

MEDICAL ECOLOGY AMONG LEPCHAS OF SIKKIM HIMALAYAS

K.R.Rama Mohan¹

Tenzing Zangmu

Lepcha²

¹Associate Professor, Department of Anthropology, Sikkim University, Gangtok, India

²Department of Anthropology, Sikkim University, Gangtok, India

ABSTRACT

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There is a paucity of contemporary research that closely analyzes contemporary and indigenous Lepcha medical practices. Lack of literature that explores the manifestation of both traditional and modern health care practices informs how a native ethnic community upkeep their overall health status within their environment. This study is an interdisciplinary approach to understand the dialectics of health seeking behaviour by adopting medical ecological perspective in the Sikkim Himalayas. The survival of the Lepcha (Particularly Vulnerable Tribal Group) through antiquity until now can be unequivocally attributed to the Lepchas acute understanding of their cognized ecological world. It is reflected in Lepcha vocabulary to incorporate a distinct designation for almost the entire flora and fauna that occupies the tribe's homeland. A detailed study of Lepcha health care system and practices reveals the intimate connection with their land that enabled them to be efficient within their ecological zone to sustain since millennia.

INTRODUCTION

Lepchas like other indigenous groups of the world shares an intense relationship with nature. The concept of health, sickness/illness and disease among the Lepcha community is exclusively guided by the supernatural belief which are embedded in their ecological sphere. It is a belief among Lepchas that influence of good spirits *rum* and bad spirits *mung* on their health and well being. At a wider level, it is understood

that across all societies, health care system and practices are inextricably intertwined with community culture and their environment.

Bhasin (2007) explains on the nature and scope of medical anthropology, as it studies the cultural conceptions of the body, health and illness. It has an interest on health behaviour as a mode to learn about social relations and social values. The author further illustrates that, Anthropology of medicine or Medical Anthropology is 'a sub-branch of anthropology that is concerned with the application of anthropological and social science theories and methods to questions about health, illness and healing'. As social institutions differ in societies, including health seeking behaviour, every society has its own separate way of describing and promoting good health and curing the ailments from which people suffer (Sikknik, 2009). Medical anthropologists' research these cultural variances and involve themselves intensely in the cross cultural matters surrounding health, illness, and health care. Anthropologists consider that culture influence man's actions both biological and non-biological. Culture determines to a large extent the type and frequency of disease in a population, the way people explain and treat disease and the manner in which persons respond to the delivery of modern medicine (Logan and Hunt, 1978). Although disease and health care are universal, they are always marked by variability because it is one's own culture that mainly defines why people suffer from certain disease and what kind of treatment to be followed and so on. It is such rising awareness of such cultural role in health that gave wings to the development of Medical Anthropology. Sigdel (2012) leaning towards the socio cultural pole, describes anthropologist's dominant interests comprise traditional medical systems (ethno medicine), medical personnel and their professional preparation, illness behaviour, the doctor patient relationship, and the dynamics of the introduction of western medical services into traditional societies. Karim (2014) elaborates on the nature and functioning of ethno-medical systems at theoretical and empirical ways.

MEDICAL ECOLOGY AS AN APPROACH IN MEDICAL ANTHROPOLOGY

Medical anthropology is not characterised by a single, theoretical paradigm. For instance, ethnographic account and examination of religion and healing systems are as ancient as anthropology itself, while fresh approaches like critical medical anthropology are the products of more current intellectual trends. This sometimes has led to extreme debates within the field such as those between clinically applied

medical anthropologists (interested in building cultural knowledge convenient to the purposes of medical practitioners and critical medical anthropologists. But, even though the scope of intellectual inquiry is very different, it is possible to identify five basic approaches: biomedical, ethno medical, ecological, critical and applied. In the medical ecological approach, how a particular community integrate their immediate environment into their health knowledge system is investigated.

