

The Jhankri Tradition of the Darjeeling Himalaya: An Ethnographic Study of Indigenous Healing Practices

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Abstract

This paper examines the traditional indigenous healing system known as the Jhankri practice in the Darjeeling Himalayas, emphasizing its cultural significance, accessibility, and role in healthcare. Jhankris, or faith healers, are believed to mediate between the spiritual and physical realms to diagnose and treat ailments through rituals, chants, and herbal remedies. Despite the availability of modern healthcare facilities, many individuals, both rural and urban, continue to rely on Jhankris due to cultural beliefs, economic constraints, and limited healthcare infrastructure. The research employs ethnographic and case study methodologies, including interviews, surveys, and participant observation, to explore the persistence of Jhankri healing within the Gorkha community. Findings highlight the coexistence of formal and informal medical systems, demonstrating how medical pluralism persists due to socio-economic factors, cultural identity, and faith in traditional healing methods. Additionally, the paper sheds light on the political and social influences that sustain the practice, as well as the challenges it faces in the modern era. The paper underscores the need for documentation and further exploration of such traditional healing systems, ensuring their role in contemporary healthcare discourse.

Keywords: Jhankri Healing, Indigenous Medicine, Medical Pluralism, Darjeeling Himalaya, Faith Healing, Ethnographic Study

Introduction

Nestled in the rolling hills of West Bengal, Darjeeling, often referred to as the “Queen of Hills,” has long been

celebrated for its lush tea plantations and breathtaking Himalayan vistas. Beyond its global reputation as a producer of exquisite tea and its mesmerizing natural beauty, the region also boasts a rich tradition of ethno-healing practices that have been passed down through generations. Darjeeling’s diverse population—including Nepali, Lepcha, Bhutia, and other ethnic communities—has cultivated a unique healing culture that blends spiritual and herbal traditions. From shamanic rituals to Tibetan Buddhist medicine, these ancient practices continue to play a vital role in the well-being of local communities (Lama 2008). One of the oldest, most prominent, and widely practised traditional healing systems in the Darjeeling Hills is the *Jhankri Practice*. Jhankris are local healers revered for their ability to commune with the spiritual world and harness natural energies to treat ailments. Through drum-accompanied trance states, locally known as *Chinta*, Jhankris diagnose the root causes of illnesses, which they believe are often linked to imbalances or disturbances in the spiritual realm. They are regarded as intermediaries between the physical and metaphysical worlds, performing rituals, chanting incantations, and preparing herbal remedies to restore harmony and well-being in society.

The reviewed literature on traditional healing practices in India reveals a rich tapestry of indigenous medical systems that are closely integrated with local cultures, biodiversity, and spiritual beliefs. These practices are particularly vital for rural and tribal populations who often lack access to formal healthcare systems. Rai (2010) emphasizes the role of traditional healers in Ribdi Bhareng, Sikkim, underlining their spiritual authority and the significance of their herbal knowledge in biodiversity conservation. Similarly, Dutta (2021) offers a quantitative account of the Toto tribe’s ethno-medicinal practices, stressing the importance of documentation for the preservation of indigenous knowledge systems.

Unnikrishnan (2004) distinguishes between codified

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systems (Ayurveda, Siddha, Unani) and uncoded oral traditions, noting that the latter suffer from systemic neglect due to inadequate documentation. Bag's (2012) study of the Rajbanshi community illustrates persistent dependence on traditional healthcare, even in the presence of modern medical infrastructure, indicating its cultural embeddedness and functional relevance. The socio-cultural dimensions of traditional healing are further explored by Tamang and Thapa (2018), who analyze the spiritual and ecological dimensions of the Jhankri faith healers in the Darjeeling Hills. Thapa (2015) adds to this by documenting folklore-based therapies, showcasing the holistic integration of ritual, plant medicine, and divination in healthcare practices.

Prasad (2016) discusses medical pluralism in South Gujarat, highlighting how rural communities utilize both formal and informal healthcare services, often prioritizing traditional systems due to their accessibility and cultural familiarity. Collectively, these studies underscore the resilience and adaptability of traditional healing practices, while also pointing to challenges such as marginalization, inadequate recognition, and the threat of cultural erosion.

