

Perception of Health and Medical Education in Manipur

*Dissertation submitted to Jawaharlal Nehru University
in partial fulfillment for the award of the degree of*

**MASTER OF PHILOSOPHY
IN
HISTORY OF EDUCATION**

BY

JOANN ROSANGPUI

Under the Supervision of
PROF. DEEPAK KUMAR



**ZAKIR HUSAIN CENTRE FOR EDUCATIONAL STUDIES
SCHOOL OF SOCIAL SCIENCES
JAWAHARLAL NEHRU UNIVERSITY
NEW DELHI-110067**

INDIA

2008



ZAKIR HUSAIN CENTRE FOR EDUCATIONAL STUDIES
SCHOOL OF SOCIAL SCIENCES

CERTIFICATE

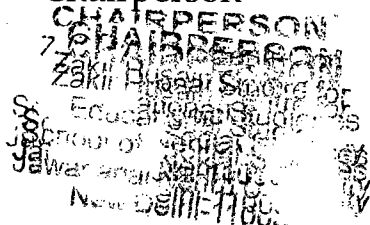
This is to certify that the dissertation titled "Perception of Health and Medical education in Manipur", submitted in partial fulfillment for the degree of **Master of Philosophy** of this University has not been previously submitted for any other university and is my original work.

Joann Rosangpui
(Joann Rosangpui)

We recommend that the dissertation may be placed before the examiners for evaluation.

Geetha B. Nambissan
(Prof. Geetha B. Nambissan)

Chairperson



Deepak Kumar
(Prof. Deepak Kumar)
Supervisor

Dedicated to my Dad,

Mr. Zairema

(09.02.1941 - 01.05.1997)

Acknowledgements

This dissertation could not have been written without Dr. Deepak Kumar who not only served as my supervisor but also encouraged and challenged me throughout my academic program. With his encouragement and constant guidance I could finish this dissertation. I would like to take this opportunity to thank all those who have contributed in any way, shape or form to the completion of this study. During this course of work I was supported by grants from the University Grants Commission and my heartiest gratitude goes out to them.

There are several dear persons who helped greatly in the completion of this work. My father-in-law Mr. P.L. Thanga, the inspiration for doing the topic came from him and for all his help and valuable resources he sent to me. My Mom Mrs. Sangthuami for instilling in me the importance of education, keeping me motivated and for always believing in me. My husband David, who had confidence in me when I doubted myself and has been there for me. My niece, JC Angel Lalrindiki, who went out of her way to help me on several occasions, and it, really means a lot to me.

And to Janet Lalawmpuii, thank you for your help. I appreciate your help so much.

Place: New Delhi

Joann Rosangpui

Date: July, 2008

Contents

	Pg nos
CHAPTERS	
OBJECTIVES	1 - 4
1. Introduction	5 - 16
1.1 Preface	
1.2 Methodology	
1.3 origins of the Meiteis	
2. History of Manipur	17 - 31
2.1 Historical Background	
2.2 Religious evolution, traditional beliefs, ancestor worship	
2.3 Gods and Goddesses, Sun worship etc	
2.4 Body and soul relationship, Modern Medicine.	
3. Identifying the <i>Maibas</i> and <i>Maibis</i> : Technique and methods of their treatment	32 - 53
3.1 Types of <i>Maibis/Maibas</i>	
3.2 Maiba Loishang or the office of the <i>Maibas</i>	
3.3 Ningthou <i>Maibas</i> (Personal physicians of the kings)	

- 3.4 Duties of the *Maibas*
- 3.5 Social position/ method of treatment
- 3.6 Types of diseases known by them
- 3.7 The development of traditional (Maiba) Manipuri medicine
- 3.8 A special feature of Manipuri system of treatment
- 3.9 Hingchabi changba - Attack by the vampire on a person

4. The education system of the *Maibas* and *Maibis* and their present status 54 - 74

- 4.1 The knowledge/training of the Maiba and Maibi
- 4.2 Contribution of the *Maibas* and *Maibis* to the principle of physiology and surgery a. The *Maibas* as psychiatrists
- 4.3 Prominent position of the *Maibas* and *Maibis* in some death rituals
- 4.4 Role of *Maibas*/physicians in curing python-bite

5. Introduction of modern medicine/ Health for common people 75 - 94

- 5.1 History of medical services
- 5.2 Indigenous medicinal plants
- 5.3 Inception of Medical College in Imphal, Manipur
- 5.4 Traditional medicine vrs Modern medicine
- 5.5 Role of education in health scenario
- 5.6 Pubic response on health system
- 5.7 Analysis of the Debates on "Health for all by the year 2000 AD"

6.	Conclusion	95 - 103
	List of Illustrations	104 - 109
	Bibliography	110 - 119

Objectives

In spite of having a rich traditional medicinal knowledge and practices there is no research work accessible on this subject in Manipur. Thus, a historical study of Medical education is imperative for a better perception of these aspects of traditional method, medicines and practices and their changes in order to promote the form of medical technique that exists in the past. The main intention of this dissertation is to fill up the inconsistency from the traditional to the modern practices and to provide an ample account of medical education with the help of the historical accounts and information that has been accumulated and gathered.

Medical and health check - up exist side by side. It complements one another. For this reason the name of the topic is "Perception of health and medical education in Manipur ".The content of this study encompasses the traditional practice of healing up to the modern method of healing incorporating its history of the foundation of both. Manipur is rich in its traditional method of healing which is still prevalent even in the present day; there are physicians who care for patients by means of nature's medication intended for curing the sick at their own home. A large number of people have high expectation and conviction on these physicians.

The study can be divided into four main parts: firstly, the importance of the traditional doctors, practices and the indigenous medicines, diseases etc and its impact on the society. Secondly the main objective of the study is to find out whether the health care need of the people is the traditional method of treatment or the modern method. Thirdly it explores the religious history and thence using it as

the backdrop since all the traditional practices by the priests, priestess and the physicians are mainly associated with religion. And fourthly; it correlates the introduction of medical services and the introduction of modern education. This illustrates the importance of traditional medicines. This work anticipates for medical education that has not yet been put to light.

The first chapter discusses the methodology, the origin of the *meiteis* etc; the 2nd chapter investigates the religious background such as the ancestor worship, for instance the worship of *Umang Lai* (the religious belief of the *meiteis* etc). The main premise of the work would be discussed in chapter two to fifth. Chapter 3 examines and identifies the *Maibis* and the *Maibas* and talks about the education of the *Maibas* and *Maibis* before the British period. The next chapter i.e chapter 4 evaluates the current status of the *Maibas* and *Maibis*. The fifth chapter explores the introduction of western education, the beginning of medical colleges etc. Finally the last or the sixth chapter mainly accentuates the issues of the Health for common people such as the role of education in health scenario, Public response on health system etc and provides a capstone perspective with suggestions for further studies. This study mainly Endeavour's to fill up the absence of a book on the history of medical education in Manipur.

The study is about a historical narrative that challenges to explore the history of medical education in Manipur by discovering the foundation of traditional practices to the introduction of modern medicine and also to examine ways and means for the development of education in the field of medicine and health care. It mainly seeks to

identify the role and place of traditional doctors or physicians known as the *Maibis* and the *Maibas* and unearth their approach of practicing treatment for various kinds of diseases and the various functions and duties carried out by the *Maibis* and the *Maibas* to explore the diseases known to them.

Furthermore, the study investigates the inception of the Regional Medical College in Manipur and find out how the institution became a teaching hospital with medical graduates from a mere hospital since its inception. It highlights the progress and challenges the domain of health and health education has made and faces so far. The study also delves into issues such as how medical education has been used to promote awareness about health problems and how this facilitates discussions on issues like the policy of "Health for all by the year 2000 AD".

Besides these objectives, speculation about the popularity of the institution of the traditional method of treatment in the present day shall be discussed in the following chapters. Therefore, the question remains whether studying and applying their method has become a craze in Manipur, or is there any possibility that the traditional method of treatment will in due course outshine the modern system of treatment? Will the modern means of treatment become a secondary preference for the people of Manipur in future, considering the fascination for practicing and receiving training in allopathic nature?

Lastly, the research question that has been raised are queries such as who among the *Maibas* can be rightfully called the 'healers'? There are other types of *Maibas* who are

not healers but play instruments in temples. Though highly respected for their work, their sole function is to serve as musicians, nothing less and nothing more. In such a case, it is important to make a distinction between the two and focus on the kinds of treatment and procedures that are being practiced by the healers? Is there a particular rule for the ingredients of a *Maiba* ritual etc? And how has the Regional Medical College in Manipur come to be established? Has it helped in promoting medical sciences and what steps does it take for the advancement in learning the medical/clinical sciences? Does it generate the consciousness or the awareness of health and medical education in Manipur? Raising these important questions could lead to a healthy discussion of topics such as "Health for All by 2000 AD" with special reference to Manipur. What role and strategy would be the best in achieving the objective of Health for all?

CHAPTER - I

Introduction

“India is the cradle of human race, the birthplace of human speech, the mother of history, the grandmother of legend and the great grandmother of tradition. The most valuable and most instructive materials in the history of man are treasured up in India only.” — Mark Twain

To begin with, this study does not fix a time period as generally stated in writing a dissertation involving Historical accounts or events. As such, in this study framing a time period is not possible as the study would become too vast and widespread and it will eventually be difficult to synthesize the accounts together in one time frame. This study mostly explores the history of medical education through researching and by scrutinizing the primary data such as Government reports regarding the foundation of hospitals, health status, health management and education etc from the medical directorate, Department of health, Manipur and also archival materials such as manuscripts written in Manipuri (original and in the most authenticated Meitei script i.e. *Meitei mayek*) on the traditional physicians, diseases available in the Manipur State Archives, Imphal.

Secondly, Newspaper reports as well as articles from different Manipuri journals have been referred to in order to support the study. As for the secondary data; books by eminent Manipuri authors as well as by many other writers have been consulted on the related topic on medical history in the following chapters. Further,

for the history of medical college in Manipur, resources applicable for the chapters have been obtained from the office of the Regional Institute of Medical Sciences, Imphal, Manipur. As for the documents on the medical annual reports or orders made by the state Government have been procured from the Medical directorate situated at Lamphelpat in Imphal, Manipur. Lastly, Questionnaires, interviews with the *Maibas / Maibis*, local physicians have been a driving force in acquiring the practical version or explanation for this study.

The study, in addition, closely examines the sources available at the Manipur state Archives and those written in original Manipuri script. With the help of the most authenticated original documents, one is able to excavate the concrete beginnings of medical education; how it all began and later transformed into a medical teaching institution. All the following pieces of information aspire to shed light on this topic in order to create awareness about the richness of the traditional practices in Manipur and to bring to light issues that have been in the dark for a long time.

The study of medical education is closely linked with the traditional practices and its institution that prevailed centuries back, therefore a comprehensive study is necessary for understanding its developmental history. The Meitei society has a unique feature for treatment of any kind of diseases in the way of division of labour among the *Maibas* from very early period to even today. The *Maibas* are divided into different categories according to their method of treatment of different diseases and they are known by different names. We shall discuss their different names and identities in greater detail in the following chapters.

The Meiteis of Manipur believe in the evil eye or evil spirit which is locally known as *Hingchabi changba*. It is a kind of supernatural phenomenon in which the *Hingchabi's* (possessor) spirit enters into another person who suffers both mentally and physically and the spirit takes full control over the victim's body. It happens when the spirit yearn to eat something or possess an object which it really desires to acquire. Most of its targets are women. When a person is possessed or seize by the spirit the victim shows abnormal behavior such as shivering, crying, laughing, frothing, difficulty in breathing etc.

A *Maiba* (medicine man) is summoned for treatment on such situation, which performs certain rituals to ward off the evil spirit by offering the specific materials which the spirit wanted to obtained. Certain precautions are taken up by the people to protect themselves from the evil eye. Here, it is worth mentioning that it cannot be cured with modern medicines or any other else except the traditional method of treatment performed by the *Maiba*. For that reason this study aims to analyse the importance of the traditional doctors, their practices and their techniques. And as also mentioned before, the study also examines whether the health care needs of the people is the traditional method of treatment or the modern method. Through the study of medical knowledge among the ordinary people, this study addresses the relation between the knowledge and experience of the traditional practices.

Geographical background

To begin with, let us discuss some of the noteworthy aspects of Manipur. Imphal is the capital of Manipur and is situated in the north-east of India. It covers an area of 22,327 sq. km. The state can be divided into two physiographic zones valley and hills. The valley has an average altitude of 872m above Mean Sea Level and the hill ranges with peaks varying altitude from 2000-3000 metres above Mean Sea Level¹. The state lies at latitude of 23°83'N - 25°68'N and longitude of 93°03'E - 94°78'E. As maintained by the 2001 census, Imphal had a population of roughly 217,275. Males constitute roughly 50% of the population and female comprises 50% as well.

Imphal has an average literacy rate of 79%, higher than the national average of 59.5% out of which male literacy is 84%, and female literacy is 74%. Majority of the people encompasses mainly of the Meiteis, while others includes the Bishnupriyas, Manipuri Brahmins, Meitei Pangals, and the hill tribes. The Hill tribes of Manipur are divided into a number of clans and sections, grouped under the two divisions - Naga's and Kuki's. The principal clans (Salais) that formed the Meithei community are seven in number². They are:

1. Ningthouja
2. Angom
3. Khuman
4. Moirang

¹ Dr. M. Sumarjit Singh and Gaipuichung Kamei, "Medicinal plants used as vegetable in day-to-day life of Manipur", pg1

² Dr. M. Kirti Singha., Religious developments in Manipur in the 18th and 19th century, pg13

5. Luwang
6. Chemlei
7. Khaba-nganba

These seven groups are dispersed in the different regions of the valley. Kirti has pointed out that as apparent in *Leithak-Leikharon* , the origin of these seven Salais emerges from the seven planet gods while in other story the ancestors of the seven Salais got the shares of a dead cow assumed by Guru Shidaba himself³.

Meanwhile Manipur is an assortment of traditions and cultural patterns. The major religions of Manipur are largely Hinduism, Sanamahism, Christianity, and Islam. The land was in earlier times divided into small territories occupied by different clans of peoples, namely *Khumal, Moirang, Angom, Luwangs, Ningthoujas*, etc. The territories were after the names of the respective clans and they lived side by side in Manipur for centuries until the Ningthouja clan occupied all by degrees.

Natural Features

Manipur consists of a central valley in the midst of hills on its sides. Some of the names of the important hills are Koubru, the Nommaiing and the Langol. The highest peak i.e Koubru is the lowest point of the Himalayan range. The hill ranges in the south extend as far as Mizo hills and the Arakan Yomas. The Loktak lake is one unique features of the valley with an area of 8X5 sq.miles. Loktak (LOK =

³ Opcit.pg14

stream + TAK = the end) is the journey end of several streams and rivers. It is also a pulsating lake, which is about 500 Sq. Kms during rainy season and 250 Sq. kms during winter and is proud to be the largest fresh water lake in the northeastern region of India

Origin of the Meiteis

As far as the origin of the Meiteis is concerned there are varying opinions and judgment offered by different writers. Modern writers Shri Atombapu Sharma advocates a new theory of the Indo-Aryan origin of the Meiteis and believes that the Meiteis are the descendants of group of people coming from the Mithila (land of the *Mithis*) which apparently is the eastern frontier of Aryan culture for a long time. He also pointed out that although there had been the original population there was migration of people from outside in the ancient days ⁴. However, many historians have rejected the theory of Hindu origin of the Meitei. However on the same note British writers particularly Pemberton did not accept the Indo-Aryan origin of the people in this land and in fact considers them to be the descendants of a Tartar Colony from N-W frontiers of China⁵.

Meanwhile T. C. Hudson, George. A. Grierson argues that the Meiteis to be the descendants to the kuki chin group of the surrounding hill tribes. They appeared to have scattered over the hill areas from Lushai hills and Chittagong. But interestingly this view has been challenged by writers who are of the opinion that there is a gulf

⁴ Dr. L. Bhagyachandra Singh, A critical study of the religious philosophy of the meeteis before the advent of vaishnavism in Manipur, 1987.pg9

⁵ <http://mastec.nic.in/manipeople.htm>

of difference between the Meitei people and the kuki-chin group⁶. On the other hand there are some writers such as Dr.R.Brown, Captain E.W.Dunn who argues that there has been a large infusion of Aryan type. According to Brown he said "Although the general facial characteristics of the Manipuri are of the Mongolian type, there is a great diversity of feature among them, some of them showing a regularity approaching the Aryan type".Dunn also states that " There can be no reasonable doubt that a great Aryan wave of very pure blood passed through Manipur into Burma in pre-historic times"⁷.

Further, T. C. Hodson in his book "The Meiteis", writes about the different theory regarding the origin of the Meiteis. According to the descendant of surrounding hill tribes theory he noted that the Manipuris are the descendants of the hill tribes and his views was supported by Dr. Brown by remarking that the origin of the Manipuris from the surrounding hill tribes is the proper and only conclusion to be arrived at⁸, whereas according to the belief that the Manipuris are Hindu descendant, Captain Pemberton writes that since their conversion to Hinduism, the Meiteis have claimed for themselves a Hindu descent.

Some Meiteis as alluded to by McCulloch actually claim for themselves a western and Hindu descent⁹. Sir G. A. Greason has also expressed that "The people

⁶ Dr. L. Bhagyachandra Singh, A critical study of the religious philosophy of the meiteis before the advent of vaishnavism in Manipur,1987,pg16

⁷ Opcit,pg17

⁸ T. C. Hodson, The meiteis,pg7

⁹ Opcit.,pg7

(Manipuris) are known to the Burmese as Ponnas that is Brahmanas¹⁰. Therefore all these opinions clearly pointed out towards their Aryan descent.

Further, hodson states that there is a belief that there were Naga tribes who came down to valley and became Meiteis in course of time. On this note Major-General Sir James Johnston is quoted, "There can be little doubt that some time or other the Naga tribes to the North made one of their chiefs Raja of Manipur, and that his family, adopting the civilization of the country, retain some of their old customs"¹¹.

Although a large section of the Manipuris strongly denied that Manipuris has anything to do with the Nagas, Mc Culloch noticed that, the Naga dress is usually worn by the Rajah on ascending the throne that seems quite convincing contrary to the belief by some sections of the people. In support of this view there are photographs of the *kangla* or Coronation Hall that shows that the front beams of the roof have crossed and carved ends which are distinctly reminiscent of the decorations of the houses of the Naga villages. Therefore this notion of origin of the Meiteis from Nagas theory remains a fascinating hypothesis.

Some writes that the Meiteis originated from those of the Tibeto-Burman races. On this line Hodson states that considering the linguistic affinity provided by Brian Hodgson as commented by Hodgson himself that "the structure and vocabulary of the Meitei language alike agree with those of the Tibeto-Burman races"¹². Meanwhile Dr. Grierson gives it a place in the Tibeto-Burman group of language That actually

¹⁰ <http://manipurinfo.tripod.com/>

¹¹ T. C. Hodson, The meiteis,pg8

¹² Opcit.,pg10

embraces the Kuki-Chin languages¹³. Taking these remarks Hodson put together that although the Manipuris have been facing waves of foreign invasion like the Shan, Burmese, English, Hindu, each have left a permanent marks on the civilization of the people leading the Manipuris from a primitive culture to a comparative civilization.

