

Healing, Mission and Worldview : A Study of Mizoram

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Abstract

Medical mission was one of the important aspects of the Christian mission work in Mizoram. The introduction and application of western medicine was new to the people who have never experienced its knowledge or efficacy yet. However, its power, or magic, as it was understood by the local people, soon captivated the heart of the people and thereby paved the way for the smooth operation of the mission work in the subsequent years. The introduction of modern medicine was in a way, an attempt to prove the supremacy of naturalism over supernaturalism which was believed to represent western worldview and Mizo worldview respectively. Nevertheless, the Mizo worldview was not changed much though the agency through which they presented the western worldview was challenged.

Keywords: medicine, missionaries, Christianity, worldview, Mizos

Medical mission formed an important aspect of Christian mission's work all over the world. The history of medical mission can be traced back to the ministry of Jesus and the Apostles as recorded in the Gospels and Acts and it continued to be part of the Mission work of different Christian denominations.¹ Towards

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the end of the nineteenth century and the beginning of the twentieth century, some Protestant denominations provided training in basic medical care for missionaries before entering the field that benefited the Protestant missionaries who came to Mizoram in the late nineteenth century. Traveling to distant places, these missionaries were often the only “doctor” available for many of the local people (Eichman, 2001). The rudimentary knowledge about healthcare not only helped the missionaries in taking care of their own but also advanced the cause of their mission, and therefore, even at the absence of medical practitioner, medical knowledge, however meager, proved to be very useful for the missionaries.

Natural versus Supernatural

To the Mizos, supernatural was very natural, and the natural and supernatural, health and religion were found to be persistently allied to each other in their history and culture. This kind of relationship between the physical and the spiritual world is considered to be “superstitious” by nature, which is a common aspect of ‘tribal’ worldview, as it is argued that in the absence of the concept of ‘Copernican Universe’ based upon the physical laws and natural cause and effect relationship (Laldena, 1988, p.106), the “primitive” mind conceived the natural occurrence of sickness as caused by supernatural forces. A prominent Mizo pastor and historian Liangkhaia maintains that the idea of sacrifices and religion among the Mizos could be traced back to their settlement between the river Run and Tiau at around A.D.1000-1500, saying that since the Mizos felt the need to be cured of their diseases and be protected from sickness which they felt was caused by some unnatural being, they formulated the idea of sacrifices, the first being ‘*Arte thlah*’ and ‘*Bul thluk*’ (Liangkhaia, 1938, p.45). Thus, it was sickness, according to Liangkhaia, which aroused the religious consciousness of the Mizos.

Living in poor hygienic condition and demanding work with no time to care for themselves, the people of those days suffered from many diseases ranging from ulcerous sores to tuberculosis and mental disorders (Kipgen, 1996, p.107). Apart from the usual complaints, internal parasites, anaemia, fever and hookworm are very common (Glover, 1993, p.23). Though many of the sicknesses were attributed to the work of the 'spirits', there are references that the Mizos used indigenous herbs of specific plants, trees, and the flesh or skin of particular animals held contemporary remedies for toothache, lice, burns, damaged sinews, cholera, and so on (Lorrain, 1898). It may not be acceptable to rule out entirely the knowledge of these 'tribal' people of the natural cause and effects; however, there is no doubt that offering of sacrifices due to illness was a very common practice.

Apart from sickness, misfortune of any kind was also considered the work of the spirits. When ill-health or misfortune comes, they thought that the spirit or *Huai* demanded something. The three sacrifices, *Vawkte khal*, *Ar khal* and *Kel-khal* (a pig, a cock and a goat had to be sacrificed respectively) should always be performed soon after marriage, but poor persons postpone them till ill-health shows that the *Huais* will wait no longer (Shakespeare, 1975, p.72). Likewise, if any misfortune happened, one would think back over one's recent actions to recall what one might have done or said to annoy a particular spirit, in order that it might be appeased (Kipgen, 1996, 108).

