

A Priests' Chant: Healing Traditions amongst the Galo tribe, Arunachal Pradesh, India

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Abstract: The main practitioner of indigenous healing and cure depends from culture to culture. Among most of the tribes of Arunachal Pradesh, the shaman/priest is the main functionary. The priest is the centre of indigenous rite, rituals and social memory. Indigenous healing systems face challenges from multiple fronts in the contemporary world. This article is devoted to portray a short sketch of a priest (*Nyibb*) who belongs to Galo tribe of Arunachal Pradesh. Through the lived experiences of the priest, a brief exposition of the contemporary relevance of indigenous system of cure and healing through rituals and religion in general is made.

Keywords: Indigenous system systems, *Nyibb*, Shamanism in Eastern Himalayas, Christianity, Relevance of ethno-medicine, Arunachal Pradesh

INTRODUCTION

The coming of western biomedicine in Arunachal Pradesh was a part of the larger process of introduction and rapid expansion of administration, communication, education, monetization, increasing population contact and powerful cultural influences from 1950 onwards. All these changes were novel social experiences and the degree of this process was described by Verrier Elwin as creating the puzzle of the impact of the atomic age on a Stone Age [1]. It is argued that despite of these profound influences the relevance of ethnomedicine is not dimmed. However, these aspects require a thorough and critical in-depth investigation ranging from religion, socio-economic, cultural and political changes of the people from historical perspectives. Pending such a thorough investigation, a case study of traditional priests and indigenous healing system as being practiced amongst the Galo tribe of Arunachal Pradesh is being presented to make a case of the continued relevance of ethnomedicine despite a high degree of access to modern (Western) healthcare facilities.

The art of curing ailments and diseases through indigenous methods is a very old tradition in human history. Among the early societies, diseases were linked to 'possession by evil spirits' and spells and drugs were accordingly formulated. In this regard Gordon Childe writes:

The craft-lore of the medicine-man, like that of the magician, had been committed to writing even in the Bronze Age and continued to be transmitted in the Iron Age...In Greece... there were healing gods...who wrought miraculous cures in their temples. But outside the temple there grew up a school of private physicians who discarded the magical paraphernalia of the medicine, but not his drugs, and relied on manipulative and chemical remedies [2].

The indigenous traditional healing systems followed by various communities of Arunachal Pradesh were attached to religious beliefs and practice. Because of this, the indigenous traditional healing system was synonymous with the traditional priest, the shaman. The term shaman is variously used along with native healer, medicine man or medicine woman depending on the cultural perspective of the writer. A performing Native American shaman and writer prefer the term Native healer since it represents the cultural perspective of the tradition the shaman is part of [3]. Mircea Eliade, the noted Romanian historian of religion, defined Shamanism as 'an ancient technique of ecstasy, often considered a kind of mysticism or magic but in very broad terms also a religion; for him the essence of shamanism was ecstasy' [4]. Writing about the Shamanism among the Tungus of eastern Siberia in

Psychomental Complex of the Tungus 1935, S.M. Shirokogoroff described a shaman as 'persons of both sexes who have mastered spirits, who at their will can introduce these spirits into themselves and use their power over the spirits in their own interests, particularly helping other people, who suffer from the spirits' [4]. These definitions were broadly summarized by Kokan Sasaki in *Shamanizumu no jinruigaku* (The Anthropology of Shamanism) as: 'shamanism is a form of religion which centers on a magico-religious specialist who has a special ability to enter into a trancelike state at will and in the abnormal psychological state can make direct contact with the supernatural being' [4]. Thus, a shaman was the link between the material and the spiritual world of the people. It is argued by Mercea Eliade that '...because the properties and conditions of the soul are within his domain of knowledge, the shaman is a curer and healer of disease' [5]. These definitions of shaman and shamanism can be inferred to describe the traditional priests of various communities of Arunachal Pradesh also. The traditional priests (healers) were the bedrock of indigenous healing system. Forster and Anderson defined ethnomedicine as: 'Comprising those beliefs and practices relating to disease which are the products of indigenous cultural development and are not explicitly derived from the conceptual framework of modern medicine' [6]. The ethno-medical practice of the people of Arunachal Pradesh was rooted in religious beliefs and shaped by their environment and customs. Their concept of illness was basically rooted in supernatural cosmology [7]. The concept of disease or ailments of any sort occurring as a result of breach of the balance with natural and supernatural forces among the animistic communities of Arunachal Pradesh thus made the traditional priest (healer) the curer and healer of disease. The priest was the sole negotiator to safely retrieve the diseased soul of a person from the offended spirits and gods.

