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PRESERVING HEALING AS LIVING HERITAGE: MUSEUMS, ARCHIVES AND MEITEI FOLK MEDICINE IN MANIPUR

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RESEARCH ARTICLE

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Abstract

Indigenous folk medicine among the *Meitei* community of Manipur is a traditional knowledge system that brings together the physical, spiritual, social and ecological dimensions of health. This conceptual and historical study draws on indigenous manuscripts (*Puyas*), historical records, secondary ethnographic literature and institutional accounts to examine the *Maiba-Maibi* healing tradition and its role in sustaining community health and cultural identity. It shows how medicinal knowledge is transmitted through oral tradition, apprenticeship, ritual participation and community practice, and how rituals such as *Lai Haraoba* serve as spaces of healing and collective memory. The continuity of these traditions is threatened by modernisation, biomedical dominance, declining youth interest, ecological degradation of medicinal plant resources and inadequate documentation and institutional support. The paper argues for systematic documentation, community-based preservation and stronger institutional recognition, and proposes museums and archival centres dedicated to indigenous healing traditions, using the early twentieth-century folk medicine collection of the Estonian Museum of Hygiene as a comparative model.

Keywords: *Folk Medicine, Traditional Knowledge, Meitei, Maiba-Maibi, Museums, Manipur*

Introduction

Folk medicine is one of the oldest systems of healthcare knowledge, developed through generations of interaction between humans, nature and culture. Early scholarship, notably the work of William George Black and Charles Bundy Wilson, framed it as a body of remedies, charms and healing beliefs practised among ordinary people. Nineteenth-century anthropologists often read such practices as "primitive survivals", whereas contemporary research recognises indigenous medical systems as coherent, adaptive and culturally embedded knowledge traditions. Folk medicine is not limited to herbal remedies; it encompasses ritual practice, cosmological belief, ecological knowledge and socially transmitted healing techniques woven into everyday community life. Traditional knowledge systems of this kind are widely described as holistic, linking knowledge of resources and ecosystems with the management practices of communities that live closely with them (Reyes-García, 2010). The term "folk medicine" was introduced by William George Black in 1876 in an article in the *Glasgow Weekly Herald* and later elaborated in his 1883 work, *Folk-Medicine: A Chapter in the History of Culture* (Black, 1883), where he described it as covering charms, incantations and traditional habits and customs relating to the preservation of health and the cure of disease at home and abroad. Folk medicine is characterised by oral transmission, unofficial status, an emphasis on health as harmony or balance, and the interrelation of body, mind and spirit, often with magical or supernatural elements and moral interpretations of illness (O'Connor and Hufford, 2001).

Within the Indian Knowledge System (IKS), traditional medicine exists in both folk and classical streams. The classification in the Planning Commission, Government of India's (2000) Task Force Report distinguishes folk medicine, ethnomedicine and tribal healing traditions from codified systems such as Ayurveda, Siddha, Unani and Yoga (Gill, 2024). This pluralistic framework reflects the coexistence of orally transmitted indigenous healing systems with institutionalised classical traditions. In the context of Manipur, indigenous healing traditions are deeply embedded in the socio-cultural life of the *Meitei* community. Manuscripts known as *Puyas*, such as the *Hidaklon* and the *Hidak Yachal*, record medicinal formulations, anatomical knowledge and therapeutic practices, which shows that traditional healthcare in Manipur rested on organised intellectual foundations long before colonial intervention. Folk medicine was also institutionalised through royal bodies such as the *Ametpa Loishang* and supported by these textual traditions. The *Maiba* (male healer) and the *Maibi* (female ritual specialist) act as custodians of this

knowledge, mediating between the spiritual and material realms and ensuring the transmission of therapeutic wisdom through oral tradition, apprenticeship and community participation.