These spirits, they believed, could make appearances to people, and many terrifying stories they could recount. The spirit of whooping cough in particular, they said, was very dangerous; he wore the skull of babies (Lianthanga, 1991, p.12). If an epidemic spread in the neighbouring villages, villagers from such villages informed not to enter their village, and imposed fine in case of trespassing. One author says that this practice was

to be seen even in the 1950s. The villagers would built a fence, called '*hri dai*' at the entrance of their village where effigies carrying spears were placed, with black clothes, and if possible, the skin of a hauhuk. They believed in the efficacy of '*hri dai*' (Lianthanga, 1991, p.12). Also, when an epidemic occurred, it was not allowed to play any musical instruments because they thought it attract a '*hri*', the epidemic. The 'spirits' were very real to them. Llyod says,

“The spiritual was even more real than the material world and infused every part of it. Before the Gospel, the strong sense of the spiritual was there but it was mainly malignant and hostile” (Llyod, 1991, p.262).

At that time, the *Bawlpu*² was sought out who would determine which spirit had been offended and what sacrifices had to be offered. Every village had at least one *Bawlpu*. By feeling the pulse of the sick person or through a lot thrown by *Zawlnei*³ (Saiathanga, 1981, p.35) a sacrifice is prescribed, where, what kind of sacrifice and with what animal it should be performed. This sacrifice is performed mainly to appease the spirit which was responsible for hurting the person. This branch of traditional Mizo religion was very actively practiced that many observers were tempted to conclude that Mizo religion was nothing but “a means of avoiding sickness and of postponing death” and “its function was to maintain him and his family in life and health”⁴ (Llyod, 1991, p.210). and thereby described Mizo religion as 'demon worship'. But Saiathanga, a prominent Mizo pastor maintains that Mizo religion was not merely the appeasement of evil spirit but it also contained worship, not out of fear, to a high god, *Pathian* or *Khuavang*, whom they thought was the god of their forefathers (Saiathanga, 1981, pp.20-21).

The sacrifice of a fowl or a goat or a dog, depending on the seriousness of the case was then offered at home or at the outskirt of the village by a *Bawlpu*. The *Bawlpu* would erect a miniature

alter called *maicham*, blow a conch shell, mutter appropriate incantations and sacrifice the animal, permitting its blood to flow over the alter. The heart, liver or entrails and the extremities of the sacrificed animal, called *serh*, were placed on the altar for the spirit, but all the best edible parts were cooked and eaten by the *Bawlpu* (Kipgen 1996, p.108).

As part of the sacrifice, it was expected from the patient that his or her house was quarantined and a bunch of fresh leaves was fixed on its front wall to show that entrance into it was prohibited (*serh*) to anyone from outside the household. To violate this prohibition would be *thianglo*, which meant taboo and violation of it would bring ill-luck either to the house or the trespasser or both, unless another animal was sacrificed quickly.

The Mizos expected instant or even miraculous healing once the sacrifice was performed. It was the work of the supernatural that was invoked, after all. Prolonged treatment was not favored; they have neither time nor possessions to go through the process. If the initial sacrifice of a fowl did not cure the patient, the *bawlpu* might prescribe the sacrifice of either a goat or a dog – or in serious cases even a mithun. This procedure could prove very costly, and would have often brought economic ruin to Mizo families (Kipgen 1996, p.108). Since the cost of cure from sickness or reversing misfortune was very high and time consuming and the process was exhaustive, it, therefore, makes good health a person's virtue which was seriously accounted for in the case of marriage also.

The most common method of keeping healthy was wearing a '*kelmei*' as a necklace. Everyone believed in the efficacy of *kelmei* protection and discarding it means making themselves vulnerable to evil spirits. A French traveler, Dr. Emil Riebeck who toured the Hills in the early 1880s and collected hundreds many local ornaments and dress, found it "almost impossible to get hold of one Lushai ornaments in particular, an 'amulet consisting of

nothing more than the turf of a goat's beard'- the *kelmei*" while he could successfully gained even the chief's headdress (Riebeck, 1885, pp.5-7, cited in Jackson, 2009, pp. 13-14).

