide “the true light of Christianity.” These changes began to disregard and neglect traditional medicinal practices and healing rituals, and indigenous knowledge was considered insignificant, inferior, and even barbaric by Western people. Educational institutions established by the British began to encourage people to believe that local culture and knowledge had no place in fields such as science, technology, and knowledge, unlike in Western knowledge systems. The British authorities, who relied heavily on their judiciary, police, and army, turned their attention to a more easily won battle through their education and medical systems.

Although certain sections of the Sikkimese population, particularly those who were Western-educated or had converted to Christianity, held on the conviction of Western ideas in the post-British era, there were also larger sections of the Sikkimese people who continued to practice their age-old rituals and healing traditions. These rituals and practices were an integral part of their culture, which they passed down from generation to generation. Sharing of ideas about the meaning, origin, and preferred healing methods for different health issues between traditional healers and patients helped enhance the effectiveness of treatment.

Traditional medicine, which is deeply rooted in communities, contrasts with modern hospitals in that it does not require extensive resources. Instead, patients receive treatments using herbs and minerals that are readily available and affordable, as observed in practices such as *Sowa ripga*. The lack of quick and easy access to modern hospitals during emergencies and inadequate facilities in local sub-health centres also contribute to the continuity of traditional medicine and healing practices. Consequently, people generally opt for a more convenient and readily available option for traditional medicine. Finally, the belief system between the patient and traditional practitioners play a crucial role in the patient's decision to use traditional medicine and healing practices. Traditional health practitioners appear to have been successful in treating problems that Western biomedicine has failed to cure. Additionally, the changes made to traditional practices have contributed to its continuity. The older generation of faith healers has ceased animal sacrifice, despite considering it necessary, to prevent people from abandoning their traditional healing practices and converting to other faiths that do not involve animal sacrifice. On the other hand, the younger generation of faith healers has completely stopped animal sacrifice, as they believe it is unnecessary and that healing ceremonies can still be performed without it. Confidence, assurance, and dependency provided by faith healers and traditional medicinal practitioners are key factors for the continuity of traditional healing practices. Rural inhabitants frequently consult shamans and herbalists for health issues, as these practitioners possess valuable knowledge of ethno-medicine passed down through generations to treat various ailments. They typically resort to modern healthcare systems only when traditional remedies are ineffective or when confronted with new diseases. Therefore, the treatment choice depends on the origin and nature of the illness. According to the World Health Organization (WHO), health is not



merely the absence of disease but a state of complete physical, mental, and social well-being, which can only be attained through traditional medicine and faith healing practices due to their cultural significance. This cultural connection has enabled these practices to continue among ethnic communities, particularly in rural areas. However, to preserve and promote these traditional practices, the cooperation of local people, the government, and various institutions is essential, along with an increased awareness of the importance of traditional knowledge of medicinal and healing practices.

Finally, relying solely on conventional Western health practices is currently insufficient to address health-related issues. Instead, a combination of conventional and traditional practices is both necessary and equally important. It is crucial to refrain from perpetuating the kind of ignorance initiated by Westerners and to show equal respect and significance to traditional practitioners. To quote M. P. Lama “In a State like Sikkim, the process of human development can succeed if it is able to absorb some of the Sikkimese facets of life, ensuring a continuity with its past. This will make the change to modernization less painful and will perhaps help to keep its plural character intact.”<sup>1</sup>

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<sup>1</sup>Lama, M. P. *Sikkim Human Development Report 2001*. Social Science Press, Government of Sikkim, New Delhi, 2001, p. 91.

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*Mkhas pa bai ro tsa na nas mdzad pa'i rgya bzhi'i cho ga zhes bya ba bzhugs so/. In gto 'bum dgos 'dod sna tshogs kyi cho ga bzhugs*

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## APPENDIX - I

### *De-jon g-chak-rab*

This is the most common traditional folk songs of the Bhutia (Lhopo) community of Sikkim and describes the greatness of sacred places and the founders of this hidden land.

*Bai-yul-me-chag-bai-yul-chag-pa-lag-kyi-yag-jung*

(How fortunate and gratifying that this hidden land was found)

*Bai-yul-de-moi-shong-su-bai-yul-chag-pa-lag-kyi-yag-jung*

(How fortunate and gratifying that this hidden land is found in the valley of  
Demojong)

*Lama-mi-chag-lama-chag-pa-lag-kyi-yag-jung*

(How fortunate and gratifying that it's found by a Lama)

*Lama-lha-tsun-chen-po-lama-chag-pa-lag-kyi-yag-jung*

(How fortunate and gratifying that Lama Lhatsun Chenpo found  
It)

*Gon-chen-mi-chag-gon-chen-chag-pa-lag-kyi-yag-jung*

(How fortunate and gratifying that great monastery was established)

*Gon-chen-pema-yang-tse-gon-chen-chag-pa-lag-kyi-yag-jung*

(How fortunate and gratifying that great monastery Pemayangtse was established)

*Cho-gyal-mi-chag-cho-gyal-chag-pa-lag-kyi-yag-jung*

(How fortunate and gratifying that a Dharmaraja established this land)

*Cho-gyal-phun-tsok-nam-gyal-cho-gyal-chag-pa-lag-kyi-yag-jung*

(How fortunate and gratifying that Chogyal Phuntsok Namgyal established)

*Pho-dang-mi-chak-pho-dang-chag-pa-lag-kyi-yag-jung*  
(How fortunate and gratifying that a palace was established)

*Pho-dang-ra-ten-tse-la-pho-dang-chag-pa-lag-kyi-yag-jung*  
(How fortunate and gratifying that Rabten tse palace was established)

*Ney-chen-mi-chag-ney-chen-chag-pa-lag-kyi-yag-jung*  
(How fortunate and gratifying that holiest sacred place was found)

*Drak-kar-tashi-ding-la-ney-chen-chag-pa-lag-kyi-yag-jung*  
(How fortunate and gratifying that holiest sacred place Drak-kar-Tashi-ding was  
found)

*Cho-ten-mi-chag-cho-ten-chag-pa-lag-kyi-yag-jung*  
(How fortunate and gratifying that sacred relic holder stupa was established)

*Cho-ten-thong-wa-rang-dol-choten-chag-pa-lag-kyi-yag-jung*  
(How fortunate and gratifying that sacred relic holder stupa Thong-wa-rang-drol was  
established)

*Dhur-toe-mi-chag-dhur-toe-chag-pa-lag-kyi-yag-jung*  
(How fortunate and gratifying that celestial burial ground was found)

*Dhur-toe-sil-wa-tsal-la-dhur-toe-chag-pa-lag-kyi-yag-jung*  
(How fortunate and gratifying that celestial burial ground Sil-wa-tsal was found)<sup>1</sup>

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<sup>1</sup> Gyamtso, P. T. *Denjong Sunglu*. Denzong Lhomen Kiduk (Sikkim Culture and Heritage Foundation), Gangtok, 2009, pp. 20-22.

## **APPENDIX - II**

The Mountain Smoke Offering (*ri bo bsangs mchod*) from Lhatsün Namkha Jigme's Life-Force Practice of the Vidyādhara (rig 'dzin srog sgrub) revelation is one of the most famous and widely practised smoke-incense (*bsangs*) offering rituals in Tibetan Buddhism, and appears in a number of editions. This is the original version, without any introductory practices or other additions.