Thus the variation in the opinion mainly points towards the emergence of the Meiteis as deeply rooted, old and established .Though a definite answer as to their origin may not be available but surely the Meiteis belong to a deeply entrenched community in the social order. The difference in the opinion of different authors and writers makes it even more interesting to learn about the different possibilities of their origin.

Brief history

Manipuri's history goes back to the ancient Meitei history where it centers around stories of the forefathers of the people. This land and its people have a varied and proud history. In earlier times Manipur was initially an independent princely State, an absolute monarchy prevailed. The recorded history of Manipur commences from 33 A.D. onwards. The Meiteis regarded the kings who ruled Manipur from this period onwards to 428 A.D as Gods. Therefore it is no unanticipated that there are historical accounts that mentions that the kings were often worshipped upon as Gods. The Puya says the original Meiteis were created by God in the likeness of Him. The Meiteis were created looking at the image of God, as a model of God's

¹³ Opcit.,pg11

shape and likeness¹⁴. These people called Meiteis are living this in land now called Manipur today.

Manipur came under British rule after the Manipuris were defeated in the Anglo-Manipuri War of 1891, after which the state was ruled as a Princely State by its own Maharaja who, no doubt, was guided by policies as laid down by the British Raj. Only in the year 1891, Manipur became a part of British India. Thence Manipur became liberated from the British when India won Independence. During the years preceding Independence, Maharaja Buddhachandra Singh (1941-55) along with his Maharani Ishori Devi, one of the princesses in Nepal ruled Manipur.

It was during the reign of Buddhachandra that this state faced the horrors of the Second World War. Manipur was bombarded by the Japanese, and several parts of the then kingdom were destroyed and the King's Palace in Imphal was also hit. In the war, the British-led Allied Force defeated the invading Japanese and it came to an end in Manipur in 1945¹⁵. The State later on merged with the union of India on October 15, 1949. On this same day Maharaja Bodhachandra the then king Manipur signed a merger agreement with the Government of India. Subsequently It was then categorized a 'C' group state on January 26, 1960 and finally on January 21, 1972. Manipur got her full Statehood within constitutional limits of India.

Many authors describe Manipur in their own way. St. Clair Grimwood described it as "A Pretty Place more beautiful than many show places of the world." Quite similarly Pandit Jawaharlal Nehru described it as "Jewel of India". Lord Irwin on the

¹⁴ http://www.e-pao.net/epSubPageExtractor.asp?src=reviews.books.the_meetei_and_the_bishnupriya

¹⁵ <http://www.sunmediaonline.com/indiachronicle/may07/travel.html>

other hand portray Manipur as the 'Switzerland of India' and true to its description , Manipur boasts of an exotic landscape with gently undulating hills, emerald green valleys, blue lakes and dense forests. In the Mahabharata Manipur has been described as 'Mani' meaning Jewel, and 'Pur' meaning City or place.

In the past Manipur was known by various names to different countries and states such as '*Poirei Meetei Leipak*' or '*Poileipak*' or '*Kangleipak*' to themselves¹⁶. '*Kathes*' or '*Ponnas*' to the Burmese', '*Hsiao Po-Lo-mein*' to *Mekele*' to the Assamese. R. Brown pointed out that, Manipur was known as '*Maithi Laipak*' (*Maithi* = Meetei and *Leipak* = country) to the Manipuris themselves. Whatever name it may be called, Manipur is clearly a part of India both from the point of view of geography and culture. It never lost its basic link with the mainstream of the Indian culture.

The culture of Manipur has been a part of Indian culture. Ruth Benedict says, "A culture, like an individual, is a more or less consistent pattern of thought and action"¹⁷. The cultural and social system, recorded in not less than 1,000 old Meitei scriptures is a living testimony of the rich heritage embodying Manipuri sciences, ethics, aesthetics, fabulous arts, and above all, the universal Manipuri thought, faith and philosophy. Considering the cultural heritage of the early past and the living tradition in folk and oral history, Manipuri civilization stands out as the embodiment of the cultural achievements of both the highlanders and the Meiteis in the valley who having suffered the birth pangs of the past and many an ordeals of

¹⁶ http://www.e-pao.net/epSubPageExtractor.asp?src=reviews.books.the_meetei_and_the_bishnupriya

¹⁷ Max Weber: 'Ethnic Groups' in Michael W. Hughey (ed): New tribalism: the Resurgence of Race and Ethnicity, 1998, Macmillan: London, Pg42

survival are sharing a common destiny against heavy odds.¹⁸

Further, The Manipuris held a firm belief in folk medicine. They have tremendous respect in their traditional healers upon whom they also have substantial faith and confidence. The Manipuris have few characteristics regarding perception of health and disease. As like other societies of other region they also accredit a lot of diseases, sickness etc to the rage of god, to evil sprits and the supernatural or magic of human being. On this note, healing or treatment is based upon the elimination of causative factor by appeasing god, controlling evil spirits through supernatural powers, use of sorcery and through herbal or natural preparation. Thus religious practices of the Manipuris are closely related to their health care system also.

Therefore the *Maiba* system or Maibaism in Manipur is a very distinctive religious system. It is actually a hierarchy of priesthood. The *Maibas* are the traditional priests of the Manipuri society. It shall be discussed in detail later in the following chapters. Since Maibaism is related to the old Manipuri religion it is important that the religious history is dedicated to one whole chapter.

¹⁸ Manipur-Past and Present, volume 1, History, Polity and Law, Edited by Naorem Sanajaoba, Mittal Publications Delhi-35, First published in 198, .pg. iv

Chapter -2

History of Manipur

Land and the people

Manipur is a place that constituted different races and culture through the ages, which ultimately mingled together. The region is divided into two distinct zones- the valley and the hills. The population comprises of the people mainly the Manipuris known as Meities or Meeteis. The large number of tribes inhabiting Manipur hills can be broadly divided into the Nagas and the Kukis. However a clear cut categorization of the two groups is next to impossible as there are many sub-tribes belonging to the Naga side as well as the Kuki sides.

In old manuscripts like '*Leithak Leikharol*' we find the history of the Meitei society, their customs, traditions, religious beliefs, art, culture and rich literature. The Meiteis claimed they have a separate group and having their own identity. They speak Manipuri language. They are divided into seven endogamous groups locally known as '*Salai*'. The general characteristics of the Meiteis are of Mongoloid type small eyes, fair complexion, rudimentary beards etc. Society is organized around neighborhoods, called *leikais*. All activities, from ear-piercing ceremonies, to festivals and cremations center around the *leikai*. The approval of the *leikai* is the highest the community-minded Manipuri can seek¹⁹.

¹⁹ <http://www.mapsofindia.com/stateprofiles/manipur/index.html>

The society is patrilineal though the women bear the major burden of work. Women share the responsibilities of earning and are not confined only to household duties. Today there are women who step out of their home to work in offices as even head of Departments, as doctors or nurses in Hospitals and as lawyers etc. time changes and so does the position of Meitei women in the society. Then again the household is a true social unit and the head of the family has to perform certain religious duties.

The Manipuris rarely perform any festival which is not accompanied by dance, music and song. The *Lai Haraoba* festival is very interesting dance drama led by priests (*Maibas*) and priestesses (*Maibis*), depicting the creation of life. It is celebrated during March-April for about 10-15 days before the village temples of gods and goddesses and the entire village participates in it. This festival of merry making of gods and goddesses is an example of the pre-vaishnavite culture among them. The *Lai Haraoba* festival is presented in the *Khamba* (incarnation of Lord Shiva), *Thoibi* (incarnation of Parvati) dance with picturesque dresses having restrained and delicate movements²⁰. This particular festival in the form of dance, music and song signifies the esteem regards of Gods and Goddesses in a Manipuri society.

Religious evolution, traditional beliefs, ancestor worship

The Meiteis worship many Gods and Goddesses. The significance of these Gods differs from one another. This chapter explains the history of the type of religion the Manipuris follows. The Manipuri Religion is said to be one of the oldest organized

²⁰ <http://ignca.nic.in/craft053.htm>

religion of south-east Asia. Manipuri religion is Open, Unanimous in outlook and without any founder prophet or any holy book. The deeply philosophical Manipuri religion propounds the universal concept of equality of mankind that all human made on the image of God, in other words all human are made equal since there is only one creator.

Preceding to the 18th century the Manipuris were animists, worshipping deities that were vested with characteristics of fire, water, wind, sun, moon and other natural phenomena. The people seemed to have worshipped natural objects as Gods. Everything pertaining to God and religion is preceded by the word "Lai". The lais bear some general similarity to spirit beings in other Asian cultures, such as the Nagas of the Indian subcontinent, the Thai Phii, Buddhist Yaksas, and especially the Nats of Burmese religion. Lai is usually regarded as an abbreviated form of Umang Lai, literally deities of the forest (u = tree, mang = in the midst of)²¹. Meitei Gods are often divided into 3 categories i.e Vedic Gods, Puranic Hindu Gods and evil Spirits. The religious belief of the Meiteis was based on, the concept of nature worship. The following are their concept of diety i.e. nature worship/nature Gods:

1. Sorarel (Heavenly God)
2. Indra (The Gods of water)
3. Konjintingthokpa (the god of fire, Agni)
4. Gurushidaba (The Almighty God) and

²¹ <http://www.kanglaonline.com/index.php?template=kshow&kid=11>

5. Leimaren Shidabi (Almighty Goddess) was described as the sky and the earth respectively²².

The early settlers of Manipur have worshipped natural objects as Gods such as fire, the sun and a number of Gods such as *Soraren* and *Wangbaren*, there was no system of formal religion as existing now. The Manipuri word for God is "*Lai*" and for Goddesses they used the word "*Lairembi*"²³. The word *Lai* is commonly used in everything that relates to God and religion. Apart from these important Gods, *Pakhangba* and *Sanamahi* are other important Gods, and are said to be the children of guru *Sidaba*²⁴.

What is fascinating is that according to the legends Guru *Sidaba* wanted to find out which of his sons acknowledge him not only as his father but also as his Guru and also wanted to test the skill and wisdom of His two sons in order to entrust the throne to the better one. He then asked His sons to set off around the earth and whosoever returns the earliest would be given the throne. *Sanamahi* did exactly as being told. However *Pakhangba* seek for an easy way out and asked for an advice to his mother who in turn shrewdly instructs him to simply circle his father's throne as that would be as equivalent to going around the world. *Pakhangba* did as being told and was ultimately given the throne.

On the other hand, *Sanamahi* upon his return when he came to know of what *Pakhangba* did, he was fumed with rage and he wanted to destroy the universe. It

²² N. Birachandra Singh. *Socio-religious life of the Meiteis*. November 1987. Imphal. pg 168

²³ Wairokpan Ibemu Devi. *Meitei revivalism in Manipur*. Manipur University. Canchipur. Imphal. 1991. pg 46

²⁴ *Ibid*. pg 48

follows that *Pakhangba's* action infuriated the people of Manipur and resulted in much confusion and chaos across the kingdom. *Sanamahi* went into a feat of rage after his father declared *Pakhangba* as the successor to the throne. The embittered relationship between the two brothers eventually gave birth to the game of *Mukna*²⁵.Guru *Sidaba* upon realizing what had happened, He made known to *Sanamahi* and subsequently declared that he was the greater God and he would be worshipped in every house forever. Thereafter *Sanamahi* became the forefathers of the seven clans. As a result even today *Sanamahi* has been worshipped in every house.

The Meitei faith prior to the advent of Hinduism in Manipur presented a distinct complex set of beliefs with its own cosmology, rites and festivals. Fused with a legacy of mythology and legends, the religion of the Meiteis had marked similarities with the indigenous faiths of the surrounding hill tribes. The religious life of the people, even when they have come much under the influence of Hinduism, retains many characteristics inherited from their prehistoric ancestors.

The actual origin of Hinduism is not known nevertheless T.C. Hudson clarify that "Hinduism is of comparatively recent origin though the records of the Brahmin families claim in some cases that founder of family settled in the valley at so remote a date as the middle of 15th century"²⁶ . It was also believed that with the migration of Brahmins from different parts of India during this period, the influence of

²⁵ http://manipuronline.com/manipur/September2006/traditionalreligion25_1.htm.

Mukna is a kind of wrestling game which has been in practice since the first half of the 15th century.

²⁶ T.C. Hudson, *The Meiteis*, 1903, page 69.

TH-15517



Hinduism was ultimately felt among the Meiteis. Different scholars give different views regarding the coming of Hinduism in Manipur. According to Dr. Kirti Singh Vaishnavism was the dominant religion of the kings of Manipur from the time of Kyamba (1467 A.D-1508 A.D).

Dr. Angom Shyam has also asserted that "Vaishnavism is of comparatively recent origin in Manipur. This religion came to the land in a most unexpected manner from the east in 1470 AD. *Thangwan Ningthouba* king of Manipur, better known by his time in power name Kyamba, the conqueror of *Kyang* (1467-1508 AD) and *Choupha Khekkhomba*, king of Pong, conquered *Kyang Khambat* (a Shan Kingdom in Kabow valley) with a combine force"²⁷. On the other hand W.Yumjao Singh unearth some copper plates at *Phayeng* and pointed out that the people were aware of Hinduism. These migrants were ultimately meiteised. The essentials of this religion therefore remain recognizable to the present day.

Therefore In the 15th century A.D, the influence of Vaisnavism reached Manipur during the reign of King *Kyamba*. The worship of Vishnu was confined to the royal family only at one point of time, but still it gained popularity among the common people. Eventually the impact of the popularity became so tremendous that the worship of Vishnu started influencing the socio-religious life of the Manipuri people and eventually led to the gradual worshipping of indigenous deities such as the *Umanglais* ,Hanuman etc which started between the 16th -17th century A.D.

²⁷ Dr. Angom Shyam. Traditional religion of the Meiteis. Manipur Online. Monday, September 25, 2006.

What is intriguing is that in the beginning of 18th century King *Charairongba* and some of his followers were baptized into Hinduism of *Rudra Sampradaya* on 5th April, 1704²⁸. Consequently King *Charairongba* was the first Manipuri king to be formally initiated to Vaishnavism. He was inclined to the *Madhavacharya* sect of Vaishnavism, so he began to worship the Radha Krishna. Therefore this incident became a historical indication as to when Hinduism became the state religion. However the coming of Hinduism is believed to have brought disintegration in religious beliefs and different customs because those who refused or resisted converting into Hinduism were either banished or put to death on the king's order.

After this forcible conversion the Brahmins who are the priest of the new religion started enunciating the theory of Indo-Aryan descent as they got full and blind support of their followers' i.e. the Manipuri Hindus and therefore the land was given a new name, Manipur²⁹. Further, the maiba i.e. the doctor and priest of the old faith also worships many kinds of Gods and among them the following four are regarded as the most prominent. They are:

1. *Lamlai* - who are the land deities i.e God of the countryside, controlling the rain and the primal necessity of an agricultural community.
2. *Umanglai* - who are the Sylvan deities i.e God of the forest.
3. *Imunglai* - who are the house hold dieties.
4. Ancestor of each tribe.

²⁸ Yumjao W., *Manipur itihar*, p.39

²⁹ Dr. L. Bhagyachandra Singh, *A critical study of the religious philosophy of the meeteis before the advent of vaishnavism in Manipur*, 1987. pg5.

Umanglais are worshipped annually, their places of worship is usually located at a selected sacred places in each villages woods or ground. The *Umanglais* are distinguishing in 365 numbers. On above of all these, *Sidaba* is the supreme God, who creates everything; celestial, universe, earth, sky, living and non-living beings etc. and It is believe that He made the Gods and Goddesses for ruling the earthly beings. *Sanamah* is the deity that usually praised for the interim souls and spirits whereas *Pakhangba* is the God for the anatomy of the human being and *Umang lais* are the deities for praising the senses of the human world.

As mentioned above the term "*Umang Lai*" is used generally to cover all the categories of Manipuri gods, however etymologically the term *Umang Lai* means Forest or Wood deity (*Umang*-forest, *Lai*-God), but in many cases deities termed as *Umang Lai*'s have no connection with trees whatsoever. *Umang Lais* can be classified into four categories -

1. **Ancestral Gods** : Ancestors or Gods that were believed to have had a human existence at past. Examples are *Pakhangba*, *Nompok Panthoibi* etc.
2. **Gods associated with yek's** : Gods associated with particular yek's or Salai. For example, *Thangjing* is the god of the *Moirangs*, *Okmaren* as for the *Khumans* etc.
3. **Domestic Deities** : The Yumjai Lai's or clan gods associated with particular clan or family groups (*Sagei*). Traditionally there are 445 *Sagei*'s, each of which has its own *Lai*'s. Household deities

like *Sanamahi*, *Leimaren* and *Phungga* falls into this category.

4. Tutelary Deities : Guardian spirit connected with particular place or areas. For example, *Marjing* is the guardian of North-East.

This particular kind of ancestor worship and animism form an integral part of the Manipuri tradition of worship. Therefore worship of nature and its various components form an important part of the Meitei religious practices. However, the original animistic religion of the Meiteis was largely replaced by Hindu Vaishnavism³⁰.

There are some similarities between Vaishnavism and the traditional religion of the Meiteis which is both of them claiming to have grown out of a divine tradition. Manipur Hinduism gradually became a synthesis of the old Meiteis religion with its gods and goddess and myths, its own legends and traditions, its social customs and usages and its priest and ceremonial and of Brahmanical Hinduism with its special worship of Radha and Krishna. Meiteis never gave up their culture and tradition³¹.

As far as the tradition and culture is concerned, Manipur has a mosaic patterns, best represented by its dance form, *The Lai-Haraoba*, which is a traditional stylized dance, a form of ritual dance for appeasing gods and goddesses. It is said that when Krishna, Radha and the Gopies danced the Ras Leela, Shiva made sure that no one disturbed the beauty of the dancing. It is said that Parvati, the consort of Lord Shiva

³⁰ L. Jeetendro Singh, N. Biraj Singh and Abhik Gupta. Environmental Ethics In The Culture Of Meiteis. Manipur online. Monday, February 06, 2006

³¹ Dr. Angom Shyam. Traditional religion of the Meiteis. Manipur Online. Monday, September 25, 2006.

also wished to see this dance, so in order to please her, he chose the beautiful area of Manipur and re-enacted the Ras Leela. The "*Manipuri Maha Rasaleela*" has been introduced by Maharaja Bhagyo Chandra Singha, King of Manipur in the Manipur valley during his reign.

When the new faith Vaishnavism came to be the state religion of Manipur, there was in the beginning resistance to change on the part of the devotees of the traditional cults. At the end the Meiteis deities were brought into Hindu pantheon. And also all Hindu deities were absorbed into the Meitei culture³². Although the people have been practicing Vaishnavism for nearly 300 years, they still believe in their traditional deities.

What is most fascinating in the Meitei religion is the care taken for physical exercise as it is regarded that a weak and disable person cannot pay full attention in their devotion to God³³. As it is physical exercise such a proper diet, sleep, respiration are clearly mentioned in their religious philosophy. Therefore, everything pertaining to God and religion is preceded by the word "*Lai*".

Sun worship have been a common practice among the Meiteis for the health, efficiency and also for the longevity of a baby as well as in the hope of getting an energetic baby and even sometimes for the bestowal of riches, crops, flowers and other blessings of the state. Very often the supreme diety *Pakhangba* or the king has been identified with the Sun God. *Pakhangba* descendants claimed to have

³² Opcit.