Today these practices face significant challenges from modernisation, the dominance of biomedical healthcare, the ecological degradation of medicinal plant resources and declining interest among younger generations. Safeguarding indigenous traditional knowledge in the domain of folk medicine therefore calls for museums and archival institutions dedicated to this heritage. Such institutions can preserve medicinal manuscripts, ritual artefacts and oral histories, and can also support public education and scholarly research. By placing folk medical traditions within wider cultural and ecological frameworks, museums can foster appreciation of these practices as living knowledge systems.

The role of such institutions extends beyond preservation. They can act as agents of cultural transmission, helping communities keep continuity with ancestral healing practices amid rapid social and environmental change. Collaborative documentation involving practitioners, elders and community members strengthens the authenticity and relevance of collections and promotes community ownership and intergenerational transfer. Integrating indigenous healing knowledge into museum programming and educational outreach can also connect traditional wisdom with contemporary health and cultural debates and supports the resilience of folk medical traditions by situating them within inclusive narratives of identity, well-being and ecological stewardship.

Policy attention to traditional medicine is also growing. The Global Traditional Medicine Strategy 2025-2034, adopted by the Seventy-eighth World Health Assembly, seeks universal access to safe, effective and people-centred traditional, complementary and integrative medicine, with objectives on strengthening evidence, ensuring safety and regulation, integrating these systems into health services and optimising their cross-sectoral value (World Health Organization [WHO], 2025). In heritage policy, the UNESCO (2003) Convention recognises knowledge and practices concerning nature and the universe as intangible cultural heritage and treats identification, documentation, research and transmission as part of safeguarding. Museums are increasingly expected to take on this work: the International Council of Museums [ICOM] (2022) now defines a museum as an institution that researches, collects, conserves, interprets and exhibits both tangible and intangible heritage and that operates with the participation of communities.

Historical precedents, such as the folk medicine collection initiatives of the Estonian Museum of Hygiene in the early twentieth century (Goršič, 2016; Tupits, 2010), show what museums and archives can achieve in preserving intangible cultural heritage. They also underline the need for systematic collection, careful curation and sustained institutional commitment if indigenous medical knowledge is to remain accessible and valued.

Research Gap

Existing work on traditional medicine in Manipur has largely taken the form of ethnobotanical surveys that record medicinal species and their uses (for example, Kom et al., 2024) and of studies that trace the links between medicinal plants, religion and nature worship among the *Meitei* (Phurailatpam et al., 2015). Historical and institutional accounts of the *Maiba-Maibi* system, including recent work by authors connected with healers' associations (Raj et al., 2024), provide valuable foundations. What remains thinly addressed, to the author's knowledge, is an integrated sociological account that connects the institutional history of *Meitei* folk medicine, its mechanisms of cultural transmission, its role in cultural identity and the threats to its continuity with a concrete preservation framework in which museums and archives play a central part. Comparative museum models for folk medicine, such as the Estonian experience, have also not been examined for their relevance to Manipur.

Objectives of the Study

The objectives of this paper are:

1. To examine the historical and institutional foundations of *Meitei* folk medicine within the pluralistic medical landscape of Manipur.
2. To analyse how medicinal knowledge is transmitted, how it relates to *Meitei* cultural identity, and what challenges threaten its continuity.
3. To explore the potential of museums and archives for preserving this knowledge, drawing on the experience of the Estonian Museum of Hygiene.

Methodology

This paper is a conceptual qualitative study based on secondary sources; no primary field data were collected for it. It combines four approaches: (i) historical analysis of the development of *Meitei* folk medicine and its institutions; (ii) document analysis of indigenous manuscripts (*Puyas*) as described in the literature, historical records, policy documents and institutional accounts; (iii) archival review of material on healer institutions and museum collections; and (iv) a synthesis of secondary ethnographic accounts of the *Maiba-Maibi* tradition. The material was organised thematically under the headings of medical pluralism, historical and institutional foundations, cultural transmission, cultural identity, challenges to continuity and preservation through museums and archives.

