Chapter 8

HEALTH CARE SYSTEM OF THE MISHING

Every culture, irrespective of its simplicity and complexity, has its own beliefs and practices regarding health. Every culture evolves its own system of medicine in order to treat diseases in its own way. This treatment of disease varies across such cultural groups. Tribes are relatively isolated and autonomous groups. The tribal systems of medicines connote diversity of cultural practices, traditional knowledge and social organisations. The tribal social structure has its own structural and ethnic specificity and the diseases among the tribes are likewise specific to the attribute of their social phenomena. The knowledge of disease, their classification and causes are constituents of their cultural system and they help to develop methods and ways of curing the disease. In tribal societies, health, disease and medicine are directly thought to be associated with the area of social relationships and the magico-religious world. Somatic and psychic disorders and even deaths are mostly believed to be the effect of the intervention of spirits, ghosts, gods or other supernatural forces. Traditional health care systems have been prevalent in every country since the beginning of the civilization in one form or other based on medicinal herbs, roots and tubers and healing practices based on ayurvedic, unani, sidh as well as natural cure and yoga system. The psychological and emotional dimensions in this care system have also been equally important in the healing practice. The tribal people or the indigenous people living closest to nature are influenced more by socio-cultural and environmental dimensions in their healing practices. Since tribal belief relates to sickness as well as death and ill health to the curse or good will of the deities worshipped by the concerned tribes, appeasement of the God as well as destruction of evil spirits forms a major part of psychosomatic healing or health care system. It may be safely assumed that tribal people living closer to the nature would involve their well-being both physically and mentally to such dimensions. Hence, tribal health care systems are based on herbal medicine, ayurvedic medicine and other related systems like sidh yoga and rituals along with a strong leaning towards magico-

religious practices associated with appeasement of God and keeping the evil spirits at bay. Though more acculturated communities have been exposed to modern medicine, many other communities have continued to rely on their traditional system. At least in one respect, the traditional tribal systems score over their modern counterparts. They approach human disorders psychosomatically as well as organically while the modern system aims at bio-chemical effects. The tribal approach to health is a holistic, integral and undifferentiated one which emanates from their integrally organized culture and society. The integral approach gets differentiated and diversified along the differentiation of society on the line of gender, class and power in course of historical development (Mahanti 1995). Many tribal communities have built up reservoirs of health and medical knowledge over aeons for upkeep and survival. Broadly speaking, the tribal systems depend both on herbal and psychosomatic lines of treatment. It may be true to say that, to some extent, the tribal system is composed of blind faith, but faith-healing may be a part of the treatment (Singh 1995). World of tribal medicine is largely non-classical and traditional. The main body of medical knowledge existing in beliefs and practices is cultural, that is, handed down from one generation to another. In nature it is magico-religious but always including some empirical elements. The tribal medical system does not exist as a separate field of activity, the biomedicines, bringing it to the level of disease and treatment would therefore not be appropriate (Patel 1995). Belief in mantras and amulets is another aspect of traditional health care system of tribal societies. According to Shills (1968), in all human groups, small or big, there exists a body of beliefs about the nature, causation and their relation to other aspects of group life. Religion, morality, disease and its cure are frequently interlinked. They believe in transmigration of soul and rebirth. Hence, all kinds of sufferings, both, individual and communal, are associated with dishonesty, immorality or sin committed not only in the existing life but in the previous lives as well. They believe strongly in the invisible supernatural power which helps controlling an epidemic and also curing ailing persons.

This chapter is an attempt to analyse the health care system of the Mishing, both traditional health care practices like herbal medicines, magico-religious practices, health

care functionaries, and modern health care services like health care functionaries, health care delivery and their influence on their traditional health care system.

From practical experience the Mishings could realize that the naturally caused diseases such as gastrointestinal disorder, worm-infection, typhoid, malaria, diphtheria, bronchial diseases, etc. can be cured easily by allopathic medicine. The natural causes responsible for diseases are supposed to be improper food, inclement weather, dampness of locality, indulgence in sex etc. According to them the diseases like pox, snakebite, etc. are believed to be supernaturally caused and in this connection modern medical aid is considered to be futile. Besides, they have their own indigenous methods of treatment for different kinds of diseases such as fever, dysentery, jaundice, liver disease, stomach trouble, headache, body ache, piles, etc. For this purpose they use various types of herbs and leaves of wild plants. Thus, different types of treatments and health care are prevalent in their society since time immemorial. These are discussed below:

Type of Treatment

Different types of treatments are prevalent among the Mishing of both the villages and Golaghat town. But level of preference is different to different types of treatment among them. The following table shows the preferred type of treatment of the Mishing to various diseases:

Table 8.1
Preferred Types of Treatment
(Percentage in Parentheses)

Type of Treatment	No. of Households			Total
	Namtemera	Baghedhara	Golaghat town	
Herbal	21 (13.91)	21 (26.58)	08 (14.29)	36 (12.59)
Homeopathy	37 (24.50)	11 (13.92)	07 (12.50)	55 (19.23)
Allopathic	89 (58.94)	38 (48.10)	36 (64.29)	163 (56.99)
Ayurvedic	04 (2.65)	09 (11.39)	05 (8.93)	18 (6.29)
Total	151 (100)	79 (100)	56 (100)	286 (100)

Source: Field survey conducted during 2nd May – 30th September 2011

The table shows that though four types of treatments are prevalent in both the villages and Golaghat town, Allopathic treatment is mostly preferred in all the areas. Of the total households 56.99% prefer allopathic treatment which is followed by homeopathic treatment with 19.23%, herbal treatment with 12.59% and ayurvedic treatment with 6.29%. More particularly, in case of Namtemera, the table shows that 58.94% of the total households prefer allopathic treatment. Similarly, of the total households 48.10% in Baghedhara and 64.29% in Golaghat town prefer allopathic treatment. On the other hand, though 24.50% of the total households of Namtemera prefer homeopathic treatment as third most preferred treatment, the same trend is not present among the Mishings of Baghedhara and Golaghat town as 26.58% and 14.29% of the total households in Baghedhara and Golaghat town prefer herbal treatment as their third most preferred treatment respectively. On the other hand ayurvedic treatment is not so preferred by the Mishings in both the villages as well as Golaghat town. However, it may be assumed from the above table that ayurvedic treatment, like allopathic, homeopathic and herbal treatment, is also prevalent in their society though a few households prefer it.