### **Mountain Smoke Offering**

#### **from the Life-Force Practice of the Vidyādhara (Rigdzin Sokdrup)**

revealed by Lhatsün Namkha Jikmé

#### **droom rinchen natsok dangmé nö yang su**

Bhrūṃ! In the vast lustrous vessel, made of the essence of various jewels,

#### **jikten sipé dögu damtsik dzé**

The samaya substances, all the desirable objects in worldly existence, are

#### **dru sum yeshe dütsir jinlabpé**

Transformed into the nectar of wisdom through the blessing of the three seed syllables  
om āḥ hūṃ,

#### **nangsi chöpe dögur trikpa di**

So that all that appears and exists becomes an offering of all that is desirable.

#### **lama yidam daki chösong dang**

This I offer to the gurus, yidams, ḍākinīs, dharmapālas and

#### **chok chu gyalwé kyilkhör jinyé dang**

All the mandalas of the buddhas of the ten directions,

#### **dzamling zhidak rik druk lenchak drön**

To the local deities of this world, beings of the six realms and the guests to whom I owe karmic debts.

**khyepar dak gi tsé trok sok ku zhing**

And especially to those who would steal my life and deplete my life force,

**tong barché tsompé jungpo dang**

To the malicious *jungpo* demons who inflict sickness and obstacles,

**milam tak tsen ngen dang té ngen rik**

Bad signs in dreams and all types of evil omens,

**dé gyé marung chotrul dakpo dang**

The eight classes of negative spirits, the masters of magical illusions,

**zé dang né dang nor gyi lenchak chen**

And those to whom I owe karmic debts of food, place and wealth,

**drib dak nyodré poshin moshin dang**

To forces that bring obscuration and madness, to the shades of men and women dead.

**driwo terang drong sin dremo ché**

To all the spirits, *térangs*, ghouls and female ghosts!

**lenchak marpö mé la jal té sek**

Now all my karmic debts are paid, burnt in the scarlet flames.

**rang rang yi la gang dö dögü char**

Whatever each one desires, may the objects of their desires rain down:

**jisi namkha né kyi bar nyi du**

For as far and as long as space exists

**döpé yönten zepa mepar ngo**

I dedicate an inexhaustible amount of sensual stimulants!



**dak gi dü sum sakpé dikdrib dang**

May my negative actions and obscurations accumulated in past, present and future,

**könchok dé shinkor la chepa nam**

And misuse of the offerings made to the Three Jewels, in devotion and for the dead,

**jinsek mechö di yi dak gyur chik**

Be purified in the fire of this sang offering!

**meché nangsi gangwé dultren ré**

Let its flames fill the entire universe and every minute particle of flame

**kunzang chö pé trinpung mizepa**

Become an inexhaustible cloud of offerings like Samantabhadra's

**gyalwé zhingkhām yong la khyab gyur chik**

Pervading throughout all the buddha realms!

**meché yeshe ö ngé chöjin zer**

May these flames, offering-rays of five-coloured lights of wisdom,

**rik druk narmé né su khyab gyurpé**

Pervade throughout the six classes of beings, down to the Avīci Hells,

**kham sum khorwa jalü ökur drol**

The three realms of saṃsāra be liberated into the rainbow body,

**dro kün changchub nyingpor sangye shok**

And all sentient beings awaken into the heart of enlightenment!

**om ah hung**

om āḥ hūṃ

*With this, make the offering a hundred, thousand, or several hundred thousand times.*

**ku sum dakpa nö kyī zhalyé su**

All is purified into the three kāyas: the environment, a heavenly palace where

**chö long trul sum nangsi zukpung nam**

Dharmakāya, sambhogakāya and nirmāṇakāya—appearance and the form aggregates of existence

**dütsir zhuwé ja'ö barnang gang**

Melt into nectar, flooding the whole expanse of the sky with rainbow light.

**khorma nyangdé zakmé dütsi chü**

Samsāra is liberated into nirvāṇa; this essence of immaculate nectar,

**tokmé dü né danta yenché du**

I share with all those who, from beginningless time until now,

**nangsi drön du gyurpa yong la ngo**

Have been guests in worldly existence.

**salam drebü yönten tarchin zhing**

Having attained all the noble qualities of the stages, paths and fruition,

**ta gom chö pé barché kün sal né**

And dispelled all obstacles in view, meditation and action,

**mejung kunzang tuk kyī khaying su**

Within the sky-like space of Samantabhadra's wondrous wisdom mind,

**zhönnu bumkur tensi zinpar shok**

May we seize the stronghold of the youthful vase body!

**khorwé gyatso chenpo tongpé tar**

And when at last the great ocean of samsāra is emptied;

**womin pema drawar sangye shok**

May all beings attain buddhahood in the Lotus Net of Akaniṣṭha!

**pung kham sekdzé traktang ziji bar**

The sang offerings of the aggregates and elements blaze in vivid, brilliant splendour!

**kar mar changsem sekdzé detong bar**

The sang offerings of red and white bodhicitta blaze in bliss and emptiness!

**tongnyi nyingjé sekdzé chöying gang**

The sang offerings of emptiness and compassion fill the dharmadhātu!

**nangsi khordé dorjé ö ngé zhir**

Upon the ground of five-coloured vajra light of phenomenal existence, saṃsāra and nirvāṇa,

**lhündrub dzok sangye pé sekdzé bul**

I offer the smoke offering of spontaneously accomplished perfect buddhahood.

**ngön gyi lenchak tamché jang gyur chik**

May all my karmic debts from the past be purified!

**danta gyü la miné tol lo shak**

In the present so they do not remain in my mind-stream, I confess them!

**ma ong dribpé khorlor magyur chik**

In the future, may I never be drawn into the wheel of obscuration!

**sotar changsem rigpa dzinpa yi**

All impairments of the vows of individual liberation, bodhisattva precepts,

**dom ché labpa sang ngak damtsik rik**

And samayas of the vidyādhara,

**tsor dang matsor nyampa tol lo shak**

Conscious or unwitting, I openly admit.

**né dñon drib dang mitsang dak gyur chik**

May illness, harmful influence, obscurations and impurities be purified!

**né muk tsñn gyi kalpa zhi gyur chik**

May this age of plague, famine and warfare be pacified!

**tami ü su ongwé sñnma dok**

May the attacks of invaders be repelled!

**chñdzé lama dendren barché dok**

May the forces that create obstacles by inviting the spiritual teacher to leave this world be averted!

**bñyul trami shipé te ngen dok**

May inauspicious bad omens for the land of Tibet be averted!

**za lu gyalpö sokuk düpa dok**

May the planetary forces, nāgas and arrogant king-like spirits, who cut short the breath of life, be repelled!

**jikpa chenpo gyé dang chudruk dok**

May the eight great fears and sixteen lesser fears be overcome!

**dakchak khor ché trami shipa dok**

For me and all those around me, may all that is inauspicious be averted!

