

Traditional Healing Practices in North East India

Ramashankar*, S Deb* and BK Sharma***

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Abstract

Northeastern region of the India comprising states of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura still follow the age old traditional healing systems based on Ayurveda, Unani and other allied practices. Each state is having its own dialect, plant and animal resources for meeting out the requirement of community including health facilities. They all adapt herbs, animal parts, *mantras* for keeping them healthy. During various studies it was observed that the traditional healers in this region belong to different categories like herbalist, diviners and birth attendants etc. Their method of treatment, ethics and significance of traditional healing practices are discussed in this paper. At the moment, scientific validation and recognition of traditional healing medicines are urgently required for revitalizing this loosing traditional knowledge.

Key words: Diviner, Herbalist, Livelihood, Traditional Healers, Tribes

1. INTRODUCTION

Traditional healing is the oldest form of structured method of treatment that is based on underlying philosophy and set of principles by which it is practiced. It is the medicine from which all later forms of medicine are developed, including Chinese medicine, Graeco-Arabic medicine and of course also modern Western medicine. Traditional healing practice was originally an integral part of semi-nomadic and agricultural tribal societies and although archeological evidence for its existence dates back to only around 6000 BC, its origins probably date back from well before the end of the last Ice-age. There were still some regional differences between the principles and philosophy of traditional healing although there are many fundamental similarities that arise from the profound knowledge of natural laws and the understanding of how these influence

living things, which is shared by all traditional healers.

North-Eastern region comprising of Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura is inhabited by a large number of tribals of various ethnic groups and the region is the home of a number of primitive societies like Abor, Garo, Dafla, Khasi, Kuki, Mishi, Rabha, Naga, Apatani, etc. These ethnic communities are rich in traditional knowledge and practicing traditional healing since time immemorial (Biswas and Chopra, 1982; Jamir, 1989, 1990, 1991, 1990b; Jamir & Rao, 1990a, 1990b; Pandey and Issar, 1991; Mahanti, 1994, Sinha, 1996; Mahanti, 1994; Lalramnghinglova, 1996, 2003; Kharkongor and Joseph, 1997; Kumar, 2002; Sharma, 2004; Das and Tag, 2006; Shankar and Rawat, 2008, 2012; Shankar et al., 2009, 2012a, 2012b, 2012c;

*Ayurveda Regional Research Institute (CCRAS) Itanagar -791111; E mail: rshankar58@gmail.com

**Department of Forestry, Tripura University, Agartala

***Department of Microbiology, Tripura University, Agartala.

Shankar and Devalla, 2012). Since long back science has developed platform for finding out treasure of response and risk taken by the healers but is still some question arise for availability and non availability of active constituents, pharmacological actions etc. Informations available with the traditional healers are being published and have already been published for career improvement of scientists and researchers However, no attention could be made towards improvement of methodology used by traditional healers and facilitation to these persons nor their future in Northeast Region despite the traditional healers in this region are exposing various challenges particularly in the management of liver disorder, urinary disorders bone settings and even serious diseases like cancer (Mao, 2002). There is a need for documentation of these practices as is done in other countries (Pretorius, 1998; Lois, 2003; Legendre et al., 1998).

The traditional medical practitioner or traditional healer can be defined as “someone who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious backgrounds as well as the prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being and the causation of disease and disability in the community”. Traditional healers used different medicinal formulas from various natural substances (animal, mineral and vegetable). They have extensive knowledge on the use of plants and herbs for medicinal and nutritional purposes.

The information on this type of practice was collected from traditional healers by using questionnaire in a standard format prepared by the Institute from all the eight states of northeast India. The basic information about the traditional healer, their monthly income, speciality in treatment, diseases covered, method of healing, etc. were noted down to understand the detail about traditional healing systems of this region.

2. OBSERVATION

Traditional healers neither always perform all the same functions, nor do they all fall into the same category. Each of them has their own field of expertise. Even the techniques employed differ considerably. Every healer has its own methods of diagnosis and its own particular medicine. By interviewing it was found that there are different types of traditional healers on the basis of their expertise in north east India. The major types are as follows.