The current study builds upon this literature by examining healthcare access within the Gorkha community of the Darjeeling Hills. It explores the community's reliance on informal systems, particularly the Jhankri tradition, and investigates the socio-cultural factors that sustain these practices, including among the affluent and educated. The study situates itself within the framework of medical pluralism, aiming to understand the coexistence and interactions between formal healthcare institutions and traditional healing systems, with implications for culturally sensitive health policy and inclusive healthcare frameworks.

Methodology and Research Design

The study focuses on ethnographic and case study approaches in human sciences and uses standard field research tools and techniques, including stratified random sampling of residents and patients across Darjeeling and Kalimpong Districts of West Bengal, India. Data collection includes in-depth interviews and snowball sampling to engage with traditional healers, local politicians, academicians, health activists, patients, and representatives from sub-centres and primary health centers. The study includes case studies of patients relying on traditional health practices, such as Jhankri, Bhalla, Ojha, and Vaidhya systems. Other important samples include patients, government hospitals, primary health centers, community health centers, local healers, doctors, nurses, academicians, and political leaders.

The study utilized various data collection tools, including questionnaires, opinionnaires, structured interviews, observation, and surveys, to gather information about the research area. The researcher visited the area and used interviews to establish rapport and gather information. Primary sources of data included government reports, official records, newspapers, Jhankris, local people, doctors, ANMs, political leaders, and elderly experienced people with extensive knowledge of life, natural phenomena, and societal traditions. Secondary sources included books, journals, and magazines. Data analysis involved classification, coding, and tabulation, with the researcher logically and critically examining the results, considering the sample limitations and the chosen tools and methods. The study aimed to gain a deeper understanding of the subject matter.

Health and Healthcare Practice around the Globe

Healthcare practices vary globally due to technological advancements, regional diversity, and cultural orientation. In India, Western Bio-Medicine (WBM) and Traditional Indigenous Medicine (TIM) coexist, with TIM divided into Formal Codified Healthcare Practices and Informal Uncodified Healthcare Practices. Formal Codified Healthcare practices institutionalize healthcare practices, documenting diagnostic methodologies and treatment techniques for future generations. Due to its structured framework, it has received government approval and legal recognition. The AYUSH system—comprising *Ayurveda*, *Yoga*, *Unani*, *Siddha*, and Homeopathy, along with *Sowa-Rigpa* of the Tibetan community and the *Ashtavaidya* practice of Kerala—is a notable example of Formal Codified Healthcare in India.

In contrast, Informal Uncodified Healthcare Systems operate outside legal recognition, lack institutional support, and are undocumented. Despite this, they remain deeply ingrained in the beliefs and practices of large sections of the population, having been passed down through generations. Such informal healing systems are particularly prevalent in many developing countries, where they play a crucial role in rural healthcare. These informal systems are not only accessible and affordable but also widely trusted, especially among rural populations in India and other developing nations. While there is no universally accepted definition of the Informal Healing System, its diverse nature and practice reflect its significance in traditional medicine (Unnikrishnan 2004).

At the dawn of India's independence, the Traditional Indigenous System of Medicine, which had remained largely sidelined during British rule, received newfound recognition from the Indian government. At the time, India faced dire public health conditions, necessitating

immediate intervention to address the nation's healthcare crisis. Consequently, various committees were established to rigorously analyze public health challenges and propose viable solutions. Based on their research and observations, these committees recommended a range of new programs and policies to combat the country's pressing health concerns. Their findings underscored the effectiveness and utility of India's Traditional Codified Healthcare System in treating various diseases. This system proved particularly advantageous due to its accessibility, affordability, and strong theoretical foundation. Consequently, in the early years of independence, it was recognized as a legitimate alternative healthcare system, eventually gaining official recognition and legalization by the government. Government approval provided an opportunity for significant growth in codified traditional medicine. As a result, numerous medical institutions, research centers, colleges, and universities dedicated to these traditional systems were established across India. Over time, practitioners of these codified medical traditions were granted equal status with modern biomedical practitioners, solidifying their place in India's healthcare system. Today, these systems are formally classified as Traditional Formal Healthcare Systems.

