

## Chapter One

### Introduction and Methodology

#### Background and Context

Custom that unwritten law

By which the people keep even kings awe.

- Charles Devenant (in Uberoe, 2003, p.127)

I want to begin my introduction with this proverb as it reveals the power and importance of customs and customary laws. Nepal is a land of customs and customary laws and it is fertile land for anthropological and indigenous studies. Nearly hundred indigenous communities from Himalayan Range to the hot plains of Terai have a vast store of practical and experience proven century old indigenous knowledge. This land is equally virgin for researchers, as it is not explored in depth. As a result of post modern localized move for knowledge generation, indigenous people are at the centre of concentration in recent years.

This growing interest is due to the practicability and sustainability of indigenous knowledge. Indigenous knowledge is generated within communities, is location and culture specific for decision making and survival strategy, concerns, issues of human and animal life and natural resource management and primary production (UNESCO 2007).

Among branches of indigenous knowledge, one important branch of interest is the health and healing related knowledge. When western biomedical approach couldn't give 'cure for everything' and left dangerous long lasting side effects, attention is drawn on centuries long experience based techniques of wellbeing, good health and treatment.

In the feeling of indigenous people, health is considered as happiness and satisfaction in one's life. We say that one is healthy when he/she is spending happy and content life. Before modern western health system was expanded to indigenous communities, it cannot be said that they didn't have healthy life. On the contrary, it is seen in the communities that modern health and healing system has created many hazards and negative impacts. On one hand, it is very expensive and beyond the reach of majority indigenous population, on the other, this system has many adverse and harmful effects that are threatening the sustainable healthy life. Besides this, people lacking modern health education cannot apply the modern health system properly and thus it leaves many dangerous effects in their lives.

Indigenous health and healing systems are unique products of indigenous people's interaction with natural environment and centuries long everyday life experiences. They are the combination of herbal treatment knowledge, biological knowledge, cosmovision, cultural construct, and daily life practices of food, habitat, clothes and activities (Tamang, 2001, p.4).

When I came to know and see myself with some indigenous healers who very easily cured and joined the fractured bones and I myself began to feel side effects and dissatisfaction on western healing system, my interest grew to study on the ways of indigenous people on maintaining health and well-being. These people living healthy and happy life and receiving treatment from their faith healers also made me keen to study them. As Haubermann (2006) points out, medicine is based upon faith – faith in the ability of the healers, faith in the methods of curing, and faith in the philosophy and cosmology upon which the system is built (p. 567)

For my purpose of studying indigenous health, and healing, I selected Tamang people who have been living in the central hills and mountains of Nepal for centuries. The reasons behind it are their historical insulated life from the outer world, development of their own cultural, institutional and health system and their self-dependence on health related problems due to their remoteness.

Tamangs dwell in the hills and mountains mainly in central Nepal. They are rich with their traditional knowledge and lifestyle. Their indigenous knowledge on health and healing system has vital role in their way of life. In my study sites, I found that many old Tamang people have not been to hospital and not eaten any allopathic medicine throughout their lives. In my observation, most of these aged Tamang people are found healthy and are living long lives (field data). This mystery made me eager to make a study of their traditional preventive and healing system. I have built an assumption that their cultural life, indigenous knowledge on food and lifestyle, their habits and customs have this potentiality of such preventive and curative measures and wanted to verify it in my study. Naturally, a question arises on what these habits and values are and how they contribute in maintaining healthy life. This study is an attempt to answer these queries for knowledge.

Tamangs' nature dependent lifestyle, clan based customary culture and shaman and lama based faith healing attracted me to study their health and healing related epistemology and ontology. I realized that they have deeper knowledge on nature, natural objects, places,

animals, plants, herbs, crops, vegetables, seasons, climate, food and cures. Likewise, I knew that their life-style, culture, behaviour, perception and knowledge are the product of their interaction with nature and thus are pragmatic. So this research work has been designed and carried out to explore this rich knowledge on health and healing systems.

### Rationale of the Study

From the study of present trends, I realized that there is growing interest at national and international levels in the role that indigenous knowledge plays in participatory approaches to development in different fields. In my percept, the reason is that peoples of varied walks of life have advocated for the need of unveiling the indigenous knowledge across the globe that has contributed a great deal in the development of different health and healing systems. They have studied and standardized to a level that these knowledges have been alternative treatment systems. They have also been effective systems for the people who have developed them. But, in Nepal's context, even their important and effective methods and systems have not been studied and revitalized so that the people who have developed them are unable to benefit from them and these systems are in the condition of extinction (Tamang, 2000). In this regard, Parsuram Tamang (2000) further opines the need of their promotion this way:

Indigenous healing knowledge and practices would offer a unique opportunity to raise health status as well as their living standard. If indigenous healing system and practices are protected, encouraged and promoted with the modern system side by side as a mutual learning and prospecting, the cultural integrity, sustainability of ecosystem and economic self-sufficiency of the indigenous people be maintained. .... This sector could be complementary to the allopathic development (pp. 8-9).

Meanwhile, this is also accepted fact that modern western medicine system is incomplete and one sided (Tamang, 2063 BS). It believes that science along with its discoveries and inventions can produce remedy for every thing. But it is faulty assumption (Subedi, 2001). It is where there are many challenges that are growing in this respect and definition of health is changing. Western approach of treatment thus cannot be regarded as holistic in approach and also cannot be tuned with the varying cultural constructs of the people. Indigenous health-care that has terrains of care system satisfies certain needs which are not covered by modern medicine (Gerrit, 1987, p.419).

In order to understand rich indigenous health and healing knowledge, it needs to be explored and opened up so that it can be an alternate and/or complementary system for the modern

health challenges. This knowledge is also part of eastern health system (Tamang, 2001). This made me motivated to make a study of health and healing system of Tamang community. This community is culturally rich, hilly and indigenous tribe. Our traditional belief that indigenous healing system refers to only shamanic healing in the communities is inadequate and this belief needs to be corrected and changed. Indigenous health and healing system has many constituents of healthy life in their cultural, social, biological and spiritual systems. This is where I came to realize that their spiritual belief and cosmological worldview should be studied in connection with their ritual practices that comprise balance between society and nature. Unless we see these constituents in the fullness of their life system, our knowledge is partial and imperfect. I believe that this research contributed in this respect.

At least 80% of the population in developing countries depends on traditional healing system (WHO in Tamang, 2001, p.4). This fact clearly reveals the vitality of the indigenous healing system in the world and in the poor countries like Nepal. Studies showed that there were about 8, 00,000 faith healers in Nepal (Tamang, 2001, p.6; Subba, 2057 BS p.108). They follow a number of preventive, diagnostic and curative measures in their localities. Likewise, the majority of the country's population is outside the reach of modern western treatment system. At the same time, modern western system of treatment doesn't match with the cosmovision and culture of these people as this system has brought cultural construct of the people where it originated and this contrasts with the cultural construct of indigenous people across the globe. It results in a dissatisfaction and failure of the treatment along with dangerous and life threatening effects.

Indigenous healing systems have pragmatic values for the society. In western treatment system, mainly in psychological treatment of diseases, indigenous treatment systems are highly valued. It is found that many indigenous patients refuse to take modern medicines or take them wrongly due to their embedded beliefs regarding causation of diseases and their healing. Their attribute of diseases to different spiritual beings do not make them believe only on biological causes. Therefore, it is essential to diagnose their mental beliefs of the illnesses to treat them successfully. Anthropological and cultural study on their belief systems on illness and healing systems can help even western healers by giving them complementary methodology to adopt for indigenous peoples' treatment. Indigenous people's belief systems and life style study also helps a great deal in the field of preventive measures for resisting diseases.