2.1. Herbalists

Herbalists are common in every states of north east India. They are ordinary people who have acquired an extensive knowledge or technique but do not, typically, possess occult powers. They are expected to diagnose and prescribe medicines for everyday ailments and illnesses, to prevent and to alleviate misfortune or evil, to provide protection against witchcraft and misfortune, and to bring prosperity and happiness. In the healing practices of herbalists, empirical knowledge plays an important role, as they are able to diagnose certain illnesses with certainty and to prescribe healing herbs for those illnesses. In general, magical techniques also have a decisive role to play, because virtually all medicines can contain ingredients that are endowed with magical powers. They feel that common people wouldn't be able to become a good herbalist; it needs some spiritual power also.

2.2. Diviners

They were observed in the remote village of Assam and Arunachal Pradesh. Diviners are the most important intermediaries between humans and the supernatural. Unlike herbalists, no one can become a diviner by personal choice. The ancestors call them (more usually a woman) and they regard themselves as servants of the ancestors. Diviners concentrate on diagnosing the unexplainable. They analyse the causes of specific

events and interpret the messages of the ancestors. They use divination objects and they explain the unknown by means of their particular mediumistic powers. Their vocation is mainly that of divination, but they often also provide the medication for the specific case they have diagnosed. Some of them use prayer for the treatment of the ailments.

2.3. Traditional birth attendants

Traditional birth attendants often serve the communities located in isolated and remote areas where they are consulted as a matter of necessity due to the unavailability of Western health care services. However, they also render their services in urban/semi-urban communities, which despite their exposure to Western health care services may still prefer traditional birth attendants. Although number of traditional birth attendants in north east India or any state is not readily available, but they are part and parcel of the very large human resource component in the traditional sector, and it can be safely deduced that this category of health provider continues to play an important role.

2.4. Other

Veternary, bone setter, acupuncturist, breathing treatment, etc. are also practiced in this region. But the detail about the method of treatment is not yet explored.

3. ETHICS OF TRADITIONAL HEALING PRACTICES

After taking interview of different traditional healer of north east India, it was observed that the traditional healers have some principles in their system of healing practices. Traditional healers can realize the mind-body relationship. According to them the natural harmony of the body can only be restored by an integrated and holistic approach. They use natural methods of treatment, because these were the resources that have nurtured since time immemorial. Traditional healers used to be taught

by other traditional healers with many years experience from generation to generation and some of them have god gifted power of this knowledge. Traditional healers have strong ethical principles that they extend to all life. They believe that it is their duty to promote and save life from suffering. They also believe that Nature's laws must be obeyed in order to avoid decline and ultimate disaster. Traditional healers do not only work at correcting the internal imbalances through which disease can manifests in an individual, but also work at re-establishing an individual's harmony with their environment and their relationship with the natural cycles to which all life is subject. Traditional healing practice views the universe as operating according to natural laws that manifest according to specific rules and correspondences. They believe that the purpose of life and the nature of disease cannot be understood without knowledge of these laws and their correspondences.

4. TRADITIONAL HEALING SYSTEMS - A SOURCE OF LIVELIHOOD

Traditional healers are performing this practice for different purposes. Most of them are involved in this profession for economic benefits, whereas few of them are bound to do this practice due to the scarcity of any recognized medicine systems in that area and rest feel it as a part of social work.

Though this healing practice is having enough popularity within the community and more than 80% are still dependent on traditional medicine in remote areas. But due to modernization of the society and poor income generation, the younger generation is taking less interest for performing this traditional healing practice.

On the basis of economic aspects, the traditional healing practices can be classified into following types in north east India:

4.1. Commercial healing system

Some traditional healers were found to take help from the Ayurvedic products and use raw materials from the markets for preparing their medicine. They take this profession as their jobs and earning Rs. 15000-25000/ per month from this profession.

