

BUDDHIST RITUALS FOR HEALTH AND HEALING IN WESTERN HIMALAYAS: A SPECIAL REFERENCE TO THE SHAMANS

by Sunita Devi *

ABSTRACT

The Buddhist aspects of ritual healing performed by local shamanistic practitioners can be explained in the terms of two traditions that form the cultural structures given by the Robert Redfield. The first one is the great tradition which is a literate tradition and a universal concept and can be found in larger dimensions. The second one is a little tradition which is found in the villages and it can be described as illiterate tradition where the practitioners are local, there are folk songs, oral tradition and the beliefs are mostly prevalent among the villagers. So, the Buddhist rituals of the western Himalayas can be categorized in the little tradition where there are the traditional healers categorized as oracles, shamanistic practitioners, and the monks who deal with the daily lives as well as the rites of passage of the local people.

Himalayan art of healing is millennia old, unique, traditional and is still being followed by the peoples. Local people solely depended upon the healers for their physical as well as mental illness i.e. psychosomatic problems. Healers perform specific rituals meant to stop the negative energy which they believe is the cause of all problems and to cure the ailments. Thus, to maintain the peace in the families and the valley, the rituals is performed by the shamans who are messenger of *lha/lhamo* (God/Goddesses) by which the sick

* Doctor, Research Scholar, Department of Chinese & Tibetan Languages, Panjab University Chandigarh, India

person got relief. Esoteric Buddhism is the practice in vogue in the Himalaya region and they are best-known to perform the rituals and oral healings through magic spells (mantras) and prayers. There are Buddhist shamans who are perhaps called *Ihaba* in local language. *Ihaba* being the practitioners of Tibetan ethno-medical system have high social respect and social status among the trans-Himalayan Buddhist communities. Even after the introduction of modern therapy & medicine in the valley with the support of government the age old system based on *shamanistic* tradition is prevalent in the Himalayas. Due to strong socio-cultural background, local still go hand in hand with traditional ritual healing with harmony. Shamanistic tradition is still the same and effective enough with time and successfully performed from one generation to next. But the oracles who were also another form of healing follows another system and here the god or demigod decide to whom the oracle will be done. Their powers to heal the others only depend on their pure mind. Oracle can be anyone then the village, it can be son after father or it can be outside of the family who is pure hearted and spiritual. According to an old saying, oracles and shamans are connected with demigod (*lha*) and goddesses (*lhamo*) and predict the future and treat the illness by performing the rituals. They also perform other rituals for family wealth and welfare. This paper will deal with the traditional and cultural values of healing in the Himalayan region. Here healing is not only defined in terms to cure the physical illness but also to cure the mental and family issues. The researcher is tried to explain the Buddhist monks who perform shamanism in the western Himalayas

This paper deals with the traditional and cultural values of healing in the Buddhist healing prominent Himalayan region. Here healing is not only defined in terms of merely curing the physical illnesses but also providing reliable cures to the mental and psychologically binding issues of everyday life. Thus, the researcher has tried to explain the deep rooted faith of the Buddhist monks who perform various rituals of shamanism that has been practiced in the remote areas of the western Himalayas.

The oracles from the fountain head of a totally different aspect of healing. Their curative approach follows another system. There

is a strong belief that gods or demi gods decide to inhabit the body of someone and designate them as an oracle. These powers to heal are given to these selected few. And this depends upon their pure mind. An oracle can be anyone from the village a man, women or even a child. It can be a son or father or it can even be anyone outside the family who is pure hearted and spiritual. According to the age old belief systems the oracles and shamans are connected with the demigods (Iha) and goddesses (Ihamo). These oracles are enabled to predict the future and treat the illnesses by performing certain ordained rituals. They also perform several other rituals for promoting the family wealth and welfare.

Various aspects of Buddhist ritual healing performed by local shamanistic practitioners can be understood through the theoretical constructs of two traditions that form the cultural structures reported by Robert Redfield as the 'Great Tradition' that exists in the larger dimensions of societal existence and the 'Little Tradition' that has its own avenues of preservation and dispersal like word of mouth, folk songs, oral tradition and the beliefs that are mostly prevalent among close knit village societies. The Buddhist rituals of the western Himalayas can be categorized into the little tradition that constitutes all aspects of life. A large part is the huge aspect of ritual healing. The traditional healers among the Buddhists of the Western Himalayas have been categorized as oracles, shamanistic practitioners, and the monks who deal with the daily lives as well as the rites de passage of the local people and specially the Buddhist communities.