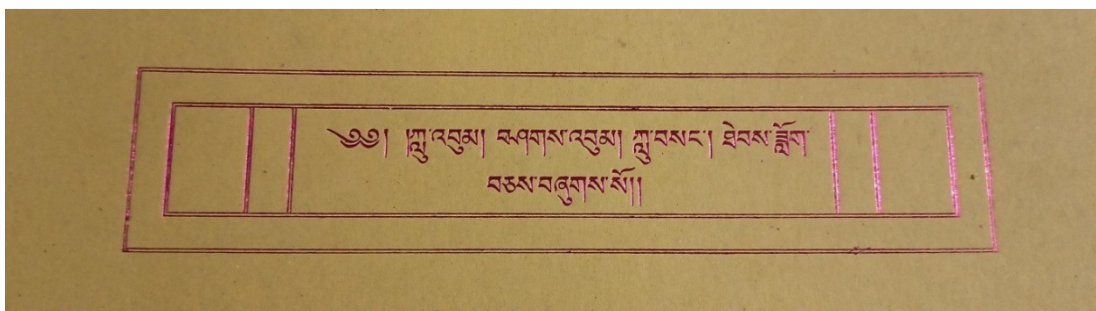
**damsi gongpö tutob nüpa dok**

May the powers and strength of samaya-breakers and *gongpo* demons be averted!

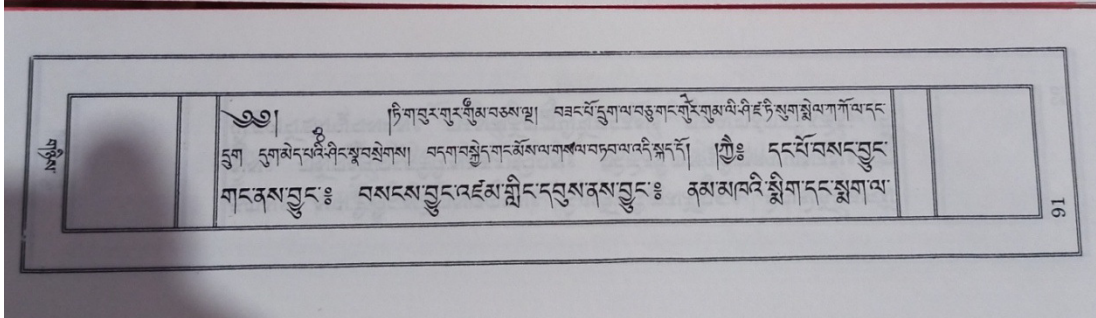
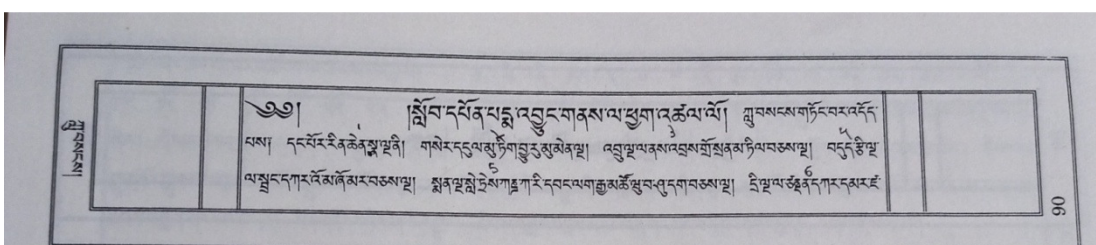
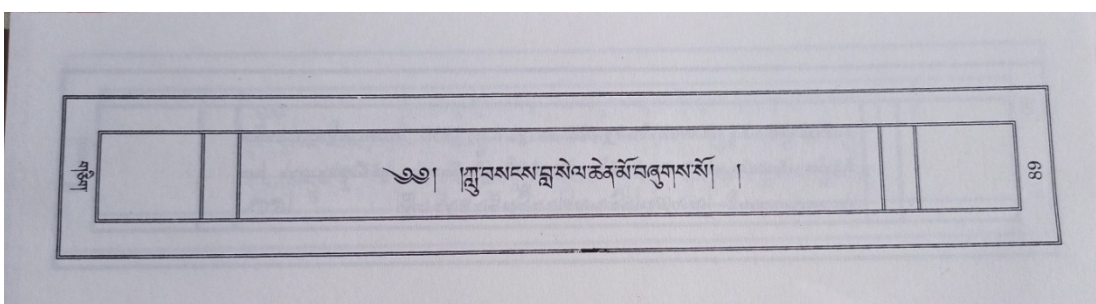
**samaya**

### APPENDIX - III

Following are the unpublished manuscript on *Klu* or *Nāga sang* offering.



Topic: *Klu-Bum*, *Syab-Bum*, *Klu-Sang*, *Thip-Dok*, *Chae-Suk-So*.







[illegible]

ॐ । १ । ལྷ་བསམ་བསྐྱེས་པའི། གྲི། རྒྱལ་ཆོ་ཆེ་དང་པོ་ལ་མཆོང་བའོ། ལྷ་ཤོག་རྒྱུ་མི་གདམ་པ་ནས། །  
 ལྷ་རྒྱལ་ཚུགས་པའི་ཆེ་ཆེ་ནི། རིན་པོ་ཅི་ཡི་བྱིས་དང་། ལྷ་སྟོང་མཆོན་ལྷན་མི་ལུས། ལྷ་སྟངས་ལྷ་གྱི་མཛུགས་  
 འབྱེད། ལྷ་ལ་མགོ་སྟོང་གི་གདངས་ཀ་ཅན། ལྷ་གནད་གོས་འདོད་ཅོར་བྱ་བསྐྱེས་ས། ལྷ་མཆོ་མང་པོའི་འཁོར་  
 གྱིས་བསྟོར། སེམས་ཅན་དབྱེད་པ་མེད་མཛད་པ། འདིར་གཤེགས་པ་བསང་དང་མཆོང་པ་བཞེས། གཡུ་ལུག་ཕྱེ་  
 མང་གསུར་གྱིས་བསང་། མཐའ་ཡས་འཛིག་པ་སྟོབས་ཀྱི་རྒྱ། རིགས་ལྷན་ཅོར་རྒྱས་དྲུང་སྟོང་དང་། བསྐྱེད་བསྐྱེད་

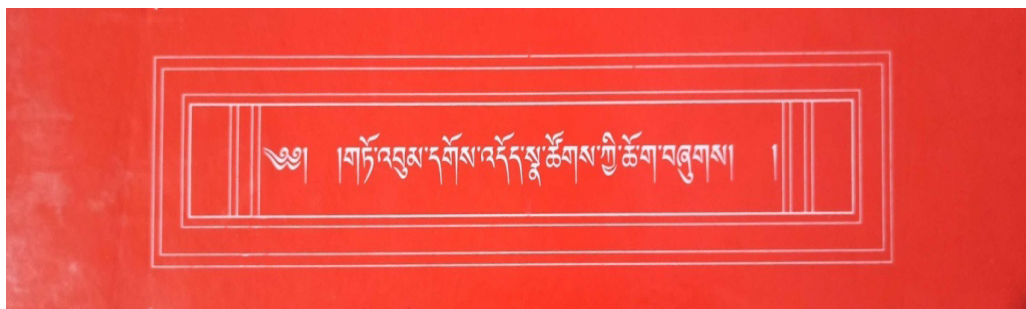
ཆེན་པོ་མེད་ཀྱིས། ལྷ་ཆེན་བརྒྱུད་པོ་འཁོར་བཅས་རྣམས། འདིར་གཤེགས་པ་ གཡུ་ཤུག་ རྒྱལ་རྩེ་བྲམ་ཟེག་དེལ་  
 པརིགས། ལྷ་གཙམ་མ་བདག་འཁོར་དང་བཅས། འདིར་གཤེགས་པ་ གཡུ་ཤུག་ ལྷ་ཡི་ཐུགས་གཡང་འཕེལ་  
 བདད། ལྷ་ཡི་ཐུགས་གཡང་ཞོར་གཡང་དད། ལྷ་ཡི་དཔལ་དང་འབྱོར་པའི་གཡང་། འདིར་བདག་ལ་སྤུལ་དུ་  
 གསོལ། གཞན་ཡང་ཡུལ་ཕྱོགས་འདིར་གཞན་པའི། ལྷ་སྤྱུག་ཞོར་སྤྱིད་ཅི་བདད། འབྱུང་པོ་ཡི་དྲགས་ཤིག་བདད། །  
 སྤྱི་བྱེད་རྩེད་བྱེད་མ་ཐང་འགྲོལ། མ་མོ་རྒྱལ་པོ་གཟུང་དང་བཅས། ལྷ་དང་མེའུ་རང་སྤྲུལ་དང་གཟེར། གཞན་ལྷ་

