

Indigenous Knowledge and Traditional Healing Practices in Sikkim

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Abstract

This paper aims to explore and document indigenous and traditional healing practices in the present Indian state of Sikkim. Traditional healing has been practised by various ethnic communities in Sikkim for centuries, each based on its own concepts and methods. Healers from different ethnic groups in Sikkim utilize plant species and animal parts to treat a variety of ailments. Faith and belief in these healing systems are crucial factors in their successful outcomes. This paper focuses on the diverse traditional healing practices practised by various ethnic communities in Sikkim. Additionally, it highlights the different medicinal plants and animal parts used by traditional healers, all of which are locally available in Sikkim.

Keywords: *Dhami, Jakhri, phuk-phak, Baidya, healer, folk medicine, tantra-mantra, jokhana, traditional healing, medicinal plants.*

Traditional Healing Practices: An Overview

“Since time immemorial, humans have been battling the sickness. Survival has been the motto of human existence”- Authors

Traditional healing, the oldest form of structured medicine, is founded on a set of core principles. It laid the foundation for subsequent medical systems, including Chinese medicine, Greco-Arabic medicine, and modern Western medicine. Originally an integral part of semi-nomadic and agricultural tribal societies, traditional approaches to healing are holistic, considering the mind, body, and spirit. Medicine is distinguished from healing, which goes beyond merely treating illness. As Donald Warne observes, “it is somewhat ironic that modern physicians say they provide health care when they treat diseases” (Warne D, *Traditional Perspectives on Child and Family Health Pediatric, Child Health*, 2005).

Most of the world's communities presently practice a mix of conventional, folk, indigenous, and scientific healing methods, depending on access to knowledge and resources. Humans have developed various methods and techniques to fulfil their necessity to remain healthy.

Historicity of Traditional Healing Practices:

In ancient and indigenous contexts, traditional healing was the primary form of healthcare across all societies. These practices were deeply rooted in spiritual, environmental, and communal belief systems. Traditional healers, such as shamans, herbalists, and spiritual

leaders, enjoyed high social status. The traditional healing system is based on holism, which views illness as arising from imbalances among physical, spiritual, emotional, and environmental factors (Kirmayer, 2004). Cultural embeddedness is evident in healing rituals that were intertwined with religious beliefs, myths, and cosmologies. The World Health Organization (WHO, 2000) states that traditional medicine includes the totality of knowledge, skills, and practices rooted in the theories, beliefs, and experiences native to different cultures.

Since the early modern period, perceptions of traditional healing have changed significantly with the emergence of European colonisation and the rise of Western medicine from the seventeenth to the nineteenth centuries. There was a gradual marginalisation of traditional healing as colonial governments and missionaries often dismissed it as superstition, witchcraft, or quackery. Suppression also occurred; in some cases, traditional healers were persecuted or banned (e.g., witch hunts in Africa and Indigenous North America). In this context, the words of Feierman and Janzen resemble “colonial medicine delegitimised native practices by characterising them as backwards, unscientific, and even dangerous” (The Social Basis of Health and Healing in Africa, 1992).

In the twentieth century, with the dominance of biomedicine through the professionalisation of medicine and the establishment of hospitals and modern health institutions, traditional medicine was further marginalised. This reflected scientific scepticism, as traditional methods were often excluded from medical research and regarded as anecdotal or placebo-based. Nevertheless, resilience and syncretism persisted: despite pressure, traditional healing continued, often blending with Western medicine in a syncretic manner (Kleinman, 1980).

During the late twentieth and twenty-first centuries, there has been a revival and increasing recognition of traditional medicine. In recent decades, interest in traditional medicine has substantially grown. The World Health Organization’s (WHO) recognition has increased, and it has promoted the integration of traditional medicine into national healthcare systems, particularly in Africa and Asia. With the gradual decolonisation process, traditional healing is now recognised as part of cultural rights, cultural identity, and indigenous sovereignty. In the Global North, practices such as acupuncture, Ayurveda, and traditional Chinese medicine are now embraced under the umbrella of complementary and alternative medicine (CAM). There is a growing acknowledgement of traditional medicine as a valuable resource in achieving universal health coverage (WHO Traditional Medicine Strategy, 2014–2023).

Traditional Healing in Sikkim: An Introduction

Biogeographically, the Himalayas are regarded as a mega hotspot for natural wealth and biological diversity. The variations in geography, climate, altitude, and topography all contribute to the region’s rich biodiversity. The Himalayas serve as a watershed,

influencing climate and vegetation that supports the economic well-being of over a billion people worldwide. The Indian subcontinent is home to diverse, lush ecosystems and multiethnic communities where more than 7,500 plant species, many of which have Himalayan origin, are used as medicines to treat various ailments and diseases. The earliest records of medicinal plant use in India can be found in the Vedic texts, such as the Rigveda and Atharvaveda.

