

FROM TRADITION TO MODERNITY: THE CHANGING DYNAMICS OF FAITH HEALING IN SIKKIM

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Received: 25-11-2024

Accepted: 04-12-2024



ABSTRACT

This study examines the evolving landscape of faith healing practices in Sikkim, a region where traditional healing methods hold deep-rooted cultural significance but face mounting pressures from modernization. Through both primary and secondary data, this research highlights how socio-economic shifts and increased access to modern healthcare are reshaping public perceptions and the sustainability of faith healing practices. Semi-structured interviews with 12 faith healers across all six districts of Sikkim, complemented by surveys of 53 general respondents, reveal the key challenges and changes these practitioners face. Findings show that while faith healing remains an integral aspect of cultural identity in Sikkim, it struggles to resonate with younger generations, who are increasingly drawn to biomedical alternatives. The study underscores the importance of preserving traditional healing knowledge and suggests potential pathways for integrating these practices within modern healthcare frameworks to foster a balanced approach to healthcare in Sikkim. This research contributes to a deeper understanding of the tensions between tradition and modernity in healthcare, offering insights for policy-makers, cultural preservationists, and healthcare providers alike.

KEYWORDS: Faith Healing, Sikkim, Modernization, Cultural Heritage, Traditional Medicine, Healthcare Integration

RESUMEN: *De tradición a modernidad: las dinámicas cambiantes de la curación por la fe en Sikkim*

Este estudio examina la evolución de las prácticas de curación por fe en Sikkim, una región donde los métodos curativos tradicionales tienen una amplia importancia cultural pero confrontan crecientes presiones debido a la modernización. A través de datos primarios y secundarios, esta investigación resalta cómo los cambios socioeconómicos y un mayor acceso a medicina moderna están remodelando las percepciones públicas y la viabilidad de las prácticas medicinales basadas en la fe. Doce entrevistas semiestructuradas con curanderos de los seis distritos de Sikkim complementadas con 53 encuestas al público general revelan los principales retos y cambios a los que los curanderos se enfrentan. Los resultados demuestran que, pese a que las curaciones basadas en la fe siguen representando una parte

integral de la identidad cultural de Sikkim, estas encuentran dificultades para resonar con las generaciones más jóvenes, las cuales están más interesadas en alternativas biomédicas. Este artículo resalta la importancia de preservar el conocimiento de la medicina tradicional y sugiere posibles vías para integrar estas prácticas en doctrinas de la medicina moderna con el fin de fomentar un enfoque equilibrado en Sikkim. Esta investigación contribuye a entender de manera más profunda las tensiones entre tradición y modernidad en la medicina, ofreciendo información para legisladores, conservacionistas culturales y sanitarios por igual.

PALABRAS CLAVE: Curación por la fe, Sikkim, modernización, legado cultural, medicina tradicional, integración sanitaria

1. Introduction

Faith healing, a traditional practice relying on spiritual methods to treat physical and psychological ailments, holds a unique place in societies worldwide, especially within culturally rich and religiously diverse communities. Sikkim, a Himalayan state in India, has a longstanding tradition of faith healing that intertwines religious, cultural, and historical elements across its ethnic groups. This system involves invoking spiritual energies and performing rituals believed to restore harmony between individuals and their surroundings, thereby addressing both the origins of illness and its treatment. Despite its resilience, faith healing in Sikkim is increasingly threatened by socio-economic modernization, shifts in healthcare preferences, and generational changes in cultural identity.

Globally, advances in biomedical sciences have significantly improved healthcare outcomes, enhancing life expectancy and quality of life through precise understanding and treatment of diseases at the molecular and genetic levels. However, biomedicine often lacks answers to existential questions like “Why me?” and “Why now?” that many individuals seek when confronting illness (Wintrob, 2009). This gap has traditionally been addressed by faith healing, which offers comfort and meaning by connecting individuals with spiritual and supernatural realms, providing a sense of order and purpose during times of distress.

In India, the spread of Western medicine began with British colonization in the 19th century, introducing the biomedical model and gradually sidelining indigenous systems of healthcare, including faith healing (Kaur, 2012). Over time, the biomedical approach established itself as the dominant model, often overshadowing traditional healing practices. This trend intensified with globalization, which promoted modern healthcare frameworks while contributing to the marginalization of faith healers who lack institutional support. Consequently, the role of faith

healers in communities like Sikkim has shifted as they face economic instability and a declining appeal to the younger, more urbanized generation (Bhasin, 2007).

In Sikkim, faith healing systems reflect an intricate blend of polytheistic and animistic traditions, with practitioners, or faith healers, revered as custodians of both health and cultural heritage. Known locally by various titles—such as “Jhankri” among Chettris and Bahuns, “Mun” among Lepchas, and “Pawo” among Bhutias—these healers serve as spiritual guides and healthcare providers, addressing ailments that Western medicine might overlook (Doma, 2018). However, as younger generations increasingly turn to biomedicine, influenced by urbanization, education, and technology, faith healers face challenges in sustaining their practices and passing down knowledge. Cultural shifts in Sikkim mirror broader patterns observed across regions undergoing modernization, where traditional practices are either adapted or gradually abandoned (Panda & Misra, 2010).

