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RELIGION AND TRADITIONAL HEALING AMONG THE
MANGER OF SIKKIM HIMALAYAS

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Abstract

This paper explores the intricate relationship between traditional healing practices and religious beliefs among the Manger community of the Sikkim Himalayas. Traditional medicine, profoundly embedded in the Manger cultural system, operates within both personalistic and naturalistic paradigms, where illness is attributed to supernatural forces or natural imbalances. Ritual specialists, the primary healers in this system, employ diverse therapeutic methods, including herbal medicine, massage, and magico-religious rituals, often invoking cardinal directional deities. The healer-patient relationship extends beyond biomedical concerns, encompassing social and spiritual dimensions, with family members playing an integral role in the healing process. The research study highlights the significance of traditional healers in addressing culture-bound syndromes and other health issues, emphasizing the continued relevance of these practices despite the presence of modern biomedicine. Through an anthropological lens, this paper sheds light on the interplay between spirituality, healing, and cultural continuity among the Manger people.



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1. INTRODUCTION

In many cultures, there is a shared understanding that ideas and practices related to illness and healing are closely intertwined with religious beliefs and practices (Glick 1967). There are profound connections between religion and health. Religious beliefs are deeply intertwined with health and health-seeking behaviors. They influence how individuals manage illness, make treatment choices, and adopt lifestyle practices such as dietary habits. The perception of divine or supernatural forces as contributors to illness, misfortune, and recovery plays a central role in shaping healthcare decisions. Therefore, religion has a significant impact on health.

Religion can also be shaped by personal experiences such as health crises, trauma, or the loss of loved ones. A deeply religious individual may lose faith after enduring hardships, while a non-religious person might turn to religion following significant life events. According to interviewed Manger traditional medical practitioners, illness, suffering, or personal tragedy often awaken a person's latent religious beliefs. In many instances, those battling severe illnesses become the most devout and spiritual. As Malinowski (1944:199) rightly noted, "The sick man, primitive or civilized, wants to feel that something can be done. He craves for miracles..."- reflecting the universal hope found in the sick.

In many societies, traditional medicine emphasizes the interconnectedness of physical and spiritual well-being. Healers often adopt a comprehensive, culturally rooted view of health. These healing traditions are embedded in spiritual beliefs and collective practices. Similarly, the early foundations of modern medicine were shaped by religious ideologies. For instance, Hippocrates, recognized as the father of modern medicine, is known to have advocated for astrological assessments before treatment, believing divine favor essential for healing success. (Rosangpuii 2011).

This paper explores the significant role of religion in traditional medical systems. It examines the indigenous knowledge of Manger traditional medicine, including the medicinal uses of various animal and plant products. Among the Manger community, Hindu adherents do not follow a distinct system of traditional medicine but rely on healing practices influenced by broader indigenous religious beliefs. In contrast, Manger Christians predominantly use modern biomedical systems. As explained by a Manger Christian interviewee, traditional healing once played a vital role due to the lack of accessible alternatives. However, modern medicine has become more common today. Still, when illnesses are believed to be of supernatural origin, Manger Christians may resort to prayer rituals in line with Christian beliefs instead of seeking help from ritual specialists- a tendency also observed in other religious communities.

In this research study, the term "traditional medicine" specifically refers to healing practices unique to the Manger community, particularly those grounded in indigenous spiritual beliefs.

Traditional medicine- also known as ethnomedicine, folk medicine, or indigenous medicine- forms an integral part of many cultural health systems, transmitted across generations. The World Health Organization (WHO) defines traditional medicine as:



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“The total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement, or treatment of physical and mental illness.” (WHO, n.d).

Ethnomedicine encompasses beliefs and practices related to diseases that originate from indigenous cultural traditions rather than modern medical frameworks (Hughes 1968:99). Foster and Anderson (1978) define ethnomedicine as the collective body of health-related knowledge, values, beliefs, skills, and practices among indigenous communities, covering both clinical and non-clinical aspects of healthcare. Bhasin (2002) similarly describes ethnomedicine as a long-established indigenous healthcare system prevalent in developing regions and among native populations.

Since ancient times, humans have sought ways to alleviate pain and treat physical and mental ailments as part of their adaptation to their environment. Various healing methods developed over time through trial and error. Eventually, certain individuals within communities became more skilled and knowledgeable in treating the sick and injured. These individuals took on specialized roles as healers, medicine men, or traditional practitioners, known by different names across societies. Besides hunting and gathering, healing is considered one of the oldest professions, and the role of healers exhibits universal characteristics across cultures (Foster and Anderson 1978).

Traditional medicine is deeply embedded in indigenous cultural systems and functions as a social institution, much like other societal structures. Rivers (2003) asserts that Indigenous medical practices should be examined as rational actions within the framework of prevailing cultural beliefs about disease causation. Traditionally, folk medicine has been passed down orally across generations, though in some cases, it has also been preserved in written records. This practice has played a crucial role in healthcare since early human history, long before the advent of biomedicine, and continues to be widely utilized in various societies.

According to the World Health Organization WHO (2005), traditional medicine continues to offer a widely accessible, affordable, and culturally meaningful form of primary healthcare for more than 80% of the population in Asia. In addition, WHO (2013) estimates that nearly 80% of the people in developing nations turn to traditional medicine for their primary healthcare needs, largely because of its natural foundation, perceived safety, limited side effects, and affordability. Likewise, within Manger society, traditional healing practices remain central to primary healthcare, with ritual specialists continuing to serve as prominent healthcare providers in this enduring medical tradition.

