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**TRADITIONAL HEALERS AND PRACTICES:
A CASE STUDY OF POKHARA SUB METROPOLITAN,
NEPAL**

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Abstract:

In the third world, (the case here is Nepal) where biomedical practice doesn't sufficiently meet the demand of people for health services, the next alternative for people is to consult the traditional healers. It is not known how many types of health problems are solved by these healers, however, it has been found that a significant number of people visit them when they have health problems. In an overview, visiting traditional healers is related to a power hierarchy of the society where religion is dominating.

Observing faith in these traditional healers and at the same time visiting biomedical institutions, Nepali society has a dialectic phenomenon in the health care system. The genuine fact the patients expressed is that they usually consult the traditional healers when biomedical practitioners fail to treat or are unable to diagnose the illness. In this dichotomy of dual practices, it is necessary to network between two different types of therapists. This study is a part of an ethnographic studies of traditional healers with an objective of more understanding of their world. The study was done in a particular suburban center, Pokhara, where a community of diverse traditional healers live. The study discusses why traditional healers and medicine still survive.

Key words: Traditional healers, Modern biomedicine, Indigenous skills and Networks

Contents

<u>S.N.</u>	<u>Topics</u>	<u>Page</u>
Chapter I	Introduction	5-13
1.1	Research Problem	6
1.2	Literature Review	6
1.3	Theoretical Framework	7
1.4	Research Design	8
1.5	Research Methodology	9
1.6	Ethical Issues	9
1.7	Setting	10
1.8	Fieldwork	11
1.9	Participant Observation	13
Chapter II	Pokhara and Health Care systems	13-16
2.1	Pokhara and Health Institutions	13
2.2	Understanding the Healing World	15
2.3	Western Biomedicine versus Traditional Healing	16
Chapter III	Discussion and findings	18-25
3.1	Biographical Discussions	18
3.1.1	Education of Traditional Healers	19
3.1.2	Female Traditional Healers	19
3.1.3	Occupation	19
3.2	Identification of Health Problems and Healing Practices	20
3.2.1	Fu Fu	20
3.2.2	Burning Incense-stick	20
3.2.3	Pulse Test	21
3.2.4	Dhyangro	21
3.2.5	Astrology	21
3.2.6	Aakhat	21
3.2.7	Brushing the Body	22
3.3	Visitors at Traditional Healers	22
3.4	Common Problems of Visitors at Traditional Healers	23
3.5	Common Methodologies to Tackle the Problems	23
3.6	Number of Patients and Fee Structure	24
3.7	Heredity, Intuition Power and Transferring Healing Art	25
Chapter IV	Analysis	25-27
4.1	Understanding the context of traditional healing	25
Chapter V		
5.	Conclusion	27
	List of references	
	Tables	
	Annex	

Chapter 1 Introduction

Today, the form and content of traditional healing practices are changing into psychic healing, psychotherapy and spiritual healing or faith healing. Nevertheless, despite the fact that a large part of the population around the world use the services of biomedicine, traditional healing practices still attract people in both developed and underdeveloped countries. In Nepal this is evident in large numbers in both rural and urban areas.

Traditional healing practices have mythical and cultural significance and have long been practiced. Healing is related to the health and its purpose is to overcome the health hazards. Some people look at this practice from a political perspective and compare it with resistance to colonialism and the hegemony of biomedical science. According to Lava and Huizer (1989), in most parts of the world, class and popular resistance rely on psychic forces which are branded as occult, superstitious or even satanic by ruling ideologies. For instance, Christian, Confucian or merely Capitalist, the traditional healing practice appeared or reappeared as counterpoint as a part of folk culture with a certain amount of impact on people from a certain locality.

Despite wide criticism of traditional healing practice and its objectives, it is important to know about this practice from its cultural context. Conor and Samuel (eds 2001) highlight the objective of traditional healing practice as counterpoint of absence of illness that is similar to the health definition that bio-medically defined the state the absence of disease. In a similar way, Lava and Huizer (1989:34) maintain:

Faith healing and psychic surgery, the other forms of traditional healing however have not been accorded similar official recognition, whether in the Philippines, its place of origin, or in international health organization. The fact has not diminished the people's acceptance of this form of healing, as evidences by the continuous swarm of patients in faith healing clinics.

The above statement appears to be true and a good evidence in Nepal as well. The traditional healing practice still has significance in the world and need to be further studied through anthropological aspects.

1.1 Research Problem

Many studies have already been done on traditional healing practices. Folk healers (in this study traditional healers) are the most popular subject for cross cultural research.

Kleinman,(1980) indicates problem with past studies which have been unable to show: how they are related to other kinds of practitioners in the same system; how their relationships to patients and their style of practice compare with those of other practitioners in the same society; how their beliefs and “interests” contrast with those of patients and other healers; and how patients decide to consult them. These things as I thought are interesting topics and should be addressed properly. World Health Organization (WHO) also feels a need of an extensive study of traditional healers with an argument that institution...incorporate the practitioners of traditional medicine among the resources available for extending health care coverage to the entire population should determine the numbers and location of these practitioners, the diagnostic and therapeutic methods they employ, their role and functions in their respective communities (WHO report 1983). I agree with this argument but no study has been done concerning particular styles of therapeutic practice of traditional healing of a particular society. Further, the health care system in relation to personal life style, livelihood, world view, knowledge gaining and transferring the skills, unique styles of confirming illness and treatment therapy are those aspects which shed lights on understanding traditional healing world of a particular society. The next important topic to be explored are whether they are really willing to come to central health planning and implementation process; we must also understand the aspect that if they have a network within themselves; what is the motif of their being healers in a particular society?

1.2 Literature Review:

Each and every society has a process of identifying health hazards through its health care system. According to Kleinman (1980), health care systems are socially constructed. They are forms of social reality. Social reality signifies the world of human interactions existing outside the individual and between individuals. This statement indicates that medical anthropology is necessary in terms of understanding health care system of various societies. Subedi (2001:5) maintains that an anthropological study of health and occurrence and means of coping with disease can involve one deeply in the manner in which people perceive their world, in the characteristics of the human social system and in social values. The idea is similar to Kleinman (1980:35) as he argues that the health care system is the transactional world in which everyday life is enacted, in

which social roles are defined and performed, and in which people negotiate with each other in established status relationship under a system of cultural rules. Subedi (2001) further maintains that the existing of several therapeutic traditions in a single cultural setting is an especially important feature of medical care in the developing world. The observation and study indicate that in an uncertainty of illness patients are bound to visit different therapeutic practitioners. Being no exception, in Nepal, traditional healers have also been socially constructed agents for health services and their different approaches to cure various health problems are accepted respectively.

Nepali healers have been practicing diverse modalities of treatments for disease. Some of these modalities have textual characteristics. According to these texts, therapeutic practices are carried out such as Ayurvedic treatment. Similarly, Tibetan practice has also textual instructions. The practitioners of Tibetan healing are called Aamchis. Sharma, (1981) maintains that in remote rural Nepal, traditional Tantrik, and mystic methods of healing are still as pervasive as medicine in the western countries.