The following table shows the causes of preference to various types of treatment among the Mishings:

Table 8.2
Reasons of Preference of a Particular Type of Treatment
(Percentage in Parentheses)

Kind of Reason	Type of Treatment															Total				
	Namtemera					Baghedhara					Golaghat town									
	Her	Hom	Allo	Ayu	Tota l	Her	Hom	Allo	Ayu	Total	Her	Hom	Allo	Ayu	Total	Her	Hom	Allo	Ayu	Total
Low cost	5 (23.81)	10 (27.03)	-	1 (25.00)	16 (10.60)	4 (19.05)	2 (18.18)	-	6 (66.67)	12 (15.19)	3 (37.5)	2 (28.57)	-	3 (60.00)	8 (14.29)	12 (24.00)	14 (25.45)	-	10 (55.56)	36 (12.59)
No side affect	9 (42.86)	19 (51.35)	-	2 (50.00)	30 (19.87)	11 (52.38)	6 (54.55)	-	1 (11.11)	18 (22.78)	2 (25.00)	2 (28.57)	-	2 (40.00)	6 (10.71)	22 (44.00)	27 (49.09)	-	5 (27.78)	54 (18.88)
Quick recovery	-	-	78 (87.64)	-	78 (51.66)	-	-	35 (92.11)	-	35 (44.30)	-	-	31 (86.11)	-	31 (55.36)	-	-	144 (88.34)	-	144 (50.35)
Easy availability	7 (33.33)	2 (5.41)	11 (12.36)	1 (25.00)	21 (13.91)	6 (28.57)	-	3 (7.89)	2 (22.22)	11 (13.92)	3 (37.50)	-	5 (13.89)	-	8 (14.29)	16 (32.00)	2 (3.64)	19 (11.66)	3 (16.67)	40 (13.99)
Good for children	-	6 (16.22)	-	-	6 (3.97)	-	3 (27.27)	-	-	3 (3.80)	-	3 (42.86)	-	-	3 (5.36)	-	12 (21.82)	-	-	12 (4.20)
Total	21 (100)	37 (100)	89 (100)	4 (100)	151 (100)	21 (100)	11 (100)	38 (100)	9 (100)	79 (100)	8 (100)	7 (100)	36 (100)	5 (100)	56 (100)	50 (100)	55 (100)	163 (100)	18 (100)	286 (100)

Source: Field survey conducted during 2nd May – 30th September 2011

The table shows the reasons of preference to the treatment. It shows that allopathic treatment is preferred by the Mishings due to its capability of quick recovery. In both the villages as well as Golaghat town this treatment is preferred for this reason. On the other hand, homeopathy is preferred mainly for its low cost and absence of adverse affects. It is also preferred for the reason that it is favourable for children. The table shows that out of the total households of Namtemera 51.35% households prefer homeopathy due to its absence of side affect, 27.03% for its low cost and 5.41% households prefer for its easy availability.

In Baghedhara, of the total households 54.55% prefer homeopathy due to its adverse affect and 27.27% households prefer it for the treatment of children. In case of Golaghat town also it is preferred for low cost, having no side affect and for the treatment of children. In both the villages and Golaghat town herbal medicine is preferred due to three main reasons, i.e., for its low cost, for it easy availability and for having no side affect. Thus it may be assumed that due to various reasons different types of treatment are preferred in the Mishing society.

Bej (Medicineman)

Like other tribal communities the Mishing also have deep faith in the efficacy of *mantras* (magic) or amulets in curing diseases. In their society when somebody falls ill they will first contact the *Bej* for help. He will diagnose the cause of the illness through divination. At the time of divination he will invoke the dead ancestors and gods, through appropriate spells and incantations. They will convey the causes and remedies of illness to the *Bej* and he will treat the patient according to these directions.

The traditional *mantras* and amulets still hold an important place in the Mishing society. The villagers are still using these traditional *mantras* for the treatment of diseases like pain of chest, feet, and other parts of body, snakebite, tonsillitis, piles, bleeding of women, etc.

The number of households believing in *mantras*/ amulets or any other magic for treatment in both the villages and town is shown in the following table:

Table 8.3
Belief in *Mantras*, Amulets & Magic
(Percentage in Parentheses)

Status	No. of Households			Total
	Namtemera	Baghedhara	Golaghat town	
Yes	59 (39.07)	48 (60.73)	17 (30.36)	124 (43.36)
No	92 (60.93)	31 (20.53)	39 (69.64)	162 (56.64)
Total	151 (100)	79 (100)	56 (100)	286 (100)

Source: Field survey conducted during 2nd May – 30th September 2011

The table shows that of the total households (286) of the areas of study 43.36% believe in *mantras* and magic as a remedy of disease. On the other hand 56.64% households do not believe it. The table also shows that majority of the households in Baghedhara i.e. 60.73% believe in *mantras*/ amulets or any other magic for treatment. Both males and females suffered from diseases caused by evil spirits use *mantras* and amulets from the *Bejs* of the village.

In Namtemera and Golaghat town the number of households having belief in these *mantras*, amulets and magic is less in comparison to Baghedhara as 60.93% households in Namtemera and 69.64% households in Golaghat town do not believe these systems of treatment. Of course these systems still have a dominant role in Namtemera and Golaghat town.

According to a *Bej* in Baghedhara, there are four major causes of illness; namely, (i) anger of god, (ii) anger of ancestral spirits, (iii) breach of taboo and (iv) possession of evil spirits. During the divination of a *Bej* different methods are used to find out different causes of illness. After divination process the *Bej* will advise the relatives of the patient to make some offerings in *Namghar* (Prayer hall) of the village or their locality. He will also give the patient some herbal medicines which are very effective in checking the disease. The efficacy of herbal medicine will be increased by chanting some spells and treating them with certain magical rituals.

In the Mishing society, apart from the local medicine men who treat most of the diseases, one comes across other specialists in bone-setting, curing of bite by dog, fox and snake and healing of burn injuries. All of them are known as *Bej* in their society.

The *Bejes* are ordinary cultivators or even landless labourers. They are generally males and their posts are not hereditary. Women are not permitted to be a *Bej* because of their patriarchy nature. The *Bej* accepts remuneration in the form of a feast if the patient gets cured. The bulk of the drugs used by the *Bejes* to cure prevalent diseases are of vegetable origin. These drugs are prepared with different parts of the plants in definite proportions. They are mainly administered orally or applied as poultice. Their habitats being in the midst of forests, getting medicinal plants is not a problem for them. Apart from oral consumption of herbals certain other forms of treatment such as bathing, fumigation, fomentation, application of purgative, etc. are in vogue. There is, however, no gender bias in this matter.

On the other hand, pox, hysteria, snake-bite, insomnia, convulsion, delirium, emaciation of children, mental disease and deformity of limb, congenital malformation, blindness, impotency, barrenness and prolonged illness are some of the conditions supposed to be supernaturally caused. Wrath of deities, influence of evil spirits and evil eye, magic of human being, sin committed and breach of taboo, etc. are believed to be the causes. Such diseases are treated through magico-religious therapy which varies with the type of cause identified. It mainly consists of either the propitiation of respective deities or driving away the supernatural bodies. Both magico-religious as well as herbal therapies are sometimes found necessary by the Mishings to cure certain diseases like pox and snake-bite.

The number of households believing in supernatural causes of diseases in both the villages and town is shown in the following table:

Table 8.4
Belief in Supernatural Causes
(Percentage in Parentheses)

Status	No. of Households			Total
	Namtemera	Baghedhara	Golaghat town	
Yes	143 (94.70)	71 (89.87)	43 (76.79)	257 (89.86)
No	8 (5.30)	8 (10.13)	13 (23.21)	29 (10.14)
Total	151 (100)	79 (100)	56 (100)	286 (100)

Source: Field survey conducted during 2nd May – 30th September 2011

The table shows that majority of the households in the field of the study believe in supernatural power as a cause of disease. It shows that out of the total households in Namtemera 94.70% households believe it as a cause of disease whereas 89.87% households in Baghedhara and 76.79% households in Golaghat town believe it. Thus it shows that though the Mishings practise different modern health care activities, they still have some superstitious beliefs regarding health care.