Folk and Classical Medical Systems in Manipur

The Planning Commission, Government of India's (2000) Task Force Report classifies traditional medicines into two streams: the little traditional or folk stream and the great traditional or classical stream. Folk medicine, ethnomedicine and tribal medicine fall under the little tradition, while Ayurveda, Unani, Siddha, Naturopathy, Yoga and Homeopathy are placed in the classical

stream. The classical systems are codified, organised bodies of medical wisdom with sophisticated theoretical foundations and philosophical explanations.

Guite (2010) likewise observed that this living tradition has two streams. The first is folk medicine, which is unrecognised and comprises the diverse practices of nearly 5,000 ethnic communities across India, mostly located in rural villages. It rests on traditional beliefs, norms and practices built on centuries of trial and error, success and failure at the household level. The second is the codified or classical stream, which includes Ayurveda, Siddha, Tibetan medicine, Yoga and Unani (Gill, 2024).

Traditional healthcare in Manipur exists within a pluralistic medical environment in which folk medicine, classical systems and biomedicine coexist. The folk stream is represented predominantly by the *Maiba-Maibi* healing tradition, which integrates herbal pharmacology, ritual healing, divination and spiritual mediation. The *Maiba* (male healer) and the *Maibi* (female ritual specialist) hold significant roles in Manipuri society as custodians of indigenous therapeutic knowledge and as intermediaries between the spiritual and physical realms.

In contrast to biomedical approaches that isolate disease as a purely physical phenomenon, Manipuri folk medicine takes a holistic view of illness. It links physical ailments with spiritual imbalance, ecological disruption and social disharmony. Healing therefore encompasses ritual ceremonies, invocations of deities, herbal remedies and active community participation. Ritual performances such as *Lai Haraoba* serve both as cultural expressions and as therapeutic spaces that reinforce social cohesion and collective memory (Singh, 2023). *Lai Haraoba* is a festival of the *Meitei* deities in which *Maibas* and *Maibis* hold central ritual roles, including *Maibi* trance (Parratt & Parratt, 1997).

The classical stream in Manipur includes codified systems such as Ayurveda, Yoga, Siddha and Unani. These systems are distinguished by their philosophical foundations, textual traditions and recognition by the Indian state as "great traditions". In Manipur they interact dynamically with indigenous folk healing and with biomedical institutions, creating a complex healthcare landscape in which several therapeutic options coexist.

The pluralistic medical landscape of Manipur thus reflects a complex interplay between folk healing, classical medical systems and modern biomedicine. Folk medicine, with its holistic worldview and ritual integration, remains a vital and culturally embedded system of healthcare, and its persistence shows the community's resilience and commitment to sustaining indigenous knowledge in a rapidly changing socio-medical context.

4. Historical and Institutional Foundations

The historical foundations of folk medicine in Manipur are anchored in indigenous manuscripts, royal institutions and ritual traditions that together reveal a highly organised traditional healthcare system. Contrary to colonial-era misconceptions of indigenous healing as informal or "primitive", the evidence shows that Manipuri medicine had systematic therapeutic knowledge, institutional administration and written documentation well before the introduction of allopathic medicine in 1891.

Key manuscripts, or *Puyas*, such as the *Hidaklon*, *Hidak Yachal*, *Khepalon* and *Lainingthou Puthiba Puya*, preserve records of medicinal formulations, anatomical knowledge and therapeutic protocols. These texts document the use of herbal, mineral and animal-based medicines and indicate that healthcare knowledge was intellectually codified and transmitted within Manipuri society. For example, the *Sida Hidak Taret* (Seven Life-Saving Medicines) protocol involves administering seven medicinal plants over seven days, which reflects a structured treatment sequence (Raj et al., 2024). The *Hidak Yachal* is presented in recent scholarship as a formulary of Manipur traditional medicine, written in the Meitei script, that sets out different formulations (Raj et al., 2024).

