

Traditional Ethno-Healing, Environment and Modernity: An Outlook in Darjeeling Himalaya

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Abstract

Sustainable development is a global phenomenon and environmental degradation is a major concern of the modern nation states. Since the ages, there is a close relationship between health and the nature. According to Panchamahabhutta philosophy of Indian tradition life consists of the five great elements of nature viz. vayu (air), agni (energy), jal (water), prithvi (earth) and aakash (space). It is also believed that the proper equilibrium between all these great elements of nature in human body is very much essential to lead a healthy and blissful life and disequilibrium between these great elements of nature in human body often leads to causation of sickness or illness of the same. Considering the above philosophical tradition, the present study attempts to analyse the diversified nature and perspective of traditional ethno-folk healing practices and the environment in the context of small Himalayan region of Darjeeling hills. The study also illustrates the devastating impact of unconcerted growth of capitalist economy on ethno-cultural healing tradition in general and the hilly region of Darjeeling in particular. Moreover, the study is based on both theoretical assumption and practical experiences. Both qualitative and quantitative data have been used to carry out the study.

Keywords: Sustainable development; Environmental degradation; Ethno-cultural healing; Panchamahabhutta philosophy and capitalism

Introduction

Science does not need mysticism and mysticism does not need science but man needs both. The traditional ethno-healing practices of Darjeeling hills witnessed the profound example of existentiality and essentiality of mysticism in human life. There are numerous traditional healing practices of various forms available in different parts of the country. Even in the small Himalayan region of Darjeeling hills, numerous and varied ethno-healing practices are followed and practised. But the most dominant and popular among them is often known as Jhankri system [1].

The book entitled faith healers in Himalaya is a classic anthropological study of the healers of Nepal. This book thoroughly deals with the practices of spirit possession, magic, witchcraft and occult healing ceremonies in the villages of Nepal. It is an in-depth study of the traditional Himalayan healers (locally known as Jhankris) and their clients in the Dolakha district, a remote mountainous region of Nepal inhabited by the Thami population. The study suggests the preservation of an ethnic ritual practices and encourages the local healers for providing health care in the region.

The book entitled challenging the Indian medical heritage discusses about the existence of two schematically distinguished traditions of health in India. One refers to the written tradition of great classical systems of ayurveda, siddha, unani and the other one is orally transmitted folk practices, which lack proper documentation. These traditional practices deals with a number of basic health techniques like treatment of common ailments and home remedies. Further, this book is an attempt to introduce to the lay reader the medical traditions that exist in India and attempt to examine the codified and uncoded system of medicine in India. The codified medicine includes ayurveda, siddha, unani, etc and the uncoded medicines are one which is not documented in any language. It is orally transmitted from one generation to another.

Indigenous health care practices among Rajbangsi of Dakshin Dinajpur, West Bengal discusses about the preventive and curative measures practised by the Rajbangshis of Dakshin Dinajpur of West Bengal and their large dependence upon biotic surroundings instead of availability of modern medical facilities, which signify their

intimate knowledge and close relationship with natural environment. Role of folk medicine in primary health care-a case study in West Bengal, has elaborately discussed the practices of folk medicine and traditional medicine in rural West Bengal. He also tries to examine the benefits of primary health care with the use of folk medicine and recommend various suggestions for its sustainability [2].

Healing in south Gujarat conceptions, practices and restricted medical pluralism discusses about the practices of healing system in the rural areas of south Gujarat. The study indicates that there are certain illnesses for which the rural population largely depend upon local healers irrespective of caste and class. The study further tries to analyse whether larger masses of India have the greater choice in terms of accessibility, affordability, efficacy of health care due to supposedly existing pluralistic medical tradition in India.

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Medical anthropology healing practices in contemporary Sikkim focuses on the practices of faith healing in Sikkim. The study also focuses on how and why the traditional medical knowledge is still persisting among the Lepchas and Bhutias of north Sikkim. The study further deals with the use of different popular home based remedies, herbal, healing, spiritual, religious practices and bio medical treatment among tribal communities in Sikkim.