Sikkim, a small and beautiful state nestled in the foothills of the Himalayas, is landlocked, bordered on three sides by Tibet, Bhutan, and Nepal (to the northeast, east, and west, respectively), with its southern boundary adjacent to the Darjeeling district of West Bengal. Sikkim, one of the major biodiversity hotspots, has documented over 424 species of medicinal plants and herbs, with ongoing efforts to discover and catalogue all medicinal plants in the Sikkim Himalayas. These plants should be recognized as a “Natural Resource”, as their sustainable use is vital to maintaining one of the world’s oldest medical traditions, the priceless legacy of the people of Sikkim and India. Moreover, they could significantly contribute to the economy and employment opportunities. The state has a total population of 607688 (according to the 2011 census).

Traditional Healing Practices among the Lepcha, Bhutia, and Nepali speakers in Sikkim:

Sikkim predominantly has a rural society and economy. The ethnic composition of Sikkim mainly includes Lepcha (19.0%), Bhutia (16.0%), and Nepali-speaking (56.0%) communities. These ethnic groups utilise the available medicinal plants in Sikkim to treat illnesses. The region’s health culture is a composite heritage of various medicinal practices, rituals, and preventive measures.

The Lepcha, considered the indigenous people of Sikkim, are dispersed throughout the state but are found in significant numbers in the Dzongu reserve of North Sikkim. Their understanding of health and illness is deeply rooted in their belief in the supernatural. The Bon religion, Tibet’s pre-Buddhist spiritual tradition, has significantly influenced the Lepcha as well Bhutia healing systems of Sikkim. Emphasizing harmony with nature and spirit beings, Bon introduced shamanic and ritual elements that persist in local health practices. Lepcha shamans seek balance between human and supernatural forces to cure illness, while Bhutia healers perform offerings and incense rituals to appease deities. These interwoven beliefs demonstrate how Bon’s animistic cosmology merged with Buddhism and indigenous traditions, forming a holistic Himalayan approach where health is seen as both spiritual and ecological equilibrium (Samuel, 2012: 210-215). Presently, Lepchas predominantly follow Buddhism.

They have their script, language, costumes, and cultural practices. The use of medicinal plants is described in Lepcha narratives such as the Namthar, Tengyur, and Domang. According to Lepchas, the world is governed by good and evil spirits (Mung). As traditional animists, they prefer the Boongthing (male priest) and Mun (female priest) to

overcome sickness and conduct cultural and funeral ceremonies. These healers are regarded as qualified and experienced. Consulting a community priest is essential before any treatment.

The Bhutias emphasize coercive rites to expel and destroy demons. Their religious practices are performed by trained specialists called Pau (male) and Neyjum (female), Lama. During healing, shamans enter a trance state to communicate with spirits and diagnose illnesses. Divination methods like examining a plate of rice are also used. Bhutia healing integrates Tibetan Buddhist philosophy with indigenous Tibetan medicine (Sowa-Rigpa). The Amchis, trained in Buddhist monasteries or through apprenticeships, use diagnostic techniques such as urine analysis, pulse diagnosis, and astrological charts to determine illnesses (Dash and Lhamo, 2006). Treatments include herbal formulations, dietary regulation, and rituals. Lamas address spiritual illnesses through chanting, smoke offerings (Sangsol), and protective charms. The Bhutia concept of health is holistic, encompassing body, mind, and karma. Amchis often prepare medicines using alpine plants such as *Rhodiola*, *Cordyceps*, and *Gentiana*, collected through sustainable practices guided by Buddhist ethics.

The Nepali-speaking communities, in general, believe that supernatural forces influence health, with Dami and Jhakri involved in the creation of illnesses. These practitioners perform rituals during pujas to address physical and mental ailments. Folk healers use various herbs, which are crushed and prepared as decoctions or chewed like betel nuts to relieve body aches. The Nepali-speaking population of Sikkim, comprising various ethnic groups, possesses a dynamic and multifaceted healing system. The Jhankri is a central figure in these traditions, a shaman who makes healing through trance, drumming, chanting, and ritual purification. Illnesses are often attributed to spirit possession, sorcery, or displeased deities. The Jhankri enters an altered state of consciousness to communicate with spirits and diagnose the cause of the ailment (Hardman, 2000). Healing may also involve herbal treatments, the use of sacred water, and prayers to household deities (Kul-Devatas). Among the Rais and Limbus, the Phedangma and Sambas perform similar roles, often invoking clan deities during elaborate rituals (Rai, 2016).

