

Forest Ecosystem and Wellbeing: A Tribal Community in Transition

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This paper tries to trace indigenous health and well being practices prevalent among the Rabhas of Assam, who share a symbiotic relationship with their forest ecosystem. The role of religion in perpetuating the belief that the forest holds key to most ailments is unique. For Rabhas ethno-medicine does not merely mean meticulous mixing of various forest produce but a belief system, which each insider must adhere to. The social role of forest in promoting well-being and health is the key proposition. However in the neo-liberal period it is felt that such perception is getting eroded, as the state makes inroads into the forest economy making provisions for modern medicine. The erstwhile holism is gradually being replaced by a medical gaze. Alienation of the community from its ecosystem is bringing in new diseases and their past resilience is being compromised.

Keywords: Forest Ecosystem, Assam, Tribal Community, Transition, Well Being, Rabha.

Introduction

The structural-functional or organismic model of studying society assumes that changes in any part of the social system will have important consequences for other part of the social system as a whole. This paper seeks to present the forest as an inalienable whole undergoing transition where the indigenous Rabha community dwells, draws food and medicine from. Banamali, the forest deity is considered omnipresent and supreme. He is invoked by the community for health and harmony also for death and disease. The canopies of sacred groves hold key to most ailment and the forest priest referred as *ojha* who ritualistically administered these healing practices. However with the seeping in of modernization, in form of trained doctors or forest officials or medicinal plant contractors and increased inflow of money replacing the erstwhile barter has eroded the symbiosis of the Rabhas with their ecosystem. The fragile balance which man maintained with nature has become tense.

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Today the resistance of the Rabhas is broken by intermittent use of allopathic medicine often substantiated by indigenous herbs. The community has not fully been able to accept either of the systems yet intermittently using both thereby making them vulnerable.

The first part of the paper introduces the community and their context, the forest as a sacred entity but encountering resistance by modernity. To give elaborate insights into what make the forest and its people a part of an interrelated system, the second part of the chapter focuses on two aspects namely magico-medicinal practices and indigenous medicine. The two aspects are undergoing sharp transition in the era of modernity.

Forest Dwelling Rabha Community

Rabhas are one of the indigenous tribes of Assam who extend to the adjoining states of west Bengal and Meghalaya. Under the constitution of India they are categorized as schedule tribe living in the plains. The Rabhas are a culturally diverse group and their plurality is enhanced by their increased assimilation with the contiguous Hindu population of the Brahmaputra valley. The material and cultural heritage of Rabhas is rich with folklores and oral narratives but a consensus on their history is missing. The community does not have a script of their own therefore the construction of history is governed by fluid community memory which has been passed down generationally and archival sources which include the reports given by colonial ethnographers. Various such report claim the Rabha people to be offshoots of other tribes such as Bodo ((Basumatary, 2010) Kacharis (ibid), Garos (ibid) based on their dialect and mongolid feature but the Rabhas consider themselves unique. The Rabhas are internally classified into seven groups which were originally based on occupational stratification, each group having their own dialect and specific territory. For instance, the conjectural history of *Hana* Rabha suggests that this sub group specialize in singing songs to make horses dance.

The oral history collected from the community narrates the manner in which it traversed from the Tibetan region, moving across the Garo-Hills and finally reaching the Assam Plains. Today the Rabha population is distributed along the *duar* region covered with semitropical forest and undergrowth, a rugged topography falling in the cusp of fertile plains of Assam and the eastern Himalaya. Climatologically this region experiences heavy rains, often making the location humid and steamy. The core of the forests abounds in wild animals and its fringes dotted with tribal hamlets. Rabha hamlets are clan based and these clans commonly referred to as *husuks* that are totemic in nature and animistic in faith. Even today Rabhas continue to reside in the forest hamlets and lead a traditional socio-economic life depending mostly upon the forest resources and practicing age-old slash and burn cultivation. *Hamzars*¹ which are sung during weeding and sowing depicts the forest that once was and Rabhas as its ultimate protector.

