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Pankaj Gupta
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Healing Traditions of the Northwestern Himalayas



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*Dedicated to our most revered and beloved
parents*

Preface

Maintaining good health by making use of traditional curative techniques and using herbs is as old as the history of humanity. Traditional health care systems originated much before the evolution of modern medicines. Today, the world is looking back at the alternative system of medicine, because it attempts to examine and cure the cause of a disease, covering up all its symptoms. In the recent years, the use of the alternative system of medicine has got wider consideration and appreciation throughout the world. In some Asian and African countries, 80 % of the population depend on traditional medicine for primary health care. The book precisely unveils indigenous healthcare traditions among Himalayan communities besides delineating the conventional and conservative interventions made by people for both physical and mental health at the local level. The Himalayas has a rich legacy of folk medicine and other traditional healthcare practices. Besides *Ayurveda*, a number of ethnic healthcare systems remain widespread in the Himalayas.

The endeavor to maintain an optimum state of health has always exercised the mind of man, since time immemorial, which resulted in the evolution of diverse systems of healing across the world. [Chapter 1](#) talks about the legacy of the Himalayan region, its people, their knowledge resources, and concept of healing in epic sagas.

The concept of health, categorization of healing traditions, folk medicine, and research studies on healing traditions carried out in the Himalayan region are presented in [Chap. 2](#).

The thought of food as medicament and culinary traditions of the northwest Himalayas, are discussed in [Chap. 3](#). This chapter also highlights the culinary customs of Himalayan communities with respect to its ethnic food, diversity, and suitability of food according to climatic conditions, ingredients used, and use of indigenous cookery technologies.

[Chapter 4](#) is focused on mystic healers of the Himalayan region, who act as mediators between the materialistic and metaphysical world. The role of village deities and numerous Hindu Gods and Goddesses in healing is also discussed in this chapter. Sacred healing by Buddhist monks and use of plants in magico-religious ritualistic performances is incorporated in [Chap. 4](#).

Mountain communities are dependent on forests for their livelihood and sustenance. They collect herbs for their own use and sale in the market. The process

involved in collection of herbs, their processing, and their cultivation is taken up in [Chap. 5](#). Traditional methods employed for preparing herbal formulations, dosage system, administering of medicine, traditional therapeutic procedures, pediatric medicine, indigenous dermatology, and cosmetology are also discussed this chapter. The role of traditional orthopedic practitioners, traditional birth attendants, and *Amchis* is taken up in this chapter.

Indigenous *Materia-Medica* is considered in [Chap. 6](#). This includes the material used by folk herbalists in their medicines.

The healing traditions are on the verge of extinction, thus, an endeavor has been made to explore the reasons behind the fading of these systems into oblivion. The folk healers, herbalists, traditional birth attendants, orthopedic practitioners, oracles, shamans, and priests, who have shared their lifetime experience, are duly acknowledged for their cooperation. In addition to this I acknowledge the Director, Institute of Integrated Himalayan Studies, Himachal Pradesh University, Shimla and other members of the staff for their help & support. Every possible effort has been made while gathering and interpreting the information, yet the aura of this field is infinite. Hence, the shortcomings, if any, in this edition will be substituted in the next edition.

Pankaj Gupta
Vijay Kumar Sharma
Sushma Sharma

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Prologue

...The art of medicine is entertaining the patient
while Nature cures the disease....

Voltaire

With the dawn of the twenty-first century, man has realized the damage caused due to depleting bioresources and containment of folk traditions which is a matter of concern. In the globalized era, the local traditions are giving way to contemporary thinking. These changes are affecting occupation patterns, means, and earnings and socio-cultural milieu of indigenous societies. In this process, the understanding that local communities have developed over the years, is fading into oblivion.

Nevertheless, indigenous knowledge holds a key position in the lives of deprived sections of society. It is one of the main components of social capital of the unprivileged, their main asset to endow in the struggle for endurance, to raise crops, to provide a safe refuge to mountain communities, and to fight against ailments. Traditional wisdom that has evolved within the communities, and confined to specific cultures, forms the basis for decision making and survival strategies. It encompasses important issues linked with primary production, human and animal life, natural resource management, etc. (UNESCO, 2002).

The traditional wisdom, which is based on novelty, adaptation, experimentation, is orally transferred from one generation to another. “Traditional Knowledge” or “folk wisdom” is a testimony of accomplishments of human civilizations in realizing the intricacies of life and survival. This knowledge may be methodological, social, organizational, or cultural, attained as a part of great human experimentation intended for evolution and survival. The importance of safeguarding the traditional knowledge and its cultural and ecological resource base is crucial, mainly in the context of globalization and extensive demand for natural resources. It is valuable not only to those directly concerned with it, but also to contemporary psycho-social care, primary healthcare, preventive medicine, agriculture, animal husbandry, forestry, etc. For instance, traditional knowledge linked with forest management originates from man’s relationship with nature and that relationship leads to more sustainable methods of farming and using forest products. Moreover, the time-tested wisdom can be used to elevate the contours of indigenous knowledge and its custodians. This not only has consequences for the continuance of long-established practices within the communities, but also for the linkages established outside communities. The traditional knowledge systems are

open and informal and can be used for enhancing the conventional scientific knowledge which is closed and formal. Modern science is based on theories and principles, while the indigenous knowledge systems rely on values, beliefs, and customs. The long-established methods of natural resource management, for example, are not applicable to a particular community, but to the people of the outside world, living in identical conditions.

