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The Garo Perception of Disease and Medicine: A History Since the British Regime in the Indian Sub-Continent*

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The project[1] was planned to trace a history of the Garo perceptions of disease and medicine and their extant forms since the British regime in the Indian sub-continent.

1. Introduction

The importance of the investigation on the medicine of the Garos out of all other tribes of the north-east India is examined keeping in mind the two points: First, the tribe is one of the matrilineal tribes of the state, and as far as I know, no study on the medicine of any matrilineal societies inhabiting north-east India (and perhaps, across the whole country) was conducted till the undertaking of the present project. Second, while Meghalaya is botanically the least explored area of all the north-eastern states[2], the Garo Hills, the habitat of the Garos is botanically the least explored part[3] (less than 40%) even of the state.The study was carried out under the following chapters:

I. Methodology
II. Basic aspects of the Garo Ethnography
III. Disease and Medicine in the Past: The Garo Facts and Perceptions
IV. Disease Scenario of the Garos at Present: Facts And Perceptions
V. Garo Medicine at Present: Material and Magical
VI. Discussion
VII. Concluding Remarks

2. Methodology

The methodology followed was restricted to collection, processing and interpretation of the data. The lion's share of the dataconstituting almost entire data on the medicine, more than 50% of the data on the disease, and some parts of the data involving the impact of modernization on the Garo society and culture, have been collected from the field thereby giving it the nature technically called 'primary'. But 'Secondary' sources, i.e., published literature also have been used profusely for many a connected purposes such as disease and medicine scenario of the past, hygienic practices of the past and present, ethnographies on the people from the beginning of the western contact till present day, etc. The data collected from the field have been processed in three broad ways for both diseases and medicine: classification, tabulation, and identification. The broadest classification of the field-data has been done with respect to disease scenario in the Garos, and material and magical aspects of the Garo medicine.

The classification of the disease-data has been made with respect to one recorded in English names along with local names and other recorded only in local names. The classification of the medicine data has been done firstly for material medicine and magical medicine. The material medicine has been classified, following the questionnaire, with respect to plants, animals and

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inorganic substances. Tabulation of the classified data on disease has been attempted for: i) Subtribal variations in names of 41 ailments known widely across the globe, and ii) Identification of 38 diseases recorded in their Garo names along with symptoms. The identification of the diseases recorded in local names along with symptoms has been done, as much as possible, in their non-technical common English names with the help of four MBBS doctors.

The interpretation of the field data has, obviously, been attempted keeping in mind the objectives of the present research set in perspectives of 'history of science'. From the viewpoint of 'history of science' the field-data on the Garo perception of disease and medicine have been judged to see if these show, in their major/ primary nature, the features of the medicine of the pre-urban stage. The other important point for interpretation being the 'history' of the Garo perception of disease and medicine since the European advent in the Indian sub-continent, the field-data on the disease and medicine have been examined in search for non-indigenous elements and then those elements have been analyzed in the light of socio-political history of the people.

3. Basic Aspects of the Garo Ethnography

The main concentration of the Garos is in the Garo Hills in the state of Meghalaya. But they are also found in considerable number in Assam, and in the north-eastern part of Bangladesh. The tract of the Garo Hills is a dense, irregular mass of low hills, traversed from north-west to south-east[4], with elevation varying between 100-14,00 meters above sea level, the highest peak Nokrek having a height of 1,418 m[5]. "Many streams take their rise in the higher hills, and finding their way down to the plains over narrow and rocky beds, pour their waters into the Brahmaputra and Meghna basins."[6]

Noted for their matrilineal descent system[7] as the most notable characteristic, the Garos racially belong to the Mongoloid division of mankind[8], and linguistically to the Bodo group of the Tibeto-Burman sub-family of the Sino-Tibetan family[9]. As regards their religion, the formerly animist Garos, having their conversion to Christianity starting in the year 1864[10] now have about 90-95% of their population as Christians, as the learned section of the people opine. The Census 2011 returns the population of the Garos of the Garo Hills to be 976,005[11] while the 1901 Census returned the population to be 1,38,274[12]. The Garos of the Garo Hills are territorially divided into twelve divisions of which five were visited for collecting the data. The divisions (sub-tribes), visited are Ambeng, Gara-Gangching, Matabeng, Matchi and Ruga. The primary traditional occupation of the all the Garo sub-tribes mentioned above has been shifting cultivation, supplemented with fishing, weaving, basket making and a small amount of barter trading[13]. Allen observed in 1906, "Agriculture (more precisely, shifting cultivation) was returned as the principal means of livelihood of nearly 96 per cent of the population in 1901, and even those who returned some other avocation on the census schedules were generally dependant on agriculture for their support to a greater or less degree. ..."[14], and "The sole implements of agriculture are a short *dao* fixed in a long handle with which the Garos clear the jungle, and a small *hoe*. ..."[15]. As recorded by Playfair, the crops grown by the Garos in the early decades of the last century included rice, millet, maize, cotton, pepper, melons and pumpkins. Also "a limited quantity of yams, sweet potatoes, ginger and indigo" were grown by them.