The Hindu theory of medical knowledge is called Aurveda which means science of life. Dhawantari is supposed to be the pioneer of formulating this art. According to this medicating art it defines disease as imbalance between gall, cough and wind. Similarly, Aamchi, a Tibetan medical practice, is also popular in Nepal. It also has texts that are supposed to be lessons provided by Lord Buddha. Beside this, there is another practice that is called Tantrik cult which is mostly popular among Hindu believers. All of them have their own indigenous approaches dealing with the patients and diseases.

In the nineteenth century, when the Western world tended towards modernity, biomedicine came into practice and gained popularity very quickly. The reason behind its popularity was its quick efficacy. With the rapid expansion of this practice and treatment therapy caused traditional healing practice slowly to disappear from many societies.

1.3 Theoretical Framework

This study is done being based upon the Klenman (1980) theory of clinical reality. He maintains that (traditional or modern medicine) occurs in and creates a particular social world. Belief about sickness, the behaviour exhibited by sick people including their treatment expectations and the ways in which sick people are responded to by family and practitioners are all

aspects of social reality. They, like the health care system itself are cultural constructions shaped distinctly by different societies and different social structural settings within those societies. According to this theory, I have chosen the study of traditional healers of Pokhara who have constructed their own world view of illness and their ways of dealing with different diseases. Apart from this, it is also important to know the world of traditional healers and their ways of livelihood, social background and belief. What these healers think of modern biomedicine, whether they are willing to network with modern biomedical institutions and whether they are seeking new therapeutic approaches are subjects to bring more understanding of healing traditions in Nepal based on the case study of Pokhara.

Traditional healers have certain processes and practices to identify the health problems. The identification process starts from individual to family and community to society level. Subedi (2001) illustrates that medical anthropologists focus on the way in which local people, acting in the light of their cultural values and folk knowledge, take up the public health facilities offered to them. From a biomedical point of view this folk knowledge may be at variance with medical science. For an anthropological study, it is important to know what general health hazards the patients encounter in a particular society. This could be understood only through an ethnographic study and active field visits and participant observation.

1.4 Research Design

Before proceeding to the field, a number of people who usually visit local healers were consulted regarding the number of healers they knew and asked for any relevant information about the places of healing. According to their answers, local traditional healers were mapped down around the city for the estimation of whole population. Out of all, it was decided to select some randomly on the basis of their special practices and their success stories. As far as possible, the selected healers were kept diversified so that the holistic picture of the healers around Pokhara could be drawn. Out of an estimated 200 traditional healers, 22 were selected as the sample study population. Finally the selected healers were interviewed and observed.

At first basic information about traditional healers was retrieved. While doing the classification of all types of traditional healers, three types of healers were identified: ordinary healers, astrologers and tantriks. During the next stage of categorizing these healer's therapeutic practices, it was found that some use Fu Fu, Akhat, Brushing, burning incense sticks, pulse test

and dhyangro. The next category was of astrologers who use both astrology and worshipping. The last category was tantriks who use Aakhat, Fu Fu, and Brushing down body and other practices.

1.5 Research Methodology

I have chosen an anthropological interpretation methodology to bring an insight knowledge for the topic. Patient healers' relationship, network of patients in respect to recommending others, knowledge gained by healers and adaption of this skill as livelihood and transferring this skill to their immediate following generation, view of disease etiology and narrative of their own health hazards and success stories are the major topics which show the world of traditional healers in a particular society. Processing available data into tabulation and maintaining a few statistical results might be helpful to predict the condition and would be helpful to carry out further study. To attain the data, traditional healers were interviewed with a set of semistructured questionnaire. The responses were processed into tables and interpretations were done on the basis of personal diary and participant observation. In addition, informal discussions with the patients were also carried out to validate the responses of the healers. The study contains both qualitative and quantitative interpretations and discussions.

The earlier studies on traditional healers shed lights on their practices and their patient-healers relationship. The departure point of this study is to review the past study on traditional healers and their success and failure stories and correlate it to new facts that were found in the particular locality (especially in context to Pokhara).

This study also follows personal views, types of ailment, healing motives and frequency of revisits of the patients to correlate the phenomena of the traditional healing world with modern biomedical practice and practitioners.

1.6 Ethical Issues:

Except Aayurvedic practice, other practices like sorcery and tantrik healing are not recognized as legitimate practices according to the Nepalese government's health policy. At first, these traditional healers did not want to discuss their skills and practices. To enter their world, it took a long time and was only possible through building close relationship with them. As a local person, I visited them many times and built a confidence. It was a right approach to get an insight

into the world of traditional healers and their healing practices. Without their consents, bringing their practices into a report or research form is against the research ethics. Maintaining this principle during the fieldwork, I still had a difficulty to get more information because some of these practitioners tried to avoid themselves for providing interviews. They were scared of prosecution from the government authorities. The interviews were carried out mostly verbally and were not recorded. The responses were exactly filled up in the questionnaire forms and later were transcribed. The transcriptions were as far as here reflected exactly what the healers responded.

As a non-biased researcher I convinced them and was successful to get their consent to publish it as an academic work. I anticipate this work will bring a positive revelation for public concern. I have given alphabetical names to all the traditional healers in the collected data to maintain the research ethics.

1.7 Setting

Nepal is a multi ethnic and geographically varied country located between India and China. In this multi-ethnic settings, there are varieties of cultures and cultural practices. Geographically, the country is adjacent to two large countries, therefore, it is being influenced by two different cultures practiced by peoples of these two large countries. Broadly speaking, the country is influenced by Indian culture in the southern part where as Tibetan culture influences the people of the northern part. The majority of the people is Hindu and believe in different gods and goddesses.

The city Pokhara, is beautiful by its natural scenes and land. Year round good weather, a fast growing population and a tourist center make the city well known inside and outside the country. Pokhara Sub Metropolitan city is located 200 k.m west from the capital city Kathmandu. It has 18 wards altogether. From a development perspective, it is the second largest city in terms of education and health education institutions. From the health perspective, Pokhara has one regional level hospital. Apart from this, there is Manipal hospital, a multinational hospital with teaching facility. There is one nursing campus run by the government and similarly a nursing campus is being run by the private sector. Besides all these big institutions, there are several other nursing homes, pharmacies, clinics and homeopathy clinics. In this geo-political setting, people of Pokhara have pluralistic health seeking behaviour.

Despite these facilities, a large number of people here still obtain the services of traditional healers. There hasn't been any survey done before on how many traditional healers are living and their specific practices. However, it is estimated after consultations with these traditional healers that there are about 200 traditional healers (Tantrik) and astrologers. Most of the traditional healers are engaged in other occupations and simply do not want to mention their healing occupation as a secondary profession. Of their services to health, these traditional healers provide different therapies for everything from minor headaches to major medical cases like epilepsy, lunacy and gynecology.

1.8 Fieldwork

Nepal has a multi-cultural setting therefore has pluralistic health care systems. Bio-medical practice is popular however there are traditional healers who are often visited by local people due to an alternative health care seeking behaviour. The etiology of illness varies according to place and culture. When there is a pluralistic health care system in practice it is obvious that existence of traditional healing practice is possible.

My experience regarding traditional healers around Pokhara is exotic. I have visited them as a patient and observed their therapies. Simultaneously I also asked other patients about their feelings. According to their responses, the therapies had positive results. Meeting with some of traditional healers for a study purpose was a difficult task. This difficulty depended upon how popular these traditional healers were. Some of them were so professional that I had to register my name for an appointment.