In contrast, the healthcare practices of many tribal and rural communities in India have remained uncoded and undocumented. These traditional healing methods are transmitted orally and rely heavily on local observations and community knowledge rather than written records or formalized literature. Despite their deep-rooted presence in society, practitioners of these Informal Healthcare Systems have not been accorded the same status as those in codified or biomedical fields. They are often marginalized, dismissed as fraudulent, or considered inferior.

The scope and nature of informal healthcare in India are vast and diverse, with healers specializing in different medical domains. Some focus on eye ailments, others on orthopaedic issues, while some deal with cardiovascular diseases and other conditions. The designation of these healers varies across communities, with titles such as Vaidya, Jhankri, Kurmi, and Bungthing depending on regional and cultural contexts. Scholars and academicians argue that the practices of these local informal healers are rooted in a trial-and-error approach, refined through generations of observation and experiential knowledge. However, many healers are reluctant to explain the methodologies behind their treatments. Additionally, these informal systems lack a theoretical framework comparable to Ayurveda or modern biomedicine, further contributing to their exclusion from formal healthcare recognition.

Renowned academicians such as Darshan Shankar,

Unnikrishnan, and others have argued that informal healthcare practices across different regions of India have strong theoretical foundations rooted in various chapters and verses of Ayurvedic texts. Scholars and researchers have keenly observed that without the practical application and expertise of local informal healers, these classical texts would have remained mere abstract theories and obscure formulations. These scholars further assert that local health traditions and informal healing practices are derived from classical texts and literature, even though their practitioners may not be aware of these origins. Most informal health practitioners in rural areas lack formal knowledge of the scientific rationale behind the medicinal use of specific plants. Instead, their prescriptions of herbs, leaves, and roots are based on generations of experience, keen observation of nature, and oral transmission of knowledge. As a result, many of these healers are unable to articulate the medicinal properties and pharmacological significance of the herbs, barks, and roots they use.

Despite their lack of formal training in disease pathology and treatment theories, these informal healers have been serving communities for centuries with their practical and experiential knowledge of healing. This Traditional Informal Healing System, often referred to as a community-based oral health tradition, is deeply embedded in the customs, values, and cultural practices of diverse communities across India. Several scholars have drawn parallels between healthcare practices, music, and agriculture, asserting that, like these other domains, India's healthcare system has also evolved as a folk tradition. Estimates suggest that there are approximately 1.4 million local healers in India, each specializing in the treatment of various ailments. These practitioners possess extensive knowledge of herbal plants and local dietary practices, relying on indigenous resources and direct observation to inform their healing techniques. According to the All-India Ethno-Biological Survey, around 8,000 species of wild plants are used for medicinal purposes by different tribal communities and rural populations in India. However, these healers do not rely solely on plants—many also incorporate animals, metals, and minerals in their treatments for various diseases (Shankar 2007).

Healthcare System in Darjeeling Himalaya

Before the British arrived in the Darjeeling Hills, the healthcare system was primarily characterized by uncoded healing practices, known as the Ritual Healing System or Jhankri System. This tradition has been a fundamental aspect of health and well-being in rural communities, particularly in the Magar, Tamang,

Gurung, Rai, Limbu, and Lepcha communities. Each community has its designated healer responsible for performing ritual ceremonies during times of need.