Role of Gender in Traditional Healing in Sikkim

Traditional healing practices in Sikkim are deeply rooted in the socio-cultural frameworks of the Lepchas, Bhutias, and Nepali-speaking communities. These practices are intricately shaped by their gender roles and norms. Historically, these practices have been male-dominated, but women have also played significant, albeit underrepresented, roles in healing, particularly in domains related to midwifery, spiritual healing, and reproductive health. While some traditions are male dominated (e.g., Boongthing), many women serve as healers, especially as yemas among the Limbus. Women often possess deep knowledge

of birth rituals, herbal medicine, and midwifery. However, gender roles vary and are influenced by both cultural protocols and individual callings.

The Lepcha community promotes gender balance in the practice of nature-based healing. They are considered the indigenous people of Sikkim, holding an animistic worldview where healing is fundamentally connected to nature and spirits. The traditional healer, known as a Mun (female) or Boongthing (male), performs rituals to appease spirits and uses local herbs for treatment (Bentley, 2007). The existence of both male and female shamans in Lepcha culture reflects a relatively inclusive approach to gender. Mun shamans often specialize in healing related to childbirth, menstruation, and emotional ailments. “The Mun’s role transcends biological motherhood, embodying a broader cosmic function of nurturing and regeneration” (Plaisier, 2009: 63). However, Boonthings are often regarded as more authoritative in public rituals, especially land-related rites, pointing to gendered power hierarchies even within an inclusive structure.

Conversely, the Bhutia community practices a male-dominated ritual type of healing. Among the Bhutias, traditional healing is strongly influenced by Tibetan Buddhism, particularly the practice of lamaic healing. Lamas, who are predominantly male, serve as spiritual healers, diviners, and exorcists. They utilize chants, texts, and Tibetan medical texts for therapeutic purposes. This gendered role is deeply ingrained in the monastic structure of Tibetan Buddhism, which has historically limited women’s access to spiritual authority (Samuel, 2007). Nevertheless, female participation in healing is not absent. Some women, particularly elderly women, may act as informal healers or caretakers, especially within domestic settings. Their knowledge is passed on orally and often remains unrecognized in the public sphere of ritual healing. “The role of women in Bhutia healing is often marginalized, yet their participation in caregiving and household herbal knowledge is significant though undocumented” (Subba, 2008: 127).

The Nepali-speaking communities, in general, value herbalism and midwifery. Within the Nepali-speaking communities, especially among Rais, Limbus, and Tamangs, healing practices range from herbal medicine to Shamanism (Jhakri Practice). Jhakris are typically male, and their rituals involve trance states, drumming, and communicating with spirits. Nonetheless, women play a vital role in reproductive health, midwifery, and treating common ailments with plant-based knowledge. These women, sometimes called Dhamini or Baijini, are less recognised than their male counterparts but form an essential part of the community’s health system. “The gendered division of healing labour among Nepalis places men in the ritual realm, while women are the custodians of herbal and maternal Knowledge”. (Bhasin 1994: 88).

Methodology for Data Collection:

Sikkim, nestled in the lap of the Himalayas, is rich in native flora and fauna, many of which have been used by ethnic communities for various purposes. It is a storehouse of medicinal

plants that these communities have used for generations to treat different ailments. Depending on the population density and availability of traditional healers, fieldwork for the study was carried out in various parts of Sikkim to collect data. The primary information regarding the use and value of plants was gathered during a field survey that included personal in-depth interviews and focused group discussions with herbalists, Baidyas, local people and community members, traditional healers from different ethnic backgrounds, and individuals with indigenous knowledge of medicinal plants. The data collection involved identifying different medicinal plants available in the study area, recording their local names, the parts used, and the purposes of use with the assistance of knowledgeable key informants. Each interviewee stated that their knowledge of herbal medicine stems from their ancestors, Gurus, books, or their interest in learning about medicine.

The secondary information related to the present study was collected by reviewing numerous published research papers, books, journals, records, reports, documents and articles.

The Ailments and Their Treatment through Folk Medicine:

Folk medicine is a system defined as the treatment of ailments outside formal clinical medicine, using remedies and simple measures based on experience and knowledge passed down through generations.

In Sikkim, it is an unofficial health practice that has traditionally existed and is learned verbally through observation and demonstration. Folk medicine employs principles and practices derived from indigenous cultural development to treat symptoms of illness. Some plants are highly valued for their medicinal properties. Folk medicine maintains a close relationship with the natural environment from which plants are sourced.