༡། སྐྱེལ་བྱེད་བྱ་ཡི་ཚོགས་ལ། རྒྱུད་ལྷ་མིན་པོ་ལུས་སྐྱུལ་པོ། བཅོམ་དང་དག་ལྷ་བྱག་མིན་  
མོག་ལ། རྒྱུད་ཀྱི་གཟུགས་ཅན་ཐམས་ཅད་ཀུན། འདིར་གཤེགས་པ་ གཡུ་ལུག་ ཐམས་ཅད་མཉེས་ཤིང་ཆོམ་  
སྐྱུར་ཅིག རྣལ་འབྱོར་བདག་ཅག་འཁོར་བཅས་ཀྱི། བདག་པོ་ནི་བར་ཆད་ཞིབ་རུ་མཛོད། ཆོབ་མོ་དད་པལ་འབྱོར་  
རྒྱས་པར་མཛོད། རམས་ཤོར་སྐྱུང་མིན་དབང་དུ་བསྐྱུས། དག་འབྲེག་ཏེ་ནི་གསུམ་ཆར་ཆོད་ཅིག བཅོམ་བའི་མིན་  
ལས་འགྲལ་བར་མཛོད། ཅེས་པ་འདི་དུག་ཨ་ཁུམ་མཛོད་པར་གྲགས་སོ། ། ༥ ལྷ་བས་བསྐྱུས་པའི། སྤྱི་ ལྷ་བདེན་ཞག་པོ་  
ཅ

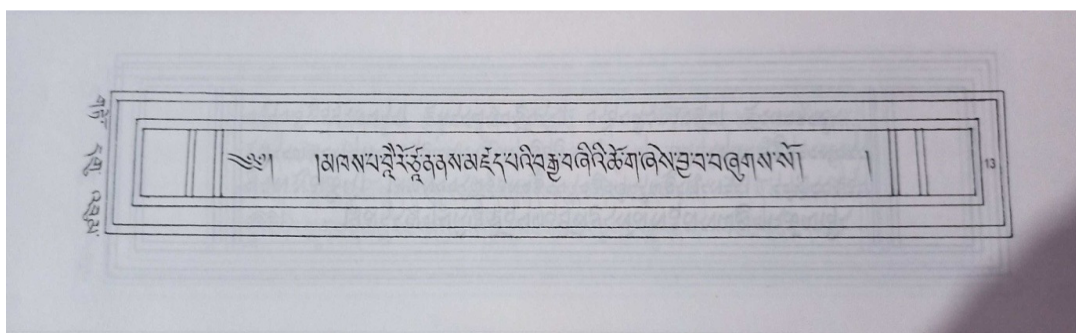
འཛིགས་མཛེད་ཏིབ་ཚཱ། །མཐུ་ཆད་ད་ལྷ་རྒྱུ་ཡ་དབུ་དགུ་མེགས། །པ་སྒྲུའི་བཀའ་ཉན་ལྷ་ཡི་ལྷོ་ཚོགས་རྣམས། །བསང་  
མ་ཚོད་བཞེས་ལ་བཙེལ་བའི་ཕྱིན་ལས་མཛེད། །ཅེས་མི་ཡམས་པ་མེས། ॥ ༥ ། ལྷ་རྒྱུ་ཡ་དགུ་པོ་ཉི་དགའ་བོ། །གཞན་  
ཡང་གོང་ཁྱེར་གནས་པ་རྣམས། །ཚོ་རིང་ནད་མེད་ཕུན་སུམ་ཚོགས། །རྟག་ཏུ་བདེ་བ་འཐོབ་པར་ཤོག །འཛིག་རྟེན་  
བདེ་ཁིང་ལོ་ལྷགས་དང་། །འབྲུ་རྣམས་འཕེལ་ཁིང་ཕུགས་འཕེལ་བ། །དགེ་ལྷགས་ཐམས་ཅད་འབྱུང་བའི་གནས། །  
ཡིད་ལ་འདོད་པ་ལྷ་རྒྱུ་མཛེད། །མེས་འཐོབ་པ་མེས། ॥

#### APPENDIX – IV

*brGya bzhi* or four hundred offerings



Main text- *gto 'bum dgos 'dod sna tshogs kyi cho ga bzhugs/*



Sub text- *Mkhas pa bai ro tsa na nas mdzad pa'i rgya bzhi'i cho ga zhes bya ba bzhugs so/.*



## **APPENDIX - V**

### **Four Tantras of *Gyu-zhi***

*Gyu-zhi* consisted of the four tantra text and divided into the 156 chapters. Following are the full contents of the four text of the *Gyu-zhi*.<sup>1 2</sup>

1. Root Tantra (*rTsa-rgyud*): it consisted of six chapters.
  - i. Basis of discussion
  - ii. Enumeration on chapters of discussion
  - iii. Basis of health and disease
  - iv. Diagnosis based on Signs and Symptoms
  - v. Therapeutic methods
  - vi. Enumeration using metaphors
2. Explanatory Tantra (*bShad-rgyud*): it consisted of eleven sections and thirty-one chapters.

Eleven sections are-

- I. Basic Summary
- II. Formation of the Body
- III. Pathology
- IV. Behavioural regime
- V. Dietary regime
- VI. Pharmacology
- VII. Medical instruments
- VIII. Maintenance of health
- IX. Diagnostic approaches
- X. Methods of healing
- XI. Practicing physician

Thirty-one chapters are-

- i. Summary of the explanatory tantra
- ii. Embryology
- iii. Description of the human body through similes
- iv. Anatomical structure of the human body
- v. Characteristics of the human body
- vi. Functioning and classifications of the human body
- vii. Omens of death
- viii. Causes of disorders
- ix. Conditions of disorders

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<sup>1</sup> Gonpo, Yuthok Yonten. *The Oral Instruction Tantra from the Secret Quintessential Instructions on the Eight Branches of the Ambrosia Essence Tantra*. Translated by Dolma, Sonam, et al., Men-Tsee-Khang, Documentation and Publication Department, Dharamsala, 2017, p. xix.

<sup>2</sup> Clifford, Terry. *Tibetan Buddhist Medicine and Psychiatry: The Diamond Healing*. Motilal Banarsidass Publishers, Delhi, 1994, pp. 238-240.