Various precautionary measures are widely adopted by the Mishings against the attack of supernatural bodies. For this purpose they wear amulets, iron rings, tiger tooth, roots, beads and other sundries. However, incantations are supposed to be most powerful protective measures of body, home and field.

Indigenous Health Care

In tribal societies it could be easily presumed that they have their own system of health care i.e. indigenous health care – a mixture of religion, magic, science and tradition (Verma 1992). The tribesmen consider diseases as manifestation of evil spirit or to the wrath of certain divine spirits. According to Verma, the usual theory of disease in tribal society is that it is caused by the breach of some taboo or hostile spirits of the dead. Sickness is the routine punishment for every lapse and crime method out to them by these spirits. Whenever an epidemic breaks out, the medicineman perform magico-religious rites for the cure. Herbal medicines are also prescribed which sometimes prove to be beneficial.

As for the local medicinal herbs, it is to be noted that these are specific to the area and therefore, quite useful for such diseases as are widely prevalent there. Natural law of contradiction presumes both the cause and the remedy of a disease to be simultaneously present. There are hardly any plants which have no medicinal value.

Indigenous system is widely practised in case of child birth and children's disease also. Though ANM services are easily available in most of the tribal areas most of the deliveries take place at home under the guidance of traditional *dais*. Usually the elderly lady in the family is supposed to possess adequate knowledge of their diseases and remedies thereof.

Indigenous or traditional medicine could be defined in a number of ways taking into account the concepts and practices. The system is so comprehensive that it is very difficult to put the form in a particular slot of medical science. It mainly centres around two systems of traditional medicines broadly: (i) Small and indigenous traditional medicines which include mostly folk system based on socio-cultural aspects as well as magico-religious aspects of smaller groups of people. (ii) The second system is called the great traditional medicine or system based on the concept of ayurvedic, unani, sidh, nature cure and yoga medical system. This form of medicine takes into consideration homeopathy, as well, in the Indian context (Mahanti 1995).

In case of health and treatment in tribal societies, another important aspect is 'ethnomedical' tradition. This may be the major factor which is discouraging them from going to the hospitals. They believe that their traditional system of medicine or ethnomedicine can cure them from all illness. It is easily available and also economical. They also believe that there is no effective medicine for certain categories of diseases like smallpox and chickenpox which are supposed to be originating from supernatural causes. Generally the term ethnomedicine denotes the medical beliefs and practices found in primitive and folk societies, which is by and large accepted by anthropologists everywhere. It has two components, i.e., magic and herbal therapy. Hughes (1968) illustrated that "The term ethnomedicine will be used to refer to those beliefs and practices relating to disease which are the product of indigenous cultural development and are not explicitly derived from the conceptual framework of modern medicine". Hughes in his well known article 'ethnomedicine' illustrates the primitive concept of disease classification in which there are five basic categories of events or situations which, in folk etiology, are believed to be responsible for illness: (i) sorcery (ii) breach of taboo (iii) intrusion of a disease object (iv) intrusion of a disease-causing spirit and (v) loss of soul. He further elaborated that not every society recognizes all five categories; indeed many groups are selective in the emphasis placed upon one or a combination of causes.

The knowledge of ethnomedicine is a part of traditional lore of the community. This secret knowledge about medicinal plants and magical rituals is always transferred

orally through generations, and there are no written documents to store this knowledge. The followers of this system adopt the age old medical combinations and healing techniques which they have inherited from their forefathers. However, this medical system is a closed one and it is neither excremental, nor does it imbibe any systematic way. However, the ethnomedical system of the present age is in a more or less static condition because it often cannot cope with the fast changes occurring in the community. Changes occurred in the habitat, subsistent pattern and dietary habits of the tribes and the close association with non-tribes tilted the balance of their traditional life. Along with these changes acculturation brought forth many new diseases to them. Most of these diseases were not present among them in the past and hence the tribal medicine men are helpless to tackle them. It is quite natural that there is no medicine for maladies like pollution and adulteration in nature. The medicine men are not able to diagnose these causes which are not familiar to them.

The following table shows the number of households who have the habit of preparation of herbal medicines:

Table 8.5
Preparation of Herbal Medicine
(Percentage in Parentheses)

Status of Herbal Preparation	No. of Households			Total
	Namtemera	Baghedhara	Golaghat town	
Yes	17 (11.26)	21 (26.58)	9 (16.07)	47 (16.43)
No	134 (88.74)	58 (73.42)	47 (83.93)	239 (83.57)
Total	151 (100)	79 (100)	56 (100)	286 (100)

Source: Field survey conducted during 2nd May – 30th September 2011

The table shows that of the total households in the field of the study only 16.43% prepare herbal medicine out of which 11.26% households belong to Namtemera, 26.58% belong to Baghedhara and the rest (16.07%) belong to Golaghat town. Thus, it reveals that herbal medicine men are mostly available in villages.

The Mishings have their own indigenous methods of treating different kinds of diseases. For treating diseases various type of locally available herbs and leaves of wild plants are used by them as medicine. These medicines are prepared by herbal specialists

for some common diseases such as fever, dysentery, jaundice, liver disease, stomach trouble, headache, body ache, piles, etc. Some of the herbal medicines used by the Mishings for different diseases are as follows:

Chart 8.1
Diseases and Their Herbal Treatment among the Mishings

Sl. No.	Name of Disease	Nature of Treatment.
1	Headache due to cold	Juice from a few leaves of *Leucas linifolia* is extracted and diluted with a little water. A few drops are drawn through the nostrils.
2	Headache with temperature	(i) A few leaves of *Polycarpon prostratum* are crushed on the palm and the juice is drawn through nostrils and the patient starts sneezing. (ii) The medicine is prepared by pounding the seeds of Bon tulsi *(ocimum canum)* to get relief from headache.
3	Cold and cough	(i) Leaves of *Leucas linifolia* and *Spilanthes acmella* are boiled in water till tender. The juice is extracted and administered orally. (ii) *Oxalis corniculata* plant is boiled and given for consumption. (iii) Leaf juice of Tarua kadam *(acacia farnesiana)* mixed with sugar is given once in a day for a week in cough. The flowers of Akon *(calotropis gigantean)* are also considered as digestive remedy for cough and cold.
4	Pneumonia	(i) A paste is prepared by grinding leaves of *Aegle marmelos, Amaranthus spinosus* and *Spilnthes acmella;* stem *apex of polygonum alatum*; a small *Leucas linifolis* plant and a small piece of ginger.

