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Colonizing the Spirit: Christianity and the Disruption of Indigenous Hhealing Practices in Mizoram

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Abstract: *This article examines the colonial annexation of the Lushai Hills, then Mizoram. Colonization was more than political but rather cultural. The encroachment of colonial power into the everyday lives of Mizos, their traditional laws and customs, and their values and beliefs were altered within a decade or two. Predominantly, it was the traditional belief system of the Mizos that underwent a huge change, the cultural hegemony of the colonial Western religion, Christianity over indigenous healing practices, and its transition is the focus of the article.*

Keywords: *Sakhua (tribe spirit), healing practices, Lushai Hills District, Traditional Medicine*

Introduction

The Lushais and the British did not come into direct contact until the 1840s. However, the Lushais were heard of by the colonial administration from their constant relentless raids on the British territories in the Cachar plains and the Chittagong Hill Tracts. The first recorded raid of the Lushais in British territory was in September 1826. This was followed by relentless raids, resulting in loot, plunder, and loss of life. The Colonial powers were baffled on what approach to take in order to counter the Lushai raids; their initial efforts of peace made by the frontier officers were proven to be unsuccessful, as they were rendered meaningless by the Mizo chiefs as peace did not prolong. The inaction and ineffective military policy of the colonial power was realised when in 23rd January 1871 the tea gardens of Alexandrapur Cachar district were raided by the Mizo chief Bengkhuaia and a British planter Mr. Winchester was killed, and his daughter Mary Winchester was taken as captive. The threshold of a new era

of influence by colonial power over Mizos was introduced by the punitive Lushai Expedition of 1871-1872. Although this expedition opened the administrative set up of the colonial powers in Lushai country, the foundation of administration through military control was established in 1889-90 by the Chin Lushai Expedition, and it cemented the colonial powers settlement in the Lushai country. The British success in the Third Anglo-Burmese War (1885-86) also altered the dynamic of policies to be taken in the Lushai country to a great extent, as the military successes were followed by the extension of tea plantations and increased European interest; thus, the policy of relations changed completely for the hill tribes of Assam and the Burma border. Further administrative steps to be undertaken on the newly acquired tracts were a dilemma for the British colonial government. Under these circumstances, James Wallace Quinton, chief Commissioner of Assam, remarked on May 15, 1890,

> "Mere occupation by a Police force of certain points in the tract referred to would not in itself be sufficient to bring under our influence the chiefs with whom we have been so lately in collision, and that, if this object was to be adequately attained, it was essential that an officer possessing both experience and judgement should be at the same time appointed to feel his way among the people and gradually accustom them to control."[1]

Therefore, the role of Mizo chiefs in administering the smooth functioning of colonial law and order cannot be ruled out. The chief is supreme; however, if his subjects dislike his administrative system, they move elsewhere. He settles all disputes, decides where the village is to be cultivated, and when and where it should be moved.[2]

It was felt that in terms of actual colonial rule, in the Lushai Hills as elsewhere, they should rule through locally established centers of authority and through institutions and customs that already existed. In 1896, there was a meeting of officers of the Chin-Lushai lines, which outlined the kind of governance that was to be applied to the region. Officers generally recommended that village responsibility, for instance, be placed in the hands of traditional authorities. In the case of the Lushai Hills, chieftaincy was recognized as a legitimate local authority. The British not only recognized those already in authority, but over time also made several individuals the chiefs of new villages, in return for their help to the colonial authorities.[3]

The paramount significance of the role of British colonial rule and Christian missionaries was handling the events of epidemics through their policies and health care measures within the Lushai Hills district, which had a great impact. This can be argued with the evidence of disease causation perceived by Mizos, and their approach to treatment changed tremendously after the arrival of the British in the Hills. Christianity also facilitated engagements with modernity brought in by colonialism. While some have seen Christianity and its

missionaries as collaborators in the modernity enterprise that has subverted local cultures, Mizos saw Christianity as a means through which they could engage with the changes that had befallen them. Consequently, the effect of the incorporation of Christianity into their social constitution represented an unspoken acquiescence in the fact that, in the context of the creation of a new identity, Christianity was their new Sakhua ('tribe spirit'), now almost always understood as 'religio.'[4]

Disease affliction can be caused by many factors, such as the geographical location and climate of the region, as well as sanitary practices. The causes of sickness and diseases were deemed to be the lifestyle and food habits of the Indians by the colonial British government in India.[5] In the case of Mizos, through Mizo's vernacular history, we see that the maintenance of hygiene and cleanliness was not a priority; however, it was never considered to be the cause of illness. Human movement across borders and contact with civilization have also contributed to the dissemination of diseases and illnesses.

