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HEALING THROUGH ORACLES: A STUDY ON THE LODEPS' OF KARBI TRIBAL GROUP IN ASSAM

Cultural Dimension of Health

Every culture, irrespective of its simplicity and complexity, has its own beliefs and practices concerning diseases. No culture works in a meaningless fashion in its treatment of diseases. Every culture evolves its own system of medicine in order to treat diseases in its own way. This treatment of disease varies from group to group. It has been noted that, in the rural areas, the belief in the interference of a supernatural agency is particularly strong in the context of health and disease. Most of their socio-cultural activities revolve around Gods and Spirits. They identify the supernatural powers with group of powerful forces and deities which control and influence the happenings in the community. It may be pointed out that disease and treatment, particularly in the simple societies cannot be properly understood in isolation. Health and treatment are very much connected with the environment, particularly the forest ecology. The health care system and traditional treatment are based on their deep observation and understanding of nature and environment (Chaudhuri, 2003: 17-24).

Health, like happiness is an illusive concept. It has been defined in a number of ways. However, among such definitions the followings are widely accepted as mentioned below-

Dubos (1968), defined health as, “a modus vivendi enabling imperfect men to achieve a rewarding and too painful existence, while they cope with an imperfect world.”

World Health Organization 1948, defined Health as “a state of complete physical, mental and social well being and not merely an absence of disease or infirmity.” (Park, 2000:12).

The determinants of health are broad, extend from genetic influences to social, cultural and economic environment and include manifold pathways

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by which these various factors operate to influence health and disease status at both the population and individual level. Health is a social and cultural concept in addition to its fundamental biological characteristics. There are three basic sources of differences in the health of populations: hereditary determinants, socio-economic circumstances, life style and other behavioural factors. Every woman, man, youth and child has the human right to the highest attainable standard of physical and mental health, without discrimination of any kind. Enjoyment of the human right to the health is vital to all aspects of a person's life and well being and is crucial to the realization of many other fundamental human rights and freedom. The issue of health is not only the specified domain of medical science, but is also intimately associated with the socio-economic and socio-cultural perspective of human livelihood. In this context, from the perspective of anthropology, the Health situation of any community should not be studied in isolation, rather it should be analyzed with an integrated approach to environment, culture and economy.

Anthropology and Health- The Theoretical Perspective: The concept of health, disease and treatment vary according to the culture of different communities and ethnic groups. Moreover a particular culture is guided by the traditional customs and every member of the culture is ideally expected to conform to it. Health and disease are universal experiences. Along with the process of human evolution the diseases were also brought and they became social and cultural facts as well as pathological states. In a given set up for human being disease threatens not only the one's state of wellbeing and that of other people in the group, but it also threatens the integrity of the community as a whole. In every culture there is a repository of values and belief systems built around important life experiences viz. birth, illness, and death and disease that reduce the strength of the people to hunt or gather food, to agriculture and all other vital occupational and necessary activities. In such circumstances, the traditional healers had to find a means to prevent misery. Traditional way of treatment is inevitable among the simple societies, although modern treatment is applied in different circumstances. The traditional medicine can be stated as the sum total of all knowledge and practices, whether explicable or not used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experiences and observation. Their traditional medicine is of various kinds like Folk medicine, Ethnomedicine, Ayurveda, Sunani, Sidhha and Nature Care, which differ from each other in terms of tools, techniques, ideas and beliefs (Banerjee and Jalota, 1998: 18-19).

The anthropological perspective of health is mostly considered under the domain of Medical Anthropology. It takes up the analysis of health in the context of culture, social behaviour, economic system and human biology. In a sense, medical anthropology is thus a convenient term drawing on a category in our own society, medicine but conceptualized to apply to a broad realm of