The main objective of informal discussion with these visitors was to know about their health problems and psychosomatic condition. Apart from these, I tried to know the source of information about the healers and motives of visiting the particular traditional healers. The main reasons of visiting these traditional healers by the patients were that they had heard about solving severe health problems and were particularly recommended by their kins. This encouraged me to further carry out an intensive case study about local traditional healers. Due to my own time constraint and insufficient time allocated by these healers, I feel this study is inadequate, however it is enough to give a picture of the particular world of traditional healers' community. I have focused especially in this study about livelihood, the reasons of survival of traditional healing practices and common health problems of regular visitors to the traditional healers. A semi-

structured questionnaire was given to these healers. (See Annex 1 for the detailed questionnaire). Most of the healers instead of writing themselves preferred to answer the questions verbally. The interpretations in this work have been transcribed exactly as far as possible.

Some of the healers were initially unavailable for the interview when I first visited them. Some of them were out of their homes; some of them were busy in other works and a few of them refused to meet on that particular day when I visited them because it was a day off. (See the table 2. column 2 for traditional healers' performance days in a week). Later, I had to explain the objective of the study and leave a message for them through their family members that I was going to visit them on the next day.

I had to revisit them and some of them were still unavailable for an interview because of a long queue of patients and visitors. I had to ask these healers for extra time (apart from their practicing hours) or about the time when he/she would be free. While waiting for the turn, I asked the patients who were there at the healers' house about their problems and why they seek alternative health services. My next inquiry to them was about the way they felt after getting treatments from these healers. Furthermore, I had to know about their understanding of local healers and modern biomedicine. In addition, the patients who were being treated were further asked about other traditional healers who reside nearby so that more and more samples and data could be collected.

The following areas of background have been collected in order to highlight basic understanding of traditional healers and their practices. It is known that there are different practices, concepts and world of traditional healers according to cultures and localities. It might differ according to country as well. The following topics have been included to construct a concept of life world of traditional healers of Pokhara.

- a) Biographical situation of the traditional healers
- b) Healing methodologies
- c) Types of visitors at traditional healers
- d) Health Problems of the visitors
- e) Background of healing skill and Faith
- f) Livelihood and economy through healing practices
- g) Heredity and transferring healing arts
- h) Specific healing experiences as memorable events

1.9 Participant Observation:

Most of the traditional healers who were interviewed were closely observed during their practices. While conducting participant observation, the following issues were closely considered; how they make inquiries about the problem the visitor has; how they behave towards the patients, how long it takes for a therapeutic performance of a patient. While in interview process, I also focused on the following points: What instruments these healers have; how much money the visitors gave to the healers; how they maintain their living expenditure through practicing their art, and what physical assets they own – e.g. building, television, telephone, mobile, vehicles etc. The objective of this was to find out whether those healers have used his skill for a commercial purpose. Following to these points, how his family member assist them. Beside this the observation was focused on knowing the background of this art that became a practice.

In my observation, out of twenty two healers, a few of them had become rich through this art because they had successfully dealt with some difficult health problems that were not solved by bio-medicine. One of the most interesting traditional healers was a blind man who claimed that he could immediately feel and identify by a touch what the patient was suffering from. Another one claimed that he had successfully carried out healing of peculiar cases like “madness” and “lunacy” by working on the patient’s photograph even if the patient was residing several miles away. Among the traditional healers, this one had become very rich through his healing art. When questioned how many cases he undertakes in a day, interestingly enough, he answered that he preferred to see only two or three patients per day. Later I heard criticisms from local people that he was money-minded. They alleged that this healer prefers only those patients with rich background.

Chapter II Pokhara and Health Care Systems

2.1 Pokhara and Health Institutions

Nepal is divided into five regional areas from the development and administrative perspective. According to this distribution, they are Eastern, Mid-eastern, Western, Mid western and Far western regions respectively. Within the regions, some districts fall as other smaller administrative areas. In western region there are 16 districts. Kaski is one of the districts of this region where Pokhara is the regional headquarter of western regional development area. The

district has a land area of 2017 square kilometers and population is 380527 whereas Pokhara submetropolitan city consists of 156312 population. Pokhara is divided into 18 municipal wards.

Piggs Stacci's study concludes that in Nepal, the development workers see traditional medicine and the local healers are obstacles to modern biomedicine practice. She argues that no matter how hard development workers try to be sensitive to the local beliefs and practices they still discriminate against them because these beliefs and practices are what they are in competition with.¹ This experience goes not only for rural level but urban areas as well. In this ground reality of multi-cultural health practices, people's selection for alternative medicine is indispensable. Ross, et.al. (eds. 1997) also argue that in an environment that is diverse in ethnicity and class, and also medically pluralistic, people draw on multiple medical ideologies. Of this theoretical base to pluralistic ideologies, people of Pokhara, equally trust on Aurvedic, Tantrik and both practitioners as they do with biomedical practitioners. So, this prevailing dual approaches of people to both types of practitioners demand a need for networking between traditional therapists and bio-medical practitioners to solve psychosomatic and other embedded health problems.

On the other hand, traditional healing practice seems to be systematic however it has yet to be proven on a scientific base but should be regarded as an indigenous art. In recent years, there are some health campaigns carried out successfully collaborating with these healers. Now modern bio-medical practitioners realize that their stakes in social development is remarkable. I agree with new studies that have suggested that local traditional healers could be used extensively for the health service development.²

Although hospitals are equipped with ECG, X-ray, MRI and CT scans and have advanced chemical labs, health seeking behaviour among people is different. The reason is partly economical and a more specific reason is cultural. Traditional healers as well as the general population still believe that illness is caused by super natural forces. Some of the cultural and mythical instances have helped to form this belief. They feel that in some cases biomedical science is unable to diagnose the etiology of illness. According to some patients and many traditional healers, the paranormal forces i.e. witchcraft, evil look by evil desired people, black magic and inverse planetary situation create bodily and mental illness. In their subjective perception, those health hazards which are caused by paranormal forces can not easily be diagnosed through modern bio-medical equipment.

¹ http://entheogen.net/firms.com/Shamanism/social_symbolism.html

² http://w3.whosea.org/en/Section1243/Section1310/Section1343/Section1344/Section1354_5292.htm

This faith stems back to cultural factors however, on the other hand some people feel the normal diagnosis process such as blood culture, urine test, x-ray, ECG and other therapeutic practices carried out by bio-medical science are tiresome and a nuisance. It also shows that modern practitioners have poor public relations.

The present study also reflects the type of therapeutic styles and life styles of these traditional healers here in Pokhara sub metropolis. The traditional healing seems to be a strange therapeutic practice compared to natural science. Their etiology as indicated by traditional healers is a reflection of cultural construction of disease etiology.

2.2 Understanding the Healing World

Disease means malfunctioning of human body afflicted by some outer attributions. According to theories as mentioned by Subedi (2001), the causation of ill health in one of the four different worlds are: within the individual, the natural world, the social world, and the supernatural world. In some cases interaction between these various worlds can cause an illness. When there is a problem in a well functioning body and mind, a process of healing occurs. In that respect, healing means overcoming illness. Diseases are in modern terms defined with an idea of germ theory. Germs create illness. Djurfeldt, and Lindberg (1975) argue that illness is the product of economy, environment and culture. According to Djurfeldt and Lindberg, competition and free economy has led to degrading environment and emergence of a weak economic class where different health problems occur.