2. Study Area

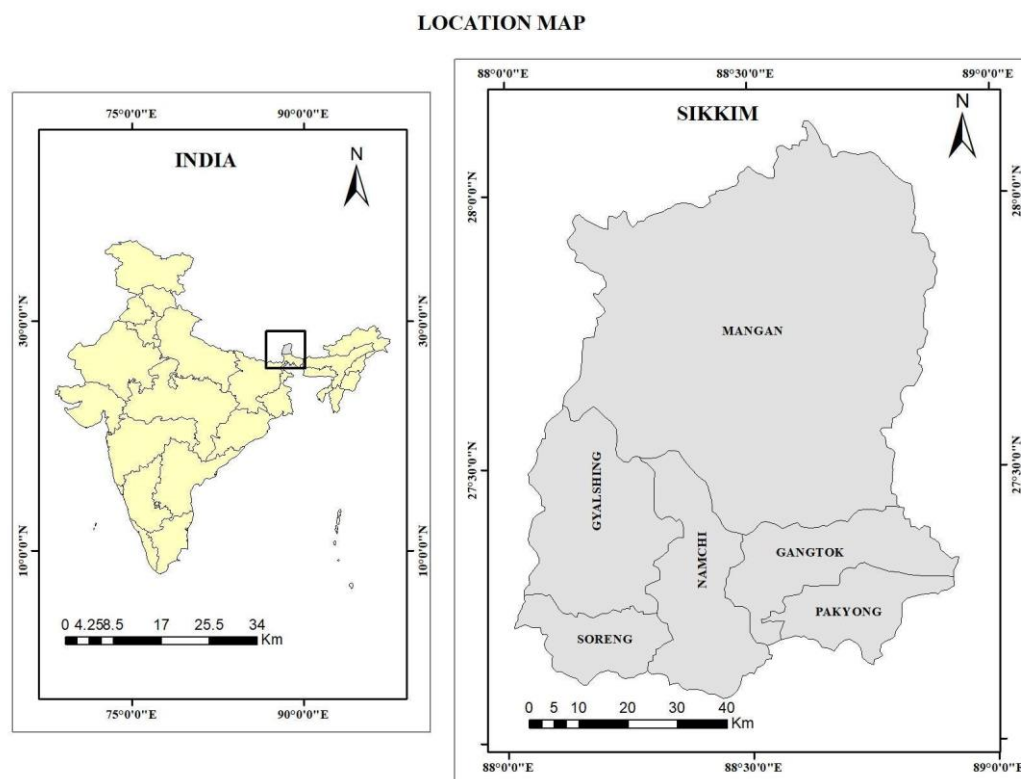


Figure 1 Location Map of the study area

Source: Prepared using ArcMap 10.5

Sikkim, nestled in the eastern Himalayas at 27°20'N 88°37'E, is a landlocked state in India known for its rich cultural diversity and deeply rooted traditions. Covering a relatively small area, it is India's second-smallest state by land and has the lowest population, contributing to its distinct socio-cultural dynamics. Sikkim's name, derived from the Limbu words "Su" (new) and "Khyim" (palace or house), reflects its historical origins as the seat of the Namgyal dynasty's first palace. Locally, the state is also known as "Denjong" (valley of rice) in Tibetan, "Bayul Demazong" (hidden valley of rice) by the Bhutias, and "Nye-mae-el" (paradise) by the indigenous Lepcha people, alluding to the area's revered status in regional lore (Ramashankar & Sharma, 2009).

Over the past century, Sikkim has undergone transformative changes in governance, socio-economic structures, and cultural norms. Once ruled by a monarchy, Sikkim became India's 22nd state in 1975. These shifts have contributed to an increasingly multi-ethnic society, with residents practicing a variety of spiritual traditions, including Buddhism, Hinduism, and animistic rituals. These diverse beliefs have shaped Sikkim's faith healing practices, with distinct ethnic groups following unique healing traditions that are still respected as integral components of local healthcare systems. Ritual specialists across communities utilize practices rooted in polytheism and animism, often invoking the five elements—earth, water, fire, air, and ether—to create sacred spaces conducive to healing.

Faith healers, known locally by various titles based on ethnicity—such as "Jhankri" among Chettris, "Pawo" among Bhutias, and "Mun" among Lepchas—are widely respected in their communities, often serving as the first point of contact in matters of health, spiritual well-being, and social conflict. These practitioners are not only viewed as healers but as custodians of cultural heritage, bridging past and present, life and death, individual and community (Doma, 2018). However, with increased access to modern healthcare and changing cultural values, faith healers in Sikkim face growing challenges. The ongoing shift in healthcare-seeking behavior from traditional to biomedical practices is more pronounced in urban areas, where medical facilities and information are more accessible.

This study focuses on all six districts of Sikkim to assess the variations in faith healing practices across the state, considering both geographical and cultural diversity. By examining faith healing within this unique socio-cultural and economic context, this research sheds light on the complex factors influencing healthcare preferences and the evolving role of traditional healing

in Sikkim's healthcare landscape.

3. Research Objectives

This study aims to explore the evolving role of faith healing within Sikkim's diverse ethnic communities, highlighting its cultural and social importance amidst changing healthcare preferences. By examining the historical roots and current practices of faith healing, the research seeks to provide insight into how these traditions have shaped community health and cultural identity over time. Additionally, by analyzing the demographic profiles and motivations of individuals who continue to seek faith healing services, this study addresses the factors influencing healthcare decisions, including age, educational background, and urban versus rural residency. The research also investigates the impact of modernization and urbanization on faith healing practices, shedding light on the challenges that traditional healers face as access to modern healthcare expands and societal attitudes shift. Ultimately, this study seeks to contribute to the broader understanding of how traditional healing practices can coexist with modern medicine, offering implications for policy-making, cultural preservation, and healthcare integration in Sikkim.

4. Methods

This study adopts a mixed-methods approach, integrating both qualitative and quantitative data to examine the role of faith healing in Sikkim, the demographic factors shaping its practice, and the impact of modernization on traditional healing. Primary data was gathered from semi-structured interviews with 12 experienced faith healers, representing all six districts of Sikkim. These practitioners, selected through purposive sampling, reflect the diverse ethnic groups and geographic distribution within the state, providing a broad perspective on the cultural, social, and economic dimensions of faith healing. Interviews were conducted in person or remotely, depending on logistical considerations, and focused on topics such as the cultural significance of their practices, the generational transmission of knowledge, economic challenges, and the pressures brought about by urbanization and modern healthcare systems.

To complement the perspectives of faith healers, a structured questionnaire was distributed to 53 community members, chosen using convenience sampling. These respondents, all of whom had completed at least a high school education, provided insights into the broader societal

attitudes towards faith healing. Conducted online via Google Forms, the survey included questions on reasons for consulting faith healers, frequency of visits, and perceptions of faith healing's relevance today versus childhood experiences. Additional questions explored factors influencing healthcare decisions, such as cultural beliefs, previous experiences with faith healing, family and community recommendations, and access to modern medical facilities.