Keeping in mind that the food-habits contribute a lot to the health scenario of a people, the food taken by the Garos and its resources have been dealt in some details. A century ago Playfair noted, "There can hardly be another aboriginal tribe in India more easily circumstanced than the

Garos. Real famine never touches them, for even if the rice crop fails, they have so many other cereals and edible roots on which to fall back, and the jungle supplies them with so many more of the latter, that it must be a bad year indeed when the Garo has to go hungry."[16]The Garo hygienic sense was miserably poor in the past as was recorded by Eliot in 1792 and Playfair in 1909.

The modernization of the Garos started with the western contacts as has been the case in all non-western societies of the world. With the establishment of the Bitish administration in the Garo Hills in 1867, the Hill Garos gradually started to come out of its prehistoric cultural cocoon to almost directly the modern historical time. The modern school systems and hospitals were introduced. And as time passed, with the introduction of varieties of modern occupations, developments in communication, changes in many socio-cultural traits, improvements in hygienic sense, etc., took place with more accelerated momentum in more or less every decade than the preceding one. The daily food of the common Garos has, however, remained more or less the same as it was hundred years back, though that of the very rich section residing in the towns has changed considerably.

4. Disease and Medicine in the Past: The Garo Facts and Perceptions

A list of 35 ailments recorded in different writings on the Garos, including the first-ever English-Garo dictionary (1904), till the first decade of the twentieth century may be produced as follows: i) Blister (*Tapinga*, *chibila*); ii) Blind (*Mikgri*); iii) Cancer (*Biatima·saparidaka*); iv) Chicken-pox (*Uri se·epma·sa*); v) Cholera (*Marikisaa*); vi) Colic (*Okdita, ok chikesaani*); vi) Deaf-mutism (*Nachikolknagijagipa, kala*); viii) Diarrhea (*Ok re·ani*); ix) Dysentery (*Okgitchaksaa*); x) Dyspepsia (*Jronggijani-bagoligijanisaa*); xi) Eczema (*Bigilsa-anibiatima·sa*); xii) Epilepsy (*Tengariaong·ani, Kore chaani*); xiii) Fever (*Be·ending·esaa*); xiv) Fracture (*Grengbe·anipari*); xv) Giddy (*Miksiwila, miksula, gisiktom·tomgijagipa*); xvi) Headache (*Skosaani*); xvii) Hysterics (*Dugaka·dingeba grape paglagitaong·pilani*); xviii) Indigestation (*Okogoligijani, jrongijani*); xix) Influenza (*Sordinangani, pilaknagipgipasaama·sa*); xx) Insane (*Pagila*); xxi) Scab (*Parinibisingkap*) xxii) Itch (*Mitoa, ka·kita*); xxiii) Kala-azar (—)[17]; xxiv) Leprosy (*Konchi*); xxv) Malaria (*Be·endin·gesaatanibisi, jorsaatgipa*); xxvi) Measles (*Uri se·ep*); xxvii) Mumps (*Peripimani, pebonangani, pebosaani*); xxviii) Palsy (*An·magokaong·ani*); xxix)) Paralysis (*Anmagokaong·ani*); xxx) Plague (*Sabisi, jeomandebang·ensia*); xxxi) Pneumonia (*Bhutgutisaa*); xxxii) Ringworm (*Kat, katcha·ani*); xxxiii) Small-pox (*Uri dal·gipa*); xxxiv) Snake-bite (—)[18]; and xxxv) Tapeworm (*Ok-ningodonggipadal·rorogipa, jo·ongma·sa*). Certainly the number of ailments the Garos suffered from in the past was not limited to 35. But it may be assumed that these 35 were among the frequent ailments tormenting the Garo life in the initial part of the British regime. It is to be noted here that tuberculosis and typhoid were not recorded in the relevant literature published till the first decade of the twentieth century.