Assam's tale of Witch-Hunting and Indigeneity focuses on the understanding of the practices of witch-hunting as an instance of ethnic revivalism which is both, the fall-out of globalisation and the failure of the state. The paper further discusses about the process of cultural homogenisation. The perceived threat of globalisation and the failure of the state have led to ethnic mobilisation in the north-east and the process of ethnification and the discourse of indigeneity have granted legitimacy to the inequalities that were much embedded in traditional customs and practices [3].

Right to health, the tribal situation, this research elaborately attempts to examine the medical system of some communities in selected tribal villages of Jhargram sub-division, district Midnapore (West), West Bengal. The paper tries to explore the local conception of health and disease and argues how and why people choose certain kinds of medical services. The question of choice and access to services is critical in understanding community's rights to health. The paper further argues that the issue of health needs to be conceived in terms of overall well being of a person in relation to its community. The question of right to health is an important prerequisite in global discourses on development.

Healing, medical power and the poor, contests in tribal India, discusses about the intervention of the colonial power in the tribal land of India resulted in the establishment of dispensaries and exploitation of tribal forests and other resources and religion conversion. The study further attempts to analyse the deteriorating traditional system and inadequate or exploitative state and private interventions in tribal communities. The research further argues that a large majority of tribal people in India today live in highly degraded environment or survive by migrant labour in commercial farms and other enterprises. The study suggests the need for detailed examination of tribal culture, customs, rituals, mode of healing as well as their pauperised conditions of life and the ongoing discrimination that they face in caste society.

A comparison of traditional folk healing concepts with contemporary healing concepts tried to elucidate several concepts shared by traditional folk healing systems and the contemporary health care system. This concept includes origin of illness, harmony and balance, motions, colors, symbols and family and community involvement. The research emphasized on the interest of the health professionals in folk healing concepts as a means of complementing contemporary healthcare system. The basic purpose of this paper is to delineate a basic conceptual framework of healing practices universally shared by several folk cultures and to analyse contemporary health care concepts within this framework, this analysis should enable nurses and other health care professionals to have not only an advanced understanding of trans-cultural healing practices but to be able to examine contemporary systems from an unconventional perspective. Further, the research suggests that the family and community involvement is a strong concept within contemporary health care system [4].

Promoting public-private partnership in health services states about the concept of adopting the public private partnership model as an alternative method to cater the increasing healthcare need in various states of India. It also discuss about the different nature and the extent of PPP in different states. The main focus of the essay is to explore one such alternative model of the state of Madhya Pradesh in Badnagar Tehsil known as Rogi Kalyan Samity. The paper also stated that with the formation of RKS, Madhya Pradesh government has made the heralding institutional reforms in health sector. It is further stated that with the help of RKS the government hospitals of Madhya Pradesh have become more responsible, transparent, accountable and sensitive to the needs of the patients. It has made government hospitals more open to citizens' participation in decision-making.

Public-private partnerships and health policies extensively discusses about the poor public health service provision in India and also states that a strong move to partner with private sector is the simple and the obvious solution to improve the healthcare services in the country. The paper further argued that the private sector is widespread and unregulated in India [5]. There is a lack of proper research in this field. Health policy has been formulated on the basis of single case study report or rhetoric. Moreover, the paper states that there is indeed an urgent need in regard to public private partnership model and its various perspectives in India. There are so many failed PPP models in India; their untold stories are perhaps greater than the succeeded one. The paper also argued that the national health policy of India has been often formulated on the basis of insufficient research and analysis as a result which public health in India is in a grave crisis.

Confused policy for public-private partnership discusses about the public private partnership venture of the government of West Bengal and states that the government had proposed greater involvement of the private sector in the healthcare services of the state. But it has also mentioned in the paper that the draft policy document on the subject poses more questions than it provides solutions. The paper further states that it is a confused policy because as per the proposal of DPPP (Draft Policy of Public Private Partnership) the management of primary health centre and sub centres should be handed over to private sector but in reality it has not been implemented. Moreover, nowhere in the annual budget statement of the finance minister any hint of handing over the management of primary health centre and sub centre to the private sector has been mentioned. Thus, the primary objective of the paper is to analyse and discuss the Draft Policy of Public Private Partnership (DPPP) of West Bengal.