➤ **Ethnographic Setting and Methodological Framework**

The research study was undertaken among the Manger community of West Sikkim, a culturally rich Himalayan population where traditional healing practices remain deeply embedded in local cosmologies and health seeking behaviour. As an insider-researcher and native to the community, the researcher employed a reflexive ethnographic approach grounded in interpretivist



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anthropology, which enabled a nuanced understanding of indigenous epistemologies of illness, healing, and ritual authority.

Fieldwork was conducted over the course of one year, employing qualitative techniques, including participant observation, life-history narratives, and unstructured interviews with ritual specialists, traditional healers, patients, and their kin. These methods elicited a holistic grasp of the emic categories of illness, healing, and spiritual agency. Drawing on the interpretative models of Clifford Geertz and the holistic insights of Rivers and Good, the researcher employed “thick description” to elucidate the symbolic dimensions of healing practices. Visual ethnographic data, such as photographs of ritual specialist captured during my Doctoral Fieldwork 2019, are also integrated to enrich the interpretative depth of the study.



Fig 2.1 : Ritual Specialist (left)



Fig 2.2: Costumes of Ritual Specialist (right).

2. FUNDAMENTAL CONCEPTS

The concept of aetiology, or explanatory models of disease causation, is central to any medical system. Preventive measures, diagnostic methods, types of healers, treatment techniques, and other healthcare aspects are fundamentally shaped by beliefs about the origins of illness. Foster (1976) classifies these causation theories into two broad paradigms viz; ‘personalistic’ and ‘naturalistic’.

In the personalistic model, illness is attributed to the intentional actions of an agent, which could be a human (such as a sorcerer or witch), a non-human entity (like an ancestral spirit or malevolent ghost), or a supernatural force (a deity or other powerful being). Meanwhile, the naturalistic model explains illness as a result of natural influences or internal imbalances - such as exposure to heat, cold, wind, moisture, or disruptions in the body’s essential functions. In this framework, health is maintained through balance, which is influenced by an individual’s age, condition, and environmental factors.

Manger’s traditional medical system incorporates both personalistic and naturalistic paradigms in explaining illness. When symptoms suggest a personalistic cause, ritual specialists conduct suitable ceremonies before proceeding with herbal or biomedical treatments. Notably, even in modern societies, people frequently place offerings near sacred images or shrines, seeking divine intervention for health and well-being. These religious acts align with the personalistic model, though in a modified form. The key difference is that, in traditional systems, the supernatural



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forces receiving these offerings are often considered responsible for the illness, necessitating rituals to appease them.

Anthropological literature distinguishes disease from illness, treating disease as a biomedical phenomenon and illness as a socio-cultural construct (Fabrega 1974). While disease is framed as a biological condition, illness is viewed through the lens of cultural interpretation and personal experience. However, in practice, these categories are not always distinct. Humans are both biological and social beings, making it difficult to separate their physical conditions from cultural perceptions. Among the Manger, the terms disease and illness are often used interchangeably, and traditional medicine does not limit itself to treating only illnesses while leaving diseases to biomedicine. Rather, both concepts coexist within Manger's healing practices.

Another significant aspect of medical systems is the distinction between curing and healing. Though often used synonymously, some scholars differentiate the two—where curing is associated with biological recovery from disease, and healing encompasses the psychological, social, and spiritual aspects of health. However, this distinction is not absolute. It would be inaccurate to assume that biomedicine focuses solely on curing while traditional medicine exclusively facilitates healing. In reality, both systems incorporate elements of both processes. Traditional healers emphasize that healing extends beyond the physical, addressing emotional, psychological, and spiritual well-being. For instance, a patient suffering from a chronic condition may feel healed without being fully cured, while someone recovering from a physical injury may still struggle with psychological trauma. In Manger healing traditions, curing and healing are treated as part of the same holistic process, though healing is more commonly associated with treatments that involve emotional and spiritual dimensions.

The relationship between the body and soul is another integral component of the Manger medical system deeply rooted in animistic and shamanistic traditions. According to Manger beliefs, a living being is composed of three essential elements: the body, the soul, and the shadow of the soul. This concept is closely aligned with the spiritual traditions of the Manger and other indigenous Himalayan communities, where the soul is believed to have multiple aspects that influence health and well-being.

The body is believed to be made of five primary elements—fire, water, air, earth, and sky. A belief that echoes both Hindu and Buddhist cosmologies but is uniquely adapted within indigenous traditions. The soul is regarded as the life force, and its presence is essential for a person's well-being. Death occurs when the soul permanently departs from the body, while the shadow of the soul is thought to temporarily leave during sleep, travelling to different times and spaces. Dreams, in this worldview, are the experiences of the soul's shadow as it moves through these realms. However, there are moments when the shadow of the soul fails to return upon waking, the individual may suffer from physical or mental distress.

In such cases, ritual specialists perform ceremonies to summon it back, using chants, offerings, and symbolic gestures. This belief extends to sudden fear or trauma. A similar practice exists



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among the Mangers, where the ritual is performed to call back the lost soul, especially in children, where the mother or a ritual specialist symbolically calls back the child's soul by whispering their name and placing their hands on the child's chest. While offering protective prayers or sprinkling water to strengthen its return. This belief reflects the Manger people's deep-rooted spiritual understanding of health and illness. Rather than viewing well-being as purely physical, they see it as a combination of body, soul, and unseen energies. Even in the modern age, such traditions persist, showcasing the Manger community's enduring connection to their ancestral wisdom. A similar belief is found among the Burmese, where the Leip-bya (butterfly spirit) is thought to wander while a person sleeps and must return upon waking (Vossion 1891). Among the Burmese, it is even considered dangerous to awaken someone suddenly, for fear that their soul may not have had time to return.