- x. Mode of entrance of the disorders
- xi. Characteristic features of disorders
- xii. Classifications of the disorders
- xiii. Routine behavioural regimen
- xiv. Seasonal behavioural regimen
- xv. Incidental behavioural regimen
- xvi. Understanding of dietetics
- xvii. On dietary restrictions
- xviii. On the dietary limitations
- xix. Taste and post-digestive taste
- xx. Efficacy of medicinal substances
- xxi. Groups and methods of compounding medicines
- xxii. On medical instruments
- xxiii. On maintaining health through rejuvenation
- xxiv. Diagnostic principles based on the actual manifestation of *nyepa*
- xxv. On diagnosis through indirect skill full means
- xxvi. Four diagnostic categories of a patient's condition for refusing or accepting
- xxvii. General therapeutic principles
- xxviii. Expounding in detailed the particular therapeutic principles
- xxix. Two therapeutic methods
- xxx. Actual therapeutic methods
- xxxi. Required qualities and duties of a doctor

3. Oral Instruction Tantra (*Man-ngag rgyud*): it consisted of the eight branches, fifteen categories and ninety-two chapters.

Eight branches-

- I. Disorders of the body
- II. Paediatric disorders
- III. Gynaecological disorders
- IV. Disorders caused by spirits
- V. Wounds
- VI. Poisoning
- VII. Geriatric disorders
- VIII. Aphrodisiac

Fifteen categories-

- I. Healing the three *Nyepa*
- II. Healing metabolic disorders
- III. Healing hot disorders
- IV. Healing disorders of the upper part of the body
- V. Healing disorders of the vital and vessel organs
- VI. Healing disorders of the genitals

- VII. Healing unclassified disorders
- VIII. Healing endogenous wounds
- IX. Healing paediatric disorders
- X. Healing genealogical disorders
- XI. Treating disorders caused by evil spirits
- XII. Healing wounds
- XIII. Healing poisoning
- XIV. Healing geriatric disorders
- XV. Healing infertility

Ninety-two chapters-

- i. Sincere request to receive the oral instruction tantra
- ii. Treatment of air disorder
- iii. Treatment of bile disorder
- iv. Treatment of phlegm disorder
- v. Treatment of air, bile and phlegm
- vi. Treatment of indigestion
- vii. Treatment of tumour
- viii. Treatment of generalized dropsy
- ix. Treatment of localized dropsy
- x. Treatment of dropsy
- xi. Tuberculosis
- xii. General fevers
- xiii. Causes of heat in fever
- xiv. Causes of cold in fever
- xv. Un ripened fever
- xvi. Fully mature fever
- xvii. Empty or latent fever
- xviii. Hidden fever
- xix. Chronic fever
- xx. Mixed fever
- xxi. Spreading fever
- xxii. Disturbed fever
- xxiii. Infectious fever, diseases and epidemics
- xxiv. Small pox
- xxv. Colic
- xxvi. Scarlet fever, throat swelling and ulcers
- xxvii. Catarrh
- xxviii. Head diseases
- xxix. Eye diseases
- xxx. Ear diseases
- xxxi. Nose disease
- xxxii. Mouth diseases
- xxxiii. Goitre and throat diseases
- xxxiv. Heart diseases

- xxxv. Lung diseases
- xxxvi. Liver diseases
- xxxvii. Spleen diseases
- xxxviii. Kidney diseases
- xxxix. Stomach diseases
  - xl. Small intestine diseases
  - xli. Large intestine diseases
  - xlii. Male genital diseases
  - xliii. Female genital diseases
- xliv. Hoarseness
- xlv. Anorexia
- xlvi. Thirst
- xlvii. Hiccough
- xlviii. Asthma
- xlix. Acute abdominal pains
  - l. Worm diseases
  - li. Vomiting
  - lii. Diarrhoea
  - liii. Constipation
  - liv. Urinary retention
  - lv. Frequent urination
  - lvi. Dysentery
  - lvii. Gout
  - lviii. Rheumatism
  - lix. Jaundice
  - lx. Paralysis, “the white vein”
  - lxi. Skin disorders
  - lxii. Minor diseases
  - lxiii. Congenital adenopathy
  - lxiv. Piles
  - lxv. Ringworm
  - lxvi. Cancerous sores
  - lxvii. Tumors
  - lxviii. Swelling of the testicles
  - lxix. Elephantiasis
  - lxx. Rectal abscess
  - lxxi. Midwifery, infant diseases
  - lxxii. Childhood diseases
  - lxxiii. Fifteen evil spirits causing nervous diseases in children
  - lxxiv. Gynaecology
  - lxxv. Special gynaecology
  - lxxvi. Common female problems
  - lxxvii. Insanity through possession by elemental spirits
  - lxxviii. Spirits causing madness
  - lxxix. Spirits causing loss of memory
  - lxxx. Planetary demons causing epilepsy and paralysis

- lxxx. Serpent-spirits causing leprosy and emaciation of the body in chronic mental diseases
- lxxxii. General wounds, injuries
- lxxxiii. Head wounds
- lxxxiv. Neck injuries
- lxxxv. Abdominal wounds
- lxxxvi. Limb wounds
- lxxxvii. Purposely compounded poisons
- lxxxviii. Food poisoning
- lxxxix. Plant, animal and mineral poisons
- xc. Rejuvenation treatment for the aged, senile feebleness
- xc. Treatment for impotence, support for the senile person
- xcii. Treatment for infertility, strengthening the aging organism

4. Subsequent tantra (*Phyi-ma-rgyud*): it consisted of four compendia and twenty-seven chapter

Four compendia

- I. Pulse and urine examination
- II. Pacifying medications
- III. Evacuative therapies
- IV. Mild and drastic external therapies

Twenty-seven chapters

- i. Pulse examination
- ii. Urine analysis
- iii. Medicinal liquid
- iv. Medicinal powder
- v. Medicinal pill
- vi. Medicinal paste
- vii. Medicinal butter
- viii. Medicinal ash
- ix. Condensed decoction, syrups
- x. Medicinal liquids or wines
- xi. Precious medicine
- xii. Herbal compound
- xiii. Oil therapy
- xiv. Purgation
- xv. Emesis
- xvi. Nasal medication
- xvii. Mild enema
- xviii. Strong enema
- xix. Channel cleansing therapy
- xx. Bloodletting for hot diseases

- xxi. Moxibustion
- xxii. Compresses
- xxiii. Medicinal bath
- xxiv. External application
- xxv. Surgical therapy
- xxvi. The conclusion of the four tantras
- xxvii. The entrustment of the four tantras.

## **APPENDIX - VI**

### **Treaty of Titalya<sup>1</sup>**

#### **No. CXIII.**

Treaty, Covenant, or Agreement entered into by Captain Barre Latter, Agent on the part of His Excellency the Right Honorable the Earl of Moira, K.G., Governor-General, &c., &c., &c., &c., and by Nazir Chaina Tenjin and Macha Teinbah and Lama Duchim Longdoo, Deputies on the part of the Rajah of Sikkimputtee, being severally authorized and duly appointed for the above purposes,—1817.