Public-private dichotomy in utilization of health care services in India explicitly examines the differences of health care service utilization provided by the private sector and public sector in India. The paper also explores the marked regional differences in the utilization of health services in India. The study further analysed the socio-economic and demographic factors to determine the health treatment behaviour in order to availing services from private and public sector. The paper also made an attempt to highlight the states where there is much affordable health services are needed particularly, the eastern and north eastern states of the country where infrastructure and service facilities are in a poor conditions. The study also suggests that the micro level study is very much needed especially in rural areas of eastern and north eastern regions and should encourage the public private partnership at a decentralised level [6].

Objectives of the study

- To examine the nature and scope of ethno-healing practices in the small Himalayan region of Darjeeling.
- To analyse the relationship between ethno-healing practices such as Jhankri practice and the environment in the region.
- To examine the impact capitalist development or modernity on Jhankri practice of the region.
- To find out the alternative measure for sustainability of both environment and the ethno healing practices in the region.

Materials and Methods

The present study is based on both qualitative and quantitative data. Structured interview were employed as a means of collecting data. Observation, particularly the participant observation in which the investigator is already witnessing such kind of practices in the region became another vibrant source of information. Accordingly, the primary sources of the study includes government reports, official records, news papers, Jhankris, elderly experienced people having vast knowledge of life, natural phenomenon, traditions of the society will come to the investigator's help for understanding the remote past etc. Similarly, the secondary source includes books, journals and magazines etc [7].

Results and Discussion

Nature and scope of traditional ethno-healing system in India

The Panchamahabhutta philosophy of Indian tradition states that life consists of the five great elements of nature viz; vayu (air), agni (energy), jal (water), prithvi (earth) and aakash (space). It is further stated that the proper equilibrium among all these great elements of nature in human body is very much essential to lead a healthy and blissful life and disequilibrium between these great elements of nature in human body often leads to causation of sickness or illness of the

same. It is also imperative to state that the nature and scope of healthcare practices in India is much bigger and wider than what we experience and understand in our day to day life. It encompasses each and every healthcare practices available in various parts of the country irrespective of formal or informal, traditional or modern, indigenous or western bio-medicine. But for the convenience of general understanding it is often termed as and divided into traditional indigenous system of medicine and modern western bio-medicine [8]. Again, this modern western bio medical system includes the wider array of policy formulation, policy execution and implementation together with market domination and profit orientation.

It is highly commercialized and beyond the limitation of the general masses. Larger numbers of nominal earnings people are not a position to bear the expenses incurred in the modern-bio medical system in India. Hence, this system of medical practices is highly sophisticated; market oriented and exclusive in nature where there is no place for bulk general masses. On the other hand, the indigenous systems of Medicine are very wider and disperse in nature. It includes both formal codified healthcare practices and informal uncoded healthcare practices. This formal codified healthcare system of medicine is codified and documented in written form. The techniques and methods of medical practices as well as the formulation of different medicines in this system of healthcare practices are documented and preserved in different medicinal texts and literatures. The knowledge system in this type of healthcare practices transmitted through written documents and texts. It is based on strong scientific experiment and logical observation. Hence, it is legalised and institutionalised by the modern state. But, in case of informal uncoded healthcare practices, it is neither documented nor written in any texts or literature, the methods and techniques in this type of healthcare system is widely varied in accordance with culture and ethnicity [9]. Based on verbal method, this kind of practices is more embedded with culture and customs rather than literature or science. Hence, it is based on mysticism and spirituality followed by illogical abstraction. As a result, this kind of healthcare system is not legalised or institutionalised by the government (Table 1).

Uncodified (Informal)	Codified (Formal)
Knowledge and tradition of common folk	Knowledge and tradition of scholarship
Evolution	
Based on direct natural observation	It has vedic origin
It is undocumented	Based on philosophical refinement
-	It is documented and classified
Transmission	
People to people	Earlier non institutional
Non institutional	Now institutional
Social acceptance is widespread	Social acceptance is widespread
Slowly eroding from society	-
Natural resources use	
Plants, animal, metals and minerals are used	Plants, animal, metals and minerals are used
Promoters	

Traditional birth attendant	Educational institution
Local healers	Commercial institution
Bone setters	Research organization
Barefoot vets	Service organization
Legal status	
Not recognised by the government	Recognised by the government
No legal validity	Legal sanctity by the government

Table 1: Broad picture of traditional indigenous system of medicine in India.