³³ Yumjao W., Manipur itihar pg179

descended from the sun. *Pakhangba* should not be confused with the one who became the king of Manipur around 33 AD. There is this another *Pakhangba* in the form of a snake and is considered to be second soul of the ruling chief of Manipur.

The *Pakhangba*, also known as *Nongda Lairen Pakhangba* (the Dragon or Serpent) is believed to take two forms, one divine and one human. The divine form is significant to the spiritual life of the Meitei as individuals and as a society. The human form had significance in the political history of the Meitei nation, in the making of treaties, agreements, and alliances between the many indigenous tribes of the region. *Pakhangba* looks after the well-being of the Manipuris. The Meiteis have even today worshipped their family ancestors and Gods such as *yumjao Lairembi*, *Pureiromba* etc.

While acknowledging the gods and goddesses, *Sidaba* is regarded as the supreme God, who creates everything; celestial, universe, earth, sky, living and non-living beings etc. He made Gods and Goddesses for ruling the earthly beings. Other *Umanglai* such as *Koubru*, *Thangjing*, *Marjing*, *Wangbren*, *Loyalakpa*, *Tolongkhomba*, *Nongpok Ningthou*, *Khana Chaoba* etc are eight directional Gods. They are believed to be protecting the land and living beings from unasked for evils and any bad untowards happenings from all these directions. *Sidaba Mapu* or *Atiya Guru Sidaba* is the high God assumed as existing prior to anything. In the mythology of Manipur, *Atiya Guru Sidaba* is described as forefather of all gods, men, animals and planets and also the husband of *Leimaren Sidabi*, the goddess of earth. *Pakhangba* is described as the destroyer of the universe in the mythology of Manipur. *Pakhangba* means "one

who knows his father"; it also means "to be youthful".

The *Cheitharol Kumbaba* mentions that Pakhangba was a man, the unifier of the people who is connected explicitly with the *Ningthouja* clan. The most important of the household deities is Sanamahi. Literally Sanamahi mean "Liquid gold". The Manipuri *puranas* make *Sanamahi* a son of Guru *Sidaba* and *Leimaren Sidabi*, and elder brother of *Pakhangba*. *Leimaren* is the most important goddess worshipped by the Manipuri Meeteis. The earth goddess under the name of *Leimaren* or *Leimarel* (the great princess) is a fascinating one. Her worship and her place in the house explicitly connect her with *Sanamahi*³⁴.

Manipur, from its early period, has its own unique features in the different cultural aspects. Among the cultural aspects of Manipur, the traditional practice of medical treatment for various diseases may mention. From various texts and other literary works which are related with this subject we can understand that the traditional practice for treatment of various kinds of disease is very old practice in Manipur.

Body and soul relationship

The relationship between a body and a soul have been explained in connection with the method of treatment by traditional medicine, how the body has been conceived by a particular people has a bearing on how they respond when the body is in critical condition. According to writer such as T. Deepa Manjuri, Culture provides

³⁴ http://manipuri.itgo.com/the_lais.html

the background of this process of acquiring the 'body image' and further explains the concept of 'body' (*hakchang*) and its dynamic relationship with the 'soul' (*thawai*) in the everyday beliefs and practices of the Meiteis and see how they are represented in their rites and rituals as well as in the 'folk-medicine' practised by the *Maibas*, the traditional healers.

In Manipuri, the word *sha* means 'body' in English word and is defined as 'the physical structure of a person or an animal, whether dead or alive.' As for *hakchang*, is used to refer to human 'bodies' while *sha* stands for the bodies of men, animals as well as plants. Together it symbolizes one's body as well as the mind together i.e. the 'self' is *isha* (my self) and *nasha* (your self) and *masha* (her/his self).

Meiteis believe in the 'multiplicity of souls'. Besides the five souls formed by the five basic elements, they have a sixth one in the form of *mi* ('shadow'). For instance, a man dies when the *thawai mi* comes out of the body. A 'wise' man like a *maiba* can 'sense' when a person's *thawai mi* is about to come out (even when the latter is unaware of such a thing happening to him). Meiteis believe that one should neither step over others' shadows nor let others do the same to their own shadows. Besides the shadow of man, the same respect is expected to be shown to the shadow of sacred plants and objects e.g. tulsi plant. Death marks the end of the body-soul association in this world. Death is sometimes compared to sleep. But in sleep, the *thawai* goes out for a while and comes back once one is awake.

Healing occurs within the body and soul of a human being. Soul-body healing occurs as an unconscious function of the human psyche and is expressed not in cognitive, problem solving arguments but in irrational, imaginative that do not exist until they are observed. Sick human beings stand at the uneasy interface of science and spirituality.

There are several theories as to how the body and soul are inter-related. According to Descartes, our soul, since it is a substance distinct from the body, is known to us only by the single fact that it thinks and that it understands, it wishes, it imagines, it remembers, and that it feels, since all these functions are types of thought. Moreover, since the other functions that some people attribute to it, like moving the heart and the arteries, digesting food in the stomach, and other such activities involving no thought, are purely bodily motions; and since it is more natural that a body should be moved by another body than by a soul, we can see that we have less reason to attribute them to the soul than to the body³⁵.

Modern Medicine

The early history of modern medicine is in-deed based on religious values. Hippocrates, the father of modern medicine, states that the physician should first consult the horoscope of the patient before starting the treatment thus emphasising that God's grace is essential for the effectiveness of the drug

³⁵ <http://www.philosophy.leeds.ac.uk/GMR/hmp/texts/modern/descartes/body/body.html>

The medicinal plants are in great demand in traditional system of medicine i.e. Ayurveda, Siddha and *Unani* as well as folklore prescriptions. The modern pharmaceutical industry also requires a large quantity of authentic plants for manufacture of drugs. Extraction of active principles and manufacture of drug formulations is sophisticated technology and capital intensive. However, systematic cultivation of these plants and their drying/ preservation at farm level constitutes a promising rural industry with attractive remunerations³⁶.

Currently available treatment is far from satisfactory and is expensive. *Ficus hipida* Linn (Family- *Moraceae*) is a small tree variety found throughout India including the state of Manipur. It is used by the 'Maiba' (indigenous medicine-man of Manipur) in the treatment of diabetes mellitus. Therefore we shall find out in the next chapter who these 'Maibas' and 'Maibis' are about and how practice the art of healing as well as assume the charge of the ritual worship. With the progress of society man is endowed with the desire to learn more and be aware of things that have existed before and find out their relevance with the present time and then be conscious of the value or the importance with the attachment of the past to the present and makes it more meaningful for our everyday life. Likewise this study on the traditional form of healing and its practices has as much importance to the present as it was to the past.

³⁶ <http://nerdatabank.nic.in/csirmedicine.htm>

CHAPTER - 3

Identifying the *Maibas* and *Maibis*

The *Maibas*/*Maibis* have been doing an extraordinary work in the field of healing of all kinds of diseases. It shall be interesting to discuss what type of diseases are known to them and from where does the Meitei *Maibas* accumulate their knowledge about the body and its structure/function?

According to Hodson "in most part the *Maibas* are medical practitioner with a good deal of empiric knowledge which he supplements with brazen ingenuity, he is mainly employed in all cases where purely magical ceremonies are performed"³⁷. The word *Maibas* and *Maibis* are derived from the words "*Amaibas*" and "*Amaibis*" respectively. In course of the time they are shortened as *Maibas* and *Maibis*. There are two types of *Maibas*. The first one practice the art of healing and the second assume the charge of ritual worship. The Chronicles of the state has early mentioned of the *Maibas* which shows the existence of the system of 'priests and priestesses since a very early period.

The religious functionaries of the traditional Meitei religion are the male *maiba* and the female *maibi*. These terms were translated by the earlier British writers on the Manipuris generally as priest and priestess³⁸. Further Colonel McCulloch has also stated that "Any woman who pretends to have had a 'call' from the deity or demon

³⁷ T. C. Hodson., *The Meitheis*,pg110

³⁸ <http://www.kanglaonline.com/index.php?template=kshow&kid=11>

may become a princess"³⁹. As well as functioning as priests and priestesses, invoking and making offerings to the *lais*, they are also expert singers and dancers who preserve the oral religious traditions and rituals.

Later these physicians came to be better known as Meitei *Maibas* in Manipuri society. There was an institution in the royal court known as *Ametpa Loisang* whose duty was to deal with different types of illness and its cure. *Cheitharo Kumba* (royal chronicle says that Queen *Shirembi*, wife of King *Kyamba* was the head of this *loisang*. After Hindunisation they are known as *Kabiraja*, *Vaidya* etc .

Technique and methods of their treatment

Maiba Loishang:

"*Maiba Loishang*" is the office of the *Maibas* (Physician). About the establishment of this office in the book "*Leihou Naophamlon*" writes that Marjing establishment the "*Maira Loishang*" for taking care of birth and death⁴⁰. The "*Maira Loishang*" has its three branches: (i) *Yoirel* (ii) *Ashei*, and (iii) *Amai*⁴¹. The *Yoirel* is the office of the *Maibis*, the priestess. The *Ashei* is the office of the harpists. The *Amai* was the office of the priests who practise the religious works or practise exorcism and carry out customary rituals in therapy for curing and healing of the different diseases. These three branches of the "*Maiba Loishang*" was regarded as the symbol of the *Mei* (Fire), *Eshing* (Water) and *Nongsit* (Air) and it is also believed that these three symbols,

³⁹T. C. Hodson., *The Meitheis*,pg109

⁴⁰ Irom Amubi, *Leihou Naophamlon*, Pamphlet, 1981.

⁴¹ *ibid.*

Fire, Water and Air was borne by the "*Maiba Loishang*"⁴². The head of this "*Maiba Loishang*" is called "*Maiba Hanjaba*"⁴³. This Office still exists and they are continuing their duties as earlier.

It was during the time of monarchical period in Manipur that the duties of the "*Maiba Loishang*" were assigned separately. The book "*Masil*" gives information's about the duties to be performed by this office as under:-

"When the king goes outside, the *Maiba* will serve the king with the "*Konyai*" (pieces of gold and silver) for offering the gods and they will do other duties like offering "*Konyai*" under the sleeping bed of the king, offering of "*Konyai*" to the toilet and lavatory which to be used by the king, worshipping of sacred places residing in various areas of the state, offering of "*Konyai*" to the shrines residing scattered in different areas offering with rituals to every offices at the event of entering any kind of living being into the offices, which are believed to be bad omen like bird, snake, tiger and other evil spirits. They will perform the amalgamation of earth and sky and offering of the horizon, mounds, hills, fire, water, air, sprinkling with water during home coming participants after attending the funeral ceremony of King or Queen.

It is the duty of the "*Maibas*", the singing of "*Khencho*", (a kind of song sung in the *Lai Haraoba* festival), "*Ougri*" (a kind of hymn) and song praising the glory of God and they will perform the duty of adoration of the gate of the battlefield, spirits of

⁴² Kh. Chandrasekhar, *Masil*, Published by the Meitei Mayek Organising Research Society, Imphal, 1997

⁴³ N. Khellchandra, *Phamlom*, Published by Manipur Sahitya Parishad, Imphal, 1987

the battlefield, front and back side of the battlefield, and war troop. It is also the duty of the *Maibas*, the amalgamation of eight directions, annual worshipping of the village gate, opening of earth in the mouth of Sajibu and they will also serve for the coronation house and "*Wangon*" (house of delivery for Queen), etc.⁴⁴

Duties of Ametpa Loishang:

During the monarchical period in Manipur, there was also one office called "*Ametpa Loishang*" (office of the masseurs). The head of this office was called "*Ametpa Hanjaba*⁴⁵" and this "*Loishang*" was first established during the first century A.D. by the *Panthoibi*, the younger sister of *Nongda Lairen Pakhangba*, the first historical king of Manipur reigned from 33 A.D. This *Loishang* was established for treatment of boils and abscesses to the human body⁴⁶. The book "*Loishangi Thouram Thougol*" writes about the duties to be performed by this office that this *Loishang* will do all works like diagnosis of diseases, sickness, boils and abscesses, ulcers, etc. and they will send all these to the "*Laibi*", a post in the office of the "*Ametpa*"⁴⁷.

The book "*Masil*" clearly mentions about the duties of the "*Metpis*". They will perform the duties of delivery and child birth and the "*Metpi Laibis*" will do the work of diagnosis for treatment of curing and healing of all kinds of diseases for the Queen and other wife's of the king. They will perform the offering of "*Khayom*" (a bundle wrapped with plantain leaf containing articles for offering to God in the

⁴⁴ Kh. Chandrasekhar, *Masil*, Published by the Meitei Mayek Organising Research Society, Imphal, 1997.

⁴⁵ N. Khellchandra, *Phamlom*, Published by Manipur Sahitya Parishad, Imphal, 1987

⁴⁶ Irom Amubi, *Leihou Naophamlon*, Pamphlet, 1981.

⁴⁷ Asem Ibomcha, *Loishangi Thouram Thougol*, Written and published by Shri Asem Ibomcha Asheiba, Imphal, 1997.

water), and “*Chaban*” (offering to the deities). When the king is on tour, the “*Metpi Laibi*” will accompany with the king along a knife and medicines⁴⁸.

Ningthou *Maibas* (Personal physicians of the kings):

During the early period of the history of Manipur, there were many independent principalities of different communities in both valley and hills. These independent principalities had their own kings and their own specific administrative areas. As a tradition of the Meitei society, at that time every king had their own personal physicians for routine checking of their health and to attend any time for treating any kind of illness to the kings. For instance King *Kyamba* once fell sick and no physician could diagnose his sickness. The oracles were consulted and advice was received through *Maibis* (Priestess)⁴⁹.

The tradition of the *Maibis* had been prevailing since the beginning of mankind, *Nongthang Leima*, *Panthoibi*, *Khoimom Lairenbas* were the pre-historical *Maibis*⁵⁰. *Nongthang Leima* the first goddess *Maibi* composed a dance forms that were later were repossessed by the other goddesses. Not only in ritualistic festival such as *Lai Haraoba*, *Maibis* in earlier times performed “ritual worships for the welfare of the kings as well. In times of delivery cases the *Maibis* played an important role and there are cases where Men helped out by possessing occultism.

⁴⁸ Kh. Chandrasekhar, *Masil*, Published by the Meitei Mayek Organising Research Society, Imphal, 1997

⁴⁹ Dr. Angom Shyam. Traditional religion of the Meiteis. Manipur Online. Monday, September 25, 2006.

⁵⁰ http://ignca.nic.in/ne_0004.htm

The information which can be trace from different texts like "*Ningthou Taratarukki Yakeirol*", "*Poireiton Khunthok*", "*Thirel Meiram Liba*", "*Pudin*", "*Khunung Lichat Shajat*", etc., and on the other hand the name of the "*Ningthou Maibas*", i.e. the personal physicians of different kings of various communities of different times are given as under -

The name of the *Maiba* of *Chingkhong Poireiton* was called as "*Upanlengda*". Thereupon *Chingkhong Poireiton* migrated from the south of Manipur valley and he was progenitor of two *Salais* of the Meitei society - "*Khuman*" and "*Luwang*". *Salai* has been described by many as clan. Meanwhile the *Maiba* of "*Sachung Langmeirembe*" was named as "*Thongnang Kaibayang*⁵¹. *Sachung Langmeirembe* was the then king of *Sachung* village situated at the southern side of the Manipur valley. On the other hand the name of *Maiba* of *Pureiromba* was "*Luwang Langmaiba*⁵²". *Pureiromba* was also the progenitor and the king of *Angom* clan. Further, the name of *Maiba* of *Kainou Chingkeilakpa* was called "*Mantak Ahongba*". *Keinou Chingkeilakpa* was the king who reigned at the *Chingkhei* hill in the North-eastern direction of Imphal valley. The name of *Maiba* of *Thangba Kathangba* was called "*Moba Wakusu*⁵³". *Thangba Kathangba* was the king of *Selloi Langmai* who reigned at *Selloi Langmaiching*.

The name of *Maiba* of *Lumjengtaoba* was called "*Koriya*". *Lumjengtaoba* was the king of *Heirem Khunjan*, a sub clan of *Luwang Salai* once reigned very powerfully to the

⁵¹ Kh. Yaima, *Poireiton Khunthokpa*, published by Shri Kh. Yaima Singh, Imphal, 1971.

⁵² N. Ibochouba, *Thirel Meiram Liba*, Written and published by Late Shri N. Ibochouba Singh (head Pandit), Imphal, 1982.

⁵³ N. Manaoyaima, *Ningthou Pongba Taratarukki Yakeirol*, Manipuri poetry book by Nongmaithem Manoyaima Singh. Published with financial assistance of the National Archives of India, New Delhi on 15/11/2003. Imphal, 2003.

southern extremity of the Manipur valley. The name of *Maiba of Lungba Ahanba* was called "*Waheng Konbasu*". *Lungba Ananba* was the first king of *Khuman* clan who reigned at one time as a powerful principality in the south of Imphal valley. The name of *Maiba of King Wayengba* was called "*Taibung*". King *Wayengba* was the king of *Lokkha Haokha* region in the south of the Manipur valley. The name of *Maiba of Ura Khundaba* was called "*Moba Wakusum*". *Urakhundaba* was the king of *Moirang* principality at the south west direction of Manipur valley.

The name of *Maiba of Nongban Phantek Soknaiba* was called "*Santhong Moriya*". *Nongban Phantek Soknaiba* was the king of "*Nongban Phantek*", a section of *Angom* clan reigned at the *Khuroi* region. The name of *Maiba of Thikambong Wayaba* was called "*Sarathi*". *Nungban Koimanao* was the king of "*Thangnga Kambong*" community. The name of *Maiba Nungban Koimanao* was "*Khamba Ashaba*". *Thikambong Wayaba* was the king of a section of *Luwang* clan. The name of *Maiba of Phunal Ningthou Telheiba* was called "*Wakcha Asheiba*". *Ningthou Telheiba* was a king reigned in the *Phunan* hill. The name of *Maiba of Luwang Ningthou Punshiba* was called "*Akhong Toiyapan Pisu*" etc⁵⁴. *Luwang Ningthou Punsiba* was the king of *Luwang* clan reigned very powerfully in the north-west direction of Imphal valley.

In addition to the above informations the name of the some *Maibas* of the Meitei kings reigned at Kangla, the old palace site of Manipur may mention as given under:

⁵⁴ Ibid.

The name of *Maiba* of *Meidingu Nongda Lairel Pakhangba* was called "*Konde Khuchummai*⁵⁵". *Nongda Lairel Pakhangba* was the first historical king of Manipur reigned from 33 A.D. The name of *Maiba* of *Khuyoi* was called "*Thongak Khurumba*⁵⁶". *Khuyoi Tompok* was the son of *Nongda Lairel Pakhangba* and was the 2nd historical king of Manipur. The name of *Maiba* of *Ngangoi Yoimongba* were called "*Nongchup Haorongmai*" and "*Maringmai*⁵⁷". *Ngangoi Yoimongba* was the elder brother of king *Taothingmang*. The name of "*Lairen Naophongba*" was called "*Laiba Sansennaha Naoroihanba*". *Lairen Naophongba* was the Meitei king reigned during 428-518 A.D., and the name of *Maiba* of king *Khongtekcha* was called "*Akoijam Tompoi*⁵⁸". He reigned during 763-773 A.D.

Duties of the *Maibas*:

The *Maibas* (physician/priest) are divided into different categories according to their method of treatment of diseases. According to the book "*Maibarol Manga*", the *Maibas* were incarnated from five God's i.e. (i) *Atingkok*, (ii) *Atiya*, (iii) *Amamba*, (iv) *Ashiba* and (v) *Konjin Tingthokpa*. These are the gods of the cosmological period.