The Mizos of the Lushai Hills as a community have not kept written records of their experiences and history as a whole before the advent of the British colonizers in the Hills. The available records today are the works of Mizo writers, who have laboriously collected fragmented records. The Mizos oral historical tradition of communicating their culture and tradition through songs, folklore, and dialogue from one generation to the next has been imparted consistently until the Mizos were taught to read and write by the missionaries who came along with the colonizers. Mizo customary laws were also imparted through oral tradition by Mizo forefathers, and this was handed down to generations thereafter, and then put into written form.[6] This oral historical information of the Mizos is basically in the form of three historical narratives namely Mangphan thawnthu (Myth), Hmasang Thawnthu (Legend), and Rochun-thawnthu (Folktale). The transmission of Mizo cultural practices, which was usually done through hands-on practices (local culture of arts, artifacts, objects, etc.) and language (oral tradition of rituals, songs, legends, stories, etc.) that takes place at both the individual and community levels, was quite alien to the colonial and Christian missionaries. Kyle Jackson argues that the missionaries were suspicious of the Mizo view of their past including the medical system, as a result they unconsciously attempted to reconstruct from the perspective of western linear world view.[7] There is a possibility of deviating from true cultural essence with ambiguity in such a reconstruction. One needs to examine the logic of sociocultural practices. The cultural practices in most of the 'tribal societies are combinations of real life, myth, legends, or metaphors.[8] If any part of the socio-cultural practices is separated and translated in little terms, it makes little sense. This makes a non-literate society difficult to understand. Colonizers and missionaries are frequently trapped in this dilemma.

The early writers of Mizoram's history were mostly British civil and military officers, aided by local men. They wrote whatever they saw, experienced

through contacts and inquiries to serve administrative purposes and military convenience and hardly to serve the public or the people governed. At the beginning, the writings on Mizo's accounts were official reports dispatched by Civil and Military officers on the directive of the British colonial government. These reports and documents submitted by the British Officers to the queries of the Government of India formed another set of historical writings on Mizos's history and culture. These writings were rather records of social customs and practices, traditional beliefs, and what they saw and experienced at the time of their visit.[9] There is clearly a dearth of scholarly literature written by vernacular writers, and most of the literature available after Christianity usually describes Lushai culture from a Western perspective.

Mizo's writings in their past have tended to focus on either pre-colonial narratives or their conversion to Christianity. The literature on the pre-colonial period has focused on the origins and pre-Christian sociocultural and religious practices. The story of their conversion is inclined to highlight, interestingly, not so much about Christian missionary roles as local agencies in the proclamation and incorporation of the Western belief system or Christianity to the indigenous population. Rarely is the history of colonial rule written, and when it is, it privileges the works of Superintendents, the most powerful authority of the time, who brought about institutional changes in the district.[10]

The historical study on epidemics in India cannot be taken into account without looking into the steps and actions taken by the British Government in India. The Epidemic Disease Act was passed in 1897, where the Governor General of India conferred special powers to local authorities to implement the necessary measures for epidemic control.[11] With this Act, the colonial government in the Lushai Hills district implemented and carried out a village-to-village vaccination programme under the directive of the Assam Province administration. Determining its success would be impossible without considering the sociocultural aspects of the Mizo community. In nineteenth century colonial India, the health of the mass population was still largely unknown and unexplored; they offered unique opportunities for medical investigation and experimentation.[12] By the end of the nineteenth century, Western medical science had begun to pave its way to the Indian public and later became the most confident expression of British cultural and political hegemony. Medicine cannot be considered isolated from the political, cultural, and economic forces of British India. Many agencies were involved in the work of medical evangelization, and medicine involved ideas and practices that needed to be understood as part of the exploratory and regulatory mechanisms of colonial rule.[13]

