

Practice of Ethno-Medicine: A Study on the Dimasa Tribal Group of Assam

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ABSTRACT The perception of tribal health in India is deeply rooted in ecological and cultural perspectives. The present study is focused on the significance of ethno-medicine as practised by the Dimasa Tribal group, dwelling in the Karbi Anglong and Dima Hasao districts of Assam. It has been found that their local traditional medicine men used to have a profound knowledge about different floral and faunal sources, which have medicinal importance to cure different ailments. It is a part of their indigenous knowledge system and oral tradition. Here the patients and traditional healers are mostly from the same cultural background. Thus, the patients are much more psychologically dependent on their traditional healers. The paper is based on qualitative data, which are collected through empirical field work by applying anthropological methods. The findings of quantitative data justify the rate of success of ethno-medicinal practices as noticed among the studied people.

INTRODUCTION

Every culture has its own ways of belief regarding diseases and its treatment. Culturally, illness is perceived in different ways, which differs with culture. According to Kleinman (1981), the behavioural pattern of the patient and their system of belief are crucial factors in the healthcare system. The World Health Organisation (WHO) has defined health as a 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO 1948).

The tri-polar concept of health means (a) body or physical health, (b) mind or mental health, and (c) soul or social health. It has been found that in simple societies, health is not only a familial matter or an individual matter, rather a community matter (Chaudhuri 2003). Disease means a deviation from the normal health condition, whereas Hahn (1995) defined sickness as "unwanted conditions of self or substantial threats of unwanted conditions of self". These conditions may include "states of any part of a person, like body, mind, experience or relationship". Illness is associated with the human experience, perspective of a patient, as well as socio-cultural and physiological processes (Fabrega 1975). Medical anthropologists have focused on five major areas of research

of ethno-medicinal researches including (1) ethnographic description of healing practices, (2) comparison of ethno-medical system, (3) explanatory models of health and sickness, (4) health seeking behaviours, and (5) the efficacy of ethno-medical systems (Bhasin 1997, 2002, 2007).

Medical pluralism and the explanatory model constitute health belief systems from a cross-cultural perspective. It generally fall into two categories of (1) personalistic belief systems that explain sickness as the result of supernatural forces directed at a patient, either by a sorcerer or by an angry spirit, and (2) naturalistic belief systems that explain sickness in terms of natural forces, such as the germ theory of contagion in Western biomedicine (Brown et al. 1997).

Some critical medical anthropologists influenced by the work of postmodern thinkers such as Michel Foucault (1973), have proposed that sickness is not just as an isolated event but a product of complex interactions involving nature, society and culture. Clement (1932: 18) classified illness as a result of acute natural causes, human agency, or spiritual intervention. Anderson and Foster (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. In the same way that the rest of society perceives them, they are seen as experts in healing illness. Ethno-medicine has been found as a significant method of the health care system among the Karbis (Bhattacharjee 2021:15). A placebo effect in between the patients and healers has been noticed among the Dimasas (Bhattacharjee 2023: 183-185). Bagal and Nanda (2022: 180-185) had analysed 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 Non Timber Forest Produces (NTFPs) had shaped the livelihood of the forest-dependent communities of Bangladesh. Such resources were essential for food, shelter, medicinal value, fuel, animal fodder, and several other purposes. Balasubramanyan and Sangha (2021: 1) analysed how ecosystem services and indigenous knowledge systems have been integrated to preserve the biodiversity hotspot of Western Ghat hills in India. Khadim et al. (2024:1) have correlated folklore with ethno-medicine in order to solve gynaecological problems in different parts of Pakistan. Singh et al. (2024:1) discussed the effectiveness of ethno-medicinal plants in the daily practices of the Paddar region in Kashmir.

In this regard, the importance of the present study is to know in detail about the availability, acceptability and applicability of ethno-medicinal practices, as done by the Dimasa Tribal people, dwelling in the Dima Hasao district of Assam.

Objectives

The prime objectives of the present study were the following.

1. To know about the use of different ethno-medicinal practices as prevalent among the studied people, to cure different ailments.
2. To know about the significance of their indigenous knowledge system in relation to ethno-medicinal practices.
3. To find out how far ethno-medicinal practices are successful in curing their different diseases and health related problems.

METHODOLOGY

The Studied People

The study was conducted on Dimasa Tribal group dwelling in the Dima Hasao district in Assam. The studied people have their own ecological scape that provides a number of ethno-medicinal floral and faunal resources, which is intimately related to their indigenous knowledge of the healthcare system as well as an integral part of their cultural tradition.

