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Cultural Sustainability and the Preservation of Tribal Indigenous Knowledge of Healing

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ABSTRACT: The present study focuses on the cultural sustainability of the Hill Tiwa community of Umswai Valley in Assam and promotes preservation of their indigenous knowledge of healing. The present study implemented both explanatory and exploratory research designs. The primary data were collected through both participant and nonparticipant observation techniques, and the semi structured interview method was applied to understand the cultural beliefs and indigenous healing practices of the Hill Tiwa community of Umswai Valley. The study incorporates secondary data collected from a wide range of published sources. Although the cultural beliefs and indigenous knowledge of tribal communities may lack scientific validation, they continue to serve as important sources of cultural wisdom and social identity. To sustain the sociocultural identity of the Hill Tiwa community, knowledge should be properly documented and preserved. In the absence of systematic documentation, there is a considerable risk of permanent loss of the culture of healing.

1. INTRODUCTION

The Indigenous healing system is a core component of indigenous knowledge, which is still actively practiced today by the Hill Tiwa community. As Berkes explained, Indigenous knowledge denotes the age-old traditions and extensive knowledge of the local environment, ecological diversity and societal framework shaped by the local communities and indigenous people over time (Berkes, 2009). The Hill Tiwa community of Umswai Valley, Assam, uses indigenous medicines for primary health care services, which involve the use of herbs in drugs, juices and pasts and powder forms to treat illness, in addition to performing some cultural healing rituals. According to them, diseases are manifestations of deities, and those who suffer from the diseases recover by offering and blood sacrifices to appease them. The Hill Tiwa tribe believes that physical and mental suffering are the result of breaking taboos, failing to honor and haunt by the spirits in holy groves, and so on. In the Hill Tiwa community, the Ojas are traditionally identified as spiritual healers who perform ritual practices and provide remedies to overcome diseases. They rely on Ojas to perform the 'Mongola Sua' ritual to identify the reason behind the ailment. The Mongola Sua ritual is a divinatory practice used to uncover the underlying causes of a person's illness. The indigenous knowledge of healing practices plays a significant role in shaping and reinforcing the indigenous tribal community's cultural identity and social cohesion.

The Hills Tiwa community is an indigenous ethnic group of India that primarily settles in Assam and Meghalaya. In linguistically they are members of the Tibeto-Burman language group and ethnographically belong to the Mongoloid race (Senapati, 2020). The Hill Tiwas live in the Northeastern region of Meghalaya's Ri-bhoi district and the western most portion of Assam's Karbi Anglong district. Umswai Valley recognized as the region where the Gobha kingdom first emerged and settled. During the time of Tiwa Gobha Raja's reign, this place was known as the Lalung Hills. This location has many folk legends and archeological remains that show that the valley has been the home of the Hill Tiwa tribe for millennia (Baruah, 2021). The Hill Tiwa community acquired the majority of 4,846 people out of 6,614 in Umswai valley, which is situated in Amri Development Block of West Karbi Anglong district, Assam, India. Most of the Hill Tiwa community people now converted to Christianity and they no longer practiced their indigenous rituals and believe, but the people from the five villages: Bormajong, Satpani, Amkhalam, Amsai Pinong and Moro have still maintained their heredity. The total Tiwa

population of these five villages is 2,116. Apart from these five villages, the Hill Tiwa people of other villages in Umswai Valley have now converted to Christianity. However, the Hill Tiwas of these five villages are still practice their indigenous religion and follow their age-old healing practices as a part of their culture.