When there is a disposition of illness in a particular society it is clear that the society already has socially constructed presuppositions of methodology, remedies and precautions. Sharma (1986) argues that Tantrik healers believe that the world is surrounded by hostile agents. They are mostly invisible and are sometimes encountered by human beings. They bring harm or illness to humans. Excluding some exceptional cases, the illness caused by these hostile agents can be cured only after pleasing them or forcing them out with the help of a stronger agent. Other notions of illness causes are: spirits and unfavorable planets. Subedi,(2001) also concludes that the illness is ascribed to the supernatural entities such as gods, goddesses, spirits or ancestral shades. Most of the healers in this study agreed that illness is caused by supernatural entities and is a natural phenomenon.

The natural science of biomedicine evolved on scientific notions and is practiced with rationality; it completely ignores the cultural aspects. In developing countries where the cultural belief has deeply rooted and firmly established ideas, the theory of illness or etiology of illness caused by paranormal forces or psychic forces relate to biomedical science as a secondary alternative to tackle any health problem. Therefore, the epistemology of medical anthropology is to find health seeking behavior of people of a certain locality. The objective of health seeking behavior is to be free of diseases by any other alternative way. Out of the different alternative means, visiting traditional healers is one. These healers practice indigenous approach to the health problems.

Visiting traditional healers shows that people are using complementary and alternative medicines. According to Paudel et.al. (2007), in a survey on using alternative medicine in Pokhara city and nearby villages has shown that CAM (complementary and alternative medicine) remedies constituted 32.2% of the total drugs consumed and visits to CAM practitioners accounted for 28% of the visits to health practitioners.

The above is not a single instance. Practice of CAM is popular even in Western world. To understand the CAM it is to be observed and understood through the tools of anthropology and its cultural context. In the case of the health world, the diseases are defined and interpreted according to its symptoms. In the cosmology of healing world, there are actors who have efficacy in a society and who extensively influence the people in their particular community. It could also be understood by analyzing socially constructed belief and faith and power relation between healers-patients. In this power relation, an idea of community mobilization emerges and shows a scope of filling the gap of communication between modern biomedical science and traditional healing.

2.3 Western Biomedicine versus Traditional Healing

Canary,(1983:90) maintains that Western belief and practice of allopathic system is defined as a discipline of medical care, advocating therapy with remedies that produce effects differing from those of the disease treated. This practice is what we named as “Western”, “modern” and “scientific”. In this practice, the basis for therapeutic recommendations is made with scientific justification. This discipline completely denies the existence of supernatural forces in the etiology of diseases but uses germ theory for approaching health hazards. For the past half century,

allopathy practice of health care system have bloomed rapidly because it applied methodologies for accurate measurement of clinical findings and experimentation.

The blooming of the western health care system also has greater impact on policy. In the post colonial era, rapid transformation in all social sectors brought consciousness in new social construction depending on rationality. Excluding transformations in other sectors, in health sector, biomedical science became significantly popular practice for overcoming disease identification and techniques of treatments. On the other hand, it was an effort to show the state that they were in a trend of the modernization process. In the course of time, it was institutionalized and legitimized. Connor and Samuel, (Eds,2001) argue that indigenous healing among cultural minorities Southeast Asia. . ."may not be officially prohibited but has achieved no significant role in national health policy, and indeed is clearly constructed in antagonistic terms to modernity in state discourse". In contrast to earlier, allopathy is thought to be a colonial bi-product and has been imposed to poor countries. Not only in politics but modern health care system also influenced negatively on the economic level which distinguishes two economic classes in most of the societies. Simply it was felt that modern allopathy therapy is for rich people.

Apart from it, allopathy therapy requires large equipment and chemical labs which impede poor countries and poor people to afford it. In most of the world, allopathy health care system is established as commodity and has been commercialized, the poor people has to find a cheaper health care system. Beside this fact, there are many formalities which impede the relationship between doctors and patients.

In contrast to allopathic practice, traditional healing practice is economical and is well grounded from its cultural aspects. It has two bases of disease etiology: personalistic and naturalistic. In a personalistic concept, deities, planetary motions, ghosts, sorcers, witches, spirits and evil eye are causes of disease. On the other hand from the naturalistic concept, intrusion of heat and cold and in-equilibrium of humors in the body are supposed to be the causes of disease. For the first, there are several kinds of therapeutic practices that are popular. According to a WHO report (1983) on traditional practice, it maintains that in the classification of disease causality, it must be remembered that both personalistic and naturalistic causes are invoked to explain some illnesses in every society, including those most addicted to allopathic medicine.

Chapter III Discussion and Findings

3.1 Biographical Discussions

Theory of medical anthropology focuses on the interrelation of medical practices in a society with its cultural heritage. In a binary schema, traditional healing practice stands as an opposite face of health care system. Things such as progress and backwardness, rationality and superstition, modernity and tradition are but a few of such instances. The idea of binary oppositions or contrasts is a product of structuralism. Levi-Strauss proposed that they were the basic patterns that make up human thought³. While thinking about modernization, rationality and efficacy we have completely left traditional practice far back and have forgotten about its glorious history and mythical significance.

Compared to the old practice, bio-medical science has progressed remarkably, however, people are still in dichotomous practice. This dichotomy of practicing, two health care systems at a time indicate that Nepalese society still inherits transitional phase towards adopting modernization.

Many modern medical practitioners view the increasing use of traditional medicines as a failure of allopathic medicine to satisfy the health care needs of society. Traditional medicine is considered to be full of spirituality and magic whereas modern medicine is seen as based on logic and verifiable by experiment.⁴ But only the use of herbal medicines and also the practice by the traditional healers has cultural significance or has a strong mythical background that works effectively among the health care seeking people.

People still trust in traditional healing practice and it simultaneously goes hand in hand with the use of modern medical practice. Relating to this fact, people in Pokhara have kept their local medical traditions and shamanism as well as adopted to Western style medicine and doctors. It is just a literal difference that Pokhara is an urban area with good reputation for the availability of health education institutions and hospitals. The rapid globalization process in the world where there is always wide discussion and criticism of ignoring locals, persuades policy makers to rethinking or review to these traditional healers. I argue that it will be an advantage for modern health institutions in terms of sharing knowledge of etiology of disease and psychosomatically generated health problems.

³ http://entheogen.netfirms.com/Shamanism/social_symbolism.html

⁴ **Healing traditions in Nepal** Shankar PR, Paudel R, Giri BR <http://www.aaimedicine.com/jaaaim/sep06/Healing.pdf>

3.1.1 Education of Traditional Healers

The survey at first was concerned with the education level of these traditional healers and found that most of them had a low level education. Many of them were illiterate or simply just literate. Eight out of twentytwo, or one third of the traditional healers were illiterate. Similarly, five out of twenty two traditional healers were literate. While analyzing the age factors, most of them were above 45 years of age. Out of the rest of them, each was educated up to classes 5, 7, 9 and class 10 respectively. Above the SLC (School Leaving Certificate) level, there were very few healers engaged both in healing practice and astrology. Most of the illiterate healers were above 50 years old however these healers have wide experience of treatments of various health problems related to both women and children. They could be good informants in order to understand common health problems of visitors because traditional healers above 50 years of age were professionally engaged in healing practices for a long time and had gained popularity.

