

A GLIMPSE OF THE GARO TANGIBLE MEDICINE: THE RUGA-GARO PICTURE

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The term 'Garo Medicine' means the medicine practiced by the people called Garo, and includes in its connotation a sense of being one of the "indigenous" systems of knowledge in India. Also, since the people is a tribe and in the pre-colonial period was a pre-literate society with an economy of shifting cultivation, their medicine appears to constitute an extant tradition from the Neolithic period. A recording of the same, therefore, from the viewpoint of 'History of Science' may be considered important unlike parallel studies of text on science and technology written in ancient or medieval periods of 'history'. Situated in the low hills of Meghalaya in North-east India, the habitat of the matrilineal Garos is very rich in flora and fauna some of which are unique to the tract. Thus, it is possible that the Garos may possess some medicinal knowledge which, on exploration, would prove to be useful for humanity as a whole. This paper draws upon the data collected from a totally Christianized sub-tribe, called Ruga who, despite it's being visibly modernized, still primarily depend on its traditional medicine. However, the Ruga-Garo¹ medicine has been improvised by its inquisitive medicine-persons by incorporating many foreign ingredients borrowed from the neighbouring "civilized" communities through last several centuries primarily by trading intercourses with them.

Key words: Disease, Garo Medicine, History of Medicine, Indigenous Medicine, North-East India: Medicine, Tribal Medicine.

"Because the essential character of natural science is its concern with the effective manipulations and transformations of matter, the main stream of science flows from the techniques of primitive man, which must be shown and imitated, not learned by rote."

[Bernal 1954 (Reprint 1971: 61)]

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“... Biological science must have begun with the observation of plants and animals, and with primitive medicine and surgery... Magic, astrology and religion have clearly to be studied with the origins of science, though their exact historical relations with science and with each other are still uncertain.

[Dampier 1948 (Ind. Reprint 1982: xiii)]

INTRODUCTION

The term ‘Garo Medicine’ means the medicine practiced by the people called Garo, a matrilineal ethnic group living in India and Bangladesh, and scheduled as a ‘tribe’ in the Indian Constitution. The term includes in its connotation a sense of being one of the “indigenous” systems of knowledge in India. But “indigenous” in the Indian context encompasses a variety of societies/cultures which emerged at different pre-historic and historical times, and evolved differently. Thus, present day India shelters a variety of communities/traditions belonging to varied stages of history of the *Homo sapiens* — from the Paleolithic stage (e.g., the hunters-gatherers of the Andaman Islands² or those of the Nallamala Hills in Andhra Pradesh³) to the stage of modern-most civilizations. As a corollary to this it stands as obvious that the old and the traditional elements or traits surviving in the modern civilized societies are extant as remnants of different historical, i.e., old or bygone periods. On the other hand, one needs to be aware that in this second decade of the twenty-first century there are hardly any ethnic groups in India which have been able to stay entirely free from the touch of the modern societies. The degrees of contact and resultant acculturation, however, vary from *almost* nil (such as the Sentinelese⁴ of the Andaman Islands) to an overwhelmingly high amount. In most cases the “core” parts of their cultures, especially in the remote areas, have been able to retain their traditional forms *while* the peripheral parts have undergone vigorous changes. Again for some aspects of their cultures, say for example, religion or medicine, the process of acculturation has taken place differently for different sections ensued by modernization through last few centuries, viz., urban, suburban and rural; rich and poor; educated and non-educated, etc. Certainly, the more the rurality and lack of education, the stronger is the tradition. In other words, a fringe village (containing, in addition to less civic facilities, lesser number of educated persons than those in a town) retains more of traditional

traits than a town does, and a hinterland village (containing, in addition to absence of civic amenities, more of the uneducated masses than those in a fringe village) retains more of the same than a fringe village does. Therefore, all the extant heritages of the Garos inherited since before their wide exposures to and close-intercourses with the civilized societies starting in the eighteenth century⁵, are *historically* ‘almost’⁶ pre-historic. This is, therefore, true for their medicine also. And thus, a recording of the same is important. Indeed, a recording of the Garo medicine, from the viewpoint of ‘History of Science’, in a language that is not accessible to most researchers of the earth is difficult. The only difference that this (i.e., the Garo medicine) being a living tradition has been receiving elements from alien cultures through acculturation since the community’s exposure to “civilized” societies, especially since the European advent to their land.

