A study of Health in the Mishing tribe of Golaghat District in Assam, India

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Abstract:

According to the constitution of WHO (1948) "Health is a state of complete physical, mental and social well bring and not merely absence of disease or infirmity". This broad concept of health implies a perfect harmony of man's internal environment with his external environment consisting of physical, chemical, and biological surroundings. It can be measured based on the parameters like sex ratio, literacy, marriage practices, age at marriage, fertility, mortality, life expectancy at birth, nutritional status and mother's health, forest ecology, childbearing and maternal mortality, maternal and child health care practices, family and welfare programs, sexually transmitted disease, a genetic disorder, etc. The health of a society is intimately related to its value system, its philosophical and cultural tradition, and its social, economic, and political organization. Since health is influenced by all these aspects it is not possible to raise the health status and quality of life of the people unless such efforts are integrated with wider efforts to bring about an overall transformation of the society as a whole. So, the health problems and practices of any community are profoundly influenced by the interplay of social, economic, and practical factors. The common beliefs, customs, and practices connected with health and diseases are intimately related to the treatment of disease (Bali 1988). The influencing factors related to both internal and external environments vary from the community in a vast country like India and, therefore, there is found a variety of health among communities. Tribal health which represents the best of this conception is found changing. Hence, this study tries to understand tribal health in the context of the Mishing.

Keywords: Health, Tribal, Mishing, Assam.

Introduction:

Health status of the tribal people is very poor. The infant and maternal mortality among the tribal groups are comparatively greater than the non-tribal population. The unique problems of health, nutrition, and medico-genetics of the diverse tribal groups, inhabiting widely varied geo-climatic and ecological conditions. Hence, the subject 'tribal health' assumes much significance. Distinctive health problems of the tribal populations are mainly governed by their habitat. They are exposed differently to various climatic and environmental conditions. Social attitudes, varying belief systems, and governmental negligence have created a gaping disparity in the health status of tribals throughout India. Genetic abnormalities and infectious diseases are rampant in the state of Madhya Pradesh, Maharashtra, Tamil Nadu, Orissa, and Assam. Additionally, malnutrition, birth disorders, and gastrointestinal diseases are pervasive among tribal

populations and stark deficiencies are found in the amount of calcium, Vitamin A and Vitamin C, causing dismal health conditions.

In Assam, the tribal groups form an important element in its ethnically, linguistically, and culturally heterogeneous population. Their population constitutes 12.8% of its total population (census 2001). The tribal people in the hills and plains form about one-eighth of the total population, more than 86% of the population in the hills, and more than the fifths of the total area of the state. In the state the scheduled Tribes usually living in the eight plains districts, termed as scheduled Tribes (plains), are distinct from the scheduled Tribes (Hills) usually living in two Hills districts; namely Dima Hasao and Karbi Anglong. Problems of health among the tribal groups of diverse socioeconomic, socio-cultural and geographical conditions in Assam pose a challenge as much as in India as a whole. On the one hand, the tribal groups have had centuries' old health care system while in course of increased interaction with non-tribal modern health care systems has been influencing their traditional health system, on the other hand. The emerging scenario of tribal health poses a host of problems in terms of the conception of health, disease and etiology, health status, health-seeking behavior, health care system and changes, and health needs and problems in India as well as in Assam. Hence, there is a need to examine tribal health in the changing scenario in India in general and in Assam in particular.

The Mishing:

The Mishing tribe of Assam forms a fragment of the greater Mongoloid horde occupying the hills and vales of North-Eastern India. Sir George Grierson (1927) has categorically divided these Mongoloids into (a) primitive long-headed, (b) less primitive short-headed, and (c) Tibeto-Mongoloids. Linguistic researches reveal that the Mongoloids of India, excluding only the Khasis and jayantias, speak Sino-Tibetan languages; and the Mishings who form a fraction of this race, fall in the category of Tibeto-Burman speakers of the greater Sino-Tibetan groups (Chatterji 1974). The original habitat of these people appears to have been north-western china, covering the courses of the Yang-tsze keang and Huang-Ho river. Migration of these Sino-Tibetan speakers of central Chinese region towards south and west possibly had started since pre-historic times but, as asserted by S.K Chatterji, certain large scale influx seemed to have begun in the early part of the first millennium B.C. Following the course of the Brahmaputra, Sindwin, Irrawadi, Salwin, Mekong, and Menam and the mountain passes of Assam and Burma (Myanmar) these people entered Assam and drove away its original Mon Khmers into different regions (Grierson 1927). Besides some parts in Nepal and Tibet, the newcomers occupied regions of the Himalayan foothills of Assam and gradually scattered even to the plains along the banks of the Brahmaputra. It is a fact that their migration took place at different periods of history, but his contention that 'most of them', if not all, came after the intrusion of the Aryans from the west (Chaudhury 1987).