Far from modern scientific healthcare facilities, people in remote villages and distant areas have developed skills using locally sourced knowledge to treat common diseases and ailments. Concerning medicinal plants, Vaidyas (herbal healers) believe that all plants have a limited active period for effectiveness; however, it is difficult to determine which stage or period of the plant is most effective against disease (Purohit, 1986).

Spiritual healers practising herbal remedies strictly adhere to sociocultural taboos. They follow a unique protocol for collecting medicinal plants, including strict adherence to a specific schedule.

1. Particular time - Either early morning without meeting any person, or sometimes evening, or sometimes at midnight.
2. Particular days - Tuesday, Thursday and Saturday.
3. Particular period - Sometimes full moons are preferred for effectiveness
4. Direction and position of the plant parts - East-facing, south-facing or sun-facing.

Depending on the ailments and conditions of the patients, medicines are prepared using a combination of different ingredients. Most plant parts and ingredients used are kept secret

by healers, and even their family members are unaware of them. If this knowledge were known to everyone, the Jari Buti (medicines) they have prepared might not be very effective, or they could lose their healing power. There is also a risk of misfortune because of the wrath of the presiding deity of the medicinal plants in their forests falling upon them (Biswas and Chopra, 1956).

The ailments treated include cuts and wounds, menstrual disorders, gastric issues, stomach pains, headaches, earaches, toothaches, vomiting, fever, skin diseases, jaundice, diabetes, uric acid problems, dysentery and diarrhoea, burns and boils, urinary issues, cold and cough, appetite loss, constipation, piles, backbone pain, body aches, measles, blood circulation problems, blood pressure, antiseptic needs, inflammation, mouth sores, eye infections, hair treatments, food poisoning, pneumonia, sinusitis, cholera, bone fractures, and animal bite-related issues such as snake bites, dog bites, and scorpion stings. However, curing these problems often requires specialists with experience, and the effectiveness of treatment depends on correct diagnosis and early detection in some cases.

Shamanic System:

Faith healing is a method of treating disease through prayer and exercising faith in God, and it is not part of the official healthcare system. Despite this, faith healing, which largely thrives in rural traditional societies, remains a significant influence in society.

In Sikkim, shamanic medicine is prescribed by various ethnic groups, including the Lepchas, Bhutias, Sherpas, Tamangs, Gurungs, Subbas, Rais, and Mangars. Traditional spiritual leaders are known by name, such as Dhami, Jhakri (Bijuwa), Boonthings among the Lepcha, Lama among the Bhutia, Mangpa among Rai, Phedangma among Subba, and Vaidhya among Nepali speakers in Sikkim.

Table 1: Title/Name of the Folk Medicine Prescribers (Traditional Healers)

S. No	Communities/Tribes	Names
1.	Khasas	Dhami, Jhakri
2.	Limboo/ Subba	Sada Samba/ Phedangma
3.	Khambu-Rai	Mangpa (Bijuwa), Nakchong, Mabini, Kubimi, Dowang
4.	Sunuwar	Poibo, Natso, Ngyami
5.	Sunuwar	Bhusal, Dhami, Jhakri
6.	Thami	Dhami, Jhakri
7.	Gurung	Lama, Pachyu, Ghyabring
8.	Lepcha	Boongthing, Mun
9.	Sherpa, Tamang, Bhutia	Lama
10.	Newar	Bajcharya, Lama, Jhakri

Source: J.R. Subba (2008)

The table above summarises the names of traditional folk medicine practitioners across diverse indigenous communities in Sikkim, based on J.R. Subba's work (2008: 236).

Religious traditions worldwide demonstrate a belief in the healing practice of prayer. Faith healing typically involves prayers to gods and deities, and all religions have their own practices. Anthropological literature views the healing process as a response to illness and categorises it as both scientific and faith-based. It also explores different faith-based healing methods within Western and Eastern cultural contexts. In this view, traditional practitioners are often animists who heal primarily through prayer, laying on of hands, holy water, and medicinal herbs, believing that their power comes from God through ecstatic states and contact with the Holy Spirit or ancestral spirits (Andrade and Radhakrishnan, 2015: 8). Many attribute illnesses and misfortune to supernatural forces, such as *bokshi* (witches), *bhut-pret* (evil spirits), *lag-lagan* (evil spirits), *tarsaunu* (scared), *jungle lagnu* (forest spirits), *Pitri resaunu* (angry ancestors), and *bhagwan resaunu* (angry God). It is recognised that human neglect often provokes supernatural discontent, inviting attacks by witches and evil spirits. These forces are countered by individuals capable of 'seeing' and 'identifying' them, usually gaining these powers through past encounters with supernatural forces (Hitchcock and Jones, 1976). These practitioners are known by specific names depending on their membership in an ethnic community. When necessary, they can intentionally invoke spirits into their bodies. Currently, only a few communities maintain strong faith in shamanism, worshipping ancestors, nature, deities, and ghosts.