Informal uncodified healthcare practices in Darjeeling hills

One such informal uncodified healthcare practice is often known as Jhankri practice in Darjeeling hills. This system of healthcare practices in Darjeeling and the adjoining areas is the living example of man believes in mysticism even in the modern globalised world. Apart from Darjeeling it is invoked in Nepal, Bhutan, Sikkim and some parts of north Eastern states. This system of healthcare practices is one of the oldest healthcare systems of Gorkha community in Darjeeling hills. Before the arrival of Britishers in the region, the only healthcare system available in the region was the Jhankri system [10]. Still in modern times, people of the region are more entangle with this healthcare system. The phenomenal development of modern healthcare regime in India and elsewhere in general and Darjeeling hills in particular also could not entirely succeed to wipe out this age old ethno-cultural healthcare system of the region. It is still widely followed, almost every household of the hill family are associated with this system. Hill people have a great faith on Jhankri system. Their first preference in any healthcare emergency is not the doctor rather the Jhankri. But in recent days, this system of healthcare practices received great setback because of the rampant growth of capitalist development. Since ages, man and nature has an inevitable and inseparable relationship. Both are largely dependent with each other for their existentiality. According to systemic theory, both man and nature are the very parts of the holistic system of universe. Hence they are connected and interrelated with each other. It is further argued that the functions and the performances of each part are largely responsible for the making of good holistic system. Further, the quantum mechanics also stated that there is an inevitable relationship between the particles in this cosmic universe. These particles may acts, react, sometimes collides with each other as a result of which changes happens and development occurs in the whole system. Interestingly, the entire gamut of Jhankri system revolves around the man nature relationship. It originates, develops, nurture and build up on the basis of man and nature relationship in the larger arena of cosmic universalism [11].

Jhankri is a normal human being who generally treats the people of different ailments with his expertise knowledge of healing. This healing system is more spiritualistic than the material one. The techniques and methods use in this healing practices are also very weird and unique. It is generally believed that Jhankri the local healer possess certain supernatural powers by virtue of which he could travel beyond the material or physical world and make trance between physical and spiritual world. He bestowed with the power of making

connection between physical and spiritual world. Hence, he is often regarded as the protector of the society or the middle man between spiritual and material world. It is further asserted that the elements of nature viz; forests, rivers, mountains, fields etc together with different rituals and rites plays an important role in this system of healthcare practices. This healthcare practice is entirely based on traditional rooted belief system of Gorkha community of Darjeeling hills. It is also of the belief that both benevolent and malevolent supernatural deities are present in every society and there is a close relationship between these deities and the physical, mental and social ailments of human life [12]. The role of these supernatural deities is crucial for the wellbeing of human life and the society as a whole. It is further believed that any kinds of problem occur in human life viz; physical, mental or social is due to the wrath and unhappiness of these supernatural deities. Hence, as a protector of the society and the human beings Jhankri performs and organise different rituals, rites and pujas to appease and to calm down the anger and wrath of these deities. Thus, Jhankri plays an important role for maintaining peace and security of hill society in general and the life of the people of hills in particular.

Jhankri practice and environment

There is a close relationship between environment and the Jhankri system. On the basis of the personal interviews with different Jhankri practitioners in Darjeeling hills, it is revealed that the entire healthcare system is based on guru chela (teacher-disciple) parampara where worshipping natural deities is very essential. The system believes that in every elements of environment there is an existence of certain deities such as river deity (khola ko dev), forest deity (jungle ko dev), field deity (baari ko dev) etc. According to this healthcare system, society is surrounded by numerous natural deities and appeasement of these deities is very essential for the wellbeing of both human beings and the entire society. It is further stated that without environment Jhankri practice does not survive because the entire knowledge and teachings of healing in this healthcare system comes from natural deities who lives in jungle. This system of healthcare practice is entirely associated with the hill society of Darjeeling hills, most particularly in the rural areas. Large numbers of people irrespective of their caste or class visit the Jhankri for their basic healthcare needs. It has observed that the entire rural population and a considerable number of urban populations believe in Jhankri practice. Hence, Jhankri culture is an integral part of hill society. Every aspect of social life is associated with Jhankri system. It is of generally believed that Jhankris have the power to go beyond the material world and make conversation with immortal souls. Thus, while performing death rituals, Jhankri often takes the immortal soul into the ultimate place popularly known as heaven. This death ritual is very important for