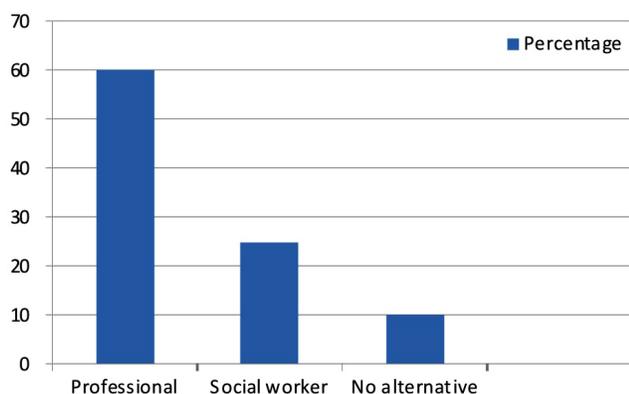


Fig. 1: Showing percentage of traditional healers in respect to source of livelihood in NE India

4.2. Semi commercial healing systems

Most of the traditional healers interviewed can be considered under semi commercial healing systems. They are doing their jobs and other activities as well as they are earning money from this profession. They are not dependent upon this profession and their income from this profession is fluctuating every month.

4.3. Subsistence based healing systems

Some of the traditional healers are doing this practice as per their requirement. They are poor and very old. They don't want money. Instead of giving money, patients are giving different food or other items required in their day to day life.

4.4. Humanity based healing system

Some of the traditional healers don't want to include this service in their profession and they are doing this practice due to the absence of any other alternatives in the remote place in this

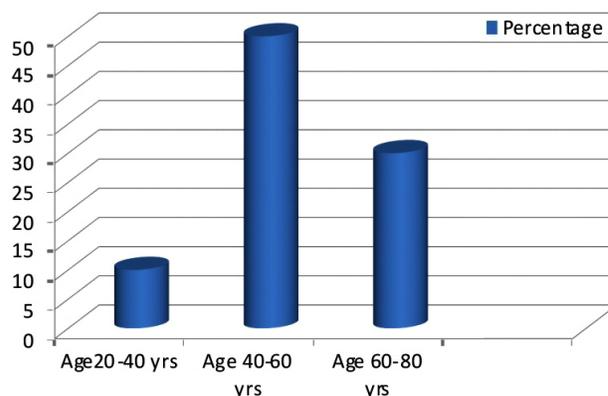


Fig. 2: Showing age wise percentage of traditional healers in NE India

northeast region. They utilize their knowledge of traditional healing as a part of social work.

5. SOURCE OF PROCUREMENT OF DRUG MATERIAL

Traditional healers are generally dependent on wild source of medicinal plants they use. However, several groups have developed their herbal garden in their land available in their vicinity. Several others who are well in contact with traditional healers in developed areas are meeting out their requirement by procuring the dried and processed crude drugs from nearby or distant markets. This practice is done by highly professional healers who have updated their knowledge and experiences with traditional

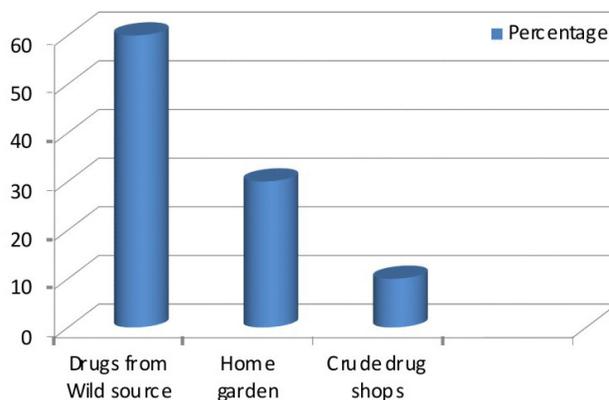


Fig. 3: Showing percentage of source of procurement of drugs in NE India

healers of different places through interaction or through study on well practiced drugs in Ayurveda and Unani system of medicine. This kind of practice is available in Assam, Meghalaya, Manipur, Sikkim and Tripura but very little in Arunachal Pradesh where they learned their trade names and application from crude drug collectors from wild sources.

6. SIGNIFICANCE OF TRADITIONAL HEALING SYSTEMS

The advantages of traditional healing systems are that they can deliver far more services than all other systems of medicine. This is sustainable & self-reliant form of health care for village India vis a vis north east. Some parts of northeast are inaccessible due to poor communication. This service can be practiced in any remote level. Folk healers are easily available & affordable and acceptable and existing in all the villages and their services depends upon local resources like flora, fauna, minerals, etc.