3.1.2 Female Traditional Healers

Out of the sample, two traditional healers were females. They were about 50 years old and were illiterate. They were assisted by their husbands during the healing process. However, while carrying out this survey in the field, it was found that two of them were quite popular around the area. A long queue of visitors could be seen at the houses of these female healers. They are called Devi (Female Deities). In Nepalese society women feel hesitation to express their personal problems even to doctors, in this respect, these female healers have good experience about women's health hazards and could be good informants.

3.1.3 Occupations

About these traditional healers' other occupations, approximately one fifth of traditional healers were engaged in agriculture. Half of the overall traditional healers were professionals in worshipping, shamanism, healing, and Aakhat (all related with healing practices), however, they simply don't tell that their livelihood source is a healing art. The rest were casually teachers, pensioners and businessmen. The female traditional healers were a housewife and a priest respectively. While interviewing them, most of them wanted to receive training in the modern health care system. By providing general health knowledge, a large number of people could be served through these healers.

3.2 Identification of Health Problems and Healing Practices

Between the dichotomy of modern versus traditional practice in health world, cultural aspects play a vital role. The faith in traditional healers reflects that they are also important actors in the society. Those who visit traditional healers believe that there are some invisible and paranormal forces i.e. spirits, witches, God and Goddess, inverse planetary motions are causes to health problems. For example if a person has a bad destiny (according to indigenous belief, the planetary motion that guides the life cycle of a person) he probably catches bad health. The next basic motivating factor for visiting healers is that they are easily accessible and they maintain harmonious relationship with the patients. Apart from these, the service the traditional healers provide is low cost and more effective when it comes to certain illnesses compared to modern medicine. In this study, the therapeutic style of identification of illness and healing practices are as follows.

3.2.1 Fu Fu

Fu Fu is a very simple common practice in which healers take a pick of ash between their thumb and index fingers while chanting some specific mantras, and then put it on the patients' forehead and take a long breath and blow. Basically this practice is tantrik. Some of them repeat this ritual practice either three or seven times once in a visit. The important factor here is that the Fu,Fu is not a reliable practice, however, the inquiry process seems to be a significant therapeutic activity. The chanting of mantras is different depending on the healers' faith in specific deities or cults. In this survey nineteen out of twenty two sampled healers were found using this practice.

3.2.2 Burning incense stick

In this practice the healer burns a bundle of scent sticks and chants mantras and blows its smoke around the body of the patient. This practice is usually carried out in a small studio type of room avoiding noise where many incense-sticks have already been burning. It seems that the full of smoke from incense sticks works psychologically on the patients. Out of twenty two, around two thirds of the healers used this practice. This is also a common methodology among traditional healers.

3.2.3 Pulse Test

The healer takes the patient's wrist and tests their pulses and identifies/ predicts the health problems by counting the beats in the patient's pulse. S/he confirms it on the basis of the pulse, whether the pulse is beating faster or slower than the normal speed. This practice is rational and systematic in the identification of health problems. In contrast to identification of the health problems through this practice, the other therapeutic practices like use either of methodologies such as Fu Fu, burning scent stick, brushing or beating the Dhyangro are interesting parts of overall process. In sum, sixteen healers found using this practice.

3.2.4 Dhyangro

Dhyangro is a kind of traditional drum that most of rural healers use while undertaking the healing process. In common practice, people call these healers Jhankri (shaman). This is not common practice among traditional healers here in Pokhara. . The healer beats the Dhyangro with a special stick in which he utters and chants the mantra. It is a tantrik method and usually performed at night (Sharma, 1986:15). While carrying out this ritual, the performer provokes spirits and divine agents to know the cause of health problems remedy of it. Three out of twenty two traditional healers were found using this methodology.

3.2.5 Astrology

Some healers use the art of astrology to identify the health problems. The astrologers use **Cheena** (a birth record) of the patient and examine which specific planet or star is causing the health problems. After confirming through astrology, healers use either of methodologies such as Fu Fu, burning incense stick or they would suggest carrying out worshipping of the specific God of the planet or star to reduce its bad influence. About half of the total traditional healers were found using this practice.

3.2.6 Aakhat

It is a unique practice among other popular practices. In this practice the patient has to keep approximately half kg. of rice in a small bag under his sleeping pillow the night before he

would visit the healer. The next day the healer counts the rice grains on a plate every time he chants mantra and each time draw a few grains out of the whole quantity. Counting the number of well shaped and quality rice grains, the healer predicts the reason behind the patient's illness and at the same time suggests the counter solutions. Normally the explanation of the problem would be bad influences of the planets or black magic or evil spirits. The remedial methodologies could either be practices of Fu Fu, burning incense stick or worshipping or brushing the patient's body. The majority of healers in Pokhara was found using this methodology.

3.2.7 Brushing the Body

Use of a brush seems like as if the healer is sweeping the health problems from the patients' body is a special feature of traditional healing therapy. This methodology is also popular among the healers of Pokhara Sub metropolis. Two healers out of twenty two were found using this practice. The patient tells the problem and the healer uses mantras together with performance of sweeping a brush all around the patient's body. This is supposed to be a way of clearing up bad influence of a planet, black magic or evil eyed from the patient which had caused the health problem.

3.3 Visitors at Traditional Healers

Table (2) shows that females and children below five years were the main visitors at the these traditional healers. Among the visitors some of them had low education and weak economical conditions. Most of them think that visiting traditional healers at first was beneficial compared to visiting modern clinics. They expressed their faith in these healers that sometimes children are totally recovered through their performance. Some female patients expressed their deep faith in traditional healers because according to their views, paranormal forces, the causes of illness really exist. They said that only these healers could deal with those problems caused by paranormal forces. They feel that the healers help them by freeing them from bad influences of spirits, ghosts, and an inverse planetary system. They used to suffer from very bad economic and health condition before. They disclosed that after consulting the traditional healers and getting their services, they began to retain better health and household economy. In observation and inquiry, most of these women patients were found illiterate or had low educational background. While doing more inquiries on their working hours and diet, it was found that most of them had a

high working load and poor diets. Apart from these, they had irregular eating habits or a habit of choosing sour and spicy foods.

3.4 Common Problems of Visitors at Traditional Healers

Analyzing table (2), it was found that comparatively women and children had more health problems. Regarding health problems of women they were related to irregularities of menstruation, weakness, and psychological problems. On the other hand, the children had nutrition problems, respiratory problems, common cold and problem of occasionally being frightened.

Another major reason for more women visiting traditional healers was that women simply do not want to expose their problem at a bio-medical clinic first. Compared to modern clinics, they feel more convenient with the healers. The reason is that they are more familiar and intimate with the traditional healers. Exceptionally, a few cases, women patients were found visiting traditional healers for an ultimate service after they were disappointed by the treatment failure from the hospitals or clinics.

While analyzing the most common health problems among female patients, the symptoms they explained were related to anemia. They didn't know that anemia causes irregularity in menstruation, weakness and barrenness. Similarly, when analyzing the problems of men, they were related to psychological problems (especially related to a good fortune or a bad destiny) and the other problems related to these male patients were pain in the spinal chord or bone pains. It was found that some visitors consulted traditional healers to get rid from alcoholic habit. Finally, when I asked these visitors why they came to these traditional healers instead of going to the clinics or the hospital, most of them responded that they had deeper faith in these traditional healing practice than the modern medical services.