Table 1: Total households, total population and Tiwa population in selected villages:

Sl. No	Village	Total Household	Total Population	Tiwa Population
1	Bormajong	139	685	685
2	Satpani	58	264	264
3	Amsai Pinong	160	825	825
4	Moro	32	120	120
5	Amkhalam	48	246	222
Total		437	2,140	2116

Source: Amri Block Survey, 2016

Indigenous healing practice is a core component of the indigenous knowledge system, encompassing cultural beliefs and practices. The present study analyzes the cultural sustainability and preservation of the indigenous knowledge of healing practices of the Hill Tiwa community of Assam, India. Despite substantial developments in modern healthcare, and remarkable progress in diagnostics and treatment, many indigenous communities, such as the Hill Tiwa communities of Umswai Valley, living in geographically isolated regions continue to adhere to their traditional beliefs, customs and indigenous process of healing practices owing to limited access to medical facilities. The preservation of indigenous knowledge of healing practices is a major concern in maintaining a tribal indigenous community's cultural sustainability. Without documentation, there is a high risk of permanent loss. The conversion process also affects to maintain the sustainability of the indigenous tribal culture. Scholarly studies and systematic documentation of indigenous knowledge of healing practices are indispensable for preserving the cultural legacy and tradition of indigenous communities. This study is based on the following research questions: how does the preservation of the cultural tradition of the Hill Tiwa community contribute to the sustainable preservation of their indigenous healing knowledge? What are the major challenges faced by the hill Tiwa community in terms of the preservation of cultural sustainability and indigenous knowledge of healing?

2. MATERIALS AND METHODS

The study employed two types of research designs: exploratory and explanatory, to perform a systematic analysis of the cultural sustainability and preservation of indigenous healing practices of the Hill Tiwa community in Umswai Valley. The qualitative research design followed for the study and utilized both primary and secondary sources for data collection and analysis. The study was conducted among 100 respondents to obtain information on their indigenous healing practices and beliefs. The purposive sampling technique was employed to select respondents who had extensive knowledge of and experience with healing practices. Twenty respondents selected from each village: Bormajong, Satpani, Moro, Amsai Pinong and Amkhalam. The four Ojas and one famadi participated in the study; they provided insight into the (Mindai Songa) Mongola suwa the healing ritual practices. For secondary data collection, published books, scholarly journal articles, and official reports were reviewed. The primary data were collected via observation and interviews. Both participant and non-participant observation techniques and the semi structured interviews followed throughout the entire study to understand the cultural beliefs and indigenous healing practices of the Hill Tiwa community of Umswai Valley. Participant observation was conducted while observing the Mongola Suwa ritual performed by Ojas. Semi structured interviews were conducted in the local languages of Assamese and Tiwa as the majority of the respondents were unable to communicate. A case study was conducted on the five Ojas (indigenous healers) of Umswai to explore the Mongola Suwa ritual practices and their healing process.

3. RESULTS AND DISCUSSION

3.1. Cultural Beliefs of Indigenous Knowledge of Healing Practices of the Hill Tiwa Community

The traditional healing practice is a part of their indigenous knowledge system. The indigenous tribal people acquired this knowledge through the direct experience of the natural world, which orally passed generation to generation but not documented physically. Their knowledge of healing practices is strongly associated with the sociocultural values and traditions of tribal culture. This method of healing connects health with spirituality, beliefs and the local environment. Buddhadeb Chaudhari in his work “Tribal Health: Socio-cultural dimensions on Health” (1986) emphasized that magico-religious practices hold a significant position in the treatment of diseases. In most of the tribal indigenous communities, some of the causes of disease are believed to be the evil spirits or evil eyes. For example, they prefer to call Ojas or indigenous healers instead of consulting a doctor. In some cases, they still believe that the Western medical sciences are quite helpless against such supernatural forces, which can only be cured by performing sacrificial ritual performance and offerings (Tarafdar, 2017). From ancient times to the present day, the system of healing practices continued to be the primary form of healing in Umswai Valley. They still believe that the illness is the result of an imbalance between physical, spiritual, environmental and emotional factors. In their community, the people who engaged with traditional healing practices called ‘Oja’ acquired a highly respected position in their society. The World Health Organization also noted that traditional medical practices involve knowledge, skills and practices, which are based on practical experiences, beliefs and theoretical knowledge of different cultures (WHO, 2000). Certain traditional healing practices are connected to spiritual beliefs and ritual practices, which are considered sacred (Thakur, 1999). The indigenous Hill Tiwa community practices both herbal and spiritual healing practices to cure diseases. They collect different kinds of herbs from local areas and gloves for use in form of drugs, juices, pastes and in powders to treat various diseases. They also perform various ritual practices and sacrifice ceremonies as a part of their healing practices. According to the field study, 75% of the respondents considered Oja’s healing rituals as part of their cultural belief system and religious norms. They accept that they obtain positive results. In addition, the other 25% of the respondents still relied on traditional healing practices, which are limited by availability of modern health care facilities in that area.