The World Health Organization defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Scholars from various fields recognize that health includes not just the physical and mental, but often spiritual dimensions as well. However, the Manger community's perception of health presents a nuanced understanding. For the Mangers, a person is seen as healthy if they are physically fit, not experiencing pain or discomfort, and able to fulfil their daily roles- even if they are dealing with emotional or social challenges. For instance, someone mourning a loss may still be regarded as healthy as long as they continue to perform their responsibilities, despite emotional suffering. On the other hand, an individual who feels unwell and cannot manage everyday tasks is seen as unwell.

Rather than being a fixed condition, health is viewed as a fluid state that responds to life's ever-changing circumstances. If we define health strictly as the total absence of all physical, mental, and social difficulties, then very few individuals would be considered truly healthy. Periods of psychological, emotional, or social struggle are part of the human experience. Therefore, health should be regarded as a flexible and ongoing process, determined by how well individuals can function and adapt within their surroundings.

➤ **Health-Seeking Behaviour of the Manger People**

The health-seeking behaviour of the Manger people can be categorized into three interrelated components viz; common health knowledge and practices, modern biomedicine, and traditional medicine.

Common Health Knowledge and Practices: The first response to minor health issues among the Manger people is based on shared, widely accepted medical knowledge derived from both biomedicine and traditional medicine. This includes home remedies, herbal concoctions, and over-the-counter medications, which individuals rely on before seeking professional medical assistance. For instance, when experiencing a cough, cold, or fever, people often take Paracetamol tablets from local shops or prepare herbal decoctions using Malabar nut leaves or Yellow-berried fruits, both of which are native to the region and well-known for their medicinal properties. In such cases, neither biomedical doctors nor traditional healers are consulted unless the condition worsens.



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This common medical knowledge is rooted in collective experience and social advice, shaping everyday health practices. It is typically applied to ailments considered minor, such as fever, headache, cough, cold, or loose motion. As one 36-year-old woman explained, “I don’t feel the need to visit a hospital or clinic for loose motion. I usually take a tablet from the local shop, and sometimes that’s enough.” Similarly, local grocery stores stock medications for common ailments like fever, cough, cold, headache, and diarrhoea, making them a convenient first resort.

In addition to over-the-counter drugs, herbal remedies are widely used. For instance, a 62-year-old man added, “There’s no need to go to a clinic for a cold or fever unless it becomes severe, like typhoid. Drinking a decoction of Malabar nut leaves two to three times a day or taking some tablets from the shop usually works within a week.”

He went on to explain that, for him, herbal remedies are often the first choice, drawn from years of experience and wisdom passed down through his community. “In the olden days, we did not have all these modern medicines,” he said, “but we relied on what nature provided. A simple tea made from Malabar nut leaves, along with a bit of Tulsi or Ginger, has always been enough to clear up a cold. If I feel the fever coming on, I just drink the decoction, and within a few days, it’s gone.” He also shared that when muscle pain or body aches arise from daily physical work, he finds relief in a warm herbal bath, often infused with local plants like Neem which is known for its anti-inflammatory properties. His approach to health reflects a deep connection with the land and the environment, where nature’s remedies offer comfort and healing, often bypassing the need for medical interventions unless absolutely necessary.

In the Manger community, the benefits of herbs like Tulsi, known for its antimicrobial properties, and Ginger, which is often used to treat respiratory issues, are commonly acknowledged. Another widely used remedy is the yellow-berried fruits, which is believed to be effective in managing colds and coughs due to its anti-inflammatory and soothing quality.

These practices are deeply ingrained in the community’s approach to health, where nature’s remedies are trusted and integrated into daily life. Such herbal decoctions and simple remedies are seen as the first line of defence against minor health issues, reinforcing a strong connection between people and their natural environment. Through these practices, the Manger people continue to maintain their health with a blend of tradition and practicality, offering a unique perspective on how herbal knowledge is seamlessly woven into their everyday existence.

Modern Biomedicine and Traditional Medicine: When common remedies fail to resolve a health issue, individuals move to the next stage, which involves consulting trained medical doctors or traditional healers. Even ailments initially considered minor—such as fever, diarrhoea, or dysentery—may escalate to this level if they persist.

This pattern of seeking medical help follows what anthropologists call a “hierarchy of resort,” a concept introduced by Romanucci Schwartz in 1969. It describes the sequential process through which individuals seek cures for unresolved health issues, often beginning with lower-level healers before turning to specialized practitioners.



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In the Manger community, biomedicine and traditional medicine are not mutually exclusive but often complement each other. If a patient exhibits symptoms suggesting supernatural influences, they seek the expertise of a ritual specialist within traditional medicine. Conversely, if a person undergoing traditional treatment requires biomedical intervention, they transition to modern healthcare after completing the necessary rituals. This dynamic reflects a flexible and adaptive approach to health, where individuals navigate between biomedical and traditional healing systems based on the nature of their ailments.