MATERIAL AND METHODS

A case study of a priest is being taken up to explore the indigenous healing practices of the communities of Arunachal Pradesh where the priest/healer (*Nyibb*) is the most important agency of traditional healthcare practice. The philosophy and life-experience of the priest is presented in the context of the contemporary healthcare and neo-healing systems. The relevance of the indigenous healing system and changes related to it forms the point of discussion of this article.

Tama Mindo (Romin) is a renowned *nyibb* (priest) and a propagator of indigenous Donyi Polo faith. He was born in c.1940 at Bipi village in Liromoba

Administrative Circle of West Siang District.¹ Early in childhood he was *lifted* by the *Yapoms* (forest deity) from his bed and later recovered by village folks from a stone platform in the nearby stream. The *Yapoms* are sylvan deities who are believed to be capable of carrying away men, women and children. Would-be priests are also liable to be lifted by the *Yapoms* which is considered an omen to a career of priesthood. Young Tama Mindo did not want to become a priest, so he left his ancestral village and started doing petty contract works in places he could find such opportunities. In 1969, he was in Gandhigram in Vijaynagar area of the present Changlang District where he came into contact with Catholic Missionaries and got converted to Christianity. In 1974, when he was working in Pasighat in the present East Siang District, he had another *Yapom lifting* experience. One afternoon, at around two pm in the day he paid a visit to Shiva Mandir at Raneghat in the outskirts of the town. The temple premise had a huge banyan tree (locally called *sirek/ hirek*) which is believed to be one of the abode of the *Yapom* and from there Tama had ecstatic experience of running across rivers and beyond mountains. By four pm the same day he was in Aalo, the neighbouring town and present district headquarters of the West Siang district. He had covered an impossible distance in just two hours (even today the distance between Pasighat and Aalo takes 4-5 hours by motor vehicle). He was convinced that this was the final call to priesthood and Tama Mindo finally decided to take up priesthood full-time despite his baptism in Catholic Christianity.

From 1975 onwards Tama started his career as a full-time *nyibb* (priest). Under the indigenous faith system of the Thanyi tribes, the *nyibb* are divided into different categories on the basis of their occult power, knowledge and kind of rituals they perform. Tama belonged to the highest category of *gumin nyibb* or *nyibb-buut*. He is a teetotaler since childhood and do not partake beef because of allergy. In 1987, he helped organise the Abotani Priest Association as its first General Secretary. He is presently the President of the ecclesiastical wing of the Indigenous Faith and Cultural Society of Arunachal Pradesh (IFCSAP). In his long career as a priest Tama Mindo had cured many patients who did not get relief from modern medical treatment. Two examples were narrated by the priests during the interview.

One dysenteric fellow from Likabali (the foothill entry-town to the West Siang District) was

¹ Information about Tama Mindo was gathered through personal interview with the priest at his residence at A-Sector, Naharlagun, Arunachal Pradesh on January 6, 2017.

