

## CHAPTER VII: ETHNOMEDICINAL DEVELOPMENT IN SIKKIM AND DARJEELING WITH SPECIAL EMPHASIS TO *FAGOPYRUM DIBOTRYS* (D. DON) HARA

### Introduction

The term "ethnobotany" was first used by Harshberger (1885) and its scope was much elaborated later, since then it takes of interest (Jain, 1986; Ford, 1978; Faulks, 1958; Martin, 1995). Ethnobotany in the wider context denotes the entire realm of useful relationship between plants and man (Arora, 1997). Ethnobotanical studies assume great importance in enhancing our knowledge about the plants grown and used by native/ tribal communities. The Sikkim and Darjeeling Himalayas are good sites for the ethnobotanical study. Many different communities reside with the different dialects (Malloy, 1907; Dash, 1947). So, each community has practiced the ethnomedicine in their own way. The tribal people are accustomed with the use of wildy grown plants as their foods or for the medicinal purposes. The number of data has been collected about the wildy grown plants and the tribal medicines of plant products sold in the markets of Gangtok in Sikkim (Hajra and Chakraborty, 1981; Raju and Krishna, 1986; Sundriyal et al., 1992,1994). The medicinal practices of this hill of Sikkim have also been discussed by Rai and Sharma (1995). In Sikkim and Darjeeling Himalayas, the settlement of different communities may develop the complex ethnomedicinal system by exchanging their views. During survey it has been observed that different parts of *Fagopyrum dibotrys* (D.Don) Hara are being used by the local people as a remedy against various diseases. In this part of work an attempt has been made to investigate the development of ethnobotanical aspect in the region of the Darjeeling and Sikkim Himalayas and to carry out pharmacological experiments in connection with scientific evaluation of *Fagopyrum dibotrys* (D.Don) Hara.

## **Material and Methods**

### **a) Ethnobotanical Survey in Sikkim and Darjeeling.**

Survey was made in the different places of Darjeeling and Sikkim .A number of priest doctors of different communities was consulted. Oral interviews were taken about the use of *Fagopyrum dibotrys* (D Don) Hara. The quantity of the plant extract used by medicinemen were measured by taking measuring cylinder into the field or by bringing the sample in the laboratory for weighting. Various informations were gathered from different libraries such as Community Hall, Gangtok, Sikkim Science Society, Gangtok Indian Institute of Tibetology, Deorali and North Bengal University, Rajarammohunpur West Bengal.

### **b) Ethnobotanical survey in Kathmandu.**

Oral interview was taken from the baidis of Kathmandu who are still in touch with the people of Sikkim State for their medical treatments. Asha Archieves library of Kathmandu was consulted to know about the baid tradition in the Sikkim State.

## **Results and Discussion.**

Although 15-20.000 plants species in India are reported to possess medicinal properties (Ahmad and Srivastava, 1977), however, only about 100 are more commonly exploited by pharmacists for manufacturing drugs (Jain, 1977). It is only in recent years that an attempts to cultivate medicinal plants on mass scale have been directed example, ergot (*Claviceps purpurea* Fr tul), Sarpagandha (*Rauwolfia serpentina* Bth, *Fagopyrum esculentum* Moench. (Singh and Khan, 1990; Sood ET al. 1982) Information of drugs

yielding plants known from that particular area where modern medicine have not yet reached but the native who suffer from various diseases received treatment from the head medicine man of the village etc. Utilising the herbal medicine obtained from the plants growing in their respective localities (Singh and Khan, 1990; Sharma and Rai, 1995; Pradhan and Basu, 1998). This approach, in recent years, has received a lot of attention in India and abroad (Bhattacharjee, 1980; Hemadri, 1980,1981; Karnick et al., 1981; Nautiyal 1981; Sharma 1981; Jain, 1981; Vartak and Mandavgana 1981; Khan and Chaghtai 1982; Brahman and Saxena 1989; Pandey et al., 1981; Singh et al., 1984; Singh and Khan, 1989; Wagner, 1993; Pandey et al., 1981; Singh and Pandey 1986; Hemadri 1981; Nath 1968; Jain 1981; Karnick et al., 1981; Singh 1986; Nautiyal, 1981; Saxena and Shukla, 1971; Singh and Abrar, 1989).