		Besides, powder is prepared by pulverizing black cumin seed, cumin seed, fenugreek, piper cubeba seed, black pepper, peppermint and cardamom. Then tablets made from the mixture of the paste and the powder is given for consumption. (ii) The root of Kasidoia *(hedyotis lineate)* as juice with water is used against pneumonia.
5	Dental carvities	Tender leaf of *Sida rhombifolia* is rubbed on palm and a small ball is made out of it. This is placed by the side of the affected tooth.
6	Gastric trouble	Leaves of *Murraya koengii* drop in any vegetable or fish preparation, while cooking, keep the stomach in order.
7	Stomach ache	Extract of *Andrographis paniculata* leaves is given for consumption.
8	Jaundice	(i) Crushed leaves of *Cajanus cajan* are thoroughly mixed with water. After straining through fine cloth sugar candy is mixed with it and consumed. (ii) Leaves of *Stephania hernandifolia* and roots of *Cardiospermum halicacabum* are crushed and mixed with water thoroughly. After straining through a fine cloth sugar candy is dissolved in it and given for consumption. (iii) Seeds of Sialkathahi *(argemone maxicana)* are used for the treatment of jaundice. They also use the leaves of Dupartenga *(bryophyllum pinnatum)*. The juice of roots of Kehraj *(eclita alba)* is also used for jaundice. The plant of Bon amlokhi *(phylanthus niruri)* is also used for this disease. A glass of sugar

		cane *(saccharum officiarum)* juice twice daily is prescribed for this purpose. A wild herb known as Durun ban *(lecas aspera)* is also prescribed for the jaundice patient.
9	Fever	(i) Leaf, bark and flower of *Azadirachta indica*, leaf of *Adhatoda vasica* and stem of *Tinospora cardifolia* are smashed with two other ingredients- *bisimaw* and *nilikant,* both purchased from market. Tablets made from it are used as medicine. (ii) Lime *(citrus auran tifolia)* juice mixed with sugar is applied on the forehead of the patient to get relief from fever.
10	Tuberculosis	Approximately 20 kg of *Adhatoda vasica* plant is kept in an earthen pot with a fine pore at the base. The mouth of the pot is covered and plastered with mud to make air-tight. A pit is dug on the ground to accommodate the pot up to its neck. Prior to burning, another smaller vessel is placed on the floor of the pit. The mouth of the upper pot which remains just above the ground level is loosely covered with earth. And fire is made over it to burn continuously for 12 hours. During this period the juice formed in the upper vessel gets collected in the lower one. The vessels are brought out and the decoction from the lower vessel is mixed with honey and given to the patient for a period of at least two months daily.
11	Bleeding of nose	A few drops of the juice extracted by grinding *Leucas linifolia* leaves are put in nostrils.
12	Bleeding from cut injury	Extract from any of the leaves of the following plants

		is applied on the injured part: (a) *Leucas linifolia* (b) *Tagetes patula* (c) *Ageratum conyzoices* (d) *Bryophylun calycinum.*
13	Burn injury	Succulent leaves of Aloe *vera* are crushed and applied on the wound.
14	Dogbite	Three *tolas* (approx. 36 gm) of juice extracted from the stem apex of *Datura metal* is mixed with half a *tola* of cow's milk, little clarified butter and jaggery. It is given to the patient for oral administration. This is accompanied by some incantations.
15	Fracture of bone	A paste prepared by crushing the (i) root of *Cissus quadrangularis* and (ii) stems of *Opuntia dillenii, Phragmites karka* is applied.
16	Pox	The disease is associated with a female deity, Burlaburi. For chicken pox and measles elaborate propitiation is not necessary. The medicine man performs the puja near the patient. Small pox has been completely eradicated from Baghedhara.
17	Liver disease	Taking raw or ripe papaya *(carica papaya)* daily can cure liver. The plant of Bor manimuni *(centella asiatica)*, the plant of Sarumanimuni *(hydrocotyle rotundifolia)*, the whole plant of Durunban *(lecas aspera)* are also used for the treatment of liver disease.
18	Tonsillitis	Juice is prepared by mixing one Amara seed *(sponolias mangifera)*, one Silikha seed *(mysoballum)* and a piece of Turmeric *(purcuma domestica)* which is to be gargled for a week regularly.

19	Dysentery	Lime *(citrus auran tifolia)* preserved in salt for 20-30 days is given once or twice in a day; Ripe wood apple *(aegle marmelos correa)* is used; Root of Satmul *(asparagus racemosus)* is also useful; Leaves of Dupartenga *(bryophyllum pinnatum)* are used; Bormanimuni *(centella asiatica)* and Sarumanimuni *(hydrocotyle rotundifolia)* are also used; Seeds of Bon tulsi *(ocimum canum)* are used as remedy for dysentery.
20	Diarrhoea	The seed of Gonga moola *(capsella larsa pastoris)* is used as astringent in diarrhoea. Bark of long pepper *(pipoli tree)* mixed with *misiri* water is also used to cure this disease. Sometimes they also use a kind of juice prepared with dry goose berry *(emblica officinalis)* powder and black salt mixed with cold water for this disease.
21	Urinary trouble/ disorder	Juice prepared with the leaves of Dupartenga *(bryophyllum pinnatum)* is used for quick healing of urinary trouble. Leave juice of Pani kolmou *(ipomea aquatica)* is also used for this. Juice prepared with the whole plant of Bonjaluk *(oldenlendia corymbosa)* is use for urinary trouble of children. Juice prepared with the roots or leaves of Agora *(xanthium strumarium)* is also used for urinary trouble. etc.
22	Kidney trouble	The juice prepared with the seeds of Bonhariah *(nasturtium indicum)* is used for this. The plant of Bhebelilata *(paederia fotida)* is very good for kidney trouble.

23	Toothache	Powder of 4-5 fruit stalk of jack-fruit *(artocarpus heterophyllus)* is applied on gum. They also use the paste prepare from the roots of Tita bhekuri *(solanum indicum)* to reduce toothache.
24	Stomach trouble	Juice prepared with the leaves of Matikanduri *(alternanthera sessilis)* is used. The plant called Bormanimuni *(centella asiatica)* is also used. They also use Sarumanimuni *(hydrocotyle rotundifolia)* as a medicine for stomach trouble. The plant called Durunban *(lecus aspera)* is good for this. The juice of Saru tengesi *(oxalis corniculata)* is also used to get relief from stomach problem. Leaves of Bhebelilata *(paederia fotida linn)* are very good for this.
25	Piles	Ripe fruit of wood apple *(aegle marmelos)* is given to patient. The whole plant of Lata kapalphuta *(cardiospermum halicacabum)* is made paste with water and use in piles. They also use leaves juice Lajukilata *(mimosa pudica)* with milk as a good remedy for piles. Sometimes, pounded leaves of Kunjalata *(ipomea quamo clit)* are also used in piles.
26	Gastric trouble/ Acidity	Rhizome juice of turmeric *(curcuma longa)* mixed with sugar is given once daily in empty stomach early morning for a forth night in acidity.

Source: Field survey conducted during 2nd May – 30th September 2011

Thus, the Mishings nourish various ideas and beliefs about etiology and treatment of diseases. They possess ample knowledge of the therapeutic properties of various plants.

Magico-Religious Practices

Like other factors religion is also an influential factor within the area of traditional health care practices. In all societies, particularly in tribal societies, health and

treatment are closely interrelated with various religious beliefs and practices. The concept and practices of folk medicine are based upon the practice of mysticism, the concept of supernatural, cosmological speculation and practices, magico-religious rites based on sacrifice, rituals as well as iconography or use of good and evil symbols on places of worship inside the household. This traditional healing system includes oral indigenous medicines, external application of herbs and potions as well as faith in heeling process through sacrifices like rituals or rites for appeasement of gods and destruction of evil spirits. This medicine system has still retained its traditional form in interior tribal areas where traditional medicinemen and the men dealing with magic or supernatural elements jointly conduct the health care system. The knowledge of such medicinal plants and preparation of medicine are still handed down mostly in oral form to the next generation of such practitioners.

