MANTRA, MEDICINE AND MASSAGE:

A QUALITATIVE STUDY OF THE INDIGENOUS HEALING PRACTICES AMONG THE THARUS OF NEPAL

A dissertation submitted to Jawaharlal Nehru University
in partial fulfillment of the requirements
for the award of the degree of

MASTER OF PHILOSOPHY

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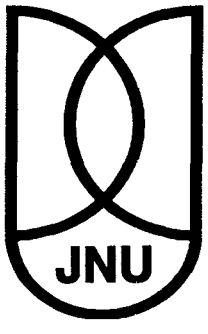

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This dissertation entitled **"Mantra, Medicine and Massage: A Qualitative Study of the Indigenous Healing Practices among the Tharus of Nepal"** is submitted in partial fulfillment of the requirements for the award of the degree of Master of Philosophy of Jawaharlal Nehru University. This dissertation has not been submitted for any other degree of this University or any other University and is my original work.

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CERTIFICATE

We recommend that this dissertation be placed before the examiners for evaluation.

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ACRONYMS

AHW	Auxiliary Health Workers
ANM	Assistant Nurse Midwife
CAM	Complementary and Alternative Medicine
CBO	Community Based Organization
CBS	Central Bureau of Statistics
DDC	District Development Committee
CSMCH	Center of Social Medicine and Community Health
FCHV	Female Community Health Volunteer
GoN	Government of Nepal
HP	Health Post
IMR	Infant Mortality Rate
JNU	Jawaharlal Nehru University
MCHW	Maternal and Child Health Worker
MoHP	Ministry of Health and Population
MMR	Maternal Mortality Ratio
NFFIN	National Federation of Indigenous Nationalities
NFDIN	National Foundation for Development of Indigenous Nationalities
NGO	Non- Government Organization
NPC	National Planning Commission
SAARC	South Asian Association for Regional Cooperation
SLC	School Leaving Certificates
VDC	Village Development Committee
VHW	Village Health Worker

CHAPTER I

INTRODUCTION

1.1 Background

Medical anthropologists have documented a rich array of healing practices employed by indigenous people in different parts of the world (Kirmayer 2004: 33). The indigenous people around the world have their own healing systems and healing practitioners or indigenous healers. The indigenous healers are those persons of the indigenous community who possess the knowledge, skills and capacity to heal. They learn the healing knowledge and skills usually from their elders as a process of enculturation. The healing knowledge and skills is learned by practicing and transmitted orally from their forefathers.

Tharus are one of the indigenous tribal[1] people of Nepal and they also have their own healing system and indigenous healers. The healing practices of the Tharus have their own unique specialties. They use a variety of healing methods which can be divided into three categories: mantras, medicine and massage. They chant the mantras, prepare the medicines and provide the massage services; three different forms of healing practice. They have a variety of preventive, curative and promotive health care practices. The valuable knowledge of mantras, local herbal wealth and long-established massage technique is the most important part of this health care practices (Dahit 2008).

According to the National Foundation for Development of Indigenous Nationalities Act 2002, indigenous nationalities (respectively known as *Adibasi Janajati*) means "a tribe or community as mentioned in the schedule having its own language and traditional rites and customs, distinct cultural identity, distinct social structure and written or unwritten

[1]Nepalese scholars prefer 'ethnic groups' over the 'tribal people'. Dahal writes, "the term tribe or tribal is ...virtually obsolete in the academic writings of Nepal" (Dahal 2012:139). Legally they are recognized as *adibasi/janajati* (indigenous/nationalities). Locally they are simply known as *Janajati.* However, in this dissertation I have used 'tribal people', 'ethnic group' and 'ethnic community' interchangeably. By caste/ ethnic groups I mean *Jati/Janajati* groups. *Jati* reminds me Hindu caste hierarchical social structure and concept of purity and impurity and *janajati* reminds horizontal and spatial social structure, geography and culture.

history" (NFDIN 2003:32). The schedule has mentioned 59 indigenous nationalities and Tharus are one of them.

Indigenous tribal people have their own culture, tradition and way of living. They also have their own way of healing. Tharus are the indigenous people and their medical system is also a kind of local medical system popularly known as folk or indigenous healing system. A number of terms have been used to denote the indigenous healing system of the ethnic community. These terms include folk medicine, tribal medicine, primitive medicine, ethnomedicine, local medicine, traditional medicine and indigenous medicine. There is no clear cut distinction among these terms and these terms are often used interchangeably.

Dunn (1976) classifies indigenous medicine into two types: popular- traditional medicine and scholarly-traditional medicine. The former denotes to the non-codified and local medical system (or folk medicine) and the later to the codified and regional medical systems such as Ayurvedic, Unani and Chinese (Dunn 1976:138). Kayne (2010) distinguishes between folk and traditional medicine. "In traditional medicine there is usually a formal consultation with a practitioner or healer and such practices may be integrated into a country's healthcare system, while in folk medicine advice is passed on more informally by a knowledgeable family member and friend and there is generally no such integration" (Kayne 2010:3).

The folk or indigenous healing system refers to the society's indigenous healing wisdom that is handed down from generation to generation usually through oral tradition (Gewali 2008). The system includes various kinds of practitioners who function informally as herbalists, homeopaths, faith healers and midwives. The main feature of this system is the oral tradition with no or scanty written records, no formal way of training and education and no political and legal support. The system is based on "those health related beliefs and practices that have a traditional existence alongside an official, politically dominant system of medicine" (Hufford 2011:349).

The healing practices are called indigenous because they are not borrowed but are originated and developed by the native people. Though there may be influence or even borrowing of specific techniques, the indigenous healing system is precisely based on the

beliefs and practices of the indigenous people. There is an increasing trend to recognize the importance of the indigenous medical knowledge of indigenous people. Countries around the world have realized the need of respecting, preserving and promoting the indigenous healing knowledge and traditional medicines (WHO 2001).

Indigenous healing practices are also a form of complementary and alternative medicine (CAM). The indigenous medicines are used simultaneously with or used as an alternative of other system of medicines. For example, practices such as massage, can be complementary or alternative, depending on whether it is used in combination with or apart from biomedical practice. The indigenous system of medicine is a product of indigenous cultural development. The cultural beliefs, practices, habits and customs influence the medical practices. Many studies have highlighted the importance of indigenous healing system (Regmi 2003; Adhikari 2006; Dahit 2008; Gewali 2008; Subedi 2003; Najunda et al. 2009; Winkelman 2009) and have emphasized the need to explore and document the indigenous knowledge and practices (Acharya and Acharya 2009; Ghimire and Bastakoti 2009; Kunwar and Adhikari 2005).

The indigenous system of medicine deals with physical, mental, emotional and spiritual aspects of the human being. The system addresses body- mind-spirit and is holistic in nature. Indigenous system consists of preventive, promotive, curative and rehabilitative components. People prefer folk or indigenous medical system because they are culturally acceptable, physically accessible and economically affordable. And also because, the system "closely corresponds to the patient's ideology, and is less paternalistic than allopathic medicine" (WHO 2001:3). Indigenous healers provide their services voluntarily, often at a low cost and sometimes in no cost. People also trust the healers as they are from the same community. Educated and urban rich also turn to the indigenous healers when the modern medicine fails (Regmi 2003).

The community people recognize the healers and there exist a relationship between the healer and the patients that is long lasting and durable in comparison to other practitioners. In the indigenous healing system, healers are recognized by their communities and more importantly, the healers and patients share the same culture and

the same sentiments. Thus the cultural similarity between healers and patients leaves no room for "cross cultural misunderstanding" (Winkelman 2009:2).

Indigenous healing practices have a close relation between human beings and nature. The indigenous healers use both material and non-material components. The material components comprise plants and animal products as well as minerals and other natural substances. They use locally available plant and animal resources for medicine. They prepare medicine themselves for their patients. The non-material components, which constitute important items of religious and spiritual medicines, include incantation, amulets and rituals like sacrifices, appeasement of evil spirits, etc. (Gewali 2008). They use the mantras for emotional and spiritual healing. A mantra is a group of words or phrases or verses which is used by a shamanic healer to have a dialogue with supernatural power to heal the illness. The mantra also helps to mediate and also to have meditation.

1.2 Statement of the Problem

All the systems have their own distinct way of curing and healing and have their own importance and limitations. The indigenous healing practices too have their own importance and limitations. No medicinal practices, including the so called scientific biomedicine[2], are perfect and no medical tradition can be termed useless. Even the biomedicine has iatrogenic effect and "can do more harm than good" (Sujatha 2012:37). The present concern is safe and effective systems with more choices and more options of healing. And this is only possible with the coexistence of multiple tradition of healing, with the total and true medical pluralism. The system needs a formal acceptance and recognition, inclusion and integration. Total and true pluralism cannot be established by rejecting indigenous healing system.

Tharus have knowledge and skills on the ethnomedicinal uses of a number of plants, animal products and minerals. They have the spiritual mantras and healing techniques and

[2] I prefer to use the term 'biomedicine' which is also understood as scientific, allopathic, modern, western, conventional, orthodox, and cosmopolitan medicine. There are terminological preferences among the scholars and they have their own reason, for example Leslie (1976) and Dunn (1976) prefer cosmopolitan because they see "other terms misleading", Subedi (2003) prefers allopathy to be "neutral" (Subedi 2003:140) and Lock and Nguyen prefer biomedicine "to mean that body of knowledge and associated clinical and experimental practices grounded in the medical sciences that were gradually consolidated in Europe and North America from the 19th century on"(Lock and Nguyen 2010:365).

techniques of massage therapy. Their healing system incorporates the components of body-mind-spirit and preventive, promotive curative and rehabilitative. The healing knowledge is handed down from generation to generation. However, some of the studies show that the process of indigenous knowledge transmission from the older generation to the new generation has been obstructed because of various reasons. And the indigenous healing system also has gone through a change. In this context, it is important to listen to the indigenous healers and the community people and conduct a study of the healing practices from an emic perspective.

Similarly, on the one hand present concern is integrative medicine and holistic healing on the other the indigenous healing system has been sidelined because of negligence of government, the dominance of the biomedicine, extinction of herbs and medicinal plants, low level of transfer of knowledge from the experienced and skilled older generation to new generation. The issue of integration of indigenous medicine into the national health care system has become one of the important issues. Many study (Adhikari 2006; Paudyal and Ghimire 2006; Budhathoki and BC 2008; Dahit 2008) have pointed to the issue of accommodation of the indigenous healing system with other medical system, revitalization of the indigenous healing system and the legalization of indigenous healing practices and practitioners. There are issues of inclusion of indigenous medical system into the mainstream health care system and concerns of preserving locally available herbs and medicinal plants, protecting the indigenous healing knowledge, promoting indigenous healing practitioners and strengthening of ethno pharmacology. Similarly, there are concerns of documenting the indigenous knowledge. The issue of revival and inclusion of indigenous medicinal knowledge is justified if we want to see a world where medical pluralism is flourished and pathways to healing are opened (Cohen 2007).

Government policies and programs emphasize on biomedicine and biomedical oriented education system. Other systems of medicines which have been codified get very little support. The folk or popular traditional system, however, has not been codified by the government and gets no support. The Tharu indigenous healers do not have the legal authority. Because, they have not got an official recognition, accreditation or legal status. So, the recognition, accreditation or legalization of the indigenous practitioners is another issue.

More than 80 percent people live in the rural area of Nepal. People from remote and rural areas still do not have much access to the biomedicines and Ayurveda. They are largely dependent on non-codified folk or indigenous medicines. Recently, biomedicine is being penetrated into the every part of the country. Indeed, this has provided people with more choice and more option. But at the same time, co-existence of indigenous system has fallen in shadow with the state promoted biomedicine. The dominance of biomedicine has been well experienced in the urban parts. Rural people have also experiencing a change where the indigenous system often tagged primitive and discouraged. Most of the western biomedical practitioners view popular indigenous system nothing more than a superstitious belief or shaman's tricks. They also raise the question of safety and efficacy. And a question of safety and efficacy has become one of the issues. Which is also one of the contested and defended issues.

The indigenous healing practice with special focus on shamanistic tradition of the tribal people has been one of the most studied areas in medical anthropology. There are some ethnographic studies that basically provide a description of the socio-economic and cultural practices of certain ethnic community. These studies basically touch one or another aspect of healing and mention terms for local shaman. There are inadequate studies related to healing practices of a particular ethnic community. Some of the early ethnographers have described the socio-cultural aspects of some of the indigenous people. However, in much of those studies, the healing culture and healing practices are often overlooked. There is a need to study indigenous healing practices: the healing knowledge, skills and capabilities of the people, their health related belief system and their habits, and rites and ritualistic behaviors related to health. There is a need to study what do they do when illness befall them and why they do. How they have been interacting with other existing system of medicines.

The study concerns with the description of the Tharu people's perspective of health and illness and their health seeking behavior. The study deals with questions, such as how the Tharu community views health, illness and disease. How they give meaning to the causes of disease and illness? What are the healing processes, healing rituals or how do they heal? Who are the healing practitioners and what is their role and what is their status in the

society? How they provide healing services and what they think of their services? What other people think about their services? What type of relationship exists among the various practitioners? How the Tharu community is benefitting from the indigenous healing system? What is the situation of government health care services and how they have been served?

The study documents the indigenous healing practices among the Tharus. How and why the indigenous healers are healing and how and why the people are using the existing health care systems. The study tries to look at the relationship between and among different indigenous healers of the area. In sum, the study is about the indigenous healing practices among the Tharus of Dang and it tries to locate their healing practices in the context of medical pluralism.

1.3 Rationale of the Study

Indigenous healers have been playing an important role in providing health care services to the people of Nepal. The research attention on the healing practices of the indigenous people is very scant. So, a knowledge gap exists on how and why ethnic communities have been dealing with the health problems. What is the situation of existing medical systems and in what level the ethnic communities have access to these systems? How are they accessing public health care services and how do they feel about the existing health care system and how do they deal with their health problems?

A study of this kind is justified to better understand the belief and perceptions of Tharu people regarding health, illness and disease. A change has been taking place in the country and it is also important to know how they have experienced the change. How are they accessing the government health care services? What is their view about their own indigenous systems and about the other medical systems?

Health means different things to different people. But what it means to the Tharus? How they view health and wellbeing? What does it mean to be ill and to be healed? How they experience the illness, interpret the illness and explain the illness etiology? What are their own experiences and perception of health and wellbeing? Much has been studied on the other aspects of the people but there are very few studies that deal with the indigenous

healing practices. There is a need to study this area of knowledge. The study can offer better understanding about people's perception and people's practices of healing with reference to particular ethnic community. More specifically, the study seeks to understand community perspective of health, illness and disease. The study can be a source of knowledge for further study and it can also help frame an appropriate intervention strategy for the indigenous healers and indigenous or folk healing system.

Anthropologists, both from home and abroad, have studied the lives of many indigenous people. Most of these studies provide an ethnographic description about the tribal people and their cultural life. Very few studies highlight on the indigenous healing practices. The study is a genuine attempt to understand the indigenous healing practices of the Tharus of Dang in Nepal and is about the perspective of health and illness of the Tharus. It deals with the cultural belief and perception of health, illness and disease and the health care practices and their experience of change that has been taking place.

1.4 Conceptualization

The study has been conceptualized based on the following three premises:

1. Indigenous healing practices of the tribal people are not confined to shamanism.
2. Medical pluralism is the rule and not the exception even among the tribal people.
3. The health culture of the tribal people is not static but is changing with the interaction of and intervention by the wider society.

Beyond Shamanism

A large majority of the rural people, especially indigenous tribal people, rely on indigenous healing practices. Indigenous tribal people have been living or at least have lived in the past closely with the nature and have developed healing strategies ranging from shamanism, herbalism, midwifery and massage therapy. The indigenous healing practices are the results of their cultural development. The studies of folk medicine, traditional medicine, primitive medicine, indigenous medicine, tribal medicine or ethnomedicine have always been an interest of medical anthropologists. They have highlighted on the socio-economic aspect and cultural practices of the tribal people and their belief in supernatural forces and made ethnographic description of the healing techniques used by the shamans.

They have concentrated their studies more on the shamanistic tradition and less on the other traditions. The other traditions of healing among the tribal people remains to be explored. However, some of the studies have pointed to the existence of other tradition of healing practices beyond shamanism (Joshi 2004). These practices include herbalism, midwifery, poison healing, bone setting, massage therapy etc. This is evident that the indigenous healing practices of the tribal people are not confined to shamanism.

Ubiquitous Medical Pluralism

Medical pluralism refers to the coexistence of multiple system of medicine and multiple healing methods. The coexistence of multiple healing practices and availability of choice has been characterized as medical pluralism (Prasad 2007; Kalpagam 2012). And there is medical pluralism even among the tribal people both in terms of multiplicity of healing techniques and in terms of medical systems. On the one hand they have their own multiple healing techniques and on the other they have the choice and options to the other medical systems. Stoner states that "medical pluralism, or the existence and use of many different health care alternatives within societies, is the rule and not the exception the world over" (Stoner 1986:44). Pigg reiterates "a vast literature in anthropology demonstrates that medical pluralism is the rule, not the exception, around the world" (Pigg 1995:18). Cant and Sharma confirm, "Pluralism in health care is nothing new" (Cant and Sharma 1999:1). Ritu Priya also states the universality of pluralism, "pluralism in treatment-seeking among all sections of people is well known; among the poor and well- off sections of both 'underdeveloped' as well as the most 'developed' countries"(Priya 2012:103).

Ubiquitous Change

Indigenous healing practices are also undergoing a change with the interaction with the wider society. These practices are not same as of ancient times. The change has been accelerated and the changes can be seen in health and healing. There has been an acculturation process taking place and there is also a growing concern of protecting indigenous arts and culture and safeguarding indigenous knowledge. Noticing this, no one can believe that the indigenous healing practices are static ones and they are not changing. Biomedicine, with the government intervention, has been penetrating into the remote and rural parts and has established itself as the only dominant system of medicine. The

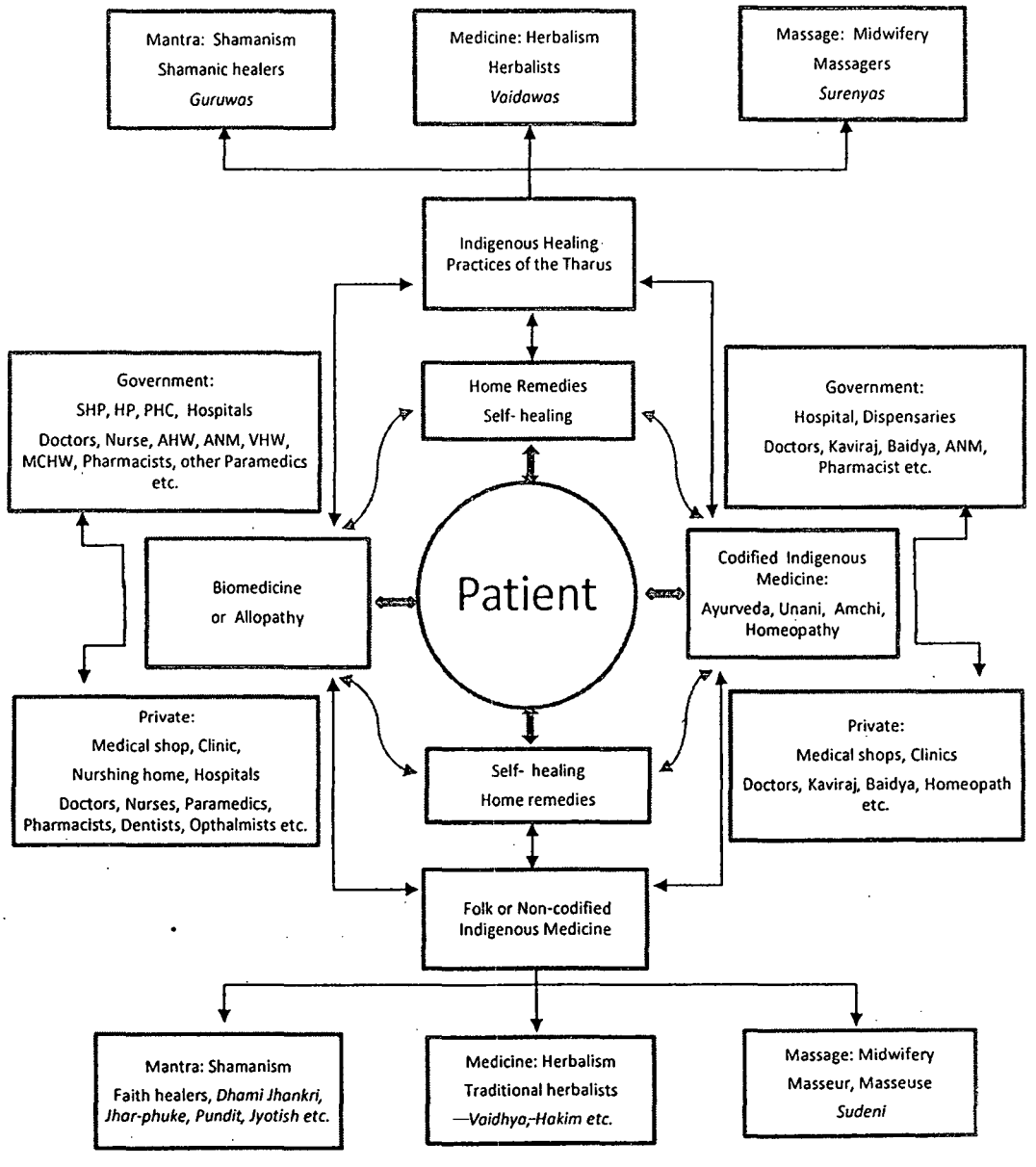
introduction of biomedicine and the induced societal change facilitated the change in the health and healing practices in society. With the introduction of biomedicine and socio-economic and political development of society the health and healing practices have also undergone changes. Now the indigenous healing practices cannot be taken as a sole way of healing even of tribal people left alone in the remote jungle. Even among tribes, who still live in the jungles and are still involved in hunting and gathering, shifting, slash and burn agriculture. There has been a change, both from within and outside the society. They also have started seeking medical help from other systems and other practitioners. And there are other tribes or ethnic communities who run the modern businesses and are involved in commerce, trade and tourism (Dahal 2012). So there is variation among the tribal communities and there is variation of change. But change has been taking place and the healing practices are to be conceptualized with these changes.

The community under study, Tharus used to live close to the Terai forests. They had developed resistance to the Malaria. Since the eradication of Malaria people from the hill area migrated to the Terai and it accelerated the interaction of the Tharus with the wider society. Because of government intervention on health and the introduction of western biomedicine the local health culture has also undergone a change. It has brought changes in the socio-cultural life and health seeking behavior of the tribal people. They have been host to these new systems of medicines and have been trying as one of the best options.

It is necessary to study the indigenous healing practices in the context of the existing health care system. How the health care system locates indigenous healing practices within its structure. How the health care need of the tribal community has been met by the existing health care system. How the indigenous healing practices are operating within the formal structure of health care system. Debabar Banerji (1982) is of the view that health culture is the sub-culture of the larger complex of culture. The changes in the overall culture influence changes in the health culture of the community. He further states, "Health culture covers an equally wide range of consideration, which intimately interact with one another to form a sub- cultural complex. Cultural perception of the health problems, cultural meanings and cultural responses to these problems, both in terms of formation of various institution to deal with various health problems and actual (health) behavior of individuals or groups, from this sub cultural complex. Health culture also undergoes change

with change in the overall culture and any change within it has repercussions on the overall culture" (Banerji 1982:208).

Figure 1: Indigenous Healing Practices of the Tharus in the Context of Medical Pluralism in Nepal



Note: The idea of this figure has been adopted from Dunn (1976), Kleinman (1978), Subedi (2003), Dahit (2008), Gewali (2008), Singh and Agrawal (2009).

The Figure 1 presents a conceptual framework. It shows the patient's interaction with the coexisting medical systems and the medical practitioners or the indigenous healers. It shows the coexistence of indigenous healing practices of the Tharus along with biomedicine, codified indigenous medicines and non-codified indigenous medicines. On the top it shows the Tharu healing systems and indigenous healers, on the bottom the other non-codified healing system and the healers, on the right health institutions and practitioners of the codified indigenous medicines and on the left health institutions and medical practitioners of the biomedicines. A patient (or his or her family) makes a choice from any or some of these available options and utilizes exclusively, successively or simultaneously based on the kind and condition of the illness and accessibility (physical, financial and cultural) of the services. The self-healing and home remedies, where the most of the healing activities takes place before seeking healing or medical services from any of these systems, may continue during and after the services, has been placed two times to show its connections with other systems and services.

1.5 Outline of Research Questions

The focus of this study is to explore how the indigenous healing practices are operating in the medically pluralistic context among the Tharus of Dang. The research questions are:

I. What is the belief and perception about health, illness and disease among the Tharus of Dang?
II. What are the various types of healing methods and healing practices among the Tharus?
III. How does their belief system and attitudes concerning health, illness and disease matters in health seeking behavior?
IV. How are the indigenous healers operating in the local socio-political structure of the village?
V. What are the health needs of the community and how are they met by the existing health care system?
VI. What is the interrelationship among the indigenous healers of both from the Tharu and non-Tharu community?

1.6 Objectives of the Study

The main objective of the study is to explore the indigenous healing practices among the Tharus of Dang in the context of medical pluralism in Nepal. However, the specific objectives of the study are:

1. To document the beliefs and perception of health, illness and disease.
2. To study the types of healers, healing methods and healing practices.
3. To analyze the socio-economic and political profile of the indigenous healers and examine interrelationship among them.
4. To study the health need of the community and assess their accessibility to the existing health care system.

1.7 Research Methodology

The study follows a qualitative research design. The study tries to grasp the indigenous people's opinion, their perspectives and their understanding of life and living, and health and healing. The study is based on the data and information collected by observing what people had done and listening what they had said. Observation and interview method were applied to collect data and information.

The data and information were analyzed and interpreted to seek the meaning. Good rapport building was the precondition for the study. The researcher tried to spend much of the field time with the villagers by staying with them to win the confidence and get the permission to participate and observe the village life. A method of direct interaction with the healers and on the spot observation of healing events and healing procedure was followed. To understand the healing system better observation and interviews were conducted with the people who had been treated/ healed or served by the healers. A field diary was maintained to take field notes. Semi- structured interviews were conducted with both the healers and the healed. Informal interaction with female community health volunteers, school teachers and members of a cooperative organization also helped to get information. Some photographs were taken and some of the events were video recorded with written consent. The observation and interaction with the people helped to ensure data quality. Though the duration of field stay was short but the interaction with the

healers, community people and key informants became a source to know and learn about their healing practices.

1.7.1 The Tharus

Tharus are one of the indigenous nationalities (or *Adibasi Janajati*) of Nepal. Geographically, Nepal is divided into three east-west ecological regions- mountain, hill, and Terai (or plains). The Tharus are the inhabitants of Terai region. The total population of Nepal is 23.1 million and the Tharus constitute 6.75 percent of the total population of Nepal (Central Bureau of Statics, 2003). They are the fourth largest caste/ethnic peoples of Nepal. Culturally and linguistically Tharus are divided into many sub-groups and they do not have a single language like the other ethnic groups. There are sub-groups of Tharus such as Rana, Katharia, Dangoura, Kochila, Mech (Rajaure 1981a:155). They are scattered in adjoining areas across the Indo-Nepal border. In India, they can be found in Champaran, Gorakhpur, Basti, Gonda, Nainital and are also recognized as schedule tribe (Maiti 2001). The study was conducted among the Tharus of Dang. Tharus are the historically deprived and disadvantaged ethnic groups. They are been exploited as bonded labor and tenants. They are the socially, economically and politically excluded groups in Nepal.

1.7.2 The Study Area

Dang is one of the Terai districts of Nepal with an area of 2955 sq. km. and is divided into 39 VDCs (Village Development Committees) and two municipalities. Village Development Committee is the smallest political and administrative unit. The study was conducted in Saudiyar VDC of Dang district. The VDC was selected because the area is mostly populated by the Tharus. Total population of Dang is 462380 of which 31.8 percent are Tharus. The total population of Saudiyar VDC is 10,920 of which 56.6 percent are Tharus (CBS 2003). The VDC was selected because it is connected with Ghorahi--the district headquarter of Dang and accessible by the road transport. The VDC represents a changing village way of life of the Tharus. The VDC has many villages including Sukrawar which was the study area of an eminent anthropologist (Drona Rajaure) who had conducted studies among the Tharus some forty years ago. The area is likely to represent the current situation of the Tharu indigenous people.

1.7.3 The Sources of Data

Both primary and secondary sources of data are used in this study. However, the study heavily depends upon the primary data collected from the field during the period of October to December, 2012. The primary data were collected from the field by asking people directly and observing the things and healing events of the people. In using the secondary data authentic documents like government publication, official reports, records, books and journal articles have been used.

1.7.4 Methods of Data Collection

Primary data on the healing practices were collected from the Tharu healers. Interview, observation and informal interaction were the methods of data collection. Interview with the key informants was conducted to understand the functioning of health care system at local levels. The key informants include district public health officer, health post personnel, VDC secretary, school teachers, local leader, health volunteer, NGO worker and a private practitioner.

During the field work period the researcher stayed in the village and participated in the village life. The researcher had an experience working with the similar community for more than a decade and was more or less familiar with the people and culture of the area. The researcher could fairly communicate in the local languages – both in Tharu and in Nepali. It made possible to start field work in a short period by building a good rapport with the respondents.

The Respondents

The main respondents were of two types: the Healers and the Healed (or wanted to be healed). The healers were those local indigenous healing practitioners who have been serving the people. The healed were those patients who had/had been receiving services from those healers. A total of 18 informants from the healers and 27 informants from the patient categories were selected following purposive sampling method. A special attention was paid to represent most of the villages of the VDC. There were more than a hundred healers found in the area but 18 were contacted for observation and interview. Key informants interview was conducted with the nine key persons. Informal interaction was

conducted with the Female Community Health Volunteers, school teachers and cooperative members.

Tools and Technique

The interview schedules designed for both the healers and the healed were used to collect data on the basic household information, healing knowledge and skills, role and relationship, and belief and perception. A checklist was used to collect information from key informants. The checklists contained questions related to the general information of the area, healing practices and practitioners, health related events and people's perception. For the interview oral consent and for photograph and audio/video recording written consent was taken. Due consideration was given for seeking consent and keeping confidentiality, respecting respondents, and their views and opinions (See Appendices for interview schedules for healers, patients and key informants and consent form for the photographs, videos and voice recordings.

Informal Interaction

A total of three group discussions were conducted; with 15 Female Community Health Volunteers (FCHV), seven VDC level cooperative members and a group of nine school teachers. They provided general information about the study. They also shared their healing experience with the indigenous healer and provided information about the indigenous healers of the study area. The interaction has been helpful for the verification and clarification of the information collected from other sources. Informal interaction with other elderly people and general public, non-Tharu healers and private clinicians has also become a good source of information.

Data Analysis

Since, the research follows basically a qualitative approach; the data collected from interviews, observations, informal interactions have been analyzed and reported in a narrative form, by extracting important themes and analyzing issues. The narratives, quotations and verbatim have been used to illustrate and substantiate the findings of the study and is open to readers interpretation.

1.8 Limitation of the Study

The study has some limitations. First, the study cannot be regarded as a true representative of healing practices of all sub-groups of Tharus. Since the study was conducted in a small area representing a sub-group of Tharu (Dangaura) and it primarily depends on the data collected from a small number of respondents of a VDC of a district (Dang). The study is concerned with the indigenous healing practices but does not intend to document the kinds of healing herbs (ethno-botany) and the way to make herbal medicines or document the every detail of healing processes, healing procedures and healing mantras. It does not deal with the scientific basis but the people's perception of safety and efficacy of the medical systems. There has been a tradition in anthropology that a good qualitative research can be done over a period of a year. However, the study period was too short to cover an annual cycle. Therefore, there is a possibility of missing the chance of observing certain healing rituals or healing events that fall outside the study period.

1.9 Definition of Conceptual Terms

Acupuncture: Acupuncture is a system of healing based on the Chinese medical technique in which small needles are pricked into the skin to stimulate specific points of the body. It is considered effective for relief from pain and for the illnesses related to nervous system. According to *The Encyclopedia of medical Anthropology* Acupuncture is "a Chinese medical technique that consists of the insertion of one or several small metal needles into the skin and underlying tissues at precise points on the body"(Ember and Ember 2004:xxiii).

Ayurveda: Ayurveda literally means science of long life. It is an oldest system of medicine widely practiced in Indian sub-continent since the Vedic period. Ayurvedic philosophy is attached to sacred texts of the Vedas and emphasizes on the concept of balance. It takes a holistic view of the physical, mental, spiritual and social aspects of human health (Department of AYUSH 2011:2).