The Garos till the 1950s were not, however, ready to consider, as the records on the relevant aspects of their life reveal, any earthly causes for their diseases, at least, not primarily—be it polluted food or, unhealthy condition of their house, or something else of tangible nature. The primary causes were, according to them, almost always, supernatural.

The perception of disease shapes the perception and practice of medicine in vogue in a community. On the basis of the available records, the Garo medicine of the past consisted of two parts: a) Magical Part and b) Material Part. While there are more or less elaborate records of the magical part by two ethnographers, viz., Playfair

(1909) and Burling (1963) in the last century with a time gap of about fifty years between their publications on the Garos, the records on the material part are meager. As regards intangible medicine, Eliot informs (1792) "… in cases of illness, they offer up a sacrifice in proportion to the supposed fatality of the distemper with which they are afflicted …"[19]. Playfair also noted that to recover from an ailment an offering must be made to the responsible spirit— sacrifices being varied depending on the seriousness of the illness[20].

Whatever magical practices the Garo people performed, the fact that they also used material medicine did not evade Eliot's searching mind. He, however, was not successful in divulging information on 'medicine' (which the present investigator is calling 'material/tangible medicine' for the present context) despite his efforts to do so, as he admitted. Only a few which he had been able to learn about are listed below: 1) Coal oil — "esteemed in the hills as a medicine for the cure of cutaneous disorders"[21]; 2) "The *neem* leaf" — "to be much used in inflammations"; 3) Blue vitriol — "applied to fresh wounds"; and 4) The skin of the snake" — was "esteemed a cure for external pains, when applied to the parts affected"[22]. Two of these medicines have been categorically pointed out by Eliot to be borrowed from the neighbouring Bengalis: The first one[23] was "reputed to have been first discovered to the hill people and villagers by a *Fakeer* (a Bengali Muslim saint-mendicant)", and the third[24] appeared to the author (i.e., Eliot) "to have been introduced by the natives of *Bengal*." Allen's observation on the indigenous material medicine of the Garos consists of only half of a compound sentence: "they apply the juice of a plant, which has a corrosive effect, to malignant sores."[25] No recording of tangible medicine was undertaken by the first true ethnographer Playfair. The same held good even after fifty years from Playfair's study for the anthropologist-ethnographer Burling excepting his a few words comment on the same "A few jungle medicines" were "known in Rengsanggri (i.e., his village of study)"[26].

5. Disease Scenario of the Garos at Present: Facts and Perceptions

The data on the present disease scenario are entirely primary, i.e., collected by fieldwork. The information on some 75 ailments have been collected by interviewing sixteen Garo healers from five districts (two of these have been created only in the middle of 2012) of the Garo Hills. Of these 41 were recorded in English as well as in local names, but some 35 were recorded only in their Garo names along with symptoms. Three of these, viz., AIDS, gonorrhea and syphilis, are perceived by both the healers and the common Garo mass as one and the same, and is known to them by a single Hindi word *gormai* meaning gonorrhea.

The ailments recorded in only Garo names along with symptoms are enumerated below: i) *Anpaka*, ii) *Angi-Mite*, iii) *Aribhanga*, iv) *Asimbola*, v) *Bakso*, vi) *Balnanga/Ramasam/Najol*, vii) *Be-en chi boa*, viii) *Beholi*, ix) *Bima-moila/Tilpokia*, x) *Bisa-Sani*, xi) *Bleg*, xii) *Chinisreng*, xiii) *Dabaleng*, xiv) *Daritchik*, xv) *Datulsemitcheng*, xvi) *Dosa*, xvii) *Galbera/GitokRangsokja*, xviii) *Gingsi-onga*, xvix) *Goncho*, xx) *Indri/Risi*, xxi) *Jankipang*, xxii) *Jumabanpang*, xxiii) *Kalasop*, xxiv) *Kamalkalaka/Lengkalaka*, xxv) *Kore*, xxvi) *Kumjuri*, xxvii) *Kusumang*, xxviii) *Mamloka*, xxix) *Matri*, xxx) *Okdita*, xxxi) *Saljongsa*, xxxii) *Sibreng*, xxxiii) *Skuni-karang/Skuni-moila*, xxxiv) *Semitcheng*, xxxv) *Sulbis*, xxxvi) *Susmi*, and xxxvii) *Wagirisi*. As regards their identification, the MBBS doctors consulted differ in their opinions. Curiously, the difference in opinion is greater between the MMBs of inter-communities (here, Bengali and Garo) than that between the MBBSs of each intra-community. The difference between the MBBSs of two different communities is 50%, the difference between the Bengali