Jhankris are not only associated with healing but also a social designation among the Gorkha and Nepali communities of Darjeeling. They can be ordinary individuals, regardless of caste, who possess spiritual power and act as a medium between humans and the supernatural. Even in the modern era, ritual healers (Jhankris) continue to be deeply embedded in local traditions. Many people seek guidance from a Jhankri in times of medical distress before consulting a doctor. There are two primary types of Jhankris in Darjeeling: those trained by a guru and those trained by Ban Jhankri, a supernatural entity believed to be the deity of specialized Jhankris. This spiritual training passed down through oral traditions and initiation rituals adds a fascinating dimension to Darjeeling's indigenous healthcare system. Despite the globalization of medicine and the widespread availability of modern healthcare services, many people in Darjeeling continue to rely on these uncoded healing traditions for their primary health needs. Jhankris and other ritual healers are indispensable in various life events, from birth to death, and are deeply intertwined with nature worship, one of the oldest religious traditions in human civilization. The healthcare system in Darjeeling Hills remains deeply rooted in cultural belief systems, particularly the Ritual Healing System. Traditional healing practices coexist with modern medicine, reflecting the enduring influence of spiritual healing and nature worship. This system continues to be an integral part of the region's identity, demonstrating how health, culture, and spirituality are interwoven in the lives of the hill communities.

As per the study made in the Darjeeling district of West Bengal, it is revealed that the people of Darjeeling still believe in the practices of informal healthcare systems such as the *Jhankri* System. It is indeed essential to state that all the different sub-communities within the Gorkha community have their distinct *Jhankri*, such as '*Rai* community called *Jhankri* or *bijuwa*, the *Lepcha* community as *Bunghthing*, the *Limbu* as *Fedangma*, etc. This *Jhankri* culture is very strongly embedded in the Gorkha community. It is also found that the rural people of Darjeeling are largely dependent upon the *Jhankris* for their basic healthcare needs. But it is also a fact that a considerable number of the urban population of the Darjeeling district do believe in the *Jhankri* practice. *Jhankris* are very essential in Darjeeling because starting from the birth rituals up to the death rituals, everything is done by *Jhankris* in the Hills, and it is generally believed that without proper rituals and pujas, we human beings cannot lead our lives with good health and peace of mind. It is revealed from

the survey report that almost all the people, irrespective of being literate or illiterate, urban or rural, rich or poor, believe in the *Jhankri* practice. Hence, the *Jhankri* practice in the Darjeeling region is often considered a culturally rooted belief system in the Darjeeling Hills. *Jhankri* practice in this region is not only a matter of accessibility, affordability, or efficacy, rather, it has become the habit of hill people to follow this *Jhankri* tradition continuously from generation to generation. (Tamang 2017)

Public Health Discontentment and the Jhankri Practice in Darjeeling

It is evident from the field survey conducted in the different parts of Darjeeling that the condition of public health facilities and infrastructure is very pathetic and worrisome. Health centres and sub-centers in different areas of Darjeeling Hills are running without permanent health staff, followed by a lack of basic healthcare facilities. While interacting with residents of the Tong Song tea estate of Darjeeling, it is revealed that the health sub-centres and primary health centres are very far from their village. Moreover, the condition of the road is very poor, and the scope for the accessibility of vehicles is very limited. Hence, it is very difficult for the patients to reach the sub-centre or the primary health centre in times of emergency. Many sub-centers are not even in a position to provide the minimum basic healthcare facilities. It is running with a scarcity of medical equipment, medicines, and even health staff. Hence, the people of this region have no other alternative except private healthcare treatment or informal healthcare treatment, such as *Jhankri* treatment. This *Jhankri* System, or the practices of different local *Jhankris* in the Darjeeling District of West Bengal, are uncoded informal healthcare practices that are not supported by the government. Hence, these practices are often seen as extra-legal practices. However, it is well evident that this *Jhankri* culture is an inseparable part of Gorkha society, and it is embedded with the habits of life of Gorkha people. (ibid.)

It is also evident from the various studies that the majority of the Tribal population in India still believes in '*naturalism*' and '*animism*'. They still believe in the existence of natural deities, both in the form of benevolent and malevolent nature. They worship different natural deities on different occasions for the well-being of their societies. They have a belief that human society is surrounded by several natural deities, and it is the responsibility of human beings to honor and worship such deities for the well-being of the entire society. Because it is generally believed that the anger and wrath of such natural deities create human suffering and diseases. Hence, to avoid suffering and to maintain a healthy and peaceful life, people

