

A HISTORY OF TRADITIONAL MEDICINE OF MIZORAM IN PRE-MODERN PERIOD

**A Thesis submitted during 2010 to the University of Hyderabad in partial
fulfillment of the Award of a Ph.D Degree in Department of History,
School of Social Sciences**

by

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DEDICATION

I would like to dedicate my thesis to my beloved grandparents

Zadala Hrahsel (L) & Bualiangi

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CERTIFICATE

This is to certify that the thesis entitled *A HISTORY OF TRADITIONAL MEDICINE OF MIZORAM IN PRE-MODERN PERIOD* submitted by H.Vanlalhruaia bearing Regd. No. 03SHPH10 in partial fulfillment of the requirements for the award of Doctor of Philosophy in History is a bonafide work carried out by him under my supervision and guidance.

The thesis has not been submitted previously in part or in full to this or any other University or Institution for the award of any degree or diploma.

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DECLARATION

I H.Vanlalhruaia hereby declare that this thesis entitled "*A HISTORY OF TRADITIONAL MEDICINE OF MIZORAM IN PRE-MODERN PERIOD*" submitted by me under the guidance and supervision of Professor R.L Hangloo is a bonafide research work. I also declare that it has not been submitted previously in part or in full to this University or any other University or Institution for the award of any degree or diploma.

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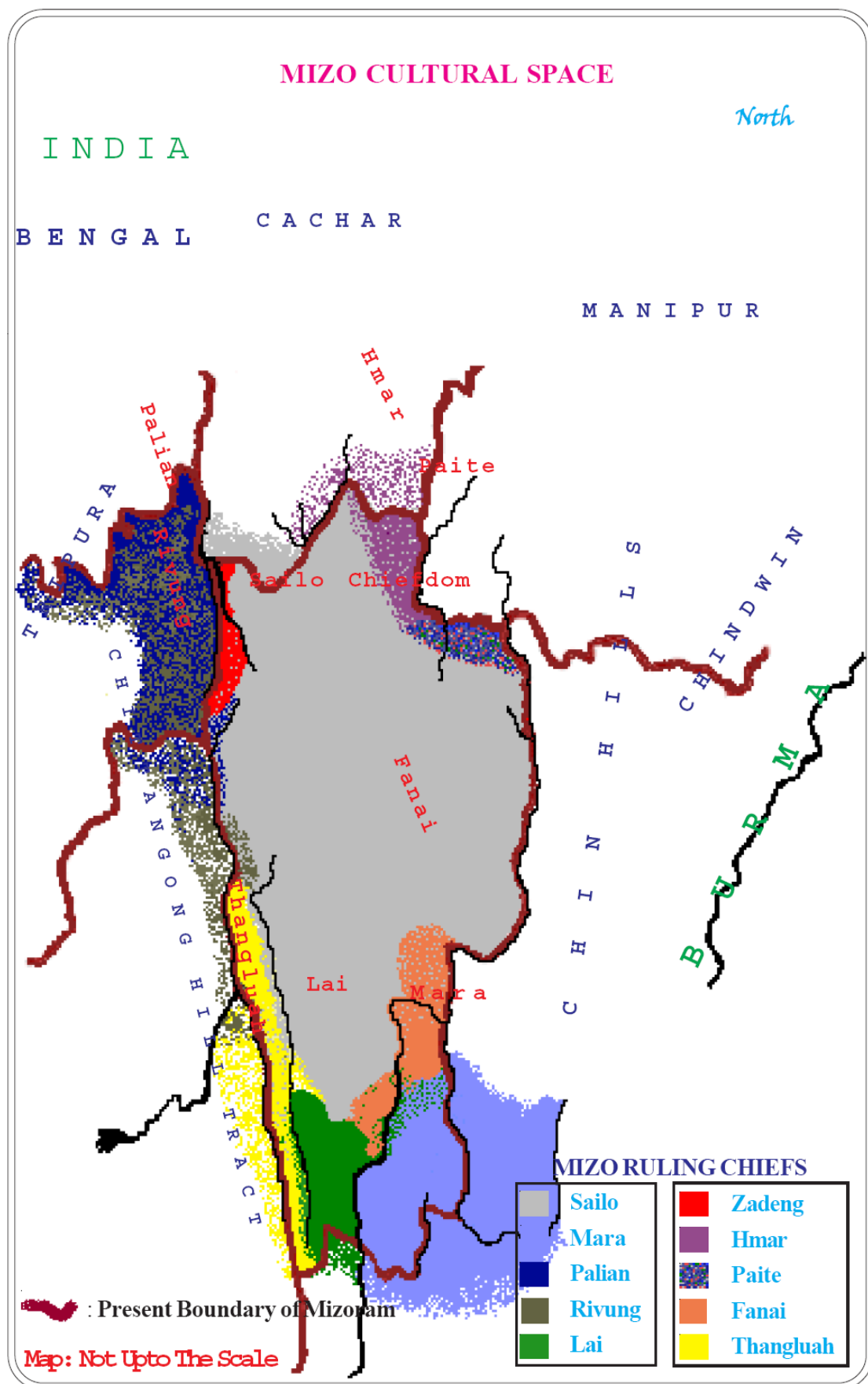
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H.Vanlalhruaia

ABBREVIATIONS

| | |
|--------------|--|
| FKPL | Firma KLM Private Limited |
| TRI | Tribal Research Institute |
| MHA | Mizo History Association |
| HJM | Historical Journal of Mizoram |
| IHR | Indian Historical Review |
| M.A.D | Mara Autonomous District Council |
| ISPCK | Indian Society for Promoting Christian Knowledge |



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PREFACE

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The history of medicine in its broadest sense encompasses the historical study of all factors affecting the medical and health experience of people and animals in a historical space and time. Every society invented a system of medical practices hoping to overcome the inescapability of diseases, sickness and death which has been part and parcel of human society from the earliest time. As a matter of fact these medical practices are deeply rooted in socio-cultural traditions such as religious beliefs, economy, political condition, social values and ecology therefore making it necessary to study in the historical context.

Initially, the history of medicine (by medically trained scholars) focussed primarily on the evolution of medical knowledge with the role of physicians in the historical past. In the recent period, more and more non medical scholars have entered this field of study. The conceptualization of body as well as the role of sickness, social and cultural factors which make an impact on health; various mechanisms dealing with diseases, the experience of illness and their treatment from the social and cultural perspective, gender relation, the changing nature of state (especially colonial period) and many other important themes and debates have been generated through these studies.

India has a rich tradition of medicines. *Ayurveda*, *Unani* and *Siddha* are classical traditions which are well codified with extensive written record. The second tradition belongs to “the folk” or “popular health tradition” which are regional specific, autonomous and community supported institution based on local knowledge

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transmitted from healer to healer or practitioner to practitioner and generation to generation.¹

The focus of attention in medical history in India has been almost entirely on the classical tradition and biomedicine that came with the British. The little traditional societies and their medical knowledge are marginalized as it becomes the most hitherto-unknown areas of research in historical discipline. Most researches on 'little traditional medicine' in India have been carried out by environmentalists, ethno-botanists, folklorists, anthropologists and subaltern studies. Ethno-botany exclusively deals with plant medicines, whereas folklorists, sociologists and anthropologists are mostly concerned with the descriptions of illness, disease and health practices among the "tribal" within the cultural framework. Subaltern studies focused their attention on 'tribal health and medicine' within the framework of colonial rulers and missionary medicine.

This study raises the following questions; how did the pre-modern Mizos conceptualised and defined medicine within their socio-cultural order? How did the traditional society survive throughout pre-modern period where Western medicines were not available at all? What were the conditions of people's health? What were the diseases and illnesses they suffered? How were the diseases perceived? What were the preventive measures taken? Who were the healers? What do the healers do? What do they use? How extensive are the system's applications? What were the primary goals of the system? What were the responsibilities of the practitioners, patients, families and community members? How does the study of little traditional medicine in pre-modern differ from the conventional studies of medicine? How does this "little tradition" fit into the overall ~~the~~ history of medicine in India?

¹ There are also several other terms such as subaltern medicine, indigenous medicine, village medicine, country side medicine, peasant medicine, tribal medicine etc which are widely used in current academic discourse.

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My aim is thus to answer these questions within the context of the Mizo cultural space in the pre-modern period. The term Mizo in this paper is composed of several tribal groups such as the *Lai*, *Mara* and *Lusei* (who now formed the core of present Mizo society) during the pre-modern times. The *Lai* and the *Mara* are located in the southern part of Mizoram, whereas *Lusei* and their cognate group spread throughout the present region of Mizoram. These three dominant tribal groups have intimate cultural relationship throughout the pre-modern period especially through their history and their traditions. Historically, they were part of the ethnic groups of South Asians and migrated southward from the central part of China. Their ancestors were probably the Mongols of Tibetan stock. Tradition tells us of their movement from China through Tibet to Burma. Between the 15th and 19th century, they penetrated the hilly regions of the present Chittangong Hill Tract of Bangladesh, Chin Hills of Myanmar, Tripura, Manipur, Cachar, and present Mizoram. Despite their minimal interaction and commercial contact with the Burmese Empire, Tripura kingdom, Manipuri kingdom and Cachari Kingdom, they enjoyed splendid political isolation until the British occupied their territory and formed the Lushai Hills in 1894.

The traditional medicine of the Mizo has received no academic attention and remains a thinly researched topic. Throughout the colonial period, not much attempt has been made to make available the information about the medical practices of the Mizo. The Mizo medical history is fractured as most of the accounts are taken from the oral tradition. Moreover, as written records do not exist of the pre-British times, one will have to look at the logic of the socio-cultural practices prevalent during those times. The cultural practices in most of the “tribal society” are a combination of real life, myth, legends and metaphor. History to them is the recital of sacred meanings within a cyclic as opposed to the lineal perception of time. If any part of the socio-cultural practices are separated and translated in literal terms, it makes little sense. This is what makes the non-literate society difficult to understand.

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In this thesis, I argue that the community and their management of health and diseases were thus closely related to their traditional worldview. Hence, the present thesis investigates the ways in which the diseases and environment had shaped the course of Mizo society from the second half of 19th century to first half of 20th century. I have also examined the relationship between medical theories, causation, classification, preventive care and remedies, the roles of practitioners and institutions, and the impact of medicine's relationship to the social, cultural, and technological environments in which it is constructed and practiced. To my knowledge, no investigation has ever attempted to study the history of medicine in Mizo cultural space in both the pre-modern and modern context. In fact, I do not find a single article or book on Mizo medicine written from a historical perspective. Perhaps, this thesis will be the first of this kind to fill this long felt need.

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Major Concerns of the thesis:

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The major concerns of this thesis are;

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- ✓ How diseases have shaped and influenced the course of Mizo history.
- ✓ The development of theories on health and sickness, and treatment and healing.
- ✓ How medicine, health and illness are perceived, and how these perceptions reflect and shape the social and cultural systems among the Mizo.
- ✓ The changing nature of political institutions and its influences on the conceptualization of health and diseases.
- ✓ The role of practitioner as well as the role of patient.

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To try and answer the above questions with reasonable clarity I have reviewed extensive literature and given the matter a good deal of thought. The literature, however, reveals a lack of consensus with regard to the meaning of the term "little tradition medicine", and it actually addresses the issue infrequently.

The objective of the present paper is not mere chronicling of the past but selectively tracing in order to locate discontinuity and fracture of the Mizo historical past through their medical practices thereby understanding the society in a larger context. I suggest, study on Mizo medical practices require understanding the worldview including the nature of Mizo knowledge and how it has been transmitted. I explore appropriate ways of thinking about Mizo medicine and reconstructing Mizo history. In the process, I am not concerned specifically with the accuracy of Mizo medical practice, but rather with the meaning of traditional methods and the rituals or empirical methods as well as the role of healers in pre-modern Mizo community lives.

Thesis Approach of the study.

My method has particularly been drawn from the “cultural history” and “popular culture” of both semantic and empirical approaches.² Cultural history represents a change in focus from looking for historical causation to exploring the meanings of things and events. It often combines recursive discourse approach of anthropology and history to look at ‘popular cultural traditions’ and cultural interpretations of people’s experience. It examines the records and narrative descriptions (oral tradition) of past knowledge, customs, tradition or worldview. The evidence has to be treated from native perspective, avoiding any modern reading of the phenomena in terms of reason against superstition, or rational versus irrational behaviors.

Medico Historical Sources

² For further reading please see, Peter Burke, *What is cultural history?*, (Second edition), Polity, 2008. For popular culture, please see Peter Burke, *Popular culture in early modern Europe*, Ashgate Publishing Limited, England, 2009. ~~Tagungsbericht, Health, Medicine and CulturalHistory, 30.01.2004, Stockton, UK. In: H-Soz-u-Kult 23.02.2004.~~

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The Mizos in pre-colonial period were virtually an oral society where written tradition was absent. So, the earliest written records on Mizo history were found in the neighbouring empires of Tripura (*Raja-mala*), Manipur (*Cheparun kumpa*) and the Assam Chronicle or *Buranji* of the kingdom of Assam. But these are only stray references, where cultural details were not found. The colonial government in Assam and Bengal were the earliest who documented Mizo history in the form of military reports and ethnographic accounts. Thus, there is no consistent body of literature existing in the field of history of Mizo medicine, whatever little is available exists is scattered in oral tradition, papers and colonial ethnography. Some of these texts give a good deal of picture of traditional medical practices. These reports, to the best of my knowledge, have not been used systematically in any historical study so far. Throughout the paper, I have identified the limitations in colonial and missionary understanding of Mizo traditional medical practices. Missionary and colonial weaknesses are stressed over and over again juxtaposing the problem of recent interpretations of medical practices of Mizo in pre-colonial period. This is necessary in the present context of history writing Mizoram where the story of the past is overwhelmingly dominated by the thinking of the European masters on the one hand and recent historiographical predispositions on the other hand. Thus a lot has been extracted from the oral tradition and recent recollection of pre-modern past by local oral historians² and an extensive fieldwork in present state of Mizoram.

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Chapterisation: The thesis is divided into five chapters;

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Chapter-I: The first chapter is devoted to the introducing the concepts, defining them within the context of the thesis and historical reviews of medical literatures from the earliest time to present period. In this chapter, special attention has been paid to introducing "popular health tradition" since my study area also belongs to this category.

Chapter-II: The second chapter gives a detailed analysis of Mizo cultural space in pre-modern period which focuses on the background of Mizo history in relation to social,

political and economic⁷ environment which are crucial for understanding the medical practices of the Mizo. The 'Mizo cultural space' has been analyzed in the backdrop of South Asian cultural history. I have defined the Mizo cultural space taking into account the two fundamental criteria - first, civilization (including both the mentality of the people and the level of technology) and spatial category (the hills or plain). In line with James Scott's argument, I posit that many Hill communities (including the Mizos) fled away from pre-colonial state projects in South and East Asia and took refuge in the hills.³

Chapter-III: Chapter three covers the traditional representation of health and diseases in Mizo cultural space. The Mizo views of health, sickness, and healing which were shaped by the worldview of the intersection between the individual, spiritual and the natural environment are highlighted. The list of diseases and illness known in Mizo cultural area is also provided.

Chapter-IV: The fourth chapter explores the traditional Medicine and healing practices in Mizo cultural space. The role of medical practitioners or healers (professional and private healers such as midwives, wise men and women, and other healers) and system of diagnosis, healing rituals (mixture of empirical and supernatural) is discussed at length. The chapter also analyzes² the use of drugs or healing aids such as the medicinal herbs, animal bodies and minerals. Concept of hygiene, notion of pure or impure and public health as well as sanitation have been covered in this chapter.

Chapter-V: The final chapter provides a critical assessment of the entire analysis with suggestions and concluding remarks. This chapter proposes that the history of

³ James C. Scott, *The Art of Not Being Governed: An anarchist history of Upland Southeast Asia*, Yale University Press, 2009. See especially preface and chapter one. ~~James C. Scott argues that the development of hilly non-state cultural space was the outcome of their interactions and resistance strategies against the process of the organized state in pre-colonial Southeast Asia. The process of organized states in pre-colonial Southeast Asia involves slavery, conscription, taxes, epidemics and warfare.~~

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traditional medicine ▲ which would enrich the historical discourses as well as helps to understand society as a whole in a historical context. ▲

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▲ There may be some gaps in my analysis but I am sure that this thesis shall generate interest among the scholars in the history of medicine, particularly in the region (i.e Mizoram) where there has been a lesser amount of interaction with 'mainland Indian societies'. ▲

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CHAPTER-I

INTRODUCTION

"The terrain of healing has always been characterized by great diversity, with learned or scientific medicine existing alongside popular or folk tradition, irregular or alternative medicine, as well as "quackery." ¹

- Roy Porter

¹ Roy Porter (ed), *The popularisation of medicine, 1650-1850*, London, Routledge, 1992. p.1

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The present study analyses the traditional medicine in the context of the 'Mizo cultural space' in the second half of nineteenth and early twentieth century. Historically, India has two distinct traditional medical practices. Firstly, the classical or codified systems or elite South Asian physicians (*Ayurveda*, *Unani* and *Siddha*) which are highly systematic, comprehensive and have extensive records of history and second, the "folk medical tradition" which are wide-ranging, local specific and mostly based on oral tradition. They are transmitted from one healer to the next and from one practitioner to the other. The latter is one of the most hitherto-unknown areas of research in the history of medicine in India. Hence, the present thesis attempts to fill this gap in the context of Mizo medical tradition in the South Asian cultural context.

Disease is as old as the history of people. It is a part of life and is a manifestation of life under altered condition. Hence, all human beings, irrespective of culture, caste, class, region, gender or historical epoch experience different types of diseases and illnesses. Simultaneously, all societies, irrespective of technological complexities, have medical practices that help people to deal with the inevitability of diseases and sickness. All the known ancient cultures of the historical past - Egyptian, Babylonian, Jewish, Chinese, Persian and India had their own glorious and useful systems of medicine and health care. These medical practices are specially characterized by the impact of cultural traditions and experience of human and animal bodies in relation to their surroundings. Although birth, illness, and death are universal human experiences, the way people conceptualize and manage these experiences have varied widely from one culture to the other. However, the common goal of medicine is not only to improve the health of individual human beings but also to improve the health of all people, all nations, and

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thereby to add the sum total of human happiness.² For a comprehensive understanding of this varied aspects of health and diseases, several researchers from anthropology, biology and social and environmental sciences, are making strenuous efforts all over the world at present.

1.1 Conceptualizing Traditional Medicine

All cultures have diverse health resources ranging from self care and home first aid through a variety of medical specialists. However, the conceptualization differs greatly.³ There is no agreement on a single conceptualization to be used when referring to medicine. The term medicine is derived from the Latin “*ars medicina*” which means “the art of healing”. The concept of medicine in western term (Western medicine, biomedicine, or scientific medicine, ~~social medicine~~) is unknown in many societies around the world. Several examples can be explained in this context. For instance, Fabrega and Silver’s study show that the medical system in *Zinacanteco* society is merely a conceptualization of the investigator, perhaps inseparable from the social system as a whole. They noted;

“*Zinacantecos* do not have what we could term a medical care system that is a clearly delimitable and independently functioning unit within their culture [since] the beliefs, practices, personnel, and facilities available for dealing with

² Farokh Erach Udawadia, *Man and Medicine: A history*, Oxford University Press, 2000. p. viii.

³ According to the World Health Organization, the term ‘traditional medicine’ implies “the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.”

<http://www.who.int/medicines/areas/traditional/definitions/en/index.html>, Retrieved on 14.November, 2009.

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occurrences of illness are not easily separated from those that serve other institutional functions in the society . . . religious, social, and ethico-moral.”⁴

The term *Unani* in medicine does not indicate ‘health’ or ‘healing’, it simply means “Greek”. The Arab borrowed from the Greek, thus called it as “*Unani*”. The Ancient Hindu on the other hand named their medicine in a larger context- the “science of life”. Its first component (*ayur*) implies that;

“The ancient Indian doctor was concerned not only with curing diseases but also with promoting positive health and longevity, while the second (*veda*) has religious overtone, being the term used for the most sacred texts of Hinduism”.⁵

Tibetan medicine *Sorig* (*Tib. gso ba* - healing; *rig pa* - science) is the ancient healing art that developed in Tibet over a period of more than 2000 years. The word “*siddha*” comes from the root word “*Siddhi*” which means ‘an object to be attained’ or “perfection” or “heavenly bliss”. Particularly in South Africa, the term medicine comes from the word *muti* which is derived from the Zulu word for tree.

The Mizos call their medicine “*Damdawi*” “*dam*” (to heal) “*dawi*” (divine) which means ‘divine healing’. Paradoxically, bio-medicine is called “*damdawi*” in modern Mizo terminology, whereas traditional Mizo medicine is called as “*Mizo damdawi*” or “*tualchhuak damdawi*” which means local or indigenous medicine. Various names and terminologies show us how the medical conceptualization around the globe differed greatly.

⁴———H. Fabrega & D. B. Silver, *Illness and Shamanistic Curing in Zinacantan*, Stanford University Press, 1973.-p. 88.

⁵———A.L Basham; ‘The Practices of Medicine in Ancient and Medieval India’, in Charles Leslie (ed), *Asian Medical Systems*, University of California Press, 1976. pp. 18-43.

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The term 'tradition' (something related to the past) is loosely used in many of the recent studies. However, what does "traditional" actually mean and how authentic it is, is a matter of controversy. For example, in its original sense, the word tradition comes from the ~~Latin~~ Latin *traditionem* which means "handing over, passing on". In its commonsense meaning, "tradition refers to an inherited body of customs and beliefs" considered to be legitimate in a given place and time.⁶ Moreover, the term is used to denote "things of the past" without any contemporary legitimacy. A. L. Kroeber defined tradition as the "internal handing on through time" of cultural traits.⁷ Kroeber's definition accords with the commonsense view of tradition as a core of traits handed down from one generation to the next. However, there is no agreement as to what part of people's culture should be considered as essential part of tradition and what part should be abandoned. Richard Handler and Jocelyn Linnekin stated that "tradition cannot be defined in terms of boundedness, givenness, or essence".⁸ Rather, tradition refers to an interpretative process that embodies both continuity and discontinuity. As a scientific concept, tradition fails when those who use it are unable to detach it from the implications of Western common sense, which presumes that an unchanging core of ideas and customs is always handed down to us from the past.

Eric Hobsbawm and Terence Ranger are being sceptical of the extensive use of the term "tradition" in recent times. In their opinion "tradition which appear or claim to be old are often quite recent in origin and sometimes invented."⁹ Considering the

⁶——Richard Handler & Jocelyn Linnekin, 'Tradition, Genuine or Spurious' in *Journal of American Folklore*, Vol. 97, -No. 385, (Jul. - Sep), 1984. pp. 273-290.

⁷——A.L Kroeber, *Anthropology*, New York, 1948. p. 411.

⁸——Richard Handler & Jocelyn Linnekin, *op. cit.*, pp. 273-290.

⁹——They define "invented tradition" as "taken to mean a set of practices normally governed by overtly or tacitly accepted rules and of a ritual or symbolic nature, which seek to inculcate certain values and norms of behaviour by repetition, which automatically implies continuity with the past. In fact, where possible, they normally attempt to establish continuity with a suitable historic past.... However, insofar as there is such reference to a historic past, the peculiarity of 'invented' traditions is that the continuity with it is largely fictitious. In short, they are responses to novel situations which take the form of reference to old

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definition of tradition which involves some of the most intricate problems, Mark Bevir also cautioned the historians who;

“often explain features of works, actions, and practices by locating them in the context of a particular tradition. Historians usually will encounter difficulties if they try to define a tradition in terms of a fixed core... If historians do identify a single tradition or episteme governing the whole of an epoch, that tradition will be of little interest since it will have little explanatory power...Indeed, because people usually want to improve their heritage by making it more coherent, more accurate, and more relevant to contemporary issues, they often do respond selectively to it; they accept some parts of it, modify others, and reject others”¹⁰

Thus, one of the most challenging tasks of researching the traditional medical practices is the lack of consistency and clarity in the terminology used by authors to describe various beliefs and practices through the ages. An attempt to redefine this understanding of tradition has proven empirically and theoretically challenging. To bring all the past practices of medicine under one umbrella term "traditional medicine" does not provide the whole answer.

Although, rich literature on history of medicine has been produced extensively in the recent period, the conceptualization of the term “traditional medicine” is broadly used in different contexts and terminologies. Recently, David Hardiman and his group from the Centre for the History of Medicine at the University of Warwick defined the term in the context of subaltern medical practices in India as ‘healing’ rather than ‘medical’ practice.¹¹ Yet, the term “traditional medicine” applies to the medical practices

situations, or which establish their own past by quasi-obligatory repetition." Eric Hobsbawm & Terence Ranger (ed), *The invention of tradition*, Cambridge University Press, 1983. p.1.

¹⁰ Mark Bevir, ‘On tradition’, in *Humanitus*, Volume. XIII, No. 2, 2000. pp. 28-53. www.nhinet.org/bevir13-2.pdf. Accessed on 12.12.2009.

¹¹ ‘A History of Subaltern Healing in South Asia’ in

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of the past society which are often called “non-western societies”.¹² Considering the diverse medical practices of human societies, Peter Worsley writes;

“Non-western” is a dubious concept because, historically, western medicine has long influenced large regions outside the west, notably Asia and the Americas, and because interchange between these cultural areas (not all one-way) is increasing in scale and intensity at an exponential rate. Further, the category “non-western” is either arrogant, residual ethnocentrism—merely meaning “not like us...”¹³

There are other terms which also indicate regional practices of medicine such as “Non-western medical system”, “Asian Medical Systems” “Indian Medical System” and “African Medical System”.¹⁴

Moreover, the “local health tradition” or “Folk medicine” is extensively used by folklorists, historians and anthropologists. The word ‘folklore’ (vernacular tales, customs, tales, music, beliefs and customs and body of teachings of common people) was coined by the English antiquarian William Thoms in a letter published by the London Journal

<http://www2.warwick.ac.uk/fac/arts/history/chm/research/subalternhealing/>

¹² Helaine Selin (ed), *Medicine Across Cultures: History and Practice of Medicine in Non-Western Cultures*, Kluwer Academic Publishers, Netherland, 2003. pp. xix-xxiv.

¹³ Peter Worsley, ‘Non Western Medical Systems’ in *Annual Review of Anthropology*, Vol. 11, 1982. pp. 315-348.

¹⁴ For example for non-western medical system, please see George M. Foster, ‘Disease Etiologies in Non-Western Medical Systems’ in *American Anthropologist*, New Series, Vol. 78, No. 4, December, 1976. pp. 773-782., Peter Worsley, ‘Non-Western Medical Systems’ in *Annual Review of Anthropology*, Vol. 11, 1982. pp. 315-348. For Asian Medical Systems, please see Charles Leslie and Allan Young (eds), *Paths to Asian Medical Knowledge*, University of California Press. 1992. For African medicine, please see Isaac Sindiga, Chacha Nyaigotti Chacha & Mary Peter Kanunah, *Traditional medicine in Africa*, East African Educational Publishers, 1995.

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Athenaeum in 1846.¹⁵ Latter on Robert Redfield in 1930 use the term “folk” in the sense, of non-primitive but relatively simple culture types which are rapidly being modified out of existence by increasing contact with modern industrial civilization.¹⁶ Horacio Fabrega in his study on evolution of sickness and healing mentioned the existence of “folks practitioners who rely on popular and more explicitly magical/religious ideas that constitute remnants of less complex societies that have been incorporated through political domination.”¹⁷ Recently, V. Balasubramanian from Centre for Indian Knowledge Systems disputed the western ethnocentric notion of folk in the Indian context;

“In the modern Western view, 'Folklore' is used to denote knowledge that prevails with the common people and gets propagated by oral tradition. This is as against classical or 'proper' scientific knowledge which uses its own terminology, theories and abstractions and resides in a different body of people - viz the experts. But in our tradition, this kind of a sharp qualitative difference does not seem to exist. The 'folk' practitioner's are also equally the innovators in the frontiers of their discipline and the theories and technical categories belong to their domain as well.”¹⁸

Robert Harold A. Gould used the terms "country medicine" or "village medicine" that applies “nonscientific approached” to diseases in North Indian context.¹⁹ In India,

¹⁵ — Duncan Emrich, ‘Folk-Lore: William John Thoms’, in *California Folklore Quarterly*, Vol. 5, No. 4. 1946. pp. 355-374. Also please see Francoise Loux, ‘Folk Medicine’ in Bynum and Porter (ed), *Companion Encyclopaedia of the History of Medicine*, Routledge, 1993. pp. 661-673.

¹⁶ — For further details, please see Robert Redfield, *Tepoztlan, a Mexican village: A study in folk life*, University of Chicago Press, 1930.

¹⁷ — Horacio Fabrega (jr), *Evolution of Sickness and Healing*, University of California Press, 1997. p.117.

¹⁸ — V. Balasubramanian; *Social organization of knowledge in India: Folk and Classical*. Paper presented in a national seminar on - ‘Indian Knowledge Systems’ held at the Indian Institute of Advanced Studies, Shimla, 27-29 September, 2003. <http://www.ciks.org/article2.htm>, retrieved on 21. December 2009.

¹⁹ — Harold A. Gould, ‘The Implications of Technological Change for Folk and Scientific Medicine’ in *American Anthropologist*, New Series, Vol. 59, No. 3, 1957. pp. 507-516.

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some scholars use the term “tribal Medicine” since India has officially recognized 645 districts of tribes in recent period.²⁰ However, it is not clear whether the term has been employed in relation to the development of technical level or in the nature of medical practices. The term ‘tribal medicine’ thus makes little sense considering tribal historical and cultural formations which are far from homogeneous.

Considering the contemporary pluralistic tradition of medicine, Charles M. Leslie used traditional medicine as health values and knowledge, roles and practices of laymen, of specialists in folk medicine, and of laymen-specialists such as the a vocational practitioners of homeopathic medicine.²¹ If every culture had its own specific popular medicine based on its general cultural features, it would be possible to propose the existence of as many medical systems as there were cultures and, therefore, develop the comparative study of these systems. Under this concept, medical systems would be seen as the specific product of each ethnic group’s cultural history.

The term “primitive” (Latin "*primus*" meaning "first") frequently used in early anthropological description of cultural phenomena indicates early development of human history of pre-literate or nonindustrial, prehistoric societies, often tribal culture, especially one that is characterized by a low level of technical development and economic complexity.²² Erwin Heinz Ackerknecht provides a sweeping statement on the primitive medicine;

²⁰ — Some of the books and articles (anthropology or ethnographic works) which bear the name of ‘tribal medicine’ in India are S K Jain D C Pal, *Tribal Medicine*, Naya Prokash, Calcutta, 1998. A. K. Kalla & P. C. Joshi (ed), *Tribal Health and Medicines*, Concept Publishing, New Delhi, 2004. Lamba, R. and S. Mehta, ‘Priorities in Indian medicine: a tribal perspective’, in *Indian Anthropologist*, Vol.25, 1995. pp. 1-12.

²¹ — Charles M. Leslie, *Asian medical systems: A comparative study*, University of California Press, 1976. pp.1-18.

²² — Marx in his formulation of successive stages of history also include “primitive communism” characterized by equalitarian hunting and gathering as the earliest form of social organisation. Other well known thinkers such as Hobbes, Locke, Rousseau, and many more portray the image of primitive man in various contexts. With the growth of European colonialism, its connotations have been a part of European thought on all those peoples outside the cultural influences of Europe and Asia. Moreover, European

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"Medicine of contemporary savages or primitive-so called primitive medicine...must be used cautiously, since none of these tribes can portray medical practices exactly as they were carried out seven or eight thousand years ago. It is true that these primitive societies have remained fundamentally on a Stone Age Level."²³

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The study of primitive medicine he proposed should be "undertaken solely with the object of gaining these historical insights".²⁴ Such assumption which postulates the western scientific medical practices as the sole judgment of medical validity was already abandoned in recent anthropological studies. Thus, the idea of 'primitive medicine' indicates "only to technological development of a society but not to its religion, social organisation, or other of its cultural elements".²⁵ Henry E.Sigerist also wrote in this context,

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"Primitive medicine is timeless...the elements of primitive medicine may be found in all societies, at all times, in the ancient orient was well as in Greece, in the middle ages as well as in the midst of our modern industrial society. It is the emphasis only that changes..."²⁶

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colonialism designates to differentiate their culture from "other" form of culture. However, the validity of the term has been repeatedly challenged. For instance, Adam Kuper writes "the history of the theory of primitive is the history of an illusion". Adam Kuper, *The Reinvention of Primitive Society: Transformation of a myth*, Routledge, 2005. p.11. Other scholars view primitive as merely a form of social origination as Ellsworth Faris "primitive man so designated is not really primitive". Ellsworth Faris, 'Pre-Literate Peoples: Proposing a new term' in *American Journal of Sociology*, Vol. 30, 1925. pp.710-712.

²³ — Erwin Heinz Ackerknecht, *A short history of medicine*, Ronald Press Company, New York, 1959. p.10.

²⁴ — Ibid.

²⁵ — David Landy (ed), *Culture, Diseases and Healing: studies in Medical Anthropology*, Macmillan Publishing Co.inc, New York, 1977. p.2

²⁶ — Henry E. Sigerist, *A history of medicine*, Oxford University press, New York, (in 2 volumes), 1951, 1961. p.209.

Some historians (mostly those who focus on medicine in colonial empires) extensively used the term "Indigenous medicine".²⁷ Apparently, such terminology is employed in relation or binary opposition of two systems — 'us' and 'others' of the native medicine versus imperialist medicine. More recently, "alternative medicine" (other than modern scientific medicine such as acupuncture, osteopathy, herbal medicine, and homeopathy etc) becomes common usages in America.²⁸ However, the term could be problematic in India since a majority of the Indian population still depends on traditional medicine consisting of different types of natural, empirical, and therapeutic systems of cure. Subrata Pahari challenges this notion as;

"...under such conditions if traditional medicine is considered "alternative" then, barring English language, Christian religion, and allopathy, each and everything in the world should be regarded as an alternative."²⁹

Within the "indigenous knowledge" studies approach, several scholars contested the Eurocentric view on non-western traditional medicine. Battiste, Marie and James Youngblood Henderson argue that traditional medicine is

"A knowledge system with its own epistemology, philosophy, scientific and logical validity..... which can only be understood by means of pedagogy traditionally employed by the people themselves"³⁰

²⁷ — For instance, please see K.N Panikkar, 'Indigenous Medicine and Cultural Hegemony', in *Culture, Ideology, Hegemony: Intellectuals and Social Consciousness in Colonial India*, Tulika Books, New Delhi, 1995. pp. 145–75.

²⁸ — Don G. Bates, 'Why not Call Modern Medicine "Alternatives"?', in *The ANNALS of the American Academy of Political and Social Science*, Vol. 583, No. 1, 2002. pp. 12-28.

²⁹ — Subrata Pahari, 'Travails of Traditional Medicine' in Chittabrata Palit & Achintya Kumar Dutta (ed.), *History of medicine in India: the medical encounter*, Corpus Research Institute, Kolkata, 2005. pp. 219-234.

³⁰ — Battiste, Marie & James Youngblood Henderson, *Protecting Indigenous Knowledge and Heritage: A Global Challenge*. Saskatoon, Saskatchewan, Purich Publishing Ltd, 2000. p. 41.

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Thus the term “traditional medicine” begs for introspection and interrogation, the danger was raised by adapting a western concept that inherently denigrates the validity and value of “indigenous knowledge”.

Appropriating Robert Redfield’s model, Murray uses the term "little and great tradition". He writes

“By 'little tradition' we mean, first, systems that are purely local and specific to the community, second, systems that are subordinate to a "great tradition". To be subordinate does not necessarily mean being less popular, even perhaps less successful than medicine of the dominant 'great tradition'; it does mean, however, that government resources, formal education, and social status privileges the 'great tradition', thus leaving the 'little tradition' not only as the disparaged alternative but also as a possible means of subverting the cultural hegemony of the political elite”.³¹

Concept of the ‘great’ and ‘little’ was later challenged in the Indian context by Dumont³² and Pocock on the ground that the Indian villagers (themselves) would overlook the difference between the presences of separate traditions. They noted, “...for them there are not two traditions but simply the one which is their life”.³² Despite such opposition, the idea of the ‘great’ and ‘little tradition’ continued in many works. More or less in keeping with Redfield's concepts, James C. Scott defined the little tradition as "the distinctive patterns of belief and behavior which are valued by the peasantry of an agrarian society"; the great tradition is the corresponding patterns among the society's elite".³³ Further James C. Scott elaborated that;

³¹——— Murray Last, ‘Non-Western Concepts of Disease’ in William -F. Bynum & Roy Porter, *Companion Encyclopaedia of the history of medicine*, Volume 1, Routledge, 1993. p. 634.

³²——— L. Dumont & D. Pocock, ‘Village Studies’ in *Contributions to Indian Sociology*, Vo.1, 1957. pp. 23-41.

³³——— James C. Scott, ‘Protest and Profanation: Agrarian Revolt and the Little Tradition, Part I’, –in *Theory and Society*, Vol. 4, No. 1, Spring, 1977. pp. 1-38.

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"the little tradition does not merely represent some parochial version of the great tradition. Rather, the little tradition often constitutes a "shadow society-a pattern of structural, stylistic, and normative opposition to the politico-religious tradition of ruling elites." Despite this symbolic opposition, as well as the opposed interests of the peasantry and the ruling urban elite, the relationship between the two traditions and their respective bearers is not simply a matter of outright conflict or of absolute domination/subordination. In addition there is a certain amount of collaboration or symbiosis between the two, while the economic, political, and cultural subordination of the peasantry is a "negotiated subordination with definite moral limits," which elites transgress at their peril."³⁴

Considering the medical pluralism in the larger Indian context, the "great or classical" and "little" traditions may be relevant which are not oppositional but co-existed throughout the Indian history. Yet, many of little traditions in India maintained their medical traditions in their form which may be subordinate or outside the influence of great tradition.

— More recently in the west several terms such as "organized medicine", "authoritarian medicine", "mainstream medicine", "conventional medicine", "dogmatic medicine", "regular or non-regular medicine" and "conservative medicine" are being employed. These terms apparently "carries too much political baggage, and its use is completely dependent on one's viewpoint".³⁵

Some scholar like Alan D. Nerkenwald rejected the term 'traditional medicine' on the ground that "traditional cannot be used, because both types of medicine (scientific or

³⁴ — James C. Scott, 'Protest and Profanation: Agrarian Revolt and the Little Tradition, Part II', in *Theory and Society*, Vol. 4, No.2, June, 1977. pp. 211-246.

³⁵ — Alan D. Nerkenwald, 'Lingua Medica: In the Name of Medicine', in *Annals of Internal medicine*, Vol.128, No.3, February, 1998. pp. 246-250.

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alternative) have long traditions and the actual historic edge goes to the alternative practitioners”³⁶ On the other hand, Shaila Desouza (check if this is how she uses her name?) in her study of medical practices provided the relevance of traditional medicine of Goa in the South Indian context. She wrote;

“Different cultures may have varied and unique perceptions of disease which are invariably handed down through generations, forming part of what gets to be termed as “tradition”. It is often the repeated occurrence of a phenomenon that results in ritualisation, and popular belief holds a view that anything that has earned the name “tradition” has stood the test of time and ought to have some merit to account for its continued existence.... The word “tradition” therefore, would include what was and is resulting in a certain ambiguity which could explain that surrounding this issue that we experienced in the field. This traditional and ritual domain however forms one of the most important boundaries of a community’s identity”³⁷

In the foregoing illustrated example, we can see that medical discourse always involves “a name game” or “designation”.³⁸ ‘Tradition’ in its various terms is the outcome of the west’s search for the existence of medical practices in other societies and their sceptical view on others’ “tradition” of medicine. Murray Last wrote that traditional medicine;

“falls potentially a vast range of ideas and practices, from the time of early humans up to the present, in all areas of the globe. Clearly, only a fraction of the history of these ideas is known, and such history as there is has often come to us through the lens of some outside observer”³⁹

³⁶ — Ibid.

³⁷ — Shaila Desouza, *Health Practices and People’s Identity Re-Locating Identity*, Lusotopie, 2000. pp. 455-468.

³⁸ — Alan D. Nerkenwald, op. cit., ibid.

³⁹ — Murray Last, op.cit., ibid.

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Apparently, there is a growing tension between the “western” and “non-western” paradigm, “scientific” and “non-scientific” paradigm, “traditional” and “modern” paradigm. It also critically raises the questions of who is responsible for medical judgments and decisions. Hence, whatever the terms we may employ, (‘unorthodox’ or ‘marginal medicine’) the dichotomy does not easily end.

Scholars may use different categories in their studies, but they still face the questions of what is supposed to be counted as authentic “tradition” and what, if at all, is “traditional” about “traditional medicine”.⁴⁰ Moreover, traditional medicine has been deployed by many historians in very different ways, so that it is hard to now distinguish any obvious positions. ‘Traditional medicine’ simply cannot cover the whole complexities of medicinal practices of any given space and time in the history, whether, in place or in the period of the past or contemporary period. Medical practices in future will continue to evoke new terms, constantly redefining it against successive practices. Traditional approaches, to quote Waltraud Ernst;

“...health are present, have always been present, and will always be present. And it “it continue to evolve and will never be static, persevering in their historic role as challengers to the preeminent medical thinking of the day. The two systems are healer twins...they may never appear together”⁴¹

The term “traditional medicine” is a very broad and blurred concept which indicates its true nature but would simply be a term for the medical system of a particular society in a particular space and time that conceptualizes and responds to diseases, illnesses and health. The term “traditional” does not necessarily imply that the system is old, non-scientific or non technical in nature, but is “traditional-based.” The term “traditional” here in this context can be understood as it is created in a manner that

⁴⁰ Waltraud Ernst, *Plural Medicine, Tradition and Modernity*, 1800-2000, Routledge, London, 2002. p. 8.

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⁴¹ Alan D. Nerkenwald, op. cit., ibid.

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reflects the traditions of the communities, therefore not relating to the nature of the tradition itself, but to the way in which that tradition is created, preserved and disseminated. The word 'tradition' in this paper thus implies⁴²

"A communication which has been handed from generation to generation, so that it is authorized and authorizing but not so authoritative as history, and its contents can accumulate over time, be contaminated by spurious additions, or can include cruces which are due to copyists' error"⁴²

1.2 Why Study the History of Traditional Medicine?

How did medicine, as we know it today, originate in history? Practices of Medicine arose from a point of view, opinion, or method that had been proven worthy over a period of time. All medical practices have historical factors which have shaped both the traditional medicine and the scientific system of medicine. All aspects of medicine are deeply rooted in cultural traditions, religious beliefs, economy, social values and ecology therefore making it necessary to study in a historical context. Historians and other social scientists are curious of how people construct their worlds by their knowledge and live by it, and therefore historians of medicine should ask how these varieties are produced, represented, transmitted and applied. The lessons of history are indeed many in the context of medical practices of human society. Sigerist, (1891-1957), (Director of the Institute for the History of Medicine at Johns Hopkins University during the 1930s and 1940s) vividly wrote the importance of history of medicine;

"...teaches us where we came from, where we stand in medicine at the present time, and in what direction we are marching. It is the compass that guides us

⁴² — Elizabeth Tonkin, 'Investigating Oral tradition' in *Journal of African history*, Vol. 27, 1986. pp. 203-213.

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into the future. If our work is not to be haphazard but to follow a well-laid plan, we need the guidance of history."⁴³

Further he wrote in 1977 as;

"Medical history, therefore, will study health and disease through the ages, the conditions for health and disease, and the history of all human activities that tended to promote health, to prevent illness, and to restore the sick, no matter who the acting individuals were."⁴⁴

The practice of medicine is cumulative, still growing and still practically useful history. Hence, the study of the history of medicine helps us to describe and understand how people in different times and cultures experienced and dealt with these fundamentals of human existence. The historical truth is relative and never absolute. There are limits which are far more advanced than what medicine can meet. Many medical concepts and beliefs considered to be sanctified truths in the past were held to be utterly false at another time in future.⁴⁵ Many medical practices were discarded when, due to trial and error, they were found ineffective or in some cases even dangerous. Contemporary medicine that we are so proud may prove to be false, even harmful and dangerous after hundred years. Today's medicine has evolved over thousands of years as each generation built on the knowledge of earlier times. The history of medicine teaches that medical concepts and a practice of the past are useful in future and also gives an idea of how ideas developed over the centuries.

The foundation of modern medicine is set in the historical root of ideas from primitive to modern that linger in our collective psyche. Thus becoming one of the most dynamic and exciting fields of historical scholarship for the past couple of decades. How diseases are understood and defined by specific society or society reflects and shape

⁴³ —H.E Sigerist, op.cit., p.32.

⁴⁴ —Ibid. pp. 6-7.

⁴⁵ —Subrata Pahari, op.cit.,

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cultural values are some of the questions these scholarships raise. Many scholars thus focuses on the interactions and interrelationships of disease, healers (both traditional and scientific), and patients in the historical context. More and more historians are interested in the questions of who or what factors have shaped those changes, and how this has contributed in redefining the concepts of health and illness. How these perceptions reflect and shape culture and society? Perceptions of disease, illness, health and the related provision of health care have been intertwined with social, political and economic factors. Our understanding of the diseases in the historical context may lead to fresh treatments and new discoveries which may open the door to unimagined advances in medicine.

History of medicine thus, constitutes an integral part of the history of human civilization, giving an account of man's efforts to deal with human illness and therapy from the earliest times to recent era. Therefore, the experience of millions of individuals in hundreds of different traditional medical practices offers knowledge of understanding medicines. Knowing the past could lead to a greater understanding of the present and help us to reach out to a healthier and happier future.

Although recent advances in molecular biology and physiological chemistry have greatly enhanced our understanding and treatment of diseases, a large segment of human population still depends on traditional medicine. Hence, "various forms of traditional medicine need our tolerance and even respect, not the disdain shown by practitioners of western medicine".⁴⁶ The history becomes utterly incomplete if it fails to give an account of the progress and development of various medical practices (whether traditional or scientific medicine), which has played an important role with its remarkable achievements, from the past to the present day civilization. Traditional medicines have continuously influenced current medical research and practice. Ideas from the so called "western scientific medicine" continue to suggest new investigations and applications in the study of medicine. Roy Porter remarked in this context;

⁴⁶ Ibid.

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"We feel confident that we have 'progressed, and science certainly furnished western healing with powers that the medicine-men or witchdoctor lacks. But, tribal medicine 'makes sense' no less- and, in some ways, far more-than western medicine."⁴⁷

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The greater the diversity of theories and observations in history of medicine, the greater the variety of ideas available for empirical testing.⁴⁸

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1.3 Survey on historiography of Medicine

Man's attitude towards the disease changed over a period of time, so did the history of medicine. A generation ago, history of medicine was scarcely known outside of academic circles. However, recent period has witnessed the growing interest in the field of the history of medicine. Hence, it is important to trace the development of historical studies of medicine.

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In the initial development, history of medicine primarily discussed what physicians, usually famous one did and thought in the historical past.⁴⁹ Until the middle of twentieth century, as W.R Albury noted "the history of medicine was a part of

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⁴⁷ Roy Porter, 'What is Disease' in Roy Porter (ed), *Cambridge Illustrated history of Medicine*, The Press Syndicate of the University of Cambridge, 1996. p. 83.

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⁴⁸ David J. Hufford, 'Cultural Diversity, Alternative Medicine, and Folk Medicine', in *New Directions in Folklore (formerly the Impromptu Journal)*, Issue-1, July 1997.

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<http://www.temple.edu/isllc/newfolk/medicine.html>. Retrieved on 22, February 2010.

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⁴⁹ Allan M. Brandt, *Emerging Themes in The history of Medicine*, The Milbank Quarterly, Vol.69, No.2, 1991. p. 201.

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medicine itself; it was the business of physicians".⁵⁰ Charles R. King also writes "In fact, prior to 1900 virtually all histories of medicine, often written by physicians, not historians, were histories of great men".⁵¹ Hence, study of history of medicine at the beginning was a separate and narrow field, entirely (if not at all) in the hand of physician or medical historian.⁵² Henry Sigerist defined medical historian "a physician trained in the research methods of history, who takes an active part in the life of his time and is close touch with the medical problems of his time".⁵³

John Chynoweth Burnham has identified early medical physician historians who were writing medical history reframed their subject matter in four ways. First, they began to emphasize that progress meant not only accepting new knowledge but rejecting old ideas, second, by focussing on medical discoveries, the historian played up the great innovators. Third, physician improvement of knowledge and their humanitarianism made it possible to portray medicine as a major element contributing to civilization at any point in western history. And, fourth, by emphasizing the contribution and importance of medical activities, medical historian could use their narratives to bolster physicians' claims against non-medical practitioners and pretenders, who usually represented "error" of the past.⁵⁴ Hence, the history of medicine in this period was virtually dominated by positivist point of view. Gert Brieger has outlined in *Companion encyclopedia of the history of medicine* (1993);

"The great doctors and the great ideas were often portrayed as a march of the intellect, devising new explanations of disease and techniques for curing the

⁵⁰ — W.R Albury, 'Broadening, Broadening the Vision of the history of medicine', in *Health & History*, Vol.7. No.1, -2005. pp. 2-16.

⁵¹ — Charles R. King, 'The historiography of Medical history: From great men to Archaeology' in *Bulletin of the New York Academy of Medicine*, Vol. 67, No.5, 1991. pp. 407-428.

⁵² — John Chynoweth Burnham, *What is medical history?*, Polity Press, UK. 2005. p. 2.

⁵³ — Quoted in Ronald L.Numbers, 'The history of American medicine: A field of ferment' in *Review in American History*, Vol.10, No.4, 1982. pp. 243-263.

⁵⁴ — John Chynoweth Burnham, op.cit., p.3, p.3.

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ills of humankind....the history of medicine was frequently written by doctors for the service of the profession....Physicians have always been eager to learn about the opinions of their predecessors. This was a hallmark of history in the service of medicine."⁵⁵

—One of the earliest of such work is Daniel LeClerc's "*The history of physic*" published in 1696 and Daremberg's "*The history of medical science*" published in 1870. Ancient manuscripts, artefacts and other available sources are collected and exploited for the purpose of documentation of ancient and medieval wisdom. The Beatty papyrus, the Charaka Samhita, the Nei Ching, and the authors Hippocrates, Soranus, Londinensis, Galen, Caelius Aurelianus, Agramont, Leonardo, Savonarola, Tortelli, Bartolotti, Benivieni, Vesalius, Fracastoro, Coiter, Steno, Lancisi, Fontana, Boerhaave, Withering, Galvani, Rush, Drake, and Hilton were edited or re-edited, translated or retranslated in whole or in part.⁵⁶

A large numbers of history of medicine on Greek, Egypt, Roman Empire, The Arab world, India and China were produced in the latter part of 19th century. W.H William's *concise treatise on the progress of Medicine* (1804) and J.Bostock's *Sketch of the History of Medicine: from its Origin to the Commencement of the nineteenth Century* was published in 1835. The book traced the development of European medical science from the earliest time of the Greek, the Egyptian, Greco-Roman medicine, The Arab, the Persian medicine, the Jews and the Roman tradition of medicine to the invention of medicinal institution in Europe.

The other interesting works are Marshall Hall's *Principles of the Theory and Practice of Medicine*, (1839), Thomas Joseph Pettigrew's *Superstitions Connected with Medicine and Surgery* (1844), Robley Dunglison's *History of Medicine: From the Ages to the Commencement*

⁵⁵ —GH Brieger, The historiography of medicine, in WF Bynum & Roy Porter (eds), *Companion encyclopaedia of the history of medicine*, Routledge, London, Vol 1. 1993. pp. 24-44.

⁵⁶ —Dorothy M. Schullian, 'A Decade of Medical Historiography', in *Journal of the Medical Library Association*, Volume. 45, No. 3, July, 1957. pp. 285-290.

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of the Nineteenth century (1872), John Mason Good's *The Study of Medicine (Five Volumes)* (1826), Thomas A. Wise's *Review of the History of Medicine (Vol. I-V)* which provides detailed description of Ancient medical system of the world, and Roswell Park's *An Epitome of the history of Medicine*, which was published in 1899.

Much of these works carried the Whiggish implication (a view which holds that history follows a path of inevitable progression) that the history of medicine is a progressive advancement for the better, a "narrative story-telling rather than historical interpretation".⁵⁷ For instance, W.H. Williams's *concise treatise on the progress of Medicine* (1804) deals the progress of medical practices in human civilization.

The nineteenth century witnessed the medical revolutions and systemization of medicine in the hand of medical practitioners on the one hand; the new diseases environment on the other hand pushed medical historians to enrich their knowledge in the field of their studies. Medical historians need to enrich their knowledge in historical space and time. The publication of Darwin's *The origin of the species by Natural selection* in 1859 had a profound impact on natural science particularly the idea of evolution. In the evolutionary view, "no period of human thought, not even the latest scientific and philosophical theories can be regarded as isolated and self-contained".⁵⁸ Hence, there is realisation of the need to trace evolution of medical practices in the past human history.⁵⁹ For instance, French physician and historian P.V. Renouard's *History of Medicine: From its Origin to the Nineteenth century* (1856) is one good example of such evolutionary history of medicine.⁶⁰

⁵⁷ ——— Rose, F. Clifford, 'Historiography: An Introduction', *Journal of the History of the Neurosciences*, Vol. 11, No. 1, 2002, pp. 35 - 37.

⁵⁸ ——— Cited in Dr. P. Kutumbiah, *The Evolution of Scientific Medicine*, Orient Longman, 1971. p. x.

⁵⁹ ——— Some of the well known works are Alfred A. Knopf, *An Introduction to the history of Medicine from the time of the Pharaohs to the end of the XVIIIth century*, New York, 1916., -Karl Sudhoff, *Essay in the history of Medicine*, New York, 1926., Bernad J. Stern, *Social Factors in Medical Progress*, New York, 1927., Walter Libby; *The history of Medicine: In its Salient Features*, The Riverside press, USA, 1922.

⁶⁰ ——— P.V. Renouard, *History of medicine: From its Origin to the Nineteenth century*, New York, 1856.

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The trend continues, however, medical historiography was expanded from the end of World War-I with intervention new social historian particularly in Britain, North America, and Germany. These scholars were profoundly influenced by the Annales School of French social scientist.⁶¹ Toby Gelfand has noted in this context "social historians of medicine everywhere are "Annalistes".⁶² The new social historian have complained to the earlier medical historian of too much emphasis on heroic physicians and medical milestone dominated by a simple, positivist point of view. The earlier focus on the evolution of medical knowledge has been replaced by work that emphasizes the nature of the social responses to disease, their socio cultural meanings and historical epidemiology.

The historians now turned their attention to medicine and medical history within the larger frame of its socio-cultural context and demonstrate the important influences of one upon the other over historical time. History of medicine was expanded to the "history of below" point of view in which not only the doctor point of view was important, but equally the patient point of view was considered important.⁶³

At the close of the 20th century, new topics with new methodologies and new questions were proposed. Political use of medical system as an ideology have become

⁶¹ — For further understanding on Annales historiography, please see Peter Burke, *The French historical Revolution: The Annales School 1929-89*, Stanford University Press, 1990.

⁶² — For further details please see Toby Gelfand, 'The Annales and Medical Historiography' in Roy Porter & Andrew Wear (ed), *Problems and methods in the history of medicine*, Croom Helm in Association with Methuen, inc.1987. p. 15., Robert Foster, 'Achievement of the Annales School' in *The Journal of Economic history*, Vol.38, No.1, 1978. pp.58-76pp. 58-76.

⁶³ — For the patient's view, please see, Roy Porter, 'The Patient's View: Doing History from Below', in *Theory and Society*, Vo.14, No. 2, 1985.pp. 175-198. History from below seeks to understand the past from the experiences of ordinary people. Since the 1970s as historians ventured into new areas—popular culture, micro-history, "history from below"—borrowing methodologies from the social sciences as they did so. One of the most important works on history from below is Jim Sharpe, 'History From Below' in Peter Burke, *New Perspectives on Historical Writing*, Blackwell Publishers, 2001.

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particular significant with the European colonialism. Health and medicine in colonial empire become an interesting enquiry of research amongst many scholars such as David Arnold, Mark Harrison, R. Thornton, W. Ernst, P. Bala, J.C Hume, S. Kakar, A. Kumar, R. Ramasubban and many others.

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Currently, medical professions have grown critical, and the history of medicine has itself been problematized, commanding widespread scholarly attention. Historiography of medicine now wider as J. B. S. Haldane says "Everything has a History" in 1951.⁶⁴ History of medicine now reflects debates and questions on the history of health, body, sexuality, demographic, epidemiological, childhood, death, the climate, smells, dirt and cleanliness, gestures, mental disorders and the role of the hospital in the reformation of popular health care. Another critical development known as "the cultural turn" in recent period has brought a new trend in the history of medicine.⁶⁵ Historical understanding was no longer based on facts and causation, but rather the analysis and explanation of cultural development.

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Thus, the scope of historical study of medicine has broadened to embrace health as well as sickness, patients as well as practitioners, behaviour as well as belief, gender and race, medicine and body, social relations as well as scientific change. Recent scholar explores cultural, social, political, and economic dimensions of issues that continue to pose the questions of what is the most fruitful method of the study of the history of

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⁶⁴ For details please see J. B. S. Haldane, *Everything has a History*, London, 1951.

