

The World of Traditional Healers: A Study on the Dimasas of Dima Hasao District, Assam

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KEYWORDS Culture. Disease. Ethno-medicine. Healer. Patient. Placebo Effect

ABSTRACT Based on basic ideas validated by community culture, traditional healing is thought to be the most ancient type of organized approach to healing activities. A scientific platform has long been established to discover the wealth of remedies for various ailments, taking into account the pharmacological actions of different ingredients through corresponding endeavors by qualified and specialized individuals in each community. The residents of the community professionally administer care utilizing plant, animal, and mineral materials in accordance with widely accepted socio-cultural knowledge and attitudes towards the tri-polar concept of Body, Mind and Soul in relation to health. The traditional healers were well expertise to diagnose the conditions of their patients, administer medications, and heal their ailments. This study centers on the functions that traditional healers play in a tiny frontier tribal group, taking into account their local affiliation and the ways in which the respective population adapts through conventional healing.

INTRODUCTION

One's health is regarded as life's most valuable asset. It is also commonly acknowledged as universal in biology and culture, a concept that has piqued curiosity and raised concerns ever since the dawn of human civilization. Over time, traditional communities have endeavored to discover diverse approaches to a healthy lifestyle, aided by their extensive traditional knowledge (Joshi and Mahajan 1990: 16). Within the parameters of their causal theories, they intervene in a range of situations and implement both preventive and therapeutic approaches (Joshi 2004:12). Numerous anthropological investigations shed light on the fact that many ancient medical methods used in human civilization to treat illness and promote well-being have their roots in the indigenous knowledge systems of distinct traditional communities. This knowledge relates to the abilities, inventions and methods as well as expertise encoded in codified knowledge systems that are passed down through the generations or deeply rooted with the indigenous practise of livelihood for the concerned community members (Bhasin 1997: 6). Traditional medicine, a cornerstone of indigenous knowledge, discusses the fundamental idea of disease origin, learning about treatment options and obtaining healing. This incorporates diversified categories, such as ethno-ecology, knowledge of oral traditions and

customary cultural expression specific to the culture in question. According to World Health Organization (WHO 1976: 5), traditional medicine means entirety of all knowledge and practices, may not be apparently explained, but is applied in diagnosis, to prevent, and to eliminate physical, mental, or social disorder or malfunction and based solely on firsthand knowledge and experience passed orally throughout generations (Bhasin 1997: 9).

Finding the root of the illness is a vital component of the art of healing methods found in most traditional systems from nearly all ancient civilizations. According to Rivers (1924: 27), traditional societies believed that illnesses were caused by sorcerers, primarily those practicing supernaturalism, or by focusing on diseased things or ailments, that is directly related to the body, or in the wider socio-cultural domain. Conversely, Clements (1932: 18) classified illness as a result of acute natural causes, human agency, or spiritual intervention. It is also true that these causes have less impact when considered separately. Because biological abnormalities in humans can be shown as diseases when they manifest clinically, they are most valuable when at least two concepts are combined. Still, given how much culture influences how people perceive sickness, a professional explanation is insufficient to define illness in any given civilization. Thus, traditional methods of treating illnesses involve magical extraction, administering me-