MBBSs is 26%, and the difference between the MBBSs of the Garo community is only 6%. But, while the Garo doctors have failed to give opinions in 13 cases the Bengali doctors have failed to do so only in 3 cases. And the percentage of similarities in opinion in the case of the Garo doctors actually includes this "no opinion" replies.

The Garo perceptions of causes of diseases, unlike those in the past, are divisible into two kinds: Objective and supernatural. The objective perceptions include consumption of polluted food and water, contact with polluted water, attack of viruses (*jo-ong*), lack of proper blood circulation, etc. Supernatural perceptions include beliefs in the possession by witch and spirits, sorcery and punishment by some deity for knowingly or unknowingly offending it by the patient.

6. Garo Medicine at Present: Material and Magical

This constitutes the most important chapter with respect to the aim of the present project since the chapter records the Garo medicinal knowledge.

6.1 Material Part

The data on the material part collected during six field trips in three years and two months tenure of the project, on the bases of the parameters of investigation, may be presented in the following categories: a) Medicinal ingredients, b) Method of preparation, c) Method of preservation, if any, d) Usage, and e) Diet and Food-taboo.

6.1.1 Medicinal ingredients

The medicinal ingredients include plants, animals, rocks and minerals, though the proportion of the plants used excel by far the other ingredients with respect to their number of kinds, to their use in the number of diseases and tousual amounts they are used in the Garo medicine. The total number of plant species recorded as ingredients for the Garo medicine during the project tenure is 311(certainly there are more still to be explored) while the total number of recorded non-plant and chemically processed plant-products used in the Garo medicine is 50 (animal species being 21, inorganic ingredients being 17 and others being 12). A good number of these ingredients are purchased from markets, especially, the non-indigenous ones.

6.1.2 Method of preparation

In a few cases, a single-ingredient medicine is taken as it is available naturally. For example, saps of stalks of some soft or semi-soft stemmed plant are taken raw. However, in most cases this cannot be and is not done, and the ingredients are processed. The methods of processing include grinding the ingredients together to make a paste, or grinding some ingredients into paste which is then mixed with some other ingredients, say, honey or ash of something, burning of some ingredients before mixing them with the paste of other ingredients and decoction of one or more plants. Very few of the healers resort this method.

6.1.3 Method of preservation

The method of preservation followed by most of the healers concerns the pasted medicine and is simple. Small pills (size depending upon the usage; for consumption the size varies from 1 cm to 2 cm in diameter; for wearing as amulet, the size is usually .5 cm) are made and then these are dried under the sun. These sundried pills may be used for two to three weeks. Some of the healers, who decoct the parts of plants, use chloroform spirit as preservatives.

6.1.4 Usage

Four ways of usage recorded include consumption; application of the medicine, sometimes heating the same softly in a small packet of plantain-leaf, on the affected area of the body; massaging with and wearing dried pills as amulets on neck or on arm.

6.1.5 Diet and Food-taboo

Diet prescribed in most cases is cooked rice and dried fish cooked in soda-water, and in some cases only cooked rice. In the cases where the cooked rice also cannot be taken, almost no other diet is prescribed. But as regards food-taboo, the Garo healers are very much attentive and particular. Though, the food-taboos depend on particular ailments, but the taboos include, in most cases, different kinds of meat and fresh fish, brinjal, any sour dish, any spicy food, oil, milk and wine.

6.2 Magical Part

The Garo healers now-a-days, as have been found in the fieldwork, go for magical measures only in a limited cases, and those usually involve some kinds of mental illness. But some magical remedies are still resorted to by someof the healers for some particular ailments which cover from relatively light cases (e.g., migraine) to acute ailments— both physical and mental. An influence of Hinduism has been witnessed by the present researcher in the magical ritesin a case of illness[27].