With this background in mind I venture in this paper to introduce to the readers with the material part of the Garo medicine as it is extant at present with the modifications since the British period basing on the data collected from a Garo subtribe called Ruga who occupy a territory know as Rugapara in the South Garo Hills district in the state of Meghalaya in the north-eastern part of India *as well as* on the available printed documents in English on its past.

HISTORICAL DATA ON THE GARO DISEASE AND MEDICINE

Like most tribes in the world, the Garos also hardly have any records of their ‘past’ prior to the European advent on their land, and this is more true for the people’s diseases or medicine. So far as their oral literature is concerned, a “Creation” myth recorded by Playfair in 1909 mentions ‘skin diseases’⁷ but without telling anything about its medicine “ material or non-material. The first historical records on the Garo disease and medicine were produced toward the end of the eighteenth century by Esq. Mr. John Eliot, the first European visitor to the Garo land⁸. In his short visit Eliot noticed that “Charms and spells” were common among the “*Garrows*”. Besides, he also noticed that “The tiger’s nose, strung round a woman’s neck” was considered “as a great preservative in child-birth” and capable of keeping “off giddiness, and other disorders consequent on this” illness. “The skin of the snake” was “esteemed a cure for external pains, when applied to the

parts affected". In the first decade of the twentieth century Playfair noticed occurrences of malaria, cholera, dysentery and smallpox in high frequencies. The fatal disease *Kala-Azar*, noticed for the first time in 1869, "existed in epidemic form for many years" in the past in the low hills bordering on the plains, and sporadic cases were "still found".⁹ In the second decade of the twentieth century Carey observed that in the Garo Hills as well as in most of the valley districts in the close past "Fevers and other ailments caused or aggravated by malaria, bowel troubles, and skin diseases" were "among the more prevalent ailments"; kala-azar prevailed extensively and leprosy in places; "Venereal diseases, so prevalent among the peoples of the plains", were less common among the Garos".¹⁰ From Burling we come to know that in the 1950's malaria was "still" a "characteristic" of the Garo Hills.¹¹ But none of Playfair, Carey and Burling proved to be curious regarding the material part of the Garo medicine.

However, Eliot's note, whatever scanty it might have been, obviously evinces that ingredients from the outer-world started to be incorporated in the Garo medicine even since before the European contact. Eliot observed: "the oil [of coal] is esteemed in the hills as a medicine for the cure of cutaneous disorders, and is reputed to have been first discovered to the hill people and villagers by a *Fakeer*¹²... The *neem* leaf seems to be much used in inflammations, and blue vitriol is applied to fresh wounds: this last medicine appears to have been introduced by the natives of *Bengal*"¹³.

Modern medicine also entered into the community before the British occupation. To quote Eliot again, "Inoculation is common among the *Garrows*; but this appears to have been only of late years, and was introduced among them by Joynarain, *Zemindar* of *Sheerpour*, through the interference and recommendation of some of the hill traders, who having been in the hills at a time when the *Garrows* were afflicted with this fatal disorder, and dying without being able to assist themselves, persuaded the chiefs to send a deputation to the *Zemindar*, and he sent them his family doctor, who is represented to have been very capable, and, by his skill, introduced inoculation among the *Garrows*; and this induced them to provide themselves yearly with an inoculators, whom they reward in the most liberal manner, and take as much care of, while he resides among them, as if he were their father"¹⁴.

FINDINGS FROM THE RUGA-GAROS

A) Diseases

The study of any medicine system necessarily requires, at least, mentioning of some of the frequent diseases treated by that system. Since there is no comprehensive list of diseases occurring in the Garos in prints, this section gives a picture of the disease scenario of the Garos basing on the field-data, as has already been told, collected from a Garo sub-tribe called 'Ruga' inhabiting a tract known as Rugapara. The diseases, on which information have been obtained in Rugapara, may be divided into two kinds: a) Identified Diseases, that is, those referred in their English names more or less readily by the local people themselves, and b) Un-identified Diseases, that is, those referred to only in their local names by the local people including the medicine-persons (*ojhā*)¹⁵. The recorded identified diseases include amebic dysentery, bacillary (blood) dysentery, cholera, diarrhea, eczema, epilepsy, feverish convulsion of children, jaundice (yellow), measles, migraine, smallpox, tuberculosis, etc. No patient of *kala-a-zar*, which once frequented the Garo Hills according to the information in some published literature¹⁶, has been found in Rugapara. The unidentified diseases recorded in the Ruga-Garos total twenty-three in number and Table 1 lists them in their local names along with descriptions of symptoms obtained from the Ruga-Garos and identification in terms of modern medicine by one non-Garo Kolkata based MBBS, one Garo MBBS and one Garo homeopath.