Though the tribe has been relatively reclusive yet modernization has left its mark. Today local intellectuals are talking about a diluted Rabha identity. The question of assimilation and simultaneous loss of indigenous knowledge has been at the fore of

such discussion. Though there are several dimension of the issue, the chapter explores a few strands only.

The economic interdependence between village based agricultural caste groups and forest tribes is a historic fact. However with government's intervention, forests began to be classified as isolated entity, communities living therein began to migrate outside to the plains of Assam. The emigrating Rabhas began to work mostly as agricultural laborers and with the passage of time got absorbed into caste based Hindu society. Thus a transition ensued from *little* to a *great* tradition as given by Robert Redfield, from Tribalism to Hinduism which tainted the erstwhile self-sufficiency. This also impacted their belief system. From a largely matrilineal animistic community they started imbibing the mainstream patriarchal values.

The ecological and social crisis of the forest dwelling communities began in the British era and with the coming of forest department, the customary rights of local communities were ignored. Forests were now categorically declared as protected areas beyond the reach of man who traditionally depended on it for basic needs such as food, fodder, medicine and religion. The exclusionary model of forest conservation through the creation of people free zone displaced the traditional forest dwellers from their life and livelihood.

Undoing of the historical wrong committed against the forest dwellers stood somehow amended by the coming the Forest Rights Act in 2006. The Act made limited provisions for land and resources within the forest for the traditionally dwelling communities although its practical implementation has led to several irregularities. It is today in this socio-legal set up that the claims of Rabhas are getting represented but a unmistakable degeneration of cultural capital prevails.

Forest as Community Space and Modernization

Forest has always been central to the Indian civilization representing the feminine principle of *prakriti*. The vedic literature depicts the forest as the primary source of life and fertility, a heaven for wanderers and seekers and a model for societal and civilizational evolution. The Vedas were written by sages living in the forest who saw it as their home and a source of revelation, exaltation and creativity. These sages also composed the forest books referred to as *Aranyaks* which consisted of chants, hymns and remedies. The texts also make a mention of an elusive goddess *Aranyani* who is fond of solitude, yet fearless. Ancient sanskritic texts also makes mention of forest tribes who were referred to as *nishadhas* and strategic marriage alliances conducted with them by ruling dynasties. In the subsequent literature the unfamiliar forest tribes began to be referred to as *rakshasa*. The word *rakshasa* comes from the root word *raksha* of Sanskrit, which means to guard, protect and preserve. These tribes were the inhabitants and protectors of the forest who oppose the expansion of settlement that were destroying the forest (Vannucci, 1994). Thus the forest assumes an important role in greater Indian tradition and falls within the realm of sacred geography. However such arguments represent the mainstream Hindu tradition and the evidences and arguments presented in this chapter have a subaltern inclination. But a consensus never-the-less prevails 'forests are indeed domains of sacred

geography’.

Forest is not a material source to mitigate the biological needs of hunger or the economic need of timber but a sacred place with multiple levels of meaning for an indigenous culture. For the forest dwelling Rabha population of Assam, their ecosystem is replete with myths and oral narratives which receive physical manifestation in form of sacred groves, sacred water and totems. This entails religious perceptions and rituals that bind members of Rabha community into one cohesive unit. Similarly, the traditions of indigenous medicine emerged in the process of negotiation with the wider sociological context of the community living in the forest. For instance, soil is considered sacred by the forest dwellers and traditionally they have abstained from ploughing. The forest dwellers resort to collection of forest produce such as of fallen fruits, roots and tuber from the habitat around. They also undertake slash and burn cultivation often referred to as ‘*jhum kheti*’. The Rabhas believe that ploughing would amount to tearing across the breast of the mother earth. The saying goes that while earth produces enough to satiate everyone’s needs but not for everyone’s greed.