HEALTH CARE PRACTICES AMONG LEPCHAS

Sikkim Himalayas has extremely unique eco–system prosperous in medicinal plants which occupies an important position in primary health care of the people of the state of Sikkim. Even though, there are modern health care systems the state of Sikkim; traditional medicine has continued to play a significant role. Panda (2012) presents a comprehensive view on the local health care systems and practices, as there is a large number of traditional healers specialized in their own field and are the repositories of traditional medical knowledge. Some of them are– *Paow* and *Nejum* in Bhutia community, *Mun* and *Bongthing* in Lepcha community and *Dhami*, *Jbakri*, *Phendangba* and *Bombo* among Nepali communities. Studies (Badola, 2013, Jha et al., 2016) have identified various medicinal plants and their pharmacological value in this region. Bhasin (1990, 1997, 2002, 2004a, 2004b, 2007) has extensively dealt on the medical status of Sikkim in general, and ethnomedical practices in particular. Most of the studies have not fully covered on the Lepcha health care systems and practices, particularly on the problem of food poisoning that is prevalent among them.

Lepchas are indigenous inhabitants of Sikkim Himalayan region. Lepcha is the only Particularly Vulnerable Tribal (PVTG) community in the state of Sikkim. The concept of health and illness is completely directed by the belief in supernatural and had their own traditional system to deal with it. In most parts of Sikkim and adjoining areas, Lepcha practices indigenous medical knowledge systems for various health problems. In recent times, due to influence of other communities in their culture and religion, some change has come in their health care practices. However, the indigenous ways and means of their health seeking behaviour is still in practice at the core level.

METHOD

The research is based in Bakcha village in North Sikkim and Chojo village in West Sikkim. These two sites were selected as they are the predominant Lepcha regions in

Sikkim. The study is empirical in nature; qualitative data rather than quantitative data were collected from the field areas. Sample includes health care practitioners (both traditional and modern) and villagers of the Bakcha and Chojo villages.

DISCUSSION

The Lepcha tribe of Sikkim consider themselves as the children of the Himalayas. They believe that the first man Fadongthing meaning 'most powerful' and women Narzongnyoo meaning 'ever fortunate' were created by *Rum* (God) from handful of pure, virgin snow from the top of Mount Pandim which is one of the mountain peak of mount Kanchenjunga. According to H.H. Risley (2005), Lepchas are claimed to be the original native of Sikkim. They hold Sikkim as the home of their ancestors referring to their homeland as *MayellYang* meaning 'land of hidden paradise'.

Among Lepchas, the concept of health and sick/illness and disease is entirely guided by the supernatural belief; the world for Lepchas has good spirits *rum* and evil spirits *mung*. There are some semi divine beings or guardian spirits known as *Lungzee*; believe to be residing in various natural objects present in their environment. It is believed that if they are ignored or any disregard is shown to them by destructing or polluting them and their surroundings, will possibly invite suffering to the particular individual or to the entire village. People may suffer from severe sickness or even may die. On the other hand, the fine health and vitality, good harvest and prosperity are thought to be the given by the *rum* (Panda et al. 2012). But, as shared by *bongthings* of Bakcha and Chojo villages, it is not always *mung* who hurts people but some time *rum* also hurts them when they are not treated well. As reported by *bongthing* as well as herbalist, Aju Phumzay of Chojo village, *rum* is like our parent and we should not forget them and should not leave to pray and offer them. Traditionally, the Lepchas are animists. Thus, only the *bongthings* (male Lepcha priests) and *muns* (often female Lepcha priestess but not necessarily) are invited in all cultural ceremonies.