These five gods incarnated as the following *Maibas* - (1) God *Atingkok* incarnated as the *Maiba* called "*Yoinou Lapoksu*", (2) God *Atiya* incarnated as *Maiba* called "*Nongchup Haorongmai*". This *Maiba* was known as "*Nongthou Maibahanba Soupurel Chirai Tangba*" and he was regarded as the most respectable *Maiba*. (3) God *Amamba*

⁵⁵ N. Indramani, *Pakhangba Laihui*, Pamphlet, 1995.

⁵⁶ A. K. Nodiachand, *Putin*, Published by A.K. Nodiyachand Singh and Shri W. Kumar Singh, Imphal, 1992.

⁵⁷ N. Manaoyaima, *Tutenglon*, published by Shri N. Chandrabali Devi, Imphal 1980.

⁵⁸ A. K. Nodiachand, *Putin*, Published by A.K. Nodiyachand Singh and Shri W. Kumar Singh, Imphal, 1992.

incarnated as the *Maiba* called "*Knode Khurai Tangba*" the head of the *Leipak Maibi*, (*leipak Maibi* means the physician of general public). (4) God *Ashiba* (the deity of homestead of the Meiteis) incarnated as the *Maiba* called "*Thingkol Morimai*" and (5) God *Konjin Tingthokpa* was known as "*Yengkoknga*⁵⁹".

According to the mythological story of the Meitei, God *Atingkok* is almighty or supreme God and Meitei's believe all things in the universe are come out of him. *Ashiba* is the creator of earth and all living beings on the earth and in every houses of the Meitei's his abode is kept at the south west corner of the house and Meitei community worships him as *Sanamahi*, the supreme deity of homestead. He is worshipped by the family members at the time of danger or serious illness and normal occasion of tour and travelling to outside etc. The God *Konjin Tingthokpa* is known as "*Pakhangba*" by the Meitei's. It is believed also by the Meiteis that he incarnated in different ages as "*Tingja Lilla Pakhangba*" in the "*Hayichak*", "*Leinung Lonja Pakhangba*" in "*Hayachak*", "*Lolang Pakhangba*" in "*Langba Chak*" and "*Nongda Laiel Pakhangba*" in "*Konnachak*". The Meiteis also believe that the Meitei kings are the incarnation of this God "*Pakhangba*".

The *Maibas* who are believed to be incarnated by the above gods occupied respectable places in the Meitei society from the early period to till today. The *Maibas* are divided into different categories according to their method of treatment of different diseases and they are known by different names. The names of the

⁵⁹ Maibarol Manga, Original Meitei script maintained by the Manipur State Archives classified as one of the most authenticated original documents and source of traditional Meitei medical system, Imphal.

Maibas are: - (1) *Maiba Manaoyok*, (2) *Amai Sumtonglang*, (3) *Konde Nakthangmai*, (4) *Maiba Khuttamba*, (5) *Khabi Thiyathou*, (6) *Metpi*, (7) *Metpi Laibi*, (8) *Ametpa*.

1. *Maiba Manaoyok*:

Maiba Manaoyok is the therapist or medical practitioner of different kinds of diseases which causes sickness to the human body, by means of using medicine, stroking, pressing tapping, kneading, rubbing, friction in different parts of the body and by the method of "*Pukli Shuba*", a traditional practice of Meitei *Maibas* of physicians by feeling the pulse of the belly⁶⁰.

2. *Amai Sumtonglang*:

Amai Sumtonglang is a kind of *Maiba* who practices the method of examination for telling about the diseases of any person caused by anything and advice for curing, healing of diseases for gaining longevity and healthy life⁶¹.

3. *Konde Nakthangmai*:

Konde Nakthangmai is a kind of *Maiba* who practices the religious work or priestly personnel who practices exorcism and carries out customary rites and rituals in the therapy for curing, healing and thus preventing the diseases⁶².

⁶⁰ Umanglai Khunda, Vol. 17/18, March/June, 1984.

⁶¹ Ibid.

⁶² Ibid.

4. Maiba Khuttamba:

Maiba Khuttamba is a kind of physician who practices the method of treatment as surgeon-cum-physician for any kind of bone fractures in leg, hand and to many part of the body⁶³.

5. Khabi Thiyathou:

Khabi Thiyathou is a priestess who practices the sleeping trance for telling the cause of illness, telling the oracle or prophecy and they perform exorcism by offering something for expelling evil spirits which cause illness to the human beings⁶⁴.

6. Metpi:

Metpi is a midwife who takes care and assists the mother during pregnancy, labour and childbirth⁶⁵.

7. Metpi Laibi:

Metpi Laibi is a female physician who are responsible for testing and diagnosing of any kind if disease or illness for the Queen and other wife's of the king⁶⁶.

⁶³ Kh. Chandrasekhar, *Masil*, Published by the Meitei Mayek Organising Research Society, Imphal, 1997

⁶⁴ Umanglai Khunda., Vol. 17/18, March/June, 1984.

⁶⁵ Kh. Chandrasekhar, *Masil*, Published by the Meitei Mayek Organising Research Society, Imphal, 1997

8. Ametpa:

Ametpa is a kind of physician or medical practitioner who treated any kind of boils and abscesses to human body⁶⁷.

Hence, it is clear that the Meitei Society has a unique feature for treatment of any kind of diseases in the way of division of labour among the *Maibas* from very early period to even today.

Further, the Meitei *Maibas* (Physicians) were well acquainted with a number of disease and they had good knowledge's and experiences about the technique and method of their treatment. The system of traditional method of treatment of disease was handed over by past generations to future generations successively. So that the system remained existing till today. The types of diseases known by them are:

- 1) Blood Pressure.
- 2) Asthma.
- 3) *Lai yeei* - Abortion, Miscarriage.
- 4) Toothache.
- 5) Poisonous bites (Snakes, dogs, tiger, cats).
- 6) Cracked lips.
- 7) *Laiokpa* (evil effects of spirits).
- 8) Burnt injuries.
- 9) Bleeding from wounds, cuttings, accidents etc.

⁶⁶ Ibid.

⁶⁷ Ibid.

- 10) Unnatural deaths – hanging, death in delivery etc.
- 11) Death from thunder and lightning.
- 12) Boils in different parts of the body – limbs, with different terms.
- 13) Mental illness.
- 14) *Laichuba* – Bad gas caused by the python.
- 15) Cough – Dry cough.
- 16) Headache.
- 17) Stomach trouble.
- 18) Constipation.
- 19) Diarrhoea.
- 20) Trouble in the throat.
- 21) Paralysis.
- 22) Panic-stricken, stone case, cancer.
- 23) *Bhugati* - Typhoid fever.
- 24) Barrenness, Childless.
- 25) *Thagokpa* (hiccup).
- 26) Bad dreams.
- 27) Sorcery (*Mantra kapshonba*).
- 28) Diseases caused by the suppression of hunger and thirst.
- 29) Diseases- Curable with difficulty.

They are said to be 108 types of diseases known by them. On the other hand as we are aware that Nature has bestowed a large number of plants that is capable of

exercising as medicine. Many people are indeed restored to health due to these treatments.

There have been efforts in the developing world in promoting Indigenous Systems of Medicine. To plan an effective strategy towards this, there is a dire need for information on the utilization of indigenous system of medicine by the community. In Manipur there are essentially various medicinal plants indispensable for medication. There are about 375 species of medicinal plants as recorded⁶⁸. These are some of them are namely:-

Name of the Plant (Eng)	Name of the Plant (Local)	Uses
1. Sprout leaf plant	<i>Mana hidak</i>	Cooling in case of dizziness.
2. Periwinkle	Periwinkle	Diabetis.
3. Clitoria	<i>Aprajita</i>	Fever.
4. Sunflower (oil).	<i>Numitlei</i>	reduces blood cholestro level
5. Bauhinia	<i>Chingthrao</i>	Diarrhoea.
6. Mountain Ebony	<i>Chingthrao Angouba</i>	Killing and expeling worm, TB.
7. Jack tree	<i>Theibong</i>	cuts and wounds.
8. Watermelon	<i>Tarbu</i>	laxative, constipation.
9. Citron	<i>Champra</i>	Indigestion, lower body heat, Obesity, indigestion, coughs.
10. Orange	<i>Komla</i>	Appetizer, Insect repellent

⁶⁸ H.B. Singh, R.S. Singh and J.S. Sandhu. *Herbal Medicine of Manipur: A Colour Encyclopaedia*. Delhi, Daya Pub., 2003, x, 55 p

(peel).

11. Coconut	<i>Yubi</i>	Hair, Appetizer, Stomach.
12. Banana	<i>Laphoi</i>	Liver, Dysentery.
13. Bael tree	<i>Heirikhagok</i>	Diabetes.
14. Emblic Myrobalan	<i>Heigru</i>	Hair, digestion, cough, fever
15. Pomegranate	<i>Kaphoi</i>	Dysentery.
16. Java Plum	<i>Jamun</i>	Dysentery, Diabetes.
17. Grapes	<i>Angur</i>	Anemia.
18. Indian Aloe	<i>Dhita kumar</i>	Used the paste on head while dizziness.
19. Fennel	<i>Hop</i>	Digestion.
20. Phyllanthus	<i>Chakpa Heigru</i>	Diabetes, urinal difficulty.
21. Yellow barleria toothache.	<i>Uhal</i>	cuts, boils, bee bite and
22. Leucas	<i>Mayang Lembum</i> <i>(Toro pushpo)</i>	Menstrual flow.
23. Purslane (Chinghi)	<i>Leibak Kundo</i>	Nutritious supplement, hair
24. Palmyra palm	<i>Kona pambi</i>	urinal flow, wounds.
25. Crown Plant	<i>Angkot</i>	Ulcer and diseases of skin.
26. Cucumber	<i>Thabi</i>	Skin.
27. Indian Spinach	<i>Uroksumbal</i>	Boils.
28. Peacock flower	<i>Krishna Chura</i>	Cholera, fever.
29. Thorn Apple	<i>Sagol hidak</i>	Piles.

30. Hyacinth bean	<i>Hawai uri</i>	Antiseptic.
40. Spongegourd	<i>Sebot</i>	anaemia.
41. Cowhage	<i>Shamu hawai</i>	worm (thread).
42. Holy Basil	<i>Tulsi amuba</i>	cough, fever.
43. Prickly pear	<i>Meipokpi</i>	Burn.
44. Bow string Hamp	<i>Lin Cheishu</i>	tonic.
45. Sandlewood	<i>Cha chandan</i>	fever.
46. Okra	<i>Valendry</i>	Pneumonia, bronchitis, heart diseases, spasms, as softener, urinary problems.
47. Indian Mallow	<i>Putuly</i>	relieves inflammation, down fever, Laxative.
48. Onion	<i>Tilhou</i>	Promote urine & menstrual flow, blood purifier, good for teeth, joint pain with mustard oil.
49. Indian Spinach	<i>Uchi Sumbal</i>	Constipation, keeps on the head during dizziness.
50. Mustard	<i>Hangam</i>	cooling down fever, oil in massages.

and many more. Therefore for each and every medicinal plant, the data on local

names (Manipuri and common English name) are provided along with the uses. These plants worked even superior to some of the modern day medicines at many times. The state of Manipur is rich in her plant resources distributed among various agro-climatic zones. Plants have been used in so many kinds of diseases as a source of medicine as mentioned above.

The development of traditional (Maiba) Manipuri medicine

Its origins are lost in legends and myths as recorded in the *Puyas* (holy texts). It is said that the Gods and Goddesses taught this system to the human beings by assuming the roles of *Maibas* and the *Maibis*. It is also said that the Almighty Guru assumed the form of a *Theba* (hare) and killed the tiger by feeding the herbs and creepers prevalent in Manipur.

Archaeological relics dating back to pre-Christian period include jars, bowls etc for brewing of medicine in which healing properties of fruits, herbs, and leaves of trees, fish, animals and birds by-products are extracted to find cures for illness. Medicinal wine was in common use in early times. Specialisation developed in early Christian era. The *Maibas* became physicians, surgeons, psycho-analysts, healers of burnt injuries, *Chaban thaba* (offering puja materials to the presiding deities). *Thou toubu* (exorcism by offering something) yoga therapists, Ayurvedic experts and nature curists.

During the warring periods among the 7 clans of Manipur (*Ningthouja, Angom, Khuman, Moirang, Luwang, changhei* and *Khaba nganba*) there were war with

neighbouring states, wherein there were medical practitioners among the courts of these clan kings and later among the courts of the Meitei kings(Integration of these clans under the king of the *Ningthouja* dynasty. Medical thoughts were active after summing up past and current experiences.

To practice the *Maiba* system at a young age is the cause of many an early grave for some of its practitioners as they have long been using the experiments on themselves. Strictly speaking this system of treatment reflects the preparation of medicine from the materials of Manipur, the strict compliance of rules for a Manipuri, exercises for long life, abstracting from intoxicated drinks and strong beliefs in the practice of this system. Hundreds of *Maibas* and *Maibis* studied subjects like physiology, pathology, yoga, diagnosis and method of using the pulse examination before making treatment. Taking the pulse and its doctrine and giving massage to the belly are compulsory and fundamental.

Renowned *Maibas* called *Maibarel* were regarded as the greatest in their system of treatment. Knowledge was passed down from father to son or master to student. The diseases of women and children were quite common to them. The royal physician is mostly addressed as one having bald margin of the front head. The physicians of the country/land is addressed as one having the bald shin (the front of the leg below the knee).They lived a long life of one hundred years and could identify a sick man's disease and the presiding deity and the clan to which the spirit belonged to. In Manipuri's early system the evil spirit that causes illness cannot be identified, it is called *Lai pu Salai Khangdaba* (which cannot be cured).

A special feature of the system of treatment

This system unites the old tradition of treatment in different forms and astrological systems. The relationship is so keen that the day of illness, Date of birth of the patient, time of calling of the *Maiba* are the factors which determine the future of the sick person. When one is ill it is obligatory on the part of the relatives and family members to seek astrological advice for *Puja* and to predict the misfortune time of sick person.

There is a rich heritage of astrological dates for menstruation and it follows that women having their menstrual cycle outside of the dates prescribed are forbidden to carry out their diurnal activities normally. These 'forbidden' dates are chalked out according to the rules of their astrological calendar. A type of empirical science from the *Maibas* have been developed: if a person is ill on Sunday it is believed to mean that he has developed the disease from the north by meeting a devil. There is illness with coldness in the hands and feet. The remedy is to make the images of man, and deity by flour, the same is to be offered to the deity along with 7 buds of flower and sweet things at noon by turning the face towards the north. Then it is said that it will be alright within 2 days.

Another feature in their method is to find out the history of the patient's illness. Attention is paid to the quality of voice, the smell of respiration and colour of the face. There are many types of Manipuri medicine, the important of which are incantations/prayers with giving massage to the belly, giving herbs, woody plants (like *nongmangkha*, Neem for cough, *Hujam* for snake or dog bite. Thus *Thou-touba*

(appeasement) of evil spirits, *Laimu* (devil), angry aspects / characters of the deities who wanted food and perpetually hungry by having to offer puja materials and mantra.

Ushin Touba - This type may be treated as a part of *Thou-touba* (first one but it requires separate treatment as it is based on the law of substituting a sick person by offering trees, fish, animals or even human beings as a sacrifice to the presiding deity).

A medical man has to take out some of the clothes of a sick man and place them at such plants, papal or banyan tree. The offering materials consists of pan, areca nut, leaves, coin, small flag, garland, local fruits etc with some incantations to burden the men's illness upon itself. The sick man is not allowed to enter the area of the tree on that day. He is not allowed to cut the said tree in his life time. Old women of every locality used to collect rice, salt, money, vegetable in order to offer to the evil spirits at the boundary of every village to ward them off for the coming year. The rite is performed on the day *Lomdai Thangja* (first and second Saturday of the month of *Lamda* i.e about March). The release of fish, hen and sacrifice of animals are also done in lieu of trees. The magico rite is based on the law of substitution and transference of sin to another⁶⁹. (e.g. Babar and Humayun).

⁶⁹ Dr. M. Kirti. Cult of trees in Manipur-Biodiversity and conservation perspectives-souvenir of national conference on Bio-diversity and sustainable in Nagpur university. January(7th-9th 2008)

Hingchabi changba – Attack by the vampire on a person

This is a belief that a class of physical women can project these astral bodies to enter into the body of a man or woman. Durga worked through the victim by making him utter the method of treatment with puja material. It is a distinctive features on a woman in whose body the *Hingchabi* / vampire resides and may not be aware of the attack upon somebody or put an evil eye upon the victim. She lives a normal life with her husband and children although the victim mentions in his/her utterness. A *hingchabi's* daughter is also a *hingchabi* by hereditary. A girl from *Ukhongshang* village (a place near Imphal East District) *Samchtsapham* family is thought to be a vampire. There are many *Akoxa*/vampire ladies (*Hingchabi* ladies) in this area after their settlement during the reign of Maharaja *Charairongba* in the 17th century between 1697 - 1709 A.D.

If a child cries with pain and dies suddenly or if a person cannot walk properly, the family may suspect that a *Ngakra Lai* (Derived from the *Ngakra* fish, the favourite fish of Devi) has worked on him/her. There is a belief that *Hingchabi* is the agent of Devi who lived by attacking the people. The *Maiba* system made us believed that a *Maiba* can diagnose such type of illness. The *hingchabi* is different from a material vampire who lives by eating human flesh and animals. The method of treating such type is to narrate the history of *Akoxa* coming from the west end settlement in *Ukhongsang* by order of the king. It is followed by the offering of puja materials to the diety as revealed by the ravings of the victim.

Ngakra fish (magur) is a favourite food of Devi / Durga. Manipuri physicians also utter for this kind by using *Panthoibi naharol* hymn in Manipuri language or by using a seed mantra of Kamakhya Devi. On first seeing of *Hingchabi* the general public make it a point to protect himself by different methods. The Physicians usually noticed such type of diseases by asking the people to touch the knees after bending down (making law of the body). The *Maiba* can detect a vampire from the mode of their eating and acting or putting something in the eaves of the victim's house. The cure is also done by a piece of stone extracted from the big stone kept over the grave of *Moidana Hingchaba*, a Chinese cannibal who came to Manipur for eating human flesh during the reign of King Khagemba (1597-1652 A.D)⁷⁰.

⁷⁰ Dr. M. Kirti. Recent researches in Oriental and Indological studies including meiteilogy. Delhi 1998.pg 184-185

CHAPTER - 4

The education system of the *Maibas* and *Maibis* and their present status

How do the traditional methods of treatment differ from modern method of treatment? Explain the Role of *Maibas* / physicians in curing illness like python-bite.

The *Maibas* were respected in the past. Their rituals are believed to be the weapons of protection against the evil spirits. In remote areas where doctors and hospitals are not readily available, the *Maiba Vaid*s are very much sought after⁷¹. These traditional physicians are equipped with natural medicines and are highly respected by the tribes.

There is practically no theoretical and practical training in any recognized level in the state. With poor clinical knowledge the *Maiba* fails to impress the patients and the members of the family. The status recognized by the Government of Manipur is unsatisfactory. But the *Maibas* in different lines-boil, fractures in the body and curing the insanity have done works privately. The inability for post-mortem examinations, no recruitment in health schemes and inability to issue a medical certificate made him an outcaste of medical profession. The lack of status and lack of patronage etc are very shocking. Year after year the practitioners dwindle.