dicinal herbs and minerals, making sacrifices and offerings, praying to the gods, and to get familiar with magical objects such as charming objects and ethnic dietary practices carried out by a specialized individual. They are the healers, as evidenced by the fact that people firmly believe they can provide remedies (Bhattacharjee 2015: 23). Foster and Anderson (1978: 22) noted that the healer and patients pertain to the healthcare system through an interactive model in any medical setting. He understands the concept of illness and the many therapeutic modalities specific to his culture. World Health Organization (WHO 1976: 16) defines traditional healer as a person who is well accepted in his own community to cure the ailment of the people by using local floral, faunal resources with specific substances and other methods. In such cases, socio-cultural and socio-religious background of the community as well as the profound indigenous knowledge of the concerned healers, their beliefs associated with physical, mental and social well-being are specifically kept in mind (Bhasin 1997: 27). In the same way that the rest of society perceives them, they are seen as experts in healing illness (Bhattacharjee 2021:15). Bagal and Nanda (2022: 180-185) had analyzed in detail about the traditional usage of NTFP, related to the livelihood securities of different ethnic groups in the Shivalik hill region of Jammu. Singh and Rai (2022:135-144) studied the use of various wild fruits by the Bhotias of Niti Valley in Uttarakhand. Rahman et al. (2021: 280) discussed in detail how NTFPs had shaped the livelihood of the forest-dependent communities of Bangladesh. Such resources were essential for food, shelter, medicinal value, fuel, animal fodder, etc. Balasubramanyan and Sangha (2021: 1) analyzed how ecosystem services and indigenous knowledge systems have been integrated to preserve the biodiversity hotspot of Western Ghat hills in India.

The study was conducted on Dimasa Tribal group dwelling in the Dima Hasao district in Assam. It has been shown that the common understanding of illness in Dimasa society alludes to societal animosity toward supernatural agency's actions, such as the intervention of gods and the activities of good and evil spirits. This study sheds light on the traditional healers' world and their function within the Dimasa community. Regarding the health perspectives of the Assamese tribal group known as the Dimasas, the study is focused to

understand the placebo effect between the patients and their healers in the context of their socio-cultural background and indigenous knowledge system.

Objectives

The main objectives of the paper are:

- 1) To know about the role of the traditional healers among the Dimasa people.
- 2) To get an idea about the indigenous knowledge and ethnomedicinal sources of the people studied,
- 3) To understand the importance of patient-traditional healer interaction among the studied people.

METHODOLOGY

The paper is mainly based on primary data. The prime methodological orientation of the study is descriptive ethnography and interpretation of data from the emic, relativistic approach. Before the core fieldwork, the pilot survey and rapport establishment were done for three months. The Preliminary Census Schedule (PCS), Case study format, and questionnaires were prepared and tested based on some initial feedback. The primary fieldwork was conducted after getting the research participants' satisfactory responses. The first fieldwork level was conducted from January 2019 to February 2020 in Dhansiri village of Karbi Anglong district of Assam.

Further, the second level of fieldwork was conducted from March 2022 to January 2023 in the DishuRaji, Topodisa villages under the Haflong subdivision and in the Semkhor village under the Maibang sub-division of DimaHasao district, Assam. The said villages were among the oldest settlements of the Dimasa Tribal group. The study was done on 579 families, with a population of 2937. Since all the adult members of the studied families were interested in participating, the study was done on all the families by applying the total sampling method to learn about their indigenous knowledge related to locally available ethnomedicinal resources. Detailed case studies were taken on the traditional healers about their understanding of locally available ethnomedicinal resources, the level of interaction between traditional healers, and the result of such treatments. Interviews were conducted with practitioners of locally

available Western medicinal centers about people's awareness of Western medical practices and their preference for Western medical treatment. In the cases of three Western medical practitioners, repeated interviews were taken as per the requirement. In every case, the respondents were approached only through direct personal interaction. Digital tools were used during the fieldwork in consent with the research participants. Empirical primary data were collected through field notes by individual interaction, mostly in their homes and workplaces, workplaces and after data transcription, the contents were shared with the research participants, and consent was taken from them. It is to be mentioned here that the people studied, the traditional healers, and all the research participants were from the same ethnic and cultural background. It framed a more robust social bond and psychological dependence between the patient and the traditional healers. It is to be mentioned here that there were no non-participants in the study.

