



## **Full Length Research Article**

### **A STUDY ON ETHNO CURATIVE KNOWLEDGE AND PRACTICES AMONG THE MEITAI COMMUNITY OF EAST IMPHAL DISTRICT, MANIPUR**

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#### **ABSTRACT**

A community based survey was undertaken with an objective for documentation about the ethno-curative knowledge and practices among the Meitei community residing in East Imphal District of Manipur villages namely Khongman and Bashikhong. A household's survey was conducted using a standard questionnaire. From the result of the survey it was found that 17 numbers of healers of both genders were practising their indigenous knowledge in healing of ailments in spite of modern medicine. The native have immense belief on these healers and there healing practise. 17 herbal plants, roots, leaves and fruits were identified which has tremendous potential to heal disease which are only locally available to this part of the region. Documentation of such knowledge not only helps to evaluate cultural diversity but also protect people's exert on local biodiversity, since these aspects have implications in conservation and management of local resources.

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#### **INTRODUCTION**

At the dawn of the 21<sup>st</sup> century, scientists have identified the loss of biological diversity and erosion of traditional knowledge-system as issues of the gravest concern. Both biological diversity and traditional knowledge are inextricably interlinked and so, the loss of one leads to the erosion of the other. Ripples of these changes adversely affect the income, employment and cultural milieu of the communities. In this process the knowledge-base that has accumulated over generations also gets swept away into oblivion. This vanishing stock of knowledge is invaluable in many respects. It not only forms a locally available low input technology but also provides useful hints for future technological development. Appropriate interventions in the form of documentation can, revitalize local traditions. Local healers and folk medicine are seen among every community of the Indian villages. Traditional health-care systems provide a spectrum of local variations such as Ayurveda, Unani, Siddha. These practises have two distinct ways of treatment – natural and super-natural. The natural stream is symptomatic whereas the super-natural stream is etiological. The symptomatic way is characterized by identification of the disease by direct symptoms and treatment by means of natural medicine.

In the folk belief the cause of a disease could be anything like wrath of god, evil spirits, sorcery, black eye, violation of taboos etc. Mostly this mode of ailment is domestic nature and a set of insights in the health care acquired through experience and spread by practice. The practitioners are mainly aged women or men in the household. Knowledge is acquired through direct observation of the daily situations in which their elders applied it in and around the households. Home remedies are relatively simple preparations and are mostly single drug prescriptions. The combinations could be natural, super-natural and magico-medicinal. North Eastern part of India is inhabited by large number of ethnic group. There are over 200 different tribes & other ethnic groups residing mostly in rural and remote areas, which depend on a great, extend on the indigenous system of medicines. Nearly 80% of the populations depend on traditional healers for primary health care, most of which involve the use of plant and there extracts. Manipur is one of seven State of North East, India which has an affluent biodiversity as a source of restorative fauna and flora as well as the customary healing practices which is widely used by different communities dwelling in these parts. This healing practices and healers are the oldest form of structured method used in the Meitei community of Manipur. This ethno medical knowledge has been continuing for years and has been transmitted orally from generation to generation. However it seems that and the knowledge and practices are declining due lack of documentation and globalization of modern society.

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**Table 1. List of medicinal values of some plants and there parts which are used by the healers**

Sl. No	Scientific name	Manipuri Local name	Common name	Parts use	Medicinal value
1	<i>Aloe Barbadosis miller</i>	Griitrakumar	Aloe vera	Leaves	Controlled laxative product
2	<i>Cajanus cajan</i>	Mairongbi	Pigeon pea	Leaves	Controlled bronchitis, pneumonia, coughs, respiratory infections, colds, chest problems and sore throat. Vulnerary, diuretic, astringent, antidote, sedative, laxative, expectorant and vermifuge properties.
3	<i>Eupatorium birmanicum</i>	Langthrei	Burma agrimony	Leaves	Bleeding piles Arthritis & Oestioarthritis.
4	<i>Solanum dulcamara</i>	Leipung khangkha	Black night shade	Leaves	Controlled eczema, itchy skin, acne, boils, broken skin, and warts
5	<i>Averrhoa Carambola</i>	Heinajom	Carambola	Fruits	Diuretic (to increase urine output), expectorant, and to suppress cough.
6	<i>P. posumbo</i> <i>Bunch-Ham exD.Don</i>	Phakpai	Veitnamese Coriander	Leaves	Heals Bleeding of minor wounds.
7	<i>Allium tuberosum</i>	Nakupi	Hooker chives	Leaves	Anti-bacterial, anti-viral, and anti-fungal activities, Coronary artery disease (CAD), peripheral vascular diseases (PVD), and stroke. lung and oral cavity cancers. Alzheimer's disease.
8	<i>Allium cepa Linn</i>	Tilhou	Onion	Tender bulb and Roots	antihistamine effects detoxify potential carcinogens
9	<i>Aegle marmelos</i>	Harikhagok	Bael tree	Leaves and fruit	Antidiabetic, Antidiarrheal, Antimicrobial, Antifungal, Antibacterial.
10	<i>Phlogacanthus Thyrsiflorus</i>	Nongmangkha	Phlogacanthus curviflorus	Leaves and flower	stimulant, astringent, aphrodisiac, diuretic, anti-dysenteric and antipyretic properties. Leaf juice is used in cough, asthma, rheumatism.
11	<i>A. hookeri thw</i>	Napakpi	Hooker chives	Leaves	Help in keeping normal
12	<i>Benincasa hispida</i>	Torbot	Ash gourt	Fruits	Blood pressure treatment of Alzheimer's disease., Controlled stomach Ulcer ,constipation and tones the gastrointestinal tract.
13	<i>Acorus Calames</i>	Oak hidak	Sea sedge	Rhizomes	sedative, laxative, diuretic, and carminative properties
14	<i>L. armatum DC. syn</i>	Mukthubi	Andalimn Toothace tree	Leaves and fruit	Carminative, Stomachic and anthelmintic.
15	<i>Houttuynia Cordata Thumb</i>	Toningkhok	Chameleon Plants	Leaves	Detoxification immune system and respiratory tract.
16	<i>Oenanthe benghalensis Benth</i>	Kanghuman	Bengal sage	Leaves	Rheumatism, excessive menstrual bleeding, nervous system, improving memory, and sharpening the senses.
17	<i>Musa Paradisiacal Linn</i>	Laphu	Banana tree	Stems	Controlled dysentery and cholera