Method

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 phase of fieldwork was conducted from May 2023 to December 2023 in Dhansiri village of Karbi Anglong district of Assam.

Further, the second phase of fieldwork was conducted from January 2024 to August 2024 in the Dishu Raji, Topodisa villages under the Haflong subdivision and in the Semkhor village under the Maibang sub-division of Dima Hasao district, Assam. The said villages were among the oldest settlements of the Dimasa Tribal group. The study was conducted with 579 families, with a population of 2,937. Among them there were 1,477 males and 1,460 females, with a sex ratio of 988. Since all the adult members of the studied families were interested in participating, the study was conducted with all the families by applying the total sampling method to learn about their indigenous knowledge related to locally available ethno-medicinal resources. Detailed case studies were taken on the traditional healers about their understanding of locally available ethno-medicinal resources, the level of interaction between traditional healers, and the result of such treatments. Interviews were conducted with practitio-

ners 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

During the present study the prime questions which were inquired was, whether ethno-medicine were related to ailment of different diseases or locally available floral and faunal resources

was a part of their ethnic diet? How far it was successful in curing ailments? How far they were psychologically depended on their traditional healers? Was it merely a method of treatment or an integral part of their culture as well? According to the studied people or research participants poor food habits, disease and dirt are determinants of illness. Among the studied people, during the period of study prevalence of following diseases were noticed. In some cases the concerned person was affected by different types of diseases in the given period of study (Table 1).

It has been found that the studied people consider natural and supernatural causes in relation to their suffering of different diseases, ill health conditions and allied misfortune. Most of the studied families believe that in case of a person some diseases might have occurred due to natural causes, whereas in case of the same person, related to some other ill health condition or allied misfortune, it might be a supernatural cause (Table 2). It is to be mentioned here that the diseases occurred due to natural causes used to get cured by the Traditional Medicine Man (TMM) through the locally available ethno-medicine made up of floral and faunal resources. On the other hand, different ill health conditions and allied misfortunes were caused by different supernatural malevolent agencies and evil effects too. Such

Table 1: Types of diseases and ill health condition among the studied people

S. No.	Disease	Reported from	Affected male	Affected female	Total cases
1	Fever, cold and cough	All the villages	736	700	1436
2	Eye problem	All the villages	15	12	27
3	Jaundice	All the villages	480	490	970
4	Malaria	All the villages	690	630	1320
5	Diarrhoea and dysentery	All the villages	704	670	1374
6	Tuberculosis	All the villages	18	12	30
7	Ulcer	All the villages	10	09	19
8	Arthritis	All the villages	18	14	32
9	Ear problem	All the villages	7	5	12
10	Blood pressure	All the villages	12	10	22
11	Typhoid	All the villages	7	6	13
12	Diabetes	All the villages	6	3	9
13	Anaemia	All the villages	56	58	114
14	Chicken pox	All the villages	9	12	21
15	Epilepsy	All the villages	11	14	25
16	Liver problem	All the villages	12	6	18
17	Menstrual problem	All the villages	—	91	91
18	Muttering and unnatural behaviour	All the villages	506	508	1014
	Total recorded cases	3,297	3250	6,547	

Source: Field study

cases used to get cured by a magico-religious healer only due to their possession of divine power, as the people used to believe (Table 3).

Table 2: Cause of diseases

<i>Natural</i>	<i>Supernatural</i>	<i>Total recorded cases</i>
5238(80.00)	1309(20.00)	6547(100.00)

Source: Field study

Table 3: Method of treatment

<i>Traditional medicine man</i>	<i>Magico-religious healer</i>	<i>Total recorded cases</i>
5238 (80.00)	1309 (20.00)	6547 (100.00)

Source: Field study

Traditional Method of Treatment Related to Common Diseases

The Dimasas have their own traditional methods of treatment to get rid of different kinds of diseases. In order to redress different types of ailments, different parts of locally available medicinal plants are being used by them, which have medicinal value. Local Traditional Medicine Men use to have a profound knowledge related to such floral and faunal medicinal resources and they prepare a number of ethno-medicine through these resources. Meanwhile, in the studied villages even the elderly people know the preparation of such medicines, which can cure several day to day common ailments. Their traditional medicine man used the following floral (Table 4)

and faunal (Table 5) resources as ethno-medicine to cure different diseases.