Religion is a part of the life of the tribal communities and it is functional. Through worship and by making offerings, they gain a rapport with their gods and get a number of things done for their well-being. Thus, they have developed a give-and-take approach towards the supernatural forces. They hold the belief that the supernatural forces will punish them through diseases, crop failures and other calamities if they fail to show due respect to them (Jose Boban 1998). The body of beliefs and concepts which existed in a society with regard to the nature, origin and treatment of diseases, was always found integrated with other institutions and organizations of society. Religious beliefs, moral codes, social value etc. influenced the beliefs and practices of etiology, illness and treatment in primitive societies. Cultural patterns and religious beliefs, economy and morality, social values and medical beliefs are all found together to form the 'health culture' of a community (Karna 1976). It is common knowledge that, in many cultures, ideas and practices relating to illness are for the most part inseparable from the domain of religious beliefs and practices. It is believed that the relationship with the gods and ancestral spirits plays a decisive role in occurrence of diseases in a society. A harmonic relationship with the supernaturals is considered essential for ensuring protection from diseases and other calamities. So, people make periodical offerings and worship the deities, and most of the annual ancestral propitiation

ceremonies can be considered as ventures to ensure proper health of the community (Jose Boban 1998).

As for the tribal people religion plays an important role in all spheres of their life. Even in health care religious beliefs and practices have their own specific influence. The supernatural forces play a direct role in the causation and cure of many of the diseases. The medicine men of the Mishing community act as mediators between the people and the supernatural powers. They make offerings to the deities and ancestral spirits on behalf of the patients.

The Mishings believe that a cordial relationship with the deities and ancestral spirits will ensure good health for the members of their community. So, they perform various ceremonies every year during the annual festivals, to renovate their relationship with the supernatural forces and thus ensure their protection. They also believe that if the deities and ancestral spirits are not satisfied, then, they will get angry and inflict diseases and other calamities upon the members of the community. The Mishings also believe that the supernatural spirits wield great influence in their day to day life. Gods, goddesses, household deities and ancestral spirits, influence their way of life and view of life, and consequently regulate their behaviour, as individuals, and also as members of the community (Mipun 1993).

The traditional religious practices of the Mishings are based on three major belief systems – (i) about the creator of the Universe, (ii) existence of the spirits around human habitats and (iii) about the human soul. The thoughts and beliefs of the Mishings have largely influenced by the Hinduism. But they are also the devout followers of Mahapurusia Vaisnav Dharma. Again, they are the worshippers of different gods and goddesses. However, the present religion of the Mishings is the synthetic product of Animism and Hinduism, known as *Kewalia* or *Kalhanghati* or *Nishamlia.* In Baghedhara all the households belong to *Kewalia.* In spite of the mixture, they are worshippers of *Uie* or spirit. On the other hand, celebration of various festivals to propitiate gods is an integral part of the Mishings. These are occasions for great enjoyment as well as for offering gratitude to gods for the favours they have received. Besides, the celebrations provide ample opportunity to escape from the monotony of daily routine. Some of the

main pujas-cum-festivals of the Mishings are *Po:rag, Ali-ai-ligang, Taleng Uie, Dabur, Ashi uie, Yumrang uie, and Dodgang, Urom Apin* etc. These *pujas* can be divided into three broad headings – (i) group *puja,* (ii) personal *puja* and (iii) *pujas* due to causes. (Bordoloi, Sharma Thakur & Saikia 1987).

The religious beliefs and practices of the Mishings are functional. They worship their gods, not for the sake of mere worship. Through worship and by making offerings, they gain a rapport with their gods and get a number of things done for their well being. Thus, the relationship between the Mishing and their gods has two different and contradictory aspects. On the one hand, they supplicate themselves to the power of gods and try to please them through propitiation. The gods are considered beyond the reach of ordinary mortals and the only way to get their favours is through complete surrender to their power. According to this view point, man is a worthless creature whose destiny is in the hands of the most powerful god. On the other hand, man tries to control the power of his gods through special ritual functions.

Miboo

In the Mishing society, like other tribal communities, there are certain specialists who are experts in the field of magic and they know the methods to control the supernatural forces. This specialist is known as *'Miboo'* in the Mishing society. He functions as a vehicle of gods and, at the same time, is able to command them by ritual techniques (Kuli 1998). In their society women cannot become *Miboo* due to their parturition and menstruation related problems.

It is believed in the Mishing society that evil spirits are a group of supernatural entities which are always malevolent. They do a lot of harm to the people even without any provocation. Young children and pregnant women are believed to be more vulnerable to such attack. They may bring diseases to little children and may drink blood of a foetus leading to successive abortions. The Mishings believe that the spirits of people who meet with an unnatural death, like suicide or trampled by a wild elephant, or washed away by a flood or water fall etc. become evil spirits. Their attack can be averted by invoking the help of some powerful jungle gods which are benevolent towards people. Wearing of talisman charged with magical power also will be helpful to prevent

their attack. The Mishings worship the spirits underlying thunder and lighting *Mukling Teleng*, earth and water *Among Asi,* air and fire *Esar Emi,*. These spirits have to be kept appeased with occasional offerings called *Teleng Uie* and *Rokpu Done*. There are various other evil spirits such as *Asi Uie, Adi Uie, Umrang Uie* etc. to whom all calamities are attributed. Another important spirit is *Dopum Dorum* who is believed to be a three-head demon. The *Miboo* or the village expert is the only person who can appease these spirits. According to their belief the *Miboo* possesses supernatural powers and from his childhood he observed some rules regarding diet and behaviour. He is informed in a dream that his god-given sword *Yoksa* is kept in a particular place in the forest and one night he goes to that particular forest without anybody's knowledge and brings his prized article. Thus, he becomes a *Miboo* and from that night he can have direct relation with the spirits. The gods and *Miboo* are always males whereas evil spirits are from both the genders. Thus, superior and malevolent forces belong to masculine gender only.

Thus, it may be stated that traditional beliefs and religious practices occupy significant positions in health care practices in their society. Because, like any other tribal community, the Mishings also believe that evil spirits are responsible for various diseases. They perform various religious rituals, which are traditionally prevalent in their society, to get rid of different diseases. It seems that in their beliefs in supernatural forces both the genders have the place of equality but in their worldly life the women are considered to be carrying some of limitations which restrict their participation in magico-religious activities. In the tradition of tribal life and acculturation, the women have no place so far as the functionaries of magico-religious offices are concerned.

However, the influence of modern medicine has shaken the base of their age-old concept of disease and its treatment. It has also been observed that because of faster changes among the Mishings they are now relatively more modern in this respect. One of the *Bejs* of Baghedhara said that many of the herbal treatments known to their earlier generation were forgotten thereafter. The bone-setter of the same village also said that he would not transmit his knowledge to the next generation as the profession was not remunerative enough as compared to the time and efforts employed.

The government runs sub-centres, primary health centres, dispensaries, sub-divisional hospitals and district headquarter hospital for the benefit of common public, hoping that the tribal people will also utilize the services provided by the government. But the Mishing people of particularly the Mishings of Namtemera and Baghedhara village, in this regard, use these services with great difficulty. In most of the nearby centres, the doctors won't be there, and if all the doctors are available the necessary medicines will not be there.

In the following table the availability of government sponsored medical aid in the whole Golaghat district is presented.