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⁶⁵ Major influence comes from the Frenchman and Professor of History and Systems of Thought at the College de France, Michel Foucault (1926-84), built upon the ideas generated by the Annales School. He was particularly interested in the "deep structures of human consciousness," that is, what the things that we say stand for. Foucault wanted to discover why previous historians wanted to find the facts they found, not whether they did or did not find them. Foucault in his well known book "The Archaeology of Knowledge" tended to speak himself as an archaeologist rather than a historian. Although, many historians are hostile to Foucault's notion of history, his philosophical writings, his ideas about prisons, hospitals, madness and disease, and his thinking about the body greatly influence many disciplines of social sciences. One of the most important profound texts written by Foucault is The Archaeology of Knowledge, published in 1968, republished in 1972 by Routledge.

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medicine. Historians of medicine now consider a disease over a longer period, weaving changes in understanding and management epidemiologically and culturally history.⁶⁶ History of medicine now has a place in the history of science and technology, in social history, and in a wide sweep of cultural and intellectual history ranging from the history of philosophy to the study of popular mentalities.⁶⁷ The influences of medicine upon society, and society in turn upon medicine, have become especially important in the analysis of the history of medicine.

Despite these salutary developments, there is still a room for improvement. For instance, historian approaches were either drawn from cultural or social history. On the other hand, Anthropologists were able to evolve a systematic methodology for the study of medical anthropology or anthropology of medicine. Thus, historians not only need to incorporate allied subject but more importantly a proper methodology which may address the various complexities of disease and health environment in historical space and time. In this context, Gert H. Brieger warned if historians fail to take note of the fact that an increasing number of scholars in neighbouring fields are incorporating their allied subjects into their own work;

"The history of medicine has always been, by its very combination of history and medicine, an interdisciplinary endeavour. Thus we should welcome those colleagues from anthropology and literary studies. This does not mean we should not uphold our own standards of scholarship as defined by our own needs and backgrounds. If we fail to take note of the fact that an increasing number of scholars in neighbouring fields are incorporating the history of medicine into their own work, we may wake up one day to find the "we" have

⁶⁶ Ronald L. Numbers, 'The History of American Medicine: A field of Ferment', in *Reviews in American History*, Vol.10, No.4, 1982. p. 245.

⁶⁷ Nancy G. Siraisi, 'Some Current Trends in the Study of Renaissance Medicine' in *Renaissance Quarterly*, Vol. 37, No. 4, 1984. pp. 585-600.

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been taken over by "them" —not so far-fetched an idea when we stop to realize that there are far more of "them" than there are of "us".⁶⁸

1.4 Historiography of Medicine in India.

India has two medical practices of the 'classical tradition' of *Ayurveda*, *Unani*, and *Shidha* and 'little tradition' or folk medical traditions that have existed side by side for thousands of years. The earlier history of medicine is conditioned by ancient writing and medieval writings which can only be partial too. The earliest historical references to medicine date back to the *Atharveda* (1500 BC) which contains mystical, magical and rational element in varying proportions. The growth of heterodox groups in 6th to 4th Century B.C (such as Buddhist *sangha* (community), founded by *Gautama Sakyamuni*, but there were others such as the followers of *Mahavira* (later called the Jains), and of *Makkhali Gosala* (the *Ajvikas*, now extinct), as well as many independent ascetics (*Sktsramana*) in ancient India brought a new kind of medical practice in ancient India.⁶⁹

Printed editions of some of these works are in wide circulation and use in India even today, in traditional medical colleges and clinics. Buddhist canonical texts provide valuable medical information.⁷⁰ The most important ancient texts which relate medical practices were translated in the first half of 20th century. For Instance, *Susruta Samhita* was translated by *Kunja Lal Bhishagratna* in 1907. Another important text *Charaka Samhita* (compendium) by *Avinash Chunder Kavitarina* was published in 1912. These two texts describe eight branches of *Ayurvedic* medicine such as Internal medicine, Surgery, Treatment of head and neck disease, Gynecology, obstetrics, and paediatrics, Toxicology,

⁶⁸ Gert H. Brieger, 'Bodies and Border; A new cultural History of Medicine', in *Perspective in Biology and Medicine*, Vol. 47, No.3. 2004. p. 417.

⁶⁹ Dominic Wujastyk, 'Indian Medicine' in W.F. Bynum & R. Porter (ed), *Companion Encyclopaedia of the History of Medicine*, Vol. 1. London: Routledge, 1993. pp. 755-778.

⁷⁰ Please see Jyotir Mitra, *A Critical Appraisal of Ayurvedic Material in Buddhist Literature*, Varanasi, Jyotirlok Prakashan, 1985 and K. G. Zysk, *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery*, New York, Oxford University Press, 1991. Please see especially chapters 2 and Chapter 3.

Psychiatry, Care of the elderly and rejuvenation and Sexual vitality. A third ancient text, the *Bhela Samhita* composed by the *Sindhi* author *Vagbhasa* survived for a short period in modern times in the form of a severely damaged single manuscript, and it has yet to be critically edited and translated.⁷¹ The Indian classical system was widely recognised by foreigner travellers such as Francois Benier, Niocolao Manucci, John Fryer, Garcia d'orta, John Fryer and John Olington who extensively wrote about Indian medical practices.⁷²

Basing on medieval chronicles of Persian, Arabic and Urdu, S.Ali Nadeem Rezavi, Irfan Habib, Shireen Moosvi, Tazimuddin Siddiqi, Ishrat Alam and many other scholars reveal the medical practices of *Unani* which flourished in the Muslim India.⁷³ *Yunani Tibb* is the name given to the medical practice brought to India with Islam, which began to have a major impact on India starting with the Afghan invasions of Gujarat in the early eleventh century.

The intervention of European, particularly the coming of Portuguese in 1563 manifests a different phrase. A Portuguese physician Garcia d'Orta (1501 or 1502–1568) came to India in 1534 and remained there till his death.⁷⁴ In 1563, Orta wrote his influential book in Portuguese whose title translates as *Colloquies on the Simples, Drugs and Materia Medica of India*. A religious text Catechism by St Francis Xavier (1557) and a *Compendio espirituél* written by Dr Pereira, (the first archbishop of Goa) were published in

⁷¹ A. C. Burnell, *A Classified Index to the Sanskrit MSS in the Palace at Tanjore*, London, Trubner, 1880. p. 63.

⁷² Some of the European traveller accounts are Dominikis Dominik Wukastyk; 'Change and Creativity in early modern Indian Medical thought', in *Journal of Indian Philosophy*, Vo. 33, 2005. pp. 95-118.

⁷³ Please see a collection of articles, edited by Deepak Kumar, *Diseases and Medicine: A historical Overview*, Indian History Congress, Tulika Books, New Delhi. 2001. Some interesting works on Islamic medicine are Seema Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition, 1600–1900*, Basingstoke: Palgrave Macmillan, 2008., Tazimuddin Siddiqi, 'Unani Medicine in India During the Sultanate' in *Indian Journal of history of science*, Vol. 15, No.1, May 1980. pp. 18-24 and M.Z Siddiqi, *Studies in Arabic and Persian Medical Literature*, University of Calcutta Press, 1959.

⁷⁴ C. Markham, *Colloquies on the Simples and Drugs of India*, London, 1913. p. vii.

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1561. Both works contained fifty seven drugs and samples.⁷⁵ Although, medical ideas were shared between the Portuguese and the Indians, the latter was marginalized.⁷⁶

The Dutch East India was particularly interested in herbal medicine. Between 1686 and 1703, a magnificent series of 12 folio volumes were published in Amsterdam.⁷⁷ In addition to these works, there were European physicians who were interested in classical system of medicine extensively wrote about the Indian medical tradition.⁷⁸

Study on Indian medicine during the British colonial period is a significant departure in relation to the intersection between indigenous and Western medicine.⁷⁹ The new system, commonly referred to as allopathy was introduced. Colonialists were suspicious of Indian medical practices. Hence, the study on Indian classical medicine was “part of philosophical and cultural enquiries (Indology)”.⁸⁰ The East India Company generated a large number of documents which have been well preserved. The documents have been utilized to compile specific narrative histories. One of those kinds ‘A History of the Indian Medical Service 1600–1913’ by DG Crawford was published in two volumes in 1914. During the last part of nineteenth century to the first half of twentieth century, the British Medical Journal has published a number of articles on Indian medicine.⁸¹

⁷⁵ ——— Rajesh Kochhar, *The Truth behind the legend: European doctors in pre-colonial India*, in <http://www.ias.ac.in/jbiosci/september1999/article2.htm>, Retrieved on 12 January, 2010.

⁷⁶ ——— T. J. S. Patterson, ‘The Relationship of Indian and European Practitioners of Medicine from the Sixteenth Century’ in G. J. Meulenbeld and D. Wujastyk, op. cit., p. 120.

⁷⁷ ——— D. M. Bose (et al), *A Concise History of Science in India*, Indian National Science Academy, New Delhi, 1971. p. 401.

⁷⁸ ——— For details, please see T. A. Wise, *Commentary on the Hindu System of Medicine*, Calcutta, 1845.

⁷⁹ ——— N.K Garg, ‘Interaction in Chemistry and Medicine Between Indian and Europe in 18th-19th Century’, in *Indian Journal of history of Science*, Vol.16, No.2, 1981. pp. 145-155.

⁸⁰ ——— Deepak Kumar, op. cit., .p. xii.

⁸¹ ——— Some of the published articles are ‘Indigenous Medical Systems of India’, in *The British Medical Journal*, Vol. 1, No. 1624, Feb. 13, 1892. p. 345., ‘Medicine In India’, in *The British Medical Journal*, Vol. 2, No. 3802, Nov. 18, 1933. p. 931-931, ‘Ancient Hindu-Aryan Medicine’, in *The British Medical Journal*, Vol.

Yet alongside the records of the colonial state there exists another vast archive produced by Christian Missionaries that has long been neglected by scholars. The missionaries lived and worked among some of the most neglected colonial subjects. As a result they left accounts of “subalterns” otherwise ignored in historical sources.⁸² It is in this context some scholars in recent period explored the Christian Missionary medical mission in India. Some of the most important works, to name few; Andrew Porter’s *Religion versus empire: British Protestant missionaries and overseas expansion 1700–1914* (2004), David Hardiman’s *Healing bodies, saving souls: medical missions in Asia and Africa* (2006), David Hardiman’s *Missionaries and Their Medicine: A Christian Modernity for Tribal India*, (2008), Rosemary Fitzgerald’s *Clinical Christianity: The emergence of medical work as a missionary strategy in colonial India, 1800–1914* (2001) and Maina Chawla Singh’s *Gender, Thrift and Indigenous Adaptations: money and missionary medicine in colonial India* (2006) provides an interesting story of Christian medical mission in India.

Thus, a systematic study on the history of medicine in India is relatively recent, in fact a post colonial phenomena. Like the initial period of history of medicine in European, Indian medical history was initiated by physicians and professional doctors. In 1947, the Association of the history of medicine was initiated by a group of Indian doctors.⁸³ The association began the first journal of medicine ‘*The Indian Journal of the history of medicine*’ in 1953. Another organisation “The history of Medicine Club” in Mumbai and Madurai Medical College were stated in 1958 and 1964 respectively. In 1957, Osmania medical college at Hyderabad began their publication of “*The Bulletin of the Department of history of medicine*”.⁸⁴ The Indian Institute of History of Medicine came into being in 1973. Since, its inception Indian Institute of History of Medicine has been

2, No. 3853, Nov. 10, 1934. pp. 872-874 and ‘The Indian Medical Congress: Anti-Choleric Inoculation In India’, in *The British Medical Journal*, Vol. 1, No. 1778, Jan. 26, 1895. pp. 219-221.

⁸² — Alex Mckay, ‘Towards a history of medical Missions’, in *Medical History*, Vo.51, No. 4, 2007. pp. 547-551.

⁸³ — Dr. P. Kutumbiah, op.cit., p.vii.

⁸⁴ — Ibid.

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engaged in the field of research in History of Medicine in India with special reference to Indian System of Medicine.⁸⁵

In the post independent era, historians and other scholars M.Z Siddiqi, G.Mukhopadhyaya and H.R Zimmer provide a crucial study on Indian history of medicine.⁸⁶ Progress was slow but a continuous ongoing process.

Recent period witnessed new trends as well as new areas of research in the history of medicine in India. Many historians turn their attention on the intersection between colonialism and medicine in India. David Arnold's *Imperial Medicine and Indigenous Societies* (1988), Poonam Bala's *Imperialism and Medicine: A Socio-Historical Perspective* (1991), B. Pati & M. Harrison edited book's *Health, Medicine and Empire: perspectives on colonial India* (2001), D. Arnold's *Colonizing the body: state medicine and epidemic disease in nineteenth-century India* (1993), A collection of essays edited by Deepak Kumar's *Disease and Medicine in India: A Historical Overview* (2001), Kavita Sivaramakrishnan's *Old Potion, new bottles – recasting indigenous medicine in colonial Punjab 1850–1945* (2006) are some of the most important works in the history of colonial medicine in British India.⁸⁷

⁸⁵—The main aims of the Institute relate to collection of source materials pertaining to history of Indian system of medicine, editing and translation of important treatises and rewriting/construction of the history of medicine from Medico-historical sources, besides archaeological/epigraphically descriptions, ~~travellerstraveller's~~ accounts, diaries and records of hereditary Vaidyas, Siddhars and Hakims. The Institute's Library housed in Osmania Medical College Building Campus is one of the richest Libraries on History of Medicine and now possesses some of the antique and rare manuscripts on Indian Medicine. Presently it has around 200 original manuscripts and another 100 manuscripts on microfilms.

⁸⁶—For more details, please see H.R Zimmer, *Hindu Medicine*, Baltimore, John Hobkins University Press, 1948., M.Z Siddiqi; *Studies in Arabic and Persian Medical Literature*, University of Calcutta Press, 1959., G. Mukhopadhyaya; *History of Indian Medicine*, (2 Vols) University of Calcutta Press, 1926.

⁸⁷—David Arnold, *Imperial Medicine and Indigenous Societies*, Manchester University Press, Manchester, 1988, B. Pati & M. Harrison (eds), *Health, Medicine and Empire perspectives on colonial India*, Orient Longman Limited, New Delhi 2001., David Arnold, *Colonizing the body: state medicine and epidemic disease in nineteenth-century India*, Berkeley, Los Angeles & London: University of California Press, 1993., Poonam Bala, *Imperialism and Medicine: A Socio-Historical Perspective*, Sage Publications, New Delhi, 1991.

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Currently, various scholars have studied the history of medicine, which is not only the most important aspect of Indian history but is also crucial for the understanding of Indian society in larger context. They provided wide-ranging works covering the development of ancient, medieval and modern scientific tradition and the development of western or colonial medicines.⁸⁸

1.5 'Little Tradition' and their Medicine: Historical Problems and Prospects.

India has a plural nature of medicinal practices as there has been a symbiotic relationship between 'little' and 'great tradition'. The Ancient text of *Charaka-Samhitha* states in this context; "the goat herds, shepherds, cowherds and other forest dwellers know the drugs by name and form..."⁸⁹ Although, textual based classical ~~medicine~~ ~~are medicines are~~ richly explored, fragmented little traditions in its identity, form and practices are by and large neglected in historical studies. David Hardiman and his groups in their project "A history of subaltern healing in South Asia" question the elitist nature of medical historiography in India;

"The focus of attention in Indian medical history has been almost entirely on the biomedicine that came with the British, and the supposedly 'classic' South Asian alternatives – *Ayurveda*, *Unani Tibb* and *Siddha*. In the process, the therapeutic experiences of large numbers in South Asia are ignored or marginalised. Even today, biomedicine in its legitimised form is still hardly available for many, either on grounds of cost or because of lack of facilities. *Ayurveda*, *Unani Tibb* and *Siddhai* – in their more erudite, textually grounded

⁸⁸ — Deepak Kumar, op. cit., pp. xi-xxi.

⁸⁹ — Cited by V. Balasubramanian, 'Social organization of knowledge in India: Folk and Classical', Text of presentation made at the national seminar on *Indian Knowledge Systems* held at the Indian Institute of Advanced Studies, Shimla, 27-29 September, 2003. <http://www.ciks.org/article2.htm>. Retrieved on 21, December 2009.

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forms – have been, and still are, largely inaccessible for the mass of the people. This situation has allowed for a range of healing practices to flourish alongside each other.”⁹⁰

Currently, most researches on ‘little traditional medicine’ are mainly confined to the Indigenous traditional knowledge studies, environmental studies, ethno-botany⁹¹ (exclusively deals plant medicines), sociology⁹² and folklore⁹³. These studies are descriptive in nature than theoretical though sociology of medicine and folklore

⁹⁰ — A History of Subaltern Healing in South Asia, in

<http://www2.warwick.ac.uk/fac/arts/history/chm/research/subalternhealing/fulldescription>.

Retrieved on February, 2010.

⁹¹ — Some of the most important works on ethnobotany are R.D. Girach, Aminuddin & Mushtaq Ahmad, ‘Medicinal Ethnobotany of Sundargarh, Orissa, India’, in *Pharmaceutical Biology*, Vol. 36, No. 1, 1998. pp. 20-24., Gian Singh, HB Singh & TK Mukherjee (ed), *Ethnomedicine of North-East India: Proceeding of National Seminar on traditional Knowledge Base on Herbal Medicines and Plant Resources of North East India- Protection, Utilization and Conservation*, 13-15 March 2001, Guwahati, Assam, National Institute of Science Communication and Information Resources, 2003., P.C Pande, D.S D Pokharia & JC Bhatt (eds), *Ethnobotany of Kumaun Himalaya, Jhdpur*, Scientific Publisher, 1999., and Indian Journal of traditional Knowledge, (Special Number on traditional knowledge of North East India) Vol.4, No.1. January 2005.

⁹² — For details please see for methodological works such as Robert Nye, ‘The Evolution of the Concept of Medicalization in the Late Twentieth Century’, *Journal of History of the Behavioural Sciences*, Vol.39, 2003. p.115-29. Gunnar Stollberg & Jens Lachmund (eds), *The Social Construction of Illness: Illness and Medical Knowledge in Past and Present*, Stuttgart: Steiner Verlag, 1992., Peter Wright & Andy Treacher (eds), *The Problem of Medical Knowledge: Examining the Social Construction of Medicine*, Edinburgh University Press, 1982.

⁹³ — Some of the important works are the following: Ellen N. Grossmann, ‘Herbs in Folk Medicine’, *Western Folklore*, Vol. 16, No. 4, October, 1957. pp. 290-292. David Hufford, ‘Folklore Studies Applied to Health’, in *Journal of Folklore Research*, Vol. 35, No. 3. (Sep. - Dec., 1998), pp. 295-313., Richard M. Dorson (ed), *Folk Healers in Handbook of American Folklore*, Bloomington, Indiana University Press, 1983. p.p. 306-19. Michael Owen (ed), ‘Folklore and Medicine.’ in *Putting Folklore to Use*, The University Press of Kentucky, 1994. p. 117-35. Charles Bundy Wilson, ‘Notes on Folk-Medicine’, in *The Journal of American Folklore*, Vol. 21, No. 80, 1908. pp. 68-73. Black William George, *Folk-Medicine: A Chapter in the History of Culture*, London, 1883. Tusar K. Niyogi, *Faith Healing: Studies in Myths and Rituals in Medicine and Therapy*, Kolkata, 2006.

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provides a number of theoretical works. Sociology who initially sees 'diseases as social deviance' has generally given less attention to traditional medicine. However, in recent times, sociologists have shown an increasing interest in "self treatment, folk medicine, and home remedies...."⁹⁴

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Anthropological studies are particularly rich in the studies on 'little traditional medicine' in terms of methodological and theoretical points of views. Veena Bhasin defined medical anthropology as;

"The study of ethnomedicine; explanation of illness and disease; what causes illness; the evaluation of health, illness and cure from both an emic and etic point of view; naturalistic and personalistic explanation, evil eye, magic and sorcery; biocultural and political study of health ecology; types of medical systems; development of systems of medical knowledge and health care and patient-practitioner relationships; political economic studies of health ideologies and integrating alternative medical systems in culturally diverse environments."⁹⁵

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George M. Foster pointed the roots of contemporary medical anthropology which can be traced to three rather different sources: (1) the traditional ethnographic interest in primitive medicine, including witchcraft and magic; (2) the culture and personality movement of the late 1930's and 1940's, with collaborations between psychiatrists and anthropologists; and (3) the international public health movement after World War-II. The subdivision of medical anthropology today called "ethnomedicine" is the lineal descendant of the early interest of anthropologists in the medical institutions of non-Western people.⁹⁶

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⁹⁴———F.D. Wolinsky, *The Sociology of Health: Principles, Professions, and Issues*, Boston, Little, Brown and Company, 1980. p. 291.

⁹⁵———Veena Bhasin, 'Medical Anthropology: A Review' in *Ethno-Medicine*, Vol.1, No.1, 2007. pp. 1-20.

⁹⁶———George M. Foster, 'Medical Anthropology: Some Contrasts with Medical Sociology', in *Medical Anthropology Newsletter*, Vol. 6, No. 1, 1974. pp. 1-6.

The pioneering theoretical classic which conceptualizes theories of diseases was W.H.R Rivers's "Medicine, Magic and Religion". Traditional medicines ~~in rivers view is~~;

"a set of social practices by which man seeks to direct and control specific group of natural phenomena, viz those especially affecting man himself, which so influence his behaviour as to unfit him for the normal accomplishment of his physical and social functions-phenomena which lower his vitality and tend towards death"⁹⁷

Rivers insists that 'little traditional medicine' would be either magical or religion. However, the present paper argues that the sphere of religion was strongly observed in little traditional systems of medicine, though at the same time there were/are several spheres in which religion has little influence that will be demonstrated in the latter discussions.

Until the 1960's, Rivers theoretical concern on little traditional medicine was not continued by anthropology. However, the classical works of Evans-Pritchard's *Witchcraft, Oracles and Magic Among the Azande* (1940), *Turner's Forest of Symbols* (1961) and *Drums of Affliction* (1962), and *Spiro's Burmese Supernaturalism* (1951) contained detailed descriptions of medical beliefs and practices.⁹⁸ A medical historian Henry E.Sigerists's book on eight volumes on history of medicine, especially the 'Primitive and Archaic medicine' has profound impact on studies on little traditional medicine in anthropological studies. Thus from the 1960's onwards, a number of studies on little traditional medicine called medical anthropology (a subfield of social and cultural anthropology) gained in its popularity amongst anthropologists working in and around

⁹⁷ W. H. R. Rivers, *Medicine, magic, and religion*, Kegan Paul, Trebner & Co., Ltd, 1924. p.3

⁹⁸ Allan Young, 'The Anthropologies of Illness and Sickness' in *Annual Review of Anthropology*, Vol.11, 1982. pp. 257-285.

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problems of ill health and diseases in human society.⁹⁹ The field of medical anthropology has expanded in to many sub- disciplines such as applied medical anthropology, ethnomedicine, ecology and epidemiology, and many others. The intervention of ethnomedicine within anthropological discipline is important in understanding 'little traditional medicine' in relations to the conceptualization of disease, illness and health. The scope has been expanded in recent decade.

Recently, the field of history of medicine experienced greater methodological and conceptual reorientation. The role of little traditional healers and their medical thought as well as the practices in little tradition has been by and large ignored in historical studies. Historians tend to concentrate on the written record-the product, par excellence, of the great tradition in this context. James C. Scott writes in this context "The little tradition achieves historical visibility only at those moments when it becomes mobilized into dissident movements which pose a direct threat to ruling elites."¹⁰⁰

Thus, written history contains a very patchy and incomplete record of what man has accomplished so far. Writings on recent Indian medical history are much more numerous than ever before. But despite much better sources materials, the quality of work on traditional medicine on little tradition is not necessarily higher. As a result, little tradition and their history are continuously left out in 'historical narratives' mainly because of the nature of historical archive as well as the historian approached. This deficiency needs to be challenged over and over again in the diverse space of India.¹⁰¹

⁹⁹ —Some of the recent methodological works are Veena Bhasin, op.cit., Khwaja A. Hasan, 'What Is Medical Anthropology?', in *Medical Anthropology Newsletter*, Vol. 6, No. 3, May, 1975. pp. 7-10. Please also see Clifford Greetz, 'Thick Description: Towards an Interpretive Theory of Culture', in *The Interpretation of Cultures*, Basic Books, New York, 1973. pp.3-33., Byron J. Good, 'The Narrative Representation of Illness' in *Medicine, Rationality, and Experience: An Anthropological Perspective*, Cambridge University Press, 1994. pp. 135-65.

¹⁰⁰ —James C. Scott (1977), op cit.,

¹⁰¹ —For example, the subaltern studies question the existing orthodoxy of Indian historiography. Please see Ranajit Guha; 'On Some Aspects of the Historiography of Colonial India,' in *Subaltern Studies I*. Delhi, 1982. pp.1-8.

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The search for knowledge about little traditional practices has been further confounded because of conceptualization of diseases in little tradition which was alien to standard academic practices. This is true particularly in the Indian context where historical methodologies are not able to communicate with those who have extensively relied on oral knowledge. Lack of written records does not mean that the materials on the existence and activities of traditional practitioners of medicine was not available. Many tribal societies in India have strong oral traditions and their medical knowledge is encoded in everyday cultural practices. Little tradition has survived with a number of their medical practices richly explored by anthropologists in recent period.

Traditional medicine has been discussed by anthropologists and sociologists in ever increasing numbers in India, because research in their field brought them to closer contact with them. Medical history of India would have been incomplete without taking into consideration local theories on the various aspects of medicine. Much could be learnt from the local sources. The biggest need is for research utilizing 'local archival' and if possible, oral sources rather than surveys based on annual reports and published materials. Taking the plurality of Indian cultural spaces, "there is no universal regarding what it means to be well, or how to prevent, diagnose or treat illness".¹⁰²

Much could be learned from the cultural history which focuses on phenomena shared by non-elite groups in a society, such as: carnival, festival, and public rituals; performance traditions of tale, epic, and other verbal forms; cultural evolutions in human relations (ideas, sciences, arts, techniques); and cultural expressions of social movements such as nationalism. Its modern approaches come from art history, annals, Marxist school, micro-history and new cultural history. Cultural history involves the

¹⁰² Helain Selin (ed), *Medicine Across: History and Practices of Medicine in Non-western cultures, Science Across Culture: The history of Non-Western Science*, Vol.3, Kluwer Academic, 2003. p. xix.

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aggregate of past cultural activity, such as ceremony, class in practices, and the interaction with locales.¹⁰³

Hence, there is an urgent need that historians should intervene in the study of little traditional medicine. This will enrich the historical discourse as well as help us to understand the Indian society as a whole in a historical context. The interpretation of traditional medicine will demand change in the outlook of historical methodology and interpretative skills, cultural criticism, and the ability to develop plausible arguments on local theories of medicine.

1.6 Area of research and Sources of the study.

The present thesis investigates how 'little tradition' of stateless Asian societies conceptualized and responded to disease, illness and health, by focusing on Mizo cultural space in pre-colonial period. The term 'stateless Asian societies' or 'Zomia' (coined by James C. Scott) denotes disparate groups that have fled the projects of the

¹⁰³ — For further details, please see some of the most important works on social and cultural history of medicine - Karen Halttunen, 'Cultural History and the Challenge of Narrativity' in Victoria E. Bonnell & Lynn Hunt (eds), *Beyond the Cultural Turn*, Berkeley; University of California Press, 1999. pp. 165-81. Willem de Blecourt & Cornelia Usborne (eds), *Cultural Approaches to the History of Medicine: Mediating Medicine in Early Modern and Modern Europe*, Palgrave, London, 2004. Mary Fissell, 'Making Meaning from the Margins: The New Cultural History of Medicine' in F. Huisman & J. H. Warner, (eds), *Locating Medical History: The Stories and their Meanings*, Hopkins University Press, 2004. p. 364-89. Roy Porter, 'The Historiography of Medicine in the United Kingdom' in F. Huisman & J. Warner (eds), *ibid.* pp. 194-208. Mark Jenner & B. Taithe, 'The Historiographical Body' in Roger Cooter and John Pickstone (eds), *Companion to Medicine in the Twentieth Century*, Routledge, 2003. pp. 187-200. Roy Porter, 'The Patient's View: Doing Medical History From Below', in *Theory in Theory and Society*, Vol. 14, 1985. pp. 175-98., Peter Burke, *What is Cultural History?*, Cambridge, Polity Press, 2004., Cornelia Usborne & Willem De Blecourt, *Cultural Approaches to the History of Medicine: Mediating Medicine in Early Modern and Modern Europe*, Palgrave Macmillan, 2004. Lynn Hunt, *The New Cultural History*, University of California Press, 1989. Willem de Blécourt & Cornelia Usborne (eds), *Cultural Approaches to the History of Medicine: Mediating Medicine in Early Modern and Modern Europe*. New York: Palgrave Macmillan, 2004.

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organized state societies that surround them—slavery, conscription, taxes, corvée labour, epidemics, and warfare. *'Zomia'* to remain stateless are physical dispersion in rugged terrain; agricultural practices that enhance mobility; pliable ethnic identities; devotion to prophetic, millenarian leaders; and maintenance of a largely oral culture that allows them to reinvent their histories and genealogies as they move between and around states.¹⁰⁴

The term 'Mizo cultural space' in pre-colonial context is defined in terms of socio-cultural practices as well as in the sense of hilly geographical space lying between the Burmese Empire on the east and The *Tripura* state on the west, The Kachari and Ahom kingdom on the North, *Manipur* kingdom on the North West. Despite their occasional interaction and resistance against the Burmese Empire, Tripura, Manipuri kingdom and Kachari Kingdom, they enjoyed splendid political isolation until the British occupied their territory and formed Lushai Hills in 1894. The term Mizo (etymology Zo) is now used extensively in larger ethnic identity; however, in this paper, the term is restricted to Lusei (*The Lushai by British*) and their cognate groups (*Fanai, Ralte, Pachuau* etc) who were under the influence of Sailo chiefdom in the first half of 19th century.

During the colonial period, various administrative reports in the form of ethnographic works brought out some aspects of their political, social, and economic life, in which a number of books, essays, reports and documents etc were published. However, historical studies on the medicine of the Mizos surprisingly remain an almost unexplored field. This resulted in a lack of sources to indicate the history of medicine of the Mizos during the period of our study. We cannot rely on mainland medieval writings of Persian chronicles and Sanskrit literature, which are totally silent about the Mizo cultural space. Till recently, the mainland Indian historians have had little knowledge of the Mizos. In some places, inscriptions in the form of pictographic on menhirs, dolmens and cave walls, ancient tools such as stone tools and flint have also

¹⁰⁴ For further details, please see: James C.Scott, *The Art of Not Being Governed: An Anarchist History of Upland Southeast Asia*, Yale University Press, 2009.

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been discovered.¹⁰⁵ However, due to lack of adequate research, nobody has so far been able to identify and interpret the evidence on various aspects of the Mizos' history. Some items (eg. Neolithic stone tools, human bones and skull, plates, vessel/containers etc) are available at the State Museum, Government of Mizoram along with a few other items that have been collected by the Department of Art and Culture. Comparatively, Mizoram is still backward and no efforts have been made so far to testify skulls or skeletons.

It is therefore necessary to explore the growth of various historical records of Mizos starting from the colonial period. From the 18th century onwards, concern for tribes in Africa and Asia were dominated and fervently carried out by European scholars. "Tribal" became the object of investigation from different aspects. Similarly, concern for Mizo and their cultural practices by British began to take place particularly from the first half of the 19th century. The British colonial empire extended their empire in the plain areas of Assam in 1826 and later on declared the kingdom of Tripura and Manipur as their protected state. In due course, they expanded their territory in the surrounding foot hill areas of tribal inhabitant areas. Eventually, colonial government in Assam witnessed tribal unrests in the present hilly region of North East India.

In case of the Mizos, despite numerous reasons drawn by historians, the newly created commercial tea plantation in its neighbouring areas was the main target on the ground that the tea plantation set up by the colonial government had destroyed the forests which were under the protection of the Mizo Chiefs. Hence, Mizo warriors frequently plundered the British territory. The British on the other hand had a good reason to retaliate against the "head hunting savages" responsible for so much terror in the British territory. Initially, a violent military expedition was sent against the Mizo chiefs in 1850 followed by another military expedition in 1871-72. However, the Mizo Chiefs were not easily subdued despite the repeated efforts on the part of the British government from outright war to economic blockade, from burning stored food and

¹⁰⁵ B. Lalthangliana, *History and Culture of Mizo in India, Burma & Bangladesh*, Aizawl, 2001. pp. 811-818.

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standing crop to taking prisoners. Subsequently, the British transformed their punitive expeditions into wars of conquest as “the tribal raids would not cease unless they were totally conquered and placed under “civilized” administration of the British and culturally transformed through the quietening influence of Christianity”.¹⁰⁶ It was throughout this process that the British colonialists produced numerous records on Mizos and their cultural history in form of ethnographical account.

The interpretation of Mizo cultural practices relates closely to the opinions and views of European colonialists particularly the British Military officers. The European concept of “primitive” is extensively applied on Mizo society. In the earlier literatures, British administrators made an attempt to study the ethnographic aspects of Mizo life from an administrative point of view.¹⁰⁷ Largely, all of them were more concerned about the horror of tribal warfare, head hunting, sorcery, slavery, customs, manners, and superstitious belief systems of the Mizos rather than locating the complexities of the Mizo society. The network and intricate nature of Mizo social organizational reality thus remained neglected at large. H. N Stevenson, although the British administrator himself has written in this context;

“They (i.e. colonial administrators) were apt to concentrate either on technology or history alone, or on the more bizarre aspects of culture. Much was written of the form of religious ritual, little or nothing of its function in tribal life”.¹⁰⁸

¹⁰⁶ — Sajal Nag, *Pied Pipers In North East-India, Bamboo-Flowers, Rat-Famine and the Politics of Philanthropy* (1881-2007,) Monohar, New Delhi, 2008, p.60p. 60.

¹⁰⁷ — S.N Singh, *Mizoram, Historical Geography Social Economic Political and Administrative*, Mittal Publications, New Delhi, 1994. p. xi.

¹⁰⁸ — H.N.C Stevenson; *The Economics of The Central Chin Tribes*, TRI, Government of Mizoram, (Reprinted) 1986. p. viii. The British Government of Burma firstly published this book in 1943 mainly for the purpose of improving the agriculture production in *Chin* (cognate tribe of Mizo) inhabited areas of Burma.

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Colonial ethnographies were produced primarily for the administrative convenience and to enrich European knowledge in which traditional knowledge was discussed often erroneously or failed to emphasize in its context. As result, “tribes”, elders and lore keepers have participated very little in this and as a result they have little recognition and reward. With British occupation and the intervention of Christian Missionaries the traditional ways of life were disregarded and discouraged. As a result, many important aspects of medicinal practice were swept under the carpet of colonial and Christian Missionary modernity.

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Despite this limitation, the writing of both colonial administrators and Christian Missionaries reflect some aspects of health and medical practices of Mizos. During the first half of Mizo contact with the British rule, some aspect of traditional health practices were documented. T.H Lewin was the earlier colonial ethnographer who mentioned diseases and health in Mizo society. His works includes *The Hill Tracts of Chittagong and the Dwellers therein*, (1869), *Wild Races of South-Eastern* (1870), and *Progressive Colloquial Exercises in the Lushai Dialect of the "dzo" or Kuki Language with Vocabularies and Popular Tales*, (1874), and *A Fly on The Wheel & How I help to Govern India* (1912). Brojo Nath Shaha’s *A Grammar of the Lushai Language*, Calcutta, Bengal Secretariat Press (1884) which contains some few ~~namenames~~ of diseases in Mizo inhabitant areas.

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Military expedition and administrative reports such as A.Z ~~Makenzie's~~ *Mackenzie's History of the Relations of the Government with the Hills Tribes of the North-East Frontier of Bengal* (1884), Campbell’s *On the Looshais* (1874), C.A Soppitt, *A Short Account of Kuki-Lushai Tribes on the Northeast Frontier: With Outline Grammar of the Rangkhoh-Lushai Language* (1887), A.Chambers’s *Handbook of Lushai Country* (1899) and R.G Woodthorpe’s *The Lushai Expedition 1871-1872* (1873) briefly discuss the diseases condition of Mizo. Through these accounts, we came to know that colonizers in their early period were ill equipped in tropical diseases and their expedition has brought many diseases to the Mizo in the second half of 19th century.

J.Shakespear produced two important works such as *The Lushai-Kuki Clan* (1909) and *Lushei Kuki Clan* (1912) which extensively dealt with Mizo medicine in relation to the belief system. AG Mc Call's *Lushai Chrysalis* (1949) is the only colonial ethnographer who extensively provided Mizo medicine in relation to empirical basis. N.E Parry's *Lushai Customary law* (1929) briefly discussed about the Mizo tradition medicine in relations to Chiefdom intuition.

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The colonial powers began to set up dispensaries almost as soon as they established their rule in the Lushai Hills. These were assigned for colonialist or use by certain class of Chiefs and military personnel. Therefore, colonial sponsored facilities were relatively thin in Lushai Hills. The Christian missionaries saw this opportunity as soon as they entered the Lushai Hills in 1894. Medical work was often considered to be an effective means of winning over converts. The colonialist followed "non-appeasement in the local institution" and they remained quite happy for these missionary activists to continue with their medical work. Thus, some of the Christian Missionary narratives throws some light on traditional health practices of the Mizos such as J. Merion Lloyd's *History of the Church in Mizoram* (1991), J. Merion Lloyd's *On Every High Hill* (1984), Grace R.Lewis's *The Lushai Hills: The story of the Lushai Pioneer Mission* (1907), and *A missionary's Autobiography: Rev. D.E Jones*, (1998).

Other important foreign missionary report includes The Baptist Mission Report and Presbyterian Report. The Christian missionaries were ethnocentric in their view and they attempted to blindly discredit it and replace it with Western medical systems. The Mizo being referred to as superstitious and ignorant of health issues was common theme in the Christian Missionary reports. Thus, the construction of the traditional medicine would largely depend on fragmented colonial and Christian missionary documents produced in 19th century to early part of 20th century.

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It was only recently that, some scholars tried to recollect the basic information on early cultural practices of the Mizos. Efforts were made to initiate new approaches for the reconstruction of pre-colonial Mizo history but the studies remained confined other

than traditional medicine. Despite the explosion of research and publications in recent period, there are several crucial areas of research, which have been neglected. History of medicine is one area of historical research which is nearly forgotten.

The first and foremost challenge to the historical study on traditional Mizo society is a methodological problem. Secondly, the greatest challenge is scantiness of documents in conventional archives. But the question remains - 'what counts an archive, what is history, who writes history and for whose consumption' in attempting to recover the histories of medicine that would otherwise remain hidden from history. Derrida in his study Jacques Derrida's *Archive Fever: A Freudian Impression* (1996) questions about what legitimately constitutes the archive, but also there are also related questions about the truth claims of archival material.¹⁰⁹ E.H Carr also argues that the Archive was shaped by the aims of its creators and how interpretation of the archive always depends on the perspective of its interpreters.¹¹⁰ In Foucauldian sense, the "archive" is already a construct, a corpus that is the product of a discourse. One must dig to make sense of the systems behind what one sees.¹¹¹ Thus, a scholar needs to expand the range of sources and the ways in which historians use them to recover voices of the past.

In the colonial period, much oral material was collected. However, those data, although not always taken at face value, were mainly put in the service of a reconstruction of the past. But they were not analyzed as texts or expressions of local or "tribal" ideology. Furthermore, many of the colonial records that drew on these oral traditions remained 'un-research'. In some cases oral traditions were collected as linguistic material, but their historical implications remained unexplored.

¹⁰⁹ ——— For further details, please see Jacques Derrida, *Archive Fever: A Freudian Impression*, The University of Chicago, 1996.

¹¹⁰ ——— For further details, please read E.H Carr, *What is History?*, Penguin Books, London, 1987.

¹¹¹ ——— For details please see Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, (translated by A. M. Sheridan Smith), Pantheon Books, New York, 1973.

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Histories, remembered in Mizo oral traditions of the past are diverse and complex. History as a past is remembered and interpreted through geologies, important events, proverbs, folktales, anecdotes and ordinary conversation. Some oral narratives contained a long narrative of regional history. In the African context, C. A. Hamilton wrote;

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“In pre-colonial societies where forms of ancestor worship prevailed, history acquired especially powerful ideological connotations. References to the previous order of things evoked not merely the sanction of past experience, but that of the ancestors who had power to affect the present.... The historian using oral sources must, therefore, confront the fundamentally ideological nature of traditions, not simply as ruling group charters, but as a terrain of struggle. This in turn suggests that oral traditions have the potential to reveal the history, not only of societies’ rulers, but also of the ruled.”¹¹²

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And while oral history tradition is to be treated carefully and subjected to the same scrutiny as any other source, its subjective nature can help understand why individuals or community remember events the way they do, and the opinions they form. Historians can constantly seek to convey a sense of the human experience in its numerous facets and complexity. A number of earlier studies on Mizo history (written in local language) has done justice to the total history of Mizos but have concentrated on one or other of its distinguishing features. Although there is now an abundant literature on Mizo history, no systematic analysis or application has ever been undertaken. In this way, Mizo history has suffered from many errors of omission.

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Recently, several Mizo writers took up a number of studies based on the history of Mizo oral tradition (i.e folksongs, legends, myths, local stories, tribal customs and traditions, songs, proverbs and story of storytellers etc) but this too remains singular in

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¹¹² —C. A. Hamilton, 'Ideology and Oral Traditions: Listening to the Voices 'From Below', in *History in Africa*, Vol. 14. 1987. pp. 67-86.

approach.¹¹³ Written sources that were found in the neighbouring chronicles of The *Kachari Buranji*, *Tripura Buranji* and *Manipur Royal Court Chronicle* before the establishment of Lushai Hills by British have very limit formation on aspects of Mizo society.¹¹⁴ These records are confined to the political aspects of their relationship with the hill tribes.

The fact that traditional medicine is still prevalent among the Mizos in the villages as well as the towns seems to be an interesting area of research. Mizo elders are still traditionally conscious about their historical past with valuable memories of oral information. Oral history can restore an element of human agency to the complex world. Oral history, which are meant not merely for recording or preserving but is also an important aspect of communication, expression and maintaining of identity. Tribal people cannot ignore the importance of oral tradition in their society. Because, that is how they used to communicate with their historical past. The aim of the present research work is to look upon such hidden and hitherto neglected areas where oral culture becomes a main resource for study of Mizo medicine in pre-colonial cultural space.

One of the earliest documentations of Mizo medicine was published by Zoram Upa Pawl (Mizo Elder's Association) in 1984.¹¹⁵ Recently interest in study on little traditional medicine was initiated by ethnobotanists. J.H Ramnghinglova carried one of the earliest primary works. His research work's "*Studies on Plants of Ethnobotanical Importance in The tropical Wet Evergreen Forest of Mizoram*" (Ph.D paperthesis, Dept of Forestry, NEHU. 1998) papers exclusively covered detail description of traditional plant

¹¹³ —The oral tradition is a very significant and essential source of historical data for a region like Mizoram, where written official document were absent in the pre-colonial period. Manorama Sharma & J.B Bhattacharjee, 'Historical Research In North-East India: Trends And Directions' in Tarasankar Banerjee, *Indian Historical Research Since Independence*, Naya Prokash, Calcutta, 1987. p.7.

¹¹⁴ —For further details on history of North East India please see Ranju Bezbaruah & Priyam Goswami & Dipankar Banerjee (eds), *North-East India : Interpreting the Sources of its History*, Aryan Books, 2008.

¹¹⁵ Please see —Zoram Upa Pawl Thurawn Bu, Published by Zoram Upa Pawl, Aizawl, 1978.

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medicine.¹¹⁶ His other works are *Ethno-medicinal plants of Mizoram* (2003), *Ethnobotany of Mizoram—a preliminary survey*(1996), *Ethnobiology in Mizoram: Folklore Medico-Zoology* (1999) and *Ethnobotany of Mizoram: A preliminary Survey, State of the Art: Report on Ethnomedicines and their plant resources in Mizoram* (2003) also dealt more or less the same line of his early work.¹¹⁷ A number of works on Mizo medicine of various type of trees, plants, herbs and shrubs were produced such as Lalnundanga & L.K Jha's *Medicinal plants in Tropical &Sub-tropical Semi-evergreen Forest of Mizoram* (2000), Albert L Sajem & Kuldip Gosai's "*Ethnobotanical Investigation among the Lushai Tribes in North Cachar Hills district of Assam, Northeast India*" (2010), Neeti Mahanti's "*Tribal Ethno-Botany of Mizoram*" (1994) and Sujata Bhardwaj & S.K. Gakhar's "*Ethnomedicinal plants used by the Mizos of Mizoram to cure cut and wounds*," (2005).¹¹⁸

Relying on oral narration by local elders, the uses of traditional medicines are also recorded by local writers such as *Mizorama Thing leh Hnim Damdawia Hman theihite* (2000),

¹¹⁶ Please see, —J.H Ramnghinglova, *Studies on Plants of Ethnobotanical Importance in The tropical Wet Evergreen Forest of Mizoram*, Unpublished Ph.D paper, submitted to Dept of Forestry, NEHU, 1998.

¹¹⁷ —For details please see J.H Ramnghinglova; *Ethno-medicinal plants of Mizoram*, 2003., *Ethnobiology in Mizoram: Folklore Medico-Zoology*, 1999, *Ethnobotany of Mizoram: A preliminary Survey, State of the Art: Report on Ethnomedicines and their plant resources in Mizoram*, 2003., '*Ethnobotany of Mizoram—a preliminary survey*' in J.K. Maheshwari, *Ethnobotany in South Asia*, 1996.

¹¹⁸ For details please see, —Albert L Sajem & Kuldip Gosai; '*Ethnobotanical Investigation among the Lushai Tribes in North Cachar Hills district of Assam, Northeast India*', in *Indian Journal of Traditional Knowledge*, Vol.9, No.1, January, 2010.p.108-113., Neeti Mahanti, *Tribal Ethno-Botany of Mizoram*, B. R. Publishing Corporation,1994., Sujata Bhardwaj & S.K. Gakhar, '*Ethnomedicinal plants used by the tribals of Mizoram to cure cut and wounds*' in *Indian Journal of Traditional Knowledge*, Vol.4, No.1, January 2005. pp.75-80. For list of ethnobotany, please see H.B Singh, T.K Mukherjee & Gian Singh, *Ethnobotany of North-East region of India-Bibliography*, in *Ethnomedicine of North-East India, Proceedings of Traditional knowledge base on herbal medicines and Plant Resources of North-East India: Protection, Utilization and Conservation* 13-15 March 2001, Organised by National Institute of Science Communication, CSIR, New Delhi, 2003. pp. 347-360.

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Mizo Damdawi (2000), *Ramhmul Damdawite* (Medicinal plants 2001), *Medicinal plants and selected traditional medicines*, (1990) and *Tualchhuak Damdawi* (1996).¹¹⁹

Thus we can see that, the traditional medicine of Mizo is yet to be explored in historical context. The aim of the study is not just to reconstruct the historical facts or merely the traditional medical practice of Mizos, rather, it is to understand in which ways historical knowledge is instrumental in constructing and maintaining Mizo identity in larger context. As mentioned before, the data for this investigation have to a large degree already been collected in earlier works by colonial and local writers. During the processes there is a need for a comparison between the oral and the textual for authenticity.

Certain colonial works which are available at Mizoram Archive whereas Christian Missionaries works are found in Baptist Church of Mizoram Archive, Serkawn, Lunglei District, Mizoram and Synod Archive, Aizawl, Mizoram. Local libraries owned by individual and NGO's in local areas also owned a number of rare documents. These archival accounts are important in order to compare the local versions of episodes concerning recent version of oral tradition recorded in the Mizo language. For the future, a close cooperation with Mizo historians is envisaged in order to locate, translate and interpret written sources. Besides these, few other works of post-colonial Indian scholars could be helpful for reconstructing the medical history of the Mizos. Articles and essays published in Journals, E-journals, Newspapers, Magazines and various researches conducted by institution and organization provides the general references of the

¹¹⁹For details please see -C. Chawngkunga, *Tualchhuak Damdawi, (Indian System of Medicine)*, Directorate of Health & F.W. Govt. of Mizoram, Aizawl, 1996., *Mizo Damdawi, (Upa Thurawn)*, Published by Mizo Upa Pawl, Head Quarters: Lunglei, 2000., *Ramhmul Damdawite (Medicinal plants)*, Issued by Agriculture & Minor Irrigation, Mizoram, 2001. This book has recorded 204 medicinal plants., and *Mizorama Thing leh Hnim Damdawia Hman theihthe* (Thomas, 2000). H.S Saptawna, *Medicinal plants and selected traditional medicines*, Tahan-Kalemyo, 1990.

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research paper. It also helps to frame the methodology, theoretical framework and general understanding of the present thesis.

There are some evidences from Paleopathology.¹²⁰ Some items (eg. Neolithic stone tools, human bones and skull, plates, vessel/containers etc) are available at State Museum, Government of Mizoram and few other items are collected by department of Art and culture. Comparatively, Mizoram is one of the most poorly documented areas archaeologically in India as there are no paleopathology scholars to testify skulls or skeletons.¹²¹

Thus, using an array of sources (conventional and non conventional) including Colonial records, travel narratives, novels, medical pamphlets, personal and official letters, and maps, the present thesis argues that the inhabitants in the Mizo cultural area interacted with diseases and with one another, they developed traditional medicines that determined a particular pattern of action within their cultural space. Considering the available sources, cultural history of medicine which shared between the fluid boundaries between anthropology and history and dialogue between colonial writing and local narrative are particularly useful in the recollections of Mizo traditional

¹²⁰ The understanding of prehistoric medical practice is derived from paleopathology, which involves the study of skulls and skeletons, of surgical tools, and of pictographs showing medical procedures. AC Aufderheide & C. Rodriguez-Martin (eds), *The Cambridge Encyclopaedia of Human Paleopathology*, Cambridge University Press, 1998., C. Roberts & K. Manchester; *The Archaeology of Disease*. 3rd Edition, Sutton Publishing, 2005., M. Schultz, 'Paleohistopathology of bone: A new approach to the study of ancient diseases' in *Physical Anthropology*, 2001. p. 106-147. D.J Ortner, *Identification of pathological conditions in human skeletal remains*, (2nd edition). Academic Press, 2003. p. 45-64. C.S Larsen, *Bioarchaeology: The Lives and Lifestyles of Past People*, in *Archaeological Research*, 2002, p. 119-166.

¹²¹ Trends and prospects of archaeology in North east India, please see Manjil Hazarika, Manjil; 'Archaeological research in North-East India: A critical review', in *Journal of Historical Research*, Vol. XVI, 2008. p. 1-14., Manjil Hazarika, 'Prehistoric importance of Northeast India: Some theoretical considerations', in *Proceedings of North East India History Association*, Vol. 28, 2008. pp. 22-36.

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medicine.¹²² The research therefore involves a careful study of the role of traditional medicine and its development in Mizo cultural area.

Writing medical history is not only an effort to restore history of medicine, but perhaps, more importantly, also to restore history in the larger context. The research result will contribute to the history of little traditional knowledge in general and the 'little traditional knowledge' medicine in particular. Traditional medicine of the Mizos was continually active throughout the pre-modern period to colonial period despite marginalized from political and religious institution as they continue to exist till today even among those of the Christian faith.

Therefore, the present thesis raises numerous questions; how has disease influenced Mizo history? How have Mizo perceived, experienced, and coped with disease? How did the Mizos survive throughout pre-colonial period where "western medicines" were not available at all? What were the conditions of people's health during pre-modern times? What were the diseases and illnesses they suffered? What were the causes of the diseases according to the traditional concept? What were the preventive measures taken? Who were the curers? How was the cure? What was the role of ideas and belief system? How did ecological environment shape the practices of health? Thus, basing on the above mentioned fragmented sources, the present paper attempts to study Mizo traditional medicine within the conceptual framework of history.

1.7 Periodisation and Conceptual definitions.

¹²² James Axtell, *The European and the Indian: Essays in the Ethnohistory of Colonial North America*, Oxford University Press, 1981. Marshall Sahlins, *Anahulu: The Anthropology of History in the Kingdom of Hawaii*, Vol.1: Historical Ethnography, University of Chicago Press, 1992. Marshall Sahlins, *Island History*, University of Chicago Press, 1985.

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Writing history involves extensive use of conceptual terms and categories. It often provokes curiosity and debates among many historians. Generally, Indian history is divided into three successive stages; ancient, medieval and modern period. Some historians used several terminologies such as pre-colonial, colonial, post-colonial, or pre-British, British, post-British whereas others historians also suggest 'century paradigm' such as 18th century, 19th century or 20th century. Therefore, there are no clear cut of periodisation in Indian history, though ancient, medieval, modern are generally accepted in current standard academic circles. Consciously or unconsciously, most of the Indian historians are forcing themselves to be in this trajectory. However, debate on periodisation is open ended which needs to be elaborated further in its specific cultural context.

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Similarly, Mizo history has distinctive problems of research especially before the European intervention in Lushai Hills. Division of historical period based Ancient, medieval or modern is not practically possible within the historiography of the Mizos. Furthermore, this division creates certain problems with regards to the thematic-chronological framework on present historical writing in the Mizo context. The European linear worldview and empirical methods seems little relevant in non-written culture of Mizo society. Periodisation or dating is thus the most challenging task of the historians in the hilly regions of the present North East India. The dichotomy of whether, 'year based' or 'century based' does not easily settle. Considering the nature of historical sources, providing historical chronology of the development of the Mizo Medical practice and ideas in pre-colonial period is far from possible. Most of the evidence of Mizo medical practices comes from colonial ethnographical knowledge of late *Sailo* chieftain era.

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Particular care has to be taken not to impose convenient and familiar categories on situations where the entire inner dynamic of historical and social change is different. The history of various tribal/ethnic groups cannot easily fit into overall Indian history's periodisation because neither does it represent major features of larger Indian society, nor does it illustrate the characteristic of larger Indian society.

▲ To clarify the scope of the research, it should be noted that the thesis embraces a cultural geographic region rather than a single nation or an entire ethnic or tribes. ▲ For consistency, the study period encompassed between the second half of 19th century to first half of 20th century.

▲ For comparative purpose, several terms are needed to justify our point. ▲ Some of the “pre-modern” notion might continue in the colonial period or even till recent period. However, the term “pre-modern” in this thesis paper is used in its restricted sense. It refers to a knowledge system which stems from a relational ‘worldview’ on specific Mizo social and cultural understandings of medicine before the intervention of colonial and Christian medical mission. The term worldview is extensively used in this paper which denotes a collective thought process of a people or culture. Thoughts and ideas are organized into concepts. Concepts are organized into constructs and paradigms. The paradigms link together and formed a worldview. Thus, the term pre-modern is used in relations to ‘Mizo linear worldview’ whereas pre-colonial and pre-British are used interchangeably throughout the text, which generally denotes period before the British occupied the hill and formed Lushai Hills in 1890.-

The pre-modern cultural areas would be very difficult to demarcate based on the western notion of territorial boundary. Detailed explanation has been provided in the second chapter of this thesis. The term ‘Mizoram’ is not used in the present political boundary sense; rather it is used in the restrictive sense of *Sailo* Chiefdom and their allied or sub-ordinate groups such as *Fanai*, *Thangluah*, *Ralte Zadeng*, and *Palian*. As stated before, many of *Lusei* and non-*Lusei* (*Inamchawm* or commoner groups) were brought under the social and political control of the *Sailo*. They incorporated traditions (language) of others group and “Mizo” as a political and cultural identity were flourishing in the second half of 19th century.

In this study, some important terms and concepts such as tribal, colonialism or colonial are extensively used. However, these terms and concepts may not necessarily be

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equal to the terms and concepts given elsewhere in the European and mainland Indian context. Moreover, these terms are purposefully given in its own context, sometimes loosely used and sometimes synonyms with concepts and terms prevalent in European and Mainland Indian context.

The colonial ethnographers and Christian missionaries were the earliest scholars who represented tribal culture with their European terms and pronunciations. Numerous literatures on tribal cultural history were produced by colonial ethnographers and Christian Missionaries like A.Z. ~~Makenzie~~Mackenzie, JH Hutton, J.Shakespear, N.E Parry, J.H Mills, J.M Lloyd, J.H Lorrain. Habitually, colonial and missionary terms/terminologies are ethnocentric in nature. In this study, I have seldom retained the spelling used in the colonial Gazetteers, documents, business letters, books and journals (except official designations and quotations). For instance, colonial writing of the word 'Lushai' has been written here as *Lusei*. This will give new approaches in the historical writings of the Mizos.

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CHAPTER-II

MIZO CULTURAL SPACE IN PRE-COLONIAL PERIOD

“History is Present in all communities. Even powerless and unknown groups have their histories”.¹

-Jasmine Saikia

¹ Yasmin Saikia, *Fragmented Memories: Struggling to be Tai-Ahom in India*, Duke University Press, 2004. p.1.