Institutionalisation was further reinforced by royal administrative bodies such as the *Ametpa Loishang*, established during the monarchical period (sixteenth century), which supervised therapeutic practice and regulated healer authority within the kingdom (Singh, 2023). Other departments, such as the *Maiba Loishang* and the *Maibi Loishang*, organised ritual and medical functions, which indicates that healing was embedded in political authority, ritual cosmology and social governance. The *Maiba Loishang* was established during the reign of Meidingu Khagemba in the sixteenth century, and the *Maibi Loishang* included three categories of *Maibi*: *Shanglen*, *Nongmai* and *Phura* (Indira Gandhi National Centre for the Arts [IGNCA], n.d.). The *Maibas* and *Maibis* served dual roles as medical practitioners and custodians of spiritual knowledge and the *Pandit Loishang* acted as a formal training centre for healers supported by the *Meitei* monarchy, ensuring the transmission of indigenous medical knowledge through oral and textual traditions (Devi & Singh, 2022).

Following socio-political changes, particularly after 1972, these formal institutions declined significantly. The erosion of the *Pandit Loishang* contributed to fragmentation in knowledge transmission and weakened the institutional legitimacy of traditional healers (Kshetrimayum, 1999, as cited in Devi & Singh, 2022).

In the contemporary period, institutional continuity is maintained by organisations such as the *Apunba Manipur Maiba Maibi Phurup* (AMMMP), founded in 1984, which aims to preserve and promote the traditional healing system. Authors affiliated with the AMMMP have themselves contributed to the scholarly literature on traditional healthcare in Manipur (Raj et al., 2024), which shows that healers' organisations can act as documenters as well as custodians of knowledge. These institutions nevertheless face declining youth interest, ecological degradation and biomedical dominance, which threaten the sustainability of these medical traditions.

The historical and institutional foundations of Manipuri folk medicine are thus marked by a rich textual tradition, organised royal governance, ritual embeddedness, ecological knowledge and contemporary institutional effort, all of which underline the complexity and resilience of indigenous healthcare in Manipur.

Cultural Transmission of Medical Knowledge

The continuity of folk medicine in Manipur depends largely on culturally embedded systems of transmission that connect healing practice with ritual participation, family tradition and collective memory. Unlike formal biomedical education, indigenous medicinal knowledge is transmitted mainly through oral tradition, apprenticeship and experiential learning within communities. Traditional healers such as the *Maiba* and *Maibi* acquire therapeutic knowledge through long periods of observation, ritual participation and interaction with senior practitioners. Knowledge transmission often follows three patterns: vertical transmission within healer families, oblique transmission from elders to apprentices and horizontal sharing among practitioners within communities (Cavalli-Sforza & Feldman, 1981). These modes of transmission contribute to the cumulative preservation and adaptation of indigenous healthcare knowledge across generations.

Healing knowledge is deeply embedded in ritual performance and cultural practice. Ceremonies such as *Lai Haraoba* function not only as religious festivals but also as spaces for transmitting cosmological understanding, therapeutic ritual and social values. In this festival, *Maibas* and *Maibis* hold central ritual roles, including *Maibi* trance (Parratt & Parratt, 1997). Through songs, chants, dances and ritual enactments, medicinal knowledge is integrated into collective cultural memory.

Oral transmission remains particularly significant because much indigenous knowledge historically existed outside formal written institutions. However, disruptions such as *Puya Meithaba*, script transitions and modernisation contributed to the erosion of intergenerational access to traditional medical knowledge (Ningombam, 2014). The historicity and extent of *Puya Meithaba* are debated, and some historians contest whether manuscripts were in fact destroyed, but revivalist accounts treat the episode as a formative cultural trauma (Khumukcham, 2025). Despite these challenges, folk healers continue to act as custodians of cultural heritage and as mediators between spiritual belief systems, ecological knowledge and community healthcare.