Since it was believed to have some power to protect a person from misfortune, the loss of a *kelmei* was taken very seriously. Saikunga, the first attendant of Pu Buanga told him a story, "Once a man lost his *kelmei*, and he heard from the back the sound of a goat, "baa,ba", he fell and died." Saikunga himself was asked to put away his *kelmei*, but after keeping it away, he became easily frightened even at the smallest thing, and he went back to his village and performed a sacrifice with a goat and brought back *kelmei* more than once (Ralte, 2008, p.217).

In certain sickness, it is believed that *thlarau* (soul) had escaped its body only to be "detained somewhere in the forest" by the *huai* (Jackson, 2009, p.17). When a soul leaves the body, a person normally dies, but in such case as cited above, it was believed that a person could be cured again by calling back his *thlarau* from the forest. The process is called "*Thla ko*". Usually, it was the near relative, often the uncle or grandfather of the sick person who had to call the *thla* by his or her name from his or her abode in the jungle. The lost soul was then escorted home, and it is said that the presence of the soul could be felt, and sometimes heard all through the way,⁵ and after it returned to the body, the sick person began to recover (Jackson, 2009, p.17).

To the Mizos thus, the supernatural beings were believed to be largely involved in their natural world, causing sickness and misfortune. In the process of healing too, it was the supernatural forces that were invoked. The belief in sacrifice for healing was not simply a shallow belief but it carried with it the traditional worldview in which the natural and supernatural were closely associated. Physical attributes were given to these malignant spiritual forces and believed they could be fenced off by building a fence called '*hri dai*'. Thus, in their day to day life, spirits were

as real as sickness itself, and sickness, health and spirits were related elements in the earlier Mizo world. It was in this background that medicine was brought to them by the outsiders.

Medicine and Mizos

'Damdawi' was a name given to medicine by the Mizos which literally mean 'healing magic'. Names for Mizos have always been infused with meaning revealing information about the person, his family history, lineage, status, gender, and so on (Jackson, 2009, pp. 41-42).⁶ As such, Mizos have always invented names for their children suited to the occasion, event or circumstances at the time of their birth⁷ (Llyod, 1991, p.73; Thanzauva, 1997, p.15). They believed that "personal names could themselves have an impact on health" and thus, unattractive names were sometimes given to the children so as to ward off the sickness-causing spirit and that the spirit "would think them undesirable and would not want to steal them" (Jackson, 2009, p.17). When medicine is given a name *'damdawi'* or 'healing magic', it defines the understanding of the Mizos to a very large extent, and shows that a magic or instant healing expected of the traditional sacrifices still persisted.

It was not easy at first to persuade the Mizos to avail themselves of the facilities of hospitals and medicines. They would not believe that this water medicine could cure unless it was brightly colored (Zairema, 1978, p.25). 'Some Lushai would almost rather die than take a bitter solution two or three times to make himself well, Savidge opined (Reports, 1993, p.23). But the medicines soon grew popular after its effectiveness was attested; a 'rather too much faith' was developed in medicine as it was believed to have some magical power. Lorrain records the great faith people have on their drugs, that "some imagine it is quite sufficient for them to have a pill in the bag they are carrying" (Reports, 1993, p.56), or "put them under their pillow instead of in their mouths and imagine the result will be the same"

(Reports, 1993, p.79). “If such a small dose is supposed to be effective why not drink the whole bottle for a quick cure?” (Zairema, 1978, p.25) was the idea, thus the name ‘*damdawi*’.

Medicine and Mission

“Oh, if I had only been a better Christian, I do not believe I should be ill like this,” I heard a little boy say. He was suffering from a deep ulcer of the leg. God and healing are very closely associated in the Lushai mind” (Report, 1993, p.133).