RESULTS AND DISCUSSION

The study was based on qualitative primary data collected through empirical field work and direct interaction between the researcher and research participants. No sort of coding method was applied in this study. After the pilot survey, some objectives were initially framed. However, with the progress of the main fieldwork and primary data collection, the goals were modified, and all the objectives were achieved through qualitative data collection. In this regard, the participant quotations, like participant numbers, were appropriately identified, and transcriptions were done accordingly. Proper synchrony and consistency existed between the data presented and the core findings. To address all the major themes, in the method of descriptive ethnography, relativistic and reflexive approaches were applied to avoid any minimum level of bias, ethnocentrism, and speculations from the research participants and researcher. Analysis of data and its interpretation were done based on the people's perspective, their daily livelihood, and traditional healing practices. Apart from the core aspects, specific minor co-related facts relevant to the core issues were also considered. It can be noted that, in the data collection and analysis process, no software was applied. The significant findings of the study are discussed below.

Traditional Healers and Their Patients: The Placebo Effect

Like most of the other Tribal cultures among the Dimasas, there used to be a specialist who could treat their illness, injury, disease, and related misfortune. They were communicated as the core persons to conduct rituals related to different healing. Traditionally, the medico-religious practitioner was regarded as an exorcist, a magician, or a mantric witch. That individual had a sharp mind, was gifted with various skills, and was committed to his work. Because these professionals and the patients frequently came from similar cultural backgrounds, it was generally believed that they had a common faith in the treatment method. The studied people had their own indigenous concept related to the health, disease and treatment as well as the perception of their body, mind and soul. Whether induced by natural or paranormal forces, the ailment was referred to as *bemari* in both instances. The Dimasa traditional healers can be classified into the following categories: i) *Hojai*, a priest, herbalist, and magician ii) *Bez*, An expert in traditional medical practices and ethnomedicine. Their low cost of care was a significant distinction that set their traditional healers apart from Western medical professionals and many other documented varieties seen abroad. Their therapy was always accessible to the public, and their services were typically provided without charge or at a reduced cost.

In summary, the healing profession was a non-profit social service that elevated a person's status as a helpful person. Nonetheless, there were extremely rare outliers in the shape of highly skilled traditional healers. The super specialists demand outrageous fees for their expertise.

A *Hojai* can play the roles of a priest, healer, diagnostician, and occasionally an astrologer, making their range of functions varied. The position was usually reserved for men. It was also group-specific. The status was not passed down vertically from father to son or assigned at birth. Their therapeutic technique was derived from something other than literature. The function of a *Hojai* was not a full-time profession, and its pay was insufficient to support a practitioner. Like any other landowner, he was a healer in his free time. Depending on the kind of ailment, he would usually be paid between ten and fifty rupees for calculating any

disaster or illness. Typically, he did not insist on payment and was observed to take the nominal sum with reluctance. In addition to rupees, he receives the components needed for ritual performance. He was stressed because the payout could only go up to one hundred rupees for specific trance inclusion activities. It is important to note that he did not provide any animal sacrifices despite their previous prescriptions. It was supposed to be done by any older person in the family. The role of *Bez* was significant among the studied people. He was supposed to have profound knowledge about the diagnosis of ill health, detailed knowledge about the locally available medicinal plant resources, dosage, and application of ethnomedicine to cure different types of ailments by which the studied people were suffering. In such cases, the patient-healer interaction or the psychological dependence of the patients on their traditional healers was crucial.

The studied population, 2937, had suffered from different diseases and ill health conditions during the last five years. Most of them firmly believed that, apart from natural causes, other supernatural agencies and evil effects were the prime responsible factors related to diseases and ill health conditions (Table 1). According to them, only traditional healers could cure them from such sufferings, whereas they were reluctant to consult Western medical practitioners and homeopaths to get them fixed (Table 2). Significantly, through the treatment of their traditional healers, they were cured entirely or mostly recovered (Table 3); thus, their dependence on and satisfaction with traditional healers was well noticeable. The following case studies can illustrate it further-

Table 1: Cause of diseases

| <i>Only natural</i> | <i>Primarily, supernatural and evil effects</i> | <i>Total population</i> |
|---------------------|---|-------------------------|
| - | 2937 | 2937 |
| | 100.00 | 100.00 |