1. SOUL OF BUDDHIST HEALING: DEEP ROOTED BELIEF

The Buddhist art of healing is centuries old. Unique and traditional in its approach it continues to being followed by the hill peoples dwelling in the Himalayas. Local people of Himachal Pradesh who live in Indo-Tibetan niches and concentrations are solely dependent upon their culturally ordained healers for their physical as well as mental well being. These Buddhist healers perform specific rituals meant to stop the negative energy which they believe is at the root of all problems and which can be defeated by the infusion of positive energies to cure all the ailments. The peaceful existence of the individuals their families and the entire

valley is ensured by the rituals performed by the ‘shamans’ or healers who are messengers of the *lha* or *lhamo* (Gods and Goddesses). The deep belief in their existence is what empowers the sick person to get relief.

Esoteric Buddhism is the practice in vogue in the Himalaya region and they are best-known to perform the rituals and oral healings through magic spells ‘mantras’ and prayers. There are Buddhist shamans who are addressed as the *Ihaba* in the local language. The *Ihaba* have been the practitioners of the Tibetan ethno-medical system. They have high social respect and social status among the trans-Himalayan Buddhist communities. Even after the introduction of modern therapy and medicine in the valley with the support of the government, the age old system of cure based on *shamanistic* traditions continues to be prevalent in the Himalayas.

Due to strong socio-cultural background links the locals still have faith in their healing systems where traditional ritual healing is adopted with the modern systems as well. The Shamanistic tradition remains the same and effective enough through time and is successfully performed from one generation to the next.

The authors (Gupta, Sharma and Sharma, 2014) introduce Himalayan healing traditions as an indigenous complex of medicine untouched virtually by the Western sciences. Folk “medicine” has been accepted as a formalized healing approach that forms the ‘little’ tradition incorporating all forms of practices including chiropractic, naturopathy, osteopathy and a whole range of other rules, sanctions and restrictions that bound an individual to a particular treatment seeking behaviour. It follows the emergence of a unique and effective healing knowledge open to absorb components from other practices.

A Professor of Buddhist Studies at Harvard University, Janet Gyatso authored ‘Being Human in a Buddhist World’, which opens with a sequence of gorgeous medical illustrations in early modern Tibet. It serves as a gateway to the complex, sometime counter-intuitive relationship between Buddhism and medicine in Tibet, the Fifth Dalai Lama (seventeenth century) and his regent, Desi

Sangye Gyatso, show the long history of interaction and mutual influence in Tibetan medicine between the knowledge of the body and professional medical ethics on the one side and religious values and sensibilities about the Human body on the other.

Gyatso attempts to reshape the classic idea that Buddhism permeated every aspect of Tibetan society, including medicine and that; as a consequence, tantric anatomy coincided with medical anatomy.

2. SURVIVAL OF HIMALAYAN CURE SYSTEMS: HISTORICAL PERSPECTIVE

Several studies in India were carried out in areas where Western medicine did not find easy acceptance among natives. Some of these studies [Marriott: 1955; Carstairs: 1955; and Gould: 1957] described how status of the healing seeker played a discriminatory role in the acceptance of any form of cure or system of healing. Most studies of folk illnesses have given primary consideration to psychiatric processes and there has been a general tendency to underplay the role of organic factors. Even when organic symptoms and diagnostic features were clearly discernible and disease was manifested in purely physical terms, the folk healers, physicians and social scientists payed greater attention to the influence of psyche over social existence of an individual. Ari Kiev [1968], Horatio Fabrega [1974], Richard Noll [1983, 1985] and S.S. Hunter [1985] studied the problem in this context. They attempted to isolate the physical, social and psychological variables and then collect information on the influence of each.

J.G. Kennedy [1973], however, reported that “most modern scholars tend toward the opinion that these exotic maladies are not clinically distinct syndromes, but are simply the old familiar psychiatric syndromes of the West called by different names and shaped by different cultures”. A verdict based on such a clinical approach, however, cannot ignore the presence and prevalence of “culture-bound syndromes” [Klienman: 1977 and Lewis: 1987]. Whereas, Singer arrives at the conclusion that “phenomenological distinctiveness of ‘culture-bound syndromes’ is mostly an artifact of problems of language and the interpretation of alien behavioural symbols. It is noteworthy that purposed differences in prevalence

and manifestations of mental disorder decrease with increasing sophistication of investigation” [Singer: 1977].