Each *Maiba* has to receive a course of education under a suitable teacher before he began his practice. He is obliged to go regularly to his guru/teacher, learn the incantations connected with the type of illness, sensing the pulse, heart throbbing

etc. Perfect serving and the grace of the teacher are necessary for the rise of the trainee. He hears and repeats the incantations and demonstrates the way under the care of the teacher. Any mistake is corrected in time. For becoming a student he must offer to be a teacher. The auspicious days and timings are what matter the most in magico-religious rites. The teacher or pupil may spend his time in the house of any one. The teacher or the pupil must do and respect the senior most *Maiba* and *Maibi* recognized by the king and the state.

There are nature care such as, Homoepathic and allopathic dispensaries in many places. This list of treatment or medication is possible only through education. Education Helps to promote intelligence and ensures progress. Therefore education does not merely mean the acquisition of knowledge or experience but it means the development of habits, attitudes and skills which help a man to lead a full and worthwhile life⁷².

The medicine woman or the *Maibis* receives training from the senior teacher and acts as the midwife at the time of conception in the womb of a lady and delivery of the child as well as palturation of the child. She is helped by *Mayakhabi* (attendant). The *Maibi* is required to recite some incantations at the time of delivery of the child. She must be acquicented with the ritual of child birth, cutting of the umbilical cord with a bamboo knife (*wakthon*), knowledge of calling of six souls to take this place in the child etc. She specializes in the process of bathing the child, offering of the Puja materials on the morning of the sixth day and placing the same winnowing fan,

⁷² V.R.Taneja., Educational thought and practice, pg4

observing the ritual of worshipping fire with some incantations and handing over the child to the mother in her room.

She is entitled to get some money or ornament from the mother. She is temporarily unclean and cleanses herself by bathing to suckle(with reference to a baby feed from the breast) another's child. It is common for the family to employ or engage a woman. Add to the midwife's work she can take over the task of the *Maiba* / medicine man by giving massage to the belly of a sick person, acted as a priest in some cases if, the *Maiba* is absent in that occasion. It is assuming to realize that a woman is prohibited from going to a physician in this belief. If the circumstances warranted a lady to call in a physician she must be accompanied by a male to the place of the *Maiba* as a matter of necessity.

A *Maiba* uses a bag said to contain the prepared drugs and does not use the instruments, tests etc. There is no standardization of their preparation, dosage, packing etc. However its method of curing poisonous bites (dogs, snake, tiger etc) Pujas for unnatural deaths provide a satisfactory answer to the modern issues.

Emphasis on treating the cause of the disease, avoidance of costly drugs, depending on the available medicine in the state in a simple way without side effect, understanding the patients body by hand in contradistinction to the over reliance by laboratory tests must be appreciated. The Manipuris in Myanmar, Cachar and Sylhet of Bangladesh successfully practiced this system. More important than this, the *Maiba* system is based on higher ethics and respect for human life. The disease is

treated in relation to the individual suffering from it. No *Maiba* can ignore his service when he is requested by someone in emergency cases. Sympathy and service to the sufferer and his methods for the peace of the departed soul must catch the attention of modern scientists and educations.

The concept of Maiba and Maibi

The concept of medicine men and women is found among the plains and hill people of Manipur (tribals of the hills). The institution in the palace (royal court) known as *Maiba loisang* and *Maibi loisang* to look after the medical affairs of the state was greatly pronounced during the regime of the kings before Manipuris merger with India in 1949. Each locality has more than one *Maiba* or many in charge of curing boils, correcting the breaking of limbs, giving massage to the belly etc. There are private practitioners who did this work within their locality or outside Manipur or part of Myanmar, Assam and Nadia in West Bengal. This importance is not in any way ignored in society. Their purpose is to find out the cause of malady by divination and also by sensing the arm or heart beating of the patient.

Any famous man in a specialized field of medicine can be requested in case of serious illness. The *Maibas* will remain in the house of the ill person for any number of days. The *Maibas* who ordered the construction of the hut for an ailing man is a significant one. If the sick man recovers in a miraculous way the hut is to be dismantled by the said *maiba* and not by any other *maiba*. Even after the Hinduization of the meiteis, the presence of a *maiba* is supposed to be an incarnation of Vaidya Naran /Vishnu is compulsory. He used to take a seat of cloth made after

the pattern of snake God (Ananta). It is believed that the soul of the dead man resides in the body of the *maiba*.

On the other hand The *Maibis* plays an important role in the festivals and the *Lai* (God) is thought to take more pleasure in female ritual functionaries. Women are more likely to become possessed. The *Maibis* were of genuinely Manipuri origin and they got assimilated into the social system of the Meiteis. The *Maibis* who have priestly and ritual functions are distinct from those who are simply traditional physicians and mid-wives. A woman becomes a *Maibi* either by being chosen at the '*Lai Haraoba*' or by being possessed by the *Lai*.

The best *Maibis* are those who are possessed by *Lai* at an early age such as 6 to 7 years. But older women of 50 or 60 years old also may become *Maibis*. Possession by *Lai* leads to abnormal behaviour. In the festivals she usually dances in a wild manner and frequently falls into a trance. The dress of the *Maibi* is quite different from others. The *Phanek* and chadder are all white and an additional waist wrapper (also white) is worn on top of the *phanek*. Flowers are usually placed in the hair or behind the ears⁷³.

Prominent position of the *Maibas* and *Maibis* in some death rituals.

Even after adopting Hinduism the Manipuris do not abandon their earlier beliefs. Their service are necessary in such kinds of unnatural deaths such as suicide by hanging, death at the time of childbirth, children dying in infancy (below 3 years of

⁷³ Ibid pg 166

age), many deaths in a family, barren parents, unmarried persons in a family etc. The purpose is to appease/satisfy the evil spirits so that it may not trouble the family. The expense for the ceremony of the family is borne by the parents or relatives as a whole. The ceremony of *Lai Yuponthaba* consists in the offering of bananas having odd number, cloth, betel nut and fruits by the *Maibis* with incantations. So that the spirit of the dead child / *Apunbi soren* may not return and re-enter the mother's womb.

Role of *Maibas*/physicians in curing python-bite

About a large number of households are reported to have visited traditional healers. The illnesses for which traditional healers were visited included snake bite. Pythons are potential hazard to the Meiteis when they wade barefoot in the muddy places and jungles. They played on the grass and plants and in consequence they died. Python sometimes bite the people. They are supposed to be non-venomous and kill the prey by constriction. But the teeth can inflict a very painful wound.

A person suffering from its bite does not complain of poisonous pain but the injured portion got rotten and lasted for years. It develops itching and casting off dried skin and pains leading to death. Bites are rare but *Laichuba* (a kind of chronic disease with pot belly, indigestion and excessive use of water) is caused from the sight of python or any of the above members associating with the power of divinity.⁷⁴ The *Laichak* (skin ulcer), *sajik* / wart, etc. are said to be caused by its play. The lore clearly indicates that the python avoids purposely the meeting of any person who

had already suffered from small pox or person with marks of small pox. In case any pregnant woman meets her, her baby must suffer from *Laichuba*.

The physicians used to release the effect of python bite by using the liquid of *Lai peruk* against the injured part and plastering it with the roots of *Lainou Amuba* (a kind of a plant growing in a shady area.) For long the physicians held that seven articles of each class beginning with the word *Lai* such as *Laihidak*, *Lai Utang*, *Laiki*, *Laichang Khrong*, *Laikai*, *Laikal*, and *Lai Khai* (English equivalents of these names are yet to be attempted after verification) boiled with the water drawn from 7 wharfs in a new pitcher must be given for the suffering person for about 21 days. The taking of this mixture has been proved to be beneficial upon the person.

Measure of precaution and incantations:

In order to afford protection to them they use charms/incantations which exerted a great influence in this kingdom. It was full of hymns in which the superhuman feats of the *Maibas* / physicians played a considerable part. The cult of the Meitei physicians is not yet dead here and we hear of specialists endowed with the power of performing marvels through the use of different charms such as *Laihatlon* (exorcism, manner of killing the Lai/python), *Laihinglon* (calling to life the dead or disjointed parts making a while charms), *Laipharol* (summoning or taming), *Laishilon* (to make the dragon smaller in size) and *Laikanglon* (to make it dry by inserting a stick in its throat).

One who suffers from the disease was restored to health by narrating the exploits of *Khwai Nongjengba Piba*, the hero of the ball of *Numit Kappa*. Once he trapped *Pakhangba*, the king of Gods in his fish form by his divine fishing net. None of the gods revive wound of the kind of God. One God suggested any mortal physician who can counteract the effect produced by the trapping of the net. At the request of Gods *Khwai Nongjengba Piba* reach the nether world – the region of God. He removed the nets from different parts of the king of Gods with the help of divine scissors. The king of God was satisfied with his work and granted a boon to mortal beings by which one can get cured of the *Laichuba* by narrating the adventures of this nature. He would live in the memory of the people as a doctor (medicine Maiba).

The Meitei physicians suggested another charm and the application of *Luwang Tou* (a kind of reed growing in Manipur). Once a python (half man and half python) named *Moubirai* destroyed *Moirang* (a principality). He came to an understanding with the king of *Moirang* on the condition that each house must send him daily for his meal a person with items of good. Each house had to send a man by turn. When the turn of a divine lad called *Chauhi Eirong Apanba* came, he went to his father's friend, chief of the Naga village, *Kabui Tomba*, the noted physician. The famous physician promised that the people of *Moirang* should not suffer on this account and would kill the demon by his charm and rid them of his tyranny once for all.

The famous physician prepared a javelin with 9 edges out of the *Luwang Tou* with incantations. Both the lad and the physician rose to the occasion by going to the very place and waiting for the dragon. In the meantime the hungry python rushed

towards them with his mouth open like a cave. *Kabui Tomba* killed the dragon by thrusting his divine spear on the mouth and won the everlasting gratitude of the people. The beating of *Lawang Tou* (clean reed) at the navel of the python proved fatal to the python according to a proverb current in Manipur. The application of this reed along with the story of *Moubirai* is considered to be efficacious in curing the *Laichuba* of the python. The idea stressed again is the medicinal quality of this reed.

According to Meitei method the ailing people is made to come out through the divided hole of the *Tou* with charms; the *Lai* (python) will then leave the people who was relieved of the pain of *Laichuba*. In another hymn it is stated that *Yangoi Ningthou*, the presiding deity of *Lamangdong* (modern Bishnupur district), by his incantation arrested the principal python of important lakes of Manipur) who could not extricate themselves from the lie of the victor. They python of the types such as *Raoroinai* (of the body) and *hangen* (modern lamphe lake) who were supposed to be powerful got the worst of it. On their special request *Yangoi Ningthou*, in a moment of large-heartedness released the two from his clutch of warned them saying that his exploits must produce powerful antidotes to control the poisons of the python. This seems to be the reason assigned from the worship of this deity by the Manipuris.

On Meeting the dead python or the dried bones:

It is stated that the very sight of the dead python or the dried bones will hurt the person. As a charm against the same he must place a hair over the dried bone and utter this "I have begotten you today. So you are my son from this day onwards; I am your father and guru. "As much as it is unusual to harm me, your father guru.

Start life again when the seasonal rain comes and selects the uninhabited place for your stay." It is held that the dead will come to life again and does not hurt anybody.

In connection with the performance of a rite known as *Laihatlon*, this elaborated process is followed. *Maibarol* (lore of the physician) lays down the rules regarding the killing of pythons with proper charms and process. If someone meets a python he must not be frightened, nor run away in swift retreat. He should quietly look at it as his sole enemy and make a true by acquiring into its group/clan. The species belonging to the *khumal* clan are dangerous and move swiftly at the sight of human being. Other type can be rendered gentle and compelled to stay in the very place for 7 days. It made it a point to talk to human beings by its signs and revealed its identity of colours. The person must place a piece of log or grass on the ground just beneath the head of the python.

Chuks (stick or bamboo pieces) must be placed or put crosswise beneath the body of the python. He must stand in the middle of the victim with his dagger and must be cautious enough so that it may beat him by its tail. When it is killed the *Meiteis* dared not eat its flesh, the 7 parts being kept in reverse ways with incantations (at least four of the mutilated pieces must be placed in unusual ways). If the disjointed pieces are kept in due order in a plantain leaf, the python by its divine power will remain animate afresh and vanish mysteriously. The dung emitted by it at the first stroke of the killer is whitish in colour (like the lime) and has got a medicinal purpose.

The killer must bury the bundle said to contain the disjointed parts and remain in a sacred area of his garden with two plates circular plantation leaves said to contain *Heiruk* (fruits) and *Panatanga* (areca nut and leaves) in the same manner as in the case of the cremation of human beings. The killer must fast on the day and must ask a boon for his prosperity and long life. The Lai / python is believed to be bestowing good luck and prosperity to him if he killed and honored in this manner.

Extraction of the third eye from the neck of the python had been included among the branches of medical science of the Meiteis. If properly removed during the lifetime of the python, it can cure poisonous snake-bites and can act as a telescope for the physicians. The physicians have known the secret of knowing the location of gold and silver mines by the gem or blood of the python. The gem seems to reflect and reveal a hidden life who knows if it is imminent with eternal light and life also. The physicians knew about two stones being white and black bringing good luck to the owner. The two pieces of stone are to be found in the navel of the python. They are called *Senphu* (spring of wealth or money) which are ceremoniously preserved in the custody of the physicians.

Exploitation - The skin of the python provides a leather of the finest quality if properly processed after skinning. They believed that the skin when used for making drums can control the noise of the people and has the magical power of compelling the rain. A part of the skin is ceremoniously placed above the main pillar (*yatra*) of a dwelling house for freeing the members from the attack of the enemy

and with a view to ward off the evil spirits. The beautifully patterned skin of the python was in great demand in connection with the designing of the pattern of *Khamen Chatpa Dhoti* (printed silk dhoti) of the Meitei aristocrats under the maharajas. According to one myth king *Khuyoi Yompok* is said to have killed a python with many hoods with his spear. He was moved very much and wanted to know the results as the python was the vehicle of his divine father. In his dream the king was advised not to worry on that act. He was further told to prepare designs of clothes, ornaments after the pattern of the skin of the python connected with the royalty of ancient Manipur. Thus the scholars and weavers initiated the preparation of printed silk dhoti (*khamen chatpa*), and other related designs at the instruction of the king.

The meat and oil are a great delicacy to the tribal people. The records of the large pythons swallowing human prey are scanty and far more they are eaten by the tribal's (by trapping) than kill men. The effective remedy against *Laichuba* is made by eating the flesh. Its skull and oil are used for curing burnt injuries and boils. Its teeth are for curing types of rottenness.

None of the modern conservationists are writing monographs on the Manipuri species of pythons and are conducting studies about them. Previously they are found in different areas, but they have been destroyed by indiscriminate hunting. Survey of their areas and their numbers should be undertaken. At present, there are two pythons in *Iroisemba* zoological garden maintained by the Forest Department of the Government of Manipur.

Enemies - In Manipur hills roam not only the pythons but also the dragons. The dragon though not a creature of water lived near water. This crocodile like creature with some characteristics of an eagle, hawk or lion often with wings often made frightening noises, breathed smoke or fire. Dragons are remarkable not only for their strength, but also for their *Laichuba* (unidentified disease caused by meeting them). Anybody who happens to meet a dragon will meet with death. A dragon is thought to assume any size it pleased, uproot trees, to tear a part of hill and makes itself invisible. It has none to fear in its kingdom. Even elephants, lions and tigers shun it. The python falls an easy prey to the Dragon. The pythons are easily pulled by the dragon by their tails and rip open their flesh with its teeth.

Both dragons and pythons are treated as divine creatures by the Meiteis. The head top of *Hiyang* (swift boat meant for race) is decorated with dragon (*chinglai*) bearing two forms according to Meitei practice. "*Chinglai*" = *ching* means what draws in and "*Lai*" means God. In metaphysical sense it represents the human head or brain which draws in everything first and make a decision about rightness or wrongness, virtue and vices. The boat represents physical body which requires a guidance of the brain for onward march to Heaven.

Traditional system of treatment vrs Modern system of treatment

In traditional Meetei treatment, medical education is invariably associated with astrological calculation. A *Maiba* / medicine man used to calculate the presiding deities of the time of illness whether it belong to fire, water or Air. On getting proper

history of illness he used to adopt the treatment such as the time of one's birth and the 6th day of birth are taken into consideration in this system. Moreover a Physician is expected to have a good knowledge of curing the patient. Also he needed to forecast the time of death if the sick man requested him to make prediction of his death. There are still physicians who are expert in this aspect on account of experience.

There are stories of old Meitei persons who called the priest for reciting the Holy Scriptures, arranging the funeral pyre for cremation for himself without any fear. It is interesting to note that there are some sick man who wanted to die at an auspicious moment. There are certain methods by means of which the sick man has to know beforehand the time of his death. A middle aged person learnt from his elders about the last moment. Stories are fairly common that the old man walking to the sacred tulasi plant in his courtyard and died touching the sacred plant. On the other hand there are no side effects, no date of expiry of drugs and kidney problems in taking Meitei *Maibas* medicine or tablets. A medicine man must be a thorough gentleman, humble in his proficiency. He must be modest and sincere in his work. No ill will against should be made against him. He must have a special consideration for the poor, destitute and the helpless. It was considered a sin to bargain for money/charge if the *Maibas* considers that the sick man will have no chance of survival.

As far as the modern system of treatment is concerned, a modern doctor is to adhere to his time table in the morning or in the evening for attending his patients, he has to

attend to his work without thinking of the good or bad timing. The charge of his treatment is subject to revision according to circumstances. On examining the pulse or heart beat he can say whether the patient will survive or not. It is not the business or duty of the doctor to predict the last moment of the sick man. They take the matter in the easy and light manner. In the past people refused to take medicine prescribed by the Doctors. A person of Rajkumar family (Dominant family) or a Brahman used to avoid the profession of a modern medical Doctor. A dead man was considered unclean according to the ancient system. Such a system was quite contrary to a modern practitioner of medicine.

The traditional system

The traditional system of treatment is concerned with the whole system itself-An attempt to do justice to the whole man. In the villages the art of healing has been widespread and for ordinary illness, experienced old women of a family can find out the ingredients necessary for treatment. Historically speaking the deity of a physician is found. The colonizers of Manipuri history called *Poreiton* came to Manipur in search of the plant for immortality in Manipur. His party consists of cultivators, physicians, cook, and medicines in his journey of migration in the first century.

The royal institution in charge of medicine is called *Ametpa Loishang*. The presiding deity is *Panthoibi*, a famous goddess of Manipuri lore. The queens used to manage this office since early times. The woman had a sound system of child birth, twin birth, treatment etc. Secrecy is maintained in matter of teaching the incantations and

methods of learning. Most of them have not come down to us. There are words like Hum for sleep, Mam-man for feeding, Kuk kuk for drinking, Heina for learning to walk. The first teacher is the mother. Then the elderly male or female revealed the secrets of family life to the pupils who approach them. Plants, vegetables and minerals found in Manipur were praised for their health giving properties. Small plant growing in mount *Koubru Laikha*, *Chingthrao* plant in *Koubru Hill* and its skin, fruit from Shamba tree for extracting bus (*Yai thamna manbi*) were praised for ambrosial properties.

