

The Role of Traditional knowledge and healing practices in Community Health and Well-being: A case study of Mising tribe of Assam, India

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ABSTRACT

The Mising, one of the largest plain tribes of Assam and Arunachal Pradesh in Northeast India, have a deep and intricate connection with their natural environment. Their traditional knowledge systems, orally passed down through generations, are heavily reliant on the ethnobotany of the region, which is the study of how people of a particular culture and region make use of indigenous plants. The use of these plants is not just about curing illnesses; it is a vital part of the Mising community's overall well-being. It is a practice that reinforces social bonds, as knowledge is shared and passed down within families and among traditional healers. It provides a sense of self-reliance and cultural identity, especially in regions where modern healthcare is not easily accessible. While some traditional practices are closely guarded by healers, many are common household knowledge, empowering individuals to manage minor ailments. However, traditional medicine practices are facing threats from modernization, acculturation, and the gradual erosion of traditional knowledge as younger generations move away from their traditional lifestyle. This case study therefore explores the importance of traditional knowledge in community health and well-being and the challenges faced by the Mising people's traditional healing system in the modern era. This study is based upon the field based data and information collected from of Majuli island which is one of the largest Mising inhabited areas of Assam.

Key words: Traditional knowledge, Traditional healers, Indigenous plants, threats, Majuli island

Introduction

Traditional medicine is deeply intertwined with the cultural, social, and spiritual fabric of indigenous communities. Unlike modern, Western medicine which often focuses on a mechanistic view of disease, traditional systems frequently approach health holistically, considering the mind, body, and spirit as an interconnected whole.

The Mising tribe (also known as Miri) is the second-largest indigenous community in Assam, India. The strength of the population as per 2011 census is

6,80,424. The Misings are tribe inhabiting the areas north of the mighty Brahmaputra river in upper Assam, and spread over the areas of Dhemaji, Lakhimpur, Dibrugarh, Tinsukia, Sibsagar, Sonitpur, Darrang, Jorhat, Majuli and Golaghat districts of Assam. They are "riverine" people, living along the banks of the Brahmaputra River and its tributaries. Their livelihood and lifestyle, deeply connected to the natural environment, has fostered a rich tradition of folk medicine. Mising traditional medicine relies heavily on the use of herbal remedies sourced from the surrounding forests, riverine

ecosystems even from their kitchen garden. They have an extensive knowledge of local flora and fauna, which they use to treat a wide array of ailments, from common fevers and wounds to more complex conditions like jaundice and dysentery. Moreover, many Mising villages remain geographically isolated and economically disadvantaged, making access to clinics and hospitals challenging. This isolation, coupled with cultural preferences and the affordability of traditional treatments, ensures that the Mising's folk medicine remains a vital and often preferred method of care.

Methods

In a study of 31 villages in Majuli, information was gathered through interviews and group discussions with a sample population of elderly people, adults, and traditional healers. The reason behind selection of the area is based on two factors - firstly, population of Misings are very high in Majuli island, secondly the area is surrounded with river from all sides and their lifestyle practices influenced by the nature specifically river is clearly visible in their daily life and landscape.

Multiple searches were performed to gather the local names and confirm the authenticity of the plants used. The plant species were identified by consulting existing literature and botanical guides.

Healer typologies and roles in Mising society

- **Ritual specialists:** Perform appeasement rites for afflictions attributed to spiritual imbalance, household misfortunes, and protection against flood-season hazards.
- **Herbal practitioners:** Diagnose using symptom cluster for the diseases like gastrointestinal ailments, fevers, skin conditions, and postpartum care.
- **Household experts (often women):** Maintain kitchen pharmacopeia's and transmit knowledge through weaving, foraging, and food preparation routines.

Roles and Practices of traditional healers *Mibu*

Mising villages continue to face significant health challenges, including limited access to allopathic doctors and hospitals. Factors like poverty, illiteracy, and the annual floods that inundate their villages also contribute to poor health outcomes. In this context, traditional medicine plays a vital role as a

readily available, culturally accepted, and often more affordable alternative to modern medicine. The traditional practitioners, known as **Mibu** are highly respected within the community, and people often consult them for primary healthcare needs before seeking help from a modern doctor. Their role extends beyond just treating physical ailments; they are also integral to the community's social and spiritual well-being.

The Mibu's practices are a blend of herbal medicine, ritual, and spiritual intervention. They diagnose and treat illnesses believed to be caused by either natural factors or spiritual forces.

- **Herbal Expertise:** Mibus possess extensive knowledge of the local flora, particularly medicinal plants. They identify, collect, and prepare remedies from various plants to treat the diseases.
- **Ritualistic Healing:** For afflictions attributed to spiritual imbalance or malevolent spirits, the Mibu performs rituals to appease the spirits. These ceremonies often involve prayers, offerings, and sacrifices. This holistic approach addresses both the physical symptoms and the perceived spiritual cause of the illness.
- **Community Counsellors:** Mibus also act as social and spiritual guides. They are consulted for household misfortunes, protection against natural calamities like floods, and to maintain harmony within the community.