The World Health Organization recognized that these traditional medicinal herbs do have healing properties, and therefore research should be stepped up (Singh and Khan, 1990). Akerele (1987) pointed out that the flora remained virtually unexplored from the point view of practical utilization in most developing countries, yet past experience showed that many valuable drugs have been derived from plants.

The information about the utilization of traditional medicines indicates that it needs scientific approach to understand the efficacy of traditional herbal medicine. In recent development, the modern scientific tools help to isolate many new compounds of therapeutic value, which so far were not known in plants (Basu 1997).

During the study of Sikkim and Darjeeling Himalayas, the ethnomedicinal information has been collected from the tribal people (Lepcha, Bhutia and Sherpa )and local people (Nepali ) who were found to be settling in an areas where no proper development and facilities of the modern medicine reach.

Because on tracing into the history, the Lepcha were the aboriginal inhabitants of Sikkim and people of Tibetan origin called Bhutias took refuge in the country (Gorer, 1984; Thakur, 1988). The culture and customs as well as memories of their tradition of Lepcha are available in the jungles of Sikkim and Darjeeling (Rustomgi, 1987). However, they have immense knowledge in the plants and animals are concerned (Gorer, 1984). Bongthing or medicinemen and nun are the doctors of this tribe. In fact, they treat bongthing as a psychiatrist, medicinemen, spiritualist, preacher and a priest all rolled in to one. 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 abongthing, but due to local usage it is abbreviated almost all compound to become bongthing the original highly honoured and respected one. Now, coming back to the learning the function of nuns and bongthings as priests, the student does not have to learn anything like what the lama apprentice into the buddhist religion has to do (Foning, 1987). The priests, bongthings and nuns transmitted their skill orally by chanting and singing with appropriate gestures (Sen, 1985; Gorer, 1984). These methods might be useful to transfer ethnomedicinal knowledge to other coming generations.

The Lepchas used the plants for the diseases when neither botanist nor naturalist were present because of the knowledge of plant was clearly known to them. Among the hill peoples living in the regions the Lepcha still observe the tradition of digging roots and drugs and they can discriminate with wonderful skill the poisonous vegetables from the edible; they know that which grasses were good against diseases and in what season they were to be eaten, and they know the names of all grasses. Lepcha names are usually reliable (Thakur, 1988; Kawaiguchi, Op. Cit). Lepcha herbalist Mr S.D Karthak also equivocally was mentioned by Biswas (1956) in his work and world renowned explorer of Sikkim Himalayas, Joseph Dalton Hooker mentioned in his Himalayan Journal about the the Lepchas wonderful

knowledge on Sikkim plants. In his book, it is written *that the womenfolk, for example, make excellent nurses and men have been of immense help to botanists in locating and identifying species*. The Lepchas therefore knew the identification of plant in their region (Gorer, 1984; Cowan and Cowan, 1929; Thakur, 1988).

Disease is very rare among the Lepchas and ophthalmia, elephantiasis and leprosy, the scourges of hot climates, are rarely known (Hooker, 1855). These paved an idea that the medicines used by the Lepcha tribals would treat the root of the disease and without resulting into the side effects.

Beside the Lepcha, other people of Tibetan origin called Bhutias took refuge in the Sikkim (Before the division of Sikkim and Darjeeling) played the important role for the development of the ethnic communities. The Lepchas adopted the king from the Bhutia community (Foning, 1987; Thakur, 1988). Later, the economic relegation of the Lepchas was accentuated by Bhutia cultural domination. The Lepchas, who were spirit worshippers, embraced lamaistic Buddhism somewhat half-heartedly. (Gorer 1984; Foning, 1987). The lamasim was introduced into Sikkim in about 1641, the date of accession of first Lamaist king Penchoo Namgye. He is said to have been made king by the three lamas who were fugitives from Tibet, following the violent struggles between the yellow Hats and Red Hats and possibly due to Chinese or Mongolian intervention (Gorer, 1984; Thakur, 1988; Thakur and Lepcha, 1981; Risley 1905; Rustomgi, 1987).