A word may be added about the importance of the first physician consulted by a family. Another physician can be called at his suggestion and advice. His advice and attitude must be made clear in matter of consultation. It was not considered good if another is called without the advice of the first physician. There may be jealousy and ill feeling between themselves. Sometimes friendly conversation is ruled out. It may hasten the death of the sick man in Meitei society on account of their competition. Sometimes they question authority of their text, time of death, seriousness of the illness.

There was a code of ethics for a *maiba* at the time of treating women patients. He should treat her or his own mother without reference to sexual excitement. Under no circumstances the privacy of a woman is to be violated. There should be no room for any form of advancement with a woman alone in a room. He was not to accept any gift in the absence of her husband.

The midwife is known as *Maibi* whose business is to attend to delivery case. A male can perform their function in some cases. She gets a high gift in cash or kind. She must learn the method and incantations from the elderly persons of the locality. At the time when there was no bicycle or vehicles are on a large scale and as there was no dispensary she used to go on foot to any distance. It was a cause of dedication and service to the community. A *maiba* or *maibi* mastered the problem of the child and of woman and tackled all problems successfully. There was no regular fee for them.

Modern system

A modern Doctor has nothing to do with the ideas of the soul etc. He does post mortem examination of the dead body as per the modern rule. Problems regarding the side effects of drugs / tablets arise if modern allopathic medicines are habituated for many months. For speedy control of pain they are effective but later they are prone to create complications for the sick person. A modern Doctor takes fees for consultation in his clinic. At the time of operation and minute examination in the state hospital his or her purpose rest on money charges. At times the Doctor has links with the pharmacies, clinics for medical tests. There are cases purely to make profits out of the patients. The absenteeism of doctors is quite high and the incidence of doctors trying to recommend that patients go and see them in their capacity as private practitioners is distressingly high⁷⁵.

⁷⁵ C:\Documents and Settings\Rosangi\Desktop\the hindu.htm

As for the modern system it involves specialization in different parts in treatment ear, nose, throat, heart, children, woman etc. The prescriptions for a type of ointment are made by a doctor qualified in a line. The remaining works are done by the compounders and nurses. No such myth and legend is found in the medical history of the west. It is introduced during the British regime. The first M.B.B.S, M.D, M.S etc among the male and female are recorded.

As for the modern Allopathic treatment, their studies are financed by the state Department after a test conducted by the state board. Privately it can be continued in India or abroad by well-to-do families. Modern doctors, fashion conscious lady-doctors with modern instruments, hard-sticks, shoes and uniform depend on drugs, coming from foreign countries. They do not examine the medicinal properties of native flowers, plants and trees. It is being published from time to time in the news papers. Patients die due to this negligence. The questions of sin, crime, remorse have nothing to do with the professional ethics of a modern allopathic physician. In his or her education he/she can act as a messenger of death if the money is not given adequately. Problem of dying in operation, pregnancy etc are very frequent. Nowadays the delivery cases leads to death by specialist doctors and nurses in the recognized hospitals.

There are many fields of specialization in modern allopathic system. A general physician can suggest a specialist or a person of high qualification after his consultation in the case of serious illness for further treatment .Therefore it can be highly satisfactory. It does not matter if the medicine man will go to the patient or

not. If money is paid he or she will go in the name of service to the ailing man. The unholy alliance with the clinics must be brought to the notice of consumer's club.

There is no harm for showing private parts in the modern system. A lady doctor can go alone in the night and become unduly familiar with the person who called on her. A male doctor may exchange pleasantries with a woman patient without cause with the help of tablets or drugs. They can control the advanced pregnancy stage of their own. Nowadays everything is done by money. Corruption is there in the sense that a doctor in a public health service asks patients to go to himself or a friend in private care, instead of providing treatment. Nevertheless the science of medicine has branched out in many directions. For example a child's doctor is quite different from a doctor of woman's disease (gynaecology).

Plant with cancer curing property?

A newspaper article recently reported that that a local plant, which they refer to as the "Ranlung damdawi", might be capable of curing cancer. From the references of the people, the plant can cure cancer-like diseases and many other diseases including sinusitis, tumors, asthma, piles and body aches. The plant had been used as a traditional medicinal plant by the inhabitants of the Saikot Village. It has extensively come to the attention of the people of Manipur (India) and the state government as well.

Chawlien Hmar, 82 yrs old, a resident of Saikawt village in Churachandpur District in Manipur, discovered the curing capability of the plant. Before he discovered this

valuable plant, a tumor on his neck had been diagnosed as Cancer and he was prescribed to undertake medical treatment which he couldn't pursue because of financial shortage. With frustration, he tried this traditional plant used by forefathers for medicinal uses. He made a potion of this plant and applied it to the tumor on his neck. Amazingly, the size of the tumor reduced rapidly and finally it had completely vanished from his neck. All of this happened so quickly within a few hours that the news had been spread to all the local people⁷⁶.



Therefore a team of research scholars of Manipur University life sciences department under the initiative of associate professor, Potsangbam Kumar Singh, the botanical name of the anti-cancer plant was confirmed as *Croton Caudatus Geiseler*, a variety of Euphordiaceae plant⁷⁷. He said his team under the initiative of Mahendro Singh Khaidem, project coordinator of Manipur Agri-Business Consortium, visited Saikot village and collected samples of the plant. For further affirmation the recent findings of the plant variety were sent to the Botanical Survey of India, BSI, at Shillong and the BSI, Shillong has made an official confirmation of the anti-cancerous plant as *Croton Caudatus Geiseler*.

⁷⁶ Waikhom.com., 14th June 2008

⁷⁷ The Imphal Free Press. June 10, 2008.

Further according to Mr.Kumar the new exploration and identification of a highly medicinal plant found in the state scientifically for the first time, shows a clear instance of presence of many more highly medicinal plants. Hence immediate need is required for proper steps to be taken by the concerned departments of the state government for the proper protection and conservation of such plants before it is widely exploited he added.

Inspite of all these advancements and developments there are some major social factors leading to the ill health. According to some analysts are lack of education and proper health planning techniques is the root cause while others point to social inequality which prohibits the poorest or those belonging to hilly regions from gaining access to services. Ignorance is also a cause says Barbara Diane miller⁷⁸. Therefore these causes are some of the major social factors constraining the use of available health planning program. The study of health here suggests that as much as technological advancement, the social factor in improving health is also equally important.

⁷⁸ Barbara Diane Miller.,Health, fertility and society in India, Microstudies and Macro studies, A review article, Vol XLV, No.5, Journal of Asian studies, November 1986.

CHAPTER - 5

Introduction of modern medicine

There are so many questions that one has in mind regarding the introduction of modern medical education in Manipur. When was the modern medicine introduced in Manipur? Most of the citizens are still without access to cost-effective and sustainable primary health care services. What role does education will play in improving the health scenario? How close are we to achieving 'Health for all'?

Hospitals in early Manipur, kings and rulers from the beginning of the 1st century hospitals or institutions known are as *Ametpa Loishang*. The queens are the presiding officers of this office according to Manipur tradition. This trend continued during the reign of the sucesors till the British period. The British showed the interest in the system and the ancient semic lay neglected are thrown away.

Before the introduction of education in Manipur the Manipuri students had to go either to Sylhet or some other places in Assam to pass the immediate Matriculate Examination. Gradually the British started the western education in Manipur keeping one thing in mind i.e. to get the support of the educated people in their administration.

Therefore prior to 1891, there was no proper medical facility in Manipur. The only information available is that in 1891-1892, a state dispensary was constructed and was subsequently opened on 1st September 1892. As reported an 8 in-door and 2613 out-patients were treated during that year and on the other hand the Government

servant were treated free at the dispensary. This shows the increasing number of patients undergoing treatment in these Dispensaries. And then few more dispensaries began to be opened other places such as in 1905 in Moirang about 28 miles from Imphal it was opened and as reported about 3778 out-patients were treated there and the same year in another place called Thoubal, about 14 miles from Imphal and Mao, a dispensary had been opened. Further in 1906-1907, 14491 successful operations had been performed in these dispensaries at a cost of 1 anna 3 pies each which clearly confirms the development of proper medical facilities in these regions.

Speaking about the development of Medical facilities, development of education takes place under the Christian missionaries during this period as well. These developments led to the introduction of medical education in a much later period. The Christian missionaries have played an active role in the education of the hill areas as well as the valley in the state. The schools in the hills were under the control of the Manipur State Durbar and the valley was maintained by the state. As stated in "Forty years mission in Manipur", Rev. William Pettigrew gives an account of the opening of a charitable dispensary at the beginning, as stated by the writer himself "what limited knowledge the missionary has in this line has been used in relieving pain in many cases". The dispensary work had taken a good deal of the missionary time apart from their other work such as educational work etc. Especially in times of epidemic occurrence such as the terrible cholera that raged through the valley of Manipur in 1908.

Medical mission work in Manipur had started formally by Mrs. Pettigrew. Her training had included courses in medicine and nursing at Sussex County hospital, England and soon she found use for all the knowledge and skill she acquired in her missionary work. At first the local people were unwilling to take any medicine she prescribed for being afraid of offending the evil spirits but slowly by slowly Mrs. Pettigrew soon won the local people's confidence. In 1920 the Government has made Ukhrul sub-divisional headquarters and a permanent hospital and dispensary with a compounder and sub-assistant surgeon.

Later with the transfer of Mission headquarters to Kangpokpi the state Durbar insisted that a medical missionary be stationed in Manipur and thus eventually a Doctor was posted in the Dispensary in 1924. The first operation theatre was donated by Jaganath Roy Agarwal in 1926. Before Hospitals were established childbirth have been performed by Chapokpi *Maibis* (mid-wives or nurses). They are commonly nurses and are usually experienced elderly women who insist on maintaining sterile conditions during child delivery.

The introduction of English education broadened the mental thinking of youths of Manipur and subsequently there was a change in the social and religious life of the people. Especially in the hill areas their traditional method of worship was given up. As found in the Administrative report of 1929-30, the period when schools came to emerged, there were altogether 110 upper and lower primary schools in the hills, out of which 41 lower primary schools were maintained by the state and the rest by the Christian missions. For a record the first Government Primary School was

opened at Mao in 1893 and in the valley, on June 1, 1892 the Johnstone English School was re-opened⁷⁹.

And in the valley visibility of all round development can be seen during this period such as new metalled roads were constructed, scheme for supply of drinking water to the people was taken up, and most importantly treatment of diseases on modern scientific methods was by opening a dispensary at Imphal in September 1891. Gradually another dispensary was set in Moirang about 28 kms. from Imphal in 1905 and subsequently was set in other areas as well such as Thoubal, Mao etc.

Healing tradition in Manipur during the British regime (1891 AD-2008 AD)

Yoga, Ayurvedic, nature cure, Homoeopathic and Allopathic system found their way to Manipur through the passage of time. Some alternative medicine like meditation, acupuncture, gem therapy⁸⁰ etc, are practiced by the people in a small way. Meitei *Maibas* massage system in the belly (except the naval) by 3 fingers say 1st, 2nd and 3rd fingers has blended so well into the Kaviraj or Ayurvedic system. Both the Meitei system and the Ayurvedic system are inseparable which plays an important role in providing health care to a large number of people. Adoption of Hinduism by the people gave Indian systems their roots in Manipur.

⁷⁹ Foreign Department, Secret (E) January 1895, Nos. 24-28. Manipur State Archive. Imphal

⁸⁰ *gem therapy-therapeutic gemstones that promotes healing and awakening on every level-body, mind, emotion and spirits.

Homoepathic medicine originated in Germany in the nineteenth century, and is based on the concept of creating resistance to an illness by giving small doses of it⁸¹. In India the homoepathic practice assimilates elements from Ayurvedic and Yunani traditions to form a distinctive popular-culture medicine. Popular culture combines with the humoral concepts with the gem theory of disease, popular astrology and religion with faith in modern science and technology. The concept of practice in folk medicine mainly draws upon the humoral theories, cosmological speculations and magical practices in learned medicines and religion. The medicinal plants are in great demand in traditional system of medicine i.e. Ayurveda, Siddha and Unani Tibb as well as folklore prescriptions. The modern pharmaceutical industry also requires a large quantity of authentic plants for manufacture of drugs⁸².

Nature cure and health education/physical exercise gained momentum under the leadership of I.Indramani, T. Jogendra Singh etc. Many persons are receiving training under them. Some of the hospitals are still functioning in different parts of Manipur valley. This system was popularized by Mahatma Gandhi, Father of the nation. Some of the patients receive treatment in nature care hospitals.

Yoga and meditations and their different forms are practiced privately by interested persons. As a therapy they are recommended by medical doctors to their patients for the physical and mental being. But the Government does not nurture Yoga or tantric physicians. There is no state sponsored hospitals that followed this system.

⁸¹ Charles Leslie, *Asian medical systems: A comparative study*, pg359

⁸² <http://nerdatabank.nic.in/csirmedicine.htm>

Homoepathy has been treated as one of the state recognized system in Manipur. Some of them are abolished in state service.

Ayurvedic system is nicely blended with traditional Meitei medicine. A Meitei *Maiba* may receive training in Ayurvedic and can acquire credibility at least 5 or 6 years in both systems. The fact is that medical knowledge of Ayurveda was necessarily incorporated in the Meitei *Maiba* system in addition to their own tradition. But this system is not recognized in Manipur officially although it is treated as a state recognized system with some interest. Kaviraj N. Chandra Sarma, Ekram Ibomcha Singh and their followers contributed to the growth and development of Ayurvedic or Kaviraj system in Manipur.

The main reasons for availing nature allopathic, Ayurvedic treatment was that there was no side effects, cheap ,effective and doctor easily available .Almost all of those who used allopathic treatment were aware of the Ayurveda and Homoeopathy. About a large number of households preferred medical assistance from government health functionaries in case of common ailments whereas they preferred private health functionaries for serious ailments.

Human and veterinary Hospitals

A study of available literature gives the personal attention of the state to the building of hospitals for the suffering people. Traditional healers of human beings acted as the physician of the horses, cows and elephants. The physicians used to

remove the thrones from the leg of elephants and cattle. Animal science was widely cultured among the Manipuris in early time. Names of bulls, cows and horses are plenty to be found in Meitei literature. Castration of bulls are said to be introduced in Manipur by the people of Assam. Some Muslims even specialized in this operation. The epidemic of cattle was averted by offering polo sticks and balls to the presiding diety of *Polo-marjing* in his shrine. This system continued till it was replaced by the new system during the British regime.

Inception of Medical college in Imphal, Manipur

To start with Regional Medical Institute of Medical Sciences in Manipur is the only Medical college of regional nature in the country imparting medical education to students from 7 states in North eastern region⁸³. Medical education is the training required to achieve certification as a physician. In Manipur the medical education, in the real sense, was started only from the establishment of the Regional Medical College at Imphal on 14th 1972 which was later renamed as North Eastern Regional Medical College w.e.f. 1/8/76 till 31st March 1995 ⁸⁴and later on the name was change as Regional Institute of Medical Sciences (RIMS). Prior to this, in Manipur, there was a system of traditional method of medical education system and it was continued for a number of centuries. Even today this traditional method is still prevailing now everywhere in Manipur.

⁸³ Regional Institute of medical sciences annual report, 2005-06, "35th Foundation day". Imphal, pgii

⁸⁴ Regional Institute of Medical Sciences Annual report, 2004-05 "34th Foundation day 14th September 2005".pgi

In 1977 with 79 students, for the first time the first batch of students appeared in the final MBBS Examination, practical and viva of which was conducted in the presence of Inspectors from the Medical Council of India. And again the same year in the month of December the second batch of students bring glory to the College by bagging the 1st position in the final MBBS Examination under the Gauhati University. Gradually the number of undergraduate admissions increases subsequently.

Two years later in 1979 the undergraduate admission increased to 75% per year from a previous 50 per year. Finally In 1980 the College was affiliated to the Manipur University. RIMS short for Regional Institute of Medical Sciences is a 881 bedded teaching hospital, equipped with modern state of the art equipments and teaching facilities in clinical departments having an intake capacity of 100 undergraduate and 73 Postgraduate Degree/Diploma seats.

The existing 80-bedded Women's Hospital is being upgraded into 131-bedded hospital and the existing 300-bedded General Hospital is being expanded into 600-bedded Hospital not only to meet the requirements of medical services but also to serve as teaching Hospitals⁸⁵. To this day the Hospital normally provides services to more than 2.00 lakh out-door patients and admits over 30,000 patients in a year. And today as per the annual report of 2005-06 indicates that 5 seats in Post-graduate courses have been increased and 90 MBBS students are reported qualified as well as 63 postgraduate students after being trained and considered competent doctors to manage and treat the patients independently during the current year.

⁸⁵ <http://manipurassembly.nic.in/govadd73.htm>

The institute aims to promote and conduct research and investigation in medical sciences and to take such steps as may be necessary for the advancement of learning in medical/clinical sciences and for the dissemination of knowledge of sciences⁸⁶. So far for the last five years the number of Research projects undertaken on different spectrums under WHO, STE, Government of India, ICMR, India CLEN, State Government etc for the welfare of the public and patients in general and for the benefit both to the professionals and health administrators in particular are given as under⁸⁷:-

Year	No. of project
2002	45
2003	72
2004	50
2005	58
2006	95

The main objective of the institute is broadly divided into two i. e Academic and patient care services. Likewise the Dean (Academic) and the Medical Superintendent of RIMS assist the Director, RIMS in administering Councils, Committees etc. The Regional Medical College Hospital have taken up the relevant strategies and thus oriented its facilities to meet the requirements of community

⁸⁶ Constitution and Bye-laws of the Regional Institute of medical sciences. Imphal. Published by the Directorate.RIMS.2005

⁸⁷ Regional Institute of Medical Sciences at a glance, "Prospect and perspective" updated may 2007.pg31

oriented medical care. This hospital remains no more only as a curative centre but also a teaching Hospital.

RIMS have been making much progress in every possible field. Apart from the regular medical subjects, the Department of Clinical Psychology reintroduced. Moreover advanced techniques and technology has also been introduced such as Mammography for the Radiodiagnosis Department, Haemodialysis machines for the Nephrology Unit, these advanced equipments and facility are available only in RIMS in the entire North-east India. The Government of India has identified Regional Institute of Medical Sciences (RIMS), Imphal as one of the Institutes where training of Doctors from the North Eastern India are to be conducted in the discipline of Paediatrics, Anaesthesiology, Obstetric and Gynaecology so that after the training they may be utilized towards fulfillment of the objectives of the National Rural Health Mission⁸⁸.

With a view to enhance quality patient care services and also to train the medical students in an age of fast advancing techniques and technology in medical sciences, the Institute procured medical equipments such as Mammography for the Radiodiagnosis Department, Haemodialysis machines for the Nephrology Unit. This is the only facility available in the entire North Eastern and the Eastern India region. Despite many obstacles, stumbling blocks and impediments, the Institute has been fortunate enough to embark on many new developmental works. There's a plan to upgrade the Institute to the level of All India Institute of Medical Sciences, New

⁸⁸ Regional Institute of medical sciences annual report,2005-06,"35th Foundation day". Imphal. pgiii

Delhi level so that the region does not lag behind from the rest of the country in imparting medical education and delivery of health care services to the highest order.