The socio-psychological approach that has been largely used by workers in this field was found to be conducive to the study of concepts of disease and cure in various societies. The “nature-culture dialectic” was observed to work at both levels, of the society as a whole, on the one hand and the individual members of a society, on the other. Each society constructed and propagated its concepts and understanding of various forms of manifestation of disease and evolved its latent and apparent theories of diagnosis, cure and follow-up therapy. Each society also laid down its rules of perception of disease and the related, acceptable role-set i.e. “sick role” [Klienman: 1980], “healers’ role”, “sympathizers’ role” and in some cases even “afflicter’s role”.

Consequently, “this socially constructed ethnomedical culture guides societal members [e.g. patients and healers] in their perception and responses to environmental conditions; the consequent responses in turn fundamentally shape this environment by distributing societal members in time and space, as well as activity. Society, thus, both ‘constructs’ understandings and ‘produces’ the events of disease / illness and of healing” [Hahn and Klienman: 1983].

Thus, we can see that social scientists were becoming increasingly aware of the health sciences as a productive field of applied research.

The herbal theory of disease causation has another facet in the “root work” carried out in South America. The “root work system”, described by Matthews [1987] is an “empiric tradition stressing the natural causation of illness with cures by herbs and medicines”. The practitioners of this system are known as “root doctors” probably because they used dried and preserved roots and other remedies for curing “folk” disease categories.

3. PRACTICING BUDDHIST MEDICINE

Lama Zopa Rinpoche Nga Wang Lasang Tenpa Gyattsan (2013) talks of the seven Medicine Buddhas that are the basis of a deep seated curative and healing belief system. The entire genesis of the

healing system is to “believe and it is attained”.

This is embodied in the following advice, “Visualize the medicine in a bowl in front of you and above it a moon disk. Standing on the moon disk is the blue seed-syllable OM surrounded by the syllables of the Medicine Buddha mantra in a clockwise direction. As you recite the mantra, nectars flow from all the syllables, absorbing into the medicine. The syllables and the moon then dissolve into the medicine, which becomes extremely powerful and are able to cure all physical diseases and afflictions caused by spirits together with their causes, negative karma and mental obscurations of sentient beings. If you are treating a serious disease such as cancer, visualize that the medicine has the power to cure this particular disease. The stronger one’s faith and the more mantras one recites, the greater will be the power of the medicine.” This is a nutshell is the crux of the healing practitioners or the shaman’s repertoire of cures.

The eighties saw a spate in the studies conducted on ethnopharmacopaeic categories relevant to practitioners of indigenous medicine. These studies in India and abroad were: Sudipta Bhattacharya’s [1983] study on the concept of disease among the Birhor of Purulia; S. K. Jain’s [1983] evaluation of ethnobotany and traditional medicine; J. C. Kurien and B. V. Bhanu’s [1980] work on the ethnomedicine of the nomadic Vaidu of Maharashtra; and P. C. Joshi’s [1977] account of the Kashmiri Muslims in an “ethnomedical setup”.

4. VARIOUS APPROACHES TO HEALING

Wilbert [1987] discusses the herbalist theory or what he prefers to call the “pneumatic theory of female Warao herbalists”. He talks of the herbalist theory as a “theory of supernatural causation of illness mystically brought about by contagion”. He elaborates that the “pneumatic theory” attributes pathogenesis to odoriferous agents that invade the body regions like the head, the thorax and the abdomen of the victim. These agents “expand in the form of fetid gas, producing clinical symptoms by affecting the organs and the soul of a particular region”. This herbalist theory proposes the causative features as well as the curative modes. He explained that the treatment of disease by herbal medicine is such that on ingestion

the medicine is converted into an aromatic gas which is denser, more powerful and displaces the pathogenic air within the patient. A cure is brought about when both gases leave the patient's body.

In the indigenous systems of medicine the healer attributes disease causation to a number of factors ranging from the natural to the supernatural.

Indigenous medicinal systems have herbalists who consider plants as teachers of the human health and cure system. L. E. Luna [1984] informs that some of the practitioners of indigenous medicine, among Mestizo shamans of Iquitos in North-eastern Peru are called "vegetalistas or plant specialists". These 'vegetalistas' use a series of plants which are called 'doctors' or 'plant teachers'. "It is their belief that if they fulfill certain conditions of isolation and follow a prescribed diet these plants are able to 'teach' them how to diagnose and cure illnesses".