They believe in evil eyes or ‘Shani loga’ and to recover they sacrifice animals and birds. They believe that violating taboos, disrespecting deities or the influence of the supernatural entities residing the forest are the causes of health related sufferings. It is believed that only offerings and blood sacrifices in front of deity or to ancestors can cure physical and mental sufferings. Before conducting the ritual process, Oja conducted the ‘Mongola Suwa’ ritual to determine the reason behind the health related issues. After identifying the cause, he performs the ritual practices and provides herbal remedies. This investigation revealed that 80% of the respondents still believed that evil spirits are the cause of diseases, whereas another 20% were still uncertain about it. The unexpected mishaps also considered the cause of evil eyes or Monos loga in their local language. Under such circumstances, they conduct rituals of blood sacrifice, offering Jhu (local wine of the Tiwa community) to their Kul devata (ancestral deity). To protect the victim from ‘Monos loga’ or evil eyes the family members conduct ‘Maal Daak’ and “Shani Daak’ rituals and sacrifice a pig or a pair of red birds. They also worship ‘Sat Bhuni’ (Seven sisters) and ‘Baro Bhuni Lakshmi’ (Twelve Sisters of Lakshmi deity), to protect themselves from fever, pox and other diseases.

3.2. Role of indigenous healers or ojas in healing practices

B.K.Gohain in his book ‘The Hill Lalungs’ asserts that the Ojas are proficient in magical practices and witchcrafts, they also act as the diviners who suggests cure of diseases and predict the future (Gohain, 1993). In Umswai Valley, the Ojas play an important role in preserving of indigenous knowledge of healing practices. As an Oja, the person act as a spiritual healer, engaging in ritual practices, worshipping local deities and the ancestral spirits to ride from evil eyes and prescribe herbal remedies. His duty is to protect community’s wellbeing. They act as bearer of the traditional healing culture and ritual practices of the community. In 1955, V. Elwin undertook an analysis of the relationship between culture and tribal indigenous healing. He emphasized that there is a close connection between medicine and the morality of religion and magic. He suggested that tribal people believe that unseen energies are associated with diseases in both human and animals. Most of these diseases can be cured only by appeasing the deity via Shamantic ritual practices.

The present study revealed that 82% of the respondents derived great satisfaction from their indigenous healing practices, whereas 18% of the respondents remained neutral. The Ojas performs the ‘Mongola Suwa’ divine ritual to identify the patient’s health related issues. The Mongola Suwa ritual practice is locally known as Mindai Songa in the Hill Tiwa language. Ojas adopted various methods to perform the Mongola Suwa ritual. During the field study, one Oja used cowrie shells (ancient marine snail shells). Specifically, 16 cowrie shells, were used, and four cowries were spread in four directions into a bamboo tray (a dola) and chanted mantras to predict the future. While visiting another Oja, he used rice to make predictions.