6. Folk Medicine and Cultural Identity

Folk medicine among the *Meitei* is a fundamental and inseparable element of their indigenous social fabric, embedded in the community's cultural, spiritual and social systems rather than derived from Western biomedical paradigms (Devi & Singh, 2022). This medical system goes beyond the biomedical focus on physical symptoms by incorporating spiritual, social and moral dimensions of health and illness, which reflects a holistic worldview in which disease is often seen as a manifestation of cosmic imbalance, spiritual disharmony or social discord. Healing practices therefore involve ritual performance, invocation of deities and adherence to moral codes, and emphasise health as harmony across physical, spiritual and communal planes.

The roles of the traditional healers, *Maibas* (male healers) and *Maibis* (female healers), show the cultural significance of *Meitei* folk medicine. These practitioners act not only as medical experts but also as ritual specialists and custodians of cultural memory, embedded in religious, mythological and kinship networks. Their authority derives from this multifaceted role, which joins medicinal knowledge with spiritual mediation and community leadership. Through ritualised healing ceremonies and active engagement with the community, *Maibas* and *Maibis* reinforce collective identity and social cohesion, making folk medicine a vital mechanism for sustaining *Meitei* cultural continuity.

The inseparability of folk medicine from broader cultural structures means that healing is simultaneously a medical, spiritual and social act. Rituals such as *Lai Haraoba* exemplify this integration, with therapeutic interventions intertwined with cosmological narratives and communal celebration, reinforcing the interconnectedness of health, spirituality and cultural identity. The persistence of *Meitei* folk medicine in key life events such as birth, illness and death rituals attests to its continuing cultural relevance and its role as a living tradition that sustains both individual well-being and the cultural integrity of *Meitei* society. This cultural embeddedness extends to the landscape. *Meitei* religious practice has incorporated medicinal plants into worship and nature veneration, which has helped conserve both the plants and the knowledge about them (Phurailatpam et al., 2015), and recent documentation of ethnomedicinal trees in the sacred groves of the Imphal valley shows that such knowledge is still tied to sacred sites (Devi et al., 2025).

Meitei folk medicine thus operates as a socially embedded institution that maintains and reproduces cultural knowledge, values and identity. It challenges reductionist biomedical models by emphasising the relational and symbolic dimensions of health, and it remains an essential pillar of *Meitei* cultural heritage and social life (Devi & Singh, 2022).

Challenges to Continuity

Despite its historical significance, folk medicine in Manipur faces several challenges that threaten its continuity. One major challenge is the growing dominance of biomedical healthcare, which increasingly marginalises indigenous healing practices and reduces the social authority of traditional healers (Indira Gandhi National Centre For Arts, & Anthropos India Foundation, 2004). Modernisation and urbanisation have also altered community lifestyles and weakened traditional systems of apprenticeship and oral transmission.

The decline of institutions was exacerbated by the ascendancy of allopathic medicine and biomedical health policies, which marginalised indigenous systems and often dismissed them as archaic or unscientific (Singh & Devi, 2003, as cited in Devi & Singh, 2022). Modern education and shifting cultural values further undermined youth engagement and disrupted intergenerational transfer. In addition, ecological degradation and the secrecy surrounding particular herbal formulas and ritual practices have hindered documentation and wider dissemination (Sharma & Singh, 2019, as cited in Devi & Singh, 2022).

Another significant issue is declining interest among younger generations. Economic pressures, changing aspirations and the expansion of formal education often discourage young people from learning indigenous medicinal practices (Guite, 2010). As a result, therapeutic knowledge accumulated over centuries risks disappearing with older practitioners.

Ecological degradation further threatens traditional healthcare. Deforestation, environmental change and overexploitation of medicinal plants reduce access to herbal resources essential for indigenous treatment, and because folk medicine depends on local biodiversity, environmental destruction directly contributes to knowledge erosion. Because medicinal plant knowledge in Manipur is tied to sacred groves and ritual use (Devi et al., 2025; Phurailatpam et al., 2015), the loss of these sites weakens both the resource base and the cultural setting in which the knowledge is taught.