In these lines, this study of Tamang health and healing system has a great value and significance. These vitalities and facts about indigenous knowledge on health and healing system justify the need of this study on health and healing system of indigenous people in Nepal. For this purpose, I realized that Tamang community is the appropriate group to study and to find out how they interpret the meaning of ecosystem and environment and how their traditional socio-political institutions that maintain social structure and economic part of their lives are contributing in maintaining their health and healing system. In brief, this study, at least for me, is worth undertaking to open up the constituents of Tamang community's health and healing system and contribute in the creation of knowledge regarding their health and healing.

Due to growing intervention of western modernization and commercialization of health and healing system, indigenous health and healing system has been threatened seriously and is sure to extinct if it is not studied, preserved and blended with modern system. Here, I realized that a revamp of indigenous knowledge system, primarily health system, is necessary for its revival and promotion and hence, I undertook this research.

### Research Question

The primary question of my study is:

1. What are the constituents and observed realities of Tamang health and healing system?

To elaborate this overarching question, I have broken it into following secondary questions:

1. What are the constituents of Tamang health and healing?
2. What are the observed realities of Tamang health and healing?
3. What are their implications on health and education systems?

### Limitation and Delimitation of the Study

This study is qualitative in nature. It based its analysis and interpretation basically on qualitative data. Therefore, the findings were also tested qualitatively. As it was carried out personally without any funding sponsorship, cost and time are its limitations. Due to them, longitudinal study with experimental verification is beyond this study.

Tamang community of Nepal is the population of this study. Therefore, the findings are based on the sample population of Tamang in two research fields: Deurali in Nuwakot and Chapali

Bhadrakali in Kathmandu. The study was carried out with qualitative tools and findings are analyzed and interpreted on the light of theoretical premises with the qualitative methodological framework on the sample population. These are the delimitations of this research

### Research Ethics

Being a qualitative study, I have followed ethical codes during field study, analysis and writing of it. I made my academic goal clear to the research participants in the two VDCs and resource persons outside the field. While carrying out every research activity and using every tool and technique, I took informed consent from the participants. Only according to their consent, I mentioned their personal information in the writing of this study. In cases of their disagreement of personal expose but agreement of the information, I used findings without the identification of the participants. I also valued and respected equally those participants who denied imparting certain information for their right of holding the knowledge. This was particularly true of the knowledge of *lamas* and *bombos*. They have some secret knowledge, which cannot be shared unless one becomes their disciple. This was true with me as well because I was outsider to this community and could not bring perfect insider's view. But I am convinced that attempts made to be assimilated with the community during the field-work enabled me to experience 'assimilated' in their habitus (Bourdieu, 1986). Though the participants had hesitation to impart information in the beginning, I could convince them that the study does not harm or exploit those among whom the research is done (Speziale & Carpenter, 2006).

As I was carrying out indigenous, anthropological and cultural research, I was equally aware of the challenge of opening up the inner cultural phenomenon. I knew that a researcher has to prepare him/her to observe the unfolding of inner phenomena without attempting to modify them (Peter, 2007. p.4). For this purpose, study tools were used without influencing the informants' answers and behaviours.

At this point, I was very aware that we should be very careful indeed of imposing 'our' performative and aesthetic criteria and competence in the representation of settings, cultures and actors while neglecting the indigenous local forms of performance through which culture, organization and action are actually maintained in everyday life (Atkinson and Delamont,

2005, p. 835). Here again, I was aware of this and other ethical considerations while field-work, data analysis and interpretation.

### Research Methodology

Prior to decide the methodology for this research, I examined number of approaches. In this process, I knew that research methodology is a broader, axiomatic guideline of theories and analysis of preceding a research. It is the analysis of the assumptions, principles, and procedures in a particular approach to inquiry (Schwandt, 2001). It is not a method itself. It may comprise of many methods and techniques. Methods are the combination of procedures, tools and techniques to carry out a research. Techniques are implementational ways of accomplishing a task. While setting up methodological framework for a research, it is essential to consider the type and nature of the research.

While designing and reviewing research methodology for this research, I had kept in mind that this is a qualitative research, this is an indigenous approach to research and this is a study carried out by an outsider. I was also aware that qualitative research deals with ‘how’ and ‘what’ questions but it deals ‘why’ questions very cautiously. It is one thing to describe ‘what’ is going on and ‘how’ things or events take shape but the question of ‘why’ things happen the way they do, can lead to inferential leaps and empirical speculations that propel qualitative analysis far from its stock-in-trade (Holstein and Gubrium, 2005, p. 498). So ‘why’ is less answered or answered cautiously in this study. In line with this methodological framework of qualitative research, I contrasted it with the research of examining the truth with experimental verification. Instead, I brought out how they behaved and what construct they had but not laying emphasis on why they had it. Validity of such research is tested on the perceptual construct and tradition of the indigenous people. Therefore, it is now essential to see the nature of indigenous research as it, to some extent, contrasts with other types of research in their methodological and interpretation theories.

At the same time, my next concern is that I am outsider by my cultural construct to the community researched here. Therefore, keeping back all my cultural biases and picking out insiders’ views were the challenges for me in this research. In this line, I was guided from the literature of Carpenter and Pilkington (2008). Quoting Spoonley (1999, p.52), they describe how cross-cultural research can be fraught, particularly because it tends to be driven by particular understandings of knowledge that have important consequences for the

communities involved. They provide a tentative definition of cross-cultural research as any research occurring in a situation 'where the ethnicity of the researcher and that of the researched are different' (pp.183-84) and see research as socially constructed, culture bound and subjective (p.192). Being aware of this fact, I have tried my best to keep all my cultural biases back and to pick up the views of the 'insiders'. For this, I didn't influence their interviews and talks. I didn't comment on their culturally bound systems with my cultural percepts and remained assimilated with their cultural construct as long as I remained with them in the study sites. I sought validity of the findings in their faith, performances, cosmovision and cultural construct.

After I became familiar with the nature of indigenous research, my next concern was to study and prepare methodological framework for my research. In this line, I found following methodologies and methods appropriate for my study.

#### Ethnography as a Methodological Framework

Since my research is, to some extent, ethnographic in its nature, I began to examine the methodological literature about ethnography and found that it addresses the problem of 'order' by combining a phenomenological sensibility with a paramount concern for everyday social practice. It also examines social order from different facets. This means ethnomethodology focuses on how members actually do social life and sustain social entities like gender, self, family and so on (Atkinson and Delamont, 2005, p. 834). This methodology examines and analyzes everyday/night of the people and brackets them. Holstein and Gubrium (2005, p. 486) quote Parson to reveal the nature of ethnography by saying that social order was made possible through socially integrating systems of norms and values.... for the everyday production of social order. Thus, I found that ethnomethodology focuses on members' integral methods for accomplishing everyday reality. Likewise, my study of Tamang health and healing system is also not one-sided study but the constituents of health are embedded in their all aspects of life. Among the goals of ethnographic research is to analyze social action, social order and social organization as well as the forms and content of culture (Atkinson and Delamont, 2005, p. 835). In this regard, I have taken ethnography as a methodology of my study to examine all the aspects of Tamang life to see their health constituents and to examine their potentiality.



Smith (2005) elaborates ethnographic approach by saying that it applies multiple methodologies for a comprehensive understanding of a group of people and their culture. So I have used it to bring out a portrait of Tamang people in this study. Their culture, customs, beliefs, values, constructs and skills are studied in detail in their everyday life activities. I became heavily and directly involved in the lived experiences of Tamang community in my study.