theory, research and practice that extends well beyond the domain of our own society's licensed medical system. In Medical Anthropology, the examination of health issues extends to include knowledge, meaning, social behaviour and biology generally related to well being, suffering misfortune, life cycle and survival (Millard, 1992: 3). It is to be mentioned here that Medical Anthropology is not only limited to the extent of providing fruitful strategies to the health planners, but has its own theoretical dimensions; it is not only a way of viewing the state of health and disease in a society, but a way of viewing the society itself. Medical Anthropology concerns itself with many factors that contribute to disease or illness and with the ways that various human populations respond to disease or illness. This perspective views health issues within the context of encompassing political and economic forces that pattern human relationships, shape social behaviour, condition collective experiences, reorder local ecologies and situate cultural meanings including forces of institutional, national and global scale. The roots of Medical Anthropology are as ancient as anthropology itself. Medical Anthropology Quarterly, has defined it as a field that includes " ... all inquiries into health, disease, illness and sickness in human individuals and populations that are undertaken from the holistic and crosscultural perspective distinctive of Anthropology as a discipline- that is with an awareness of species, biological, cultural, linguistic and historical conformity and variation. It encompasses studies of ethnomedicine, epidemiology, maternal and child health, population, nutrition, human development in relation to health and disease, health care providers and services, public health, health policy and the language and speech of health and health care" (Medical Anthropology Quarterly: September, 2001).

Fabrega 1972, in a definition of Medical Anthropology has expressed that a Medical Anthropology enquiry will be defined as one, " that elucidates the factors, mechanisms and processes that play a role on or influence the way in which they respond to illness and disease. It also examines these problems with an emphasis on patterns of behaviour." Recently the Anthropologists have tried to spell out the major areas of Medical Anthropology. The classification given by Leiban (1973), divided Medical Anthropology into 4 major areas-

1. Ecology and Epidemiology; 2. Ethnomedicine; 3. Medical aspects of Social system and 4. Medicine and Culture change. (Banerjee and Jalota, 1988: 9). For the treatment of different diseases, medicine has been practiced one way or the other since man became a natural animal. In most culture, there is a specialist who treats illness, injury and disease who is also associated with religious practices. Such medico-religious practitioner is also considered to be a practitioner of magic, witchcraft traditionally. Basically he was a man of cultural mind endowed with many abilities and he was dedicated to his vocation. Throughout the ages man has been devising ways and means of curing for the sick in the communities. With the changing dimensions of time,

the modern medical practices have reached to its highest level of achievements to provide the security of human livelihood from the group of innumerable critical diseases. Still the role of different traditional practitioners who are providing health care to their community members for years, has gained the psychological faith of the concerned people a lot. Such traditional medical practices have survived even in the circumference of most sophisticated and advanced medical therapy. It can be noted that medicine and disease had an undeniable affect on the history and culture of mankind. Since man is a social and cultural being, every known human society has developed a pharmacopoeia and a therapy- be it magico religious, or scientific or anything else. In order to understand the total culture of a period, it is necessary to pay attention to assess the health status of a human group involved. This is done thorough collective evidence of the disease, treatment, medical behaviour of that period. Health can be divided into three broad categories-

a. Physical Health; b. Mental health or Happiness); c. Social Health or interaction between an individual with his society (Russell, 1973:75).

In this context, it is to be mentioned here that, Social Medicine may be defined as a study of an ill person within his environment with the aim of identifying, classifying and rectifying the causal factors of disease to regain health and later on promote and preserve health. The three important constituents of social medicine are-

1. Disease has a social cause in addition to the pathogenic agents.
2. Social causes have diversified inter-relationships. They include education, religion, economic status, beliefs, traditions and customs. This may be termed as the social etiology of disease.
3. Social therapy needs to be designed and applied keeping in view the social etiology in a given situation. Social medicine is concerned with the health and disease in the population, cultural patterns among groups and various standards of living, social and economic status.

Social medicine had two broad approaches i.e. 1. Descriptive or Diagonstic approach and 2. Normative or Therapeutic approach. The Descriptive approach investigates the social and medical conditions of the particular groups and establishes the connections as exist between these conditions. The Normative approach on the other hand, sets up standards for the various groups that are being studied and indicates the possible remedial measures that might be taken to relieve a condition or check disease causation (Banerjee and Jalota, 1988: 4-5).

Illness and death are disruptive events that impose high economic, social and psychological costs whenever they occur. In every culture, there is a substantial and integral body of beliefs, knowledge and practices built around