A number of surveys of indigenous medicines that depended largely on herbal cures were carried out. Among these the earlier ones were Steggerda and Korsch's [1943] survey of remedies for diseases as prescribed by Maya Indian herb-doctors"; Morris Carstairs [1955] work on rural Rajasthan; Mckim Marriott's [1955] study on a North Indian village, Kishangarhi; Harvey and Armitage [1961] worked on herbal remedies of Nyanga of Matabeleland; Garfinkel's [1976] work on ethnomethodology; Leonard Glick [1967] studied the medicines of the Gimi of New Guinea Highlands and Huard [1969] attempted a comparison of western medicine and Afro-Asian ethnic medicine.

In India queries were raised on the efficacy of herbal remedies which were being consistently used by traditional healers and practitioners of indigenous medicine. S. B. Vohora [1986] carried out one such study on Unani 'Joshandah' drugs for common cold, catarrh, cough and associated fevers.

5. CAUSE, EFFECT AND TREATMENT SEEKING BEHAVIOUR

Disease causation due to natural causes has been and continues to be of compelling interest as can be seen in various studies. B. Morris [1986] examined the pluralistic and complex nature of

African Medical system. He reported on the contemporaneous existence of herbalism and divination in southern Malawi. Petkov [1986] studied the use of medicinal plant in Bulgarian traditional medicine in the middle ages and modern times. His investigations were a source of ideas for phytopharmacological investigation into 'Folk' or indigenous systems of healing.

Similar studies were carried out in Italy [Romanucci: 1986], Mozambique [Verzah: 1986], Ukraine and East Russia [Moskalenko: 1987], California [Encarnacion et al: 1987], [Ladinsky, Volk and Robinson: 1987] and Bulandshahr district of northern India [M. Alam and M. Anis: 1987].

D. Grindley and T. Reynolds had conducted a study on the efficacious uses of Aloe Vera, a succulent plant that yields a sticky gel, said to be used for a host of curative purposes. In India too, belief has it that the gel of Aloe Vera is helpful in relieving stomach cramps and in regulating menstrual cycle. It is claimed as a laxative with purgative effects. The report by Grindley and Reynolds was inconclusive as most of the tests they examined "suffered from poor experimental design and insufficiently large test samples" [1986].

These earlier studies laid down the theory that, in the words of W. C. Cockerham [1978], can be stated as "Regardless of a society's level of medical knowledge and technology the structure of medical science still functions within the context of the attitudes, values and beliefs of the people comprising the society". Thus, even up till the 20th century, reports of shamanism and shamanistic procedures observed by researchers kept pouring in, they added to a better understanding of the interrelationship between magic, religion and healing. The importance of faith and the diversification in magic and ritual ranging from benevolent to malevolent were important parameters. It became imperative to observe, analyse and interpret these values in the negative idiom as well as the larger global perspective. Clyde Kluckhohn [1944] studied Navaho witchcraft, Mircea Eliade [1946] observed shamanism and called the phenomenon "archaic techniques of ecstasy"; S. F Nadel [1946] studied shamanism in the Nuba mountains; Bronislaw Malinowski [1951] contributed a study of magic, science and religion while a similar study was attempted by Paul Fejor [1959].

To sum up, we have seen the progress and evolution in the concepts of disease causation, diagnosis and the herbalists approach to cure. We have also traced the studies of various medical anthropologists who observed societies all over the world and recorded their assumptions and interpretations. From these stemmed the studies that again took the herbalist's approach but molded it in the context of an alternative system of medicine. N. A. Scotch concludes "... religion, philosophy, education, social and economic conditions – whatever determines a man's attitude to life will also exert great influence on his individual disposition to disease and the importance of these cultural factors is still more evident when we consider the environmental causes of disease" [Scotch: 1976].

6. AURA AND HOLD OF THE BUDDHIST SHAMAN – FAITH AND BELIEF OVER MATTER

Ari Kiev [1964] tackled the issue of shamanism from the psychopathological front. Continuing the influx of ethnographically rich observations of magico-medicinal procedures R. H. Lowrie [1965] worked on the shamans and priests of the plains Indians; George P. Murdock [1965] worked on Tenino shamanism; Daniel Silver [1967] studied Zinacantan shamanism while John Middleton contributed towards the understanding of magic, witchcraft and curing.

Till the early 70s, the trend of observing and reporting shamans all over the world continued. But the turn of the decade saw a better understanding of the role of the shaman emerging. He was being considered more as a curer or healer rather than a sorcerer or magician who's stock in trade was a lot of mumbo-jumbo. He was recognized, however, as an influential member of the community, yet, here too there was the misconception that he held sway over his fellowmen through a region of terror. Slowly the comprehension emerged that the shaman enjoyed deep-seated respect, affection and "accepted authority" [Mead: 1968] among members of their society.