I found that the accountable display of social order forms ethnomethodology's analytic horizon. Social order is not externally imposed by proverbial social forces. Instead, ethnomethodologists view it as locally produced by way of the practices of mundane reason. If social order is accomplished.....social work is self generating (Polner 1987, quoted in Holstein and Gubrium, 2005, p. 484). Social order and its practical realities are thus reflexive. The reflexive daily life of Tamang people in their social and cultural order contains the health and healing elements that this study tried to reveal through ethnography.

Likewise, the literature revealed me that Ethnomethodological research is keenly attuned to naturally occurring talk and social interaction (Holstein and Gubrium, 2005, p.487). Such studies tend to focus on locally created meanings and the settings. Quoting Miller (1997), Holstein and Gubrium, (2005, p. 494) indicate the therapeutic use of ethnographic discourse in the field of treatment. 'Ecosystemic brief therapy' emphasizes the social context of clients' lives and problems (ibid) and I have added my ecological or natural context in it as I am applying grounded approach in some aspects.

I have widely used the method of performance ethnography to incite cultural performance of Tamang people. Performance strategy, in its most procedural sense, drawn from its link to communication studies, is interested in the process of dialogic engagement with one's own and others' aesthetic communication through the means of performance. I have used this as a strategic method of inciting culture of Tamangs in the study area (Alexander, 2005, p.411) and to see its connection to their health.

Observation of participation is a technique of ethnographic study in gathering data by observing the "days and nights" of the participants. Participant observation was widely believed to produce documentary information that not only was 'true' but also reflected the native's own point of view about reality (Tedlock, 2005, p.467). The observation of participation produces a combination of cognitive and emotional information (ibid, p.474).

Being guided by this, I have widely used observation tool to watch their everyday performances and ritualistic performances in my study. I also found that public ethnography, a branch of doing ethnography, is the type of research and writing that directly engages with the critical social issues of our time including such topics as health and healing (ibid, p.473).

Visual data is the recent method of gathering factual data for analysis. This is the age of advancement with technology and research is highly facilitated with this. The development of small digital camera and recorders, and the development of digital photography have created an enormous range of possibilities for cultural and indigenous researchers in the fields.

Regarding the use of modern visual data tools, I took following literature as my guideline in my gathering of data:

Consequently, visual anthropology and sociology should not be treated as separate genres or specialties. There are many aspects of culture that are intrinsically visual.....There are many social phenomena that can and should be analyzed in terms of their appearances and performances that may be captured in visual terms (Atkinson and Delamont, 2005, p. 825).

There is no transparent medium through which a social world can be represented, as language is not a transparent medium. Photography and video are not merely passive recording media; rather they actively shape our reception of social and cultural phenomena (ibid, p. 834). For these reasons, I have used electronic devices for the collection of visual data. Prior to do so, I got the consent of my research participants.

I found that how we perceive things depends on how we interpret them. Husserl (in Holstein and Gubrium 2005), argues that the relation between perception and its object is not passive. Rather, human consciousness actively constitutes objects of experience (p.484). Most ethnographers traditionally have asked, “How do participants see things?” Whereas ethno methodologically informed discourse studies have asked, “How do participants do things?” (Maynard in Holstein and Gubrium, 2005, p.494) This forms ground for the need of observing participants’ behaviours.

Qualitative inquiry’s analytic movement has got its greater significance when it arrived back with post modern sensibility. Recently, ethno-methodological sensibilities have been useful to the constructionist move. It can be revealed in the present movement of Tamang people of their indigenous identity, right and revival movement of religion, language and culture. It has been the most analytically radical and empirically productive in specifying the actual

procedures through which social order is accomplished (Holstein and Gubrium, 2005, p.483). The analytic emphasis has been on 'how' social reality is constructed with ethno methodology taking the lead in documenting the mechanism. Interpretive practice engages both the 'hows' and 'whats' of social reality (ibid, p. 484). It is where I used interpretive practice to show how beliefs and values of Tamangs are constructed and what their constructs regarding illness, causes and healing and health are. I have found the justification of them in their faith and belief system and the need of their revival to benefit these indigenous people.

### Phenomenology as a Methodology for Lived Experience

According to Oiler (1986), 'Phenomenology is a qualitative research method that aims to describe an experience rather than define, explain, or interpret the experience. It provides an accurate description of the lived experience and essence of the phenomenon' (p.76). Being guided by this methodological guideline, I have used phenomenology as a methodology of my study. In this regard, I reviewed Husserl and found that philosophical phenomenology argues that human consciousness actively constitutes objects of experience (in Holstein and Gubrium, 2005, p. 484). Then I tried to link it with Tamang's consciousness of their cultural and social situation that might have constituted their experience of healthy living. This is where I decided to use phenomenology as my methodology.

A phenomenological research design is used when little or nothing is known about a phenomenon under investigation. Phenomenology describes a human experience as it is lived and investigates the essence of the phenomenon to more fully understand the structure and meaning of the human experience, to help clarify and/or elaborate on experiences (Struthers and Eschiti, 2004, p.14).

The methodological literature helped me understand that consciousness constructs as much as it perceives the world. The world that has ingredients of social sciences should focus on the ways that the life world is experienced by its members (Holstein and Gubrium, 2005, p. 485). In this process, the research group is to be bracketed for analytic purposes (Holstein and Gubrium, 2005, p. 485). In the bracketing studies of Tamang people, I have suspended my ontological judgments about the nature and essence of things and events so that their behaviours are making meaning in their perceived experience. Analytic bracketing is employed for my study throughout the analysis of this research (Holstein and Gubrium, 2005, p. 496).

As quoted by Holstein and Gubrium (2005), Melvin Poller says that the guideline of the investigator is, “don’t argue with the members” (p.486). In this line, I have suspended my prior or privileged version of social or natural world to my best so that the community members’ activities produce stable social realities. Due to this, I am sure that what I have come up with, is very close to, if not exactly the same with, the insider’s view.

Schutz in Holstein and Gubrium (2005) opines that individuals approach the life world with a stock of knowledge composed of ordinary constructs and categories that are social in origin. These origin related images, folk theories, beliefs, values and attitudes are applied to aspects of experience, thus making them meaningful and giving them a semblance of everyday familiarity (p.485). The familiarity of shared experience among the individual in a group make the activity meaningful and normative. In this connection, I found that the task of phenomenological research is to collect and analyze these shared experiences. With this realization, I applied phenomenological research to collect the experiences of Tamang people, their cultural construct and ritual life from the perspective of health and analyzed them applying their experience to make them meaningful in their belief system and social familiarity.

#### Archaeology and Genealogy for Digging out Knowledge

To comprehend Foucault and his methodology for a beginner individual researcher is a foolish mission. Despite, this understanding, I tried to catch a small portion of his methodology- archaeology, genealogy and care of the self and also used first two of them as methodology of this research. His archaeological method, as name indicates, is not related to the analysis of geological excavation. It is a complex set of concepts including *savoir* and *connaissance* (Scheurich and McKenzi, 2005, p.841).

*Savoir* is the condition of possibility of *connaissance*, which is the formal statement of a discipline. It is also much broader and less rational array of practices, policies, procedures, institutions, politics, everyday life and so on. ‘Formal knowledges (*connaissance*) emerge substantially from a broad array of complex irrational sources of conditions which undermine modernist rational ‘meta narratives’ of formal knowledge’ (ibid, p. 847). Here, discipline plays a vital role, which is a formal knowledges (*connaissance*) that cannot be studied and understood in just their own formal terms. Rather, a *connaissance* emerges out of *savoir* (ibid). In line with this understanding, my study is an attempt to study health and healing

systems of Tamang community as *connaissance* and their culture, religion, cosmovision, ecology, rituals and everyday practices as *savoir*.