Nature based healthy Food habits and nutrition

The concept of well-being extends beyond healing to include preventative health, which is deeply integrated into the Mising diet. Their food habit is eco-friendly which is the reason of them dwelling near the river banks, thus commonly known as 'Noi Poria Mising' (Kumari and Dutta, 2012). The main food habits of Mishing community are pork, dried fish (namshing), bamboo shoot (ikhu), rice beer (apong), various green spinach, herb etc. They have a quite interesting practice of food preparation and preservation. They primarily depend on nature-based food sources which they can preserve for a long period and they can consume and survive on such type of food during hazards like flood. For example, dry bamboo shoot, wet bamboo shoot, *Namshing* (dried fish) are preserve for more than one year. They prefer food with less oil and packed spices. The Mising delicacies are often boiled vegetables, leaves, spinach, fish and meat. There is kitchen garden in almost all participant's homes. The garden

includes medicinal herbs, vegetables and fruit yielding trees as well as flowering plants. In their day to day lives, a large part of communities' daily substances is sourced from these gardens. The consumption of wild edibles and a diet rich in local rice varieties, fish, and greens contributes to the community's overall nutritional security and health. Their traditional fermented rice beer, *Apong*, is a unique example which is made from a combination of rice and various medicinal plants. This beverage is not only a cultural staple but is also believed to aid digestion, boost immunity, and provide nutritional value.

Traditional Medicinal Practices of the Mising

The Mising's traditional healthcare system is holistic, often blending herbal remedies with socio-religious and ritualistic beliefs. Diseases are sometimes attributed to natural causes, but also to supernatural forces, which are addressed by traditional healers and priests. This holistic approach addresses both the physical and supernatural causes of illness (Shankat *et al.*, 2012). While the role of these traditional healers is declining due to the influence of modern medicine, their knowledge remains a vital part of the community's heritage. However, for many common ailments, the primary line of defence is herbal medicine, which is accessible, affordable, and deeply integrated into daily life. The preparation of these remedies varies, with common methods including.

Juice extraction: Crushed plant parts, particularly leaves, are a common way to consume medicinal properties.

Decoctions and pastes: Boiling or grinding plant parts into a paste for oral intake or topical application for skin diseases and wounds.

Powdered medicine: Dried plant parts are ground into a powder for oral consumption.

Key Medicinal Plants and Their Uses

The Mising people utilize a wide array of plants, with many studies documenting over a hundred different species used for medicinal purposes. The most commonly used parts are leaves, followed by roots, fruits, stems, and bark. Here are some notable examples of plants used by the Mising and the ailments they treat:

Diarrhea and Dysentery: Gastrointestinal issues are commonly treated with plants like *Paederiafoetida* (Bhedailota), *Centella asiatica* (Bormanimuni), *Musa*

balbisiana (Bhimkol), *Houttuynia cordata* (Masundori), *Citrus aurantifolia* (Gol nemu).

Wounds and Skin Diseases: Plants with antiseptic properties, such as *Mikania micrantha* (Japonilota), Indian *Goosebery* (Amlokhi), *Azadirachta indica* (Neem) and *Curcuma longa* (Haladhi) are applied topically to treat cuts, wounds, and various skin ailments. *Azadirachta indica* is also used for the treatment of pox.

Respiratory Ailments: Cough and pneumonia are often treated with a combination of plants. For example, a mixture of *Ocimum sanctum* (Tulshi) and *Piper nigrum* (Jaluk) are used to treat cough. *Acorus calamus* (Boch) is also a common herb to treat cough.

Jaundice and Liver Ailments: Several plants are used to treat jaundice, a prevalent issue in the region. Some examples include *Saccharum officinarum* (Kunhiar) and *Averrhoa carambola*/ Starfruit (Kordoi).

Fever and Pain: A variety of plants are used to manage fever and pain, including the application of *Citrus aurantifolia* (Nemu) juice for fever and the use of the root of *Solanum indicum* (Titabhekuri) for toothaches. The Mising people use leaves of *Clerodendrum colebrookianum* (Nephaphu) as a traditional remedy for fever. Its effectiveness in treating conditions like malaria has been noted, which is a significant health concern in the region. It is also used to manage and control high blood pressure.

Kidney and urinary problems: *Scoparia dulcis* (Jalukbon) and *Bryophyllum pinnatum* (Duportenga) are widely used for the treatment of kidney and related urinary issues.

Diabetes: *Oxalis corniculata* (Horu tengesi) and *Vitex negundo* (Pochotiya) are commonly used plants to control the sugar level.

Challenges

Although traditional ethnomedicinal knowledge is significant, the issues facing the Mising community are numerous and may jeopardize the community's ability to maintain the practice.

Loss of Traditional Ecological Knowledge (TEK): Younger generations no longer have the same interest as their elders, largely due to the relevance of formal education and access to resources in their modern lives. These changes have caused the intergenerational flow of knowledge to be broken, resulting in a decline of the number of traditional healers and additional greater loss of importance of indigenous knowledge (Patir, 2018).