Table 8.6
Medical Institutions in Golaghat District

Medical Institutions	Number
District Headquarters Hospital	1
Block Primary Health Centre	5
Community Health Centre	4
Mini Public Health Centre	27
Subsidiary Health Centre	2
State Dispensary	4
Sub-centre (Under Joint Director)	8
Sub-centre (Under NRHM)	99

Source: Office of the Joint Director of Health Service, Golaghat Civil Hospital, Golaghat.

However, the people of the Namtemera and Baghedhara get less medical facilities in their locality. Because, most government health centres are situated mainly in urban and semi-urban areas to which the tribal people have little access. The government is running sub-centres, primary health centres, dispensaries, sub-divisional hospitals and district headquarter hospitals for the benefit of common public. But the villagers use these services with great difficulty. Therefore, the Mishings of the Baghedhara village have to go to the Merapani PHC, which is 8 km. away from the village. On the other hand, the Mishings of the Namtemera village have to go to the Community Health Centre, situated at Bokakhat. Besides, they also go to the district

hospital known as Swahid Kushal Konwar Civil Hospital situated at Golaghat town. Only a health sub-centre in Baghedhara and a Mini Public Health Centre situated 2 km away from the Namtemera provide services for vaccination and polio immunization of the children. However, in these nearby centres, the doctors are often found absent, and if all the doctors are available the necessary medicines will not be there.

The following table shows the preferred institutions of the people for availing facilities:

Table 8.7
Health Centers Assessed by the Mishings
(Percentage in Parentheses)

Health Centre	No. of Households			Total
	Namtemera	Baghedhara	Town	
Golaghat District Hospital	101 (66.89)	49 (62.03)	49 (87.50)	199 (69.58)
Bokakhat CHC	37 (24.50)	-	-	37 (12.94)
Merapani CHC	-	23 (29.11)	-	23 (8.04)
Private Nursing Home, Golaghat	13 (8.61)	4 (5.06)	5 (8.93)	22 (7.69)
Private Clinic	-	-	2 (3.57)	2 (0.70)
Village Sub-centre	-	3 (3.80)	-	3 (1.05)
Total	151 (100)	79 (100)	56 (100)	286 (100)

Source: Field survey conducted during 2nd May – 30th September 2011

The table shows that except the Mishings of Baghedhara no household in Namtemera and Golaghat town uses health sub-centre for any kind of treatment. Similarly, 3.57% household of the total Mishing households in Golaghat town use private clinics whereas, no households in both the villages uses private clinic for treatment of diseases. On the other hand, majority of the households of both the villages as well as Golaghat town prefer to go to the District hospital situated at Golaghat town for treatment of disease. It is shown in the table that out of the total households of Namtemera 66.89% households use this hospital. Similarly, 62.03% households in Baghedhara and 87.5% households of Golaghat town go to this hospital for treatment. On the other hand, as Bokakhat CHC and Merapani CHC are situated in the nearby areas

of Namtemera and Baghedhara villages respectively, 24.50% households of Namtemera go to the former and 29.11% households of Baghedhara go to the latter. On the other hand, private nursing homes are also used by some of the Mishings for treatment of disease. Thus, it shows that though some of the households of the field of the study use different health centers-majority of them use District Hospital situated at Golaghat town.

The Mishings feel that in comparison of the local hospital, the district hospital provides better medical treatment as the doctors are present all the time and they are well experienced as well as some specialists and the facilities like X-Ray, Ultrasound, ECG, Pathology, Blood bank, Paying cabin, HIV testing, Operation theater, Surgical operation, Maternity ward, etc. are available. Though there is not any separate ward for males and females, treatment is provided equally for both males and females in the hospital. Besides, a section of the households of both the villages and Golaghat town prefer private nursing homes for treatment of various diseases.

The following table shows the number of households that prefer going to private nursing homes:

Table 8.8
Habit of Going to Private Nursing Homes
(Percentage in Parentheses)

Access Status	No. of Households			Total
	Namtemera	Baghedhara	Golaghat town	
Yes	13 (8.61)	4 (5.06)	5 (8.93)	22 (7.69)
No	138 (91.39)	75 (94.94)	51 (91.07)	264 (92.31)
Total	151 (100)	79 (100)	56 (100)	286 (100)

Source: Field survey conducted during 2nd May – 30th September 2011

The table shows that out of the total households (286) in both the villages and Golaghat town, 7.69% have the habits of going to private nursing homes for treatment. Of course, in this case variation is observed between the two villages and Golaghat town. Of the total households of Namtemera, 8.61% have this habit whereas 5.06% of the total households in Baghedhara have this habit. Similarly, only 8.93% Mishing households of Golaghat town have the habit of going to private nursing homes. Thus, it indicates that the Mishings are not familiar with the habit of going to private nursing homes for treatment.

The major reasons put forward by those the Mishings who have the habit of accessing to private nursing homes are:

(i) In government hospitals nobody pays attention to the patients, and they have to wait for a long time for getting service and medicine. The attitude of the doctors, nurses and other officials is very indifferent.

(ii) The medicines available in the government hospitals are of poor quality. In many cases, medicines are not available and they have to buy them from outside.

(iii) For getting good medicines and medical care the patients have to bribe the doctors and other officials.

(iv) In the private hospitals doctors and nurses take proper care the patients and listen to their complaints patiently. This cordial approach gives much relief to them.

(v) Even though they have to pay money for medicines and for staying, the patients can get good, efficacious medicine from private hospitals. So, they do not bother about spending money in a private hospital where they will get better care or good medicine.

(vi) The premises of the government hospitals are highly unhygienic. The private hospitals and their premises are better than the government hospitals. The rooms in governmental hospitals are often crowded and in some seasons the patients will not get even a bed and will have to lie down on the floor. Therefore, they prefer private nursing homes where they can have better facilities.

The following table shows the opinion of the Mishings regarding the sufficiency of health centers in their nearby areas:

Table 8.9
Sufficiency of Health Centers
(Percentage in Parentheses)

Status	No. of Households			Total
	Namtemera	Baghedhara	Golaghat town	
Yes	11 (7.28)	3 (3.80)	56 (100)	70 (24.48)
No	140 (92.72)	76 (96.20)	-	216 (75.52)
Total	151 (100)	79 (100)	56 (100)	286 (100)

Source: Field survey conducted during 2nd May – 30th September 2011

The table shows that health centres are not sufficient in both the villages as out of the total households of Namtemera, 92.72% said to that effect. Similarly, in Baghedhara also 96.20% households said that the existing health centers in their nearby areas are not sufficient for them. On the other hand, the existing health centers in Golaghat town are sufficient for the Mishings of that town. Thus, it indicates the lower health care opportunity for the Mishings of the both villages than the Mishings of Golaghat town.

The number of doctors in the nearby health centers of Namtemera and Baghedhara villages is also not sufficient. On the other hand, according to the Mishings of Golaghat town there are sufficient doctors in their nearby health centers. Thus, it may be assumed that due to this reason the villagers of Namtemera and Baghedhara go to the health centers situated at Golaghat town. This also indicates the lack of oppourtunity for health care practices of the Mishings of the both villages. However, the following table shows the status of using these health centers by the Mishings:

Table 8.10
Accessing to Nearby Health Centers for Treatment
(Percentage in Parentheses)

Access Status	No. of Households			Total
	Namtemera	Baghedhara	Golaghat town	
Access	11 (7.28)	26 (32.91)	56 (100)	93 (32.52)
Not access	140 (92.72)	53 (67.09)	-	193 (67.48)
Total	151 (100)	79 (100)	56 (100)	286 (100)

Source: Field survey conducted during 2nd May – 30th September 2011
N.B.: Sometimes they go for treatment of some common diseases only.