The aim of archaeology is to define a method of historical analyses freed from the anthropological (i.e. human as subject-centered) theme and a method purged of all anthropologism (i.e. a method of historical analyses freed from ‘man’ as its centre) (ibid, p. 848). I realized that analysis of Tamang history brings out the elements of their health percept and did it in line with this methodological guideline. I have understood that doing ‘cherry pick’ a concept here and a concept there is not doing archaeology. To trace the formation of disciplines (*saviors*) is archaeology.

While studying genealogy, I realized that there are no any origin points of Tamang history but their origin is fabricated. The second focus of genealogy is ‘body’ which is inscribed surface of events at the centre of the body and it is the Self. Genealogy is situated within the articulation of the body and history (ibid, p. 851). The body is also directly involved in the political field-power relations and they have an immediate hold upon it. This helped me in finding out why the Tamang people were forced to leave Tibet and why they had to live insulated life in Nepal for a longer period in history. This study gave me insight that a genealogist focuses on describing the various systems of subjection and the endlessly repeated play of dominations, which lead to the differentiation of values. Here, I used this theory to make a study of Tamang subordination in history and at present and I have interpreted the causes of why their values differed as insulated tribe from this perspective. But at the same time, I have found that class domination generates the idea of liberty (ibid, p. 852). This discussion gave me a theoretical guideline for the methodology of this research. In this ground, I have evaluated the condition of colonized culture and healing system of Tamang community after the rise of greater Nepal and the influence of western biomedic treatment system. I have seen the present movement of indigenous people of Nepal as a struggle for liberty from social and political domination.

In Foucault’s view, the rationales that support modernism as humane and as becoming more so are false. Instead, modernity is but a new installation of domination and violence as a system of rules (ibid, p. 852). It also brought cultural invasion and colonial domination dismantling indigeniety in every field. As a result, post-modern approach emerged and movement of local indigenous identity got strength. In this background, I have attempted to

bring this research as a struggle to bring out indigenous health and healing system as a vital constituent of holistic health approach against the unilateral western biomedic approach.

While doing genealogy, Foucault wants a researcher to understand four basic rules. Firstly, every repressive punishment has a series of 'positive effects'. Secondly, punitive method should be analyzed as the other way of exercising power. Thirdly, different disciplines originate sharing commonality or overlap of bodies. Lastly, one should try to study the metamorphosis of punitive methods on the basis of a political technology of the body in which might be read a common history of power relations and object relations (ibid, p. 856). In this process I adopted secularization without separation and indigenization in modernization as the guiding axiomatic beliefs of my study. In the whole, I realized that Foucault stands as a major critic of western modernity (ibid, p. 858) and I have used this understanding to bring this study from different perspective than the western glass.

History is not predominantly created by a subject, particularly a logical rational subject, who has his hands on the guiding wheels of history (ibid, p. 858). It doesn't record the truth as truth lies outside history; it is universal and unchanging. Truth has no history of its own (Chatterjee, --, p. 167). Here, it seems that Foucault's methodology is in the line of deconstructionist approach of Derrida. His perception is similar to deconstructive methodology of Derrida (ibid, p. 860). This is a different perspective of perceiving history. It is where I have made an attempt of studying Tamang history from this perspective and I realized the need of deconstruction in interpreting history and structuring present. In line with this, I used archaeology to see Tamang's genealogy of their embedded knowledge. Their formation of cosmological perception and concept of health, illness and healing were studied and analyzed in my research.

## Research Design

As stated by Denzin and Lincoln (2005, p. 375), a research design is the structural picture of a study and its procedures by which we address our research questions and interpret the results. Research design also helps a researcher in accomplishing the task successfully. Research design situates the investigator in the world of experience. Following five basic questions help to structure the issue of research design (ibid, p.376):

1. How will the design correct to the paradigm or perspective being used?

2. How will these materials allow the researcher to speak to the problem of praxis and change?
3. Who or what will be studied?
4. What strategies of inquiry will be used?
5. What methods or research tools for collecting and analyzing empirical materials will be utilized?

These questions guided me in designing my research. As this study focused on indigenous health and healing system of Tamangs, this is also an anthropological and cultural study. In this sense, I also attempted 'to explore the nature of man as an evolving, cultural bond creature, living in organized societies each different from every other and yet similar in many ways' (Hobel in Mookherjee, 2007, p. 63).

In my study of Tamang's health and healing system, I first decided to carry it out as an indigenous study following its nature and features. So I abide this study from the features of indigenous study. I set forth my research question and began studying literature. I went through the literature of indigenous health and healing globally. Then I gathered and studied the literature of Tamangs in Nepal and then the literature of health and healing. After that I went through the literature of research methodology.

These literatures gave me insight to set the design of my study and the guiding methodology for it. When I explored cultural anthropology, I found that it demands ethnographic field research employing varieties of field techniques to gather information and put together a picture of the total lifestyles of the unknown or less known society under study (ibid) i.e. Tamangs of Nepal in this study. I have selected phenomenological approach for gathering data from the field. I found archaeology and genealogy a suitable approach to study the field and used it for the same. I used different tools for collection of data accordingly. I have mentioned these tools in 'Study Process and Tools' below.

After I realized that I have drawn enough from the field, I decided to analyze and interpret the field from the theories that are suitable for the interpretation of this indigenous study. For my study purpose, I found P. Bourdieu's habitus, embodiedness and cultural capital as one of the right theory. At the same time, I decided to interpret some of the aspects of my field from the theoretical perspective of Kaupapa Maori theory, which I have discussed in my research methodology. Then I analyzed the context of their talks and actions. I analyzed their thick and detailed cultural descriptions. For this, I bracketed them to interpret meaning in their perception and indigenous frame of research methodology. I also analyzed the field finding

on the theoretical and methodological framework of interpretive practice of Husserel. I found that there was some uniqueness of my study in the context of studying indigenous people of Nepal. So I interpreted my field in my own way on the basis of grounded theory.

I again revisited my research question and found that it had a clear articulation to the objectives of my study (Denzin, & Lincoln, 2005). I again revisited my findings from the field and consulted literature to triangulate my findings. This assured me that the question was valid and the literature supported my findings to the extent the literature could meet. To the part of the knowledge, which is the new creation of this research, I have got confidence that it is valid and it could answer my research question.

### Study Population

Indigenous Tamang population living in central hilly region of Nepal is the population of this study. Being a qualitative research of sociological and anthropological nature, I conducted this research in Chapali Bhadrakali VDC ward numbers 3, 4, 5 and 6 in Katmandu district and all wards of Deurali VDC in Nuwakot district. In these research fields, there were more than 90% Tamang residents (VDC and District Profiles). I realized that these groups of people were less affected by the modern interventions, and other communities despite overall colonial intervention. Similarly, to compare the effects of deculturation, acculturation and modernization in Chapali Bhadrakalii VDC, Deurali VDC in Nuwakot was an ideal location where over 95% (District Profile) population comprises of Tamang living in their almost 'unspoilt' cultural and religious life. The introductions of the two VDCs with their typical features are presented in chapter 3. I have used purposive sampling for the research participants in this study. List of research participants and resource persons are presented in Appendices 8 and 9

I tried my best and am sure of the representational validity of the research for which I made the representational criteria of age, gender, education, cultural involvement and geography of the sampling. Those participants who didn't consent for their identification are presented with pseudonyms.