the major life experiences of health and illness. The constellation of beliefs, knowledge, practices, personal facilities and resources together form the structure and patterns for the care and treatment of illness of persons of a socio-cultural group is called a medical system. It can be noted that, modern medicine has had primarily a biological orientation but the basic concern with social and cultural aspects of the maintenance of health and the etiology of disease is deeply rooted in the medical history. There is an immense heterogeneity of medical beliefs and practices. Traditional medicine is defined as “ the sum total of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention or elimination of physical, mental or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation whether verbally or in writing. Traditional medicine is not only limited to the arena of treating disease, but includes aspects of religion, socio-cultural and economic domains. Traditional medicine has two broad categories, i.e. Great traditional medicine having under it the Ayurveda, Unani, Sidhha, Nature Care, and Homeopathy; while the Little traditional medicine includes the Folk system of medicine. Traditional societies have always considered the medical practitioners as influential spiritual leaders who handled both the routine and extraordinary medical problems of the society, using magic and religion as the two pivotal rights in their employ, traditional medical practitioners help to conceptualize the ultimate reality of their culture and all the activities they embody (Banerjee and Jalota, 1988: 19). Disease or Physical injury is one of the misfortunes that may befall people in any society. In Anthropology, the term ethnomedicine refers to the multiplicity of medical system associated with indigenous societies as well as peasant communities and ethnic minorities in complex or state societies. Hughes defines ethno medicine as those beliefs and practices relating to disease which are the products of indigenous cultural development and are not explicitly derived from the conceptual system of modern medicine (Hughes, 1978:151). In this context Morley provides a more elaborate typology of indigenous etiological categories of disease in the form of a four cell matrix as shown below-

Supernatural Causes	Non supernatural causes
Ultimate Causes	Immediate Causes

Supernatural causes ascribe disease etiology to superhuman forces, such as evil spirits, ancestral spirits, witches, sorcerers or the evil eyes. Non supernatural disease categories are those which are based wholly on observed cause and effect relationships regardless of the accuracy of the observations made. Immediate causes follow from non supernatural sources and account for sickness in terms of perceived pathogenic agents. Ultimate causes posit the underlying sources of misfortune as it affects a specific individual (Morley,

1978: 2). Further, based upon comparative data from 186 societies, G.P. Murdock delineated an elaborate typology of theories of illness as mentioned below-

- A. Theories of Natural Causation
 - 1. Infection, 2. Stress, 3. Organic Deterioration, 4. Accident, 5. Overt Human Aggression.
- B. Theories of Supernatural Causation
 - 1. Theories of Mystical causation: a. Fate, b. Ominous sensations, c. Contagion, d. Mystical retribution.
 - 2. Theories of Animistic causation: a. Soul loss, b. Spirit aggression.
 - 3. Theories of Magical causation: a. Sorcery, b. Witchcraft.

Theories of Mystical causation posit illness to some putative impersonal casual relationship. Theories of Animistic causation posit illness to some personalized supernatural entity, a soul, Ghost, Spirit or God. Theories of Magical causation posit illness to the covert action of an envious or malicious human being who employs magical means to injure his victims (Murdock, 1980: 17). In this context, particularly in India along with the ethnic and cultural diversity, the folk medicine and indigenous knowledge of health care system are quite variable from one another. Meanwhile before analyzing in detail about the health situation of the studied people, a brief overview on Indian health scenario and adequate Governmental plan bears a special resemblance.

Traditional Health Care Practices of the Karbi People

The Karbi Anglong District is situated in the central part of Assam. It is bounded by Golaghat district in the east, Meghalaya and Morigaon district in the west, Nagaon and Golaghat district in the north and North Cachar Hill district and Nagaland in the south. The district, with dense tropical forest covered hills and flat plains were situated between 25° 33' N to 26°35' N Latitude and 92°10' to 93°50' E Longitude. The population of the district is predominantly tribal. The major tribal ethnic groups of this district were Karbis, Bodos, Kukis, Dimasas, Hmars, Garos, Rengma Nagas, Tiwas, Man. Besides, a large number of non-tribals also lived together in this hill region. Karbi was a tribal group and they were the early settlers and numerically dominant ethnic group of the said region. To study the indigenous knowledge of health disease and treatment of the Karbi people, intensive field work was conducted in the selected villages of Karbi Anglong district. The studied areas were one of the oldest settlements of the Karbi people. The study was conducted among 300 families with a total population of 1653. Among them there were 852 males and 801 females.

Methodology Applied: In this study Preliminary Census schedule was applied to collect data about their demographic composition, concept of health, disease, method of treatment and their result. Further, interviews were taken from the key informants to know about their traditional cultural practices particularly focusing on the issue related to their traditional health care practices. Thereafter, case studies were taken on the people who were suffering from different health problems. Case studies were also taken on their traditional method of treatment and in this concern the prime importance was focused on locally available medicinal plant, animal resources and their way of utilization by the studied people. Again, their consultation with the Lodep and his method of treatment were also studied.