Though shifting cultivation may become counterproductive sometimes yet Rabhas hold on to their age old faith that mother earth needs to be taken care of from time to time and *jhumming* increases her fertility to regenerate. Scientific research has also highlighted that post shifting cultivation, forest recovers at a faster rate in spite of its obvious limitations such as soil erosion and so on. Given the context and topography in which the community lives, the semi tropical forest ecosystem, rugged topography and limited population, shifting cultivation is much suitable. Firstly during heavy monsoon spells the need of drainage is taken care of and secondly rotation of land for cultivation keeps intact the soil richness. As mentioned above there are folk songs referred to as *hamzar* which are specially sung during *jhumming*. This pattern however got diverted with the coming of the Forest Rights Act in 2006.

Members of the community who were undertaking some form of cultivation are now entitled for up to four hectare of land. The Act gave great impetus to settled cultivation thereby confining nomadic forest Rabhas into semi agricultural villages. Today one finds small villages of about twenty households instead of tiny hamlets of three or four households. This had made the villages bigger and more cohesive. The coming of the Act has also led to creation of binaries. A clear cut demarcation of spaces is occurring between forest and homestead. Forest tribes who have been residing in the forest are slowly getting alienated from their ecosystem. This process of physical removal has also led to a mental gulf in which the people are spiritually getting removed from the forest to which they offered prayers to. The community also depended upon the forest to cure ailments and diseases. The forest produce ensured wellbeing of the people and healed them both physically and mentally.

The alteration in the livelihood pattern also led to a domino effect. Firstly the social structure of the group is slowly getting altered. The erstwhile scattered settlement is becoming more and more nucleated. This means that a demarcation between forest and homestead has occurred, reducing the forest to be of utilitarian service only. The people of the forest were intimately connected to it, from offering oblation to the spirit of ancestors residing in *sal* trees (*shorea robusta*) to consumption of swartz

(*diplazium esculentum*) for medicine shows a great decline. The community was considered unique because they were capable of adapting themselves to the forest and regenerate symbiosis. However the wheel of development seems to have muddled such indigenous epistemology. In this transition, kinship based primary relations are also becoming complex. Members of the community are today migrating outside for better livelihood opportunities. There has been a steady decline in the erstwhile barter economy thereby impacting the existing societal relations. A Rabha elderly candidly put across that '*life is becoming more certain and more comfortable but the past ethos is lost beyond repair*'. This according to him is creating a gulf between man and nature.

Today the settled villages have provisions for medically trained health professionals from the government. Under the developmental drive of the government more and more households are coming into the fold of settled agricultural villages. The youth are increasingly out migrating and thereby getting alienated from the rich biosphere. The knowledge of bark, herbs and weed which was once inevitable to survive had become a choice. *Sarukanta*, a village elder lamented how in the olden days it was considered auspicious to serve as the Ojha's apprentice but the progeny of today would not be able to identify simple herbs. This in his opinion is an indicator or loss of cultural capital of the Rabha nation.

A *hamzar* couplet depicts the step by step process in which a patch of forest must be cleared and seeds sown. It is interesting to note that before clearing and burning the forest, there is a designated step for collecting both herbs and weed for medicinal use. But today such ritualistic picking, storing and harnessing is no more. *Sugandhamantri* a rhizomatous aromatic herb is found in the forest of this region. Since time immemorial the Rabha community has been making use of it to cure pain, inflammation and septic. As ethno-botany made inroads to study this region its other pharmacological property came into picture, such as it being an analgesic, antidepressant also having antifungal benefits (Raomai, Kumaria, & Tandon, 2013). Scientific explorations of locally available herb called *sugandhamantri* opened doors for its commercial exploits. Today there is systematic plantation of this herb in this region and the raw material sold to multinational companies thereby reducing the Rabha people to become supplier of raw materials alone.

In the past, before clearing the forest for *jhum*, the *bejas* (apprentice to the principal medical man, *ojha*) used to pick the essential herb such as the one mentioned above, meticulously, extract its oil, then mix the oil with saw dust and wrap the same around a bamboo stick. Traditional incense was made out of this composite mixture and offered to both deity and diseased. Today, the practice is no more. The Rabha people buy incense stick from the weekly market and burn them. The commercially sold incense has little healing property. Neither does it serve as anti-depressant nor sedative. Large corporate houses today are making use of sophisticated technology to separate the herb's aromatic property from its pharmacological ones. With the decline of shifting cultivation, collection of locally available medicinal herbs is also getting affected. But in totality the indigenous healing practices of forest communities is showing a decline in the crossroad of law and market.