Qualitative data from interviews with faith healers were analysed thematically, highlighting recurring themes and patterns related to the sustainability of faith healing and its shifting role within the community. These themes included the importance of faith healing for cultural preservation, economic considerations affecting practitioners, and the influence of urbanization on healthcare choices. Quantitative survey data were analysed using SPSS software, enabling a descriptive analysis of respondents' demographics and healthcare preferences. Data visualizations, including bar graphs and pie charts, were created to illustrate trends in reasons for visiting faith healers, frequency of use, and the influence of modernization on healthcare-seeking behaviours.

Ethical considerations were integral to this research. All participants provided informed consent and were assured of confidentiality. Personal identifiers were not collected to maintain anonymity, and the study design was reviewed to ensure cultural sensitivity, particularly when addressing traditional beliefs and practices.

This methodology offers a comprehensive view of the changing dynamics of faith healing in Sikkim, combining perspectives from both practitioners and community members. By capturing the experiences of faith healers alongside the attitudes of a younger, educated demographic, this approach allows for a nuanced understanding of how modernization and socio-economic changes influence healthcare choices in Sikkim.

5. Results and Discussion

Faith healing plays a significant role in the community, offering solutions for ailments believed to be caused by spiritual or supernatural forces. Because of their contributions to cultural preservation, accessible healthcare in rural locations, and a comprehensive approach to well-being that takes into account mental, spiritual, and physical health, this system is still essential

today. In Sikkim, faith healing is an essential aspect of the social and cultural milieu, providing a distinctive fusion of custom and contemporary medical practices.

PIE DIAGRAM SHOWING THE DISTRIBUTION OF RESPONDENTS ACROSS RURAL AND URBAN AREAS

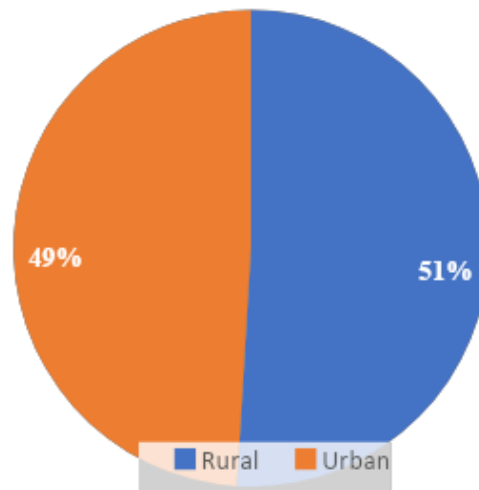


Figure 2: Pie diagram showing the distribution of respondents across rural and urban areas.

A structured questionnaire was prepared in order to get insights from the 53 general population who at least graduated from high school using convenience sampling. Out of which 27 rural and 26 urban people participated in the survey. It was an online survey where the survey form was created in Google forms and circulated online for the collection of data. This survey was mainly done in order to understand the viewpoint of the young educated people regarding the faith healing systems in Sikkim which included their reasons for visiting, their frequency of visit, current vs childhood, factors determining their visit and last but not the least their point of view regarding the diminishing faith healing system in Sikkim over time.

REASONS FOR VISITING FAITH HEALERS				
		Responses		Percent of Cases
		N	Percent	
Reasons for visiting faith Healers	Physical illness	30	41.7%	61.2%
	Mental illness	8	11.1%	16.3%
	Unemployment	2	2.8%	4.1%
	Bad omens	5	6.9%	10.2%
	Marriage issues	1	1.4%	2.0%
	Misplaced belongings	2	2.8%	4.1%
	Family issues	4	5.6%	8.2%
	Supernatural possession	5	6.9%	10.2%
	Failed medical treatment	15	20.8%	30.6%
Total		72	100.0 %	146.9%
a. Dichotomy group tabulated at value 1.				

Table 1: Table showing the reasons for visiting faith healers

Calculated using SPSS.

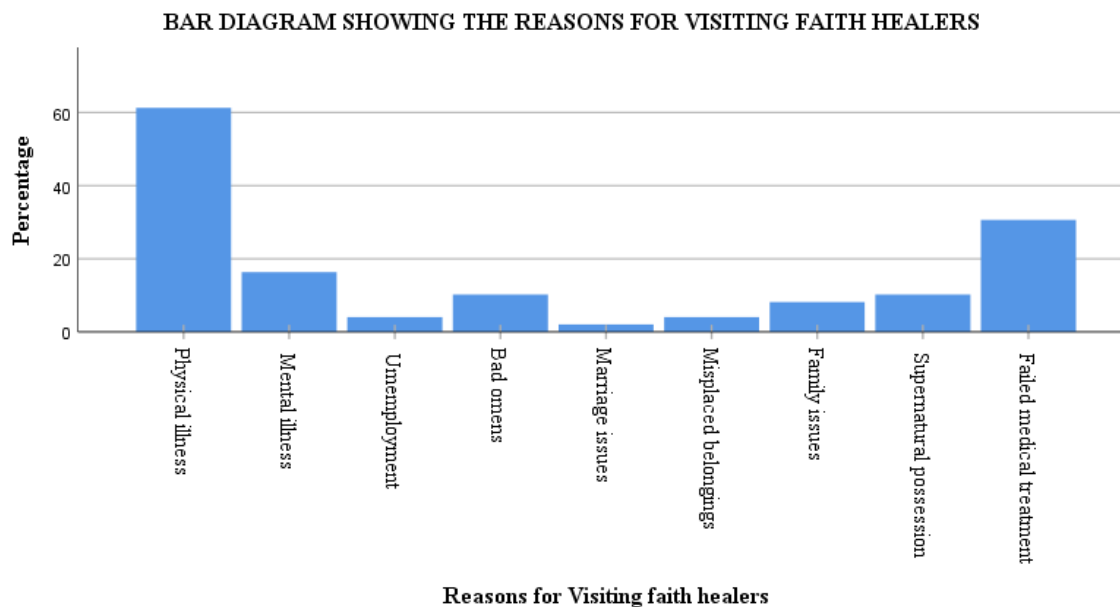


Figure 3: Bar diagram showing the reasons for visiting faith healers

Table 1 and Figure 3 shows different reasons for visiting faith healers. As the table

suggests that there were multiple options curated for knowing the reasons and each individual could pick more than one option. It is clear from the table that the majority of the people visit faith healers to get rid of physical illness which is followed by failed medical treatment and also to get rid of bad omens and family issues. It is also clear that people hardly ever visit faith healers for marriage issues, unemployment problems and misplaced belongings. Shields et al., (2016) highlights that the faith healers in Gujarat are often the first point of contact for mental health care in many regions influenced by cultural beliefs and the stigma surrounding mental illness. Furthermore, traditional healing practices for both physical and mental health conditions are widely used in Uttarakhand, demonstrating the deeply ingrained cultural value of this method (Bhatt et al., 2024). These factors highlight the complex interplay of cultural, social, and personal influences that contribute to individuals opting for faith healing over conventional medical treatments.