The Mishing had a distinct role to play in the economic history of the land. The methods they applied in cultivation are less productive and as such their basis force of economy remained always weak. This riverine tribe living amidst the Assamese people for the last seven centuries through many changes in the

political and socio-religious life Assam has been centuries through many changes in the political and socio-religious life of Assam has been able to keep its dialect. Those Mishings who have no dialect of their own might have forgotten their dialect as they have mixed with the non-Mishing people since time immemorial, or it might so happen because a large number of non-Mishing people have come to the fold of the Mishing. Such people are mostly found in the Golaghat districts of Assam. Although their cultural-religious life has been influenced by that of the neighboring people during all periods, this still maintains many of its fundamental social customs, traditions and religious beliefs (Encyclopedia of Indian Tribes: Assam and Manipur 2000)

The Mishings are peace-loving people. Both men and women are hard workers. The women are comparatively more hardworking than men. In rural areas, generally, they remain engaged in households and agricultural activities and look after cattle breeding (pig and fowl), for extra income, from morning to evening. Cooperation among the villagers is an important feature of the Machines. *Riko-ge'nam* and *dagle'kaalek* are some of their co-operative activities organized by a family whenever there is a need. For instance, when a person is unable to cultivate his fields due to some reasons, he may request the villagers for co-operation (rigbo goknam). To keep his request, the villagers will help him according to their capacity of time. For the construction of a new house, the owner may inform the villagers in advance, and accordingly, the villagers will help him (Bordoloi 1987).

Generally, the Mishing villages are always established on the bank of the river. No Mishing villages are therefore seen far away from any river and because of this; the Mishings have to face the furies of the river every year. Besides, they have to lead a nomadic life. The Mishing houses are built on platforms raised about five feet above the ground. Previously the houses were built temporarily because the Mishings had to face the ravages of floods every year. But today this position has changed to a considerable extent due to the construction of the embankments by the Government.

Among the Mishings, many families peacefully live together in a single house. All members abide by the orders of the head of the family. Both men and women are equally hard working. Besides helping their menfolk in the fields, the women weave cloths, cook meals, and collect edible roots and vegetables from the forest. The Mishing is broadly known by two divisions; namely, Barogam and Dahgam . Kinship System of the Mishings is broadly descriptive. Under a descriptive system, one term refers to only one relation. It describes the exact relation of a person towards another. The Mishings are endogamous but they are exogamous with regards to sub-clan. Broadly speaking the Mishings have two forms of marriage; namely, *Midang* and *Duglalanam.* Both forms are equally binding. In the Mishing society, cross-cousin marriage is also prevalent.

The Socio-Historical Setting:

Assam is a northeastern state of India with its capital at Dispur in the city of Guwahati. Located south of the eastern Himalayas, Assam comprises the Brahmaputra and Barak river valleys along with the Karbi Anglong Hills and North Cachar Hills with an area of 78,438 sq.km. It is surrounded by six out of these region's eight states; namely, Arunachal Pradesh, Nagaland, Manipur, Mizoram, Tripura, and Meghalaya of the northeastern part of India. Assam also shares international borders with Bhutan and Bangladesh as well as shares cultures, people, and climate with south-east Asia which is currently an important element in India's Look East Policy. Assam is also known for its tree forest products, much depleted now. A land of high rainfall, Assam is endowed with lush greenery and the mighty river the Brahmaputra, whose tributaries and oxbow lakes provide the region with a unique hydro-geomorphic and aesthetic environment.

Golaghat district, the land of Doyang-Dhansiri rivers, was part of the ancient kingdom of the Kamrupa and, then, of the Kachari and the Ahom Kingdom. From the ancient time, the land has been well-known as a great center of political activities and a great repository of artifacts of ancient culture and glory as evident from the extensive ruins of ancient buildings, temples, walls, ramparts, tanks, stone images scattered in different parts of the Doyang-Dhansiri valley. The district situated almost in the middle of the state of Assam is surrounded by the beautiful hills of Karbi –Anglong in the west and Naga Hills of the south. The mighty Brahmaputra flowing from the East to the west demarcates its northern boundary. The land is undulating with small hills, hillocks, and river basins. It is within the temperate region and having a suitable climatic condition with a monsoon type climate prevailing throughout the year. The total area of the district is 3502 sq.km.(census 2011) and divided into 8 categories; namely, forests (156905 hectares), land put to non –agricultural uses (42756 hectares), barren and uncultivable land (8476 hectares), permanent pasture and grazing land (8314 hectares), cultivable waste (5801 hectares), etc. A small fraction of the land comprises net area sown (source: statistical Hand Book Assam 2011).