Magico-Medicinal Practices

The system of healing among the forest communities is not confined to extracting forest resources for preparation of medicine but forest as a live entity with metaphysical manifestations.

Allopathic medicine is very reductionist in this context because it is confined to a medical gaze. The simple categorization of an ill person as patient with a set of ill functioning organs is grossly inadequate. *Medical gaze* as given by Foucault also probes into vector causing the disease and the environment propelling it. In spite of it, the modern medical system fails to see disease a part of the whole system in which people and environment interacts with one another.

According to the forest communities, man interact with his environment and such interactions are value laden. Not all kinds of trees and fruits are seen as accessible at all periods of time. Every tree is supposed to have a guardian spirit and disturbing the guardian spirit at inappropriate time calls for its wrath. For instance, during noon people are prohibited from visiting *ouu tenga* tree. The elephant apple tree which is scientifically called *Dillenia Indica* is customarily allowed to be visited during morning hours only and upsetting the norms amounts to vindicating the residing spirit's will thereby leading the wandering person to get possessed. These spirits have particular names and have dedicated rituals for propitiation.

In context of a Rabha society possession by spirit is not uncommon. In it the body of a person gets inhibited by a formless forest being leading the host to be tormented by pain, irrational behavior, convulsions and hallucination leading to identity displacement. In this part of the world, medical doctors have failed to decipher such possession and trance phenomena. Rather the allopathic practitioners have merely negated such cultural malady as superstition and healers as fanatics. Irrespective of the failure to recognize possession by forest spirits is a reality and ritualistic expulsion of such spirit symbolically demonstrates the relationship between matter and ether as mediated by the *shraman*. The practice of curing the possessed is beyond positivistic examination and its execution ritualistic alchemy. Healing the possessed is therefore a complex association which not only interferes with the senses of the possessed and the audience of the rituals but also with the sense of motion.

Possession by spirit has been a deeply explored topic among anthropologist and its manifestation across culture designates it as a *cultural malady of indigenous people*. *Bira* is a malevolent spirit which resides in bamboo groves or elephant apple trees. It possesses sinister wanderers. The afflicted usually demonstrates abnormal behavior thereby making inroads for the *ojha* to enter the scene. The afflicted is taken to community ground and tied there where the expulsion ritual that goes on until the afflicted is relieved for the invading spirit. In the entire process the afflicted begs mercy of the possessing spirit to free it and there is simultaneous denial by the invading spirit which speaks in another voice through the afflicted. This appears like a dialogue between Doctor Jekyll and Mr. Hyde with the exception that the physical attributes of the actor remains unaltered. The *ojha* begins the rituals by playing the cymbal and other indigenous percussion instruments assisted by two apprentices' *bej* and *beja*. The village people gather to observe the ritual. Audience to this ritual is mandatory which performs two organic roles. Firstly, watching the spirit afflicted being tormented

by pain is a lesson for other community members not to venture into the forest at inappropriate hours while the fauna rests and secondly such magico-medicinal ritualism instills in the people a sense of cohesion and a sense of reverence for the forest and the spirits residing therein.

After the initial ceremony the main ritual begins, in which a pair of pigeon and a cock is sacrificed and offered along with rice beer to the principal forest deity *longa deo*. *Longa deo* a benevolent spirit is invoked with ceremonial recitals. The arrival of the benevolent spirit is marked by the assumption of a trance like state of the *ojha* who is the primary healer, whose body the benevolent spirit enters. Thus ensues a classic battle between the good and the evil represented by *longa deo* and *bira*. After the duel is over, in which the *bira* stands vanquished and recedes to the forest, the victorious deity is offered tobacco. Ritualistic community smoking of marijuana (cannabis) is undertaken to mark the winning of benevolent over malevolent and also as a mark of celebration that the afflicted is relieved of malady. The afflicted is prescribed specific doses of *sugandhamantri*, pigeon meat and water from the sacred pond for healing. Restrictions are also issued to the relieved from venturing into the forest for two full moons.