The table shows that except the Mishings of Golaghat town majority of the villagers do not access to their nearby health centers for treatment. It shows that of the total households of Namtemera only 7.28% use their nearby health centers. On the other hand, 32.91% households of the total in Baghedhara use their nearby health centers. Of course, they go to these health centers for the treatment of some common disease such as fever, cough, etc. There are some causes of not going to these health centers which are shown in the following table:

Table 8.11
Reasons for not Accessing to Nearby Health Centers
(Percentage in Parentheses)

Kind of Reason	No. of Households			Total
	Namtemera	Baghedhara	Town	
Low qualified doctors	41 (29.29)	22 (41.51)	-	63 (32.64)
Unavailability of medicines	59 (42.14)	15 (28.30)	-	74 (38.34)
Lack of laboratory facilities	34 (24.29)	9 (16.98)	-	43 (22.28)
Others	6 (4.29)	7 (13.21)	-	13 (6.74)
Total	140 (100)	53 (100)	-	193 (100)

Source: Field survey conducted during 2nd May – 30th September 2011

The table indentifies some causes of not going to the nearby health centers. It shows that due to lack of qualified doctors, unavailability of medicines and lack of laboratory facilities the villagers do not use their nearby health centers. Out of the total households 29.29% of Namtemera do not go to their nearby health centers due to low qualification of doctors. Similarly, 42.14% households do not go there due to unavailability of medicines and due to lack of laboratory facilities the rest 24.29% households do not use their nearby health centers owing to lack of laboratory facilities. On the other hand majority of the households i.e. 41.51% households of Baghedhara do not go to their nearby health centers due to the low qualification of the doctors.

Like the qualification of doctors of the nearby hospitals insufficiency of medicines is also reported by the Mishings of both the villages. The following table shows the status on this matter:

Table 8.12
Availability of Medicines in Nearby Health Centers
(Percentage in Parentheses)

Availability Status of Medicines	No. of Households			Total
	Namtemera	Baghedhara	Golaghat town	
Available	-	-	19 (33.93))	19 (6.64)
Not available	151 (100)	79 (100)	37 (66.07)	267 (93.36)
Total	151 (100)	79 (100)	56 (100)	286 (100)

Source: Field survey conducted during 2nd May – 30th September 2011

The table shows that except the health centers of Golaghat town medicines are not available in any health centers in the nearby health centers of the villages. On the other hand, only 33.93% households of the Golaghat town said that medicines are available in their nearby health centers. Thus, it shows that unavailability of medicines may be a cause of giving low preference to their nearby health centers.

The following table shows the sources of medicines:

Table 8.13
Sources of Medicines
(Percentage in Parentheses)

Type Source	No. of Households			Total
	Namtemera	Baghedhara	Golaghat town	
Nearby Pharmacy	53 (35.10)	19 (24.05)	7 (18.92)	79 (29.59)
Pharmacy situated at Golaghat town	87 (97.62)	50 (63.29)	25 (67.57)	162 (60.74)
Pharmacy situated outside Golaghat town	11 (7.28)	10 (12.66)	5 (13.51)	26 (9.74)
Total	151 (100)	79 (100)	37 (100)	267 (100)

Source: Field survey conducted during 2nd May – 30th September 2011

The table shows that some of the villagers as well as the town dwellers purchase their required medicines from their nearby pharmacy. But majority of the households of both the villages as well as town purchase medicines from the pharmacies situated at Golaghat town. The data shows that of the total households of Namtemera, 97.62% purchase medicines from the pharmacies of Golaghat town. Similarly, 63.29% households of Baghedhara and 67.57% households of Golaghat town purchase medicines from the pharmacies of Golaghat town. Of course, in some cases a few households of both the villages and town purchase medicines from the medical stores situated outside Golaghat. Therefore a variation is observed regarding the sources of medicines between the villages and town.

Interaction between Traditional and modern Health Care system

The introduction of modern medicine has multiple impact on the community in general and ethnomedical system in particular. This is a new system of medicine and all its methods and concepts of etiology are alien to them. In the initial stage of its introduction, in the post-independence period, nobody bothered to avail its facilities as

people thought that it was not ideal for their culture and was not able to treat their illness. So, this phase was a period of non- contact between the community and modern medicine. In this stage they continued the use of ethnomedicine for the treatment of illness afflicting them.

However, with the passage of time the tribals started availing the facilities of modern medicine. The efforts of the medical personnel, spread of education, increased mobility and interactions with non-tribals etc. influenced the way of thinking of the tribals and helped them use modern medicine. Initially, the use of modern medicine by a small percentage of the people evoked a rebellious attitude among the rest of the community. Often, the elders and medicine men ridiculed the people who used modern medicine which, in their opinion, was useless. But the people who used modern medicine found it efficacious and capable of bringing speedy relief. Their favourable experience attracted others also who were skeptical to it, earlier. So, in the course of time, people started using this new system of therapy. Actually, these people were ignorant of the underlying principles of modern medicine and of the ideas behind its mode of treatment. They were simply attracted by the curative ability of modern medicine.

But even in this phase of transition, people believe in supernatural causes for certain diseases like chickenpox, measles and cholera etc. They believe that these originated from the supernatural reasons like evil eyes, sorcery, breach of taboo, anger of ancestral spirits and wrath of God. For the treatment of such diseases they are still depending upon ethnomedicine. So, the modern medical practitioner cannot eradicate the superstitions prevailing in their society. These are a part of their culture and social system. Of course, after prolonged experience with modern medicine they have realized that there is no miracle attached to its treatment and that it is not capable of healing every illness with equal effectiveness. They have also found that for curing certain illness their own ethnomedicine is more efficient than the modern one. So, gradually they have started selecting the type of medicine according to the nature of the illness. Without blindly following a certain mode of treatment they have utilized the abilities of that medical treatment which is found efficacious for a particular illness. Thus, they have

considered their own previous experiences while selecting a mode of medical treatment. In Gould's (1957) words: "A kind of folk pragmatism acts as a selective principle to help determine which method of treatment is to be chosen".

However, like other tribal communities of North East India, the modern system of health care influences the Mishings to a large extent. They have followed modern methods of health practices in their day to day life. Even, this system influences their household habits of health practices. In their society the maternity and child health is influenced by the modern health care system. During the time of pregnancy, the women have to follow the ante-natal treatment. According to the villagers, taking of ante-natal treatment is necessary both for the health of the mother as well for the growth of the child. Besides, during pregnancy they observe certain restrictions which are mostly in terms of physical care. A few of these relate to prohibiting certain type of foods so as to avoid any complications. The types of restriction to be observed by a woman while in a state of confinement are as follows:

(i) She should not do hard work.

(ii) She should not lift heavy load.

(iii) She should not travel by bus.

(iv) She should not walk quickly.

(v) She should not tire herself too much.

(vi) She should not stand in cold water for long.