Dalit: Dalit denotes to the groups of people who have been placed at the bottom of the hierarchy of Hindu caste system and have been historically exploited, oppressed and treated as untouchables.

Disease: Disease is a health threat caused by a bacterium, virus, fungus, parasite, or other pathogen which physicians diagnose and treat. It refers to the pathological changes in the body. It is a diagnosed condition (Radley 1994; Kottak 2011).

Ethnic group: Ethnic group refers to a tribe or community having its own mother tongue and traditional rites and custom, distinct cultural identity, distinct social structure and written or unwritten history (NFDIN 2003). They do not fall into Hindu caste system and they do not have hierarchical social structure.

Ethnomedicine: has been defined as "Folk ideas and practices concerning the care and treatment of illness available within particular (usually non-western) cultures- that is, outside the framework of professionalized, regulated scientific medicine. They commonly involve empirically based natural remedies, frequently from plants, and healing rituals with supernatural elements. Often deemed unscientific, such methods of healing are increasingly shown to have some value" (Marshall 1998202-203).

Folk medicine: Folk medicine refers to "treatment of ailments outside clinical medicine by remedies and simple measures based on experience and knowledge handed down from generation to generation'. By folk medicine Kayne also means 'the use of home remedies and procedures as handed down by tradition" (Kayne 2010:3).

Health: World Health Organization has defined health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity" (WHO 1998:1). Qadeer has defined health is "a dynamic concept embracing biological and social dimensions of the well-being of a person"(Qadeer 2011:63).

Healing: The concept of healing is different from the cure. Healing deals with the body mind and spirit whereas cure deals with the diseased parts of the body. The healing process indicates to the natural process by which a person feels or finds in a state of wellness. Hahn (1995:7) defines healing as "not only the remedy or cure of sickness- that is the restoration of prior state- but also rehabilitation- the compensation for loss of health- the palliation- the mitigation in the suffering in the sick"(Hahn 1995:7). *The Encyclopedia of Medical Anthropology* defines healing as "a complex process that starts with the patient's experience of something being wrong and proceeds to some form of the

diagnosis and then possibly treatment. Cultural ideas and practices are fundamental in the healing process and societies vary enormously in the ways that the healing process precedes"(Ember and Ember 2004:xxxi). Fabrega views healing as "the culturally meaningful social responses aimed at undoing or preventing the effects of illness, disease and injury" (Fabrega 1999:ix).

Herbalist: Herbalist is an indigenous healer who has the knowledge, skill and capacity to use medicinal plants, animal resources and minerals for varieties of illness problems.

Homeopathy: Homeopathy is one of the traditional systems of medicine. The two Greek words *homois* (similar) and *pathos* (suffering) make the word Homeopathy which means like treats like. Homoeopathy simply means treating diseases with remedies, which are capable of producing symptoms similar to the disease when taken by healthy people. Homoeopathic medicines do not have any toxic, poisonous or side effects because it uses animals, plants, mineral, and synthetic substances.

Illness: Illness is "innately human experience of symptoms and suffering" (Kleinman 1988:3). It refers to a condition of poor health experienced by a person. It is "the experience of disease, including the feelings relating to the changes in bodily states and consequences of having to bear that ailment. It relates to a way of being for the individual concerned" (Radley 1994:3). It is a personal perception of illness problems. It is a "concept of health maladies that focuses on the personal experience of suffering" (Winkelman 2009).

Indigenous Healer: The term has been used to imply shamans, faith healers, herbalists, midwives or massagers or any other practitioners who are experienced enough and recognized as healers by the community people.

Indigenous Healing Practice: Indigenous healing practice means such healing practices that are indigenous to the people and the area and specially recognized and found among the indigenous people.

Indigenous Medicine: The concept of indigenous medicine refers to a system of medicine that are based on the knowledge of people indigenous to the native land and knowledge

are transferred from one generation to the other basically by practicing and passed on from generation to generation orally and through folklore. The indigenous system of medicine refers to both codified and non-codified (scholarly traditional and popular traditional medical systems). Scholarly traditional system such as Ayurveda, Unani etc. have written text but popular traditional or folk traditions do not have written texts.

Indigenous Peoples: Indigenous people are the native people or original inhabitants of particular territories who have been living with distinct cultural identities.

Mantra: The concept mantra has been used to denote a group of words or phrases that help produce rhythmic sound or hymn and is thought of having healing powers. Mantras are chanted or recited by the healers to heal some of the illnesses caused by supernatural forces. Mantras are the non-material components, which constitute important items of religious and spiritual medicines, include incantation, amulets and rituals like sacrifices, appeasement of spirits or worshiping of the deities. In *The Ayurveda Encyclopedia,* the meaning of mantra has been given as the "special words or sounds for health and spiritual development" (Tirtha 2007:612), in *Gale Encyclopedia of Alternative Medicine* as "a sacred word or formula that is repeated as an incantation to focus the mind and spirit or to induce a mystical state" (Fundukian 2009:2483) and in *The Encyclopedia of Complementary and Alternative Medicine as*" words that carry energy and vibrations useful in meditation practices. According to Ayurvedic medicine, chanting a mantra has healing benefits, particularly to achieve balance in body, mind and consciousness and to nourish spiritual growth" (Navarra 2004:81).

Massage: The concept of massage has been defined as a traditional practice of rubbing and kneading the parts of the body with mustard oil (or butter, ghee, alcohols, fats and turmeric and herbs) using hands to treat the dislocation of muscle, joints pain and fatigue. It is one of the healing practices of traditional midwives and other male and female massagers who help to fit the affected muscle and joints pain manually. Massage increases circulation, promotes relief and relaxation and reduces pain and tension. The *Encyclopedia of Alternative Medicine* defines massage as " a rubbing or kneading with hands or other parts of the body to stimulate circulation, make joints more supple, and relieve tension" (Fundukian 2009:2484) and The *Encyclopedia of Complementary and Alternative Medicine*

as "the scientific method of manipulating the soft tissues of the body for several different purposes: to restore basic functions of all systems of the body as a whole (hence the term holistic), release tension by giving the body a chance to heal naturally, boost the immune system, release endorphins, increase circulation, improve muscle tone, and rid the body of toxins"(Navarra 2004:82).

Medicine: The term medicine has been used to denote drugs or preparation used for the prevention and treatment of illness or diseases and can be applied in the affected parts of the body or can be taken by mouth. The indigenous healers use locally available plants, animal and mineral resources for medicine. According to *The Dictionary of Medical Terms* medicine has given three meanings: a preparation taken to treat a disease or condition, the study of disease and how to cure or prevent them, and the study and treatment of diseases which does not involve surgery (Collin 2005:238). *Black's Medical Dictionary* expands the meanings: the skills and science used by trained practitioners to prevent, diagnose, treat and research disease and its related factors, a drug used to treat an individuals with an illness or injury, the diagnosis and treatment of those diseases not normally requiring surgical intervention and part of specialist practice which does not include surgery (Marcovitch 2010:411).

Midwife: The concept of midwife refers to a woman experienced and skilled enough in assisting women in childbirth. They also provide postpartum care. The care includes total sanitation including bathing and massage services to newborn and mother. Modern midwife is trained in educational institutions and is not supposed to provide the kind of postpartum care that a traditional midwife provides.

Poverty: The concept of poverty has been defined as a situation where people lack basic requirements of life like food, shelter, clothing, health and education necessary for a minimum standard of living. Banerji defines poverty in terms of the levels of hunger satisfaction. Poor are those who do not get enough food to have two square meal all round the year (Banerji 1982:54–55).

Self-care: Self- care is a practice whereby people manage their health problems by themselves by using herbs, minerals or animal products as medicines or by adopting distinct coping strategies.

Self-Medication: Self-medication is a practice whereby people buy and use medicines to treat oneself without seeking any medical consultation. For a variety of health problems people themselves buy and use allopathic or Ayurveda medicines from the medical shops.

Shaman: A shaman is a part-time healers who mediates between community people and supernatural beings and uses mantras and means to deal the spirits and to heal the patients. A shaman plays an intermediary role between people and God/ spirits. Shaman may know and use herbs to heal illnesses. "A shaman is a specific type of healer who works in the invisible world through direct contact with spirits and who uses mantras may be possessed or go into a trance state, or alternate state of consciousness, to enter the invisible world" (Pratt 2007:viii).

Shamanism: An ancient form of healing practice that employs both herbs and ritual. It refers to the activities and practices of the shaman. It is defined by the helping spirits who work through the shaman and the needs of the people the shaman works for (Pratt 2007:viii).

Sickness: Sickness has been defined as "the behavioral expressions of *illness,* disease and injury (Fabrega 1999:ix) or as "the socially induced aspect of a malady" (Winkelman 2009) or as "a social condition that applies to the people who are deemed by others people to be ill or diseases. It refers to a particular status or role in society and is justified by reference either to the presence of disease or to the experience of illness" (Radley 1994:3).

Traditional Medicine: Health traditions originating in a particular geographic area or ethnic group and which may also have been adopted and/or modified by communities elsewhere (Kayne 2010:3). WHO defines **traditional medicine as** "the sum total of knowledge, skills and practice of holistic care for maintenance of health and treatment of disease based on indigenous theories, beliefs and experiences handed down from generation to generation" (WHO 2007:9).

Treatment: The concept of treatment has been defined as a care provided to improve a situation especially healing procedures or applications that are intended to relieve illness or injury.

Unani: Unani is a medical system which was originated in Greek and developed in Arabs and brought into India and blended with the Indian culture and tradition. The system is based on Hippocrates' concept of the four bodily humors: blood, phlegm, yellow bile, and black bile (WHO 2001) and it also emphasizes on the balance of body.

1.10 Organization of the Study

The dissertation is organized into six chapters. Chapter I is an introductory chapter which starts with the background of the study and includes statement of the problem, rationale, objectives, conceptualization and methodology. It also defines some of the conceptual terms. Chapter II is devoted to the review of literature. In this chapter, various books, journal articles and other published materials related to the present studies are reviewed. The review is organized into three topics--medical pluralism, indigenous healing practices and some of the empirical studies on health and healing. Chapter III contains a short profile of the study area. It also contains a brief introduction of the Tharus. Chapter IV is deals with the illness etiology and the belief and perception of health, illness and disease. The chapter also looks into the need of indigenous healing and the change that has been experienced by the people. Chapter V is about the indigenous healing practices of the Tharus of Dang. The chapter presents profile of the healers and the patients, the healing methods, relationship among the healers, the health need and their accessibility. Chapter VI presents a brief summary of the research findings and highlights some of the issues and concerns arose during the process of study and concludes with a short note.

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CHAPTER II

REVIEW OF LITERATURE

2.1 Understanding Medical Pluralism

Medical pluralism has become a sort of catchphrase in medical anthropology. Everyone who goes through the literature most possibly encounters this concept. Though, it has been used not necessarily in the same meaning. This section begins with an effort to seek the meaning and definition of the medical pluralism followed by a review of medical systems and its characteristics features in the context of Nepal. This chapter includes two other sections: indigenous healing practices and the review of some of the empirical literatures on health and healing.

2.1.1 Meaning and Definition

Pluralism basically indicates to the existence of diversity in a society. It is opposite of monism and points to the existence of multiplicity. A pluralistic society tolerates or accepts people with diverse regional, religious, racial, ethnic or cultural background. It demonstrates openness to the opinions, values and beliefs and to the diverse interpretations of health and healing. It suspends the prejudice towards others' cultures and associated medical practices. It holds cultural relativism and avoids medical ethnocentrism.

Medical pluralism refers to the co-existence of two or more systems of medicine. In the *Encyclopedia of Medical Anthropology*, Hans A. Baer defines medical pluralism as "the conflation of an array of medical systems." He divides societies into "indigenous" and "state or complex" and states that medical pluralism is a characteristic feature of the complex and class divided societies (Baer 2004:109). Stoner defines medical pluralism as the "existence and use of many different health care alternatives within societies" (Stoner 1986:44). Prasad has defined medical pluralism as "the coexistence of several medical systems and the relatively greater choice available for everyone" (Prasad 2007:3491). There is an another attempt to define medical pluralism as "the employment of more than

one medical system or the use of both conventional and complementary and alternative medicine (CAM) for health and illness" (Shih et al. 2010:1).

These definitions basically refer to the existence and use of multiple forms of healing systems and health care practices. Some of the writers have taken medical pluralism to mean the existence of a variety of treatment options under the umbrella of biomedicine. And some have taken to mean a multiplicity of healing techniques rather than of medical systems. They mean pluralism within a particular system allowing access to various levels and types of care (Phillips 1990:75; Hyma and Ramesh 2001:66–67). However, there is a growing trend of taking medical pluralism to mean the existence of two or more medical systems. The medical systems may share an unequal power relation or one medical system (not necessarily biomedicine) may enjoy a preeminent status over other systems (Baer, Singer, and Susser 2003). Whatsoever, medical pluralism is found all over the world in one form or the other. People may use a medical system as alternate of or complement to another medical system. They may use the system exclusively, successively or simultaneously. A more recent definition by Kalpagam also points to this feature. "Medical pluralism refers to a context in which multiple systems of medicine coexist and in which patients of illness do have the options and make their choice between these systems and in instances even combine treatment procedures from these multiple systems (Kalpagam 2012:9)"

2.1.2 The Medical Systems

The medical system across the world has been basically classified into two broad categories (Stoner 1986:44):

1. Biomedicine, which is invariably understood as allopathic, scientific, western and modern medicine and;
2. Indigenous medicine, which is variously referred as folk medicine, ethnomedicine, traditional medicine, complementary and alternative medicine.

Biomedicine, a system of medicine based on the principles of modern science of human biology, carries a short history whereas indigenous medicine, a system of medicine evolved within particular cultural settings, carries relatively a long history. Biomedicine has a global existence with limited access (geographically, economically and culturally) to the masses whereas indigenous medicine has local existence with wider accessibility. In the modern biomedicine health care is a business opportunity whereas in the indigenous medicine it is service oriented. The biomedical system has greater focus on curative care, high technology and profit making while the indigenous medical system has greater focus on preventive measures, primary care and cost effectiveness. While biomedicine is driven by research industry, pharmaceutical companies and medical markets, indigenous medicine is survived or revived by nationalistic sentiment and community support (Dunn 1976; Lock and Nguyen 2010; Sujatha 2003). Dealing with (sign and) symptoms of a disease is a dominant philosophy in the biomedicine whereas the indigenous medicine places emphasis on the whole mindful body. Biomedicine claims its knowledge as scientific and valid based on empirical observation and measurement but indigenous medicine incorporates the experiential evidence, subjective meaning and also immeasurable knowledge domain(Cohen 2007).

On the one hand there is high-cost and high technology, worldwide business, patients as consumers; and on the other there is low-cost and simple technology, community benefits, patients as human being. One system favors specialist care whereas the other has a more generalist orientation. On one side of the coin hospital based, physician dominated, individualist care are the standard while on the other, community based, egalitarian and family involvement. One system is rooted in the Cartesian dualism which separates mind from body whereas other is based on of wholeness of human and addresses wellness of body, mind, spirits and emotions. One views healing separating mind from body (Cartesian view) and other views healing body with mind and spirits (Cohen 2007). One system cures, the other heals.

The above distinction characterizes the extreme polarization between the two medical systems. In real situation, however, we can see a change even within the indigenous systems and there is more of cooperation than conflict. In fact, there is a growing trend to

seek the possibility of combining and integrating the two sets of medical care, of two facets of human nature or of the two different ways of knowing and two different world views (Cohen 2007:160-161). The current trend is against the idea of dualism of biomedicine and non-biomedicine as the two polar systems; rather, the idea of co-existence of multiple systems of medicines. And the idea is gaining worldwide acceptance.

Dunn (1976) presents three categories of medical systems: local medical systems, regional medical systems and the cosmopolitan medical system (Dunn 1976:139). By local medical systems he means folk or indigenous medical system of small-scale communities. Regional medical systems are the systems distributed over a relatively large area such as Ayurvedic, Unani and Chinese medicine. Cosmopolitan medicine refers to the global medical system what is known as western/biomedicine.

In Kleinman's popular model, local health care has been described as a local cultural system composed of three overlapping parts: the popular, professional and folk sectors. The popular sector consists of health care conducted by ill persons themselves, their families, relatives, social networks and communities. It includes wide variety of therapies, such as special diets, herbs, exercise, rest, baths etc. The folk sector encompasses healers of various sorts who function informally and often on a quasi-legal or illegal basis such as herbalist, homeopath, faith healer, midwives. The professional sector encompasses the practitioners and bureaucracies of both biomedicine and professionalized heterodox medical traditions such as Ayurvedic and Unani in South Asia, herbal and Acupuncture in China (Chrisman and Kleinman 1983; Kleinman 1978; Kleinman 1980).

There were/are some assumptions that the indigenous healing practices are 'vanishing', they are 'at the verge of extinction' and they will 'vanish slowly but surely'. Despite the widely assumed beliefs that the biomedicine would "replace the indigenous healing system or traditional medical practice", "indigenous medical practices would soon die out", the system is unshakably strong and alive (Najunda et al. 2009:706; Lock and Nguyen 2010:61). Moreover, the indigenous medicines have become a national priority in the developing world after the Alma Ata conference and have been getting recognition from the developed world with the holistic health /new age movement and the (re)emergence of

CAM in the western world (Baer, Singer, and Susser 2003; Cant and Sharma 1999; Struthers, Eschiti, and Patchell 2004).

Another belief is that the people resort to indigenous medicine because modern biomedicine is unavailable, inaccessible and unaffordable. But this assumption has also been proved false. A study conducted by National Health Systems Resource Center (NHRC) confirms that there is high level of utilization of traditional system of medicine. The study shows that people resort to local health tradition or traditional system of medicine not because of inaccessible or unaffordable general modern health services but because of the 'felt need' for services other than that of the modern system. The pluralistic health seeking behavior reflects the inherent strengths and limitations of the various systems. The study further states that local health traditions are being used for the early stages of any diseases, and in a chronic condition. They are also largely continued when taking allopathic medicine (Priya and Shweta 2010 xxiii).

A number of writers are critical about the kind of pluralism that is in existence where biomedicine has the monopoly, state recognized professional medicines get more sympathy than the support and other local health traditions[3] are getting neither sympathy nor support. If taken simply to the existence of a variety of systems, the medical systems may seem "vibrant and thriving". But if looked at the state's support, then the kind of medical pluralism can be characterized as "reduced and simplistic", "plural but not pluralistic", "restricted" and "undemocratic" (Sujatha and Abraham 2012; Baer, Singer, and Susser 2003; Pordie 2007; Prasad 2007; Priya 2012). The existing unequal power relation between different medical systems has been recognized as the key issue in medical pluralism.

2.1.3 Characteristics of Nepali Medical Pluralism

Co-existence of multiple medical systems is a norm of every complex society and each society has pluralistic health care practices. This has been a characteristic feature of

[3] 'Local health tradition' has been used to denote all types of non-codified indigenous healing practices. Priya & Shweta (2010) have used the terms to mean the practices and knowledge of the common people and folk practitioners who follow an oral tradition of learning and passing on of the knowledge through practice.

present day society. The characteristics of Nepali medical pluralism can be explained as follows:

Geographical and Cultural Diversity: Nepal is a country of extraordinary diversity, both geographically and culturally. Geographically, Nepal is elevated from as low as 70 meters to as high as 8848 meters (height of the Mount Everest) above the sea level and this, within a short distance, provides a space of unique bio-diversity and natural wonders. Culturally, around 26.5 million people with 125 caste/ethnic identity, speaking of 123 languages as mother tongues and following 10 types of religion constitutes Nepal (CBS 2012). The beauty of Nepal lies in its natural and cultural diversity. The diversity has also been reflected in the diverse indigenous medical knowledge and the associated healing practices.

Multiple Medical Systems: Nepal is a host to a wide array of medical systems many of which are more indigenous to the region and have longer history of practices. The medical systems can be classified into four categories:

1. **Biomedicine**, which is a national medical system and has got the dominant status,
2. **Codified indigenous systems** such as Ayurveda, Unani, Homeopathy, Naturopathy and Tibetan System of Medicine[4] and among these Ayurveda has got the leading status,
3. **Non-codified folk or indigenous system** and local health tradition such as indigenous healers, various types of shamans, herbalists, poison healers, midwives, astrologers, religious faith healers and other informal practitioners, and

[4] Some of the writers have mentioned the official acknowledgement of allopathy, Ayurveda, Homeopathy, Unani and Tibetan systems (Maskarinek 1995; Gewali 2008). The three year plan approach paper (2010/11-2012/13) states in its working policy to "recognize the interrelationship between Ayurvedic and alternative medical systems which includes, natural treatment, Yoga, Homeopathy, Unani, Amchi and Acupuncture to ensure service in an integrated approach"(National Planning Commission (NPC) 2010:131).

4. **Home remedies and self-care** which Kleinman (1978) characterizes as 'popular sector' and Stacy (1988) calls arena of 'domestic domain' where the greatest amount of health maintenance and restoration of health takes place. It includes self- healing and self-care, healing by family members, neighbors and communities.

Health Care Practitioners: People in Nepal have a wide range of knowledge, belief and practices and wide range of health care providers such as allopathic doctors, Ayurvedic doctors, Kaviraj, Baidyas, Hakim, Nurses, paramedics, drug retailers, Amchi (Tibetan medical practitioners), acupuncturist, homeopaths, Yoga guru, herbalists, bone setters, traditional midwives, massagers, poison healers, folk healers, tantric healers, spiritual and religious healers *(Lamas and Pundits),* astrological healers *(Jyotish Baba),* religious faith healers, shamans *(Dhami Jhankri, Guni, Ojha, Bhagat),* traditional birth attendants *(Sudeni)* and other practitioners. In the Himalayan region, the indigenous healing practice is highly influenced by Tibetan systems of medicine while in the hilly and Terai region it is very much influenced by the Indian system of medicines because of the physical proximity and socio-cultural affinity to the neighboring people and culture.

Undemocratic Pluralism: Multiple medical practices are in existence in Nepal. However, biomedicine is the dominant dictator comparable to a large tree under which other indigenous systems are like shrubs and grasses. The codified indigenous systems or the scholarly traditional medicines get more sympathy but little support. There are a variety of popular traditional medicines or local health traditions. These are neither recognized nor codified and these systems get no sympathy and no support from the government. They are alive till date because of the community support. This is one of the reasons why this kind of medical pluralism is considered undemocratic. It is irony that the system, which is the most popular system throughout the country, has not been recognized and codified yet by the state. Though, some may ask if it is 'popular' then why it needs a recognition.

The Interim Constitution of Nepal, 2006 has incorporated health as a fundamental right of the people. The main objective of the Three Year Interim Plan (2007/08 – 2009/10) was to increase the access to quality health services to citizens of all the geographical regions, class, gender and ethnicity. The plan states to recognize the interrelationship between Ayurvedic and alternative medical systems, which includes natural treatment, Yoga,

Homeopathy, Unani, Amchi and Acupuncture to ensure service in an integrated approach. The plan states, "Homeopathy, Unani and natural medicine systems will also be brought under the health ministry's jurisdiction for their planned operation. Yoga and Naturopathy is now being delivered by the private sector, will be regulated by establishing a mechanism"(National Planning Commission (NPC) 2007:292) .

2.2 Indigenous Healing Practices in Nepal

Indigenous means originated naturally in a particular place. So, the indigenous healing practices are the native methods of healing practiced by the native people. Indigenous healing system is a product of indigenous cultural development and it is based on the beliefs and practices of the indigenous people. The traditional indigenous healing system is "an ancient, intact, complex holistic healthcare system practiced by indigenous people worldwide that is profound and more deeply rooted and complex than is commonly understood" (Struthers, Eschiti, and Patchell 2004:142). Indigenous healing practices have continued to co-exist with the state promoted biomedicine. The indigenous medicines are used simultaneously with or used as an alternative of other system of medicines. For example, practices such as massage, can be complementary or alternative, depending on whether it is used in combination with or apart from biomedical practice. Many studies have highlighted the importance of indigenous healing system (Adhikari 2006; Ghimire and Bastākoti 2009; Reddy 2008; Regmi 2003; Subedi 1989; Winkelman 2009) and have emphasized the need to explore and document the indigenous knowledge and practices(Bajracharya 2006; Kunwar and Adhikari 2005; Reddy 2008; Paudyal and Ghimire 2006).

All ethnic groups have their own culture, tradition, way of living and way of healing. So, the indigenous healing practices differ from one ethnic group to another because these practices depend upon various factors such as cultural belief, socio-economic condition, and availability of the medicinal plants in the surrounding areas. Even within the same ethnic group, the healing system differs from one geographic region to another because of bio-cultural differences.

When a person falls ill he or she first attempts to share his or her problem to the closest family members and try home remedies or self-medication. If that doesn't help he or she may opt to visit the local indigenous healers. People in Nepal initially consult their indigenous healers in most cases and government facility in some cases. Indigenous people of mountain or the far western rural region have less access to the government health facility. And all of the people do not seek treatment from government facilities because they also seek services from other sources such as home remedy, self-treatment, private practitioners/drug retailers and private clinics (Budhathoki and BC 2008; Subedi 2003). They generally first try to seek treatment by themselves, and seek help from the family members, friends and neighbors. And if that doesn't work they visit local health care providers or traditional indigenous healers. However, they may decide to visit other providers or they may go directly to the hospital based on the nature and severity of their problems.

Indigenous healers are highly respected in all the ethnic communities. They are the elder members of the community. They are the persons with rich knowledge on the use of herbal medicines, with arts and skills of healing. People first visit to Indigenous healer before approaching modern medication. They are known by different names in different communities[5]. Indigenous healers are immediate source for treatment of any illness in the rural villages. Use of indigenous healers is significantly higher in ethnic communities. Most of the ethnic communities usually consult their healers first when they fall ill. They may use only one or both of biomedical and indigenous sources sequentially or concurrently in a course of illness. Guite (2011) in her study on "Indigenous medicine and health care among Paite Tribe of Manipur" states that preference of indigenous medicine or homemade remedies and traditional healers are high both in the earlier stage of illness and when they cannot pay for medicine among the tribal people (Guite 2011:101).

[5] There are various popular (or popularized) shamanic healers among the ethnic groups of Nepal. These are known as *Guruwas/Bharras* among the Tharus, as *Guvaju* among the Newar, *Koju* the among the Gurung, *Bhombo* among the Tamangs, *Ojha* among the Musahars, *Maulvi / Mulla* among the Muslims, *Fedangwa* among *the* Limbu, *Bijuwa* among the Rai, *Phombos* among the Jirel, *Ayalam* among the Thakali, *Pande* among the Chepang and *Dhami/Jhankri* among the Brahmin/Chhetri and other groups. *Dhami/Jhankris* are known as popular traditional healers throughout the Nepal. There must be other types of healers including herbalists and traditional midwives who may be known by different names in different communities. These healers are (not academically) popular.

Large majority of the people in Nepal depend on the traditional medicines for health care (Kuwar and Adhikari, 2005; Subedi, 2008). "The use of medicinal herbs in Nepal's traditional medical system dates back to at least 500 AD. In Nepal, traditional medicine, although low profile, has been an integral part of the national health system. More than 75 percent of the population use traditional medicine mainly that based on the Ayurvedic system" (WHO 2001:137). Within the country, there is one 100 bedded central Ayurveda hospital in Nardevi, Kathmandu, one 30 bedded regional Ayurveda hospital in Bijauri, Dang, 14 zonal Ayurveda dispensaries, 61 district Ayurveda health centers and 214 general Ayurveda dispensaries (MoHP 2012:5). Ayurvedic health centers and dispensaries are considered to be part of the basic health services and the Department of Ayurveda under the Ministry of Health and Population is responsible for development of Ayurveda and alternative medical systems (MoHP 2012).

There are a number of indigenous healers in Nepal who provide medical service voluntarily and often in no cost or at a very low cost. The people in Nepal have access to modern health care facilities to some extent; they prefer indigenous methods of healing as well. The indigenous healers have an important role in providing health care facilities to the people.

People prefer folk or indigenous medical system because they are culturally acceptable, physically accessible and economically affordable and also because, the system closely corresponds to the patient's ideology, and is less paternalistic than allopathic medicine (WHO, 2001). In the indigenous healing system, healers are recognized by their communities and more importantly, the healers and patients share the same culture and the same sentiments. Winkelman (2009:184) writes, "involvement of family system, closeness and informality of healing relationship, the status of the healer in the community and shared worldview and value system are the advantages of this system". Indigenous healers provide their services voluntarily, often at a low cost and sometimes in no cost. Educated and urban rich also turn to the indigenous healers when the modern medicine fails (Regmi 2003; Singh and Agrawal 2009).

2.3 Review of Some Empirical Literature on Health and Healing

2.3.1 Empirical Literature in India

The studies of indigenous healing practices have always been an interest of medical anthropologists. Some of them have highlighted the belief in supernatural forces and presented ethnographic account of the healing techniques used by the shaman or faith healers. They grossly ignored the other aspects of healing. They lost holistic approach even those who claimed themselves as disciples of holistic discipline. There is, indeed, shamanism and shamans are playing a great role in psychological and emotional healing. But there were other healing practices and practitioners which very few paid attention.

In his study of the Jaunsari healers of Deharadoon of India, Joshi argues that in Jaunsar shamans are not only healers but are one of the categories of well defined regiment of healers who contribute in the tribal healing system. He classifies the healers of Jaunsari tribe into five main categories: *Baman* (Astrologer, priest and healer), *Mali* (Diviner and shaman), *Jariyara* (Pulse specialist and herbalist), Female specialist (Midwife, masseur and gynecologist) and Doctor (Non-traditional healer). He further states that the prevalence of multiple therapeutic modes makes Jaunsari a medically pluralistic setting. He found that despite the doctors' easy availability, people continue to see *Jariyara, Baman and Mali.* The reason for this may be found in people's perception of illness and the meaning they assign to its etiology (Joshi 2004:203).

Singh (2004) in his study of healing practices among the tribes of Uttranchal mentions three types of indigenous healers and among the Tharus he found *Bharra* and the use of mantra in curing diseases. He identifies different Mantras for different occasions. He sees the need to train indigenous healers on the scientific use of indigenous pharmacopeia (Singh 2004).

Singh and Agrawal (2009) in their article *Health Communication among Scheduled Tribes of Chhattisgarh* stated that the existence of tribal healers and their positive role in providing health care is beyond question. All households for all and any kind of illness consult the healers. A sense of service to the community and tribal's faith in the healers'

skill motivate them to continue their profession as healers. They show genuine concern toward health and wellbeing of the community. They found that the communication skills of the tribal healers are excellent and their trust, credibility and accessibility can go a long way in co-opting them as 'agents' of change for health practices. The state health services could benefit greatly through this approach (Singh and Agrawal 2009:497–498). They divide traditional healers into three categories: religious, religio-herbal and herbal. They state that the tribal healers have a genuine concern and social obligation towards the health of the community. 'Earning money' was not the motivation for healers. And present evidence that several patients going from the doctors to the tribal healers if they are not cured.

Kurian and Tribhuwan (1990) in studying the Thakur tribe of the Maharastra found the secrets of their traditional medicine. They observed that there was a great potential in traditional medicine to contribute to primary health care, especially in developing countries. Such potential is clearly due not to the wide cultural acceptance of the traditional medical systems at the community level but also to their effective simple, safe, inexpensive, nontoxic and time tested remedies for the alleviation of disease and disability. They have also described the eight main types of causes of different ailments or disease and the five types of Thakur medicinal practitioners. They describe the eight causes for different ailments or diseases: visitation of God or Goddess, wrath of God or Goddess, evil eye, possession by evil spirits, sexual intercourse with evil spirits, witchcraft and sorcery, breach of taboo and failure to perform divine duty or rites. The healing practitioners they describe are: Bhagats and Bhagthenes (similar to specialist of psychosomatic disorder), Mantrik (herbalist with the power of Mantra), Had Durusth (bone setters), Suines and Pot Dharies (comparable to midwives, dais and assistant) and Vaidus (herbal medicine man)(Kurian and Tribhuvan 1990).

In *Sickness and Healing among the Hill Korwa*, Khatua (2001) described four causes of illness and four types of healers. According to Hill Korwa beliefs, the causes of illness are classified as follows: supernatural (wrath of local deities, evil spirit intrusion, and ghost intrusion), magical (evil mouth, sorcery), climate change, wrong or excessive food. The four types of health practitioners are: village priest (*Baiga*), spiritist (*Ojha*), spiritist (*Panda*) and

village medicine man (*Deowar*).The writer classified treatment method into two categories: magico-religious treatment and treatment by herbal medicine (Khatua 2001).