The present chapter analyses the history of pre-colonial Mizo cultural space in a larger South Asian and Southeast Asian historical context. Due to its relative isolation from the surrounding empire and the capacity to maintain their traditional communal lifestyle while adapting to hilly environment, the Mizo cultural space was unparalleled to the larger empire of South Asian and Southeast Asian region. The hilly region of 'Mizo cultural space' in a larger context is geographically situated between South Asia and Southeast Asia as a physical and cultural bridge between the Indic civilization and Southeast Asia.² More specifically, the Mizo cultural space was located in the hilly region between the pre-colonial state of Burma, the Cachari kingdom (Dimasha), Manipur, Tripura and the Bengal.³ Moreover, the cultural space in this hilly region larger empire was largely "people without history" or in Jan Vansina term "oral civilization" until the coming of European power in 19th century.⁴

Classifying the groups according to their cultural traits, social anthropologists have mapped culture clusters known as "culture areas" which means geographical region in which a number of societies have a

² Recently, some scholars challenged whether "Southeast Asia" was, and is a real region, culturally or historically. Emerson considers that the definition of Southeast Asia as "a residual category that fills a space on a map"...externally defined" region. Another scholar Wilhelm G. Solheim (an American anthropologist and practitioner of archaeology in Southeast Asia) argues that Southeast Asia "has been defined, perhaps artificially, by political scientists from the United States, military authorities from the Americas and Europe, but discovered by historians, archaeologists, anthropologists and various other external humanists". For details please see; Donald K. Emmerson, 'Southeast Asia': What's in a Name?' in *Journal of Southeast Asian Studies*, Vol. 15, No. 1, March, 1984. pp. 1-21., and Wilhelm G. Solheim II, 'Southeast Asia': "What's in a Name", Another Point of View' in *Journal of Southeast Asian Studies*, Vol. 16, No. 1, March, 1985. pp. 141-147.

³ In the present context, the Mizo cultural areas are divided into three modern Nations states of India, Bangladesh and Burma, comprising the present state of Mizoram, and her surrounding hills areas of Manipur, Tripura, Chin hills of Myanmar and Chittagong Hills Tract of Bangladesh.

⁴ Jan Vansina, 'One Upon a time: Oral traditions as history in Africa', in *Daedalus*, Vol. 100, No. 2, The Historian and the World of the Twentieth Century, Spring, 1971. pp. 442-468.

similar way of life.⁵ In recent decade, the concept of culture area has declined as a research tool among anthropologists, while geographers have continued to develop the usefulness of the concept.⁶ What criteria can be used to define cultural space? The problem constitutes a real challenge, especially considering whether 'culture space' actually exists. The difficulty increases when we try to determine not only the geographical boundaries but also the boundaries of the community, because the boundaries can be indefinite, unstable, and changeable. Narratives about the history of a place can also give a strong justification of territorial claims, as it does for Mizos. As long as such a 'justification' is believed to be true, a particular group's claim on a territory remains strong. Moreover, constructing culture area based on religion or ethnicity for the purpose of fascist political agenda could be equally dangerous.⁷

Culture exists both spatially as well as non-spatially.⁸ Thus, 'cultural space' has at least two implications; the geographical or spatial category

⁵ William Haviland, Dana Walrath & Harold E.L. Prins, *Cultural Anthropology, The Human Challenge*, (12 edition), Thomson Wadsworth, 2006. p. 156.

⁶ For details please see, Clark Wissler, 'The Culture-Area Concept in Social Anthropology' in *The American Journal of Sociology*, Vol. 32, No. 6, May, 1927. pp. 881-891, and R. Lederman, 'Globalization and the Future of Culture Areas: Melanesianist Anthropologist in transition', in *Annual Review of Anthropology*, Vol.27, 1998. pp.427-449., For theoretical studies of the intersection between geography and history, please see, Alan R. H. Baker, *Geography and history: bridging the divide*, The Press Syndicate of the University of Cambridge, 2003.

⁷ Samuel P. Huntington's theory on Clash of civilization was recently challenged by Amartya Sen on the ground that the theory was based weak empirical research. For instance, India since ancient time was multi or bi-cultural religion which cannot empirically called "Hindu Civilization". Please see, Amartya Sen, *Identity and Violence: The illusion of Destiny*, Allen Lane, an imprint of Penguin Book, 2006. pp. 46-50. For further details, please see Samuel P. Huntington, *The Clash of Civilizations and the Remaking of World Order*, Free Press, London, 1996.

⁸ Basing on oral tradition, Stuart Blackburn has recently proposed a "culture area" which consists of three regions: Central Arunachal Pradesh, the Myanmar (Burma)/India/Bangladesh border, and upland Southeast Asia/Southwest China. For further details, please see Stuart Blackburn, 'Oral Stories and

(hill or plain) and civilization category (both the mentality of people and their technology). Cultural space makes little sense if studies outside their geographical (i.e location) context which exists in both in the mental and physical world.⁹ Fernand Braudel argued the need to refer each society to the space, place or region in which it exists, to its broad geographical context.¹⁰ Taking this argument, let us first look at the development of the Mizos in larger context of Southeast Asia.

For many centuries, the Southeast Asian region has been characterised by two distinct ecosystems- the hills and the plains (including the maritime). The hill and plain division is not only a geographical category but it indicates a larger cultural space. Milton Osborne writes in this context,

“The "hill-valley" division of traditional Southeast Asian society was of a different order to the division between ruler and rules in the ethnically unified mainland states or regions. The low land cultivator was part of the dominant society, even if a very insignificant. The people who lived in the upland regions were a group for whom the administrative apparatus of the lowland state did not apply and who did not share the values of lowland society.... However, the hill and valley separation was not

Culture Areas: From Northeast India to Southwest China’ in *South Asia: Journal of South Asian Studies*, Vol. 30, No.3, 2007. pp. 419-437.

⁹ In India, a tribe is definitely a territorial group with kin-ship operates as a strong associative regulation and integrating principle. Please see Nadeem Hasnain, *Tribal India*, Palaka Prakashan, Delhi, 1996. p.37.

¹⁰ Alan R. H. Baker, ‘Classifying Geographical History’ in *The Professional Geographer*, Vo. 59, No. 3, 2007. pp. 344 -356. For further details please see Fernand Braudel, *The Mediterranean and the Mediterranean World in the Age of Philip II*, University of California Press, 1996.

obsolete. Upland societies were linked with the dominant society without becoming part of it".¹¹

Further he wrote;

"...countries of Southeast Asia were neither 'little Indias' nor 'little Chinas'. The impact of those two great countries on the region cannot be dismissed, the degree and character of their influence is still debated, but the essential right of Southeast Asian countries to be considered culturally independent units was generally established."¹²

James C. Scott analyzed the development of hilly non-state cultural space which was the outcome of their interactions and resistance strategies against the process of the organized state in pre-colonial Southeast Asia.¹³ The process of organized states in pre-colonial Southeast Asia involves slavery, conscription, taxes, corvée labour, epidemics, and warfare.

Thus, it can be argued that many tribal societies including the Mizos fled away from such projects and take refuge in the hills. James C. Scott demonstrated that the Southeast Asian region has a different setup of history where "little" and "great tradition" co-existed. Major cities were usually located in the lowland valley. The center of political power was concentrated in the valley, and the various kingdoms of the dynasties ruled from the valley. The valley kingdom was surrounded by hills, which

¹¹ Milton Osborne, *Southeast Asia: An Introductory History*, (first edition 1979), Allen & Unwin, Australia, (10th edition) 2010. p. 61.

¹² Ibid. p. 6.

¹³ James C. Scott, *The Art of Not Being Governed: An anarchist history of Upland Southeast Asia*, Yale University Press, 2009.

were inhabited by numerous hill tribes. Hill people do not plant wet rice, like farmers in the valley, but they wander through the mountains employing the Jhum method of agriculture, as well as hunting and gathering. They were mobile, and their societal structure was fluid, by and large egalitarian. They spoke in different languages and had not adopted any of the major religions of valley people such as Buddhism, Jainism, Islam and Hinduism.

From the perspective of the valley people, hill tribes were “barbaric” and backward as opposed to the culture of a kingdom. Scott challenged this notion, suggesting that hill people were not necessarily people who had been untouched by civilization, but rather people who had rejected civilization. Most hill people were the descendents of those who migrated from the valley, and they had their own perspective of valley society as caged, restricted, controlled, while they themselves were free and wandering. Scott speculates that people may have escaped to the hills to reject the ideology of civilization and society's more concrete problems of heavy taxation, warfare, and disease.

2.1 Mizo Origin and Migration Theory.

The relationship between “little” and “great tradition” whether it was based on symbiotic relationship or binary opposition needs further enquiry as there have been constant debates on the early home and migration route of the early Mizos. The ancient and medieval records indicate little evidence for the exploration of the early history of Mizo. Some of the available historical accounts in neighbouring empires were confined and limited, at the best provided a stay reference of confusing terms and terminology which further perplexed recent historians. Even,

the interpretations vary from time to time which is far from reaching any proper conclusion.

Finding local oral traditions are pre-requisite when conventional archive indicates little evidence. Apparently, Osborne and Scott drew their source of information from the oral traditions of highland societies recorded by colonial ethnographers and latter American anthropologist.¹⁴ On the other hand, historians, folklorists and local writers (those who write the early history of Mizo in local language) have extensively utilized the oral tradition on early migrations of Mizos.¹⁵ The origin as well as the Mizo migration and their interaction with the surrounding empires are encoded in a number of oral traditions.

Generally, Mizo oral tradition gives information of several unconnected events (i.e Bamboo Famine or *Mautam*) and names of particular places (i.e hills, rivers or plain). Historians are unsure as to how far such references can be considered as accurate historical facts. Moreover, dating and fixing historical period are often more problematic as western linear worldview played little role in the pre-modern society. Mizo oral tradition is particularly rich in genealogy and migration theory though a narrative of several unconnected events. The Mizo oral traditions

¹⁴ Colonial ethnographers such as TH Lewin, J.Shakespeare, A.G McCall and N.E Perry extensively covered the ethnographical studies on Lushai Hills, whereas American Anthropologists in the mid nineteenth fifties such as F.K Lehman and Edmund Leach continued their anthropological works on the hilly region of Burma. For details please see F. K Lehman, *The Structure of Chin Society*, University of Illinois Press, 1963, and Edmund Leach, *Political systems of highland Burma: a study of Kachin social structure*, London, 1954. Another important work reconstructed from oral tradition is, Robert Morse & Betty Morse, 'Oral Tradition and Rawang Migration Routes' in *Artibus Asiae. Supplementum*, (Essays Offered to G. H. Luce by His Colleagues and Friends in Honour of His Seventy-Fifth Birthday. Volume 1: Papers on Asian History, Religion, Languages, Literature, Music Folklore, and Anthropology), Vol. 23, 1966. pp. 195-204.

¹⁵ For instance, please see K.Zawla, Vanchhunga, V.L Siama and Liangkhaia extensively explored the early history of Mizos.

of origin were described by two different narrative scales. These two theories sustained, guided and shaped the interpretation of early Mizo history written by both colonial ethnographers and regional historians in recent period.

First, the 'myth origin' which discussed the origin of Mizo in the form of legends and tales.¹⁶ One of these stories narrates how the Mizo ancestors who emerged from the subterranean of the earth or a cave called *Chhinlung* interpreted in different dialects as 'sinlung' in *hmar*, *khul* in *paite* and others. In fact, every community in the world has a representation of the origin of the world, the creation of mankind, and the appearance of its own particular society and community. A colonial ethnographer J.Shakepear and T.C Hudson also noted "This idea that mankind emerged from the earth is very widely spread."¹⁷ "*Chhinlung* in popular imagination thus implies to a hole in the ground, covered with capstone".¹⁸ However, no historian can determine whether such an assumption is metaphorical or indicating a physical place.

Mizo historians thus proposed several hypotheses to the *Chhinlung* myth. Some suggested that *Chhinlung* was a place located somewhere in south-west China whereas others are in favour of a metaphorical emphasis on Mizo in their Stone Age period. Some regional scholars further related mythical *Chhinlung* to the construction of Great Wall of China (Wan-Li Qang-Qeng) which begins in (221 B.C- 206 B.C.). The Chinese empire has recruited a large number of slave workers from the surrounding tribes and

¹⁶ Myth origin was extensively recorded by K. Zawla, *Mizo pipute leh an thlahte chanchin*, (6th edition) Zomi Book Agency, Aizawl, 1993.

¹⁷ J. Shakespear and T. C. Hodson, 'Folk-Tales of the Lushais and Their Neighbours' in *Folklore*, Vol. 20, No. 4, Dec, 30, 1909. pp. 388-420.

¹⁸ Joy Lalkrawspari Pachuau, 'Chhinlung: Myth and history in the formation of an identity' in K. Robin (ed), *Chin: history, culture and Identity*, Dominant Publishers and Distributor, New Delhi, 2009. p.148-160.

ethnic groups. Thus, similar to James C. Scot's suggestion, many tribal groups of China were dispersed in order to escape the oppression of the Chinese state project.

Secondly, the migration theory, which proposed the course of Mizo migration from China via Tibetan plateaus to the hilly region between the Burmese and Indian subcontinent. This theory mostly relies on linguistic point of view. Linguistic studies has shown that the Mizo were part of Tibeto-Burman which is uncontested in discourse.¹⁹ However, the origin of Tibeto-Burman in a larger Southeast Asian or South Asian is a highly contested theory. Historical literatures and archaeological findings suggest (Di-Qiang origin) ancient Di-Qiang groups who originated in northwest China were the ancestor of Tibeto-Burman. Basing on archaeological evidence, scholar like George Van Driem has suggested that;

“Assuming that the Tibeto-Burman proto-homeland lay approximately in the language family's present geographical centre of gravity, i.e In Sichuan and Yunnan, the first migration of Tibeto-Burmans out of this area would, on historical linguistic grounds, have been the Western Tibeto Burman migration to the fluvial plains of the lower Brahmaputra and the surrounding hill tracts.”²⁰

¹⁹ The Tibeto-Burman is a richly research in recent period and are the principal languages of the Himalayan region, spoken from Kashmir in the west, across the Himalayan and sub-Himalayan regions of India, Nepal, Bhutan, Bangladesh, Tibet and China, and into Southeast Asia across Burma, Thailand, Laos and Vietnam. For further details please see Austin Hale, *Research on Tibeto-Burman languages*, Walter De Gruyter & Co., Berlin, 1982., James A. Matisoff, *Handbook of Proto-Tibetan Burman*, University of California Press, 2003., and Robbins Burling, 'The Tibeto Burman Languages of Northeastern India', in Graham Thurgood & J. Randy (ed), *The Sino-Tibetan Languages*, Routledge, 2003. pp. 169-192.

²⁰ George Van Driem, 'Neolithic Correlates of Ancient Tibeto-Burman Migrations' in R. Blench & Matthew Spriggs, *Archaeology and Language: Correlating archaeological and linguistic hypotheses*, Routledge, 1998. pp. 67-102.

Anthropologists and biologists also suggested that the ancestors of Tibeto-Burman speaking ethnic groups could be descended from the so-called “*Di-Qiang*” groups who originally lived in the upper and middle valleys of Yellow River in the northwest China about 7,000 years ago.²¹ Scholars have divided the Tibeto-Burman into three major groups such as *Tet*, *Pyu* and *Kanyan*. The ancestors of Mizo belong to the *Tet* group of people.

A recent genetic study on tribes in the present North East India shows that “a striking genetic homogeneity both in terms of Y-chromosome and mtDNA variation, which was probably maintained over time by genetic isolation.”²² In addition, the study also shows that North East Indian tribes virtually have no genetic admixture with other Indian ethnic groups.

Gordon Luce also suggests Mizo ancestor were part of the ancient minority group in western China and eastern Tibet who migrated southward to ‘*Hukong Valley*’.²³ The journey probably took hundreds of years and eventually moved towards the border of Burmese empire. This was probably around 6 century.²⁴ Little is known about the Mizo (Chin) until the 16th century. B.Lalthangliana has suggested that the Mizo had a good understanding with the Burmese empire in fighting against other

²¹ Shangwu Chena, Qingsong Hua, Yi Xiea, Lingjun Zhoua, Chunjie Xiaob, Yuping Wua & Anlong Xu, ‘Origin of Tibeto-Burman speakers: Evidence from HLA allele distribution in Lisu and Nu inhabiting Yunnan of China’, in *Human Immunology*, Vol. 68, Issue 6, June 2007.pp.550-559.

²² Richard Cordaux, Gunter Weiss, Nilmani Saha & Mark Stoneking, ‘The Northeast Indian Passageway: A Barrier or Corridor for Human Migrations?’, *Molecular Biology and Evolution*, Vol.21, No.8, 2004. pp. 1525-1533.

²³ Gordon Luce, ‘Old Kyaukse and the coming of Burma’ in *Journal of Burma Research Society*, Vol. XLII, June, 1959. pp.75-109.

²⁴ B.Lalthangliana, *History of Mizo in India, Burma and Bangladesh*, Aizawl, 2000. pp. 48-49.

tribal groups. During the eighth century the Mizo ancestors further moved to Chindwin Valley.

This above argument was widely supported by historical account as well as archaeological evidences. The Pagan Inscription mentioned “Chins and Chindwin” (holes of the Chins) from 13th century. Until the fall of the Pagan dynasties in 1295, pagan inscription continuously mentioned that the *Chins* were in between the eastern bank of the upper *Chindwin* and west of the *Irrawaddy* River.²⁵ Apparently, the Mizo ancestors lived peacefully in Upper Chindwin of the *Kal-Kabaw* Valley for at least a hundred years, from the fall of Pagan in 1295 to the founding of Shan’s fortress city of *Kale-myo* in 1395.²⁶ In course of time, probably by the end of 13th century or the beginning of 14 century, the Mizo ancestors moved to the Upper Chindwin of *Kale-Kabaw* Valley. The cause of migration is unknown, possibly political events or floods as suggested by a historian Lian H. Sakhong.²⁷

The Mizo ancestors got separated into several groups when the *Shan* (powerful warriors from Yunnan) entered Burma in the 13th century.²⁸ The *Shan* conquered Pagan kingdom in 1295. War broke out amongst themselves and with the Burmese kingdom of *Ava* founded in 1364 by pagan king *Thadominphya*. The *Shan* finally conquered the Burma kingdom of *Ava* in 1529. Although, the Burmese recaptured *Ava* in 1555, the *Kale* Valley was under the influence of *Shan*. Some of the *Shan* warrior group later called as the *Tai-Ahoms* entered Assam and defeated the *Kamarupa* in

²⁵ Ibid.

²⁶ Lian H. Sakhong, ‘The origin of Chin’ in K. Robin, op.cit., pp. 8-33.

²⁷ Ibid.

²⁸ Shan are member of a people of the mountainous borderlands separating Thailand, Laos, Myanmar (Burma), and China. They are related to the Laos and Thais, and their language belongs to the Sino-Tibetan family.

1228.²⁹ Due to the infiltration of Shan to Assam, B.Lalthangliana suggests Mizo were pushed out from the *Kabaw* Valley to the present areas of Chin hills in Burma.³⁰ From the Chin Hills, Mizo ancestors separated and migrated towards several places as far as the *Arakan* Hills, the *Chittangong* hill tract of Bengal, the Kingdom of Tripura and Manipur, and the Cachar hills. The Mizo in this paper is thus a group of those separated tribes from Chin Hills.

The cause of their dispersal is mainly because of their struggle against each other for political supremacy.³¹ Another possible cause of migration according to oral tradition is bamboo famine (*thingtam*). A Hmar (Mizo clan) folksong says; *San khuaah lenpui a tla e, Miraza tlan thiera e* which can be roughly translated as “*we ran out of shan, because of great famine*”. More evidence can be related back to the event of Bamboo famine of both 1881-1882 and 1909-1911 in the Lushai Hills. *Military Report on the Chin-Lushai Country* (1881) has estimated that about 15,000 people died of starvation. Thousands of people moved away from their native villages to settle as far as the neighbouring states of Tripura, Manipur and Western Burma. The Manipur Chronicles mentioned the name Kuki in 1554.³²

Oral tradition also states that famine was usually accompanied by the outbreak of plague. Bamboo famine has devastated so much that, according to oral tradition, people survived by eating wild roots, jungle

²⁹ The origin as well the political system of *Ahoms* in Assam is covered by Amalendu Guha, ‘The Ahom Political System: An Enquiry into the State Formation Process in Medieval Assam (1228-1714)’, in *Social Scientist*, Vol. 11, No. 12, 1983. pp. 3-34.

³⁰ B.Lalthangliana, *Zotui (Studies in Mizo literature, Language, culture, History and Criticism)*, Aizawl, Mizoram, 2006. p. 162.

³¹ Lian H. Sakhong, op.cit., ibid.

³² J.Shakespeare, ‘The Kuki-Lushai Clan’ in *The Journal of the Royal Anthropological Institute of Great Britain and Ireland*, Vol. 39. 1909. pp. 371-385.

fruits and anything else that they could find which was edible. This resulted in widespread malnutrition, epidemics and extensive loss of life. However, this has not been properly covered by biologists and physical anthropologists. Future research on paleopathology will shed an interesting point of evidence.

In addition, the intersection between the primitive economies (shifting cultivation) and the nomadic nature of wandering from place to place has influenced the course of Mizo history. In history, we came across several evidence to prove human migration continued until they could find suitable land for cultivation. Ever since, the publication of Lewis H. Morgan's *"Ancient Society"* in 1877 and Frederick Engels's *"The Origin of the Family, Private Property and the State"* in 1884, scholars focused their attention on the transition from small scale society to complicated social organization in human history.³³ Marx argues that economics is the key to understanding the function of human societies and how change was a dominant methodology of scholarly investigation on medieval state formation in North East India. ³⁴ B.B Goswami in his study on *"The Mizos in The Context of State Formation (1987)"* provided a case study where polities could not develop beyond the level of petty chiefdoms by depending only on shifting cultivation in the rugged and steeply inclined terrains.³⁵ T.Gougin elaborated the same argument that "civilization could

³³ For further details, please see Frederick Engels, *The Origin of the Family, Private Property and the State*, (First Published in 1884), Reprint, Resistance book, Australia, 2004.

³⁴ Sofia A Martia, J.B Ganguly, B. Pakem, B.K Roy Burman, Amelendu Guha, J.B Bhattacharjee are some of the eminent scholars who keenly devoted to the study on tribal polity and pre-colonial state formation in India. However, pre-state tribal societies of North East India have been entirely ignored. It is obvious that without serious consideration to the pre-state tribal polity, most notably study on formation of pre-colonial state have been poorly analyzed. The study of state formation cannot have a valid interpretation without referring to the process behind in the nature of pre-state tribal society.

³⁵ B.B Goswami, 'The Mizos in the Context of State Formation' in Surajit Sinha (ed), In *Tribal Polities and State Systems in Pre-Colonial Eastern and North Eastern India*, Calcutta, 1987. pp.307-328.

have been possible only when they found dependable food supply from tilling the soil and they no longer had to hunt in nomadic lineages (tribes) over wide tracts of land".³⁶

Another Zo historian, Vumson also stresses the evidence of socio-economic conflict in the early stage of history in Marxian perspective. He argues that unity amongst Mizos and their cognate groups were not possible due to clan feuds over the Jhum land, which resulted into each group (tribe) and clan being forced to set up their own territorial boundary.³⁷ He wrote;

"Lack of communication, tribal wars, and lack of arable land in the country they adopted as their home caused Zo people to lose their racial harmony. As they grew in size quarrels erupted between groups, and even relatives were separated and driven to different regions. As a result of these kinds of forces the Zo gradually develop differences in their political, cultural and religious systems".³⁸

This nomadic nature of society initiated the migration of the Mizos from Chin land to the hilly region adjacent to the kingdom of Tripura, Chittagong Hill tract adjacent to Nawab of Bengal, Manipur and Cachar.

2.2 Historical Records Relating to the Mizos.

Now, let us see some of the historical records that mentioned the term Mizo or Zo. These historical records are fragmented, brief and limited. Moreover, there is a huge gap between the periods of these

³⁶ T.Gougin, *Discovery of Zoland*, Churachandpur, Zomi Press, Churachandpur, Manipur, 1980. p.1.

³⁷ Vumson, *Zo History*, Aizawl, Mizoram, 1987. p. 2.

³⁸ Ibid. pp. 7-8.

records. In South-east Asia, there had been dynasties (with no king), places and people that bear the label, *Zo, Jho, Cho, Jo, Zhau, Jhau* with spelling variations. In the year 863 AD, a Chinese historian, Fan Ch'o Hao in his book "*Book of the Southern Barbarians*" already used the word "Zo" to call a peculiar ethnic group of people. However, no definite connection can be established between such terms. Another scholar, a Catholic Father Vincent, in his book published in 1783 mentioned a group of people known as Zo. Sir Henry Yule's narrative of the Mission to the court of Ava in 1885 showed the Chindwin plains and the area west of Chindwin River as Zo territory. At the beginning of the nineteenth century A.D, Italian travellers Father Sangermano recorded as;

"To the east of the Chien Mountain, between 20/30 and 21/30 North latitude, is a petty nation called Jo (Yaw). They are supposed to have been Chien....these Jo generally pass for necromancers and sorcerers, and for this reason feared by the Burmese, who dare not ill-treat them for fear of their revenging themselves by some enchantment".³⁹

From time to time, the surrounding empires such as the Raja of Tripura, the Raja of Manipur and Raja of Cachar claimed their authority over the Mizos, but there are no clear available records that supported such claims. However, the fact was that the Mizos had always been independent of any rule by outsiders. It is reported that there is a copper plate inscription in 1195, which bears the name of Kukisthanan (i.e. the land of Kukies).⁴⁰ It is also known that King Rudra Singha (A.D. 1696-1714)

³⁹ Father Sangermano, *Burmese empire: A hundred Years ago*, (with introduction and Notes by John Jardine), Westminster, Archibald Constable and Company, 1893. p.43.

⁴⁰ Sangkima, *Sources of The History of Mizoram*, (private Manuscript), Also see, Suhash Chatterjee, 'Early History of the Mizos', in *Proceeding of North East India History Association*, Ninth Session, Guwahati, 1988. p. 102.

deputed two Assamese envoys to Tripura and reported that they met some Kukis on the way. The two ambassadors reported;

“Having halted there for two days, we proceeded for five days and reached the mouth of the Rupini River which is boundary between Cachar and Tripura. There is no human habitation in that place. There are hills on both sides. After three days we arrived at Ragrung within the jurisdiction of Tripura. The hills on both sides of the Barak River are inhabited by tribe called the Kukis”.⁴¹

The earlier migrants of Mizo cognate groups had already made their settlement in up to Arrakan and Chittangong hill tracts, Manipur, Cachar, and Tripura. The Tripura Chronicles talks about Raja of Tripura's relation with the *Kukis* in 1431.⁴² The Manipur Chronicles mentioned 'old *Kukies*' in 1554.⁴³ The neighbouring Bengalis called the Mizo and their allied tribes as '*Kuki*' and found them culturally rather backward, because the word '*Kuki*' literally means "wild hill people".⁴⁴

During Emperor Jehangir's time in 1587, the *Nawab of Moorshedabad* under the Mughal Empire directly administered Tripura and Chittangong.⁴⁵ The revenue was fixed for the first year at one lakh and one sicca rupees was collected.⁴⁶ However, the chief aim of the Mughal ruler in Chittangong and Tripura was to raise horses and elephants. In 1587,

⁴¹ Ibid.

⁴² C. Chawngkunga, *Important Documents of Mizoram*, Art & Culture Department, Aizawl, 1998. pp. 6-9.

⁴³ Vumson, op. cit., p. 64. J. Shakespear, *The Lushei Kuki Clans*, Cultural Publishing House, New Delhi, (Reprinted) 1983. pp. 145-147.

⁴⁴ *Mizoram District Gazetteers*, Directorate of Art & Culture, Government of Mizoram, Education and Human Resources Department, Aizawl. 1989. p. 24.

⁴⁵ Alexander Mackenzie, *The North East Frontier Of India*, Mittal Publications, New Delhi, (reprinted) 2003. p. 270.

⁴⁶ Ibid. p. 272.

Emperor Jehangir appointed *Futteh Jung Nawab* to supply elephants for the Mughal court.⁴⁷ However, no record mentions whether the Mughal Empire included the Tripura highland inhabited areas of the Mizos. Mackenzie thus wrote;

“The Mughal Government, through whom our paramount titles come, would have recognized no such vital distinction between highland and lowlands of Tripura. It may be true that they never carried their armies in victorious march through the bamboo thickets of the hills, or harried with fire and sword the wattled wigwams of the Kuki tribes”.⁴⁸

The hilly areas adjacent to the Chittangong Hill tract, Cachar, and Tripura were inhabited elephant population. The Mughal rulers were always in need of elephants for warfare. Therefore, a number of elephants were imported from Assam and Chittagong hill tracts. According to the Mughal-Ahom treaty of 1638, Mir Jumla, as a representative of the Mughal Emperor claimed twenty elephants as an annual tribute.⁴⁹ Elephants are usually found on the foothill hills of the plain areas. Even in the latter period, T.H Lewin says that elephants roam in large herds of 100 to 150 all over the district of the Chittangong hill tracts.⁵⁰ Hence, it can be observed that several encounters between the Mizos and allied tribes and the Mughal Zamindar would have taken place.

⁴⁷ Ibid. p. 270.

⁴⁸ Ibid. p. 272.

⁴⁹ N.N Acharyya, *Assam And Neighbouring States; Historical Documents*, Omsons Publications, Guwahati, 1983. pp. 76-77.

⁵⁰ T.H Lewin, *Wild Races Of The South-Eastern India*, (first edition, London, 1870) FKLM on behalf of TRI Aizawl, Mizoram, (reprinted) 1978. p. 24.

However, the official chronicles of Cachar and Tripura are silent regarding our hypothetical point.⁵¹ The area of Chittangong hill tracts was also rich in forest products. Every year timber was felled in the areas subjected by the hill tribes.⁵² The Zamindar thus paid tribute to the hill tribes for bringing down forest products and there was a payment of some kind as the price of their safety. Failure to acknowledge the hill Tribe' claims invariably led to bloodshed. The stories continued during the early colonial expansion in their surrounding foot hills, when the Mizo chiefs killed a number of Zamindar on the foothill of the plains areas.

2.3 In Search of Nomenclature.

The writing of Mizo history in its outset has always confronted with the problem of precise nomenclature. The identity of "Chin-Kuki-Mizo" is a sensitive and a complicated topic constantly discussed among the native historians. Many recent historians have attempted to suggest names, but the results ended up in mere confusion. Vumson already proposed that 'Zo' could be the common identity for all people who belong to Mizo, Kuki, and Zomi.

Recently, there has been a debate on the term "Mizo" or "Zo" from semantic point of view. Etymologically the word "Mizo" comes from the Duhlian-Lusei dialect 'Mi' and 'Zo'. Taken separately, the word 'Mi', when used as a common noun (Gender) means 'people' or 'person'. The word 'Zo' can be interpreted variously. Used as an adjective, it means a 'cold place' or 'high altitude'. And, used as a verb it means 'to accomplish', 'to conquer' or 'to finish'. As such there are scholars (Mizo cognate group in

⁵¹ The evidence of Zamindar and Mizo chief's conflict were recorded in the early year of colonial rule in the North East India.

⁵² See Irfan Habib, *Atlas Of The Mughal Empire*, Oxford University Press, Delhi, 1982. p.11A. The areas of timbers extracted from the surrounding pre-colonial Mizoram are shown in this map No. 11A.

present Manipur) who prefer to use the term 'Zomi' instead of 'Mizo', which they claim is the correct sequence of syllables. Interestingly enough, both the proponents of the terms 'Zomi' and 'Mizo' arrives at the same conclusion when it comes to interpretation i.e., "highlander" or "hill man".

However, the interpretations of the terms 'Mizo' or 'Zomi' as 'highlanders' is contested on two counts- geographically and historically. Those who translate 'Mizo' or 'Zomi' as 'highlanders' concluded that the people call themselves 'Mizo' or 'Zomi' because they live in the highlands. It is, therefore, evident that the proponents of this interpretation based their conclusions on geographical-climatic considerations. While the geographical interpretation of 'Mizo' as 'Highlanders' is misleading, the term 'Zomi' itself is grammatically incorrect/erroneous taking into consideration the Duhlian-Lusei dialect use of grammar. The sequence of syllables in the *Duhlian-Lusei* dialect is such that, to form a proper noun (in a proper noun), an adjective do not normally precede a noun (subject). As such, terms like '*Tlangmi*' (Hillmen), '*phaimi*' (Plainsmen) are all compound words formed/ used as abstract common nouns with geographical connotations/ reference or base. The term 'Mizo' is considered the correct sequence of syllables since it is derived from the compound words 'Mi' and 'Zo' to form a proper noun which is based on ethnicity/ ethnic identity.⁵³

Historically too, the interpretation of 'Mizo' or 'Zomi' as 'highlanders' is being dismissed as absurd because the various tribes had called/ identified themselves, and had used the term 'Zo', 'Yo', 'Jo', 'Sho' etc., even when they were settled in the Chindwin Valley. From this

⁵³ Malsawmdawngliana, 'The Paradox of Mizo Identity: In Search of that Elusive Nomenclature', in *Unpublished Private Manuscript*, 2009.

premise L. Keivom, in his award winning book *Zoram Khawvel-II*, postulates that the 'Zo' in 'Mizo' does not necessarily connote the geographical-habitation preference of the Mizo tribes down through the ages; instead, it would be much more credible to hypothesize/assume, from the Primordialist's paradigm, that the term 'Zo' has been commonly used by the different tribes generations on and on to identify themselves which we have retained/maintained to this day.

Thus, the Mizo and their allied groups (such as Kuki and Chin, Thado) belong to the same origin, researching on their history has been limited by absence of a common name to identify the whole group.⁵⁴ In Burma they were known as *Chin*, *Kuki* in India and Chittagong hill tract.⁵⁵ G.A.Grierson in *Linguistic Survey Of India*, Vol. III, Part-III wrote "The word Kuki and Chin are synonymous and are both used for many of the hill tribes in question. Kuki is an Assamese or Bengali term, applied to various hill tribes such as the *Lushai (Lusei)*, the *Rangkhols* and the *Thados* etc".⁵⁶

However, such name given to them by their neighbours seems alien among the Mizo groups. C.A Soppitt also noted this context- "The designation "Kuki" is never used by the tribes themselves, though many of them answer to it when addressed, from knowing it to be the Bengali or plains terms for their people." ⁵⁷ Each group and clan calls themselves by

⁵⁴ Rev. S. Prim Vaiphei, 'who we are/ who are we?' in *In Search of Identity*, Published by Kuki-Chin Baptist Union, Manipur, March 1986. p. 17.

⁵⁵ G.A Grierson, *Linguistic Survey of India*, Vol-III, Part - III, (reprinted) Published by Motilal Banarsidass, Delhi 1967. p. 2. Also see Col. V. Lunghnema, *Mizo Chronicles*, New Bazar, Churachandpur, Manipur, 1993. p. 3.

⁵⁶ Ibid. p.1.

⁵⁷ C.A Soppitt, *A short Account of the Kuki-Lushai Tribes on the North-East Frontier*, The Assam Secretariat Press, 1887.p.2.

different names. G.A Grierson says, "There being no proper name comprising all these tribes".⁵⁸ T.H Lewin, a colonial ethnographer in 1885 wrote that the generic name of the whole nation is "DZO". In a larger context, various orals folklores, Myths and legends supported titles based on the diversity of dialects such as *Zo, Yo, Sho, Zhou, Yu, Scho* and *Jo*, etc, which were synonyms used by them.⁵⁹ Under this common name, each sub-lineage group and clan name also signifies each dominant group of people in their own habitant areas from place to place.⁶⁰

The term 'Zo' thus covered all Mizos and their allied groups in a larger context. In modern times, they call themselves by different names in their respective dialects from place to place. For instance, *Mizo* in Mizoram, *Kuki* and *Zomi* in Manipur, *Zomi* in Myanmar, *Kuki* in Cachar of Assam, Tripura, Nagaland and Chittangong hill tract.⁶¹ A number of them also identify themselves by their own groups or sub-tribes and clan names.

Thus, for convenience, the Mizos in the present study is one group from the Zo group. The term 'Mizo' refers to a sub-lineage of the 'Zo' which is further divided into a smaller group or clan such as *Lusei, Mara, Hmar, Paite* and *Lai*. Other clans of the Mizos like *Fanai, Ralte, Rangte,*

⁵⁸ G.A Grierson, op.cit.,

⁵⁹ Ibid. pp. 1-2. Vumson, op. cit. p. 1. Sing Khaw Khai, *Zo People And Their Cultures; A Historical, Cultural Study and Critical Analysis of Zo And Its Ethnic Tribes*, Churachanpur, Manipur. p. 70.

⁶⁰ For instances, Halkha, Zahau, Matu (Chin by Burmese) are the dominant lineage group in Burma, in Mizoram, *Lusei* (*Lushai* by British), *Mara* (*Shendu* or *Lakher* by *Lusei*, *Ralte*, *Shendu* or *Lakher* by British), *Lai* (*Shendu* by British or *Pawi* by *Lusei*) and *Hmar* are dominant lineage groups. In Manipur, *Hmar, Thado, Zou* (*Kuki* by British to till official record) are lineages group. In Chittagong (in present Bangladesh), *Pawi, Bawm, Khumi, Miria* (*Mru*), *Lusei* are dominant. In Tripura, it is the *Lusei, Halam, Zhou* (*Kuki* by British to till official record). In Cachar (Assam), *Thlado, Hmar, Rangkhoh* and *Biate* are dominant.

⁶¹ B.Lalthangliana, 'Mizo Identity' in *Sabereka Khuangkaih*, Aizawl, February 1998. pp. 7-19. Dr H. Kamkhenthang, 'Grouping of identity' in *In search of Identity*, Published by Kuki Chin Baptist Union, March 1986, Manipur. pp. 1-5., Rev. S. Prim Vaiphei, op. cit., pp. 17-21.

Hualngo, *Biate* also formed an important part of pre-colonial Mizo social formations. Clan when further divided into a smaller group it is known as a sub-clan, for instance *Maras* were divided into several smaller groups like *Tlosai*, *Zawngling*, *Hawthai*, *Zyhno*, *Sabeu*, *Vytu*, *Heima* and *Lialai* etc in the pre-colonial era.⁶² *Lusei* are divided into smaller groups or sub-clans like *Hrahse*, *Pachau*, *Chhangte*, *Chawngthu*, *Chhakchhuak*, and *Hualhang* etc.⁶³ These groups or sub-clans are divided again in smaller units down to individual families. Among the Mizos, the *Lusei* clan was dominant and as a result they subjugated other clans by the end of the 19th century.

2.4 Origin of The Mizo Chieftdom.

The origin and development of Mizos chieftainship has its own indigenous growth since, their culture were more or less outside the influence of outside world. Basing on oral tradition, the *Lusei* can trace the origin of their chiefs and the system of chieftainship where as the same cannot be attributed to the other clans. It is said that in the village of *Seipui* area, (in the area of present *Chin land adjacent to* Burmese empire) a man called *Zahmuaka* who had six sons was persuaded by the *Hnamte* clan to become their leader or chief. At first he refused, but accepted only after the *Hnamte* clan offered a basket of paddy as a tribute. That was how the rise of *Lusei* chieftainship occurred. The six son's *Zadenga*, *Paliana*, *Thangluaha*, *Thangur*, *Rivunga* and *Rokhuma* soon succeeded to the positions

⁶² Personal Interview with two *Mara* elders, S.Mokia and S.Hrachu, Proofreader, Art and Cultures, M.A.D.C on 13th February 2002. Animesh Ray, *Mizoram*, National Book Trust, India, New Delhi, 1993. pp. 54-55. Laiu Fachhai, *The Maras*, Evangelical Church of Maraland Mission, Siaha, Mizoram, 1994. pp. 1-13. During the pre-colonial and postcolonial period, the *Maras* were popularly known as the *Lakher*s. *Lakher* is a *Lusei* term derived from two words 'la' means cotton and 'kher' mean spinning. In pre-colonial period the term *Lakher* was therefore given after they specialized in cotton works.

⁶³ Rev. Liangkhaia, *Mizo Chanchin*, LTL Publications, Aizawl, (Reprinted), 2002. pp. 24-26.

of chiefs in their own villages.⁶⁴ Among them, the descendent of *Thangur*, *Sailo* become most powerful ruling chief in 'Mizo cultural area'. In the same period, a number of Mizo chiefs like *Fanai*, *Hualngo*, *Ralte*, *Ngente*, *Chuaauhang*, and the present southern inhabitant chief of *Mara*, *Lai* or *Pawi* chiefs rose to chieftainship in their respective areas from place to place.⁶⁵

In the middle of 17th century, a group of Mizos started penetrating into the 'Mizo culture area' adjacent to Tripura, Chittagong hills tract and Cachar. Migration usually occurred in groups or clans from different places at different periods. There is uncertainty among the scholars regarding the migrations of Mizos. The Mizo's migration was a continuous process starting from early in the 17th century to the first half of the 19th century. Some historians suggest that the period of migration took place between 1700-1780 AD.⁶⁶ More accurately, B. Lalthangliana put the *Lusei* clans migration date between 1650-1700.⁶⁷ Among the Mizos, the *Hmar* clans firstly migrated.⁶⁸ *Palian*, a group of *Lusei* chiefs also crossed the *Chin* Hills of Burma border soon followed by *Rivung* chiefs, *Thangluah* chiefs, *Zadeng* chiefs, *Rokhum* chiefs and *Rokual* chiefs.⁶⁹ Chiefs of *Raltes*, *Hualngos*, *Paites* and *Fanais* also made their move toward.⁷⁰ *Lai* and *Mara* chiefs also soon migrated in to southern Mizoram soon after. These ruling clans established territory at different places in the hills.

⁶⁴ Ibid. pp. 58, 63.

⁶⁵ Ibid.

⁶⁶ Ibid. p. 83. K. Zawla, *Mizo Pi Pute leh An Thlahte Chanchin*, Zomi Book Agency, Aizawl, 1993. pp. 13-14. Dr. Lalthanliana, *Mizo Chanchin (Kum 1900 Hma lam)*, Aizawl, 2000. p. 322.

⁶⁷ B. Lalthangliana, (2001), op.cit., p. 215.

⁶⁸ Dr. Lalthanliana, op. cit., p. 323.

⁶⁹ Ibid.

⁷⁰ Ibid.

In the earlier period of the *Zadeng* ruling chiefs who were powerful and dominant in pre-colonial Mizoram, the enormous village of *Dungtlang*, houses numbering to around 3000 had been established. *Palian* chief *Sibuta* is also said to have ruled over different villages numbering to 25, 000 houses in the hills bordering Tripura kingdom.⁷¹ This period also initiated the rise of *Mara* ruling Chiefs under the banner of the nine territorial groups of *Tlosai*, *Hawthai*, *Chapi-Ngiaphia*, *Vytu*, *Zyhno*, *Lochei*, *Heima*, *Lialai* and *Lytu*. The *Lai* cultural area under the chiefs of *Chinzah*, *Zathang*, *Khenglawt*, *Thangchhawn*, *Hnialum*, *Hlawancheu* and *Hlawnchung* (commonly known as *Pawi*) emerged in the southern border of Mara territory.⁷²

Inter tribal warfare continued for securing more and more Jhum lands. The weaker chiefs usually migrated further towards the western part of present *Cachar*, *Chittangong hill tract* and Tripura. In the early period, a number of chiefs such as *Hmar*, *Paite* and *Thlado* were further pushed toward the present Cachar and Manipur areas. A number of ruling chiefs like *Palian*, *Rivung*, *Thangluah* further advanced to the bordering hills of Tripura and Chittagong hill tract of Bengal.

2.5 Formation of Sailo Chieftdom.

The last part of the 17th century witnessed the rise of the most powerful ruling clans in 'Mizo cultural area'. These were the *Sailo* chiefs who migrated from Chin land. Initially, in order to strengthen their power, seven *Sailo* chiefs by combining their work force initiated the establishment of the largest village with the houses numbering to around 7000.⁷³ However, the people in the village soon dispersed due to shortage

⁷¹ Mackenzie. Ibid. op. cit., p. 290. Also see Liangkhaia, op. cit., p. 68. Shakespear (1983), op. cit., p. 4.

⁷² Lalthanliana, op. cit., p. 390.

⁷³ Liangkhaia, op. cit., p. 89.

of Jhum lands. However, the *Sailos* soon successfully established seven powerful territories on both the western and the northern parts of Mizo culture area.⁷⁴ Steadily, their power increased due to political influences over others.

Most of the common chiefs including many powerful *Fanai* chiefs soon became their subjects. During the first half of the 19th century, the confederacy of two ruling *Sailo* families (known as western and southern *Sailo* chiefs in colonial texts) was formed to subjugate other powerful ruling clans like, *Palians*, *Thangluahs*, and *Zadengs*.⁷⁵ None of them could defy the *Sailo* infiltration and one by one they met their fate. In the word of colonial ethnographer Shakepeare, “*Their descendent in spite of much assistance failed to regain their position in the world*”.⁷⁶ When the British government came into contact with the Mizo chiefs in the second half of the 19th century, *Sailos* had become the most powerful among the Mizo chiefs in Mizo ‘culture space’.⁷⁷ They controlled most part of the ‘Mizo cultural space’ except the *Mara* and *Lai* territory.

Thus, the *Sailo* Chiefs were the powerful and occupied most part of the hills approximately one fourth of the total land of Mizo culture area. While the *Mara* chiefs, *Fanai* chiefs and *Pawi* chief occupied the far southern parts during that period. *Hmar* clans and *Paite* clans also occupied the far North Eastern adjacent to hills of Manipur and Cachar. *Zadeng*, *Palian*, *Thangluah* and *Rivung* chief occupied the hills of Chittagong Hill Tract and Tripura. *Hnamchawm* or other miscellaneous ruling clans such as *Ralte*, *Hualngo* and others who occupied a position of lesser significance rule a small area of territory. These groups were more or less

⁷⁴ Lalthanliana, op. cit., p. 400.

⁷⁵ Ibid. pp. 401-402. Liangkhaia, op. cit., p. 99.

⁷⁶ Shakepear (1983), op. cit., p. 4.

⁷⁷ Ibid. 401.

under the subjugation of the major ruling clans such as the *Sailos*, the *Lais*, the *Maras* and the *Fanais*.

The success of the *Sailos* was mainly due to better organization of internal and external administrations. Nevertheless, local wars remained at large in pre-colonial Mizoram. The next task of the *Sailos* however, was defending territories in the border areas. To increase their privileges and to protect their territory from encroachment of the neighbouring colonial Zamindars, a number of invasions were conducted in the areas of Cachar, Manipur, Tripura and Chittangong Hill tract of Bengal.

2.6 Transition from Kin-based Polity to Territorial chiefdom.

Chiefdom formed the most important form of political organisation in pre-state society. Chiefdoms concentrate power in the office of the chiefs. Chiefdoms have been called the first step in integrating the village as units with a multi community political organization. Chiefdoms were associated with greater population density and display sign of social ranking. The rise of centralized governing centre (i.e. a chief with political authority) is closely related to redistributive exchange patterns. Goods move into the centre (the chief) and redistributed through the chief's generosity in giving feast and sponsoring rituals. Some scholars divided chiefdoms into two stages; the first stage that takes on simpler, and those that were more complex where there was a more developed regional hierarchy with paramount chief and lesser chiefdoms. The simpler form (i.e. petty chiefdom) has centralized decision making for better mobilization of manpower and exploitation of resources than was possible in a tribal form of society. The more complex chiefdom has greater measure of authority but still lacks bureaucracy to administer food surplus

not to distribute and store resources. The society was more divided along two lines-nobility and commoners.⁷⁸

The last part of 18th to first half of 19th century thus witnessed a transition from kin-based polity to territorial chiefdom. The rise and infiltration of the powerful Mizo ruling clan of the *Sailos* marked the formation and subsequent changes in the composition of the Mizo cultural space.⁷⁹ First, the rise of the *Sailos* caused dispersal of various Mizo cognate groups such as *Thados*, *Biates*, *Hmars* and *Paite* all over Cachar, Tripura, and Manipur.⁸⁰ Secondly, political unification evolved in the Mizo cultural space, although the central administration in the form of medieval state was not fully developed. The lack of an efficient agrarian economy failed to provide surplus production to stabilize one central administration.

A cultural revival took place during the *Sailo* period. They absorbed a number of other clans. It is said that various Mizo customaries of oral constitution evolved as a result of their influence. Linguistically, the Mizo language (*Duhlian* dialect) was nurtured as a common language.⁸¹ It also evidently helped the growth of the oral traditions. However, *Paite*, *Mara*, *Hmar* and *Lai* retained their dialect. Increase of their political hegemony also directly introduced the development of social stratification in the pre-colonial society. In addition, the period of the *Sailos* witnessed the growth of a significant population that led a greater demand of agricultural land. As a result, several tribal wars broke out on the question of ownership of

⁷⁸ Christopher Scarre, *Ancient Civilizations*, Rourke Publishing, USA, 2009. pp.23-25.

⁷⁹ Vanlalhruaia, H, *Agrarian System of Mizos in Pre-Colonial Period*, Unpublished M.Phil Dissertation, Department of History, University of Hyderabad, 2004.p.23.

⁸⁰ Animesh Ray, *Mizoram: Dynamics of Change*, National Book Trust of India, New Delhi, 1993. p. 2.

⁸¹ J. Shakespear, 'Notes on Some tribal and Family Names employed in speaking of the Inhabitants of the Lushai Hills, in *The Journal of the Anthropological Institute of Great Britain and Ireland*, Vol. 30, 1900. p.68.

agricultural land. The occasional repression of their cognate powerful tribes (*Chin*) also affected their economy. The Mizos at those times were always in need of avoiding external danger. Tribute to other stronger chiefs by weaker chiefs also destabilized the economy during the period of the *Sailo* ascendancy.

The Mizos at that time were in a stage where an increase in the population was evident as such the expansion towards the north and western side took place, this resulted into shortage of cultivable land. The clan wars among Mizo chiefs also led to difficulties of maintaining Jhum lands, which led to a shortage in food supply.⁸² Tribute to superior chiefs by vanquished chiefs weakened the economic positions of many villages. The strongest chiefs, the more permanent ones usually drove out numbers of Mizo clans to the surrounding hill areas adjacent to kingdom of Manipur, Tripura and Bengal. The weaker chiefs mostly rushed southwestward and northward and finally came into contact with colonial powers. It is evident that the *Luseis* were driven out from hills surrounding Burma Empire by their cognate powerful groups called Chin. Successively, the *Luseis* also drove out the earlier lineage group of *Thado* to the plains of Cachar area and surrounding hills of Manipur.⁸³

This unending struggle of supremacy chiefly exhausted Mizo economy particularly from the second half of the 19th century. Every chief was in need of income to regain his or her position. The only substitute they could get was from the neighbouring people particularly the Bengalis who were the easiest prey. Faced with scarcity, Mizo warriors used to go to the border villages to seek economic gains or food grains.⁸⁴ Therefore,

⁸² Mackenzie, op. cit., p. 330. It is said that the war broke out between the Eastern chiefs and Western chiefs during 1876-77 due to claming over of jhum land.

⁸³ Vumson, op. cit., p. 110.

⁸⁴ Shakespear, (1983) op. cit., p. 188.

several invasions were conducted on neighbouring territory mainly due to economic reasons like; procuring guns from neighbouring territory for the protection of their Jhum field from animals and protection from other hostile clans; to get substitute household needs and tools and to get labourers to work on their Jhum field. This is how in the latter period, the colonial government confronted many tribal uprisings in the forms of raids, plundering, captivities and pillage.

2.7 Polity in Mizo Chiefdom.

Pre-colonial Mizo polity was organized around institutions of a segment of petty chiefdom. Hereditary chiefs administered a village or cluster of villages and were usually independent from external control. There was a continuity and change throughout the pre-colonial period. However, after the rise of *Sailo* ruling chiefs, many of the common ruling chiefs were under their influence in which tributes and assistances were expected in times of needs. Local administration of judiciary and executive were in the hand of each village chiefs. One chief could rule over 1 to 10 village including hamlet depending upon the economy, chief personal ability to administer the village. Whenever the population increased, Mizo chief usually gave out part of his territory to his legitimate son. This is mainly due to the practice of Jhum land that cannot encourage large settlement in one place. Shakespear wrote in this context;

“When the son of a chief reached maturity he was given a certain number of households from his father’s village and was sent forth to a village of his own. Henceforth he ruled as an independent chief, and his success or failure as a ruler depended on his own talents and abilities. He paid no tribute to his father, but was

expected to help him especially in times of quarrels with neighbouring chiefs.⁸⁵

All administration in the village was in the hand of Chief and his council of elders. T.H Lewin wrote “the village system among the kookies is best described as a series of petty states, each under the dictator or president”.⁸⁶ His power was extensive and invested with mythological construction. For instance, it was forbidden to kill a chief as he was called *Lal*, safe in the heat of battle.⁸⁷

The chief appointed a number of village officials. The chief (*Lai* by *Lusei*, *Bawi* by *Lai*, *Abei* by *Mara*) was helped by various groups of village elders called *Upa* by *Lusei* clans or *Macha* by *Mara*, *Bawi* or *Tlang* by *Lai*.⁸⁸ Next to the chief they held the highest position in the village state. All officials such as *Zalen* by *Lusei* or *Kutawl* by *Pawi*, Blacksmith or *Thirdeng* by *Lusei*, *Seudaipa* by *Mara*, *Siksek* by *Paite* and professional priest like *Sadawt* and *Bawlpu* by *Lusei*, *Siampu* by *Paite*, *Cheusapathaipa* by *Mara* were appointed directly by the chief within his jurisdiction. In case of a *Mara* village (in the village of *Chapi*) the chief appointed junior hereditary chiefs to assist him for his administration. The junior hereditary chiefs also got portions of revenue from the villagers.⁸⁹ However, by and large the existence of junior chiefs was not heard elsewhere in other parts of the Mizo cultural area.

The main duty of the chief and various village officials was to look after the villagers. The chief and his council of elders discussed all matters

⁸⁵ J.Shakespear (1983), op.cit., p. 42.

⁸⁶ T. H Lewin (1978), op.cit., p.131.

⁸⁷ Ibid. p.132

⁸⁸ *Pawi Chanchin*, Published by TRI, Directorate of Education, Govt. of Mizoram, 1988. p. 83.

⁸⁹ Parry, 1976, op. cit., p. 252.

that concern the villages. Their main concern was the safety of villagers, each year's cultivable land and various issues relating to people's lives within their village. Various disputes among the villagers were settled at the court of the chief and his council. As remuneration for their efforts in trying cases, the elders of the council received fees called *Salam* by *Lusei* and *Vopia* by *Mara*.⁹⁰

The lowest village official was called village crier or *Tlangau* by *Lusei*, *Tangau* by *Paite*, *Tlaawpa* by *Mara*. His main duty was to proclaim the chief's order, as to what the villagers needed to know or other works was to be done.⁹¹ He was also in charge of collecting fine inflicted on the offenders in the chief's administration. During the colonial rule, another extra village official called *Khawchhiar* by *Lusei*, *Khireipa* by *Mara* or village writer was appointed to assist the chief, who also extracted portion of peasant production.⁹²

The success of each and every chief was very much dependent on his personality and his ability to control the village. A weak chief usually depends on his council of elders, which enhanced the privileges of village elders. It is interesting to note down that, a type of feudal fiefdom, which was prevalent in medieval Europe existed in a section of southern *Mara* village but this was a rare instance.⁹³ In case of chiefs being weak, the noble clans seized lands for themselves. However, it is reported that none of them succeeded in establishing villages. The owner of a fief collected portion of the peasant's produce from the villagers for the recognition of cultivating on the chief's land. And in turn he had to pay revenue to the

⁹⁰ Ibid.

⁹¹ Ibid. J.N Dad, *A Study Of The Land System of Mizoram*, Law Research Institute Eastern Region, Guwahati High Court, Sponsored by North Eastern Council, Shillong, 1990. p. 8.

⁹² Ibid.

⁹³ N.E Parry, 1976, op. cit., p. 251.

chief. If he cultivated any land outside his own fief, he paid double revenue. Fiefs were sometimes sold on occasions and were given as part of a marriage price.

Unlike in European fiefdom, there was absence of political right over peasants by fief holders. The only privilege they enjoyed were the right to collect revenue from the peasants only when half of the revenue went to the chief. Parry says “the fief holder desired to establish political rights over the agriculturists”. This system thus caused perpetual friction between the chief and the owners of fiefs. The systems however continued until colonial rulers abolished it in the first half of 20th century.⁹⁴ Except among the *Mara* chiefs, there is no evidence of fiefdom in other parts of Mizo cultural area although a type of vassal or sub-ordinate existed in which bigger chiefs provided protection to the smaller chiefs. The lesser chiefs were under heavy pressure of the bigger chiefs, who extracted tribute from them in kind.⁹⁵

2.8 Land Revenue.

A colonial ethnographer B.C Allen argues that, “Land Revenue is not assessed, but the people pay a house tax”.⁹⁶ Among the *Lusei*, land revenue was never assessed in pre-colonial period but every household in the village was bound to pay a portion of their produce to the chief. Land revenue was paid in kind, since there is no evidence of money economy in pre-colonial Mizo society. Revenue practiced differed from village to village and clan-to-clan. Land revenue was referred as *Fathang* or *Lal Buhchhun* by the *Lusei*, *Bai* by the *Mara*, which literally meant paddy

⁹⁴ Ibid.

⁹⁵ Suhash Chatterjee, *The Mizo Chief And Chieftdom*, M.D Publication, Delhi, 1995. p. 8.

⁹⁶ B.C Allen, EA Gait, CGH Allen & HF Howard, *Gazetteers of Bengal And North East India*, Mittal Publication, 1979. p. 466.

revenue or dues for chief.⁹⁷ Assessment based on land was unheard of, although customs permitted Mizo chiefs to collect portion of peasant's produce in recognition of granting agricultural land. There was no uniformity since all villages were independent.