every ethnic community within Gorkha community for the attainment of emancipation (Mauksha) to the deceased. The performance of these death rituals are locally known as chinta. Chinta is common in all the ethnic caste groups of Gorkha community; this chinta, is actually a special kind of puja or yagya performed by the local Jhankri to emancipate the immortal soul. It is also interesting to mention that while performing chinta the deceased is often seen alive in the body of Jhankri and communicate with the family members. This chinta is generally performed at night with complete Jhankri attire together with different uncommon wearing into the head prepared by the feather of hen or cock. Dholey a normal individual is an associate of Jhankri who help the Jhankri in the entire process of chinta, starting from the making of puja ko thaana *i.e.*, sort of small temple for performing chinta. His main task is to play the (Dhyangro) drums and give beats to Jhankri while dancing in front of puja ko than. In this entire process of chinta, Jhankris often come across certain unnatural, supernatural and magical things. Hence, it is beyond the periphery of normal human beings. Accordingly, this kind of chinta is also being performed by Jhankri to treat some severe diseases both mental and physical. Moreover, there are ample of instances where people became well and disease free with the help of chinta performed by Jhankri to eliminate the diseases. Thus, it is evident that the healthcare practices of Gorkha community of Darjeeling hills are very unique and different compared to the mainstream healthcare system of India. It has been widely observed that the healthcare practices of the entire region of Darjeeling hills are largely influenced and dominated by the folk culture, customs and values of a distinct ethnic community. On the basis of conversation with local people of Darjeeling hill, it is evidenced that people have a great faith in Jhankri. They presumed Jhankri as the man of god on earth [13]. Because, devta laagnu or devta le ruchawnu (possession by the god) is a very special kind of thing and it is of the general belief that if someone possessed by devta (god) means he or she has been chosen as a man of god who got the power to eliminate the human sufferings and ensure peace and tranquillity in the society. On the basis of field survey it has also been observed that different kinds of Jhankris such as kul utreko Jhankri (Jhankri derive his or her powers from their death ancestral), boju utreko Jhankri (Jhankri derive his or her powers through their female death ancestral, jungle ko utreko (Jhankri derive his or her powers through the deities of forest), Ban jhankri le lageko (Jhankris derive their powers directly through Ban Jhankri, special deity of the jungle (forest)). It is further believed that among all these Jhankris, one who derived the power from Ban Jhankri is very powerful and he is locally known as Bhuifutuwa Jhankri.

Ban Jhankri a natural deity

Ban Jhakri is a natural deity who lives in jungle. He possessed enormous supernatural powers. Local people asserted that he is the king of the forest who often dwells the forest and nearby villages sometimes. It is interesting to state that no one has seen Ban Jhankri till today but they have a very strong belief that Ban Jhankri do exist in the society. It is only the Bhuifutuwa Jhankri who can see Ban Jhankri. Ban Jhankri did not look like normal human being, he resembles like a dwarf with long hair, red eyes, short height, short hands and long nails. His entire body is filled with hair and his feet are moving towards inward. The disciples of Ban Jhankri asserted that he is vested with immense supernatural powers; he is the benevolent deity of the forest and often provides security to all the living creatures