Gaur and Patnaik (2011) studying the resettlement of Korwa tribe identified the loss of experiential health among the Korwa from hill forest to lowlands from health generating to the health threatening condition. The tribe perceives loss of ethnomedical knowledge with the resettlement.

Makim Marriot (1955) conducted a study on the village –Kishan Garhi in Aligarh district in Uttar Pradesh of India. This study tries to explore the problems of introducing the biomedicine in Indian village community. He describes the five types of indigenous medical practices: magical medicine, religious exorcism, sacerdotal medicine, snake-bite curing and secular medicine. He analyses the village belief system within the social structure and how traditional healers are practicing the local concept of ill health, which can be seen in their treatment for illness. He describes the different concepts of health and illness between the traditional healers and modern doctors. He assesses these problems as an obstacle in introducing biomedicine in the Indian villages (Marriot 1955).

Another similar study by Carstairs which was conducted in the two villages of rural Rajasthan also describes the local concept of disease and modes of treatment by indigenous healers. He shows a difference in perception about the health and illness between western doctors and indigenous healers. He sees problems in villagers faith or the believe systems as an obstacle to the acceptance of western medicines. However, he shows the importance of understanding people's perception of health and illness. Both the western doctors and the villagers are wearing their own cultural glasses. The doctors have strong faith on the biomedicine and considers it only a truly potent therapy and seek a solution in technological fix which does not correspond to the villagers' perception (Carstairs 1955).

Most of the ethnographic studies, as has been stated by Reddy (2008) are at micro-level with a reductionist approach, which blame the people and their cultural practices. These studies hold the view that the tribal people have poor health and that was precisely because of them. They are illiterate, they lack awareness, they follow unhygienic practices,

they believe in superstitious beliefs, they are fatalists and they do not seek modern medical care. But the fact behind not utilizing and noncompliance by tribals is not because of individual problem, ignorance or the resistance of modern medicine but because of social hierarchy and power differentials between the so-called modern doctors and indigenous population (Reddy 2008:68).

2.3.2 Empirical Study in Nepal

Nepal opened its doors to the outside world, particularly after the end of the autocratic Rana rule by the democratic movement in 1951. It provided an opportunity to the foreign scholars to study (the exotic?) culture of Nepal and its tribal people. The culture of the tribal people has always been an interest of the ethnographers. A number of tribal ethnic communities have become study population since then. A very general review of literature helps to come to a conclusion that these researches have been interested in the (shamanic) healing tradition of the people indigenous to Nepal Himalaya.

A number of researchers mostly foreigners (Beine 2001; Blustain 1976; Daugherty 1987; Desjarlais 1989; Devkota 1984; Dietrich 1996; Gellnar 1994; Okada 1976; Peters 1978; Peters 1979; Pigg 1995; Sidky et al. 2000; Stone 1976; Watters 1975) have studied on the aspects of health, illness and healing of the people of Nepal. Contributions to Nepalese Study published a special issue on *Anthropology, Health and Development* in 1976 which can be taken as an interest of the researchers on the issue of health and illness of the people of Nepal.

Harvey Blustain explores the methods of healing in a Nepali village, named Lig Dumre. He describes various techniques of curing- herbal, ritual, western- all of which are integrated in a system designed to deal with the problems of illness and pain (Blustain 1976:83). He describes the healers – *Jhankri, baidhya, Janne* and *Jaisi* and their way of healing- sweeping and/or blowing with mantra, reading the wrist, herbal medicines, writing an amulet *(jantar or buti)*, herbal medicine *(jadibuti)* and sweeping and blowing *(jhar-phuk)*. He states, "If health care in Nepal is to be improved, one must start with the assumption that the villagers' faith in their own healing techniques- be they herbal or ritual- is not going to be shaken by the occasional visits of the medical teams or even by the building of hospitals. The problem facing the public health worker is one of finding the means of integrating

western ideas into the village system. From villager's point of view, the process has already begun" (Blustain 1976:103).

Dave Beine also conducted a study in Saano Dumre in which he presents the changing model of illness. He describes illness categories (major and minor, cold and hot, communicable and non-communicable, inside and outside illnesses), perceived causes of illness (germs, spoiled planets, bad karma, spirits, body weaknesses) and treatment seeking order (hospital, healer and home remedies) and the perception of people about the change which had taken place since the time of Blustain. The traditional healers have also accepted the modern medicine and started to refer major illness cases to hospital. He asserts that the villagers of Sano Dumre are practicing medical pluralism which he prefers to terms "hybrid system – combining features of new (western) and old (traditional) into a single constantly modifying medical model" (Beine 2001:180).

Ferdinand Okada studies the shaman curers in Kathmandu valley. He finds by far the highest number of shamanic healers *(Jhankri, Dhami, Janne or Jharphuke)* i.e. 600 in 19 rural VDCs. In the same area he finds 39 *Baidhyas* (the traditional doctors) and 14 compounders with some knowledge of modern medicine and government trained personnel- two health assistant and a nurse. He studies two shaman curers- *a dhami and a Jharphuke* and finds basic differences in their healing practices. He asserts that "despite the advance of the modern medicine in Nepal, the role of the shamans as folk curers remains strong" (Okada 1976:107).

Linda Daugherty presents a case study of a woman healer to be possessed by Goddess and known as *Ma/ mataji* (mother Goddess) and describes her healing techniques such as sweeping, blowing, offering *Tika* (power to be put on forehead) and *Jal* (fortified water) and *prasad* (share of food offered to God and Goddess) to the devotees who had a varieties of illnesses problems (Daugherty 1987).

Larry Peters studies the Shamanism among the Tamang, an ethnic group of Nepal. He finds four categories of illnesses caused by spirits: attack, bewitchment, loss of soul and spirit possession. He is of the view that "the curing activities involved in shamanic healing are not exercises in the treatment of organic disease but attempts to treat disturbing

emotional states and interpersonal relations". He is of the view that the *Jhankri* (shaman) are playing the role of community psychotherapists (Peters 1978).

David Watters compares the shamanistic tradition among the Kham –Magars and find it related to the classical tradition of Siberia and central Asia and a modification of classical shamanism (Watters 1975). John T. Hitchcock also compares the Nepalese shamanism and compares it with the classic inner Asian tradition. Mumford examines the two Himalayan traditions: Tibetan lamas and Gurung shamans and describes the rituals of life and rituals of death in detail. Dietrich makes an observation of Buddhist healers in Nepal. She shows the historical relationship between Ayurveda and Tibetan medicine and the importance of Buddhist healing in "non-medical or allopathically untreatable affliction" (Mumford 1989; Hitchcock 1967; Dietrich 1996).

Among the Nepalese scholars, Ganesh Man Gurung studies the Chepang and their religious belief and practices. He describes four important deities which Chepang worship for their health and wellbeing and to keep them safe from epidemics and natural calamities. He describes the role of Pande which is a magico-religious healer who mediates between community and supernatural forces and is similar to Jhankri (Gurung 1987). Padam Lal Devkota studies the illness interpretation and modes of treatment among the Newars of Kirtipur, Kathmandu. He describes the kinds of illnesses caused by natural and supernatural causes. He observes the change in the perception but affirms that "the faith in traditional ways of illness interpretation and popular methods of curing remains unshaken"(Devkota 1984:19).

Linda Stone studies the concept of illness and curing in a village of Nuwakot district of Nepal. She describes local concept of illness causation and principle behind curing. She classifies the local medical specialists into three broad categories: 1. *Janne manchhe* (knowledgeable persons) who know the mantras and do *Jhar-phuk* (sweeping and blowing); who traditionally specialize in *jantar and buti* (amulets) and who are able to invoke spirits; 2. Astrologers and priests and 3. Baidhya and doctors. She also presents the ways of treatment : use of herbs, mantra and amulet and appeasement of supernatural forces (Stone 1976).

Stacy Leigh Pigg studies villager's beliefs on the shaman and shamanism in the context of development and modernity in Bhojpur district. She shows that in the context of modernity and development dialogues, to believe in *Dhami and Jhankri* is equated to be backward and traditional and the villagers, uncivilized and superstitious people are considered barrier to development and modernization(Pigg 1996; Pigg 1995) and no one wants to be termed as backward and superstitious.

A study of 24 highly marginalized ethnic communities of Nepal conducted by JEP/NFIN (2005, :xiv) reveals the existence and use of indigenous knowledge of medicinal plants and heavy reliance on the indigenous healers. The study concludes that "all HMJs have no access to health services due to several factors, including lack of government health services nearby, lack of awareness on health among HMJs, reliance on traditional faith healers and poverty"(JEP/NEFIN, 2005).

There is a recent resurgence on the study of shamanistic healing practices of the various caste and ethnic groups of Nepal. *Ruling of the Nights* by Gregory Maskarinek (Maskarinek 1995), *The dozing shaman: the Limbus of eastern Nepal* by Philippe (Sagant 2008), *Faith Healers in the Himalaya: An Investigation of Traditional Healers* by Casper J Miller (Miller 1997), *Tamang Shamans: An Enthnopsychiatric Study of Ecstasy and Healing in Nepal* and Trance, Initiation & Psychotherapy in Nepalese Shamanism: Essays on Tamang and Tibetan Shamanism by Larry G. Peters (Peters 2004; Peters 2007), *Haunted by the Archaic Shaman: Himalayan Jhakris and the Discourse on Shamanism* by H Sidky (Sidky 2008) and *Tunsuriban: Shamanism in the Chepang of Southern and Central Nepal* by Diana Riboli (Riboli 2000), Riddum: The Voice of Ancestors (Nicoletti 2004) *Shamanic Solitudes: Estasy, Madness and Spirit Possession in Nepal Himalayas* and *The Ecstatic Body: Notes on Shamanism and Corporeity in Nepal* by Mattino Nicoletti (Nicoletti 2006) are some of the recent works available in the Nepali knowledge market.

2.3.3 The Study on the Tharus of Nepal

Dor Bahadur Bista, referred as 'Father of Nepali Anthropology', offered the first account on the Tharus of Nepal. In his, pioneer book, *People of Nepal*, he presents a basic ethnography of the Tharus. He has mentioned the two types of *Guruwas* and their role as

the village leaders, as priests and as healers. He has presented a general description of the Tharu people and their life cycle rituals (Bista 1969).

A general review of literature gives an image that the Tharus have also been well studied by quite an encouraging number of anthropologists. Gisele Krauskopff presents a bibliography of the Anthropology of the Tharus (Rajaure 1981a; Krauskopff 1995). Responding to 'a very little research on the Tharus' she presents quite an encouraging list of publication by Nepalese, Indian and foreign scholars. She highlights the diversity among the sub-groups of Tharus who have been inhabited from east to far west Nepal and to neighbor India. Going through the bibliographic list one finds a wide coverage of ethnographic studies of the Tharus[6]. However, considering the research on other unexplored areas including health, illness and healing indeed, 'a very little research on the Tharus' has been done and there is necessity of further study of Tharus and their health and healing system.

The earliest ethnographers at least have touched the healers and their method of healing. The study of Drona Rajaure (Rajaure 1981a; Rajaure 1981b; Rajaure 1982a) provides a rich ethnographic material on the Tharus of Dang. He has described well the various aspects of Tharu culture-- their village, rites of passage, festivals, rituals and customs and status of women. Although his study was not about the healing practices he has, however, mentioned the three types of healers – *Guruwa* (a Tharu priest or a shaman who chants mantras), *Baidawa* (a doctor or a healer) and *Sorinnya* (a traditional midwife). He has also given a brief note on the role of Tharu indigenous healers especially those of *guruwas* in other rite de passage and village level activities.

Omar Shafey has studied the medical pluralism among the Dangora Tharu people of far western Nepal. He also describes the existence of the Tharu spirit healer (*guruwa*), herbalist (*baiduwa/baidiniya*) and midwife (*sorhenya*) along with non-Tharu shamanic

[6] It is important to note that most of the eminent anthropologists and sociologists in Nepal can be associated with the Tharus. They have studied Tharus in general or specific aspects of one of the sub-groups of the Tharus. Ganesh Man Gurung studied the Rana Tharus of the far-western, Drona Rajaure studied the Dangaura Tharus of mid-western, Kailash Nath Pyakurel studied the Chitawaniya Tharus of central region and Rishi Kesav Raj Regmi studied the Kochila Tharus of eastern region. Besides, Chaitanya Mishra studied the Dangaura Tharu, Tulsi Ram Pandey studied Tharus of Nawal parasi, and Krishna Bhatachan studied the Tharus in general.

healers-- *jhankri* (among the Hill people) and *hafizgi* (among the Moslem), biomedical pharmacist and government health workers. He presents that the local healers are addressing the health need of people where biomedicine fails and shows a need to recognize, preserve and advance the indigenous medical knowledge, enhance and perpetuate the local medical tradition. About the persistence of shamanism he writes, "shamanism persists where a seemingly irrational belief in the supernatural is a rational choice" (Shafey 1997:245-246)

Kamal Adhikari (2006) has presented a classification of Tharu healing system. He divides Tharu healing techniques into faith healing, use of herbal medicines and physiotherapy. Gopal Dahit (2008) also provides a similar classification. In a study on *'Social Inclusion/Exclusion in relation to Tharu Indigenous Knowledge and Practices'* he provides a general list of 19 areas of Tharu indigenous knowledge and focuses on three types of indigenous knowledge namely, medical system, food and drinks and organizational system. Under the medical system, he mentions the three basic indigenous healing practices among the Tharus. These three practices include the recitation of Tharu mantras, use of massage therapies and use of medicinal plants. He has divided the Tharu healing practitioners into three categories: *Guruwas* (spiritual/shaman), *Sohrinya* (birth attendants) and *Baidawas* (herbalists). He divides Tharu medical system into three subsystems: *Guruwa system* (or faith healing, shamanism), *Baidawa system* (or use of herbal medicines) and *Surenya system* (or use of *massage and* physiotherapy) (Adhikari 2006; Dahit 2008).

Ghimire and Bastakoti (2009) have studied the ethnomedicinal knowledge and healthcare practices among the Tharus of Nawalparasi district in central Nepal. They have documented the 110 plants species being used by them to treat ailments ranging from fever and headache to cough and cold, rheumatic pain and fracture to urinary tract infection and menstrual disorders. They see the need to document the indigenous knowledge because increasing accessibility of modern health care facilities, low recognition of traditional healers and decreasing interest amongst the young generation has resulted in declining trends in the use of traditional medicine among the Tharus. The interaction with and exposure to outside society, the increasing accessibility of modern

health care facilities, and poor recognition of traditional healers have discouraged younger people from using traditional medicine. They point to the need to recognize and integrate the indigenous health care practices into the public healthcare framework to assure its sustainability (Ghimire and Bastakoti 2009).

There is an ethnobotanical study of medicinal plants used by Tharu community to treat different illnesses "ranging from gastro-intestinal to headache and fever, respiratory tract related problems to dermatological problems, snake bite to ophthalmic and cuts and wounds"(Acharya and Acharya 2009:80). Conducted by Rajendra Acharya and Kamal Prasad Acharya in Rupandehi district, the study also points to a decrease in the interest of young generation in the use of traditional medicinal practices "because of access to modern medicines and less recognition of traditional healers".

Another study by Budhathoki and BC also confirms that "traditional healers in the Tharu communities have greater knowledge about medicinal plants compared to the younger generation. And the dependency on traditional healthcare practices has decreased considerably in recent years and dependency of elders and low-income people on traditional medicine is greater than that of youngster people and more well-to-do families" (Budhathoki and BC 2008:2071–72).

The above studies provide a wide range of informationon on the existence of varieties of healers and healing practices among the indigenous communities. These studies also point to the change in the perceptions and practices. However, how the change has been taking place in the pluralistic health care practice or how the indigenous healers are healing and the patients are dealing with a variety of illness conditions still needs to be explored. The study documents the healing practices practiced by the indigenous healers and the change experienced by the indigenous people. The study attempts to look into the perception of health, illness and disease and the way medical pluralism is practiced among the Tharus of Dang.

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CHAPTER III

A PROFILE OF THE STUDY AREA

The chapter provides a brief introduction of the study area. It presents an introduction of the Tharus and contains information related to the geographical location, caste and ethnic composition, physical and social infrastructures, health institutions and public services, occupation and village economy, settlement and housing of the study area.

3.1 The Tharus: An Introduction

The present study was conducted among the Tharus- the largest indigenous ethnic groups of Nepal Terai. The study deals with the healing practices of Tharus of Dang. Tharus are one of the marginalized[7] ethnic groups of Nepal. Physically they are of medium stature, round face, flat nose, scanty body and facial hair and of wheat-brown complexion. They can be classified as Mongoloid type. They were one of the early settlers of the Terai region which was covered by dense forest, infested with malaria carrying mosquitoes. They are also known for their natural resistance to malaria (Regmi 1999). The government of Nepal has notified 59 *adibasi/janajati* (indigenous/nationalities) and Tharus are one of them. These indigenous nationalities constitute 37.2 percent of the total population of Nepal. According to the Indigenous Nationalities Act, 2002 the indigenous nationality means a tribe or community having its own mother tongue and traditional rites and custom, distinct cultural identity, distinct social structure and written or unwritten history (NFDIN 2003). They do not fall into the Hindu caste system and they do not have hierarchical social structure.

[7] The National Federation of Indigenous Nationalities (NEFIN) has classified all 59 indigenous nationalities into five categories: Endangered, Highly Marginalized, Marginalized, Disadvantaged and Advanced Groups. Tharus have been classified as the Marginalized group.

Geographically, Nepal is divided into three east-west ecological regions- Mountain, Hill, and Terai (or plains). The Tharus are the inhabitants of Terai region. According to the 2001 population census, the total population of Nepal is 23.1 million and the Tharus constitute 6.75 percent of the total population. Tharus speak their own language which is much influenced by and structurally closer to Nepali language (McDonaugh 1989:193) . A total of 5.8 percent of the total population of Nepal speak Tharu language as their mother tongue (CBS 2003). Tharus are the fourth largest caste/ethnic groups of Nepal[8]. Culturally and linguistically Tharus are divided into various sub-groups and they do not have a single language like the other ethnic groups. Some of the sub-groups of Tharus are Rana, Katharia, Dangoura, Kochila, Mech. (Rajaure 1981a:155). They are scattered in adjoining areas across the Indo-Nepal border. They can be found in Champaran, Gorakhpur, Basti, Gonda, Nainital and are also recognized as schedule tribe in India (Maiti 2001).

The Tharus who live in or trace their origin to the Dang valley are called Dangaura Tharu (McDonaugh 1989). Dang is one of the 75 districts of Nepal situated in the south of the mid-western region. The district includes two plain valleys: Dang and Deukhuri. Dang lies in the north side of inner Terai and Deukhuri lies close to the Indo-Nepal border. The district is divided into 39 VDCs and of them five VDCs lies in the hilly area in the north. The district is situated in the altitude of 213 to 2058 meters from the sea level. The climate is tropical in the south and temperate in the north part of the district. The minimum average temperature is 11 degree Celsius and maximum average temperature is 39.9 degree Celsius. The total area of the district is 2955 square kilometers (CBS 2005).

The total population of the Dang is 462380 (of which male are 228958 and female are 233422) according to 2001 census and the population of Tharus constitute 31.8 percent of the total population of the district. In the district, Tharus are in majority, followed by Chhetris (22.7), Magars (12.0), Brahmins (10.8) and others and most of the people speak Nepali language (64.5%) followed by the Tharus (30.1%), Magars, Hindi and others. Most of the people follow Hindu religion (96.4%), followed by Islam (2.3%), Buddhism,

[8] According to the 2001 population census, Chhetri constitute the highest population (15.80%), followed by Brahman- Hill (12.74%), Magars (7.14%) and Tharu (6.75%). The data shows that among the ethnic communities Tharus are the second largest population after Magars and of the Tarai Nepal Tharus are the largest community.

Christianity and others. The district is bordered by Pyuthan, Arghaakhanchi and Kapilvastu districts to the east, Surkhet and Banke to the west, Rolpa and Salyan districts to the north and Uttar Pradesh of India to the south.

The Tharus' religion has been described as a mix of shamanistic and animistic religious belief and practices with an influenced of the Hindu religion (Rajaure 1982b; Regmi 1999). Consequently, they have been mostly counted as Hindu in the national censuses. They also worship Hindu God Shiva and Goddess Parvati, Ram and Janaki, Durga and Shrikrishna along with the family deities known as *gurubaba, maiya* and *saura*. They play drama based on the stories from Ramayan and Mahabharata. They celebrate Hindu festivals such as Maghi, Dashain, Krishna Astami, and Holi with a little modification as their main festivals. They also celebrate Badki Itwari, Hardai, Dharre Gurrai and Harre Gurrai, Khenwa, Penne which shows their distinctiveness. Hardai and Harre Gurrai is celebrated after the rice planting while Penne and Dharre Gurrai is after the harvesting. Maghi is celebrated for a period of weak in the month of Magh (Jan-feb). It is a celebration, which also signifies as beginning of new-year and important decision is made during this week. Today, few have started to follow Christianity and they celebrate charismas but those are rather exceptions. There is also an emerging idea that traces Tharu ancestors as Shakya dynasty and Lord Buddha. But hardly any of them have been found as the follower of Buddhism.

The dressing pattern varies among the sub-groups of Tharus. Among the Tharus of Dang, men wear suruwal, kamij, coat and Nepali cap, women wear white lungi and short sleeved blouse. There has been a change in this dress pattern. Now, most of the men wear shirt and pant or half pant and young women wear maxis or blouse and lungi or salwar and kurta. Married women tattoo their leg and hands and wear silver armlets, bangles and necklace made of coins. However, now even this style has changed. Some of the women are found wearing *dhungri* and *phuli* (a type of jewelry worn by hanging the pierced-earlobe and nose by woman) made of gold designed similar to non- Tharus. The dressing pattern has also changed and has become more similar to those of the non- Tharu communities of the area. One may find it difficult to differentiate Tharus from non- Tharus with this changing fashion style.

Tharus practice caste endogamy but *gotra* (clan) exogamy. They get marry early but boys are generally married with relatively older aged girls (Gautam and Thapa Magar 1994:346). There is also a tradition of exchange of sisters for marriage. In this system a boy's sister is married to his wife's brother. There is also a tradition of levirate system in which younger brother inherits elder brother's wife after the (untimely) death of elder brother. However, today a change can be seen in such systems and there are instances of inter-caste marriage, love marriage and increased age at marriage.

Tharus either cremate or bury a corpse (dead body). The corpse is buried in the grave, if the dead body is of infant or child. Funeral rites are performed by sons.

Most of the Tharus are small and subsistence farmers. They cultivate rice, maize, wheat, mustard, lentils and vegetables. They keep cattle and buffalo, pigs, goats, sheep and poultry birds. The he-buffalo and oxen are kept for ploughing, cow and she- buffalo for milk and pigs, goats, sheep and poultry birds are kept for meat. They also collect wild vegetables, fruits and roots and supplement their food by rats, snails, crabs and wild birds. The jungle provides a variety of roots, edible leaves, and seeds and honey. It is also essential source of building materials, grasses for thatching and rope making, leaves for cups and plates and firewood. Fishing is also an important activity among the Tharus. Some of the Tharus work as laborers. At the present time, a large chunk of youths are working in the Golf countries and a few others are employed in government, NGOs and private sectors.

Tharus generally live in large and extended family. Though, the recent trend has seen a shift toward small family. The head of the family is called *gardhurya* and the biggest family of the village is called *bargharrya.* In the Tharu village, *guruwas* work as priests, as healers and as leaders. However, it is *mahaton* who works as village leader and manages such activities like construction and operation of irrigation canal and village level worship of God and Goddess in the village. The *mahaton* is a village chief selected by the village assembly of *gardhuryas* held once in a year in the month of Magh (Jan-feb). In some villages the *mahatons* have been working for years. They have been continuously in charge of their villages for many years and in some villages the son of a former *mahaton* has been reelected. However, the seat of a *mahaton* is open to anyone who commands the respect and confidence of the villagers. The *mahaton* has the last word on village matters but

problem are discussed in the *kherre* (village gathering) before a final decision is made. The services of the *guruwas* and *mahaton* are compensated in cash or in kind or in both. They are also rewarded with one or two days free labor annually for their services. They are honored, respected and obeyed by all the villagers.

Agriculture is the main occupation of the Tharus. Potato, tomato, cauliflower, cabbage, onion and garlic, gourds, brinjal, ladies finger, chili, Pumpkin, etc. are the main vegetables and mango, guava, banana are the major fruits. The main staple food is rice. They are predominantly non-vegetarians. Most of them eat meat of goat, pig, sheep, rabbit, rat, pigeons, snails, chickens, crabs etc. The dhikri and fish, Jaand (fermented rice liquor) and Maad (rice porridge boiled in water) are very popular dishes among the Tharus. Most of the Tharus drink Jaand and Maad. A guest is most possibly served by the jaand. Now bottled 'seal pack' alcohol produced from factories has been introduced into the villages.

3.2 The Study Area: An Introduction

The study was basically conducted among the Tharus of Saudiyar Village Development Committee (VDC)[9] of Dang district. All the healers, most of the patients and key informants are from the Saudiyar VDC. The VDC is one of the 39 VDCs of the Dang district and is bordered by Ghorahi Municipality on the North, Dharna VDC on the south, Laxmipur VDC on the east and Dhikpur and Narayanpur VDC on the west (See figure 1, 2 and 3 for map). There are two municipalities in the district: Tulsipur and Ghorahi. Saudiyar is located 8 kilometers south of Ghorahi—the district head headquarter of Dang. A number of its villages are expanded to the bank of the Babai River. The flood in the rainy season and erosion of agricultural land has been pointed one of the problems of the VDC. Some of the household use water from the river even though it is contaminated and not safe for drinking. The area of the VDC is 27.65 sq. km. The VDC is divided into 9 wards. It has 27 small village clusters and some of the villages are connected by the local (kachi) road. The primary means of transport is by foot. Some inhabitants have cycles and very few have

[9] A Village Development Committee (VDC), locally known as *Gabisa* (abbreviated from *Gaun Bikas Samiti)* is a local level administrative and political unit. The *Gabisa* is the new name given to what was previously known as *Gaun Panchayat*. The VDC conducts village level administrative and development works by its own source generated from land revenues and other local taxes. The VDC also receives annual amount as grant from the government.

motorcycles. Nowadays, some of the villages have private sector run bus and jeep services to Ghorahi.

3.3 Caste and Ethnic Composition

The 2001's population census shows that the total population of the area is 10920 (within 1717 households) of which 5277 are male and 5643 are female. The area has more than a dozen of caste/ethnic groups. Tharus are the dominant group (56.58%), followed by Chhetri (18.78%), Brahmin (11.88%), Magar (4.63%), Dalit castes (which include Kami, Lohar, Damai, Sarki and Sonar) (3.82%) and other remaining caste /ethnic groups (which include Sanyasi, Thakuri, Newar, Kumal, Yadav) constitute (4.31%) (CBS 2005). The level of cooperation and harmony is by far the highest than the level of conflict and tension among the various caste/ethnic people.

3.4 Literacy and Education

The district has a university campus, two government campuses, four higher secondary school, 50 secondary schools, 41 lower secondary schools and 252 primary schools. There are also some private colleges and private schools in the district. The six years and above literacy rate of the district is 58.0 percent (male 69.3 and female 46.9%) but the literacy rate of Saudiyar is lower than the district average– i.e. 51.2 percent (male 62.7 and female 40.6) (CBS 2005). Backward Education Society (BASE) and Tharu Kalyan Karini Sabha are the NGOs active in raising awareness and organizing literacy campaign in the district.

There are three secondary, one lower secondary and six primary level schools and six private primary schools in the VDC. According to VDC profile of the VDC There are 3184 students (boys 1465 and girls 1719) in the government schools and 1384 (boys 798 and girls 586) students in private schools. The VDC recorded 426 students of age group not enrolled in schools (Saudiyar VDC 2010). The number of girl students is higher in government schools but lower in private schools.

3.5 Physical and Social Infrastructure

The study area is relatively privileged area of the district because it is well connected with the district headquarter. The district headquarter is connected by black topped road with the east-west highway and the VDC is also connected by gravelled and *kachhi* (not gravelled) roads and has electricity connections and enjoys the nearby market facilities. The area has fertile and irrigated agricultural land. There are 16 community forests of which 13 fall within the VDC boundary. The VDC has been separated by river and streams from three sides and by land in one side of the area. Most of the families own some agricultural lands. They produce and sell their agricultural and diary production in the market of Ghorahi. The people of this area have to go to Ghorahi to avail agricultural, postal or banking services and for higher education. Now, quite an encouraging number of people are using mobile services for communication.

In the VDC, there is a VDC office, a sub- health posts and a veterinary sub-center. There are a few offices of cooperatives, community forest users groups and women's groups. There are 5 medical shops and an agro-vet shop. People generally drink water from tube wells. A few families use river and stream water. Recently the area has been declared as open defecation free area. It means all the VDC people have toilet facility. However, the area lacks agricultural service center. People have to rely on the private agencies for the agricultural services.

3.6 Health Institutions and Public Services

There is a sub-regional hospital in Ghorahi and zonal hospital in Tulsipur, four PHCs, ten health posts and 26 sub-health posts in the district. Besides there is a regional Ayurvedic hospital, three Ayurveda dispensaries, one eye hospital, one Leprosy and TB hospital (CBS 2005). There are three private hospitals and around 200 private clinics and medical shops. These clinic and shops include a few Acupuncture, Homeopathic, Ayurvedic, dental and eye clinics and mostly they provide/sell biomedicines and biomedical services. The hospitals and clinics are operated by the MD and MBBS, BAMS doctors and medical shops are operated by paramedics. The Tharus of the rural areas also seek treatment services from these hospitals and clinics. There are five health related training centers to provide

CMA, ANM and Nursing training (District Development Committee 2012) and an institution which produces mid-level human resource for Ayurveda.

There is a variety of options available to the people of the Saudiyar including to the Tharus. The Tharus do have self- healing practices. Most of the elderly people of the family know some of the herbs and their medicinal properties. They seek suggestion and services from elderly members, neighbors and their indigenous healers from the village. These healers are known as *Guruwa, Baidawas* and *Surenyas* among the Tharus and *Dhami, Jhankri, Janne Manchhe, Phuk Phak Garne Manchhe, Malis Garne Manchhe, Jyotish, Pujari* and *Pandit* among the non- Tharu communities. Most of these healers are elder members of the communities and are well experienced and consulted first for any kind of illness. They are highly respected among both Tharu and non-Tharu communities.

The sick people may seek services from Tharus and non-Tharu healers of the village or they may go to buy modern medicines from the nearby medical shops, if there is one. They may go to the sub-regional hospital located at Ghorahi or to the regional Ayurvedic hospital which is located some 20 kilometers west at Bijauri. To avoid long queue and for a quick treatment they may seek services from private clinics and hospitals. For the difficult cases they may go to Nepalgunj Butwal and Kathmandu or even to Lucknow and Delhi in India.

Inside the VDC, there is a government sub-health post and five private medical shops. The people around the Saudiyar sub- health posts go to the health posts for primary health care. The health post has six staffs: Assistant health worker, Community Medicine Assistant, Auxiliary Nurse Midwife, Village Health Worker and Maternal and Child Health Worker and a peon. There are 21 Female Community Health Volunteers who support immunization, national campaign and antenatal programs. They also support sub-health post staffs in organizing regular mobile clinic in their villages. They provide treatment for minor ailments, distribute contraceptives pills and condoms, betadin and bandage, oral rehydration sachets, iron tab, zinc and paracetamol tablets and refer to the health post.

The sub-health post provides primary health care services and it has recently been developed as a birthing center. The sub-health post is not adequately equipped and is not equally accessible to all villages. Some prefer to go directly to Ghorahi to the sub-regional

hospital or to private hospitals or clinics. So, the people of the Saudiyar also have access to traditional systems of healing and traditional healers, Ayurveda and biomedical health care facilities. There are a number of indigenous healers both from Tharu and non-Tharu communities who provide medical services at any time and in no or very low costs.

3.7 Occupation and Village Economy

The agriculture is the main component of the village economy and it is largely supplemented by animal husbandry. Most of the families have been involved in the subsistence farming. Many of the families who have a limited land also work in the landlord's land as laborers[10] or work as share croppers. A few of them are involved in poultry, bee-keeping, tailoring, masonry and carpentry. The major source of livelihood of Tharus is also agriculture largely supplemented by the livestock. Fishing, hunting and gathering are also important activities among the Tharus. They have been heavily associated with the forests. Historically, they were the only ones who were able to reside in the malarial jungles on the Indo-Nepal border. Later with the control of malaria many people from the hilly areas migrated into this area. An interaction with the other caste/ethnic group facilitated acculturation process.