He placed the rice on a plate and made a pattern on the plate by chanting mantras. Another Oja used the egg of a local hen, where he chopped that egg by reciting some mantras. According to their belief, if the egg yolk turns black, it signifies possible risks. Some Ojas used Rudraksha mala to make future predictions. When someone approaches for Mongola Suwa to Ojas, they must bring a bottle of Jhu or wine, a packet of incense sticks (dhoop), four betel leaves and areca nuts. Before conducting the ritual, he burns the incense sticks and offers betel leaves and areca nuts to the Kul Devata. After conducting the ritual, he pours few drops of wine in the ground as offering to their Kul Devata (ancestral deity). If someone is suffering from serious disease and unable to receive relief, they approach the Ojas. By doing Mongola ritual, he predicts the cause of suffering. Most of the time, they perform both ritual practices and provide herbal remedies to cure diseases. In the Hill Tiwa community, Ojas acts as a spiritual healer and herbal medicine provider to cure from the diseases. B.K. Gohain in his study on 'The Hill Lalungs', highlighted that when a family member suffers from chronic illness, the Hill Tiwa community performs the Moral Puja ritual. On the premise behind the house, they conduct the ritual, where the seven circles created by using rice flour, charcoal powder and turmeric. One egg has placed at the middle of the circle. Oja chants mantras and crack the egg at the center, if the color of the yolk turns black; it is evokes a sense of danger. An abnormally black yolk signifies a sense of danger.

3.3. Role of Famadi

The Hill Tiwa people have profound faith on 'Famadi', the Mother Tantrik. Famadi are the individuals, who possess by deity or spirits. The indigenous Hill Tiwas believe that they have the ability to communicate with ancestral spirits and depart souls. She can also believe that she has the ability to provide insights into future events. Local people visit her to seek solutions to their problems, particularly health related issues. At present there are two Famadis who are engaged in healing practices in Bormajong and Satpani village of Umswai valley.

In Hill Tiwa community, thirteen days after the person's demise, the family and close relatives gather at Famadi's residence as part of traditional funeral rites. At Nabar (the prayer hall), she performs a ritual to communicate between the soul/ spirit and their family members. During the state of spirit possession, the spirit communicates its desire to consume the deceased's favor foods through the medium or Famadi. As a part of the ritual, the offerings are prepared in accordance with the deceased's tastes and food preferences. During the possession, ritual which performs as the spiritual medium consumes the food offered to the departed soul. This ritual establishes a communication by which the departed soul can conveys messages to the family. Sravana Borkataky- Varma (2017) highlighted that the Famadi (mother tantric) bless with the ability to communicate between the living world and the spiritual world. Like Hindus, they did not perform the Shradh ceremony, instead they consulted Famadi. She followed a structured ritual process by which Hill Tiwas was able to fulfill their emotional and spiritual needs. In addition, people consult her whenever unforeseen misfortunes, accidents, or conditions attributed to the evil eye.

3.4. Cultural Significance of Indigenous Knowledge of Healing

Dr. Syed Abrar and Sameena Sindagkar (2025) emphasized that the rich heritage of traditional medicine in India, encompassing diverse systems such as Ayurveda, Unani, Siddha and Naturopathy, reflects various aspects of the healing system, especially among tribal communities. Traditional healing practices are deeply rooted in long-standing cultural values and spiritual traditions of tribal communities, and remain an essential component of the primary source of healthcare by offering affordable, cost effective and culturally accepted forms of treatment. Traditional healers, who hold a prominent place in tribal communities, apply culturally transmitted knowledge and locally available medicinal resources to manage health concerns while sustaining the continuity of tribal cultural traditions and sustainability. Indigenous knowledge of healing not only reflects tribal cultural heritage but also defines the identity of a tribal community. At present, the growing prominence of the modern medical system diminishes the status and legitimacy of indigenous tribal healers or Ojas and reduces the social acceptance of indigenous healing practices. Tribal communities encounter significant legal and ethical considerations in the context of traditional medicine, particularly concerning intellectual property rights and the commercialization of indigenous knowledge. Safeguarding indigenous knowledge of healing practices while accommodating the contemporary legal framework remains a complex issue for tribal communities. Community based documentation initiatives and the preservation of tribal indigenous knowledge of healing play significant role in preserving, protecting and transmitted their indigenous tradition to future generations.