As closely allied sickness was to the ‘*Huai*’ or spirit in the pre-Christian era, healing was very closely related to God after Christianity. The issue of health therefore, presented a very congenial ground of work for the Missionaries. In fact, medical work was believed to be one of the most effective means of destroying the traditional world-view and belief system as it offered a space for scientific explanation to the causes that led to sickness and a ‘scientific’ prescription to deal with it (Laldena, 1988, p.105). Even the missionaries not practicing medicine also usually carried with them tablets and liquid mixtures (Laldena, 1988, p.106). Lorrain records,

“...this [medical work] useful adjunct to our missionary labour is very popular with the people, and is gradually breaking down prejudice and opening fresh doors for the Gospel to enter” (Reports, 1993, p.45).

Until the advent of Dr. Peter Fraser, a reputed Medical doctor in 1908 in Lushai hills, there was no medical practitioner, yet the earlier missionaries had made a good use of medicine right from the beginning. Lorrain and Savidge, the pioneer missionaries already experienced the value of medicine in their short tenure in Mizoram, and when they left Mizoram at the behest of their sponsor Arthington Mission, “they were uncertain as to what the future held for them,” but they were sure that “their future

missionary work must be well based on the gracious, Christ-like ministry of the healing of men's body as well as their souls. They have proved from their own experience that there is no surer way of learning the thought and language of the people than by relieving their pain." So when they returned to London in 1898 they both enrolled themselves in Livingstone College for a course of study in surgery and tropical diseases and tropical hygiene which was to prove of the greatest value in their future ministry (Hminga, 1987, pp. 57-58). Before he came to Mizoram, D.E. Jones was also sent to Scotland for training in the Glasgow Medical Mission (Llyod, 1991, p. 37).

The rationale for missionary's involvement in medical work, according to Laldena, was not merely a humanitarian motivation, but an aid in saving souls for Christianity (Laldena, 1988, p.105). It may work directly or indirectly. Lorrain and Savidge established 'mutual confidence' with the 'wild, hostile tribe' of Mizos by giving medicines, as it was taken as an act of kindness. A common saying of those days was-

Zosap Venga ka va len leh

Zosapin damdawi min pe

(I went to where the missionaries live,

Good medicine is what they give) (Llyod, 1991, p.31).

Apart from building friendship, distribution of medicine also offered a convenient platform for the spread of the Gospel directly. Dr. Fraser writes in 1911-12,

"The number of out-patients recorded is 22,771. This great number of patients and friends show how great are opportunities for sowing the seed far and wide throughout North Lushai, and even beyond it. Some scores of names, wishing to be Christians, were handed in at the Dispensary" (Thanzauva, 1997, p.48).

Perhaps because the missionaries were more approachable and friendly to the people many Mizos preferred to go to the Missionaries for medicine rather than go to the Dispensary provided by the Government (Reports, 1993, p.23). Patients who came for medicine attend the morning service, immediately after which medicine was dispensed to all who need it (Reports, 1993, p. 35; Llyod, 1991, p.126) and for those who came for liquid medicines, Mizos did not have bottles, and they were provided with bamboo cups with Bible verses or pictorials prominently inserted over them. Obviously, medicine and Gospel was going together and a physical as well as spiritual remedy was being offered to the people.

Healing and Worldview

As mentioned earlier, since the supernatural was very much part of their daily life, the Mizos tried to see the divine intervention in the physical well being of the believers. Before the advent of Christianity, it was a normal believe that if a person is fortunate in life, his god is relatively good (“*A Pathian a va tha bik ve!*”) (Lianthanga, 1991, p.7). Therefore, the aspect of health was often a testing ground of Christian faith. Such judgmental observation was a hurdle to Christianity at some point. In fact, the non-Christians often made a special point of watching what happened when a Christian was sick, and prayed, and took medicine. The use and efficacy of medicine was often taken as a proof of the effectiveness of the new system of belief.