Nowadays, youth are migrating to the gulf countries for employment. According to the village profile of Saudiyar VDC, 742 persons (about seven percent of the population of the VDC) are working outside the country. So, remittance has also become a source of income for many families. According to VDC source, about 74 percent of the families are getting food products from their own farm enough to feed their family for 12 months of the year and others have to depend upon other sources of income. Remaining 26 percent are covering the deficit by doing labor in the Ghorahi bazaar. In the months of shortages they manage by working in others' farm, as agricultural laborers. Most of the people support their household income by working in daily wages during the agricultural season.

[10] In the recent past some of the poor Tharus used to work as bonded laborers. It was only on 17th July, 2000 with a declaration of government the *Kamaiya* system (a type of bonded labor) abolished and they became free (at least in principle) to decide where to work and for whom to work.

3.8 Settlement and Housing

Most of the Tharu villages are connected by the roads and trail. They live on both sides of the road in clustered settlement a little far from the settlement of other caste/ ethnic groups. There are very few mixed settlements of Tharus and non-Tharus communities. Tharu houses are single storied, made of mud and bamboo sticks and thatched roofs. The Tharus are famous for neat and clean house. They keep house and its front premises very clean. They decorate the mud wall with painting and figures of plants and animals such as flowers, birds and elephants. They plaster and paint their house with (sky-blue color) mud.

The traditional Tharu houses are long, one storied, north- south facing, built of mud and bamboo stick's walls and thatched roof. Nowadays most of the Tharus have made modern types of houses which are made of brick wall and tinned or tiled roof and are of two stories. However, the door keeping patterns even in the modern houses have not been changed. In the traditional way, at one end of the house two doors that open across the entry and exist (i.e. facing east-west) of the house are kept. Inside the house, in the middle of the room a space is allocated (which is called *Deurhar)* to keep their deities *(Gurubaba, Maiya, Saura).* Some of the clans of Tharus keep their household deities in a tiny little hut built in front of their house (called *Marwa*) and in every village there is a village shrine (called *Bhuyarthan or Bhuinthanwa).*

These days, the community is experiencing an unprecedented level of change. The interaction with the people and culture of diverse region and origin and increased use of mobile and media has accelerated the pace of change. The growing number of youth working in the golf countries also facilitates their interaction with the wider world. The changes can be seen in the marriage, family size, occupation, farming, housing, dressing and ornaments and in the ways of celebrating festivals and in foods habits.

Figure 2: Map of Nepal Showing Dang District

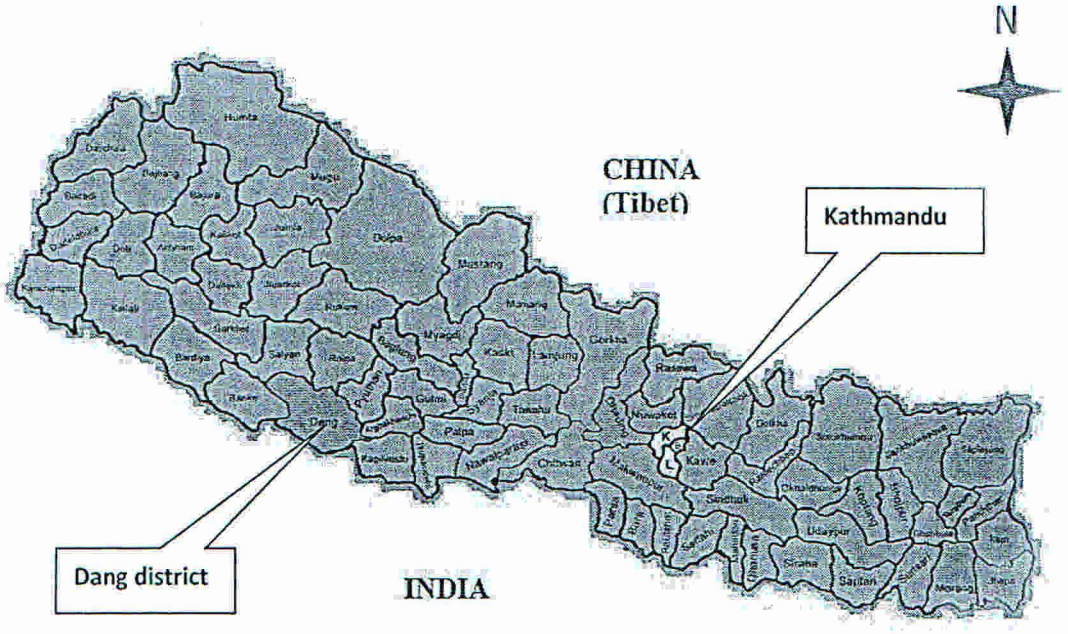


Figure 3: Map of Dang District Showing Saudiyar VDC

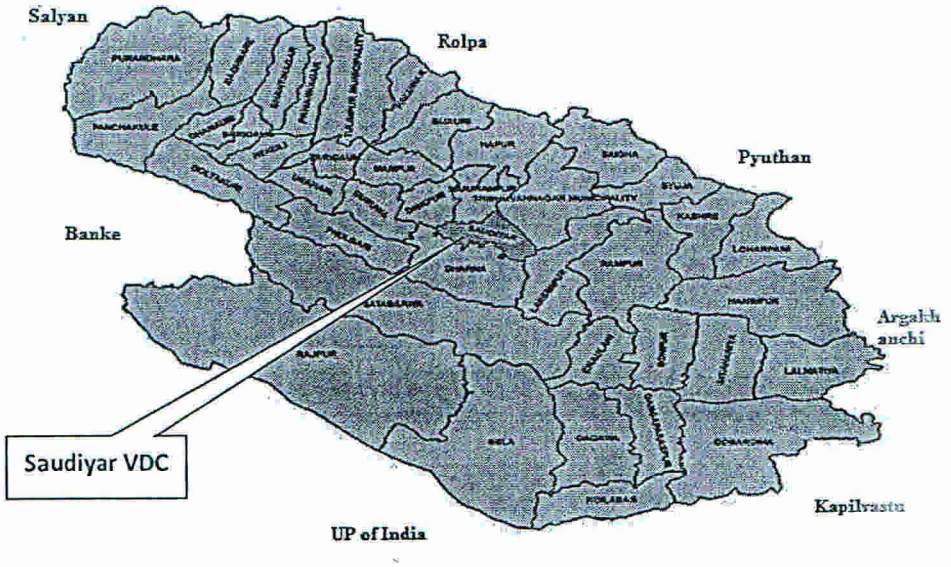
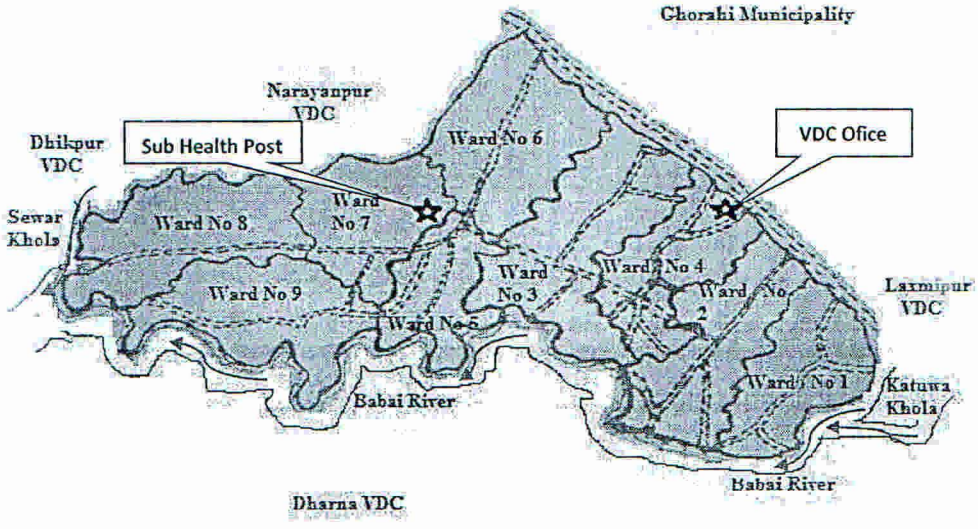


Figure 4: Map of Saudiyar VDC



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CHAPTER IV

PERCEPTION OF HEALTH, ILLNESS AND DISEASE

The perception of health, illness and disease is important in understanding the healing practices of the people because there is a relationship between the belief systems of the people and the activities, which they carry out to be healthy or to get rid of illness when it befalls them. The health beliefs and perceptions guide their health seeking behavior. The chapter begins with a short discussion on the etiology of illness and then moves on the perception of health, illness and disease, the need of indigenous healing systems and the changes that have been experienced by the Tharus in recent times.

4.1 Etiology of Illness

The *Encyclopedia of Medical Anthropology* defines etiology as "the causes of a disease or illness"(Ember and Ember 2004:xxx), Womack defines as "cause or origin of a disease or the study of the causes and origins of disease" (Womack 2010:330) and Pool and Geissler define etiology as the "explanations of the causes of sickness" (Pool and Geissler 2006:52).The cause of an illness or a disease or of sickness is simply referred as etiology.

Here, it is important to note the differences between illness, disease and sickness. Illness is "innately human experience of symptoms and suffering" (Kleinman 1988:3). It is "the personal experience of suffering" (Winkelman 2009) or "an emic condition of poor health felt by individual" (Kottak 2010:307) . It refers to a condition of poor health experienced by a person. It is "the experience of disease, including the feeling relating to the changes in bodily states and consequences of having to bear that ailment. It relates to a way of being for the individual concerned"(Radley 1994:3). Disease is "an etic or scientifically identified health threat caused by a bacterium, virus, fungus, parasites and other pathogen" (Kottak 2010). It refers to "the pathological changes in the body" (Radley

1994:3). Sickness can be defined as "a social condition that applies to the people who are deemed by others to be ill or diseased. It refers to a particular status or role in society and is justified by reference either to the presence of disease or to the experience of illness" (Radley 1994:3). It refers to "the socially induced aspect of a malady" (Winkelman 2009).

To be ill or diseased is not a desirable condition and it is interpreted as misfortune. Indigenous communities give a meaning or a reason to an illness or disease. Medical anthropologists have studied the illness causation and developed theories about how people give a reason or causation for an illness or disease. They have often made a distinction between two main types of illness etiologies: natural and supernatural, naturalistic and personalistic, non-supernatural and supernatural, immediate and ultimate, internalizing and externalizing (Baer 2003; Garro 2000; Foster 1976; Murdock 1980). The former attribute to imbalanced natural equilibrium and cause-effect relationship, while the later to the superhuman or unseen forces such as evil spirits, ancestral spirits and deities.

George M. Foster presents two principal etiologies of non- Western medical systems: personalistic and naturalistic. In the personalistic system, disease is explained in terms of "the active purposeful intervention of an agent, who may be human (a witch or sorcerer), nonhuman (a ghost, an ancestor, an evil spirit), or supernatural (a deity or other very powerful being)". In the naturalistic system, disease is explained in terms of "natural forces or condition, as cold, heat, winds, dampness, and, above all, by an upset in the balance of the basic body elements". In the personalistic system illness, religion and magic are inseparable while in the naturalistic system religion and magic are largely unrelated to illness. Personalistic system requires healers with supernatural and/or magical skills or shamanic healers whose primary role is diagnostic while naturalistic system requires curers or doctors whose primary role is therapeutic. Foster does not see the two types of systems mutually exclusive (Foster 1976:775–779).

George P. Murdock's (1980) theories of illness is considered as a landmark in the study of illness etiology. Murdock distinguishes theories of natural causation from supernatural causation. By the theories of natural causation he means "any theory, scientific or popular, which accounts for the impairment of health as a physiological consequence of some

experience of the victim in a manner that would appear reasonable to modern medical science" (Murdock 1980:9). He also defines five distinct types of theories, which fall into this category, namely, infection, stress, organic deterioration, accident and overt human aggression. The other eight additional types of theories which rest on supernatural assumptions, which modern medical science does not recognize as valid, fall into the theories of supernatural causation. He describes these theories of supernatural causation which fall into three readily distinguishable groups: **mystical causation** (fate, ominous sensations, contagion, mystical retribution), **animistic causation** (soul loss, spirit aggression) and **magical causation** (sorcery, witchcraft)(Murdock 1980:17–22).

These theories also indicate that the meaning and perception differs because what is illness to one community may not be regarded as illness to another. And even in the same community what is not considered an illness in one point of time can be considered illness in another. The perception and experience of illness also changes with the change in cultures of a community (Loustaunau and Sobo 1997:17–18). Similarly, the perception of health also varies from community to community. Qadeer states that "health is a social concept evolved and determined by the perception of a group or community and, therefore, differs from community to community (Qadeer 2011:62). The following section presents the illness etiology and the perception of people under study.

4.2 Health, Illness and Disease

What does it mean to be healthy and to be ill or diseased among the Tharus? What do they mean by health and what do they mean by illness and disease? What do they do when they fall ill or get sick? Whom do they consult and why? This section deals with these questions.

The Tharus have their own etiology of diseases or illnesses. They classify diseases or illnesses generally into two types: those caused by *lagu*[11] or supernatural causes and those

[11] Linda Stone also mentions *lagu* as a generic term for all sorts of evil spirits such as *bhut*, *prêt, masan, bai, pichas, bir* (spirits formed from souls of people who have died in an improper way or for whom death

caused by *rog*[12] (disease) or natural causes. By *lagu* they mean either evil spirits or unsatisfied soul of the dead people or the unappeased ancestral deities and wrath of Gods and Goddess. The *lagu* which is also called *lagu-bhagu* or *laago-bhago* (literally attacking and leaving by unknown/unseen force) or supernatural causes includes a variety of spirits such as *bhut* (ghost or spirit of dead whose desire was unfulfilled), *pret* (spirit of the dead, particularly of unnatural death and/or of whose death rituals are incomplete or the unsatisfied soul of dead people), *pichas* (spirit of the dead whose death rituals was not performed can harm as phantom), *masan* (spirits of the dead roaming at the graveyard or the cemetery or where the dead are burnt), *siruwa* (spirits of the dead infants), *najar lagna* (evil eye - a person can cause harm to another person or animal by a look), *bai* (If the corpse is not properly buried or burnt then the person's spirit/ghost might return as *bai* to harm people), *boksinya (woman witch) or thengah* (man witch). They also believe that any wrong deed or breaching of taboos can make God angry and angry God curses people with some sort of illnesses.

Rog (disease) is caused due to natural causes, which includes hot and cold food, changing weather, contaminated water and food, snake and poisonous insect bites, and epidemics. By *rog* they generally mean disease caused by germs which is considered as a result of dirty habit or unhygienic behavior, unhygienic and stale food or food contacted with housefly, contaminated water, *pani badalda* (when water changed because of location change), *apach bhayera* (excessive/ undigested food). People also believe that there are chances of falling ill because of bad and poisonous food (such as wild yam or mushroom) or because of the imbalance of *garmi* (hot) and *sardi* (cold) food. If someone goes outside of village or comes from outside into the village there is chances of *pani badaline* (changing water). If weather or season is changing the chances of getting disease increases. People also believe that the use of chemical substances, insecticides and pesticides also causes disease.

By health they mean, being able to eat and to do work. If someone can't eat properly can't work as usual and can't sleep well he or she is considered sick. If someone is eating properly

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ceremonies are not performed), *boksi* (human witch), *devis* (manifestations of the Goddess Kali), *Nags* (snake God) and *bhume* (earth God) (Stone 1976).

[12] *Rog* is also a generic term for all sorts of diseases.

and doing work properly, he or she is called *majgar* (healthy). They describe that people become *biraami* (patient) either of *lagu* or *rog* or both and if one gets illness or is diseased one doesn't feel hungry and if one doesn't feel hungry one doesn't wish like eating and working and doesn't feel good *(man nahi laagata)*. To be healthy means to be free from *chinta* (mental worry) and to be *majgar* (strong). A person is considered healthy who has no worry, no pain, who can walk, who can work, who can eat and is happy. The patient *(bemar or biraami)* is the person who cannot eat, cannot work, cannot feel good and cannot sleep well and is unhappy. *"Mai bemar batu, kam kara nai syakatu"* is what is said to mean "I got sick and I cannot work". A respondent explains, "Once you get illness or contact disease, you don't feel like working and eating and you may feel tired and may need rest. There may be *lagu* or may be other (may be disease)". In short, a person is called *biraami* (sick or patient) when the person becomes incapable of performing daily activities.

"Ka halchal ba?" is the question for "How are you"? And the question also expects answer for one's condition of health and wellbeing. "*Thike ba"* is the answer for "Fine, it's all right". Someone who had fallen ill but got cured or healed may answer, *"Thik ho gainu" or "nimman ho gainu"* (I became alright). If someone is suffering from something then it gives a chance to share and seek appropriate suggestion. The relatives, neighbors, villagers or the friend/colleagues play an important role after family members to provide support and suggestion at times of need. Some of them might have been working as healers in the village or may know the one who can deal with the particular problem.

There are various reasons to consult a local healer. The kind of health problem, its severity and the suggestion from family, friends circles helps one to decide whom to consult and why. They assess the skills and specialty of a certain healer. They assess the cost of care and the kind of treatment method and the quality of care. If they are uncertain they may decide to use both local healer and urban medical practitioner simultaneously or successively. Their perception of illness or disease and the meaning associated with it directs them to choose particular treatment options.

One of the respondents says, "A person falls ill because of disease and disease comes with the housefly that are germ-infested and enters into our body from the food we take". Another member of the family who is a student studying in a college interrupts, "not all

diseases come with food. Some diseases such as AIDS, Leprosy, TB, Hepatitis comes with the physical contact with the patients". If the name of illness is not known or not diagnosed it is just called *rog* but once the name identified or diagnosed the *rog* comes as a suffix for example once TB is diagnosed than it is called *tibi rog*, if leper is diagnosed then it is called *kustha rog* and if AIDS is diagnosed it is called *aidas rog*.

Illnesses can be caused by wrath of the village deity, so they organize worshiping activities at family level and at community level to appease deities and to prevent certain illnesses. They organize Lausari twice a year to prevent unmarried children from *najar lagna* (evil eyes). The symptom of evil eye is considered as loss of appetite and loss of interest and fever or excessive continuous crying. For such type of illnesses the *guruwa* chants *mantar* (mantra) and does *jhanrnu* (sweeping) or *phuknu* (blowing) activities. They also organize ritual worship at community level to prevent epidemics and maladies.

There is an importance of animistic beliefs in the lives of the Tharus. They believe in dead soul, dead spirit, ghost, Gods and Goddess and their role in causing the illnesses. If the dead spirits are displeased, then the chance to get sick becomes high. The displeased deities can do harm in the form of natural calamities, epidemics and misfortunes. The way to please the deities is to worship and make ritualistic offerings. They believe that health and happiness cannot be attained sustainably unless these spirits are kept happy. The shamanic healers play a role to calm down or pacify the angry deities by worshiping or organizing ritualistic events. The Gurrai is such event to be observed twice a year to appease deity to protect villagers from epidemic and natural disasters. People also believe that if one's stars/ planets are spoiled then the evil spirit or *bhutwa* can cause them wrong. An Illness has varied meanings and it is the shamanic healers who can interpret the meaning of the illness.

The *guruwas* are shamanic healers but they do not undergo in a trance state or do not play drum at the time of healing event. However, there is a cultural tradition to go into mass trance (which is known as *gurrai sussaune*) in Dashya (or Dashain) festival in which they dance taking a curved stick made of cane. However, they are the ones who communicate with supernatural forces by chanting mantras. Chanting mantras is one of the most

important techniques of the *guruwas* to appease deities, drive out evil spirits, and prevent from evil eye of *boksinya* or *boksi* (female witches) or *thenga* (male witches). The *guruwa* knows how to diagnose and treat the case of *sato gayeko* (soul lost) or *boksinya lageko* (attacked by witches). The *sato or aatma* (soul) is a spirit that exists in the human body and is considered immortal; if a person dies his or her soul goes to other living things. Sometimes the soul of child goes out and it is required to be brought back. Soul loss is a spiritual illness that causes emotional, physical, and psychological illness. When the soul is lost, child loses interest and sees just in one direction and time and again *jhaskinchha (*gets frightened all of a sudden, startles or feels alarmed suddenly). The severity of soul loss can become fatalistic.

People believe that the illnesses caused by supernatural forces needs to be dealt in a shamanistic way. If evil spirits causes illness, they consult shamanic healers and these categories include various types of *guruwas* among the Tharus and *dhami- jhanki* among the non- Tharus. Some of these healers also provide herbal medicines. However, their main method is to use mantra to drive out the evil spirits. These healers may just chant mantras or follow other shamanic rituals such as worshiping or appeasing of particular deities and sacrifice of blood of a rooster. The power of mantra is the power of *guruwas*, which is also backed by herbs and various sorts of worshiping/ appeasing techniques. The main characteristics of *guruwa* are to use the mantra and perform the traditional ways of preventive and curative healing rituals. They have to undergo a ritual called *ban chirna* in which they have to cut and sacrifice blood (annually in Dashya) from their forehead, shoulder, chest, knee and feet either to become a *guruwa* or to continue as one.

Awareness of personal hygiene and environmental sanitation has been raised in the villages. Most of the respondents said that people get sick not only because of evil spirits but also because of unhygienic or stale food, contaminated water, smoke, dusts and dirts. They said that the illnesses of all types could not be solely attributed to witches or evil spirits. They can distinguish the types of illnesses and the possible causes. What evil spirits can cause cannot be caused by stale food or foods that are germ infested. There are a variety of illness conditions that are believed to be caused by a variety of *rog* (or disease) and there are a variety of illness conditions that are believed to be caused by the *lagu* (evil

spirits). Some of the conditions are attributed to natural causes and some are to the supernatural forces. They believe that supernatural forces have some hands to be healthy and to be ill. Some of the misfortune is considered as a result of bad *karma* (wrong deeds) and bad *graha- dasha* (planet-star).

When someone falls ill in a family and the case is not likely to be treated by the family members or immediate neighbors, *guruwas* or *baidawas* (herbalists) are required to diagnose and treat the problem. If the case is of child-birth then the service of *surenyas* (traditional birth attendant) is sought. There are *surenyas* and male massagers who also deal with sprains and strain of the body parts. There are a few other categories of healers who deal only with specific problems.

Some of the villagers do not care much about the bearable amount of pain such as headache, stomach-ache and back pain. They do not treat for some of the cases for some time and wait for some time to give time to body to heal by itself. They may take rest for physical discomfort and emotional distress. After sometime they may make their problem public, from domestic domain to local healers to the health institutions.

Some of the *guruwas* work as family healers who move around the village performing rituals as village priest and healing as shamanic healer. They spell healing mantras and use various healing methods. From birth to death *guruwas* perform various rites and rituals and worshipping. The *guruwas* also have knowledge of some of the locally available medicinal plants and animal products or mineral of medicinal values and know the way to use or apply to treat the illnesses.

An elderly informant says, "as long as you believe in dream, you believe in something that is not real" and also "as long as you believe there is God or Goddess; you believe in their power. If you don't believe in God or Goddess, you don't believe in their power; and neither do you believe in the mantras of *guruwas*". A *guruwa* approves, "Our mantra begins with the remembrance and request to Gods, we say I am ... *guruwa* of... village. Please, help me God, give my mantra a power and strength". In this process they request a number of Gods of all directions, which they call *bacha bandhan karna* or *duhai khaichna* (taking oath or promising Gods). At the end of the verse they utter phrases *meri guruki baachcha* (promise

to my master), *Hanumaji ki baachcha* (promise to the monkey God who had brought herbs for Ram- the Hindu Lord), *Ram Lacchuman ki duhai* (oath to Ram and Laxman, the Hindu Gods), *guru Gorakhnath ki duhai* (oath to master Gorakhnath) etc. They say that there should be respect in the mantra and there are certain methods to make mantra effective. If these methods are not followed the mantra becomes ineffective. If recommended learning process is not followed, the power of mantra becomes obsolete. There is a saying that the mantra read by heart at the time of solar or lunar eclipse becomes powerful. Most of the *guruwas* start with *gursawan* mantra and then follow other mantras according to the illnesses.

There is a debate on the efficacy of the mantra among the people, particularly among the educated youth. Some ask, "If there is no power in mantra, then why they are there". Some respond, "If you don't believe, the healing mantra doesn't affect you". Some justify, "In the early times there used to be sparse settlements, these roads used to be narrow and vacant; hence there was possibility of *bhutwa*, but now there is wide roads, less trees and no space left vacant or unoccupied by men and the *bhutwa* also might have left their place". However, most people and even those educated youths do not reject the services of these healers when they need it.

They organize preventive and curative rituals. The preventive rituals include worship of ancestral deities, use of amulets, worshiping and offerings. The curative methods include worship of various deities, which are associated with various illnesses and diseases. Certain diseases are associated with children's illnesses, women's illnesses and illnesses of the domestic animals. Appeasing of these deities by shaman is believed to cure most of the illnesses. The shamanic healers invoke ancestral deities to ward off the misfortunes.

They believe that if the evil forces cause the illness condition, it can only be cured by the shamanic healers. The patients visit these shamanic healers for the conditions suspected to be caused by evil forces. However, this does not mean that they make right decision every time. Sometimes, they may visit *guruwas* even for natural causes or in conditions beyond the area of *guruwas*. The *guruwas* also know their strength. One of the *guruwas* says, "If a person falls ill because of the ghost of the dead (lagu) than a *guruwa* is the only person who can cure. A doctor won't heal it even if you spend hundreds and thousands of

rupees. If you are caught by evil spirits, you have to seek treatment from a *guruwa*". Some of the *guruwas* do not yell out mantra rather mutter them and blow at the end of each verse. In this process the *guruwa* inhales deeply and emits quickly from mouth and shouts out a word like *hat* or *fat* (may be *chal fut* in Hindi which means get out) and some of them simultaneously may make a sound from *chutki* (a clapping between middle finger and thumb, especially of right hand).

The use of medicinal plants is one of the most important features of the Tharu indigenous healing practice, which is based on time tested and time honored indigenous knowledge. They have their own methods and explanation to collect herbs, make preparation and apply them. Some of the educated youths though see the shamanic practices of *guruwas* as an irrational or unscientific practice. They cannot see the logic behind the shamanic healing, and sometimes they also oppose herbalists, "diseases cannot be cured by eating *jharpat* (derogative term for herbs which have no medicinal value at all)". However, the other people even the educated elderly hold different logics. One of them says, "If you believe in *bhutwa, lago- bhago*, God or Goddess, then there exist an unknown power and we need the service of these healers for the illnesses caused by this power. These youth don't understand the importance of herbs; they can't distinguish between *gu* (human faeces) and *gobar* (cow dung)".

There might be different opinions whether the indigenous healing practices follow the scientific methods or not. However, there still are in majority, who place greater emphasis on the influence of supernatural forces. And according to them to be healthy and happy, it is essential to have peace of mind, peace of body and peace of inner-heart. And this can be achieved with the balance of natural and supernatural world.

4.3 The Need of Indigenous Healing

The shamanic healers are required to treat the illnesses which are ascribed to *lagu-bhagu*. People seek services from *guruwas* for the cases of *lagu-bhagu* or for spiritual healing which they identify the symptom easily. For *lagu- bhagu* local *guruwas* or *dhaami- jhankri* considered the only options available. These healers mostly use healing mantras even though they are aware of medicinal properties of various plants and animal products.

Illness conditions such as nightmare, eye convulsion, and uneasiness of movement of bodily parts, sprains, sudden vomiting, dizziness and illness of unknown causes are the domain of *guruwas*. For *rog* the patients prefer to go to the health post or hospitals and some may want to consult *baidawa* once before they go. If the treatment of the health posts or hospitals fails then they go back to the indigenous healers or seek referral to a hospital outside of the district, usually Nepalgunj, Butwal, Kathmandu or Lucknow and Delhi in India.

People also feel that previously there were not so many medical shops, clinics and hospitals and they had to depend mostly upon the indigenous healers. Now the situation has changed. Various health institutions established, transport facility improved, awareness and education level increased, superstitions subsided, supremacy of science established and the dependency on the biomedical care has increased. However, people also feel that even today hospitals are at a distance and take a whole day or two just to get checkup services. Government hospitals meant a long queue, unavailability of doctor, costs of diagnostic tests and costly medicines. And the private clinics charge exorbitantly and sell unnecessary medicines, order them to do unnecessary diagnostic tests repeatedly. Highlighting the importance of indigenous healers a respondent says, "We get *lagu -bhagu* checked from the *guruwas* because we want to be assured that there is no *lagu- bhagu* and we get herbal medicine from *baidawa* and massage and childbirth services from surenyas. We go to hospitals only if it is necessary. If we didn't have *guruwas, baidawas* and *surenyas* it would be even harder for us, you know". Another respondent expressed similar view, "It is better to show once to a *guruwa or baidawa* before you go to the hospital".

They think that it is not wise to go to the urban hospital without consulting the indigenous healers. The respondent questions, "what is wrong showing once to a local *guruwa* or *baidawa*"? The reason is to be assured that there is no *lagu-bhagu* before they go to the hospitals. If the case is not likely to be cured from *jhar- phuk guwuwa* says to the patients, "Go to the hospital". Patients also think it rational to adopt double precaution. And some patients feel that if there is *lagu* then the evil spirits prevents medicine to work, so there were also instances of blowing mantra on to the pills so that the pills can work.

If patient thinks the case is of *lagu-bhagu* then he or she go to the *guruwas*. For *sato gayeko* (soul lost) and *laago bhagu bhayeko* (attacked by evil spirit), sudden unconsciousness, non-stop weeping of child, sudden pain, pain of unknown cause, they go to *guruwa*; if they have uncontrollable fever, diarrhea they go to health post or medical shop and for surgery, serious injury, complicated case, eye and dental problems they go to the hospital. However, they emphasize the local healers, who serves and supports in many ways at times of need than the one who lives in somewhere far or in the urban center.

4.4 The Change Experienced

After the end of a decade long Maoist people's war in 2006, Nepal adopted an Interim Constitution. The Interim Constitution has established health as basic right. The Article 16 of the Constitution states that, "every person shall have the right to live in clean environment and to get basic health service free of cost from the state" (Government of Nepal 2007). Nepal has witnessed rapid and unprecedented political changes in recent times. 'New Nepal' has become a popular catchword and people hope that something good is going to happen. However, no one knows exactly what is going to happen but political parties frequently pronounce: 'end of conflict once and for all', 'peace and development', 'good governance', 'inclusion of all sections', 'state restructuring' , 'federal system of government', and 'prosperous, modern and just Nepal'.

Nepal is a multi-ethnic, multi-lingual and multi-religious country where more than 100 caste/ethnic groups speak more than 90 languages and follow eight different religious beliefs[13]. Majority of the Nepali are Hindu (80.6% in 2001 census) followed by Buddhists

[13] However, the 2011 census reports 125 caste/ethnic groups, 123 languages and ten types of religion categories. Chhetri is the largest caste/ethnic group having 16.6 percent of the total population followed by Brahman-Hill (12.2%), Magar (7.1%), Tharu (6.6%) and others. Nepali is spoken as mother tongue by 44.6 percent of the total population followed by Maithili (11.7%), Bhojpuri (6.0%), Tharu (5.8%) and others. Hinduism is followed by 81.3 percent of the population while Buddhism by 9.0 percent, Islam by 4.4 percent, Kirat by 3.1 percent, Christianity by 1.4 percent (CBS 2012:4).

(10.7%), Muslim (4.2%), Kirat (3.6) and others. Majority of them are Hindu and fall into the caste system, and those who fall bottom of the caste hierarchy locally called *Dalit* constitute 13 percent, indigenous and ethnic communities locally called *Janajati* constitute 37.2 percent of the total population.

Nepal is one of the poorest countries in the world. Nepal ranks 157 out of 187countries in the Human Development Index (UNDP 2013), the second lowest ranked among the SAARC countries (See Appendix-B for detail). Nepal's current official poverty level is 25.2 per cent, but there is a wide disparity between urban and rural areas, between regions and between different caste and ethnic groups. There is 15.5 percent urban and 27.4 percent rural population below the poverty line. There is still 45.6 per cent population of far-western region living below the poverty line, whereas it is 21.7 per cent in central region. About 43.6 percent of hill *Dalit*, 28.3 percent of hill *Janajati* and 10.3 percent of hill Brahmin people are below the national poverty line (CBS 2011a:6–10).