The villagers were bound to pay revenue or tax to their chief, which were usually based on custom prevalent among each clan. *Fathang* is the only revenue taken from paddy produce by *Lusei* chiefs. Among *Lusei*, two to three baskets of paddy were paid directly to the chief. Among *Maras*, the most valuable revenue extracted by the chief was in terms of paddy known as *Sabai* and *Rapaw*. *Sabai* is the revenue payable to the chief in recognition of his chiefship and was usually one to three baskets of paddy.⁹⁸

Revenue was demanded according to customs of social hierarchical set up of the society. The *Lusei* chief appointed groups of elders known as *Ramhual* who were expert in land matters. Appointment was made according to the person's compliance to contribute the required amount of paddy to the chief. They were given the priority of selecting the best Jhum land before the common man chooses. In the event of getting the first choice of selecting Jhums, they paid heavier *Fathang* or revenue to the chief than common villagers. The chief then appointed another group of officials called *Zalen* who also had the right to choose the agricultural land before the common villagers. *Zalen* were exempted from *Fathang* or revenue to the chief in consideration of their help extended to the chief when chief ran short of paddy or fell into any kind of difficulty.⁹⁹ *Zalen*

⁹⁷ S. Mokia and S. Hrachu, op.cit.

⁹⁸ During my field trip, it was very difficult to find out the amount payable to the chiefs in term of Modern calculations since it differs from place to place. However, based on interviews and Parry's writings, it could be observed that one to three baskets or 10 to 30 kgs of paddy are collected.

⁹⁹ Parry, 1927, op. cit., p. 6.

were usually appointed from the family as a means of economic security for the chiefs. Therefore the chief appointed those who could produce sufficient paddy as *Zalen*. In *Mara* villages, there were no officials like *Ramhual* and *Zalen*. Rather they had a council of elders called *Macha* who usually belonged to the noble clan. They helped the chief in times of trouble. In the southern *Lai* ruling area too *Ramhual* was unheard of though elders known as *Kut awl* or *Tipuramtla*, which was equal in rank with *Zalen* were appointed by the chief.¹⁰⁰ Unlike the *Zelen* in *Lusei*, *Kut awls* were not given any privileges in selecting Jhum land. In case of *Paite*, the chief appointed two groups of people called *Siam hmanglian* and *Siamhmang neu* respectively.¹⁰¹ The other village officials such as professional priest *Sadawt* and *Bawlpu* were exempted from paying the revenue due to their services rendered to the villagers. In case of *Mara*, they had no such village priest except a priest held for life known as *tleuliabopa*.¹⁰²

As stated earlier, customarily the chief claimed portions of the peasants produce. Amongst the *Lusei* clan, the amount of paddy realized from *Ramhual* at the end of harvest ranges from six baskets to ten baskets. The revenue extraction from the rest of villagers came to around to two baskets. According to modern standard it is estimated that one basket or *phur* is roughly equivalent to 20-25 Kg of paddy.¹⁰³ The size of *Lusei* basket called *Dawrawn* was about 30 to 36 inches long with a diameter of about 24 inches. The amount of tax realized was from four to ten baskets of paddy although *Fathang* differed from village to village and clan to clan.¹⁰⁴ Later in the colonial period, the amount of the chief's revenue collection was

¹⁰⁰ *Pawi Chanchin*, op. cit., p. 53.

¹⁰¹ *Paite In Mizoram*, TRI, Aizawl, Mizoram, 1987. p. 37.

¹⁰² Parry, 1976, op. cit., p. 252.

¹⁰³ C. Rokhuma, (Personal interview), Mission Vengthlang, Aizawl, Mizoram, on 22nd January 2003.

¹⁰⁴ Parry, 1927, op. cit., p. 6.

fixed at six snowflake kerosene oil tins of paddy.¹⁰⁵ Here it is estimated that one kerosene tin of paddy is equivalent to 11 kgs.¹⁰⁶ The *Ramhual* get their choice of agriculture land and had to pay *Fathang* to the chief in proportion to the amount in which they had chosen their Jhums. In some villages, four to ten *phur* or baskets of paddy were taken. The blacksmith got a basket of paddy or one and a half kerosene tin or *Tinkhat leh a chanve* from each villager as a salary in return for his services to the villagers.¹⁰⁷ In *Lusei*, *Thingdeng* or blacksmith was entitled to share a bit of every animal hunted, especially the spine or three ribs.¹⁰⁸ The village priest received a basket of paddy from each respective clan in return for their services performed in connection with cultivation. The lowest village official called village crier or *Tlangau* received a basket of paddy from each household as a reward.¹⁰⁹

The rest of the villagers were bound to pay *tax* to the chief in kind. Amongst the *Lusei*, two to three baskets of paddy were paid directly to the chief. If two peasants shared the Jhum land, they only paid revenue for one agricultural land. One of them was regarded as the owner of the field and took ten baskets or *phur* of paddy out of which he paid all taxes and the rest of the crop was divided or equally shared by them.¹¹⁰ In case of peasants migrating to other villages without the consent of the chief, the

¹⁰⁵ Ibid. p. 7. Six snowflake kerosene oil tins equals to *Tin ruk* or *Phur hnih* or *two baskets*. Here, it is very difficult to get the exact amount in terms of modern measurement of weight. C. Rokhuma author and essayist told me that, one *Phur* or one basket equals to 3 kerosene tins. In case of Mara, 5 kerosine tins equals to *Dawh kha*, 10 kerosine tin to *Kai kha*, 50 kerosine to *Chheih Kha*, 500 tin to *Chheih hraw*. S. Mokia and S. Hrachu, op.cit. Shakespeare in his book '*The Lusei Kuki clan*' describes, one basket was fixed by the chief for the measurement of tax which was being estimated about 50 lb. J. Shakespeare, op. cit., p. 18.

¹⁰⁶ S. Sailo, 'A Sign Of Hope For The Jhumias In Tripura' (Private Manuscript)

¹⁰⁷ Shakespeare, op. cit., p. 43.

¹⁰⁸ Parry, 1927, op. cit., p. 8.

¹⁰⁹ Shakespeare, op. cit., p. 43.

¹¹⁰ Parry, 1927, op. cit., p. 7.

chief had the right to confiscate half of the paddy produced by the peasant.¹¹¹ Customarily, *Lusei* chiefs had the right to seize all the property of a peasant who disobeyed their orders.¹¹² This system is called *Ram*, which literally means confiscate.

Fathang is the only revenue taken from paddy produce by *Lusei* chiefs. Parry says;

“Fathang is not payable for vegetables and other miscellaneous crops if grown in the same chief’s land as the main rice crop but if a man has Maize plot in another chief’s land he will have to pay Fathang for it to the chief in whose land he has made the subsidiary cultivation”.¹¹³

In some cases, *Chapi* chief in Mara territory collected one basket of cotton as a tax from the peasant.¹¹⁴ However, such evidence was rarely found. Among *Maras*, the most valuable revenue extracted by the chief was in terms of paddy known as *Sabai* and *Rapaw*. *Sabai* is the revenue payable to the chief in recognition of his chiefship and was usually one to three baskets of paddy.¹¹⁵ *Rapaw* was the price payable to the chief for the privilege of cutting jhum in his land. *Sabai* was payable to the chief in whose lands the field was situated. It was mostly paid in paddy if the peasant had any Jhum field. If the crops failed, the revenue was usually paid in the form of domestic animals ranging from fowls to pigs.¹¹⁶

¹¹¹ Ibid.

¹¹² Ibid. p. 2. *Ram* was abolished during the early period of colonial rule in Mizoram.

¹¹³ Ibid. p. 7.

¹¹⁴ Ibid. Mokia and Hrachu, op. cit. Cotton tax is not mentioned in Parry’s study of revenue among the *Maras*. It could be regarded as a local arrangement as well as less extensive in pre-colonial period.

¹¹⁵ During my field trip, it was very difficult to find out the amount payable to the chiefs in term of Modern calculations since it differs from place to place. However, based on interviews with *Mara* elders and Parry’s writings, it could be observed that one to three baskets or 10 to 30 kgs of paddy are collected.

¹¹⁶ Parry, 1976, op. cit., pp. 252-253.

Despite the revenue paid directly from the production of land, peasants were bound to pay compulsory tax. Meat tax or (i.e. *Sachhiah* by *Lusei*, *Sahaw* by *Mara*) was another compulsory tax paid in kind by the peasant. Villagers who killed a wild animal had to give the chief, the left foreleg. Anybody who failed to pay the meat tax was liable to be fined. They had to pay domestic animals such as fowls, pigs and goats up to the value of Mithun.¹¹⁷

In addition to this compulsory tax, villagers paid several taxes or duty to the chief. The bees, which make their nest in the surroundings of the village were regarded as the property of the chief. Any villager who collected wild honey including wax from a jungle, within the village chief's jurisdiction must give the chief a portion of it. This bee tax was called *khuaichhiah* by *Lusei*, *kheih-o* by *Mara*. Whenever a salt well was dug up in a village, the chief was entitled a share of a portion of salt. One who collected salt from a salt well or spring within his jurisdiction had to give the chief one-tenth of the quantity collected.¹¹⁸

¹¹⁷ Mithun, a grass-eating animal is the most important domestic animal. Wealth of a man was judged by the numbers of Mithun he owned. Vumson suggest that Mizo culture was a mithun culture. Hence, many western writers have suggested that Mizo culture was a Mithun culture. Mithun was infact, the Mizo currency. In marriage contract the bride price was counted in terms of Mithuns. Vumson, *Zo History*, aizawl, Mizoram, 1987. p. 12.

¹¹⁸ Salt was one of the most precious articles in pre-colonial Mizoram due to its uneasy availability in pre-colonial Mizoram. The Mizos very often procured salt from neighbouring plain areas in exchange of elephant tusk, animal skins and other indigenous commodities. In pre-colonial Mizoram, there are few well-known salt well such as *Dap* salt well (between *Phaileng* village and *Dampui*), *Hmawngzawl* Salt well (Rabung village), *Bawng* salt well (far south hilly area of *Hriangtlang* and *Siallukawt*) and *Chite* salt well (Rawpui) were among them. The pre-colonial Mizo peasants came from different placed to extract salt from this salt well. C.Rokhuma, 'Chi-Seh'in Laltluangliana Kiangte, *Mizo Thuziak Thlan Chhuaehte*, L.T.L Publications, Aizawl, 2001. pp. 47-51.

Occasionally, a community fish catching day was observed. Mizo chiefs took portions of the fish caught by the villagers as tax. The *Mara* chief usually took the biggest fish caught by the villagers.¹¹⁹ In case of the *Mara* community, the chief took the young pig as dues. The second newborn pigs were taken.¹²⁰ Another custom called *vaohly*, the chief and elder seized the piglet as soon as it was for sacrificial purposes and sometimes as remuneration to a young man who had gone to deliver a message within a village or another village. In the villages of *Savang*, the chief could claim a pot of beer from each house in the village.¹²¹ In *chapi* village, all guns belonged to the chief. For the hiring of a gun the chief took half the neck of the animal shot.¹²²

The *Mara* chief collected two handfuls of ginger from the peasant.¹²³ The *Mara* and *Lai* Chiefs could ask their villagers to kill domestic animals at any time, if found necessary.¹²⁴ This custom was called *Sathi*.¹²⁵ Among the *Luseis*, the chief sometimes asked his villagers to contribute paddy or fowl for villagers in misery caused by accidents or diseases. Another similar custom prevalent in the *Mara*, paddy was levied on every house except the chief. Among *Luseis*, Mithun was regarded as a useful domesticated animal in the pre-colonial period. Therefore, if any villager sold it to another village, he had to pay a young pig to the chief as due.

¹¹⁹ S. Mokia and S. Hrachu, op. cit. V. Venkata Roa, H.Thansanga, Niru Hazarika, *A Century of Government And Politics in North-East India*, Volume III, Mizoram, S. Chand &Company PVT LTD, New Delhi, 1987. p. 67.

¹²⁰ Ibid. p. 258.

¹²¹ Parry, 1976, op. cit., p. 254.

¹²² Ibid. p. 256.

¹²³ Ibid. p. 254.

¹²⁴ *Pawi Chanchin*, op. cit., p. 85.

¹²⁵ Parry, 1976, op. cit., pp. 257- 258

This was known as *Sechhiah or Mithun Tax*.¹²⁶ The Mizo chief usually levied tax upon foreign traders trading in his territory.¹²⁷

Despite all these taxes, peasants were required to pay their respect to their chiefs and follow his instructions. The chief was entitled to free labour from the villages for the construction and repair of his house. Amongst the *Luseis*, the villagers had to build the chief's house for free of cost.¹²⁸ However, it was not heard of in some places such as the southern part of *Rolura's* village. In the northern part, the chief of *Lallula's* village extensively practiced the system.¹²⁹ This system was also widely prevalent among the southern *Mara* chiefs. While the work was in progress, the chief supplied the workers with beer, and generally gave them a feast when completed.¹³⁰ Parry wrote, "These services to the chief are rendered cheerfully, and are never questioned, as they are immemorial custom, and due to the chief as the father and protector of the villagers".¹³¹ In the southern part especially in the village of *Chapi*, the chief was entitled to call upon his villagers to work in his fields. The villagers give one day's work each year to clear the chief's Jhum and another day's work each to weed it.¹³² If villagers migrate to other village without informing the chief and without paying the various taxes, it was regarded offensive. Hence the chief confiscated the entire paddy.

¹²⁶ Dr. Vanlalringa Bawitlung, 'Socio-Economic History of The Mizo With Special Reference to Chiefs' on *Historical Journal Mizoram*, Vol. II, Issue II, Published by Mizo History Association, July 2001, p.3. This due indicates that the chief was the ultimate owner of all properties in his village.

¹²⁷ Chaterjee, op. cit., p. 41.

¹²⁸ Parry, 1927, op. cit., p. 4.

¹²⁹ Lalthangliana, op.cit., p. 286.

¹³⁰ Parry, 1976, op. cit., 251.

¹³¹ Ibid. p. 252.

¹³² Ibid.

The features of the above discussion indicate that revenue administration of Mizo was based on customary practices, which were handed down from generation to generation. However, customs did not specify the amount of tax to be collected. Hence, the amount of revenue was arbitrarily based on each administrative unit of the village.

2.9 Population.

No census count was ever taken in the pre-colonial period, as such was not the practice of the Mizos. Our observations are confined to colonial record in the last part of 19th century. In early times, the Mizos usually expressed their numbers according to the number of houses in a village. A.G McCall says that the Mizos usually lived in different groups of settlements from 20 to 100 or 300 houses or at a times more than these and settlement were usually situated among the hills tops and often fifteen miles apart.¹³³ Most of the villages in the pre-colonial society were usually small. They consisted of few dwellings and were called hamlets or *Khawper*. This is mainly because of the Geographical factors, which did not favour large settlements in hills. British officers, Shakespear wrote, “*when we occupied the country villages of 400 and 500 house were not common, and there were two or three of 800 houses*”.¹³⁴

In the early 19th century, it is said that the village of *Selesih* under *Sailo* chiefs had 7000 houses and *Dungtlang* village under *Palian* chiefs had 3000 houses.¹³⁵ In the present areas of present hill Tripura, *Palian* chief *Sibuta* (1765-1840) is said to have had a village of 25,000 houses.¹³⁶ During

¹³³ A.G McCall, *Lushai Chrysalis*, FKPL for TRI, Aizawl, Mizoram, 1977. p. 29.

¹³⁴ Shakespear, (1988) op.cit., p. 19.

¹³⁵ Liangkhaia, (2002), op.cit., pp. 85, 89.

¹³⁶ Mackenzie, op. cit., p. 290. Also see Liangkhaia,(2002), op. cit., p. 68. It is said that Sibuta controlled all the hilly areas of Tripura during the time of Rajdhar Manikya (Tripura Maharaja).

the middle of the 19th century, the legendary *Tualte Vanglai* village under Chief *Vanhnuailiana* is also said to have had 1000 house.¹³⁷ In 1850, it was recorded that the Mizo chief *Ngura* village (*Sentlang*) had houses numbering to around 800-1000.¹³⁸ British officer Captain Graham in 1861 estimated some of the southern village population as 12,600 persons under the control of chief's *Rolura*, 10,800 under chief *Lianlula's* village and 2,580 persons under Chief *Rothangpuia's* village.¹³⁹ These estimates however were confined to some villages and most of the other southern part under the *Lai* chiefs and *Mara* chiefs were ruled out in this estimate. Hence, it is very difficult to determine even the approximate population of the entire pre-colonial Mizoram.¹⁴⁰

2.10 The Hill Ecology.

Hill ecology conditions strongly determined the character of the Mizo cultural space. Man and his surrounding geographical environment deeply affects his social, political and economic conditions.¹⁴¹ This is true in the context of the Mizo ever since the evolution of history. The cultural space is always closely related to the hill conditions of a particular area. For instance, the word 'Mizo' means 'highlander' or 'hill man' owing to the hilly conditions. Both hill ecology and history have contributed considerably to the nature of the identity of Mizos.

¹³⁷ B.Lalthangliana, (1989), op. cit., p. 93.

¹³⁸ Ibid. p.292. Also see *Pioneer*, the 10th June 1870 on Mackenzie appendix, p. 563.

¹³⁹ T.H Lewin(1978), op.cit., p. 130.

¹⁴⁰ The first half of the colonial period in the year of 1901 the first official census was taken. It recorded a population of 82,434 spreads across 239 villages. However, the census did not include the southern portion of *Mara* and *Lai (pawi)* ruling areas. In the year of 1911, the total population was 91,204. In the 1921 census, the total population was found to be 98,406. BC Allen, EA Gait, CGH Allen & HF Howard, *Gazetteers of Bengal and North Eastern India*, Mittal publication, 1979. p. 460. *Mizoram District Gazetteers*, op. cit., p. 59.

¹⁴¹ Robert Leo Smith, *The Ecology of Man: An Ecosystem Approach*, New York, Second Edition, 1987. p. 110.

Traditional folk songs refer to the term “Zoram” which literally means the ‘Land of the hill people’. For the Mizo the loss of land meant loss of cultural identity. Most of the nomenclature was more or less directly related to the hill ecology. Local belief, local stories, legends, folktales, and ceremonies were also related to the geographical conditions of the area. Rivers and Mountains had their own importance in the life of Mizos as it had a deep connection with culture and traditional religious beliefs of the people. Ceremonies and sacrifices were often conducted to dedicate to the spirit of geographical features. Hill conditions helped to evolve their traditions and beliefs.

The inhabitant areas of the Mizos confided predominantly to hilly terrain. A Christian Missionary, Regional Lorrain reported his first experience in the hills as

“There is practically no flat land in Lakher (Mara), even of such small dimension as would be needed to erect a bungalow, nothing but hills and valleys, rivers and rocks, the sides of the mountains being densely covered with jungle from the foot to the brow”.¹⁴²

The hill ranges generally run from north to south. The area is composed of steep vertical inclined hills and deep narrow valleys except in some few areas where flat lands were found. *Chamdur* and *Champhai* covered the largest plains area.¹⁴³ In this area, it is said that a system of settled cultivation by ploughing the field was practised by *Hmar* clan probably between the period of 1700-1800 AD.¹⁴⁴ However, this method of

¹⁴² Regional A. Lorrain, *5 Years In Unknown Jungles*, Spectrum Publications on behalf of TRI, Aizawl, Mizoram, 1988. p. 13.

¹⁴³ Rintluanga Pachuau, *Geography of Mizoram*, R.T Enterprise, Aizawl, 1994. p. 35.

¹⁴⁴ Zochungnunga, ‘Survey of Pre-colonial Mizo Economy’ in *Pialral: Historical Journal of Mizoram*, Vol-V, MHA, December 1995. p.24.

cultivation is less supported by oral information and cultured traits. Traditionally, flat lands were not recognised to be permanent settlement areas as pre-colonial Mizos usually selected the hilltops for safety from intruders and to avoid tropical diseases.¹⁴⁵

The general heights of mountain ranges vary from 900 metres to 2,157 metres.¹⁴⁶ The Blue Mountain or the *Phawngpui* measuring the height of 2,157 metres had a deep connection with the local religious belief.¹⁴⁷ The *Lai* occasionally offered sacrifices to the spirits who were believed to have inhabited *Phawngpui* Mountain.¹⁴⁸ *Lengteng*, *Chalfilh*, *Lurh*, *Hmuifang* and *Tan* are other important mountains, which were also connected with traditional legends.¹⁴⁹ Traditional Mizo believed that these hill ranges and mountains were occupied by spirits hence avoided disturbing these areas. The maintenance of these sacred forests enhanced the spiritual well-being of the communities and also protected critical elements of natural forests.

Sacred sites were extensively observed by the Mizo in pre-colonial period. Rih Lake was regarded as a sacred place amongst some of the Lusei clans. In fact, the belief systems play one of the most important roles in the cultural life of the traditional Mizo. For instance, even a fertile area was left uncultivated if the Mizo agriculturists found that it was not in tune with their traditional beliefs. Rivers, hills and mountains had their own importance in the life of Mizo as they had deep connections with the culture and religious beliefs of the people. The whole earth belonged to a

¹⁴⁵ J. Shakepear wrote, "the *Lushai* (*Lusei*) likes to perch his village on the top of a ridge or spur, partly because, hillside being steep, it is difficult to find sites elsewhere, partly for the sake of climate, but chiefly, I think, in order to get a good defensive position". Shakepear. (1988), op. cit., p. 19.

¹⁴⁶ *Mizoram District Gazetteers*, op. cit., p. 5.

¹⁴⁷ *Statistical Handbook*, (2000), op. cit., p. xvi.

¹⁴⁸ *Pawi Chanchin*, TRI, Directorate of Education, Govt. of Mizoram, 1988. p.120.

¹⁴⁹ *Mizoram District Gazetteers*, op. cit., p. 5.

divine or the *khuavang*. *Khuavang* designed all the rivers and trees, hills ranging from north to south.¹⁵⁰

Many rivers such as *Chhimtuipui* (*Kolodyne*), *Tlawng*, *Mat*, *Tuichang*, *Tiau*, *Karnaphuli* were strongly connoted to the belief system. In the late pre-colonial period, the river route was the main means of communication. They used these rivers as instruments of their trade with neighbouring although limited to a great extent. Despite the advantage of river routes, a settlement on riversides was not common due to its feverish condition. The inhabitant hills falls under the monsoon rainfalls. During rainy seasons, tropical diseases are quite common. The Mizo considered valleys were feverish and unhealthy during rainy seasons. Malaria fever was quite common in the river valley areas. B.C Allen wrote;

“The valleys are malarias and unhealthy; and during rains the climate, even on the lower hills is moist and enervating, and malarial fevers are common everywhere. On the higher ridges is fairly cool and pleasant even at the hottest seasons of the years.¹⁵¹

The Mizo inhabited hills were covered by thick and green forest.¹⁵² It had a rich diversity of flora and fauna. A.T Gage in his book “*A Botanical Tour in The S. Lushai Hills*” (1899) had recorded 317 species of plants found in the hills.¹⁵³ Cecil E.C Fischer also recorded more than 1300 species of plants.¹⁵⁴ In recent times, the vegetation has been classified as tropical wet evergreen forests, tropical semi-evergreen forests and Montana sub-

¹⁵⁰ Lalrinawmi Ralte; “*Land Holding Systems in Mizoram, A Feminist Critique*” in Chhinlung, The Annual Journal of Bangalore Mizo Association 2006-2007, Vol.XVIII, Bangalore Mizo Association, 2007. p.115.

¹⁵¹ Allen, op. cit., p. 458.

¹⁵² *The State of Forest Report*, 1993, Forest Survey of India (Ministry of Environment and Forest) Dehradun.

¹⁵³ A.T Gage, *A Botanical Tour In the South Lushai Hills*, First Indian Edition, 1978.

¹⁵⁴ Cecil. E.C Fisher, *The Flora of the Lushai Hills*, (Reprinted), 1978.

tropical pine forests.¹⁵⁵ Various timber and bamboo species were found abundantly in pre-colonial Mizoram. Palms were quite common on the lower slopes and Oak, Chestnuts, and Firs grow on the higher ridges.¹⁵⁶ Different species of banana, ferns and orchids are found everywhere. Various species of stinging nettles, some of which are indeed poisonous and the sting of which, although not causing death would cause three to four days severe illness.¹⁵⁷ These poisonous vines served as the village fort. Lemon and tea tree were found in the northern part.

Cotton tree are found abundantly in pre-colonial Mizoram. The cotton tree sheds its leaves every year and when the season arrived for the cotton tree to show sign of life, it first bursts open and the contents fall to the ground. The tree afterwards bursts into leaves. The pods crack open and this can be gathered. The cotton inside the shell makes an excellent cushion and mattress. This cotton was then sold to the market during the last part of the pre-colonial period.¹⁵⁸ Rubber trees grew naturally in some areas of the hills. During late pre-colonial era, the Mizos used to tap rubber. A bag of crude rubber was brought down to neighbouring plains areas and sold in exchanges for daily necessities.¹⁵⁹ However, the local method led to the over tapping of local rubber trees and this resulted in the decline of the rubber trees. The export of crude rubbers completely died out by the time colonial ruler set up administration in the hills.¹⁶⁰

¹⁵⁵ *Environment and Forest Tlangau*, Vol. I. Conservator of Forest, Southern Circle, Mizoram, 1996. pp. 62, 63.

¹⁵⁶ BC Allen, op. cit., p. 457.

¹⁵⁷ Regional A. Lorrain, op. cit., p. 13.

¹⁵⁸ Ibid. p. 16.

¹⁵⁹ Lalrimawia, op. cit., p. 168. Also see 'Report on The Administration of the Province of Assam for the year 1876-1877'. p. 75.

¹⁶⁰ Ibid. R.G Woodthorpe wrote, "*The Bamboo has rightly been called the Hill-man's friend, because it supplies him everything from house down to small drinking-cup*". R.G Woodthorpe, *The Lushai Expedition, 1871-1872*, FKPL, TRI, Aizawl, Mizoram, Reprinted, 1978. p. 88.

It is notable to keep in mind that various species of bamboos grew abundantly in the whole region. Pre-colonial Mizo agriculture areas were mainly confined to the bamboo jungles. Recently, a local ethnobotanist J.H Ramnghinglova has recorded 20 species of bamboo found in Mizoram.¹⁶¹ Mizoram is often described as the land of bamboos, for instance J.D Baveja wrote a book entitled as *“The land where the Bamboo Flowers”* (1970).¹⁶² Some writers state that the pre-colonial Mizo economy was based on the bamboo plant (Bamboo based economy) due to the extensive uses of this plant by the people. Its usefulness could be observed in the following; at every stage of its growth from shoot to maturity it served a specific purpose. Local people consumed the new shoot as food; young bamboo was used for making a variety of baskets and other household articles; matured bamboo provided material for building houses and village defence posts.

However and despite its usefulness, it is interesting to note down that bamboos periodically led to famine. A bamboo flowers and then produces fruits after an interval of a couple of years. The fruits lead to production of seeds, which was voraciously consumed by rats. Strangely it has been observed that this period of the bamboo plants led to a sudden increase in the rat population. The rats soon finished eating the bamboo seeds and then turned to the paddy fields. This initiated successive famines in the hills.

Pre-colonial Mizoram was home to a forest-inhabited by a variety of wild animals. Wild animal including Elephants, Rhinoceros, Tigers, Leopards, wild hogs, porcupines, Wild Dogs, Civet Cats, Land Tortoises, the Himalayan Black Bears and Malay Bears, Bisons, several species of

¹⁶¹ J.H Lalramnghinglova, ‘Bamboo’, in L.K Jha, *Natural Resource Management*, A.P.H.Publishing Corporation, New Delhi, 1997. p. 258.

¹⁶² Please see J.D Baveja, *The land where the bamboo flowers*, Publication Board, Guwahati, 1970.

Deers, Gurals and Serows are found in the hills.¹⁶³ The forest bordering Cachar and Chittangong Hill Tract were full of elephants. Wild goats were found on the ridges of the steepest slopes. Gibbon Apes are found on the southern *Mara* land.¹⁶⁴ Cobra, King Cobra, Viper etc, though not in plenty represent the poisonous group of snakes while pythons, grass snakes and many other varieties of smaller snakes represent the non-poisonous group. Alligators are also found in rivers. Different species of birds and fishes were also found abundantly. Jungle fowls, hornbill pheasants, doves and pigeons were found across the whole land. Numerous Eagles and Kites also abound throughout the country and make desperate raids on the domestic fowls.¹⁶⁵

Folklore and various legendary stories were connected with animals. According to traditional belief, it was the wish of any young able man to kill big animals in order to achieve or to provide himself a good visa to paradise or *Pialral*. Hunting was the favourite pastime of Mizo young men. The meat of Bisons, deer and elephants were the favourite foods of pre-colonial Mizos among the animals. Animals' skins, animals Bones and Elephant tusks were sold in the neighbouring areas in exchange of salt and other commodities.¹⁶⁶ Animal's bones and skin become a source of commercial activities. In early period, Elephant tusk was exported to Mughal territory through traders of *Sylhet*.¹⁶⁷

Traditional lore reflects some aspects on the Lusei's desire for the conservation of animals. In fact, animals including domestic animals played an important role in formulation of knowledge amongst the pre-

¹⁶³ *Mizoram District Gazetteers*, op. cit., p. 13. B.C Allen, op. cit., p. 457.

¹⁶⁴ Lorrain, op. cit., p. 17.

¹⁶⁵ *Ibid*, p. 18.

¹⁶⁶ Lalrimawia, op. cit., p. 167.

¹⁶⁷ *Ibid*.

colonial Mizos. Folklore of proverbs, songs and legendary stories are connected with animals. Animals were the property of the divine known as *Khuavang*, looked after by a female deity called *Lasi*. Without the permission of *Lasi*, hunters were not able to shoot animals in pre-colonial period.¹⁶⁸

In many cases, animals have better instincts than humans. They depended extensively on animals' behaviour so as to understand the natural environment. For instance, domestic cock crowing in the morning meant the women folk had to wake up and start preparing food for cooking. The cock crowed at night at around 9 pm which meant that it was time to go to bed. They would also observe the movements of some insects. For instance, during the rainy season, if ants or *fanghmir* come out of their nest to hunt, this implied that there would be no rain on that day. Domestic animals occupied a central importance in various sacrifices and rituals, without which no sacrifices offered or rituals performed will be acceptable to the deities. The interaction of man and nature would have been incomplete without the help of animals in traditional *Lusei* community.

The tiger was referred to *Sapui*, literally means mighty animal. Among the animals, tiger was regarded as super natural animal. It was believed by the Mizos that the tiger could read minds and identify a person guilty of trespassing social norms and punish him to death. It was believed that the tiger hardly attacked or killed an innocent man and if an uninjured tiger killed anybody, people took it as a curse against him.¹⁶⁹ In the chief's court, an oath was taken saying that if the truth was not spoken they would be bitten by tigers.¹⁷⁰

¹⁶⁸ Rev. Saiaithanga; *Mizo Sakhua*, Aizawl, 1994. p.4.

¹⁶⁹ *Paite in Mizoram*, Published by TRI, Aizawl, Mizoram, 1987. p. 45.

¹⁷⁰ *Ibid.*

Hunting in pre-colonial period was not only a game but part of the economic activity. Meat was regarded as a rich source of protein. T.H Lewin wrote “the *Lhoosai* are great eaters of flesh, and domestic animal not being plentiful among them, their supplies depends on good deal upon their success in the chase”.¹⁷¹ They hunted, trapped and snared animals and birds. This did not mean that the traditional hunters could kill animals for mere pleasure. Some animals were regarded as sacred and were not to be killed or eaten. Various Mizo lores dealt with how to treat insects, birds and animals. The lore usually told people as “*ngai lo*” or “we don’t do such things”. For instance, Mizo’s lore prohibited ill-treatment or torture of animals such as slow Lories (*sahuai*), *Mulek* (eagle), Toads (*Utawk*) and *Vamur* (martin bird). Hunting of birds was prohibited during nesting period.¹⁷² To harm or to kill hornbill (*Vapual/kawlhawk*) during her nesting period would cause the death of that person’s wife.

The previous analysis shows that Mizo cultural areas in pre-colonial period was migratory people migrating far from China to the hilly region between Burma, the *Kachari* kingdom (*Dimasa* Kingdom), Manipur, Tripura and the Bengal. Such migratory habits were the outcome of the process of organized states in pre-colonial Southeast Asia which involved slavery, conscription, taxes, corvée labor and warfare. Another good reason of migration was strongly determined by diseases environment. Usually, the top hills were selected a refuge zone mainly because of their conceptualization of diseases. Hence, tradition was based on a strong attachment on customary laws, norms, belief systems and ethical values. The traditional worldview helped to regulate use and exploitation of natural resources through mutual relationship between man, nature and

¹⁷¹ T.H Lewin (1978), op.cit., p.138.

¹⁷² James Dokhuma, *Mizo kalphung*, JD press Publication, 1992. p.266., Please also see C.Lalbiaknema, *Mizote Khawsak Dan*, Mizoram Publication Board, 2000. p.151. K.Zawla, op.cit., p.126.

spirits. Chieftainship institution was also designed to execute the management, thereby imparting customary laws. Forest including animals and minerals provided not only foodstuff but more importantly medical materials. Maintenance of surrounding environment was community health which was impacted through worldview under the watchful eyes of the chiefs.

CHAPTER-III

TRADITIONAL MIZO REPRESENTATION OF HEALTH AND DISEASES

*"Traditional societies; groups without an indigenous written culture, ones in which medical skills are orally transmitted. It would be entirely wrong nowadays to accept the derogatory Victorian verdict on the medical beliefs of such societies, condemning them as primitive, superstitious, and irrational...-tribal medicine 'makes sense' no less- and, in some ways, far more- than western medicine."*¹

-Roy Porter

¹ Roy Porter, 'What is diseases' in Roy Porter (ed), *The Cambridge illustrated history of medicine*, The Press Syndicate of the University of Cambridge, 1996. p. 82-117.

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Conceptualization of health and diseases differs substantially in both its worldview, and in important aspects of diagnosis and treatment. All medical practices (causation of diseases and treatment) in the historical space and time have been related to a particular world view or the mentality of the people. Mentality thus formed the most important part of man's understanding and his interaction with the natural world. What is considered disease in one's culture with a particular world view may not be the same in another cultural area. With this backdrop, the present chapter thus analyses the notion of health and diseases amongst the Mizo during the pre-colonial period. Unfortunately, the destruction of the Mizo medical practices was so rapid that relatively few of their practices were carefully observed or recorded. One major obstacle in conducting research on Mizo medical history is the destruction of pre-colonial knowledge with the introduction of western medicine in the first half of the 20th century. Secondly, there has been a dearth of scholarly literature written by the indigenous scholar. Consequently, outsiders who based their scanty information on often half-tainted truth wrote the early history of Mizo which generally portrayed Mizo culture from a Euro-centric point of view.

Since, the sources are particularly drawn from the colonial and European Missionary texts produced in the 19th and first half of the 20th century, re-interpretation of Christian Missionary and colonial framework is crucial.² In addition, proverbs, folk tales, songs and folk beliefs about illness, diseases, healing, herbs and so on provides a great deal of information on medical practices of the Mizo. Attempts have been made on theorizing and conceptualizing the available sources with existing rich studies of social

² The colonial powers began to set up dispensaries almost as soon as they established their rule in the Lushai Hills. The earliest of these were earmarked for European use or use by certain class of 'Chiefs', most notably military personnel. Therefore, colonial sponsored facilities were relatively thin, if not completely missing. Missionary activity in Mizo hills became more visible in India after the establishment of European colonialism. Health-work figured quite prominently in missionary establishments, in a situation where this was often considered to be an effective means of winning over converts. There were other aims informing the missionaries' health related work as well. The colonial administration remained quite happy for these missionary activists to continue with their medical work.

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and cultural history of medicine. Thus, the present thesis explores cultural, social, political, and economic dimensions of issues that continue to challenge us.

3.1 Mentality and Conceptualization of Health and Disease.

Some anthropologists including Malinowski and Leach emphasized the understanding that indigenous thought must be taken on its own terms in a contextually specific situation.³ What and how did a particular worldview or mentality of the people influence the medical practices of a particular society? Human thought processes, theories and assumptions have been important tools of scholarly attempts in understanding the human world. A British philosopher Carveth Read was amongst one of the earliest scholars, who was curious as to why the human mind everywhere is befogged with ideas of "magic and animism".⁴ He developed his theory on the development of human mentality into three successive stages. First, in early society (hunting community), "superstition" were useful, even necessary in giving elders the prestige to preserve tradition and customs when the leader was no longer conspicuous in authority. A second form of society was a magic working gerontocracy. Third form of society was wizard-king or priest king or king supported by wizards or Priests.

Another scholar who attempted to understand mentality is Lucien Levy Bruhl who argues that primitive mentality as "pre-logical" as opposed to "civilized mind".⁵ However, his view was repeatedly challenged by a new generation of anthropologists

³ B.Malinowski emphasized "the native's point of view, his relation to life, to realize his vision of his world". Please see B.Malinowski, *Argonauts of the Western Pacific*, London and New York, Routledge, (first edition 1922), Reprint 1987. p. 25., Leach also stressed "understanding the nature of man rather than human society". Please see E. Leach, *Social Anthropology*, Fontana, 1982. p. 29.

⁴ Carveth Read, *The origin of man and his superstition*, Richard Clay & Sons LTD, 1920. p. iv.

⁵ Lévy-Bruhl, *La Mentalité Primitive or Primitive Mentality*, (1922 in French), Allen & Unwin, London, 1923. pp. 32-33. Please also see Frederica de Laguna, 'Levy-Bruhl's Contributions to the Study of Primitive Mentality' in *The Philosophical Review*, Vol. 49, No. 5, September, 1940. pp. 552-566.

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including Lévi-Strauss. Lévi-Strauss abandons Levy-Bruhl's distinction between "pre-logic" and "logic mentality" arguing that "the savage mind is logical in the same sense and fashion as ours".⁶ Sigmund Freud, C.G. Jung, Jacques Lacan, Jean-Paul Vernant attempted to understand the human thought from the Psychoanalysis point of view. Ferdinand Saussure, Claude Lévi-Strauss, Pierre Vidal-Naquet and Marcel Detienne developed a well formulated theory of structuralism. Basing on linguistic theory, they argue that all human thought is structured in regular ways. They emphasized that human understanding must be rooted in our conceptualization of the world. This structure of human thought is found in any historical space and time from primitive to modern period. Another scholar Brookfield proposed that the importance of recognizing the structure of human thought in the 'perceived' and not 'real' environment which guides peoples' actions.⁷

Another term "worldview" or "*eine weltanschauung*" was coined by Immanuel Kant (1724-1804) which refers to a notion composed of beliefs that allow us to make sense of the world and to act in it.⁸ Wilhem Dilthey (1833-1911) defined the worldview in terms of what is known about the world and how this knowledge is judged and responded to.⁹

Sociological interpretation of medicine widely holds that medical systems symbolize social control in modern society. Talcott Parsons (1902-1979) was the earliest American sociologist who proposed that social practices should be seen in terms of their

⁶ Lévi-Strauss, *The Savage Mind*, 1966. p. 268.

⁷ Cited in Are J. Knudsen, 'Beyond cultural relativism? Tim Ingold's ontology of dwelling' in Chr. Michelsen Institute Development Studies and Human Rights, working paper, 1998. pp. 1-18.

⁸ David K. Naugle, *Worldview: The history of a concept*, Wm.B. Eerdmans Publishing Company, USA, 2002. pp. 55-67.

⁹ Ibid. pp. 82-84. Please also see James A. Marcum, *An introductory philosophy of Medicine*, Springer Science & Business Medica, B.V, 2008. p. 17.

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function in maintaining order or structure in society.¹⁰ Foucault also elaborated on the historical production of medical knowledge for the social control through his theory on the intersection between “power and knowledge”.¹¹ Medical practice goes beyond healing problems and towards social control attempting to alleviate behavior defined by powerful groups. Peter Conrad and Joseph W. Schneider noted that, “the way in which medicine functions (wittingly or unwittingly) to secure adherence to social norms- specifically by using medical means to minimize, eliminate, or normalize deviant behaviour”.¹² Such construction of medical belief as a tool for socio-political control was also found in even small scale society. For instance, the practice of witchcraft in some culture reflects socio-political conflict within a community as we shall see latter in the context of the Mizo.

Within the historical discipline, the *Annales* school of French historian attempts to understand the mentality of the people thereby influencing the course of human history.¹³ The Annals study on mentality of particular societies or even villages has a profound impact in the latter development of social history.¹⁴ The Annals school seeks to understand history from semantic range of concepts- ‘world view’.¹⁵ They proposed that mentality is the culturally structured set of assumptions underlying how people perceive

¹⁰ His idea of social control was extensively discussed in his book ‘*The social system*’, First published in 1951, (new edition 1991) by routledge.

¹¹ One of the most well known works of Foucault is, please see (especially the 3rd chapters) Michel Foucault, *The Archaeology of Knowledge* (1969), Routledge, 1972.

¹² Peter Conrad & Joseph W. Schneider (eds), *Deviance and medicalization: from badness to sickness*, Temple University, USA, 1992. p. 242. Another important sociological work is I Zola, ‘Medicine as an institution of social control’ in P. Conrad & R. Kern (eds), *The sociology of health and illness*, St. Martin's Press, New York, 1986.

¹³ Aaron J. Gurevich, ‘Medieval culture and Mentality according to the new French historiography’ in *European Journal of Sociology*, Vol. 24, 1983. pp. 167-195.

¹⁴ Lynn Hunt, ‘French History in the Last Twenty Years: The Rise and Fall of the Annales Paradigm’ in *Journal of Contemporary History*, Vol. 21, No. 2, Twentieth Anniversary Issue, Apr.1986. pp. 209-224.

¹⁵ Michael Roberts, ‘The anal school l and historical writing’ in Peter Lambert & Phillip R.Schofield (eds), *Making history: An introduction to the history and practices of a discipline*, Routledge, 2004. pp.78-92.

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and respond to reality. Most basically, a *mentalité* is a shared way of looking at the world and reacting to happenings and actions by others, distinctive from other groups and reasonably similar across a specific group.

However, great caution should be made considering the fluidity of mentality and the limitations of human thought.¹⁶ The ways and manner in which mentality is manifested and expressed differs from place to place and from time to time. Moreover, collective mentality is a product of both individual and social groups. A particular form of mentality may dominate the cultural processes by helping to shape social institutions and by infiltrating into different levels of life. Mentality is complex, and can often be subdivided into subcategories that are too divided by the rules that govern them. Thus, mentality will always remain an inherent part of defining health and disease, and the detailed specification of them will depend on human wants and desires. Thus, in order to fully understand the medicine of any era, it is essential to inquire into the impact of its prevailing idea of man on the substance of medical thought and practice”.¹⁷

3.2 Notion of Health.

Now, let us turn our attention to what is health or what constitutes health? Health is something that each individual possesses to a greater or lesser degree and this is what makes it extremely difficult to measure. As early as around 300 BC, the Greek philosopher and physician Herophilus defined the significance of health as follows; “Without health, wisdom cannot become evident, art cannot find expression, strength cannot fight, wealth becomes meaningless, and intelligence has no consequences”.¹⁸

¹⁶ One of the most critical works on mentality is G.E.R Lloyd, *Demystifying Mentalities*, Cambridge University Press, 1990.

¹⁷ Edmund D. Pellegrino, 'Medicine, History, and the Idea of Man' in *Annals of the American Academy of Political and Social Science*, Vol. 346, Medicine and Society, March, 1963. pp. 9-20.

¹⁸ Cited in Klaus Bergdolt, 'History of Medicine and Concepts of Health' *The Croatian Medical Journal*, March, 1999, Vol.40. No.2. www.cmj.hr/1999/40/2/10234052.pdf. Retrieved on 12.2.2009. The medical

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The histories of medicine clearly show that the ultimate well-being is never achieved. Thus, one may argue that illness and diseases are part and parcel of human existence. Klaus Bergdolt writes “we have to recognize the old truth that everyday pains and aches are not illnesses but simply a part of the human life”.¹⁹

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The Hippocratic and Galenic schools (Hippocrates 460–380 BD and Galen 129–216/17 AD) developed the idea that healthy body consists of the balance of four components such as wet, dry, cold and hot. In the medieval medical schools, following Galen, this idea was popularized and formulated in terms of a balance between the four bodily humors: blood, phlegm, yellow bile and black bile. *Ayurveda* on the other hand sees three humors such as the breath (*vata*), the bile (*pitta*), and the phlegm (*kapha*). In recent period, philosophers and social scientists proposed conceptualization of health and diseases in two aspects, namely the “naturalist” and “normative”.²⁰ The naturalists proposed that, “biologically, the better an individual adapts to its environment, the healthier it is”.²¹ C. Boorse argues that disease is “the inability to perform all typical physiological functions with at least typical efficiency”.²² On the other hand, normativist thesis argues that;

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“health is normal functioning, where normal means the species design while diseases mean an interference with the functions in the species design”.²³

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thought of Herophilus is discussed in length by Heinrich Von Staden in his book “*Herophilus: the art of medicine in early Alexandria*”, (edition, translation and essays), published by Press Syndicate of the University of Cambridge in 1989.

¹⁹ Klaus Bergdolt, op.cit.,

²⁰ Juha Raikka, ‘The social Concept of disease’ in *Theoretical Medicine*, Vol.17, 1996. pp. 353-361.

²¹ Jozsef Kovacs, ‘The concept of health and disease’ in *Medicine, Health Care and Philosophy*, Vol.1, 1998. pp.31-39.

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²² Christopher Boorse, ‘Health as a Theoretical Concept’, in *Philosophy of Science*, Vol. 44, No. 4. Dec 1977. pp. 542-573.

²³ Ibid.

Similarly, “an organism is healthy when its organs function according to their design, made by evolution”²⁴

From social-cultural constructionist point of view, H. Ackerknecht proposed that “anything that a given society calls 'normal' is normal”²⁵

Now let us explain the Mizo notion of health from a semantic point of view. The Mizo word, *dam* literally means “to be in good health” and *dam lo* is sick.²⁶ Another term *hrisel* was translated by J.H Lorrain as “healthy, in good health, sound, in sound health, hearty, hale, free from disease or sickness”²⁷. Again, “*hrisel lo*” means “to be unhealthy”. Another term “*Bawrhsawm*” has been used to denote someone who is not in a state of normal. Thus, health simply means the absence of sickness and the ability to perform daily work. However, the actual notion of the Mizo views on health is much larger that we will try to elaborate in details.

The Mizo views of health, sickness, and healing were largely shaped by their mentalities in relation to the natural and spiritual world. Like in many tribal societies, knowing and practices was rooted in the spiritual, cultural and linguistic aspect of the people. Knowledge was a communication between the Creator (*Pathian*), the created and the ancestors. Knowledge was a dynamic, complex and interrelated force that flew through the bodies from creation, from the ancestors and from the spirits. Ways of knowledge were relational, participatory and depended on experience and practice. Therefore, knowledge was the relationship between man, divine, nature and

²⁴ Josef Kovacs, op.cit., ibid.

²⁵ Erwin H. Ackerknecht, ‘Psychopathology, Primitive Medicine and Primitive Culture’ in *Bulletin of the History of Medicine*, Vol. XIV, 1943. pp. 30-67.

²⁶ J. Herbert Lorrain & Fred. W. Savidge, *A Grammar and dictionary of the Lushai Language*, The Assam Secretariat Printing Office, Shillong, 1898. p.102.

²⁷ Ibid. p.185.

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institution.²⁸ Maintaining a balance in the relationship between man, space (village or jungle) and the spiritual realm was required for the maintenance of individual and community health.

In Mizo language, “land” or “ram” was a spatial term which symbolized identity, culture, traditions and spiritual values. There were two types of lands - *khua* and *ram*. *Khua* was a village or settled area, whereas *ram* was the general countryside.²⁹ *Khua* and *ram* therefore included not only the village (including water resources), Jhum fields and forests but it also had spiritual implications. Imbalance of these three elements may cause disruption of community life even sickness. For instance, “*Ka khua a sik*”, meaning “I’m having fever”. *Sik* literally means cold or feeling cold. Here, the term *khua* is used to denote as a body which consist of protector spirit. Apparently, without or lack of intervention of protector spirit caused disruption of human body. Even, when bad luck or accident occurred, they would also say “*ka khua a tha lo*” literally mean, “my *khua* is disturbed”. Disruption of the *khua* or space (village) could cause accident or illness. Pre-colonial Mizo believe that everyone has *mi-ventu* or watchers of men. J. Shakespear has narrated under the following;

“One good, constantly guarding each person from harm, and the other bad, ever seeking opportunity to sell him to the Huai. Every person is supposed to have two souls, a wise and a foolish soul, and the struggles between these two account for the unreliability of men”.³⁰

[A s](#)Similar account was provided by a J.H Lorrain;

²⁸ H.Vanlalhraia, ‘History, Culture and worldview: The Traditional Ecological Knowledge of the Lusei’ in K.Robin (ed), *Chin: History, Culture and Identity*, Dominant Publishers, New Delhi, 2009. pp. 187-201.

²⁹ Lehman was one of the earliest anthropologists who attempted to understand Land in Chin (cognate tribe of Mizo in Burma) context. F.K Lehman, *The Structure of Chin Society*, Tribal Research Institute, Government of Mizoram, 1980. p. 172.

³⁰ J. Shakespear, ‘The Kuki-Lushai Clans’, in *The Journal of the Royal Anthropological Institute of Great Britain and Ireland*, Vol.39 (Jul. - Dec), 1909. pp. 371-385.

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"It is not always friendly to its possessor, for it is supposed to sell him to the evil spirits or demons at times, thus causing serious sickness and necessitating the offering of redemptive sacrifice. It can also desert its possessor at will and thus cause sickness and even death".³¹

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Apparently the body becomes a site of contestation between the spirit and the agents of the natural world. In order to maintain a healthy life, the spirits (good or bad), man and nature should be in harmony. Health is thus often expressed as a balance between various energies such as a body, mind, and spirit or soul. Illness thus indicates the disruption of the equilibrium (i.e human, space or village and spiritual realm). Unlike the "Cartesian" model of the human body or the "germ theory of disease", pre-colonial Mizo recognized the interaction of both natural and spiritual. They saw these components on a continuum wherein each is merely a transformation of the other. Therefore, the world view of the Mizo seems not to exclude the divine but rather to make nature itself divine.

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3.3 "Disease and illness as Pre-colonial burden": Colonial and Missionary representation.

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The practices of Mizo medicine has been thoroughly discussed in colonial and missionary texts. Both these texts served as legitimating discourse for the Mizo medical practices of pre-colonial past. Both actors were the product of 19th century European institution which was diversely different from the traditional Mizo institution. Very often, they failed to understand the cultural process of the Mizo in its socio-cultural context. Moreover, the transmission of Mizo cultural practices which was usually done

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³¹ J.H Lorrain, op.cit., p.473.

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through hands-on practices (local culture of arts, artifacts, objects, etc) and language (oral tradition of rituals, songs, legends, stories etc) that takes place on both individual and community level was quite alien to the colonial and Christian missionaries. Initially, they were suspicious of the Mizo view of their past including the medical system. Unconsciously, they attempted to reconstruct from the perspective of western linear world view. Such projection frequently ends up in diversion and loss of cultural meaning.

One needs to look at the logic of socio-cultural practices. The cultural practices in most of the 'tribal society' are a combination of real life, myth, legends or metaphor. If any part of the socio-cultural practices are separated and translated in literal terms, it makes little sense. This is what makes the non-literate society difficult to understand. And the colonizer and missionary were frequently trapped in this dilemma.

Starting from the 19th century, European historian and anthropologist in their guess to 'other culture' generally assumed that "primitive tribes" do not distinguish between the natural world and spiritual world. This idea was subsumed by the 19th century anthropologists, colonialists and the European Christian missionaries in many parts of the world. Traditional practices had been seen as an expression of "irrationality", "savagery" "barbarism" and "superstition". Christian missionary in Mizo Hills relied heavily on both 'ideology' (*Christian worldview*) and 'object' (*western drugs*). A Welsh Christian Doctor Fraser conveyed a message to the Mizo that western medicine works better with Christianity. He even placed a scripture verse on every bottle of medicine that he prepared for his patient.³² Moreover, European Christian Missionaries who offered western medicine did not even have formal training in medicine and their facilities were also in their own word "primitive", with limited recourses and sparse

³² Ben Rees, *Vehicles of grace and hope: Welsh missionaries in India, 1800-1970*, William Carey Library, 2002. p. 50.

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services.³³ Such deficiency was extensive in many part of the world as Jennings has noted in African context;

“Preventive action was less prominent than curative work in missionary medicine, largely because this aspect of medical work in the western world was little developed until the latter part of 19th century”³⁴

The opposition to traditional medicine (including empirical medicine) was very strong among the missionaries. The missionaries in their attempts to improve the health of the Mizo through the introductions of western medicine and Christian healing were over-sensitive to the complex system of traditional medicine. They were ignorant about the cyclical worldview of the Mizo.³⁵ There was a tendency to believe that Mizo medical practices were all part of religion or ‘religion in itself’. The missionary thus viewed the native medical system as nothing but a tool of devil worship. The ignorance of Christian missionary has a profound impact on the reconstruction of Mizo medical history like Kyle Jackson argued;

³³ Some of the most important works on missionary medicine are Raeburn Lange, ‘European Medicine in The Cool Islands’, in Roy M. MacLeod, Milton James Lewis (eds), *Disease, medicine, and empire: perspectives on Western medicine and the experience of European Expansion*, Routledge, 1988. p.61-79., Terence O. Ranger, ‘Godly medicine: The ambiguities of medical mission in Southeast Tanzania, 1900–1945’ in *Social Science & Medicine. Part B: Medical Anthropology*, Vol.15, No.3, July 1981. pp. 261-277., Charles M. Good, *The Steamer Parish: The Rise and Fall of Missionary Medicine on an African Frontier*, Chicago and London, University of Chicago Press, 2004., and Rosemary Fitzgerald, ‘Clinical Christianity: the Emergence of Medical Work as a Missionary Strategy in Colonial India, 1800–1914’ in David Hardiman (ed.), *Healing bodies, saving souls: medical missions in Asia and Africa*, Wellcome Series in the History of Medicine, Amsterdam & New York, 2006.

³⁴ Michael Jennings, ‘Healing of Bodies, Salvation of Souls: Missionary Medicine in Colonial Tanganyika, 1870s-1939’ in *Journal of Religion in Africa*, Vol. 38, No. 1, 2008. pp. 27-56.

³⁵ Sajal Nag, ‘God’s Strange Means: Missionaries, Calamity and Philanthropy among the Lushais’, in T.B. Subba, Joseph Puthenpurakal & Shaji Joseph Puykunnel (eds), *Christianity and change in Northeast India*, Concept Publishing House Delhi, 2009. pp. 285-306.

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"Lushai Systems of healing have been chronologically misrepresented. The worst offenders of all were the missionaries who, writing reports for public consumption in Britain, cleverly distilled *Lushai* healing practices down to a catchy, two-word sound bite: 'demon worship'".³⁶

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The interest of Missionary was confined to the transformation of the 'native body' to 'Christian spiritual body' through the introduction of western medical system. Thus, overlooking of the Mizo world view perpetuates stereotypes and misrepresentations of illnesses and diseases in Mizo society.

Until recent times, the legacy of colonial and Christian Missionary is so complex that their influence left a powerful trait even to many Mizo scholars. Deepak Kumar has noted in the intersection of the colonialism and Indian medicine that the "total acceptance of new knowledge sometimes did mean total rejection of the old. Under such pressure some of the 'old' withdrew into their own shell."³⁷ Most of the recent Mizo scholars (trained in European thought) followed the same methodology as there are hardly any works which are covered from the natives' perspectives.

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Some of the recent native scholars are even more ethnocentric than the colonial and Christian Missionary. For instance, a native theologian Vanlalchhuanawma erroneously wrote the Mizo "had no medicine to cure them except the costly sacrifices prescribed by their priest".³⁸ Another native theologian Mangkhosat Kipgen also wrote "living in poor hygienic conditions and without modern medicine the people of those days suffered from many diseases ranging from ulcerous sores to tuberculosis and

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³⁶ Kyle Jackson, *Mizos, Missionaries, and Medicine: Religious and Medical Contact in Lushai Hills*, M.A dissertation, School of Oriental and African studies, University of London, 15 September 2009. p. 13.

³⁷ Deepal Kumar, 'History of Medicine in South Asian-Some concerns, some questions', Keynote Address at the first Conference of the Asian Society for the History of Medicine, Institute of History & Philology, Academia Sinica, Taipei, 4-8 November 2003. pp.1-19.

³⁸ Vanlalchhuanawma, *Christianity and subaltern culture: Revival Movement as a cultural response to westernization in Mizoram*, New Delhi, 2006. p.110.

mental disorders”³⁹ The interpretation of Mizo being desperate or ill health before the coming of the European is not sufficient in both theology and historical studies. Such sweeping generalization can be avoided considering there has not been a society found without any healing culture. Even, the most primitive people have their own healing methods which are widely supported by paleo-pathology and archeological evidence. For instance, Richard Rudgley’s study has shown that there is clear evidence of medical practices since 50,000 years.⁴⁰ These criticisms are mainly due to socialization by colonial governments and missionaries. Unconsciously, most Mizo scholars favour western medicine because they think that the Western medical systems are scientific whilst traditional medicines are not.