Modernization and Preference for Allopathic Medicine: The continuous access to government health services and modern healthcare means that preferences and uses of allopathic medicine by younger generations have increased due to its perceived effectiveness and speedy response. As a result, traditional medical systems may fall to even greater neglect (and possibly extinction) from the younger generations (Doley and Saikia, 2014).

Loss of Forest and Plant Diversity: The local rich plant diversity in the local forest is part of the Mising traditional medicinal system. Deforestation, habitat modification and unregulated harvesting are causing significant disruption for the healers trying to source the essential medicinal plants. Consequently, there is an impediment to the preparation of the traditional healing remedies and some types of medicinal plants are now under threat of local extinction (Panging, 2017; Sarmah et al., 2011).

Lack of Scientific Documentation and Integration: Without systematic scientific research and validation, traditional practices remain marginalized in mainstream healthcare. This creates a gap between indigenous knowledge and modern policy frameworks. The known application of knowledge in policy contexts and the lack of integration into contemporary medical research has resulted in their worth becoming substantially less than it was, and in some cases, essentially worthless, hence no proliferation of understanding- in terms of medical worth or cultural significance (Ayam et al., 2017).

Conclusion and Recommendations

Traditional medicine of the Mising tribe has great value for community health care. It is always quickly accessed, cheap and culturally appropriate. It exemplifies the knowledge of their ancestors and shows their ecological environmentalism. However, increasing socio-cultural change and degradation of the environment are serious threats to this system that may lead to eventual extinction (Patir, 2018; Panging, 2017).

In an effort to protect these significant practices and cultural appreciations, the following recommendations have been made:

1. *Systematic Documentation.* Action must be taken to document the medicinal plants and peoples' healing contexts. Documentary work would provide continuing access to indigenous knowledge for coming generations, as well as establish evidence for the

development of scientific knowledge and evaluative evidence for therapeutic knowledge (Panging, 2017; Ayam et al., 2017).

2. *Conservation of plant resources.* The sustainability of plant resources will contribute to the sustainability of future traditional medicine. Action must be taken for the protection and sustainable management of forests, to include community conservation activities (Sarmah et al., 2011).
3. *Knowledge Transfer and Training.* Programs partnering community elders and Mibus (traditional healers) to work with local schools should be developed to support youth and involvement in traditional ways. This would help ease the transition of knowledge from a traditional way of knowing to a contemporary way of knowing (Patir, 2018).
4. *Integration with Formal Health.* Partnerships with traditional healers should be explored to develop frameworks to integrate and develop a more holistic approach to health. These partnerships could establish opportunities to offer culturally safe health care while also promoting Indigenous knowledge in discussions related to policy and practice (Doley & Saikia, 2014).

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Conflict of Interest- None

References

- Ayam, V.S., Doley, P. and Singh, C.B. 2017. Ethnomedicinal plants used by the Mising tribe of Dhemaji District of Assam, India. *International Research Journal of Biological Sciences*. 6(8): 37-43.
- Doley, A. and Saikia, S. 2014. Traditional healing practices among the Mising tribes of Assam: An anthropological perspective. *International Journal of Social Science and Humanities Research*. 2(2): 59-64.
- Dutta, N. and Daulagupu, D. 2024. *Forests & Fields of Imagined Future*. North Eastern Social Research Centre, Guwahati.

- Kumati, P. and Dutta, S.K. 2012. Changing eating pattern of Mising food, culture. *International Journal of Humanities and Social Science*. 2(2): 211-219.
- Patir, N.M. and Dutta, T. 2018. Traditional knowledge of ethnomedicinal plants used by the Mishing community in Sivasagar District, Assam (India). *Plant Science Today*. 5(2): 65-71.
- Patir, B. 2018. Transmission of ethnomedicinal knowledge among the Mising community of Assam: A case study. *Journal of Ethnobiology and Ethnomedicine*. 14(1): 1-9.
- Panging, R. 2017. Indigenous knowledge of medicinal plants among the Mising tribe of Assam: Conservation and threats. *Indian Journal of Traditional Knowledge*. 16(3): 486-492.
- Panging, S.M. and Sharma, S. 2017. Studies on ethno medicinal and traditional healing practices among Mishing community of Desangmukh Gaon Panchayat, Sivasagar District of Assam, India. *Journal of Medicinal Plants Studies*. 5(4): 193-196.
- Sarmah, H. K., Baruah, A. and Saikia, S.P. 2011. An ethnobotanical study of Mising tribe living in fringe villages of Kaziranga National Park, Assam. *Journal of Life Sciences*. 1(4): 207-213.
- Shankar, R., Lavekar, G.S., Deb, S. and Sharma, B.K. 2012. Traditional practices and folk medicine used by Mishing Community of North East India. *Journal of Ayurveda and Integrative Medicine*. 3(3): 124-125.