

A Study on Traditional Healers of Mental Disorders in Nagaland, India

Ningsangrenla Longkumer, PSS Rao

*Ningsangrenla Longkumer. Msc, PhD
Formerly Assistant Professor .*

*Department of Psychology, Martin Luther Christian University. Shillong, Meghalaya, India.
793006*

PSS Rao. MA, MPH, PH, FSS, FSMS

*Adjunct Professor of Biostatistics Research methods. Martin Luther Christian University,
Shillong, Meghalaya, India. 793006*

*Corresponding author: Ningsangrenla Longkumer
Assistant Professor. Faculty of Psychology.*

North East Christian University, Anchor Complex. Behind Bible Society. Dimapur, Nagaland.

Abstract

Background: Traditional healers form the frontline and first level of consultation in most indigenous populations. Nagaland in North-Eastern region of India with many tribes has a rich biodiversity of ethnobotanical plants and is culturally strong in traditional healing. To what extent this is true for treatment of mental disorders is not known.

Aim: To determine the knowledge, attitudes and practices of traditional healers in treating mental disorders.

Materials and methods: A major household interview survey was carried out in 2018 along with an in-depth interview survey on a representative sample of 30 traditional healers who had treated a total of 74 mental disorders.

Results: Traditional healers were quite popular, more so in the rural as compared to urban, and were invariably the first line of consultation. Psycho-spiritual therapy was predominantly used apart from herbal and manual methods. A wide range of mental disorders were treated including mood disorders, epilepsy and psychosomatic problems. The healers were unable to treat substance abuse and related psychiatric problems, especially among the younger population.

Conclusion: Despite low educational background, traditional healers have learnt to be competent, through oral traditions, in handling many mental disorders and are still popular and well respected by the community.

(202 words)

Key Words: Mental Disorders, Nagaland, Traditional healers, Mental Health

Date of Submission: 06-07-2021

Date of Acceptance: 19-07-2021

I. INTRODUCTION

Traditional healers form a major part of the mental health workforce worldwide, particularly so among indigenous populations (Meissner, 2004). However, there are significant variations in the approach, materials used and acceptance of the communities in consulting traditional healers for treating mental illness or alleviating psychological distress (Nortje et al., 2016). Various studies have confirmed that traditional medicine is still popular and usually resorted to as the first step in the treatment of any diseases before seeking other systems of medicine (Saha et al., 2014). This may be truer in the case of mental ill-health but there is scarce published literature. A Nigerian study has shown that spiritual healers, traditional healers and general practitioners were the first to be contacted by 13%, 19% and 47% of patients respectively (Mbwayo et al., 2013). A study on help-seeking behaviour of patients with mental health problems visiting a tertiary care center in North India, reported that nearly one third of the patients had consulted a traditional faith healer at some point in the course of their illness (Mishra et al., 2011). In another Indian study conducted by Shidhaye & Vankar (2011) in a tertiary care center in Western India, it was found that 54.7% of the patients had consulted a traditional healer before going to the psychiatric hospital. With the advent of modern psychiatry and popularity of Christianity in Nagaland in

North Eastern region of India, it becomes important to explore the current role of traditional healers in treating mental disorders and their acceptance by the general community.

It was reported that no studies from India could be identified that investigated systematically the proportion of people with mental illness in the community who sought the services of traditional medicine (Thirhalli et al., 2016). Ramashankar, Deb & Sharma (2015), in their article, note that traditional healers in the north-east region belong to different categories like herbalists, bone-setters, diviners and birth attendants, etc. The authors emphasize that "scientific validation" and "recognition of traditional healing medicines" are urgently required for revitalizing traditional knowledge.