Historical disruptions such as *Puya Meithaba* and script transitions also weakened intergenerational transmission by limiting access to indigenous manuscripts and textual traditions (Ningombam, 2014). The lack of systematic documentation, institutional support and intellectual property protection further makes these traditions vulnerable to disappearance.

Documentation itself is not risk-free. Where healers regard formulas and ritual procedures as restricted knowledge, recording them without informed consent, or without arrangements that keep control and benefit with the community, may deepen distrust rather than secure continuity. Preservation strategies therefore need to be designed with healers, not merely about them.

In the absence of preservation initiatives and policy recognition, folk medicinal knowledge may continue to decline despite its cultural, historical and therapeutic significance. Even with the increasing dominance of allopathic medicine and the decline of formal institutions such as the *Pandit Loishang*, *Meitei* folk medicine persists as a source of cultural identity, especially in rural areas (Devi & Singh, 2022).

Preservation and Future Possibilities: Emphasis on Museums and Archives

The preservation of indigenous medical knowledge in Manipur calls for systematic institutional support through museums, archives and cultural documentation. Folk medicine, as a vital component of intangible cultural heritage, encompasses therapeutic practice, ecological knowledge, ritual tradition and collective memory. Museums play an increasingly recognised role in safeguarding both tangible and intangible heritage and in supporting public education, cultural continuity and scholarly research.

In Manipur, the Loktak Folklore Museum is the only museum explicitly associated with folk medicine, although its scope is broader and not exclusively devoted to folk medical traditions. The museum preserves artistic, cultural and historical artefacts related to Loktak Lake, including folk customs, beliefs, folk medicines and folk literature of the region. This shows the limited institutional presence of folk medicine in Manipur and the wider Northeast, where museums dedicated exclusively to indigenous healing systems are rare or absent.

The museum landscape of Manipur comprises 32 museums, including ethnographic, archaeological and multipurpose institutions, but only a few engage with indigenous knowledge systems and even fewer focus on folk medicine or traditional healing (Seth & Sadiya, 2023). This scarcity reflects a broader pattern in Northeast India, where museum infrastructure is relatively underdeveloped compared with other regions and specialised museums on folk medicine are uncommon.

At the national level, India hosts over a thousand museums with diverse themes and collections (Seth & Sadiya, 2023). However, museums dedicated to folk medicine or indigenous healing remain exceptionally rare. Most focus on archaeology, art, history or natural science, and only a handful incorporate traditional knowledge systems or ethnomedicine into their exhibits or programming. This gap underscores the need to establish and strengthen museums and archival centres that prioritise the collection, curation and dissemination of indigenous medical knowledge.

Recent state initiatives show that community-based museums are already part of Manipur's heritage policy. In 2021 the state government inaugurated 29 museums across ten districts to preserve and showcase the culture, traditions, arts and crafts of different tribes, built in consultation with tribal leaders (Karmakar, 2021). This suggests that a community-consultative museum model is administratively feasible in the state, and the same approach could be extended to healing traditions, including those of the *Meitei*.

The Estonian Museum of Hygiene's folk medicine collection efforts of the 1920s and 1930s, associated with its director Voldemar Sumberg, exemplify a comprehensive approach to preserving indigenous medical heritage through systematic collection, scholarly engagement and community collaboration (Goršič, 2016; Tupits, 2010). The museum was founded in 1922, and Sumberg argued for bringing folk medicine and modern medicine closer together (Goršič, 2016). The museum gathered medicinal manuscripts, healing instruments, charms and oral histories, using questionnaires distributed to medical professionals, schoolteachers and local correspondents. Fieldwork by medical students involved detailed documentation, including photographs of healers and their environments, and created a rich audiovisual archive.

These campaigns emphasised contextual data, recording the provenance, use and social meaning of remedies and rituals so as to protect the cultural authenticity of the material. The museum also maintained registers of folk healers and correspondents, paid collectors and organised public lectures on folk healing, which fostered awareness and scholarly discussion.