INFLUENCING FACTORS FOR VISITING FAITH HEALERS

Factors influencing the visit ^a		Responses		Percent of Cases
		N	Percent	
	Cultural beliefs and traditions	35	36.5%	67.3%
	Recommendations from family or community members	27	28.1%	51.9%
	Lack of access to modern medical facilities	1	1.0%	1.9%
	Previous positive experiences with faith healing	27	28.1%	51.9%
	Curiosity or interest in traditional practices	6	6.3%	11.5%
Total		96	100.0%	184.6%

a. Dichotomy group tabulated at value 1.
Calculated using SPSS

Table 2: Table showing the influencing factors for visiting

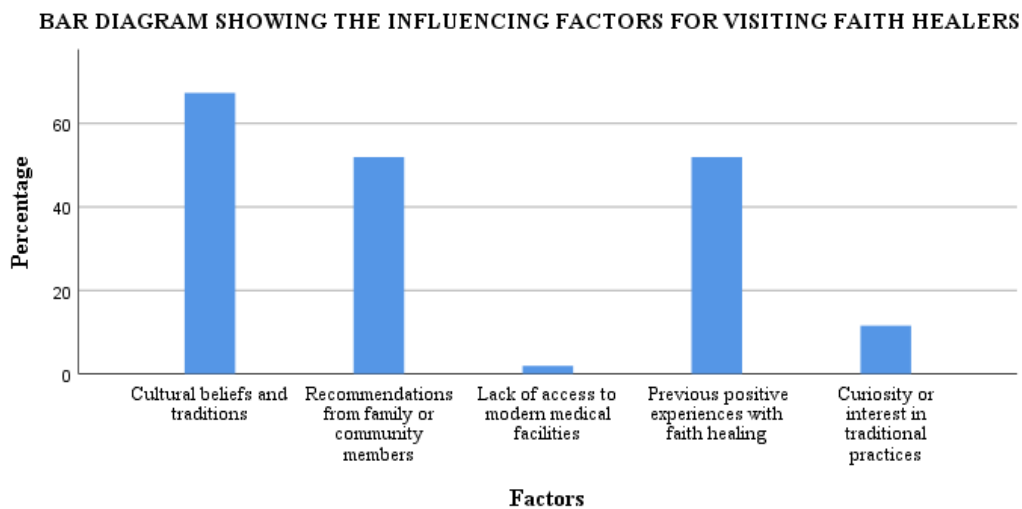
faith healers

Figure 4: Bar diagram showing the influencing factors for visiting faith healers.

Table 2 and Figure 4 show the multiple influencing factors for visiting faith healers. Each respondent was given multiple selecting options in order for the better coverage and clarity of the subject. It is clear from the data that “Cultural beliefs and traditions” plays a pivotal role in influencing the visit to faith healers. Recommendations from family or community members is another important factor influencing the visit to faith healers which is followed by previous positive experiences with faith healing. It is to be noted that the curiosity or interest in traditional practices plays a minor influencing role. Lack of access to modern medical facilities plays a negligible role. A study by Kauser (2019) highlights the important influence that cultural practices and beliefs have on health-seeking behaviours in India, which frequently results in postponements of especially mental health care. Based on deeply ingrained cultural ideas and familial recommendations, many people first resort to faith healers for assistance before eventually seeking medical care. The high percentage of individuals citing failed medical treatment (20.8%) indicates a significant reliance on faith healers when conventional methods fall short. This finding aligns with the insight provided by Tika Ram Poudyal, a seasoned faith healer, who noted, "People prefer coming to me primarily and then going to the hospital" (Poudyal). This statement highlights the deep-rooted trust in traditional practices, especially when modern healthcare fails to provide satisfactory solutions.

Table 3: Table showing the preferential use of faith healers and medical professionals among urban and rural populations when sick

PREFERENTIAL USE OF FAITH HEALERS AND MEDICAL PROFESSIONALS AMONG URBAN AND RURAL POPULATIONS WHEN SICK			
Area	Faith healers	Medical Professionals	Total
Rural	18	9	27
Urban	5	21	26
Total	23	30	53

BAR DIAGRAM SHOWING THE PREFERENTIAL USE OF FAITH HEALERS AND MEDICAL PROFESSIONALS AMONG URBAN AND RURAL POPULATIONS WHEN SICK