Golaghat town is the main town of the district. The town has a population of 1,066,888 of which males and females were 543,161 and 523,727 respectively. The average sex ratio in the Golaghat district is 964 per 1000 males. Total literate in Golaghat District were 721,764 of which male and female were 396,475 and 325,289 respectively. Out of total Golaghat population for 2011 census, 9.16 percent lives in urban regions of the district and 90.84 percent lives in rural areas of villages.

Review of Literature

Basu, Jindal, and Kshartiya (1994) inform that the concept of health embodies different meaning in different social systems and the health-seeking behavior of a community cannot be studied in isolation from the social network of a community as it is deeply interwoven into every event of social, economic and biological aspects of a population. Each of these aspects has a deep influence on health. Mahapatra(1994) feels that in the context of socio-economic constraints it may be realistic to handle the concept of health in a bipolar nexus. The concept of health in almost all tribal societies is a functional one and not clinical. Health

is threatened not only by the spirit but also by persons producing evil. Usually, health is a part of bipolar conceptualization and is juxtaposed to the disease at the other place. That is why health and grossly conceived diseases are paired polar concepts. According to him, in the concept of health of the tribal people, two components are present almost universally. Firstly, the individual may be committing or omitting certain acts which may bring upon the individual or the household some affection. Secondly, there is a belief in some benevolent and malevolent spirit and ghosts.

Sachchidanada(1994) writes that health is man's natural condition, which is now recognized as a birthright of all citizens. It is the result of living following natural laws of body, mind, and environment. These laws relate to fresh air, sunlight, exercise, relaxation, sleep, cleanliness, elimination, right attitudes of mind, and above all lifestyle. He views the field of tribal health in two main aspects: a) as a cultural complex, i.e., a complex of material objects, tools, techniques, knowledge, ideas and values and (b) a part of social structure and organization, i.e., network of relations between groups, classes and categories of persons. The traditional system can be seen as a system of values, beliefs, knowledge, objects, tools and techniques, and an organization of roles, activities, and relationships. These have to be studied concerning their distinctive notions of different aspects of diseases, health, food, human anatomy, and facility, their medical techniques, particularly for making diagnosis and prognosis. The other approach to the study to the traditional systems would be to view it in the process of interaction. This will give us an idea as to why some elements of the modern system are accepted and others are rejected He feels that in India the attention on tribal health is not adequate. This is because of two reasons: (i) the general belief that tribal people are living close to nature and they enjoy an environment which is conducive to good health; (ii) the tribal people are regarded as not very amenable to the western systems of medicine as they still depend very much on supernatural cures and (iii) the difficult terrain which they occupy is difficult to adequate access of health services.

Anadraj(1995) observes that among the diseases of genetic etiology that affect the tribal community of India sickle cell anemia stands out as a major one, because of maternal malnutrition, nutritional anemia, malnutrition of pregnant women and their nature of the workload, the complication of pregnancy and childbirth, the distribution of food within the family and its effect on the nutritional status of women, primitive practices of parturition, maternal mortality, birth weight of children, nature of maternal and child care practices, attitudes towards family planning and prevalence of sexual diseases. This disease involved a shortened life span of the red cell leading to severe and often fatal anemia.

Naik(1972) and Ahluwalia (1974)surveyed medical anthropological literature dealing with especially the tribal and rural communities. They opined that very often people do not utilize the medical facilities available to them because of the low cost and easy availability of indigenous medicines. Besides a description of their beliefs and practices about illness and medicine, and the interaction between modern and traditional medical systems also form an important aspect of the study. Verma and Babu(2007) discuss the community's acceptance of and perceptions of contraceptive services provided by the district health system among the tribal and rural population of Andhra Pradesh, India. In their study, they find that around 72% of

tribal women and 855 rural women in Andhra Pradesh have used, or currently using contraception. According to them, the predominant method among both tribal and rural areas is female sterilization, i.e., tubectomy. These results suggest that despite the increased emphasis on contraceptive choice and spacing method in government program female sterilization continues to dominate the method-mix, and the spacing method still accounts for only a negligible amount of contraceptive use.