Their history led to rethink that the civilization of those days may be without good medical facilities. Again, the question was raised, how can they sustain? However, it is not clear whether they were medical men or not but the lamas travel started from those time of Bhutia immigrated to Sikkim (White, 1909; Thakur, 1988). On the study of the historical events from the books, it is evidenced that lamas played the roles in the development of the country with administratively (White, 1909 ). However, White (1909) stated in one

instance in his books that "---- the medical officer with his wife also arrived hungry on the scene, also to find no one at home". Similarly, in other instance, the involvement of the Tibetan doctor in the murder of the king was described in Sikkim Coronation. These explained that the king kept the medicine man or lama near to his courtyard.

Alexandra David -neel, a tibetan scholar, who spent thirteen years in Tibet and her writing introduced to the world much that is now known about lamaistic Buddhism in Tibet .She said that the monks of Sikkim are for the most part of illiterate and have no desire to be enlightened even about the Buddhism which they profess. (Rastomgi, 1987; Lall, 1981). There is possibility that the Buddhism in Sikkim may differ from that of other place and may have different ethnic practice .For this reason, the ethnobotanical informations were collected from the region.

Lamas learnt some of the knowledge from the bongthing also, in the later part of development. It is clear from these statement made by Lepcha writer, Foning (1987) in his book is that "---- brilliant, highly intelligent and far sighted lama sought out and made contact with a highly attained bongthing, *Thekung Mensalong, the native snamanistic priest. Learning from him all the inherent beliefs of the autochthons, their various objects of veneration, and base of their faith*". From this fact, it could be realised that lamas of Sikkim gathered the knowledge of other ethnic practitioners and for which reason the ethnic development of Sikkim may be considered as mixed type and could have certain impact on the ethnobotanical development in the region. This ethnobotanical development which is still growing in these regions.

Nevertheless, the other part of the world nowadays took the interest on the lamas and amities practices. These development of practices for the medicine prescription were from the long period .As Lamas were practicing medicines in the regions Buryatia, Tuva and Kalmykia succeeded in adopting many

species of the local plants as substitutes for the traditional Indian and Tibetan ingredients (Rechung 1973). Taking into the consideration of their importance, the lamas, amchies, bongthing and other medicinemen cannot be avoided.

The ethnobotanical or ethnomedicinal development in Sikkim was also coordinated with the help of other medicinemen. Here, it has been discussed how does the Newar medicinemen might have entered into Sikkim.

Under the leadership of Raja Prithvi Narayan Shan of Nepal, there were frequent Gorkha invasions, Bhutan also invaded and captured all the areas east of the Tista River, but later withdrew after negotiations at Rhenock. A peace treaty with Nepal was signed in 1775. But at a later stage Gurkhas violated the treaty and occupied the land in western Sikkim (Risley, 1905). In Sikkim, the Khangsapa brothers in collision with Darjeeling Deputy Commissioner then started settling Nepalese in Rhenock (East Sikkim). The Khangsapa brothers had meanwhile made a deal with the Newar traders, Laxmidas Brothers. An embezzlement charge was laid against Lassoathing and all his lands were attached, which were settled by the Newar – brothers (Foning, 1987). Newar is, in fact, the name of a nationality rather than a caste. Nepal and Newar being two forms of the same word and practically were traders (Lall, 1981; Singh and Gunanand, 1877). All these information stronghold that the Newar traders came into Sikkim through Rhenock on the basis of survey made on these region during this research work and it was found that Rhenock population still bear with descendents of few Newar baid (medicine men) families and Newar traders. This support the idea that the baid in Sikkim might have entered through Rhenock and spread the knowledge of the baid practice (Fig 24,25 & 27).

In the another survey work, consultation was made with the baid families of Nepal. They said that their forefather was from the South Indian province and whose name was Nande Dev. He was the king of some small province. On

the sixth generation of their dynasty, the king Harishiha Dev send his son Govindananda Dev to learn Ayurvedic knowledge called Baid for the uplift of the societies. Then after the name “ baid” was entitled with the title of their dynasty, as they had claimed. Singh and Gunanand (1877) mentioned in the book title “ History of Nepal that Hari Sinha-Deva was honoured as baid by king and was settled near Sesha Narayana. Though the origin of baid practice in Nepal is controversy. Still today a few baid of Kathmandu valley are practicing the medicines for the treatment and they claimed themselves as the fourteen generations from their forefather king Govindanande Dev. This interview was taken from Hariharananda Baid and relatives who were of the baid family of Kathmandu. He mentioned that they were also known with the name. Newars.