With the establishment of *Bir Hospital* in July 1889 in Kathmandu, the modern biomedical system was introduced formally in Nepal. The Institute of Medicine (IoM) in Kathmandu was established in 1972 under Tribhuvan University (TU), which trains all categories of health workers. With the establishment of Naradevi Ayurveda Hospital in 1917, the formal provision of Ayurveda health care services began and ten years later of its establishment, graduation level Ayurveda education was started.

There are three departments under the Ministry of Health and Population (MoHP): Department of Health Service, Department of Drug Administration and Department of Ayurveda. The Department of Ayurveda was established in 1981 for the promotion and development of traditional system of medicines such as Ayurveda, Homeopathy, Unani and Natural Medicine. However, the department operates within a minimum budget and human resources[14] .

[14] The website of MoHP in the section of Department of Ayurveda writes "In the year 2057/58 (2001/02), Ayurveda sector was allocated 0.17% of the total national budget and 3.49% of the health budget (Rs.

There are about ten central level hospitals (including one Ayurvedic, one Homeopathic and one Unani) in Kathmandu. Administratively Nepal is divided into five development regions, 14 zones, 75 districts, 58 municipalities and 3915 Village Development Committees (VDCs). There are regional hospitals at the regional level, zonal hospitals at the zonal level, and district hospitals at the district level, sub- health post (SHP) at the VDC level. There are also primary health centers (PHCs) at the electorate level and there are health posts (HPs) at area level which is in between the SHP and PHC.

According to Central Bureau of Statistics, by the year 2008/09 there were 102 hospitals with 6944 hospital beds, 202 PHCs, five health centers, 676 HPs, 3114 SHPs, 1627 doctors, 7491 health assistants and auxiliary health worker (HA & AHW) and 11637 registered nurses, 3985 village level health workers (VHW), 3190 maternal and child health workers (MCHW) and at the bottom 63326 female community health volunteers (FCHV) including trained *sudeni*. There were 394 Kaviraj and 360 Vaidya and a total of 293 Ayurveda services centers (CBS 2010:163). There is one hundred bedded central Ayurveda hospital in Kathmandu, one thirty- bedded regional Ayurveda hospital in Dang, 14 zonal Ayurveda dispensaries, 61 district Ayurveda health centers and 214 general Ayurveda dispensaries(MoHP 2012:5).

Nepal's National Health Policy (1991) is to develop Ayurvedic system and encourage other traditional health systems (such as Unani, Homeopathy, and Naturopathy). There is increasing popularity in Ayurveda and other codified system because these systems are considered to have less adverse effects associated to treatment. Government plans to make Ayurveda and alternate health care services available and accessible by the integrated development and expansion of these systems. The three Year Plan Approach Paper (2010/11 - 2012/13) states government policy "to recognize the interrelationship between Ayurvedic and alternative medical system which includes, Natural treatment, Yoga, Homeopathy, Unani, Amchi and Acupuncture to ensure service in an integrated approach to make Ayurvedic and alternative health services effectively available (National Planning Commission (NPC) 2010:131).

4,605,602,000 which is 5.02% of national budget) (MoHP 2013.). And of the 25376 staff of ministry only 1507 serve the Department of Ayurveda (MoHP 2012).

The indigenous healing practices have also been changed by the influence of the change and development recently taking place throughout Nepal. The change is not to be limited to a certain ethnic group like Tharus. The other ethnic communities have experienced change as well. The experience shared by the elderly people also confirms the fact. They express the change in their own words such as *kali lagyo* (beginning of a new era). The change can be seen in the role of healers. The previously *surenyas'* services required before delivery but the current trend is after delivery. The *guruwas* and *baidawas* used to handle most of the cases but now they rather prefer to refer to hospital. The services used to be free or bartered but now it has entered into a cash economy.

Key informants responded differently for the following question: Do you think that indigenous healing practices are slowly vanishing? More than half of them answered affirmatively. One of the informants said, "Yes. People are being educated and feel it necessary to go to hospitals. The health institutions have been closer to them. There is an attitude developed not to depend on traditional healers but to seek treatment from modern biomedicine as well." Another stresses, "awareness level increased, hospitals increased, no one believes in superstitious and unscientific thing...I do not believe in reading of rice. It is just a belief to get relief." Another said, "It hasn't vanished yet. It does not seem, it will vanish completely, there are something important and those something can't vanish". Another views, "Bad things cannot sustain long, it vanishes and it must vanish. And good things cannot be vanished, how much you try to remove". Another responded, "It is the demand of time, the education and awareness demands new things and it neglects traditional things or leaves it to vanish. But even the *dhami- jhankris* also come with new ways of healing techniques. They are adopting new ways and they have to do this to survive. It won't vanish. They teach their knowledge and skills to their sons. People believe because there is *bidhya* (science) in it and *bidhya* never dies". "Though, there are very few who know very much about the herbal medicines throughout the VDC but there are a number of people who know little bit about the herbal medicines. We do have tradition of wearing amulets and in this new age we wear lockets and rings of varieties of stones and we believe in God's *shakti* (power)" an elderly informant added. One of them says, "All cannot be ranked in same groups, I believe in the works of *surenya* and *baidawa* but I hardly believe in *guruwa*." I believe in those *guruwas* who heal snake bite by sucking

and who use herbs but not in those who only blow mantra". The key informants were from DPHO, SHP and VDC, schools, local activist, FCHV, NGO and private practitioner.

Most of the respondents are of the view that the indigenous healing practices are in a declining trends. But no one believes it is likely to vanish. They say that the traditional healing system can diminish but cannot vanish *(ghatchha tara hatdaina)*. There are various reasons given for the low use of the indigenous healing practices. And the major reasons are the reluctance of the youth to learn the healing knowledge and skills. Older generation do not believe in the newer and youth *Guruwas*. The youth considers the healing practices of *Guruwas* as irrational and unscientific. The occupation of the youth has also been changed in the recent time. More youth than the previous year are going to Gulf countries and Malaysia for jobs.

Similarly, they expressed for and against the role the indigenous healers have been playing. They appreciated the role healers such as snake- bite healers, *baidawas*, and massage workers and *surenyas*. Some of them criticized the *guruwa's* role as *jhaar- phuke* because they didn't believe in their healing methods.

There is also a trend to express resentment to modern agricultural techniques and some people attribute it for the illnesses. Here is a view expressed by local cooperative members and school teachers in a discussion:

"People of our time fall ill more frequently than our forefather's time. We are experiencing and facing new kinds of diseases. And our food habits have been totally changed, we left *golbheda* (local tomato) and started *tamatar* (local name for hybrid variety of tomato), we left *tilki, syam jeera* and *simtharo* (local varieties of rice) and started new hybrid seed of which we even don't know names. We left *Dangali aalu* (local potatoes) and started new ones. We plant *bemausami* (off-seasional) vegitables and we have become *bemausami* (off- seasional).Today we have to spray thiodine and metacid (name for pesticides/insecticides). We eat chemicals, insecticides and pesticides and hybrids types of vegetables. Who will fall ill, if not us? No one! We are having different problem and we are not healthy that is why we are visiting hospital regularly... Yes, we can say that we are stronger than our forefathers because we have become able to consume such types of poisons (insecticides and pesticides). Had the precautions been taken we wouldn't have

faced such a health problems, you know. We had never even imagined that we would face quickly this situation. And no one knows the tomorrow".

Most of the key informants are of the view that the trend to visit indigenous healers has been decreased because educated and younger ones are not showing interest in its science. This might be a change in the people's perception. The common perception is that 'one should not depend solely on *guruwas*, one should also go to hospital'. And those who used to believe in *guruwas* and *dhaami/Jhankris* have been found going to hospitals. The amazing success of biomedical science such as heart surgery, kidney transplant has made people believe in the biomedicine. The increased preference of herbal medicines has also led people to Ayurvedic and Homeopathic medicines. General health awareness has increased and a common understanding is that personal hygiene and sanitation is important to avoid illnesses.

The key informants said that they believe in biomedicine. In the earlier time there were instances of being healed by *guruwas* to the patients discharged from hospital without cure. Now majority of them go to hospital and villagers use equally both traditional and biomedicine but they also believe in Ayurveda and Homeopathy. People give high importance to the hospitals for the injury and accidents. People prefer *guruwas* for wooziness and dizziness. They believe in tablets strips than the power of herbs or decoction. They believe more in medicine than in mantras. There are people who have to seek services from surenyas. But the snake bite healers are highly believed. They say that if you go to hospital you die.

The key informants pointed diarrhea, pneumonia, typhoid, bronchitis, arthritis and asthma as the major health problem of the area. They are of the view that the major health problems among the Tharus are also not much different. The sanitation situation inside the house is poor among the Tharus. But the economic condition also determines the sanitary condition of the families. The health situation is comparatively poor among the Tharus but it is more similar to the same class people. They pointed out the unhygienic behavior and practices, such as eating radish in the field without washing, using contaminated water, making cow-shed and pig sty in front of the house and keeping chicken and goat inside the house. The sub health post staff report, "Diarrhea is high

among the children of Tharus and this is because of sanitary condition. The VDC has also pointed out as major problem of poor sanitations, unsafe and contaminated drinking water (Saudiyar VDC 2010).

The informants said that they had seen changes in the indigenous healing practices over the years. They said that it had decreased than the previous times because there were very few knowledgeable indigenous healers in the village and there was a trend to visit hospitals even for minor illnesses. They said that there had been a change in people's perception regarding indigenous healing practices. They believed that there was decreased faith on the indigenous healing system. They viewed, "People cannot wait long and with uncertainty, they need quick result and they want to be assured of the services and they leave the *baidawa* and go to hospital". They also compared herbal medicine with compost manure and biomedicine with chemical fertilizers.

The elderly people shared the changes that had been taking place. They expressed their wariness of vanishing of traditional culture and way of life. They give examples of change in every aspects of culture and tradition: housing pattern, fashion and dress style, tattooing and body piercing practices, farming and food habit, language, rituals, marriage, child bearing etc. They also expressed that traditionally they have been getting various types of vegetables such as *Kharpu, Koiralo*, varieties of *yam* and there used to be sufficient fishes in the ditches and streams. They used to harvest sufficient fishes in the rainy season from *tib* (a structure made in the river to trap fish in the winter season) and *Khonge* (a funnel shaped fish trapper which is made of bamboo and installed in the ditches). The people of the area reported the increased temperature and decreased rainfall than before, increased insects and decreased wild vegetables. They have expressed that after the heavy use of chemical fertilizers they are getting less crabs, snails and fishes. And they are also facing insufficient rainfall and insufficient water in the river and stream. The villagers' experience and perception on these changes would be a subject for further study.

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CHAPTER V

THE HEALERS AND THE HEALING PRACTICES

This chapter is about indigenous healing practices of the Tharus. The study is mainly based on the observation of the healing episodes and interview with the persons involved –the healers and the healed (or the patient who wanted to be healed). The chapter provides a profile of the healers and the healed followed by the main types of healers and their healing methods, self- medication and home remedies, preventive rites and rituals, the healers from non- Tharus, relationship among the healers, the health needs of the people and the accessibility to the health care services.

5.1 Profile of the Healers and the Healed

This section presents a general introduction of the healers and the healed[15]. The healers were selected purposively and the healed (patients) were selected based on, whoever were available at the time of contacting healers. The following profile gives a general picture of the healer and the healed of the study area.

5.1.1 The Profile of the Healers

There are healers with different capacity of healing knowledge and skills among the Tharus. These healers can be classified into three broad categories: *Guruwas*, *Baidawas* and *Surenyas*[16]. As has been reviewed in the literature, the researchers have recognized and followed this type classification (Rajaure, 1981a, 1981b; Shafey 1997; Adhikari 2006;

[15] I use the terms the healers and the healed simply to refer to 'those persons who provided healing or therapeutic services' and to those 'who received their services' in the field.

[16] The *guruwas* are variously pronounced as *gurau, gurra* or *gurva*; the *baidawas* are sometimes called *baida or baiduwa* and in Nepali *baidhya*; the *surenyas* are also pronounced *shorenya or sorinnya and* called *sudeni or sureni* in Nepali. The Tharu language is influenced by or similar to Nepali language and sometimes it is difficult to distinguish Tharu words from Nepali.

Dahit, 2008). There were 18 healers contacted for interview and out of them eight were *guruwas*, five were *baidawas* (including a male massager or masseur) and five were *surenyas*. Some of the healing episodes were observed with these healers. All the healers except *surenyas* were male. Most of them were elderly and highly experienced. All the healers were married and six of them were widow/widower (single) and all of them were from Saudiyar VDC.

There are only three healers below 50 years of age and average age is 60 years which ranges from 32 to 74 years. The number of years involved in the healing for the healers ranges from two to 52 years and there are only three healers who have worked less than 15 years. There are only five healers who have been serving less than 15 years and seven healers served more than 30 years. And rest of the six healers has been serving from 16 to 30 years.

Their average family size is 7.9, ranging from five to 15 persons. The main occupation of their family is agriculture and keeps oxen or he-buffaloes for ploughing. Some of them are involved in vegetable farming, carpentry, shop keeping and foreign employment. Only 10 of them (56 percent) are literate and of them two have read up to 9th class (see Table 1 for detail).

Table 1: Age, Sex and Educational Background of the Healers

Particular	Age				Sex		Education				Total
	0-18	19-36	37-54	55+	M	F	Illit.	Literate	6 – 10	SLC +	
Guruwa	**0**	1	1	6	8	0	3	3	2	0	**8**
Baidawa	**0**	0	0	5	5	0	2	3	0	0	**5 ***
Surenya	**0**	1	1	3	0	5	3	2	0	0	**5**
Total	**0**	2	2	14	13	5	8	8	2	0	

Source: Field Survey, 2012

* Including a male massage worker.

The average land holding is approximately one hector which is sufficient for more than half of them and two of them have also given some of their land for the purpose of share cropping. Eight families (44 percent) of the healers are also sharecroppers because of insufficient land. Sharecroppers are considered poor in the village.

All the villagers including the healers have constructed toilets because the area was recently declared as open defecation free area and each family constructed toilet in the campaign. The basic sanitation of the VDC has been improved. Barring three families of the healers all have private tube wells, electricity connection, cycles, mobile, radio, TV in their houses (which are of modern type). However, only one family has a motorcycle. A total of 13 healers' families use firewood and cow dung cake and remaining five families also use biogas as cooking fuel.

Most of the healers have learned the healing knowledge and skills from their elderly family members. Along with the family members, the *guruwas* also learn healing practices under the guidance and training of senior *guruwas* particularly with *ghar-guruwas*. One has to undergo a process called *ban-chirna* to become a *guruwa*. Every year in Dashain festival they have to cut in six parts of the body to offer the blood, which is known as *ban-chirna*. The *guruwas* enjoy the highest esteem compared to *baidawas* and *surenyas*. However, there are five categories of *guruwas* and all of them do not enjoy the same respect. The *desh-bandhaya* and the *ghar-guruwas* enjoy the most. Only the family members of the *desh-bandhya* and *ghar-guruwa* are required to follow their profession. There are no women *guruwas* or *baidawas* and there are no men surenyas in the study area. The study by Rajaure (1981) and Adhikari (2006) also confirm the same but among the Rana Tharus- in far western region there are women *Bharras* (shamanic healer like *guruwas*) and women *baidawas* called *baidinyas* (Gurung 1992; Shafey 1997).

These healers have also been playing a customary institutional role. The indigenous institutions have conferred them a status. The community expects a certain role from them. For example, a *ghar-gurwa,* after his father's death had to take the responsibility to serve his family's *barin* (the clienteles of a *guruwa*), though he was aspiring for a foreign job. There are some rituals which can be performed only with the help of one's *guruwas*. So, even if someone in the family does not believe in shamanic healing rituals, he or she cannot make an overt objection to the rites and rituals. Some of the rites and rituals are associated with the cultural tradition and direct disrespect to these traditions is unacceptable.

One third of the healers hold multiple positions in indigenous and community based organizations (CBOs) and these include *mahaton* (village chief), ward member of the VDC, member of school management committee, committee member of forest users group, member of irrigation water users group, chair of Tharu village and female community health volunteer (FCHV). A few of these healers have got role and responsibility as village level committee members of political parties. These healers play a decisive role in the village level activities. They are invited as guests in local level programs and given due respect in ceremonies such as marriage, worship, and rite-de-passage activities. Some of them reported that they had participated in programs organized by sub- health post, VDC and NGOs.

5.1.2 The Profile of the Healed

There were 27 patients contacted for interview. Of them 14 were contacted with the *guruwas,* ten with *baidawas* and three with *surenyas* (see Table 2 for detail). Most of them were contacted on the spot during the time of healing activities with the healers. Some of them were contacted later with the help of the healers for an interview. Among these patients 23 were from the Saudiyar VDC (and four were out of the VDC), 21 were from the Tharus (and six were from non- Tharu) communities, 15 were female (and 12 were male), 14 were married, three were unmarried and two were widows (single). Of the 27 patients eight were illiterate, six had education between six to ten classes, seven had education of School Leaving Certificates (SLC) and over and six were children below six years of age.

Table 2: Age, Sex and Educational Background of the Patients

Particular	Age				Sex		Education				Total
	0-18	19-36	37-54	55+	M	F	Illit. (6 yrs+)	Lit.	6 – 10	SLC +	
Guruwa	5	4	3	2	8	6	5	0	1	4	**14**
Baidawa	3	5	1	1	3	7	3	0	3	2	**10**
Surenya	2	1	0	0	1	2	0	0	2	1	**3**
Total	10	10	4	3	12	15	8	0	6	7	**27**

Source: Field Survey, 2012

The age of the patients ranges from newborn baby to 68 years and there are only five patients above 50 years of age. The average family size of the healed is 7.7 but ranges from three to 23 persons. The main occupations of the patients are also agriculture and animal husbandry. Some of them are involved in vegetable farming, carpentry, shop keeping and teaching in schools. The average land holding is approximately 0.7 hector and the land is sufficient for more than half of the patients' families and three of them have also given some of their land for the purpose of share cropping and ten families (37 percent) are also share croppers because they have insufficient land.

Similar to the healers, all the patients have constructed toilets. More than 20 families (74 percent) of the patients have private tube wells, electricity connection, cycles, mobile, radio, TV in their houses and of them four families have motorcycles. A total of 15 families use firewood and cow dung cake, eight families use biogas and four families use cylinder gas as cooking fuels. The patients who were out of the VDC were more educated, relatively rich and had properties at municipality area.

The patients were suffering from wide range of illness problems. These include: pimple, thorn pricking into the foot, nasal problem, headache, vomiting, dizziness, foot sprain and swelling of leg, body pain, sudden faint, stomach problem, back pain, muscle dislocation, insomnia, pneumonia, nightmare, snake bite, excessive palpitation of heart, hitching, rheumatism, soul loss, delivery or childbirth, baby and child illness, *sukenas* (stunted and wasted child).

Interestingly, of the twenty seven patients seven visited the healers in the first day of the problem, five visited in the second day (or they had been suffering from the last day), four were suffering from the last week and four were suffering from the last four months and remaining three were suffering from two to ten years. . This shows that the healers see both acute and chronic illness and healed continue to seek treatment for a long time. One third of the patients didn't know the cause of the illness, some of them suspected as *bhutwa, dain, boksinya* (witches) those who were with the *guruwa* while the nature of the illness was different who visited *baidawa* and *surenya.*

The preferred healing practice differs according to the types of illness. They have their own reasons for selecting certain healers/ practitioners of certain system. For example, a patient who had problem of nightmare said, "In hospital they can give you medicines but the medicine can't cure this". She was having violent dreams involving bloody fighting for the last few weeks. A school teacher whose child had problem of *sukenas* said, "I don't believe much in *Phuk-phak (jhar-phuk)* but sometimes it may work and moreover, they may give you some herbal medicine or suggest you some domestic measure. I give first priority to hospital. Even in this case, I had been to Ghorahi hospital. The medicine seemed not working, my friend suggested to visit (this *guruwa*) and I am here ".

The people generally visit indigenous healers for *lagu- bhagu* or minor cases and for *rog* (disease) they prefer baidawas or to go to health post or hospitals. To avoid long queue or for quick and quality treatment most of the patient resort to private clinics. A respondent says, "If we are in a hurry we go to the medical shop or private clinic. When baby falls ill and needs quick attention how can we wait long? The doctors give due care and attention not in the hospital but in their private clinics. So it was our compulsion to go to a private clinic".

Only eight patients responded affirmatively on the question "Is this your first time with this healer?" Most of them had visited the healers earlier at least twice or thrice. There were diverse responses on the selection of particular indigenous healer. Skilled and experienced, non-alcoholic, neighbor, relative, referred by friends, referred by another healers, *ghar-guruwa* were the reasons behind the selection of the particular healer. Some of them were quite confident about their selection. A patient said, "I know he does well for this because I had seen other people with similar problem treated well". The reason for selection of a particular healer was essentially not because of the cost. No one said that he or she had selected healer because the one provides services without costs or with low cost. The patient's response varies about the service charge by the healers. One third gave nothing, some gave as much as they wished, and some gave petty cash rupees[17] ranging from ten to 100 for the service. A schoolteacher whose child was suffering from the *sukenas* said, "I paid a hundred Rupees a day for four days for the treatment with an amulet". A woman

[17] Currently (the exchange rate is 1 US Dollar is equal to 88 Nepalese Rupees.

who was getting service from *surenya* said, "We offer snacks and we have promised to pay her Rs. 2000 for 11 days service".

The healers get patients of all categories, from both Tharus and non Tharus, from same village and from outside the village, educated and uneducated, rich and poor. However, the patients who were from outside the village were comparatively rich and educated. The number of people treated in the previous week varies among the healers. The *baidawas* get the highest number of cases followed by *guruwas* and *surenyas* get the least numbers. Among the *baidawas* number previous week's case ranged from ten to fifteen. Whereas *guruwas* were getting less than seven cases in the last week and *surenyas* had approximately one or two cases but they had handled only four or five cases of delivery in the last year. In terms of income reverse was true. The *surenyas* got the highest amount followed by *baidawa* and *guruwas*. In providing post delivery care with massage service the amount ranged from Rs. 1000 to Rs. 3000 with food and clothing based on the number of the days served. However, they were not paid for occasional massage services rather offered food or tea and snacks.

The *guruwas* were paid less for their service rather they were either provided with a stick of cigarette and a bowl of *jaand* (mostly in the liquor drinking family) or a cup of tea with a stick of cigarette is offered (mostly in the non-liquor drinking family). They do not charge fee but generally are given a petty cash as *bheti* (offering to God petty cash with flower). The amount varies and ranges from a five rupee note to a fifty rupee note and sometimes more. The *ghar-guruwa* and *desh-bandhya* also get one or two days free labor service from their *barin* at the time of rice plantation or harvesting or both of the times.

The *baidawas* also get the amount usually to cover the cost of medicines or the cost for the time to collect herbs. A *baidawa* said, "I do not ask; they themselves give it and I accept whatever they give. They know the amount of time and energy required to prepare medicines... I get 200 rupees for dog bite treatment". Another *baidawa* also has similar story but about the maximum amount he proudly shared, "last time a client from neighboring district came with a goat and gave additional 1200 rupees. He was happy that his son had become alright. He had visited me when he had got tired of hospital treatment."

Surenyas get more than the other healers. A *surenya* said, "Last time I got 1200 rupees and a pair of *chappal*, a packet of edible oil and a sack of rice. It was not the rate rather it was the tradition of our village". Nowadays some of the *surenyas* have started to negotiate in cash. Another *surenya* said, "I got 3000 rupees net". She had served a non- Tharu woman for 11 days (approximately four to five hours per day). The amount is attractive compared with the current wage rate. A woman generally gets 250 – 300 rupees a day if she works as agricultural laborer (eight to ten hours a day). However, if compared with other healers and medical practitioners, the time and effort invested, the amount is not highly attractive. They provide occasional massage services free of costs and they are provided with tea and snacks (and cigarette if they smoke) in return.

In most cases the healers go to the patients' home to provide services. The *surenyas* go most than *guruwas* and *baidawas* because of the nature of treatment, of childbirth and post natal care. Patient's family members sometimes go with cycle or motorcycle to bring healers to their house, if the healer is older or if they need quick service. The patients from out of VDC usually come to the healers. In *baidawas'* case, most of the patients go to visit *baidawa* in the fixed days of the week such as every Monday or Saturday etc. However, if there is an urgent call from a patient healer has to go.

About the patient flow and the income, eleven healers said that patient had increased over the years, three healers said that the patients flow was as usual, three did not respond and a healer said the decreased flow of patient. About the earning from this profession the healers said that the healing services cannot be a source of an income. However, that doesn't mean that there is no earning at all, rather there is low earning compared to other sources. They are getting something or compensated in one way or the other. One of the *guruwas* said, "I do not expect money but, *jamana anusar* (according to changing trend) they give ten or 20 rupees." The people have started to give notes as *bheti* and the amount has increased than before. Of the 18 healers, 12 said that the earnings has increased.

The referral practice has been increased significantly. No healer was found who had not referred at all. They had referred their patients to other healers and to medical practitioners. They had referred less to other healers and more to the medical

practitioners. They had given the name of a healer but they had not given the name of a medical doctor rather said, "Go to hospital at Ghorahi".

When asked about where the healers go, if they fall sick. Only two out of 18 healers said that they never had got sick seriously. And remaining 16 healers had got sick and 12 of them had visited biomedical hospital and one Ayurvedic hospital. More than two third (13 out of 18) had visited other indigenous healers. But half of them visited private medical practitioners of Nepalgunj, Lucknow and Kathmandu. Seven have visited public health facilities. Their problem ranged from leprosy, jaundice, asthma, TB, body swelling, eye infection, and the skin problems.

Most of the healers are satisfied with their work and feel good to serve. One of the healers says, "I feel happy to hear when they (the patients) say that they became alright. I feel I am doing good deed. It feels good to serve someone in need". Though, a few of them also expressed frustrations. One of them says, "You are not allowed to say no, whenever they call, you have to go. You have to leave your work at hand and for this you don't get money. And worst is even if the patients become all right they don't give you credit...yes, I know many things about healing and my knowledge has increased but I 'm not satisfied".

More than two third of the patients expressed satisfaction with the healers' services and the remaining patients also did not expressed dissatisfaction, rather wanted to wait and see and have their say later . They were satisfied because they believed in the capacities of the healers. Some of them praised for the service because the service was on the doorstep, less time consuming and less expensive. One of the elderly patients said, "He is like a God because he came at midnight and saved my life" There is no other person to treat snake bite. He is our closest neighbor and healers in need... comes even in the midnight and charges nothing." The same healer also proudly says, "I have made no one to weep/cry and have saved lives of everyone I sucked (treated for snake bite)".

However, a few had different opinions, "I don't believe all of them, some are good and experienced but some are *thug*." Another adds, "Some *guruwas* make the patients' house a source of drinking. They say, "*mai chokhadem, mai biruwa kaidem* (I will heal/cure, I will medicate you)" even if the case is out of their control, just to drink *jaand* (fermented rice) for few days and tell patients at last *aspatal le cholo* (go to hospital)". Some of them are of

the views that for *lagu-bhagu*, snake bite and for other minor cases the healers are serving the villagers better. "They are serving the sick immediately; hospital doesn't deal with *lagu-bhagu*. And for snake bite if you go to hospital you can't be sure but here no one dies", a local teacher emphasized.

Most of the patients replied affirmatively on the question, has the role of indigenous healers changed over the years. They said that comparatively less people and in certain cases people visit *guruwas* and they also suggest visiting hospitals. There are very few highly experienced healers in the village and new healers prefer to refer to hospitals. Now *surenyas* involve themselves less in childbirth and provide mostly after delivery care. People have become educated and aware and do not believe in shamanic healing. Very few say that they were doing the same job but it was the new generation that was reluctant to learn from their elders. "If something (unknown) attacks", a patient shared her experience, "medicine doesn't work". She gave evidence, "I was hospitalized and they (the medical person) gave me injection but nothing happened and at last this healer cured me". An informant opined, "It is true that now hospitals get more patients because people are increasingly going to hospitals but people haven't stopped visiting *guruwas,* because, they also treat some of the illnesses".

People are of the view that the indigenous healing practices are declining due to various reasons. The lack of highly experienced indigenous healers, decreasing number of educated and young people entering into the healing profession and increasing number of medical halls, clinics, health post and hospitals are the reasons pointed. The society is heading towards development and modernity and anything traditional is considered superstitious and those who follow superstitious practices would be laughed at. There is an increased acceptance towards biomedicine and other alternative systems. Biomedicine is gaining pre-eminence position. However, the indigenous system has not been faded out, still local people have faith in it and is the best health care options for many.

If the condition does not improve most of the patients said that they would go to hospitals or those who had been to hospital couldn't say about the next options. They said that from local healers they are not facing any problems to get services. Sometime the healers are not in their homes or are working in the farms.

The patients have their different experience, understanding and opinions about the other medical systems and practitioners. Majority of them see the difference between the services and behavior of indigenous healers and medical practitioners. They made a distinction, "This (indigenous healing) is the villagers' while that (the hospital based service) is the government's work. In hospital, it's like *sarkari kam kahile jala gham* [a Nepali proverb meaning that the work of the government is to wait for sunset] but here healers are ready whenever you need; *ke din, ke raat* [does not matter whether it is a day or night]. There is a huge difference, of sky and land. There, no one knows a doctor but believes that he must be highly educated and well experienced. Here, everyone knows how much a particular healer is educated and experienced. In hospital you have to be there on time, you have to be in long queue, you have to pay for diagnostic test and for medicines, doctor may suggest to visit in private clinic and this means extra cost, there is no guarantee that you will be checked up by a highly qualified doctors, there might be intern doctors or nurse and you have to leave your work because it takes a whole day or two to get treatment even for minor illness. Indigenous healers come when you call but you have to go to the medical doctors. The indigenous healers heal the illness caused *lago- bhago,* give you *jadibuti for* various simple and chronic illnesses, profit and money making doesn't matter. The medical doctors deals with the diseases, give you tablets and injection, and profit and money making matters. The hospital nurses do not provide massage services, and doctors neither do *jhar- phak* nor suggest patient to visit the *guruwa;* neither suggest to use herbs which are available in our village nor suggest to visit *baidawa.*

5.2 The Healers and the Healing Methods

The type of healing method and healing practice varies from one healer to another and the variation can be seen even among the same categories of healers. A *guruwa* may follow different diagnostic procedures and may use different mantras than another. A *baidawa* may prescribe different herbs for the same illnesses. A *surenya* may use different oil preparation or the methods of hand movement. There are different approaches to deal with the same problem. For example, there is a variety of herbs and techniques for snake bite healing: some suck the blood from where the snake bit, some use chicken to suck the

poison from the place where the snake bit, some cut and suck the blood where they find poison spread and some use alcohol for gargling, some just cut and squeeze out the blood, some use a type of herbal preparation to drink. Some focus on mantra, some on sucking and some on herbal treatment or some combine both. Similarly, a type of herb and its different parts in different forms may be used to treat different problems. There is no precise process in the diagnostic and treatment procedures among the healers. Each healer has his or her own way to heal the illness. However, that doesn't mean that they do not have some kind of similarities or patterns of healing behavior. There is some sort of methodological coherence in diagnosis and treatment among the categories of healers. The following section describes the major healing practices in the area.

5.2.1 The *Guruwas* and Mantras

The guruwas are the shamanic healers and deal with the illness caused by spirits or supernatural forces by using varieties of mantras. There are five types of *guruwas*: *General guruwas, Kesauka guruwas, Dharharya guruwas, Ghar-guruwas, and Desh-bandhya guruwas*. The general *guruwas*[18] are the village level local healers and are in the highest number. *Kesauka guruwas* play role of assistant of *ghar-guruwas* and in a dialogue with spirit they respond to the *ghar-guruwa's* questions from the side of spirits. *Ghar-guruwas* are the main village shaman and they also perform various rites and rituals. *Dharharya guruwas* also assist in family rituals particularly in absence of *ghar-guruwas*. *Desh-bandhya guruwas* are *praganna* (regional) level *guruwas* and they perform worshiping at community level. The *desh-bandhya* and *ghar-guruwas* get one or two day's free labor service from their *barin* (clientele households).

The healing techniques of *guruwas* are basically involves certain rituals with spells and charms with or without the use of herbal medicines. They do *achheta herne* (to read rice grain), *nadi chhamne* (to assess the strength of pulse rate), or *mayal herne* (measure the length of cloths); *pati baithna* (swing in a cotton thread a burning clay saucer and read

[18] The pronunciation of *guruwa* varies with the people and places. Some pronounce it as *guruva, gurau* or *gurra*.There is a slight difference in the spelling of *Guruwa*. Dor Bahadur Bista writes *Guruva* but Drona Rajaure, Maslak write *Guruwa,* Guneratne, Ghimire and Bastakoti write *gurau,* I prefer to follow the Rajaure because *guruwa* is what is mostly pronounced in the study area (Bista 1969; Maslak 2005; Ghimire and Bastakoti 2009; Rajaure 1982a; Gunaratne 1998).

mantras simultaneously) for diagnosis of the illnesses. For the treatment they may just spell mantras, blow a mantra into a glass of water give patient to drink, perform healing rituals and worshiping and sacrifice of chicken, rooster or piglets. They may suggest for offering of sheep in the shrines or organize a *badka puja* (a big worshiping ritual).