Based on the locally available medicinal plants, the traditional medicine men of the studied area have developed inter-connectedness between cultural landscapes, local ecological resources, and indigenous knowledge of the healthcare system. It has been found that the research participants are intimately dependent on their traditional healers. The result of their treatment (Table 6) justifies the reason for such dependency. During the study it has been found that the traditional medicine men have successfully dealt with all the cases of ailments.

It can be further analysed through the following case studies.

Case Study 1:

Name: ParsuliMaibangsa; Age: 31; Sex: Female; Occupation: Housewife/Healer

According to her, the people of the studied area were facing health problems due to less knowledge about hygiene in their day to day life. She also mentioned that different diseases or health problems occurred due to the lack of appearance of the power superior who protects one from all sorts of health and misfortune. She stated that to avoid health problems it was important for them to keep nature happy and to worship nature as God. She said that the Dimasa people believe that illness or sickness was often caused by spiritual imbalances or disturbances in the individual's relationship with the supernatural. She also mentioned that

Table 5: Faunal resources used by Dimasa people to cure different diseases

<i>S. No.</i>	<i>Scientific name or common name</i>	<i>Local name</i>	<i>Mode of usage</i>
1.	<i>Brachyura sp.</i> (Crab)	Khangkhrai	Eaten raw or cooked for jaundice
2.	<i>Erethizondorsatum</i> (Porcupines)	Midzi	Porcupine poop for stomach pain
3.	<i>Apis mellifera</i> (Bee)	Bhere	Honey used for curing cold cough and fever
4.	<i>Physaacuta</i> (Freshwater snail)	Sugatai	Jaundice
5.	<i>Monopterusalbus</i> (Asian swamp eel)	Namna	Blood of eel is drank raw for piles
6.	<i>Grus antigone</i> (Crane)	Bogagajao	Meat of crane is eaten usually by the newly delivered mom for weight gained
7.	<i>Anas platyrhynchos</i> (Duck)	Daoplamju	Blood of the duck for water leeches bite

Source: Field study

Table 4: Floral resources used by Dimasa people to cure different diseases

S. No.	Scientific name and English name	Local name	Parts used	Usage	Dosage
1	<i>Morindacitrifolia</i> (Noni Beri)	Aluso	Leaves	Raw and boiled leaves are eaten for cough, gastric ulcers, depression, diabetes.	In syrup form. To be consumed thrice in a day.
2	<i>Centellaasiatica</i> (Spade Leave)	Mikaring	Leaves	Raw leaves are eaten for jaundice, gastric problems and skin conditions.	In syrup form. To be consumed thrice in a day.
3	<i>Psidiumguajavae folium</i> (Guava)	Sukrembosho	Tender Leaves	Raw tender leaves for diarrhoea.	In syrup form. To be consumed twice in a day.
4	<i>Citrus grandis</i> (Pomelo)	Reba	Fruit	Ascaris problem	In syrup form. To be consumed twice in a day.
5	<i>Musa acuminatacolla</i> (Banana Flower)	Laigonthai	Blossom of the banana plant	To cure anaemia and menstrual disorder.	In tablet form. To be consumed twice in a day.
6	<i>Euphorbia neritfolia</i> (Indian Spurgetree)	Yaojorablai	Leaves and latex	Steamed or boiled leaves consumed for cold andcough inchildren. The milky juice is also used for ear pain, skin disease.	In syrup form. To be consumed thrice in a day.
7	<i>Kalanchoe pinnata</i> (Cathedral bells)	Waiblai	Leaves	Leaves are ground and used as a paste or juice for dissolving to wounds, kidney stone, respiratory infection, insect bites, as well as applied thrice in a day.	In syrup form. To be consumed thrice in a day.
8	<i>Bidenspilosa</i> (Black jack)	Samkhamaothai	Roots	The roots are ground and the juice is consumed for cold and cough in elderly persons.	In tablet form. To be consumed twice in a day.
9	<i>Ocimumtenuiflorum</i> (Holy basil)	Tulsi	Leaves	Leaves are eaten fresh or dried, cooked or raw for cold cough, fever, dental problems and eyesight problems.	In syrup form. To be consumed five times in a day.
10	<i>Terminalia Chebula</i> (black- chebulianyrobalan)	Shilikatai	Fruit	Fruits are eaten for stomach pain, gastric, sugar problem	In syrup form. To be consumed thrice in a day.
11	<i>Mimosa pudica</i> (Touch- me not plant)	Sham Gablao	Roots/leaves	Used for wounds and toothache	In paste form. To be smeared twice in a day.
12	<i>Azadirachtaindica</i>	Neem	Leaves	Skin disease, jaundice, chicken pox	In paste form. To be smeared for thrice in a day.
13	<i>Privalappulacea</i>	Karko	Leaves	Stomach pain and dysentery	In syrup form. To be consumed thrice in a day.
14	<i>Jatropha gossypifolia</i> (black physienut or cotton- leaf physienut)	Radao klonggajao	Latex	Mouth infection in babies	In paste form. To be smeared twice in a day.
15	<i>Curcuma longa</i> (Turmeric)	Shilikidi	Roots	Antiseptic for wounds	In paste form. To be smeared four times in a day.
16	<i>Artocarpusheterophyllus</i> (Jackfruit)	Thaiplungbalai	Leaves	Diabetes	In syrup form. To be consumed thrice in a day.
17	<i>Musa paradisiaca</i> Linn.(Banana tress)	Thailingpan gaata	Gum and inner stems	Gum of the banana trees is drunk for dysentery. The inner stems are cut into pieces and applied to the	Gum in syrup form. To be consumed thrice in a day.Inner stems in paste form. To be smeared four times