The study was conducted during the period of January 2013 to December 2014. There were four divisions of the total field work. Two to three times of field work was done under each division as per the requirement.

Division-1: Foremostly, the general observation of the village was done along with the completion of Preliminary Census Schedule (PCS) to know the demographic composition of the studied people.

Division-2: Case studies were taken on the concerned people who were cured by the Lodeps. It was focused on the issues to know about the cause due to which the treatment conducted by traditional medicine man or magico-religious healer was unable cure the patient. Again it was focused to know about the fact that how Lodeps used to conduct the treatment through oracles.

Division-3: Detailed open structured interviews were taken from the key informant, eldest person of the settlement, different traditional healers of the concerned society to know about the different methods of their traditional healing. It focused on the relevance of locally available floral and faunal resources in their traditional healing practices, concept about different benevolent and malevolent spirits related to their health aspects. Further, if the traditional medicine man or the magico-religious healers could not cure their patient then the role and significance of the Lodep was analyzed in detail.

Division-4: The data was collected to find out the interaction between cultural, environmental and supernatural dimensions of health care practices among the Karbi people.

Objective of the Study

The present study is primarily focused on three important aspects-

1. To know about the cultural and environmental dimension of traditional health care practices.
2. To know about the utilization of different plant and animal resources in their traditional health care practices and the role traditional healers in this regard.

3. To know about the importance of Lodeps in the Karbi society and their method of treatment.

Traditional Karbi Notion of Illness

The Karbis believe in multiple deities and regards all objects on earth as having divinity or possession of supernatural power and therefore worship hills, mountains, rivers, etc. They further believe that diseases are caused by different malevolent spirits and by appeasing the benevolent spirits it can be redressed. Karbis regard both binary spiritual concept as possessing divinity which can harm as well as bring peace and prosperity to the people such as good health, wealth, favourable weather, etc. Karbis worship household deities called *Hem Angtar* and these deities are propitiated annually. There are deities which are propitiated as and when required are called *Habit ase* (non-household gods).

The disease condition or the notion of illness is being referred by the Karbis as *se kelong*. When a person falls ill, for example, after coming from forest, the household members attribute the cause due to encounter with evil spirits and initiates propitiation of the spirits. In case the patient does not respond to normal traditional treatments, the household members seek the help of wise man to ascertain the cause of the illness. The wise man through divination, identifies the deity/spirit responsible for the illness and suggests certain rituals for recovery of the patient. This act of divination is called *Sang Kelang*. The practice is more prevalent in remote areas where modern medical facility is a far cry. Sickness, if long continued or severe, is frequently attributed to witchcraft (*maja*) and the patient is said to be *maja kelong*- witchcraft has got hold of him.

Traditional healthcare practices of the Karbis

Traditional healthcare practices of the Karbis include both local and oral applications, and rituals to cure host of diseases like anemia, muscular inflammation, pain (analgesia), etc. *Keso* or illness is also called *se-kelong*, a generic term for contacting illnesses and its treatment is called *se-kelang*. *Se-kelang* therefore, involves numerous sacred healing incantations, chants, prayers and rituals and in some cases administration of plant and animal products. The rituals may be widely divided into (a) *kapherem* and (b) *karkli*. In *kapherem*, a cure for certain *keso* (pain or illness) is sought by performing healing chants involving external application of saliva of the mouth (*kehi / kangthok*) and mild blowing of air (*kebut*) on the afflicted portion of the body. *Kapherem* is performed for the cure of numerous pain or *keso* such as (1) *Ingki Angmi* (toxins of caterpillars), (2) *Bap Ase*, (3) *Ingthum* (Boils/Furuncle), (4) *Methan Kekor* (Dog bite), (5) *Pok Avur* (epidemic of stomach disease), (6) *But Pharo* (Acute Stomach ache), (7) *Chor Kedong* (Thorn inflicted injury), (8) *Me Kapherem* (Burn), (9) *Inghai* (lymph adinitis), (10) *Han Kangri* (Vegetable

Poisoning), (11) *Sor Kapherem* (Acute pain), (12) *Mek Avur* (Epidemic of eye disease), (13) *Chainong a-But* (Acute stomach pain), (14) *Thengkur* (Poisoning) and (16) *Phurui Kangthok* (Snake bite) etc. to cite a few. In *kapherem*, blood-sacrifice is generally not involved. In extreme cases when the *keso* does not respond to *kapherem*, blood-sacrifice or *karkli* is resorted to. Philosophically, therefore, in traditional Karbi healing system, blood-sacrifice is not the first option.