Diagnosis and Therapeutic Process: Among the Lepchas, the ritual specialist first prays to his clan's god and then with his *phaengpo* (prayer beads), some rice and mantras, he finds out the reason for the suffering, after which he performs ritual according to needs. He also gives *g-hyu* (rice) as medicine to people which he sanctifies with mantras. At first, when a patient visits him he first evokes *Guru Rinpoche* (*Guru Padma Sambhava*), secondly to *Sangay Chevami*, as *Sangay Chevami* is a god of life. And thirdly, to *Cheraji* who is god of kindness and love. In case of serious illness for instance, if the patient is seem to be in his or her last stage than he ask *Sangay*

Chevami whether the patient has his time in this earth or not. He detects this from his *phaengpo* (prayer beads). As told by him, while counting if one or two beads left then it is bad. And which means patient does not have time on earth. For this, he evokes *Sangay Chevami* and asks him the reason for the illness and whether the illness is curable or not. While counting if one or two beads remain that means not curable and the patient does not have time. So, for this he begs *Sangay Chevami* for long life of the patient. And recommend patient's family to perform *Tshepjung* rituals (recitation of mantras of *Sangay Chevami*). But in the case of three beads, which means the patient has a chance. He with the help of his rosary checks whether the illness can be cured by performing some rituals or by visiting hospital and according to it he recommend patient's family to do things further. He gives *Heng* (ginger) and *Lenji* (cardamom) as medicine to his patient which he blesses with holy mantras. His way of diagnosing or performing every cultural ritual is a syncretise form of Buddhism and *Bongthingism*.

Murum Faat: When person gets sick, they consult *bongthing* who detecting through his prayer beads tells person or his/her family to conduct certain rituals. One of the rituals among many is *Murum faat* in which prayer to god of life is done for the patient. This ritual is done at home and Lepchas of Chojo village does this ritual at Khechuperi Lake by inviting *bongthing*. Various *thampot* (fruits), *book* (tubers), *mor Chumi* (butter lamp), *fo-chi* (small dried bird) and *mu-chi* (small fishes) are offered to god in this ritual.

Mut Rum Faat: *Mut rum faat* is a ritual done by Lepchas of Bakcha and Chojo villages having a hunter ancestor. It was informed by the villagers that if the ritual is not conducted, a person and his family will have mental retardation and other health related problems and bad luck will never leave the person or his family. As informed by the villagers of Bakcha and Chojo villages, things needed for this ritual are *chi* (millet beer), *rip* (flower), *morchimi* (butter lamp), *book* (tuber), *lakchyo* (weapons) for hunting, etc. It is believed that *Pong rum*, the king of jungle and the master of all animals have offered the Lepchas with bows, arrows and knives, and taught them how to kill fish. Therefore, *Pong rum* occupies an important place in the Lepcha society. Thus, the families having their ancestor weapons kept it in front of altar during ritual. It was informed that when *Pongrum* comes the wind blows and whistling sound can be hear thus, the sacrifice is given to appease the hunting god.

Medicinal Plants in Ecological Niche: There are various medicinal plants used by the Lepchas of Bakcha village to overcome most of health problems; some

of them are *Mentha* (Ausoodaong) commonly known as mint, for control of diarrhoea and also for digestion; *Ammomum Subulatum* (Lenji) commonly known as large cardamom, for stomach pain; *Zingiberofficinale* Rose (Heng) or ginger, for stomach pain and vomiting control; *Swertiachirata Haiu* (Rungkyen), for fever; *Entadascandens Benth* (Koolokpoth), for swollen neck glands; (Tunghrel), for diarrhea; *Cane shoot* (Rudung), for cold and cough, high blood pressure, diabetics; *Eupatorium cannabinum* (Nam nongmuk), for healing wound and nose bleeding; *Urticadioica* (Sorong bee), for high blood pressure; *Heracleummallichii* (Syamben), for stomach pain; *Carica papaya Linn* (Mayaa paot), for Jaundice; *Litseaicitrata* (Ngemupoth), for stomach disorder; (Aepmu), for stomach disorder and vomiting control; *Artemisia vulgaris Linn* (Tiknyel), for control of nose bleeding and bleeding in case of injury, leaves of (Peju kung) for body ache. *Cannabis* (Ghaja) is use for dealing with health issues of cow, goat and pig.