In India Sowa-Rigpa has been popularly practiced in Ladakh, Himachal Pradesh, Arunachal Pradesh, Sikkim, Darjeeling and in Tibetan settlements all over India. Sowa-Rigpa is based on Jung-

wa-lna (Panch Mahabhuta /five elements) and Nespa gSum (Tri-dosh/ three humours) theories. According to these all animate and inanimate phenomena of the universe are composed of Jung-wa-lna (five elements). It is on the theory of five basic elements that the science of physiology, pathology and pharmacology is established.

The essence of the Sowa-Rigpa or Amchi or Tibetan medicine is one of the oldest surviving and well-documented medical traditions of the world. Being popularly practiced in Tibet, Mongolia, Bhutan, some parts of China, Nepal, Himalayan regions of India and few parts of former Soviet Union till date it has a tremendous hold over these varied populations and is a major part of this treat met seeking behavior. Scholars believe that it originated in India but some say China or Tibet are the country of origin. However, Bon a pre-Buddhism religion of Tibet, folk medicine system was prevalent in Tibet. And yet on examining close it is observed that the theory and practice of Sowa-Rigpa are almost the same as Ayurveda the Indian medical system. It seems to have permeated to a few Chinese principals and the prevailing Tibetan folklore. With the advent of Buddhism in Tibet in the 7th century Ayurveda made its advent into the Tibetan territory.

Sowa-Rigpa is popularly known as Amchi medicine in derived from the Mongolian word “Am-rjay” meaning superior to all. The practitioners of this medicine are known as Amchis. Till early 1960s Amchi medicine used to be the only health care facility for the people of these regions and even after the introduction of modern medicine. Amchis have both social respects as spiritual respect being as the representatives of Sangyas-smanla (Medicine Buddha) and their services for the ailing are priceless.

Every village has been having an Amchi of its own since ages. Besides treating the patients as doctor of the village Amchis are most learned and resourceful persons of the village. It was therefore being an Amchi has been a matter of great dignity in the Ladakhi society.

It takes several years to become a skillful Amchi. In most of Himalayan regions Amchis are trained through rgudpa (lineage) system in families (Father to son). After finishing their training the new Amchi has to give an examination in front of entire community

in the presence of few experts.

The relation between Amchi and patients is always cordial due to strong religious background and social systems. Amchis never ask for cost of their medicine and services; whatever the patients wish or afford they can offer and most of the time the treatment is given free. The villagers offer crops during harvesting time and free labour every year to the Amchi family for their services. Modernity is rapidly changing the ancient way of practicing Amchi medicine and it is being replaced with modern formal clinics and.

Sowa-Rigpa is based on the principles of Jung-wa-lna (English - five elements, Sanskrit - Panch-mahabhuta) and Nespa gsum (English - three humours, Sanskrit - Tri-dosh). All animate and inanimate phenomena of this universe are composed of Jung-wa-lna; namely:

- Sa
- Chu
- Mai
- Rlung
- Nam mkha

Roughly translated as earth, water, fire, air and space, Sanskrit — Dharti, Jal, Agni, Vayu and Akash).

The science of physiology, pathology and pharmacology of this system is established on these theories. The basic premise of this healing system is that our body is composed of these five cosmophysical elements of Jung-wa-lna; when the ratio of these elements becomes imbalanced in our body, disorders result. The medicine and diet used for the treatment of disorders are also composed of the same five basic elements. Sowa-Rigpa is a rich accumulation of science, art and philosophy with history of more than 2500 years. It is a science because it is based on a systematic and logical framework of understanding the body, disease and its relationship to the environment. The correlations between body, disease and its treatments are well explained under the theory of Jung-wa-lna.

7. A LITTLE TRADITION ON THE BRINK OF VANISHING

This ancient art of healing has been sustained due to its efficacy and strong socio-cultural basis in most part of Indian Himalayas. But since last two three decades the system is on decline in these regions due to lack of support from Government, national and international organizations and continuous incline of people's interest in allopathy.

The biggest setback for the survival of this tradition in the coming generations is the lack of interest among young educated people in absence of good Government job opportunities. Most of the ancient Amchi families have already lost their family tradition and are only left with their family names. Therefore an appropriate action from Government, national and international organizations is required to save this age-old healing system for the next generation. There is tremendous scope for in depth research in this region to understand the functional nexus of the indigenous system of the Buddhist curative complexes that have impacted deeply on the generations of mountain dwellers.

This paper is the harbinger of tremendous research opportunities in this field.

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