Nagaland has rich resources of medicinal plants but literature on their use in actual practice is scarce as also the role of traditional healers (Bhuyan, Meyiwapangla & Laskar, 2014; Deorani & Sharma, 2007; Jamir, Lanusunep & Narola, 2012; Lanusunep et al., 2018). Therefore, as part of a larger study on traditional healing practices based on extensive in-depth household interviews, an in-depth interview survey of a representative sample of traditional healers was done during 2018. The objectives of the study was primarily to determine the knowledge, attitudes and practices of traditional healers in treating mental disorders. It is hoped that this study would help in paving the way for counsellors and mental health professionals to interface in order to bridge the gap between the community, traditional healers and modern psychiatrists in the state and encourage further discussions and policy making decisions by health professionals in the area of mental health.

II. METHODOLOGY

Nagaland in the North Eastern region of India is well known for its myriad tribes with their rich culture and traditions (Alemchiba, 1970; Jacob, 1990). It has an enumerated population of 19,80,602 according to the All India National Census 2011 (Census, 2011). Geographically, there are 9 predominantly rural districts and 2 urban districts. The population is predominantly Christian, with a literacy rate of 80.1%. For this study, a sample of 30 traditional healers were identified and included. A total of 70 traditional healers were initially identified in three districts where the households survey, the larger sample of this study, was done. However, only 30 of the 70 traditional healers were found to be treating mental disorders and hence, included in this research study. The survey was conducted in one urban district Dimapur and two rural districts Mokokchung in the north-west and Kiphire in the south-east. Data was collected primarily through in-depth interviews of the traditional healers. Full confidentiality and thorough explanation of the research topic was conveyed and informed consent taken before the start of every interview. University ethical clearance was granted by the Martin Luther Christian University Research Ethics Committee dated 18th of August, 2017 with the UREC number given as VI/1 (8)/UREC/EA/272/2015-3669. Data were entered onto Microsoft Excel sheets and analyzed through SPSS software.

III. RESULTS

Profile of the Traditional Healer

Of the 30 traditional healers, 17 were male and 13 female. 22 were aged 50 years or more and 8 below 50 years. All of them were Christians, with majority belonging to Ao Naga tribe and the rest to other tribes. Five were illiterate, 19 had studied up to 10th grade, five between 10-12 grades and only 1 was a graduate. 12 were agricultural labourers, two were teachers, 7 retired government servants, one was a carpenter, another one a retired army officer while 7 had no other occupation. Sixteen had been practicing for 30 years or more. Majority of the traditional healers mentioned that it was a family practice and that the healing power had been passed on from their ancestors. None of the traditional healers had received any formal training and stated that they had received their healing power from God.

Practice of Traditional Healers

The 30 traditional healers had treated a total of 74 cases of mental disorders as shown in Table 1 broadly categorizing them using the ICD-10.

Table 1: Mental disorders treated by traditional healers

Mental disorders treated	No.	%
Organic mental disorders	9	12.1
Disorders due to psychoactive substance use	13	17.6
Schizophrenia, schizotypal and delusional disorders	14	18.9

Mood [affective] disorders	24	32.4
Neurotic, stress- related and somatoform disorders	5	6.8
Mental retardation	9	12.2
Total	74	100.0

A third of the mental disorders treated by traditional healers were mood disorders (32.4%) which they described as due to disturbance by spirits of departed relations or ancestor spirits. 18.9% of the cases were schizophrenia and related disorders, all of the traditional healers describing them as ‘demon possession’ or ‘curse’ or ‘poison’.

Analysis of traditional treatments given for each mental disorder is summarized in Table 2.