➤ **Medical Pluralism Among the Manger People**

Medical pluralism refers to the coexistence and simultaneous use of multiple medical systems (Sikkink, 2009). This phenomenon is widely observed across societies, including among the Manger people, where both traditional medicine and Western biomedicine play essential roles in healthcare. These systems may function independently or overlap, but they share a common objective: ensuring the well-being of individuals.

Each system has its strengths and limitations. Modern biomedicine, while highly effective in treating many conditions, has little to no role in addressing ailments perceived to have supernatural causes. Conversely, traditional medicine, though deeply rooted in cultural and spiritual practices, has limited efficacy in treating diseases such as cancer, malaria, and tuberculosis or in cases requiring surgical intervention.

Rather than existing in opposition, these two medical systems complement each other. Biomedicine addresses conditions beyond the scope of traditional healing, while traditional medicine offers solutions where biomedicine falls short, particularly in cases involving psychological, spiritual, or supernatural elements. Depending on the nature of their illness, individuals may seek treatment from biomedical practitioners, traditional healers, or both. This dual approach ensures holistic healthcare, catering to both the physical and psychological well-being of the people.

➤ **Manger Traditional Medicine**

Manger traditional medicine is deeply intertwined with the indigenous religion and finds its origins in the creation narrative. According to interviewed ritual specialists, the supreme almighty is acknowledged in the cosmogony as the originator of the healing arts. Traditional medical practitioners are regarded as the custodians of this sacred knowledge, and they typically invoke this high divine spirit to ensure the effectiveness of their healing practices. This invocation is so integral that many healing incantations conclude with the phrase “This is the order of Guru (tutelary protector).” In this way, Manger culture has carved out a unique niche for its medical traditions.

Another notable aspect of Manger traditional medicine is its reliance on indigenous religious beliefs, which is evident in its treatment methods. It is explained that three directional deities—the guardian deities of the east, west, and south—serve as divine authorities for three specific treatment techniques viz; (i) manual massage therapy, (ii) the application of medicinal preparations



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made from plants, animal products, and other natural substances, and (iii) magico-religious treatments that involve oral magical formulas and ritual offerings. These three deities operate under the supervision of the guardian deity of the north, while the supreme almighty remains the ultimate source and ruler of all supernatural powers in the Manger pantheon. Consequently, the worship of this supreme deity is considered essential before any treatment is administered.

In practice, every treatment begins with the ritual specialist checking the patient's pulse at specific points- such as the tip of the index finger, or wrist - based on the symptoms displayed. This pulse diagnosis helps determine whether the ailment stems from natural factors or supernatural forces, guiding the selection of the appropriate therapeutic approach.

When it comes to diagnosing and explaining illness, Manger traditional medicine integrates both naturalistic and personalistic perspectives. Naturalistic causes are attributed to factors such as internal system malfunctions, altered physiological functions, or exposure to environmental elements like heat, cold, wind, or rain. In contrast, personalistic causes involve supernatural explanations, including breaches of taboo, encounters with evil spirits, contact with malevolent entities, or the influence of the evil eye- with the latter two being particularly common. Treatment usually involves indigenous medicines, predominantly herbal remedies prepared from plants, which are reported to be highly effective in curing a variety of diseases. In some cases, several herbal medicines might be combined to address a single ailment, and remedies derived from mineral and animal products are also employed.

➤ **Explanatory Models/Aetiologies in Manger Ethnomedicine**

Manger ethnomedicine recognizes various causes of illness, categorizing them into natural, environmental, physiological, and supernatural origins. These include:

- Illness caused by microorganisms – Diseases resulting from viruses, bacteria, or other microscopic pathogens. Diseases such as tuberculosis and malaria are believed to be caused by germs, and even cancer is thought to originate from these microorganisms. The primary method of treatment involves eliminating these harmful agents through appropriate medicines. Remedies prepared from plant-based and animal-derived ingredients are traditionally used, though Manger ethnomedicine has limited knowledge regarding the nature of germs, their transmission, and medical interventions for such infections.
- Illness caused by environmental factors – Conditions triggered by prolonged exposure to heat, cold, wind, dampness, or rain. Prolonged exposure to environmental elements- such as heat, cold, rain, wind, or damp conditions-can disrupt the body's natural balance, leading to illness. Maintaining equilibrium among the body's fundamental elements is considered essential for good health. Any disturbance in this balance increases susceptibility to diseases. Common ailments in this category include colds, fevers, and headaches. Treatment primarily focuses on restoring the body's internal harmony.
- Illness caused by organ dysfunction – Health issues stemming from the impaired functioning of bodily organs, such as diabetes or heart disease. Conditions such as diabetes, heart



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disease, and liver disorders fall under this category. These ailments arise when body organs fail to function correctly or experience irregularities in their operation. For instance, indigestion is viewed as a dysfunction of the stomach, where it struggles to process food properly. Treatments involve the use of medicinal preparations derived from plants and animal products, aimed at restoring and improving the function of the affected organs.