Table 2: First preference of treatment

| <i>Western medical practitioner</i> | <i>Traditional healer</i> | <i>Homeopathy</i> | <i>Total population</i> |
|-------------------------------------|---------------------------|-------------------|-------------------------|
| | 2937 | - | 2937 |
| | 100.00 | | 100.00 |

Source: Field study (2019-2023)

Table 3: Result of Treatment as conducted by the Traditional Healers

| <i>Not cured</i> | <i>Mostly recovered</i> | <i>Cured</i> | <i>Total cases</i> |
|------------------|-------------------------|--------------|--------------------|
| - | 127 | 4.32 | 2810 |
| | 95.68 | 2937 | 100.00 |

Source: Filed study (2019-2023)

Case Study-1

Sri Budhoram Diphusa, a 77-year-old herbal therapist, resided in the Topodisa village, the furthest away from the leading medical facility and the market. He had four kids and was married. As his principal occupation, agriculture was mainly linked to him. Additionally, he practiced traditional healing using medicinal plants that might be found nearby. The villagers on his own, as well as in nearby villages, could always get in touch with him. He cared for patients of diverse ages, sexual orientations, educational attainment, and socio-economic status. He also cared for people from many ethnic backgrounds. He was paid according to the degree and origin of the illness and the care he gave. He said that an older man named Haflong taught him the technique of herbal medicine. He also gained further insight into therapeutic plants by studying the local ecology closely. He asserted that he could effectively administer medication to treat a variety of conditions, including jaundice, malaria, mumps, diarrhea, and urinary tract issues. He claimed that cases of malaria were discovered among the Dimasas very regularly. In addition, jaundice was also very common among them. When the illness first started, the locals favored using traditional treatment. He asserted that every medication he administered successfully treated a wide range of diseases. As a result, he gained credibility in and around the town, and the locals relied heavily on him.

Case Study-2

Sri Raju Maibangsa, aged 72 years, was an inhabitant of Semkhor village. He used to heal people's ailments through locally available medicinal plant (and animal) resources and magico-religious practices. He said that the treatment method entirely depended on the cause of the disease, whether it was a natural cause or a supernatural cause.

According to him, people suffering from some illness or unwell condition came to them with much faith and confidence. He said it is crucial to identify the specific medicinal plant out of many wild varieties; otherwise, it would create several complications. There used to be many preventive methods to prepare a medicine and protect it from any infectious contamination. His uncle was associated with ethno-medicinal treatment, and he used to work with him. In this way, he had learned it for nearly 20 years and came directly into offering treatment. However, he said that, in case of supernatural causes, standard herbal medicines would never work; only appropriate magico-religious healing could cure a patient. In this regard, the healer had to understand whether it was the effect of evil wind, evil eye, or any charming arrow. He occasionally utilized prayer beads to determine the etiology or source of a disease. Accordingly, the magico-religious performances would be conducted to redress the effects of evil deities. He recalled that in some instances, he had been successful in curing the patient, even when his family members had lost every hope.

Case Study-3

Having midwives deliver babies was common among the Dimasas, and many older women knew it. Among the folks studying, there was an older woman well-known for being a midwife. The sixty-nine-year-old widow, Sabitarani Hasnu, lives in the village of Disu Raji. She has three daughters and four sons. Her mother and mother-in-law both taught her the ins and outs of birthing.

She said the two most essential ingredients for the procedure were hot water and bamboo thread. At the time of delivery, the involved house supplied all the materials. One bamboo strip was used once for delivery, and the bamboo thread was required to cut the umbilical cord. She asserted that the bamboo strip was completely hygienic and that there had never been any reports of her having a newborn infection. After delivery, the umbilical cord was buried right away. She would next bathe the child in lukewarm water. She added that she needed some help from the knowledgeable female family members of the expectant mother throughout the entire childbirth process. She also mentioned that she was usually left in the dark and forced to attend the patient's party unprepared. She never

asks to be paid for her work. She added that while she can readily address less urgent problems, she refers critical cases to the hospital. She also told me that she had accomplished several critical situations of birth, or forceps deliveries, before opening a local primary health center (PHC). In addition, she stated that she assisted in at least thirty deliveries and carried out over 150 deliveries throughout her lifetime. As is customary, she received an invitation to the baby's naming ceremony. She said the married women from her village and neighborhood villages depended on her for their life security and the newborn baby's security.