3.5 Common Methodologies to Tackle the Problems

For the identification of the health problems, most of the traditional healers were found using Aakhat performance. In terms of a remedy, most of them use a similar methodology the Fu Fu, with the varieties of Mantras. When asked about these mantras, traditional healers told that they would use various mantras as per different health problems. To the questions about mantras,

each of them responded that they had their own chanting mantras, through which different gods are provoked. The two female healers were found using different methods, contrasting to male healers. One female healer, known as a Devi (goddess) used a light stroke of a brush on the body of patients. She doesn't chant any mantras. She carries out informal conversations while performing the healing process. As a remedy for the problem, she would give a little water with mixed ashes to the patients to drink immediately. The other female healer, being a house wife, treated patients who mostly suffered from witchcraft-related cases . She told that she applied specific mantras of Sati Devi (related to the wife of Lord Shiva).

One male healer was found using two pieces of cloves (spice) on his hand and touching the patients for identifying the health problem. He claimed that by this process he would identify acute health problems. Among the male healers, he was of Islamic background. Beside this, he sells homeopathic medicine after confirming the illness. Out of all of the healers the most interesting healer was one who claimed that he could heal his patient despite he was thousand kilometers away. According to his statement, he just needed a photograph of the patient. He used HOM (burning fire for worshipping, and slaughtering a black goat or a rooster).

3.6 Number of Patients and Fee Structures

Each and every traditional healer had their own pocket patients residing in surrounding locality. On the question, whether the patient revisited them, most of them answered “Yes”. These healers have particular days in a week in which they do not perform their healing skills. Apart from these restricted days in a week the average visitors for each traditional healer is 12 per day. While calculating maximum, the number of visitors up to 34 per day. As a whole, calculating the maximum visitors, around 738 patients visit these twenty two healers everyday. When viewing of the economy or financial transactions, a few of them were found completely depended on traditional healing practices for their livelihood, whereas some of them took it merely for social services. Interestingly, some of them were found to be exceptionally rich through this healing art. The average payments from the patients were minimum 5 rupees to 100 rupees. These traditional healers were asked whether they believed in paranormal forces that made people ill, most of them answered ‘Yes’. According to their statement, spirits, black magic and an inverse planetary movement cause illness.

3.7 Heredity, Intuition Power and Transferring of Healing Art

Most of these traditional healers learned this art through their ancestors. Some of them learned it through Ban Jhankri (a mythical character with psychic power). Some learned it in their dream, whereas some female healers learned it through Devi which suddenly and unexpectedly entered their body and they started healing people. Some healers were found learning this intentionally to carry out it as an occupation. When questioned if they wanted to transfer this art, some of them responded positively but they commented that they do not have the right disciples. Some of them were scared to teach it; if the process is misconducted, consequences might be horrible. At the end, some of them said that difficulty of livelihood or nominal income through this skill, they do not find any benefit to teach and nobody should learn it.

Chapter IV Analysis

4.1 Understanding the Context of Traditional Healing

A group of people who often subsequently contribute in a society through their indigenous art and skills are often found unrecognized. Among those groups, I selected studying traditional healers who are indeed working indiscriminately for the society, however, their welfare deeds have never been highlighted. In a particular society, healers are thought to be a source of power centers. Those who are weak seek helps from this indigenous art to gain power or fulfill their expectations. There are many instances in the world where this indigenous art was used to gain political power or drive out an enemy. In the context of Nepal, people still think that witches, spirits, ghosts, apparitions are powerful supernatural elements which can be controlled to drive out harms or harming to other enemies. Miller (1997) also maintains about the similar idea in his study about traditional healers of Nepal. He stresses in the belief that powerful invisible forces whose uncontrolled intrusion into our visible world brings disorder of all kinds: sickness, misfortune, disharmony in relationships. This belief has been grounded for centuries and has strong linkages to the culture. And, this belief establishes power for the traditional healers and shows their greater roles in the society.

Use of different mantras and provoking different gods and goddesses by these healers are evidences of its cultural roots. If observed closely, most of the traditional healers do not perform their art on Monday (see table 2, column 2). According to the healers, Monday is the worst day of

the week and has less effect on traditional healing performance. Monday doesn't belong to a particular planet like other days do.

The causes of illness according to indigenous art are supernatural forces and explanations of these illness are measured through symptoms. The symptoms as recorded (see table 3, columns 2, 3 and 4) mostly are psychosomatic. Failure in business, hunting good fortunes, trying to get rid of alcoholic habit, wish for maintaining domestic harmony are common problems among male patients whereas tortured by witchcraft, evil spirits and physical weakness and irregular mensurations are socio-psychological and psychosomatic problems of female patients. The modern bio-medicine can hardly address these problems. If we deeply analyze the problems, they need to be addressed through good guidances and explanations. What I have found through the field visiting and interviewing those traditional healers that they were well familiar of addressing these problems linking them with supernatural forces. In that case, the suggestions provided in terms of reconciliation between couples, visiting temples or worshiping a particular god and goddess seemed to be helpful in minimizing the persisting problems. The next important factor of this influence is that most of the traditional healers are above 45 age. The age is matured in terms of familial and social status. They have already a wide experience of the world and its relationship complexities.

Relating to the causes of illness they are indirectly linked to patients' poverty and illiteracy backgrounds. Here the argument of Djurfeldt and Lindberg (1975) seems to be true to some extent. Poverty and illiteracy are important factors which help people construct their own disease etiology. Linking this fact with economy, we understand the other reason of visiting traditional healers. We have experienced that modern biomedical centers charge a huge amount for a cure. Simply, at first, if one consults with a physician that means he has to spend at least 200 rupees per visit excluding buying medicines. Compared to the charges of traditional healers, (see table 4, columns 7, 8) the fee of modern biomedical centres or private clinic is higher. At the same time, it has been criticized that doctors of government hospitals give less care to the outpatients. While dealing with the patients, they behaved or maintained less harmony. Because of the above main reasons, people prefer to visit the traditional healers instead of going to the hospitals or clinics. Miller also maintains regarding the patient-doctors relationship as, "The doctor will certainly realize that a shared world-view between patient and physician can be a powerful factor leading to a cure"(1997:5).

In the contention of economic globalization and free market, health sector has also been commercialized extensively. In this case Nepal is not an exception where modern biomedical services are very expensive. Meanwhile, the government has invested only 5.4% its total Gross Domestic Product (GDP) in the health sector, which is definitely not enough in terms of supplying health services to the whole population. In fact, there are also problems of establishing health posts, supplying medicines and assigning health workers in the large scattered remote settlements (http://www.searo.who.int/EN/Section313/Section1523_6870.htm). This shows that poor people are deprived of accessibility to modern biomedical centres. It has already been a pre-conception that modern biomedicine is only for rich people. This idea supports a discrimination and indicates that poor people are still unable to access modern health services. In contrast, this situation certainly creates a favourable atmosphere to visit the traditional healers. The next remarkable point (see table 4, column 3,) indicates that people certainly must have been finding benefits from the traditional healers. The trend of revisiting the healers proves that these healers to some extent are successful to deal with health problems.