7. METHOD OF TREATMENT BY TRADITIONAL HEALER

Traditional medical practitioners treat all age groups and all problems, using and administering medicines that are readily available and affordable. Their treatment is comprehensive

and has curative, protective and preventive elements, and can be either natural or ritual, or both, depending on the cause of the disease. It includes among others, ritual sacrifice to appease the ancestors, ritual and magical strengthening of people and possessions, steaming, purification, sniffing of substances, cuts, wearing charms and piercing. According to one of the healers, tribal patients are getting more benefit from this practice than the non tribal as they can maintain the restrictions during the course of treatment. The food habits and simple daily requirements also help them to cure and get relief from the disease earlier than the people living in the modernized society. Important plants adapted in traditional practice of treatment are given in Table 1.

8. STATE WISE STATUS OF FOLKLORE MEDICINAL PLANTS USED FOR PROMINENT DISEASES

During exploration and literature survey folklore claims for the cure and management of different diseases have been sorted out and expressed in Table 2.

9. CONCLUSION

The above study shows that though the system of medicine is having enough strength and sustainability in its treatment but the young

Table 1. Details of number of plants used for the cure of different common diseases in North East India

Sl. No.	Name of State	No. of plants used for different diseases of North East India				
		Malaria	Stomach trouble	Diabetes	Gynecological disorder	Disease related to Child care
1	Arunachal Pradesh	38	26	07	11	09
2	Assam	07	08	04	04	05
3	Manipur	78	23	64	01	06
4	Meghalaya	02	08	03	01	08
5	Mizoram	10	06	02	00	06
6	Nagaland	02	00	00	00	00
7	Sikkim	15	03	01	01	03
8	Tripura	00	03	00	01	00

Table 2. Priority species used for traditional healing practices in North east India

Sl no.	Scientific name	Local name	Uses
Arunachal Pradesh			
1	<i>Coptis teeta</i> Wall.	Mishmi teeta	Malaria, jaundice, diabetes
2	<i>Drymaria cordata</i> Willd.	Mani-moone	Laxative
3	<i>Litsaea cubeba</i> (Lour.) Pers.	Santero (Apatani)	Cold and cough; Delivery trouble
4	<i>Mussenda roxburghii</i> Hook. F	Aksap	Malaria, jaundice
5	<i>Solanum spirale</i>		Hypertension, sexual diseases
6	<i>Solanum torvum</i> Sw.	Koppi	Pneumonia
7	<i>Solanum viarum</i> Dunal.	Koppir	Contraceptive properties
8	<i>Spilanthes acmella</i> Murr.	Marshang	Tooth ache
9	<i>Swertia chirayita</i> (Roxb. ex Flem.) Karst.	Chirata	Malaria, fever
10	<i>Zanthoxylum alatum</i> Roxb.	Timbru, Jebrang (Monpa)	Digestion, tooth ache
11	<i>Z. hamiltonianum</i> Wall.	Ombeng (Adi)	Malaria
Assam			
12	<i>Acorus calamus</i> L.	Boch	Cough
13	<i>Aegle marmelos</i> Corr.	Bael	Heart disease
14	<i>Asparagus racemosus</i> Willd.	Satmul	Urinary disorder
15	<i>Averrhoa carambola</i> L.	Kardoi	Jaundice, diabetes
16	<i>Bryophyllum calycinum</i> (Lamarck) Oken	Patharchura	Urinary disorder
17	<i>Costus speciosus</i> (Koe.) Sm.	Debitokan	Dysurea
18	<i>Euphorbia nerifolia</i> L.	Siju	Cough
19	<i>Justicia adhatoda</i> L.	Tita bahak	Cough
20	<i>Melia azadarachta</i> L.	Mahanium	Cough
21	<i>Plumeria acutifolia</i> Por	Golanacha	Antifertility
22	<i>Sida cordifolia</i> L.	Bala	Jaundice
23	<i>S. rhombifolia</i> L.	Bala	Jaundice
24	<i>Swertia chirayita</i> Sw.	Chiraita	Malaria, fever
Manipur			
25	<i>Acorus calamus</i> L.	Ok-Hidak	Cough and chest congestion; dysentery
26	<i>Aquilaria agallocha</i> Roxb.	Agar	Astringent in diarrhoea and vomiting; snake bite.
27	<i>Baccaurea ramiflora</i> Lour.	Leteku	Constipation
28	<i>Clerodendrum infortunatum</i> L.	Kuthap	Pidika (boils)
29	<i>Costus speciosus</i> Sm.	Khongbam takhelei	Urinary complaints, snake bite
30	<i>Goniothalamus sesquipedalis</i> Hook. F. &Thoms	Leikham	Bath for new born child
31	<i>Kaempferia rotunda</i> L.	Yai Thamna Manbi	Mumps, tumors, swelling and wounds
32	<i>Lemania australis</i>	Nungsham	Abortifacient drug
33	<i>Oxalis corniculata</i> L.	Yensil	Abdominal pain
34	<i>Plectranthus ternifolius</i> D. Don	Khoiju	Hair care lotion, antidote of small pox, skin diseases