Role of education

Medical college is the first phase in the education structure of physicians. The curriculum provides instruction in the principal sciences of medical practice (basic sciences) and in information-gathering, decision-making, and patient-management skills⁸⁹. Upon successful completion of medical school, students receive their MD degree and undertake the next phase of medical education, residency. Residency offers physicians an organized educational program with guidance and supervision of the resident to facilitate the resident's professional and personal development while ensuring safe and appropriate care for patients. Residents are prepared to undertake independent medical practice upon satisfactory completion of a residency and can apply for a certifying examination for competency in their specialization.

Medical students and medical-student organizations have a number of influences over the curriculum of their own medical college. Students are capable of promoting the addition of certain requirements in the health curricular elements and case studies at their medical college through course evaluations and representation on curricular committees. Educating medical students on vital issues on health will prepare them to promote this issue at their medical college. Medical college faculty

⁸⁹ Environmental Health Perspectives, Vol. 112, No. 17, (Dec., 2004), pp. 1755

members are keys to implementing curricula and influencing career choices of students by setting examples and providing direct counseling.

Education in the health scenario has never been more needed than now. The only hope for better things is in the education of the people in right principles of eating and drinking. Nevertheless, Education has an impact on all aspects of life such as state of health from birth to death constitutes a prime aspect of the quality of life. These together constitute major indicators of social well being for the individual and society and are considered as ends in themselves and instruments of human development and change. Likewise education is necessary for the survival of the society.

Education is the only weapon that can bring about major contributions to demographic changes in society, to employment and skill development and productivity. Above all they make a lot of difference to individual's capability and their general outlook towards life. Education plays an extremely important role in the health scenario by identifying constraints, problems and challenges relating to curriculum, teaching, administration and access, suggesting measures to promote and sustaining the research tradition in medical colleges and teaching hospitals, recommending means of strengthening professional education in para-medical disciplines and also suggesting means of expanding educational opportunities in medical sciences.

Public response on health system

Health is the state of being hale, sound, or whole, in body, mind, or soul especially, the state of being free from physical disease or pain. Franklin P. Adams says that "Health is the thing that makes you feel that now is the best time of the year". Similarly Owen Arthur says "For he who has health has hope; and he who has hope, has everything". Lastly, the World Health Organisation has defined health as a "state of complete physical, mental and social well-being (WHO, 1984).

The perception about health, disease and health seeking behaviour are not the same across culture⁹⁰. Hence this study mainly explores the perception of health in terms of the Manipuris context. Taking a quick look at the medical anthropology, the study of such as the explanation disease and distribution of illness, the prevention and treatment of sickness, healing processes, the social relations of therapy management, and the cultural importance and utilization of pluralistic medical systems.

We came across that in most communities, medical care, treatment and etiology of disease are defined with in the social context. Thus, a greater understanding of the health seeking behaviour of the manipuris is important to identify such as how they identify sickness and the ways to counteract it. As the medical systems of any society is cultural imitative, the traditional health care system of the Manipuris persist even long after western innovations in health care have been introduced. Without ignoring the importance of traditional healing practices, with the help of

⁹⁰ <http://www.krepublishers.com/02-Journals/S-EM/EM-01-1-000-000-2007-Web/EM-01-2-000-000-2007-Abst-PDF/EM-01-2-135-07-020-Sonowal-C-J/EM-01-2-135-07-020-Sonowal-C-J-Tt.pdf>

education People invariably would equally balance the importance of both the traditional and modern system of treatment gradually. It is true that there are people who believe in spirit and other supernatural beings as causes of disease and priority of treatment inclined mostly towards traditional healers. However with timely help and awareness through proper channel, education would be a stepping stone to achieving rational thinking of both the system and be able to broaden and expand the importance of both, without differentiating each of the two systems.

Right to health is recognized as an integral part of the right to life under the constitution of India but health services in indigenous communities are substantially worse than they are in non-indigenous areas. Although At the PM's rally at Imphal on December 2, 2006, the Prime Minister Dr. Manmohan singh had announced that "In order to improve health facilities at the Regional Institute of Medical Sciences in Imphal, we have sanctioned a project of Rs. 210 crores to provide advanced facilities on par with the All India Institute of Medical Sciences. This will make RIMS a centre for medical excellence and will cater to the needs of all neighbouring states as well. The Institute will also be now run by Ministry of Health and Family Welfare so that there are no problems for funds or staff in future".

However, due to the arms conflict, most of the primary health centres and sub-centres are not able to function properly. More than 70 percent of the populations of the region do not avail basic health care. It is extremely difficult for indigenous communities who are dwelling in the remote, hilly and periphery of the region to see a doctor as and when someone is fell sick, as there are no doctors even though

some hospital buildings are there in sprinkling. The main health related problems faced by the indigenous people include HIV / AIDS, malaria, tuberculosis, diarrhoeal diseases, cancer, dental caries and inadequate access to health care. HIV / AIDS and malaria have reached epidemic proportions in many parts of the region. Very little has been done to mitigate the effect of HIV/AIDS and malaria in indigenous communities and most communities lack drugs to treat the disease or have insufficient drugs⁹¹.

What is fascinating is that, In the recent newspaper on Mother's day i.e. May 11th 2008, there was an article on "the best states to be a mother in" where it asserted that Manipur along with other states like Goa and Kerala after a thorough examination, maintained that maternal health is being systematically taken care of and these three states top the list of 'best states to be a mother in'. It is also quoted in the same paper by Shireen Vakil Miller that, "Maternal health is very important since it directly impacts the health of a child. Greater access to pre-natal care is needed, including nutritional requirements and we need to ensure safe childbirth so that delivery complications can be avoided"⁹². Therefore this piece of report shows the degree of awareness as well as the degree of perception on maternal health. Given the economic inequalities in the country, there is unequal delivery of medical attention and all these have to be thought through together and put through together.

⁹¹ This report and request is submitted by three organizations namely the People's Initiative for Peace, Manipur (PIPM), United NGOs Mission Manipur (UNMM), and North East Dialogue Forum (NEDF). This three network organizations are strategically supported by the International Support Organization mainly located in Europe. It emphasizes the dangerous and urgent situation that has developed in the northeast states of India as a result of India's discriminatory acts and omissions. Imphal, the 5th January 2005

⁹² Hindustan times May 11th 2008. quoted by Shireen vakil miller head of policy and advocacy at Save the children.

Taken into account the report on patient care services in Regional Institute of Medical Sciences Hospital itself from 1st August, 2005 to 31st July 2006, the table is shown as under⁹³:

	Male	Female	Total
1. Patients attended in O.P.D:	1, 20,284	1, 30,890	2, 51,174
2. Patients admitted in ward:	11,296	20,836	32,122
3. Patients treated in the casualty:	33,216	31,615	64,831
4. Major operations done:	5,813		
5. Minor operations done:			3,424
6. Total operations done:			9,237
7. Bed Occupancy rate:			81%
8. Total number of Death:			1161
9. Total number of Deliveries			9216
10. Total number of hospital forms issued:			8, 89,135

Therefore the table itself shows the number of patients treated annually at RIMS. It gives a positive response from the public in terms of health services. Manipur with a total population of about 217,275 according to the 2001, has patients numbering to about 2, 51,174 persons approximately that attended OPD in 2006. Now in terms of these two numbers taken together i.e the population and the number of Patients that attended OPD one can figure out that although the population may have increased by a large number at present since 2001, there is a visible rush in patients care in the Regional Institute of Medical Sciences (RIMS) hospital.

⁹³ Regional Institute of Medical Sciences(RIMS), Annual report 2005-06,"35th Foundation Day".pg179

On the other hand Manipur's Health and Family Welfare Minister Laishram Nandakumar has pointed out in the state assembly that the state is short of around 160 doctors (including 120 specialists) and that there are only 150 doctors in the state health department who are very thinly deployed over 420 public health sub-centres, 72 public health centres and 16 community health centres⁹⁴.

Therefore It is evident that there may be many people who are deprived of hospital care for many reasons such as living in rural areas or those who cannot afford medical services due to financial difficulties, in these situations alternative arrangements must be arranged for them in forms of nature care or traditional care that are anticipated to be standardized and legalized with free of cost so that these unfortunate people enjoy the benefit of acquiring at least the minimum medical services when they are sick.

Analysis of the Debates on "Health for all by the year 2000 AD"

In September 1977,134 countries of the world including India proclaimed the goal of "health for all by 2000 AD" as the main social target of all government for the coming decades and that primary health care had been identified as the key to attaining this goal. The Government of India has also signed the South East Asia health Charter. With the World Health Organisation for achieving the goal of Health for all (HFA) by 2000 AD. The Central Government has likewise taken a number of

⁹⁴ .Rahul Goswami on Nagaland has 500 doctors for 2 million people., InfoChange News & Features, June 2005

important steps towards the attainment of that goal with the formation of a National Health Policy in 1983.

Health For All does not mean that only in the year 2000 A.D that only Doctors and nurses will provide medical care for everybody in the world⁹⁵. According to the W.H.O, the "Health for All" means:

1. The realization of objective of "the attainment" by all peoples of the highest possible level of health and that as a minimum all people in all countries should have at least such a level of health that they are capable of working productivity and of participating actively in the social life of the community in which they live;
2. Essential health care will be accessible and with their full involvement;
3. There will be even distribution among the population of whatever resources for health are available;
4. People will use better approaches than they do now for preventing disease and alleviating unavoidable disease and disability;
5. People will realize that they themselves have the power to shape their lives and the lives of their families, free from available burden of diseases, and aware that ill health is not inevitable.

Therefore the key note of the National health policy is that "the basic needs of many should prevail over the sophisticated and elaborate needs of the few". The National

⁹⁵ Memorandum on the establishment of medical college in Manipur. Directorate of medical health and family planning services of Manipur, 8th April 1987, Medica Dept. Imphal, Manipur.pg14

Health Policy also emphasized that the existing health services should be restructured with a view to put an end to the all round unsatisfactory situation in the organization and management of the health care services. According to Mr. Jelshyam a former civil servant, has that suggested on account of "Health for all" new initiatives should be taken towards orientation for primary health care by radical re-thinking, re-organisation, re-allocation of activities and decentralization so that maximum benefit may be given to the largest possible number of people with minimum cost without sacrificing the quality of care.

On the other hand, Dr. K. Phajaton Devi the gap between the health-haves and the health have-nots appears to be growing today and Health has become too synonymous with doctors, drugs and pills, curative medicine and costly technology. As a result the poorer sections of the society cannot afford such technocratic systems. Therefore the role of Health education is essential for the promotion of health problems and the methods of preventing and controlling them.

Writers such as Mr. R.K.Sanahal has pointed out that in order to achieve the goal for Health for all, one should established a reliable and effective Health Information System. Health Information is a channel through which information of health status are transmitted from the peripheries to the Health authority in the State and Central Health information are collected from number of sources like Hospital, health centres, Medical and para-medical training Institutions through various performa and questionnaires and the data so collected are analyzed and interpreted so as to make use of it for planning, implementing and evaluating the health services.

Clearly there are variations and differences in views by different eminent persons for its achievement are highly a debatable issue.

Although the National Health Policy outlined the basic objective of achieving an acceptable standard of good health amongst the general public and stresses on greater access to decentralized public health system for all, higher investment in public health programmes and convergence of all public health programmes and focusing them on common man has been initiated. Access to health care for all continues to be a gigantic challenge as we often find that there are clinics with no doctors or health workers and hospitals with no medicines or key staff. Due to the under investment in education, training, salaries, working environment and management there are chronic shortage of health workers. Therefore one cannot determine whether, 'Health for all' remained a mere slogan or not.

Conclusion

A Manipuri physician has a good knowledge of traditional healing system, Science of Ayurveda (Hindu system of physiology and healing) and nature cure system. It is surveyed that out of 75000 herbs and plants growing in Manipur only 15000 are identified and known by the people. Again 700 herbs/plants out of 15000 are used for medicinal purpose in the present situation. The traditional *maiba* system utilized 90 plants/herbs for their purpose. The rest is to be scientifically studied.

The treatment of ill and sick was entrusted to the case of *Maibas* of the hills and plains before the introduction of the British system. It is a fact that people of the hill areas, inaccessible areas are without medical system. Naturally indigenous healing methods available from plants, herbs, minerals, animal products etc are continued by the *Maibas*, tribals and folk medicinal people. They are being considered as outdated but highly dependable and effective. Knowledge is power. An old people can easily preserve and identify them for healing purpose. The ignorant people used to bring about the destruction without any proper analysis and experiment. The old practice if properly patented through proper channel can provide a viable way to bypass the obstructions. This can improve the health of the poor and their income. Grass land of Manipur is a mega biodiversity known to the world. One must know natural bio-diversities and centuries old system on which thousands of common people including the tribals are depending.

Again, there is enough scope for the tantric way of curing, faith healing, spiritual value of curative system, rituals to get rid of physical problem in the old system, recognizes the ills caused by evil spirits, vampires, or the cause of illness for which incantation (in Manipuri, Sanskrit, tribal language etc) is largely used by the *Maibas*. The herbs and drugs are combined with spells and prayer for long life and health. The ancient people lived a life of 100 years, regular in eating, sleeping and also dressing. There was no problem of HIV AIDS, hypertension, B.P. Spells are required for restoration of harmony.

Different parts of the body of beasts, birds and worms are used for curative purposes. The incantations associated with them should not be considered as a clever magic but as a hopeful prayer. Fear psychosis was being socially constructed by the concept of sins, God's punishment and several expiatory rites were innovated as a way of curing serious diseases. Highly contagious and hereditary diseases create socio-psychological tensions since ancient times. Magic, myth, prejudice and prohibitions have been transmitted overtime. Nowadays the *Maibas* also have a rational attitude to the health problem. Divine therapy surprisingly survives through the ages in spite of advancements from foreign countries (U.S.A, Europe, Malaysia, Korea etc).

The legacies of Manipuri system in poisonous bite, fire or burnt injuries, vampire attack are obvious here. In the past the problem of unemployment was not serious because a son learnt the trade of medicine from the father since his childhood. This is how a *Maibas* son was a *maiba*. The descendants followed the specialized

profession. It has its merits. It is for the society and the state to control the evil tendencies and to encourage this hereditary occupation by a member.

The chief reason why people use allopathic medicine is the paucity of qualified *Maibas* and lack of support from the Government. This has increased the number of doctors through government help, free help is available. Hence patients go to doctors for consultation. But when the disease cannot be cured they turned to the *Maibas*. If 1/4th (one-fourth) or the tenth (1/10th) of the amount spend on western medicine is diverted to traditional Meitei system it will get a chance of development and the world will know its merits.

Employment opportunities of traditional persons

The medicine men are not professional in the true sense in the past. It was a vocation. They are farmers, traders etc. They use to get side income from medical practice in their spare time. Very few physicians were honored by the King for the treatment of the royal family. Such persons are accomplished and highly respected in the society before the modern educational system came to Manipur.

The villages *Maibas* are not recognized by the Government for employment purpose. Either medical practitioners of Ayurveda or Homoeopathic system are absorbed and given a job by India Government. Their income is irregular and small. The medicine men has been protecting the heritage of Manipur and environment and keeping in tact the forgotten knowledge for proper use and export.

The following solutions can be suggested:-

Educational

Earlier in such traditional system of medical education, a pupil who was desirous of learning the art of medical treatment to be a professional to the subject went to his master's house for his education or the pupil permanently resided to his master's house like as the family member of the house for whole period of his educational career and in its exchange the pupil did all possible services like household works and even assisted in the cultivation for his master. During the course of his study, the pupil took his education at home and when the master went for treatment of his patients the pupil followed his master for obtaining his practical learning and experience of treatment for different kinds of diseases from the patients who were treated by his master. This traditional practice of medical education in Manipur was a system prevailed from early period down to thousand of years in this region.

Therefore a uniform type of Maiba education throughout Manipur (hills and plains) is highly desirable. Different types of systems by different *Maibas* in every locality is objectionable for the young learners. There are purists who dogmatically opposed the allopathic and other systems. Education should be integrated by learning the ancient and modern system. A judicious incorporation of the basic knowledge of modern system is needed for the progress of *maiba* system. A commission is to be set up to settle all issues and to systematize its rational foundation.

Teaching methods

Outmoded methods must be rectified in the light of science. The piece of old literature must be commented and rationalized basis. Doctrines of the *Maiba* system needs reinterpretation in the light of Ayurveda like H.I.V, Aids, B. P. stroke, and Diabetes etc. Provisions for good libraries, museums, herbaria etc have to be made available in the *Maiba* Institution. All available manuscripts, texts, printed books on the early system must be kept in the library section. What was considered to be very effective may be found unsuitable for modern education system.

Dictionary of old terms for the *Maiba* system and preparation of related subjects is being felt for teachers and research workers. Dr. L. Kamal Singh, one of the makers of modern literature, author of the famous novel "*Madhabi*" in Manipuri had a high opinion on this system although he was trained as a doctor in allopathic system in Dibrugarh in Assam.

Practice

The Government should accord a status to the practitioners. Mere giving of financial assistance is not enough. Conditions necessary for utilization of services in snake bite, dog bite, epilepsy, night blindness, nervous system, stone cases etc must be ensured. In the age of democracy this profession is not low. The *Maibas* must not suffer from inferiority complex. The *Maibas* and the *Maibis* should be proud of their service and their usefulness to the public and society.

Pharmaceutics

The non-availability raw materials in the form of plants, herbs, minerals is an obstacle. With the rapid growth of urban area and consequent of deforestation many of the native products are on the stage of extinction. Measures for survey, cultivation of medicinal plants, forest products, prevention of adulteration have to be undertaken at the level of the state .The pharmacies should adopt improved techniques. They must evolve new and effective measure. Late Laishram Joychand Singh Founder and chief editor of a well known Manipuri daily paper "*Prajatantra*" tried his best to rationalize the *Maiba* system by meetings , institutions etc but they proved to be short-lived.

Research and appointment facilities

Research is the backbone western education and state policies were not conducive for preserving this heritage. It is to be treated as a valuable system like other modern systems. Research facilities and inclusion of this system in the higher educational systems must be made by all concerned. Creation of a separate Directorate under expert *Maibas*, Projects and creation of appointment opportunities at the level of the Government must be a state policy, International conferences and exchange programmes must be frequent among the public.

India became a member of World Trade Organisation and the rules of Intellectual Property Rights have become operative. The implication is that multi-national corporation will control many herbal products (say from Neem, Rice etc). India should prepare a detailed and exhaustive inventory of the well-known items of indigenous knowledge since they are relevant for health care. This system is prior to western medical Sciences that have their origin in Greece, European countries. It can however be dated when we studies the terms and names of nerves, different parts of the body and names of diseases as found in the books.

A well qualified *Maiba* is different from quack doctors on the following grounds. He ~~must~~ make a scientific study of the plants and preservation of herbs. He must have a kitchen garden for keeping medicinal plants grown. Also he must engage persons for preparing medicine out of materials. The system is facing an adverse situation. It is based on the knowledge of roots, leaves and cover of trees which are abundant in the forests. Due to deforestation trend, useful species of plants are being cut indiscriminately. A protective policy of medicinal plants, herbs and creepers must be framed by the joint effort of medical Department, Veterinary Department, Forest Department and University's Life Sciences Department (comprising Biology, Zoology, bio-diversity Departments).

At present the practice of traditional *Maiba* or their educations do not form a separate class by themselves. It is practiced by all sections of the people including the Rajkumars and the Brahmans. By long practice and skill and study of literature and training under reputed physicians one can have students around him. The

Brahmans also are becoming the Kavirajas, Ayurvedic physicians and experts in traditional lore. He can be well grounded in Meitei system of treatment. Such as identification of holy places in Manipur valley, lengthening the life span of a person by old method of Puja, restoring normal position of health.