- **Illness caused by foreign substances in the body** – Examples include conditions like lithiasis, where unwanted elements accumulate within the body. Conditions such as lithiasis, including gallbladder, urinary tract, and kidney stones, are common examples of this category. Herbal medicines derived from various medicinal plants are used to address these issues, as they are believed to aid in flushing stones through the urinary system. Some of these remedies are also thought to prevent stone formation or reduce their size if already present. Traditional healers renowned for treating such cases have reportedly cure multiple patients using herbal formulations. Many individuals initially opt for these remedies, as they are affordable and widely believed to have no side effects. Consequently, people often prefer them over surgical procedures unless the condition become severe.
- **Illness caused by toxic substances** – This includes poisoning from contaminated food, as well as bites or stings from venomous insects, snakes, or other creatures. Toxicity from external sources can lead to a variety of illnesses in Manger ethnomedicine. This includes poisoning due to consumption of contaminated food or water, as well as bites or stings from venomous animals such as insects, snakes, or even certain plants. In such cases, treatment is focused on neutralizing or expelling the toxic substances from the body. Plant-based antidotes or healing concoctions are commonly used in these situations. These remedies are believed to have purging or detoxifying properties, which can help the body recover from poisoning or toxic exposure.
- **Illness caused by physical trauma** – Injuries, fractures, or dislocations that lead to health complications. Physical injuries, such as fractures, wounds. And dislocations, are also a significant cause of illness. Manger ethnomedicine recognizes the role of physical trauma in triggering health complications. In such cases, traditional healers use a variety of treatments, including herbal poultices, balms, and splints to aid in healing and reduce pain. Restoring physical balance and ensuring the proper alignment of the body's parts are key components of treatment. Often, massage and other forms of physical manipulation are employed to ensure that bones and tissues heal properly, and to prevent any long-term disabilities.
- **Illness caused by genetic inheritance** – Disorders passed down through hereditary factors. Inherited disorders are another important category within Manger ethnomedicine. Genetic conditions, passed down through family lines, are often viewed as the result of ancestral influences or the continuation of certain traits. These can include conditions such as hereditary eye problems, skin disorders, or mental health issues. Treatment for these



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conditions typically involves using natural remedies aimed at managing symptoms, as the belief in hereditary ailments often means there is a sense of inevitability attached to them. However, there is an understanding that maintaining a strong connection to nature and spiritual well-being can mitigate the severity of these inherited health issues.

- **Illness caused by supernatural forces** – Afflictions attributed to spirits, sorcery, or the influence of the evil eye. Supernatural beliefs form a significant part of Manger ethnomedicine. Illnesses caused by spirits, curses, or sorcery are perceived as afflictions that arise from the influence of non-material forces. These illnesses are often considered a form of spiritual imbalance or punishment, and they require specific spiritual or ritualistic interventions. Traditional healers may conduct ceremonies to appease spirits, remove curses, or counteract the effects of the evil eye. The use of amulets, prayers, and offerings is common in these practices, and the healer's role often extends beyond the medicinal to include a spiritual or moral dimension.

➤ **Illness Caused by Germs**

Diseases such as tuberculosis and malaria are believed to be caused by germs, and even cancer is thought to originate from these microorganisms. The primary method of treatment involves eliminating these harmful agents through appropriate medicines. Remedies prepared from plant-based and animal-derived ingredients are traditionally used, though Manger ethnomedicine has limited knowledge regarding the nature of germs, their transmission, and medical interventions for such infections.

➤ **Illness Caused by Environmental Factors**

Prolonged exposure to environmental elements- such as heat, cold, rain, wind, or damp conditions- can disrupt the body's natural balance, leading to illness. Maintaining equilibrium among the body's fundamental elements is considered essential for good health. Any disturbance in this balance increases susceptibility to diseases. Common ailments in this category include colds, fevers, and headaches. Treatment primarily focuses on restoring the body's internal harmony.

Illness Resulting from Organ Malfunction or Dysfunction

Conditions such as diabetes, heart disease, and liver disorders fall under this category. These ailments arise when body organs fail to function correctly or experience irregularities in their operation. For instance, indigestion is viewed as a dysfunction of the stomach, where it struggles to process food properly. Treatments involve the use of medicinal preparations derived from plants and animal products, aimed at restoring and improving the function of the affected organs.

Illness Caused by the Presence of Unwanted Substances in the Body

Conditions such as lithiasis, including gallbladder, urinary tract, and kidney stones, are common examples of this category. Herbal medicines derived from various medicinal plants are used to address these issues, as they are believed to aid in flushing stones through the urinary system. Some of these remedies are also thought to prevent stone formation or reduce their size if already present. Traditional healers renowned for treating such cases have reportedly cured multiple



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patients using herbal formulations. Many individuals initially opt for these remedies, as they are affordable and widely believed to have no side effects. Consequently, people often prefer them over surgical procedures unless the condition becomes severe.

➤ **Illnesses Caused by Poisonous Food Ingestion or Venomous Bites/Stings**

Traditional medicine has limited effectiveness in treating poisoning cases. However, traditional healers still play a role in managing minor incidents. The primary treatment approach involves extracting the poison from the bloodstream or neutralizing its effects. In severe cases, people rely on modern medical facilities. For venomous snake bites, individuals typically rush the patient to the nearest military facility, where anti-venom injections are readily available. However, in some instances, traditional healers attempt to treat snake bites using local plants and healing techniques, although these methods are considered less effective than modern medical interventions.

Illnesses Caused by Injuries, Dislocations, and Bone Fractures

These ailments result from accidents or unforeseen incidents and represent another area where traditional medicine has limitations. While traditional healers have methods to stop bleeding in minor injuries and accelerate the healing process, their role is minimal in cases requiring stitches or surgical intervention. However, certain traditional practitioners specialize as bone setters, using medicinal preparations derived from plants and animal products to aid in recovery. These specialists are particularly sought after in rural areas where modern healthcare facilities may not be easily accessible.