Western Medical facilities introduced in Lushai Hills

The process of 'medical colonization' was a calculative and deliberative step taken by British colonial power. Nonetheless, the process of accepting Western medicine or medicinal practices within Mizo society was the result of the works

of the missionaries, where familiarity with Christianity and their presence and living amongst the Mizos played a huge role in Mizos 'sperception of the unknown religion and culture of the white man. Medical and healthcare facilities provided by the missionaries in Mizoram are exemplified by the works of Dr. Frazer, who, in his short period, preached the Gospel and constructed a large dispensary during 1910-11, expenses of 233 pounds were made from his pocket on the construction, not by the Missions.[14] And through Frazer's work we saw how the interests of the colonial government and the interest of the work of the missionaries discord in the Lushai Hills.[15]

Furthermore, Western medicine was easily accessible in the local dispensaries and much less expensive than the religion of animism or nature worship that the Mizos were practicing during the pre-colonial period, where sacrificial rituals of animals were demanded to appease the evil spirits and cure sickness or for their own personal goodwill. Initially, the Mizos were adamant and concerned about preserving their identity through customary practices. In relation to the arrival of the colonial enterprise in the form of Missions in the Lushai Hills, it must also be emphasized that the disease is more than the physiological and psychological breakdown of an individual. Powerful social factors determine whether people fall sick and how and with what results they are treated.[16]

The earliest medicine used to combat malaria by the colonial government was the use of quinine[17] medicine and this was distributed widely across India.[18] The same was implemented in the Lushai Hills district in 1935.[19] After the British took over the administration of the Lushai Hills, it was under the administrative control of Assam Province with its Capital in Shillong. Therefore, any administrative matter on rules and administrations was taken care of by the colonial administration by introducing a number of legislative measures, such as the Scheduled Districts Act. XIV in 1874 and became effective in the district in 1898.[20] This became the guiding principle of the administration of the Lushai Hills until 1919. Even before the above Act came into force in the Lushai Hills, the colonial authority in Assam had already made certain notifications relating to public health and, more specifically, on epidemics. For instance, on January 18, 1894, the Principal Medical Officer and Sanitary Commissioner of Assam circulated a letter to all Deputy Commissioners, Sub-divisional officers, Civil Surgeons, and Medical officers within Assam Province, instructing a strict and prompt investigation and report on outbreaks of all epidemic diseases.[21] This order was in regard to the cholera epidemic in which the Commissioner ordered the investigation of the history of cholera in the locality, district, province, or other areas, including tea gardens and carrying coolies.[22] Rules for dealing with outbreaks of epidemic diseases in the Lushai Hills were also declared on June 10th, 1936, where the chiefs were instructed to report the outbreak of any epidemic to the circle staff immediately without delay.[23]

It must be mentioned that the Mizos before the arrival of Christianity practiced

the religion of animism, and it had everything to do with their perception of health, sickness, and settlement patterns. Therefore, to maintain good health or to avert diseases, people would normally wear charms such as kelmei, which is a tuft of goat's hair and dog's teeth around the neck, as well as the nails of bears as a protective amulet against wild beasts.[24] Mizos feared being contracted by the disease since it was viewed as the doing or curse of the spirits; as a result, any minor injuries or mild illness were concealed to themselves. The Lushais, like most hill-dwellers, are a hardy and healthy race and suffer mainly from disorders caused by hard drinking. Cholera (which they call "the foreign sickness") and small-pox were unknown among them until 1861, when the former was introduced among them by some Bengali captives taken in a raid. The contagion spread rapidly, infecting the next village and causing dire consternation.[25] However, due to the inhuman practice of deserting the sick and dying, the disease died after slaying its thousands, and it did not reappear.[26]

However, we must note that Mizos was not generally clean with the idea of upholding the modern concept of cleanliness, which included personal hygiene, cleanliness within the households-cooking utensils, clothing, etc. Therefore, according to today's standards, Mizos were generally dirty.[27] Domestic animals such as pigs were normally kept under the house, which in turn ate whatever was swept under the floor as human excreta or any other household waste. The fact that major infectious diseases seem to have originated from animal hosts did not seem to have occupied prime importance among Mizos. However, they had a certain knowledge of animal diseases that infected humans, such as ui thak (disease of dogs).[28]

N. E. Parry when he visited the southern part of the Lushia Hills the so called Lakher land noted that villages were very filthy, being littered with the dung of mithun, pigs, and other domestic animals. No attempt is made to clean them, and it is only thanks to the voluntary scavenging done by the pigs and dogs that they are kept even moderately decent, and that the people are not prey to serious epidemics.[29] Cleanliness awareness and maintenance in early Mizo society may have been quite difficult and may not have occupied prime importance in their lives. For instance, one reason for this was probably that people were always very busy in tending to their jhum lands, staying away from home the best part of the day as a result of which they were unable to or could not give due importance to cleanliness and sanitation.[30] Another possible reason could be the inaccessibility of natural spring water to the Lushai wishes. They have to fetch water for cooking and drinking; consequently, cleaning themselves cannot occupy a huge priority, as this would mean a greater demand for water.