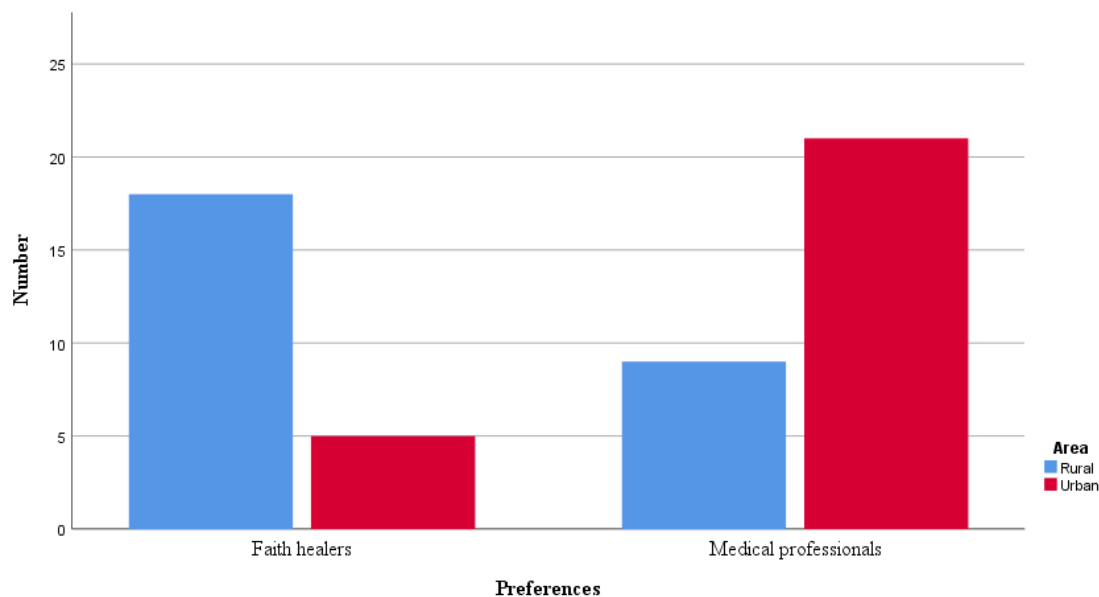


Figure 5: Bar diagram showing the preferential use of faith healers and medical professionals among urban and rural populations when Sick

Table 3 and Figure 5 depicts the preferential use of faith healers and medical professionals among urban and rural populations when sick. The preferential use of faith healers and medical professionals among urban and rural populations when sick further emphasizes the disparities

in healthcare-seeking behaviour. In rural areas, 18 individuals preferred faith healers compared to 9 who chose medical professionals, while in urban areas, 5 individuals opted for faith healers and 21 for medical professionals. This data underscores the preference for faith healers in rural settings and the higher reliance on medical professionals in urban areas, reflecting the impact of cultural beliefs and access to healthcare services on individuals' choices. This disparity in healthcare-seeking behaviour is highlighted in the writings of Reddy et al., (2020) where a significant proportion of rural women preferred traditional healers over modern medical practitioners due to the included trust in traditional practices, illiteracy, barriers to modern healthcare like lack of transportation and financial constraints. This study also highlighted that the younger and more educated urban women tend to utilize modern healthcare services more frequently. Modernization and increased access to conventional medicine likely lead to a decrease in the frequency of visiting faith healers in Sikkim compared to childhood experiences. Yog Maya Rai, a female faith healer, talked about a decline in faith healing due to modernization and increased reliance on hospitals. This implies fewer people seek faith healers now compared to the past. While Poudyal mentioned, "Now people come more than earlier because of roads and cell phones. I sometimes heal people using my cell phone. I chant mantras over the phone". This statement in contrast suggests that improved infrastructure and communication have facilitated access to faith healers, even as modernization progresses.



Image 1: Tikaram Poudyal, 59, from Lower Lingdum, Gangtok, Sikkim, with 43 years of experience, chanting mantras over the phone to heal patients.

Kamal Subba, another faith healer, expresses concerns about the erosion of traditional purity and the reckless practices of some healers due to which there is a decline in the number of people visiting them. "It is difficult to preserve. I always follow all the rituals properly to preserve this blessing, but there are other healers who work recklessly just for money without maintaining any purity," he asserts, emphasizing the need for integrity and purity to conserve the traditional healing practices.

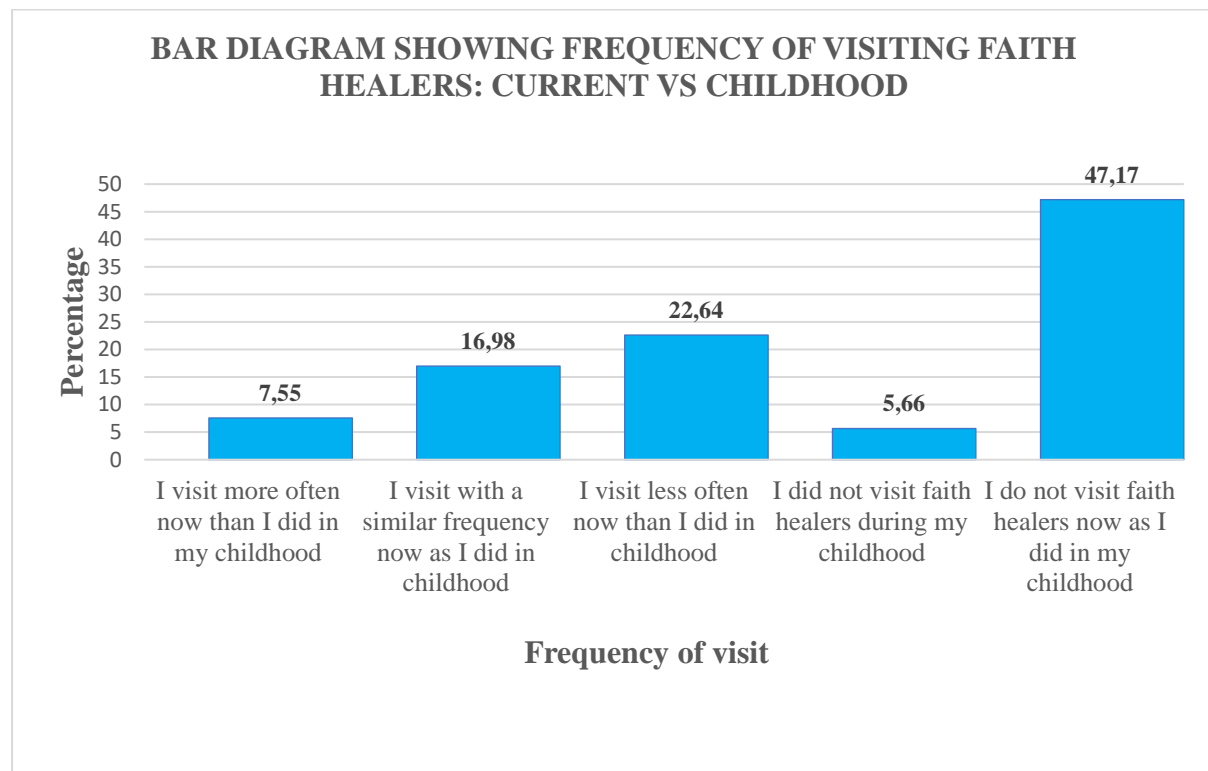


Figure 6: Bar diagram showing frequency of visiting faith healers: current vs childhood