Some of the medical books, which were used by ancient Newar baid, were found in the library of Asha Arechives Trust Kathmandu, Nepal enlisted here. Aushadi Banaunae upchar, Aushadi Upchar, aushadi Upchar, Aushadi Kithab (Chandra Nihantu) Aushadi ko Kithab. Aushadiko Kithab. Aushadiko Kithab, Aushadiko Pustak; Aushadi Mahlam Azirna manzari; Aalpa vaid Samuchari Shastra; Aadhnachichisha (shachitra); aangla Xan Widi, Aayuwaaid Granth; 2 Aushadi waadi; Aushadi Karma; Aushadi Wasista Yog; Bhan Prakash; Banaunae Tarika Baidhang, Baidhang; Baidhang; baidhang; Baidhang; Baidhang ko Pustak; baidhang Pustok; Baid Vidhya baaid; Chikitsha Karma; Chikitsakarma Karma Chitkitsadshissar; Bidhhi ; Chikitsha Vidi wah Kafu pinth baat Zaro ; Chitsha Safu; Damodarkrit Bhim chitsa Dhawantri ; Dhos ra Upai;Doha (Dohra ) Mani ;1 Kustko Aushadi;2 loha bhashama ; Aushadiko Bayan Garaika ; Pinasko Mantra Pachar; Mahaushad Prachar; 1 Graha Ghochar Gambhadhan Guunnatna Mala ; Jantra Mantra Chikitsha Safu ; Hawantri vaid ; Kalpa tarra Rass ; Kaashaput Gajhotra ; Nari Gyan Nidan ; Nimai Gam Nidhanda Gaadi;Nidan (8 volumes) Vidhya Baaid Vinod ; Wibhinna Aushadi :Aushadi; Whibhinna Aushadi .: ( Uogutuogu : Sindh Praneshwar Ghaw Lagaeko Upai Jeerva Manzari Vhasa Sarwayasu safu (Gari

Gyan Vidi ) Vaidhya Shastra , page no 16,18 Asha Arechives Trust .  
Kathmandu )In the other catalogue at page number77 . Austa bailaga bhas ;  
Wo ukriyha shaothi bhas; Wo meae bhiveenna Aushadhi bhanauna vidhi  
harmakhalaa Vhaju Dharmaratna Bhajaracharyaju Deechanadhigu ,  
Grantha Dalaa from the Asha Archives Trust, Kathmandu .Figure of the  
some of the books are published here with the permission of Asha Shapu  
Guti. Kathandu ( Fig 28,29,30,31&32).

Ethnobotanical aspects of Sikkim and Darjeeling have developed with the influence of different sections of ethnic practices (Malloy. 1907). It was stated earlier that the lamas had taken the knowledge of Bongthing who was known for medicinemen of Lepcha. These means that the sharing of the ethnic medical knowledge with other ethnic groups of Sikkim was taken place. Beside the Lepcha and Bhutia, other section of people who were settled in the Sikkim with their own cultures and customs called Nepali, may have shared the knowledge of medicine between other communities .As Baid is the caste of Newar who seems that they might have enter through Rhenock into Sikkim. Similarly, the medicinemen of other communities may enter through Rhenock or from other places and which is yet to be worked out. Whatsoever, the combination of all communities may led to establish a complex system of ethnomedicinal practices in Sikkim. In the Table 27, the name of priest doctors of the different castes of all the ethic groups of the Sikkim and Darjeeling has been shown. This Table was prepared from the oral interview with tribes and local peoples of both Darjeeling and Sikkim. These interviews were essential because of some flaw remained about the vernacular names of the priest doctors. As it was found that J.D Hooker in his Himalayan Journals, vol. I, page number 120 with commenting "bijou's" term naming for Lepcha priest doctors was found incorrect .On the oral interview with the different ethic groups of Sikkim and Darjeeling, it is established that Rae and Leach have different names to the priest doctors. They said that the priest doctors of Lepcha called as *Bongthing* and the priest doctors of Rai



Fig 24



Fig 25

Fig 24 & 25. Newar medicineman 's shop with different ethnomedicines .