3.4 Travelling Diseases.

Colonialism and Christian mission have been to a certain extent responsible for the spread of the diseases. Recent works on Anthropology and colonial history of medicine extensively shows that when civilizations encountered another culture, diseases were exchanged between populations that had no previous exposure to the outside world.⁴¹ Historian have traced that many of the current complicated diseases came to be known during the period of white man. Erwin Heinz Ackerknecht wrote in this context;

“The epidemic diseases-typhoid, measles, diphtheria, smallpox, yellow fever and cholera which have constituted one of the main problems in recent medicine, were unknown to primitives before the arrival of the white man”⁴²

³⁹ Mangkhosat Kipgen, *Christianity and Mizo Culture*, The Mizo Theological Conference, Mizoram, 1996. p. 107.

⁴⁰ Please see Richard Rudgley, *The Lost Civilizations of the Stone Age*, New York, 1999.

⁴¹ A good example of this work is Chittabrata Palit & Achintya Kumar Dutta, *History of medicine in India: The medical encounter*, Corpus Research Institute, Kolkota, 2005.

⁴² Erwin Heinz Ackerknecht, *A short history of medicine*, Ronald Press Company, New York, 1955.(revised 1968), p.16.

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Another scholar Alan Bewell vividly asserted that "during the colonial period diseases began to travel as never before".⁴³ Ecological Anthropologists also tend to view that "environment as a complex system of interacting groups or populations of different plant and animal species living under a limited range of geological and climatic conditions".⁴⁴ Biological mechanisms can be easily upset by interventions of alien diseases, which could alter local disease environment.⁴⁵ When nutrition was adequately available, resistance to infectious disease probably would be high. C.A Soppitt writes;

"As might be expected; where the Kuki (The Bengali term for Mizos) have been brought into close relations with more civilized people, they have abandoned many of their former articles of food".⁴⁶

As soon as he was exposed to other cultures, his dieting will be altered that could suddenly change his immunity. However, our supposition does not mean that disease environment was entirely absent amongst the pre-colonial Mizo. In fact, diseases and illnesses were very much part of the Mizo cultural area.

The Mizo were relatively isolated from the surrounding civilization in the 18th century. By the second half of 19th century, more and more Mizo were exposed to the surrounding empire through trade and "tribal raids". Moreover, the pre-colonial Mizo were migrating people traveling from place to place in search of jhum land. Therefore, the understanding of the surrounding as well as maintenance was required. Village and jhum site were located on the higher hills mainly to avoid disease. A Christian missionary who served in the Hills writes "... up to present century all Mizo villages

⁴³ Alan Bewell, *Romanticism and Colonial Diseases*, John Hopkins University Press, 1999. p. 3.

⁴⁴ K.E Rajpramukh, 'Anthropological Dialectics in Illness and Indigenous Knowledge', in *Anthropology Today: Trends, Scope and Application (special volume)*, No.3, 2007. pp. 51-57.

⁴⁵ Ibid.

⁴⁶ C.A Soppitt, *A Short Account of Kuki-Lushai Tribes on the Northeast Frontier, (With Outline Grammar of the Rangkhoh-Lushai Language)*, Assam Secretariat Press, 1887. p.10.

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were built on safe mountain ridges and enclosed within strong stockades and their number was small.”⁴⁷ Even the colonizer knew that the Mizo selected the hills for some reasons. “The villages of the inhabitants of the tracts are, as a rule situated on the higher hills”.⁴⁸

The Mizo regarded the plain areas were malarial (*sikserh*) and unhealthy (*hrisel lo*), therefore it was avoided when it comes to settlement. On the contrary, the colonialists in Assam blamed the Mizo hills as “feverish and unhealthy”. During the second half of 19th century, Chief Secretary of Bengal Mr. Edgar has rejected the British occupation of Mizo inhabited hills on the ground of “un-healthiness of the climate”.⁴⁹ Such speculation was basically drawn from their early experiences in the hills. The Mizo inhabited hills fall under the tropical region which were generally considered diseased areas.

However, there was no proper study on whether the Mizo inhabitant hills were truly diseased infested areas. In many cases, it was purely a matter of adaptation from one region to another geographical area. Apparently, a European coming from an entirely different eco-system was not immune to the hill environment. When the British successively launched their expedition against the Mizo Chieftdom in the second half of the 19th century, many of their subjects suffered greatly because of the hill ecology. For instance, the British Lushai expedition of 1869-1871 has recorded that, out of 840 coolies (mostly Nepalese), 251 died of Cholera.⁵⁰ WM Duncan has reported on the Chin-Lushai expedition 1889 thus;

⁴⁷ J. Meirion Llyod, *History of Church in Mizoram; Harvest in the hills*, Synod Publication Board, Aizawl, Mizoram, 1991. p.3.

⁴⁸ Edgar's Report on "Shendoo Raids on the Chittangong Hill tracts" 17th July 1888, Assam Secretariat, Political and Judicial, A., Foreign Progs., August 1890, No.1-46.

⁴⁹ J. Zorema, *Indirect Rule in Mizoram 1890-1954*, Mittal Publications, 2007. p. 23.

⁵⁰ Field Marshal Robert, *Forty-one years in India: from subaltern to commander-in-chief*, (first published, London, 1897), reprinted, New Delhi, 2005. Please see Chapter XXXIX on The Lushais - The Lushai expedition,

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"The sickness was extensive- in fact universal, and the mortality (was) high among all classes, worst of all (was) among the native followers, and will never be exactly ascertained.... The mortality of the invalided among the sepoy was very high, and must have been greater among the native followers, as they were little looked after".⁵¹

Surgeon-Colonel R. Harvey in his report on "The Improvement of Military Medical Arrangements in India Since 1871, as Illustrated by the Lushai Campaign of 1871" reported that they had suffered enormous sickness and mortality in the Lushai campaigns of 1871-72 than any other military campaign.⁵² They estimated the loss of life as;

"The losses by the enemy were slight in all of these expeditions, but the mortality from disease (is) very different; in the Lushai, among troops and followers, it was of the tremendous ratio, per 1,000 per annum, of 232.95; in the first Miranzai only 7.83; and in the second expedition 6.65."⁵³

Another colonial military officer Marshal Robert recorded his experience in Lushai expedition 1871-1873 as follows;

"Cholera pursued us up to and beyond Cachar; the wretched coolies suffered most, and it is a disease to which Gurkhas are peculiarly susceptible, while a

<http://www.ebooksread.com/authors-eng/frederick-sleigh-roberts/forty-one-years-in-india-8-8/page-39-forty-one-years-in-india-8-8.shtml>. Retrieved on 3. 9.2009.

⁵¹ Wm Duncan, 'Mortality among Native Followers in Burmah', in *The British Medical Journal*, Vol. 1, No. 1642 (Jun. 18, 1892). p. 1328.

⁵² *The British Medical Journal*, May 6, 1893. p. 957. Please see further details, O.A Chambers, 'Handbook of The Lushai Country, (Compiled under the Oder of the quater Master general In India), The Superinttent of Goverment printing, India, (First Edition Kolkota, 1899), FKLM on behalf of TRI, 2005. pp.85-86.

⁵³ Ibid.

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feast on a village pig from time to time probably helped to make matters worse for them".⁵⁴

Hence, disease becomes a part of a wider condemnation of the 'native and their inhabited hills backwardness'. In contrary to such constructions, many of the colonial texts also show us many known diseases in the beginning of colonialism seem to be alien to the Mizos. Campbell has recorded his experience among the Mizos in 1874; "The women especially were very clean and good-looking, their hair tastefully arranged in coronets over their heads; they seemed very happy and cheerful".⁵⁵

R.G Woodthorpe, a colonial army officer who led the expedition against the Mizos in 1871-1872 writes "they (Lushai) seem to have few diseases, and only one man did we see marked with small-pox."⁵⁶ A Civil Medical Officer, Chittagong hill tract, Brojo Nath Shaha also reported on how the Mizo referred to Ringworm (*Vai hren hri*) as a disease of the plain people.⁵⁷ *Vaihren hri* literally means plain people's dhoti sickness; it was believed to arise from wearing of a *dhoti*. In addition, Mizo called many of the communicable diseases in colonial period as 'foreign sicknesses'. For instance, a colonial ethnographer T.H Lewin has narrated;

"In 1861, however, they (Mizos) made a raid into British territory, and took back cholera with them. This disease excited the greatest terror, so much so, that numbers of the tribe put an end to their existence by suicide, blowing out their brains with their own guns on the first symptoms declaring themselves. They called it "the foreign sickness." In like manner they took back the small-

⁵⁴ Field Marshal Robert, op cit., p.319.

⁵⁵ Campbell, 'On the Looshais' in *The Journal of the Anthropological Institute of Great Britain and Ireland*, Vol. 3, 1874. pp. 57-65.

⁵⁶ R.G Woodthorpe, *The Lushai Expedition, 1871-1872*, Hurst and Blackett Publisher, London, 1873. p. 91.

⁵⁷ Surgeon Brojo Nath Shaha, *A Grammar of the Lushai Language*, Calcutta, Bengal Secretariat Press, 1884. p.58.

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~~pox among them from Kassalong Bazaar in 1860."In 1861, when some of the Mizo chiefs invaded a Bengali village in Chittangong Hill tract; they took back cholera with them. This disease terrorizes so much so that numbers of the Mizos put an end to their existence by suicide, blowing out their brain with their own guns on the first symptoms declaring themselves".⁵⁸ (this quote needs to be rechecked)~~

Another case was reported among the Kumis (cognate tribe of Mizo in Chittangong hill tract) in 1870, the report stated;

"when small pox first made its appearance among the Kuki, they considered it to be a devil that had come from Arrakan.... Kumis found that this was a very strong devil indeed, for exorcisms were of no effect. They therefore abandoned their homes leaving the sick to take care of themselves; and men, women, and children fled to the jungles".⁵⁹

Thus, prior to the coming of European colonialist, there has been occasional interaction with the surrounding empire. Exchange of diseases between the Mizo and the neighbouring civilization could have happened several times. As long as they remained isolated, we can ascertain that pre-colonial Mizos were relatively healthy or free of many common diseases as Kenneth F. Kiple has noted;

"The low numbers and low densities of the populations reduced the incidence of viral and bacterial infections so that people were not troubled by contagious diseases such as smallpox or measles, whose pathogens require large and dense populations for survival".⁶⁰

⁵⁸ T.H Lewin, *Wild Races of South-Eastern India*, London, 1870. p. ~~272,142~~.

⁵⁹ Ibid. p.120.

⁶⁰ Kenneth F.Kiple, 'The history of disease' in Roy Porter (ed), *The Cambridge illustrated history of medicine*, The Press Syndicate of the University of Cambridge, 1996. pp.6-15.

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Evidently, many of the present diseases have been brought to the hills by colonialists through their successive military expedition in the second half of the 19th century. A colonial Military officer R.G Woodthorpe wrote in this context;

“Hill-men dread the invasion of foreigners, more on this account perhaps than any other I mean the introduction of strange diseases. Small-pox and other diseases have from time to time been spread among them by traders, though the Northern Lushais, with whom we had to do, had, hitherto, enjoyed apparent immunity from the consequences of intercourse with strangers, as, out of the many who visited our camps, we only saw one man at all marked with small-pox”.⁶¹

There are several cases of contagious diseases spread amongst the Mizos. Once a case was reported in the colonial document of 1871-1872 as follows;

“The 42nd also suffered very severely. But among the sad consequences of the return march, was the introduction of this fell disease into tea- gardens and villages near the river or road, by the troops and coolies passing through. The seeds of the disease were left as a legacy among the *Lushais*, and, if we may believe reports, cholera has been busy among them since we left”.⁶²

No one knows the exact magnitude of this disaster. As a result of this, the Mizo in the preceding years did not welcome the English man. In 1881-1882, a colonial official Mr Place (sub-divisional officers of Hailakandi) was sent to visit the Mizo chiefs in the hills. However, he was rejected on the ground that “Englishman visit is believed to be

⁶¹ R.G Woodthorpe, *The Lushai Expedition 1871-1872*, Hurst and Blackett Publisher, London, 1873. p.327

⁶² Ibid. p.326

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generally followed by cholera".⁶³ Plague was unknown in pre-colonial period claimed by a native scholar Liangkhaia. The first ever plague caused by influenza was recorded in 1918. It begins in the military camp and spread to other villages. In some village, it has been recorded that 100- 300 people died. For instance, in *Hriangtuinek* village three hundred had been reported dead.⁶⁴

A London Baptist missionary, J.H Lorrain in the first half of 20th century has recorded two case of small pox in South Lushai hills. He wrote "probably these are the first cases recorded in South Lushai Hills".⁶⁵ Thus, we can see that many of the European of both colonialist and Missionary brought alien diseases to the hills. New settlement was introduced with larger population where diseases could have survived. Alien diseases were of course also beyond the understanding of the medicine man (*bawlp*). *Bawlp* was unable to deal with these alien diseases which ultimately gave a chance to European Missionary who initiated medical mission amongst the Mizos.

3.5 Inventing Illness and Social Control.

Anthropological contributions to the study of health and disease have not been sufficiently addressed in the socio-political and economic context "with an over emphasis of the cultural descriptions and the role of the supernatural".⁶⁶ The causal link of illness and society is not merely a cultural system but also part of the invented to control the society. The rise of *Sailo* ruling chiefs in the first half of 19th century were accompanied by complex social relations and linkages. Clan and lineage stratified was

⁶³ A.Z Makenzie, *History of the Relations of the Government with the Hills Tribes of the North-East Frontier of Bengal*, (First edition 1884) Reprinted by Mittal Publications, New Delhi, 2007, p. 327.

⁶⁴ Liangkhaia, *Mizo Chanchin*, Mizo Academy of Letters, Aizawl, (4th Edition, 1976), p.112.

⁶⁵ South Lushai Mission (B.M.S) Report for 1906, in *The Annual Report of BMS on Mizoram 1901-1938*, Gospel Centenary Committee, Baptist church of Mizoram, p.56.

⁶⁶ K.E. Rajpramukh, 'Anthropological Dialectics in Illness and Indigenous Knowledge' in *Anthropologist*, Special Volume, No. 3, 2007. pp. 51-57.

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developed with the commoners (*hnamchawm*) and chiefly clans. There was a stiff competition amongst the various ruling chiefs. In such a situation, social conflict in the form of domination was initiated. Domination of one social group to another social group required construction of cultural practices for political purpose. Illness was amongst such where it becomes a metaphor of social control in Mizo chieftdom community lives.⁶⁷ One of the examples to illustrate in relation to gender and illness is the women were attributed to possess bad omen or *khawhring* which caused illness to their fellow villagers. A colonial ethnographer J.Shakespear narrates;

“The belief is that *khawhring* lives in certain women, whence it issues forth from time to time and takes possession of another women, who falling into trance, speaks with the voice of original hostess of the *khawhring*”.⁶⁸

Usually, “no one wants to marry a person with a *khawhring*”.⁶⁹ Evidently, the outcome of such construction was jealousy or conflicting interest in a community lives. In another instance, the body becomes a space for political conflict and social hierarchy was constructed through ‘healthy bodies’ against ‘ill bodies’. For instance, selecting suitable partner for marriage was emphasized. Especially, the ruling chiefs were more selective in choosing a marriage partner. The racial superiority was necessary for the establishment of their social political power. Power relations were thus directly related to the conceptualisation of health and illness. Before the marriage contract was settled, the family of chief (mostly Sailo ruling chiefs) had to check whether the girl was in a healthy condition or not.⁷⁰ There was a good reason to reject the proposed girl if any kind of physical deformity (*sernung*) was found on her. Thus, we find that the medical thought results to power relations in which social control was becoming more complex

⁶⁷ Social control refers to social mechanisms that regulate individual and group behavior.

⁶⁸ J.Shakespear, *The Lushei Kuki Clan*, (First edition 1912), Reprinted by TRI, 1988. pp.110-111.

⁶⁹ J. Shakespear, ‘The Kuki-Lushai Clans’ in *The Journal of the Royal Anthropological Institute of Great Britain and Ireland*, Vol. 39, July - December, 1909. pp. 371-385.

⁷⁰ Remsangpuui Nu, *Mizo Nunhlui leh Tunlai*, Aizawl, 2002. p.65.

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with the intervention of *Sailo* chiefdom. Such belief was soon ingrained in to the traditionally laid-down customs and each member of the community was ideally expected to conform to it.

The colonizer and missionary assumed that Mizo medicine was being all related to magico-religious practices. An American Baptist Missionary wrote "Sacrificing to evil spirits was their only religion and systems of medicine".⁷¹ It appears that the Christian Missionaries were more interested in observing the Mizo cultural practices on the surface rather than locating it in the larger context. Their main intention was to promote evangelism, philanthropic ideals and "civilized" values. While Mizo medical system was closely related to religion and the borderline is difficult to define. The two are not identical yet they may be two sides of the same coin, but not always. Paul Hiebert affirms that "a world view provides people with their basic assumptions about reality. Religion provides them with the specific content of this reality."⁷²

In a larger context, the existence of man, divine or spiritual and nature was widely recognized by traditional Mizo. Theoretically, traditional world view shows that maintaining a balance in the relationship between man or *mihring*, space (village or jungle or *Khua*) and the spiritual or *thlarau* realm was required for the maintenance of their community. However, these forces may not always relate to each other especially when it comes to the practical or empirical level. For instance, diseases caused by imbalances of physiology or spiritual interference were observed separately. Medicine man or *Bawlpu* was usually consulted only when the family of a sufferer suspected that the cause of illness was not natural.

Colonizer, missionary and most of recent native scholars sees that the process of healing conducted by *bawlpu* involves mere "tribal rituals". Hence, they portrayed the

⁷¹ Cited in Lian H.Sakhong, *In search of Chin Identity: A study in Religion, Politics and Ethnic Identity in Burma*, Nordic Institute of Asian Studies, 2003. p. 232.

⁷² Paul Hiebert, *Cultural Anthropology*, J.B. Lippincott Company, Philadelphia, 1976. p. 17.

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bawlpu as someone who had a sacred knowledge of chant or hymn to cure illness or diseases. According to the tradition, *Bawlpu* (as a profession role) will not pass his knowledge to anyone except his son or near relatives who would take over in future. However, the process of cultural disruption in Lushai hills was so rapid in the colonial period. Many of the *Bawlpu* were willing to share their knowledge to the colonial ethnographer and European missionary. Thus, the *bawlpu*'s ritual knowledge has been extensively recorded. However, his empirical knowledge on medicine has been left out in both Missionary and colonial texts. There is a good reason to believe that both agents knew that many of empirical medical knowledge were effective which could have given less chance to the promotion of western medicine. Parallel to Deepak Kumar's observation in colonial India, there are many ways, where indigenous and western can be collaborated, but it did not happen.

As mentioned earlier, Sailo chiefdom society was stratified where the society was already divided in commoners and ruling chiefs. Sailo Chief usually maintained personal medicine man. Medicine men were professionals who were paid in return of their service. The process of healing sacrifice was thus costly and mostly the rich were able to perform.⁷³ In such a case, how and what ordinary people would do when they got sick? Perhaps it would be safe to observe that they would resort on empirical medicine (*tualchhuak damdawi* or indigenous medicine). Moreover, many of the medical practices such as bone setting or birth attendance was very much part of the empirical basis which was in the hands of the local specialists rather than the priest. T.H Lewin who lived amongst the Mizo wrote "....they have their own pharmacopoeia of simples, herbs and roots."⁷⁴ Thus, it would be erroneous to put everything under one umbrella of "magic" or "religion". Mizo medical system were not merely a system of medicine but part of social and cultural process which include many health care measures, food

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⁷³ Laltluangliana, *Mizos of North East India: An introduction to Mizo culture, Folklore, Language & Literature*, Aizawl, 2008. p. 19.

⁷⁴ T.H Lewin, *A fly on the Wheel or How i helped to Govern India*, Constable & Company LTD, London, 1912. p.287.

habits, treatments, remedies and tradition which advocate living in harmony with nature.

3.6 Diseases in Mizo Cultural Space.

Through oral tradition, Christian Missionary and colonial sources, we came to know that various diseases were known to the Mizos. How far did the European terms of illness or diseases relate to Mizo is a serious question. And to what extent did the European assumption of the native's worldview of medicine become relevant? Yet, recent interventions by sociological and anthropological marked the distinction between "illness and disease" or "illness or sickness". It is obvious that the Mizo understanding of illness or diseases were cultural and psychologically different from the European. Attempting to understand from European framework proved to be intricate, since our historical sources are few and incomplete. In 1874, the earliest colonial ethnographer T.H Lewin noted that the Mizo medical worldview did not have a "word for sickness, but to say, 'not well'."⁷⁵ But this assumption is narrow and it also shows lack of understanding of the native's worldview.

T.H Lewin translated the Mizo word "*dam lo*" as ill, whereas "*dam*" as 'normal' or 'absence of illness'. Individual has expressed their illness in several ways such as physical pain or weakness. The term "*na*" has been commonly used by individual who suffer from diseases. "*Ka* (suffix-any part of the body) *a na*!" would mean there is severe pain in (suffix- any part of the body). "*Ka pâñ chu na ka ti hle*" which means I felt my sore very painful.⁷⁶ My sore gives me a throbbing pain'-*Ka pâñin mi tur mi tur. Dam lo* is a patient or a person who is sick or ill.⁷⁷ The term *natna* is translated by J.H Lorrain as

⁷⁵ T.H Lewin, *Progressive Colloquial Exercises in the Lushai Dialect of the "dzo" or Kuki Language with Vocabularies and Popular Tales*, Calcutta Central Press Company, 1874. p.7.

⁷⁶ Ibid.p.326

⁷⁷ Ibid.102.

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"sickness, illness, disease, ailment, pain".⁷⁸ Thus, 'diseases' and 'illnesses' were used interchangeably in Lorrain's text. However, recent studies in sociology, anthropology and history sharply differentiate between "illness" and "disease". Generally, it has been argued that such distinction was lag in "primitive tribes".

Another term "*hri*" (noun) was recorded by J.H Lorrain as "the evil spirit which is believed to cause sickness and especially epidemics". *Grivei* in the verb form was "to get, contract, catch, or have a disease or epidemic".⁷⁹ *Ding chung a dam lo* would roughly translate as "slightly ill but not sufficiently to take to one's bed".⁸⁰ *Chak loh vei* was to have debility, to have anemia in verb, whereas having debility or anemia in adjective.⁸¹ *Hripui leng* is to be prevalent or rage as plague, pestilence, or deadly epidemic; to break out as plague, pestilence or deadly epidemic; to be a plague, pestilence or deadly epidemic. Thus, "illness" and "disease" were not always identical in Mizo worldview; though the two can be easily confused by non-natives since the expression were closely related.

J.H Lorraine has recorded a number of common illnesses or diseases. For comparable reason, some of the most common illnesses and diseases are illustrated as follows.⁸²

Bawrh - the name of a disease which infants frequently get about a week after birth, probably caused by feeding the child upon chewed rice.⁸³

Khuh-hûp - whooping-cough.⁸⁴

⁷⁸ J.H Lorrain, op.cit., p.326

⁷⁹ Ibid.185

⁸⁰ Ibid. p.116.

⁸¹ Ibid. p.55.

⁸² I have cited these few names of diseases recorded by J.H Lorraine for comparable reason.

⁸³ J.H Lorrain, op.cit., p.34.

⁸⁴ Ibid. p.268.

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Sik-serh- malarial fever (*sikserh* is used when the patient is able to get about in spite of his condition. If the fever increases and he becomes quite ill, it is called *khawsik*.⁸⁵

Khawsik pui, - a name applied indiscriminately to severe malarial fever, influenza, and typhoid fever.⁸⁶

Phurh hri - smallpox.⁸⁷

Hmai chik hri- the small-pox.⁸⁸

Phâr- leprosy⁸⁹

Sentût - the measles, p.414

Sailhri - syphilis.⁹⁰

Ha natna- toothache, to have one's tooth or teeth ache, toothache.⁹¹

Awm natna- that which causes pneumonia, bronchitis or other chest complaints.⁹²

Pum natna - a stomach ache, anything that produces stomach ache.⁹³

⁸⁵ Ibid. p. 417.

⁸⁶ Ibid. p.259.

⁸⁷ Ibid. p.365.

⁸⁸ Ibid. p. 156.

⁸⁹ Ibid. p.359.

⁹⁰ Syphilis doesn't seem to be native diseases. It has been recorded in 1909. Standing Order No. 9 of 1909, By H.W.G.Cole, *Superintendent of Lushai Hills*, Dated Aijal, 1909, Government of Mizoram, Archive, Aizawl, Mizoram.

⁹¹ J.H Lorrain, op.cit., p.142

⁹² Ibid. p.22.

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Thin natna- that which causes pain in the region of the liver.⁹⁴

Hri chhe ei- the name of a stomach ache attributed by some to an evil spirit, and by others to intestinal worms, etc.⁹⁵

Pian-sualna- a great infirmity, a malformation, anything chronically.⁹⁶

Ngawr - any chronic or wasting disease; a person suffering from consumption, etc. *v.* to suffer from or have consumption, the tubercular etc.⁹⁷

Nu na - to have a headache, to ache as head. *n.* a headache.⁹⁸

Dul thuar natna - have a stitch or sharp spasmodic pain in the side or front of the stomach. *n.* a stitch or sharp spasmodic pain as above.⁹⁹

Hlûm na- to have afterpains (in childbirth or afterpains (in childbirth).

Hritlâng - to have a cold, to have a cold in the head, to catch a cold, to have catarrh.¹⁰⁰

Hripui- plague, pestilence, a deadly or devastating epidemic.¹⁰¹

⁹³ Ibid. p. 371

⁹⁴ Ibid. p.470

⁹⁵ Ibid. p.183

⁹⁶ Ibid. p.366.

⁹⁷ Ibid. p. 336

⁹⁸ Ibid. p.301.

⁹⁹ Ibid. p.119

¹⁰⁰ Ibid. p.185.

¹⁰¹ Ibid. p.185

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Tangseh- the mange (in dogs, etc); chicken-pox (in man). Some use this word for scabies in man, especially when covering the whole person, and also for a dry, scaly eczema.¹⁰²

Khawihli fahrah- a small painful boil with a core, khawihli pui, a large boil.¹⁰³

Hrilâwn, or *naupang hri-* the name of an inflammatory disease of the glands.¹⁰⁴

Tuihri - cholera.

Sawngnawi - to be badly nourished, ill-nourished, not thriving, emaciated, thin, skinny and badly nourished etc. This word was used of the physical condition of children, and also of the spiritual and intellectual condition of adults.¹⁰⁵

Ngawr hrik- the tubercular bacillus.¹⁰⁶

Santen- dysentery.p.404/

Hliam- wounded, injured. *v.* to wound, to injure. *n.* a wounded or injured person, the wounded or injured. *adv.* so as to wound or injure.¹⁰⁷

Kap thlêr- to have the perineum rupture or ruptured; to rupture the perineum, rupture or rupturing of the perineum; a ruptured perineum.¹⁰⁸

Phâr- leprosy, a kind of mange.¹⁰⁹

¹⁰² Ibid. p.429

¹⁰³ Ibid. p. 255.

¹⁰⁴ Ibid. p. 183.

¹⁰⁵ Ibid. p. 411.

¹⁰⁶ Ibid. p. 336

¹⁰⁷ Ibid. p. 153

¹⁰⁸ Ibid. p. 230.

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Ei sual- Allergic or to eat anything and have it disagree with one or upset one.¹¹⁰

J.H Lorrain seems to have coined several new terms in his dictionary. However, it is very difficult to ascertain whether these illnesses and diseases terminologies were widely known in pre-colonial period or whether some were coined during the colonial period.¹¹¹ All the diseases and illnesses which he identified need not necessarily be pre-colonial illnesses and diseases. The sources available indicate little evidence in this regards. The London Baptist Mission Society in South Lushai hills also noticed the existence of chicken pox, German measles, and bowel.¹¹² Another colonial ethnographer A.G McCall has noted "dysentery, goiter, eye diseases, worms, skin sores, fever, stomach pains, rheumatism, diarrhea, cholera, and respiratory diseases were all recognized by the Lushais".¹¹³ Another European Missionary Dr Fraser has recorded the native diseases such as Pneumonia, heart diseases, Phthisis, Liver Abscess, Wound of Abdomen, injuries of internal organ.¹¹⁴

In recent period, native scholar like Chawngkunga, in their study on Mizo medicine has recorded a number of Mizo diseases and illnesses.¹¹⁵ Rev. Zairema, a native well known theological scholar has recorded illnesses and diseases in his study of Mizo religion and sacrifices in pre-colonial period. He identified, *Phungzawl* (epilepsy), *Khawsik pui*, (malaria) *Pumna*, (stomach pain) *kawng na* (waist pain), *Kaih* (chronic disease),

¹⁰⁹ Ibid. p.359

¹¹⁰ Ibid. p.359

¹¹¹ In recent period, diseases such as Tuberculosis, Jaundice, Malaria, Pneumonia, Diarrhoea, Fever and Cancer are prevalent which are much higher than National Average of India.

¹¹² South Lushai Mission (B.M.S) Report for 1906, op cit., p.56.

¹¹³ A.G McCall, op.cit., p. 178.

¹¹⁴ Dr.Fraser, 'Lushai Medical Mission, The Report of the Lushai Hills 1911-12', in K.Thanzaua (Compiled); *Reports of Foreign Mission of the Presbyterian Church of Wales on Mizoram 1894-1957*, Synod Literature and Publication Boards, Aizawl, 1997. p. 48.

¹¹⁵ Please see C. Chawngkunga, *Tual Chhuak Damdawi*, Aizawl, Directorate of Health, 1996.

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dawthiam daw (witchcraft), *luhai*, (pneumonia, typhoid), *pum puar* (related to stomach complication), *kaw chhe vei* (stomach related), *hrilawn/nau hri* (diphtheria), *ruhseh* (rheumatism) *dam thei lo* (chronic diseases), *nau pai thei lo* (barren), *nau har* (delivery complicated), *khawhring* (spirit possession), and *hring* (curse of oath) which were common among pre-modern Mizos.¹¹⁶ Amongst these diseases, epilepsy seems to be widespread in Mizo cultural area. Epilepsy was called *phungzawl* which was considered as possessed by *phung* or a goblin (generally regarded as female).

Physical accident (*Tawhsual taw*) was common amongst the Mizo in the pre-colonial period. Snake bite while weeding in the Jhum field was common. There were several other poisonous insects which could have caused injury. "Tribal wars", Jhum cultivation in higher steep hills and the tradition of hunting animals always involved possible accident that could happen at any time. Even the most vigilant hunting may be involved in a serious accident. T.H Lewin witnessed Mizo hunting party chasing a herd of elephants which eventually led to the accident of three men. One man was severely wounded of gun shot by his fellow party. He suspected that accident in hunting was mainly due to lack of awareness.¹¹⁷ He wrote;

"They (Mizo) are very careless and reckless in the management of their guns and ammunition, a large hunting party seldom returns without one or more of its members having been accidentally shot".¹¹⁸

Many of the Mizo old idioms even relate to the fact that accidents can easily happen at any time. "*Dawh thleng atang pawhin tlakhlum theih a ni*" or "*zan khat mitchhin*", and "*tuisik lemsual palh*", which all narrate how a simple incident can cause a person's death. "*Piansual leh phar charin tlai luat a nei lo*" (it's never too late to become handicapped or to be a leper) and "*Tuithiam tuia an thi a, thing thiam thingah an thi*" (An expert swimmer

¹¹⁶ Rev. Zairema, *Pi pute biak hi*, Aizawl, 2009. p.77-114.

¹¹⁷ T.H Lewin (1912), op.cit., p.301.

¹¹⁸ T.H Lewin, *Wild Races of South-Eastern India*, W.H Allen, London, 1870. pp. 138-139.

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dies in the water and an expert climber dies on a tree) are some of the most popular sayings in the Mizo cultural area.¹¹⁹ Moreover, accidental death (*sarhi*) was considered as the most unpleasant way of death.

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3.7 Theories of Illnesses and Diseases

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Etiology or causation plays an important role in almost any medical worldview with respect to knowledge and practice. Recent historical inquiry on diseases show that disease concepts can best be viewed as causal networks that represent relations among the symptoms, causes, and treatment of a disease.¹²⁰ Anthropologists have richly explored the "primitive" or "simpler societies" theories of diseases around the globe. In fact, "primitive" notions of diseases are present in almost any society. Henry E. Sigerist writes in this context;

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"Primitive medicine is timeless...the elements of primitive medicine may be found in all societies, at all times, in the ancient orient as well as in Greece, in the Middle ages as well as in the midst of our modern industrial society. It is the emphasis only that changes...."¹²¹

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¹¹⁹ Laltluangliana, op.cit., p.83.

¹²⁰ Paul Thagard, 'The Concept of Disease: Structure and Change',

<http://cogsci.uwaterloo.ca/Articles/Pages/Concept.html>, Retrieved on 3.1.2010.

¹²¹ Henry E.Sigerist, *A history of medicine- 2 Vols*, Oxford University Press, New York, 1951, 1961. p. 209.

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In most histories of medicine, primitive or tribal theories of diseases are largely dominated by the supernatural.¹²² In “primitive” worldview, causation is broadly divided into natural causes, human agencies and supernatural agencies. Some anthropologists called the primitive causation of diseases as “personality driven” since the sick person is felt to be the target of some offending agent, whether supernatural, non-human, or human.¹²³ Theories or causation are diverse but exhibit similarities in theories. Clement identified six types of causation of diseases in the North American context such as sorcery, breach of taboo, disease object intrusion, spirit intrusion and soul loss.¹²⁴ K. Jose Boban identified seven types of causation amongst the Mathuvan and the Mannan Tribes of Kerela such (a) anger of God and diseases, (b) Ancestral Spirits and diseases, (c) Evil spirits and diseases, (d) Practices of sorcery and diseases (e) Break of taboo and diseases (d) Yearning of leopard and disease, and (e) Soul loss and diseases.¹²⁵ More or less of these categories may be recognized in other society as well.

Mizo views of health, sickness, and healing were shaped by beliefs about the natural world. These views were often expressed in terms of relationships between the individual, spiritual and the natural environment. Yet many of the Mizo belief in its broadest sense were metaphorical. This makes it difficult to understand it in standard historical context.

The Mizo medical system follows the traditional mode of evaluation of cause of illness and diseases. Diseases and illness can be broadly divided into three categories such as physical, nature or space (*khua*) and good and bad spirits (*thlarau/huai*).

¹²² Ake Hultkrantz, ‘The Relation Between Medical states and Soul beliefs among Tribal Peoples’, in Helaine Selin & Hugh Shapiro (ed), *Medicine Across Culture: History and Practices of Medicine in Non-western Cultures*, Kluwer Academic Publishers, 2003. p.385-396.

¹²³ Gregory W. Schneider & Mark J. De Haven, ‘Revisiting the Navajo Way: lessons for contemporary healing’, in *Perspectives in Biology and Medicine*, Vol. 46, No.3, Summer 2003. pp. 413–427.

¹²⁴ Forrest E. Clements, ‘Primitive Concepts of Disease’ in *American Archaeology and Ethnology*, Vol. 32, No. 2, 1932. pp. 185-252.

¹²⁵ K. Jose Boban, *Tribal Ethnomedicine: continuity and change*, A.P.H Publishing Corporation, 1998. p.150-154.

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Causation of illnesses and diseases according to Mizo are elaborated under the following;

3.7.1 Tlang Hrileng (Natural Causes): Apparently, *Tlang hrileng* was considered to be caused by the imbalance of heat and cold which can cause illness and diseases. Let us illustrate with three examples under the following.

—**Climatic Change** (*Sik leh sa inthlak danglam vanga natna*): Physiological imbalances caused by high emotional state, external influence such as sudden climatic or seasonal changes that block the circulation of vital energy. Extreme cold or hot can easily cause physical imbalance or illness. Coolness (*zo* or hills) represents grace and good health, while heat indicates conflict and ill health. Since, the Mizo hills fall under tropical rain forest, there was too much moisture during the rainy season and diseases were more prevalent then. Festival or any other important occasion such as marriage ceremony was not organized in the rainy seasons. The valley areas were avoided for settlement mainly because, the Mizos considered it as feverish.

✓

~~Some of the minor illnesses and diseases such as wounds and sores are regarded as natural. The treatment may not necessarily involve rituals. The logic is clear that the Mizo recognized natural causes of illness and diseases. Illnesses viewed in naturalistic terms were typically treated with herbal medicines designed to restore balance and eliminate the causes of disease in the body.~~

✓ **Lack of Nutrition:** The quality of food was considered very much part of health and illness. Even the most primitive knows that lack of adequate nutrition can caused physical weakness and illness. They considered some of the food material such as Salt (*Chi*) as valuable medicine.¹²⁶

¹²⁶ A.G McCall, op.cit., p.178

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✓ **Water borne diseases:** Apparently, the Mizos recognized that diseases could be contacted through water. Although, cholera seems to be a colonial phenomena, the Mizo called it “*Tui hri*” literally means, water born diseases.¹²⁷ Another argument which can be put forward relating to the Mizo concept of water is that river valley was always avoided for settlement. Settlements were carefully selected in the high altitude with a village water point. The water point was fenced under the strict supervision the Mizo Chief. Customarily, the punishment for anybody who polluted village water point was severe up to death penalty.

Some of the minor illnesses and diseases such as wounds and sores are regarded as natural. The treatment may not necessarily involve rituals. The logic is clear that the Mizo recognized natural causes of illness and diseases. Illnesses viewed in naturalistic terms were typically treated with herbal medicines designed to restore balance and eliminate the causes of disease in the body.

3.7.2 Huai or supernatural intervention: A Christian Missionary JH Lorrain translated ‘huai’ as “an evil spirit, a demon or a devil”. Colonial ethnographers and Christian missionaries recognized the Mizos belief in supernatural power, although systematic classification was not given in their texts. The Mizos believe in both good and bad spirits. Earlier colonial and Christian missionary argues that the Mizo worship both these spirits. This view has been eventually followed by many native scholars. For instance, an early native scholar such as V.L Siam (local ethnographer) and Rev.Saiaithanga (theologian) argue that pre-colonial Mizo religion was merely “worshipping of devils”.¹²⁸

¹²⁷ J.H Lorrain, op.cit., p.524.

¹²⁸ Rev. Saiaithanga, *Mizo Sakhua*, Aizawl, 1994. p.1. Please also see V.L Siam, *Mizo history*, Lengchawn Press, Aizawl. 1953. p. 73.

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However, this assumption has been contested by a number of native scholars in recent period. Lalpekhluia provided more reasonable argument in this context;

"The spirits were believed to live on the same land where people lived and from which they earned their livelihood, encroachment on their sacred habitat was inevitable. So when a person, even by mistake, happened to encroach on their sacred habitat, the malignant spirits were thought to get angry and cause illness or misfortune to the encroacher....Therefore, when they became sick or suffered under any circumstance, they would seek to appease the spirits by offering sacrifices to them. However, when the missionaries and Westerners saw tribal people offering sacrifices to the evil spirits, they thought that tribals were worshipping evil spirits and so characterized them as "animists". But from the tribal's' point of view, sacrifices were offered to evil spirits just the purpose of recovering from illness or misfortune. This was not considered to be an act of worship. Tribal writers did not regard their ancestors as worshippers of evil spirits".¹²⁹

According to Mizo world view, human world is trapped between good and bad spirit. They believe that every human and every object has a corresponding presence in the spirit world and that bad spirits can be a cause of illness. The usual place where *Ramhuai* or bad spirits lived included high mountains, caves, under water, cracks in precipices, large rocks, holes in the earth, water springs or water falls, and sometimes large trees.¹³⁰

Depending on various place of location where spirits reside their names were given. For instance, a spirit inhabiting land (*ram*) was called *ram huai*, those resides in top-hill (*tlang*) were called, *tlang huai*, and those staying in water (*tui*) were called *tui*

¹²⁹ L.H Lalpekhluia, *A study of Christology from A tribal Perspective with special reference to Mizoram, Northeast India*, Unpublished thesis, Doctor of Philosophy in Theology, The University of Auckland, 2005. pp.179, 180.

¹³⁰ A.G McCall, op.cit., p.69.

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huai. In addition to this, the Mizo recognized more than fifteen *huai* which were considered as the most persistent cause of illnesses. Some were considered as more harmful than another *huai*. Some of these *huai* which caused illness and diseases are under the following:

—**Phung:** A hobgoblin considered mostly in the female form and were assumed to be black and large. They frequently roamed in the village street. *Phung* can cause the spell of fits, madness and epileptic.¹³¹

✓ **Chawm:** A female spirit who was horrible and ugly devil. She was considered jealous of human properties. Some even considered sighting *Chawm* would cause death. *Khawsik pui* or typhoid was caused by *Chawm*.¹³² Since, mostly found in the stream, she was considered as the instigator of crab poisoning.¹³³

✓ **Maimi:** was a devil which hypnotised a man during sleep.

✓ **Pheichham:** was a dreaded *ram huai* who was believed to have powers to inflict serious damage to his victims unless quickly appeased by making such an offered which sinister spirit would demand.

✓ **Rawt:** was too fearful to emerge to vision, he sends shivers down the spine of his victim even without showing himself up.

✓ **Dengsur:** was a devil which has a habit of throwing stone at people.

¹³¹ Mizoram District Gazetteers, Director of Art & Culture, Government of Mizoram, 1989.p.77.

¹³² Zairema, op.cit., p.79.

¹³³ A.G McCall, op.cit., p.70.

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✓ **Hmuithla**: forerunner of death, who would hover round the house where death was fast approaching, and who could sometimes give out noises not usually heard.¹³⁴

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✓ **Khawmu**: were considered as evil spirits who were jealous of humans and even kidnapped people and hid them in the Jungles. When some of the sick or lunatic persons would disappeared suddenly from the village, it was suspected that they were kidnapped by *Khawmu* were called "*khawmu chawwi*".¹³⁵

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— **Hring**: The idea that sickness or misfortune can be caused by anger or ill will as expressed in powerful or hurtful words. This may include spells or oaths spoken against an individual. Some people verbally cursed (*anchhe lawh*) others. If he was repeatedly cursed, he would fall sick.¹³⁶ Even the Mizo axiom says "do not curse a person; it always falls back on you" (*mi anchhe lawh mahni chungah a tla leh duh*).¹³⁷

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✓ **Tualsumsu**: A kind of illness attributed to possession of a spirit called *tualsumsu*. A person (mostly women) those who possessed such spirit turned their bodies upside down and unconsciously made them jump around the village streets on their heads. It causes muscle stress or pain in the head.¹³⁸

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3.7.3 Wildlife Related: There are several instances where animal symbolically related to illness and diseases. Let us illustrate with some few examples. For instance, "*rannung*

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¹³⁴ Ibid. p.70.

¹³⁵ Lalzarzoa, *Traditional Religious belief and Practices of the Lusei in pre-modern period*, Unpublished M.Phil Dissertation, Department of History, University of Hyderabad, 2008. p.

¹³⁶ Zairema, op.cit., p.80.

¹³⁷ Laltluangliana, op.cit., p. 85.

¹³⁸ Zairema, op.cit., p.82

sawisak hi nungdam in an thuan chhuak lo” which can be roughly translated as “Anybody who torture wild animals (e.g *Utrawk* (Toads) and *Sahuai* (Slow Lorries) will not live long.”¹³⁹ If a spider fall down from ceiling to bed that would cause illness.¹⁴⁰ The logic seems to be ‘sleeping with poisonous spider is not a wise thing to do’. Killing wild animal of *Saza* (Serow) was regarded as taboo.¹⁴¹ Thus, illnesses and diseases have been used as a metaphor of animal ethics in pre-colonial Mizo community.

Scholar of epidemics traced the origin of diseases through animal or domesticated animals (zoonoses).¹⁴² The Mizo domesticated limited animals. They were *Sial* (Gayal), *Kel* (goat), *vawk* (pig), ar (domestic fowl), *ui* (dog) and *zawhte* (cat). During the colonial period more and more animals were domesticated. Apparently, these new domestic animal is assumed to have carried a number of diseases. Wm.Duncan in 1892 has reported that “the commissariat cattle, well tended and cared for, were almost annihilated” by diseases.¹⁴³ The Mizos also recognized that wild animals can carry diseases. Some of the disease names were attributed to animals such as *Zawng hri* literally meaning monkey diseases and *Sai hri* as elephant diseases.

Mizo folktales also showed that some animals were possessed by evil spirits which can be transferred to human body. J. Shakepear has mentioned the Mizo account of such belief;

“Wild boars have *Khawhring*. Once a man shot a wild boar while out hunting. On his return home they cooked the flesh, some of the fat got on to the hand of his sister, who rubbed her head and the wild boar’s *Khawhring* just passed into

¹³⁹ Ibid. p.89.

¹⁴⁰ Ibid. p.156.

¹⁴¹ Ibid. p.146.

¹⁴² T. Barrett & P.B Rossiter, ‘Rinderpest: the disease and its impact on humans and animals’ in *Advances in virus research*, Vol. 53, 1999. pp.89-110.

¹⁴³ Wm. Duncan, ‘Mortality Among Native Followers In Burmah’, in *The British Medical Journal*, Vol. 1, No. 1642, June, 18, 1892. p. 1328.

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her. On the next day without any provocation she entered another girl. She took entire possession of her. People said to her, 'Where are you going to?' 'She replied, 'It is the wild boar my brother shot.' Well, what do you want?' they said. 'If you will give me eggs I will go away,' she replied. They gave her eggs and she went. Presently all those who borrowed the *hmam* (a plaited cane band for carrying loads) of the girl with the *Khawhring* also got possessed. If one with a *Khawhring* has a daughter, the child is always possessed, so no one wants to marry a person with a *Khawhring*. Those possessed of *Khawhring* are most disgusting people, and before the foreigners (colonial) came they were always killed."¹⁴⁴

3.7.4 Sakhua nuar or Wrath of Deities: Many religions have taught that diseases are punishment for sins. The Mizo had a concept of wrath of God. *Khua* is believed to be the protector of human beings. However, benevolent deities can be offended. If offended, they will not protect humans and even punish them. Anybody who fall unconsciously (an attack of vertigo) on the street were called *khawpal*. She or he was mistakenly hit by a spirit who passes the same route in the village.¹⁴⁵

3.7.5 Thiang lo, serh, hrilh or Violation of taboo: Study on taboo has been extensively covered by anthropologist. One of the most profound works is Mary Douglas who argues that primitive notions of pollution and taboo were not about hygiene because there was simply no knowledge about such principles.¹⁴⁶ A taboo is a prescription of behaviour for a specific community of people for specified context at a given place and time. Taboos attempt to regulate human behaviour in the interests of society as a whole, because individuals who disregard ritualistic prohibitions bring misfortune and disease

¹⁴⁴ J. Shakespear (1909), op.cit., pp. 371-385.

¹⁴⁵ Zairema. op.cit., p.34.

¹⁴⁶ For further details, please see Mary Douglas, *Purity and Danger*, Routledge, 1996.

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upon the whole tribe.¹⁴⁷ Concepts of illness functioned within a cosmology of good and evil forces, and they were explanatory devices that described, and possibly justified, evil and misery. Purity and pollution were part of a taboo that was opposing forces that affect health and illness. Purity exists when the human world is in harmony. When something upsets this harmony, the result was sickness. The violations of taboos were seen as the source of misfortune.

The Mizo society in Sailo chieftdom period was growing complicated. Social norms in the form of taboo were invented. Thus, violation of taboos or the uses of powerful words (*anchhia*) were sometimes seen as the source of a victim's misfortune. Violations of some taboos (social related norms) were even punishable in the Chief courts. Numerous taboos were attached to birth, death, and hunting. Violation of taboos caused harm not only to the violator but also to other persons, even the entire settlement.¹⁴⁸ *Thiang lo* thus originally carried with it the idea of misfortune, illness and even death being likely to follow any act against *thiang lo*.¹⁴⁹

Zairema has divided *thiang lo* into two types. First, any form of offending spirits were taboo, and, secondly any violation of social rules and norms. In addition to Zairema's classification, taboos in the form of dietary prescriptions were widely recognized by traditional Mizos. Diet and abstinence were thought to be simultaneously beneficial to soul and body. Illness even death was sanction against those who violated taboo.¹⁵⁰ Taboos include the killing or eating of certain animals that were associated with a particular group and believed to have spiritual powers within that group. Some were

¹⁴⁷ Bryan Turner, 'The History of the Changing Concepts of Health and Illness: Outline of a General Model of Illness Categories' in *Handbook of Social Studies in Health and Medicine*. 1999. SAGE Publications. 19 Apr. 2010. <http://www.sage-ereference.com/hdbk_socstudyhealth/Article_n2.html>. Retrived on 1, May 2010.

¹⁴⁸ A systematic study on taboo is Sigmund Freud, *Totem and Taboo*, (translated by Abraham A.Brill), Cosimo, New York, 1918.

¹⁴⁹ J.H Lorrain, op.cit., p. 460.

¹⁵⁰ Zairema, op.cit., p.156.

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related to violating sacred space.¹⁵¹ One of the *thiang lo* was – “never ill-treating remaining items of rituals”. Violation of taboo while pregnancy can cause physical deformity such as cleft and birth mark (*kutchuk and hmui hek*) to a new born child.¹⁵²

Apparently, *thiang lo* help people follow healthy lifestyles by prohibiting unhealthy behaviors. It also reflected social control of ethical and moral sanction by providing “means of ensuring their maintenance in the community”.¹⁵³

3.7.6 Dream: Dream as a significant (negative or positive) indicator of future experience is widespread in many society of the world. In Mizo context, a dream came true was called *kechal mangan* whereas if anything happened in real life in contrast to what a person saw in his dream was called *mang leh thliah*. Dreams in the Mizo worldview had two implications of negative and the positive. Some dreams were attached to illness and accident, even death. For instance, if a person ate pork in his/her dream, he will get sick in the next day. If a person saw a domestic hen or bird in his dream, it was interpreted to be a sign of plague.¹⁵⁴ Dreaming of “auctioning of the bamboo frame (*hlang*) to which a corpse was strapped during funeral was believed to mean that the person seen purchasing it by the dreamer would surely die”.¹⁵⁵

3.7.7 Dawithiam or Witchcraft: According to folktales and colonial texts, Mizos recognized witchcraft amongst both men and women. The term *dawi* is to practice magic or witchcraft. A person who practices *dawi* is called *dawithiam*. The Mizo distinguished between bad *dawithiam* and good *dawithiam*. Some *dawithiam* could hurt or inflict illness to their opponent. T.H Lewin wrote “*diseases are sometimes attributed to witchcraft; and if*

¹⁵¹ Laltluangliana, op.cit., pp. 92-93.

¹⁵² Zairema, op.cit., p.142.

¹⁵³ Mangkhosat Kipgen, *Christianity and Mizo Culture*, The Mizo Theological Conference, Mizoram, 1996. p.128

¹⁵⁴ James Dokhuma, *Hmanlai Mizo Kalphung*, Mizoram Publication Board, Aizawl, 1992. p.344.

¹⁵⁵ Mangkhosat Kipgen, op.cit., p.127.

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the tribe declares this proven, the wizard is cut down without more ado".¹⁵⁶ Some chiefs might employ the wizard against their rival chiefs. It seems so prevalent in pre-colonial Mizo society that most of the colonial ethnographers T.H Lewin, J.Shakepear, A.G McCall and N.E Parry widely reported the practices of witchcraft. A.G McCall reported witchcraft related issues in Lushai Hills. Two brothers of Dokhuma Sailo (Chief of *Chawntleng*) got sick possibly of white plague/phthisis/pulmonary tuberculosis. The priest was consulted, he suspected some man in the village as being the cause of the chiefs' illness by employing the art of witchcraft. Immediately, the chief ordered the accused should be killed. The entire family of the suspected was killed. McCall has narrated;

"the sick brothers were given pieces to eat from the dead men's livers and were eventually cured, while all villagers drank of the blood as prophylactic against any further spread of the dread disease which had, they belived, originated in the evil works of the sorcerers".¹⁵⁷

Apparently, the idea of witchcraft was mostly used as a site of conspiracy and contestation of power between the chiefs of different groups and clans. For instance, J.Shakespear has recorded,

"The lushai maintain that the tribes to the north of them, such as Paihte, Bete, &c., are very proficient at withcraft, while the Chins consider the Lushais such experts at the craft that when Captain Hall, 2nd Gurkhas, and i forced our way from the west through the then unexplored hills and Joined General Symons at Haka in 1890, the chiefs of that village besought the general not to allow any of our Lushai followers to go within sight of it, lest they should, by merely looking at it, cause fearful misfortune".¹⁵⁸

¹⁵⁶ T.H Lewin (1870), op.cit., pp.142,143.

¹⁵⁷ A.G McCall, op.cit., p.73.

¹⁵⁸ John Shakespear (1988), op.cit., p.110

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The only cure Mizos knew of a bewitched person was to eat the liver of the person who has bewitched him.¹⁵⁹ Especially amongst the chiefly clans, whenever a chiefs/chieftainess was in severe illness, the possible cause of illness could be witchcraft. In order to restore the health, they must hunt down the suspected witch/wizard. J.Shakepear witnessed one incident as follows, "In 1897, three whole families were massacred because it was thought that they were bewitching a very aged chieftainess".¹⁶⁰ Witchcraft was abolished by the colonial period, though the belief continued till the end of colonialism.

3.7.8 Thla em at or Astral Influence: The influence of astronomy on the human body has been extensively observed by medical historian and natural philosophers.¹⁶¹ Aristotle and Diocles thought that menstruation tended to occur at the end of the lunar month. The origins of the term 'lunatic' are seen in the ancient association of the moon with recurrent fevers, epilepsy and certain forms of madness occurring periodically.¹⁶² Similarly, the Mizos believed that lunacy or madness was influenced by the astronomy especially the moon. The term 'thla em at' which literally means 'madness caused by the moon' was recognized.

There are many others which can be attributed to astral related illness or even death. If *Chhawihfa* (a meteor) flew out of the house, it would be followed by death in that house.¹⁶³ In some societies, if a rainbow appeared forming a circle around the sun (halo/nimbus/Gloriole) it is considered as a good sign. For instance, the Native American considered it as a sign from the Creator, marking a time of great change, or

¹⁵⁹ J. Shakespear (1909), op.cit., pp. 371-385.

¹⁶⁰ J.Shakespear (1988), op.cit., p.109.

¹⁶¹ George Sarton, 'Lunar Influences on Living Things', In *Isis*, Vol. 30, No. 3 (Aug., 1939), pp. 495-507. Another interesting work on North East frontier tribe is- please see J. H. Hutton, 'Some Astronomical Beliefs in Assam', in *Folklore*, Vol. 36, No. 2 (Jun. 30, 1925). pp. 113-131.

¹⁶² Tamsyn Barton, *Ancient astrology*, Routledge, 1994. p.103.

¹⁶³ Zairema, op.cit., p.156.

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transition on the Earth. This full-circle rainbow around the Sun, some elders believed would be better world.¹⁶⁴ On the contrary, the Mizos regarded it as bad omen which would cause accidental death. Unnatural or unexpected cyclones (thli chhia) were caused by unpleasant accidental death called *Sarthi*.¹⁶⁵

3.7.9 Khawhring or Evil eye: The concept of evil eye is very ancient and widespread in human culture across the globe. It existed not only amongst the primitive or tribes, but it also intensively existed amongst the larger civilization. Alan Dundes's study shows that the evil eyes were recognized in Iran, Hebrews, Lebanon, Macedonia, Romania, America and India.¹⁶⁶ Among the Mizos, a person who possessed the evil eye was called *Khawhring* which can cause hypochondria or health phobia or health anxiety.

The belief was that *Khawhring* lives in certain women, whence it issues forth from time to time and takes possession of other women, who falling into a trance speak with the voice of the original hostess of the *Khawhring*. Parry writes,

“When his spirit has the power of entering into another person's body and causing severe stomach-ache. It is impossible to translate the term accurately, it approximates to the evil eye, but it is not exactly the same”¹⁶⁷

¹⁶⁴ Steven McFadden, 'Whirling Rainbow Makes National News' in *Chiron Communiqué*, Vol.7 No.5, May 2002.

<http://www.chiron-communications.com/communique%207-5.html>. Retrieved on 12.1.2010.

¹⁶⁵ Zairema, op.cit., p.154. The word *thlichhia* is not used of wind storms and hurricanes which come at their proper season in the spring. Those are considered as natural.

¹⁶⁶ Please see several case study of Alan Dundes (ed), *The Evil Eye-A case book*, The University of Wisconsin Press, 1992.

¹⁶⁷ N.E Parry, *The Lakhers*, (With an introductory and supplementary Notes by Dr.J.H Hutton), Macmillan and Co., Limited, London, 1932. p.462.

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The evil eye was believed to be rooted out of jealousy and hatred. Apparently, looking beautiful was more susceptible to evil eye. Suppose, if X is jealous of Y, purposefully X will fall ill (mostly abdomen pain) and when asked about the causes of her illness, X would say she is hurt by the *khawhring* of Y. Then, Y will be considered as *khawhring nei* or one who possesses *khawhring*. Ultimately, the entire community would discriminate Y and her family. She and her family may be out cast from the community and their property would be confiscated.¹⁶⁸ Some were even chased out of the village and murdered at the outskirts of the village.¹⁶⁹

3.7.10 *Thla ai* or Soul Loss: In some cultures, it is believed that soul loss is the most common source of illness, depression and chronic fatigue. In case of the Mizos, a man may temporarily lose his soul and the soul was detained somewhere in the forest by the *ramhuai* or evil spirits.¹⁷⁰ Thus, *thla ko* or the call of the spirit of a person which has deserted him should be organized as immediately as possible. These evil spirits were supposed to be particularly afraid of anybody bearing the title of *pu*, and for this reason the person's *pu* or maternal uncle is always chosen to do the 'calling', if he is available.