#### **Article I.**

The Honorable East India Company cedes, transfers, and makes over in full sovereignty to the Sikkiinputtee Rajah, his heirs or successors, all the hilly or mountainous country situated to the eastward of the Mechi River and to the westward of the Teesta River, formerly possessed and occupied by the Rajah of Nepaul, but ceded to the Honorable East India Company by the Treaty of peace signed at Segoulee.

#### **Article 2.**

The Sikkimputtee Rajah engages for himself and successors to abstain from any acts of aggression or hostility against the Goorkhas or any other State.

#### **Article 3.**

That he will refer to the arbitration of the British Government any disputes or questions that may arise between his subjects and those of Nepaul, or any other neighbouring State, and to abide by the decision of the British Government.

#### **Article 4.**

He engages for himself and successors to join the [British Troops with the whole of his Military Force when employed within the Hills, and in general to afford the British Troops every aid and facility in his power.

#### **Article 5.**

That he will not permit any British subject, nor the subject of any European and American State, to reside within his dominions, without the permission of the English Government.

#### **Article 6.**

That he will immediately seize and deliver up any dacoits or notorious offenders that may take refuge within his territories.

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<sup>1</sup> Aitshison, C. U. *A Collection of Treaties, Engagements and Sanads Relating to India and Neighbouring Countries, Vol. II.* Superintendent Government Printing, Calcutta, 1909, pp. 322-23.

Article 7.

That he will not afford protection to any defaulters of revenue or other delinquents when demanded by the British Government through their accredited Agents.

Article 8.

That he will afford protection" to merchants and traders from the Company's Provinces^ and he engages that no duties shall be levied on the transit of merchandize beyond the established custom at the several golahs or marts.

Article 9.

The Honorable East India Company guarantees to the Sikkimputtee Rajah and his successors the full and peaceable possession of the tract of hilly country specified in the first Article of the present Agreement.

Article 10.

This Treaty shall be ratified and exchanged by the Sikkimputtee Rajah within one month from the present date, and the counterpart, when confirmed by His Excellency the Right Honorable the Governor-General, shall be transmitted to the Rajah.

*Done at Titalya, this 10<sup>th</sup> day of February 18 answering to the 9<sup>th</sup> of Phagoon 1873 Sumbut and to the 30th of Maugh 1223 Bengallie.*



## APPENDIX – VII

**Following are the Statements of the Medical Relief Afforded during the Year from 1908 to 1929.**

### **Statement of medical relief afforded during the year 1908-1909**

DISPENSARY	No. OF PATIENT TREATED		RESULTS OF INDOOR PATIENTS				Expenditure	Daily Average	REMARKS
	Outdo-or	Indoor	Discharged	Absented	Died	Remaining under treatment			
Gangtok	7,274	218	192	...	13	13	Rs. 2,502	38.95	Maintained by Government of Bengal, Public Works Department
Chidam(Sadam)	5,569	...	...	...	...	...	1,460 Dieting 1,067	17.18	
Rungpo(Rangpo)	2,138	...	...	...	...	...	...	7.79	
Mission Dispensaries -									
Rhenock	5,220	...	...	...	...	...	...	...	Rs. 250 contributed by the State.
Seryong (Soreng)	2,581	...	...	...	...	...	...	...	
Dentam {including Vok (Wok)}	1,667	...	...	...	...	...	...	...	

**Sources:** Administration Report of the Sikkim State for 1908-1909. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

**Statement of medical relief afforded during the year 1910-1911**

DISPENSARY	No. OF PATIENT TREATED		RESULTS OF INDOOR PATIENTS				Expenditure	Daily Average	REMARKS
	Outdoor	Indoor	Discharged	Absented	Died	Remaining under treatment			
Gangtok	7,205	225	...	...	12	...	R 3,415	34.52	Maintained by Government of Bengal, Public Works Department
Chidam(Sadam)	8,267	...	...	...	...	...	1,719 Dieting.	23.12	
Rungpo(Rangpo)	6,105	4	...	...	...	...	1,063	17.07	
Mission Dispensaries -									
Rhenock	4,018	...	...	...	...	...	...	11.01	Rs. 250 contributed by the State.
Seryong (Soreng)	1,557	...	...	...	...	...	...	4.26	
Dentam {including Vok (Wok)}	...	...	...	...	...	...	...	...	

**Sources:** Administration Report of the Sikkim State for 1910-1911. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

**Statement of medical relief afforded during the year 1911-1912**

DISPENSARY	No. OF PATIENT TREATED		RESULTS OF INDOOR PATIENTS				Expenditure	Daily average	REMARKS
	Outdoor	Indoor	Discharged	Absented	Died	Remaining under treatment			
Gangtok	7308	161	...	...	7	10	R A. P. 2808-8-1	30.17	Dieting expenses R 343-4-9
Chidam(Sadam)	8165	...	...	...	...	...	1741-7-7	22.57	
Rungpo(Rangpo)	2988	4	...	...	...	...	...	8.94	Maintained by Government of Bengal, Public Works Department
Mission Dispensaries -									
Rhenock	...	...	...	...	...	...	...	...	Rs. 250 contributed by the State.
Seryong(Soreng)	1541	...	...	...	...	...	...	4.2	

**Sources:** Administration Report of the Sikkim State for 1911-1912. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

**Statement of medical relief afforded during the year 1912-1913**

DISPENSARY	No. OF PATIENT TREATED		RESULTS OF INDOOR PATIENTS.				Expenditure	Daily average	REMARKS
	Outdoor	Indoor	Discharged	Absented	Died	Remaining under treatment			
Gangtok	8096	244	216	8	14	6	R A. P. 5276-7-2	39.38	
Rungpo(Rangpo)	5253	4	4	...	...	...	1,925-1-3	15.16	
Chidam(Sadam)	8513	...	...	...	...	...	2449-14-5	26.38	
Rhenok(Rhenock)	3936	...	...	...	...	...	All together 263-7-3	10.78	
Seryong(Soreng)	1654	...	...	...	...	...			
Dentam	295	...	...	...	...	...			
Vok(Wok)	1320	...	...	...	...	...			
Rinchenpong	829	...	...	...	...	...			
								4.53	
								.80	
								3.62	
								2.27	

**Sources:** Administration Report of the Sikkim State for 1912-1913. Stable URL: <https://cap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

**Statement of medical relief afforded during the year 1914-1915**

DISPENSARY	No. OF PATIENT TREATED		RESULTS OF INDOOR PATIENTS.				Sikkim State	Government	Daily average
	Outdoor	Indoor	Discharged	Absented	Died	Remaining under treatment			
Gangtok	8090	226	210	2	3	11	Rs. A. P. 4675-4-10	Rs. A. P 1086-0-0	38.38
Rungpo (Rangpo)	5272	5	1	1	3	...	422-0-0	1543-2-4	14.97
Chidam (Sadam)	7872	...	...	...	...	...	1722-13-3	503-12-5	21.86
Rhenok (Rhenock)	3535	...	...	...	...	...	...	...	9.68
Seryong (Soreng)	1460	...	...	...	...	...	...	...	4.0
Vok (Wok)	601	...	...	...	...	...	...	...	1.65
Dentam	(a) 1305	...	...	...	...	...	250-0-0	12-14-9	3.85
Rinchenpong		...	...	...	...	...			
Ringim	1230	...	...	...	...	...	...	...	3.37

**Sources:** Administration Report of the Sikkim State for 1914-1915. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

(a) Figures not available.