Table 2: *Traditional treatments given for each mental disorder*

Treatment	Organic mental disorders	Disorders due to psychoactive substance use	Schizophrenia, schizotypal and delusional disorders	Mood [affective] disorders	Neurotic, stress-related and somatoform disorders	Mental retardation	All
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Herbal	1 (11.1)	2 (15.4)	2 (14.3)	1 (4.2)	0 (0.0)	0 (0.0)	6 (8.1)
Manual	3 (33.3)	2 (15.4)	0 (0.0)	2 (8.3)	1 (20.0)	4 (44.4)	12 (16.2)
Psycho-spiritual	2 (22.2)	5 (38.5)	9 (64.3)	17 (70.8)	2 (40.0)	3 (33.3)	38 (51.4)
Herbal and manual	1 (11.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.4)
Psycho-spiritual and herbal	0 (0.0)	3 (23.1)	1 (7.1)	4 (16.7)	0 (0.0)	0 (0.0)	8 (10.8)
Psycho-spiritual and manual	0 (0.0)	0 (0.0)	2 (14.3)	0 (0.0)	2 (40.0)	2 (22.2)	6 (8.1)
No treatment given	2 (22.2)	1 (7.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (4.1)
Total	9 (100.0)	13 (100.0)	14(100.0)	24(100.0)	5 (100.0)	9 (100.0)	74(100.0)
% Disorders treated	12.2	17.6	19.0	32.4	6.7	12.1	

An impressive variety of treatments were given by the traditional healers consisting of herbal which includes mainly ethno-botanical treatments, mechanical includes mainly massaging while Psycho-spiritual consisted of a plethora of exotic, supernatural and divining séances. The most common mental disorder treated being mood disorders was mainly treated through psycho-spiritual form of intervention (70.8%). Majority of the schizophrenia and related disorders and psychoactive substance use were also treated with psycho-spiritual form of treatment.

Analysis showed that the most common mental disorder treated by both male and female traditional healers were mood □ affective□ disorders (28.2%, 39.2%). In terms of treatment given, psycho-spiritual form of intervention is the most commonly used treatment by both the male and female traditional healers (60.9%, 85.7%). In comparison, only a small percentage of manual (19.6%, 10.7%) and herbal (10.9%, 3.6%) treatments were used by both male and female traditional healers. Analysis and comparison did not reveal any statistical

significance between male and female traditional healers except for female traditional healers who seem to use significantly more psycho-spiritual therapy ($P < 0.05$).

Comparing traditional healers in the age group of 60 years and below with those in the age group of more than 60 years, the most common mental disorder treated by both groups are mood (affective) disorders (29.8%, 35.1%). Age-wise differences were not statistically significant.

In terms of effectiveness of the overall treatment given, Table 3 shows that of the 74 cases, the treatment given was reported to have been effective for majority of the mental disorders (51.4%) while 18.9% of the cases could not be treated and only a small percentage (2.7%) showed a slight improvement in the condition.

Table 3: Effectiveness of overall treatment given by traditional healers

Effectiveness	No.	%
Can't be treated	14	18.9
Effective	38	51.4
Effective only for some	20	27.0
Slight improvement	2	2.7
Total	74	100.0

The effectiveness of each traditional treatment have been summarised in Table 4 which shows that majority of the psycho-spiritual and manual treatments were reported to have been effective. On the other hand, a large proportion of the herbal treatment was said to be effective only for some people.

Table 4: Effectiveness of each traditional treatment given by traditional healers

Effectiveness	Herbal (H)	Manual (M)	Psycho-spiritual (PS)	H & M	PS & H	PS & M	No treatment given	All
	No.(%)	No.(%)	No.(%)	No.(%)	No.(%)	No.(%)	No.(%)	No.(%)
Can't be treated	0 (0.0)	4(33.3)	5 (13.1)	0 (0.0)	0 (0.0)	2 (33.3)	3 (100.0)	14 (100.0)
Effective	2(33.3)	5 (41.7)	20 (52.7)	1 (100.0)	6 (75.0)	4 (66.6)	0 (0.0)	38 (100.0)
Effective only for some	3(50.0)	2 (16.7)	13 (34.2)	0 (0.0)	2 (25.0)	0 (0.0)	0 (0.0)	20 (100.0)
Slight improvement	1 (16.70)	1(8.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (100.0)
Total	6 (100.0)	12 (100.0)	38 (100.0)	1 (100.0)	8 (100.0)	6 (100.0)	3 (100.0)	74 (100.0)

On enquiring whether any referrals are made by the traditional healers, 59.4% of the total 74 cases were not referred by the traditional healers. 33.8% of the cases were, however, referred to an allopathic practitioner. Further analysis of referrals made with mental disorders reveals that majority of the disorders due to psychoactive substance use (84.7%) was referred to allopathic doctors. Almost half of the organic disorders and mental retardation cases were also referred to allopathic doctors; whereas no referrals were made for majority of the schizophrenia and related disorders, mood disorders and neurotic, stress related and somatoform disorders.