generally worship these natural deities. While making this survey and interacting with the general masses of Darjeeling, it became well evident that the people of Darjeeling do believe in '*naturalism and animism*'. (Sharma 2006) The total population of Darjeeling Hills believed in natural deities and the existence of supernatural powers. The situation of the rural belt is even more crucial. They practice different rituals, pujas, and yagyas to appease the different natural deities. Important pujas among them are *Khola ko puja* (river worshipping), *jungle ko puja* (forest worshipping), *Nag ko puja* (snake worshipping), *rukhi ko puja* (worshipping the tree), *baari ko puja* (worshipping the field), etc. The man who performs all these pujas and yagyas on behalf of the concerned family or society is called '*Jhankri*' in the local language. So in another way, *Jhankri* is a mediator between the supernatural powers and the human beings in the Hill society.

Jhankri: The Healers in Darjeeling Himalaya

The *Jhankri*, a medical man in the hill society of Darjeeling Himalaya, is considered a normal human being but the sole health provider in rural areas. The people believe that *Jhankris* possess supernatural powers to heal their sorrows and miseries, and that they are the man of God on earth, communicating with natural deities and supernatural entities to protect humans and societies from evil spirits. The *Jhankri* system is associated with the hill society of Darjeeling Hills, particularly in rural areas. Local people, regardless of caste or class, visit the *Jhankri* for their healthcare needs. The *Jhankri* practice is an integral part of hill society, affecting every aspect of social life. It is believed that *Jhankris* have the power to go beyond the material world, often reaching the immortal soul in heaven during death rituals. One important death ritual in all ethnic caste groups is the '*Chinta*', a special kind of puja or yagya performed by *Jhankris* to emancipate the immortal soul. The deceased is often seen alive in the body of *Jhankri* and shares their wishes with the family after their death. This *chinta* is performed at night with complete *Jhankri* attire and unusual headwear prepared with feathers from a hen or cock. A local assistant named '*Dholey*' assists *Jhankris* in the entire process of *chinta*, playing drums and giving beats while *Jhankri* dances in front of '*puja ko than*'. *Jhankris* often encounter unnatural or magical things during the process, performing practices beyond the periphery of normal humans.

The healthcare practices of the Gorkha community of Darjeeling Hills are distinct and different from the mainstream healthcare system of India, as they are influenced by the folk culture, customs, and values of a distinct ethnic community.

While making conversation with the local people of Darjeeling Hill, it is evident that people have great faith in a *Jhankri*. They consider *Jhankri* as the man of God on earth. 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 is possessed by *Devta* (God) it means he or she has been chosen as a man of God who has the power to eliminate human sufferings and ensure peace and tranquillity in the society. They have also asserted that there are different kinds of *Jhankris* such as '*kul utreko Jhakri*' (*Jhankri* derives his or her powers from their dead ancestor), '*boju utreko Jhankri*' (*Jhankri* derive his or her powers through their female dead ancestor), '*jungle ko utreko*' (*Jhankri* derives 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 derives the power from *Ban Jhankri* is very powerful, and he is locally known as '*Bhuifutuwa Jhankri*'.

Ban Jhankri: The Natural Deity

According to the local people of Darjeeling, *Ban Jhakri* is a natural deity who resides in the jungle. He is endowed with enormous supernatural powers. People asserted that he is the king of the forest who very often dwells in the forest and nearby villages. It is also evident that no one has seen *Ban Jhankri* till today, but they have a very strong belief that *Ban Jhankri* does exist in society and lives in the forest interiors. They further argued that it is only the *Jhankri*, the disciple of *Ban Jhankri*, who can see him. Accordingly, while interacting with the disciples of *Ban Jhankri*, they described that *Ban Jhankri* does not look like any normal human being. His features resemble those of a dwarf with long hair, red eyes, short height, short hands with very long nails, and an entire body filled with hair, and most importantly, his feet are turned inwards. They further asserted that he has immense supernatural powers; he is the benevolent deity of the forest and always lives in the forest. The locals strongly believe that the *Ban Jhankri* provides security to all the living creatures of the earth from different negative powers, sufferings, troubles, natural calamities, etc. Thus, both the local people and the *Jhankris* asserted that the existence of *Ban Jhankri* is essential in society. The disciples of *Ban Jhankri* also stated that the wife of *Ban Jhankri* also lives in the jungle. She is also endowed with enormous supernatural powers. But she is not benevolent like her husband; she kills living creatures and often drinks their fresh blood. Hence, she is often regarded as the malevolent deity of the forest and very menacing to the entire human society. These *Jhankris* further claimed that *Ban Jhankri* often hid his disciples from his wife and trained them in very secret places. It