Table 4: Contd...

S. No.	Scientific name and English name	Local name	Parts used	Usage	Dosage
18	<i>Sarcochlamys pulcherrima</i> (Dogal tree)	Misaigi	Leaves	wound for curing and relieving pain in wounds.	in a day.
19	<i>Sapindus mukorossi</i> (Indian Soapberries)	Puatai	Nuts	Stomach pain, digestion, body strength	In syrup form. To be consumed once a day.
20	<i>Curcuma zedoaria</i> (Zedoary)	Gangrup	Roots	Seeds are ground and taken as juice for stomach pain.	In syrup form. To be consumed twice in a day.
21	<i>Houttuynia cordata</i> (fish mint/ chameleon plant)	Mojokamao	Roots	Juice of the roots are taken for breathing problems, increasing body strength.	In syrup form. To be consumed thrice in a day.
22	<i>Aervsanquinolenta</i> (L) Blume (Purple Knight calico plant)	Hanuman Blai	Leaves	Root juice is taken for stomach ache in children.	In syrup form. To be consumed thrice in a day.
23	<i>Desmodium gangeticum</i> (Shal Leafed Bush)	Sam kipu	Leaves	Leaves paste is applied to a cut wound.	In paste form. To be smeared four times in a day.
24	<i>Ageratum conyzoides</i> (Billygoat weed)	Shamborma	Tender leaves	Leaves are eaten as vegetables for relieving stomach pain, joint pain and body pain.	In cooked form as an ethnic dish.
25	<i>Bambusa vulgaris</i> (Bamboo)	Waa	White gritty substance of the bamboo	Tender leaves juice is taken for dysentery.	In syrup form. To be consumed thrice in a day.
26	<i>Curcuma caesia</i> Roxb. (Black Turmeric plant)	Silikdsi Gisim	Roots	Gritty white substance inside the bamboo is used as medicine for piles.	In syrup form. To be consumed thrice in a day.
27	<i>Acorus calamus</i> (sweet flag)	Basi Lai	Leaves and roots	The paste of the black turmeric roots are applied to the wound and juice for chest pain.	In paste form. To be smeared four times in a day.
28	<i>Cajanus cajan</i> (Pigeon pea plant)	Kaoklem	Leaves	Leaves are ground and the paste is mixed together with water to bathe with when a child suffers from dental problems. Roots are also eaten for diabetes, stomach ulcers and headaches.	In paste form. To be smeared four times in a day.
29	<i>Colocasia esculenta</i> (Taro stem)	Tagong	Stems	Leaves juice is used for jaundice	In syrup form. To be consumed thrice in a day.
30	<i>Oroxylum indicum</i> (L) Vent (Indian Trumpet tree)	Kalong	Barks	Taro stems used for insect bites	In a day.
31	<i>Aegle marmelos</i> (Bel tree)	Bel	Fruit	Jaundice	In tablet form. To be consumed thrice in a day.
32	<i>Averrhoa carambola</i> (Star fruit)	Khamrenga	fruit	Both ripe and unripe fruit is eaten for a good digestion, constipation diarrhoea.	In syrup form. To be consumed thrice in a day.
				Raw or cooked fruit for jaundice, kidney disease and stomach infection.	In cooked form as an ethnic dish.