Of the 30 traditional healers, only three stated that they maintained a record of their patients. The rest asserted that it would be impossible to keep track of the number of people who seek their help. 28 of the healers also stated that they don't charge any fee from the patients but that they accept whatever people offer as a token

of gratitude. 20 of them stated that they follow up on their patients at home while the rest do so both at home and the patients' home depending on the severity of the illness.

Majority of the traditional healers were of the opinion that both allopathy and traditional methods are equally important in their own ways and that one isn't better than the other. One traditional healer who stated that while one prescribes allopathic medication, the other works on spiritual healing and that both are essential for healing. Another stated that allopathy might work for some while traditional healing might work better for others depending on the faith of the person.

Most of them were of the view that traditional methods and modern methods for mental health cannot be linked. Those with the view of the possibility of collaboration between traditional methods and allopathy includes helping in diagnosing the problem when the other fails to do so, if allopathic practitioners respects and accepts traditional healing practices, referring patients to each other and if a mutual understanding can be arrived at wherein the medical doctors work on healing the body through medication and the traditional healers work on providing spiritual healing. Majority of the traditional healers who felt that collaboration between traditional methods and allopathy is not possible, asserted that traditional healers and allopathic practitioners use completely different methods- one practises after years of study and the other simply as a divine gift from God. Some stated that traditional healers and allopathic doctors have contradictory views of illness leading to constant friction and disagreements, feeling disrespected by doctors who were ignorant of traditional methods of healing and who looked down upon traditional healers. One healer strongly asserted that traditional healers devote their entire lives to serving humanity and not for profitability in contrast to allopathic doctors who treat people for monetary gain.

IV. DISCUSSION

The findings from this research show that in Nagaland, traditional healers were consulted for a range of mental disorders from schizophrenia to organic disorders to epilepsy to mood disorders (Table 1). For years, indigenous populations from Africa, and beyond, depended on traditional healers for treatment of all types of disorders, including those related to mental health (Mzimkulu & Simbayi, 2006; Owusu-Ansah & Mji, 2013; Peltzer, 2009). Similar pattern can be seen even among native American Indians (Fortney et al., 2012; Shelley et al, 2009). It is estimated that traditional practitioners manage at least 80% of the healthcare needs of rural inhabitants in East Africa (Ndeti, 2007). It is common knowledge that many patients would use both modern medicines (as offered in general hospitals) and traditional healers. Apparently both the perceptions of mental illness among the clients as well as the healers match in terms of the origin and therefore the therapy as seen from the modalities of treatment practiced (Table 2). As found elsewhere, traditional healers in Nagaland depend mainly on psycho-spiritual aspects of healing for mental disorders and much less emphasis on herbal or manual treatments undergirding the popularity of traditional healers.

Traditional healing was found to be an important primary line of health service in Kenya and Grenada as well (Wane & Sutherland, 2010). In Grenada, traditional healing systems seem to operate from a multidimensional perspective of illness causation, and address the needs of the population that may not be adequately addressed by the conventional healthcare system. Despite much advancement in counseling in multicultural settings with its particular focus on culture, many African and Caribbean clients remain doubtful of the usefulness of Western therapies probably due to the failure of Western therapies to include spiritual concepts and traditions immersed into the helping process (Wane & Sutherland, 2010). This seems to be more common than generally thought of in many indigenous populations. A study in Sharkia (El-Amin & Defat, 1997) on the role of traditional (religious) healing in primary care of psychiatric disorders shows that religious healers may improve some psychiatric disorders such as dissociation & conversion disorders, adjustment disorders and sexual disorders in males. They note that the methods used by these healers appear to be related to suggestibility and some sort of cognitive therapy.