Figure 6 depicts the frequency of visiting faith healers in comparison to current versus childhood. It is clear from the figure that the majority of the people do not visit faith healers now as they did in childhood which accounts for 47.17% of the population and 22.64% of the population visit less often now than they did in childhood. The frequency of visits has declined over time. It clearly shows how modernity and education has led to the less usage of faith healers. A thorough analysis conducted in the Arab world observes that rising access to and confidence in biomedical services, along with improvements in education and urbanisation, are important contributors to a decline in the need for faith healers. Evidence-based medical practices are becoming increasingly prevalent as countries modernize, in part due to better healthcare systems and increased public awareness of mental health and other disorders (Selali et al. 2024, 871). All of these data point to a major role for modernization which is defined by increased access to healthcare, better education, and urbanization in the decrease in the practice of faith healing. This study in Sikkim also identified several challenges in preserving traditional faith healing practices amidst the pressures of modernization. One significant challenge is the reluctance of younger generations to engage in these practices. As Poudyal pointed out, "Even my sons, they are not interested in these things, if someone comes to me asking me to teach

them, I am more than happy to teach them". This highlights the need for concerted efforts to pass on traditional knowledge to future generations to ensure its survival.



Image 2: Corresponding author of the current article, interviewing Rinzing Lepcha, 62, from Ranka, Barbing, with 18 years of experience in Faith Healing.

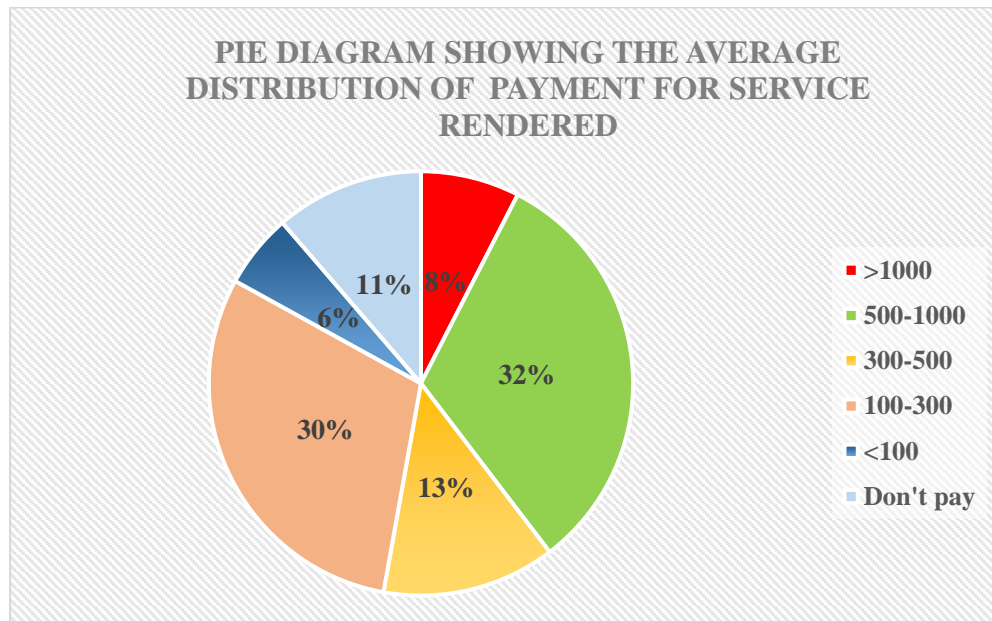


Figure 7: Pie diagram showing the average distribution of payment for service rendered

Figure 7 depicts the average distribution of payment for service rendered. 32% of the respondents give 500-1000 rupees to the faith healers per sitting followed by 100-300 rupees. It is also to be noted that about 11% of the respondents do not pay any amount. The analysis of the data clearly defines the economic condition of the faith healers. It is certain that faith healing is just a secondary mode of side income for many faith healers as it is neither sufficient nor a sustainable means of livelihood. There are a number of reasons, according to research, why faith healing does not guarantee financial security for practitioners. According to a study conducted in Kenya by (Musyimi et al., 2016) the unregulated character of faith healing, absence of set prices, and competition from contemporary healthcare facilities are factors that lead to financial instability among faith healers. Further limiting their potential for wealth, faith healers frequently provide their services to underprivileged communities who are unable to pay large fees. By integrating them into broader healthcare systems, the collaboration between professional health workers and faith healers in health care could improve their economic stability (Shields et al. 2016, 386).



Image 3: A faith healer being offered money as a token of gratitude for his service.