Table 1: List of Un-identified Diseases Recorded in Rugapara

Sl. No.	Illnesses in Local Names	Description of the Disease	Identification by Garo MBBS & Garo Homeopath	Identification by Dr. Gantait by Dr. Gantait (a non-Garo Kolkata-based MBBS)
1.	<i>Anpaka</i>	Profuse bleeding from uterus.	X	Uterine tumor Fibroids
2	<i>Angki-mite</i>	A child-disease: pains in the stomach occurring at ages 1-2. ('Angki' means crab.)	X	Round worm infestation

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3	<i>Aribanga</i>	A female disease, occurs usually between 12 and 30 years of age irrespective of marital status of the patient – period becomes irregular and profuse bleeding during periods, and if not treated, stops much before menopause – the patient becomes weak, pale, and sometimes feels pains in the abdomen. These are caused by the formation of a blood-ball in the abdomen which moves in. If the blood-ball comes up to the chaste bones, the patient catches breathing troubles.	<i>Garó MBBS:</i> Same as 'Darichik' (See below)	Fibroid tumour of uterus (most probably)
4	<i>Asimbola</i>	A pimply itching rash on the skin; children catch it if they play in the water or sands of the bank of a stream; the elder people catch it when they sow paddy in the field during the summer.	X	Contact dermatitis, Allergy (urticaria)
5	<i>Balnanga/ Ramasam/ Najol</i>	Vomiting, sweating, hot-temper – hands and legs become cold – cannot recognize people. [It is caused, acc. to the informants, by <i>Skall Minoka</i> (a witch)]	X	Shock, dehydration
6	<i>Beholi/ Behuli</i>	Weakness and pain in the limbs; movements of limbs become hard and painful; often one leg becomes shorter than the other, and the patient, as a result, walks in a crooked manner. According to the informant, it is beriberi.	<i>Garó doctors:</i> Arthritis or, Rheumatism of joints.	Polyarthriti s of joints.
7	<i>Bisa-sani/ Skunimoila</i>	A child disease; usually occurs at four-five months; child suffers from fever and dizziness; cannot open eyes; feels reluctance to eating anything, even breast-milk; always cries; skin-colour becomes yellowish; becomes so thin that the baby looks like a skeleton.	X	X

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8	<i>Chinisreng</i>	Gathering of water in the body that leads the body to swell; no appetite like in the case of diabetes; no energy, reluctance to talking; becomes thin.	X	Anasarca, Ascites
9	<i>Dabaleng</i>	A child-disease (occurs in ages between '1-10') which has similarity with asthma causing breathing trouble, but not asthma.	<i>Garó Homeopath:</i> Whooping Cough	Intrinsic or allergic asthma
10	<i>Daritcheng</i>	A female disease – occurs during pregnancy – profuse bleeding and pains in the abdomen (because, acc. to the informant, the child in the uterus becomes restless) – a child born from this disease, if not treated properly in early age, shows some deformities in some parts of its body such as legs, hands, fingers, nose (front part), or ear-lobes.	<i>Garó Homeopath:</i> Diamenrrhea <i>Garó MBBS:</i> A sort of urinary tract infection.	May be due to 'Placenta previa' or due to congenital malformations of foetus.
11	<i>Datul/Datu semi tcheng</i>	Frequent tendency of urination; colour of urine becomes milkfish white – pains in the lower abdomen, accompanied by fever – if the patient suffers long, stones form in the abdomen.	<i>Garó Homeopath:</i> Renal Colic; <i>Garó MBBS:</i> A sort of urinary tract infection.	Urinary tract infection may be cystitis, urethritis, pyelonephritis.
12	<i>Dosa</i>	Giddyness, fluctuating body-temperature, cannot stand up.	X	Vertigo
13	<i>Gingsi-onga</i>	Bleeding from the nose.	<i>Garó MBBS:</i> Epistaxis	Epistaxis
14	<i>Goncho</i>	Child-disease: The suffering child does not sleep at night.	X	X
15	<i>Jankipang</i>	A ridge across the frontal bone at its posterior part occurring in first few months age of a baby – a little feverish temperature on the forehead which sweats – the child weeps all the time and cannot stand up and walk if the disease continues.	X	Infantile cortical hyperostosis.