Sl no.	Scientific name	Local name	Uses
Meghalaya			
35	<i>Achyranthus bidentata</i> L.	Minamkachi	Leprosy
36	<i>Arisaema jacquernontii</i> Bl.	Jinjok (Garo)	Ringworm and other skin diseases
37	<i>Elephantopus scaber</i> L.	Achaksn (Garo).	Heart and liver trouble
38	<i>Hedyotis scandens</i> Roxb.		Cough and cold
39	<i>Holarrhena antidysenterica</i> (L.) Wall.	Minamkachi (Garo).	Leprosy
40	<i>Litsea cubeba</i> (Lours.) Pers.	Jinjok (Garo).	Ringworms; Also applied for various skin diseases
41	<i>Pouzolzia hirta</i> Hassk.		Boil, bone setting
42	<i>Rauwolfia serpentina</i> Benth. ex. Kurz.	Sarpagandha	Antidote ; increase uterine contraction; Bowels; blood-pressure
43	<i>Rubia cordifolia</i> L.	<i>Bad-rahoi</i> (Khasi).	Ulcers; also the crushed roots for poisonous stings of insects and caterpillars
44	<i>Solanum spirale</i> Roxb		
45	<i>Solanum viarum</i> Dunal.		Toothache
Mizoram			
46	<i>Acampe papilosa</i> Lindle	Buangban Parbuk	Acute rheumatism, uterine trouble
47	<i>Aeschynanthes sikkimensis</i> (Cl.) Stap.	Bawltehlaithai	Throat pain
48	<i>Aquilaria malaccensis</i> . Lam.	Thingrai	Carminative, diarrhoea and vomiting, snake-bite, constipation.
49	<i>Buddleia asiatica</i> Lour.	Sialrial/Serial	Skin diseases
50	<i>Clerodendrum serratum</i> (L.) Moon	Ram Phuihnam	Malaria.
51	<i>Cinnamomum cassia</i> (Nees) Nees & Eberm	Thakthing	Dyspepsia and liver complaint
52	<i>Curcumorpha longiflora</i> (wall) Rao and Verma	Aitur	
53	<i>Dalbergia pinnata</i> (Lour.) Prain.	Hruitengtere	Mastifactory and anti-helminthic
54	<i>Dillenia indica</i> , L.	Kawrthindeng	Abdominal pain.
55	<i>Pholidota articulata</i> Lindle	Nauban	Antiseptic
56	<i>Smilax lanceaefolia</i> , Roxb.	Kaiha	Rheumatism
57	<i>Vitex peduncularis</i> Wall.	Thing-khawi-lu	Chest pain
Nagaland			
58	<i>Alstonia scholaris</i> R.Br.		Malaria
59	<i>Clerodendrum glandulosum</i> Lindle	Nephaphu (Chakma)	Hypertension and malaria
60	<i>Curculigo capitulata</i> (Lour.) Kuntz.		Stomach problem
61	<i>Curcuma zedoaria</i> Rosc.	Kati/Jemsu naro Tepetila (Zel)	Body ache & snake bite
62	<i>Garcinia paniculata</i> Roxb.	Sungsulasu (Ao)	Stomach and Gastric problem
63	<i>Houttuynia cordata</i> Thunb.		Germicides
64	<i>Lassia spinosa</i> L.		Gastrointestinal problem
65	<i>Nepenthes khasiana</i> Hook. F.	Shi achiba tong (Ao)	Cuts and injuries
66	<i>Ricinus communis</i> L.		Used for bone fracture and skin damage