is further stated by the local people and the *Jhankris* that the *Ban Jhankri* often kidnaps tender boys and girls, trains them and teaches them different healing knowledge and techniques. The disciples of *Ban Jhankri* further asserted that the training given by *Ban Jhankri* to them was very tough. The places of training were also very weird and uncommon, like steep mountains, dark caves, the middle of the river, nearby waterfalls, etc. The duration of training provided by *Ban Jhankri* to his disciples is not the same for all his disciples, but greatly varies in each case. Such training of some of the *Jhankris* was completed within two weeks, whereas some had to stay with *Ban Jhankri* for more than a month and more. During the entire duration of their stay with *Ban Jhankri*, they were given several uncooked and unnatural foods such as uncooked eggs of different birds, uncooked maize, rice, uncooked reptiles, spiders, etc. They also affirmed that *Ban Jhankri* informs the parents of the children he kidnaps by appearing in dreams and having a sort of conversation about the whereabouts of their children. After completion of the entire training, the *Ban Jhankri* sends them back to their home. Hence, it is of general belief that after coming back home that young disciple, whoever it may be, boy or girl, is often considered a powerful person having enormous supernatural powers trained and handed back by the *Ban Jhankri*. Locally, he/ she starts getting popular as a *Bhuifutwa Jhankri*. In the case of other *Jhankris*, those who are not the disciples of *Ban Jhankri*, he /she need a guru (teacher) who can train and teach them about the different *Jhankri* knowledge. Hence, there is a guru-chela Parampara, i.e., teacher-disciple tradition in the *Jhankri* system. It is the guru who finally decides when the disciple is ready to become a complete *Jhankri* and can start *Jhankri* practice. The important characteristic of this *Jhankri* System is that the total knowledge system of this practice has been transmitted through verbal methods. There are no written documents or records in this system; it is a totally and purely informal, uncoded healthcare system with a lack of institutionalization and legalization. (Tamang 2018)

Accounts of Jhankri Healers in Darjeeling

Reshmi Rai, a 27-year-old housewife from Upper Tong Song Tea Estate, Darjeeling, is a well-known *Jhankri* in her community. During a conversation with her, she revealed that she is a disciple of *Ban Jhankri*, a supernatural entity, and seeks guidance from it to treat various ailments. According to Mrs. Rai, the knowledge and techniques for treating life-threatening diseases, as well as the formulation of herbal medicines, were imparted to her through dreams by *Ban Jhankri*. She recounted a striking experience from her childhood—at the age of

seven, she was abducted by *Ban Jhankri* and trained in various locations within the jungle for approximately 20 days. She claimed that during the abduction, she was rendered unconscious, both during her capture and upon her return home. After this event, she began exhibiting supernatural abilities that enabled her to address both individual and societal problems. She described *Ban Jhankri* as a dwarf-like entity with long hair and reddish eyes. She emphasized that she does not charge any fees for her healing services, as she believes she has been chosen by a divine force to serve humanity.

Likewise, Dinesh Tamang, a 48-year-old *Jhankri* from Tong Song Tea Estate, is widely respected across the region for his healing practices. He recounted that at the age of nine, while playing with friends, he was kidnapped by *Ban Jhankri* and kept in isolation for about 20 days. During this time, he was fed an unusual diet, consisting of raw reptile meat, uncooked animal meat, rice, maize, and wild fruits. His training took place in challenging environments such as waterfalls, dense forests, and dark caves. After completing his initiation, *Ban Jhankri* returned home, where he gradually assumed the role of a traditional healer.