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16	<i>Kumjuri</i>	Benumbing weakness; cannot bear even a little with smoke of fire; reluctance to eating – even on viewing the cooked-rice; water also tastes bitter; for last seven/eight days before death the patient lives only on water; skin darkens; a little coughing with some bleeding from mouth; reluctance toward bathing caused by a fear of the chill of the water; speaks delirium after suffering for a month or two; dreams of eating pork and roaming about forests in sleep; the body temperature fluctuates when asleep.	X	X
17	<i>Kusumang</i>	Distortion of nose, mouth, and neck which swell up; pains in teeth, lips, and waist; cannot stand straight. (<i>Kusumang</i> is a deity with beard whose possession of a person causes the disease.)	X	X
18	<i>Mamloka</i> (<i>Kunamgija</i>)	Non-stop loose motion with blood – stool looks like pus; bad odour; odour in wind; sometimes ulcers grow in the mouth – red sores on tongue and gum; slaver dribbles; the patient cannot eat properly; drinking the water also is painful. The disease occurs at any age. According to Smt. Basanti N. Sangma, a medicine person, the disease is stomach cancer. But Shri Jotipal Sangma does not agree with her. Jotipal opines that a patient of cancer can continue to live for some length of time but a patient of <i>mamloka</i> dies suddenly.	<i>Garro Homeopath:</i> Cancer.	X
19	<i>Risi/Indri</i>	Ulcer on the skin – holes grow in the ulcerous area – diameter of the hole being such size that an Indian cigarette gets in.	Ulcer on skin caused by bacteria & virus.	X

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20	<i>Saljongsa</i>	Loose motion profusely, feeling hungry and weak; liking for dried fish; sudden attack; not infectious; but the patient may die of it. The disease was frequent earlier; now-a-days only rarely.	X	Acute gastroenteritis
21	<i>Semitching</i>	Urinary trouble – colour of urine is reddish; acute pains during urination; fever.	<i>Garó Homeopath:</i> U.T.I. <i>Garó MBBS:</i> U.T.I.	Stone in urinary tract.
22	<i>Sulbis</i>	Eye-disease: reddening of the sclera; tears; cannot see properly; if not treated, the disease gradually leads to blindness.	X	Conjunctivitis which may to damage cornea later (keratitis) to cause blindness
23	<i>Wagirisi</i>	Itching sore/ulcer – at any part of the body; bleeds when scratched.	<i>Garó Homeopath:</i> Scabies	Psoriasis

Note: Where 'X' means 'not identified'.

B) Medicine (Tangible)

Though the Garo medicine also includes an intangible part, but to limit our study to the ambit within the title of the present paper I would deal only with the tangible part¹⁷.

D) Ingredients

The medicinal ingredients used by the Ruga-Garo medicine persons are of three kinds: plants, parts of animal body, and minerals. Table-2 lists 50 medicinal plants in their local as well as scientific names, the parts of the plants used as medicine, and the diseases treated by those plants. An attentive examination of the table will make it clear that there are many terms in the second column which are not really Garo such as *Anaros*, *Bengali Kalpul*, *Basanto-budu*, *Chirota*, *Haldi*, *Long-moris*, *Tejpata*, *Tulsi-Matri*, etc. These terms are, therefore, evidences of modification of the Garo medicine through acculturation by the neighbouring and migrant “civilized” societies which started entering in the Garo tract primarily after the extension of the British administration to it.

Table 2: Some of the Medicinal Plants Used in Rugapara

['Notes: i) The letter 'M' means the concerned plant or its parts are obtained from markets. ii) Like the scientific names of the plants, their local names and the local names of the unidentified diseases are also given in italics.]