The fateful Great Gathering of 1906 showed the Mizos’ perception of Christianity in respect of physical health. The meeting was arranged for the “distant and scattered converts” so that they may “gain courage and strength for their fight against evil”. But during the four days meeting in a Christian village, the wife of the Chief died without any known serious illness and Buka, another delegate to the meeting also died. Lorrain records,

“The heathen knew that the Christians had gathered together to worship their God, and they soon heard that during those four days, two[sic] baptized believers had died. More or less exaggerated reports of what had occurred had in a very short time found their way into the most remote villages. What [is] more natural than that the people should conclude that the Prince [sic] of Darkness had brought about these deaths to demonstrate that the God of the Christians was not able to deliver from his power? The converts, when they reached their scattered homes, found themselves objects of ridicule. Some of the weak ones began to falter. What they had seen themselves made them think that their heathen neighbours were right after all....In this way, we record with sorrow, the non-baptized Christian community has, during the year, been decreased by 48 souls and one church member has also been removed from the Register” (Reports, 1993, p.28).

This event clearly shows how close the connection of the physical and spiritual life is in the people’s mind. As seen in the word of Lorrain, it became a point of ridicule for the non-Christians that even the Christians cannot keep themselves healthy and escape death, and thus resulting into the withdrawal of many from the faith. Even after converting themselves to Christianity, it is therefore, clear that the concept of health and diseases as connected have persisted; if it had not, they would have accepted that it is but natural that man, whether Christian or non-Christian, will die.

The missionaries’ inference of the Mizos’ belief in spirits as the cause of illness facilitated them a chance to prove that they possessed an antidote against the animistic worldview. The Missionaries’ attempt to portray themselves as “purveyors of a naturalistic worldview” as opposed to the super naturalistic one was apparent. The connection between health and cleanliness and sanitation became the primary emphasis for the new converts,

thereby appearing to be addressing the super naturalistic worldview in favor of naturalistic one. Laldena writes,

“The missionaries understanding of illness involved making proper diagnosis (which in turn depended upon proper training and obtaining the required remedies. The primitive mind in that age did/could not comprehend that germs caused sickness by moving more or less predictably by humans. With the advantage of a technology to their own advantage, the missionaries worked with a highly naturalistic view of disease and medicine which accelerated the breakdown of traditional animistic world-view thereby acting, directly or indirectly, as an effective agent for conversion” (Laldena, 1988, p.106).

It is said that the Christians who had given up old systems of sacrifices were naturally more ready than others to use medicines. While putting their trust in the Christian God, they were induced to resort to medicine in times of sickness. A missionary recorded that “seeing their medicine did more good than the sacrificing”, Khamliana gave up sacrifice before they left the hills (Hminga, 1987, p.58). Soon, even the non-Christians found that medicine was effective and less expensive, even they became ready to spend their money on medicine than on sacrificial hen (Llyod, 1991, pp. 211-212).

However, the validation of the proposed naturalistic worldview of the missionaries’ vis-à-vis “traditional animistic worldview” or medicine against sacrifice, as simply representing naturalistic over super naturalistic worldview, could be seriously put into question. Laldena himself says that even “though the missionary’s action was determined by naturalistic world-view, he would inevitably invoke divine help by saying prayer which gave the impression that God was acting through human agency and medicines” (Laldena, 1988, p. 107). Thus, even in the healing system introduced by the missionaries, the supernatural was still very much part of it, and the Mizos did not miss this fact, and

this continued to occupy an important place in Mizos' perception of healing.