Precautionary measures and actions that could prevent and abate epidemic diseases were taken. These were for the welfare of the community, for instance, their nomadic lifestyle. J. Shakespear states that the Mizos have been nomadic ever since their ancestors began their western trek some 200 years ago.[31] Shifting their settlements every four or five years due to Jhum cultivation was, to an

extent, a reflection of their attempt to care for their health and avert the possibility of illness and diseases that may fall upon them. Similarly, these migrations could have been caused by famines.[32] Epidemics caused by unhygienic treatment of the water supply, animal and human refuse (washing the intestine of an animal killed for consumption), or treatment of the dead, one or all, might give rise to a loss of public confidence in the site.[33] Thus, they are compelled to move and search for new settlements. J. Shakespear further noted that the custom of burying the dead within the village tended to make a site unhealthy, especially as the water supply was usually situated to receive the drainage of the village, and when the rate of mortality rose unduly high, a move was at once made.[34] It was only in 1930, under colonial rule, that proper burial grounds or thlanmuals existed in Mizoram.[35] The practice of burying in a veng thlanmual, a local graveyard, thereby collectivizing death, was a direct consequence of colonial intervention.[36]

Healing practices & sacrificial rituals

To deal with the Mizos perception and knowledge of the outbreak of the epidemics, mention must be made of the sacrificial practices and their perception of what causes such sickness or illness. Such sacrifices are to appease the demons or spirits known as Huai to the Mizos, who are believed to inhabit the hills, streams, and trees. These spirits are uniformly bad, and all the troubles and ills of life are attributed to them.[37] Furthermore, common sicknesses such as fever, abdominal pain, and chest pain were due to the loss of the patient's soul, which was believed to be captured by evil spirits. For instance, when a hunter becomes ill upon reaching home, it is believed that his soul was captured by evil spirits on his way home. As such, thlakoh or calling back the lost soul had to be done.[38] Certain types of abdominal pain where no cure could be affected were believed to be the result of consuming dawi or witchcraft that had been secretly sprinkled on the food by the dawithiam or magician. Mizo knew that the common cold and cough were airborne and did their best to avoid them. These were believed to have been caused by tlang hrileng or airborne diseases.

The Mizos believed in malignant spirits responsible for their illness, and there were expert healers or medicine men who could ward off such sickness caused by dawi or witchcraft. In traditional Mizo society, there were two kinds of healers: the bawlpu, who belonged to the priestly class, and those healers who based their skills on experience. It may be noted that the puithiam or priests were of two kinds–Sadawt and Bawlpu–who presided over all religious ceremonies and sacrifices.[39] Every Mizo village had a Bawlpu, and their number depended on the size of the village. It was the Bawlpu's duty to diagnose illness and prescribe the required sacrifices. Unlike the Sadawt, wherein each clan had its own specific Sadawt, the abilities of the Bawlpu could be utilized by all the clans if and when required. His remuneration was in kind, that is, paddy equivalent to a full fawngte (a small shallow plaited bamboo basket) and also

what he partook from the sacrificial meat.[40]

The Sadawt did not involve ritual sacrifices for health, but he also diagnosed and identified the causation of illness and diseases. He was the Clan priest and was endowed with the customary rules and ritual observance of his own particular clan.