Sl No.	Medicinal Plants (Garo Name)	Family	Scientific Names	Usable parts	Used in Diseases
1	<i>Adadari</i>	Zingiberaceae	<i>Zingiber zerumbet</i>	Skin of the root	Feverine convulsion
2	<i>Ambri</i>	Euphorbiaceae	<i>Emblica officinalis</i>	Bark	Feverine convulsion
3	<i>Anaros</i> (Bengali term)	Bromiliaceae	<i>Anaras comosus</i>	Veins of young leaf	<i>Datul semi.tcheng.</i>
4	<i>Anaros-burangi</i> (A compound term coined of Bengali word 'Anaras' for pineapple & Garo word 'burangi' for wild)	Bromiliaceae	<i>Anaras comosus</i>	Skin of the root; Veins of young leaf.	<i>Datul semi.tcheng.</i>
5	<i>Basanto-budu</i> (A compound term coined of Bengali term 'Basanto' for smallpox & Garo term 'budu' for creeper) [Fig. 1]	Convolvulaceae	<i>Tinospora crispa</i>	Stem's peel	Measles, Small Pox.
6	<i>Behuli-diki/ Basulidiki</i>	Zinigeraceae	<i>Curcuma caesia</i>	Roundish part of the root.	<i>Behuli, Tuberculosis</i>
7	<i>Bengali Kalpul</i> (A term coined by the Garos for camphor which is called 'karpoor' in Bengali). [M]	Lauraceae	<i>Cinnamoum campheora</i>	Fruit/Seed	Epilepsy, Feverine-convulsion, <i>Sulbis.</i>
8	<i>Biljet-matri</i>	Lamiaceae	<i>Ocimum americanum</i>	Leaf	Epilepsy
9	<i>Chengsu-jadel</i>	Caesalpinaceae	<i>Tamarindus Indica</i>	Root	<i>Datul - semi.tcheng.</i>
10	<i>Chirota</i> (Bengali term) [M]	Gentianaceae	<i>Swertia chirayita</i>	Leaf	Malaria

Contd...

11	<i>Chonggi-be.en</i> [Fig. 2]	Araceae	<i>Amorphophallus campanulatus</i>	Root	Measles, Small Pox.
12	<i>Dariticik</i>	Flacourtiaceae	<i>Flacourtia jangomas</i>	Bark	<i>An-paka</i>
13	<i>Diki-kamcan</i> (A composite term coined of the Garo word 'diki' and a corrupt form of the Bengali word 'Kancan' meaning gold)	Liliaceae	<i>Aloe vera</i>	Leaf	<i>Datul semi.tcheng</i>
14	<i>Do-grikmi</i> [Fig. 3]	Apocynaceae	<i>Rauwolfia serpentine</i>	Root	Malaria
15	<i>Ganggi-petop</i>	Solanaceae	<i>Physalis minima</i>	Root	<i>Behuli</i>
16	<i>Gimbil-bigil</i>	Lythraceae	<i>Carya arborea</i>	bark	Dysentery
17	<i>Gol-dik</i>	Aricaceae	<i>Calamus viminalis</i>	Leaf	<i>Wagirisi</i>
18	<i>Gulmoris</i> (An eastern Bengali word for black pepper) [M]	Piperaceae	<i>Piper nigrum</i>	Seed	<i>Behuli, Chini, Dabaleng; Feverine convulsion, Jaundice, Sinus.</i>
19	<i>Haldi</i> (Hindi term for termeric) [M]	Zingiberaceae	<i>Curcuma longa</i>	Root	Jaundice, <i>Skunimoila</i>
20	<i>Hing</i> (Bengali term for asafoetida) [M]	Apiaceae	<i>Ferula assafoetida</i>	Root	Epilepsy, Feverine convulsion, Jaundice.
21	<i>I-eching/Kiching</i>	Zingiberaceae	<i>Zingiber officinalis</i>	Root	<i>Behuli, Dabaleng, Dosa Kumjuri, Sinus, Sulbis, Typhoid.</i>
22	<i>Jengjul</i>	Malvaceae	<i>Thespesia tillicifolia</i>	Bark	Child- Insomnia
23	<i>Kimchot</i> [Or, <i>Kimchit</i>]	Amaranthaceae	<i>Celoceia argentina</i>	Root	Tuberculosis
24	<i>Kiring</i>	Bignoniaceae	<i>Oroxylum indicum</i>	Bark	Jaundice, <i>Skuni-moila</i>
25	<i>Konjon</i>	Moringaceae	<i>Moringa oleifera</i>	Bark	<i>Sulbis</i>