In *karkli*, a priest resorts to reading of entrail and liver of sacrificed chickens, goats or pigs. This practice of divining, known since the time of ancient Etruscans, Romans, and the Mesopotamians is known as *haruspicy*, *hepatoscopy* or *hepatomancy*, the inspection of the entrails of sacrificed animals, especially the livers of sacrificed sheep and poultry. The practice is also known as 'Extispicy (from Latin extispicium), the practice of using anomalies in animal entrails to predict or divine future events. Organs inspected include the liver, intestines, and lungs. The animal used for extispicy must often be ritually pure and slaughtered in a special ceremony.' Besides the reading of the entrails and livers etc., the direction of the head and wings of the sacrificed chicken is also examined. Karbi people use a number of locally available plant resources to redress their different ailments. The collection of such resources, its purification and further the method related with the preparation of medicine from them, are the integral part of their cultural tradition, customs and taboo.

Use of fish to cure mental depression-like condition (*Nihu kachingtung*)

As a society, Karbis are organized around a network of kinship relations. The maternal uncles are held in high esteem in Karbi society and traditionally, it is customary for all sisters to pay periodic homage/obeisance to their brothers. When a sister's son/daughter is afflicted with certain socially defined abnormalities, they approach a "*sang kelang abang*" or a diviner who performs certain rituals to identify the particular brother (elder or younger) who is to be ritually propitiated. This ceremony /ritual is called *Nihu kachingtung* or *nihu kachiri* (longing of maternal uncle). The particular *nihu* (maternal uncle) is approached, offered customary wine, who will then give six fist-full of rice and six pieces of *toman* (dried fish prepared out of bigger varieties of fish of any species) for the afflicted person. The quantity of ritual gift is five fist-full of rice and five pieces of *toman* if the afflicted person is female and six fist-full of rice and six pieces of *toman* if the afflicted person is male. If the person partakes the ritual gifts (of rice and *toman*), the abnormalities are said to be cured.

The Karbis regard both Gods and Devils as possessing divinity which can do harm as well as bring peace and prosperity to the people. In this concern a number cultural norms are associated with their reproductive mother-child health issues. A prospective mother is supposed walk across the river, streams and hilly areas, with the belief that through such movements she will be blessed

by the nature. It is a cultural taboo for her to consume the flesh of tortoise or chameleon. They believe that complicated situations during pregnancy occur due to curse of evil spirit known as *Hi-i- phuri*. In such cases a wise man sacrifices a cock and offers the blood to the evil spirit. Just before one month of the expected delivery, the concerned families invite a wise man to perform the *Voti-langpon kevar* ritual to prevent the influence of any evil spirit that may cause hindrance during pregnancy. Ultimately it is obvious that, a number of cultural practices and environmental resources are intimately related with the traditional health care practices of the Karbi people.

Lodeps and their Healing through Oracles

It was noticed that the Karbi were very much dependent on their traditional medicine men, magico-religious healers for the treatment of their various diseases. A number of different plant and animal resources were applied for their treatment. However in certain cases it has been reported that such plant and animal resources or even the performance of magico-religious healing could not cure the concerned patient from the ailment. In such cases they used to believe that the concerned person is under the possession of malevolent spirits and only a Lodep could rescue him from such possession. Basically a Lodep was a person who is blessed by their prime traditional deity Hemphu Mukhran or Rasinga to cure the patient according to their oracles. In this regard their traditional number system and traditional calendar bore a special resemblance. According to their traditional socio-cultural customs the New Year begins from the first day of February. In their tradition Sun (*Arni*), Moon (*Chek*) and their eclipse had an immense significance. The name of different traditional Karbi months and days are mentioned below-

Month	Traditional name	Month	Traditional name	Day	Traditional name
January	<i>Arkoi</i>	July	<i>Jakhong</i>	Monday	<i>Urmi</i>
February	<i>Thangthang- New year</i>	August	<i>Paipai</i>	Tuesday	<i>Durmi</i>
March	<i>There</i>	September	<i>Chiti</i>	Wednesday	<i>Thelang</i>
April	<i>Jnagmi</i>	October	<i>Phre</i>	Thursday	<i>Theman</i>
May	<i>Aru</i>	November	<i>Phaikuni</i>	Friday	<i>Bhomta</i>
June	<i>Vosik</i>	December	<i>Matijong</i>	Saturday	<i>Bhomti</i>
				Sunday	<i>Bhomkuru</i>