Another *Jhankri*, Pranam Tamang, a 37-year-old grocery shop owner from Dhootriah Tea Estate, narrated a similar story. He stated that at the age of eight, he was abducted by *Ban Jhankri* while playing football. Unlike others, his training lasted two months before he was sent back home. Upon his return, he was instructed by *Ban Jhankri* to retrieve his healing instruments, including a *dhyangro* (drum), *jhyamta* (cymbals), and *maala* (necklace)—from specific locations in the forest at designated times. Initially, his family misunderstood his condition and repeatedly took him to the hospital. Over time, however, as he fully embraced his role as a *Jhankri*, he began practising faith healing in the community. He emphasized that his healing service is not a profession, and he does not charge for his services.

In contrast, Lakpa Tamang, a 47-year-old *Jhankri* from Pussimbang Tea Estate, does not claim to have been trained by *Ban Jhankri*. Instead, he learned his skills from a human guru. He believes that one must be chosen by the deity to become a *Jhankri* and considers his healing work a divine calling rather than a profession. Having practiced faith healing for the past 18 years, he sees his role as one of alleviating human suffering and restoring balance in society. The study reveals the inadequacy of Darjeeling's public healthcare infrastructure, which has deteriorated over the years, leading to a significant portion of the population relying on *Jhankris* for medical care. Many residents lack access to basic primary healthcare services, and many believe in supernatural powers and ritualistic healing practices. Beliefs in

natural deities, spirit possession, witchcraft, and faith healing remain deeply embedded in the social fabric. The study also reveals a direct correlation between the inadequacy of formal healthcare infrastructure in rural areas and the reliance on traditional healing systems. Socioeconomic patterns influence the choice between formal and informal healthcare systems. Poorer and less-educated individuals tend to rely primarily on traditional healing practices, while wealthier and more educated individuals often have access to both modern healthcare and traditional faith healing. This suggests that cultural and community ties play a crucial role in determining healthcare preferences.

The study also highlights the intersection between faith healing practices and local political dynamics. While public health policy focuses on the development of formal healthcare systems, political leaders in the region often support and endorse extra-legal healing systems such as Jhankri. This support stems from cultural alignment between politicians and local communities, limited availability of public healthcare services, and a strategic political nexus where politicians leverage faith healing traditions to strengthen their influence and maintain social cohesion.

The study found that in regions where formal healthcare access is inadequate, politicians and faith healers often form informal alliances, ensuring that traditional healing practices continue to flourish. The study confirms that while the expansion of formal healthcare remains a governmental priority, the Jhankri System and other traditional healing practices continue to play an essential role in Darjeeling's healthcare landscape. In an active political environment, where community leaders support alternative healing systems, public health policy appears tolerant and permissive of these practices. Additionally, the study highlights a critical healthcare disparity, where reliance on faith healing is often dictated by socio-economic status and accessibility to formal medical care. However, cultural and spiritual beliefs transcend economic class, leading even affluent individuals to engage with traditional healing practices. Ultimately, the coexistence of formal medical institutions and traditional healing systems in Darjeeling reveals a complex interplay between health, culture, economics, and politics. While modern healthcare infrastructure continues to develop, faith healing remains deeply rooted in the social and cultural identity of the region.

Conclusion

It is well evident that Jhankris in Darjeeling have faced growing competition from modern allopathic medicine. However, many locals continue to revere and rely

on these age-old healing practices, particularly for chronic ailments, mental health concerns, and spiritual afflictions—conditions they believe Western medicine often fails to adequately address. Beyond its therapeutic role, the Jhankri practice holds profound cultural significance, deeply embedded in local traditions, spirituality, and communal trust. The people of Darjeeling embrace a distinct Himalayan approach to health and wellness, one that is harmonized with the rhythms of nature and shaped by ancestral wisdom. As Darjeeling navigates the challenges of rapid socio-political development and cultural transformation, preserving its rich healing heritage, particularly the Jhankri practice, remains a crucial priority. Through the dedicated efforts of local healers, researchers, academicians, community members, and state institutions, these ancient traditions continue to thrive, serving as an enduring bridge between the region's spiritual and medicinal roots.

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