(vii) She should not make brisk movements.

(viii) She should not eat sour and acid food.

(ix) She should not take too much of energetic food.

(x) She should not visit sick people.

(xi) She should not take too much sugar, chilies, cold food, and the food that is not easily digestible.

According to the villagers, these restrictions should be followed for the growth of child and during pregnancy a woman should take meat, fish, green vegetables, milk, dry seeds, hemoglobin syrup etc. Awareness to modern health practice of the Mishing people influences the immunization practice also. They did not follow the immunization

practice earlier, but now-a-days they follow it. The process of family planning is also influenced by the modern health care system. Though the Mishings used the herbal contraceptive in earlier days, now-a-days they use modern methods of family planning. In their society, though greater number of males than the females knew the family planning methods, yet the practicing status suggests that more females have adopted these methods while males are reluctant in this regard. This may be due to their patriarchal society and acculturation wherein females play a secondary role and the decision about the method of birth control may rest on the male counterparts. As regards the awareness among the Mishings of the existing family planning services in their locality, majority of them were aware of the same. All of them stated that these services were available at all the medical centres. In order to improve the family planning services, the villagers are of the opinion that there should be some control on the schedule of services. Besides, contraceptive oral pills should be distributed freely at the government hospitals. Although the Mishings have less theoretical knowledge of hygiene, they nevertheless maintain cleanliness and sanitation to some extent. The floors of the huts, made of bamboo and thatch, are regularly plastered with an emulsion of cow dung, mud and water to keep them dust free. Regarding personal hygiene, their knowledge is no less commendable. They take bath at least once a day and wash hands before and after eating. To prevent dehydration of skin, available oil is applied.

While evaluating the overall effect of modern medicine upon the Mishing tribe one can find that instead of competition or contradiction, there exists an atmosphere of coexistence. The Mishings employ their own pragmatism to decide what type of medicine must be used for a particular illness and use it accordingly. They resort to both ethnomedicine and modern medicine according to the etiological seriousness of different illness. So, there is ample scope for the survival of ethnomedicine in their society. Each one deals with the type of disease for which it is found more efficacious. So, in the present circumstances both ethno and modern medical systems play a combined role in the health care of the tribals. Integration of modern medicine with the health habits of the tribal may appear simple and easily achievable but a number of practical hurdles are present in the way of attaining this goal. The attitudes of both doctors and medicine men

have to be changed for attaining cooperation between these two systems of medicines. The modern physician, additionally, has contempt for ethnomedicine and this makes the villagers (Mishings) more suspicious of the doctors. A better understanding of each other's domains through successful communication is essential for the development of a friendly atmosphere.

Briefly, the introduction of modern medicine has reduced the traditional behaviour of health care and the Mishings have adopted new patterns of health care behaviour in their daily life. Of course, there exists an atmosphere of coexistence between traditional and modern health care systems in their society instead of competition or contradiction. They resort to both ethnomedicine and modern medicine according to the etiological seriousness of different illness. So, there is ample scope for the survival of medicine in their society. Each one deals with the type of disease for which it is found more efficacious. So, in the present circumstances both ethno and modern medical systems play an equally significant role in the health care of the Mishing.

Now, major points of the discussion are summarized here. These are as follows:

1. In case of treatment of diseases four types of treatments are prevalent in their society, e.g., allopathic, homeopathic, ayurvedic and herbal. Among these, allopathic treatment is mostly preferred in the areas. Of the total households 56.99% prefer allopathic treatment which is followed by homeopathic treatment with 19.23%, herbal treatment with 12.59% and ayurvedic treatment with 6.29%. In Namtemera of the total households, 58.94% prefer allopathic treatment. Similarly, 48.10% in Baghedhara and 64.29% of in Golaghat town prefer this treatment. On the other hand, though 24.50% of the total households of Namtemera prefer homeopathic treatment as third most preferred treatment, the same trend is not present among the Mishings of Baghedhara and Golaghat town as 26.58% and 14.29% of the total households in Baghedhara and Golaghat town prefer herbal treatment as their third most preferred treatment respectively. On the other hand, ayurvedic treatment is not so popular in both the villages as well as Golaghat town.

2. Belief in *mantras* (magic) or amulets is an important traditional way of treatment of diseases in Mishing society. In their society they have deep faith in the efficiency of *mantras* or amulets in curing diseases. Therefore, when somebody falls ill they will first contact the *Bej* (medicine men). The *Bej* will diagnose the cause of the illness through divination. This belief in *mantras* and amulets is still prevailing in their society as out of the total households (286) of the areas of study, 124 (43.36%) believe *mantras* and magic as a remedy of disease.

3. In their society some of the diseases like pox, hysteria, snake-bite, insomnia, emaciation of children, mental disease and deformity of limb, etc. are supposed to be supernaturally caused. Wrath of deities, influence of evil spirits and evil eye, magic of human being, sin committed and breach of taboo, etc. are believed to be the causes. Such diseases are treated through magico-religious therapy which varies with the type of cause identified. It mainly consists of either the propitiation of respective deities or driving away the supernatural bodies. Both magico-religious as well as herbal therapies are sometimes found necessary by the Mishings to cure these types of diseases. Majority of the households in the areas of study believe in supernatural power as a cause of disease. Of the total households in Namtemera, 94.70% believe it as a cause of disease whereas 89.87% in Baghedhara and 76.79% in Golaghat town believe it. Thus, it shows that though the Mishings have practised different modern health care activities, they still have some superstitious beliefs regarding health care.

4. Ethnomedicine is another method for the treatment of diseases in the Mishing society as well as other tribal societies. The Mishings believe that there is no effective medicine for certain diseases like pneumonia, cold and cough, jaundice, bleeding of nose, dog bite, pox, etc. So, they still follow this treatment in their modern society.

In their society herbal medicine is also preferred. For them herbal medicines have no adverse affect and are easily available in the village. So, most of the households use this medicine for the treatment of diseases like tuberculosis, jaundice, fracture of bone, burn injury, bleeding from cut injury, gastric trouble, etc.

5. The influence of modern medicine has shaken the base of their age-old concept of disease and its treatment. It has also been observed that because of faster change

among the Mishings they are now relatively more modern in this respect. One of the *Bejs* of Baghedhara said that many of the herbal treatments known to their earlier generation were forgotten thereafter. The bone-setter said of the same village said that he would not transmit his knowledge to the next generation as the profession was not remunerative enough as compared to the time and efforts employed.

6. The number of health centre is found insufficient in both the villages as out of the total households of Namtemera, 92.72% said like that. Similarly, in Baghedhara also 96.20% said that the existing health centers in their nearby areas are not sufficient for them. On the other hand, the existing health centers in Golaghat town are sufficient for the Mishings of this town. Thus, it indicates the lower health care opportunity for the Mishings of the villages than the Mishings of Golaghat town.

7. The introduction of modern medicine has been found as an influential factor on the community in general and ethnomedical system in particular. This is a new system of medicine and all its methods and concepts of etiology are alien to them. In the initial stage of its introduction, in the post-independence period, nobody bothered to avail its facilities as people thought that it was not ideal for their culture and was not able to treat their illness. So, this phase was a period of non- contact between the community and modern medicine. In this stage they continued the use of ethnomedicine for the treatment of illness afflicting them.