6.3 Learning & Medicine

All the healers informed that either they have learnt it from some senior member of his/ her family – in most cases from the male members who are usually father or close maternal uncles[28] or mother – or, from observing other healers or, in dreams. The interest was created in most of them when they saw someone in their own family fallen seriously ill, and other healers were not proving successful.

7. Discussion

The project aims to record the Garo medicine in its present form and trace the history of the changes taken place in the Garo medicine since the British advent to the last one hundred years. As regards diseases of the past, a list of 35 has been produced in Chapter-III drawing upon the secondary sources written between the initial stage of the British regime in the Indian sub-continent and the second decade of the twentieth century. But, as has already been told, this number is a result of the recording of only those ailments, which were brought to the notice of the western writers as occurring frequently, and who had mentioned them in passing while busy with working on some other aspects of the Garo society and culture. Despite that, thanks to the early writers, that their writings recorded more or less elaborately the poor hygienic condition of the Garo houses, their food habits and lack of personal cleanliness so that a clear idea may be developed regarding the causes and frequencies of some of the ailments the Garos suffered frequently, say scabs, stomach problems, etc., and frequent blindness, especially, of the women. None of the books, however, recorded tuberculosis and typhoid. Three reasons may be conjectured for this: either the diseases were not present there in the Garos; or if occurred, occurred rarely; or these were not recognized discretely from diseases having close similarities. As regards sexually transmitted diseases all the writers, whoever mentioned the ailments, opined that the hill Garos were hardly affected by such diseases. For some other illnesses, it is interesting to note from their local names recorded in the *English-Garo* dictionary (1904) that some Bengali or Hindi terms for a number of diseases already found their ways in the Garo society, e.g., *pagila* for Insane, or *mariki* for cholera.

In Chapter-III we also learn that the Garos in the past thought that the diseases in most cases were caused by the angers of related spirits. The medicine, thus, as the past records show, consisted of primarily a magical or supernatural part. In Allen's language, "when left to themselves the Garos treat most ailments by prayer and sacrifice". This they used to do because, as Eliot noted, they imagined medicine would have no effect, unless the deity interfered in their favour, and that a sacrifice was requisite to procure such interposition. But that the people used drugs also was reported by some of them though the recording of the same was almost nil. Only exception regarding the recording of the material medicine is obtained from Eliot (See Chapter-III, p. 7). Two of these medicines have been categorically pointed out by Eliot to be borrowed from the neighbouring Bengalis, and another also appeared to him "to have been introduced by the natives of *Bengal*." Thus, we see that impact of the outside world on the Garo medicine started (before 1789 when Eliot, the first European who set his foot on the Garo habitat) to fall upon even much before the extension of the British administration to the Garo Hills in 1867, though presumably after the commencement of the British regime in the Indian sub-continent in 1757. This means, the Garo medicine, like the people itself, started its journey toward the threshold of 'history' from its stage of 'pre-historical' cocoon with the more or less beginning of the British regime in India.

In chapter-IV, Information on about 78 frequent ailments has been recorded from five sub-tribes. The frequent and serious of these are: *Behuli* (may be rheumatism or beriberi), conjunctivitis, *dabaleng* (may be whooping cough or, allergic asthma), *datul-semitcheng* (possibly, gonorrhea with urinary tract infection, or Renal lithiasis syndrome), dysentery, eczema, fractures, Indigestion, *kore* (a temporary mental disbalance), *kumjuri* (possibly pulmonary tuberculosis with severe malnutrition) malaria, *mamloka* (possibly, stomach-cancer), *matri* (possibly epilepsy or feverlie convulsion or both), orchitis, paralysis, piles and *semitcheng* (acute urinary tract infection). Kala-a-zar is now-a-days is rare, and plague has totally disappeared.