**Statement of medical relief afforded during the year 1915-1916**

DISPENSARY	No. OF PATIENT TREATED		RESULTS OF INDOOR PATIENTS.				Sikkim State	Government	Daily average	
	Outdoor	Indoor	Discharged	Otherwise	Died	Remaining in Hospital				
Gangtok	7125	215	182	4	14	15	Rs. A. P. 4546-0-11	Rs. A. P 1191-9-8	13.36	24.52
Rangpo	5189	...	...	...	...	...	349-5-0	1206-4-7	...	14.53
Chidam (Sadam)	7074	...	...	...	...	...	1704-0-6	754-10-8	...	19.38
Rhenock	2503	...	...	...	...	...	250-0-0	...	...	6.88
Seryong (Soreng)	...	...	...	...	...	...	...	...	...	4.48
Vok (Wok)	(a)	...	...	...	...	...	...	...	...	...
Mangan	1675	...	...	...	...	...	384-12-0	...	...	4.59

**Sources:** Administration Report of the Sikkim State for 1915-1916. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

(a) Figures not available.

**Statement of medical relief afforded during the year 1916-1917**

DISPENSARY	No. OF PATIENT TREATED		RESULTS OF INDOOR PATIENTS.				Sikkim State	Government	Daily average	
	Outdoor	Indoor	Discharged	Otherwise	Died	Remaining in Hospital				
Gangtok	8354	808	270	7	17	9	Rs. A. P. 4918-9-0	Rs. A. P. 841-9-3 (a)	16.28	26.90
Rangpo	5091	4	4	...	...	...	360-0-0	977-8-9	.35	14.32
Chidam(Sadam)	5745	...	...	...	...	...	1503-10-8	505-2-0	...	15.74
Rhenock	2184	...	...	...	...	...	250-0-0	10-0-0	...	5.98
Seryong(Soreng)	595	...	...	...	...	...			...	1.63
Mangan	1083	...	...	...	...	...	301-14-0	...	...	2.86
Lachung Mission	645	...	...	...	...	...	...	...	...	1.76
Temi Mission	708	...	...	...	...	...	...	...	...	1.94

**Sources:** Administration Report of the Sikkim State for 1916-1917. Stable URL: <https://cap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

(a) Value of one voucher of medicines not received, (Annual Indent).

**Statement of medical relief afforded during the year 1917-1918**

DISPENSARY	No. OF PATIENT TREATED		RESULTS OF INDOOR PATIENTS				Sikkim State	Government	Daily average	
	Outdoor	Indoor	Discharged	Otherwise	Died	Remaining in Hospital				
Gangtok	8473	346	314	4	13	15	Rs. A. P. 5150-12-0	Rs. A. P 942-2-6	18.42	28.28
Rangpo	4412	5	2	3	...	...	360-0-0	1538-3-11	0.25	12.22
Chidam(Sadam)	3865	2	2	...	...	...	(a)	418-3-0	...	10.32
Mangan	998	...	...	...	...	...	2057-1-1	...	...	273
Rhenock	1830	...	...	...	...	...	...	...	...	5.01
Dentam	1377	...	...	...	...	...	...	(b)	...	3.77
Seryong(Soreng)	312	...	...	...	...	...	250-0-0	12-0-0	...	0.86
Vok (Wok)	622	...	...	...	...	...	...	...	...	1.70
Lachung Mission	1022	...	...	...	...	...	...	...	...	2.80
Temi Mission	805	...	...	...	...	...	...	...	...	2.20

**Sources:** Administration Report of the Sikkim State for 1917-1918. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

(a) For Chidam and Mangan

(b) For Mangan, Rhenock, Dentam, Seriyong (Soreng) and Vok (Wok).



**Statement of medical relief afforded during the year 1918-1919**

DISPENSARY	No. OF PATIENT TREATED		RESULTS OF INDOOR PATIENTS.				Sikkim State	Government	Daily average	
	Outdoor	Indoor	Discharged	Otherwise	Died	Remaining in Hospital				
Gangtok	6462	829	289	12	12	16	Rs. A. P. 6823-6-7	Rs. A. P 985-10-3	.90	17.70 (b)
Chidam(Sadam)	2689	...	...	...	...	...	(a)	338-15-9	...	9.87
Mangan	1071	...	...	...	...	...	1965-13-2	10-0-0	...	2.93
LachungMission	676	...	...	...	...	...	...	...	...	1.85

**Sources:** Administration Report of the Sikkim State for 1918-1919. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

(a) For Chidam and Mangan Dispensaries.

(b) Dispensary remained closed for a few months.

**Statement of medical relief afforded during the year 1919-1920**

DISPENSARY	No. OF PATIENT TREATED		RESULTS OF INDOOR PATIENTS.				Sikkim State	Government	Daily average	
	Outdoor	Indoor	Discharged	Otherwise	Died	Remaining in Hospital				
Gangtok	5460	275	246	...	12	17	Rs. A. P. 5033-10-9 4904-9-9	Rs. A. P ...	10.31	14.90
Chidam(Sadam)	3324	...	...	...	...	...	1877-14-6	20-10-0	...	9.62
Mangan	1269	...	...	...	...	...	475-2-0	...	...	3.47
Lachung Mission	972	...	...	...	...	...	...	...	...	2.66

**Sources:** Administration Report of the Sikkim State for 1919-1920. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

**Statement of medical relief afforded during the year 1921-1922**

DISPENSARY	No. OF PATIENT TREATED		RESULTS OF INDOOR PATIENTS.				Sikkim State	Government	Daily average	
	Outdoor	Indoor	Discharged	Otherwise	Died	Remaining in Hospital				
Gangtok	5641	257	218	26	15	8	...	...	10.96	16.14
Namchi	4015	...	...	...	...	...	...	...	...	11.00
Mangan	1272	...	...	...	...	...	...	...	...	3.48
Lachung Mission	No Statistics available.									

**Sources:** Administration Report of the Sikkim State for 1921-1922. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

**Statement of medical relief afforded during the year 1923-1924**

DISPENSARY	No. OF PATIENT TREATED		RESULTS OF INDOOR PATIENTS.				Sikkim State	Government	Daily average	
	Outdoor	Indoor	Discharged	Otherwise	Died	Remaining in Hospital				
Gangtok	8423	304	215	48	13	28	Rs. A. P. 10941-9-3	Rs. A. P ...	21.71	28.87
Namchi	6571	...	...	...	...	...	2493-3-11	...	...	18.00
Mangan	862	...	...	...	...	...	565-5-0	...	...	2.03
Lachung	698	...	...	...	...	...	...	...	...	2.85
Lachen	377	...	...	...	...	...	...	...	...	1.76
Temi	1094	...	...	...	...	...	...	...	...	3.00
Vok (Wok)	449	...	...	...	...	...	...	...	...	1.23
Soriang(Soreng)	1403	...	...	...	...	...	...	...	...	3.84
Dentam	371	...	...	...	...	...	...	...	...	1.01
Rhenock	1854	...	...	...	...	...	...	...	...	5.07
Chidam(Sadam)	192	...	...	...	...	...	...	...	...	2.13

**Sources:** Administration Report of the Sikkim State for 1923-1924. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