shifted to General Hospital, Naharlagun (now upgraded and renamed as Tomo Riba State Hospital, Naharlagun) after treatment in the Aalo District Hospital, West Siang District failed. Five days of medical attention in the General Hospital, Naharlagun also did not bring any succour to the dying patient when anxious relatives called for the priest's help. Omen was taken and *Nyibb* Tama² identified the disease as *takww* (local name of dysentery), prepared some herbal medicine, mixed it with goat-meat, and chanted the necessary priestly invocations to the *takww* deities before the potion was given to the patient. To the surprise of the doctor and nurses who were earlier reluctant to allow a treatment considered dangerous from medical point of view, the patient was cured within a couple of days. The latter left the medical without officially being discharged. The surprised medical officer Dr. Moji Jini³ (he is now the serving Director of Health Services, Government of Arunachal Pradesh) enquired Tama the method of cure upon which the above details were narrated to the overwhelmed doctor. On another occasion, Tama Mindo's maternal uncle Mr. Juntum Tato (a serving engineer with the Government of Arunachal Pradesh) sought the former's help in treating a long-suffering colleague. The patient was a Sikh by faith and had been experiencing acute headache for years. Medical checkups in New Delhi and prayers in Gurudwaras were of no relief. Tama consulted the omen and found that the Sikh engineer had unknowingly incurred the ill-will of the *Yapom* at Bene Village near Aalo in West Siang District years back when the latter was posted there. Appropriate rituals were performed and a goat and five hens were sacrificed as *yudum* (sacrificial offerings) and the disease was cured. The engineer continues to pay thank you-visits to the priest.

RESULTS AND DISCUSSION

The importance of the *nyub* (priest) in the indigenous religion and healing system is still relevant. Indigenous healing system occupies an important place in the era of medical pluralism. Priests play a very important role in indigenous healing system. However, the number of priests with healing and other ritual powers is declining these days. The number of *tago-nyigre* priests like late Kachi Yomcha [8] is decreasing.

² In the Galo speaking areas of central Arunachal Pradesh, it is common to speak of or address the priests by prefixing the term *Nyibb* before their personal name without using their surname. Tama Mindo's mother tongue is a northern variant of Galo language.

³ The names of witnesses have been mentioned with the permission of the interviewee. Names of patients have not been mentioned in respect of their privacy to personal health.

Nyibb Tama laments that this was because of coming of new ways of life, non-observance of indigenous ways of life and taboos, change in food habits, negligence of indigenous religion and its methods of healing, and adoption of new religious faiths. The progress of modernization has resulted in rapid change in the lives of the people of Arunachal Pradesh. This has resultantly affected the traditional ways of life and practice of indigenous rituals and healing system. Not only religion and rituals, many aspects of daily life is intimately related to indigenous culture. For example, speaking about the importance of food avoidance as an important element of tribal culture one study rightly suggested that 'many abstentions may be interpreted as a type of primitive preventive medicine...Not only the individual, but also the whole community may derive psychological benefits from the avoidance of certain foods' [9]. Indigenous healing system cannot be isolated from the larger indigenous religious practice and conventional habits associated with it. Indigenous healing system properly works in an environment where the traditional ways of life and values attached to it are respected and maintained. When this ecosystem is disturbed, cracks occur as in the case of dwindling number of priests among the native communities. This affects not only the indigenous religion but also indigenous ways of healing and treating.

CONCLUSION

The Donyi Polo indigenous faith movement in the state may be understood as a step to restore and rehabilitate the fast eroding traditional values and indigenous religion and systems of healing in the traditional societies. A recent study calls this movement 'reformist' in the 'contested domains of religious transformation...' [10]. Those who follow indigenous faith continue to seek cure and healing from diseases through indigenous rituals apart from availing modern healthcare system. Within medical pluralism, indigenous healing system is considered important by them. They believe that modern medicine cannot replace the rituals performed for general wellbeing and prosperity of a family and the community. They see the maintenance and reform of indigenous religion as an important part of this exercise and accepted the institutionalized efforts of the Donyi Polo movement. Thus, on December 31, 2016 after avoiding the ongoing reformist movement for decades the followers of indigenous religion of Namey Village in East Siang District consecrated a Donyi Polo Ganggi.⁴ *Ganggi* is a prayer hall where indigenous faith believers meet weekly, offer prayers and seek cure of common

⁴ Field visit to Namey Village, East Siang District, Arunachal Pradesh from December 26, 2016 to January 2, 2017.

ailments also. It can be argued that the future of the indigenous healing system in Arunachal Pradesh will also depend on the success of the Donyi Polo movement and other community based indigenous religious consciousness progression. With priests declining in numbers with each passing generation, and institutionalization of indigenous religion with the practice of cure and healing from diseases and ailments is likely to undergo some change while retaining the basic elements of indigenous rituals.

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