Fig 26. *Fagopyrum dibotrys* ( D. Don ) Hara growing around the courtyard of Lepcha house at Gangtok .



Fig 26. *Fagopyrum dibotrys* ( D. Don ) Hara growing around the courtyard of Lepcha house at Gangtok .



Fig 27 . Medicineman 's shop with different ethnomedicines at the market in Sikkim .



Fig 29

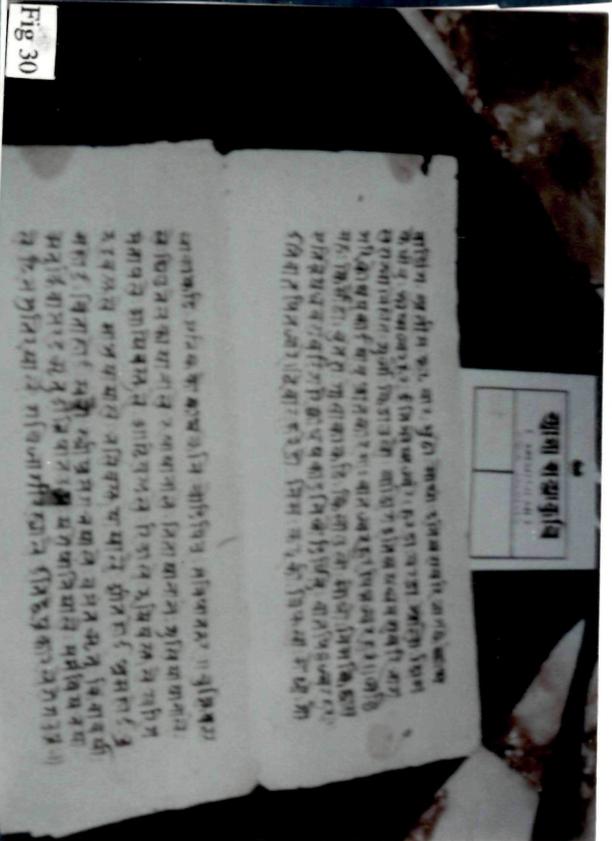


Fig 30

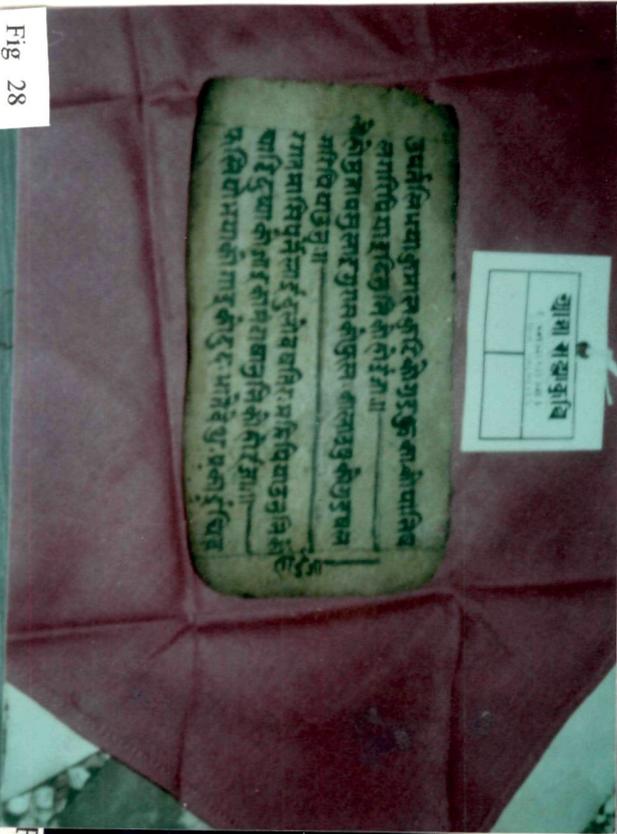


Fig 28

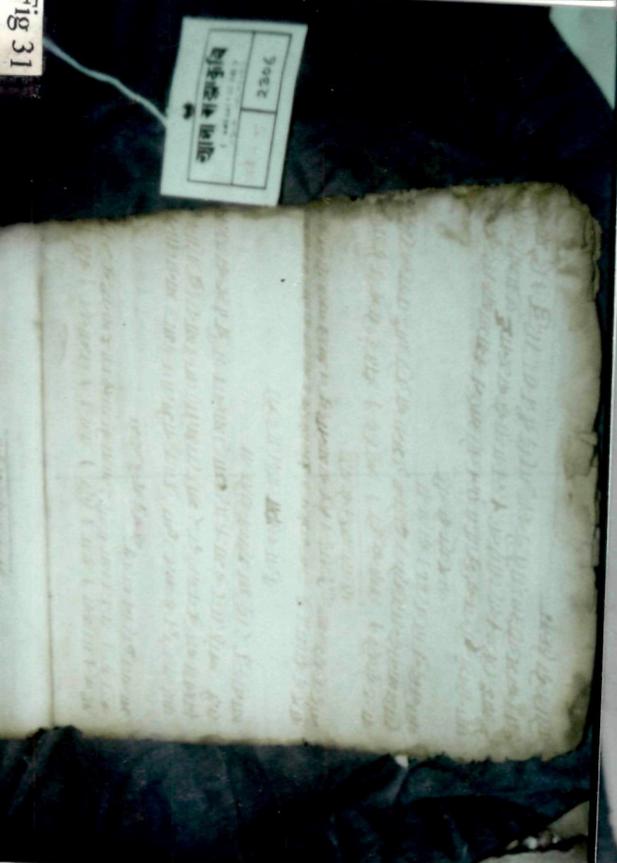


Fig 31

Fig 28-31 Baidic books written by Newar Baidis in relation to the utilization of plants. Published with the permission of Asha Archives ,Kathmandu .