The other important point regarding the network among the healers, the data shows that they are less interested in their contemporary professionals colleagues (see table 4, column 10). Their unwillingness to know about contemporary professionals is that the practices they carry out are heterogeneous and the treatment tools are varied. Since each of them has faith in different Gods and Goddesses, it could be a matter of conflict at claiming the superiority of gods and goddesses in which they have faith in. Instead of referring the patients to the other healers they refer them to the modern biomedical institutions. The reason is that the treatment methodology of modern biomedical science is virtually homogeneous. Their willingness to network with modern biomedical institutions is the lack of organizational unity among themselves. The evidence is that the patients whom they were unable to cure, finally were referred to the hospitals. They are the bridges between illness and patients. These all contexts build a notion that there is a need for a strong network between doctors and traditional healers.

Chapter V Conclusion

Observing the context, alternative healing practice is still popular among women, children and undereducated people. It seems that this practice will continue until sufficient human resources from modern biomedical world replace traditional healers. However, amazingly some traditional healers seem to have power that can help to overcome unidentified health problems

such as “epilepsy”, “lunacy” and “madness”. Moreover, it seems that traditional healers can also solve many psychosomatic problems that ordinarily are not possible to solve by modern biomedicine. In healing practice, supernatural powers such as spirituality, patients’ personal faith in God, and personal faith of 'shakti' in the healers appear to work amazingly well. It is an alternative way to overcome some health problems which are beyond the theory of natural science. The traditional healing art is neither a complete superstition nor superficial. The most important thing is personal faith of the patients towards these traditional healers. Interestingly while carrying out the study, some patients expressed a complete satisfaction with these healers and their treatments on very severe cases i.e. ‘lunacy’, ‘madness’, the psychological complexities and epilepsy.

Finally, it is sure that traditional healing skills must have a mythical significance and cultural root. As we have seen that mostly women and children are main visitors to the traditional healers. In this context, traditional healers could be widely utilize as communicators.

Through this study, my conclusion is that this indigenous art should be further investigated and improved for mankind and integrated with modern biomedical practices. It is also necessary to build a network among these healers so that they themselves upgrade knowledge and share the experiences. Further, a close coordination and building an effective network with these healers can be an efficient approach towards integrating Western medicine with this indigenous skill.

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TABLE 1. BIOGRAPHICAL PRESENTATION

S.N	Name	Age	Edu.	Sex	Marital Status	Occupation	Family	
							Son	Daughter
1	A	54	Seven	Male	Married	Labor	1	5
2	B	69	Madyama	Male	Married	Pension	1	2
3	C	43	5	Male	Married	Agriculture	5	
4	D	55	Illiterate	Male	Married	Shaman	1	2
5	E	28	Illiterate	Male	Married	Agr/Shaman/ Part time job	3	3
6	F	79	Illiterate	Male	Married	Agriculture	3	
7	G	22	10	Male	Unmarried	Aakhath	-	-
8	H	84	Literate	Male	Married	Worshipping	3	1
9	I	82	Certificate in Sanskrit	Male	Married	Retired of Gvt. Office	3	5
10	J	45	Bachelor	Male	Married	Teaching	3	-
11	K	46	Bachelor / Saskrit	Male	Married	Astrologer	5	3
12	L	70	Literate	Male	Married	Retired of business	2	-
13	M	53	Illiterate	Female	Married	Housewife	2	4
14	N	50	Illiterate	Female	Married	Worshipping	2	-
15	O	58	Illiterate	Male	Married	Shaman	3	2
16	P	48	Literate	Male	Married	Worshipping/ Astrology	2	2
17	Q	45	Literate	Male	Married	Agriculture	1	1
18	R	79	Grammar level	Male	Married	Astrologer	2	4
19	S	82	Illiterate	Male	Married	Shaman	3	3
20	T	45	Literate	Male	Married	Healing	2	1
21	U	60	9 class	Male	Married	Homeopathic service	1	5
22	V	68	Falit Jyotish	Male	Married	Astrologer	3	5

Table 2. HEALING AND PATIENT'S CATEGORIES

S.N.	Name	Which days you usually treat	Type of patients			Visitor's castes
			Female*	Male	Children	
1	A	Sunday/ Tuesday/Fri/Sat	75%	25%	Some	Bahun Chetri, Kami, Damai
2	B	Tues/Fri	67%	33.33%	Some	Damai, Kami, Bahun, Chetri
3	C	Sunday/ Tuesday/Fri/Sat	60%	40%	Some	Gurung, Bahun, Newar, Damai, Kami
4	D	Sunday/ Tuesday/Fri/Sat	40%	40%	20%	Gurung, Bahun, Chetri, Newar
5	E	Except Sunday	70% gynecological	30%		Gurung, Magar
6	F	Except Wed all other days	90%	10%	many	Bahun Chetri, Gurung, Magar, Damai
7	G	Except Mon/Wed	60%	40%	Some	Bahun, Chetri
8	H	Except Mon/Wed	80%	20%	Some	Gurung, Magar, Newar, Bahun, Chetri
9	I	Except Mon/Wed	50%	50%	Some	Gurung, Magar, Newar, Bahun, Chetri
10	J	Except Mon/Wed	75%	25%	Some	Gurung, Magar, Newar, Bahun, Chetri
11	K	Except Mon/Wed	50%	50%	Some	all types of ethnic groups
12	L	Except Thursday	Some	some	many Some/for fu fu	Bahun, Gurung
13	M	Except Mon/Wed	90%	10%	only	Gurung, Magar, Newar, Bahun, Chetri
14	N	All days of the week	50%	50%	many	all types
15	O	All days of the week	50%	50%	some	Bahun, Gurung
16	P	Except Mon/Wed	60%	40%		Gurung, Magar, Newar, Bahun, Chetri
17	Q	Except Mon/Wed	70%	30%	many	Gurung, Magar, Newar, Bahun, Chetri
18	R	Except midday all the days of the week	50%	50%	some	Bahun, Gurung
19	S	Except Wed	50%	50%	many	Gurung, Magar, Newar, Bahun, Chetri
20	T	Except Wed	50%	50%	many	Gurung, Magar, Newar, Bahun, Chetri
21	U	All days of the week	60%	40%	some	all types
22	V	Except Wed	60%	40%	some	Gurung, Magar all others

*The percentage is measured in accordance to the number of male/female patients out of ten.