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26	<i>Leng-budu</i>	Menispermaceae	<i>Cissampelos pareira</i>	Stem, root	<i>Dabelong</i> , Malaria, Tuberculosis.
27	<i>Long moris</i> (A compound term coined of the English word 'long' and a corrupt form of the Bengali word 'morich' meaning chilly.) [M]	Myrtaceae	<i>Syzygium aromaticum</i>	Fruit	<i>Dabaleng</i> , Dosa.
28	<i>Manamuni-Chon- gipa</i>	Apiaceae	<i>Hydrocotyle javanica</i>	Leaf	<i>Sulbis</i> , <i>Skunimoila</i> , <i>Sulbis</i> .
29	<i>Manamuni-dalggipa</i>	Apiaceae	<i>Centella asiatica</i>	Leaf	Sinus, <i>Skunimoila</i> , <i>Sulbis</i> .
30	<i>Mandalchi</i> [White]	Euphorbiaceae	<i>Jatro gossipifolia</i>	Juice conta- ined in the branches.	Dysentery
31	<i>Matchamerong</i>	Clusiaceae	<i>Garcinia indica</i>	Bark	Jaundice, Typhoid.
32	<i>Mimangkoksi-budu</i>	Nepenthaceae	<i>Nepenthes khasiana</i>	Leaf, root, stem	<i>Dadukawak</i> (Eczema)
33	<i>Naronchi budu</i>	Smilacaceae	<i>Smilax ovalifolia</i>	Bark of stem, root	Malaria, Tuberculosis.
34	<i>Pa-a-gitchak</i>	Araceae	<i>Caladium lancileata</i>	Root	<i>Behuli</i>
35	<i>Pachi/Pache</i>	Araceae	<i>Acorus calamus</i>	Leaf	<i>Epilepsy</i> , <i>Kisini-matri</i> , pains from indigestion.
36	<i>Pakrikoil</i> [M]	Mimosaceae	<i>Acacia catechu</i>	Gum of the tree	Itches; <i>Mamloka</i> ; Wagirisi
37	<i>Rajamuri</i>	Amaryllidaceae	<i>Crinum defixum</i>	Root	<i>Behuli</i>
38	<i>Rangre</i>	Verbenaceae	<i>Vitex peduncularies</i>	Leaf, Bark	<i>Datul- samitcheng</i>
39	<i>Risisampang</i>	Urticaceae	<i>Urtica parviflora</i>	Leaf (young), stem	<i>Wagirisi</i>
40	<i>Samtambret</i> [Fig. 4]	Oxalidaceae	<i>Oxalis corniculata</i>	Leaf	<i>Sulbis</i>
41	<i>Sokchon</i>	Apocynaceae	<i>Alstonia scholaris</i>	Skin of the root	Malaria

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42	<i>Stri-budu</i> [Fig. 5]	Rubiaceae	<i>Paederia scandens</i>	Stem	<i>Behuli</i>
43	<i>Ta-apul</i>	Araceae	<i>Alocasia macrorrhiza</i>	Root	<i>Behuli</i>
44	<i>Tejpata</i>	Lauravaceae	<i>Cinnamomum tamala</i>	Bark	<i>Behuli</i>
45	<i>Te-rik-pul</i> (red)	Euphorbiaceae	<i>Mallotus philippensis</i>	Root	<i>Behuli</i>
46	<i>Udum</i>	Euphorbiaceae	<i>Jatropha curcus</i>	Root	<i>Behuli</i>
47	<i>Wagamsam</i> [Fig. 6]	Asteraceae	<i>Galinsoga parviflora</i>	Leaf	<i>Sulbis</i>
48	<i>Wagi</i>	Bambosaceae	<i>Bambusa tulda</i>	Leaf (young)	<i>Wagirisi</i>
49	<i>Waknachil</i>	Violaceae	<i>Viola bicolour</i>	Leaf along with stalk	<i>Kumjuri; Chinisreng.</i>
50	<i>Wasik budu</i>	Orchidaceae	<i>Dendrobium cruxcenatum</i>	Root; leaf	<i>Mamloka, Sulbis</i>



Fig. 1. Basanto budu (*Tinospora crispa*)



Fig. 2. Chonggi be-en (*Amorphophallua campanulatus*)



Fig. 3. Do-grikmi (*Rauwolfia serpentine*)



Fig. 4. Samtambret (*Oxalis corniculata*)



Fig. 5. Stri-budu
(*Paederia scandens*)



Fig. 6. Wagamsam.
(*Galinsoga parviflora*)

The animal ingredients of the Garo medicine, as the data from Rugapara show, include bile of bear; bones of birds; bones of horse; bones and body-hairs of monkey; intestines of porcupines and meat or blood of fox. The minerals in the medicine of Rugapara include alum, black salt, copper sulphate, rock salt, salt and sulphur.

II) The Method of Preparation and Prescription of Usage

The ingredients are usually grinded together to make a paste. The paste then is usually mixed with a little water, and is consumed and/or applied to the parts of the body affected” sometimes once and sometimes twice a day” till recovery. Sometimes tiny balls are made of the paste and dried, and then the patient is advised to wear on one of his/her arms or on neck.