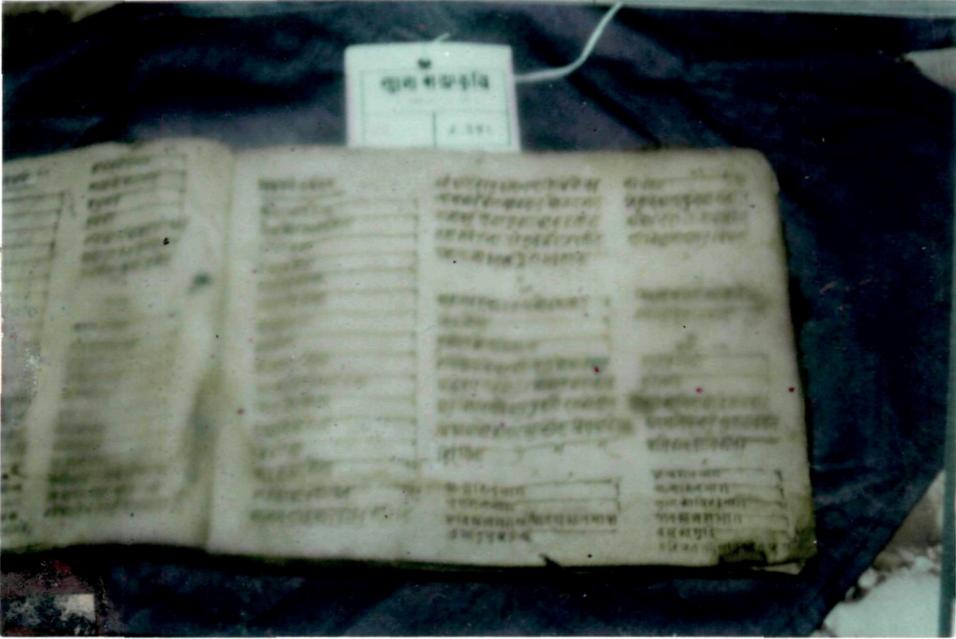


Fig 32. Baidic book written by Newar Baid in relation to the utilization of plants. Published with the permission of Asha Archives ,Kathmandu .



Fig 33. A group representing the medicinemen of Sikkim and Darjeeling Himalayas with yellow and white dress.

called as *Bijooas*. Whatsoever, the priest doctors used the medicines usually of both plant and animal origin with decoction, detoxification and partial purification methods.