The Patient Perspective

During the study, as per the recorded case studies from the patients, it was found that, although Western medicinal practices were prevalent, still the psychological dependence on traditional healers were well noticeable among them. They firmly believe that, both in the case of natural and supernatural causes of diseases, only the traditional healers could understand it. It was a strong placebo effect, as noticed among them, directly related to their cultural practices. Thus, it was a close interaction between the cultural setup and the psychological dependence practiced since immemorial.

During the field study, it was noticed that the traditional healers used several locally available floral resources to heal and cure the patients. These are documented in Table 4.

CONCLUSION

Every society selects some specific social topics based on their qualities as sacred or profane. The Toto community's traditional healers combine and apply their unique etiology, diagnosis, preventive measures, and treatment modalities to transmit and cultivate traditional healing and cure knowledge. Additionally, it has been discovered that this specific therapeutic approach of conventional therapy exhibits pluralism. The Dimasa people were also exposed to the new wave of contemporary treatments through state-owned primary health facilities and other institutions, ultimately leading to the medical pluralism of the examined areas. The introduction of Western physicians is a relatively new development. It began around the 1980s, and

Table 4: Floral resources to prepare different ethno medicines

| <i>S. No.</i> | <i>Common name</i> | <i>Parts used</i> | <i>Uses</i> |
|---------------|---------------------|--|--|
| 1 | Ginger | Rhizomes | It was commonly suited for cough, cold, fever, headache, sprained joints, dysentery, constipation, and indigestion. |
| 2 | Mejenga | Barks, fruits, and seeds | Its oil helped as a remedy for toothaches. Its oil was antiseptic, disinfectant, and deodorant. |
| 3 | Indian Iry Rue | Fruits, bark seeds, and roots. | Fruits were used as seasoning in curries to add a unique flavor. The Bark and leaves were used for illnesses such as diarrhea, urinary problems, and dyspepsia. |
| 4 | Wild ginger | Leaves and bulbs | It was stomachic as it improves the stomach's functions and helps increase appetite. It was also carminative and stimulant. It was helpful for people suffering from diarrhea and in healing fresh cuts. |
| 5 | Ginger | Rhizomes | It was helpful for illnesses like piles and gonorrhoea. It was purely antiseptic, digestive, and inflammatory. |
| 6 | Wild ginger | Flowers and roots | It was helpful for diarrhea and colic. The flowers and roots were used as vegetables. Its Flowers were best suited for ailments such as stomachache, toothache, cough, and asthma. |
| 7 | Ahoi | Leaves bark and wood. | The paste of the leaves and wood was used to fight against illnesses like malarial fever. The decoction of the bark is helpful for chest pain. |
| 8 | Black ginger | Rhizomes, oil | It was primarily helpful for cosmetics. Its paste was applied on bruises and rheumatic pains and was mainly used as an antifungal. |
| 9 | Bur weed | Leaves | It was an excellent diuretic, powerful diaphoretic, and sedative mainly beneficial for cancer strumous diseases. It was also helpful for blood pressure and respiratory problems. |
| 10 | Hairy Spurge | Leaves, flowers, barks and seeds | It helped throw out worms from the body. It helped cure dysentery, diarrhea, fever, piles, leprosy, headache, skin disease, boils, ulcers, and wounds; it increased the secretion of mother's milk and bronchitis. |
| 11 | Hairy spurge | Leaves, flowers, barks and seeds | It was used to expel worms from the body, dysentery, diarrhea, fever, piles, leprosy, headache, skin disease, boils, ulcers, wounds, increase the secretion of mother's milk, and bronchitis. |
| 12 | Edible stemmed wine | Whole plant | It filters and purifies the blood and is helpful in cuts and fractures. |
| 13 | Karakholi | Leaves | Leaves were used in the treatment of cough. |
| 14 | Winter cherry | Leaves, fruits, seeds, and roots | It helps restore the loss of memories and is used in cases of nervous exhaustion. It was soothing, astringent, tonic, and stimulant. |
| 15 | Verbinum | Leaves | The leaves were used to purify blood and cure indigestion |
| 16 | Indian wild pepper | Leaves, flowers, fruits, barks and roots | It helps treat illnesses such as headaches, fever, swelling, pain, sprains, rheumatism, enlargement of the spleen, and toothaches and is often used as a pain killer. |
| 17 | Raghumola | Leaves | It was helpful for curing fever, blood pressure, and spleen. |
| 18 | Purple vetch | Whole plant | It was used to decrease and get rid of fever, give tone to the stomach, act as an antiseptic, and help in abdominal bleeding during menstruation. |
| 19 | Indian Valeriana | Flowers | It was helpful in neurosis and epilepsy. It was also valuable in hypnotic and spastic disorders like cholera. |
| 20 | Kachidoi | Entire plants | It was used as pain killers. |
| 21 | Orchid | Stems | It was used as a remedy for secondary syphilis, scorpion stings, and rheumatism. It was also helpful to cure diseases of the nervous system. |
| 22 | Voavanga | Fruits | The drug from the fruit was extracted and used as a remedy for scorpion stings and consumed with hepatic congestion. |
| 23 | Purple fleabane | Whole plant | Root decoction helped relieve and reduce colic pain. The flowers were favorable for conjunctivitis. |