Goswami, Soki, Jaisi, Das, and Sarma(2009) made an analytical study on the traditional health practices in the Tagin tribe of Upper Subansiri district of Arunachal Pradesh. In their study, they enlisted almost 10 medicinal plants used by the traditional medicinal practitioners of the Tagin tribe for use in traditional medicine. They use some parts of those plants such as leaves, fruits, bark and stems for treatment of ailments like diarrhea, jaundice, wound healing, fever, etc. Saikia(2006) describes the traditional knowledge related to ethnomedicine of different tribes, e.g., Bodo, Mishing, Nepali, and Santhal of Gohpur of Sonitpur district of Assam. He identified 20 plant species belonging to 17 families. In the study, a total of 22 prescriptions of indigenous medicinal plants are recorded which are popularly used by them.

Ajayppan(1965) made a few general observations on the health problems of the villagers and showed how the caste factor influences the doctor-patient relationship. He also explained how ecological factors like lack of sanitary facilities, poor quality of drinking water and air pollution have led to progressive deterioration of the health of the villagers. The govt. hospitals in the tribal areas are handicapped by lack of equipment, medicine, and well-motived staff. Singh (1984) examined the drawbacks in the health policies of the government and the shortcomings in their implementation among the tribal communities.

Chaudhuri(1986) is of the view that the interaction of traditional and modern systems of medicine is an important aspect of the study, particularly in the context of tribal health. A few studies conducted on this issue have yielded some answers to the question: Why are some aspects of modern medicine accepted while others are rejected? But validity can be established when there will be a large number of studies available. Research on this problem is somewhat inadequate. Thus, there is a great need to understand the socio-economic and cultural dimensions of health and disease. However, some studies have shown that when both the facilities; namely, traditional and modern, are available the tribals often accept the modern system. In many cases, the tribals are held responsible for not accepting modern facilities. The acquisition has become something like a myth and, as matter of fact, these facilities are non-existent in the area. Thus, it is essential to critically analyze the real situation. Here a few questions arise: Are the tribal people not interested in accepting modern medical facilities or are the modern facilities non-existent in the area? Is the socio-cultural dimension of health a myth or a reality? Another very important issue is that the wisdom of replacing the traditional system and introducing the so-called modern system in the tribal areas without critically examining their usefulness has been questioned by several scholars(Choudhuri 1986) particularly in the view of the fact that there does exist a traditional system of medicine like herbal medicines.

Objectives:

The following are the objectives of the study:

- To understand the cultural conception of health, disease, etiology, and treatment in the Mishing tribe.
- To know the health status in the Mishing tribe.
- To appreciate the health-seeking behavior in the Mishing tribe.
- To analyze the health care system in the Mishing tribe.

Methodology:

The study has encompassed field (oral) and documentary data. Oral data have been collected from the people of the two Mishing villages namely; Namtemera and Baghedhara and documentary data have been collected from government and other official records, books, journals, etc.

Universe and units of the study:

The Mishing tribes in the two villages have been considered as the universe while their households have been regarded units of the study for data collection. The study has been conducted in (i) Namtemera village of Golaghat West Development Block and (ii) Baghedhara village of Gamariguri Development Block. There are 65 mishing households in Namtemera and 82 households in Baghedhara village. The two villages located 35 km and 20 km in the west and east of Golaghat town respectively.

Selection of units:

All the Mishing households in the Namtemera village and Baghedhara village have been selected for data collection in the study.

Tools for data collection:

For the collection of data, the interview technique was used for oral data and observation for morphological data.

Significance of the study:

The present study has focused on the health and health care practices, customs, traditional beliefs about health, diseases and treatment, and its socio-cultural, socio-economic, and environmental dimensions of the Mishing tribe of Assam. Therefore, the study is useful to understand the scenario of health in tribal societies in India and to develop policies on tribal health.

Health Status of Mishings:

In tribal societies, a person is considered healthy when he is not affected by any disease, consumes food as usual, and carries out his normal functions without any difficulty. Among the Mishings health is

considered as the absence of any disease of physical, mental, spiritual, and social nature. A person free from any disease is considered as healthy in their society. Therefore, in their day to day life, they traditionally observe certain health practices such as taking food in time, observance of certain religious practices, wearing of talisman, etc. They believe that the performance of religious activities can satisfy the gods and goddesses who are responsible for particular diseases. Mishings believe in the psychosomatic and supernatural determinants of health. In the Mishing society, a person is considered healthy when he is usual and carries out his normal functions without any difficulty. When somebody is sick, they will employ efforts to heal his illness and bring him back to normal conditions.