According to their traditional number system one was a very auspicious number. If a child was born in the traditional month of Thangthang or Pahikuni, on the day of 1st, 10th or 28th and on the day of Urmi then it was believed to good them. Meanwhile if the date and day of birth (i.e. Urmi) falls on the Full Moon day, then the child was believed to get the divine blessing of

Hemphu Mukhran to become a Lodep or Lodepi. In such cases their parents could notice their extraordinary theistic mind from childhood and never used to prevent them. After attaining the age of 30 years one night through dream the concerned person would get the divine words of enchanting from the Deity to become a Lodep. He was not supposed to tell that chanting to anyone in their life because only through that they would be able to communicate with the power superior and to listen the oracles from them. In the next morning a different behavior could be noticed from him which the parents used to understand and to verify the matter, they used to take him to an already recognized Lodep. The senior Lodep could easily understand the fact and used to introduce him as a new Lodep in the society. It can be noted that a Lodep could introduce a Lodepi and a Lodepi could introduce a Lodep.

Again according to their traditional cultural belief six was a very inauspicious number. If a child was born on the traditional month of Jakhong, on Bhomti and on 6th, 15th, 24th day of the month then it was believed as inauspicious for them. Again if the day was a new moon day or a day of any eclipse then it was believed as tremendously inauspicious. They had the belief that the children who were born on such dates, in some cases their indigenous knowledge of health care system might not be able to redress their ailments. It has been reported that if their traditional medicine man failed to cure the patient, then they sought the suggestion of their magico-religious healers. However, in such cases they sacrificed animals turned towards the inauspicious left side in spite of the auspicious right side, which meant that the benevolent deity was not appeased through their rituals. Under such circumstances only a Lodep could find a solution. During the present study total five persons with such divine powers are found out of whom three were Lodeps and two were Lodepi.

It can be noted that the house of a Lodep was believed to be very auspicious and a female during her menstrual period or a male who was going through a pollution period in some death cases could never enter into their huts and if it is violated then the Lodep will get the information and he would refuse to consult on the case. Only the patient and one of his primary consanguinal kin or affinal kin could enter into the worship place of the Lodep. From the associated person the *Lodep* used to listen about the problem and detail about his birth and used to direct the accompanying person to leave the room. In front of the Lodep an altar was used to be kept. On the altar, a pair of egg, vermilion, bong (gourd shell required in every rituals), hor, plantain leaf, incense stick, light, sanctified shell, red and black threads are kept. The Lodep and the patient used to sit opposite direction to one another and in front of the patient a vessel of water was kept. It is mentioned here that from the full moon day upto the new moon day the Lodep used to sit in northward direction of face and from new moon day upto the full moon day in southward direction, according to the position of their Deity Hemphu Mukhran

in the supernatural world. At first he used to light the lamp, incense sticks and then tied up the pair of eggs with the black thread in anti clock wise direction. Then he used to put three rows of vermilion marks on the eggs. The first row of marking and their numbers were according to the month of birth, the second row was according to the date of birth and the third one would be according to the day of birth, as it symbolized. Then he used to invite the deity with chanting and a folk song. Further, the patient was advised to look into the water where he could only notice the ripples but not his image. It was believed that the malevolent spirit had taken the possession of his body. The Lodep advised the patient to say about his suffering by looking into the water. Afterwards the Lodep himself used to brief the Deity about the case and sought the suggestion. Accordingly the oracles were received by the Lodeps. While listening the oracles the Lodeps used to tie up the pair of eggs with the red thread, in clockwise direction of the black thread. During the period listening his head remained towards the upward direction and he used to move around the patient in clockwise direction. Through oracle the deity directed the Lodep to arrange the requirements for the main ritual and the particular medicinal plants or the animals to be sacrificed at that time. He was also directed about the date and time of the worship, failing of which it would be a permanently incurable case for the sufferer.

Afterwards, the Lodep used to call the accompanying person and give her the sanctified eggs. The next day and time of worship was told to him and a strict taboo was maintained on the foods like dried fish, chilly, pork and hen.