## Study Process and Tools

When I consulted some resource persons, I got information of the study fields among which I selected the two fields which, I was convinced, could meet my requirements and interest. First, I went to Chapali Bhadrakali as I heard the historical significance of the place. After my talk with some Tamang people, they agreed to be my research participants. I used their information and got help in the selection of further participants using snowball-sampling technique. For this, I made a list of ten participants from different fields of life, purposively, got their consent and started my work. After the study of this field, I realized that Tamangs in this region might have some cultural influence of the other communities and modernity. So I wanted to compare the findings here with the other Tamang field which resembles the unspoilt Tamang culture. I wanted to find the other Tamang field far from the intervention of modernity and not acculturated with other communities. For this, I got information about the field and possible contacts in Nuwakot from my resource persons, went there and started to build up my rapport with them. I found Deurali VDC ideal for my purpose and started my field work there. In course of time, I could make friendship with some research participants and then extended it as I did in previous field. My biggest challenge was to gain trust and to build rapport with them. For this, I ate with them, danced with them and gained friendship and openness by maintaining informal relations. My experience of building rapport with Tamang community is that in the beginning, they are suspicious of possible harm the new person may cause to them if they maintain open relationship. But when they are convinced that the person is not of harmful type, it is very easy to build up a very close relationship with them and to get huge cooperation.

They were so cooperative that they fed me in their houses, gave me shelter as their family member and managed time for formal and informal talks, to make me visit the cultural and historical places and to guide me in the observation of cultural, religious places and festive occasions. I maintained so deep and friendly relation with them that all their hesitation went away and they were frank, open and friendly to share all their experiences except some sacred and secret information of *lamas* and *bombos* for which I respected their right.

In the process of data collection and study tools, I read Hobel (in Mookherjee, 2007, p. 64), to find some major field techniques used in sociological and anthropological research. He recommends that direct first hand observation of daily behaviour, participant observation, conversation with varying degree of formality, maintaining rapport, interviews, gathering

information and tracing the 'family trees' and the degree of relationship, the 'genealogical method', in depth interviewing leading to the collection of 'life histories', discovering local beliefs and perceptions are the major field techniques for the study of this type.

Therefore, I designed my research by developing research tools on this line. Being an indigenous and health related research, I realized that I had to use anthropological approach to inquiry and ethnographic field techniques for my study. So I observed their 'days and nights' along with their celebration of festivals and rituals during my study time. I also observed the celebration of Lhosar in Chapali and Chheju in Deurali. The research participants informed me when there were ceremonies, *bombo* soundings, *lama* rituals and social occasions and they co-operated me in the collection of data. I interviewed them with sets of questions for formal and informal talks, observed the fields and socio-cultural life. I also used cameras and recorders to capture their audio and visual elements of culture which otherwise could not be recorded (ibid). I recorded the events in camera and tape recorder and I maintained my daily diary with the records of events and interviews. I realized that face-to-face social interaction can bring realistic and natural data about their cultural life and did the same. My experience of my past life time, spent in the rural hilly region, helped me in this process of gaining rapport. While doing these all, I was aware of the research ethics to take their prior consent in the use of these tools and equipments.

The major and more frequent tool, interview, was taken less formally and more informally in the form of talks so that their natural ways of providing information were not affected. They were structured and unstructured, open ended ethnographic and closed. Interviewing was carried out without influencing the informant's answer (Peter, 2007. p.4). In this process, I have collected empirical materials, oral history, created and natural facts about them through participant observation in the settings that are natural and original. I also observed their structurally organized actions and had talks in actions. When I was sure that I got enough field data from both the fields for my analysis and interpretation in line to answer my research question, I returned from the field. Prior to do so, I did member checking (Denzin and Lincoln, 2005) for the authenticity of the information that I generated. When I was in Kathmandu, I consulted methodology literature for the analysis and interpretation about which I have discussed in data analysis and interpretation section. I have also mentioned the framework of methodology of my study in methodological framework. After the first attempt of analysis and interpretation, I revisited the fields to ensure the validity of my research, to

present my analysis to the research participants for their consent and to confirm some of the confusions that came up during my analysis (ibid). It was only then that I gave the final touch to my analysis and interpretation part. Then I drew conclusions and implications from it.

### Research Validity and Reliability

This is an indigenous qualitative research. Its validity is to be considered about from the perspectives of an anthropological and cultural research. The three validities or methodological programmes in cultural studies in an integrated framework as proposed by Saukoko (2005, p.344) are presented in the following table. I ensured the validity and reliability of my study on the basis of this framework

	Contextual validity	Dialogic validity	Self-reflexive validity
Contextual dimension	Social reality	Local realities in social context	Research shapes real social processes
Dialogic dimension	Local repercussion of social processes	Local realities	Local awareness of social shaping of reality
Self-reflexive dimension	Research shapes social process of reality	Local realities are socially shaped	Social shaping of reality

From the contextual dimension, I have made an analysis of social and historical process of Tamang history, culture and ‘days and nights’ thoroughly and defensibly or correctly (Saukoko, 2005, p.346) so that I have assurance of this validity. Dialogic validity has its roots in the classical ethnographic and hermeneutic project of capturing “the native point of view” or “to realize his vision of his world” (ibid, p.348). My attempts of capturing the cosmology of Tamangs, their perception of life, health and healing and their cultural construct assured me of this validity of my study. Self-reflexive validity is critical reflection on how social discourses and processes shape or mediate, how we experience our selves and our environment. Analyses of popular media texts and how they shape the way we understand our selves are the trademark of cultural study research (ibid, p.350). I ensured this validity of my study by comparing and contrasting the field with the global indigenous health and healing literature and other literature regarding health and healing systems prevailing in the world and in Nepal. Meanwhile, this validity is obtained by studying the connection between health and other aspects like religion, ecology, culture and daily life activities.

At the same time, validity depends on the theoretical construct of the research. Since my research has been guided theoretically from ethnomethodological, phenomenological,

Kaupapa Maori and grounded theories, its validity and reliability is tested in the perspective of these theoretical grounds of research. Besides these, I have studied the history and culture of Tamang from the genealogical, archaeological and cultural habitus perspectives. In order to do so, I have developed the research tools in line with the above guidelines. The next constituent of validity, sample of the population, was also selected to meet the requirements of the methodologies and research questions. On these grounds, I claim that my research has contextual, dialogical, and reflexive validity and reliability for the creation of authentic knowledge by answering my research questions.

### Data Analysis and Interpretation

Magritte wrote on his painting of a pipe, "This is not a pipe" (Foucault in Scheurich and McKenzi, 2005, p.841). In research, this metaphor implies that things cannot be represented as they originally are. It also shows that any research work cannot represent the original cultural situation of a community. It can be only like a portrait. This signifies that qualitative data analysis is labor intensive and a hectic process in which data are taken apart, arranged, and rearranged into themes that describe the phenomenon (Oiler, 1986 p.78).

For the analysis of my field, I consulted literature about analysis process and found that the process of analysis stretches far beyond the mere manipulation of data and even of the work of grounded theorizing, "thick description" and the like. It also resides in the reconstruction of a given social world or some key features of it. Such reconstructions are rendered persuasive through the textual and other devices deployed by ethnographers in putting together the texts, films and the like that constitute the ethnography (Atkinson and Delamont, 2005, p.834). Through this statement, it is clear how the process of analysis goes. On this guideline, I began the analysis and interpretation of my field data.