In Mishing society, religion plays an important role in all spheres of their life. Even in health care, religious beliefs and practices have their specific influence. Because of the lack of proper health education, they derive the cause of many of the diseases from religious teachings. Thus, the supernatural force plays a direct role in the causation and cure of many of the diseases. The Mishings also believe that a cordial relationship with the deities and ancestral spirits will ensure good health for the members of the community. So, they perform various ceremonies every year during the annual festivals, to renovate their relationship with supernaturals, and thus ensure the protection of the community. They also believe that if the proper proportion is not offered to the deities and ancestral spirits, they will get angry and send diseases and other calamities to the members of the community. In their society health is equally important for both males and females. As women are equally important in their economic activities, good health is as much necessary for women as for men. Traditionally there are no specific health practices for males and females, rather these are common for both the genders in their society.

The Mishings think that to be in the ‘right condition of the body’ is to have proper health. But they do not understand where good health ends and bad health begins. According to them as long as they can work and be active they think they are in good health. They believe that different type of food is required for people of different age group, or people performing different works, and in some special conditions like pregnancy and lactating mothers. Economically better people have the means to take good quality food according to the requirement of the body. The amount of food that such people consume is also high. This is obviously to maintain good health. But, most of the families in both the villages, i.e., Baghedhara and Namtemera are only able to have food with some vegetables. Milk is an important part of the diet, is not taken by many of the poorer section because whatever their cattle provides for, they sell it but themselves are unable to buy at market price. Thus, almost the people of these two villages suffer from undernourishment.

For the Mishings, the disease is any perturbation in any psychological system of an organism that changes the function of that system and leads to negative consequences for the organism when compared to a healthy, normal, and standard. Thus where diseases are present there is no blame, no recrimination, no guilt, and no stigma. In Mishing society, disease patterns can be divided into two types as major and minor. The women victimized by body ache, complications related to pregnancy, etc. The menfolk are more prone to malaria, diarrhea as they have to work outside their house. There are no many differences in disease

patterns in both villages. It may be due to some cultural practices, occupations, food habits, and settlement patterns among them.

The Mishings have several concepts regarding the etiology of illness. These include both natural and supernatural causes of diseases. From the nature of one disease, they will diagnose the etiology of the malady. However, belief in the supernatural causes of illness is more prevalent among them as natural causes behind the occurrence of diseases are sometimes ignored by them believing that these are the signs of the attack of some supernatural forces. Some categories of illness are assumed to be the exclusive result of supernatural attacks while some others are the result of only natural causes.

According to the Mishings changes in the nature and quality of diet is the main reason for the occurrence of diseases. In the past, the Mishings were eating only boiled food. But now they have given up the old diet and depend on the food times available in the market. They also consume the rice available from the ration shops of the state government. They say that their health has suffered due to the intake of this adulterated and polluted food and due to the deterioration of health; their body is now more vulnerable to disease. Excessive exposure to sun, rain, and cold is another natural cause for the occurrence of diseases. The rigorous climatic conditions adversely affected the health of the body and the person becomes weak and vulnerable to the attack of the disease. Excessive work and inadequate intake of food also held responsible for the affliction of diseases in their society.

The knowledge of ethnomedicine is a part of the traditional lore of the community. The secret knowledge about medicinal plants and magical rituals is always transferred orally from one generation to another, and there are no written documents to store this knowledge. The followers of this system follow the age-old medical combinations and healing technique which they have inherited from their forefathers. However, this medical system is closed one and it is neither excremental nor does it imbibe any systematic way. The Mishings have a good knowledge of common diseases and their remedial response in the form of herbs, roots, and shoots of plants. They are confident to treat patients suffering from fever, cold, cough, headache, body ache, stomach disorder, wounds, injuries, snack bite, skin disease, termination of pregnancy, etc. From practical experience, the Mishing could realize that the naturally caused diseases such as gastrointestinal disorder, worm- infection, typhoid, malaria, etc. can be cured easily by allopathic medicine. The natural causes responsible for diseases are supposed to be improper food, inclement weather, dampness of locality, indulgence in sex, etc. On the other hand, according to them the diseases like pox, snakebite, etc. are believed to be supernaturally caused and modern medical aid is considered to be futile. Like other tribal communities, the Mishing, particularly the villagers, also have deep faith in the efficacy of *mantras* (magic) or amulets in curing diseases. In their society when somebody falls ill they will first contact the *Bej* for help. He will diagnose the cause of the illness through divination.