Besides varieties of plants for medicinal purpose, Lepchas of Bakcha village also prefer animal products for some health issues like Deer's skin *Suku-kompu* for mushroom poison; Monkey's meat *Suhu-maon* for high fever; Fox meat *Homu-maon* for breathing problem or Asthma; Beer's appendix *Sinaba-kebepu* for Tuberculosis and swelling; *Chyakmong-fo* for diabetics; Toad *Tutbyuk* for healing wound, controlling unremitting diarrhoea, and for diabetics; pork's fat or blood or even consumption of meat in case of Measles *Telim*; in case of Diphtheria *Kacho*, *Aithu* (honey of stingless bees)

THE DIALECTICS OF FOOD POISONING: MICROBIAL OR PSYCHOSOMATIC?


From a bio medical perspective, food poisoning, occurs when people consume food or water that has been infected with certain types of bacteria, parasites, viruses, or toxins. But in the context of the Lepchas of Bakcha and Chojo villages it has very different meaning. Food poisoning commonly known as *Neeng* and sometime indirectly *Thamkhyamin* these societies has nothing to do with contamination of harmful substances in food but is something that a person gives to some other by mixing it in their food. The fear of food poisoning and accusations of poisoning informs more on the social relations in the given community, particularly in the Sikkim Himalayas. Until now, there is no study on food poisoning in this region. The phenomenon of food poisoning is recorded from a discourse perspective than on an empirical level, as such the information was made from respondent's experience

and memory. Since this aspect is embedded in their social relations and values attached to the members of their communities, the study could not generate more data on this emotional health issue.

It is reported that, they believe there are different types of *neeng*. According to a faith healer of Bakcha village *Ajyu Sangay*, there are three types of *Ngeeng* or poison— (i) through mouth – People come in contact of poison that is through food. Symptoms of it is unremitting diarrhoea and vomiting, (ii) through clothes– In this case, poison giver puts poison in victim’s clothes. Symptom of it is with passing of time victim becomes weak and dull which not treat on time led to Tuberculosis and even death of victim, (iii) through sitting on *Leelhop* (chair or other sitting places)– this type of poison is considered as most dangerous one and there is no medicine for the cure of it. In this case victim dies in short time.

A case study from Mrs. Sangkit Lepcha, wife of *bongthing* cum *herbalist* Phumzay Ajyu of Chojo village informed that once she was poisoned for which initially she did not had an idea and went to hospital for treatment but the biomedicine did not cure her. Thus, she later tried local medicine which gave her the positive result. She shared that she had headache, heartache, stomach pain and diarrhoea. It was informed by Mr. Ajyu Phumzay and his wife, that if one got poison in tea then a person will dislike tea. It is similar with other things. It is said that the poison won’t work is hot water. Thus, one person whom I met out of the field told me that whenever he goes to some doubtful places, he tries to drink tea as hot as he can. Further, Mr. Ajyu Phumzay added that a poison can also be present at the door of poison giver’s house. In both Bakcha and Chojo villages, people fear to visit some of the houses. The people of both Bakcha and Chojo villages wholly rely on traditional health care system for *neeng* (food poisoning). There are various medicinal plants which are used by the Lepchas of both villages. Some of these plants are *Sugor sa Banmara*, *Ribum* and *Bikmar*. *Sugorsa Banmara* and *Ribum* are found and use in Chojo village by Phumzay Ajyu and *Bikmar* is use by Lepchas of both areas but is not available in their areas. One can get it from market that is sold by herbalists. Beside it, there are people like *bongthing* Ajyu Sangay and Ajyu Phumzay who prepares holy water having medicinal properties in it. In these Lepcha villages, food poisoning as a medical problem which occurs, when someone falls sick and leads to major health complications, is understood from a collective memory with no specification on who does that and what motivates to harm other members.