On the specific day after the dusk the Lodep would start the second phase of rituals. First he used to keep bong, hor, plantain leaves, vermilion, incense sticks, lamp along with advised required objects on the altar. Then he used to set a ring of fire with straw and got entered into that with the patient. Basically it was to ward off the evil spirit; however, the patient could not touch the Lodep under any circumstances. Meanwhile the Lodep used to untie the two threads from the egg and placed it on the altar. Then he used to invite the Deity by holding the eggs together his hand. He used to receive the oracles and the patient could feel it by listening carefully a mild sound of their traditional musical implements named as chengburup. Further according to the direction through the oracle the Lodep would prepare the required medicine with the help of local medicinal plant produces. The dosage of such medicines was also prescribed through the oracles. It can be noted that generally the medicines were prescribed maximum for two days and until the course was over, neither the patient could not come out from the room of Lodep, nor he could go outside from the room. At the last phase the animals were sacrificed and a drop of blood was used to be put on the top of the eggs and the ritualistic performance came to an end. Then again the Lodep would ask the patient to look into the water; now he could see the image of his face and the Lodep

declares about the curity of the patient. Among the total studied families, 106 (35.33) of them had consulted with the Lodep and total 216 (13.06) cases were recorded. Meanwhile, in two cases the father of the daughters consulted with the Lodep to know about her future with affinal kin members. In such cases the Lodep used to send two bettle leaves and two nuts, to keep it in the house of would be bride for seven days. Then the parents used to return it back to the Lodep. On examining if the Lodep found that the leaves became pale then it was predicted to be a miss match. Under such circumstances the parents used to think about alternative. It can be noted that an individual who was believed to born on some inauspicious date the initial incidences of failure could generally occur once in their life, however if it had occurred twice then the Lodep used to give them a sanctified locket made up of two conch shells and tied up with a red thread. On the top of the shell the Lodep used to put a circular mark first with the carbon of the lamp and upon that with the blood of sacrificed animal, which symbolizes that the effect of the evil eye or malevolent spirit was overpowered by the traditional deity.

It is to be mentioned here that the Lodep and his method of treatment was absolutely Karbi community specific and he did not allow the people of other ethnic groups for any sort of consultation. He had a number of material cultural elements like sanctified lockets, sanctified shells, scared thread, sacred broom made up of feather, mortar and pestle to conduct the process of healing according to the oracles. In this regard the following case studies could analyze it in detail-

Case study-1: Basapi Kropi aged 32 years was facing an immense problem related to her pregnancy. During the period of study she was seven months of pregnancy. Earlier she met twice with the incidence of miscarriage once at seven month and another at eight month. In both of the cases she consulted with the traditional medicine man and the magico-religious healer but is was unable to provide her a delightful result. It had created a fear to her and during the period of study she was scared to loose her third child also. However her mother discussed with her mother in law and she was taken to the *Lodepi*. Looking after her symptoms, convulsion of eye and knowing about her birth particulars, the Lodepi stated that she was possessed by the evil spirit and her life was at the stake of danger. Further, the Lodepi conducted the first phase of treatment and Basapi could remember that when the Lodepi was listening to the oracles and responding to it she could only notice the whirls in the water and felt her thrilling experience. Further, the Lodepi gave her the pair off egg and advised her to come after four days. It was strictly told to keep the pair of eggs carefully because if it was broken then it would be a permanently incurable problem. Further, she went to Lodepi for the second phase of rituals as advised and they sat within a ring of fire. She stated that during the rituals animal sacrifice was done. Further the Lodepi admixture the leaves of *chuselok*, *chamua*, *hen saiku* in a mortar. She roamed around

Basapi for thrice in a clockwise circular motion and during the movement spelt the enchanting. Further, Basapi was advised to drink it. Then the Lodepi tied two sanctified shells with a red thread on her waist. She advised her not to remove it permanently until her age of menopause. The entire ritual existed for around ten hours and at the end of it she could see the image of her face in the holy water. During the study Basapi delivered her child and both of them were well in their physical condition.