Table 27: Medicinemen of the different ethnic groups of Sikkim and Darjeeling Himalayas.

Sl no.	Castes	Priest doctors / medicinemen
1	Gurung	Lama / Gyabring
2	Lepcha	Bongthing / Nun
3	Newar	Dha vaju/ Gu vaju/ lama
4	Brahmin/ Chhetri	Purayat/ Jhakri
5	Subba /Limbu	Phadangba
6	Sherpa	Pompa
7	Tamang	Bomba / Tigalama (Head priest)
8	Rai	Bijooa
9	Bhutia	Lama /Amchies

Table 28: Ethnobotanical uses of *Fagopyrum dibotrys* (D.Don) Hara reported by Lepcha and Bhutia of Sikkim and Darjeeling Himalayas.

SL No	Preparation of medicine for single dosage	Medicine men	Dosage	Treatment for the disease or improper body physiology.
1	Fresh rhizomes (250gm) Of <i>Fagopyrum dibotrys</i> boiled in water for 0.5 hour and kept for overnight. Extracted was filtrated. Filtration was done in soft cloth.	Amchies / Dha- vaju	30 ml of extract twice in a day for three month.	Rheumatism
2	Fresh leaves (20gm -30 gm) of <i>Fagopyrum dibotrys</i> cooked like curry for 20 minutes.	Bongthing / Padongba	Twice a day for one month.	High blood pressure
3	Crushed the fresh leaves of <i>Fagopyrum dibotrys</i> (100 gm in the motar pestle & the juices extracted was filtrated. Filtration was done in soft cloth.	Bongthing / Bomba	Orally 6 spoons twice in a day . for 7 days	Urine blockage
4	Crushed the fresh leaves of <i>Fagopyrum dibotrys</i> in the motar pestle & the juices extracted was filtrated .Filtration was done in soft cloth.	Lama Bijooa	10 ml extract /twice a day to rinse the eye externally	Against the hemorrhage of eyes
5	Crushed the fresh leaves of <i>Fagopyrum dibotrys</i> in the motar pestle & the juices extracted was filtrated. Filtration was done in soft cloth.	Bongthing / Gyabring/ Purayat	10 ml extract / dosage twice a day until the tumour subside itself.	To remove the wart growth from the body.
6	20-25 gm fresh leaves of <i>Fagopyrum dibotrys</i> was extracted with water and filtration was done in soft cloth.	Bongthing /Purayat/ Jhakri	10 ml twice a day extract for 2-3 days	Headache
7	Fresh Rhizome (500 gm ) of <i>Fagopyrum dibotrys</i> boiled for 0.5 hour in 100ml water. Concentrated the volume into 30 ml and filtration was done in soft cloth.	Lama/Po-mpa	10 ml of rhizome extract applied externally after every three days. upto five times.	To heal the deeply cut wound by applying the extract into it.

8	The tender fresh leaves (250gm) of <i>Fagopyrum dibotrys</i> extracted for 0.5 hr in water and filtration was done in soft cloth.	Bongthing	25 ml of extract of leaves should be taken orally. twice a day for three days	Stomach pain
9	Fresh rhizome (250gm) of <i>Fagopyrum dibotrys</i> boiled in 300 ml of water for 0.5hr and filtration was done in soft cloth.	Bongthing /Nun	25ml of extract of leaves should be taken orally. twice day for 3 days	Stomach pain
10	5.8 gm of dried leaves of <i>Fagopyrum dibotrys</i> extracted in 100 ml of water and evaporated till it converted into 10 ml. Filtration was done in soft cloth.	Bongthing	10-ml twice/day should be taken orally for thirteen day.	Jaundice
11	Fresh rhizome (250gm) of <i>Fagopyrum dibotrys</i> boiled in 50 ml of water for 0.5hr . Filtration was done in soft cloth.	Lama	30ml of extract should be taken orally. twice /day for 13 days	Malarial fever
12	Boiled young fresh shoot (100gm)tip of <i>Fagopyrum dibotrys</i> in 150 ml of water for 0.5hr. Filtration was done in soft cloth and made approximately 100ml in their mug.	Lama	100 ml twice should be taken orally in a day for five days	Dysentery Gastric
13	Cooked <i>Equisetum</i> (root) <i>Halarrhiza antidysentrica</i> (Bark) <i>Rhododendron arboreum</i> (bark) with rhizome of <i>F dibotrys</i> (D.Don) Hara. in all equal amounts in the container of iron. Until the extract turned into curdy solution The latter solidify into tablet of approximately 100 mg.	Bongthing / Nun / Purayat	3 tablets thrice a day for fifteen days should be taken orally.	Urine problem