3.7.11 *Inthlah chhawanna* or Inherited diseases/genetic related: One of the most important threats for human's health is, undoubtedly, the genetic diseases or *thlahtu atanga inkaichhawn theih*. The Mizo axiom says “*Sialrangin sialrang a hring, sakawolin sa kawol a hring*” which can be roughly translated as “a domestic gayal gives another gayal, a ferocious one give another ferocious one”.¹⁷¹ Many illnesses such as lunatic (*mi a*) or physical handicap (*piansualna nei*), some family who have frequent ill-health, (*bawrh sawm chhungkua*) were considered as being linked to genetics.

¹⁶⁸ N.E Parry, *A monograph of Lushai Customs and Ceremonies*, (first edition 1928), 1988. p.18.

¹⁶⁹ Zairema, op.cit., p.34

¹⁷⁰ The cry as a spirit translated by J.H Lorrain.

¹⁷¹ Laltluangliana, op.cit., p.88.

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The Mizo recognized not just diseases, but also individual character can be inherited. Suppose, if a man was ill tempered, his daughter or son could possibly be ill tempered too. Similarly, illnesses and diseases such as physical deformity, *khawhring*, insanity in various forms was considered as hereditary, and, since family histories were well known for many generations, it was easy to put the blame on to some individual, even if the occurrence was very distant genealogically. In time of section of marriage partner, this was carefully considered. A family with physical deformity or insanity might not find a suitable partner.

Thus, we can see that external agents were considered as the agent held most responsible for the causes of illness and diseases. One of the colonial ethnographers W. Shaw concludes that “the term 'evil spirit' and 'bacteria' are in effect synonymous”¹⁷²

3.8. Mizo Conceptualization of Death

Like many other societies, birth, marriage, and death were the most important occasions in the village. Death was considered as the separation of the soul from the physical body or the flesh. The Mizo conceptualization of death falls into four category. First, “*awmlai thi*” or “*khawpala thih*” (natural death generally due to diseases or old age), secondly, *Sarhi* (unexpected death or accidental death), third, *Raicheh* (to die at the time of giving birth), fourthly, *Hlamzuih* or an infants dying at or soon after birth. The *awmlaia thi* was the most desirable death, whereas *Sarhi* and *raicheh* was considered as the most unfortunate way of death. *Hlamzuih* was not taken seriously and no sacrifices were performed on the occasion.

3.9 Conclusion.

¹⁷² W.Shaw; Notes on The Thadou Kukis, Asiatic Society of Bengal, (Published on behalf of the Government of ASSAM) Calcutta, 1929. p.156.

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In the foregoing chapter, we can see the categorization of the different agents responsible for producing illness and disease in pre-colonial Mizo cultural space. They were curious of why illnesses and diseases occurred in their cultural space. Pre-colonial Mizo cultural space was different from the world in which most things are explained through scientific knowledge. Although, the impact or effects of diseases were straightforward fact, germs theories were unknown. This is mainly due to the low level of technology as anthropology and historical studies have proven that supernatural beliefs are more prominent in society with low-level of technology. Societies with low level technology have no knowledge of germs because germs are invisible to the naked eye. The most widely possible cause of explanations would be supernatural. Hence, Mizo medical tradition places a greater emphasis on the causation of diseases as supernatural.

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Side by side with supernatural causes, the natural explanations of illness and diseases were widely recognized. For instance, extreme cold or extreme heat or snake bite was considered as natural. The plain areas or river valley were avoided in favour of the higher hills for logical reasons. Air was considered clean and free of malaria in top hill whereas in the plain or rivers valley, the air was considered as unclean with moisture and malaria.

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Sometimes, the causation of illness and diseases was partly natural and partly supernatural. For instance, Snake bite during harvesting or weeding in the jhum field was natural, however, snake bite occurs because the spirits sent them to bite people.

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Ethnicity (i.e surrounding tribes or civilization) also played an important role. The epidemic was thus closely related to the formation and changing nature of politics. When *Sailo* chiefdom reached its glorious peak in the second half of 19th century, more and more Mizos were exposed to the plain areas. It was through such interaction that many new diseases were introduced in their hills. Infectious diseases, was generally

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considered as foreign diseases. Some diseases such as ringworms, small pox and cholera were specifically considered as *Vai* diseases.¹⁷³

Introduction of new diseases could also mean development of new hierarchy in the society. New diseases also always required new explanations. The priest or *Puithiam* (great knower's or one who posses knowledge) were specialized in identifying the causation of illnesses and diseases. His role was increased beyond the religious activities. He ultimately became specialist in medicine related to spirit related diseases. Another specialist group called *Zawlnei* of both men and women were emerged. *Zawlnei* were people who possessed some sort of spirit who makes predictions for the future. They also become specialists in identifying causation of illnesses and diseases. However, the roles of healing through rituals were in the hand of the *Sadawt* or the Medicine men. Sailo chiefs soon maintained personal medicine men. *Sadawt* became a professional work to which people had to pay taxes. In many ways, social conflicts of different groups were expressed in diseases related issues, (e.g. Witchcraft). The social control of the community lives was maintained and a dominant ideology was again constructed through illnesses and diseases.

¹⁷³ *Vai* was a Mizo term for plain people mostly Bengalis.

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CHAPTER-IV

MIZO MEDICAL KNOWLEDGE AND THE HEALING PRACTICES

“There are no universals regarding what it means to be well, or how to prevent, diagnose, or treat illness”¹

- Helaine Selin

¹ Helaine Selin (ed), *Medicine across Cultures: History and Practice of Medicine in Non-Western Cultures. Science across Cultures: The History of Non-Western Science*, Vol. 3. Dordrecht: Kluwer Academic, 2003. p. xix.

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Man has been in combat with illness and diseases from the earliest times. In order to protect and cure himself, man started using substances as medicine. Most of these medicines were acquired by accident or by experience.² Thus, all human culture sought help from specific individuals whose role it was to provide the skills and remedies necessary for healing.³ The present chapter explores the Mizo knowledge and modes of thought on prevention, healing and curing from a social and cultural perspective. It places the experience of illness and its treatment within the historical context which is a necessary and serious scholarship Mizo historians must raise questions about in their interrogation into the Mizo concepts and approaches to traditional healing system.

To date, histories of pre-colonial Mizo healing practices is less talked about as most of the recent regional historians have largely exclude this topic in their historical discourse. Despite the fact that medical culture usefully informs history in a larger context, it remains a thinly researched topic in Mizo history. The focus of traditional medicine in recent era by ethno-botanists exclusively centres on a detailed analysis of herbal and animal medicine. There is a good scope for the historian to study further with sets of questions such as why did the traditional Mizos think in a particular way and where did they learn which plant can be used as medicine and so on.

² HL Dhar, Primitive society, health & elderly, in *Indian Journal of Medical Sciences*, Vol.54, Issue. 3, 2000. pp. 98-101.

³ Robert Arnott, 'Healing and medicine in the Aegean Bronze Age' in *Journal of the Royal Society of Medicine*, Vol.89 May, 1996. pp.265-270. In recent years, 60-80% of the world's population, especially in developing countries, depended primarily on traditional medicines, folk remedies and home cures, as well as treatment from witchdoctors and other 'supernatural practices', for their health-care needs. Please see WHO (2002) WHO Traditional Medicine Strategy 2002-2005. World Health Organization Geneva.

⁴ www.whqlibdoc.who.int/hq/2002/who_edm_trm_2002.1.pdf. Retrieved on 3.7.2009.

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The information which exists on the history of Mizo healing is uneven and fragmented. As stated elsewhere in the previous chapter, the pre-modern Mizo society was based on oral tradition where transmission of knowledge has been entirely different from the written culture. Unfortunately, ethnographic records do not extend back far enough to give us the whole complexities concerning the habits of life and thought of the Mizo communities. Thus, recovering historical ideas from non-literate cultures is difficult although some ethnographic evidence does exist.

Colonial ethnographer offered a fragmented history of healing that goes back hundreds, if not thousands, of years. However, the colonial ethnographical interests were largely the outcome of bureaucratic needs of the colonial administration. Both colonial and Missionary emphasized their European understanding of health care, and to show little tolerance to traditional medicine. Even many of the recent Mizo writing have the same representational structure and shared the same theoretical framework of the colonial or missionary thought. As such most of Mizo writers have been quick to overemphasize the cultural superiority of colonial and missionary knowledge. Analyzing the subject within the historical root of native point of view has been largely ignored. Hence, in this thesis a greater caution is made on not just assimilating the reports by the colonizer and Missionary on the Mizo medical practices but importance has also been given to the other observations made by native writers which are equally important. Oral tradition lingers on long after many aspects of the cultures have changed, and these became the focus of many indigenous writers in the recent period. Thus, oral tradition gained from recent recollection of pre-modern past by local oral historian and extensive fieldwork in the present state of Mizoram.

Both written and oral tradition sources have their limitation especially when two worldview functions in the same cultural space. Colonialist largely depended on the production of knowledge from both oral history and oral tradition. The narratives pattern in colonial text clearly shows that the colonial intention was to address the

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European rather than the natives. Thus, the oral information was exploited for the purpose of enriching European knowledge rather than developing indigenous culture.

Such written records (where does this quote end?) "objectifies understandings and can be manipulated outside the relationship in which the understanding was shared" in pre-modern Mizo community lives.⁴

Thus, there is a risk in writing about Mizo pre-modern thought. In the recent period social historians have recognized that oral tradition has historical importance. The greatest challenge is to the question of contextualizing the oral tradition in history. The cultural history now widely propounds that "non literature production had symbolic meanings that a historian could recover and analyse".⁵ The task is enormous but not impossible. Even if oral tradition could not provide Mizo medical practices based on chronological sequence, at least it provides the nature and characteristic of the practices. Further more, oral accounts provide fragmented historical evidence of people's attitudes and interpretations. The role of a historian is perhaps, to ascertain such evidence in a meaningful historical account.

Furthermore, the chapter also attempts to identify the limitations in colonial and missionary in the understanding of Mizo traditional medical practices. Although historical research cannot ignore the role of the European, there is a need to question the nature of production of such knowledge in a larger context. Since, the Europeans were the earliest to record ethnographic account of the Mizo, most of the current Mizo historians have accepted their explanation as unproblematic, despite their partial nature. The danger is when historians fail to look at the logic of ideas and symbolic

⁴ Richard W. Voss & Victor Douville & Alex Little Soldier & Gayla Twiss, 'Tribal and Shamanic based social work practice: a Lakota perspective' in *Social Work*, May 01, 1999. <http://www.accessmylibrary.com/article-1G1-54772595/tribal-and-shamanic-based.html>, Retrieved on 29 July 2009.

⁵ Mary E.Fissel, 'Making Meaning from the Margins: The New Cultural history of medicine', in Frank Huisman & John Harley Warner (ed), *Locating medical history: the stories and their meanings*, The Johns Hopkins University Press, 2004.pp.364-389.

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meaning of cultural practices. Thus, at the core of the thesis is a search for a Mizo way of thinking about the meaning of medicine that might give information on both the historical and contemporary analysis of the pre-modern past.

4.1 Worldview and Mizo Healing:

The Mizo like any other cultures of the world formulated its own form of knowledge on medicine and practices to cure the ills of its people. Social history of medicine and anthropology has widely supported that medical beliefs arise from one's culture; the metaphysical and the worldview. Etymologically, the word "healing" is derived from the Anglo-Saxon word *haelen* that means a whole. The original word thus indicates 'a whole'.⁶ One must ask further what is "a whole"? A whole in Mizo context consist of at least body, mind, soul, and spirit. In contrast, the word 'cure' is derived from the Latin word "*curare*". In the current use of the term cure is considered the result of a medical intervention whose aim is to remove disease from the physical body and to relieve symptoms.

Then, what did healing mean in pre-modern Mizo community lives? What were the intersections between healing, cure or care? How does culture and worldview relate to healing? What were the principal of ideas and understanding of medicine? What was the primary purpose of medicine? These are vital questions that we must attempt to address. However, they are both perplexed and challenging as current medical discourse has no accepted definitions of healing. In spite of the wide use and scrutiny of the term, the concept remains confusing and inexact. Continued discussion and examination of healing concept perhaps will help to define the concept more clearly.

⁶ Terri Zborowsky & Mary Jo Kreitzer, 'Creating Optimal Healing Environments in a Health Care Setting', in Minnesota Medicine, March 2008.
<http://www.minnesotamedicine.com/PastIssues/March2008/ClinicalZborowskyMarch2008/tabid/2489/Default.aspx>. Retrieved on 12.1.2010.

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Now, let us see whether any possible explanation for healing in Mizo cultural perspective is available to us. The Mizo worldview was predominantly metaphysical rather than analytic. The cultures tend to see the total picture and not parts of it. The central premise of such conception was inspired by the concept of balance between negative and positive impact of external forces in both the cosmic and the temporal realms. J.Shakepear mentioned that pre-modern Mizo believed that there were two spirits called *min vengtu* or watcher of men.⁷ One was a good spirit whereas another one was a bad spirit who was always trying to sell men to the *huai* or bad spirit. In addition to J. Shakepear records, a Presbyterian Missionary J.M Lloyd records the “third soul which belonged to the hearth”.⁸

In addition, the Mizos did not recognize the body as an individual; rather every individual has two *thlarau* or souls. One was wise, another was foolish in nature. The two souls struggled for dominance over man that also makes men so unreliable.⁹ The village and its surrounding areas were occupied by a host of minor spirits that brought luck, misfortune, success or failure. As long as the spirits were not offended, perhaps they would not interfere in the human affairs. A Presbyterian missionary J.M. Lloyd narrated the Mizo conceptualization of *Huai* as;

“Men needed always to be on guard against them. They were easily offended if a man trespassed on their domain, which often happened by pure accident. A man would soon realize that he had given offence to spirit, and would need to make formal amends, for they could cause illness and even death.”¹⁰

As mentioned in the previous chapter, various causes such as witchcraft, physiological imbalance and punitive sickness such as violating social norms, curse and taboo etc

⁷ J. Shakepear, *Lushai Kuki Clan*, TRI, Aizawl, Mizoram, (Reprinted) 1988. p.61.

⁸ J.M Lloyd, *On Every High Hill*, Synod Publication Board, Aizawl, Mizoram, 1984. p.14.

⁹ Ibid.

¹⁰ Ibid.p.9.

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were attributed to illnesses and diseases. The process of restoring normal body or health can be achieved through; first empirical methods such as bone setting, treating wounds and burns, relieve aches, and kill parasites, providing medicine extracted from mineral, animal part and plant. Secondly, the ritual healings such as sacrifices conducted by *bawlpw*. His role was to eliminate evil works or to appease them. In case of witchcraft (*dawi*), a specialist called *dawisut thiam* had to be removed or to reverse the spell of witchcraft through rituals. Sometimes the ritual may also involve empirical methods. Violations of taboo or social norms were generally punished by *huai*. Hence, ritual healing was conducted to restore a person's health. Depending on the proximity, costs, belief in possible causes of illness and diseases, individuals seek the service of herbalists, private practitioners or the *bawlpw*.

The Mizo concept of healing thus can be defined as restoring the orders or the equilibrium of the body, mind and natural entity. Restoration is used in the sense of the word that every component of human body functions in their respective place. Guardian spirit or *khuanu* has to protect the human from negative entity. Understanding and respecting each space (social or spiritual) could lead a healthy life. Healing in Mizo conceptualization was a reflection of unity and wholeness as opposed to alienation, fragmentation, and isolation. Lalpekhluwa wrote;

"For Mizos there were no clear boundaries between the natural and the supernatural and between the human and the non-human. Human beings, nature and spirits, including God, were all perceived to be part of the same reality. Although they distinguished between God, the spirits and human beings, in their worldview, these distinctions were not understood in the sense of ontological separateness".¹¹

¹¹ L.H. Lalpekhluwa, *A study of Christology from a Tribal Perspective with special reference to Mizoram, NorthEast India*, Unpublished thesis, Doctor of Philosophy in Theology, The University of Auckland, 2005. p.180.

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It would not be wrong to assert that the Mizo recognized holistic approaches that treated not only the body, but also took social order, mind, soul and the spirit into account. In order to maintain a healthy body a series of "dos" and "don'ts," or "shoulds" and "should nots" were implemented in the everyday lives.

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4.2 Contextualizing Medicine or *Damdawi*:

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From the previous sections it is clear that the Colonizers and the Christian Missionaries used religion as the explanatory model to account for the overall Mizo worldview. The information contained in the colonial ethnography largely provides a history of practice but it tells us little of the ideas and changing ideas inherent in those practices. Equally they were highly selective. Generally, they considered that Mizo medical practices as part of Mizo traditional religion. An interesting example is: an early Mizo ethnographer Liangkhaia who proposed that the origin of the Mizo religion may have been the rituals possibly performed to protect the people from the illnesses and diseases.¹² Most of the recent scholars generally called the Mizo medical system as "*damdawi*". Donna Strom writes "the Mizo word for medicine, *damdawi*, literally means healing magic", thus validating Liangkhaia's idea to a certain extent.¹³ V.L Siam, another early Mizo ethnographer also assumed that the Mizo considered both indigenous and western medicine as 'magic'. He argues that because of magical thinking that the Mizo called their medical system as "*damdawi*".¹⁴ But an important question to be raised here is whether the term *damdawi* was used to denote the overall healing system or was it just the name of a drug.

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¹² Liangkhaia, *Mizo Chanchin*, Mizo Academy of Letters, Aizawl, Mizoram, 4th Edition, 1976. p.23.

¹³ Donna Strom, *Wind Through the Bamboo: The Story of Transform Mizo*, Evangelical Literature Service, Madras, (First Edition, 1983), July 1991.p.54

¹⁴ V.L Siam, *Mizo History*, Lengchawn press, Aizawl, Mizoram, (1st edition 1953), reprinted 1991.p.136.

J.H Lorrain translated the word “*dam-dawi*”, or “*damdawi hlo*” (*noun*) as medicine, remedies, chemicals and/or drugs.¹⁵ A Presbyterian Missionary J.M Llyod contextualized Mizo medicine as, intending “to cure the sick by magical means”.¹⁶ Both T.H Lewin and J.Shakespear translated *hlo* as “medicine” or “drugs”.¹⁷ J.H Lorrain mentions that “medicine” used here in the wider Lushai sense included not only the medicine for bodily complaints such as *dawi hlo*, *chak hlo*, *chak lo hlo*, *khawsik hlo*, *khuh hlo*, *rûlhût hlo* etc, but preparations, powders, fluids, etc used for various purposes.¹⁸ The term “*hlo*” (suffix *damdawi hlo*) would cover any substances such as plant, animal body or minerals that can used to cure or heal or in other words “drugs”. In modern usage, the term “*hlo*” is no longer used, *damdawi* is widely used. Recently, C. Chawngkunga in his study on Mizo medicine used the term “*tualchhuak damdawi*” which could be translated as “indigenous medicine or local medicine”.¹⁹ Thus, most of these literatures reveal a lack of consensus with regard to the meaning of ‘*damdawi*’, and does not address the issue adequately.

It is likely that the term *Damdawi* etymologically comes from two words, *dam* and *dawi*. The term *dam* is literally means to become normal, to heal or to cure. When Mizo says, “Ka dam e”, it would means he is normal or free of illness of diseases.

Semantically, the Mizo language is particularly rich in Semantically the Mizo language is particularly rich in homonymadverbs. Even a single word can convey different meanings depending on the syllable, syllable. For instance, the word *lei* has a number of different meanings (such as purchase, tongue, bridge etc) depending on

¹⁵ J. Herbert Lorrain, *Dictionary of the Lushai language*, Asiatic Society of Bengal, Calcutta 1940. p.102.

¹⁶ J.M Lloyd, *History of Church in Mizoram*, Synod Publication Board, 1988. pp.10, 11.

¹⁷ J.Shakepear(1988), op.cit., p.232.

¹⁸ J.H Lorrain, op.cit., p.154.

¹⁹ Please see C. Chawngkunga, *Tualchhuak Damdawi, (Indian System of Medicine)*, Directorate of health & Family welfare, Government of Mizoram, Aizawl, 1996.

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healing rituals. They were called different names in different cultures. Their roles and their methods widely ranged from empirical to rituals and mediating between human world and spiritual world.²⁴ The terms “medicine man”, “medicine women” “diviner” “magician” “shaman” or “shamanistic healer”, “witch doctor” “healing priest” and so on has been widely used in anthropology and other disciplines in social sciences. However, conceptualization of these terms may not be the same with indigenous worldview.

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Anthropological interest in traditional medicine (non-western) took root at a time of western expansion and colonial domination. Most of the recent anthropologists have sought to distance themselves from the colonial heritage of the 19th and the early 20 centuries.²⁵ In case of the Mizo cultural space, colonialism and the Christian mission were the twin sisters who invested their authority over the history of the illiterate people through their ethnographic accounts. As a product of the European society, they were considerably very much influenced by the 19th century anthropological tradition. Most of the colonial ethnographers were fascinated on the relationship between ‘religion’ and ‘medical practices’ but ignored dissimilarity of the two. For instance, a colonial administrator and ethnographer A.G McCall wrote;

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“we must bear in mind that at least, traditionally, he (Mizo) is an animist at heart and in his approach to all problems and impacts. His mind cannot easily dwell objectively on a problem concerning a person or an institution without subconsciously contemplating the spirit association. This account, in some degree, for virility of his conception of the world of the spirits which is marked by the variety of its possibilities. On the basis of his association with

²⁴ John Lee Maddox & A.G Keller, *Medicine man: A sociological Study of the Character and Evolution of Shamanism*, The Macmillan Company, New York, 1923. p. 24.

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²⁵ Bruce Kapferer, *The feast of the sorcerer: practices of consciousness and power*, The University of Chicago Press, 1997.p.9

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(the) supernatural, the Lushai would claim to be a highly cultured man rather than savage".²⁶

Some supernatural beliefs were believed to be responsible for explaining things or investigating causal relation or theory. In addition, medical theories were intricately linked to social control which is imposed on everyday lives. Thus, there is a great deal of misunderstanding as well as lack of conceptual clarity amongst the colonial rulers and the missionaries which we will try to demonstrate latter in this chapter.

The Mizo healers can be divided into two groups. The first group can be identified as professional called *Puithiam* which literally mean "great knower". The second group belongs to those who practiced medicine in private such as *nau chhar thiam*, *ruh khawih thiam*, *mi zut dam thiam* etc. which will discussed later in detail.

The term *Puithiam* was translated by some of the colonial ethnographer and Christian Missionary as "sorcerer". A colonial ethnographer J.Shakespear used the term "wise man" or "great knower" whereas in case of the medicine man he used the term "sorcerer".²⁷ William Shaw seems to be the only colonial ethnographer who used the term "medicine man" or "priest" for *thempu*.²⁸ A Christian missionary J.M Lloyd used both "priest" and "exorcist".²⁹ N.E Parry both used native terms of "*Puithiam*" and a "village priest".³⁰ Both Donna Strom and Grace R. Lewis used "sorcerer" for *Puithiam*.³¹ Following J.Shakespear's account, Carveth Read wrote,

²⁶ A.G McCall, *Lushai Chrysalis*, Luzac and Co, London, 1949. p.68.

²⁷ J. Shakespear (1909), op.cit., pp. 371-385.

²⁸ Thempu was the Thadou (cognate tribes of Mizo) version of Priest. William Shaw, *A notes on the Thadou Kukis*, (edited by J.H Hutton), The Asiatic Society of Bengal, 1929. p.52.

²⁹ J.M Lloyd (1988), op.cit., p.10.

³⁰ N.E Parry, op.cit., p.7.

³¹ Grace R.Lewis, *The Lushai Hills: The story of the lushai Pioneer Mission*, The Baptist Mission society, London,1907. p.28. Donna Strom, *Wind Through The Bamboo: The Story of transformed Mizo*, Evangelical Literature Service, Madras, (First Edition 1983), July 1991.p.53.

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"Among the *Lushai* tribes the name for sorcerer, *Puithiam*, means "great knower" the equivalent of our wizard. But sorcery degrades the magic art of medicine by discouraging with its theory of "possession" every impulse of rational curiosity, and substituting from empirical treatment (however crude) its rites of exorcism and propitiation".³²

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A.G McCall provided illustrations of sorcery practices amongst the Mizo in his book *Lushai Chrysalis*. He used the term "*Dawi thiam*" as "sorcerer" whereas other colonial ethnographers translated "*dawi thiam*" as "witch" or "active wizard".³³ Then we must ask further what does the term sorcerer really mean? In most of the anthropological works, the term sorcery and witchcraft are sometimes used synonymously. They might share the same characteristics in many ways, but they are not always the same. John Middleton and E. H. Winter in East African context define "A sorcerer is one who is thought to practice evil magic against others".³⁴ Encyclopedia of Medical Anthropology: Health and Illness in World's cultures define,

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"Sorcery is thought to emanate from intentional, malicious activities of political enemies and social inferiors who seek to harm rivals and those of higher social status or members of their families".³⁵

³² Carveth Rea, *The Origin of Man and His Superstitions*, Cambridge University Press, 1920.p.191.

³³ AG McCall, op.cit., pp.71-73. N.E Parry, op.cit., p.18.

³⁴ John Middleton & E. H. Winter, *Witchcraft and Sorcery in East Africa*, (first published in 1963), Routledge, 2004. p.3. Another important work on practices of sorcery is Stuart Kirsch, *Reverse Anthropology: Indigenous Analysis of social and environmental relations in New Guinea*, Stanford University Press, 2006. Please see especially chapter 4.

³⁵ Carol R. Ember& Melvin Embe, *Encyclopedia of Medical Anthropology: Health and Illness in World's cultures*, the Vol.2, Springer, New York, 2004. p.64.

Hence, the word “sorcerer” in European term denotes kind of magical powers which were generally considered as negative in many societies. Robert L. Winzeler defines sorcery as;

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“...simply black magic-ritual activity aimed at harming, controlling, or influencing other persons in mystical ways. It can be done by anyone who has the means of doing it and the inclination to do so. It exists insofar as people attempt to practice or counteract it, although whether or not people actually practice sorcery, or simply believe that others do so, it again not easy to establish”.³⁶

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Thus we can see that the term “Sorcerer” has a specific anthropological usage which is a contrast to *Puithiam* in Mizo cultural space. The *Puithiam* had a special knowledge and his principle role is to serve people with spiritual blessing but not inflicting harm to others. Hence, the term *Puithiam* “sorcerer” could not fit into the Mizo cultural context.

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In some societies, the priest was a healer and performed religious duties as priest as well. Some scholars used the term “exorcist” or “shaman”. “Shaman” derived originally from Siberia has been widely discussed in anthropology from the 1970’s onwards.³⁷ There hasn’t been a common consensus on the definition of the word till recent. Ronald Hutton argues that anthropological definition of shamanism can roughly be divided into four groups. First, Shamanism is the practice of anybody who contacts a spirit world while in an altered state of consciousness. Secondly, he was also described as a specialist practitioner who used such contacts at the behest of others. Thirdly, to distinguish shaman from other specialists, such as “medium”, “witch doctors”, “spiritual healers” or “prophets” by some particular technique. The fourth

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³⁶ Robert L. Winzeler, *Anthropology and religion: what we know, think, and question*, AltaMira Press, 2998.p.173.

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³⁷ Ronald Hutton, *Shamans: Siberian Spirituality and the western Imagination*, Ronald Hutton, London, 2001.p.vii

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definition stands on its own, being the use of the expression "shamanism" to characterize the native religion of Siberia and neighbouring parts of Asia.³⁸

However, in the Mizo context, none of the colonial ethnographers and Christian missionaries used the word "shaman" or "shamanism". In recent period, most of the Mizo scholars used the term *Puithiam* as "priest" in a straightforward manner. However, caution should be made that the European conceptualization of priest may not be similar to the Mizo *Puithiam*. Whether *puithiam* and priests are used in the same context in other parts of the world is difficult to determine. However, the nature of their roles towards the community could possibly answer our questions.

4.4 Ritual healers.

The Mizo have several groups of healers whose ritual traditions have been well documented in colonial and recent indigenous writings. The Mizo recognized three groups of *Puithiam* under the following.

4.4.1 Sadawt: The first *Puithiam* was called *Sadawt*.³⁹ Almost all Mizo cultural historians have dealt with this important role in the context pre-Modern social lives. However, the literal meaning of *Sadawt* is not known. From the semantic point of view, the name could possibly mean someone who conducted sacrifices. He was the leader of the Mizo religion who offered sacrifices to the guardian spirit on behalf of a clan. He represents the community between the human world and the spiritual world. His role was purely religious (*Sakhua*) in nature as "his function was more akin to the role of priest in most

³⁸ Ibid. p. viii.

³⁹ C.Lalbiaknema, *Kan Chenna Mizoram*, Synod Literature and Publication Board, Aizawl, Mizoram, 1995. p.43.

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religious.(sic) religions".⁴⁰ Each clan had their own respective priests which the other clans cannot share.⁴¹ Generally, the ruling chief employs a private *Sadawt*. On behalf of the chief or the community, the *Sadawt* would conduct two kinds of sacrifices. The first was called 'Sa' while the second was called 'khua'. When the two words combine, *Sakhua* denotes the Mizo religious system. Religious rituals were termed as *sakhua hmang* possibly means worshipping the protector spirit for the protection of family and community. The *Sadawt* was also responsible for protecting the community against bad weather, poor harvest, loss of flocks, or almost any catastrophe, and all religious ceremonies were under his charge.

4.4.2 Tlahpawi: *Tlahpawi* was the assistant of the *Sadawt*.⁴² There is no evidence available with regards to his knowledge or ideas. Apparently, the priest appointed anyone from the members of the community to assist him in performance of religious rituals. Without the priest, he was not allowed to conduct a ritual which shows that he was merely the assistant of *Sadawt*.⁴³ Since, *Lusei* were dominant and numerous among the Mizo, *tlahpawi* were generally confined to *Lusei clan*.⁴⁴ When the numbers of community increased the profession of *Sadawt* became more active to support the community needs. There is high possibility that it gave rise to the appointment of *Tlahpawi*.

4.4.3 Bawlpu: The third category of *Puithiam* was called *bawlpu*. Some scholars considered him as the official "medicine man" in a community. Vanlalchhuanawma misquoted him as "a village priest who performed the religious rites for all the

⁴⁰ Mangkhosat Kipgen, *Christianity and Mizo Culture*, The Mizo Theological Conference, Mizoram, 1996. p.112.

⁴¹ Liangkhaia, *Mizo Awmdan Hlui: Mizo mi leh thil hmingthangte leh Mizo Sakhua*, L.T.L Publication, 2008. p.24.

⁴² *Mizo Sakhua: Kumpinu Rorel hma*, TRI, Aizawl, Mizoram, 1983.p.14.

⁴³ C.Lalbiaknema, *Kan chenna Mizoram*, Synod Literature and Publication Board, Aizawl, Mizoram, 1995. p.44.

⁴⁴ Ibid.

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villagers".⁴⁵ Although, he was also a priest, his role was never in *Sakhua* sphere. Rather his role was to appease the evil spirit who caused illness and diseases by means of empirical knowledge or rituals. Unlike the *Sadawt*, his service was non-obligatory and not restricted to a clan; instead anybody could hire him as a ritual healer. Semantically, the word "*bawlpu*" seems a combination of "*bawl*" and "*pu*". No doubt, *Pu* can be used as uncle or grandpa more generally can be used as male elders. It could also mean 'men'. Some of the Mizo rituals which were intended to appease the *Huai* of the jungle and rivers were called *Dai- bawl* and *Bawl-pui* performed when others have been performed in vain.⁴⁶ The word *bawl* seems to be any appeasement rituals or sacrifices to negative spirits. *Bawlpu* thus can be contextualized as someone who specialized in the art of appeasement of negative spirit through rituals and sacrifice skills.

4.5 *Sadawt as cause and Bawlpu as Affect*

Thus, we can see that the two groups of *puithiam* and their role was entirely different and each play specific roles, depending upon the social and historical context. Earlier colonial ethnographers were generally confused or do not differentiate between *bawlpu* and *Sadawt*. For instance, C.A Soppit wrote;

"The principal duty of the priest is in offering sacrifices to the deities, appeasing the evil-inclined ones on the occasion of sickness, and propitiating the well-disposed at the time of rice, &c."⁴⁷

In the English word, sacrifices are used to cover any aspect of rituals connected to supernatural world. In the Mizo context; two kinds of sacrifices were recognized. Both

⁴⁵ Vanlalchhuanawma, *Christianity and Subaltern Culture: Revival Movement as a Cultural Response to Westernization in Mizoram*, ISPCK, 2006. pp.53,54.

⁴⁶ J.Shakespear(1909), op.cit., pp. 371-385.

⁴⁷ C.A Soppit, *A short Account of the Kuki-Lushai Tribes on the North-East Frontier*, The Assam Secretariat Press, 1887.p.18.

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sacrifices were entirely different from each other, though in the English word, both can be referred to as sacrifices.⁴⁸ J.M Lloyd noted that;

“Even the terms used to describe the act of sacrifices are different. Whereas non-obligatory sacrifices are aimed at appeasing the juggle-spirits, the obligatory sacrifices were aimed at the clan god or *sakhua*, for fear that the god might turn sulky i.e be displeased and relax his protection”.⁴⁹

Religious sacrifices were called *sakhua hmang* (*sakhua* is generally translated as religion, *hmang* literally means performing) whereas sacrifices for restoration of health was called “*inthawi*” (*thawi* literally meant to heal). Similarly again, the difference between the role of the *sadawt* and the *bawlpw* can be illustrated with the philosophical notion of ‘cause’ and ‘effect’. Protecting or preserving the space (spiritual and human world) was in the hand of *Sadawt*. It was believed that whenever the equilibrium of the space was disturbed, it caused illnesses or diseases and the *Bawlpw* was responsible for restoring that equilibrium.

Both the *Sadawt* and the *Bawlpw* played one of the most central roles in the community life of the Mizo. They were primary players in the curative aspect of traditional medicinal practice. Some were sincere, noble characters, worthy of respect and some were even charlatan to a greater or less degree. They were accorded a high place socially and politically, and they were considered learned in tribal lore and traditions. They could be considered as professionally trained as well as member of the chief councils in *Sailo* Chiefdom. In return to their service to the community, they were given the right to collect rice grain from each household.

Generally, their power was not to be gained through a collective based practice but through individual skills and training. C.A Soppit wrote “t-These men are chosen

⁴⁸ Rev. Z.T Sangkhuma, *Missionary-te Hnuhma*, Aizawl, 1995. p.7

⁴⁹ Ibid.p.11

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for some apparent fitness, such as their own statements that they are subject to visions and visitations from gods, and the appointments are not hereditary”.⁵⁰ However, they usually selected someone from their near relatives as a descendant of their profession. The father carefully prepares his son, who is supposed to inherit the profession, before provoking the rapture which will transform his life. Rituals chant are carefully handed down to his descendants by the priest. In some cases, the ritual hymn was sold to anybody who wished to become a priest.

4.6 Private practitioners.

Medical practices were not always performed by the *Puithiam*, for there were often others skilled in this kind of work which we called them as private practitioners. In the first half of the 19th century, the *Sailo* Chiefdom was developed into a more complicated and stratified society. Sacrifices and rituals became more complicated. Sacrifices in the Mizo tradition always required domestic animals, which later became a costly affair for many people. AG McCall writes in this context “cures were attempted by performance of sacrifices. But it was by no means a simple or a cheap adventure”.⁵¹

The main problem was that the ritual costs a lot to perform, as the ritual specialists have to be provided with a considerable amount of paraphernalia. Apparently, the lower social groups with low economic background were not in a position to employ the *bawlpw* but they had to resort to the intervention of the private practitioners. Thus, we can assume that this complex situation gave rise to many private practitioners in the second half of 19th century. Subsequently, with their form of healing being excluded from the processes of professionalization or chiefdom institution, they functioned as private practitioner. These private practitioners were not actual healers, but were believed to be competent enough to cure some diseases.

⁵⁰ C.A Soppit, op.cit., p.18.

⁵¹ A.C McCall, op.cit., p.180

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Private practitioners in pre-modern cultural space can be divided into two groups. The first group includes practitioners who based their theories on the metaphysical. The second group belonged to healers who based their methods on empirical healing. The term 'private practitioner' is used in this paper mainly because, despite their strong influence, these groups were generally not considered as a "professional work". The term 'professional' is used here because of the following reasons. First, they were not officially recognized by Chief council. Secondly, it was a part time individual job and had no share in the Chiefly court. Thirdly, they were not paid by the Chief or villagers though a small grant may be made by an individual. Although, their contributions had been immense they are often unrecognized. Since the colonial and missionary concerns were confined to the religious aspect, the roles of private practitioners would occasionally emerge if his /her method of treatment was related to the metaphysical or religious sphere.

Some of the private practitioners those who also rely on metaphysical are under the following.

4.6.1 Zawlnei: Lalrinawmi used the term "prophetess" since most *zawlnei* were female. She argued that "the prophetess" role was mostly related to sacrifice for healing and blessing".⁵² His/her role was not confined to medicine but also in other areas, they functioned as soothsayers. *Zawlnei* literally means the one who makes contact with the spirits and prescribes medicine according to their dictates and was capable of identifying sorcerers and the evil-doers. J.Shakespear describes the role of *zawlnei* as follows;

"The Lushais believe that certain persons, both males and females, but more generally females, have the power of putting themselves into a

⁵² Lalrinawmi Ralte, *Crab theology: a Critique of patriarchy: cultural degradation and empowerment of Mizo women*. Episcopal Divinity School, UMI Dissertation Services, A. Bell & Howell Company, Michigan, U.S.A, 1993. p.60.

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trance and are in a state of communication with *Khuavang*. This power is called *zawl* and persons who possess it are called *Zawlnei*.”⁵³

Thus, colonial text shows that *Zawlnei* was widely recognized in the Mizo cultural area. As suggested by Lalrinawmi, “Sacrifice was expensive, and not everyone could afford it especially the sacrifice of big animals. So, the prophetess seemed to prescribe animal sacrifices based on the economy of the family”⁵⁴

4.6.2 Khawhring Tai thiam: Belief in the evil eye is one of the oldest and most widespread superstitions in the world which dates from the Stone Age and appears throughout the history in ancient Egyptian, Greek, and Roman classical writings, as well as in the folklore of Africa, India, China and other countries.⁵⁵ Similarly, *Khawhring* was one of the most widely known in Mizo cultural area.⁵⁶ J.H Lorrain described *khawhring* as:

“the name of a malignant spirit which so closely approximates to what in English is known as the 'evil-eye' that it may well be called by that name. Certain people-especially women-are said to 'have' or 'possess' a *khawhring*. Such a person is quite ignorant of this herself and only comes to know of it when she finds herself accused of being the 'possessor' or 'owner' of a *khawhring* which has been 'eating' somebody else, and causing intense colic-like pains in the abdomen of its victim”.⁵⁷

⁵³ J. Shakespear(1909), op.cit., pp. 371-385.

⁵⁴ Lalrinawmi Ralte, op. cit., p.61,

⁵⁵ George H. Bohigian, ‘The history of the evil eye and its influence on ophthalmology, medicine and social customs’, in *Documenta Ophthalmologica*, Vol. 94, 1997. pp.91-100, 1997. Several case studies on evil eye is Alan Dundes (ed), *The Evil eye: a casebook*, University of Wisconsin Press, 1992.

⁵⁶ Liangkhaia (2008), op.cit., p.36,

⁵⁷ J.H Lorrain, op.cit., p.253,

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Private practitioner of both men and women called *khawhring tai thiam* were able to cure through rituals and empirical means. The outcome of *khawhring* was generally severe abdominal pain. Some information on the patients based on personal experiences and case studies on the healing processes have recently been provided by Rev. Dr. H.S Luaia and Remsangpuii Nu.⁵⁸ H.S Luaia claimed that his grandfather was a *khawhring tai thiam*, and treated his patients through mixtures of rituals and empirical means. Ramsangpuii Nu on the other hand, was once cured by her grandmother through purely rituals.

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4.6.3 Dawi suh Thiam or witch doctor: Believed in witchcraft was widespread in Mizo cultural area. There were people who have the skill and knowledge of rendering or breaking the harmless spell of witchcraft.⁵⁹ This group belongs to both professional (*sadawt*) and private practitioners.

4.6.4 Mi Thawi thiam: Although no specific names were given to these practitioners, the term "*mi thawi thiam*" in this paper is used to refer anybody who has power or art to cure through rituals or empirical means and practices their art in private or beyond the recognition of chieftainship institution.

4.7 Empirical healers.

Some of the well known empirical healers are under the following;

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4.7.1 Herbalist: Herbal medicine is one of the oldest forms of medicine in the human history. Evidence of the use of herbal remedies goes back to 60,000 years. Every household in the village had some knowledgeable person on plant medicine to satisfy the demand of family. Yet, there were individuals of both men and women who had

⁵⁸ Remsangpuii Nu, *Mizo Nunhlui leh Tunlai*, Aizawl, 2001. p.131-134.

⁵⁹ J.H Lorrain, op.cit., p.107.

extensive knowledge on plant medicine extracted from roots, fruits, leaves, plants, tree barks, flowers and juices. Herbalists classify and select medicinal plants according to their principal disease indications. Herbalists are still active in any part of present Mizoram. In recent period, an ethno botanical study shows that some of these plants possess real medicinal value.⁶⁰

4.7.2 Ethno medico-zoologist: The term 'ethno medico-zoologist' in this paper means, some specialist those who had strong knowledge on medicine extracted from animal ingredient. They learnt a great deal from various animals - their behavioral patterns, their natural resistance to injuries and poison, their strength, agility and archness. Thus, despite the toxicity of certain animal tissues, their bones, skins, teeth and viscera are often used ritualistically or medically.

4.7.3 Bone setters: *Ruhkhawih thiam* or bone setters were another set of private practitioners widely known amongst the Mizos. They were consulted in case of fractured bones possibly caused by accident. They had varying levels of skills, and patients would choose a practitioner on the basis of what was known about his skill.

4.7.4 Mi zut thiam: Practice of massage was in the hand of local specialist called *mi zutthiam*. Some of them generally gained their knowledge through work in a family practice while others were believed to gain their knowledge through divine blessings. It is often believed that anybody who was born feet first were more likely to have the art of massage healing.⁶¹

⁶⁰ Further details, please see R.Lalfakzuala, H.Lalramnghinglova & H Kayang, 'Ethnobotanical Usages of plants in western Mizoram', in *Indian Journal of Traditional Knowledge*, Vol. 6, No.3.pp.486-493., H.Lalramnghinglova, 'Ethnobiology in Mizoram state: Folklore, Medico-Zoology', in *Bulletin of the Indian Institute of History of Medicine*, Vol. XXIX, 1999.

⁶¹ C.Rokhuma, personal Interview on 15th March, 2007 at his residence, Mission Vengtlang, Aizawl, Mizoram.

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4.7.5 Birth Attendant or Midwife: Every village has a number of *nau chhar mi* or *nau chhar thiam* or birth attendants depending on the number of villages. These were generally women and served the village whenever the need for delivery arises. Presently, *nau chhar mi* or *nau chhar thiam* are still popular in many parts of Mizoram.

Thus, these healers show many similarities in regard to medicine, but the actual agents employed differed. In addition to these well known healers, there might be other private healers such as specialists in minerals or chemicals extracted from soil or rocks which are more or less recognized in Mizo cultural area. However, our present sources provide little indication and it cannot be included in the present study.

4.8 Theories and Diagnosis of Illness and diseases.

The colonizers and the missionary thought that the Mizo recognized only supernatural theories of illness and diseases. However, this is not entirely true as the Mizo recognized both natural and supernatural causes. The theories of illness and diseases were based on the larger worldview of interrelated natural and unseen forces. Hence, it led to the development of varieties of both treatment and healers.

The Mizos have a complex system of diagnosis of both the metaphysical and the empirical. Like any other healing system of different cultures. Diagnosis generally begins with identification of causation of illness and diseases. Empirical knowledge was usually in the hands of local practitioners whereas spiritual knowledge concentrated in the hand of *Sadawt* and *Zawlnei*. Proficiency in medicine consists of knowing the nature of the disease as well as the things that will cause it to go away, thus healing the ill.

The Mizo apparently often distinguished between ordinary conditions (such as old age, coughs, colds, and fatigue) and illnesses caused by spirits and evil forces that required the special services of *Sadawt* or *Bawlpu* or witch doctor. There were obvious

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illnesses in case of worms, fracture bones, deep cut or wounds. People usually did not utilize rituals in such cases. Rather they resorted directly to empirical healing methods by applying medicine extracted from herbal, mineral or animal body. This usually takes place in a patient house.

The notion of disease causation is crucial for determining *diagnosis* and treatment which are illustrated under the following:

4.8.1 Tracing the Patient History:

When a man feels unwell possibly caused by negative spirits, first, he himself will first observe his actions (i.e.; violating social norms) as his past history or recent activity. For instance, if a man goes to the jungle, mistakenly he could have possibly violated sacred places. He would not know which spirit he might have offended. Only the *Sadawt* or the *zawlnei* could identify the offended spirit. Immediately, the patient will consult the *Sadawt*. The *Sadawt* diagnosis was based on either tracing the patient history, i.e.; whether he had violated social norm or offended the spirit. He would inquire into the symptoms, dreams, and transgressions of taboos of the patient, which would be examined, and then pronounced his opinion as to the nature of the sickness. Then, he determines the nature and characteristic of the offended spirit who caused illnesses and diseases. R.G Latham in his *Descriptive Ethnology* analyzed;

"When a villager feels ill, he gets the *thempu* (Puithiam) to feel his pulse, and asks him certain questions concerning the place and time of first ailment, the nature of his recent occupations. On this he meditates. He then names the offended god, and enjoins the necessary propitiation".⁶²

⁶² R.G Latham, *Descriptive Ethnology, Vol. I, Eastern and Northern Asia-Europe*, John Van Voost, Paternoster Row, London, 1859. p. 148.

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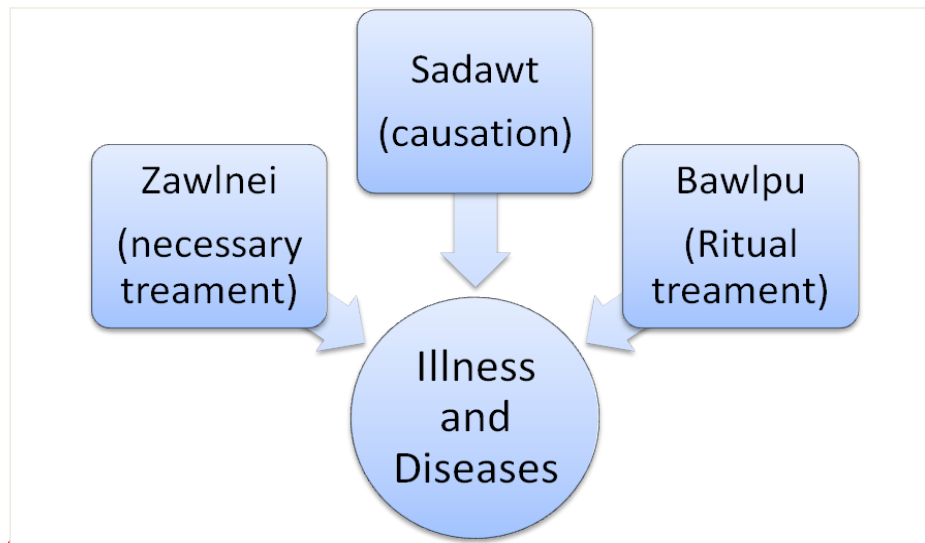
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A private practitioner *Zawlnei* diagnosis, on the other hand, was based on interrogation with a spirit called *khuavang*. J.Shakepear describes the diagnosis as follows;

“The *Zawlnei* being in a trance is given a shallow basket containing rice which he or she holds in one hand while an egg is placed in the palm of the other hand. When the *Zawlnei* reverses this hand, the egg does not fall. The basket of rice is shaken backwards and forwards, and there appears among the rice the footprint of the animal which it is necessary to sacrifice to ensure the patient's recovery”⁶³

J. Shakespear noticed that many Mizo believe that *zawlnei* diagnosis were more reliable than *Puithiam*, who based his diagnosis mainly on the action of pulse.⁶⁴ Thus in many cases, *Puithiam* determined the causes of diseases, *zawlnei* suggested the necessary rituals and the *bawlpw* conducted the sacrifices.⁶⁵



⁶³J.Shakespear, op.cit., 1909. pp. 371-385.

⁶⁴J.Shakepear(1988), op.cit., p.110.

⁶⁵F.Rongenga, *Zofate Lo Khawsak Chhoh dan*, Aizawl, Mizoram, 2000. p.47.

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Table No.1: Illustration of diagnosis in Mizo Medicine.

4.8.2 Dream Interpretation: The Mizo were particular about dream and their meaning. J.Shakepear provided a case study on dream interpretation as a method of diagnosis. The account goes as follows;

“Lianthangi was a khuavang zawl. There was much sickness in the village. One night, a Khuavang came to her in her dreams and said, “If each house-owner will make a clay *metna* and place it outside his or her house, the sickness will cease. So they did this and the next day they observed as ‘hrilh’ and within 20 days, everyone was well again”^{.66}

4.8.3 Pulse Checking: The *Puithiam* diagnosis also includes pulse checking or *mar dek*.⁶⁷ He would determine whether the body temperature was in a normal state or not. However, his explanation was generally confined to the external forces or psychological symptom. A Welsh missionary D.E Jones writes, “the pulse on the patient’s wrist is taken by the priest and prayers are mumbled in the ancient tongue...”^{.68} To explain the phenomenon of those who have such perceptive power is of course beyond rational understanding but there are instances were- empirical healers such as *ruh khawih thiam* or *mi zuthiam* determined the troubled part by touching the patient’s body. The best example would be being able to determine that the blood pressure was not normal or that the patient suffered jaundice (*thinlian*) by touching the patient’s chest.

⁶⁶ J.Shakepear(1988), op.cit., p.110.

⁶⁷ K.L Khama Chhakhuak, *Zofate Nunphung Lamdang zel leh an hun tawnte*, Manipur, 1993. p.48

⁶⁸ A Missionary’s Autobiography: Rev. D.E Jones (Zosaphluia), Translated from Welsh by Rev. J.M Lloyd (Zohmangaihi Pa), Lengchhawn press, Aizawl, 1998. p.27.

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4.9 Treatment of Illness and Diseases.

Treatment can be divided into two methods of empirical and rituals or psychology. However the dividing line was often blurred. In some cases, a mixture of the two would be applied together. Healing was considered a sacred occupation, and its secrets were shared with only the professional few who were deemed worthy.

4.9.1 The rituals method: Ritual treatments were usually complicated, involving elaborate ceremonies, chants, mystical signs, charms, and fetishes. The point of the healing rites was to drive out evil spirits, lure back a lost soul, or propitiate an offended god. Suppose the cause of illness was determined, the patient had to approach the *Bawlpw*. The *Bawlpw* or *zawlnei* would determine the necessary sacrifices. Depending on the nature of sickness, suggestions were made for necessary materials for (mostly in the form of domestic animal such as domestic fowl, pig, dog, goat or gayal) the performance of sacrifices. Immediately, the patient family has to deliver the domestic animal to the *Bawlpw* followed by performance of sacrifices. J.Shakepear wrote "Portions of every animal sacrificed are reserved as offering to the *Huai*. Generally these are the extremities and internal organs, but they vary in different sacrifices".⁶⁹

In case of witchcraft, *dawi sut thiam* was employed. *Dawi sut thiam* generally belongs to both private and profession practitioners such as *puithiam* and *bawlpw*.⁷⁰ The rituals of bewitching involved ritual chanting or *dawi hla*. If *dawisut thiam* were able to break the harmless spell, the patient recovered. It was believed that if the *dawi sut thiam* failed, he could die too. Sometimes, *dawisut thiam* resorted to both rituals and empirical methods. Medicinal plants seem to have been well understood by *Bawlpw* who used them according to their pharmacologic action. However, the knowledge was secretly kept for himself. Generally, the outcome of witchcraft was severe colic or abdominal

⁶⁹ J. Shakespear (1909), op.cit., pp. 371-385.

⁷⁰ Zairema, op.cit., p.94.

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pain. In some case, the rituals of *dawi suh* or breaking the harmless spell was accompanied by herbal medicine (*ai*) or charcoal.

There were various sacrifices in relation to appeasement of negative spirit. Significant healing methods and charms were always kept and were used on carefully selected people, taking into account their moral and physical characteristics and their ability. Prayers were addressed to benevolent deities and spirits, invoking their aid. Healing songs, consisting of prayers or exhortations were sung. All sacrifices had their respective names although the term "*thawi*" was implied in the larger context, which literally meant 'to heal'.⁷¹ These sacrifices required different domestic animals depending on the nature of sickness. R.G Latham writes;

"The sacrifice may be fowl; in which case the remedy is cheap. Or it may be a pig, a dog, or a goat; in which case there is an entertainment as well as an ablation. Or it may be a cow, or mithun; in which case there is an expensive feast, and the remedy is as bad as the disease".⁷²

Detailed descriptions of healing sacrifices conducted in times of sicknesses were provided by colonial ethnographer J.Shakespear and native writers like Zairema, Liangkhaia, Challiana, K.Zawla, James Dokhuma and many other writers.⁷³ However, their explanations as well as the name of healing sacrifices differ greatly. Apparently, practices differ widely in Mizo cultural area. A more common explanation was given by D.E Jones;

"A small temporary alter (*maicham*) is made of split bamboo. It is four inches square and shaped like an upside down basket. Small bits of the animal such as the tip of the nose, the beak, the ear, a wing, a tail, a foot or the heart are

⁷¹ Ibid. p.7.

⁷² R.G Latham, op.cit., p.148.

⁷³ Zairema, op.cit., pp.98-114. Pastor Challiana, *Pi Pu Nun*, The Trio Book-House, Aizawl, 1976. pp. 33-38.

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placed in it. A little blood is poured on them and afterwards some of the blood is brushed on it with a feather on the forehead, the shoulder, the hands and knees of the invalid (sick) in order to protect the body completely. Small crude images of clay are made of the larger animals and men to be presented to the evil spirits".⁷⁴

For some reason, these sacrifices were generally conducted in a specific place called *daibawl hmun* more likely at the outskirt of the village. Some of the most common healing rituals are illustrated under the following:

4.9.1.1 Daibawl: refers to the sacrifice conducted in case of malaria fever. The Sacrifice was intended to appease the *Huai* of the jungle and rivers.⁷⁵

4.9.1.2 Bawlkhat: refers to the re-sacrifice conducted if *daibawl* was not successful.⁷⁶

4.9.1.3 Ram Nupui: Sacrifices to cure illness caused by a negative spirit living in the jungle is called *Ram Nupui*.⁷⁷

4.9.1.4 Bawlpui: Sacrifice to heal pneumonia and typhoid is referred to as *Bawlpui*.⁷⁸ It was only performed when others have been performed in vain. J.Shakespeare describes the process of sacrifice as follows;

"Two small clay figures are made, one to represent a man and the other a woman. These are called *Ram-chawm*. The female figure has a petticoat of

⁷⁴ D.E Jones, op.cit., p.27

⁷⁵ Liangkhaia (2008), op.cit., p.30.

⁷⁶ Zairema, op.cit., p.102.

⁷⁷ Liangkhaia (2008), op.cit., p.32.

⁷⁸ Zairema, op.cit., p.102.

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Hnahtial (a plant which has tough leaves used for wrapping up food to be taken on a journey), and is made to bite the pig's liver. The male figure is provided with a pipe and a necklace of the liver of the pig which is sacrificed. A small bamboo platform is made, and on it is put a clay model of a gong and other household utensils and sometimes of *mithun*. The pig's throat is cut and the blood allowed to flow over the platform, etc. The pig's flesh is cooked on the spot. To take it into the house would bring misfortune. Many persons come and eat it with the *Puithiam*. If the patient does not die during the performance of the sacrifice or during the subsequent feast he will undoubtedly recover."⁷⁹

4.9.1.5 Zunthiang: Sacrifice to heal severe fever of children called *Kaih*.⁸⁰

4.9.1.6 Kel Khal (Khalpui): Sacrifice to cure severe illness with paralysis.⁸¹

4.9.1.7 Vanchung Khal: Sacrifice to cure frequent nose bleeding.⁸²

4.9.1.8 Khal Chuang: Sacrifice to cure hyper tension.⁸³

4.9.1.9 Vawkpui Phurh: Sacrifice to cure severe abdominal pain or dysentery (*santen*).⁸⁴

Some other ritual sacrifices conducted in the household or near the house are under the following:

⁷⁹ J.Shakepear (1988), op.cit., p. 74

⁸⁰ Zairema, op.cit., p.105.

⁸¹ James Dokhuma, op.cit., p.74.

⁸² Ibid. p.76.

⁸³ Ibid. p.76.

⁸⁴ Liangkhaia (2008), op.cit., p.40.

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4.9.1.10 Hrilawn: Sacrifice to cure diphtheria or *hrilawn*. The disease was generally seen in children.⁸⁵

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4.9.1.11 Tui hritlang: Sacrifice to cure rheumatism or *Ruhseh*.⁸⁶

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4.9.1.12 Ui-ha Awrh: Sacrifice to cure chronic diseases possibly caused by worms.⁸⁷

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4.9.1.13 Chhim: Sacrifices to cure Bareness.⁸⁸ This was generally performed if a woman does not become enceinte in the first year of married life.⁸⁹ The *Bawlp* conducted sacrifices with white hen.