Jhakris (traditional healers) have distinct dress codes and postures; during *chinta* (séance), they enter trance states while reciting religious verses known as mantras or *mundhum*. They wear white robes or gowns, with headgear decorated with feathers, *rudrakshe* (holy rosary) woven with cowrie shells, and tiny bells on their bodies. Turbans or traditional hats from various communities are often worn on their forehead. They also wear *malas* of *rudrakshe*, and some Jhakris (healers) carry sacred objects, such as animal parts, during healing sessions. Based on caste and clan, they perform all religious rites at various locations. Wearing their special dress is mandatory during rites and ceremonies. Jhakris are also known as Dhamis. An important dimension in understanding traditional folk healers (both male and female) lies in the varied ways their healing roles and competencies are acquired, as outlined below.

1. Dhamis (baidang) - do not possess divine spiritual knowledge but acquire their skills through their gurus, mastering the recitation of mantras (incantations) used in times of need.
2. Vaidyas - likewise lack spiritual knowledge but are skilled in preparing herbal medicines tailored to specific ailments, with extensive knowledge of medicinal plants.

3. Jhakris - are genuinely gifted and possess spiritual knowledge, often receiving mantras during dreams from their Petris (ancestors).

With the passage of time and the advent of modern developments, shamanism is gradually witnessing a decline. In contemporary society, beliefs surrounding shamanic practices are often regarded as superstitious. Nevertheless, Shamanism continues to form an enigmatic and integral part of the cultural traditions of the various ethnic communities, warranting scholarly investigation and documentation.

Procedure of Treatment by Shamans:

Before treatment, it is necessary to diagnose the ailments and identify the factors responsible for them. The Jhakri usually uses a *taba* (bronze) plate for jokhana. On the plate, a pinch of raw, broken rice grains is placed, grouped, and counted. After extensive sessions of counting even or odd numbers, they predict the omen as good or bad, which is believed to be responsible for the ailment.

It is also interesting to note that, to activate the healing power of the formulation before use, shamans recite mantras when preparing and utilising indigenously made medicines. Dependence and belief in traditional systems of folk healing can still be observed in remote areas far from mainstream society. In these places, elderly individuals have never used any form of modern scientific allopathic treatment or consulted a modern doctor throughout their lives. The Lepchas of the Dzongu reserve, who are well aware of the medicinal plants available around their locality, are mostly self-dependent for healing. The succeeding generations, now in middle age, and younger generations tend to prefer modern methods of healing and healthcare facilities. The development of modern medical facilities and the migration of people to more developed areas with advanced healthcare are a few reasons for this shift.

Most medicinal plants used by healers are common among different practitioners, which is why similar names were not listed above or in the table.

Table 2: Utilisation of Parts of Plants/Trees as Medicines by the Healers

Scientific name	Local name	Life form	Part	Forms of Medicine
<i>Artemisia vulgaris</i>	Titepati	Shrub	Leaf, Root	Juice
<i>Drymeria Diandra</i>	Abijalejhar	Herb	Whole plant	Steam
<i>Phyllanthus emblica</i>	Amala	Tree	Bark, Fruit	Paste, Juice
<i>Swertia Chirajita</i>	Chiraito	Shrub	Root, Leaf	Juice
<i>Myrica sculenta</i>	Kafal	Tree	Bark, Fruit	Juice, Raw
<i>Saccharum spp.</i>	Ukhu	Grass	Stem	Juice