There is a tradition to offer sheep as promised (which they call *bhakal)* at times of severe illness. They go to religious shrines of the district such as Rihar, Daha and offer sheep or free pigeon or simply offer *rot* (a type of bread) in the temple wishing to be healed. If someone is ill in the family they offer in the name of that person wishing to be healed.

Most of the elderly *Guruwas* have been keeping older manuscript written on Nepali paper and these materials contain various kinds of mantras to deal with various hazardous situation and ways of healing of illnesses of various kinds. The *guruwas* chant mantras, use objects such as *badheni* (small hand broom), peacock feather, bone, towel, knife etc. to *jharne* (sweep down) or *phukne* (blow out) the *lagu-bhagu* or *bhutwa* (evil spirits or dead spirits). Some of the healers have specific days such as Tuesday and Saturday in a week for healing patients. Time is specified when to be done what activities. Usually, the *guruwas* do not chant mantras in the midday noon. They prefer doing it in the morning, evening or at night. However, they are available round the clock and throughout the months and year. Basically, *guruwas* are considered to have the power of mantra by which they heal illnesses. The *guruwas* give credit to the supernatural power and say that *guruwako jas, birmariko bhagya* [It is the faith on *guruwas* and fate of the patient].

In the healing process, the *guruwas* diagnose and treat an illness by following different means: *pati baithna* (diagnosis done with recitation of *mantras* along with swinging of a lighted *paala* (earthen saucer) which is hung under hand, using three thin threads (called *kain*), *achhayata-herne* (reading by rice grains), and *naadi chhamne* (examine the pulse rate of the wrists), jhar-phuk (brushing down and blowing out) etc. which have been briefly described.

Pati Baithna: *Pati Baithna* (or *pati basne*) is an activity of diagnosing and healing illnesses. In this activity, a guruwa ties a small clay bowl with thread at three points, then he fills the bowl with mustard oil and sets a burning cotton wick in it and then he lifts the thread it in

a finger under which the burning bowl hangs and then moves the bowl back and forth. He mutters the mantras, while swinging the bowl. He may associate the swinging of saucer with various possibilities to diagnose or he may request evil spirits to keep calm or get out of the patient's body. After finishing this ritual, in most cases, he gives the patient something to intake or apply based on the types of illnesses. This type of activity is considered important and is done in healing and also in preventive rituals.

Jhar- Phuk: *Jhar- phuk*[19] is one of the popular healing activities. In this activity, a *guruwa* either performs *jharnu* (sweeping evil spirits down from body using broom, or towel or knife or feather) or performs *phuknu* (blowing evil spirit out from body using ass, rice grain) or both. The *guruwa* mutters mantra along with these activities and sometimes yells *fat*. The *jhar- phuk* is also a common healing practice even among other non- Tharu communities.

Pani Katne: In this activity, a *guruwa* cuts a glass of water with a knife and simultaneously blows mantra onto it and give patient to drink. Usually, the *guruwa* adds a little ash of firewood or turmeric powder into the glass of water.

Buti Bandhne: In this activity, a *guruwa* makes a *juntar* (an amulet made of paper in which a mantra is written) or makes a *buti* (an amulet made of herbs and fortified by mantra) and gives patient to wear[20].

Achheta Herne: This is mainly a diagnostic activity in which a *guruwa* takes little rice grain from a packet given by the patients and counts the number of grain. He associates odd and even number of grain with certain illness causes. After finishing it the packet of grain (fortified with mantra) is returned back to the patients to chew some of it or keep the packet under the pillow. The patient's presence is not required just to show *achheta*. A family member can go to show on behalf of the patients but patients must have touched

[19] Jhar-phuk is a common term for the healing activities of shamanic healers. In this activity a shamanic healer does either *jharnu* (to sweep down the evil spirit from the patient's body using mantra and a broom) or *phuknu* (to blow out the evil spirit from the patient's body using mantra) or does both. This is also called *phuk-phak*.

[20] There is a trend to buy readymade amulet, which contains neither *buti* nor written mantra, from a vender or in a local bazaar and get blown with mantra in it from a local healer and wear around the neck or arms or waist or some may wear as a piece of jewelry hung around the neck. The main purpose of an amulet is to protect against evil eye, danger and disease.

the rice grain. This activity is also known as *aakhat herne* or *mayal herne* and some of the *guruwas* also measure the length of towel/cloth with *bitta* (maximum distance between thumb and middle finger) to diagnose the causes of illnesses.The *guruwas* may suggest what to do and what not to do about the food behaviors. They may give certaing herbs or suggest what to eat and what not to eat.

The *ghar-guruwas* or *desh-bandhyas* are compensated for their services by one or two days of free labor at the time of planting and/ or harvesting the paddy, the main crop. The *ghar-guruwa* may receive a small cash payment for certain rituals such as *Lausari* and *desh-bandhya* for *Gurrai*. However, all the healers at the time of healing are served with a bowl of *jaand* when the healing activities takes place at the house of patients. The *desh-bandhya guruwa* claims to have a *lalmohar* (royal seal) stating his ancestry as the healer of the *praganna* (area) and entitled to get free labor services from the people. The *ghar-guruwa* is like the family priest who serves the villagers by performing activities of rites de passage, healing rituals and worshiping of ancestral deities.

The *ghar-guruwa* and *desh-bandhya guruwa* are respected and they enjoy a high status and prestige among the Tharus. A *ghar-guruwa* deals with the individual and familiy level problem. A *desh-bandhaya* deals with the community level problem. No other Tharus than their clan can follow their professions. However, anyone can become general *guruwas* or *kesauka* by undergoing certain rites and rituals. The basic task of all these *guruwas* is to drive out the evil spirits, pacify the ancestral deities, safeguard or protect families and communities by performing healing and worshiping rituals. Their mantra is their strength. It is said that there are more than 200 mantras to be used for various maladies.

The *ghar-guruwa* works as a family medicine man and performs rituals and does *jhar-phuk*. The healing technique comprises *jhar-phuk* and alcohol or blood offerings and is employed mainly to protect from or to drive away evil spirits. In a simple case the *jhar-phuk* technique is applied while in a complicated, *raksi* (home-brewed alcohol), raw eggs and blood of a rooster or pig are offered.

The Tharu healers said that they acquired the knowledge of healing and medication in different ways: by informal learning from *guruwas* and *baidawas*, by simple observation

and by practicing and using personal experiences. Some healers also got the knowledge and developed the skills of healing from the non- Tharu healers. Similarly, the Tharu indigenous healers are consulted by non-Tharu communities for illness caused by *lagu*, fracture, snake-bite and dog-bite, stomach pain, massage etc. They are also consulted for veterinary problems. The non-Tharus consult and pay high respect to them and Tharus also consult non- Tharu healers and pay the same respect.

This sort of mutual respect benefits them to fulfil their requirement of health care needs. The Tharu healers do not charge fee for the services they provide. However, they accept petty cash, food and snacks in return if the patients provide them voluntarily. In most cases, they are served with a bowl of *jaand* (home-made liquor). They do not discriminate the patients on the basis of their class, caste and gender.

The services of indigenous healers are sought for treating various types of maladies. If supernatural or unknown forces such as evil spirits, ghosts, and witches cause the illness, then the case falls precisely into the domain of the *guruwas* of the Tharus and *dhami-jhankris* of the non-Tharus. If the case is of *lagu-bhagu* people prefer to consult not to the medical doctors but to the indigenous healers. This can be put in another way, *rog* cannot be caused by the evil spirits or *bhutwa* and cannot be treated by the mantra of the shamanic healer like *guruwa or dhaami-jhankrii* and must be treated by the medical doctors and medicines.

Some of the *guruwas* provide herbal medicines as well. However, their main method is to use mantra to drive away the evil spirits or to pacify or calm down the deities. They may just enchant mantra or follow other shamanic rituals, which include worshiping to appease particular deities or the angry spirits. They offer alcohol or sacrifice poultry birds or piglets for offerings of bloods. Thus, the power of mantra is the power of *guruwas*, which is backed by knowledge and skills to perform various rites and rituals. Knowing the properties of medicinal herbs is an asset for them. The knowledge of herbs gives them an additional status of *baidawas*.

The shamanic healers play a role of mediators between the supernatural world and community people. They diagnose the type of spirits, which are considered as one of the

causes of illnesses, make offering or pacify the angry deities. The *guruwas* invoke number of Gods at the end of the mantra. They remember and request ancestral deities. The basic intent of some of the mantras is to promise deity and request them to give strength.

Most of the respondents reported that people fall sick not only because of *lagu-bhagu* but also because of unhygienic and stale food, contaminated water, smoke and dust. They do not attribute to *bhutwas,* witches or evil spirits for every illness. Some of the illness conditions which fall outside the domain of *guruwas, baidawas* are required to diagnose and treat the case.

There were 27 patients contacted. They had different stories. I had encountered quite a few of them with the healers. Here, I present the three cases met and observed with the healers- each one with a *guruwa,* a *baidawa* and with a *surenya.* The story includes the story of healer, story of patient and a short observation of how the healer- patient interaction took place at the time of healing. The stories are real but not the names. I have changed the names of the healers and the patients. The first case is with *guruwa,* second with *baidawa* and the third is with *surenya.* These cases do not represent all categories of patients because there are variations in illness problems and variations in healing methods. Even then, these cases present a general picture of the way the patients feel and the healers heal.

The Observation Case 1: Healing with the Guruwa

It was a sunny day of winter. I was with Chehalu Chaudhari. Cheharu was an old healer of a Saudiyar village. He is known as *ghar-guruwa* among the villagers. This was my second visit with him after a month. We were sitting at one side of his lawn from where we could see people walking on the road. We were talking about the village and the changes that he had seen.

Meanwhile a middle-aged woman came with a jar and she handed that to Cheharu. She also gave a small packet wrapped in leaves. I guessed she was a patient. In a little while I saw that the jar was of *jaand* and the packet was of rice grain, which they called *achheta.* My guess was right. The *achheta* helps *guruwas* to diagnose the problem of patients. The

family member of the patient usually visits *guruwas* with such *achheta*. The *guruwa* poured *jaand* from the jar into a bowl made by leaves and drank. It didn't take much time. However, in between he talked with the woman. Cleansing his mouth with water he opened the packet and started to read the rice grains. The process of reading rice grain is to pick up a few rice grains randomly from the packet and put in a palm and count them. By doing so, healer gets either odd or even number of rice grain, which he can associate with the kinds of cause of the illness. It also gives him time to think and talk to the patient.

And after that he picked out a bone from his bag. He caught at one side of the bone and moved it up and down pointing to the woman who was first was sitting face to face with the healer and later sat, showing the back to the healer. The healer muttered mantra while moving the bone up and down pointed to woman's body. The activity is called *jhar-phuk* and many healers use small hand-broom or towel or knife or leaves of a tree instead of bone.

As a *guruwa* Chehalu Chaudhary had been serving the villagers for a long time. He was not rich compared to others. He had small house of single storied, mud-brick walled and thatched roofed but connected with electricity. In the backside of the house there was water-well and a small plot of land for vegetable gardening, which was fenced by bamboo stick. The water was used for domestic purpose and for irrigating the vegetables. He had a pair of oxen, a toilet, and a cycle but had neither mobile nor television. He lived with his younger son's family. This was his story in his own words:

"I drink daily. It is allowed by our caste tradition. I do have *Jaand* (fermented rice liquor) in my house. I drink it as a breakfast and sometime continue till lunch and dinner. I usually do not go outside of my village but if someone calls from the nearby village I have to go. I do not get chance to stay at home all day long. There is always a call from one or two persons. I have to go if someone calls. It would be *dharma chhada* (against religion) to reject a patient. And if I go, they offer me a bowl of *Jaand* and it is impossible for me to reject".

He continued to say about referral "I suggest to visit doctors, if the case is not likely to be cured or if I can't feel assured. I did whatever I could but you might go to doctor once. If the pulse rate is not good, I order them to go and not waste time here. It is good to send

early. I can heal people with *lagu-bhagu* and not the *rog* (diseases). I know the other healers but I do not send the patients to them rather I send to them to hospital. I was also admitted in a hospital once I had contacted TB. People get illness either of *lagu* (dead spirit) or of *rog* (disease) and for *rog* medicine is required. For minor *rog* I can do but for major I suggest them to go Ghorahi hospital".

Talking about the various illness and his line of treatment, he said, "I get all types of patients, from village and from out of the village, rich and poor, educated and uneducated, Tharu and non-Tharu. I use mantra. I know the way to *pati baithna* but mostly I do *achheta herne (*read rice grain). I blow mantra into a glass of water and I know the mantra to cut the water with knife. I also know the way to heal snakebite. I know the herbs and method of sucking. I learned the healing mantra from my father and some of the techniques from our *ghar-guruwa* and also from a Bengali[21]. I get more patients than before. I cannot say exactly, sometimes four or five people come in a single day and sometime it takes a week to get even that number of patients. Some of the patients give ten or twenty rupee note as a *bheti* (offering), some don't. When called, they come to help at the time of plantation of paddy. In Lausari, they give fifty or a hundred rupee".

Sharing his worries about growing old and passing on the knowledge, he said, "It's my 32 years as *guruwa* in the village. I am now old and I cannot do the job any more. My eldest son has learned some of the healing techniques but he becomes busy in the agricultural works and the youngest doesn't show interest. I became seventy-two years old and its eighth year my wife died. I will serve till I survive but how long will I survive?"

Interaction with the Patient

Later, I interviewed the woman. Her name was Thumanya Chaudhary. She was 56 years old. She had been living in the same ward (of Chehalu) but in a separate cluster. She had a husband, a son, a daughter-in –law, two granddaughters and two grandsons in her family. She had married off her two daughters. Her family was poor because they had around ten *kattha* (approximately one-third of a hectare) and had taken 30 *kattha* for sharecropping.

[21] Bengali literally means person who belongs to Bengal. However, the term is also used to means a vender healer from UP and Bihar of India.

The firewood and cow dung cake was used for the cooking. When I asked for what reasons she came to see the healer. She narrated her story:

"I have been suffering from back pain for more than four months. I had tried home remedies and massage but the pain did not stop to hurt. It hurts below my right armpit specially when I stand up after sitting long and when I stand up I feel dizzy. Four months ago I had gone to visit my father next ward. It started to hurt soon after I returned from there. I thought a *duluwa* (moving dead spirits) might have contacted me on the way and showed to Maila Baje (a non-Tharu healer). Then I went to health post. They gave medicine for five days. The medicine finished but it didn't stop hurting. I thought to consult this healer because of possibility of *devata bigreko* (unappeased ancestral God). He was our *ghar-guruwa.* He didn't say about the cause rather called once again. You were also there (pointing me witnessing her getting treatment with the healer) and you know he just blew with mantra, gave nothing to eat as medicine. If there is *duluwa* or *deuta bigreko* then it will be all right. If it continues, I don't know... May be I should go to Goharahi hospital."

This case shows the understanding of the patients about the causation of illness and accordingly resorting to treatment seeking. They do seek treatment both from traditional healers and allopathy and change if they do not get healed. For chronic pain they contemplate to go to bigger hospital.

5.2.2 The *Baidawas* and Medicine

The *baidawas*[22] are the herbalists who use medicinal plants, animal resources and minerals as medicines for various illness conditions. In conditions such as *lagu* or the unknown causes people prefer to go to the *guruwas*. But in case of minor injury, skin infections and chronic illnesses they prefer *baidawas*. This is because the *guruwas* focus on supernatural and baidawa on natural causation. Among the patients contacted at the *baidawas,* a boy had swelling leg, one was there to extract thorn prick, another patient had insomnia, a girl had for stomach ache, a child had *sukenas* (wasting), an adult had *pinas* (nosal problem), and an elderly had *putreno gayeko* (stomach problem) and a women had back and joints

[22] Some people pronounce *baida* or *baiduwa* in Tharus and some pronounce as *baidhya* in Nepali. There are *Vaidyas* in Ayurveda hospitals and the Ayurveda colleges also provide degree of Vaidya as mid-level human resource but these Vaidyas are also called *daaktar* (doctor), similar to biomedical doctors.

pain. The *baidawas* usually ask about the problem and check pulse rate manually, observe or examine affected parts to diagnose, read the pulses, give herbal medicine and prohibit some varieties of food. Some of them also massage the body parts.

They use plants and its parts such as roots, leaves, offshoots, gums, barks, flowers and seeds to prepare medicines for varieties of illness conditions. They use powder, paste, juice or decoction for to treat illness problems such as ear infection, fever, jaundice, loose motion, epilepsy, evil eye, snake bite, dog bite, diarrhea and vomiting, nasal problem, boils, insect bite, snake bite, dog bite, fever, worm infection, stomach and headache, tooth ache, stomach pain, wounds, excessive bleeding, loose motion, and diarrhea. About the availability of herbals, these *baidawas* said that they had to go far in the jungle to get the herbs. A few also pointed the scarcity of monkey, jackal, and some of the birds (*battai and talchari and bakula)* since the meat of these animals and birds are also used as medicines.

People believe that the *baidawas* can cure cold/cough, stomach ache, diarrhea, headache, body ache, minor wound, sprain joint pain, muscle dislocation, puss cleaning, tooth ache, thorn prike. They use a number of tree, plants and vegetables such as guava, *harro* (Terminalia chebula), *barro* (Terminalia bellirica), *amala* or gooseberry (phyllanthus emlica), *padamchal* (rheum australe), *simal* (bombax), *Asuro* (Justicia adhatada), *ghortapre* (Centella asiatica), *tulsipatra* or holy basil (Taxus baccata), *methi* (fenugreek seed), *jwano* (thyme seed), *hing* (asafetida), *lwang* (clove), timur (red pepper or zanthoxylum armatum), marich (black pepper) etc. for medicinal purposes. They generally provide herbal medicines or suggest the name of the herb(s) and method to use. One of the *baidawas* had kept packaged herbal medicines, which he had bought from the markets. Some of the *baidawas* also know mantra for some illness cases such as to make an amulet and fortify it with mantras for *sukenas* (an illness in which a person specially a child dries or wastes out).

Observation Case 2: Healing With the Baidawa

It was in the morning. I had just arrived at a *baidawa's* house. There was a woman with a child from non-Tharu caste. She was around 35 years and the child was around seven years

old. The woman looked worried. The child's left leg had swelled. It was clear that she was there for the treatment of her child. The *baidawa* was not there but arrived soon. He might have been to cowshed. Hands were with dung. He smiled when he saw us. I replied with smile. The woman reported her problem while he was washing his hands. She said that the child was playing with other children and fell down because of *chackchak* (unnecessary and careless running and jumping) and got the leg twisted and swelled. Her worry expressed well in her tone. The *baidawa* ordered and one of his family members brought a plastic chair and made the child sit there. He took the leg in his hands. There was neither wound nor bleeding. He pressed on the joints and other parts, gently pulled, and asked the child, "*Dukhchha?* (Does it hurt?)". The child moved his head up and down (means yes it hurts). The *baidawa* asked, "*Aba chakchak garne ki nagarne?* (meaning will you play carelessly again?)". The child moved his head left and right (means no, I will not). He was examining the leg when he was talking with the child and mother.

The *baidawa* unhooked a bag, which was hanging in the front (waiting) room. He took a piece of herb out of the bag and handed it to the woman. He described the method of rubbing the piece in a stone and making a paste to apply in the swelled part. After a short interaction the women was ready to leave. I introduced myself with the woman and asked if she allows me to come to her one or two days later. I got her address. She was from the adjoining village. The *baidawa* showed me the location. Next day, I visited the woman and her family.

The Woman and the Child

The next day I met the woman. Her name was Tilu and there were six members in her family: her husband, mother in law, two sons and a daughter. Her husband works in a company abroad. They had ten *kattha* of land, a color TV, water well and a two-storied house. All the children were reading in schools- eldest daughter in a government school and sons were in private school. The youngest one had got the problem.

She was sitting alone in front of her house and few children were playing at the corner. We exchanged greetings saying Namaste! She pointed to a straw mat with a smile," Be seated over there"! I sat on. "Would you like to drink water?" she asked. That was a traditional

formality. I was not thirsty. I said, "No thank you"! I began, "You were at the *baidawa* yesterday, with your son. What is the condition now"? She shared, "It is still swelled but lowering down. It will be lowered in two or three days. Here, our children run, jump and do the stunt, you know. His leg sprained because of the stunting and carelessness. Children, of present time, don't obey. I say don't do *chakchak,* many times, no one listens. He is very *chakchake* (person who does *chachak*), and I am tired of his *chachake* behavior. Luckily, it wasn't broken the *baidawa* said so. There was no noise of broken bone and it was just sprained. I had applied the herbs which the *baidawa* had given".

She called her son, "Bikash come here". He came slowly, trying to give less pressure on the swelled leg. The herbal paste covered the swelled part. He sat in her lap. "Do Namaste to sir", she ordered. The child joined both hands and said, "Namaste!". I replied Namaste similarly and asked how he felt now. He replied shortly, "It's all right." Actually, it was not all right but he meant there was no pain. She cautioned, "Had you not played carelessly, it would have been all right. God saved us. What would we had done, had the leg fractured? How unfortunate would it have been! We had to go hospital, stay there for long, spend much money, and if it was severely broken they may amputate the leg".

She said, "We show the *baidawa* once before we go to Ghorahi hospital. The hospital is far and *baidawa* can treat for minor problem. He is experienced than the others. He does not demand any money from us but you know, it's a sort of tradition to give as a sort of *bheti.* I gave just 20 rupee note". She added, "The herb is not available here and you have to go hilly areas or buy from the people who come from there occasionally. Had I gone to hospital, it would have cost more than a thousand rupees. You have to pay bus fare, register your name, do the x- ray and buy the medicines. Had it a fracture case, it would have cost even more."

Interaction with the Baidawa

Jit Bahadur Tharu was the person known as *baidawa*. He was 66 years old. I met him in his home. There were ten members in his family: a wife, two sons, two daughter- in-laws and four grandchildren. He had married off all his three daughters. He owned two houses, a cowshed, a pigsty, four oxen, a dozen of goats and sheep, and some chicken. He had around ten *kattha* agricultural land. The land was insufficient for his family. He had got two

bigha (one and one-third of a hectare) of land from landlord for sharecropping; of which he had to give half of the produce to the landlord. He also used to work as a *chaukidar* and had given a role to look after the irrigation canal. His sons used to work as *mistri* (mason and carpenter) during off-season. This was his story in his own words:

"I treat the cases of hand and leg sprain, stomach ache, *ganogola /putreno gayeko* (local terms of stomach ache), miscarriage, eye infection, dog bites, fever and pneumonia of the child, dysentery, ear infection, headache and I also know little bit of *jhar-phuk*. I use herbs for *rog* and *jhar-phuk* for unknown illness. I learned the skills from (a senior and reputed) *baidawa* and I also learned some of the skills from other non- Tharu healers. I get ten or twenty patients in a week in an average. It takes half an hour to treat a patient but may take longer time if I have to go far in search of herbs. I do not demand fees but they themselves give on their own will. For animal treatment and for dog bite they generally give 200 rupees. The people seek treatment services from me because I know *(the way to treat)* and I am ready to serve *(any time)*. I do not refuse to go to their home, if called. I do not demand and I have got the *jas* (credit). But a half of the patients come here on Tuesday. I refer the patient if I feel the case is not likely to be cured from me. I also go to hospital sometimes if the illness is not likely to be cured. Now people do not wait long here. They come only for minor case like this. Some of them go hospital even for minor cases and they do not believe in *phuk-phak* and *kathepate* (herbs). I am also getting fewer patients than the previous times."

5.2.3 The *Surenyas* and Massage

Sohrinyas[23] are the traditional birth attendants or traditional midwives who facilitate childbirth. The most important part of their service is to assist in childbirth and provide massage to mother during the postpartum period. They also provide massage services to other women and children in need. Massage plays an important part of healing among both Tharus and non-Tharus. They massage body parts, either the lumbar region only or to the whole body, especially to deal with stomach pain, nerve dislocation, bone sprain, etc. They use mustard oil, homemade wine, turmeric etc. to massage. They observe and

[23] *Surenya* are pronounced *sudeni* in some non- Tharu communities. They are best known as *sudeni* throughout Nepal and may be known by different names in every ethnic community. They are the least studied group as healers because their healing role has not got an academic attention.

check the affected part manually. Besides *surenyas*, other experienced men and women also practice massage in the domestic setting. *Mirna* (massage) and *miraina* (to get massaged) is one of the most practiced activities even in the families.

The male massagers (masseurs) provide services to people with back pain, sprains or muscle dislocated. A male massagers says, "I know the case of muscle dislocation or fracture; I do know medicines for fractures but I haven't treated a case of fracture yet. Those who come with fracture I refer them to the Jaspur (a village where a famous bone setter lives)". For the fracture case, they refer either to a highly experienced bonesetter who lives in another VDC of the district or to Ghorahi where modern biomedical services are available.

Still quite a large number of babies are delivered by *surenyas*, though the government has encouraged institutional deliveries with a provision of cash incentives. A *surenya* is an experienced woman, hardworking, kind and caring and with high work ethics. She is called upon not only for the help in childbirth or at times of delivery but also for the help in a varieties of activities ranging from bathing, cleaning, washing, cooking and massaging to mother and baby. Her services are sought, by both the Tharus and non- Tharus, at times of delivery and at times of physical pain, sprain and dislocation of muscle. The midwifery and massaging skills of these *surenyas* are handed down within families, from mother to daughter or mother in laws to daughter in laws. Of the five *surenyas*, two had learned from their mother, two from mother-in-laws and one from elder sister. And of them a surenya, who is also a FCHV had also got training from a government program.

The service begins from the last day of pregnancy and continues till the 8th day of postpartum. Among the non-Tharus it may continue until the 11th days when the naming ritual takes place. However, in some cases their services may continue beyond the period. *Surenyas* are highly experienced in the techniques of midwifery and massaging. Approving their efficiency, one of the respondent said, "The experienced *surenyas* of early times used to know the situation of baby in the womb (dead or alive) and position of baby's head by examining the pregnant woman's belly with bare hand."

The service of *surenya* is considered necessary for women of post delivery period. One of the respondents puts, "No hospital can provide the kind of service a *surenya* provides. Though, we are opting for hospital delivery, but none of us can expect or even imagine hospital staffs *tel ghaseko* (rub the body or body parts gently with loving hands by applying mustard oil) and *aagole sekeko* (touched at the body parts by heated palms in the fire). However, the role of the *surenya* is not considered of high repute and rewarding compare to other healers. Most of the *surenyas* are from relatively poor families.

Massage service after delivery is considered essential. For generations, mothers are provided with body massages during the first few weeks after the delivery. As soon as a woman comes home from the hospital, a *surenya* is called for body massage. The massage activates the muscles and brings freshness and it speeds up recovery by stimulating the healing process and brings back the body in its previous state. For serious injury and pain, massage is considered an appropriate method because people hold that it reduces pain and encourages healing. They believe that the post pregnancy massage strengthens the new mother and helps her recover soon. They say that it helps body to bring back into a normal state by improving blood circulation and increasing joint mobility. It helps the body to be recharged, refreshed and rejuvenated. A *surenya* says that a massage soon after delivery may sometime increase bleeding. If it happens so it is wise to stop and go to hospital for very heavy bleeding.

Massage is also found in the domestic settings in both Tharu and non- Tharus. There is a tradition to rub and knead with mustard oil to both small children and the elderly. Traditionally, daughter-in- laws are expected rubbing legs of mother-in-laws. Traditional belief is that a good daughter-in-law is the one who rubs mother-in-law's legs, usually with mustard oil. This is still a routine job of many daughter-in laws even today. Anyway, massage is one of the many ways of indigenous healings. It increases circulation, decreases pain and promotes relief and relaxation. And of course, it helps to initiate love and affection. However, every one cannot simply become a professional masseuse. It needs long and sustained practices to be an experienced massager.

Observation Case 3: Healing with the Surenya

Chhotki currently lives in a small village of *Saudiyar* VDC of Dang district and is recognized as a good *surenya* among the villagers. She is of medium height, thin and pleasant woman and is now 56 and lives with his only son. The son has a wife, four daughters and a son. She has three daughters and all are married off. Her story goes as follows:

"People call me because I know and I accept their request. I do not hesitate to clean the dirt. It's not easy to be *surenya*, one has to do hard. If you don't know, you spoil everything and you have to win the confidence of people. People don't believe you unless you do well every time. You do long time without a complaint and only they will have faith on you. If you do not bake (touching and pressing body part with hot palm) properly, there is chance of *sarir bigrane* (develops bodily disorder) of woman and eye infection of the newborn baby. I'm doing well. Now most of them go to hospitals for delivery. But there are some who call me for home birth. When a woman returns from hospital her family calls me for post-delivery massage, care and support. I learned from my mother first, and from elder daughter later. I used to go with them when I was a child and used to have a look on newborn baby. Then I got married and I gave birth to five children one after another. Only then I really knew what it to be a mother was. I learned doing again and again by myself. I had started when my daughter-in-law gave birth to her first daughter 22 years ago".

"People seek services from me because I have *boli ramro* and *bani ramro* (good words and good manner/behavior). They don't come to me rather call me even for occasional massage. I don't say no. I do not hate anyone. I love to serve. Sometimes if there is urgency people come with bicycle to carry me, if someone is in emergency condition or about to give birth. I also go to hospitals accompanying women with complication such as excessive bleeding. I use mustard oil for massage. It is a tradition to heat the oil with fenugreek seed. Some also use schezuan pepper or asafetida".

Her house is of two storied of mud- brick and tinned roof. Her son buys rice in the village and goes to sell in the market usually as an off- farm activity. He has a horse to carry and is called *ghod laddi*. He has adequate land for his family. However, for an extra income, he has taken a small plot of land from landlord for sharecropping. They have installed biogas

plant for cooking fuel; have a color TV, and a cycle, four oxen, two buffaloes and a tube well for the water.

Chhotki in a Village Serving Manju

I met Chhotki again three weeks later in a neighbor village. It was not planned visit. A woman of that village who had also received her service informed me about Manju who had given birth and had been receiving the massage service from Chhotki. I went there and saw Chhotki serving Manju. Chhotki smiled when she saw me. She introduced me to Manju.

Manju was in a separate *konti* (room). I got permission to go inside the room and observed the setting- the fire, the oil in small pan. In the right side there was an oven and firewood and cow dung cake were burning and the room was a bit smoky but warm. The oil pan was near the oven and *methi* (fenugreek seed) was seen into the oil. The fire was burning. The oven was at the foremost right side, on the left corner there was a bed and Manju was laying in supine position. The bed was made of rice straw and covered with mattress and bed sheet.

"How are you", I asked. "How are you feeling", I repeated. She began with, "*Thike ba*" (feeling good) and gradually expressed her feeling and about the services she had been getting from the *surenya*:

"This was my first baby. I had no idea about what would happen. I was worried and had fear. Chhotki was here and she helped me a lot. The labor was very painful but it remained short. It was not required to go hospital. I gave birth at home. I forgot the pain soon after the baby was born. When I saw the baby I forgot the pain and became happy. It was a pleasant experience. Today is the seventh day and everything is good. She (pointing to the Chhotki) has been serving very well. She is very kind and loving. She comes twice a day and does everything. She massages me applying mustard oil. I feel relaxed after massage. I feel warm and good *(maja lagath)* while she bakes with hot palm (*sekaina*)".

Manju was just eighteen years old and it was her first child. There were seven members in her family: Father-in-law, mother-in-law, brother-in law and two sisters in law and her husband. Her husband works in Qatar. I got little chance to observe and to talk with Manju.

She said she was feeling good and was more comfortable with the *surenya*. She had read up to eight class. She was afraid but family member called her Chhotki earlier and she made the birthing easy. She had been given massage two times a day after the delivery.

Manju's father in law and mother in law praised the *surenya* for her excellent work. Her father in law was over confident about the quality of the services of *surenyas,* he said, "She is so skillful that she deserves an award. No one is like her in our area. She is highly experienced. She does everything like our mothers. She also helps in bathing (*ghatwa karaina*), washing cloths and cleaning pots. Here, in our village, *surenya* generally serves for eight days and tomorrow is the last day. We give her 1500 rupees for her service. It is a sort of tradition. I will give by the next month, before Maghi, a festival. She has been serving our family for long. She had served when my wife was giving birth to our first son. Right now she has been serving his (my first son's) wife. She comes whenever we call. She does without money just for occasional massage or just for a delivery. The money we give is for her overall services including the massage. She serves twice a day-one or two hours in the morning and one or two hours in the evening for eight days and the amount is neither high nor low ".