➤ **Illness Caused by Hereditary Factors**

These ailments are linked to genetics and are believed to be passed down from parents to their offspring. Epilepsy is a commonly cited example. Some hereditary conditions are thought to have supernatural influences, while others are attributed solely to biological factors. Cases without supernatural associations are often believed to result from irregularities in the blood, particularly due to prohibited marital unions. Marriages within the same lineage or clan are thought to increase the likelihood of such conditions appearing in future generations, even if not immediately. Some families may turn to traditional remedies, including specific herbal treatments or rituals, in hopes of alleviating or preventing hereditary ailments.

➤ **Ailments Attributed to Supernatural Forces**

This domain of illness falls largely outside the scope of modern biomedicine, making it a significant area of focus for traditional healing practices. Such ailments are deeply rooted in cultural beliefs and are thought to result from supernatural influences like spirits, the evil eye, or sorcery. These conditions are often marked by sudden behavioral, personality, or mental changes, distinguishing them from other illnesses. Ritual specialists diagnose such cases by examining the patient's pulse alongside visible symptoms. If supernatural forces are identified as the cause, specific rituals and offerings are performed to appease the responsible spirit or deity. Herbal treatments may be administered afterwards if deemed necessary. In certain cases, the illness may



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be viewed as a form of spiritual punishment, requiring atonement or reconciliation with the spirits through ritual offerings and prayers.

➤ **Approaches to Healing**

In Manger ethnomedicine, a single illness may involve both personalistic (supernatural) and naturalistic (biological or environmental) causes. For instance, an individual suffering from appendicitis or lithiasis may also be believed to be possessed by a spirit. In such cases, supernatural influences must be addressed before proceeding with herbal or biomedical treatment. It is widely believed that administering biomedicine before resolving supernatural disturbances can lead to severe mental distress, complications, or even death. This underscores the strong conviction that modern medicine is ineffective against supernatural afflictions, making traditional healers and ritual specialists essential in such cases. As a result, a balanced approach is employed, where both spiritual and physical elements are considered, and healing is often seen as a combination of restoring both the body's health and its spiritual well-being.

Manger traditional healing employs three primary methods of treatment:

1. Manual Therapy – Healing through massage and physical manipulation.
2. Herbal and Medicinal Remedies – Utilizing plant-based and other natural substances for treatment.
3. Magico-Religious Practices – Healing through rituals, incantations, and offerings to appease supernatural forces.

➤ **Healing Through Massage Therapy**

Massage therapy is one of the traditional healing practices in Manger ethnomedicine. This method is believed to be under the divine authority of the guardian deity of the East. Ritual specialists perform this treatment by massaging specific areas of the body, primarily the abdomen. Practitioners of this method are regarded as having a deep understanding of human physiology and anatomy. The practice is thought to help in balancing the body's internal energies, alleviating pain, and promoting overall well-being.

Massage therapy is commonly used to treat ailments such as muscle pain, back pain, abdominal discomfort, and stomach aches. However, this practice is now rare due to the increasing preference for biomedicine and the dwindling number of skilled practitioners. In earlier times, almost every village had experienced healers specializing in this method, but the lack of continuity in passing down their knowledge has led to its gradual decline. Despite this, some areas still maintain this practice, especially in rural communities where access to modern healthcare is limited. Additionally, these practices are often combined with other traditional remedies, such as herbal treatments, to maximize the healing effects.

➤ **Healing Through Plant, Animal, and Other Medicinal Products**

Another significant method in Manger ethnomedicine involves the use of plants, animal-derived substances, and other medicinal components. This approach is believed to be under the divine



Nisha Thapa Manger (2026). *Religion and Traditional Healing among the Manger of Sikkim Himalayas*. *International Journal of Multidisciplinary Research & Reviews*, 5(1), 97-116.

authority of the guardian deity of the West. Various ailments are treated effectively through remedies prepared from herbs, animal products, and other natural substances.

A distinct feature of this method is the versatility of medicinal plants, where different parts of the same plant may be used to treat multiple ailments. This practice showcases the extensive traditional knowledge of natural remedies that have been passed down through generations.

Magico-religious methods form the third fundamental treatment approach in Manger traditional medicine. In addition to massage therapy, herbal remedies, and other medications, Manger folk medicine incorporates spiritual and religious practices to address certain conditions. These methods include the incantation of spells, the use of oracles, healing rituals, prayers, and offerings of food items such as fruits, vegetables, and flowers to spirits or deities. The guardian deity of the South is regarded as the divine authority governing this form of treatment.

Common ailments treated through magico-religious methods include possession by the evil eye, misleading female spirits, witchcraft, or sorcery. Additionally, individuals exhibiting symptoms of becoming ritual specialists, experiencing possession by a deity, or coming into contact with malevolent spirits or deities seek treatment through these methods. From a biomedical standpoint, these disorders align with culture-bound syndromes- culturally specific mental and physical conditions. However, within the Manger cultural framework, these conditions are understood and treated from a personalistic and religious perspective, with collective beliefs leaning towards mystical causes. While outsiders may debate the validity of these experiences, for the Manger people, these afflictions are due to their tangible effects on individuals.

Culture-bound syndromes encompass psychiatric and somatic symptoms recognized as illnesses only within particular cultural contexts (Chhabra, Bhatia & Gupta, 2008). These conditions are characterized by distinct psychiatric symptoms and behavioural dysfunctions expressed uniquely in a given culture. They may or may not correlate with known mental or physical disorders described in other societies. Due to their cultural specificity, there is no universal terminology for these syndromes, as each society has its own set of symptoms and local terminologies. The concept of “Culture-Bound Syndrome” was formally introduced in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) by the American Psychiatric Association in 1994. It refers to recurring patterns of behaviour and distress that are specific to particular cultural contexts. These syndromes are often recognized as illnesses within their respective societies, bearing unique local names and understood through culturally grounded explanations related to their origins, symptoms, and modes of treatment (APA, 1994).