Traditional healers are consulted for a variety of mental disorders by members of the community as a first step in the pathway for healing. The local traditional healers are able to recognize some mental disorders, particularly those relating to psychosis (Steel et al., 2006). However, they are limited especially for some of the mental disorders and refer the cases to allopathic or other healers. There are also different paradigms in both diagnosis as well as therapies. An example would be the experience of epilepsy, which is profoundly culturally mediated and the meanings attributed to the condition can have a great impact on its social course. A qualitative study (Keikelame & Leslie, 2015) reported that traditional healers' biomedical explanations of the cause of epilepsy included, among others, lack of immunizations, child asphyxia, heredity, traumatic birth injuries and dehydration. They also believed that epilepsy could be caused by evil spirits and that biomedical doctors could not treat the supernatural causes of epilepsy. However, the healers believed that western medicines, as well as traditional medicines, could be effective in treating the epileptic seizures. The author reports that traditional healers were "supportive of collaboration with western-trained practitioners" and "highlighted that the strategy must

have formal agreements in view of protection of intellectual property, accountability and respect of their indigenous knowledge”.

The profile of traditional healers in Nagaland shows that they are mostly illiterate or of low educational background as observed in other indigenous populations. However, that does not seem to interfere with their competence or popularity. The traditional healers have no formal education but gather vast experience through oral traditions and in many instances is a family practice. Judging expertise through postgraduate medical training as seen in modern psychiatry is, thus, not followed in seeking traditional healing for mental disorders. Traditional healers are taught by other traditional healers with many years of experience from generation to generation and some of them have god gifted power of this knowledge. Based on available evidence from this research and globally, there is little doubt that traditional healers still play a vital role in the provision of primary mental health services (Abbo, 2011; Abiodun, 1995; Musyimi. Et al, 2016; Thirthalli et al, 2016, Young, 1983).

Reducing delays in accessing services and providing early intervention are key strategies in preventing morbidity associated with severe mental disorders such as schizophrenia. Studies conducted in populations with first-episodes of mental disorders, mainly first-episode psychosis, reported longer delays in accessing mental health services where traditional or religious healers were the initial care providers (Nortje, 2016). This raises the question of how formal health providers, planners and policy makers should engage with informal providers, such as traditional and religious healers in relation to improving pathways to care for people with mental disorders.

In the present study, of the 30 traditional healers only 12 was of the opinion that traditional methods and modern methods of treating mental disorders can be linked. Limited research has been conducted to explore the factors that facilitate or obstruct collaboration between traditional healers and public sector mental health services. A study to explore the reasons underpinning the widespread appeal of traditional/faith healers in Ghana (Ae-Ngibise et al, 2010) found that respondents indicated many reasons for the appeal of traditional and faith healers, including cultural perceptions of mental disorders, the psychosocial support afforded by such healers, as well as their availability, accessibility and affordability³⁰. They also note that “collaboration is not as easy as commonly assumed, given paradigmatic disjunctures and widespread scepticism between different treatment modalities. Promoting greater understanding, rather than maintaining indifferent distances may lead to more successful co-operation in future”.

V. CONCLUSIONS

Despite low educational background, traditional healers have learnt to be competent in handling many mental disorders and have gained the respect and acceptance of the public as a first level consultation before seeking help elsewhere. Mood disorders were the leading mental health problems treated by the traditional healers, majority attributing it to supernatural causes. The most commonly employed traditional method is psychospiritual, administered either solely or in combination with other modalities. Traditional healers are able to offer effective treatment for only about half of the mental disorders seen. Majority of the traditional healers acknowledged that both western medicine and traditional methods are equally important for mental health care. More traditional healers were of the opinion that collaboration between traditional methods with modern methods of treating mental disorders may not be possible, with most feeling disrespected and devalued by allopathic doctors.