The entire community becomes involved in the act of curing and also in the process of relieving. Unlike modern medicine where the clinics are seen as the safe haven for the diseased, indigenous healing practice exposes the ailing to the other members of the community making it a social affair. There is no categorical opposition between the disease-free and the ailing as both are connected by one process of healing. Another interesting perspective to health reveals that being possessed is not merely a state of disease of which one needs to be cured of but a state in which the possessed exhibit limits to reason as a man by transcending to a metaphysical realm. The possessed representing the embodiment of the metaphysical element, during its trances and convulsions throws insights into the world of the spirits. The spirit in spite of its malevolent nature speaking through the man reveals information about herbs, their locations and manner of cure. Thus possession is not essentially seen as barbaric but episodic revelation of wisdom.

Sacred Geography and Indigenous Medicine

The mention of forest as sacred geography has been made in the previous section. This section espouses to illustrate why the space is sacred. Forest is not merely a recluse for ascetics but a nucleus of medicinal plants.

The Rabha tribal community worships their sacred groves which are known as *thaan*. Such groves must have at least five sal (*shorea robusta*) trees and often located around a water body. The community is animistic in faith and holds the fauna found in the forest in great reverence. Vulture critically endangered species in India thrives amidst these forest and the Rabha people offer habitual oblation to these bird. In the Loharghat Forest Range vultures are a common sight and protected by the people. Nesting of vultures atop *sal* trees is considered sacred by the locals as interaction of the flora and fauna is an indicator of its health. Sociologically speaking the bird is the clan totem for Pati Rabhas of Loharghat.

It is believed that the *thaan* or the grove is a place where the spirit of the great ancestress resides. Annually *marei puja* is conducted by clearing the space around the grove for the community gathering. Ceremonial offering is conducted by the priest who is also the medicine man, commonly referred to as *ojha*. He makes offering to the deity and the spirit and it is during this recital that *deodhani* dancers perform. It is believed that the recitals made by the *ojha* are so powerful that the spirit of the great ancestress emanates out of the groves and possesses young maiden with long hair.

The scared geography of a grove apart from catering to the ecological component contains a spiritual character connected to the myths and memories of the people. The richness in biodiversity of grove is enhanced by its esoteric dimension. The spiritual connect which the people have with the grove socializes them for preservation, care and nurture of the forest. Sustainability of the groves depends upon the belief system which engrains in the community a concern for common property resources. The apprentice of the primary healer, *bez* and *beja* who are male and female respectively perform binding roles. They recite couplets to connect man and nature and every community ceremony begins in the groves with such recitals. Such designated role sustains the people-forest relationship.

The practice of traditional medicine is a hereditary one, in which the healer passes the knowledge to selected members of his or her family. The healer enjoys a special place in the society. From magico-religious treatments of hallucination and delirium, to providing birth control, to execution of abortion is the role of the community healer. The traditional knowledge is carefully guarded and methods of arriving at the novel mixture are not shared. For instance *anarabthus spinosus* in its paste form is used in the hilly jungle tracts as effective birth control.² It is also mixed with *musa paradisiacal*'s root juice for the purpose of abortion. The *beja* executes these forms of medicine for cultural reasons. The *ojha* does not reveal such information but ethno-botanical researches have made such information available in the public domain.

Even today people rely heavily on the *ojha*'s prescription and *bej* and *beja*'s execution for cultural reasons. The role of modern medicine is still supplementary and some of the reasons for it are;

Firstly, ethno-medicine is a holistic in nature since it caters to regaining health as well as mental well-being. The community makes use of various aromatic plants and its bi-products are segregated judiciously. While some parts of it are kept for consumption the other parts are retained for essential oils. The residue is also made use of for feeding livestock and other animals. Secondly, the community is interwoven with the ecosystem. People depend upon the flora and fauna for daily sustenance. The cycle of mutual dependence is complete with people dependence on the ecosystem for regaining health. Thirdly, execution of medicine does not simply mean the consumption of a particular product but goes much beyond that includes performing magico-religious rituals.