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4.9.1.14 Nau hri: Sacrifice to cure unhealthy infant or inflammatory diseases of the glands.⁹⁰ These sacrifices were divided into seven. *Arte hringban* (sacrifice after three day of Child born), *bawrhkeu* (sacrifice after seven days), *Ar-luilam* (sacrifice before seven day of child birth), *Ui-luilam* (sacrifice of prevention for physical deformity), *Zun hnawm*, *Sava dawpsen tawn* (sacrifice to prevent diphtheria) and *Nau lai hrillh* (sacrifice for child's father).⁹¹

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4.9.1.14 Arte Pumphel: Sacrifice to help delivery problem (*Nau har*). When a woman was pregnant more than ten moons, it was looked upon as an unfavorable sign.⁹²

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4.9.1.15 Hring: There are some slight differences amongst scholars' opinions on this healing sacrifice. Zairema called it a sacrifice to cure illness caused by bad oath whereas Challiana called it a healing sacrifice to cure chronic diseases.⁹³ Apparently, two or

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⁸⁵ James Dokhuma, op.cit., p.81.

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⁸⁶ Zairema, op.cit., p.108.

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⁸⁷ Ibid.

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⁸⁸ Ibid.

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⁸⁹ I.Shakepear (1988), op.cit., p.76.

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⁹⁰ Zairema, op.cit., p.109.

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⁹¹ James Dokhuma, op.cit., p.83.

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⁹² J.H Lorrain, op.cit., p.328.

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⁹³ Zairema, op.cit., p. 109. Challiana, op.cit., p.37.

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three *hring* such as *uihring* and *khuavang hring* were recognized which can be easily confused. Sometimes, merely the term “*hring*” was used. Zairema attributed that *khuavang Hring* was a sacrifice for vertigo (*luhai*) and *ti eng* (an illness generally appears in a skin colour turned yellow).⁹⁴ Whereas Liangkhaia writes *Uihring* sacrifice was intended to cure *ti eng*.⁹⁵ Whereas Liangkhaia *uihring* sacrifice as to cure *ti eng*.⁹⁵ (the sentence is confusing).

4.9.1.16 Dawi sut or Khawhring tai: Sacrifices for colic like pain generally caused by *khawhring* spirit. J.H Lorrain has narrated under the following;

“the exorcist takes a little cold water in a gourd ladle and after sundry incantations adds to it a pinch of soot or stones which support the pot over the family fire and also three live embers from fire itself. The water is then given to the affected person to drink”.⁹⁶

The most serious *dawi sut* was called *khangpui zam* with more complicated rituals. Unlike other healing rituals, the main intention of the ritual was to break or render harmless spell than to heal.

4.9.1.17 Thla Ko: *Thla ko* literally means the calling of the spirit. It may sound weird but it was prevalent amongst Mizos. J.Shakepear narrated the belief as;

“ ..a Lushai returning from a shooting expedition experiences a sudden feeling of fear near the water supply, and on reaching his house feels ill and out of sorts. He then realizes that he has lost one of his “*thlarau*” or souls in the jungle. So he calls in the *puithiam* and requests him to call back the wanderer. The *Puithiam* then hangs the head of a hoe on to the shaft of a

⁹⁴ Zairema, op.cit., pp.109-110.

⁹⁵ Liangkhaia (2008), op.cit., p.37.

⁹⁶ J.H Lorrain, op.cit., p.254.

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spear and goes down to the water spring chanting a charm and calling on the spirit to return. As he goes the iron hoe head jingles against the iron butt of the spear and the spirit hears the noise and listens. The *Puithiam* returns from the spring to the house still chanting and calling, and the spirit follows him, but should the *Puithiam* laugh or look back the spirit is afraid and flies back to the jungle".⁹⁷

The above ritual healings are some of the most popular ones in Mizo cultural area. It is also important to note that there are many other healing rituals performed and it differs from region to region, village to village and family to family.

4.9.2 Empirical Methods: Empirical method was not generally recognized by both early European missionary and colonial ethnographer. Even if they were recognized, they were seldom mentioned in details.⁹⁸ However, the new generations of missionary - J.M Llyod and colonial ethnographer - A.G McCall came to notice that Mizo have rich method of empirical medicine. J.M Lloyd vividly writes "they had an extensive and intimate knowledge of the jungle plants which grew around them, and used a number of these medicinally".⁹⁹ A.G McCall was the only colonial ethnographer who discussed "reflections on Indigenous medical science" in length.¹⁰⁰ He noticed that Mizo medical system varies in different part of the hills, amongst the different peoples as he says "we cannot generalize".¹⁰¹

Surgical procedure requires a certain degree of skill and experience on the part of the healer. Surgery consisted principally of treatment for wounds and injuries to the

⁹⁷ J.Shakepear(1988), op.cit., p.76.

⁹⁸ For instance early ethnographer T.H Lewin in his ethnographic book "The Hill Tracts of Chittangong and the Dwellers Therein (1869)" provided list of some of the medicinal plants that were widely used by tribes in Chittangong hill Tracts.

⁹⁹ J.M Lloyd(1991), op.cit., p.211

¹⁰⁰ A.G McCall, op.cit., p.178-181.

¹⁰¹ Ibid.

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bones. They applied substances (extracted from mineral, animal part or plant) to open wounds, sealing them off and preventing drainage. In case of broken bones, the specialist *Ruh khawihthiam* fixed the bone first and a splint (two pieces of bamboo) were put together (*Them dawh*) between the injury part and covered with bandage. N.E Parry mentioned a crude form of surgery amongst the Maras;

“If a man sprains his wrist or ankle or puts out a knee or elbow the assistance of an old and wise man is invoked. The latter pulls at the injured limbs to get it to slip into place again. After this the limb is tied up in bamboo splints called *lapadeuna* and left until it has healed. A broken limb is treated similarly, being placed in splints made of split bamboo and tied round with bark string”¹⁰²

Removal of spears, arrows and bullet was sometimes accomplished with great skill. Excessive bleeding could be stopped by applying extreme heat to a wound.

It is likely that infection of sore or *pan chhia* was common. A native plant called *Pan damdawi* (*saxifrage ligulata*) was applied on the wound directly. If the infection was not healing soon, it was considered as impurity of the blood in the wound. In some cases, a leech was employed to suck out all the impure blood from the wound.

In case of birth delivery, it was the care of the traditional birth attendant or *nau chhar thiam*. Delivery was generally helped by old women. Birth delivery usually takes place in individual house or sometimes accidentally takes place in workplace or jhum field. According to tradition, women returned to work (or at least in water point) immediately after delivery. This is mainly because of the prevalent custom, in which *Raicheh* or to die in giving birth to an offspring was considered as the most unpleasant way of death. If a woman was able to do at least one normal job (small amount of

¹⁰² N.E Parry, *The Lakheres*, TRI, Reprinted 1976.p.171.

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collecting water) after delivery, even if a woman died afterwards, she would not be not be considered as dying of *Raicheh*.

The massager or *zut dam thiam* directly touches the patient body with his hand. The massages might be accompanied with liquid extracted from plant of animal fat. Apparently, the Mizo learnt a great deal from various animals by observing their behavior, their natural resistance to injuries and poison, their strength, agility and cunning. Thus, despite the toxicity of certain animal tissues, their bones, skin, teeth and viscera were often used for medical purpose. Many medicines include these animal ingredients, but particularly their fats. For instance, python fat was highly valued for massage. T.H Lewin mentioned practices of bloodletting amongst the *Mru* (cognate group of Mizo in Chittangong hill tracts) which are also prevalent in many part of the world. Further, he mentioned that “in case of colic, a favourite remedy is a hot dao applied to the stomach over wet cloth”.¹⁰³

The surrounding forest has also provided rich sources of herbal medicine. Herbal “medicine was applied by drinking, smearing on the body, inhaling or attaching to some part of the body, neck, hands or waist”.¹⁰⁴ They are used either fresh or dry. Not only does the herbalist knows how to select the medicinal plant from the jungle, but also knows the art of the ingredient. Because, some of plants used for medicine were dangerous substances that could be highly toxic if used incorrectly. Thus, their main duty was to heal the sick through the use of herbal medicine.¹⁰⁵

Salt was highly valued not only because it was rare but also considered for it medical values. A.G McCall has motioned several medicines used by the Mizo which were extracted from plants, roots, minerals and animal parts. Some of the names are given here under the following table;

¹⁰³ T.H Lewin, *Wild Races of South-Eastern India*, WM H Allen & Co., London, 1870.p.123.

¹⁰⁴ Lalrimawia, *Mizoram: History and Cultural Identity*, Spectrum Publications, Guwahati, 1995. p.30

¹⁰⁵ Rev.V.S Lalrinawma, *Mizo Ethos: Change and Challenges*, Mizoram Publication Board, 2005. p.119.

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Even the ritual healer, *Bawlpu*, used medical rituals which were always accompanied by empirical methods with herbs, animal body or chemical. Rev. H.S Luai has mentioned that his father was a *khawhring tai thiam*, (expert in healing *khawhring* illness) who used to heal abdomen pain possibly caused by chemical or food poisoning or food allergy. The rituals involved chants as well as empirical methods. During chanting, a burnt charcoal was dipped in water on a jug (*fenthilir*) and the patients were asked to consume the water.¹⁰⁸ In modern times, activated charcoal has been used to cure food poisoning or drug overdose situation and arsenic poisoning. Moreover, the Mizo inhabited hills is a home of various bamboo species. It is now widely recognized that bamboo charcoal provides the highest quality of charcoal.

Another example can be elaborated in the context of witchcraft. According to James Dokhuma's investigation the tradition of witchcraft amongst pre-colonial Mizos had some connections to food poisoning.¹⁰⁹ There are several folk stories built around the power of witchcraft. However, in reality nothing supernatural seems to be present in witchcraft. James Dokhuma argues that poisoning of food or drinks were the most extensive form of witchcraft. It has been reported that the outcome of witchcraft were generally severe colic or abdominal pain. A treatment always involves breaking the spell of witchcraft. The breaking of spell rituals again here was accompanied by empirical approach in which medicinal herbs of *Ailaidum* (*zingiberaceae*), *Sutzo* and *aithim* (wild plant akin to the wild cardamom) were used. These herbs do have curable component which is now recognized with modern science. Thus, the medical knowledge is not merely identifying or to heal the illness or diseases but it is also important to recognize how a medical knowledge reinforces social conflict.

In case of sickness, solid food was avoided and members of the household or relatives most often took care of the ill person. Customarily, "if a man falls sick in the

¹⁰⁸ Zairema, op.cit., p.111.

¹⁰⁹ James Dokhuma, op.cit., pp.328-330.

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cultivating season, his fellow villagers are expected to weed his fields for him. The chief generally called for volunteers for this work".¹¹⁰ If a sick man needed to be transferred from a jungle to a village or from a village to another village (in colonial time, to hospital or dispensaries) he was carried by his own village members.¹¹¹ Anyone who travelled together must help each other. Suppose, if one man falls ill, "his companions should wait for him".¹¹²

N.E Parry has provided a case study on medical practices amongst the *Lakher* or *Mara* (cognate tribes of Lusei).¹¹³ He identifies a number of medicines and healing processes under the following table.

Table No.3: List of Medicines Recorded by N.E Parry.

| | |
|--|----------------|
| Bark of Apahniapa + water | Boils |
| Juices from the Leaves of oxalis corniculata or Thysanolaena Agrotis | Conjunctivitis |
| Fresh Milk of women | Conjunctivitis |
| Local Beer + red hot iron | Snake bite |
| Rub the wound with some local plant | |
| Leaves (Eupatorium) | Cuts |
| Chilli with leaves | Cuts |
| Juice or powder of laki (callicarpa arborea) | Cuts |

¹¹⁰ N.E Parry(1988), op.cit., p.19

¹¹¹ *Mizo leh Vai Chanchin Leikhabu*, february 1904. Printed by B.C Das at the Dina Nath Press Sylhet and Published by Mr. A.R Giles Lushai Hills. Centenary Archives, Synod Office Mizoram, Aizawl.

¹¹² Ibid.

¹¹³ N.E Parry (Lakher), op.cit., p.169-171.

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| | |
|---|-------------------------------------|
| Juice of <i>thlava</i> tree + Hot bath | Scabies |
| <i>Clausena heptaphylla</i> | Fever |
| The roots of a creeper (<i>Annodendron paniculata</i>) | Medicine for women after childbirth |
| Rotten Crabs | Syphilis |
| Charcoal Soaked in water | Sore throats |
| Creeper leaves (<i>Paederia foetida</i>) & Leaves of dock (<i>polygonum</i>) | Toothache |

In addition, recent documentation of medicinal plant in Mizoram clearly shows that extensive numbers of plant medicine has been utilized by Mizo since pre-modern time.¹¹⁴ Ethnobotanical documentation is generally based on extensive interview with older generation who has extensive knowledge of ancient herbs passing from father to son and healers to healers.

4.10 Insanity or *Tawmkai lo*.

In modern times, “a number of methods of classification of the insane. Medico-legal descriptions use such terms as idiot, imbecile, feeble-minded people, and moral defectives. Psychiatry has a more particular system of subdivisions that increases in complexity from the feeble-minded to the moral defective and indeed moves beyond that into the shadowy sphere lying between normal and abnormal behaviour”.¹¹⁵ The

¹¹⁴ One of the earliest works on plant medicine in Mizoram is *List of Medicinal Plants Found in Mizoram*, Issued by Resources Survey and Research Division, Mizoram, 1987-1989. The book provided list of 420 plant medicines known to the Mizos. A number of new plant medicine has been identified in recent period.

¹¹⁵ W. V. Brelsford, ‘Insanity among the Bemba of Northern Rhodesia’ in *Africa: Journal of the International African Institute*, Vol. 20, No. 1, January, 1950. pp. 46-54.

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Mizo called mad person as *tawmkai lo* which means “owing to physical, moral or mental defects is regarded as not being human”.¹¹⁶ During the colonial time, especially the census in 1921 has claimed that insanity is widespread among the Mizo. The census noted “the affliction is worst in the Lushai Hills”.¹¹⁷ As stated in the previous chapter the Mizo conceptualization of madness were generally confined to astral influence. Madness was considered as incurable diseases. However, they do not abandon them and were not allowed to live among themselves. Among married couple, whether a husband or wife suddenly got mad, each must look after for at least a period of three years.

Even if a mad person committed outrageous act, such as assault or arson, Parry noted that “such a person is regarded as not being responsible for his actions and consequently as not liable to punishment for his misdeeds”.¹¹⁸ In some cases, such outrageous acts could possible hurt himself or disturb the social life of the village. Yet, a mad person could possibly roam and get lost in the jungle or kill himself. Hence, they applied a preventive measure called *Kawl bun*. *Kawl* was a wooden handcuff or a manacle was attached on the arm or leg. A wooden *Kawl* were selected from a particular timber called *thing thiang* (*Ligustrum robustum*).¹¹⁹ The Mizos believed that all the trees had *huai* or spirits except *thing thiang*. This is why they had selected this *thing thiang* as *kawl*. In some cases, a separate house was constructed near the relative house. A lunatic movement was thus confined to the house. If a person was become quite mad, *kawl* made from a timber of *Khiang thing* (*Schima Wallichii*) was used. A *khiang*

¹¹⁶ N.E parry, (1988), op.cit., p.18. Reversely, criminals were also called *tawmkai lo*.

¹¹⁷ Report on the administration of north east India, 1921-1922. Mittal Publication, 1984. p.78. The colonial government was particularly about madness mainly due to ‘productive’ and ‘non-productive’ for exploitation’s purpose. The numbers of madness were comparatively high in Lushai hills. It received greater attention from colonial officials. However, no investigation has been made as to why madness was common among Mizos.

¹¹⁸ N.E Parry(1988), op.cit., p. 18.

¹¹⁹ JH Lorrain, op.cit., p.468.

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sapling is used for the sacrificial pole.¹²⁰ Even, the Mizo old saying refers “-*khiang kawl bun chin hi chu an a chhah telh telh a nia*” which literally means “ an insane person with *khiang kawl* are double insane”.¹²¹

4.11 *Hridai Theu*.

It literally means ‘putting up a fence against an epidemic or a plague’ that would occasionally swarm across Mizo inhabited hills. Apparently, the practice was widely prevalent in Mizo cultural area that colonial ethnographer and most of the recent indigenous cultural historians writes about it. J. Shakespear writes “the appearance of cholera or any similar diseases is the signal for the evacuation of the village”.¹²² A colonial administrator H.W.G Cole noted “according to the Lushai Custom, any village suffering from any contagious diseases isolates itself”.¹²³ Whenever plague broke out, a ritual was organized at the entrance of the village, a dog or gibbon head was placed at the village entrance.¹²⁴ This was a warning to any outsider as ‘do not come to our village, we are infected’. Other unaffected villages would do the same ritual to stop any outsider that could possible brought infectious diseases in the village.¹²⁵ In case if the *hridai theu* would not work as expected, a villager immediately vacated the village and dispersed in the surrounding area. They would live in a jhum hut until and unless the disease ceased in the village.

¹²⁰ J.H Lorrain, op. cit., p.263.

¹²¹ C.RoKhuama, op.cit., Ibid.

¹²² J.Shakepear(1988), op.cit., p.76.

¹²³ Standing Order No.9 of 1909, Dated Aijal, 25 June 1909., Archive, Government of Mizoram, Aizawl, Mizoram.

¹²⁴ Generally, the Mizo village was surrounded by a wooden wall about 10 to 12 feet in height. One of two doors were open in the wall for entrance.

¹²⁵ C.Lalbiaknema, *Kan chenna Mizoram*, Synod Literature and Publication Board, 1995.P.116. Please also see James Dokhuma, op.cit., p.165.

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4.12 Health and Sanitation.

There were methods of preventing diseases other than ceremonial and religious rituals amongst the Mizos. Customarily, the water point was maintained and fence under the direct supervision of the Chief. Polluting the water point was severe and it would result up to death penalty. Even the well known Mizo folktale of *Chemtatrawta* relates the case and its investigation into pollution of the water point by an old lady.

Mizo villages were well planned and systematic that the early colonial ethnographers were surprised. The higher hills were generally selected as it was considered healthier than low level. Plain or low level were considered as feverish and malarias.

Mizos were migratory people shifting their village from one place to another place after the interval of 10-15 years. While selecting the new village site, they considered whether the area was healthy or free of possible diseases and if the circulation of air is normal.

Villagers were obliged to follow certain norms within or outside the village. Disturbing, polluting public road were considered as sinful or *thiang lo*. Customarily, waste should not be thrown towards the neighbouring house. In the agriculture field, a dustbin made out of bamboo cane or *Hnawm thlak bawm* was kept beside the jhum hut to dispose of all waste.

4.13 Gender and health.

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However, in many cases, the Mizo medical practices were weak, even sometimes dangerous rather than restoring the health of the people.¹²⁶ The shortcoming is more glaring in the gender context. In almost any “tribal” society, women are generally more hard-working than men. Similarly, the Mizo women and children were more vulnerable to diseases especially during the time of childbirth. Women continued to work during pregnancy and in some cases were forced to deliver the child in the jhum field. Due to lack of care, many women died at childbirth.¹²⁷ Caring of a motherless child was almost impossible that milk was never utilized. Some children were thus even buried with their mothers or even killed. Even if the child survives, they were more vulnerable to diseases. AG McCall also wrote “Lushai has an old saying that only those who could not die at infancy ever attained maturity”.¹²⁸ A Presbyterian missionary J.H Lloyd estimated that nearly 50% of the children died before reaching adolescence.¹²⁹ Another colonial record shows that in the village of *Maubuang*, out of 87 childbirth, 57 died, only 30 children survive. The numbers were even more in the village of *Muallungthu* where out of 406 children, 249 died as infant and 157 children survived.¹³⁰

Thus, the present chapter highlighted that traditional medicine and the various healing methods of the Mizo. Recent period witnessed growing interest in the study of traditional medicine. However, studies are largely confined to herbal medicine or animal medicine.¹³¹ Ethno-botanists carried out a number of documentations of herbal

¹²⁶ In fact, I’ve not included some of the construction of illness and diseases on the one hand, healing process intertwined with ‘myth’ or superstition in the Mizo medical practices which are very richly discussed in colonial and Christian Missionary texts.

¹²⁷ Remsangpuii Nu, op.cit., pp.33-35.

¹²⁸ AG McCall, op.cit., p.178.

¹²⁹ J.M Lloyd, *On Every High hill*, Synod Publication Board, 1984. p.38.

¹³⁰ Mizo leh Vai Chanchin Lehkhabu, January 1904. Printed by B.C Das at the Dina Nath Press Sylhet and Published by Mr.A.R Giles Lushai Hills. Centenary Archives, Synod Office Mizoram, Aizawl. p.1.

¹³¹ Some of the most recent works are, please see Hemanta Kumar Sharma, Lalrampari Chhangte & Ashoke Kumar Dolui, ‘Traditional medicinal plants in Mizoram, India’, in *Fitoterapia*, Vol. 72, Issue 2,

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medicines which also show its potentiality. However, some of the social-cultural aspects of Mizo medicine are still left unrecognized. Although the tools for evaluation have been established in ethno-botanical studies, several weaknesses might have been intertwined with other social and cultural factors (which include psychology, political and economic conditions of the people) which are discussed in this chapter.

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February 2001. pp. 146-161. Information on 135 plant species from 122 genera and 65 families is presented in this article. Some other works are, please see Sujata Bhardwaj & S.K. Gakhar, 'Ethnomedicinal plants used by the tribals of Mizoram to cure cut and wounds', *Indian Journal of Traditional Knowledge*, Vol.4, No.1, January, 2005. pp.75-80. H. Lalramnghinglova & Bishen Singh Mahendra Pal Singh, *Ethno-Medicinal Plants of Mizoram*, 2003. H.Lalramnghinglova & L.K. Jha, 'New records of ethnomedicinal plants from Mizoram', in *Ethnobotany* Vo.11.1999, pp.57-64., Lalramnghinglova, J.H, *Food plants, fruit plants and medicinal plants of Mizoram*, Environment and Forest Department, Mizoram, 1992. Sujata Bhardwaj and S.K. Gakhar, 'Ethnomedicinal plants used by the tribals of Mizoram to cure cuts and wounds', in *Indian Journal of Traditional Knowledge*, Vol. 4, No. 1, 2005. pp. 75-80.

CHAPTER-V

CONCLUSION

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The present thesis locates the environment of illnesses and diseases in the Mizo cultural area. It also examines the relationship between medical theories and therapies, observes the roles of practitioners and institutions, and considers the impact of public health measures on health and welfare in pre-modern Mizo cultural space.

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In fact, the experience of illness and healing in all cultures is shaped by cultural, social, political, and moral components. On the basis of this study we can agree that Mizo diseases in pre-modern period could be considered as environmentally determined. In pre-colonial period, Mizo were migratory people migrating far from the highland of China to the hilly regions of Burma, the *Cachari* kingdom (*Dimasa* Kingdom), Manipur, Tripura and the Bengal. Following James C. Scot's suggestion, such migratory habits were the outcome of the process of organized states in pre-colonial Southeast Asia which involved slavery, conscription, taxes, corvée labor and warfare. Another good reason for migration was disease or plague especially during the time of bamboo famine in their habitat. In addition to this, the top hills were usually selected to seek refuge not only for defense purposes from external forces but also because of their conceptualization of diseases. Thus, Mizo chiefdom was maintained through strong attachment on customary laws, social norms, belief systems and ethical values which were necessary for the maintenance of individual or community health.

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Among the Mizos, the traditional worldview helped to regulate use and exploitation of natural resources through mutual relationship between man, nature and spirits. As a Presbyterian missionary J.M Lloyd noted, "The autonomous village system generally worked well and ensured the limited needs of its primitive community"¹ Mizo Chiefship institution was also designed to execute the management and social control thereby imparting customary laws. Forest environment including plants, animals and

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¹ J.M Lloyd, *History of the Church in Mizoram (Hartvest in the hills)*, Synod Publication Board, Aizawl, Mizoram, 1991.p.3

minerals was important because it provided not only foodstuff but more importantly medical materials to Mizo society. Maintenance of the surrounding environment was thus essential for the maintenance of community health under the watchful eyes of the Mizo chief.

The Mizo views of health, sickness, and healing were largely shaped by their mentalities in relation to the natural and spiritual world. Among Mizo, health is thus often expressed as a balance between various energies such as a body, mind, and spirit or soul. Illness among them indicates the disruption of the equilibrium (i.e.; human, space or village and spiritual realm). Unlike the “Cartesian” model of the human body or the “germ theory of disease”, Mizo recognized the interaction of both natural and spiritual. They saw these components on a continuum wherein each is merely a transformation of the other. Therefore, the world view of the Mizo seems not to exclude the divine but rather to make nature itself divine.

Pre-colonial Mizo cultural space was different from the world in which most things are explained through scientific knowledge. On the contrary, worldview regulates the categorization of the different agents responsible for producing illnesses and diseases in pre-colonial Mizo cultural space. Apparently, they were curious of why illnesses and diseases occurred in their cultural space. Although, the impact or effects of diseases were straightforward fact, germs theories were relatively unrecognized. This is mainly due to the low level of technology as many of anthropology and historical studies have proven that supernatural beliefs were more prominent in society with low-level of technology. Societies in low level technology have no knowledge of germs because germs are invisible to the naked eye. The most widely possible cause of explanation was thus metaphysical in which external forces were considered as responsible cause for human suffering.

According to the Mizo world view, the human world was trapped between the positive and negative spirits. They believed that every human and every object had a

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corresponding presence in the spirit world and that bad spirits caused illnesses. Hence, Mizo medical tradition places greater emphasis on the causation of diseases rather than the curative practices.

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Another interesting aspect of Mizo medical system was that side by side with the metaphysical cause, the natural explanations of illnesses and diseases were also recognized. For instance, extreme cold or extreme heat or snake bites were considered as natural. The plain areas or river valley were avoided, rather they were in favour of the higher hills for logical reasons. Air was considered clean and malaria was less at the hill tops whereas the plain or rivers valleys were considered unclean with too much humidity and prone to malaria. Sometimes, the causation of illness and disease among Mizo were partly natural and partly metaphysical. Snake bites during harvesting or weeding in the jhum (shifting cultivation) fields were considered natural incidents; however, they believed that snake bites occurred because the spirits sent them to bite the people. Other causations such as violation of social norms, soul loss, spell of sorcery, wrath of Deities and taboo were also widely recognized.

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Mizo conceptualization could be contextualized as body, mind and spiritual. As long as the equilibrium is maintained, people remained healthy. Thus, the rule is clear: 'Worship the protector spirits with all your heart, so that it will protect you from illnesses and diseases. Secondly, do not offend bad spirits, so that they will not cause illnesses or diseases. Finally, follow social norms and rules, so that you live a better life'.

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Notion of illness and diseases were also influenced by the socio-political conditions in the pre-modern Mizo history. Social control was necessary in Chiefdom society so that also led to invention of various sicknesses and illnesses. The rise of *Sailo* ruling chiefs in the first half of 19th century was accompanied by complex social relations, rituals and linkages with other socio-political groups. Chiefdom society was thus highly stratified that community was divided into two lines, first, clan and lineage system and

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secondly, the commoners (*Inamchawm*) and ruling clans or lineages (*Lal*). This not only led to the emergence of political competition among the ruling chiefs but also led to the emergence of new social groups. Domination of one social group to another social group required construction, even invention of cultural practices for political purposes. Therefore, illnesses and diseases were amongst such constructions that became a metaphor of social control in Mizo chiefdom. A witch was often employed by a chief against his opponent. Illness and diseases became more intricate in relation with gender space. Evil eye was widespread; many women were attributed to have possessed bad omen or *khawhring*. Evidently, the outcome of such construction was jealousy or conflicting interest in the community life of Mizo.

Illness and disease played a very dominant role in the formation of new-social order or hierarchy in Mizo cultural space. Body became a site of social and political contestation. The social control of the community lives was maintained, and dominant ideology was partly constructed through illness and disease. Evidently, the hierarchy was constructed through the politic of 'body'. i.e.; 'healthy body' against the "body hidden with illnesses". One good example is matrimonial system. Selecting suitable partner among the 'healthy' people was emphasized. Especially, the ruling chiefs were more selective in choosing marriage partners. Apparently, racial superiority was invented for the establishment of their socio-political power. Power relation was thus directly related to the conceptualisation of health and illness. Even, a strange custom might be invented. For instance, before the marriage contract was settled, the ruling chief (mostly Sailo ruling chiefs) family has to check the girl's body to see whether the girl was in a healthy state or not. There was good reason to reject the proposed girl if any sign of illness or any physical deformity (*sernung*) was found on her. Thus, some medical thoughts were products of power relations in which social control was becoming more complex with the intervention of *Sailo* chiefdom. Such belief was soon ingrained in to the traditionally laid-down customs and each member of the community was ideally expected to conform to it.

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Through oral tradition and European text (colonial and Christian missionary) we came to know that many diseases were known in pre-modern Mizos. ~~*Phungzawl* (epilepsy), *Khawesik pui* (malaria), *Pumna* (colic or abdominal pain), *Kaih* (chronic disease), *Rullhut* (intestinal parasites), *dawithiam daw* (witchcraft), *pum puar* (related to stomach complication), *kaw chhe vei* (stomach related), *hrilaw/nau hri* (diphtheria), *ruhseh* (rheumatism) *dam thei lo* (chronic diseases), *nau pai thei lo* (barren), *nau har* (delivery complicated), *khawhring* (spirit possession), *hring* (curse of oath) and many others were culturally recognized amongst the pre-modern Mizos.~~ However, many of the diseases or epidemics were thus closely related to the formation and changing nature of political condition in the hills. When *Sailo* chiefdom reached its peak of glory in the second half of 19th century, more and more Mizo were exposed to the surrounding plain areas of civilized empire. It was through such interactions that many new diseases were introduced in their hills. Some of the colonial texts clearly show that many diseases were introduced to the hills through their successive military campaign against the Mizo chiefs in the second half of the 19th century to the first half of 20th century.

Generally speaking not all people can acquire the art of medicine. There were individuals who had better knowledge, acquired through rigorous personal training, sometimes attributed to the divine. This gave rise to individual healers and professional healers who had the power to heal through empirical means or divine intervention. The official practitioner called *Puithiam* (great knower's or one who possessed knowledge) was a specialist in identifying the causation of illness and diseases. His role was thus increased beyond the religious space. Another official priest *bawlpw* ultimately became the one in charge of taking care of sicknesses generally caused by external forces. Evidently, through their service, they constantly gained recognition and respect and their powers were increased tremendously in the Mizo Chiefdom society. Customarily, villagers were obliged to pay tax to both the priests. Furthermore, the ruling chief soon employed a personal priest or *Sadawt* possibly selected from the best amongst all the priests. Some chiefs even employed wizard or *dawithiam* to cure their illness as well as that of their families.

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The rituals medicine man or *Bawlpu* rituals were sometimes accompanied by empirical methods. For instance, rituals to cure colic pain possibly caused by food poisoning were believed to have been curable with charcoal mixed with water. Modern science proved that activated charcoal is one of the best medicine for food poisoning or arsenic poisoning. But this empirical part was always kept a secret and the healing power was always manifested through rituals.

Introduction of new diseases required the extension of further knowledge, failure to do so harm the social status of professional healers. During the second half of the 19th century, the Mizo society witnessed a new disease environment on the one hand, the increasing power of professional healers on the other hand were generally followed by complex medical rituals. Sometimes, medicine related social practices were manipulated by some groups or individuals. More frequently, causation of sickness was attributed to external forces. Priests generally enhanced medical rituals in more complicated forms rather than in the empirical method. Medical healing ritual was so complicated that ordinary people could not even afford to perform these rituals. In some cases, if the priest was not able to heal, perhaps he would demand more healing materials or *bawlhlo*. If a patient and his family could not afford the demand, the priest was not to be held responsible for his failure. Such were the “primitive” practices associated with the history of Medicine of Mizo.

Many contradictions gave rise to alternative methods practiced by private healers who could resort to both rituals and empirical methods. *Zawlnei* became an alternative to *Sadawt* who was also specialised in identifying the causation of diseases. Other private healers such as midwife, bone setter, *mi thawi thiam* also played very crucial role in the restoration of public health.

Colonialism in the second half of 19th century was accompanied by diseases which were unknown to the Mizos. The effectiveness of rituals healing was considerably

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degraded with the emergence of new diseases and the *Bawlpu* rituals were no longer effective. It is in this critical situation that the colonial's Lushai Hills was set up which was soon followed by the entry of the European Christian missionaries in the hills. The colonial powers began to set up dispensaries almost as soon as they established their rule in the Lushai Hills. However, such dispensaries were generally assigned for colonialists or used by certain people such as the Chiefs and military personnel. Therefore, for the common man, the colonial sponsored facilities were relatively thin in Lushai Hills. Christian missionaries saw this opportunity as soon as they entered the Lushai Hills. Medical work was considered as a powerful tool of winning converts. The colonialists on the other hand, followed "non-appeasement in the local institution" and they remained quite happy for these missionary activists to continue with their medical work. Thus, 'native body' continued to become a site of social and political agenda of both colonial and Christian missionary. The 'Native body' was conceptualized as a "sinner", which could only be cleansed by Christian rituals.

Initially, the 'Western magical medicine' was opposed as the native regarded western medicine as a kind of witchcraft to enslave the people. However, the Christian Missionaries systematically introduced the medicine while indigenous medicines were disregarded and discouraged. For instance, instruction has been given to the natives that they would first give up his *kelmei aworh* (A tuft of goat's hair, considered as prevention from diseases generally caused by negative spirit) to become a Christian. It is true that many of the idea of diseases and healing could be considered as 'myth' if not considering the psychological aspect of the people. Missionary sponsored medicine was relatively thin as compared to other part of India mainly because of geo-location. There are many ways in which Western medicine and indigenous medical practices could work together, if they were aware of refining the limitations of Mizo medical practices which were of course wrapped with 'superstition'. But it did not happen throughout the colonial period. As a result, many important aspects of Mizo medicinal practices were unfortunately swept under the carpet of colonial and Christian Missionary modernity.

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The missionary blamed the Mizo explanation of diseases being “irrational” or “superstitious”. However, Christian tradition in the west widely recognized for instance, the wrath of God or possession of evil. The portrayal of Mizo being “savage” or “superstitious” in many cases, is just a matter of cultural differences of the ‘Western’ and ‘traditional Mizo’ which represent somewhat different epistemological approaches to the problem of sickness. Rituals medicine was totally abandoned in the colonial period. However, herbal medicine and its practitioners continued to provide local needs which gained recognition in recent period only. This is mainly due to the effort of anthropologists, forestry and ethno-botanists that greater attention has been paid to herbal medicines.

Keeping all these aspect in view, the intention of the present thesis is not to call a nostalgic return to the past which is not merely naive and romantic, but positively dangerous. However, there is the legacy of the remote pre-modern Mizo past traditions that in some areas are still very much alive, including the myths, proverbs, legends or folk tales. The question is what of our authentic Mizo past should we preserved and what should we reject? Karl Raimund Popper very rightly remarks;

“We have to know of and to understand a tradition before we can criticize it, before we can say: 'We reject this tradition on rational grounds.' Now I do not think that we could ever free ourselves entirely from the bonds of tradition. The so-called freeing is really only a change from one tradition to another. But we can free ourselves from the taboos of a tradition; and we can do that not only by rejecting it, but also by critically accepting it. We free ourselves from the taboo if we think about it, and if we ask ourselves whether we should accept it or reject it. In order to do that we have first to

have the tradition clearly before us, and we have to understand in a general way what may be the function and significance of a tradition.”²

It is in this direction that I have directed my effort to understand the history of traditional medicine of Mizoram in pre-modern period. Colonialism with Missionary sponsored social reforms suddenly disrupted Mizo cultural practices and imposed, with varying degrees of success, European forms of thought and social organization upon colonized peoples. Historians must correct cultural misrepresentation in both colonial and missionary texts or even reconstruct the recent writing on medical history of the Mizo people. ~~Mizo conceptualization could be contextualized as body, mind and spiritual. As long as the equilibrium is maintained, people remained healthy. Thus, the rule is clear: ‘Worship the protector spirits with all your heart, so that it will protect you from illnesses and diseases. Secondly, do not offend bad spirits, so that they will not cause illness or diseases. Finally, follow social norms and rules, so that you live a better life’.~~

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² Karl Raimund Popper, *Conjectures and refutations: the growth of scientific knowledge*, Routledge & Kegan Paul, 2002.p.164.

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GLOSSARY

(Glossary of Mizo Terms Used in the Thesis)

Arte Pumphel: A Sacrifice to help delivery problem.

Bawlkhath: A re-sacrifice conducted if *daibawl* was not a success.

Bawlpu: A priest or medicine man who conducted ritual healing to cure sickness caused by external forces.

Bawlpui: A sacrifice to heal *khawsikpui* (pneumonia or typhoid).

Bawrhawm: A sickness or chronic illness.

Chawm: A horrible and ugly she devil considered to be jealous of human properties.

Chhim: A sacrifice to cure bareness.

Chhinlung: A cave or a place where all Mizo clans were believed to have emerged.

Daibawl: A sacrifice conducted in case of malaria fever. The Sacrifice was intended to appease the *Huai* of the jungle and rivers.

Dam lo: Sick or ill.

Damdawi: Medicine

Dawi sut: A ritual to remove a bad spell.

Dawi: Magic/ witchcraft

Dawisut thiam: Some who have the art of breaking the negative spell.

Dawithiam: Witchcraft

Ha natna: Toothache.

Hlamzuih: A child who died before one year.

Hliam: To wound or injure.

Hlo: Drug.

Hnamchawm: Common clan other than *Lusei* or common people.

Hri chhe ei: The name of a stomach ache attributed by some to an evil spirit.

Hridai Theu: Putting fence against epidemic or plague.

Hrilawn: A sacrifice to cure diphtheria or *hrilawn*. The disease was generally considered as children.

Hring: The idea that sickness or misfortune can be caused by anger or ill will as expressed in powerful and hurtful words.

Hripui: An epidemic or plague.

Hrisel/Dam: To be in good health.

Hritlâng: To have a cold.

Inthawi: Sacrifice

Kel Khal (Khalpui): A sacrifice to cure severe illness with paralysis.

Kelmei: A tuft of goat's hair.

Khal Chuang: A sacrifice to cure hyper tension.

Khawhring tai: A ritual performed to cure colic like pain generally caused by *khawhring* spirit.

Khawhring: An evil eye mostly applied to women.

Khawmu: was considered as evil spirits who was jealous of human even kidnapped people and hid them in the Jungle.

Khawsik Damdawi: A herbal medicine (*Swertia pulchella*) for fever.

Khawsik pui: Typhoid.

Khua: It has two implications, one is a Village, and another is a divine believed to be the protector of a village.

Khuanu: A divinity believed to be protector of village.

Khuh-hîp: Whooping-cough.

Lal: The Mizo name for Chief, more likely of King. The Mizo do not have concept of chief in European term.

Lu na: To have a headache.

Lusei: The name of majority of Mizo clan.

Maicham: A temporary altar to cure diseases.

Maimi: A devil which hypnotizes a man during sleep.

Mar dek: Pulse Checking.

Nau hri: A sacrifice to cure an unhealthy infant or inflammatory disease of the glands.

Ngawr hrik: The tubercular bacillus.

Ngawr: To suffer from or have consumption, the tuberculosis.

Pan: Sore.

Pathian: God

Phâr: Leprosy or a kind of mange.

Pheichham: A dreaded *ram huai* who inflicts a serious damage on his victims unless quickly appeased by making a wish which the sinister spirit would grant.

Phung: A hobgoblin considered to be mostly in the female form those were very black and large.

Pu: Maternal uncle or elder in general.

Puithiam: A Priest.

Raicheh: A woman who died at childbirth. (Considered as a very unpleasant way of death for a woman)

Ram Nupui: A sacrifices to cure illnesses caused by evil spirit of the jungle.

Ram: Country, countryside or jungle.

Ramhuai: Evil spirit generally whose general abode was in the jungle.

Ranvulh: Domestic animal.

Ruhkhawih thiam: A bone setter.

Rulhut: Intestinal parasites.

Sadawt: An official priest who conducted religious sacrifice and can identify the cause of diseases.

Saihri: Syphilis.

Sakhua nuar: Wrath of Deities.

Sakhua: Generally translated as religion, but in the real sense means a ritual to appease the protector of family or community.

Santen: Dysentery.

Sentût: Measles.

Serh: A day observed due to taboo.

Sikserh: Malaria, a common disease in Mizo hills.

Tangseh: The mange (in dogs, etc), chicken-pox (in man).

Tawmkailo: An insane person.

Thiang lo: Forbidden to see, to touch, to disturb, to eat etc.

Thla ai: Soul Loss.

Thla em at: Astral Influence

Thla: Soul

Tlahpawi: An assistant priest of *Sadawt*.

Tui hritlang: A sacrifice to cure rheumatism or *Ruhseh*.

Tuihri: Cholera.

Ui-ha Awrh: A sacrifice to cure chronic diseases possibly caused by worms.

Vai: A Mizo term for outsiders, including white man, latter on specifically used to refer to plain people mostly Bengalis.

Vanchung Khal: A sacrifice to cure frequent nose bleeding.

Vawkpui Phurh: A sacrifice to cure severe abdominal pain or dysentery (*santen*).

Zawlnei: Those who possessed some sort of spirit who made predictions of the future and were able to identify the causation of illnesses and diseases.

Zunthiang: A sacrifice to heal severe fever of children called *Kaih*.

BIBLIOGRAPHY

PRIMARY SOURCES.

A. Archival, Foreign traveller Accounts, Colonial Ethnographies and Military Reports:

Acharyya, N.N, *Assam And Neighbouring States; Historical Documents*, Omsons Publications, Guwahati, 1983.

Assam Secretariat, Political and Judicial, A., Foreign Progs., August 1890, No.1-46.

Allen, B.C, EA Gait, CGH Allen & HF Howard, *Gazetteers of Bengal And North East India*, Mittal Publication, 1979.

Chambers, O.A, *Handbook of The Lushai Country*, (Compiled under the Oder of the quater Master general In India), The Superintendent of Government printing, India, (First Edition Kolkota, 1899), FKLM on behalf of TRI, 2005.

Chawngkunga, C (compiled), *Important Documents of Mizoram*, Art & Culture Department, Aizawl, 1998.

Campbell, 'On the Looshais' in *The Journal of the Anthropological Institute of Great Britain and Ireland*, Vol. 3, 1874.

Gage, A.T, *A Botanical Tour In the South Lushai Hills*, First Indian Edition, 1978.

Latham, R.G, *Descriptive Ethnology, Vol. I, Eastern and Northern Asia-Europe*, John Van Voost, Paternoster Row, London, 1859.

List of Medicinal Plants Found in Mizoram, Issued by Resources Survey and Research Division, Mizoram, 1987-1989.

Lewin, T.H, *A fly on the Wheel or How i helped to Govern India*, Constable & Company LTD, London,1912.

Lewin, T.H, *Progressive Colloquial Exercises in the Lushai Dialect of the 'dzo' or Kuki Language with Vocabularies and Popular Tales*, Calcutta Central Press Company, 1874.

Lewin, T.H, *Wild Races Of The South-Eastern India*, (first edition, London, 1870) FKLM on behalf of TRI Aizawl, Mizoram, (reprinted) 1978.

Makenzie, A.Z, *History of the Relations of the Government with the Hills Tribes of the North-East Frontier of Bengal*, (First edition 1884) Reprinted by Mittal Publications, New Delhi, 2007.

McCall, A.G, *Lushai Chrysalis*, Luzac and Co, London, 1949, Reprinted by FKPL for TRI, Mizora, 1977.

Mizo leh Vai Chanchin Lehkhabu, 1904- 1905. Printed by B.C Das at the Dina Nath Press Sylhet and Published by Mr. A.R Giles Lushai Hills. Centenary Archives, Synod Office, Aizawl, Mizoram.

Nath Shaha, Brojo, *A Grammar of the Lushai Language*, Calcutta, Bengal Secretariat Press, 1884.

Parry, N.E, *A monograph on Lushai customs and ceremonies*, Assam Govt. Press, Shillong, 1928, Reprinted 1988.

Parry, N.E, *The Lakhers*, (With an introductory and supplementary Notes by Dr.J.H Hutton), Macmillan and Co., Limited, London, 1932.

Pioneer, the 10th June 1870.

Robert, Field Marshal, *Forty-one years in India: from subaltern to commander-in-chief*, (first published, London, 1897), reprinted, New Delhi, 2005.

Report on the administration of north east India, 1921-1922. Mittal Publication, 1984.

Report on The Administration of the Province of Assam for the year 1876-1877'.

Sangermano, Father, *Burmese empire: A hundred Years ago*, (with introduction and Notes by John Jardine), Westminster, Archibald Constable and Company, 1893.

Shakespeare, J, 'Notes on Some tribal and Family Names employed in speaking of the Inhabitants of the Lushai Hills, in *The Journal of the Anthropological Institute of Great Britain and Ireland*, Vol. 30, 1900.

Shakespeare, J, 'The Kuki-Lushai Clans' in *The Journal of the Royal Anthropological Institute of Great Britain and Ireland*, Vol. 39, July - December, 1909.

Shakespeare, J, and T. C. Hodson, 'Folk-Tales of the Lushais and Their Neighbours' in *Folklore*, Vol. 20, No. 4, Dec, 30, 1909.

Shakespeare, J, *The Lushei Kuki Clan*, (First edition 1912), Reprinted by TRI, 1988.

Shaw, W, Notes on The Thadou Kukis, Asiatic Society of Bengal, (Published on behalf of the Government of ASSAM) Calcutta, 1929.

Soppitt, C.A, *A Short Account of Kuki-Lushai Tribes on the Northeast Frontier*, (With Outline Grammar of the Rangkhoh-Lushai Language), Assam Secretariat Press, 1887.

The British Medical Journal, Vol. 1, No. 1624, Feb. 13, 1892.

The Indian Medical Congress: Anti-Choleric Inoculation In India', in *The British Medical Journal*, Vol. 1, No. 1778, Jan. 26, 1895.

The Lushais 1878-1889, FKPL on behalf of TRI, Aizawl, Mizoram, 1978.

Woodthorpe, R.G, *The Lushai Expedition 1871-1872*, Hurst and Blackett Publisher, London, 1873.

The improvement of Military Medical Arrangements in India Since 1871, *The Lushai Expedition 1871-1872*, *The British Medical Journal*, May 6, 1893.

B. Christian Missionary writings and Reports:

A Missionary's Autobiography: Rev. D.E Jones (Zosaphluia), Translated from Welsh by Rev. J.M Lloyd (Zohmangaihi Pa), Lengchhawn press, Aizawl, 1998.

K.Thanzaua (Compiled); *Reports of Foreign Mission of the Presbyterian Church of Wales on Mizoram 1894-1957*, Synod Literature and Publication Boards, Aizawl, 1997.

Herbert Lorrain, J. & Fred W. Savidge, *A Grammar and dictionary of the Lushai Language*, The Assam Secretariat Printing Office, Shillong, 1898.

Lloyd, J.M, *On Every High Hill*, Synod Publication Board, Aizawl, Mizoram, 1984.

Lloyd, J.M, *History of Church in Mizoram; Harvest in the hills*, Synod Publication Board, Aizawl, Mizoram, 1991.

R.Lewis, Grace, *The Lushai Hills: The story of the Lushai Pioneer Mission*, The Baptist Mission society, London, 1907.

The Annual Report of BMS on Mizoram 1901-1938, Prepared by The Mizoram Gospel Centenary Committee, Baptist Church of Mizoram (BMS), Calcutta, 1993.

SECONDARY SOURCES.

A. Books:

A. K. Kalla & P. C. Joshi (eds), *Tribal Health and Medicines*, Concept Publishing, New Delhi, 2004.

A. Knoft, Alfred, *An Introduction to the history of Medicine from the time of the Pharoahs to the end of the XVIIIth century*, New York, 1916.

A. Lorrain, Reginald, *5 Years In Unknown Jungles*, Spectrum Publications on behalf of TRI, Aizawl, Mizoram, 1988.

A. Marcum, James, *An introductory philosophy of Medicine*, Springer Science & Business Medica, B.V, 2008.

A. Matisoff, James, *Handbook of Proto-Tibetan Burman*, University of California Press, 2003.

Alavi, Seema, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition, 1600–1900*, Palgrave Macmillan, Basingstoke, 2008.

Arnold, David *Colonizing the body: state medicine and epidemic disease in nineteenth-century India*, Berkeley, Los Angeles & London: University of California Press, 1993.

Arnold, David, *Imperial Medicine and Indigenous Societies*, Manchester University Press, Manchester, 1988.

Axtell, James, *The European and the Indian: Essays in the Ethnohistory of Colonial North America*, Oxford University Press, 1981.

Bala, Poonam, *Imperialism and Medicine: A Socio-Historical Perspective*, Sage Publications, New Delhi, 1991.

Barton, Tamsyn, *Ancient astrology*, Routledge, 1994.

Battiste, Marie & James Youngblood Henderson, *Protecting Indigenous Knowledge and Heritage: A Global Challenge*. Saskatoon, Saskatchewan: Purich Publishing Ltd, 2000.

Baveja, J.D, *The land where the bamboo flowers*, Publication Board, Guwahati, 1970.

Bewell, Alan, *Romanticism and Colonial Diseases*, John Hopkins University Press, 1999.

Bezbaruah, Ranju & Priyam Goswami & Dipankar Banerjee (ed), *North-East India: Interpreting the Sources of its History*, Aryan Books, 2008.

Bose, D.M, *A Concise History of Science in India*, Indian National Science Academy, New Delhi, 1971.

Braudel, Fernand, *The Mediterranean and the Mediterranean World in the Age of Philip II*, University of California Press, 1996.

Bruhl, Lévy, *La Mentalité Primitive or Primitive Mentality*, (1922 in French), Allen & Unwin, London, 1923.

Burke, Peter, *The French historical Revolution: The Annales School 1929-89*, Stanford University Press, 1990.

Burke, Peter, *What is Cultural History?*, Cambridge, Polity Press, 2004.

Burnell, A.C, *A Classified Index to the Sanskrit MSS in the Palace at Tanjore*, London, Trubner, 1880.

Carr, E.H, *What is History?*, Penguin Books, London, 1987.

C. Scot, James, *The Art of Not Being Governed: An Anarchist History of Upland Southeast Asia*, Yale University Press, 2009.

Charles M. Leslie, *Asian medical systems: A comparative study*, University of California Press, 1976.

Chatterjee, Suhash, *The Mizo Chief And Chieftdom*, M.D Publication, Delhi, 1995.

Dad, J.N, *A Study Of The Land System of Mizoram*, Law Research Institute Eastern Region, Guwahati High Court, Sponsored by North Eastern Council, Shillong, 1990.

De Blecourt, Willem & Cornelia Usborne (ed), *Cultural Approaches to the History of Medicine: Mediating Medicine in Early Modern and Modern Europe*, Palgrave, London, 2004.

Derrida, Jacques, *Archive Fever: A Freudian Impression*, The University of Chicago, 1996.

Desouza, Shaila, *Health Practices and People's Identity Re-Locating Identity*, Lusotopie, 2000.

Dundes, Alan (ed), *The Evil Eye-A case book*, The University of Wisconsin Press, 1992.

Engels, Frederick, *The Origin of the Family, Private Property and the State*, (First Published in 1884), Reprint, Resistance book, Australia, 2004.

E. Sigerist, Henry, *A history of medicine*, Oxford University press, New York, (in 2 volumes), 1951, 1961.

E.C Fisher, Cecil, *The Flora of the Lushai Hills*, (Reprinted), 1978.

Erach Udawadia, Farokh, *Man and Medicine: A history*, Oxford University Press, 2000.

Ernst, Waltraud, *Plural Medicine, Tradition and Modernity, 1800-2000*, Routledge, London, 2002.

Fabrega (jr), Horacio, *Evolution of Sickness and Healing*, University of California Press, 1997.

Fabrega, H & D. B. Silver, *Illness and Shamanistic Curing in Zinacantan*, Stanford University Press, 1973.

Fachhai, Laiu, *The Maras*, Evangelical Church of Maraland Mission, Siaha, Mizoram, 1994.

Foucault, Michel, *The Archaeology of Knowledge* (1969), Routledge, 1972.

Foucault, Michel, *The Birth of the Clinic: An Archaeology of Medical Perception*, (translated by A. M. Sheridan Smith), Pantheon Books, New York, 1973.

Freud, Sigmund, *Totem and Taboo*, (translated by Abraham A.Brill), Cosimo, New York, 1918.

Gougin, T, *Discovery of Zoland*, Churachandpur, Zomi Press, Churachandpur, Manipur, 1980.

Grierson, G.A, *Linguistic Survey of India*, Vol-III, Part - III, (reprinted) Published by Motilal Banarsidass, Delhi 1967.

H. Sakhong, Lian, *In search of Chin Identity: A study in Religion, Politics and Ethnic Identity in Burma*, Nordic Institute of Asian Studies, 2003.

Habib, Irfan, *Atlas of The Mughal Empire*, Oxford University Press, Delhi, 1982.

Haldane, J. B. S, *Everything has a History*, London, 1951.

Hale, Austin, *Research on Tibeto-Burman languages*, Walter De Gruyter & Co., Berlin, 1982.

Hasnain, Nadeem, *Tribal India*, Palaka Prakashan, Delhi, 1996.

Haviland, William, Dana Walrath & Harold E.L. Prins, *Cultural Anthropology, The Human Challenge*, (12 edition), Thomson Wadsworth, 2006.

Heinz Ackerknecht, Erwin, *A short history of medicine*, Ronald Press Company, New York, 1959.

Heinz Ackerknecht, Erwin, *A short history of medicine*, Ronald Press Company, New York, revised edition, 1968.

Hiebert, Paul, *Cultural Anthropology*, J.B. Lippincott Company, Philadelphia, 1976.

Hobsbawm, Eric & Terence Ranger (ed), *The invention of tradition*, Cambridge University Press, 1983.

Hunt, Lynn, *The New Cultural History*, University of California Press, 1989.

Hutton, Ronald, *Shamans: Siberian Spirituality and the western Imagination*, Ronald Hutton, London, 2001.

J. Stern, Bernad, *Social Factors in Medical Progress*, New York, 1927.

Jain D C Pal, S.K, *Tribal Medicine*, Naya Prokash, Calcutta, 1998.

Jose Boban, K, *Tribal Ethnomedicine: continuity and change*, A.P.H Publishing Corporation, 1998.

Jyotir, *A Critical Appraisal of Ayurvedic Material in Buddhist Literature*, Varanasi, Jyotirlok Prakashan, 1985.

K. Niyogi, Tusar, *Faith Healing: Studies in Myths and Rituals in Medicine and Therapy*, Kolkata, 2006.

K.Naugle, David, *Worldview: The history of a concept*, Wm.B. Eerdmans Publishing Company, USA, 2002.

Kapferer, Bruce, *The feast of the sorcerer: practices of consciousness and power*, The University of Chicago Press, 1997.

Khaw Khai, Sing, *Zo People And Their Cultures; A Historical, Cultural Study and Critical Analysis of Zo And Its Ethnic Tribes*, Churachanpur, Manipur, 1995.

Khiangte, Laltluangliana, *Mizos of North East India: An introduction to Mizo culture, Folklore, Language & Literature*, Aizawl, 2008.

Kipgen, Mangkhosat, *Christianity and Mizo Culture*, The Mizo Theological Conference, Mizoram, 1996.

Kirsch, Stuart, *Reverse Anthropology: Indigenous Analysis of social and environmental relations in New Guinea*, Stanford University Press, 2006.

Kroeber, A.L, *Anthropology*, New York, 1948.

Kumar, Deepak, *Diseases and Medicine: A historical Overview*, Indian History Congress, Tulika Books, New Delhi. 2001.

Kuper, Adam, *The Reinvention of Primitive Society: Transformation of a myth*, Routledge, 2005.

L. Winzeler, Robert, *Anthropology and religion: what we know, think, and question*, AltaMira Press, 2008.

Lalramnghinglova, H, & Bishen Singh Mahendra Pal Singh, *Ethno-Medicinal Plants of Mizoram*, Dehra Dun, 2003.

Lalramnghinglova, J.H, Food plants, fruit plants and medicinal plants of Mizoram, Environment and Forest Department, Mizoram, 1992.

Lalrimawia, *Mizoram: History and Cultural Identity*, Spectrum Publications, Guwahati, 1995.

Landy, David (ed), *Culture, Diseases and Healing: studies in Medical Anthropology*, Macmillan Publishing Co.inc, New York, 1977.

Leach, Edmund, *Political systems of highland Burma: a study of Kachin social structure*, London, 1954.

Leach, Edmund, *Social Anthropology*, Fontana, 1982.

Lee Maddox, John, & A.G Keller, *Medicine man: A sociological Study of the Character and Evolution of Shamanism*, The Macmillan Company, New York, 1923.

Lehman, F.K, *The Structure of Chin Society*, Tribal Research Institute, Government of Mizoram, 1980.

Leslie, Charles and Allan Young (eds), *Paths to Asian Medical Knowledge*, University of California Press. 1992.

Leo Smith, Robert, *The Ecology of Man: An Ecosystem Approach*, New York, Second Edition, 1987.

Libby, Walter, *The history of Medicine: In its Salient Features*, The Riverside press, USA, 1922.

Lloyd, G.E.R, *Demystifying Mentalities*, Cambridge University Press, 1990.

M. Brandt, Allan, *Emerging Themes in The history of Medicine*, The Milbank Quarterly, Vol.69, No.2, 1991.

M. Dorson, Richard, (ed), *Folk Healers in Handbook of American Folklore*, Bloomington, Indiana University Press, 1983.

M. Good, Charles, *The Steamer Parish: The Rise and Fall of Missionary Medicine on an African Frontier*, Chicago and London, University of Chicago Press, 2004.