Chapter-IV also reveals that the Garo mass including the healers are not aware of the distinction between AIDS, gonorrhea and syphilis irrespective of their subtribal affiliation, and all the three ailments are called by a single Hindi term '*Gormai*' denoting specifically gonorrhea in that language. This may be added to by some information on the VDRL and AIDS obtained between 2010 and 2012 from the ICTCs[4] – established in and after 2006 – of three district hospitals run by the Meghalaya State Government and situated at Tura (West Garo Hills district), William Nagar (East Garo Hills district) and Baghmara (South Garo Hills district) to infer on the subject. Of these, the ICTC of Baghmara Civil Hospital (South Garo Hills district) reported no incidence of VDRL and AIDS. Total number of VDRL cases treated in the ICTC of Tura Civil Hospital (West Garo Hills district) in 2007 was 3; in 2008 was 145 (M:98, F: 47); in 2009 was 108 (M: 49, F: 59); in 2010 was 59 (M: 35, F: 24); and in 2011 was 77 (M: 45 and F: 32). The total number of VDRL cases – gender being in all cases female – treated in the ICTC of William Nagar Civil Hospital (East Garo Hills) in 2009 was 1; in 2010 was 1; and 2011 was 2. The patients were all females. That there is so much difference in the annual total numbers treated by the two hospital may be explained for the relatively remoteness of the William Nagar hospital compared to Tura hospital. Secondly, Tura being the first and biggest town of the Garo Hills, the VDRL figures of Tura hospital include also the people from other communities because no data on ethnicity of the patients were recorded till 2012. As regards AIDS, the total cases of HIV^+ treated in the ICTC (Tura) of the West Garo Hills district in 2007 was 3 (no male-female information has been provided); in 2008 was 4 (M: 3, F: 1); in 2009 was 12 (M: 9, F: 3); and in 2010 was 15 (M: 11, F: 4). The information about HIV^+ incidence in the East Garo Hills is available from the ICTC of William Nagar Civil Hospital is available only since 2009, and these are as follows: in 2009 the total number was 3 (M: 2, F: 1); in 2010 was 1 (M: 1); and in 2011 was 2 (M: 1, F: 1). These data on the VDRL and

AIDS support the comments of the writers of the past on the less amount of occurrence of venereal diseases in the Garo people of the hills. I would rather go one step farther to say that the absence of any Garo term for 'gonorrhoea' or 'syphilis' in any Garo dictionary and in any of the sub-tribes surveyed for the present project as well as the people's general innocence of these three illnesses indicate that the venereal diseases were totally absent in the pre-British Garos.

There are sub-tribal differences in the names of a number of illnesses, and sometimes these are confusing. For example, the term '*Chupal*' is used to denote orchitis by most of the sub-tribes but the Matchis use the word for gastric also. Likewise, while some sub-tribes use the word '*Mātri*' for both epilepsy and feverine convulsion, some use the term for only feverine convulsion, and still some for only epilepsy. The word '*Sibreng*' is sometimes used to mean 'epilepsy' and sometimes to denote 'hysteria'. The term '*Batninggipa*' is used by an Ambeng healer for tuberculosis while it is used for plague by a Ruga healer. And none of these seems to be correct, because in three standard Garo-English dictionaries the word has been recorded to mean 'infectious disease', but neither plague nor tuberculosis categorically while the first-ever English-Garo dictionary (1904) does not contain the word supporting the contentions regarding the occurrence/non-occurrence of the disease in the discussion on Chapter-III (p. 12).

From the discussion on the data of Chapter-IV it is, therefore, seen that a change in the disease scenario of the hill Garos has occurred since the first European advent to the Garo tract. Some of the serious and fatal diseases have either lessened or disappeared, and some have made their ways in. These are also evinced in the presence of non-indigenous non-English words, usually borrowed from Bengali and Hindi, for those illnesses for which no Garo equivalents are found in the Garo vocabulary.

The Garo general perception of diseases, as has been already noted in Chapter-IV reveal, is divisible into objective and supernatural kinds. The extant supernatural beliefs related to diseases are more or less the same as those recorded by the early writers: either some spirits are responsible or are caused by the possession of a witch or by black magic by someone. However, some influence of Hinduism in corrupt form is visible in the recent time supernatural/magical rites meant for magical medicine. Despite these, it is to be admitted that most of the common Garo people now are more prone to accept the objective explanations which are in many cases scientific, such as polluted food, water and wind/gas, or germs, but in a few cases are far from so. For example, *gormai* (AIDS/gonorrhea/syphilis in their perception) has not been returned as a sexually transmitted disease. According to the healers concerned, the germs/viruses for this disease enter into the body of the afflicted person if he/she sits to urinate or shit on a place where somebody else has already urinated or shitted; or on where a horse, or cow or buffalo has urinated; or, over where dry leaves of trees lie because according to the healers, leaves become dry due to the growth of germs in them. However, it is obvious that a sort of paradigmatic change has taken place in the perception of causes in cases of many diseases, that is, from mostly supernatural explanations prevalent in the past to mostly objective explanations at present.