The government and community leaders can take initiatives such as conducting training programs for indigenous healers and campaigns to promote awareness to preserve their indigenous knowledge of healing. The collaborative approach of modern health care and traditional knowledge of healing practices can enhance healthcare facilities in tribal remote areas. Policy makers should adopt strategies to recognize the importance of the traditional healing system of tribal communities, while promoting inclusive healthcare policies that value pluralistic medical systems. The increasing presence of self-proclaimed indigenous healers who claim to be 'Oja' has become a matter of growing concern. They exploit individuals by offering deceptive treatment for economic benefits. Such practices raise important ethical concerns and highlight the need for public concern. However, these cases should not overshadow the values and authenticity of traditional healing practices that have evolved over generations. Genuine traditional healers never demand for money.

3.5. Indigenous Knowledge of healing practices and Cultural Sustainability

The knowledge of the healing practices of the hill Tiwa community serves as a sociocultural institution, which is a part of their indigenous religion. Indigenous knowledge in tribal communities is passed down from generations through the narratives, taboos, myths and cultural practices and beliefs. In terms of health and medicine among the tribes of India, Kumar (1993) highlights the importance of ethnicity. The health profile of tribal communities is elaborated in relation to their tribal identity and a sociocultural phenomenon shaped by long-standing historical processes inherent in biological characteristics (Kumar, 1993). Prior to the advent of contemporary healthcare practices, the Hill Tiwa people relied on their healing ritual practices, sacrifice ceremonies and locally available herbs. According to the present study, 53% of the respondents are frequently dependent on indigenous healing practices. Another 31% of the respondents occasionally perform the ritual of healing practices. Only 13% of the respondents rarely relied on ritual healing practices but preferred to use herbal remedies to cure them. Dr. Mohan and Jayanti Majhi in their work 'Indigenous knowledge system', assert that preserving cultural heritage and promoting sustainability is a wide-ranging approach for the wellbeing of society, the economy and the environment, which aims to satisfy the current needs without affecting the capacity of future generations to fulfill their own interest (Dr. Mohan and Jayanti Majhi, 2024). Preserving and protecting cultural heritage is essential for human civilization. It is our duty to keep in touch with our traditional culture, customs and religious values by documenting them, which will be beneficial for the upcoming generations to know about their history and cultural values. It will also be beneficial for the policy planners to take a dynamic approach to avoiding unintentional damage to their culture and environment (Boven and Morohashi, 2002).

3.6. Challenges faced in preserving cultural sustainability and Indigenous knowledge

Protecting and preserving of the indigenous knowledge is essential for preserving the identity of a community. Saransh Kumar Gautam in his study 'The Role of Indigenous Knowledge in biodiversity Conservation: Integrating Traditional Practices with Modern Environmental Approaches' emphasized that in the modern era, Western scientists and policy institutions frequently dismissed indigenous knowledge systems. The impacts of colonization and modernization are the reasons behind the displacement of indigenous people and environmental degradation (Saransh Kumar Gautam, 2019).

Cultural Disruption: The Hill Tiwa people of Umswai Valley, who converted to Christianity and distance themselves from their indigenous cultural practices and belief system. The conversion process negatively influences indigenous tribal cultural sustainability. In Umswai Valley, in addition to the five villages: Bormajong, Satpani, Amkhalam, Moro and Amsai Pinong, the hill Tiwas of another sixteen villages now converted to Christianity and refuses to follow their ancestral religious traditions and healing practices. However, owing to the scarcity of the modern health care facilities they still rely on local herbal remedies for primary health care.

Limited Documentation and records: Indigenous knowledge is passed down orally from generation to generation. Inadequate documentation and records are associated with a high chance of permanent loss. The indigenous knowledge of healing and cultural belief is a part of cultural identity, which should be documented and preserved for the future generations.

Scientifically unproven: Indigenous knowledge is often dismissed as unscientific. Science promotes in-depth study of the circumstances rather than promoting cultural sustainability and values (Bohensky and Mares, 2011). The indigenous knowledge offers a different perspective on nature and science that contrasts with western scientific analysis. These kinds of knowledge are often criticized for their lack of scientific validation but it is important to understand and respect different perspectives to promote cultural sustainability.