Finding Remarks:

From the following discussion, the following essence is drawn hereunder:

1. In the Mishing society 'health' is considered as the absence of any diseases of physical, mental, spiritual, and social nature. A person is free from any disease when he is usual and carries out his normal functions without any difficulty is considered as healthy in their society. Therefore in their day to day life, they traditionally observe certain health practices such as taking food in time, observance of certain religious practices, wearing of talisman, etc.
2. The Mishings believe that a cordial relationship with the deities and ancestral spirits will ensure good health for the members of the community. So, they perform various ceremonies every year during the annual festivals, to renovate their relationship with the supernaturals, and thus ensure the protection of the community. They also believe that if proper propitiation is not offered to the deities and ancestral spirits, then they will get angry and send diseases and other calamities to the members of the community.
3. In Mishing society, worship of several deities in the forest is also considered necessary to keep one's health in good condition. Another common cause of ill health is considered to be sorcery. Mishings are very suspicious due to the strong belief in sorcery.
4. The Mishings that spirit of any dead person residing in the habitation area may cause illness to a person. Any physical symptom or illness is generally attributed to a spirit it does not respond to other forms of therapy. For the prevention of spirit-linked diseases, they worship their ancestors with *Pujas* like *Dabur, Dotgang, Urom Apin, etc.*
5. According to the Mishings change in the nature and quality of diet is the main reason for the occurrence of diseases. In the past, the Mishings were eating only boiled food. But now they have given up and old diet and depend on the food items available in the market. They also consume the rice available from the ration shops of the state government.
6. The Mishing believes that, for maintaining the general well-being and prosperity of the members of their society, they have to keep a good, harmonious relationship with the gods and ancestral spirit. As they believe the god will give a lot of favors to the people if they are propitiated properly.
7. The Mishings believe in several evil spirits like *Asi Uie, Adi Uie, Umreng Uie, Yumrang Uie , Taleng Uie,* etc. All of them malevolent and cause various hardships like illness, accidents, crop failure, etc. to the people. Each type of spirit is believed to cause a particular type of problem.
8. The traditional mantras and amulets hold an important place in their society, The villagers are using these traditional mantras for the treatment of diseases like the pain of chest, feet, and other parts of the body, snakebite, piles, bleeding of women, etc.
9. In the field of treatment of diseases is the *Dabur puja* is an important religious performance. Women are strictly prohibited from attending this performance due to the causes of parturition and mensuration. If there is any menstruating women or girl, she must be removed to another village. Traffic and business transactions with the neighboring village are withheld completely.

10. Various precautionary measures are widely adopted by the Mishings against the attack of supernatural bodies. For this purpose, they wear amulets, iron rings, tiger teeth, roots, beads, and other sundries.

In sum, we can say that the Mishings use different methods of treatment for diseases. These systems depend on both herbal and psychosomatic lines of treatment. In other words, they use allopathic treatment for the diseases caused by nature whereas for the diseases caused by supernatural factors they use magico-religious treatment which mainly consists of either the propitiation of respective deities or driving away from the supernatural bodies. Besides, ethnomedicine is also used by the Mishings as a method of treatment which has two components,i.e., magic and herbals. On the other hand, religious performance is also a method of treatment. The Mishings observe different religious functions to appease the god and goddess of both benevolent and malevolent nature responsible for different kinds of diseases or illnesses.

Conclusion:

To conclude it can be said that traditionally the Mishings have had a holistic and integral concept of health, disease, etiology, and treatment. The concept was shaped by their environmental factors, social conditions, and cultural beliefs. Health care itself was integrally implicit in their socio-cultural practices. However, with time, the Mishings started availing the facilities of modern medicine. The efforts of the medical personal, the spread of education, increased mobility and interactions with the non-tribal population, etc. influenced their way of thinking and it helped them use modern health care services as well as medicines. This, they have gradually started selecting the type of treatment according to the nature of the illness without blindly following a certain mode of treatment. Rather, this system influences their household as well as personal health-seeking behaviors and health practices. There is a need for up-gradation and modernization of their traditional system of medicine and knowledge. If their ethnomedicine system is strengthened, then, their health problems will be solved scientifically and indigenously within their social system, on the other hand, and as a result, their dependence on supernatural beliefs will naturally be reduced in Couse of time, on the other hand.

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