Source: Field study

Table 6: Result of treatment

<i>Cured</i>	<i>Recovered</i>	<i>Total recorded cases</i>
4714(90.00)	524(10.00)	5238(100.00)

Source: Field study

ancestors and spirits could cause illness as a form of punishment or warning. According to her, it was their belief that ailments often occurred due to social cultural factors, such as taboos, curses, and social conflicts, which contribute to illness. She practiced healing using medicinal plants that were found nearby or in the forest. She also did healing by incantation of mantras, which she learnt from the Hojai (priest). For medicine she used varieties of plants, fruits and animal body parts, which were available in the environment in order to cure cold and cough for children and elderly persons, ear pain, skin diseases, dilution of kidney stones, insect bites, and healing of wounds mainly.

Case Study 2:

Name: MonjoyKarigapsa; Age: 36; Sex: Male; Occupation: Farmer

Research participants stated that different diseases or health problems occurred due to the sudden change of the surrounding environment. According to him, once he was suffering from dysentery and lost his physical energy. He consulted with their traditional medicine man and was prescribed to drink the banana sap. He got cured very soon. He also mentioned that when he had a toothache, he had a remedy for it. Roots of the 'touch me not' plant, garlic, *Puntinus sp.* fish, rotten roots of banana were ground together, and used as a paste, then applied directly to the place of teeth ache. It helped the patient recover overnight for a long time.

Case Study 3:

Name: JoytolaPorbosa; Age: 52; Sex: Male; Occupation: Settled agriculture

According to the informant, maintaining good health was crucially dependent on practicing good hygiene. He stated that failure to do so can lead

to the contraction of various bacteria and viruses, which can adversely affect the body such as with flu, chest pain, gastrointestinal infections mainly. He said that poor hygiene can cause skin infections and dental issues too.

Some of the medicinal plants that he uses for common ailments included:

1. Neem: Raw leaves or paste was used for skin itchiness.
2. Fish Mint: Raw leaves were eaten as vegetables, as it is believed that it increases blood in the body.
3. Bitter Gourd: Balancing sugar level or diabetes.
4. Myrobalan: It helped in controlling sugar level.
5. Taro: Stems were directly applied on the insect bite.
6. Bamboo: Leaves to be burnt first and then applied as paste for a cut or wound.
7. Turmeric: Paste to be applied to heal a cut or deep wound, as it worked as an anti-septic, and the juice of turmeric used to be taken as it boosts the immune system.

DISCUSSION

In the recent times, the concept of indigenous knowledge and ethno science has reached to multidimensional approach. Acharya et al. (2025), discussed about the use of animal based medicine through indigenous knowledge. Muthukrishnan and Ramachandran (2025) discussed about the significance of medicinal plants in life of the rural people, dwelling in the Alagar hills. Parveen and Farooq (2025), identified the medicinal values of more than one hundred locally available plants in the Kargil Ladakh area. Liu et al. (2025) symbolically interpreted the ethno-botanical and traditional knowledge related to Tibetan wooden bowl, in relation to the process of healing through the age old cultural tradition in Yunan province.

Ethno-medicine and ethno-botany is equally getting importance in certain urban areas (Ullah and Akhtar 2025:13). Meanwhile, Fan and Kong (2025:1), have found the anti inflammatory compounds in flowers. It is to be mentioned here that the concept of health disease and treatment in case of the Tribal societies of India are deeply rooted in their socio-ecological and socio-cultural background. Muvengwi and Mbiba (2025) dis-

cussed the economic significance of medicinal plants in relation to urban markets. Keeping in view of the multidimensional approaches of ethno-medicinal studies, the present research is an attempt to do it on the Dimasa tribal people of Assam on whom there are no such anthropological studies as found. The Dimasas have their own narrative of origin and migration (Thousen 2019:52). They have rich indigenous knowledge system which plays a very significant role in their health care system. Cultural history of Dimasas through their folk tales has been studied by Panday (2024a:164-67). He had mentioned about certain methods of oral therapies. The social structure of the Dimasas clan and kinship rules are very significant as studied by Panday (2024b: 150-51). It is to be mentioned here a number of rituals related to the care and protection of the new born babies are being carried out by the maternal uncle. Zaman (2019: 205-07) has studied about the traditional village council of the Dimasas. It plays a very crucial role in the sustainable utilization of different natural resources in the village territory. Konwar et al. (2023: 1080-83) discussed the different folk festivals of the Dimasas. However, significant studies on their ethno-medicinal practices are not adequate. The present findings are going to discuss such issues specifically.