Migration: There are no colleges for higher education in that valley, because students often have to travel to other towns or cities to pursue their studies. However, inadequate transportation infrastructure and poor financial conditions often hinder to continuing their education. Those who have the opportunity to pursue higher education find work opportunities in outside of the valley; they often become less engaged with their traditional cultural practices and beliefs. It is one of the key causes behind the erosion of indigenous knowledge and their cultural practices.

There is an urgency to sustain indigenous knowledge of different tribal cultures, as they are gradually disrupted due to modernization and globalization (Saransh Kumar Gautam, 2019). In India, the National Educational Policy (NEP-2020) highlights the importance of preserving the preservation of the indigenous knowledge system in shaping a country's educational framework (Pavan Mandavkar, 2025). This policy encourages students to learn about Indigenous knowledge Systems (IKSs) along with modern science and technology (G.D. Kottapalle, 2024).

4. CONCLUSION

The indigenous healing practice of a tribal community is a part of its indigenous knowledge system, which reflects its cultural identity. The Hill Tiwa community of Umswai Valley still practices their ancestral religious rituals and for primary health care, they rely on their indigenous healing ritual practices and herbal remedies. They believe that the cause of disease is a spiritual imbalance or a disruption in the relationship between humans and nature. They perform purification, sacrificial rituals and offerings, chant mantras and use herbal medicines to recover from diseases. These processes of healing not only are associated with the cure from diseases, but also act as a part of their cultural and social processes. It is not a scientifically proven but culturally accepted process of healing. In Umswai Valley, several problems, such as a shortage of medical services, poor communication infrastructure and mobile networks often fail to connect properly. The Umswai valley has two sub centers, one located in Amsai Pinong and another in Bormajong village. Bormajong village sub-center is in a neglected state. Essential medicines are available at Umswai Ayushman Arogya Mandir under Umpanai BPHC, which also offers emergency primary medical services, including the management of delivery cases. Only one doctor is serving as the in-charge, assisted by one ANM and ASHA worker. However, for serious medical emergencies, patients are required to travel two to three hours to access advanced medical care in the city. There are only three pharmacies in the area. The pharmacy in Umswai Model village has a limited supply of medicines and another pharmacy at Shikdamakha is currently nonoperational. The pharmacy at Amkhalam village caters to the medicinal needs of the entire region by supplying essential medicines. The region has inadequate road infrastructure, and the construction work is still underway. Public transportation is limited, as only one bus service is available from Umpanai and Umswai to Guwahati, departing in the morning and returning in the evening. To obtaining essential goods, local residents must travel to highway areas via the old model Tata Sumo vehicle model because of the limited availability of public transport. For the primary health care, the hills Tiwas trust in the enigmatic healing powers of the Ojas and herbal remedies. Given the limited communication infrastructure, such as Umswai Valley, several rural and hilly areas are still exist in Assam where people rely on their traditional healing practices.

Both the scientific and indigenous perspectives are based on distinct philosophical viewpoints, methodologies and criteria. Modern societies refuse to accept the indigenous knowledge of tribal healing practices, even scientifically, these practices are not recognized but in indigenous tribal culture, they take a significant place. Morgan (2006a,b) highlighted in his study that it is imperative to integrate the two perspectives without damaging the fundamental values and principles of both. This study will encourage future researchers to coordinate of indigenous knowledge and scientific methods to address existing global issues, especially healthcare, agriculture and environment conservation.

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AUTHOR CONTRIBUTIONS

Dipshikha Rabha: Wrote the paper.

Dr. Nabarun Purkayastha: Supervision, Review & Editing.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

ETHICS STATEMENT

The study adhered to the ethical principles for social science research.

DATA AVAILABILITY STATEMENT

The datasets analyzed during the present study are available from the corresponding author upon reasonable request.

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