MEDICINE FOR A FEW DISEASES

1. Beholi

Medicine – Prescribed by: *Ojha* (Mrs.) Basanti N Sangma

Plants

- i) *Beholi-diki* (Root's skin: 10 gm)
- ii) *Gangi-petop* (Root's skin: 23) — not necessary.
- iii) *Gol-moris* (Amt.: 7) [M → means purchased from market]

- iv) *Te.rik pul*-red (Root's skin: ½")
- v) *Itiching* (Root: 10 gm)
- vi) *Pa.a-gitchak* (Root: 20 gm)
- vii) *Rajamuri* (Leaf & root: 50 gm)
- viii) *Stri-budu* (small variety) [Stem: 53]
- ix) *Tejpata* (Bark: ½") [M]

Preparation

The plants listed above are to be grinded together to make a paste.

Usage

The paste is mildly heated and then is applied to those parts of the body where pains are felt — after dinner for 7 days. The paste is to be heated before each smearing.

Food-taboo

- i) All kinds of meat; eggs.
- ii) Milk
- iii) Arums, betel-leaf, betel-nut, onion, plantain flower.

Caution

Care should be taken during anointing so that the paste does not enter into mouth and eyes. If the paste enters into mouth the patient will die and if it goes in the eyes, the eyes will turn blind.

2. Eczema (*Dadukawak*)

Medicine – Prescribed by: *Ojhā* (Mr.) Tosola D Sangma

Plants

- i) *Mimangkoksi-budu* (Root, stem & leaf)

Preparation

The usable parts of the plant is to be cut into small pieces and then to be burnt.

Usage

The ash thus formed is to be applied to the eczema spot.

Food-taboo

Not stated

3. Malaria**Medicine**

(A) – Prescribed by *Ojha* (medicine person): Mr. Jotipal N Sangma

Plants

i) *Chirota* (Leaf: 12-15) [M]

ii) *Do.grikmi* (Root: 1''-2'')

iii) *Sokchon* (Root: ½''-1'')

The first plant is prescribed for first 2-3 days. If the fever does not go, the second one is prescribed for for next 2-3 days. And if that too does not help, the third plant is advised.

Preparation

In each case the prescribed part of the plant is grinded to make a paste.

Usage

In each case the paste is to consume twice a day.

Food-taboo

i) Meat: Pork.

ii) Fruits & Vegetables: Banana, *Chuka* leaves, jackfruit, *Mesing* leaves, Tamarind.

(B) Prescribed by *Ojha* (medicine person): Mr. Tosola D Sangma

Plants

i) *Do.grikmi* (Root: ½'')

ii) *Leng-budu* (Stem: ½'')

iii) *Naronchi-budu* (Root: ½'', or Skin of the stem: ½'')

Other Ingredients

- i) Bile of bear (2 gm)

Preparation

To be grinded together to make a paste.

Usage

The paste mixed with water is to be consumed of an amount of 1 tea-spoon 2 times a day for 2-3 days.

Food-taboo

Not stated.

4. *Wagirisi*

Medicine – Prescribed by: *Ojha* (Mr.) Jotipal N Sangma

Plants

- i) *Gol.dik* (Leaf: 1)
- ii) *Risisampang* (Young Leaves: 4-5)
- iii) *Wagi* (Young Leaves: 7)
- iv) *Pakrikoil* [= catechu] (2gm) [M]

Minerals

- i) *Gondrok* [= Sulphur] (0.5gm) [M]
- ii) *Pitkiri* [= Alum] (1gm) [M]
- iii) *Singret* [Black salt] (1gm) [M]
- iv) *Totia* [Copper sulphate] (1gm) [M]

Preparation

To be grinded together to make a paste.

Usage

The paste should be applied to the affected areas of the body “ 3 to 4 times daily till recovery. The recovery comes usually in four-five days.

Food-taboo

- i) Eggs, any kind of eel-fish, any kind of fowl-flesh, meat, pork.
- ii) Milk
- iii) Brinjal, semolina, etc.

CONCLUSION

The field-data presented in the foregoing sections reveal some features of the Garo tangible medicine. The features related to tangible medicine part have been enumerated below:

- i) More than often a medicine for a particular disease is a mixture of several local plants, and sometimes it also contains some minerals and/or parts of some animals (see the medicine for malaria and *wagirisi*).
- ii) The usual method of preparing the medicine is grinding irrespective of the number and kinds of ingredients.
- iii) When a medicine is prescribed either to consume or to apply on the part(s) of the body affected or both, it is almost always directed to mix with a little water.
- iv) Some of the medicinal plants and other ingredients for preparing medicine are purchased from markets.
- v) The Garo medicine vocabulary do not contain any Garo names for some diseases, e.g., gonorrhoea (and also syphilis) and jaundice in general, and the Ruga-Garo vocabulary of medicine, as the field-findings show, do not have, in addition, the names for malaria and kala-azar (the latter being called by the Ruga people as *kālājar*).
- vi) Neither the names of some medicinal plants, e.g., *gulmoris*, *haldi*, *long moris*, *tejpātā*, etc. (See Table-2) nor the names of some mineral ingredients (See section entitled "Medicine for a Few Diseases") e.g., *gondrok*, *pitkiri*, *totia*, etc. used in the Garo medicine are really Garo.