The Estonian case also carries a caution. Tupits (2010) follows what later happened to the records and objects that were collected, and Goršič (2016) describes the collection in terms of both honouring and losing knowledge. This suggests that collecting is only the first step: long-term cataloguing, secure custody and public access determine whether collected knowledge survives.

Building on the Estonian experience, institutions in Manipur could systematically collect and preserve medicinal manuscripts, ritual artefacts, oral histories, herbal knowledge and audiovisual records of healing practices, and maintain digital records and healer documentation alongside community museums. Beyond serving as static repositories, such museums would function as dynamic educational and research platforms that connect traditional knowledge with contemporary needs, promote cultural continuity and foster community ownership through participatory documentation. This aligns with the ICOM (2022) definition,

under which museums are expected to research, collect, conserve, interpret and exhibit intangible as well as tangible heritage and to work with communities.

Community involvement is critical. Engaging folk healers, elders and local communities in collection and curation would enhance the authenticity and relevance of the collections while supporting intergenerational transmission. Institutional recognition and policy support, together with the integration of indigenous healthcare knowledge into museum programming and outreach, can further strengthen the resilience and visibility of Manipuri folk medical heritage.

The transformative potential of museums in Manipur thus lies in a holistic, participatory and scholarly approach modelled on the Estonian Museum of Hygiene's pioneering work and adapted to local socio-cultural and ecological contexts.

Discussion

The sections above show that the threats to *Meitei* folk medicine are interlinked rather than separate. The decline of formal institutions such as the *Pandit Loishang* weakened structured training; weaker training strained oral and apprenticeship-based transmission; ecological loss reduced access to medicinal plants and sacred sites; and secrecy, together with a lack of documentation, left knowledge dependent on a shrinking number of older practitioners. A preservation strategy that addresses only one of these links, for example by recording plant species, is therefore likely to leave the others untouched. This may help explain why much of the existing documentation concentrates on plants (Devi et al., 2025; Kom et al., 2024), while the institutional, ritual and identity dimensions discussed in this paper receive less attention.

Museums and archives can address several of these links together, but only if they are conceived as living institutions. Static display risks presenting folk medicine as a relic of the past, whereas the ritual, ecological and social contexts described in this paper show that it is a practised system. A museum or archive that works with practising *Maibas* and *Maibis*, records contexts of use as well as objects, and links to festivals such as *Lai Haraoba* and to community education can support transmission rather than replace it. The Estonian experience also suggests an approach of bringing folk and modern medicine closer together rather than setting them in opposition (Goršič, 2016), which fits the pluralistic medical landscape of Manipur.

Policy frameworks now support this direction. The WHO (2025) strategy calls for strengthening evidence and for integrating traditional medicine into health systems, and UNESCO (2003) treats documentation and transmission as part of safeguarding intangible heritage. For Manipur, these frameworks make it possible to argue that folk medicine deserves institutional recognition both as a health resource and as cultural heritage. The decisive condition, however, is community ownership: healers and elders must decide what is recorded, how it is held and who may use it.

Conclusion

Folk and classical medical traditions of the *Meitei* community in Manipur are integral to the Indian Knowledge System, embodying holistic healthcare that intertwines medicine, ritual, ecology and cultural identity. Despite rich historical foundations and institutional continuity, these indigenous practices face threats from modernisation, biomedical dominance, ecological degradation and weakening intergenerational transmission. Systematic documentation, institutional recognition and community-engaged preservation, particularly through museums and archives, are essential to safeguard this intangible cultural heritage for future generations.

Three practical steps follow from the analysis: (i) healer-led documentation protocols that record contexts of use and respect consent and control over restricted knowledge; (ii) at least one dedicated museum or archival centre for indigenous healing traditions, with digital records, linked to existing institutions such as the Loktak Folklore Museum and healers' associations; and (iii) the integration of healing knowledge into education and outreach, including festival-based learning. Future research should combine ethnographic work with practising *Maibas* and *Maibis* to test how such institutions would be received and governed in practice.

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