<i>Thayasanolaena maxima</i>	Amliso	Shrub	Root	Raw
<i>Bergenia ciliate</i>	Pakhanbed	Herb	Whole	Powder
<i>Acorus calamus</i>	Bojho	Grass	Whole	Juice, Raw
<i>Oroxylum indicum</i>	Totola	Tree	Fruit	Raw
<i>Aconite</i>	Bikhma	Herb	Root	Paste, Raw
<i>Aloe barbadensis</i>	Ghewkumari	Herb	Leaf	Raw, Paste
<i>Costus</i>	Betlaure	Herb	Root	Raw, Juice
<i>Viscum Articulatum</i>	Harchur	Herb	Bark, Root	Juice
<i>Kaempferia rotunda</i>	Bhuyichampa	Shrub	Root, Leaves	Paste, Tuber
<i>Black asphaltum</i>	Shilajit	Tree	Whole plant	Powder
<i>Fraxinus floribunda</i>	Lakuri	Tree	Bark	Juice
<i>Heracleum Wallichii</i>	Chimphing	Shrub	Root	Raw
<i>Rhododendron</i>	Sunpati	Shrub	Whole plant	Juice/ Raw
<i>Imperata cylindrical</i>	Siru	Herbs	Root	Paste
<i>Zingiber officinale</i>	Ginger	Herb	Rhizomes	Juice, Raw
<i>Eupatorium odoratum</i>	Kalijhar	Shrub	Leaf	Juice, Paste
<i>Ocimum gratissimum</i>	Ram Tulsi	Herb	Leaf	Raw/ Powder
<i>Cynodon dactylon</i> (linn.) pers.	Seto Dubo	Grass	Whole	Juice
<i>Lantana camara</i> L.	Banmara	Shrub	Leaf	Paste
<i>Cinnamomum Tamala</i> Nees	Tej patta	Herb	Leaf	Juice/Po wder
<i>Asparagus racemosus</i> wild.	Kurilo/Satabari	Plant	Roots	Juice
<i>Betula utilis</i> d. don.	Bhoj patra	Plant	Leaf	Powder
<i>Colotropis gigantia</i>	Ank	Plant	Leaf	Leaf
<i>Tridax procumbens</i> L.	Kurkurre jhar	Grass	Whole	Juice

Acorus calamus	Bojho jhar	Grass	Whole	Juice
Hibiscus rosa-sinensis Linn.	Ghantiful	Flower	Flower	Juice
Azadirachta indica A. juss	Neem	Plant	Leaf	Juice/ Paste
Nyctanthus nucifera	Paarijat	Plant	Leaf	Juice
Anthocephalus chinensis	Kadam	Plant	Bark	Juice
Cannabis sativa	Ganja	Plant	Flower/Pulp	Paste/ Smoke
Imperata cylindrica	Siru	Grass	Root	Powder
Dhatura metal L.	Dhaturo	Plant	Root/ Seed	Paste
Rhododendron arboreum	Guras	Flower	Flower	Juice
Tupistra clarkei	Nakima	Plant	Whole part	Dry powder

Source: Fieldwork

The above-mentioned medicinal plants are utilised by traditional healers belonging to different ethnic communities. Most of the medicines prescribed by them are similar to each other as they work for the same problem.

Table 3: Animal Parts Used for Preparing Medicine by the Traditional Healers

Scientific name	Local Name	Habit	Part uses
Paa liebigii	Manpaha	Wild	Skin, meat
Rucervus duvauceli	Jarayo	Wild	Bone marrow
Bubalus bubalis	Bhainsi	Domestic	Dung
Bos indicus	Gai	Domestic	Milk
Laphura leucomlanos	Kalij	Wild	Meat
Columba livia	Parewa	Domestic	Meat
Apis cerana	Mauri	Domestic	Honey
Hystrix brachyran	Dumsi	Wild	Stomach, spine
Naemorhedus	Ghoral	Wild	Horn
Cervidae	Hiran	Wild	Skin
Vulpes	Shyal	Wild	Meat
Macaca Mulatta	Badar	Wild	Blood

Source: Fieldwork

The above-mentioned animals, both wild and domestic, in the table show an ethnobiological record showing the intersection of traditional Knowledge, biodiversity, and indigenous knowledge systems. It is used by traditional healers belonging to different communities as medicine to treat different ailments.

Result and Discussion:

Altogether, this research has documented 40 medicinal plants and 12 animals used by healers to treat various human diseases. Among these plants, some are herbs, some are shrubs, some are climbers, and others are trees. Regarding animals, some are wild and others are domesticated. It was observed that traditional healers remain preferred and respected by people from different ethnic communities. Additionally, it was noted that, in some cases, people do not restrict themselves to their community, Jhakri; they seek help from healers of other communities as well. When illness occurs, people first visit their local community healers, and if the condition does not improve, they seek alternative treatments. Even when pursuing modern medical treatments, they often start with prayers through traditional healers. Interestingly, education, social status, religion, and caste do not influence the preference for traditional healers. Both highly educated, economically wealthy individuals with high social status and illiterate, economically weaker, lower-status individuals prefer traditional healers. Different ethnic community healers use various plant parts or combinations of different plants to prepare medicines tailored to specific ailments. Sometimes only a single part of a plant has medicinal value, while in other cases, the entire plant or multiple parts are used. The medicines may be in the form of paste, juice, raw material, or powder, with fresh plants being considered more valuable than processed forms. Animal parts are also used for medicinal purposes; sometimes, flesh or specific animal parts such as horns, skins, bone marrow, spines, stomachs, and dung are utilised in the preparation of medicines.