Traditional Medication and remedial measures:

Apart from the fact that Mizos performed sacrificial offerings to cure themselves from illness and epidemic diseases, they have their own medicinal practices as well, in terms of food consumption and herbal properties. It is also probable that the Mizo knowledge of many medicinal plants was derived through their observation of other animals in nature, as well as their deep observation of and understanding of the environment.[41] The existence of traditional remedies is emphasized by T.H. Lewin who lived amongst the Mizos as he remarked,

"They have their own pharmacopoeia of simples, herbs and roots."[42]

Opposition to traditional medicine (both empirical and ritual healing) was very strong among the missionaries. For instance, the natives were instructed to first give up their Kelmei awrh (a tuft of goat's hair considered as prevention from diseases generally caused by negative spirits) to become Christians. Hence, the missionaries in their attempts to improve the health of the Lushais through the introduction of Western medicine and Christian healing were oversensitive to the complex system of traditional medicine. There was a tendency to believe that the Lushai medical practices were all part of tribal religion or 'religion in itself.' An American Baptist Missionary wrote, "Sacrificing to evil spirits was their only religion and system of medicine."[43] While the Lushai medical system is closely related to religion and the borderline is difficult to define, the two are not identical and may be two sides of the same coin, but not always. In a larger context, the existence of man, divine or spiritual, and nature was widely recognized by the traditional Mizo. Theoretically, the traditional worldview shows that maintaining a balance in the relationship between man or mihring, space (village, jungle, or khua), and the spiritual or thlarau realm is required for the maintenance of their community. However, these forces may not always be related, especially at the practical or empirical level. For instance, diseases caused by physiological imbalances or spiritual interference were observed separately.[44] Missionaries, on the other hand, observed that the bawlpu's healing process involved animal sacrifice, which was a sign of savagery. Therefore, bawlpu are portrayed as having dubious knowledge of curing illnesses or diseases. This empirical knowledge of traditional healers has been generally left out of both textual records of missionaries and colonial agents.

Meat was usually considered unsuitable for fever cases; hot ginger, soda, and water were used for colds and stomach relief. The Lushais seem to have recognized the existence of tuberculosis, although they may have mistaken it

for chronic bronchitis. The Mizos probably had no antidote for chronic bronchitis, which was associated with some evil spirit or a wizard with evil designs on the victim. Although they knew that this disease was not contagious, they took precautions when the patient died by cutting a hole in the roof, and exit was provided to the spirit of the deceased, which was believed to set upon the members of the afflicted family. To appease the spirit, the neighbors often nursed the patient lying in bed.[45] The fat of the hornbill was used for external application in the case of respiratory diseases, which was reasonable, considering the large oil and fat content. The bile of a wild boar mixed with water served as one medicine, while drinking a cup of cow urine was another. Massage with the application of the fats of the python, tiger, or bear was popular for rheumatism, as well as wearing the bones of a hoolock gibbon over the aching joints. Drinking the bile of pythons was used for diarrhea or cholera cases. Many jungle creepers, lilies, or leaves, dried or powdered, were used as supplementary cures, either internally or externally, especially in the case of black water fever when the vitex pedunculous was, and still is, a very effective treatment. In fact, there are many interesting groups that require close examination of local growths regarding their efficacy as sources of modern medicines.[46] N E Parry in his book "The Lakhers" mentioned quite a number of traditional remedies which were followed and practiced by the Lakher or Mara people of southern Lushai Hills.

The Lakher people apply fresh urine while it is still warm to the eyes of the person suffering from sore eyes due to conjunctivitis, and this was believed to be effective when it was applied three times a day. In case of a snake bite, they believed that if a burned hot iron was plunged into the bitten area, it would cauterize the affected part; however, the patient was made to drink alcoholic drinks first to numb him from the pain. As a remedy for scabies, the branch of a thlava tree is cut, and the bark and outer wood are removed. One end is placed in a fire, causing a black juice to exude from the other end. This black juice is collected in a bamboo cup, and the patient is bathed in hot water, and the scabs are anointed with the juice obtained, which is believed to be very effective.[47]

According to N E Parry, one of the diseases most dreaded by the Lakhers was syphilis, which was present in certain villages in the region. Initially, the disease was unknown in the Lakhers villages; it was first introduced by a man who migrated from Veuko village in Haka to Iana, and then it spread rapidly to other villages. As the disease was introduced from Veuko, the lakhers call it veukohri or the Veuko sickness. Syphilitics are taken very seriously by the Lakhers; a separate part of the house is kept for the victims of the disease, and they are made to sleep on the floor. They are given separate plates and spoons and are not allowed to eat with other family members. We can conclude that precautions were taken seriously, which indicates that the Lakhers have certain elementary ideas about the contagiousness of diseases.[48] The following is a prescription for a remedy for syphilis,