Assessing and understanding these cases requires consideration of the cultural backgrounds of both the examiner and the affected individual. The patient’s beliefs, perceptions, and ability to articulate their experiences significantly influence diagnosis and treatment. Within the Manger community, ritual specialists effectively address these cases, whereas modern medicine is often perceived as ineffective or even harmful. Consequently, the responsibility of treating such conditions lies



Nisha Thapa Manger (2026). *Religion and Traditional Healing among the Manger of Sikkim Himalayas. International Journal of Multidisciplinary Research & Reviews*, 5(1), 97-116.

predominantly with ritual practitioners, making it an integral aspect of Manger folk medicine today.

A significant proportion of these cases manifest as possession syndrome, wherein the spirit or deity exerts full control over the individual's body and mind. The possessed individual may exhibit behaviours reflecting the will of the spirit, such as altered speech and actions, or suffer harm without external expression. Three traditional methods are commonly used across cultures to treat possession: expelling the spirit physically through bleeding or beating, transferring the spirit to another body (usually an animal), and using conjurations, prayers, or appeasement rituals to drive the spirit out (Palmer, 2014). The Manger healing tradition primarily employs the last method.

Possession syndrome, often referred to as spirit possession, encompasses experiences where individuals temporarily lose their sense of identity and awareness of their surroundings. This phenomenon has deep historical roots and is found across many cultural traditions. Evidence such as prehistoric cave art portraying figures that are part-human and part-animal has been interpreted as depictions of shamans in trance-like states, resembling contemporary shamanic rituals (Clottes & William, 1998). Possession is explored through both religious-cultural lenses and psychoanalytic frameworks. Those undergoing such experiences may display symptoms like dissociation, memory lapses, mood disturbances, shifts in perception and identity, and changes in motor control. These individuals might demonstrate altered behaviours, unfamiliar speech, lack of bodily control, and a reduced sensitivity to pain, making it a multifaceted phenomenon that integrates neurological, psychological, and socio-cultural dimensions.

According to the DSM-5 (American Psychiatric Association, 2013), possession phenomena are categorized within dissociative identity disorder (DID), previously known as multiple personality disorder. The disorder is defined by disruptions in identity marked by the presence of two or more distinct personality states. In certain cultural contexts, these disruptions may manifest as possession, characterized by significant discontinuity in one's sense of self, behaviour, memory, consciousness, cognition, and sensory-motor functioning-either observable by others or experienced by the individual.

Similarly, the International Statistical Classification of Diseases and Related Health Problems, 10th Edition (ICD-10) (WHO, 2015) describes trance and possession disorders as temporary states of altered consciousness and identity, with the exception of those that are part of culturally accepted religious or ritualistic practices. However, these classification systems do not fully encapsulate the diversity of possession phenomena across cultures, as they largely reflect the biases of modern medicine. While some diagnostic categories hold universal validity, others fail to encompass culturally specific disorders, highlighting the challenges of cross-cultural psychiatric assessment.

Possession phenomena can be categorized into three types: fusion, where the spirit coexists within the individual; oscillation, where the spirit and individual struggle for control; and complete possession, where the spirit dominates the individual's body and mind. In most cases, another



Nisha Thapa Manger (2026). *Religion and Traditional Healing among the Manger of Sikkim Himalayas*. *International Journal of Multidisciplinary Research & Reviews*, 5(1), 97-116.

spirit, soul, or deity enters the individual, asserting control and expressing its will through them. Bourguignon (1974) identified three types of possession: non-trance possession (belief in possession without altered consciousness), trance possession (a spirit or deity temporarily replacing the individual's identity), and ritual possession (possession occurring within a religious ritual). Trance and ritual possession are prevalent across cultures, with evidence in 90% of 437 societies studied in the Americas, Europe, Africa, Asia, the Caribbean, and the Pacific Islands (Bourguignon, 1976).

Cohen (2008) further distinguished possession into executive and pathogenic types. In executive possession, the possessing spirit temporarily controls the individual's beliefs, desires, and behaviours. The affected person becomes an external manifestation of the spirit, which assumes control over their mind and bodily actions. In contrast, pathogenic possession causes physical and mental afflictions such as hallucinations, depression, headaches, and loss of appetite. These symptoms persist until the possessing spirit is identified and removed through appropriate rituals. Despite advancements in medical science, many native cultures, including the Manger people, attribute possession experiences to spiritual causes and rely on religio-cultural interpretations for treatment. Within the Manger community, the concept of "sitting on" by a deity is a recognized form of possession syndrome, particularly in cases where individuals exhibit signs of becoming ritual specialists. In such instances, the possessing deity assumes complete control over the individual, underscoring the significance of magico-religious methods in Manger's traditional medicine.

➤ **Traditional Medical Practitioners**

Throughout this research study, numerous references have been made to traditional medical practitioners. It is therefore fitting to provide additional insight into these figures. As established, ritual specialists serve as traditional healers and practitioners of Manger traditional medicine. While they possess knowledge of indigenous religions and healing rituals involving offerings, they do not become possessed by deities or perform priestly functions in religious ceremonies. Before the advent of modern medicine in this region, these practitioners were the primary source of healing for the people, helping them cope with disease and illness.