Conclusion:

Folk medicine practices coexist alongside modern medical methods in Sikkim. Tools such as herbal remedies, prayer, magic, diet, exercise, and close social relations all contribute to health maintenance. For public health practitioners, understanding the diversity of health beliefs and practices among those who use traditional folk medicine and approaching them without judgment is essential for effective engagement (Helman, 1994; Hufford, 1998). The indigenous knowledge and practices of Sikkim's traditional healers and communities regarding the use of plant resources as medicines must be documented and preserved before they disappear due to increasing integration. The government should prioritise Jari Buti processing centres. Regular orientation and awareness programmes on useful plants should be conducted for young people by experts. Seminars and webinars involving traditional healers sharing their lifelong experiences should be organised. The government should provide incentives to traditional healers to encourage and motivate them to continue their

knowledge, especially since many lack a solid economic background. Licences and legal recognition should be granted, enabling local healers to promote trade and improve their livelihoods. It was also found that traditional healers do not set fixed fees for their treatments; unlike modern practitioners, they are willing to accept donations voluntarily from patients. A system or mechanism should be established that combines traditional and modern healing practices, preserving both methods while benefiting society.

Selected Bibliography:

Books

- Gorer, G. 1938. *Himalayan village: An account of the Lepchas of Sikkim*. London: Michael Joseph.
- Hellman, C. 1998. *Culture, Health and Illness: An Introduction for Health Professionals*. First published by John Wright and Sons in 1984. p.81.
- Hitchcock, T. Jonas, R T. 1976. *The Spirit Possession in the Nepal Himalayas*. Published by Aris and Philips. Warminster, England
- Lama, M. P. 1994. *Sikkim: Society, Polity, Economy, Environment*. New Delhi: Indus Publishing Company. pp. 283-285
- Plaisier. 2009. *Unavailing Lepcha Manuscripts: A Grammar of Lepcha*. p. 63
- Purohit. S, S. 1986. *Hormonal Regulation of Plant Growth and Development: 21*. Advances in Agricultural Biotechnology.
- Samuel, G. 2010. *Tantric healing in Himalayan Buddhism. In Tantric Revisioning: New Understandings of Tibetan Buddhism and Indian Religion* (pp. 165–190). Farnham: Ashgate. pp 116-120, Motilal Banarsidass Publishers, Delhi
- Subba, J. R. 2008, *History, Culture and Customs of Sikkim*, Gyan Publishing House, New Delhi. pp. 235-239
- Warne, D, 2005, *Traditional Perspectives on Child and Family Health Pediatric*, Child Health.

Journal Articles:

- Agarwal, D. P. 2012. "Himalayan Medicine and its Materia Medica." *Research Paper* 3: 3–7.
- Arora, V. 2006. "The Forest of Symbols Embodied in the Tholung Sacred Landscape of North Sikkim." *Conservation and Society* 4(1): 55–83.
- Bechan, Raut. and Prasad K. D. 2011. "Present Status of Traditional System in Nepal." *International Journal of Research in Ayurveda and Pharmacy* 2(3): 876–882.