Healing Miracle

In spite of experiencing the efficacy of medicine, the Mizos' belief in healing was heavily weighed down with a belief in 'supernatural healing' or 'healing miracle'. As early as 1901-02, the Welsh Mission Report says that Parima was enjoying a great reputation as a healer, and praying for the sick, and his praying for them was preferred to the Missionary's medicine (Thanzauva, 1997, p.15). Later, Thangbawnga,⁸ having a reputation as healer, also attracted lots of people at the southernmost part of Rulkual (*Mizo leh Vai*, January, 1933, p.17). Any kind of disapproval or denunciation about these faith healers has never been heard of even from the missionaries, and they were always part of the church. This belief in miraculous healing became so widespread that many people claimed to be one. From the Superintendent's standing order of 1935, it can be seen that some even demanded to exhume dead body (*Mizo leh Vai*, August 1935, p.136). These are only few examples. Healing miracle has been one of the most important aspects of Mizo Christianity all through the years, and faith healers have always been present in every generation till today.

The expectation of supernatural healing only confirms the connection of physical and spiritual world, God and the mortal in the minds of the Mizos. The belief of existence of close connection between the physical and supernatural world especially in respect of health, which was denounced and condemned at the outset of the mission work continued to take a central place even in the new religious system, as the aspect of health always have both the natural and supernatural - medicine and God, in it. The medicine taken along with prayers, the Bible verses and pictorials received along with the medicine only

confirmed the connection between physical and spiritual world, the only difference is that, in stead of the unknown spirits, they now invoked the Christian God for their healing.

Though scientific worldview was considered superior to the traditional super naturalistic worldview that was often associated with the so called “primitive societies”, the mission work, with all its claim to promote the naturalistic worldview, did not really freed itself from what they considered to be inferior and outdated. The natives, on the other hand, adapted the message as per their comprehension and practiced it in their own way. Nevertheless, it was the adaptability, or some may call it ‘acculturation’ that have promoted the gospel and accelerated its wide acceptance in the hills.

Notes:

¹ In Roman Catholic, much of the care for the sick was carried out by monastic orders. The Order of St. Lazarus, for example, was known for the treatment of lepers and the members of this order established many hospitals (known as "lazarettos") throughout Europe for the treatment of leprosy. Following the Reformation, Protestant churches slowly began sending physicians and others to serve as medical missionaries in places such as India and various parts of Africa, for example. Possibly the first of these was Dr. Kaspar Gottlieb Schlegemilch, who traveled to India in 1730 under German and Danish sponsorship. In 1793 Dr. John Thomas was sent to India by the Baptist Missionary Society in England. Accompanied by William Carey, an evangelist, they established the first Protestant mission in India. The first American medical missionary was Dr. John Scudder, who went to Ceylon in 1819 and later moved to India. His work included not only medical care but also the establishment of schools and a college. Seven of his sons later worked in India also, several of them as physicians. Another member of this family, Dr. Ida Scudder, established the Christian Medical College in

Vellore, India, and became herself somewhat of a legend among early medical missionaries. Dr. Peter Parker, was sponsored by the American Board of Commissioners for Foreign Missions. In 1834 he traveled to China to begin a medical mission. As a surgeon, he treated patients and also performed many of the first surgical procedures in China. He also trained many young Chinese students in medicine, long before the establishment of medical schools in this country. <http://www.ovc.edu/missions/medical/medbook2.htm> accessed on 4th Sept, 2011.

² Bawlpu is somewhat like a Medicine Man.

³ Zawnei is equivalent to a Seer.

⁴ This was the understanding of Mizo religion by the missionaries which had impact on many earlier Mizo scholars.

⁵ When the author was a small child in the early eighties, she remembers the adults in her hometown talked about thla ko which had taken place a few years before and how dreadful it was and how much courage it took to do the same.

⁶ Kyle Jackson has skillfully explored how the Mizos have given names that were self-explanatory.

⁷ For example, in one village, a man and his wife were candidates to be Christian, and soon after they had given up their heathen practices a child was born to them, whom they called 'Zubani', which means 'to give up the drink'.

⁸ Thangbawnga was very popular among the Mizos that he is fondly called 'Mithianglim Thangbawnga' (Saint Thangbawnga).

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