The process of identification and collection of leaves from trees of the sacred groves is entrusted to a particular group of Rabhas. As per the occupational stratification, the Pati Rabhas are designated to collect leaves which are offered to

the deities and thereafter processed for preparing medicine. These occupational categories are clan endogamous and traits of work are inherited. Occupational classification occurs among the Rabhas dividing them into various sub groups within the forest economy and aptly represents the organismic view of society. In Rabha language, the word *patra tang* means 'leaf cutter' and it is believed that the sub-group *Pati Rabha* is derived from it.

However with acculturation, such etymology is getting compromised. This has affected the occupational diversification and also the forest economy. The traditional knowledge possessed by *Pati Rabhas* which guided them to collect the appropriate leaf as per age, size, colour and texture is showing a gradual decline. Apart from that the collection of fruit, flowers, root and tuber are knowledge systems passed on inter-generationally and in oral form. But with the passage of time this traditional transmission is declining.

Firstly, the upcoming generations are migrating outside the forest economy or taking up other pursuits thereby reducing the utilitarian pursuits of indigenous medicine.

Secondly, the nature of forest itself is transforming with the introduction of commercial cropping, mono culture, by-laws enforced by the forest department and climate change. The *Pati Rabhas* who used to provide the raw material to *ojha*, *bej* and *beja* of the village for preparation of ethnic medicine and ritualistic offerings do not consider their traditional occupational classification to be sacrosanct any longer. Today it is only during religious festivals such as *baikho* when traditional goddesses are propitiated, these occupational classifications are strongly adhered to. Thus erstwhile occupational roles are becoming merely ritualistic.

Thirdly, symbiosis between the forest and people is broken owing to globalization. Globalization is a logical consequence of modernity itself. Science of medicine is a byproduct of modernity, it "*knows no borders; its technology transcends territorial boundaries; its politico- cultural aspirations- democratization of society, and the autonomy of the individual- tend to become our shared aspirations*" (Pathak, 2011). Among the Rabhas of Loharghat forest reserve, modern medicine has percolated across the valley and the reserve forest hills. Today allopathic drugs are supplied free of cost by governmental agencies and large scale health camps are organized for treatment and sensitization. This however has a mixed impact. Infectious diseases mainly malaria and other ophthalmologic ailments like cataract has shown a decline but jaundice in spite of its overwhelming prevalence has continued unabated.

It is believed that *sheetala devi* a cold female spirit enters the body of a living being, thereby turning it yellow. Meticulous treatment is provided to the diseased and suggested dietary restrictions such as avoiding meat or fish. The rationale behind such as suggestion is that the power equation with the possessing spirit must not be challenged. *Dokha khamflai* (*hatsiatum hypericum*) and *dudhali bindog* (*argyrea roxburghii* *arnott ex choisy*) along with tuber *dibauli bidat* (*stephania glabra* *miers*) are tied in form of a garland around the patient's neck for a period of seven days. Oral intake is also provided to the patients such as *khara khandai* (*oroxyllum indicum*) is mixed with one hen's egg and common salt are blended and fried and given to the diseased. Apart from that recitations are made to appease the deity. Though allopathic

cure for jaundice is available, yet for forest folks these seem to be either inaccessible or unaffordable. Most importantly there is an issue of trust which puts the indigenous medicinal practices at higher pedestal in community's consciousness.

The prevalence of indigenous medicine is a reality however the large social base of its acceptable encourages one to probe why. One important component of traditional medicinal system is that it expands much beyond treatment. Healing is a cultural act embedded in the community consciousness influenced by what is available in the environment, accessibility of indigenous knowledge and its execution, social status of the diseased and his or her attitude towards accepting indigenous or modern medicinal treatment. The socialization of the community is such that there is an inclination towards internal resources. An outsider bias is also prevalent because the forest tribe is often looked at differently by the valley people. There is little or no representation of the Rabha people in the modern medical profession. This has failed to bridge the gap between the two.