*Fagopyrum dibotrys* (D. Don) Hara has been using by the hills people since long time ago which could be supported with J. D Hooker statement about the Lepcha food, prepared by Lepcha tribe mentioning that “----- our halting places were on flats close to the river, covered with large trees and carpeted with a most luxuriant herbage, amongst which a wild buckwheat (*Polygonum*) was abundant, which formed an excellent spinach, it is called *Pullop-bi*”.

Similarly, in the other literature discussed about the young twigs of *Fagopyrum dibotrys* (D. Don) Hara that was eaten up as the curry ( Tanaka 1976 . Sastri .1956 . Manandhar 1997 ;Arora .1997 ). These seems that the plant was utilised by the tribal and other people for the vegetable from the many years .It was also well established through the survey that *Fagopyrum dibotrys* (D. Don) Hara was using by the tribes of Sikkim and Darjeeling hills. However, ethnomedicinal practitioners than to the common people, only know the proper use of it. The ethnomedicinal practitioners never disclosed the secrets of usefulness to the common people for the maintenance of source of income and hide well as any valuable pearls. They named this plant with *Ban phapher* or *Ban Vharey* in Nepali and *Khurupi* by Lepcha. However, the vernacular name cited in the Flora of Bhutan, Volume I, Part I page 171 by A J. C Grierson and D .G. Long in 1983 as *Titi Phapar* to *Fagopyrum dibotrys* (D Don) Hara was found to be wrong.

The development of ethnobotany in the hills of the Eastern Himalayas of Darjeeling and Sikkim though was found to be mixed cultural influence of baid, lamas, amchies, and original bongthing as well as Nun etc. But the hill people of the Sikkim (Before 1975) were to be demarked separately due to the political senereo. In one of the instance of the agreement it had been written in these manner by the king of Sikkim that “ \_----- I, the Sikkim puttee Rajah, out of friendship for the said Governor General, hereby present Darjeeling to the East India Company, that is, all the lands south of the great

*Rangeet river, east of Balasum , kahail and little Rangeet river and west of Rungoo and Mahanadi rivers.* ”( Vide , seal of the Rajah , dated the 9<sup>th</sup> Mangh . sambat . 1891 .(AD 1835) . As a result modern allopathic medical treatment got the entry to Darjeeling under East India Company though the treatment with the herbal medicine was in practice and still persists even upto date. Taking consideration of these facts, some of the information's gathered from the local people and the tribals (Nepali, Sherpa, Lepcha and Bhutia) of both Sikkim and Darjeeling hills has been represented in Table 28.

## Summary.

Ethnobotanical survey has been made in Darjeeling and Sikkim Himalayas on *Fagopyrum dibotrys* (D.Don) Hara with special emphasis on ethnomedicinal practices available in the region. Nine different types of medicinemen such as Lama, Bongthing, Purayat, Phadangba, Pompa, Bomba, Bijooa and Amchies have been observed to represent the caste of Gurung, Lepcha, Newar, Brahmin, Subba, Sherpa, Tamang, Rai and Bhutia, respectively.

It is expected that baid of Nepal has entered in Sikkim through Rhenock and spreaded the knowledge of the baid practice .The medicinemen of Darjeeling and Sikkim has been observed to remain engaged with old practices of treatment upto date.

The library of Asha Archives of Trust, Kathmandu and baid families was also consulted to understand the origin and development of baid practices in Sikkim. Influence of other medicinemen and the development of new ethnomedicinal practices have been tried to trace from the literature survey . Ethnobotanical uses of *Fagopyrum dibotrys* (D.Don) Hara by the Lepchas and Bhutias in the Sikkim and Darjeeling Himalayas have been worked out during survey in the region.