of earth from different negative powers, sufferings and troubles, natural calamities etc. Hence, both the local people and the Jhankris vehemently supported the existence of Ban Jhankri in the human society. It is also fascinating to state that there is a wife of Ban Jhankri in the jungle who also possessed enormous supernatural powers. However, she is not benevolent like her husband and often regarded as the malevolent deity of forest and very harmful for the entire human societies. She drinks the fresh blood of living creatures by killing them. Hence, Ban Jhankri often used to hide his disciples from his wife and train them in very secret places. On the basis of interactions with the local people and the Jhankris, it has been observed that Ban Jhankri is often kidnaps the tender boy and girl and train them about the different healing knowledge and techniques. The Bhuifutuwa Jhankris who are the disciples of Ban Jhankri asserted that the training given by Ban Jhankri to them was very tough and difficult. The places where he trains his disciples are also very weird and uncommon like steep mountain, dark caves, middle of the river, nearby waterfalls etc. The duration of training given by Ban Jhankri to his disciple is also greatly varied in each case. Some Jhankri completed his training within two weeks whereas some had to stay with Ban Jhankri for more than one month and above. But one thing is common about all that during their entire duration of stay with Ban jhankri, they have been given uncooked and unnatural foods such as uncooked eggs of different birds, uncooked maize, rice, uncooked reptiles, spider etc. Moreover, it is indeed fascinating to state that Ban Jhankri use to kidnap a young boy or a girl from their home, play ground or anywhere else and inform their parents by making sort of conversation in their sleep, and after completion of entire training Ban Jhankri send them back to their home. Thus, after coming back to home that young lad whoever it may be boy or girl is often considered as a powerful man or woman having enormous supernatural powers handed over by Ban Jhankri and popularly known as Bhuifutwa Jhankri. But, in case of other Jhankri, those who are not the disciple of Ban Jhankri, he or she needs a guru (teacher) who could train and teach them about the different Jhankri knowledge. So, there is a guru-chela parampara (*i.e.*, teacher-disciple tradition) in Jhankri system. The important characteristic of this Jhankri system is that there are no any written documents or texts regarding the knowledge system of this healthcare practices. It has been transmitted through verbal method. It is totally and purely informal uncodified healthcare system which lack institutionalisation and legalization (Figure 1 and Table 2).



Figure 1: Ban Jhankri and his wife Lyamlyaame.

S No.	Name of Jhankris	Address	Age	Gender	Healing experience	Categorization of Jhankris	Kidnap by Ban Jhankri at age of	Occupation
1	Rita Rai	Pussimbang tea estate	52	F	30	Bhuifutuwa Jhankri	10 yrs (trained by Ban Jhankri)	Housewife
2	Kiran Rai	Tongsong tea estate	46	M	25	Bhuifutuwa Jhankri	12 yrs (trained by Ban Jhankri)	Daily wage labour
3	Prem sova Limbu	Tongsong tea estate	63	F	32	Boju Utreko Jhankri	Trained by normal guru	Tea garden worker
4	Lakpa Tamang	Pussimbang tea estate	51	M	26	Kul le Ruchako Jhankri	Trained by normal guru	Carpenter
5	Anup Chettri	Gielle tea estate	37	M	10	Kul le Ruchako Jhankri	Trained by normal guru	Tea garden worker
6	Pranam Tamang	Dhootiah tea estate	38	M	20	Bhuifutuwa Jhankri	11 yrs (trained by Ban Jhankri)	Shop keeper
7	Gombey Rai	PlungDung Busty	55	M	32	Bhuifutuwa Jhankri	14 yrs (trained by Ban Jhankri)	Farmer

Table 2: Different categories of Jhankris in Darjeeling.

The above table shows that there are different categories of Jhankris available in different parts of Darjeeling. They asserted that their healthcare practice is not for commercial purpose rather to provide necessary help to the community. Hence, they never ask for any monetary fees for their treatment. However, the family of the diseased persons often give them certain gift items for their service of treatment. The table also shows that all above Jhankris are mostly from rural tea garden areas and they have been practising this healthcare system from last many years. It has also been observed that the ratio of male Jhankris are quite prominent than the female Jhankris. It has further been observed that the Jhankris who have been trained by Ban Jhankri are more powerful compared to other normal Jhankris. On the basis of interviews with above Jhankris it has also been noticed that the cases of kidnapping by Ban Jhankri (natural deity) has been steadily decreasing in present days. They also assumed that the process of deforestation, technological advancement and capitalist hegemony greatly affects the Jhankri culture of the region.