Sl no.	Scientific name	Local name	Uses
67	<i>Saccharum officinarum</i> L.	Motsutong (Ao); Sungpentu (Lotha)	Jaundice
68	<i>Schima wallichii</i> (DC.) Korth.	Bangko Mesangtong (Ao)	Cuts and injuries
Sikkim			
69	<i>Aconitum ferox</i> Wall.	Bikh(Nepali); Katbis.(Bengali)	Antiperiodic, antidiabetic, antiphlogistic, antipyretic, anodyne
70	<i>Drymaria cordata</i> Willd	Avijal (Sikkim)	Headache, throat paint pneumonia and dog bites.
71	<i>Hedyotis corymbosa</i> L.	Piriengo	Antispasmodic.
72	<i>Knema angustifolia</i> . Roxb.	Ramguwa	Dysentery
73	<i>Nardostachys grandiflora</i> DC.	Jatamansi (beng)	Epilepsy, lowblood pressure
74	<i>Nephrolepis cordifolia</i> Presl	Paniawala	Abdominal pain
75	<i>Picrorhiza kurrooa</i> Benth.	Kakati (Ben), Katuka (Hindi)	Dysentery
76	<i>Swertia chirayita</i> (Roxb. ex Flem.) Karst.	Chirata(Bengali), Chiretta.(Nepali)	Fevers, acidity and in biliousdyspepsia accompanied by fever, skin disease
77	<i>Taxus wallichiana</i> Zucc.	Dhengre-salla (Nepali)	Carminative, expectorant, stomachic and tonic.
Tripura			
78	<i>Actinodaphne obovata</i> Bl.	Tender Leaves	Irregular menstruation
79	<i>Amomum lingniforme</i> (Roxb.) Benth.	Bon Alach (Bhil)	Muscular rheumatism
80	<i>Aquilaria malaccensis</i> Lamk.	Agar (Bhil)	Leucoderma & rheumatism
81	<i>Asparagus racemosus</i> Willd.	Satamuli (Bhil)	Epilepsy
82	<i>Erioglossum rubiginosum</i> (Roxb.) Bl.	Muli (Kuki), Aboian (Bhil).	Blood dysentery, malarial fever
83	<i>Hymenodictyon excelsum</i> (Roxb.). Wall	Chepkowa (Kuki)	Jaundice, fever
84	<i>Kaempferia galanga</i> L.	Homola (Kuki)	Asthma
85	<i>Phajus flavus</i> (Bl.) Lindl.	Maittehandori (Kuki)	Earache
86	<i>Psidium guineense</i> Swartz.	Jarbogoyam (Riang)	Scurvy & dentrites
87	<i>Leucas lanata</i> Benth.	Dron (Bhil)	Cough & cold
89	<i>Terminalia chebula</i> Retz.	Haritaki (Kuki)	Gastric ulcer

generations are not taking keen interest in this practice due to the modernization of the society. It is also observed that the system is neither organized nor streamlined and still it is practiced as an assortment of natural medicine, superstition and religion belief. Therefore, the exploration of this indigenous knowledge and its scientific validation, recognition in the system of medicine and its popularization is urgently required for

upholding this highly potential traditional healing practice of north east India. Inclusion of traditional medicines in well established system like Ayurveda and Unani after passing through various validation practices like phytochemical and pharmacological screenings of extracts as well as isolated compounds due to scarcity of marked drugs in the locality may also be required for fulfilling the need of time.

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