"Take ten or twenty crabs, place them in a hollow bamboo, fill the bamboo

up with hot water, close it, and keep it on the shelf above the hearth for three or four days until the crabs are well rotted. Cook the rotten crabs with rice and administer to the patient." It is believed that the juice of rotten crabs enters the blood and kills the syphilis germ. If the patient is lucky, this medicine is efficacious.[49]

The Mizos have their own traditional medicinal remedies for sickness and minor injuries, which are in accordance with their tribe-oriented lifestyle and could be said to be based solely on empirical evidence. Based on the account of C. Chawngkunga for the sickness of Ngawr (tuberculosis) roasted caterpillar and the liver of hoolock gibbons must be consumed. The outer cover of cinnamon should be boiled, and the soup should be consumed. For blood sugar, the leaves of the Zunthlum Kung (this is a made-up name, since the plant does not have a nomenclature in the Mizo language; however, its botanical name is Orthosiphon Stamineus) are used. The Mizos use the dry leaves of this plant; they are boiled and consumed as a tea.[50] Modern scientific research has concluded that this plant has medicinal uses for the treatment of kidney stones, diabetes, inflammatory disorders (fever, cold, rheumatism), gonorrhea, and syphilis.[51] This strongly indicates that the traditional medicines or remedial practices of the pre-colonial Mizos were reliable to a great extent. In addition to these, there are many traditional medicinal practices and beliefs on remedial purposes, one of the most important being the consumption of charcoal. It is suggested to be consumed on an empty stomach, as its reaction could be most effective, and it is even believed to cure poison consumption. To get rid of the poisonous chemicals, one must consume charcoal ten times the amount of poison consumed.[52]

The missionary thus views the native medical system as nothing but a tool of "devil worshipping." This view has a profound impact on the reconstruction of Lushai medical history, as Kyle Jackson argues, "Lushai System of healing have been chronologically misrepresented. The worst offenders were the missionaries who, writing reports for public consumption in Britain, cleverly distilled Mizo healing practices down to catchy, two-word sound bites: 'demon worship.'[53] The Lushai traditional perspectives on illness and diseases, which had been practiced for many years, were ignored and viewed with stereotypical disdain. It was viewed as mere savagery and superstition.

The traditional medicinal practice of the Mizos did not die out abruptly; instead, the process of Western medicine taking over the domestic establishment was gradual.

During the colonial period, Mizo medicines were consistently utilized, especially in rural areas, as they were easily procured within the immediate vicinity. This was mainly due to poor access to health services and medicines provided by the government. K.N. Pannikar observed the following in the Indian context:

"Since most of the medical centres were located in urban areas, colonial medicines were almost unavailable to the rural population, that the facilities

afforded by colonial medicines were at no point of time sufficient to supplant the indigenous system."[54]

The establishment of health services in the form of dispensaries and hospitals created tremendous awareness of health and hygiene within the Lushai community. Nonetheless, we must keep in mind that the Lushai Hills district was the far corner district of the British colonial government, and extensive measures as effective as the other plain districts could not be imposed due to the difficult terrain and lack of accessible roads for train and motor vehicles to ply. As a result, the dispensaries established in the rural areas did not cater to the farfetched corners of the district; this, in turn, made the continual practice of traditional remedial medicines inevitable to some extent. The travelling dispensary was an effective implementation by the government but was not sufficient.

Even after the Independence of India, there was a proposal to establish a dispensary at Vahai in the Lakher Area of the Lushai Hills district in 1951.[55] It was successfully granted, but this proposal was objected to by the fanai community near the Kolodyne River, who suggested building a hospital in South Vanlaiphai, where eight villages, namely Darzo, Lungleng, Muallianpui, Lungpuitlang, Pangkhua, Sangau, Cheural, Lunglian, and Vartek, surround it, and it would cater to all the villages. However, this proposal was rejected.[56]

This clearly shows the shortage of medical services in the form of dispensaries and hospitals in the Lushai Hills District.

The overall perspective that could be put forward is that the Lushai Hills was caught in the midst of the British Colonial expansion where modernism was introduced in order to better equip themselves for an efficient colonial administration of generating revenue and imposing their cultural values on the subjects governed. This in turn transformed the Lushai people and their traditional as well as cultural practices. Thus, thereafter the Lushais coming under the nomenclature of "civilized people."

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