Mahanti, Neeti, *Tribal Ethno-Botany of Mizoram*, B. R. Publishing Corporation, 1994.

Malinowski, B, *Argonauts of the Western Pacific*, London and New York, Routledge, (first edition 1922), Reprint 1987.

Markham, C, *Colloquies on the Simples and Drugs of India*, London, 1913.

Middleton, John, & E. H. Winter, *Witchcraft and Sorcery in East Africa*, (first published in 1963), Routledge, 2004.

Mukhopadhyaya, G, *History of Indian Medicine*, (2 Vols) University of Calcutta Press, 1926.

Nag, Sajal, *Pied Pipers In North East-India, Bamboo-Flowers, Rat-Famine and the Politics of Philanthropy (1881-2007)*, Monohar, New Delhi, 2008.

Ortner, D.J, *Identification of pathological conditions in human skeletal remains*, (2nd edition). Academic Press, 2003.

Osborne, Milton, *Southeast Asia: An Introductory History*, (first edition 1979), Allen & Unwin, Australia, (10th edition) 2010.

Owen, Michael (ed), *Putting Folklore to Use*, The University Press of Kentucky, 1994.

P. Huntington, Samuel, *The Clash of Civilizations and the Remaking of World Order*, Free Press, London, 1996.

Pachau, Rintluanga, *Geography of Mizoram*, R.T Enterprise, Aizawl, 1994.

Paite In Mizoram, TRI, Aizawl, Mizoram, 1987.

Palit, Chittabrata & Achintya Kumar Dutta, *History of medicine in India: The medical encounter*, Corpus Research Institute, Kolkata, 2005.

Pande, P.C, D.S D Pokharia & JC Bhatt (ed), *Ethnobotany of Kumaun Himalaya*, Johdpur, Scientific Publisher, 1999.

Parsons, Talcott '*The social system*', (first edition 1951), Routledge, London, 1991.

Pati, B, & M. Harrison (ed), *Health, Medicine and Empire perspectives on colonial India*, Orient Longman Limited, New Delhi 2001.

Porter, Roy (ed), *The popularisation of medicine, 1650-1850*, London, Routledge, 1992.

R. H. Baker, Alan, *Geography and history: bridging the divide*, The Press Syndicate of the University of Cambridge, 2003.

Raimund Popper, Karl, *Conjectures and refutations: the growth of scientific knowledge*, Routledge & Kegan Paul, 2002.

Ramnghinglova, J.H, *Ethno-medicinal plants of Mizoram*, 2003.

Ray, Animesh, *Mizoram*, National Book Trust, India, New Delhi, 1993.

Rea, Carveth, *The Origin of Man and His Superstitions*, Cambridge University Press, 1920.

Read, Carveth, *The origin of man and his superstition*, Richard Clay & Sons LTD, 1920.

Redfield, Robert, *Tepoztlan, a Mexican village: A study in folk life*, University of Chicago Press, 1930.

Rees, Ben, *Vehicles of grace and hope: Welsh missionaries in India, 1800-1970*, William Carey Library, 2002.

Renouard, P.V, *History of medicine: From its Origin to the Nineteenth century*, New York, 1856.

Rivers, W. H. R, *Medicine, magic, and religion*, Kegan Paul, Trebner & Co., Ltd, 1924.

Roberts, C & K. Manchester; *The Archaeology of Disease*. 3rd Edition, Sutton Publishing, 2005.

Rudgley, Richard, *The Lost Civilizations of the Stone Age*, New York, 1999.

Sahlins, Marshall, *Island History*, University of Chicago Press, 1985.

Sahlins, Marshall, *Anahulu: The Anthropology of History in the Kingdom of Hawaii*, Vol.1: Historical Ethnography, University of Chicago Press, 1992.

Saikia, Yasmin, *Fragmented Memories: Struggling to be Tai-Ahom in India*, Duke University Press, 2004.

Saptawna, H.S, *Medicinal plants and selected traditional medicines*, Tahan-Kalemyo, 1990.

Scarre, Christopher, *Ancient Civilizations*, Rourke Publishing, USA, 2009.

Selin, Helain (ed), *Medicine across Cultures: History and Practice of Medicine in Non-Western Cultures. Science across Cultures: The History of Non-Western Science*, Vol. 3. Dordrecht: Kluwer Academic, 2003.

Sen, Amartya, *Identity and Violence: The illusion of Destiny*, Allen Lane, an imprint of Penguin Book, 2006.

Siddiqi, M.Z, *Studies in Arabic and Persian Medical Literature*, University of Calcutta Press, 1959.

Sindiga, Isaac, Chacha Nyaigotti Chacha & Mary Peter Kanunah, *Traditional medicine in Africa*, East African Educational Publishers, 1995.

Singh, S.N, *Mizoram, Historical Geography Social Economic Political and Administrative*, Mittal Publications, New Delhi, 1994.

Stevenson, H.N.C, *The Economics of The Central Chin Tribes*, TRI, Government of Mizoram, (Reprinted) 1986.

Stollberg, Gunnar, & Jens Lachmund (ed), *The Social Construction of Illness: Illness and Medical Knowledge in Past and Present*, Stuttgart: Steiner Verlag, 1992.

Strauss, Levi, *The Savage Mind*, (First Published in 1962 by Librarie Plon, 8, rue Garancière, Paris-6) University of Chicago press, 1966.

Strom, Donna, *Wind Through the Bamboo: The Story of Transform Mizo*, Evangelical Literature Service, Madras, (First Edition, 1983), July 1991.

Sudhoff, Karl, *Essay in the history of Medicine*, New York, 1926.

The State of Forest Report, 1993, Forest Survey of India (Ministry of Environment and Forest) Dehradun.

Usborne, Cornelia & Willem De Blecourt, *Cultural Approaches to the History of Medicine: Mediating Medicine in Early Modern and Modern Europe*, Palgrave Macmillan, 2004.

Vanlalchhuanawma, *Christianity and Subaltern Culture: Revival Movement as a Cultural Response to Westernization in Mizoram*, ISPCK, 2006.

Venkata Rao, V, H.Thansanga, Niru Hazarika, *A Century of Government And Politics in North-East India*, Volume III, Mizoram, S. Chand & Company PVT LTD, New Delhi, 1987.

Von Staden, Heinrich, '*Herophilus: the art of medicine in early Alexandria*', (edition, translation and essays), published by Press Syndicate of the University of Cambridge in 1989.

Vumson, Zo *History*, Aizawl, Mizoram, 1987.

William George, Black, *Folk-Medicine: A Chapter in the History of Culture*, London, 1883.

Wise, T.A, *Commentary on the Hindu System of Medicine*, Calcutta, 1845.

Wolinsky, F.D, *The Sociology of Health: Principles, Professions, and Issues*, Boston, Little, Brown and Company, 1980.

Wright, Peter & Andy Treacher (ed), *The Problem of Medical Knowledge: Examining the Social Construction of Medicine*, Edinburgh University Press, 1982.

Zimmer, H.R, *Hindu Medicine*, Baltimore, John Hopkins University Press, 1948.

Zorema, J, *Indirect Rule in Mizoram 1890-1954*, Mittal Publications, 2007.

Zysk, K.G, *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery*, New York, Oxford University Press, 1991.

B. Books in Mizo.

Challiana, Pastor, *Pi Pu Nun*, The Trio Book-House, Aizawl, 1976.

Chawngkunga, C, *Tualchhuak Damdawi, (Indian System of Medicine)*, Directorate of health & Family welfare, Government of Mizoram, Aizawl, 1996.

Dokhuma, James, *Hmanlai Mizo Kalphung*, Mizoram Publication Board, Aizawl, 1992.

Environment and Forest Tlangau, Vol. I. Conservator of Forest, Southern Circle, Mizoram, 1996.

Khama Chhakchhuak, K.L, *Zofate Nunphung Lamdang zel leh an hun tawnte*, Manipur, 1993.

Lalbiaknema, C, *Kan Chenna Mizoram*, Synod Literature and Publication Board, Aizawl, Mizoram, 1995.

Lalbiaknema, C, *Mizote Khawsak Dan*, Mizoram Publication Board, 2000.

Lalthangliana, B, 'Mizo Identity' in *Sabereka Khuangkaih*, Aizawl, February 1998.

Lalthangliana, B, *History and Culture of Mizo in India, Burma & Bangladesh*, Aizawl, 2001.

Lalthangliana, B, *Zotui (Studies in Mizo literature, Language, culture, History and Criticism)*, Aizawl, Mizoram, 2006.

Lalthanliana, Dr, *Mizo Chanchin (Kum 1900 Hma lam)*, Aizawl, 2000.

Liangkhaia, *Mizo Awmdan Hlui: Mizo mi leh thil hmingthangte leh Mizo Sakhua*, L.T.L Publication, 2008.

Liangkhaia, *Mizo Chanchin*, LTL Publications, Aizawl, (Reprinted), 2002.

Liangkhaia, *Mizo Chanchin*, Mizo Academy of Letters, Aizawl, Mizoram, 4th Edition, 1976.

Mizo Damdawi, (Upa Thurawn), Published by Mizo Upa Pawl, Head Quarters: Lunglei, 2000.

Mizo Sakhua: Kumpinu Rorel hma, TRI, Aizawl, Mizoram, 1983.

Mizoram District Gazetteers, Directorate of Art & Culture, Government of Mizoram, Education and Human Resources Department, Aizawl. 1989.

Nu, Remsangpuui, *Mizo Nunhlui leh Tunlai*, Aizawl, 2002.

Pawi Chanchin, TRI, Directorate of Education, Govt. of Mizoram, 1988.

Ramhmul Damdawite (Medicinal plants), Issued by Agriculture & Minor Irrigation, Mizoram, 2001.

Rokhuma, C, 'Chi-Seh'in Laltluangliana Khiangte, *Mizo Thuziak Thlan Chhuhate*, L.T.L Publications, Aizawl, 2001.

Rongenga, F, *Zofate Lo Khawsak Chhoh dan*, Aizawl, Mizoram, 2000.

Saiaithanga, Rev, *Mizo Sakhua*, Aizawl, 1994.

Siama, V.L, *Mizo History*, Lengchhawn press, Aizawl, Mizoram, (1st edition 1953), reprinted 1991.

V. Lunghnema, Col, *Mizo Chronicles*, New Bazar, Churachandpur, Manipur, 1993.

V.S Lalrinawma, Rev, *Mizo Ethos: Change and Challenges*, Mizoram Publication Board, 2005.

Z.T Sangkhuma, Rev, *Missionary-te Hnuhma*, Aizawl, 1995.

Zairema, *Pi pute biak hi*, Aizawl, 2009.

Zawla, K, *Mizo pipute leh an thlahte chanchin*, (6th edition) Zomi Book Agency, Aizawl, 1993.

Zoram Upa Pawl Thurawn Bu, Published by Zoram Upa Pawl, Aizawl, 1978.

C. Articles in Books.

Basham, A.L, 'The Practices of Medicine in Ancient and Medieval India', in Charles Leslie (ed), *Asian Medical Systems*, University of California Press, 1976.

Burling, Robbins, 'The Tibeto Burman Languages of Northeastern India', in Graham Thurgood & J. Randy (ed), *The Sino-Tibetan Languages*, Routledge, 2003.

Chynoweth Burnham, John, *What is medical history?*, Polity Press, UK. 2005.

Conrad, Peter & Joseph W. Schneider (ed), *Deviance and medicalization: from badness to sickness*, Temple University, USA, 1992.

E.Fissel, Mary, 'Making Meaning from the Margins: The New Cultural history of medicine', in Frank Huisman & John Harley Warner (eds), *Locating medical history: the stories and their meanings*, The Johns Hopkins University Press, 2004.

F.Kiple, Kenneth, 'The history of disease' in Roy Porter (ed), *The Cambridge illustrated history of medicine*, The Press Syndicate of the University of Cambridge, 1996.

Fissell, Mary, 'Making Meaning from the Margins: The New Cultural History of Medicine' in F Huisman & J. H Warner, (eds), *Locating Medical History: The Stories and their Meanings*, Hopkins University Press, 2004.

Fitzgerald, Rosemary, 'Clinical Christianity: the Emergence of Medical Work as a Missionary Strategy in Colonial India, 1800-1914' in David Hardiman (ed), *Healing bodies, saving souls: medical missions in Asia and Africa*, Welcome Series in the History of Medicine, Amsterdam & New York, 2006.

Gelfand, Toby, 'The Annales and Medical Historiography' in Roy Porter & Andrew Wear (ed), *Problems and methods in the history of medicine*, Croom Helm in Association with Methuen, inc.1987.

Goswami, B.B, 'The Mizos in the Context of State Formation' in Surajit Sinha (ed), *In Tribal Politics and State Systems in Pre-Colonial Eastern and North Eastern India*, Calcutta, 1987.

Greetz, Clifford, 'Thick Description: Towards an Interpretive Theory of Culture', in *The Interpretation of Cultures*, Basic Books, New York, 1973.

H. Kamkhenthang, Dr, 'Grouping of identity' in *In search of Identity*, Published by Kuki Chin Baptist Union, March, Manipur, 1986.

H. Sakhong, Lian, 'The origin of Chin' in K.Robin (ed), *Chin: History, Culture and Identity*, Dominant Publishers, New Delhi, 2009.

Halttunen, Karen, 'Cultural History and the Challenge of Narativity' in Victoria E. Bonnell & Lynn Hunt (ed), *Beyond the Cultural Turn*, Berkeley; University of California Press, 1999.

Hultkrantz, Ake, 'The Relation Between Medical states and Soul beliefs among Tribal Peoples', in Helaine Selin & Hugh Shapiro (ed), *Medicine Across Culture; History and Practices of Medicine in Non-western Cultures*, Kluwer Academic Publishers, 2003.

J. Good, Byron, 'The Narrative Representation of Illness' in *Medicine, Rationality, and Experience: An Anthropological Perspective*, Cambridge University Press, 1994.

Jenner, Mark, & B. Taithe, 'The Historiographical Body' in Roger Cooter and John Pickstone (ed), *Companion to Medicine in the Twentieth Century*, Routledge, 2003.

Lalkrawspari Pachuau, Joy, 'Chhinlung: Myth and history in the formation of an identity' in K. Robin (ed), *Chin: history, culture and Identity*, Dominant Publishers and Distributor, New Delhi, 2009.

Lalramnghinglova, J.H, 'Bamboo', in L.K Jha, *Natural Resource Management*, A.P.H.Publishing Corporation, New Delhi, 1997.

Lange, Raeburn, 'European Medicine in The Cool Islands', in Roy M. MacLeod, Milton James Lewis (ed), *Disease, medicine, and empire: perspectives on Western medicine and the experience of European Expansion*, Routledge, 1988.

Loux, Francoise, 'Folk Medicine' in Bynum and Porter (ed), *Companion Encyclopaedia of the History of Medicine*, Routledge, 1993.

Nag, Nag, 'God's Strange Means: Missionaries, Calamity and Philanthropy among the Lushais', in T.B Subba, Joseph Puthenpurakal & Shaji Joseph Puykunnel (ed), *Christianity and change in Northeast India*, Concept Publishing House Delhi, 2009.

Pahari, Subrata, 'Travails of Traditional Medicine' in Chittabrata Palit & Achintya Kumar Dutta (ed), *History of medicine in India: the medical encounter*, Corpus Research Institute, Kolkata, 2005.

Panikkar, K.N, 'Indigenous Medicine and Cultural Hegemony', in *Culture, Ideology, Hegemony: Intellectuals and Social Consciousness in Colonial India*, Tulika Books, New Delhi, 1995.

Patterson, T. J. S, 'The Relationship of Indian and European Practitioners of Medicine from the Sixteenth Century' in G. J. Meulenbeld and D. Wujastyk, *Studies on Indian medical History*, Groningen 1987.

Porter, Roy, 'The Historiography of Medicine in the United Kingdom' in F. Huisman & J. Warner (eds), *Locating Medical History: The Stories and Their Meanings*, Johns Hopkins University Press, Baltimore, 2004.

Porter, Roy, 'What is Disease' in Roy Porter (ed), *Cambridge Illustrated history of Medicine*, The Press Syndicate of the University of Cambridge, 1996.

Ramnghinglova, J. H, 'State of the Art: Report on Ethnomedicines and their plant resources in Mizoram', in Gian Singh, H.B. Singh and T.K. Mukherjee (eds.), *Ethnomedicine in North-East India*, 2003.

Ramnghinglova, J.H, 'Ethnobotany of Mizoram: A preliminary survey' in J.K. Maheshwari (ed), *Ethnobotany in South Asia*, Scientific Publishers, 1996.

Roberts, Michael, 'The anal school and historical writing' in Peter Lambert & Phillip R.Schofield (eds), *Making history: An introduction to the history and practices of a discipline*, Routledge, 2004.

S. Prim Vaiphei, Rev, 'who we are/ who are we?' in *In Search of Identity*, Published by Kuki-Chin Baptist Union, Manipur, March 1986.

Sharma, Manorama & J.B Bhattacharjee, 'Historical Research In North-East India: Trends And Directions' in Tarasankar Banerjee (ed), *Indian Historical Research Since Independence*, Naya Prokash, Calcutta, 1987.

Sharpe, Jim, 'History From Below' in Peter Burke (ed), *New Perspectives on Historical Writing*, Blackwell Publishers, 2001.

Van Driem, George, 'Neolithic Correlates of Ancient Tibeto-Burman Migrations' in R. Blench & Matthew Spriggs, *Archaeology and Language: Correlating archaeological and linguistic hypotheses*, Routledge, 1998.

Vanlalhruaia, H, 'History, Culture and worldview: The Traditional Ecological Knowledge of the Lusei' in K.Robin (ed), *Chin: History, Culture and Identity*, Dominant Publishers, New Delhi, 2009.

Vansina, Jan, 'One Upon a time: Oral traditions as history in Africa', in *Daedalus*, Vol. 100, No. 2, The Historian and the World of the Twentieth Century, Spring, 1971.

Zola, I, 'Medicine as an institution of social control' in P. Conrad & R. Kern (eds.), *The sociology of health and illness*, St. Martin's Press, New York, 1986.

D. In Journals.

A. Gould, Harold, 'The Implications of Technological Change for Folk and Scientific Medicine' in *American Anthropologist*, New Series, Vol. 59, No. 3, 1957.

A. Hasan, Khwaja, 'What Is Medical Anthropology?', in *Medical Anthropology Newsletter*, Vol. 6, No. 3, May, 1975.

'Ancient Hindu-Aryan Medicine', in *The British Medical Journal*, Vol. 2, No. 3853, Nov. 10, 1934.

Arnott, Robert, 'Healing and medicine in the Aegean Bronze Age' in *Journal of the Royal Society of Medicine*, Vol.89 May, 1996.

Barrett, T & P.B Rossiter, 'Rinderpest: the disease and its impact on humans and animals' in *Advances in virus research*, Vol. 53, 1999.

Bhardwaj, Sujata, & S.K. Gakhar, 'Ethnomedicinal plants used by the tribals of Mizoram to cure cut and wounds', *Indian Journal of Traditional Knowledge*, Vol.4, No.1, January, 2005.

Bhasin, Bhasin, 'Medical Anthropology: A Review' in *Ethno-Medicine*, Vol.1, No.1, 2007.

Blackburn, Stuart, 'Oral Stories and Culture Areas: From Northeast India to Southwest China' in *South Asia: Journal of South Asian Studies*, Vol. 30, No.3, 2007.

Boorse, Christopher, 'Health as a Theoretical Concept', in *Philosophy of Science*, Vol. 44, No. 4. Dec 1977.

Brelsford, W.V, 'Insanity among the Bemba of Northern Rhodesia' in *Africa: Journal of the International African Institute*, Vol. 20, No. 1, January, 1950.

Bundy Wilson, Charles, 'Notes on Folk-Medicine', in *The Journal of American Folklore*, Vol. 21, No. 80, 1908.

C. Scott, James, 'Protest and Profanation: Agrarian Revolt and the Little Tradition, Part I', in *Theory and Society*, Vol. 4, No. 1, Spring, 1977.

_____, 'Protest and Profanation: Agrarian Revolt and the Little Tradition, Part II', in *Theory and Society*, Vol. 4, No.2, June, 1977.

Chena, Shangwu, Qingsong Hua, Yi Xiea, Lingjun Zhoua, Chunjie Xiaob, Yuping Wua & Anlong Xu, 'Origin of Tibeto-Burman speakers: Evidence from HLA allele distribution in Lisu and Nu inhabiting Yunnan of China', in *Human Immunology*, Vol. 68, Issue 6, June 2007.

Cordaux, Richard, Gunter Weiss, Nilmani Saha & Mark Stoneking, 'The Northeast Indian Passageway: A Barrier or Corridor for Human Migrations?', *Molecular Biology and Evolution*, Vol.21, No.8, 2004.

D. Nerkenwald, Alan, 'Lingua Medica: In the Name of Medicine', in *Annals of Internal medicine*, Vol.128, No.3, February, 1998.

D. Pellegrino, Edmund, 'Medicine, History, and the Idea of Man' in *Annals of the American Academy of Political and Social Science*, Vol. 346, Medicine and Society, March, 1963.

De Laguna, Frederica, 'Levy-Bruhl's Contributions to the Study of Primitive Mentality' in *The Philosophical Review*, Vol. 49, No. 5, September, 1940. pp. 552-566.

Dhar, H.L, Primitive society, health & elderly, in *Indian Journal of Medical Sciences*, Vol.54, Issue. 3, 2000.

Dumont, L & D. Pocock, 'Village Studies' in *Contributions to Indian Sociology*, Vo.1, 1957.

Duncan, Wm, 'Mortality among Native Followers in Burmah', in *The British Medical Journal*, Vol. 1, No. 1642, Jun. 18, 1892.

E. Clements, Forrest, 'Primitive Concepts of Disease' in *American Archaeology and Ethnology*, Vol. 32, No. 2, 1932.

Elizabeth Tonkin, Elizabeth, 'Investigating Oral tradition' in *Journal of African history*, Vol. 27, 1986.

Emrich, Duncan, 'Folk-Lore: William John Thoms', in *California Folklore Quarterly*, Vol. 5, No. 4. 1946.

F. Clifford, Rose, 'Historiography: An Introduction', *Journal of the History of the Neurosciences*, Vol. 11, No. 1, 2002.

Faris, Ellsworth, 'Pre-Literate Peoples: Proposing a new term' in *American Journal of Sociology*, Vol. 30, 1925.

Foster, George, 'Medical Anthropology: Some Contrasts with Medical Sociology', in *Medical Anthropology Newsletter*, Vol. 6, No. 1, 1974.

Foster, Robert, 'Achievement of the Annales School' in *The Journal of Economic history*, Vol.38, No.1, 1978.

G. Bates, Don, 'Why not Call Modern Medicine "Alternatives"?', in *The ANNALS of the American Academy of Political and Social Science*, Vol. 583, No. 1, 2002.

G. Siraisi, Nancy, 'Some Current Trends in the Study of Renaissance Medicine' in *Renaissance Quarterly*, Vol. 37, No. 4, 1984.

G. Solheim II, Wilhelm, 'Southeast Asia': "What's in a Name", Another Point of View' in *Journal of Southeast Asian Studies*, Vol. 16, No. 1, March, 1985.

Garg, N.K, 'Interaction in Chemistry and Medicine Between Indian and Europe in 18th-19th Century', in *Indian Journal of history of Science*, Vol.16, No.2, 1981.

Girach, R.D, Aminuddin & Mushtaq Ahmad, 'Medicinal Ethnobotany of Sundargarh, Orissa, India', in *Pharmaceutical Biology*, Vol. 36, No. 1, 1998.

Grossmann, Ellen N, 'Herbs in Folk Medicine', *Western Folklore*, Vol. 16, No. 4, October, 1957.

Guha, Amalendu 'The Ahom Political System: An Enquiry into the State Formation Process in Medieval Assam (1228-1714)', in *Social Scientist*, Vol. 11, No. 12, 1983.

Guha, Ranajit 'On Some Aspects of the Historiography of Colonial India,' in *Subaltern Studies I*. Delhi, 1982.

H. Ackerknecht, Erwin, 'Psychopathology, Primitive Medicine and Primitive Culture' in *Bulletin of the History of Medicine*, Vol. XIV, 1943.

H. Brieger, Gert, 'Bodies and Border; A new cultural History of Medicine', in *Perspective in Biology and Medicine*, Vol. 47, No.3. 2004.

- H. Bohigian, George, 'The history of the evil eye and its influence on ophthalmology, medicine and social customs', in *Documenta Ophthalmologica*, Vol. 94, 1997.
- Hamilton, C.A, 'Ideology and Oral Traditions: Listening to the Voices 'From Below'', in *History in Africa*, Vol. 14. 1987.
- Handler, Richard & Jocelyn Innekin, 'Tradition, Genuine or Spurious' in *Journal of American Folklore*, Vol. 97, No. 385, July - September, 1984.
- Hazarika, Manjil, 'Archaeological research in North-East India: A critical review', in *Journal of Historical Research*, Vol. XVI, 2008.
- Hufford, David, 'Folklore Studies Applied to Health', in *Journal of Folklore Research*, Vol. 35, No. 3, September - December, 1998.
- Hunt, Lynn, 'French History in the Last Twenty Years: The Rise and Fall of the Annales Paradigm' in *Journal of Contemporary History*, Vol. 21, No. 2, Twentieth Anniversary Issue, April, 1986.
- Hutton, J.H, 'Some Astronomical Beliefs in Assam', in *Folklore*, Vol. 36, No. 2, June, 30, 1925.
- J. Gurevich, Aaron, 'Medieval culture and mentality according to the new French historiography' in *European Journal of Sociology*, Vol. 24, 1983.
- Jennings, Michael, 'Healing of Bodies, Salvation of Souls: Missionary Medicine in Colonial Tanganyika, 1870s-1939' in *Journal of Religion in Africa*, Vol. 38, No. 1, 2008.
- K.Emmerson, Donald, 'Southeast Asia": What's in a Name?' in *Journal of Southeast Asian Studies*, Vol. 15, No. 1, March, 1984.

Kovacs, Jozsef, 'The concept of health and disease' in *Medicine, Health Care and Philosophy*, Vol.1, 1998.

Kumar Sharma, Hemanta, Lalrampari Chhangte & Ashoke Kumar Dolui, 'Traditional medicinal plants in Mizoram, India', in *Fitoterapia*, Vol. 72, Issue 2, February 2001.

L Sajem, Albert & Kuldip Gosai; 'Ethnobotanical Investigation among the Lushai Tribes in North Cachar Hills district of Assam, Northeast India', in *Indian Journal of Traditional Knowledge*, Vol.9, No.1, January, 2010.

L. Numbers, Ronald, 'The History of American Medicine: A field of Ferment', in *Reviews in American History*, Vol.10, No.4, 1982.

L.Numbers, Ronald, 'The history of American medicine: A field of ferment' in *Review in American History*, Vol.10, No.4, 1982.

Lalfakzuala, R, H.Lalramnghinglova & H Kayang, 'Ethnobotanical Usages of plants in western Mizoram', in *Indian Journal of Traditional Knowledge*, Vol. 6, No.3.

Lalramnghinglova, H, & L.K. Jha, 'New records of ethnomedicinal plants from Mizoram', in *Ethnobotany* Vo.11.1999.

Lalramnghinglova, H, 'Ethnobiology in Mizoram state: Folklore, Medico-Zoology', in *Bulletin of the Indian Institute of History of Medicine*, Vol. XXIX, 1999.

Lamba, R. and S. Mehta, 'Priorities in Indian medicine: a tribal perspective', in *Indian Anthropologist*, Vol.25, 1995.

Larsen, C.S, 'Bioarchaeology: The Lives and Lifestyles of Past People', in *Archaeological Research*, Volume 10, Number 2, June 2002.

Lederman, R, 'Globalization and the Future of Culture Areas: Melanesianist Anthropologist in transition', in *Annual Review of Anthropology*, Vol.27, 1998.

Lewinsohn, Rachel, 'Medical theories, science, and the practice of medicine' in *Social Science & Medicine*, Vol. 46, 1998.

Luce, Gordon, 'Old Kyaukse and the coming of Burma' in *Journal of Burma Research Society*, Vol. XLII, June, 1959.

M. Foster, George, 'Disease Etiologies in Non-Western Medical Systems' in *American Anthropologist*, New Series, Vol. 78, No. 4, December, 1976.

M. Schullian, Dorothy, 'A Decade of Medical Historiography', in *Journal of the Medical Library Association*, Volume. 45, No. 3, July, 1957.

Mckay, Alex, 'Towards a history of medical Missions', in *Medical History*, Vo.51, No. 4, 2007.

Medicine In India (report), in *The British Medical Journal*, Vol. 2, No. 3802, Nov. 18, 1933.

Morse, Robert & Betty Morse, 'Oral Tradition and Rawang Migration Routes' in *Artibus Asiae. Supplementum*, (Essays Offered to G. H. Luce by His Colleagues and Friends in Honour of His Seventy-Fifth Birthday. Volume-1: Papers on Asian History, Religion, Languages, Literature, Music Folklore, and Anthropology), Vol. 23, 1966.

Nye, Robert, 'The Evolution of the Concept of Medicalization in the Late Twentieth Century', *Journal of History of the Behavioural Sciences*, Vol.39, 2003.

O. Ranger, Terence, 'Godly medicine: The ambiguities of medical mission in Southeast Tanzania, 1900-1945' in *Social Science & Medicine. Part B: Medical Anthropology*, Vol.15, No.3, July 1981.

Porter, Roy, 'The Patient's View: Doing History from Below', in *Theory and Society*, Vo.14, No. 2, 1985.

R. Albury, W 'Broadening the Vision of the history of medicine', in *Health & History*, Vol.7. No.1, 2005.

R. H. Baker, Alan, 'Classifying Geographical History' in *The Professional Geographer*, Vo. 59, No. 3, 2007.

R. King, Charles, 'The historiography of Medical history: From great men to Archaeology' in *Bulletin of the New York Academy of Medicine*, Vol. 67, No.5, 1991.

Raikka, Juha, 'The social Concept of disease' in *Theoretical Medicine*, Vo.17, 1996.

Rajpramukh, K.E, 'Anthropological Dialectics in Illness and Indigenous Knowledge', in *Anthropology Today: Trends, Scope and Application (special volume)*, No.3, 2007.

Ramnghinglova, J.H, 'Ethnobiology in Mizoram: Folklore Medico-Zoology', In *Bulletin of the Indian Institute of the History of Medicine*, Hyderabad, Vol.29, No.2, July, 1999.

Ramnghinglova, J.H, 'Ethnobotany of Mizoram: A preliminary Survey', In *Journal of Economic and Taxonomic Botany, Additional Series*, Vol. 12, 1996.

Sarton, George, 'Lunar Influences on Living Things', In *Isis*, Vol. 30, No. 3, August, 1939.

Schultz, M, 'Paleohistopathology of bone: A new approach to the study of ancient diseases' in *Physical Anthropology*, 2001.

Siddiqi, Tazimuddin, 'Unani Medicine in India During the Sultanate' in *Indian Journal of history of science*, Vol. 15, No.1, May 1980.

Special Number on traditional knowledge of North East India, in 'Indian Journal of traditional Knowledge', Vol.4, No.1. January 2005.

Vanlalringa Bawitlung, Dr, 'Socio-Economic History of The Mizo With Special Reference to Chiefs' on *Historical Journal Mizoram*, Vol. II, Issue II, Published by Mizo History Association, July 2001.

W. Schneider, Gregory, & Mark J. De Haven, 'Revisiting the Navajo Way: lessons for contemporary healing', in *Perspectives in Biology and Medicine*, Vol. 46, No.3, Summer 2003.

Wissler, Clark, 'The Culture-Area Concept in Social Anthropology' in *The American Journal of Sociology*, Vol. 32, No. 6, May, 1927.

Worsley, Peter, 'Non Western Medical Systems' in *Annual Review of Anthropology*, Vol. 11, 1982.

Wukastyk, Dominik, 'Change and Creativity in early modern Indian Medical thought', in *Journal of Indian Philosophy*, Vo. 33, 2005.

Young, Allan, 'The Anthropologies of Illness and Sickness' in *Annual Review of Anthropology*, Vol.11, 1982.

Zochungnunga, 'Survey of Pre-colonial Mizo Economy' in *Pialral: Historical Journal of Mizoram*, Vol-V, MHA, December 1995.

E. Encyclopaedia.

Aufderheide, A.C & C. Rodriguez-Martin (ed), *The Cambridge Encyclopaedia of Human Paleopathology*, Cambridge University Press, 1998.

Brieger, GH, The historiography of medicine, in WF Bynum & Roy Porter (ed), *Companion encyclopaedia of the history of medicine*, Routledge, London, Vol 1. 1993.

Dominic, 'Indian Medicine' in W.F. Bynum & R. Porter (ed), *Companion Encyclopaedia of the History of Medicine*, Vol. 1. London: Routledge, 1993.

Douglas, Mary, *Purity and Danger*, Routledge, 1996.

Last, Murray, 'Non-Western Concepts of Disease' in W F. Bynum & Roy Porter, *Companion Encyclopaedia of the history of medicine*, Volume 1, Routledge, 1993.

R. Ember, Carol, & Melvin Embe, *Encyclopaedia of Medical Anthropology: Health and Illness in World's cultures*, Vol.2, Springer, New York, 2004.

F. Proceedings and Key note address.

Chatterjee, Suhash, 'Early History of the Mizos', in *Proceeding of North East India History Association*, Ninth Session, Guwahati, 1988.

Ethnobotany of North-East region of India-Bibliography, in *Ethnomedicine of North-East India, Proceedings of Traditional knowledge base on herbal medicines and Plant Resources*

of North-East India: Protection, Utilization and Conservation 13-15 March 2001, Organised by National Institute of Science Communication, CSIR, New Delhi, 2003.

Kumar, Deepak, 'History of Medicine in South Asian-Some concerns, some questions', *Keynote Address at the first Conference of the Asian Society for the History of Medicine, Institute of History & Philology, Academia Sinica, Taipei, 4-8 November 2003.*

Hazarika, Manjil, 'Prehistoric importance of Northeast India: Some theoretical considerations', in *Proceedings of North East India History Association, Vol. 28, 2008.*

Singh, Gian, HB Singh & TK Mukherjee (ed), *Ethnomedicine of North-East India: Proceeding of National Seminar on traditional Knowledge Base on Herbal Medicines and Plant Resources of North East India-Protection, Utilization and Conservation, 13-15 March 2001, Guwahati, Assam, National Institute of Science Communication and Information Resources, 2003.*

Tagungsbericht, Health, Medicine and CulturalHistory, 30.01.2004, Stockton, UK. In: H-Soz-u-Kult 23.02.2004.

G. Unpublished Private Manuscripts.

Malsawmdawngliana, 'The Paradox of Mizo Indentity: In Search of that Elusive Nomenclature', 2009.

Sailo, S, 'A Sign Of Hope For The Jhummys In Tripura' 2003

Sangkima, *Sources of The History of Mizoram, (private Manuscript),*

H. Unpublished M.A, M.Phil dissertations and Ph.D Thesis Papers.

Jackson, Kyle, *Mizos, Missionaries, and Medicine: Religious and Medical Contact in Lushai Hills*, M.A dissertation, School of Oriental and African studies, University of London, 15 September 2009.

Lalzarzoa, *Traditional Religious belief and Practices of the Lusei in pre-modern period*, Unpublished M.Phil Dissertation, Department of History, University of Hyderabad, 2008.

Lalpekhluva, L.H, *A study of Christology from A tribal Perspective with special reference to Mizoram, Northeast India*, Unpublished thesis, Doctor of Philosophy in Theology, The University of Auckland, 2005.

Ralte, Lalrinawmi, *Crab theology: a Critique of patriarchy: cultural degradation and empowerment of Mizo women*. Episcopal Divinity School, UMI Dissertation Services, A. Bell & Howell Company, Michigan, U.S.A, 1993.

Ramnghinglova, J.H, *Studies on Plants of Ethnobotanical Importance in The tropical Wet Evergreen Forest of Mizoram*, Unpublished Ph.D paper, submitted to Dept of Forestry, NEHU, 1998.

Vanlalhruaia, H, *Agrarian System of Mizos in Pre-Colonial Period*, Unpublished M.Phil Dissertation, Department of History, University of Hyderabad, 2004.

I. Webbliography

A History of Subaltern Healing in South Asia,
<http://www2.warwick.ac.uk/fac/arts/history/chm/research/subalternhealing/fulldescription>. Retrieved on February, 2010.

Balasubramanian, V, *Social organization of knowledge in India: Folk and Classical*. Paper presented in a national seminar on – ‘Indian Knowledge Systems’ held at the Indian Institute of Advanced Studies, Shimla, 27-29 September, 2003. <http://www.ciks.org/article2.htm>, Retrieved on 21. December 2009.

Bevir, Mark, ‘On tradition’, in *Humanitus*, Volume. XIII, No. 2, 2000. pp. 28-53. www.nhinet.org/bevir13-2.pdf. Retrieved on 12.12.2009.

J. Hufford, David, ‘Cultural Diversity, Alternative Medicine, and Folk Medicine’, in *New Directions in Folklore (formerly the Impromptu Journal)*, Issue-1, July 1997. <http://www.temple.edu/isllc/newfolk/medicine.html>. Retrieved on 22, February 2010.

Klaus Bergdolt, Klaus, ‘History of Medicine and Concepts of Health’ *The Croatian Medical Journal*, March, 1999, Vol.40. No.2. www.cmj.hr/1999/40/2/10234052.pdf. Retrieved on 5 January, 2010.

Kochhar, Rajesh, *The Truth behind the legend: European doctors in pre-colonial India*, in <http://www.ias.ac.in/jbiosci/september1999/article2.htm>, Retrieved on 12 January, 2010.

Balasubramanian, V, ‘Social organization of knowledge in India: Folk and Classical’, Text of presentation made at the national seminar on *Indian Knowledge Systems* held at the Indian Institute of Advanced Studies, Shimla, 27-29 September, 2003. <http://www.ciks.org/article2.htm>. Retrieved on 21, December 2009.

McFadden, Steven, ‘Whirling Rainbow Makes National News’ in *Chiron Communiqué*, Vol.7 No.5, May 2002. <http://www.chiron-communications.com/communique%207-5.html>. Retrieved on 12.1.2010.

Marshal Robert, Field, *Forty-one years in India: from subaltern to commander-in-chief*, (first published, London, 1897), reprinted, New Delhi, 2005.

<http://www.ebooksread.com/authors-eng/frederick-sleigh-roberts/forty-one-years-in-india-8-8/page-39-forty-one-years-in-india-8-8.shtml>. Retrieved on 3. 9.2009.

WHO (2002) *WHO Traditional Medicine Strategy 2002–2005*. World Health Organization Geneva.

www.who.int/hq/2002/who_edm_trm_2002.1.pdf. Retrieved on 3.7.2009.

World Health Organization, the term 'traditional medicine'
<http://www.who.int/medicines/areas/traditional/definitions/en/index.html>,
Retrieved on 14.November, 2009.

W. Voss, Richard, & Victor Douville & Alex Little Soldier & Gayla Twiss, 'Tribal and Shamanic-based social work practice: a Lakota perspective' in *Social Work*, May 01, 1999.
<http://www.accessmylibrary.com/article-1G1-54772595/tribal-and-shamanic-based.html>, Retrieved on 29 July 2009.

Thagard, Paul, '*The Concept of Disease: Structure and Change*',
<http://cogsci.uwaterloo.ca/Articles/Pages/Concept.html>, Retrieved on 3.1.2010.

J. Working Paper.

Knudsen, J, 'Beyond cultural relativism? Tim Ingold's ontology of dwelling' in *Chr. Michelsen Institute Development Studies and Human Rights, working paper*, 1998.

K. Interviews.

Bualiangi; (80 yrs old), S.Vanlaiphai, Mizoram on 17 December 2006.

Mokia, S, Proof reader, Art and Cultures, M.A.D.C on 13th February 2002.

S.Hrachu, Proof reader, Art and Cultures, M.A.D.C on 13th February 2002.

Rokhuma, C, on 15th March, 2007 at his residence, Mission Vengtlang, Aizawl, Mizoram.

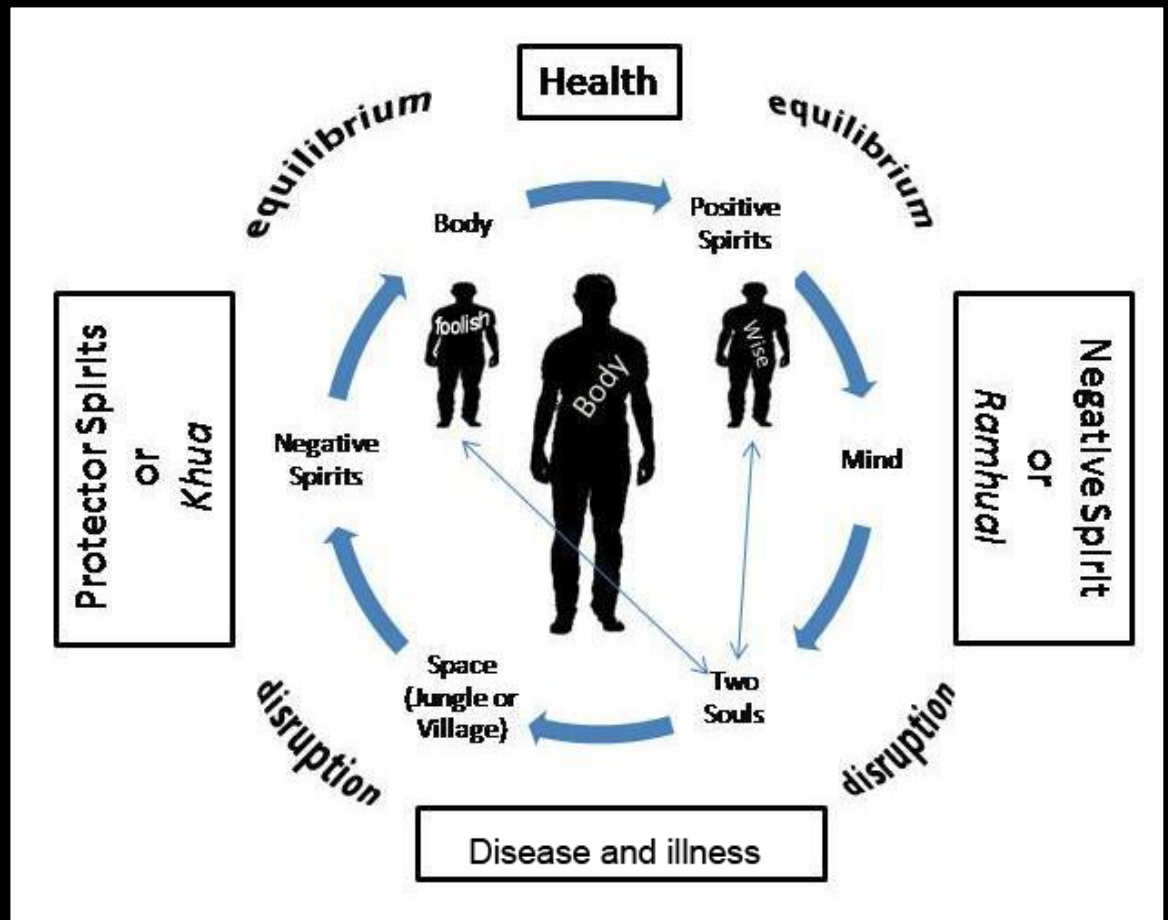
L. Annual Magazine.

Ralte, Lalrinawmi, 'Land Holding Systems in Mizoram, A Feminist Critique' in *Chhinlung: The Annual Journal of Bangalore Mizo Association 2006-2007*, Vol.XVIII, Bangalore Mizo Association, 2007.

APPENDICES

Appendix: A

Illustration of Mizo conceptualization of Health and Diseases



Appendix: B

Some Medicinal Plants In Mizoram

(Documented by Environment & Forests Department, Government of Mizoram)

| Sl. No | Diseases/Ailments | Name of Medicinal Plant | Local name |
|--------|--|--|----------------------------|
| 1 | Ethno medicinal | 1. <i>Eupatorium cannabinum</i> | Hlothar |
| | | 2. <i>Curculigo grassifolia</i> | Phaiphek |
| | | 3. <i>Callicarpa arborea</i> | Hnahkiah |
| | | 4. <i>Mikania micrantha</i> | Japan-hlo |
| | | 5. <i>Lasianthus hirsutas</i> | Changneithing |
| | | 6. <i>Musa spp.</i> | Changel |
| 2 | Fever & Malaria | 1. <i>Heyotes scandens</i> | Kelhnamtur / Laikingtuibur |
| | | 2. <i>Justicia adhatoda</i> | Kawldai |
| | | 3. <i>Picrasma javanica</i> | Thingdamdawi |
| | | 4. <i>Swertia angustifolia</i> | Khawsik damdawi |
| | | 5. <i>Vitex peduncularis</i> | Thinghawilu |
| 3 | Asthma & Tuberculosis | 1. <i>Goniothalamus sesquipedalis</i> | Khâm |
| | | 2. <i>Stemona tuberosa</i> | Kalmam |
| 4 | Calculi, stones in kidney/Gall bladder | 1. <i>Costus speciosus</i> | Sum-bul |
| | | 2. <i>Hedyotis scandens</i> | Kelhnamtur |
| | | 3. <i>Lobelia angulata</i> | Choakthi |
| | | 4. <i>Mimosa pudica</i> and <i>M. invisa</i> | Hlonuar & Hlonuarvar |
| 5 | Kidney & Urinary troubles. | 1. <i>Scoparia dulcis</i> | Perhpawngchaw |
| | | 2. Combination of <i>Desmos chinensis</i> and <i>D. dumosa</i> | Zunin damdawi |
| | | 3. <i>Begonia spp.</i> | Sekhupthur |
| 6 | High Blood Pressure | 1. <i>Alstonia scholaris</i> | Thuamriat |
| | | 2. <i>Centella asiatica</i> | Hnahbial/Lambak |
| | | 3. <i>Clerodendrum colebrookianum</i> | Phuihnam |
| 7 | Diabetes | 1. <i>Picrasma javancia</i> | Thingdamdawi |
| | | 2. <i>Phyllanthus fraternus</i> | Mitthisunhlu |
| | | 3. Combination of <i>Plantago erosa</i> | Kelba-an |
| | | <i>Lobelia angulata</i> and | Choakthi |
| | | <i>Inula cappa</i> | Buarthau |

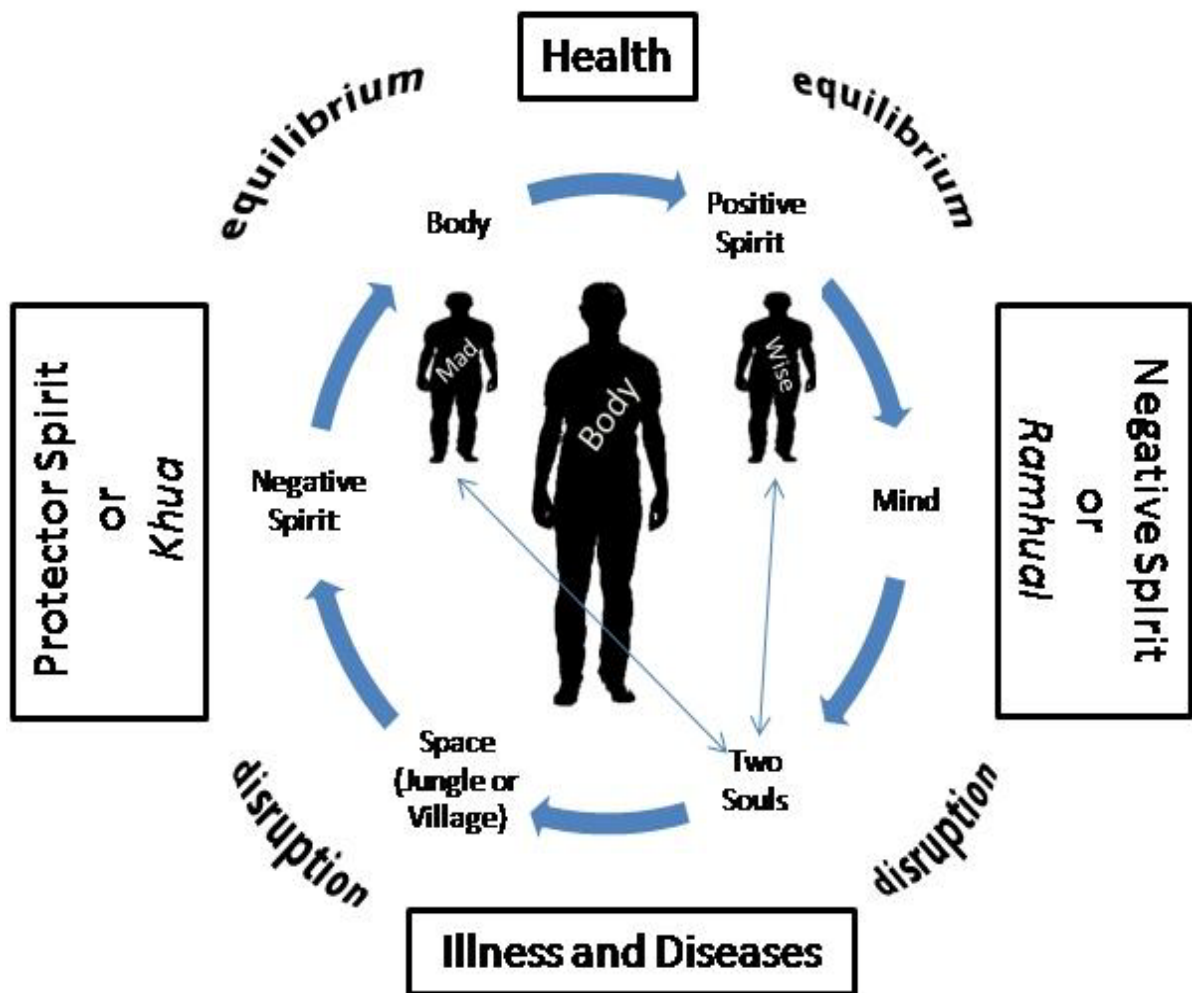
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|----|------------------------------------|---|----------------------|
| 8 | Stomachache, Colic & Stomach ulcer | 1. <i>Aporusa octandra</i> | Chhawntual |
| | | 2. <i>Baccaurea ramiflora</i> | Pangkai |
| | | 3. <i>Helicia robusta</i> | Sialhma |
| | | 4. <i>Saraca asoca</i> | Mualhawih |
| | | | |
| 9 | Diarrhoea & Dysentery | 1. <i>Chikrassia tabularis</i> | Zawngtei |
| | | 2. <i>Dillenia indica</i> | Kawrthindeng |
| | | 3. <i>Scoparia dulcis</i> | Perhpawngchaw |
| | | | |
| 10 | Jaundice & Hepatomegaly | 1. <i>Gmelina arborea</i> | Thlanvawng |
| | | 2. <i>Mallotus roxburgiana</i> | Zawngtenawhlung |
| | | | |
| 11 | Fracture of bone | <i>Combination of Rhaphidophora decursiva &</i> | Tu-bâl |
| | | <i>Pathos jambea and</i> | Lehpong (Bru) |
| | | <i>Angiopteris evecta and</i> | Kawk-sa-kê |
| | | <i>Callicarpa macrophylla</i> | Hnahkiah |
| | | | |
| 12 | Ethno gynaecology | 1. <i>Chonemorpha fragrans</i> | Phungtheikelki |
| | | 2. <i>Elaeagnus caudata</i> | Sarzukpui |
| | | 3. <i>Saraca asoca</i> | Mualhawih |
| | | | |
| 13 | Cancer | <i>Combination of Claoxylon hassianum and</i> | Nagabang (Bru) |
| | | <i>Celerodendrum wallichii &</i> | Trabuta (Bru) |
| | | <i>Mussaenda macrophylla &</i> | Va-kep |
| | | <i>Phlogacanthus thyrsoformis and</i> | Khumtiangkohha (Bru) |
| | | <i>Thevesia pamata</i> | Chapau (Bru) |
| | | | |
| 14 | Snake bite | <i>Mussaenda macrophylla</i> | Va-kep |
| | | | |
| 15 | Insect-bite | <i>Schima wallichii</i> | Khiang |
| | | | |
| B. | Ethno-veterinary | 1. <i>Congea tomentosa</i> | Huaibawkhru |
| | | 2. <i>Erythrina stricta</i> | Fartuahpui |
| | | 3. <i>Dillenia pentagyna</i> | Kaihrawl |

Courtesy: Environment and Forest, Government of Mizoram.

http://envformizo.in/forest/medicinal_inuse.htm (Retrieved on 3. 1. 2010)

Appendix:I

Illustration of Mizo conceptualization of Health and Diseases



(ABSTRACT)

**A HISTORY OF TRADITIONAL MEDICINE OF
MIZORAM IN PRE-MODERN PERIOD**

*A Thesis submitted to the University of Hyderabad for the award of the
degree of*

Doctor of Philosophy

In

History

By

H.Vanlalhruaia

Supervised by

Prof. R.L Hangloo

The present thesis investigates how ‘little tradition’ of stateless Asian societies conceptualized and responded to disease, illness and health, by focusing on Mizo cultural space in pre-colonial period (second half of the 19th century to first half of the 20th century). The management of health and diseases in Mizo cultural space was thus closely related to traditional worldview as well as the formation and changing nature of social and political structure of pre-modern Mizo society. The word ‘tradition’ in this paper can be understood as it is created in a manner that reflects the medical traditions of the communities, therefore not relating to the nature of the tradition itself, but to the way in which that tradition is created, preserved and disseminated. The term "traditional" does not necessarily imply that the system is old, non-scientific or non technical in nature, but ‘traditional-based’.

The objective of the present thesis is not mere chronicling of the past but selectively traces in order to locate discontinuity and fracture of the Mizo historical past through their medical practices thereby understand the society in a larger context. The thesis examined the relationship between medical theories, causation, classification, preventive care and remedies, the roles of practitioners and institutions, and the impact of medicine’s relationship to the social, cultural, and technological environments in which it is constructed and practiced. Furthermore, the central concern of the present thesis is not to identify the accuracy of Mizo medical practice, but rather to analyze the meaning of traditional methods (rituals or empirical methods) and the role of healers in pre-modern Mizo community lives.

The method employed in this thesis is particularly drawn from the cultural history and popular culture of both semantic and empirical approaches. Cultural history often combines recursive discourse approaches of anthropology and history to look at ‘popular cultural traditions’ and cultural interpretations of people’s experience. It examines the records and narrative descriptions (oral tradition) of past knowledge, customs, tradition or worldview. The present thesis also outlined that it is imperative to see the way of understanding the past which emphasizes on the ways that groups and individuals, in competition with one another, construct the meanings that guide their interpretations of the changing world.

The present thesis largely draw its sources from the colonial and missionary reports in the form of anthropological and ethnographic works which brought out aspects of political, social, and economic life of the Mizos. In addition, the oral tradition extracted from recent recollection of pre-modern past by local oral historian and extensive fieldwork in present state of Mizoram has been great important.

The thesis is divided into five chapters. Chapter one discussed the introductory part which gives an explanation of concepts, definitions, and historical review of medical literatures from earliest time to present period. The second chapter focused on the 'Mizo cultural space' in the backdrop of South Asian cultural history. Chapter three covers the traditional representation of health and diseases in Mizo cultural space. The fourth chapter explores the traditional Medicine and healing practices in Mizo cultural space. The final chapter shows that history of traditional medicine deliberately enriches the historical discourse as well as help to understand society as a whole in a historical context.

Alexander Mackenzie, *The North East Frontier Of India*, (first published in 1884), Mittal Publications, New Delhi, (*reprinted*) 2003.

T.H Lewin; *Wild Races of South-Eastern India*, Wm Allen & Co, UK, 1870.

T.H Lewin; *A fly on the Wheel or How i helped to Govern India*, Constable & Company LTD, London, 1912.

T.H Lewin; *Progressive Colloquial Exercises in the Lushai Dialect of the 'dzo' or Kuki Language with Vocabularies and Popular Tales*, Calcutta Central Press Company, 1874.

C.A Soppitt; *A short Account of the Kuki-Lushai Tribes on the North-East Frontier*, The Assam Secretariat Press, 1887.

R.G Woodthorpe, *The Lushai Expedition*, 1871-1872, London: Hurst and Blackett, Publishers, 1873.

J. Shakespear; 'The Kuki-Lushai Clans' in *The Journal of the Royal Anthropological Institute of Great Britain and Ireland*, Vol. 39, Jul. - Dec., 1909.

N.E Parry; *A monograph of Lushai Customs and Ceremonies*, (first edition 1928), 1988.

A.G McCall; *Lushai Chrysalis*, Luzac and Co, London, 1949.

South Lushai Mission (B.M.S) Report for 1906, *The Annual Report of BMS on Mizoram*, 1901-1938, Gospel Centenary Committee, Baptist Church of Mizoram, 1993.

Assam Secretariat, Political and Judicial, A., Foreign Progs., August 1890

K.Thanzaua (Compiled); *Reports of Foreign Mission of the Presbyterian Church of Wales on Mizoram 1894-1957*, Synod Literature and Publication Boards, Aizawl, 1997.

Campbell; "On the Looshais" in *The Journal of the Anthropological Institute of Great Britain and Ireland*, Vol. 3, 1874.

The British Medical Journal (19th century to first half of 20th century)