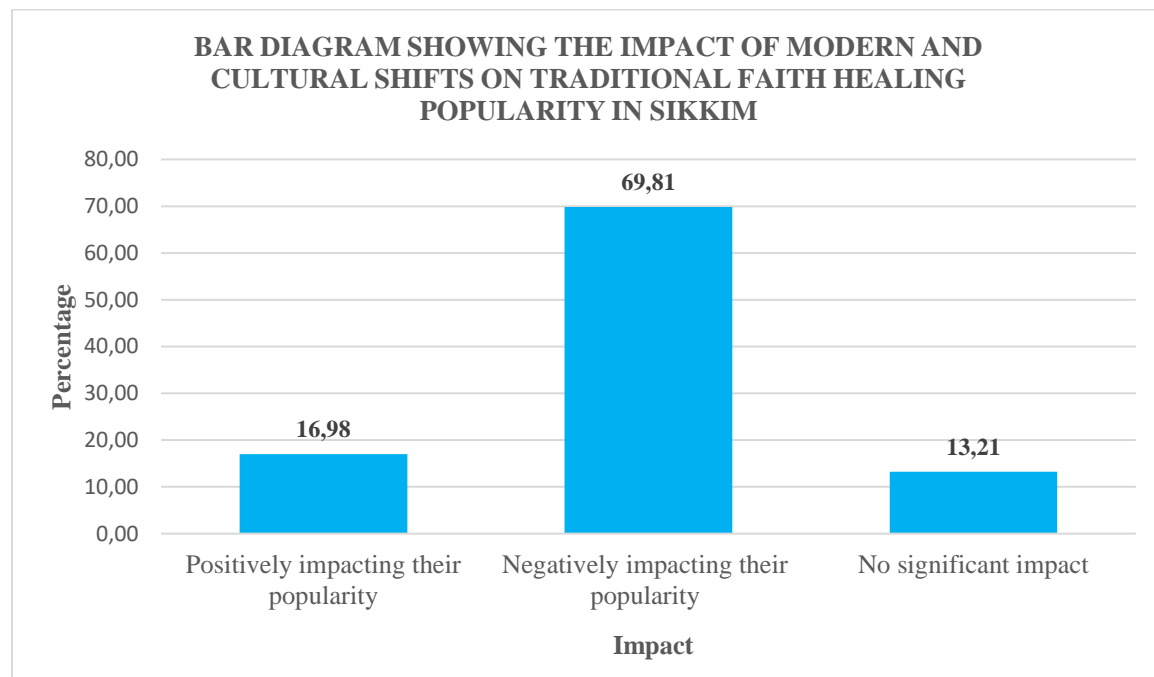


Figure 8: Bar diagram showing the impact of modern and cultural shifts on traditional faith healing popularity in Sikkim.

Figure 8 shows the impact of modern and cultural shifts on traditional faith healing popularity in Sikkim. As the figure clearly depicts that the traditional faith healing popularity in Sikkim is negatively impacted by modernization and cultural shifts. Cultural shifts and modernization are negatively impacting the popularity of faith healers due to several factors. The perceived legitimacy of traditional healing has been undermined by increased awareness of scientific and evidence-based medical treatments brought about by increased educational accessibility. The need for faith healers is decreasing as a result of urbanization and advancements in healthcare infrastructure, which provide trustworthy, alternative medical services. Traditional medical practices are further marginalized by public health campaigns and the mass media, which also support modern medical therapies. The usage of faith healers typically declines when cultures modernize and incorporate cultural beliefs with modern health treatments. According to (Watt et al., 2018) the dependence on faith healers is impacted by modernization and easier access to biomedical services. The challenges faced by faith healers in preserving and promoting traditional practices amidst modernization are multifaceted. Rinzing Lepcha, a faith healer based in a rural village, points out that modern healthcare advancements have diminished the reliance on traditional healers. "Earlier there were no other alternatives, anyhow they had to come to us. Today we are just an option," he laments, indicating the reduced demand for traditional healing methods. Despite this, he believes in the importance of evolving with the

times.



Image 4: Faith healer in practice, performing rituals in a traditional manner.

Sukman Subba, another faith healer highlights the critical role of passing down knowledge to younger generations as a preservation effort. "Passing of knowledge is very important, the younger generation should always be ready to receive things," he insists, stressing the need for intergenerational transfer of traditional knowledge to ensure the continuity of these practices. However, he also acknowledges the difficulty in maintaining the interest and involvement of

the younger generation in these traditional practices.



Image 5: Corresponding author, participating in a ceremonial ritual performed by a faith healer.

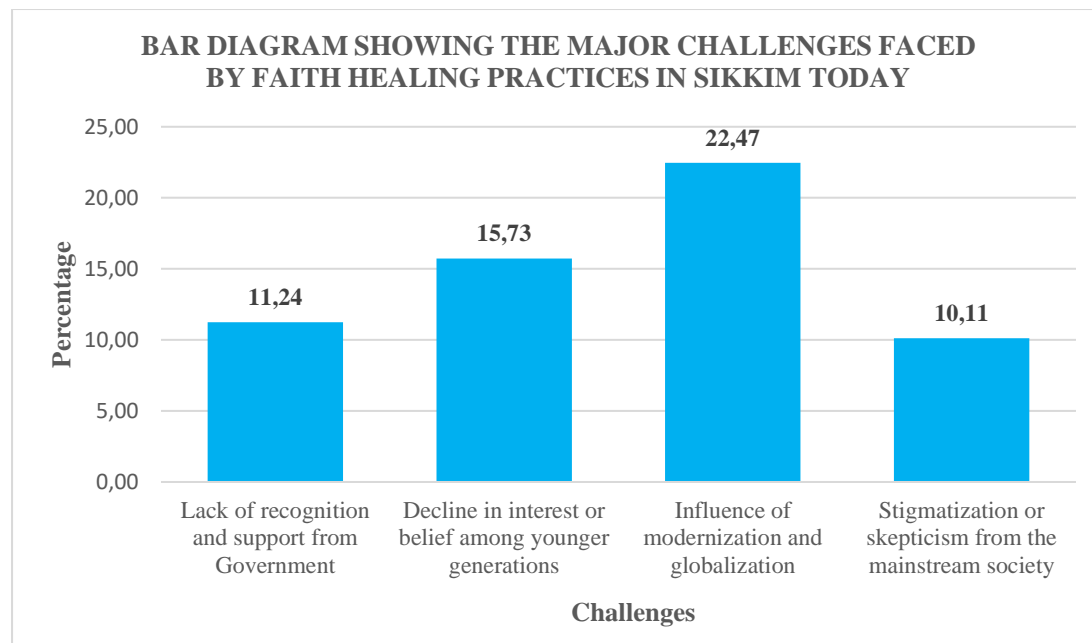


Figure 9: Bar diagram showing the major challenges faced by faith healing practices in Sikkim today

Figure 9 shows the major challenges faced by faith healing practices in Sikkim today. Influence of modernization and globalization is the major challenge faced by faith healing practices which is followed by decline in interest and belief among younger generations. Lack of recognition and support from the Government is one of the most important yet less talked about reasons for the decline in faith healing practices in Sikkim. As per the interview conducted, all of the faith healers were unaware of the Government schemes and help provided to them. Poudyal noted, "Government has not given anything. In Chamling's time (Former Chief Minister of Sikkim), they had told us to make certificates, but I did not. But now, I don't think the government is giving anything and making any initiatives". Rinzing Lepcha also mentioned that he has not received any governmental support. "I don't remember the government has done anything till now," he stated, indicating a lack of institutional recognition and support for his work. This lack of support poses a significant challenge for the sustainability and legitimacy of traditional healing practices.