General Concept of Health

The terms 'health', 'disease' and 'illness' are intermingled when Dimasa people discuss the definition of the said words. Being able to lead an active life, work, eat and physically move around is an indication of good health. The concept of health among the studied people is beyond the level of physical and mental well being of an individual. Illness, health and diseases are results of the influence of both genetic predisposition and the physical environment. These are also dependent on the favours and disfavours of benevolent and malevolent spirits. Some illness and disease can be cured with medicines, while others need the intervention of spiritual deities who have to be propitiated with prayers and offerings. They stay healthy by the mercy of benevolent spirits and deities. They also believe that to prevent disease, keeping oneself and the surroundings clean is very important.

Acceptance and Effectiveness

A close interaction between the studied people and their surrounding ecology had played a vital role in their preference on traditional health care system. On the other hand, the cultural landscape of the studied people is based on the role of many natural and supernatural agencies, which is believed to be the causal factor of a number of illness and allied misfortune. In order to the ailment of such cases, their oral tradition, cultural history, myths, legends are very crucial. Collectively these cultural bases or landscapes have shaped up their strong believe system related to magico-religious healing practices. It is to be mentioned here that, in such cases lineage members and neighbours used to play a crucial role, which has made the supernatural health care system more as a community matter than a personal issue. In case of the studied people, the availability and easy accessibility of traditional healers, a strong cultural and ethnic bondage in between the concerned patients and their traditional healers had made the traditional health care system as a successful way of treatment. Keeping in view of the scholarly articles, it has been found that, in case of the Dimasas, indigenous knowledge and ethno medicinal practices is an age old cultural tradition. It has been found that the studied people use a number of floral and faunal resources related to their daily ethnic diet. Such diet helps them to avoid a number of seasonal health disorders as reported. It is to be mentioned here that the studied people used to pay a special attention related to reproductive mother child health issues. According to their belief, pregnancy is a blessing for a woman, but it is risky too. On the other hand, a new born baby equally brings happiness to the family. However, there are certain risks to both of them. Apart from being protected through the malevolent effects of supernatural agencies, the concerned families use to follow their age old ethnic diet during the time of pregnancy and after the child birth. There are certain sanction and restrictions of food during this period. Significantly, in the studied families no cases of MMR, IMR, U5MR and foetal loss was recorded. Moreover, the birth weight of the new born babies over the last two years in the studied families were all medically satisfactory. It is to be mentioned here that, the studied people used to

prefer institutional child birth, however in certain cases it was done in their household in presence of midwives and ethno-gynaecologists. Among the studied people, ethno-medicine and indigenous knowledge system related to it is not merely a method of treatment for them, rather it is an integral part of their cultural tradition, social system and psychological dependence.

CONCLUSION

The traditional healers of the Dimasa tribal group 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. However, the question of availability, accessibility, affordability and acceptability were the crucial factors for the research participants in order to select their first method of treatment. On the other hand, locally available ethno-medicinal resources, easily available, accessible traditional medicine man, the cultural similarities between the research participants and the traditional healers had strongly built the placebo, with a very significant rate of success in order to cure the patients from their ailments. During the study it has been found that the studied people had a deep rooted faith about the process of diagnosis and method of treatment as done by their traditional healers, including both the traditional medicine men and magico-religious healers. It is to be mentioned here that the studied people have their own indigenous knowledge to protect and preserve their locally available ethno-medicinal resources.

RECOMMENDATIONS

It is to be admitted that the socio-economic condition, place of settlement, access to different amenities are not uniform in different parts of India. Accordingly, the daily livelihood practices of different tribal populations across the country are also widely variable. Health is the fundamental human right for everyone. Obviously, diseases are an integral part of one's life, but how quickly the appropriate treatment is ensured to the concerned people in order to cure their ailment becomes a prime matter of concern. Indigenous

knowledge of the healthcare system through ethno-medicine has wider potential to play a vital role in this regard. Apart from quick accessibility of the healers by the patients, this method is much more cost effective in comparison to the healthcare system. Moreover, there used to be no side effects of such medicinal courses. If this age-old traditional cultural practice gets proper encouragement and support, then it can be very much purposive to ensure the fundamental rights of health of the many marginal ethnic groups of the country dwelling in remote areas.

AUTHORS' CONTRIBUTION

The first author is associated with the total conceptualisation, plan of work, finalisation of the paper and its communication. The second and third authors have done the field work. The fourth, fifth and sixth authors have analysed the primary data and prepared the draft paper.

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DECLARATION OF CONFLICT OF INTEREST

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