5.3 Self-Medication, Self -Healing, and Home Remedies

It is quite noteworthy that the people have been using the healing knowledge and skills of their own, their family members and relatives and neighbors. Employing the healing knowledge and skills of these people or the home remedies is common before seeking services from the indigenous healers. There are cases for which people use home remedies before, during and after visiting indigenous healers or the medical practitioners.

Self- medication is done as a first attempt to prevent and cure minor illness and injury. Self- medication is most commonly taken for fever, loose motion, headache, indigestion and scabies or ring worm/ fungal infection. They buy paracetamol (for fever), *jeevanjal* (oral rehydration salts for loose motion), *sancho* (for running nose), metronidazole (for dysentery), *dasmularist, ashokarist* (for health tonic for delivered women). They buy medicines from the medical shops without the prescription of medical doctors. And this is in an increasing trend.

Self- healing is an important practice among the people. They do many activities to heal or care themselves. These practices include simple precaution, bathing, eating certain food, taking rest, praying Gods, or drinking alcohol to forget the pain. Whenever they feel ill, unwell, stressed, tired and upset they may employ many coping strategies and do whatever they can do before making their illness problem public. People generally wish they didn't have to take medicine. They may just wait for sometimes hoping that the body will automatically recover by itself. Sometimes they may let it go or wait for some time for natural recovery and take rest for the time being.

The people in the area practice home remedies for various illnesses based on their family traditions and beliefs. The family itself plays an institutional role to train its younger members. So the family knowledge has also been handed down from one generation to another. Home remedies are those activities that a family tries on its own to help its member to deal with the illness.

At the family level, they use various types of herbals for the domestic remedies. These herbals include *tulsi* (leafs of holy basil), turmeric powder, ginger, garlic, *timur* (schezuan pepper), *dalchini* (cinnamon), *padamchal* (himalayan rhubarb), *titepati* (mugwort), *phitkiri* (alum), mustard oil, *ghodtapre, bire nun (black salt),* cow ghee, guava, *kurilo* (wild asparagus), *hing* (asafetida) and *methi* (fenugreek).etc. They use guava, its offshoot and yogurt to control loose motion, make and drink ginger or *tulsi* tea for common cold or massage feet to get rid of pain. They use honey, yogurt and banana for watery stool, turmeric for multiple purpose including minor cuts, wounds and swelling. They make tea of *tulsi's* leaves *or* ginger tea for running nose and cough, massage for body pain, use *harro barro* and *amala* for digestion. They use cow ghee for massage, meat of *guna* (a type of monkey) or meat of jackal for arthritis, *neem* for sugar controls, and meat of some birds (*battai* and pigeon) for common cold. The *jwano* (lovage) soup fried in ghee with added turmeric is considered best for women who give birth.

Twelve out of 18 healers had advised for home remedies for their patients. Home remedy is an inseparable health care option. They consult the other healers and practitioners if home remedies fails and they may continue during and even after they consult the

practitioners. Most of the patient said that they first try home remedies before seeking further help in the case of illness. Of the 27 interviewed ten had tried or had been trying other system of medicines at the same time. And of them eight had tried or had been trying home remedies.

People generally first try to seek treatment by themselves, and seek help from the family members, friends and neighbors. They may seek medical help from private practitioners/drug retailers and private clinics. And if that doesn't work they visit local health care provider or indigenous traditional healer. However, they may decide to visit directly the private or government hospital based on the nature and severity of the problems.

5.4 The Preventive Rites and Rituals

Tharus organize a number of activities for the wellbeing of an individual, family and community. These activities can be divided into family based and community based preventive activities. They perform various rites and rituals both at the family level and at the community level. These rites and rituals are considered important to avoid or prevent misfortunes and illnesses, among these rites are Lausari and Gurrai. Lausari is observed in the family twice a year: one in Chaitra (March- April) and another in Mangsir (November-December). *Gurrai*, which is the rites, observed at village level to prevent epidemics, calamities and misfortune in the village. They also organize rituals such as *Badka Puja*, to ward off stress and anxiety in the family, prevent misfortune and get rid of the chronic illness (if there is someone in the family). The Tharu worship various types of deities that are kept inside the house (called *Deurhar*), kept in the lawn (called *Marwa*) kept in the village (called *Bhuyarthan*).

Lausari: Lausari has special importance in terms of health maintenance. Every family performs this worshiping twice a year to prevent disease and illness and wishing health and wellbeing among the unmarried children of the family. They believe that this type of worshiping helps their child keep out of the evil spirits and disease. They need chickens, eggs, hair of pig, flowers, clove, beetle nut, vermilion powder *(Sindur)*, nutmeg *(Jaifal)*,

leaves of shorea robusta tree and around 20-22 coins as worship materials . The older inhabitants of non-Tharu community also call *guruwa* to perform *Lausari* in their home.

Gurrai: They organize Gurrai for the wellbeing of the village. They collect fund from each households from both Tharus and non- Tharus of the village. There are two kinds of Gurrai- *Harrya Gurrai* and *Dharrya Gurrai.* The former is performed after the paddy plantation and the latter is performed after the harvesting and storing of the paddy. They worship various deities and among other these include Dahar Chandi, Mahadev, Paanch Pandav, Murahar Mahato, Bhawani, Baram Deu, Baram Pitrayan etc. They need piglets, chickens, alchohal, rice, sindur, cotton lamp *(diyo)* etc. There is a religious belief that performing such worshiping protects health of the village. They perform this worshiping in the village shrine called *Bhuyarthan (or Bhuithanwa)* twice a year. The *mahaton* manages and *desh-bandhya guruwa* (with assistant role of *Kesauka*) performs the ritualistic worships. After finishing the worship a village feast is organized in the *mahaton's* house where they prepare pork, chicken and vegetables and distribute to the gathered masses.

5.5 The Healers from Non-Tharu Community

The community is a mixed community in terms of caste and ethnicity. There are more than a dozen caste/ethnic groups and they also have their own indigenous healers. Of the 101 healers found in the VDC, 36 were from the non- Tharu community. There are a variety of healers from non- Tharu communities including a few herbalists, massage workers and shamanic healers. Locally the shamanic healers from non- Tharu community are called *dhami- Jhankris*. Some of the respondents distinguish between *dhami* and *jhankri* as separate categories. The former plays a *ghanta* (bells that are kept in the temple) or swings *shyauli* (a bundle of small branches with leaves) and pronounce the name of ancestral deities and Gods in their mantra while the later plays a *dhyangro* (drum) or swings *Kole* (bells that are usually made for lead cow) and wear special uniform made of feather and sound producing small bells.

There are other healers from non- Tharu community which are known as *janne manchhe, jhar-phuke, baidya, massagers, sudeni, snake bite healers, pundits and jyotish.* The *jhar-phuke* are those who basically follow *jhar-phuk* (sweeping and blowing) method and the

janne manches include a wide varieties of local healers who are consulted for specific illness problems. The *baidyas* are herbalists who prepare and provide herbal medicines for a variety of illness problems, the *pundits* are the Hindu religious faith healers who perform various rites and rituals, worshiping of Gods and Goddess and offer *Tikas* (to be put on forehead) and *jyotish* read *kundali* (birth-chart), *graha-dasha* (spoiled planet-star) recommend for *grah-shanti* (appeasing of planet Gods such as *Sani*- the Saturn), wearing of ring with specific stones, amulet etc. Some of these healers are known for their specialties such as *ganogola thik parne* (healer of stomach pain), *markeko thik parne* (healer of muscle dislocation), *dante kira jharne* (healer of dental ache) etc. Among these some of them are very popular even outside of the VDC.

The number of *dhaami* and *janne manche* is quite high. There is only one *dhamini* (a woman *dhaami*) in the whole VDC. She belongs to non-Tharu groups but is popular among both Tharu and non- Tharu and she gets patient from far and near. Same is the case with a *jyotish* who is also from non-Tharus but is renowned. There are very few *sudeni* and massage workers from non-Tharu communities. But massage, as a local tradition exists throughout all communities.

In the VDC there is a team formed to deal with the problem of snakebite. The team comprises of young youth of both Tharu and non- Tharus who had learned the skills from a Bengali. If a team member gets a call from a patient's family he rushes immediately and circulates the information to others. All the members gather within a short time and treat the case with *bangali bidhya* (learned from Indian healer to treat by sucking and chanting mantra). The team charges 5500 rupees per case.

5.6 The Relationship among the Healers

There is a long established relationship between Tharus and Non-Tharu populations. There is a tradition to help each other at times of need. It is condemnable if someone in a village shows reluctance to help at times of need. So, people of a village no matter what their ethnic status is, have to participate in the village level activities. They should support others and will be supported by others in return. For community level *gurrai pati* or *bhuyarthan*

puja (worshiping at the village shrine), even non-Tharus have to contribute to the expenses and even non-Tharu also respect the village head- the *mahaton* and provide free labor.

Tharus speak in Nepali to communicate with other caste/ethnic groups but other caste/ ethnic people of the same locality also speak in Tharu language to communicate with the Tharus. In fact, the older inhabitants of the area can speak fluently in Tharu. The Non-Tharu people also participate in the feast and festivals of the Tharus and Tharu also participate in feast and festivals organized by the non-Tharus. So, the relationship is more of cooperation than conflict though some of the literature views the relationship between Tharu and *Pahadi* (people from hilly area) as exploitative one where non-Tharu community has been casted as sole perpetrators. However, until in the recent past, poor Tharus have been exploited as bonded labor by both Tharu and non-Tharu community. And the class relation within the Tharu and within the society is another side, which also needs an attention.

Whatsoever, there seems less, if at all exists, exploitation by non-Tharu indigenous healers to the Tharus or vice versa. The healing activities of the indigenous healers of both Tharus and non- Tharus are largely voluntary activities and till now are far from the profit-making concept. However, if we see it as feudal relationship, then a day's labor or supporting at times of need without charging money can be regarded as an exploitative relationship. Class status of a patient may also determine the service accessibility and service quality. However, the patient- healer relations in terms of their class and caste identity and its comparison with doctor- patient relationship would be an area of further research.

From this study, it can be said that there exists a good relationship among the healers. I asked, "How do you see your relationship with other indigenous healers" and it brought the only one term as answer and that is "good". Why they think it was good was because they know each other, respect each other and sometime they seek services from each other and send some of their patient to each other. Some may invite others in their feast and festivals or in marriage ceremony. There is more cooperation and less criticism among them. However, there is a sort of hierarchy between and among the healers. Some healers enjoy higher status and high respect and that is related to their healing skills and experience, popularity, position in indigenous institution, economic status, and the caste

or ethnicity. In the social ladder Tharus are considered below to Brahman and Chhetri and above to Dalit castes and in society they are behaved accordingly.

A sort of relationship exists among the indigenous healers of both from the Tharus and non Tharu community. There is quite an influence from each other's culture among the people. They have also learned from each other's healers and cultures. There is a great deal of borrowing of cultural elements, concepts, ideas, technique and ways of healing. The diagnostic and treatment procedure, use of mantras and herbal medicines are influenced by each other (Tharu 2011a; Tharu 2011b).

The increased interaction has been taking place among the various caste-ethnic groups in the area. There has been a lot of sharing of the traditional healing practices. Tharus being the dominant group play important role in organizing village level rituals and providing healing services.

5.7 The Health Need and Accessibility to the Health Services

Tharus have physical, emotional and psychological health need. These needs are met by a wide variety of therapeutic options. The Tharu indigenous health practices co-exists with various systems such as biomedicine, codified or professional indigenous medicine, non-codified of popular indigenous medicine other local health traditions. Undoubtedly, the home remedies are also practiced widely. The following discussion describes the availability of health care options.

Biomedicine: The biomedical practices are dominant in both private and public sectors. There are 21 sub health posts (each of which is staffed by an Assistant Health Worker, a Maternal and Child Health Worker, Village Health Worker), 15 health posts (staffed by one Health Assistant, three Health Workers and an ANMs), three PHC staffed by a doctor, staff nurses, health assistant, health workers and ANMs. The district is privileged because a sub- regional and a zonal hospital have been established in this district. There are also few clinics, nursing homes and hospitals run by private sector in the district head quarter. Within the VDC there are five private medical dispensaries (locally called medical hall).

Codified or professional indigenous medicine: The district has a regional Ayurvedic hospital, three Ayurvedic dispensaries in the district, and a few private medical halls that also provide Ayurvedic medicines. In private sector, a few others have also selling Ayurvedic medicines; a Patanjali clinic (a branch of Yoga guru Baba Ramdev) and an Arogya Kendra also provide checkup services by Ayurvedic doctors along with Ayurvedic medicines and products. There are a few Acupuncture and Homeopathy clinics run by private sectors. An organization is found involved in the Naturopathy (with a slogan of back to the nature). Tharus also avail services from all these systems.

Non-codified of popular indigenous medicine: There are other non- codified systems of medicines in the area. These include the indigenous healing practices of other caste/ ethnic groups. These practices can be classified into three categories: shamanic and faith healing, herbal healing, and massage and midwifery. There are shamanic and faith healers (known as *Dhami, Jhankri, Jhar-Phuke, Pundit, Jyotish* etc.) who provide shamanic and faith healing. The traditional *baidhya, hakim* provide herbal healing. The poison healer and bone setter, sometimes simply known as *baidhya*, fall into this category. The traditional birth attendants known as *sudenis* provide midwifery and massage service. There are also some *malish garne manchhe* (masseur/masseuse), who provide massage services. There are other vender herbalists from both Himalayan area who sell various herbs such as *padamchal (*Himalayan rhubarb), *chiplekira* (dried limax), *dalchini* (cinnamomum leaves and bark), *bhakimlo* (rhus javanica) and *silajit (*black bitumen) and from UP and Bihar of India (usually called Bangali) who also sell various herbs and provide treatment services to some of the chronic problems such as asthma, arthritis, rheumatism etc.

The area has government supported biomedical structures of health institutions. The Ayurveda, Unani, Homeopathy and Naturopathy are the traditional medicines integrated into national healthcare system and have formal status with recognized practitioners. The indigenous healers have also been contributing to meet some of their primary health care needs, even though they have not been integrated. The healer patient ratio is by far the highest than the (biomedical) doctor-patient ratio. No one can ignore their wide existence and contribution. Even the government documents time and again mention their existence and contribution. Recent MoHP annual report (MoHP 2012:1) also begins with an

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affirmation of the *major* role played by the traditional indigenous healers *(Dhami/Jhankris and Baidyas)* in the health care sector of Nepal. Moreover, a few of them have participated in the government's occasional training programs.

These healers are immediate source for treatment of many illnesses in the villages. Both Tharu and Non-Tharu people of the village seek services from these healers. They consult these healers first when they fall ill. However, they do not depend exclusively on these healers. They also use other systems of medicines concurrently or sequentially. They have been increasingly receiving services from the health posts and hospitals. Though, their health-seeking behavior may be influenced by their socio-economic and educational status. The provision of health care service and their physical, cultural and economic accessibility also influences the health seeking behavior. The respondent also point to the long distance to the government sub-health post and hospital, absence of health person shortage of medicines, costly medicines and diagnostic test, long queue and negligence of the health staff and doctors.

However, the indigenous people are not devoid of existing medical systems and medical practitioners. They make choice based on the type and severity of the illness, available options, their perceived efficacy, and the cost of medical care, the time to get the care services and the previous relationship with the medical practitioners. Previous experience of family and neighbors, relatives and professional circles on the perceived quality of care also helps to determine the system. The Tharu health seeking behavior signifies the use of existing medical systems and sources of care. They use different systems and different practitioners at the same time or one after another. They compare the medical systems and their health practices with their health problems. They assess the experience of practitioners, the distance of service site and the cost of care. They may not rely solely on anyone system or may use two systems simultaneously, such as they may visit a local *baidawa* and visit hospital at the same time and take medicines given by both.

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CHAPTER VI

SUMMARY AND CONCLUSION

The previous chapter described the indigenous healing practices among the Tharus of Nepal. It examined the healing practices among the Tharus in the context of medical pluralism. The present chapter presents a brief summary of the findings and makes a short discussion on the issues and concerns of the indigenous healing practices and draws some conclusions.

6.1 Summary

6.1.1 Indigenous Healers and Healing Practices

Indigenous ethnic communities have their own healing system and healing practitioners. Tharus are one of the indigenous ethnic communities of Nepal and they also have their own healing system and healing practitioners. The healing practices of the Tharus have their own unique specialties. They have a variety of preventive, promotive, curative and rehabilitative healing traditions. The valuable knowledge of mantras, local herbal wealth and long-established massage techniques are the most important features of this healing tradition. They use a variety of healing methods, which can be divided broadly into three categories: mantras, medicine and massage. They mutter the mantra; make the medicines and maintain the massage services. In short, Tharu medical system is comprised of 3Ms: mantra, medicine and massage.

There are mainly three types of indigenous healers among the Tharus. These include: *guruwa, baidawa* and *surenya*. These healers have different and distinct healing knowledge and skills and follow distinct healing techniques. The *guruwas* basically recite the healing mantras. It is said that there are more than 200 types of mantras, which are considered important to deal with a variety of problems. The mantras are considered powerful because these mantras contain the qualities of invoking or appeasing the

powerful deities and driving out the evil spirits. The *guruwas* mostly deal with the *lagu-bhagu* (ghost or evil spirits). Some of them also use herbs along with the mantras. They usually learn healing practices under the guidance and training of senior *guruwas* particularly under *ghar-guruwas*. Every year in Dashain festival the *guruwas* have to make small cuts their forehead, shoulder, chest, knee and feet to offer blood in a ritual known as *ban-chirna*. One has to perform *ban-chirna* to become or to continue to be a *guruwa*. The *guruwas* also involve in cultural and religious ritual activities to prevent illness and misfortunes. They worship deities as village priests in these rituals. They follow shamanic methods of healing.

The *baidawas* follow different method. They collect, prepare and administer herbal medicines in the form of edible pieces, dust, paste, juice or liquid. They collect these materials mostly from the village or nearby forests as and when needed. Few of them shared that they had to spend more time in search of certain herbs because of the unavailability in the nearby jungle. However, they know the location from where they can get the herbs. Some of them also buy certain herbs from venders. Many *guruwas* also learn the method of using these herbs from the *baidawas*. A *guruwa* who knows how to prepare medicine and administer can be called *baidawa*. There are some *guruwas* who know how to use herbal medicines and some of the *baidawas* also know some of the mantras. However, a *baidawa* can never become a *guruwa* by simply knowing some mantras unless he fulfills the ritualistic procedures. Some of the *baidawas* also deal with the cattle or veterinary problems. The *baidawas* learn these healing skills from elderly family members, relatives, and from other Tharu and non-Tharu healers, within and outside the district.

The word *sorenya* literally means traditional birth attendant. However, they not only attend or assist in childbirth but also provide midwifery and massage services to the mother and newborn baby and to other women and children who need such services. *Surenyas* are usually old and experienced women. They have learned the skills from their mother and mother in laws. Some of them are also familiar with medicinal properties of some of the plants and vegetables and know the way to prepare and apply as medicines in conditions of reproductive problems, stomach pain, sprain, wrenched or twisted body parts. They provide massage services at times of need. *Surenyas'* roles are widely recognized by the villagers and there are no other healers or the agencies that provide the

kind of services they provide. Their service starts before the last few days of childbirth and continues till the eight to eleventh day after birth. If the situation demands, the service may continue for few more days. These days they are accompanying women to hospital because the government is promoting institutional deliveries by providing cash incentives to mothers. However, *surenyas* continue their services once women are discharged from the hospital. Their services are highly demanded from both Tharu and non-Tharu communities. There are no women *guruwas* or *baidawas* and there are no men *surenyas* in the VDC. However, there are also male massagers and a few other healers who only deal with specific illness problems such as tooth extraction, thorn extraction, poisonous insect bite and snakebite healing.

There are also healers from non-Tharu community, which can be classified into three main categories: shamanic and faith healers, herbalists, and midwives and massagers. The shamanic and faith healers known as *Dhami, Jhankri, Jhar-Phuke, Pundit, Jyotish* etc. provide shamanic and faith healing. The *baidhya, hakim,* poison healer and other traditional herbalists provide herbal healing. The traditional birth attendants known as *sudenis* provide midwifery and massage services. There are also some *malish garne manchhe* (masseur/masseuse), who provide precisely massage therapy. There are other vender herbalists who come from Himalayan area who sell various herbs such as *padamchal (*Himalayan rhubarb), *chiplekira* (dried limax), *dalchini* (cinnamomum leaves and bark), *bhakimlo* (rhus javanica) and *silajit (*black bitumen). Others from UP and Bihar of India (usually called Bangali) also come to sell various herbs and provide treatment services to some of the chronic problems such as asthma, arthritis, rheumatism etc.

The Tharus believe that an individual falls ill mainly because of two reasons: *rog* (disease or natural causation) and *lagu* (spirits or supernatural causation). By *rog* they mean illness caused by disease agents or germs which is considered as a result of stale or unhygienic food or food contacted with housefly, excessive food, poisonous food, contaminated water, changing location and climate etc. For instance, if someone goes out of village or comes from outside into the village there is chance of illness because of change in water. Similarly, change in season and imbalance of hot-cold food increases the chances of contacting a disease. Some of the patients say that excessive use of chemical fertilizers, insecticides and pesticide also causes disease. By *lagu* (or *lagu-bhagu*) they mean illnesses

caused by spirits of the dead or soul of the dead people and wrath of ancestral deity or Gods and Goddess. Therefore, *lagu* corresponds to supernatural causes and *rog* to natural causes (Murdock 1980).

The health seeking behavior depends on belief and perception, that is, how they see or understand and interpret the illness etiology. They give meaning to the illness causation and devise remedies according to the meaning. They believe that if the illness is a result of *lagu-bhagu* then the indigenous shamanic healers are the best option to be consulted. The illness condition caused by *lagu* is biomedically untreatable. These shamanic healers perform a variety of healing methods, or recommend organizing healing ritual and making offerings. The shamanic healers such as *guruwa or dhami-jhankris* interpret the illness through various diagnostic methods. They perform one or many of the following activities depending on the illness: swinging the saucer, sweeping and blowing with mantra, reading of rice grain, offering of birds and animals, using herbal medicines, or making an amulet to wear. If the problem is the result of *rog* then the services from a *baidawa* or from paramedics or doctors (biomedical or Ayurvedic) is sought. The *rog* is a condition which can be treated biomedically. They prefer Ayurvedic medicines for certain diseases such as jaundice, diabetes, arthritis or rheumatism. And for minor illnesses they may visit a Homeopath, for chronic pain they may go to an Acupuncture clinic.

There exists a good relationship among the indigenous healers. Previously it was assumed that one *guruwa* should not visit another *guruwa's* area to treat patients. They rarely used to visit one another in those days. Now, the situation has changed, and because of roads, cycles, mobiles increased communication has been taking place. There is a good working relationship among the *surenya, guruwa* and *baidawa*. The healers based on the healing knowledge and skills, experience, age, gender, organizational position, socio- economic status of the family are ranked differently. The *guruwas* enjoy the highest esteem compared to *baidawas* and *surenyas*. However, there are five categories of *guruwas (general guruwas, kesauka guruwas, dharharya guruwas, ghar-guruwas, and desh-bandhya guruwas)* but all do not enjoy the same respect. The *desh-bandhaya* and the *ghar-guruwas* enjoy the most. There is a good relation and cooperation between Tharu and non-Tharu healers. In the village, they know each other and each other's healing activities. They also refer their patients to one another in some cases. People in this area seek services

from these indigenous healers regardless of their caste or ethnicity. Most of these healers involve in the healing practice along with the livelihood works. Most of them are male and deal with wide range of illness conditions. Women healers called *surenya* or *sudeni* serve mostly to the women who give birth. This clearly shows the male domination even in the indigenous healing tradition. As for female healers, there are only *surenyas* or *sudenis* who are involved in childbirth and postnatal care, most other healing systems are dominated by men.

After the childbirth family members fear that infant or child could be invaded by *bhutwa* (spirits of the dead) or can be a victim of evil eyes. The family performs certain rites such as *Lausari* twice a year for the well-being of the infant and child and to ward off misfortunes. It is thus a preventive rite to be conducted in the family. Similarly, village people fear that their crops could be attacked by *daiya* (a local name for an invasive disease found in paddy) or there could be epidemic in the village or there could be disease which might contact their domestic animals. The village performs certain rites such as *Gurrai* twice a year for the wellbeing of the village. *Ghar-guruwa* performs worship for the *Lausari* and *desh- bandhya* performs *bhuyarthan* or the *Gurrai* worship. For the *Lausari* cost is borne by the family and for the *Gurrai* cost is borne by all the villagers, both Tharus and non- Tharus.

The study shows that the home remedies are undoubtedly the most popular healing practices and treatment option among the people of this area. People first try to treat on their own and move ahead only if that does not work. People may continue home remedies during and after the consultation of healers or medical practitioners. Most of the families inherit the skills and experience to deal with a variety of illness problems. However, there is an increasing trend to buy medicines from medical shops and decreasing trend to depend on home based herbal preparation. With the expansion of medical shops in the villages, the self- medication is on the rise in the recent years.

The study confirms that the people of the area do have multiple health care options. They have options of biomedicines, Ayurveda, Homeopathy, Naturopathy and Yoga and Acupunctures services along with the local indigenous healing services. They feel that other systems cannot provide some of services which only indigenous healers can provide.

They believe that, in certain cases, indigenous healers are among the best options available. Although, the government sub-health posts have been providing medicine free of costs they have to pay for the diagnostic tests and medicines in the hospitals. Many cannot afford the services and a mere existence of multiple services does not mean more choice and options for everyone. Some of the health care services might not be accessible economically, physically and culturally, because all people cannot afford the services because of the poor economic condition, because of the distant service site, because of the providers may not share the same culture and same sentiment.

These healers have also been playing an institutional role. The indigenous institutions have conferred them a status. The community expects a certain role from them. For example, a *ghar-gurwa,* after his father's death had to take the responsibility to serve his family's *barin* (the clienteles of a *guruwa*), even though he was aspiring for a foreign job. There are some rituals which can only be performed with the help of one's *guruwas*. So, even if someone in the family does not believe in shamanic healing rituals, he or she cannot make an overt objection. Some of the rituals are associated with the cultural tradition and disrespect to these traditions is not acceptable. The indigenous healers, particularly the *guruwas*, are considered the protectors of cultural traditions and protectors of the community. They are the elder members of the community and are highly respected. They are the persons with rich knowledge and skills of healing and skill of dealing with the rituals. They can be called 'cultural hero'.

The study identifies a noticeable difference among these systems of healings and the distinguished characteristic features. The *guruwa* system is an inseparable part of the Tharu rites and rituals. The *guruwas* and their healing methods may change but as an institutional system it may continue for long. The popularity of the herbal medicines for its safer and efficacious quality the *baidawa* system can survive. But as has been seen they may also change their pattern of making medicines. The traditional indigenous massage functions as a part of holistic healing practices. The importance of massage has always been there in the society. The role of the *surenyas* or male massagers may continue.

There are five categories of *guruwas* and some of them work as family medicine man. They move around the village and perform healing activities and ritual worships. They perform

various rites and rituals required from birth to death and worship the relevant supernatural power. The *baidawas* provide herbal medicines and these include not only medicinal plants but also animal products and minerals. The *sorenyas* and other experienced people massage for muscle dislocation, bone sprain, sore back, stomach pain, joints pain, limb hurting and fatigue. They use mustard oil, homemade wine, turmeric and ghee to massage. The services of these healers are sought by both Tharus and non-Tharus, villagers and outsiders, rich and poor, educated and uneducated. The study affirms that not only the rural, illiterate and poor people but also the urban, educated and rich are seeking services from the indigenous healers, though with varying degrees.

Indigenous medicinal practices are said to be safe and efficacious in certain situations than other systems. The contributions indigenous healers have been making in primary health care are undoubtedly great. Although, there are limitations of indigenous healers and healing systems, the same can be said for other systems too. The role of each of the indigenous systems has increasingly being recognized throughout the world with CAM movement and it is believed that the health and wellness is possible with the more choices and more options of healing, with the coexistence of multiple tradition of healing, with the total and true medical pluralism. A complete, fundamental and more democratic medical pluralism is what is required. And this can be achieved *not* by sidelining and exclusion *but* by mainstreaming and inclusion of indigenous healing system.

6.1.2 The Tharu Healing Systems and Medical Pluralism

The indigenous healing practices of both Tharus and non-Tharus coexists with the government promoted biomedicine, Ayurveda and other alternative codified systems such as Homeopathy, Tibetan system, Acupuncture, Yoga and Naturopathy in Nepal. Baring a few systems, such as Tibetan system and Unani, all the systems-- local, regional and cosmopolitan medical systems are in existence in the study areas. Therefore, the coexistence of Tharus healing system with other medical systems signifies medical pluralism and pluralistic health care practices.

However, medical pluralism is not a recent phenomenon. The Tharus have been employing the indigenous healing practices since long. In the past they used to rely heavily on the varieties of indigenous healers to deal wide range of illness conditions. What is new is that the volume of biomedical system has increased significantly in the recent years. The system has greatly developed over time and it is likely to expand further. Among the codified indigenous systems, Ayurveda has shown greater presence. The dependency on the biomedicine and Ayurveda has increased noticeably in recent years. And on the other side, the oral tradition of transmitting healing knowledge from elder generation to the younger ones has been slowed down. The younger generation has been demotivated because of long duration of learning, strict learning process, difficulty in accessing herbal medicine, low remuneration and economic pressure.

The Tharu indigenous healers, popularly known as *guruwa, baidawa* and *surenya,* are the elder members of the community. They are experienced person and are highly respected among both the Tharus and non-Tharus in the area. The healing practice of *guruwas* mostly involves rituals with mantras, with or without herbal application, of *baidawas* mostly involves herbal application with or without mantra and massage and of *surenya* mostly involves massage with or without use of herbal medicines. These healers have their special expertise in certain areas. However, their certain skills may overlap with each other's. A *guruwa* may know the herbal medicine and massage technique, a *baidawa* may know the massage or mantra, and a *surenya* may also know the herbal medicines but not the mantra.

All the systems have their own distinct way of curing and healing and have their own importance and limitations. Tharu medical system uses a number of plants, animal products and minerals. They have the healing mantras and herbal healing practices and practices of massage therapy. Their healing system incorporates the components of body-mind- spirits.

Tharus have great faith in the traditional healing system and they frequently visit these healers for treatment of various illnesses. However, this does not mean that they do not have faith in other systems. They equally seek treatment from other non-Tharu indigenous healers or from health institutions and hospitals, mostly for secondary or tertiary care. They consult family-friend circles about the problems and possible treatment options.

Based on the types of illness or the perception of illness etiology, its severity and the economic condition of the family they resort to the indigenous healers, private medical dispensaries, poly clinics or Ayurvedic or biomedical hospitals. They may resort to Homeopathy or Acupuncture clinic, private or public clinic eye or dental clinic or hospitals. People of this area also go outside of the district to Nepalgunj, Butwal, Palpa, and Kathmandu or to Indian hospitals in Lucknow and Delhi. Medical pluralism, restricted and limited as it is, is in existence and Tharus are also getting services from the healers and medical practitioners of the existing medical systems. The other systems are providing service to an ever increasing population and supplementing or complementing the indigenous systems.

6.2 Issues and Concerns

People have a very clear understanding of causation of illness, disease and sickness, which guide them to make choices and decision to seek treatment. The study clearly shows how minor ailments or illnesses are treated at the community level without wasting time, energy and money by going to the indigenous healers on whom the community has strong faith. For communities, which are largely poor and away from the modern medicine, these healers come very handy for seeking primary and secondary care. In cases of chronic ailments and severity of the illness they resort to the modern biomedicine. However, the study shows that the younger generation is not taking up this knowledge and many will be left with this oral tradition and rich knowledge of the herbal medicine soon, due to various reasons mentioned, there is a threat of losing such an important knowledge base.

Thus, it is imperative to understand the importance of such wide and rich knowledge base and the health needs of the people being fulfilled. The only way to ensure better health care options is to improve the existing situation by ensuring safe and effective, systemic and therapeutic options. Making provisions of these systems of medicines and ensuring better-qualified practitioners, better medicines and better services are also necessary. The question of safety and efficacy is also equally important.