Modernity beckoned objectivity and measurement as its greatest weapons. Thus modern concept of health began to be identified along tangible indicators. But for indigenous communities wellbeing not health is the ultimate indicator of prosperity. Wellbeing is an umbrella terms spanning across physical, mental and emotional prosperity. Health is understood vis-a-vis disease of which one can get cured of by undergoing medical treatment. But wellbeing cannot be measured or achieved. It has to be felt and it is fluid. The hamlet healer explained thus '*ne-rogi is a state a state of diseaselessness but nira-pod is freedom from harm*'. When the village healer undertakes mass rituals and ceremonies, he usually ushers blessing to the community to remain *nirapoda*. *Nirapod* is thus considered to carry greater weight because the idea of disease is understood as something embedded in the environment and spirits therein. Remaining free from ailments entails keeping benevolent and malevolent spirits in check. It is believed that with every breach in sacred nature of the forest the chance of wellbeing reduces.

Allopathic medicine is seen as value neutral, devoid of environment and subjective biases. The approach to execution of such medicine is very positivist in nature which ends with targeting the disease. The aim of execution of such medicine is to cure the person. But for Rabha people of Loharghat a thriving health system is much more than objective execution. It is a combination of appropriate mixture of herbs, recitals and *shramanism*. Anything otherwise often encounters resistance.

Firstly, there is a lack of trust among the people who see such product as alien imposition. Especially for the older generation it is difficult to adjust who see the allopathic medicine coming in cartons with suspicion. Secondly, a new form of gaze has emerged, a medical gaze in which in which people are seen as healthy and non healthy. This clearly dismisses instances where context specific issues emerge such as possession by spirit for animistic propitiations through magico-medicinal rituals. In such situation medical gaze is supposed to be substantiated with secular ethnics. Thirdly the traditional healers are disgruntled with the coming of allopathic medicine since it has interfered with their practice and institution. A widely emerging fact is that now the younger community folks visit doctors and visit *ohajs* for secondary cure only. This has slowly eroded the traditional authority of these healers and the

knowledge of these healers is also getting affected. A common nomenclature of calling the *ojhas* as quacks is fast circulating thereby declining their legitimacy.

Conclusion

In the piece above, a number of variables are introduced such as forest dwelling Rabha tribe, the forest as a living entity, indigenous medicinal knowledge and practice, within the larger framework of modernity and change. It has been argued and illustrated that environment specific belief systems are prevalent along with cultural manifestations in form of social roles performed by the *ojha* and *bej*. People are socialized into a particular way of understanding health not merely as freedom from disease but as all-round wellbeing. The community and the forest are participant in the process. At the same time intervention by the state is seen as an alienating for the people.

The piece also attempted to demonstrate that decoding the origin and cure of a disease is not one-dimensional. There are multiple perspectives from which disease can be understood and culture specific modes in which it can be healed. While possession by forest spirit is rejected as superstition but for the Rabhas tribe it is a perpetual risk. Unlike the medical doctors, the community healer is also a priest, thereby linking spirituality and prosperity. What is most interesting is the prevalence of 'community altruism' where other members of the society must participate in the process of wellbeing.

To sum up, the challenges posed by opening up of the forest economy were also put forth. The entire idea was to understand this forest dwelling community and their system of well being in a complex fabric of erosion of indigenous knowledge, loss of identity and dehumanizing role played by modernity.

Notes

¹ Hamzar are folksongs in Rabha dialect sung at the time of shifting cultivation i.e. during tilling land and burning forest. Etymological root of the term hamzar lies in two words namely, 'ha' means earth and 'mazar' means midst of the forest.

² *Abrus precatorius*, *Ricinus communis* are other ethno-medicine used as birth control

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