ACKNOWLEDGMENT:

The authors are grateful to all the traditional healers in Kiphire, Mokokchung and Dimapur for their unstinted cooperation and valuable information in this research.

REFERENCES

- [1]. Abbo, C. (2011). Profiles and outcome of traditional healing practices for severe mental illnesses in two districts of Eastern Uganda. *Glob Health Action*. [https://doi: 10.3402/gha.v4i0.7117](https://doi.org/10.3402/gha.v4i0.7117)
- [2]. Abiodun, O. A. (1995). Pathways to mental health care in Nigeria. *Psychiatric Services*, 46(8), 823-826. <https://doi.org/10.1176/ps.46.8.823>
- [3]. Ae- Ngibise K, Cooper S, Adii bokah E, Akpalu B, Lund C, Doku V, et al. (2010). Whether you like or not people with mental problems are going to go to them: a qualitative exploration into the widespread use of traditional and faith healers in the provision of mental health care in Ghana. *Int Rev Psychiatry*, 22(6), 558-567. [https://doi: 10.3109/09540261.2010.536149](https://doi.org/10.3109/09540261.2010.536149)
- [4]. Alemchiba, M. (1970). A Brief Historical Account of Nagaland. Kohima: Naga Institute of Culture.
- [5]. Bhuyan, S. I., Meyiwapangla&Laskar I. (2014). Indigenous Knowledge and Traditional Use of Medicinal Plants by Four Major Tribes of Nagaland, North East India. *IJISET*, 1(6), 481- 484.
- [6]. Census, Nagaland Population census. [Internet]. 2011. [16/12/2020]. Available from <http://www.census2011.co.in/census/state/nagaland.html>