TABLE 3. GENERAL PROBLEMS OF THE PATIENTS

S.N.	Name	General Problems of patients			Treatment Methodology
		Females	Males	Children	
1	A	To have children, dead child birth, Dale Moch (children died at 14 years, Premature birth, irregularity in menstruation, blood impurity	Black magic played on	General problems i.e. cold, fever, pneumonia	Burning scent stick and provoke God, thereafter use chanting Mantra
2	B	body ache of adults, irregularity in menstruation, weakness, in appetite	pain in spinal chord, body ache, leg pain	unwilling to eat, vomiting, malnutrition	Find out disease through rice grains (Aakhat) if disease related to physical, let the patient go to doctor, or use chanting Mantra for the spirit influenced disease, slaughtering the cock, brushing the body and worshipping the pot with local wine.
3	C	Weakness, irregularity in menstruation, infertility, depression	Depressed, influenced of spirits, frightened of wild things, to know the favorable planetary system to go abroad, Epilepsy	Scared, unwilling to have food, unable to treat by allopathic medicine, mentally disturbed	Using the ash and chanting the Mantra of Veda
4	D	Irregularity in menstruation, pain in spinal chord, convulsion in leg and hands infertility, reconciliation between couple	Heart problems, Headache, pain in spinal chord,	Scared, frightened, vomiting	Use Aakhat, pulse test, and pour hot water(some cases) or brushing the body of the patient with Mantra
5	E	pain half body, irregularity in menstruation, infertility	mentally disturbed, quarreling between husband and wife	pneumonia, frightened, Jaundice	identify the disease through the counting the rice grains, and use mantras and worshipping

6	F	witch crafted, bad wished,		frightened,	Using the ash and chanting the Mantra of Veda
7	G	inability to achieve the wish, anxiety,	Anxiety, mentally disturbed and abnormal behaviour, sleeplessness	frightened	identify the disease through the counting the rice grains, and burning scent sticks and use mantras as per the type of disease
8	H	Familial, minor headache to body ache	Marriage, business, birth		Using calendar(Patro), using Aakhat, the chartings of scriptures
9	I	stomachache, whirling,	Frightened, bone cracking		Pulse testing, use domestic milk, curd, and honey
10	J	Eyed, spirits, ghost,	bad intended from black magicians, boils,	Frightened, boils,	chanting the verse of veda in accordance with the problems or diseases
11	K	infertility, premature abortion	Dermatological problems going abroad, Earnings,		Using Astrology and chanting the verse of Tantra
12	L	witchcrafted, black magic played over,	Employment, divorce Gastric, bad spirit influenced	Gastric, pneumonia, spirit influenced	Burning scent stick and provoke Gods, Hanuman, Sita Paitala, Bhairab, Bagh Bhairav, ,Hattipau. And chanting the mantras
13	M	weakness, bad spirit influenced,	going abroad, match making	chronic disease, frightened, spirit influenced,	Use of Rudraksha necklace for children, use tantra of lord Shiva, and Satrydevi.
14	N	Bad spirit influenced,	foretelling of intended job	fever, frightened,	Fufu, Aakhat, water, ash and brush for the infected of victims.
15	O	mentally disturbed, epilepsy, general fever, weakness, spirit influenced,	bone setting, spirit influenced,	frightened, fever, pneumonia	Use of different mantras, turmeric powder, rice and burning scent sticks
16	P	Tortured by husband, anxiety, headache, neurological problems in legs and hands, daydreaming, bad dreaming	alcohol addict, polygamy anxiety	Frightened, vomiting, unwilling to have foods.	Practice of Tantra, vedic Astrology,

17	Q	Bad spirit influenced, more anxiety, mentally disturbed, frightened,	spirit influenced, anxiety, mentally disturb, frightened,	bronchitis, pneumonia, unconsciousness, epilepsy, non-appetite,	Hom(throwing various things on fire) for types of problems. Fufu, Making tantrik amulet as a necklace
18	R	marriage for children, planetary influence, buying property	marriage for children, planetary influence, buying property	fever, frightened,	Chanting the verse of veda and Chandika in accordance to the problems or diseases
19	S	Prickling in the body, heart problems, paralysis, black magic played on.	body ache caused by witchcraft, swelling in legs, heart attack, swelling in body, weak appetite	frightened, spirit influenced, swelling in legs, heart problems, paralysis, witch crafted,	Use of Mantras as per the disease or problems
20	T	Irregularity in menstruation, dumbness in body, infertility after marriage, bone cracks.	pain in spinal chord, body ache, bad dreaming	frightened, general cold and cough, diarrhea	Use of Mantras, Scent sticks, on local honey, lemon, blood of the goat, and cow's ghee and refer the patient to eat them
21	U	leucorrhoea, infertility, spinal chord pain, pain in lower stomach	nocturnal emission, short sexual course, spinal chord pain, heart weakness, weak sperm,	fever, lever problem, pneumonia	Keeping two pieces of Clove in the palm and identify the disease with the help of Islamic Mantras.
22	V	birth planetary system, frightened, planetary problem, foretelling of current year, infertility ,barrenness,	health problems of cattle, domestic problems	frightened, fever, pneumonia	Use of Aakhat with rice grains and use of Astrological scripture and prepare medicine

TABLE 4. LIVELIHOOD, FAITH AND NETWORKING OF TRADITIONAL HEALERS

S.N.	Name	Revisit of the	Patients per day		Fixed service	Paid by patient		Do you believe that		Have you received
		patients	Min	Max	charge?	Min	Max	paranormal forces cause		training on healing from
		Yes/No			Yes/no			Yes	No	Yes/No
1	A	Yes	5	10	No	5	10	Yes		No
2	B	Yes	2	5	No	No	No	Yes (planets)		No
3	C	Yes	10	12	No	10	15	Yes		No
4	D	Yes	15	20	Yes	50	16000	Yes		No
5	E	Yes	3	4	No	5	10	Yes (stars)		Yes(Gandaki Hospital) 6 days
6	F	Yes	4	5	No	5	10	Yes		No
7	G	Yes	5	12	Yes (time count)	5	150	Yes		No (willing to)
8	H	Yes	5	7	No	5	100	Yes		No
9	I	Yes	5	6	No	5	100	Yes		No
10	J	Yes	6	10	No	5	100	Yes		No
11	K	Yes	10	65	No	10	1000	Yes		No but I can provide others
12	L	Yes	3	5	No	5	10	Yes		No
13	M	Yes	5	10	No	5	100	Yes		No
14	N	Yes	5	25	No	5	20 with rice	Yes		No
15	O	Yes	3	5	No	15	20	Yes		No
16	P	Yes	3	6	No	5	50	Yes (planets)		No (Sai Baba teaches him in dream)
17	Q	Yes	100	150 only	No	5	100	Yes		No
18	R	Yes	4	3 a day	No	100	Above 100		No	No
19	S	Yes	8	10	No	5	50	Yes		No
20	T	Yes	20	60	Yes	5	3500	Yes		No
21	U	Yes	18	25	Yes (medicine)	fruits only		Yes		No
22	V	Yes	5	15	No	20	300	Yes		No

Annex 1.

Name:

Address:

Age:

Education:

Occupation

Number of Family:

The methodology of healing:

a) Fu Fu b) Burning incense stick c) Pulse test d) astrology e) Aakhat f) others.....

Q.1. Where and whom did you learn healing art from?

Q.2. When did you start healing practice?

Q.3. Which days do you carry healing practice?

Q.4. Especially what types of patients come to visit you?

a. Children b. Women c. Men

Q.5. Which ethnic community and caste do they belong to?

Q.6. What kind of problems do these patients usually have and what kind of special disease or problem do you treat?

Q.7. Which particular practice do you follow when you treat a patient?

Q.8. How many times does a patient need to visit you to be completely treated?

Q.9. Do they visit you again after you have treated them?

Q.10. What is the average of visitors (patients) per day?

Q.11. Do you have a specific charge for specific treatments?

a)Yes b) No c) If yes, how much?.....

Q.12. Do you believe that spirits and inverse planetary motion make people sick? If you believe so, then how do you make people believe?

Q.13. Have you received any kind of training or orientation from a health institution?

Q.14. What do you do if you cannot completely heal a patient or where do you suggest him/her to go?

Q.15. Is there any special experience or event that you would like to mention here?