Case study-2: Jiten Teron aged 47 years suddenly suffered form stomach upset. He first consulted with the traditional medicine man and latter on with the magico-religious healer but it could not redress his ailment. In the meantime often he started to walk in sleep and during that some unnatural sound was heard from him by the family members. His wife Junmili became very frightened in this incidence and consulted the matter with her mother-in-law. The other senior members of neighbourhood also noticed the gradually deteriorating health condition of Jiten and advised them to consult with Lodep. By examining Jiten and knowing about his date of birth the Lodep stated that he was born on the day of lunar eclipse and evil spirit had taken the possession in his body, from which only the blessing of *Hemphu Mukhran* could cure him. He gave him a shell tied up with a red thread to wear on neck and told him an enchanting which should be done at the time of bathing, in the evening and during the night just before sleeping. Jiten could clearly remember that even he could not see his image in the holy water and it made him frightened. He cried in front of the Lodep by thinking about his death very soon and consequent crisis for his family members. The Lodep psychologically assured him and advised to come after three days. Duirng the period he was tabooed to take any spicy food. Further, on the day of final worship the Lodep worshipped the leaves of medicinal plants like *Churu*, *kurveng* and *or-ho* and pasted them in the mortar. It was smeared on his stomach and he was advised to lie down. Further from his tip to toe a sacred red thread was kept and the Lodep was fanning him with a sacred broom for long. Then a pair of hen was sacrificed and the drop of blood was marked on the top of the pair of eggs. On the left arm of Jiten he tied up a sanctified locket with a black car and advised him to wear it for life long. The entire ritual was conducted for eight long hours and at last Jiten could saw his face on the water. However, he was tabooed for life long to attend any death ritual or to cross any river by walking. During the study Jiten could still remember that he got cured only due to the healing of Lodep who saved his life from almost an impossible condition.

General Observation

The fundamental universal concept of health care practices is to cure and prevent diseases and illness. Ever since the attainment of culture building capacity by man, there have been attempts to devise cures for multifarious diseases. Man since his emergence remained engaged in attempting to combat

different fatal diseases. Folk medicine has served this purpose over the last 3,000 years or so in India. In the historic past at all levels of socio-cultural development there could hardly be any group of population that has not had its own concept of health, disease and treatment. The people of a habitation region in general become knowledgeable about the curative or preventive medicinal plant species abounding in the region. The concerned people are apt to learn the utility of some herbs available near at hand. The people living in the sub mountainous region of Karbi Anglong, as sedentary inhabitants, came into intimate contact with various geo-physical features and environment. Simultaneously, they gain a distinctive knowledge of the total environs of the habitat. The Karbi people used a large number of medicinal plants for their self therapy. Besides the use of different herbs by common people, the traditional healers had the knowledge to use the herbal medicine and to diagnose the bodily disorders. Such traditional healing practices are acclaimed to have classic effective value on account of their being non toxic, non cost worthy and easy availability. Further, a number of physical ailments were attributed to different super natural causes. Different magico-religious practices were widely conducted to cure such maladies.

The concerned people had a strong faith on evil eye, evil wind and charming arrow. To redress the malevolent effect of such evil forces a number of magico religious healing practices were performed by the magico-religious practitioners of the studied area. Even the elderly members of the concerned community also had the knowledge about different magico-religious healing practices. It is to be mentioned here that economic scarcity was a major hindrance for the studied people to avail the modern medical treatment. In such circumstance the environmental resources and cultural practices had played a major role in their traditional health care system; as well as an intimate psychological dependency could be also noticed on it.

Table 1
Influence of malevolent soul causing ailment

Name of the Soul or Spirit.	Category (M/F).	Cause of Disease	Redressal Method.
Karjong (Soul) of human being.	Both Male and Female	The Karbi concept on soul was found to be known as Karjong and it is belief that in term of mental disorder, Peculiarity behavior are the cause of disease which occurred when a person soul is trapped by the evil spirit. It is done for bringing harm to the person.	The Kurusar (Religious practisioner) find the cause and the Se Karkli (Ritual is performed) like sacrificing of animals.
Chamburukso is a spirit which exist after a persons death.	Both Male and Female	Chamburukso prevails after a person death. This spirit tries to disturb any one of his friend/ relative when he is unsatisfied for anything at the time of his death. Through certain sign at the time of any ritual ceremony that take place at home, Tries to harm or disturbed his relative with certain sign a person feel discomfort, uneasiness occurred, some time a person feels cold and faint.	In order to avoid such situation, a small piece of Banana leaves as plates are place on the ground for as many Chamburukso or ancestor spirit and Wine sprinkled and pieces of burnt dried fish offered by an elder member who chants incantation praying for their blessing.

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