**Statement of medical relief afforded during the year 1926-1927**

DISPENSARY	No. OF PATIENT TREATED		RESULTS OF INDOOR PATIENTS.				Sikkim State	Daily average	
	Outdoor	Indoor	Discharged	Otherwise	Died	Remaining in Hospital			
Gangtok	8916	420	297	73	15	35	Rs. A. P. 12617-15-0	32.54	31.25
Namchi	5593	...	...	...	...	...	2261-4-0	...	15.12
Mangan	1275	...	...	...	...	...	338-14-0	...	3.49
Lachung	386	...	...	...	...	...	...	...	3.13
Lachen	292	...	...	...	...	...	...	...	1.23
Temi	77	...	...	...	...	...	...	...	1.26
Vok (Wok)	65	...	...	...	...	...	...	...	.70
Soriang (Soreng)	353	...	...	...	...	...	...	...	2.33
Dentam	469	...	...	...	...	...	...	...	2.57
Rhenock	272	...	...	...	...	...	...	...	4.38
Chidam (Sadam)	132	...	...	...	...	...	...	...	.87

**Sources:** Administration Report of the Sikkim State for 1926-1927. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

**Statement of medical relief afforded during the year 1927-1928**

DISPENSARY	No. OF PATIENT TREATED		RESULTS OF INDOOR PATIENTS.				Sikkim State	Daily average	
	Outdoor	Indoor	Discharged	Otherwise	Died	Remaining in Hospital			
Gangtok	9913	370	228	92	28	22	Rs. A. P. 13729-7-0	30.09	33.63
Namchi	6400	...	...	...	...	...	2913-11-3	...	17.56
Mangan	2211	...	...	...	...	...	580-2-0	...	.05
Lachen	1239	...	...	...	...	...	350-0-0	...	3.39
Lachung	922	...	...	...	...	...		...	2.52
Temi	250	...	...	...	...	...		...	.68
Vok (Wok)	200	...	...	...	...	...		...	.54
Soryang (Soreng)	648	...	...	...	...	...		...	1.77
Dentam	1340	...	...	...	...	...		...	3.67
Rhenock	2467	...	...	...	...	...		...	6.65
Chidam (Sadam)	234	...	...	...	...	...		...	.64

**Sources:** Administration Report of the Sikkim State for 1927-1928. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

### Statement of medical relief afforded during the year 1928-1929

DISPENSARY	No. OF PATIENT TREATED		RESULTS OF INDOOR PATIENTS.				Sikkim State	Daily average	
	Outdoor	Indoor	Discharged	Otherwise	Died	Remaining in Hospital			
Gangtok	10307	330	261	21	20	28	Rs. A. P. 12365-1-1	21.35	39.83
Namchi	5044	...	...	...	...	...	2501-9-0	...	13.81
Mangan	1645	...	...	...	...	...	859-2-0	...	4.50
Lachen	1315	...	...	...	...	...	350-0-0	...	3.60
Lachung	863	...	...	...	...	...		...	2.36
Song and Temi	175	...	...	...	...	...		...	.47
Vok (Wok)	58	...	...	...	...	...		...	.15
Soryang (Soreng)	710	...	...	...	...	...		...	1.94
Dentam	1521	...	...	...	...	...		...	4.16
Rhenock	2182	...	...	...	...	...		...	5.97
Namthang*	*1860	...	...	...	...	...		...	5.09

**Sources:** Administration Report of the Sikkim State for 1928-1929. Stable URL: <https://eap.bl.uk/collection/EAP880/1>, accessed on 10.08.2023.

(\*) Treated by Miss Scott while on tour and also by other non-trained staff, as there is no Dispensary at the place.

## APPENDIX – VIII

### The Gazette of India

रजिस्ट्री सं० डी० एल०—(एन)04/0007/2003—10

REGISTERED NO. DL—(N)04/0007/2003—10



असाधारण  
EXTRAORDINARY  
भाग II — खण्ड 1  
PART II — Section 1  
प्राधिकार से प्रकाशित  
PUBLISHED BY AUTHORITY

सं० 52] नई दिल्ली, सोमवार, सितम्बर 27, 2010 / आश्विन 5, 1932  
No. 52] NEW DELHI, MONDAY, SEPTEMBER 27, 2010 / ASVINA 5, 1932

इस भाग में भिन्न पृष्ठ संख्या दी जाती है जिससे कि यह अलग संकलन के रूप में रखा जा सके।  
Separate paging is given to this Part in order that it may be filed as a separate compilation.

#### MINISTRY OF LAW AND JUSTICE (Legislative Department)

*New Delhi, the 27th September, 2010/Asvina 5, 1932 (Saka)*

The following Act of Parliament received the assent of the President on the 26th September, 2010, and is hereby published for general information:—

#### THE INDIAN MEDICINE CENTRAL COUNCIL (AMENDMENT) ACT, 2010

No. 43 OF 2010

[26th September, 2010.]

An Act further to amend the Indian Medicine Central Council Act, 1970.

BE it enacted by Parliament in the Sixty-first Year of the Republic of India as follows:—

1. (1) This Act may be called the Indian Medicine Central Council (Amendment) Act, 2010. Short title and commencement.

(2) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.

48 of 1970.

2. In the Indian Medicine Central Council Act, 1970 (hereinafter referred to as the principal Act), in section 2, in clause (e), for the words "or Unani Tibb", the words ", Unani Tibb or Sowa-Rigpa" shall be substituted. Amendment of section 2.

3. In the principal Act, in section 3,—

(a) for the words "and Unani" wherever they occur, the words ", Unani and Sowa- Rigpa" shall be substituted; and Amendment of section 3.

(b) for the words "or Unani", the words ",Unani or Sowa-Rigpa" shall be substituted.

Amendment  
of section 8.

4. In section 8 of the principal Act, in the proviso to sub-section (2), for the words "or Unani", the words ", Unani or Sowa-Rigpa" shall be substituted.

Amendment  
of section 9.

5. In section 9 of the principal Act,—

(A) for sub-section (1), the following sub-section shall be substituted, namely:—

"(1) The Central Council shall constitute from amongst its members,—

(a) a committee for Ayurveda;

(b) a committee for Siddha;

(c) a committee for Unani; and

(d) a committee for Sowa-Rigpa,

and each such committee shall consist of members elected under clause (a) or clause (b) or nominated under clause (c) of sub-section (1) of section 3 representing the Ayurveda, Siddha, Unani or Sowa-Rigpa system of medicine, as the case may be.";

(B) in sub-section (2), for the words "and Unani", the words ", Unani and Sowa-Rigpa" shall be substituted;

(C) in sub-section (3), for the words "or Unani", the words ", Unani or Sowa-Rigpa" shall be substituted.

Amendment  
of section 17.

6. In section 17 of the principal Act, in sub-section (2), in clause (a), for the words "physician or", the words "physician or Amchi or" shall be substituted.

Amendment  
of First  
Schedule.

7. In the First Schedule to the principal Act, in paragraph 1, for the words "and Unani", the words ", Unani and Sowa-Rigpa" shall be substituted.

V.K. BHASIN,  
Secy. to the Govt. of India.

#### CORRIGENDA

In the Clinical Establishments (Registration and Regulation) Act, 2010 (23 of 2010), as published in the Gazette of India, Extraordinary, Part II, Section I, dated the 19th August, 2010 (Issue No. 31),—

1. At Page 4, line 14, for "sandards", read "standards".

2. At page 8, line 28 for "clincial", read "clinical".