Table 1: Medicinal Plants used by Lepchas

<i>Medicinal plant</i>	<i>Scientific name</i>	<i>Local name</i>	<i>Health problem</i>	<i>Uses</i>
	<i>Swertia chirata</i> <i>Hain</i>	<i>Rungkyen</i>	For <i>sujong-ro</i> (high fever)	The whole part of the plant is use as medicine. Few pieces of <i>Rungkyen</i> are added in water. Later, the water is consumed.
	<i>Curcuma aromatic</i> <i>Salish</i>	<i>Selek</i>	For <i>tobok doak</i> (stomach pain) and <i>mik-sor</i> (evil eyes)	Rhizomes are consumed.
	<i>Eupatorium cannabinum</i> <i>Linn.</i>	<i>Nam nongmuk</i>	For healing <i>mo numar-v</i> (nose bleeding)	Leaves are to be rubbed first, then apply over the wound, and put inside the nostrils in case of nose bleeding.
	<i>Heracleum wallichii</i>	<i>Syamben</i>	For <i>tobok doak</i> (stomach pain)	The dried fruits are chewed.
	<i>Artemisia vulgaris</i> <i>Linn</i>	<i>Tiknyel</i>	For control of <i>numar-v</i> (nose bleeding) and bleeding in case of injury and for skin disease	It is rubbed and put inside the nostril to stop nose bleeding. Beside its root, the whole plants are rubbed in skin to treat skin disease.

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Aepmu For *tobok doak* Fruit is consumed.
(stomach disorder) and
amot nung
(vomiting control)



Tupistra nutans wall *Parvek* For diabetics The flowers are cook as
curry.



Zingiber officinale Rose *Heng* For *tobok doak* (stomach disorder) and
amot nung (vomiting control) Root is consumed.



Annonum Subulatum *Lenji* For *tobok doak* (stomach pain) Seeds are chewed.



Carica papaya Linn *Mayaa paot* For Jaundice Fruit is consumed.

CONCLUSION

Despite modern health care services exist in these Lepcha villages; it is found that people have tremendous faith in their own medical practices. Health behaviour in this context is understood from a medical ecological perspective that the relationship between environment, magico-religious system and the values attached to it are very important. Absences of allopathic medical services for very long time, Lepchas have developed their medical practices for survival juxtaposing their given resources as a part of their everyday life. Objectively, it is very difficult to weigh and measure Lepcha medicinal forms from a pharmacological level, but these health practices are effective in their own way, hence one can't discard as they do not stand for experimental verification and universality. There is a strong belief among the Lepchas of both these villages that everything good and bad in their lives are caused by *rum* or *mung* and there need to have a balance between these two. The balance is maintained through worshipping or appeasing and by offering them various items like *rip* (flowers), *Chi* (millet beer), *thampot* (fruits), *song* (incense) and sometimes animal sacrifices, etc. But with the influence of Buddhism over their traditional religious system i.e. *bongthingism*, there is a rapid demise in some of their traditional practices. One of the examples of it is offering animal sacrifices to *rum* or *mung* for the well being and prosperity of Lepchas. There was a time, when diseases and illnesses were treated by offering sacrifices by the village *bongthing* but, with the advent of Buddhism the value for non violence have developed among the Lepchas which resist them from performing animal sacrifices. And exist an unspoken tension between the intertwined religions as (Ortner 1995, 357) emphasizes that the 'conflict between Buddhism and shamanism is not new to the Tibetan Buddhist tradition', it has been found that some of the Lepchas in both Bakcha and Chojo villages started discarding few traditional Lepcha practice of sacrifices.

Ritual specialists play an important role in the whole health seeking behaviour among Lepchas, he is the one who finds solution for their health issues and problems related to *Rum* and *Moong* and solve it in a simple way without conducting animal sacrifices. It is noticed that somehow maintain the balance between the two religious practices. A syncretic way of maintaining their own indigenous system along with the allopathic health service is available in their communities. This is found out that the nature and degree of health issues among Lepchas resort to their convenience and affordability. The complexity and sensitivity of food poisoning which occurs in

their culture, Lepchas exclusively rely on traditional health care system which is interpreted according to their knowledge system.

It is suggested through these findings, to carry out any effective health programme for these villagers, it is imperative for the health professionals and policy makers to have understanding about Lepcha medical ecology for promoting for their well-being in this region.

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