3. HEALER-PATIENT RELATIONSHIP AND THE ROLE OF FAMILY MEMBERS IN THE HEALING PROCESS

The healer-patient relationship in traditional medicine is intricate and extends beyond the physical well-being of the patient. A healer's concern encompasses not only the patient's organic body but also their social life and kinship network. This relationship becomes even more expansive in cases where supernatural elements are believed to be involved. For instance, when ailments are attributed to the evil eye or sorcery, the healer's focus extends beyond the patient to other members of society, as the cause of the illness is perceived to transcend the individual. The treatment process in such cases involves engaging with external factors and individuals beyond the patient alone.



Nisha Thapa Manger (2026). *Religion and Traditional Healing among the Manger of Sikkim Himalayas*. *International Journal of Multidisciplinary Research & Reviews*, 5(1), 97-116.

Healers maintain a close relationship with the patient's family and possess a deep understanding of their background beyond general knowledge about the patient. In traditional medicine, the value of a healer's service is not strictly measured in monetary terms. While the patient's family may offer Dakshina (cash or gift) to express their gratitude, this does not fully compensate for the healer's service. Instead, healers gain social respect, appreciation, and goodwill rather than direct economic benefits. There is no fixed fee for their services, nor do they seek financial gain; they humbly accept whatever the patient's family offers as a token of respect.

The role of family members and close kin is crucial in the healing process within traditional medicine. Although family involvement is also present in biomedicine- especially in mental health care- it is far more extensive in traditional healing practices. Unlike in biomedicine, where family members act as supporters rather than direct participants, they often take an active role in traditional healing procedures, particularly those involving rituals. Their involvement becomes especially significant in cases related to supernatural afflictions, such as spirit possession or the evil eye. Often, individuals are unaware of their affliction, prompting family members to take the initiative in starting the healing process and actively engaging in the associated rituals. Thus, within traditional medicine, the participation of family members and close kin is fundamental to the overall healing process.

4. LIMITATIONS OF THE RESEARCH STUDY

Despite the depth of insight achieved through immerse fieldwork, the present study is not without limitations. The research is geographically confined to West Sikkim, which may limit the broader generalizability of the findings to other Manger settlements. In addition, access to certain sacred and esoteric rituals was at times restricted, leading to partial documentation of specific ritual knowledge. Linguistic differences and subtle cultural nuances occasionally posed interpretive challenges, even with the support of local interpreters. Moreover, while the researcher's insider position contributed to a richer and more nuanced understanding of community practices, it also entails the potential risk of over-identification and selective interpretation.

➤ Implications and Contribution of the Research Study

This research study makes a significant contribution to the anthropology of health by documenting the culturally specific epistemologies of healing within the Manger community. It demonstrates that traditional medicine is not merely an alternative to biomedicine but a holistic framework that integrates social, spiritual, and cultural dimensions. The research underscores the importance of acknowledging indigenous medical systems within public health discourse and advocates for culturally responsive healthcare strategies. By foregrounding local voices and practices, this research study also contributes to preserving our ancestral heritage and enriches the broader dialogue on medical pluralism and cultural resilience.



Nisha Thapa Manger (2026). *Religion and Traditional Healing among the Manger of Sikkim Himalayas*. *International Journal of Multidisciplinary Research & Reviews*, 5(1), 97-116.

5. SUMMARY

Traditional medicine, or ethnomedicine, is an indigenous healing system that has been passed down through generations as an integral part of the Manger cultural heritage. Manger folk medicine holds a significant place in the community's healthcare practices, with ritual specialists serving as key figures in this system. The Mangers exhibit medical pluralism in their approach to health, which encompasses three overlapping domains: (i) common health knowledge and everyday practices, (ii) modern biomedicine, and (iii) traditional medicine.

The Manger traditional medical system incorporates both personalistic and naturalistic explanations for disease and illness. It identifies three cardinal directional deities as the divine authorities governing its healing techniques: (i) treatment through hand massage, (ii) treatment using medicinal preparations derived from plants, animals, and other natural substances, and (iii) magico-religious healing. These three healing techniques are overseen by the guardian deity of the north, while the supreme almighty is regarded as the ultimate source of all healing practices.

Traditional Manger healers effectively address various health concerns, including culture-bound syndromes, alongside other medical conditions prevalent in their community. Their role remains vital in preserving indigenous medical knowledge and providing holistic care that integrates spiritual, social, and physical dimensions of healing.

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➤ Notes

1. The ethnonym Manger is widely used throughout India although Magar is familiarized in Nepal.
2. The variation in nomenclature reflects the colonial and postcolonial administrative classifications, where Indian state records often standardized Manger, while Nepalese historiography and ethnographic writings retained Magar.
3. Despite the orthographic differences, both terms refer to the same ethnolinguistic group with shared Tibeto-Burman roots and cultural affiliations.
4. The distinction in names is also indicative of geographical belonging-Magar being closely associated with Nepal's national identity, while Manger marks a diasporic and localized identity within the Indian Himalayan region.
5. This duality sometimes results in differentiated perceptions of identity and belonging among community members on either side of the border.



Nisha Thapa Manger (2026). *Religion and Traditional Healing among the Manger of Sikkim Himalayas*. *International Journal of Multidisciplinary Research & Reviews*, 5(1), 97-116.

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8. PLAGIARISM POLICY

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