They are money earning and money spending as there is no regular income from the side of the Government. They are not the virtual physician of the state under a Governor or Military officer. A *Maiba* spends whatever he earns in preparing drugs collecting plants and minerals. There is no service under any Government of British or of Independent India. Their role is customary and religious and private. What is necessary at present is that it should be the firm state policy to open a separate section in order to save the system from extinction. The degrees must be recognized by the Government. Qualified people must be absorbed in state service.

In spite of laudible efforts and association of Meitei *Maibas* under the presidentship of Late L. Joychandra (founder editor of *Prajatantra*, the daily paper of Manipur and N. Tombiraja, a social worker) it may be treated as a losing art. Facilities for studying them are purely private and sadly wanting. Books in printed forms are plenty. But the absence of regular schools, Colleges or museums directive from the state create problems to give an exact idea of drugs and plants. The modern people and the state government have brought its discredit in this system. They are good in stone case, fire burnt injury, snake bite. But the allopathic doctors with high salary and consultation charge secured the public confidence to a considerable extent. They have no chance for display of ability and skill without the thermometer, Stethoscope

and other modern instruments in a state sponsored way. Charles Leslie has rightly said that “many Doctors and health care specialists have come to the conclusion that the combined wisdom of different approaches to medicine will bring about more effective and complete healing with fewer harmful side effects”⁹⁶. Likewise the traditional as well as the modern practice has both an advantages in its own way, the only difference is in their method.

However if we look closely at the modern medicines one can rightly say that these medicines are in one way or another extracted from different kinds of plants, its properties and ingredients may differ from one another but at the end the source remains the same. Although traditional practice may not be as advanced as modern methods people have equal confidence and faith in it as they show in modern practices. This shows the assurance it provides to people’s minds even in this day and age. This should be motivation enough to carry out more studies in this area. And for that more time and more research on these aspects would be required which is not possible to cover in an M. Phil dissertation. These issues may be delved into more in a PhD thesis.

⁹⁶ Charles Leslie., (ed), Asian medical system: A comparative study, pg-xviii



**PIC:- MRS. CHINGANGBAM KUNJARANI DEVI
A MAIBI**



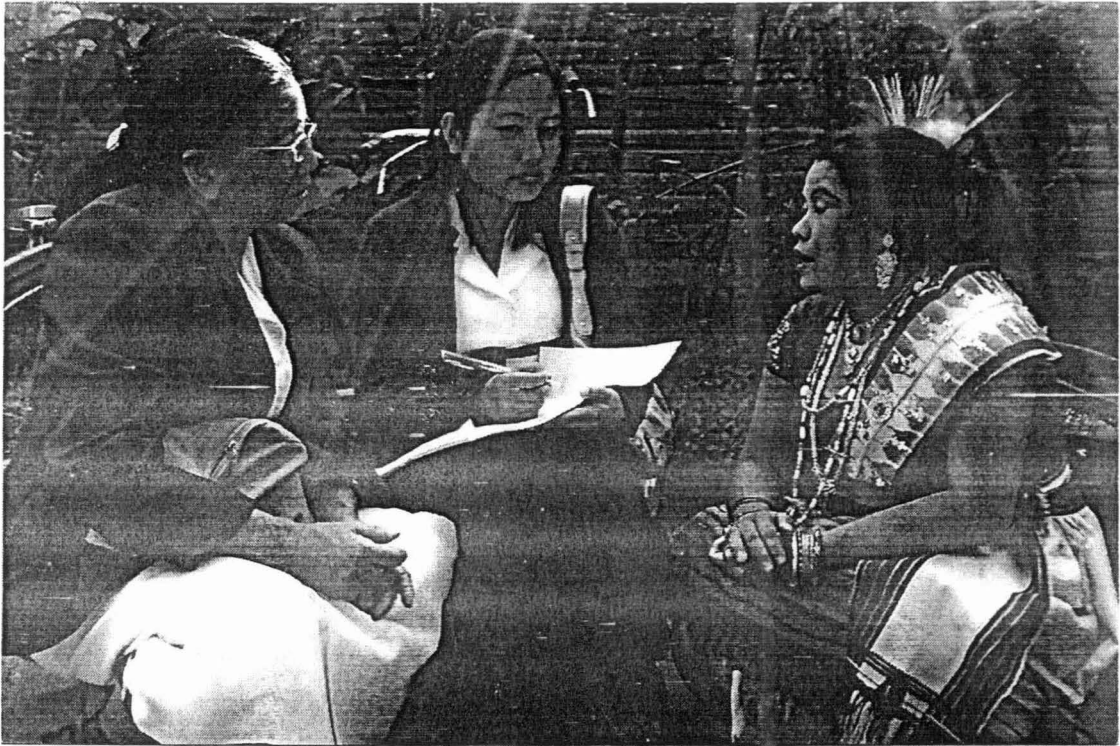
PIC:- MR. HAORANGBAM MILAN SINGH

A MAIBA

“PENNA KHONGBA MAIBA”

(MUSIC PLAYING MAIBA)

4th January, 2008



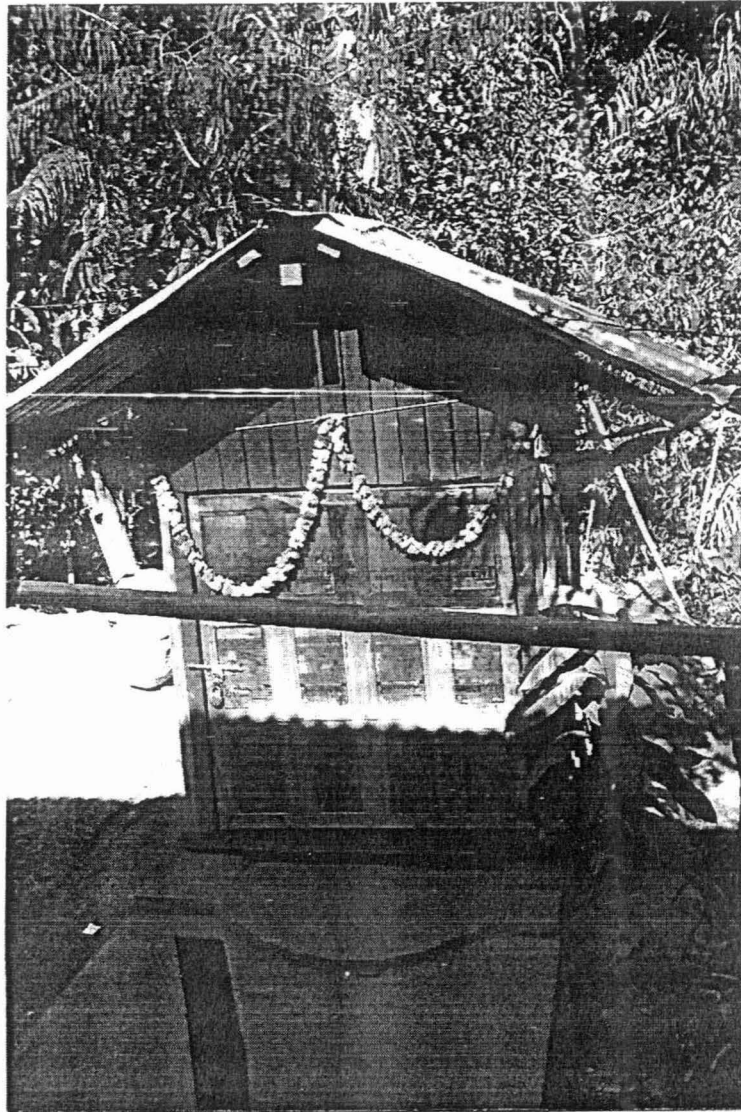
INTERVIEWING A MAIBI

3rd January, 2008



A NEEM TREE USED FOR HEALING PURPOSE

3rd January, 2008



PLACE FOR WORSHIP

3rd January, 2008

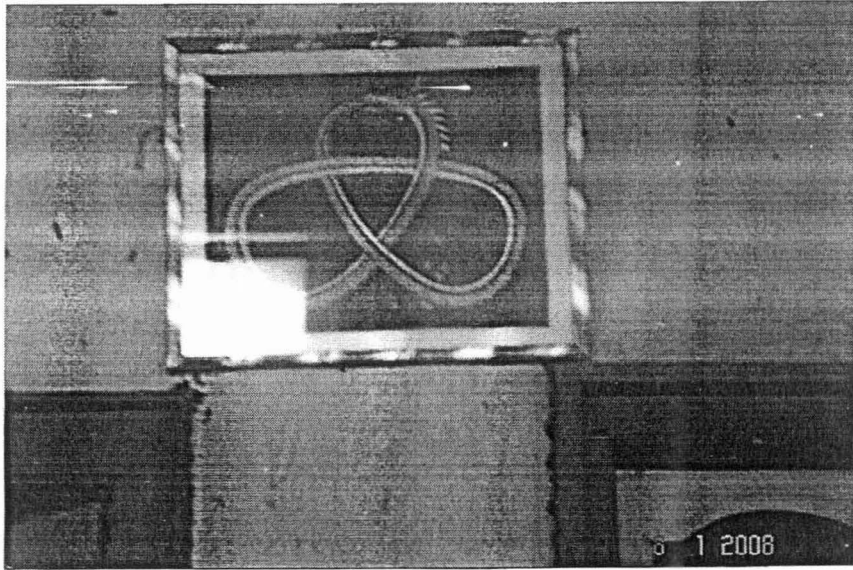


IMAGE OF PAKHANGBA

10th January, 2008
Image taken by self

Selected Bibliography

Primary sources

Manipuri Puyas (Old Manipuri Texts and Scripts)

1. *Maibarol Manga*-Original Meitei script maintained by the Manipur State Archives classified as one of the most authenticated original documents and source of traditional Meitei medical system.
3. *Hidak Lon*- An original script maintained by the Manipur state Archives. *Hidak Lon* means medical language. Classified by the state Archives as the original medical documents for traditional medical system.
4. *Ningthou Pongba Taratarukki Yakeirol* - An old Manipuri poetry book by Nongmaithem Manoyaima Singh. Published with financial assistance of the National Archives of India, New Delhi on 15/11/2003.
5. *Thirel Meiram Liba*- Written and published by Late Shri N.Ibochouba Singh (head Pandit) in 1982.
6. *Leihao Naophamlol*-written and published by Pandit Shri Irom Amubi Singh. Manipur Research Society, Imphal in 1981.

7. Memorandum on the establishment of Medical College in Manipur. Directorate of Medical Health and Family Planning Services of Manipur. 8th April 1987.
8. Information submitted by the Government of Manipur on the points raised by Dr. R. Subramaniam, Chief (health) planning commission regarding establishment of a medical college in Manipur. 8th April 1987
9. Reports of Rev. William Pettigrew compiled by Rev. Jonah M. Solo and Rev. K. Mahangthei - Forty years mission in Manipur (1895-1955). Published by Christian Literature Centre. M.G. Avenue Imphal, Manipur.

Government Records, Documents and reports in Manipur state Archive

1. Foreign Department, Secret (E) Proceedings, January 1895, Nos. 24-28. Manipur State Archive, Imphal, Manipur.

Journals, Articles, Newspapers and Annual reports:

1. "Umanglai Khunda" Vol. 17/18, March/June, 1984. Written by Pandit Shri Yumnamcha Budhichandra Singh. Published by him at Imphal in 1984.
2. Indian Academy of Clinical Medicine _ Vol. 1, No. 3 _ October-December 2000

- 3 RIMS (Regional Institute of Medical sciences) Annual report 2004-05.On the eve of its 34th Foundation day
4. RIMS Annual report.2005-06.35th Foundation Day. Regional institute of Medical sciences, Imphal, Manipur
5. Constitution and bye-laws of Regional Institute of Medical Sciences.Imphal-04.Published by: Director, RIMS, Imphal.
6. Regional Institute of Medical Sciences at a glance, "Prospect and perspective "updated May 2007.
7. Manipur Legislative Assembly -6.3.1975 under the heading Governor's Address 1975.
8. Sangai Express. Friday, November 28, 2003
9. Hindustan times. May 11th 2008.quoted by Shireen Vakil Millerhead of policy and advocacy at Save the Children.
10. The Imphal Free Press, June 10, 2008.
11. Barbara Diane Miller.,Health,fertility and society in India, Microstudies and Macro studies,A review article,Vol XLV,No.5,Journal of Asian studies,November 1986.

Pamphlet:

1. Dr. M. Kirti. Cult of trees in Manipur-Biodiversity and conservation perspectives-souvenir of national conference on Bio-diversity and sustainable in Nagpur university. January(7th-9th 2008).
2. Environmental Health Perspectives, Vol. 112, No. 17, (Dec., 2004
3. Rahul Goswami on Nagaland has 500 doctors for 2 million people, Info-Change News & Features, June 2005
4. Irom Amubi, Leihou Naophamlon, 1981.
5. N. Ibochouba, Thirel Meiram Liba, 1982.
6. N. Indramani, Pakhangba Laihui, 1995.

Persons Interviewed:

1. Mrs. Thoibi, (Former Maibi). Kwakeithel, Imphal
2. Ms. Chingangbam Kunjarani Devi (Maibi). Imphal
3. Mr. Haorangbam Milan singh (Maiba). Imphal
4. Dr. Bhimochandra, Professor of Medicine. RIIMS. Imphal
5. Mr. Ranjan (well known local physician). Imphal

Secondary Sources

Books:

Arnold, David., Colonizing the Body. State Medicine and Epidemic Disease in nineteenth-Century India, Oxford University Press, 1993.

Arnold, David., Imperial Medicine and Indigenous Societies, Oxford University Press, 1989.

Shri A.K. Nodiyachand Singh., Putin, Published by A.K. Nodiyachand Singh and Shri W. Kumar Singh, 1982

Carr, E.H., What is History?, Printed in Great Britain, St. Martin's Press Inc, New York, 1961.

Dr. M. Kirti., Recent researches in Oriental and Indological studies including meiteilogy, Delhi, 1998.

Dr. M. Kirti Singha., Religious developments in Manipur in the 18th and 19th century. Published by Manipur State Kala Akademi, Imphal, 1980. Printed at the Bhagyavati Karyalaya, Churachand Printing works, Imphal.

Dr. M. Sumarjit Singh and Gaipuichung Kamei., Medicinal plants used as vegetable in day-to-day life of Manipur, Published by M. Irobi Singh in favour of *Nonchup Haram Khorji Lup*, Imphal west, July 2006.

Foucault, Michel., The birth of the Clinic, An archaeology of medical perception, translated by A.M. Sheridan, Published by Routledge ,1989.

H.B. Singh, R.S. Singh and J.S. Sandhu., Herbal Medicine of Manipur, A Colour Encyclopaedia, Delhi, Daya Pub,2003.

Kumar, Deepak ., (ed.), Disease and medicine in India, A historical Overview, Published by Tulika Books, 2001.

Shri Kh. Yaima Singh., Poireiton Khunthokpa, published by Shri Kh. Yaima Singh, 1971.

Leslie Charles., (ed.), Asian medical system: A comparative study, Indian Medical Tradition edited by Dominik Wujastyk and Kenneth G. Zysk Vol.III, Motilal Banarsidass Publishers Private limited, Delhi.

L. Jeetendro Singh, N. Biraj Singh, Abhik Gupta, Environmental Ethics In The Culture Of Meiteis, Manipur online, Monday, February 06, 2006.

Lochan, Kanjiv., Indigenous Medicines in Indian History. Sociological and Ethnological Perspectives, DSA library, Zakir Hussain Centre for Educational Studies, School of Social Sciences, JNU, New Delhi.

Loishangi Thouram Thougol - Written and published by Shri Asem Ibomcha Asheiba in 1997.

N. Birachandra Singh., Socio-religious life of the Meiteis, November , Imphal, 1987.

N. Ibobi Singh., The Manipur Administration(1709-1907), Published by Ningombam (O) Ibetombi Devi, Singjamei, First edition 1976, Reprint 2003.

Shri N. Khelchandra Singh., Masil, Published by the Meitei Mayek Organising Research Society, Imphal, 1997.

* 'Masil' exclusively provides for each and every occupation for official and family surnames

Shri N. Khelchandra Singh Phamlon.,Published by Manipur Sahitya Parishad , 1987.

N. Khelchandra, Manipuri to Manipuri & English Dictionary, 2006.

N. Lokendra Singh., The Unquiet Valley, Published and printed by K.M. Rai. Mittal for Mittal Publications, New Delhi, First edition 1998.

Shri N. Manoyaima Singh., Tutenglon, published by Shri N. Chandrabali Devi, 1980.

Naorem Sanajaoba., (ed.), Manipur-Past and Present, volume 1, History, Polity and Law, Mittal Publications Delhi-35, First published 198.

Roy, Jyotirmoy., History of Manipur, First published in May 1958, Second revised and enlarged edition July 1973, Printed in India by N. Lahiri at Loyal Art Press Private limited.

(ed) by S.N.Pandey., Sources of the History of Manipur and the adjoining areas, Manipur University Publications:1, First Published in 1985.

T. C. Hudson., The Meitheis, Published under the orders of the Government of Eastern Bengal and Assam, First published in 1908 and reprinted in LPP 1997, 2001, 2003, 2007, Published by Low Price Publications, New Delhi-52. Printed at DK Fine Art Press Pvt. Ltd., Delhi-52

Wairokpam Ibemu Devi., Meitei revivalism in Manipur, Manipur University, Canchipur, Imphal, 1991.

W. Yumjao Singh., The religious beliefs of Ancient Manipur, Calcutta, 1966.

V.R.Taneja., Educational thought and practice, Sterling Publishers private limited, 1990.

Internet materials :

1. News About Manipur at <http://www.e-pao.net>
2. http://manipuri.itgo.com/the_lais.html
3. <http://www.kanglaonline.com/index.php?template=kshow&kid=58&>
4. http://manipuronline.com/manipur/September2006/traditionalreligion25_1.htm
5. http://www.epao.net/epSubPageExtractor.asp?src=reviews.books.the_meet_ei_and_the_bishnupriya
6. <http://www.sunmediaonline.com/indiachronicle/may07/travel.html>
7. <http://www.mapsofindia.com/stateprofiles/manipur/index.html>
8. <http://ignca.nic.in/craft053.htm>
9. http://manipuronline.com/manipur/September2006/traditionalreligion25_1.htm.
10. Dr. Angom Shyam., Traditional religion of the Meiteis, Manipur Online, Monday, September 25, 2006.

11. <http://www.philosophy.leeds.ac.uk/GMR/hmp/texts/modern/descartes/body/body.html>
12. <http://nerdatabank.nic.in/csirmedicine.htm>
13. <http://manipurassembly.nic.in/govadd73.htm>
14. <http://nerdatabank.nic.in/csirmedicine.htm>
15. <http://www.kanglaonline.com/index.php?template=kshow&kid=11>
16. <http://www.krepublishers.com/02-Journals/S-EM/EM-01-1-000-000-2007-Web/EM-01-2-000-000-2007-Abst-PDF/EM-01-2-135-07-020-Sonowal-C-J/EM-01-2-135-07-020-Sonowal-C-J-Tt.pdf>
17. Waikhom.com., 14th June 2008
18. <http://mastec.nic.in/manipeople.htm>
19. <http://manipurinfo.tripod.com>