While analyzing my data, I read and scrutinized it so as to seek for the meanings of the interviews (Denzin & Lincoln, 2005). While doing so, I was aware of the situation and the context in which the performances occurred. While interpreting the meaning, I used my analytic strategies and linked them with the theories, which I adopted for my study and interpretation. In this line, I have kept in mind that it is not productive to analyze social world exclusively through the lenses of just one analytic strategy or data type. In my analysis, I used different types of qualitative research tools – discourse analysis, visual analysis, narrative analysis and the like- as paradigms or disciplines in their own right; I used them as analytic

strategies that reflect and respect the intrinsic complexity of social organization, the forms of social action and the convention of social representation (Atkinson and Delamont, 2005, p. 836).

Therefore, I have not taken only a single analytic perspective. I linked the findings with more than one possible theories to interpret them. I triangulated them with the available literatures, findings in multiple cases and multiple theories, as interpretation should attach meaning and significance to the analysis. Thus I made triangulation in my analysis and interpretation.

### Theoretical Framework

Theoretical framework of a study gives an analytic guideline for the interpretation of the field. While analyzing and interpreting my field data, I became guided first that this is an indigenous study. Therefore, I took the approaches and theories that guide indigenous research. Likewise, I realized that the health and healing of Tamang people is embedded in their cultural cusmovation and lifestyle. To interpret this, I used P. Bourdieu's habitus, cultural capital, embodiedness and sacred of religion as my theoretical framework. I have mentioned it in detail in the following respective subchapter. In line with my interpretation, I found Kaupapa Maori theory to be applicable in the interpretation of Tamang's health and healing and included it in my theoretical framework. I also used some behavioural and anthropological theories for the purpose. Finally, I knew that it was a study carried out in the east and in the indigenous community. This made me use grounded theoretical frame to the extent my study contrasted with existing research theories. This framework of theories is elaborated hereunder.

### Indigenization of Research

When I examined the research methodologies used for the group of people, I understood that indigenous research should be accountable to indigenous community in research. It must benefit the community as well. In this line, Smith (2003, p.5) argues that the theories and methodologies applied in research should have the following qualities:

1. A capacity to make 'space' for itself to be sustained in a context of unequal power relationships with the colonizer and the critique that will inevitably be developed as such indigenous theorizing often contradicts and challenges the existing and accepted ways of knowing, doing and understanding in the academy.

2. A capacity to sustain the validity and legitimacy of the theory in the face of challenge both from the colonizing imperatives and from internal (indigenous) hegemonic forces
3. A capacity to be 'owned' and to 'make sense' to the indigenous communities themselves
4. A capacity that has the potential to positively make a difference – to move indigenous people to a better existence
5. A capacity to be continuously reviewed and revised by those for whom the theory is intended to serve.

With the above understanding, I realized that it is essential to think that the aspects of indigeniety are embedded in the orientation towards the study of cultural products as constructed reality. Here, I had the clear perception that the task of a social researcher is not to construct social reality but to find out how it is constructed by the actors in the game of construction and to test the multiple social constructions of reality against each other (Mukharji, 2004, p.36). So I tried to address myself to the relevance and importance of an indigenous approach to the complex realities of our societies and cultures.

Knowing true nature of indigenized research and contrasting it from the western view of research is equally essential in this respect. So I came to agree with the opinion of Atal (2004, p.105), when he shows following features of indigenous research in line to keep it different from western view of research:

- 1) Indigenization is a plea for self awareness and rejection of a borrowed consciousness. It emphasizes the need for an inside view. Its proponents wish to stimulate such scholarly endeavours so as to promote thoughtful analysis of their own societies to replace the existing trend of knowing these via the west.
- 2) Indigenization advocates the desirability for alternative perspectives on human societies with a view to making the social sciences less practical and enriching them. This would, it is believed, emancipate the mind and improve the quality of professional praxis, so that society can be examined through new lenses.
- 3) Indigenization draws attention to historical and cultural specificities and argues for the redefinition of focus with a view to developing dynamic perspectives on national problems.
- 4) Indigenization should not lead to narrow parochialism or to the fragmentation of a single discipline into several insulated systems of thoughts based on geographical boundaries. It is opposed not only to false universalism, but also to false nationalism. Reduced to the level of national narcissism, indigenization would be rendered futile.

From these features of indigenous research, it is indicated that if west carries indigenous research, it brings its pre-occupied view of theories and developmental structures, which do not match appropriately to indigenous communities in the east. Yoges Atal (in Mukarji, 2004, p.39), again opines that the western paradigm of development, with its attendant theories and

methodologies were being faulted for their inappropriateness and irrelevance to non-west realities. Development strategies for them are sloganizing the need for endogenous development and indigenization stands for localized control. Here, indigenization seems almost like a revolt against the dominance of western concepts, theories and methodologies. This means foreign scholars viewing reality through a different cultural lens miss out the deeper meanings and often distorted facts and misrepresented reality (ibid). There cannot be a single recipe for the problem of development all across globe (Mukharji, 2004, p.40). This made me realize the need of own solutions for the problems faced by Tamangs and this research should see the ways for revitalization of local knowledge of Tamangs on health and healing.

Indigenous research is generally guided as an approach of decolonization either from the west or from the elite in the national level. The 'decolonization' movement is joined by a renewed interest in the value of local knowledge, and of indigenous knowledge. This movement holds the view that farmers' knowledge can be seen as local, as well as indigenous, and is increasingly recognized for its value (Rip, 2003, p.424). The Decolonizing approach also traces out heritage and brings spirituality. Research in this approach is for the people and thus they should benefit from it. It denies authority and seeks ways of emancipation. I have also adopted these guidelines in this study in the line of indigenizing this research.

Globalization and western theories have impacted on developing (poor) societies in holding them captive to certain theories of development, which have not in fact delivered the practical result (Mukharji, 2004, p.31). The decline of Tamang indigenous knowledge and apathy of young generation in such knowledge is the result of globalization. I have used this perspective while interpreting the field in this study.

### Habitus, Embodiedness and Cultural Capital

From the study of P. Bourdieu (1986), I found that he developed basically three concepts in connection to culture of indigenous and disadvantaged people: concept of cultural capital, concept of habitus and concept of embodiedness. For him, cultural capital is an asset that has been acquired; it enables people, collectively, to generate relations of distinction, which are instituted as social or status hierarchies. He further says that a dominant class is able, in effect, to impose its definition of reality upon all other subordinated classes. In this theoretical framework, I interpreted the cause of poor performance of Tamang children at

schools and colleges. Likewise, I have searched the reason of less or no representation of Tamangs in administrative and technical fields from this perspective.

Similarly, cultural capital of a certain group of people can be converted into economic or social capital as cultural goods or symbolic actions by generating certain monetary value for a certain institutional level of achievement (Bourdieu, 1986; wikipedia). The disadvantaged condition of Tamang cultural capital and their colonized state due to the cultural capital of other dominant groups is analyzed in this theoretical guideline and I sought ways of converting their cultural capital into economic capital for their benefit.

Habitus for Bourdieu is the active presence of past experience disposed in perception, thought and action of a group of people sharing common way of living, which makes their system of culture, worldview and identity. It develops their concept of field or a system of their social relation. Using this concept, I understood that it is the habitus of Tamang that determines their connovision and thus their concept of health and healing. Embodiedness is their generated habitus and generated history (Bourdieu, 1986). With this understanding in mind, I tried to study the habitus of Tamangs, their embodied knowledge relating health.