## MATERIALS AND METHODS

The study was conducted in East Imphal District of Manipur namely in Khongman and Bashikhong villages among Meitei traditional healers. A structured questionnaire was developed for the survey. The different parameters used in methodology include the participation of the local traditional healers and local people of the area. Ethno medicinal data were collected through general conversations with the healers and local people. These healers believed and used the folklore for healing ailments with their knowledge. They mostly give importance to locally available herbs which are mostly feral.

## RESULTS AND DISCUSSION

The result of the survey it was found total 17 healers out of which 29.41% of them are under the age 30-35yrs and 11.76 % are under the age groups of 40-50 yrs and the healers above 50yrs are 58.82%. Which reveals that older generation are more knowledgeable in this perspective. Among the 17 healers majority of 10 healers are man and 7 are female. Their knowledge dependency is mostly on folklore, feral or locally available herbs consisting various parts of plants. The following are some of herbal plants and parts which are have nutritive and curative aspects:

From the above results it is seen that the healers highly depend on the nature and natural products they even claim that this

products have lots healing properties and has minimal side effects. The region is rich in bio diversity and wide range of herbal plants with curative properties which have been benefiting the dwells from ancient time in most adverse situation.

## Conclusion

This study concludes that even though the accessibility of the modern system of medicine for simple and convoluted diseases is available, dwellers still have the faith and believe in the healers and there healing charms. This accepted fact because of better cultural acceptability, better compatibility with the human body, lesser side effects and effectiveness. Some of the plants which are used for healing are also part of food chain of this community. But due to lack of interest among the younger generation as well as their tendency to migrate to cities for lucrative jobs, wealth of knowledge in this the area is declining. The need of the hour is to harness this traditional knowledge and preserve this knowledge for the betterment of future mankind as a whole.

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**REFERENCE**

- Anonymous, Ethnobotany in India: A Status Report. All India Coordinated Research Project in Ethnobiology, (Min. of Environment and Forests, Govt. of India, New Delhi), 1994.
- Arora, R.K. 1981. Native food plants of the northeastern tribals, In: Glimpses of Indian Ethnobotany, edited by SK Jain, (Oxford and IBH Co. New Delhi), 1981, 91-106.
- Arora, R.K. 1994. Ethnobotanical studies on plant genetic resources- National efforts and concern, *Ethnobotany*, 7, 125-136.
- Borthakur, S.K. 1996. Wild edible plants in market of Assam, India- An ethnobotanical investigation, In: *Ethnobiology in Human Welfare*, edited by SK Jain, (Deep Publications, New Delhi), 31-34
- Hveem, B., Berg, G. and Diallo, D. 1996. Utilization of wild cereals by nomadic tuaregs in Gourma, Western Sahel, In: *Ethnobiology in Human welfare*, edited by S K Jain, (Deep publications, New Delhi), 62-69.
- Jain, S.K. 1991. *Dictionary of Indian Folkloremedicine and Ethnobotany*, (Deep publications, New Delhi).
- Jain, S.K. 2004. Objective Ethnobotany knowledge traditional, approaches modern, *Ethnobotany*, 16, 1-9.
- Jha, V., Mishra, S., Gupta, A.N. and Jha, A. 1996. Leaves and flowers utilized as supplementary vegetable in Darbhanga (North Bihar) and their ethnobotanical significance, *J Econ Taxon Bot Addl Ser*, 12, 395-402.
- Mohanty, R.B. 2003. A folkloric account of selection of cattle: An ethnobiological study, *Indian J Tradit Knowle*, 2(1) (2003) 69-73. 4 Jain SK, Human Aspects of plant diversity, *Econ Bot*, 54(4), 459-470.
- Rai, A.K. and Shukla, H.O. 1989. A critical study on plants of "Ramcharitmanas" a religious book of Hindus, (S.E. B.S. News letter), 8, 3-4.
- Sahu, T.R. 1996. Life support promising food plants among aboriginals of Bastar (M.P.) India, In: *Ethnobiology in Human Welfare*, edited by SK Jain, (Deep Publications, New Delhi), 26-30.
- Singh, P.B. 1996. Wild edible plants of Mandi district in noethwest Himalaya, In: *Ethnobiology in Human Welfare*, edited by SK Jain, (Deep Publications, New Delhi), 22-25
- Sinha, S.C. 1996. Wild edible plants of Manipur, India, In: *Ethnobiology in Human Welfare*, edited by SK Jain, (Deep Publications, New Delhi), 42-47.

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