Table 4: Contd...

| S. No. | Common name | Parts used | Uses |
|--------|------------------|----------------------------|--|
| 24 | Agora | Leaves, flowers, and roots | It was helpful in chronic cases of gonorrhoea. |
| 25 | Thunberg | Leaves and roots | Its roots helped reduce toothaches. The decoction of leaves was used for stomach constipation. |
| 26 | Thunberg | Roots | It helped treat ailments such as dysentery, stomach pain, and fever. |
| 27 | Yellow coriander | Roots and root bark | Roots were used in haemorrhoea, cancer, and leprosy. |
| 28 | Beleric | Fruits | The dry and fully grown fruit helped cure diarrhoea, dysentery, and rheumatic swellings. |
| 29 | Arjun | Fresh leaves and barks | It treated pneumonia, dysentery, wounds, leprosy, swollen mouth, tongue and gums. |
| 30 | Tamarind | Leaves, fruits, and seeds | The leaves helped treat fever, ulcers, and jaundice. Its seeds were used to treat dysentery, burning sensation, dizziness, diabetes, chronic ulcers, and diabetes. |

Source: Field study (2019-2023)

their population has steadily grown. The Dimasas' pluralistic medical system, which consists of both traditional healers and doctors, offers flexibility and satisfies the demands of society. In search of the most significant and quickest healing, the community can choose between several types of medical systems because of their plurality.

RECOMMENDATIONS

It was observed that, despite the availability of contemporary medical professionals, decision-making when selecting treatment measures is heavily influenced by personality, experience, prior success, and psychological certainty. Because they saw traditional healing as a volunteer service for the community rather than a profession, the nominal compensation of these healers was also a benefit for those from economically disadvantaged backgrounds. Modern medical professionals and traditional healers were frequently contacted for the same issue. The key factor contributing to this is how the people view illness and disease and its origin, which is relevant to their indigenous culture. Instead of fostering a competitive network, pluralism in the conventional medical system offered options at different levels within the system. It had been observed that a particular healer was linked to treating and curing various disorders. As a result, the simultaneous presence of several healers was seen as a benefit rather than a hindrance, providing the folk population under study with a comprehensive traditional medical system.

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**Paper received for publication in July, 2023
Paper accepted for publication in November, 2023**