In line with religion and everyday performances, Tannaka (2003) opines that religion is not different from everyday life and can be structured on the basis of everyday needs (pp. 861-62). It is in this theoretical framework that I reflected Tamang community and found that it is an evidence of how religion can even be modified and practically tested in the real life situation and how it is part of daily life. For example, they are the Buddhists by religion but many of the Buddhist principles are converged in the practical walk of life. At this point, I agreed with Tannaka and saw religion as vital constituent of Tamang health and healing system as religion and everyday life are not distinct aspects. Likewise, as perceived by Tannaka (2003), I realized that a strong dualism in the anthropological study of Tamang Buddhism is evident in the analysis of religious beliefs and practices. One can see this dichotomy in Tamang everyday life and religion. It is also revealed in self maximization when one approaches gods to help him in the achievement of personal desires and when one seeks gods for help in overcoming one's selfish or egoistic interests (ibid, p. 863).

From the study of Tamang population in the study, I realized that the concept of habitus creates the cosmological perception and vision in the indigenous people and their Bourdieu's concept of cultural capital provided me a vision to analyze how the culture of dominant class



colonizes their construct in every field of life and how indigenous people are deprived of and exploited from converting their cultural capital into economic capital and I made this as one of the methodological guidelines of my study.

### Kaupapa Maori Theory

Kaupapa Maori Theory is an indigenous research theory developed by the *Maori* indigenous people in New Zealand. It is the ‘conceptualization of *Maori* knowledge’ that has been developed through oral tradition (Rip, 2003, p. 421). It is the process by which *Maori* mind receives, internalizes, differentiates and formulates ideas and knowledge exclusively through their indigenous language *te ro Maori*. Kaupapa Maori is esoteric and *tuturo Maori*. It is a knowledge that validates a *Maori* worldview and is not only *Maori* owned but also *Maori* controlled. This is done successfully through *te reo Maori*, the only language that ‘can’ access, conceptualize and internalize in spiritual terms this body of knowledge. This Kaupapa Maori theory is exclusive for no other knowledge in the world and has its origin in *Rangiatea*. As such it is the natural and only source for development of a mechanism which aims to transmit exclusively Kaupapa Maori knowledge (Mana, 2003, p.118). They challenge the assumed supremacy of English by saying that they, as Maori have a fundamental right to their language and culture and that the call for the revival is a valid and legitimate one. It is also a call for survival.

The information brought through this approach is highly politicized, associated with the benefit of the people researched as political justice for them. It uses critical theory for emancipation from operation on the basis of ethnicity, race, caste or class. With this understanding of Kaupapa Maori approach, I used this approach for the critical ethnographic validity and to authenticate the data that I could generate from the field.

Revitalization of fundamental values is critical in Kaupapa Maori initiatives. The customs and traditions of previous generations based on their beliefs and attitudes regarding the nature of ultimate reality, of the universe and of man are foundation stories upon which the mores, standards and values comprise the body of cultural metaphysics. In order to authenticate the data, I used Kaupapa approach to reflect upon treasure from the ancestors. The treasure is seen in the Maori feeling of relation between land and ancestors this way: “..we have been taught by our ancestors to talk to the mountains because the bones of our ancestors are up

there and ...because we know that our ancestors are all buried there. They have their *Mana* there” (Cooper, cited in Mana et al, 2003, p.126).

Kaupapa Maori theory is inherently anti-colonial and acts as a counter hegemonic theoretical resistance to colonial oppressions. *Te Iwi Maori* have resisted colonization and *Pakaka* hegemony. *Maori* continue to resist. Kaupapa Maori is an alternative to *Pakeha* hegemony and an alternative to European forms of theorizing (Mana, 2003, p.118). *Maori* do not need theory in the European philosophical sense in order to live (ibid, p.119). The validation and affirmation of Maoris' own language, cultural knowledge and practices is essential backbone of *Kaupapa Maori* theory. They plan their educational system on the guidelines of above principles.

The reading over the Kaupapai Maori theory made me interested to apply this theory for my study and used some of the indigenous theoretical perspectives of it and made it an analytic perspective to the study of Tamang health and healing in Nepal. Love of land, language and culture and struggle for identity and independency of Tamang encouraged me to apply this theoretical perspective in combination with other sociological and anthropological theories. My limitation and challenge is that I was outsider in this study and therefore, care was taken to ‘pick up’ the insiders’ views. Perhaps it is due to being outsider that I could not agree with some of the approaches of this theory. I found that rejection of any outside theories and a complete rejection of western theories are not applicable to the study of Tamangs of Nepal. A summed up frame for planning of education system from the perspective of this theory is presented under implication of this study. I have used this theory as one of my theoretical framework in this study of Tamang health and healing system.

### Grounded Theory

When western social science theories are applied to the social study of south Asian nations, the main complaint is that the social sciences were basically imported from the west and hence lacked relevance (Mkharji, 2004, p.18). It can't be said that west needs to be rejected completely in the eastern and indigenous studies. There should be a wise combination of essential adoption plus the grounded generalization. Atal, in Mukharji (2004), gives following pragmatic and balanced opinion on this regard:

Efforts should be made to develop new methods and techniques suited for the investigation of different questions and of a variety of people..... to derive grounded level of generalizations, to construct middle range theories and to prepare macro profiles of the societies. In doing so, western theories and concepts may be used. Their validity and applicability will, however, have to be examined in the Asian context (p.20).

In the same line, S. C. Dube (1982) refers four points on how far social theories should be adopted from the west:

- i. Careful adaptation of western social science theories to third world countries.
- ii. The decolonization of the social sciences involving critical heart searching as well as careful analysis of manifest and latent traits of colonialism and neocolonialism.
- iii. Indigenization as a step towards national self-reliance in the field of social science.
- iv. Collective self-reliance of countries that as a consequence of colonialism find themselves more or less in a similar economic and social position of retarded groups and large pockets of poverty (pp. 498-501).

Picking up the above guidelines, I understood that grounded theory consists of systematic, inductive guidelines for collecting and analyzing empirical materials to build middle range theoretical frameworks that explain collected empirical materials (Denzin and Lincoln, 2005, p. 376). It seeks to capture some general principles of analysis, describing heuristic strategies that apply to any social inquiry independent of the particular kinds of data: indeed it applies to the exploratory analysis. The data derives directly from the pragmatist roots of interactionism (Atkinson and Delamont, 2005, p. 825).

Grounded theory may be the most widely employed interpretive strategy in the social sciences today (Denzin and Lincoln, 2005, p. 376). Its theorists go beyond the social justice and discuss how injustice develops, changes and maintains. It focuses on social construction of knowledge. In this sense, there is little difference between grounded theory and analytic induction (Atkinson and Delamont, 2005, p. 825). Grounded theory constructs knowledge in the social context of research and analytic induction comes up with the creation on knowledge through the analysis of the existed stock and its interpretation in different perspective. Though I couldn't develop the theories of my own, I have used grounded approach in some parts of this study to create some packs of knowledge. When Tamang reality doesn't match with the developed theoretical frame, I have analyzed them from the grounded reality.

## Postmodern/Postcolonial Approach

Postmodern theoretical approach is a broader spectrum of analysis applied in almost every field. But my concentration of this approach in this study is limited only on its localized importance of knowledge, its local ontology and liberationism. I have used postmodern approach to see these aspects of Tamang people.

Postmodern theory believes that truth is locally situated and it should be locally described (Wikipedia). The grand narratives are replaced by local narratives. The distinction between 'high' and 'low' culture also disappears. The postmodern mood tends to value the local over the universal and popular over elite culture or high art (ibid). I attempted to see Tamang culture, health and healing systems as local systems struggling to revive and survive among the elite cultures and modern western health and healing system.