Environmental degradation and modernity

It is undoubtedly true that the growth of human intelligence is largely responsible for the degradation of environment in the larger extend. Because, the eco-system comprises all living and non living organism such as plant, animal and human being and their constant interactions with each other. They all are important elements of a particular eco-system in the biosphere. Being an important element of the holistic eco-system, they are interrelated and highly interdependent with each other. The activities and actions of one element of the system automatically affects in the life of another element of the system and vice-versa. Hence, all these elements play a crucial role for maintaining peace and tranquillity in the entire eco-system. But, with the growth of human intelligence, men started dominating and suppressing other elements of eco-system as result of which disorder and chaos erupted in the entire eco-system. It is very rightly aptly by

Gandhiji in the above context that earth has enough for everyone's but not enough for everyone's greed. It is only the human beings in the entire eco-system who lead his life with the greed and not by need. Further, in the process of development and making life more comfortable, human being started enormous exploitation to other natural elements of the eco-system. As a consequence, disorder and crisis became prominent in the eco-system.

In the process of development and heading towards modernity, human beings forget to live in a system of mutual co-existence and sustainable living. They forget that right to life is an important, basic and fundamental right of all the elements of entire eco-system. In this endeavour of leading towards modernity ultimately make human creature greedier, self oriented and excluded. Situation became much worse after the initiation of liberalization, privatization and globalization in a wider arena. As a result of which laissez-faireism emerged as a dominant economic system under the banner of larger capitalist ideology. Capitalism became the only dominant social system all over the world. It diminishes human values, morality and ethics but at the same time it enhances human greed, desires and wishes. In this steady growth of capitalist development, unprecedented factories and manufacturing companies have established deforestations and land acquisitions taking place, everybody is busy making money only. The exhaustive exploitation of nature viz; plants, trees and animals are taking place in an unprecedented manner in the name of development and making more profit. Hence, the entire eco-system witnesses the threat by this growing capitalist development. It is indeed essential to understand that when entire eco-system is affected then it automatically affects the life of human creature because as mentioned above there is an integral relationship between human being and the whole eco-system. Thus, it is imperative to state that the unprecedented growth of capitalism leads to the decay of entire eco-system (Figures 2 and 3).



Figure 2: State-run NHPC's 160 MW Teesta low dam IV hydro project in Darjeeling district of West Bengal has become fully operational.



Figure 3: Landslide on NH-10 cuts off Bengal-Sikkim road link landslide blocks NH-10.

The above pictures shows that how capitalist venture degrade the environment in particular and entire eco system in general in the small Himalayan region of Darjeeling. NHPC (National Hydroelectric Power Corporation) limited was the private limited company. However, since April 1986 it was converted into public limited company. The primary objective regarding the formation of NHPC ltd is electricity generation and energy trading. Hence, with the stated view it entered in the region and started its project in the Teesta river of Darjeeling hills which is known as the power plant project in the Teesta river. The project is very lucrative in terms of revenue generation, but it damaged the all geological settings of the region. As a result of which the entire area have become a very risk zone area. Frequent earthquake, river bank erosion, huge landslides are common phenomena in the place. Consequently, with the use of various high technological machines both river and the adjoining areas are highly affected by the NHPC project. Hence, it is well evidenced that this venture of development is more harmful rather than beneficial to the people and the region.

Epilogue

It is evident from the above discussion that the people of Darjeeling hills are the ardent believer of the existence of natural deities in society. The practices of nature worshipping are highly embedded with the culture of these people. The entire ethno-healing practices, the age

old and prominent healthcare practices popularly known as Jhankri practice in the region is totally based on nature itself. However, with the growth of capitalist intervention in the region particularly the process of deforestation and the introduction of different new capitalist avenues like NHPCs etc brutally harnessed the very eco-system of the region.

Conclusion

As a consequence of which the age old ethno healing practices of this Gorkha community has steadily been eroding from the society. Thus, it is important to understand and implement the idea of sustainable capitalism which focuses to make a parallel line between economic development, social justice and environmental responsibilities. Moreover, it is indeed essential to accept and follow the triple bottom line theory which states that capitalist development, social justice and environmental responsibilities should flow in a parallel line. The idea of inclusive social development should be provoked by initiating the theory of triple bottom line as mentioned above.

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