- [7]. Deorani, S.C., Sharma, G.D. (2007). Medicinal plants of Nagaland. Bishen Mahandra Pal Sig.
- [8]. El-Amin, H.M. & Refat, R.A. (1997). Role of Traditional (Religious) Healing in Primary Psychiatric Care in Sharkia. *EJP*, 20(1):25-35.
- [9]. Fortney, J.C., Kaufman, C.E., Pollio, D.E., Beals, J., Edlund, C., Novins, D.K et al.(1012). Geographical access and the substitution of traditional healing for bio-medical services in 2 American Indian tribes. *Med Care*,50(10), 877–884. <https://doi: 10.1097/MLR.0b013e318268ab99>
- [10]. Jacob J. (1990).The Nagas: Hill People’s of Northeast India: Society, Culture and Colonial Encounter. Thames & Hudson Ltd.
- [11]. Jamir, N.S, Lanusunep,& Narola, P.(2012). Medico-Herbal Medicine Practiced by the Naga Tribes on the State of Nagaland (India). *JLS*, 2(2):328-333.
- [12]. Keikelame, M.J., & Leslie Swartz, L. (2015). ‘A Thing Full of Stories’: Traditional healers’ explanations of epilepsy and perspectives on collaboration with biomedical health care in Cape Town. *Transcult Psychiatry*, 52(5):659–680. <https://doi: 10.1177/1363461515571626>
- [13]. Lanusunep, Amri, T., Jamir, A.N., Longkumer, S.I., Jamir, N.S. (2018). Traditional knowledge of herbal medicines practiced by Ao-Naga tribe in Nagaland, India. *Pleione*,12(1):11-17. <https://doi: 10.5897/IJBC10.044>
- [14]. Mwayo, A.W., Ndeti, D.M., Mutiso, V.,& Khasakhala, L.I. (2013). Traditional healers and provision of mental health services in cosmopolitan informal settlements in Nairobi, Kenya. *AJPSY*, 16 (2): 134-40. <https://doi: 10.4314/ajpsy.v16i2.17>
- [15]. Meissner, O. (2004). The traditional healer as part of the primary health care team?. *SAMJ*, 94(11):901-902.
- [16]. Mishra, N., Nagpal, S.S., Chadda, R.K.,& Sood, M. (2011). Help seeking behaviour of patients with mental health problems visiting a tertiary care centre in North India. *IJP*, 53(3): 234-8. <https://doi: 10.4103/0019-5545.86814>
- [17]. Musyimi, C.W., Mutiso, V.N., Loeffen, L., Krumeich, A.,& Ndeti, D.M. (2016). Exploring mental health practice among traditional health practitioners: a qualitative study in rural Kenya. *BMC Complementary and Altern Med*, 18(1):334 (2016). <https://doi: 10.1186/s12906-018-2393-4>
- [18]. Mzimkulu, K.G., &Simbayi, L.C. (2006). Perspectives and practices of Xhosa-speaking African traditional healers when managing psychosis. *Int J Disabil Dev Educ*, 43(4):417–431. <https://doi.org/10.1080/10349120601008563>
- [19]. Ndeti, D.M.(2007). Traditional healers in East Africa. *International Psychiatry*,4(4):85-86.
- [20]. Nortje, G., Oladeji, B., Gureje, O.,& Seedat, S. (2016). Effectiveness of traditional healers in treating mental disorders: a systematic review. *The Lancet Psychiatry*, 3(2):154-170. [https://doi: 10.1016/S2215-0366\(15\)00515-5](https://doi: 10.1016/S2215-0366(15)00515-5)
- [21]. Owusu-Ansah, F.E.,& Mji, G. (2013). African indigenous knowledge and research. *AJOD*, 2(1).
- [22]. Peltzer, K. (2009). Traditional health practitioners in South Africa. *The Lancet*, 374(9694):956–957. [https://doi: 10.1016/S0140-6736\(09\)61261-7](https://doi: 10.1016/S0140-6736(09)61261-7)
- [23]. Ramashankar, Deb, S.,& Sharma, B.K. (2015). Traditional Healing Practices in North East India. *IJHS*, 50(2):324-332.
- [24]. Saha, M.R., Sarker, D.D., Kar, P.,Gupta, P.S., &Sen, A. (2014). Indigenous knowledge of plants in local healthcare management practices by tribal people of Malda district, India. *JICEP*,3(4): 179-185.<https://doi: 10.5455/jice.20140630022609>
- [25]. Shelley, B.M., Sussman, A.L., Williams, R.L., Segal, A.R.,& Crabtree, B.F. (2009). ‘They don’t ask me so I don’t tell them’: patient-clinician communication about traditional, complementary, and alternative medicine. *Ann Fam med*, 7(2):139–47. <https://doi: 10.1370/afm.947>
- [26]. Shidhaye, R., &Vankar, G.K. (2011). Prevalence of traditional healing practices in Psychiatric outpatients. *Archives of Indian Psychiatry*, 13(2): 20-26.
- [27]. Steel, Z., McDonald, R., Silove, D., Bauman, A., Sandford, P., Herron J, et al. (2006). Pathways to the first contact with specialist mental health care. *Aust N Z J Psychiatry*,40 (4):347-54. <https://doi: 10.1080/j.1440-1614.2006.01801.x>
- [28]. Thirthalli, J., Zhou, L., Kumar, K., Gao, J., Vaid, H., Liu, H. et al. (2016). Traditional, complementary and alternative medicine approaches to mental health care and psychological wellbeing in India and China. *The Lancet Psychiatry*,3(7): 660:672.[https://doi: 10.1016/S2215-0366\(16\)30025-6](https://doi: 10.1016/S2215-0366(16)30025-6)
- [29]. Wane, N., &Sutherland, P. (2010). African and Caribbean traditional healing practices in therapy. In: Building Bridges for wellness through counselling and psychotherapy. Canada: Centre for diversity in counselling and psychotherapy, p. 335-34.
- [30]. Young, A. (1983). The relevance of traditional medical cultures to modern primary health care. *Soc Sci Med*, 17(16):1205-11. [https://doi: 10.1016/0277-9536\(83\)90013-8](https://doi: 10.1016/0277-9536(83)90013-8)