Folk knowledge is invaluable in many respects. It not only provides local expertise, but also bestows useful indications for future scientific development. Appropriate policy interventions, capacity building including responsive youth and documentation of indigenous knowledge systems can regenerate fading folk traditions. The local healthcare systems offer a wide range of variations including the folk health traditions and magico-religious healing. In Himalayan regions, many folk traditions are still playing an important role in the local healthcare sector. This monograph traces the origin, status, and prospects of local healing traditions in the North-Western Himalayas.

The traditional Himalayan Medicine System is an example of the traditional knowledge system where small communities living in fragile ecosystems fight against diseased states by making use of timeworn healing traditions. People not only rely on these conventional methods for their own existence, but also for their crops and livestock. Rural communities make use of traditional wisdom for handling diseases of domestic animals and also in farm management practices. These folk remedial measures are completely oral, non-documented, and make use of plant products such as latex, resin, bark, root, leaves, fruits, etc., minerals, animal products, and magico-religious practices.

The Himalayas has a rich legacy of folk medicine and other indigenous healthcare practices. Besides *Ayurveda*, a number of ethnic healthcare systems remained widespread in the Himalayas. The *Ayurvedic* system of medicine is a codified system, which was evolved more than 2000 years ago and is based on early classical Sanskrit treatises, while the ethnic healthcare practices were developed by the indigenous communities through trial and error method, making use of locally available material of vegetal and animal origin. The topographical variation in the entire North-Western Himalayan region has shaped the complex geographical diversity, meteorology, and floral and faunal wealth. The region is home to a number of communities who enjoy living in harmony with the rich and unique elements of biodiversity. As elsewhere in the world, ethnic communities in the Himalayan region to a greater extent rely on local resources for fulfilling their routine needs. At higher reaches, folk healing is the only accessible form of health care for a majority of the communities, both logistically and economically. Medicinal plants are the main constituents of folk medicines and are, thus, of great importance in traditional healthcare. In most cases, the medical preparations contain a number of ingredients varying in proportion and are prepared according to the condition of patients. However, the method of preparation of formulations is confined to specific communities because of a chance of its mishandling. The knowledge of healing is unique and is known only to a few elderly folk. These restorative measures make use of locally available medicinal plants and play a significant role in the healthcare sector of inaccessible mountainous regions.

Traditional methods of health care were passed on from one generation to another either through “Gurukula”¹ mode of instruction or word of mouth. In many cases, the knowledgebase was kept confined to a few families. The trainees used to live with the trainer and learnt the art of healing from their masters, who have tried to uphold the long-established oral traditions. They were trained to prepare the medicine, method of drug administration, together with general care of patients. Even today, one finds the repository of old manuscripts in the Himalayan region, which contain the information on medicinal plants, their uses, method of usage, and contraindications. These manuscripts are considered holy, and most of them were learnt by heart. It was only after exhaustive learning and practice that the learner could become a self-sufficient practitioner. The art and skills of healing were passed on to the learners completely, but at a pace determined by the trainers. The trainees were not supposed to visit any formal school or taught any predefined set of courses. Their claim to practice was dependent only on the information provided by the trainers. Thus, after years of training these trainees become expert healers and before trying any medicine on their patient, they familiarize themselves with the ailment and body composition of their patient.

Materia Medica is an inventory of raw drugs obtained from plants, animals, and minerals employed in traditional healthcare systems. It is a Latin term used for the body of knowledge dealing with the curative properties of any material used for therapeutic purpose. In Latin, the phrase actually means “medicinal material.” The phrase has been in use from the days of the Roman Empire until the twentieth century, but nowadays it has been substituted by the term pharmacology. *Sushruta Samhita*, attributed to *Sushruta*, is the earliest *Ayurvedic* treatise on medicinal substances. It describes more than 700 herbs, 64 preparations from mineral sources, and 57 preparations based on animal sources. The Greek physician Pedanius Dioscorides, in the first century AD, used the term *materia medica* for his pioneering works on medical matter in five volumes. It is a precursor to all contemporary pharmacopoeias, and is believed to be one of the most significant herbal reference guides in history. The most primitive Chinese *materia medica*, the *Shennong Bencao Jing*, was gathered during the Han dynasty and was attributed to Shennong. In the medieval Islamic period, Muslim botanists and physicians extensively worked on the earlier knowledge of *materia medica*, for instance, *Al-Dinawari* described more than 600 plant drugs, *Ibn al-Awwam* described more than 500 microbiological cultures, and *Ibn al-Baitar* described more than 1,000 plants, foods, and drugs. The investigational scientific technique was introduced into the field of *materia medica* by Andalusian-Arab botanist Abu al-Abbas al-Nabati, the teacher of *Ibn al-Baitar*. He introduced empirical techniques in testing, description, and identification of numerous *materia medica*, and segregated unproven reports from those supported by authentic tests and observations. This facilitated the evolution of the science of pharmacology.

¹ *Gurukul* (*Guru* refers to “the teacher” or “the master”; *Kul* refers to the domain, meaning extended family) was a kind of residential school in India where the students used to live in proximity with the teachers, and learn different skills from them.