The paper "Folk healing practices of the North-East States" by (Chandra 2023) discusses the challenges and diminishing practices of traditional healers in the region. According to the papers, faith healers' visibility and political impact have decreased as a result of modernization and urban migration, which has decreased the number of younger generations practicing faith

healing. This loss is further aggravated by cultural trends and Western education, as fewer people view traditional healing as a respectable or feasible career option. Furthermore, the paper also highlights the problem of formal recognition and incorporation of faith healers into the mainstream healthcare system, hence restricting their access to government resources and educational opportunities. The documentation and assistance efforts for these healers are frequently incomplete and insufficient to receive significant institutional or financial support.



Image 6: Faith healer in practice, performing rituals in a traditional manner.

Faith healers hold a significant place within their communities, often viewed with respect and

reverence. Rinzing Lepcha notes that "People have accepted us; we are helping them. I have saved many lives. Wherever I go I am greeted with respect," highlighting the trust and respect afforded to faith healers within their communities. However, he also acknowledges the changing dynamics due to modernization and urbanization, which have affected the practice and perception of faith healing. "Now people go to the hospital first, they get better, they do not come to us," he observes, indicating a shift in healthcare-seeking behaviour.



Image 7: Faith healer in practice, performing rituals in a traditional manner.

Kamal Subba similarly notes the impact of societal changes on the practice of faith healing. "Nowadays people directly go to the hospital, then after that come to us," he explains, highlighting how modern healthcare systems have become the first point of contact for many people, relegating faith healers to a secondary role". This shift reflects broader societal changes driven by urbanization, globalization, and changing attitudes towards spirituality and traditional practices. The cultural, social, and economic contexts of faith healing in Sikkim present both challenges and opportunities for integrating these practices into modern healthcare frameworks. As Sikkim continues to modernize, it is crucial to adopt policies that support the

preservation of cultural heritage while enhancing the accessibility and effectiveness of healthcare services. Sukman Subba emphasizes that despite these changes, faith healers remain an integral part of the rural cultural fabric. "In rural areas, people still turn to faith healers in times of distress, underscoring the continued relevance of these traditions within certain segments of the population," he notes, highlighting the resilience of these practices in rural settings. This resilience is partly due to the deep cultural roots and the trust that communities place in their traditional healers.

The future of traditional faith healing in Sikkim hinges on balancing modernization with cultural preservation. Efforts to document and pass down traditional knowledge, coupled with potential governmental support, could help sustain these practices. Additionally, creating spaces for dialogue and integration between traditional healers and modern healthcare providers could foster mutual respect and collaboration, enhancing the overall healthcare landscape.

6. Conclusion

This study provides a comprehensive analysis of the socio-cultural, economic, and modernization-driven factors influencing the practice of faith healing in Sikkim. The findings reveal that faith healing remains a culturally significant practice, particularly in rural areas, where it serves as a trusted source of healthcare and spiritual support. However, as modernization brings greater access to biomedical healthcare, there is a discernible decline in the frequency of visits to faith healers, particularly among younger, urbanized populations who increasingly view modern medicine as the primary solution to health issues. This generational shift signals a transformation in healthcare-seeking behaviours, with faith healing practices becoming less central in the lives of Sikkim's younger residents.

One of the key challenges identified in this study is the economic instability faced by faith healers. Without consistent financial support or regulatory frameworks, many practitioners struggle to maintain their livelihoods, often relying on minimal, voluntary contributions from patients. This economic insecurity, coupled with the lack of formal recognition or support from governmental health initiatives, threatens the sustainability of traditional healing practices in Sikkim. Faith healers have historically played a crucial role not only as healthcare providers but as cultural custodians, preserving centuries-old knowledge and practices. Their diminishing

role suggests a potential cultural loss that goes beyond healthcare, impacting community cohesion, identity, and heritage.

The study also highlights the resilience of faith healing in Sikkim, particularly among older populations and in communities where healthcare infrastructure remains limited. In such areas, faith healers continue to provide vital services that address both physical and spiritual ailments, often offering culturally tailored interventions that resonate with local beliefs. This continued relevance underscores the potential for a more integrative approach to healthcare in Sikkim, where traditional healing practices can coexist alongside modern medical systems.

From a policy perspective, these findings suggest several opportunities to preserve and support faith healing as part of Sikkim's healthcare ecosystem. Governmental and health organizations could consider initiatives to formally recognize faith healers, integrating them into community health programs to ensure they receive adequate training and resources. Offering financial support or subsidies could address economic barriers and help stabilize the practice, particularly in rural communities where faith healers remain a primary healthcare resource. Furthermore, promoting intergenerational knowledge transfer through apprenticeships or educational programs would ensure that younger generations remain engaged in traditional healing, preserving this valuable cultural heritage.

For the healthcare system to fully address the needs of diverse communities, it must account for cultural preferences and values, fostering collaboration between faith healers and medical professionals. Creating dialogue between these practitioners could lead to innovative, culturally inclusive models of care that respect Sikkim's unique heritage while offering the benefits of modern healthcare. Such integration could help bridge the divide between traditional and biomedical practices, reducing stigma around faith healing and ensuring it is seen as a complementary rather than competing system of care.

Future research could expand on this study by exploring faith healing practices in other Himalayan regions, where similar cultural and socio-economic dynamics may influence healthcare choices. Comparative studies could provide valuable insights into the broader implications of modernization on traditional healthcare practices across different cultural contexts. Additionally, longitudinal research on faith healing's role in community health

outcomes would help policymakers assess the long-term impacts of integrative healthcare models on public health.

In conclusion, this study emphasizes the need for a balanced approach that values both the cultural significance of faith healing and the advances of biomedical healthcare. By fostering respect, collaboration, and sustainable support for traditional healers, Sikkim can create a healthcare system that honours its cultural heritage while adapting to contemporary needs. This approach not only enriches the healthcare landscape but also strengthens cultural identity, community resilience, and social cohesion, ensuring that traditional practices continue to thrive alongside modern innovations.

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