Chapter V documents the present scenario of the Garo medicine and the people's perception of the same in connection with some 75 ailments. Like in the case of the diseases, the terms for many medicinal ingredients – from plants to animals to inorganic substances – include terms from different non-Garo communities. While in the case of the disease the existence of those foreign terms merely mean that they have made their currency in the Garo mass primarily just for verbal communication with the non-Garo societies, the existence of non-Garo terms for many ingredients used in the present day Garo medicine says something more. That is that the Garo medicine has gone and been going through a modification by incorporating non-indigenous or previously unused ingredients in the same. This inference for the present day Garo medicine may easily be drawn since there are no Garo terms for those ingredients. The non-indigenous plant-ingreidients used by the present day Garo healers include the followings: 1. *Bol-sal* (of which the Garo word *bol* means tree; but *sal* is a non-Garo word for *Shorea robusta*), 2. *Chirota* (Indo-European word for *Swertia chirayita*), 3. *Elachi-barro* (Indo-European word for *Amomum aromaticum*), 4. *Gue* or *Supuri* ((the former is Assamese and the latter is Bengali word for *Areca catechu*), 5. *Holdi* (Hindi word for *Curcuma longa*), 6. Hing (Indo-European word for *Ferula assafoetida*), 7. *Kaju* (Bengali transformation of the English term 'cashew' nuts), 8. *Kalojira* (Bengali word for *Nigella sativa*), 9. *Narikel* (Indo-European word for coconut), 10. *Rasun/Rasin- gipak and gitchak* ('Rasun' is the Indo-European word for garlic; when added to by the Garo suffix '*gipak*' meaning white, the composite term means the garlic, and when added to by the Garo suffix '*gitchak*' meaning red the composite-term means onion) and 11. *Tejpat/Tejpata* (Indo-European word for bay-leaf). For these ten plants I did not find any Garo word on repeated asking the Garo healers as well as many other Garo people. The percentage of the definite non-indigenous plants to the total number of the plant ingredients (311) recorded in the present project for the Garo medicine is, therefore, 3.5%. Beside these plants, there are some more in the ingredients either called by single words such as *Arjun* (Sanskrit word for *Termindia arjuna*) and *Ekshira* (Bengali word for *Sarbera sweetnydes*) or, called by some composite terms such as *Diki Kali*/*Diki Black*, *Diki Mariki*, *Diki Kalajor*, *Jaba-bibal* (Bengali word for *Hibiscus rosasinensis*), etc. for which I am not sure whether there are really no Garo equivalents. The percentage of those in the total recorded plant-ingredients will, presumably, be a little higher than that for the definite non-indigenous plants. But the percentage of even the two kinds together remains, clearly, well below 10%. In the area of animal ingredients the percentage of the definite non-indigenous animals (3) in the total number of animals (21) used is, therefore, 9.5%. In the area of inorganic and other substances the number of non-indigenous elements (20) largely surpass the indigenous elements (9) in number giving their total percentage as about 70%. The uses of foreign names may not necessarily indicate the elements are non-indigenous (though mostly so), but it may be ascertained that the uses of those ingredients were not known to the Garo people before their exposures to the non-indigenous cultures which started more than two hundred years ago. There is no doubt that the borrowings of the non-indigenous elements increased in both variety and speed after the British administration established itself firmly in the Garo Hills about one hundred and fifty years ago. But it is to be noted here that though many elements have been borrowed from outer world, these are used in the medicine by the individual healers in their own inventive capacities and ways.

The chapter shows that in the current decade of the current A.D., the magical medicine has been, like the magical diagnosis, much lessened in the Garos. In fact, in the cases of common, non-acute illnesses such as cough and cold, giddiness, indigestion, etc., no magical medicine is generally prescribed, and this holds good also for the medium-acute ailments, e.g., chronic dysentery, *kisinimatri*, malaraia, urinary tract infection. Also bone-fractures, which are frequent experiences in the Garo Hills – whatever serious these may be – are not considered for magical medicine. But a definite case of magical medicine is 'Kore' – which the Garo general mass consider as a mental disease caused either by the possession of some witch or by the application of 'black magic' from the enemy of the suffering person what has already been put forth in the preceding chapter.