Most of the above features of the Garo tangible medicine are the features of pre-urban societies, and therefore, belong to the culturally pre-historic stage as stated in the introduction. However, the medicine has not remained unchanged. It has incorporated many non-indigenous plants as are

obvious in their names as well as other inorganic ingredients. Indeed, by the time the first ever European, Mr. J. Eliot “ set his foot on the Garo territory in 1786, the Garos had had already borrowed some medicinal knowledge from the neighbouring civilized societies¹⁸. Some of the changes in the material part of the Garo medicine have not only been mere straight forward borrowing but rather adaptations of the knowledge of the neighbouring civilized communities who have entered the land in large numbers in all kinds of economic pursuits during the colonial and post-colonial periods. These are evidenced by the presence of such ingredients as *Curcuma longa*, *Piper nigrum*, *Swertia chirayita* etc., in their medicine now for which the Garos do not have any Garo words and use ‘*haldi*’, ‘*gol-moris*’ and ‘*chirota*’ respectively, presumably, borrowed from Bengali, Assamese and Hindi speaking communities along with the articles themselves primarily through trading-transactions with them. The same is true for the incorporation of some minerals and chemical ingredients, such as alum, copper sulphate and sulphur for the first two of which the Garos use Bengali and Hindi words in corrupt pronunciation, viz., ‘*pitkiri*’, ‘*totia*’, and ‘*gondrok*’. That there are no Garo words for these stuffs indicates that these have been borrowed in their medicine rather recently, say, in last one hundred and fifty years or so when modern market systems gradually made its way to the Garo land.

Finally, it may be concluded that the efficacy of the Garo medicine for quite a good number of ailments is beyond question as the health condition of the Garo people is, in general, good which has been observed by the present researcher during her several field-visits to Rugapara (and other areas of the Garo Hills as well) between 2010 and 2012.

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NOTES AND REFERENCES

1. The current paper gives only a brief outline of the tangible or material part of the Garo Medicine (which also has an intangible part) and its traceable changes since the British period drawing upon the field-findings as well as the secondary data collected for the project entitled "The Garo Perception of Disease and Medicine: A History Since the British Regime in the Indian Sub-continent" funded by the INSA (New Delhi) for a tenure of three years and 2 months (15 June, 2010 - 15 August, 2013). A comprehensive book on the Garo medicine basing on the project-work is under preparation.
2. http://en.wikipedia.org/wiki/Sentinelese_people [Rtv.dt. 22/12/2012, 5: 10-12 am]
3. <http://www.indigenous.youth-leader.org/?p=4023> [Rtv.dt. 23/12/12, 12:30-12:35 noon]
4. See 'note 2'
5. Sangma, 1981, p. 7-9; Carey, 1919, p.11.
6. Before coming in to the contacts with the western cultures, the Garos had *some* exposures to the neighbouring non-tribal peoples of the plains in two opposite ways: (a) in barter-trades in small scale, and (b) in frequent but scattered conflicts, especially in forms of ambush on the part of the Garos on the lonely Bengali cultivators in the field or on the isolated villages of the marginal farmers primarily in retaliation of the exploitation by the Bengali landlords living in the plains of the then Bengal (Carey 1919, p. 11; Sangma 1981, p.7-9).
7. Playfair, 1909, p. 85
8. Eliot, 1792, p. 17
9. Playfair, 1909, p. 5
10. Carey, 1919, p. 256
11. Burling, 1997, p. 19
12. Eliot, 1792, p.19
13. *ibid*, p. 31-32
14. *ibid*, p. 33
15. Since the Garo vocabulary lacks any indigenous word for medicine person, the term *Ojhā*, a non-Garo word, is used by them, at least by the Ruga-Garos for denoting the same.

16. Playfair, 1909, p. 5
17. Also, the medicine persons in Rugapara now-a-days hardly perform magico-religious rites.
18. See section on 'Historical Data on the Garo Medicine'.

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