- Bentley, J. 2007. "Vanishing Lepcha: Change and Cultural Revival in a Mountain Community of Sikkim." *Bulletin of Tibetology* 43(1-2): 61-63.
- Bhasin, V. 1994. "The Gendered Division of Healing Labour among Nepalis." *Journal of Anthropological Research* 50(1): 88-99.
- Bhutia, S. D. 2025. "Bhutia's Sacred Landscape: Cultural Boundaries and Perceptions." *International Journal of Multidisciplinary Research and Review* 4(2): 144-150.
- Biswas, Chopra. 1956. "Common Medicinal Plants of the Darjeeling and Sikkim Himalayas." *Government Printing, West Bengal Government Press, Alipore*: 7-8.
- Chakraborty, R., Deb, B., Devanna, N., and Sen, S. 2012. "North East India: An Ethnic Storehouse of Unexplored Medicinal Plants." *Scholar Research Library* 2(3): 145-146.
- Chettri, G., Bhujel, D., and Rai, Y. K. 2020. "Socio-cultural and Religious Use of Plants by Ethnic Communities of Darjeeling and Sikkim Himalayas." *Journal of Traditional and Folk Practices* 7(1-2): 65-67.
- Deb, M. K., Badola, H. K., and Pradhan, B. K. 2008. "Ethnomedicinal Plant Use by the Lepcha of Dzongu Valley, North Sikkim." *Journal of Ethnobiology and Ethnomedicine* 4(22): 1-8.
- Dorjee, C. K. 2004. "The Ethnic People of Sikkim." *Yojna* 19(1): 10-12.
- Ehrenreich, B., and English, D. 1973. "Witches, Midwives and Nurses: A History of Women's Healing." *Contemporary Issues in Health* 1(2): 3-10.
- Feierman, S., and Janzen, J. M. (Eds.). 1992. "The Social Basis of Health and Healing in Africa." *University of California Press*.
- Gachhadar, N. 2010. "Indigenous Knowledge and Practices on Medicinal Plants among Tharu Community in Eastern Nepal." *Nepali Journal of Anthropology* 2(1): 7-10.
- Hufford, T. 1976. "Folklore Studies Applied to Health." *Journal of Folklore Research* 13(4): 295-313.
- Kirmayer, L. J. 2004. "The Cultural Diversity of Healing: Meaning, Metaphor, and Mechanism." *British Medical Bulletin* 69(1): 33-48.
- Kleinman, A. 1980. "Patients and Healers in the Context of Culture." *University of California Press*.
- Khatri, P. K. 2011. "The Nepalese Traditional Concepts of Illness and Treatment." *Nepal Medical Bulletin* 3(2): 46-48.
- Lepcha, T. 2023. "Understanding Aetiology of Diseases: Special Reference to Lepcha Communities of Dzongu, Sikkim." *Journal of Himalayan Studies* 1(1): 133-146.

- Lokho, A. 2012. "The Folk Medicinal Plants of the Mao Naga in Manipur, North East India." *International Journal of Scientific and Research Publications* 1(5): 1–8.
- Malla, B., and Chettri, R. B. B. 2012. "Ethnoveterinary Practices of Some Plant Species among Ethnic People of Parbat District, Nepal." *Kathmandu University Journal of Science, Engineering and Technology* 8(1): 45–46.
- Mandal, D., Panda, A. K., and Rana, M. 2013. "Medicinal Plants Used in Folk Medicinal Practices Available in the Rich Biodiversity of Sikkim." *Indian Journal of Traditional Knowledge* 12(1): 1445–1446.
- Pal, S., and Palit, D. 2011. "Traditional Knowledge and Biosphere Utilisation among Lepchas in North Sikkim." *Ethnoecology Journal* 5(1): 14–15.
- Panda, A. K., and Mishra, S. 2010. "Health Traditions of Sikkim Himalaya." *Journal of Ayurveda and Medicine* 1(3): 183–189.
- Pradhan, B. K. 2016. "Folk Medicine and Healing Traditions in Eastern Himalayas: A Nepali Perspective." *Nepal Studies Journal* 13(2): 87–99.
- Rai, S. K. 2012. "Traditional Healing Practices in Darjeeling Himalayan Region." *Akanksha Publishing House, New Delhi*: 3–6.
- Shanker, P. R., Paudel, R., and Giri, R. 2006. "Healing Traditions in Nepal." *Journal for the American Association of Integrative Medicine* 2(1): 3–6.
- Singh, H., Birkumar, Prasad, P., and Rai, L. K. 1982. "Folk Medicinal Plants in the Sikkim Himalayas of India." *G. B. Pant Institute of Himalayan Environment and Development, Sikkim*: 1446–1447.
- Singh, H., Birkumar, Prasad, P., and Rai, L. K. 2002. "Folk Medicinal Plants in the Himalayas of India." *Indian Botanical Society Journal* 20(3): 300–310.
- Subba, T. B. 2008. "Traditional Healing Practices among the Ethnic Groups of the Eastern Himalayas." *Indian Anthropologist* 38(1–2): 1–14.
- Subba, J. R. 1999. "Indigenous Knowledge and Conservation of Natural Resources: A Study of the Limbu Community of Sikkim." *Kailash Publications*.
- World Health Organization. 2000. "General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine." *WHO Publications, Geneva*.

Research Reports and Conference Papers:

- Government of Sikkim. 2011. "*Ethnographic Study of Indigenous Medicinal Systems in Sikkim*." Department of Science and Technology and Climate Change, Gangtok.
- Lepcha, T., Pradhan, P., and Gaura, K. S. 2019. "*Ethnomedicinal Use of Plants by the Bhutia Tribe in the Sikkim Himalaya*." In Proceedings of the 1st Himalayan Researchers Consortium Conference. ResearchGate: 71–73