Finally, it should be mentioned here that some educated Garo healers aware of the efficacy of the Garo medicine have involved themselves for quite some time in promoting the Garo medicine. Consequently, some voluntary organizations have been founded of which Meghalaya Sam Achik Association (founded in 2003) has won considerable reputation in last three-four years. The biggest success achieved by the association is a hospital named 'Samachik Sikman' founded in 2011. The association has also published a few bulletins on the Garo medicine since its inception.

8. Conclusion

The field-data on both the disease and medicine reveal that the perceptions of the same of the common Garo people are still largely traditional. That is why despite the introduction of modern medicine and the establishments of hospitals since the annexation of the British rule to the tract and the visible vigorous modernization of the Garo day-to-day life-ways— from economic pursuits to dress, from education to house-patterns, from transport-communications to amusements, etc. as well as vigorous Christianization of the tribe, there is no lack of healers in any of the Garo sub-tribes and in any part of the Garo Hills. That the Garo medicine, despite the borrowing and inventive using of non-indigenous ingredients by some of the healers in it, has remained largely traditional is obvious by i) the large prevalence of the indigenous ingredients— from plants to animals to other substances— in the same, ii) its method of preparation— grinding of the ingredients excepting in a few cases which again are limited to use raw and to decoction, and iii) the learning process— which is by rote.

However, that a visible change in the medicine as well as in the perception of disease has also taken place is obvious too.

As regards the efficacy of the medicine I should share that while I myself have experienced of being fruitfully cured by the Garo medicine for stomach problems, shoulder pains, and a skin disease during my stay in them for a month or more for the purpose of data-collection, I have heard high praises for the medicine for some particular ailments, especially for bone-fractures—by even the non-Garo educated persons living in the Garo Hills. The Garo people having higher education usually maintain a division in preference for the indigenous and western medicine. While for a number of illnesses (diabetes, malaria, jaundice, etc.) they prefer western medicine to Garo medicine, for some other illnesses (such as *dabaleng*, fractures, orchitis, etc.) they do just the opposite. The rural poor people, however, do not have any choice in most cases. But it is also to be noted here that while most of the Garo folk cannot afford to wear good clothes or pay for minimum of luxuries, the overall health condition in the Garo Hills is not bad.

Notes and References

1. In my 'Final Report', sent on 12th Feb., 2014, these points have been catered in Chapter-I, because the chapter division in the Final Report is different from those in this format for summary.

2. & 3.These information are provided in the Status of Exploration Maps by Botanical Survey of India (Shillong) of North-east India in its website, as on 5th April, 2013.

4. Playfair, 1909, p. 5

5. Simson, 1996, p.13

6. Playfair, 1909, p. 6

7. Burling, R., 1997, pp.22-23, 176, etc.

8. Sangma, M., 1981: 'Preface';

9. Ibid.: 'Preface'

10. Allen, 1906, p. 33.

11. This figure has been obtained by summing the Census 2011 populations of the then three districts of the Garo Hills from the following websites:

i). http://eastgarohills.gov.in/district_profile/demography.htm [Rtv.dt. 18/01/2012]

ii). http://en.wikipedia.org/wiki/West_Garo_Hills_district [Rtv. dt. 18/01/2012

iii). http://southgarohills.gov.in/ [Rtv. dt. 10/01/2012.]

12. Allen, B. C., 1906, p. 24.
13. Playfair, 1909, pp.33-35, 47-50, 56.
14. Allen, B. C., 1906, p.33
15. Ibid., 1906, pp. 34-35
16. Playfair, Major A., 1909, p. 4

17 & 18. The local names were not recorded in any of the book mentioned above.

19. Eliot, 1792, p. 29
20. Playfair, 1909, pp. 90-91
21. Eliot, 1792, p.19
22. Ibid.,p. 32. (This source is applicable for all three medicines— from 2 to 4).
23. Ibid, p.19
24. Ibid, p. 32
25. Allen, 1906, p. 63
26. Burling, 1997, pp.57-58
27. The particulars of the healers cannot be given as I was allowed to see the rites in confidence with a promise of not disclosing the healers' identities.
28. In the matrilineal Gao society the maternal uncle often becomes the father-in-law of a man (or, *vice-versa*), and thus there usually is a very respectful as well as close relation between them.
29. Integrated Counselling and Testing Centre (ICTC), a project of National AIDS Control Organisation under Ministry of Health & Family Welfare, Government of India.

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