The present concern is safe and effective health care options for all. The (re)emergence of CAM in the developed world and realization of the importance of traditional medicine in the developing world (after Alma Ata Conference) added a new dimension in health and

healing. The acceptance of the traditional healers as contributors in primary health care and their due recognition and accreditation has become a concern. There has been a general acceptance about the wide existence and popularity of the indigenous healing practices; however, there has been much debate on its recognition as a form of CAM. On the one hand the local medical systems or the folk sectors have been making contributions and on the other, these systems are experiencing negligence and even a threat.

While the whole world is recognizing the importance of traditional healing systems, these systems in Asian countries are being neglected, which will disappear in due course if not given importance and incentives to promote them. With the growing illness and chronic diseases, where allopathy has a limited role, the traditional medicine has an important role to play.

The issue of integration of indigenous medicine into the national health care system has become one of the much debated and contested issues. There are questions on why to integrate, how to integrate and for whom to integrate. There is also an issue of recognition and accreditation. The local or folk practitioners have not been recognized by the state and they get no support. So, the indigenous healing practitioners do not have the legal authority and therefore, they have been practicing without a legal status. Therefore, accreditation and legalization of the indigenous practitioners are other issues. How long a government can sustain this type of arrangement? Sooner or later the indigenous healing practitioners need to be brought under a sort of legal frame.

However, there is also a question, is there a real need to recognize the expertise of these healers? If yes, who are to be recognized and on what basis? As has been said by one of the key informants, "there are good and bad practitioners in every system and fraud and malpractice are everywhere"; and if so, how long the government can be indifferent? The fraudulence, malpractice, trickery and quackery should be stopped in every system, including the folk or indigenous systems.

There is a concern about the growth and development of the indigenous healing system. What would be the status of indigenous folk medicines in the coming decades? How would be the indigenous healers practicing and what role would they be playing in the national health service system? How a nation would utilize this resource to promote, restore or

maintain health of its citizens? It would not be the same as today because the change has been taking place rapidly and any conclusion derived would likely be a false conjecture.

The role of the indigenous healers in maintaining health cannot be denied. They have been contributing to help meet some of the primary health care needs and more important to rightly diagnose and refer at proper time, saving lot of money and hustle. It is imperative to increase access to health care and make the provision of safe and effective indigenous medicine. It is necessary to validate the healing knowledge of indigenous system. There is a concern of the modality of integration and accommodation in the national health care systems. If these systems are to be integrated what will be the modality? There is need of more nationwide discussion and consultation and more research should be done on how the indigenous healing systems can be accommodated with the existing health services.

Government support is necessary for the recognition, revitalization and professionalization of the indigenous healing traditions. How a government can ensure quality services from the indigenous healers? Government has two options: the first is to become indifferent and let it be as it is, the second is either to pass a law and recognize or legalize the indigenous healing practices or to ban it as illegal practice defined by the law. The first option is what is in practice but it does not seem logical and long lasting because, in the long run a government must bring them under the legal fame work. The second option is to recognize them providing them with legal identities and facilitate indigenous knowledge enhancement by creating an enabling environment. One of the steps would be to make an institutional provision to provide capacity building training such as emotional, spiritual and psychosocial healing, herbal medicine, natural therapy, massage therapy and the like. Though, the indigenous medicines are considered safe and efficacious, without or with fewer side effects. However, its safety and efficacy can be established or can be validated by more research and professionalism. A system of ensuring quality indigenous healing service is necessary for the common benefit of the people of walks of lives.

Here, we can learn from the Indian experience of Accreditation and Certification of Prior Learning (ACPL) for traditional health practitioners. Realizing the need for strengthening the traditional knowledge the Centre for Traditional Knowledge Systems (CTKS), Indira Gandhi National Open University (IGNAU) has taken an initiative of developing a system of

verification and certification for the genuine traditional healers. Similarly, the Khasi Traditional Medicine Act, 2011 of the government of Meghalaya can be taken as an example of good initiative in this direction.

India had established a separate Department of Indian System of Medicines and Homeopathy in 1995, which was renamed as the Department of AYUSH under the Ministry of Health and Family Welfare in 2003. The AYUSH stands for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (Department of AYUSH 2011:1). Ayurveda has the preeminence position among these systems. However, the Department was not given the name as 'Department of Ayurveda'. The name as 'Department of AYUSH' characterizes its pluralistic and secular nature in principle.

The protection of locally available medicinal herbs and promotion of the indigenous healers is crucial to strengthen indigenous knowledge on ethno-pharmacology. The indigenous healing knowledge and practices needs to be documented audio visually. The system has presently fallen on the shadow because of the adverse effect of change, indifference, negligence and lack of research, documentation and professionalization. Many studies (Shafey 1997; Acharya and Acharya 2009; Ghimire and Bastakoti 2009; Kunwar and Adhikari 2005) have shown the need of revival of indigenous healing/medicinal knowledge. The time has come to reverse the trend and revitalize the system.

There is a need of nationwide survey to know the current situation of the indigenous healing practices. There are many questions such as how many and what types of indigenous healers are there in Nepal; how in which extent and in what condition they have been serving[24], what is the opinion of healers, general public and policy makers about the indigenous healing practices. There is a need to sensitize society about the indigenous medicines. A nationwide discussion on the issues of indigenous healing practices would be an important step in this direction. The national organizations of the various types of healers would be a much-needed activity for the better representation of the indigenous

[24] The estimation of the number of indigenous healers varies from 4,000(WHO 2001:136) to 40,000 (Khatri 2006:80) to 400,000 (Bajracharya 2006:94) and the utilization of the indigenous healers also varies drastically. A number studies show high dependency on indigenous healers, however, the NLSS III survey reports that only 2 percent of people with an acute illness consulted the traditional healers (CBS 2011b:101).

healers for genuine discussion and national consultation on this issue. The meaningful participation of indigenous healers is crucial to policy making.

Conference and seminar on the subject, interaction among the various healers and indigenous health campaign such as herbal health *mela*, would be important activities. Formation of healers' organizations, institutional arrangements, information, education and communication (IEC) campaign, resource mobilization, research and training, cultivation and conservation of medicinal plants, protection of traditional healing knowledge, and audio-visual recording of the healing techniques including the sacred mantra and recitation methods is necessary. Promotion of rural and urban household involvement in the production of some of the plants which are of medicinal values is of utmost importance. In the urban areas, promotion of small herbs such as *tulsi* (sacred basil or ocimum sanctum), *bojho (*sweet flag or acorus calamus), *ghodtaapre* (Indian pennywort or centella asiatic), *pudina* (pepper mint or menthe piperita), *titepati (*mugwort or artemisia dubia wall) and in the rural areas tree such as *neem* (azadirachta indica), *bel* (wood apple or aegle marmelos), *harro* (chebulic myrobalan or terminalia chebula), *barro* (beleric myrobalan or terminalia bellirica), *amala* (emblic myrobalan or emblica officinalis), *bar* (banyan tree *or ficus benghalensis) and pipal* (sacred fig or ficus religiosa) etc would be an appropriate action. According to a key informant, "Distributing medicinal plants (such as *tulsi*) is like giving net and distributing free medicines (such as cough syrup) is like giving fish".

The present challenge is to make all health care options equally available to all sections of society. People from the urban centers have more options than the rural people, and people from marginalized ethnic groups, Dalits and Muslims have even less options. Even if some of the alternative (codified) medical systems are in existence, these are culturally, physically and economically inaccessible to the poor and marginalized people. So, there is an issue of making services available and accessible to all.

In the name of development, imposition of western ideas and biomedical technologies and destructing the indigenous knowledge base has often been detrimental to rural people's lives and health. For an example, some of the people worry now, that they don't have local varieties of seeds and the developed varieties of seeds are too costly to afford. Sooner, the

same example might be given in terms of the indigenous healing system. On the one hand people are losing their indigenous healers and their own expertise, the knowledge base of health and healing and on the other, with the maximized role of private sectors and mounting out-of-pocket spending they have been finding biomedical service unaffordable. A patient has to pay almost equal to his or her two day's wages just to get the name registered in the private clinics.

Even the poorest people do have some knowledge to handle minor illness problems with the domestic knowledge base and expertise. However, the way in which the western ideas and technologies are imposed can actually have an adverse effect even to domestic domain. So an issue is to become sensitive to the situation and critical to the current development, which welcomes western ideas, and technologies, which leads to the dependency and increased health care cost. The issue is whether or not to create an environment to develop and strengthen the indigenous system by preventing it from getting extinct.

6.3 Conclusion

The study has asserted the three main methods of healing and the healing practices practiced by the indigenous healers. It has shown the coexistence of indigenous healing practices with other non-codified, codified indigenous medicines and biomedicine and the way medical pluralism practiced in the local settings. It has looked into the perception of health, illness and disease, etiology of illness and the change experienced by the indigenous people. The study has also presented the changing pattern of treatment seeking behavior. It has identified no confrontation with biomedicine as such and there is no resistance but acceptance of biomedicines and other codified medicines. People are host not the hostile to other systems.

The indigenous healing practices are of great importance not only for the ethnic communities but also for the wider societies. The healing practice comprises vast knowledge of mantra, knowledge of medicinal herbs and the knowledge of massage techniques to cure/heal various maladies. With the change in the wider society, the indigenous healing practices are also experiencing a change. The change can be experienced in the increased presence of biomedical health care facilities, and availability

of other codified systems. The change can be experienced even in the healing practices of the indigenous healers. The decreasing enthusiasm among the healers, decreasing interest amongst the patients, demotivation of the youth, increased economic pressure and vanishing volunteerism are some of the impact of the change that has been experienced.

The socio-economic conditions of the indigenous people have often been characterized by poverty, illiteracy and ill health. Why they are poor, why they are illiterate and why their health status is poor? The explanations would be varied, but less access to the health care services, less access to education and socio-economic resources are certainly important components in the explanations. The indigenous people have been excluded, exploited and marginalized in the nation building process. The issue of inclusion, mainstreaming and ensuring participation in the nation building is, of course, important. But it is equally important to note on why they think they are unhealthy than their forefathers, why they think they are becoming weaker and are becoming incapable of digesting the food they eat, why they have to visit to health post and hospitals more frequently, even though they do not like to visit? Is it not contradiction with the present achievement of increased level of education, increased life expectancy and decreased mortality? What is missing? Do we need more indicators to measure health and wellbeing? These are some of the issues aroused in the field. The loss of experiential health and the health threatening conditions which the Korwa tribes of India experienced after displacement and resettlement (Gaur and Patnaik, 2011), the Tharus have expressed the similar situation even without the resettlement. This is because the other factors are bringing the similar conditions.

Another issue, which also confirms the above, is that most of the healers said that they have been getting more patients than before and they are also getting increased amount of *bheti* (cash) for their services. Again, these healers also accept that most of the patients are going to the urban hospitals for the treatment. They also said that they had been referring those patients who were in need of hospital care. If these healers are speaking the truth[25] a question arises, has the actual number of patients increased over the years? Are there more patients in the healer's home? And also in the health posts and hospitals and in the private clinics and hospitals and everywhere? If yes, why? The answer may

[25] I have no reason to doubt but one of the key informants also points to the possibility of *gaff* (making subject interesting without an evidence).

demand another research, however, few patients and key informants are of the view that everyone (those who say patient flow is more to hospitals/clinics and those who say patient flow is more to the indigenous healers) is right because population has increased than before and because the present population is unhealthy than before. They believe that increased flow of patient is not because of health awareness or health consciousness or changes in health seeking behavior but because of unhealthy population. They attribute it to the food that is chemicalized with the excessive use of fertilizers, insecticides and pesticides, changing crop varieties and changing weather and changing climate and arrival of newer varieties of diseases.

Development reports state that Nepal has achieved much in terms of health indicators. People's access to education and health care services has increased. Literacy rate has increased, MMR and IMR have decreased and life expectancy has increased and female-male disparities have also been narrowed down. Even though, the health status of many ethnic communities is still very poor and disparities between ethnic groups are very high. The reports also state that poverty has been reduced and economic condition improved. The economic condition of a population is important because better health is equated with better economic condition. But equally important is population with sound health than the population with weaker health who needs frequent hospital care.

Improvement in economic condition is important, however, it does not necessarily results in a better health. The better economic progress achieved at the cost of health can hardly be considered progress in real terms. One of the key informants emphasizes," We used to be known as *bir Nepali* (Brave Nepal), *bir Gorkhali* (Brave Gorkha) because we were *bahadur* (courageous) to fight against enemies because our fore fathers were strong and had fought bravely against British army. Now we are neither strong nor can we fight, we are *rogi* (in poor health) and we need tablets just to be alive". Other people expressed the similar views as well. They have their own reason to say that they are not healthy than their forefathers. By saying this they are pointing to another aspect of health. Without proper food and nutrition healthy population is not possible and without the healthy population there would not be *bir* Nepali to fight against all sorts of maladies..

Long ago King Prithivi Narayan Shah, the founder of the modern Nepal, in *Dibyopadesh* stated that "Praja Mota Bhaya Darbar Baliyo Hunyachha" [If citizens are strong and healthy, the monarchy becomes strong]. Unfortunately, neither citizen became strong and healthy nor the monarchy.

The folk or indigenous system is one of the many medical systems, whether it gets official recognition or not. No single medical system has the best solutions for all types of illness problems. People seek services from a range of healthcare systems. Each system has its own significance and fulfils a range of health care needs of the people. Indigenous healing practices are prevalent among the indigenous ethnic communities. These practices are not recent phenomenon; they are developed and upgraded in course of time. With the change in the society's culture they also undergo change. The change can be from within the culture or from outside the culture. The healing practices have also been changing within the ethnic community. It is worthy to know the kind of change Tharus have experienced over the years in healing and health care practices.

People do have access to modern health care facilities to some extent. They do not rely totally either on the local medical systems, or on biomedicine or on other systems of medicines. In the rural areas, the indigenous healers still do have dominant role in providing health care services to the people. The healers include not only shamanic healers but a wide variety of other healers and practitioners. If the domestic domain fails then people visit these healers and practitioners. However, they may decide to go directly to the hospital based on the nature and severity of the illness problems. They seek help from biomedicine, codified systems such as ayurveda, Homeopathy, Acupuncture etc. and non-codified folk or indigenous system of medicines.

On the one hand, the study affirms that the indigenous healers do have (rich) knowledge and on the other they are deprived of their knowledge recognition. Why these healers have not been recognized? Why is the state indifferent and is unwilling to deal with this issue? Would an act of recognition or accreditation be a backward or regressive? Does the recognition of indigenous knowledge threatens the health care services or threatens the status quo of the existing power? Is it acceptable to the indigenous community to see a rejection of their knowledge in their own native land? The situation leads to a question of

whose knowledge counts. Is it the only biomedicine that has science? Who is going to recognize and validate the knowledge of indigenous healing system? Reflecting upon these questions, a need of official recognition of indigenous healing system is felt, because the system is indigenous to the people, has been addressing the health need of the of the people and has got well acceptance since time immemorial. The government, as the people's representative body to make and implement laws, must pay due attention and understand the people's aspiration. Since democracy, inclusion and pluralism have been a debate in the current state restructuring process how long can a democratic state remain exclusionary and can tolerate an undemocratic medical pluralism?

Some of the healers have been expressing their worry about the non-availability of medicinal plants and herbs, about the fishes, wild animals and birds and about the farm and forest products and these can be taken in the context of increased health hazard and threats of climate change. The impact of climate change is not restricted just to an environment but can be felt in agricultural production, human lives and human health. Indigenous healing practices can be promoted to provide affordable and sustainable health care services and to mitigate the impact. The indigenous knowledge of the people can be one of the best options for sustainable health and sustainable development.

The present world is moving ahead through a process called globalization. Each country has to be a part of it. No one country can remain in isolation or unaffected from the process. The process also does not keep an ethnic community and their culture unaffected. The health care practices, native or non-native, traditional or modern, have to interact with other systems in the global arena. No one system can secure a complete monopoly in this globalizing world. The present challenge is to ensure that these systems are serving not the interest of certain section but of the entire nation and to create a situation where medical pluralism is flourished and pathways to healing are opened.

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APPENDICES

Appendix- A: Glossary of Tharu and Nepali Terms

Achheta hernu	To read rice grain
Bacha Bandhan	Promising and fencing activities
Baidawa	Traditional herbalists (person who is known as Vaidya in Nepali speaking community and is also recognized as Ayurvedic medicine practitioner in Ayurvedic hospitals
Badgharrya	Biggest family of the Tharu village
Badheni	Small hand broom
Badka Puja	A big ritual worship whereby they sacrifice he buffalo, goats pigs and piglets and chickens and organize a big feast. A family organizes such ritual as and when recommended by the *guruwa* to restore health of a sick family member.
Ban chirna	Ritual whereby *guruwa* cuts his body in different parts to offer blood
Bathaaita	Hurts or pains
Barin	Clients of the *ghar-guruwa* (family priest)
Bhuyarthan	Village level deities' shrine, also called *Bhuithanawa*
Boksinya	Woman witch
Biruwa	Medicine (Biruwa kaidem means I will treat/ heal you with herbs)
Buti Baandhu	To wear an amulet made of herbs and fortified/treated with mantra
Chokhadem	I will bring back the previous condition, I will make you healed
Deuthanwa	Bhauyarthan, a shrine of deities established in the Tharu village
Desh-bandhya	A Tharu priest of an area called *praganna* who performs Gurrai puja twice a year and gets one or two days labor in return from each household
Gardhurrya	Tharu household chief
Ghar-guruwa	*Guruwas* who serve their Barin in worshiping Lausari twice a year and is compensated by 2 days labor.

Ghod laddi	Person who keeps horse, uploads goods on the back and transports.
Guruwa	Tharu priest/shaman who have gone through a ritual of *Ban Chirna*
Gurrai Susaune	Whistling in a trance state at the Gurrai rituals
Jaand	Fermented alcoholic beverage made from rice
Jantar Baandhnu	To wear an amulet made of paper and written mantra on it.
Jharnu	To exorcise spirit by sweeping down by a broom with reciting mantra.
Kherre	Traditional village assembly of the Tharus consisting of the household heads (Gardhuryas) from all households from a village.
Lal Mohar	The official document of royal seal in red.
Lausari	A ritual conducted twice a year particularly to prevent childhood
Maad	A thin porridge or liquid food made from rice usually mixed with wheat, maize, chickpea or gram and cooked heavily in water
Mahaton	Traditional village chief of a Tharu village also called *Mahataun*
Maghi	Tharu festival which falls on the first day of the month of Magh (falls around January 15th)
Marwa	Shrine of God established in front of the Tharu house.
Mana	A unit for measurement, one mana is equal to ½ kg.
Majgar	healthy (and handsome)
Mirna	To do massage
Najar lagna	Attacked by evil eye (a person can cause harm to another person or animal simply by an ominous look)
Puja	Worship ceremony and offering to Gods or ancestral spirits
Pati baithna	A healing technique of a *guruwa* which involves utterance of mantra and swinging of saucer with burning cotton thread
Phuknu/Phukna	Blowing with mantra usually touching forehead or pointing body parts of the patient.
Phuk-phak	Sweeping and/or blowing with mantra
Praganna	Geographical area
Sorenya	Traditional midwife who also works as masseuse
Thengah	Male witch

Nepali Terms

Adibasi Janajati	Indigenous nationalities
Bai	Spirit of the dead whose corpse is not properly buried or burnt
Baidhya	Indigenous healer who knows the way to prepare and use of medicines based on plants and animal products or minerals
Bheti	Cash offering to God
Biraami	Patient or ill or sick person, sometimes the term also refers to illness
Bimaari	illness
Boksi	Witch
Bhut	Ghost, evil spirits, a type of laagu
Brahman	Highest of the Hindu caste system and also known as Brahmin or Bahun
Chakchake	Person who moves or acts restlessly.
Chhetri	High caste Hindu, beneath the Brahman
Dhami	An Indigenous shamanic healer who *goes into trance* uses *ghanta or shyauli.*
Diyo	Cotton lamp
Dukhchha	Painful
Deuta	Gods and Goddess
Ganogola	indigenous illness category that describes numerous gastrointestinal disorders
Graha	(bad) planets/ stars
Graha Bigreko	spoiled planets
Jadibuti	Plant medicines or herbs
Jhankri	An Indigenous shamanic healer who get possessed/ tranced and uses drum
Laagu	Spirits of the dead
Jhar-phuk	A traditional healing method in which spirits or ghosts are swept downwards or blown off, exorcised
Jharnu	To shake down, knock down, brush off
Jhaskanchha	Startles, shocks or alarms suddenly
Kathepate	Village medicine, herbs or home remedies

Kundali	Birth-chart
Laago	Spirits
Laagnu	To afflict, to strike
Mantar	Mantra, ritual formula, charm or spell
Malish Garne	To do massage (*malish garne manchhe* -person who does massage)
Masan	Evil spirit of the dead found at or near graveyard or cremation grounds where the dead are buried or burnt
Pani Badaline	Changing water because of changing location
Phuk-phak	Traditional healing method used by dhaami in which mantra is blown to rid the patient's body of ghosts; the mantra may be blown onto the patient, or into water that is then given to the patient to drink.
Pichaas	Evil spirit of the dead whose death rituals was not performed
Prêt	Ghost, evil spirit of the dead, particularly of unnatural death and/or of whose death rituals are incomplete or the unsatisfied soul of dead people
Putreno	Painful stomack problem
Rog	Disease (or illness)
Sarir bigrane	Develop problems in the body
Shakti	Power
Siruwa	spirits of the dead of infants
Sukenas	Drying or wasting out
Terai	Plain area in southern region extended to Indo-Nepal border, also known as Tarai or Madhes

Appendix-B: Basic Health Indicators of Nepal and SAARC Countries

Indicators	Afghanistan	Bangladesh	Bhutan	India	Maldives	Nepal	Pakistan	Sri Lanka
HDI Rank	175	146	140	136	104	**157**	146	92
GNI US $	1000	1785	5246	3285	7478	**1137**	2566	5170
GII Rank	147	111	92	132	64	**102**	123	75
Life expect.	49.1	69.2	67.6	65.8	77.1	**69.1**	65.7	75.1
Adult Literacy Rate	-	56.8	52.8	62.8	98.4	**60.3**	54.9	91.2
MMR	460	240	180	200	60	**170**	260	35
IMR	103	38	44	48	14	**41**	70	14
U5MR	149	48	56	63	15	**50**	87	17
TFR	6.0	2.2	2.3	2.6	1.7	**2.6**	3.2	2.3

Source: Human Development Report, 2013

Definitions:

HDI (Human Development Index): A composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living.

GNI (Gross National Income) per capita: Aggregate income of an economy generated by its production and its ownership of factors of production, less the incomes paid for the use of factors of production owned by the rest of the world, converted to international dollars using PPP rates, divided by midyear population.

GII (Gender Inequality Index): A composite measure reflecting inequality in achievements between women and men in three dimensions: reproductive health, empowerment and the labor market.

Life expectancy at birth: Number of years a newborn infant could expect to live if prevailing patterns of age-specific mortality rates at the time of birth stay the same throughout the infant's life.

Adult Literacy Rate: Percentage of the population ages 15 and older who can, with understanding, both read and write a short simple statement on their everyday life.

MMR (Maternal Mortality Ratio): Ratio of the number of maternal deaths to the number of live births in a given year, expressed per 100,000 live births.

IMR (Infant Mortality Rate): Probability of dying between birth and exactly age 1, expressed per 1,000 live births.

U5MR (Under-five mortality rate): Probability of dying between birth and exactly age 5, expressed per 1,000 live births.

TFR (Total Fertility Rate): Number of children that would be born to each woman if she were to live to the end of her child-bearing years and bear children at each age in accordance with prevailing age-specific fertility rates.

Appendix- C: Interview Schedule for Healers

1. Basic Information of the Healer

Name		Address	
Age		Education	
Sex		Marital Status	
Occupation		Mobile No.	

2. Basic Information of the Family

SN	Name	Age	Sex	Relation to Healer	Marital status	Education	Occupation
1							
2							
3							
4							
5							
6							
7							

3. Household Assets

SN	Particulars	Types/Quantity	Remarks
1	House		
2	Land holding		
3	Livestock holding		
4	Drinking water tap		
5	Cooking fuel		
6	Toilet		
7	Electricity		
8	Mobile/ Phone		
9	Cycle		
10	Motorcycle		
11	Radio		
12	Television set		

4. Information Related to Healing Knowledge and Skills

1. What kind of disease/illnesses do you cure/heal?
2. What types of people come to you for treatment?
3. How do you heal/treat people? What do you do? What is your healing method?
4. How do you diagnose the problem of a patient?
5. What do you use as an equipment to diagnose?
6. What medication do you give to your patient? (Types of illness vs. Medication)
7. Do you prepare medicine? If yes how do you prepare and what materials do you use?
8. What is the situation of the availability of materials, herbals, minerals etc?
9. Do you advise home remedies to your patients?
10. When and from whom did you learn the healing knowledge and skills? How did you start this profession?
11. How many cases do you treat in a week? (Number of people treated in the last week)
12. How much time do you spend for this profession?
13. What do you get in return? How much money do you earn from this profession? (Rupees/person)

5. Information Related to Role and Relationship of Healers

1. What makes people to seek treatment from you?
2. Do you go to patients' home or do they come to you?
3. How long have you been serving the villagers?
4. How do you see your service? Has it changed over the years?
5. What is the patient flow? Increased or decreased over the years?
6. What is the income from this profession? Increased or decreased over the years?
7. Do you have other role and responsibilities in village activities? If yes, specify
8. How is your role and responsibility in the community (membership in formal and/or indigenous committees in the village)?

9. What type of support have you got from the villagers, GOs, and NGOs?
10. Have you ever referred your patients to the other healers or medical practitioners? If yes, why and in what cases?
11. Have you ever referred your patients to biomedical practitioners, health post hospitals? If yes, why and in what cases?
12. How do you see your relationship with other indigenous healers? Is there any formal or non-formal working relation?

6. Information Related to Belief and Perception

1. What makes people fall ill? What do you think causes illness? (Types of illness vs. causes)
2. Have you ever fell ill? If yes, whom did you visit? Why?
3. Have you ever visited other indigenous healers? If yes when and why?
4. Have you ever visited private medical practitioners? If yes when and why?
5. Have you ever visited public health facilities/health practitioners? If yes when and why?
6. Do you think you can improve your knowledge and skills of healing? If yes how?
7. What do you say about the biomedicine/Ayurveda/other systems of medicine?
8. Have you seen any changes in the indigenous healing practices over the years? If yes, how was the practice then and how is it now?
9. Do you think there has been a change in people's perception regarding indigenous healing practices? If yes, specify.
10. Is there anything you would like to add?

Appendix- D: Interview Schedule for the Patients

1. Basic Information of the Patient

Name		Address	
Age		Education	
Sex		Marital Status	
Occupation		Mobile No.	

2. Basic Information about the Family

SN	Name	Age	Sex	Relation to Patient	Marital status	Education	Occupation
1							
2							
3							
4							
5							
6							

3. Information about the Household Assets

SN	Particulars	Types/Quantity	Remarks
1	House		
2	Land holding		
3	Livestock holding		
4	Drinking water tap		
5	Cooking fuel		
6	Toilet		
7	Electricity		
8	Mobile/ Phone		
9	Cycle		
10	Motorcycle		
11	Radio		
12	Television set		

4. Health, Illness and Healing Practices

1. What is your problem/illness?
2. How long have you been suffering from this problem/illness?
3. What do you think about the cause of this problem/illness?
4. How did you know about the problem/illness (sign and symptom)?
5. Have you tried any other types of medicine? If yes which types, where and from whom?
6. Have you used any home remedies? If yes, what did you do at home?
7. When you fall ill what do you do? (Types of illness and preferred healing practices)
8. How often or in what condition do you visit indigenous healers?
9. How often or in what condition do you go to the hospitals or health post?
10. How often or in what condition do you go to the medical shop or private clinic?
11. Is this your first time with this healer? If not, why and when had you visited the healer last time?
12. Are there other indigenous healers in your village? If yes who are they?
13. Why did you decide/choose this particular indigenous healer?
14. How does the healer treat? What technique does the healer follow?
15. What does the healer say about your problem? What is his prescription?
16. What does the healer charge for his/her service?
17. Are you satisfied with his/her services? If yes why and If not what is your comment?
18. What do you think about the indigenous healers?
19. What other activities the healer does in the village?
20. What type of role they have been playing in the community?
21. Has the role of indigenous healers changed over the years? If yes, specify?
22. What do you do if your condition is not improved?
23. What type of problem do you face while getting services from the local healers?
24. What type of problem do you face while getting services from the public health institutions?
25. How do you compare the services and behavior of indigenous healers and the public health personnel?
26. Is there anything you would like to add?

Appendix- E: Questions for Key Informant Interviews

1. General Information the area

1. How many and what types of health Institutions (hospitals, health posts, medical shops, clinics etc.) are there in the area?
2. What are the indigenous healing practices and local health tradition prevalent in the area?
3. What is the general health situation of the area: sanitary condition, housing, drinking water, toilets and drainage system?
4. What is the general health condition of the People: personal hygiene, nutritional state etc.?
5. What are the major health problems (diseases and disorder) prevalent in the area?
6. What are the major health problems (diseases and disorder) prevalent among the Tharus?

2. Healing Practices and Practitioners

1. What is the situation of biomedicine, Ayurveda, Unani, Homeopathy, Acupuncture, Tibetan and other system of medicine?
2. How many and what types of indigenous healers and medical practitioners are there in the area?
3. How many and what types of indigenous healers are there among the Tharus?
4. How many and what types of local health practitioners are there from Non-Tharu community?
5. How many and what types of public health practitioners are there in the area?
6. How many and what types of private practitioners of biomedicine, Ayurveda, medical shop/clinic owner are there in the area?
7. What type of self-care practices and home remedies are there in the area?

3. Community Events and Practices

1. What are the special health related events in the village?
2. What are the health related cultural beliefs and practices at the community level?
3. What is the situation of religious custom, rituals, offerings and worshiping?
4. What is the situation of nutritional practices and food habits?
5. Where, when and why do they go to public health care system?
6. What are the preferences of the services and preference of the local healers? (Types of health problem vs. Types of services)
7. What is the relationship among the various healers and between the healers and patients?

4. Community People's Perception

1. What do you mean by health, illness and disease?
2. Who are the indigenous healers and medical practitioners of your village?
3. What sorts of knowledge do they have to treat illness?
4. Which system do you/villagers prefer for treatment of illness? Why?
5. Do the indigenous healers suggest visiting other healers and visiting health post or hospital?
6. How do people deal with the common disease and health disorder in the area?
7. What is your/ villagers' view about the indigenous medicine?
8. How significant is the role played by the indigenous healers?
9. Has there been any change in people's perception regarding indigenous healing practices? If yes, specify.
10. Has there been any change in people's perception regarding biomedicine? If yes, specify.
11. Do you think that indigenous healing practices (local health traditions) are slowly vanishing? If yes, why? How do you feel about this?

Appendix- F: Consent form for the Photographs, Videos and Voice Recordings

I, (Name of the Respondent) _____, hereby grant permission to Mr. Bamdev Subedi, Research Scholar, Jawaharlal Nehru University, New Delhi to take my /my child's (if the child is below 18 years) photographs, shoot videos and record voices for the use of academic purposes including the publication in journals and educational materials. I agree that the educational materials might include printed or electronic publications, Websites or other digital electronic communications. I further agree that my/ my child's name and identity may be revealed in descriptive text or in caption in connection with the photographs and videos. I authorize the use of these materials without compensation to me/ to my child. I will not have any claims over the digital reproductions. I read or got read and understood the above lines and with full awareness hereby, I put my signature.

.....

(Signature of the Respondents/Parent)

Name: _____

Age: _____Sex:_____

Designation: _____

Address: _____

Phone/Mobile: _____

Details of the photo/video: _____

.....

(Signature of the Witness)

Name: _____

Age: _____Sex:_____

Designation: _____

Address: _____

Phone/Mobile: _____

Appendix- G: Some Photographs from the Field

Photo 1: A Village of the Study Area

Photo 2: A Bhuyarthan (Village Shrine)

Photo 2: Interacting with FCHV of the Saudiyar SHP

Photo 4: A Local Medical Shop

Photo5: A Guruwa Doing Jhar-Phuk (Sweeping and Blowing Evil Spirits)

Photo 6: Interacting with a Guruwa

Photo 7: A Baidawa Showing a Medicinal Herb

Photo 8: Herbal Medicine Stored at Home

Photo 9: A Surenya Performing Postpartum Massage

Photo 10: A Surenya Providing Leg Massage

Photo 11: A Mother Massaging a Baby at Home

Photo 3: Applying Herbal Medicine at Home

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