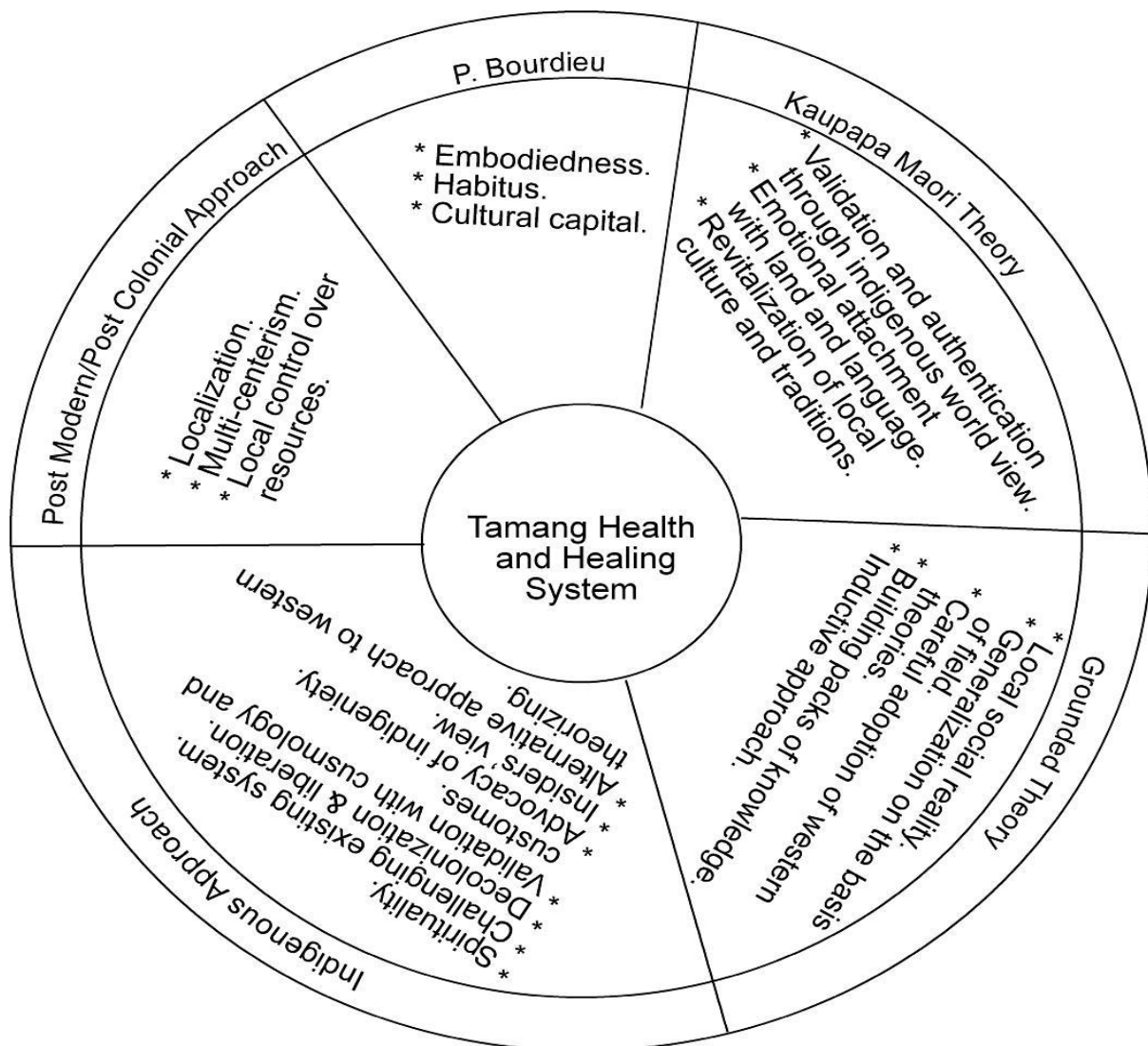
Decolonizing theorists focus on emancipation and empowerment of marginalized and indigenous people to resist operation. They struggle for social justice. Tamang struggle for liberation is seen in two facets- struggle for being decolonized from dominant mainstream cultural dominance and struggle for revitalizing their indigenous values and tradition in connection to their health and healing system. I have used postmodern perspective as my theoretical framework on these grounds.

After making the study of these concerned theories, I have picked up aspects and perspectives from them to develop a theoretical framework of my study. I found that the attachment of indigenous people with their land and language is best theorized in Kaupapa Maory theory and found it applicable in the Tamangs of Nepal. Likewise, the principles and planning education system by Maory people is found applicable in the case of Tamangs of Nepal. Concept of habitus, embodiedness and cultural capital by P. Bourdieu gave me analytic framework for the analysis of Tamangs' cultural capital, reason of their educational performance levels, their cultural construct and its implication on their percept of health and healing and the connection of their embodied culture on their health and healing.

From the study of grounded theory, I have used, to some extent, the grounded theories in the inductive approach for building packs of knowledge. Though I didn't build up a new theory, I could contribute to the stock of knowledge in the study of indigenous people of Nepal in general and Tamang of Nepal in particular. I have built my theory for analysis and

interpretation of my field in the selection and combination of these theoretical perspectives. With the frame of this theoretical perspective I have interpreted my field in my interpretation, discussion and implication.

Besides, I have applied some other perspectives like anthropological, structuration, behavioural, and like, in some places of my interpretation and discussion, according to the reflection of the field findings. My theoretical framework of this study as discussed above can be presented in the diagram this way:



## Chapter Two

### Review of Literature and Conceptual Framework

While reviewing literature in this study, I realized the need of consulting literature mainly in four areas viz., identity of indigeniety in Nepal, Tamang people of Nepal, disease, illness, health and treatment and lastly, dichotomy of universality and multiplicity of indigenous healing in global perspective. I have discussed them in the same order in this chapter. What came up with these categories of literature gave me the picture of what has already been done in this field and then it helped me to see the gap and to locate my study in this gap for building knowledge. On the basis of the literature study, I have prepared the conceptual framework of my study.

#### Review of Literature

##### Identity of Indigeniety in Nepal

In Nepal, *Janajati* and Nationalities are synonymous words for denoting indigenous people. The government criteria of the categorization of nationalities are as follows (NCDN, HMG of Nepal in Tamang, 2001, p.3):

- a) Who have their distinct cultural identities
- b) Who have their traditional languages, religions, customs and cultures
- c) Whose traditional social fabrics are based on equality
- d) Who have written or oral histories of their own
- e) Who have the notion of “We/Us”
- f) Who have no pivotal or decisive roles to play and exercise in the polity and administration of modern Nepal
- g) Who are the indigenous or native people of Nepal
- h) Who call themselves janajati or ethnic people

Following the above criteria, there are more than 100 ethnic communities in Nepal (Tamang, 2064 BS) but the Government has recognized only 61 of them (Subba, 2057 BS, p.107; Tamang, 2001, p.3), even only 59 indigenous communities are mentioned in the act 2001. Out of these nationalities or indigenous categories (see list in Appendix 2) in the official gazette, almost 30 groups are nature worshippers or shamanist or bonists by their tradition (Subba, 2057, p.107-8). For these people, spirits or supernatural beings which may transform into different forms generally reside in almost every natural object, like plants, animals,

stones and mountains. So, worship of stones, hills, trees, plants, animals, serpents, heavenly bodies are common practices in them (Subba, 2057, p.108).

But the belief systems, values and lifestyles of indigenous people in Nepal are not in recognition and they are labeled as primitive and uncivilized. The indigenous people are being increasingly displaced from land ownership (Nathan et. el., 2004, p. 19). Too many indigenous peoples' marginalization and poverty are very much linked to their being deprived of the capabilities needed to lead the kind of lives they value, something closely linked to the issue of basic human rights (ibid., 2004, p. 20).

### Studies on Tamang of Nepal

It seems that Tamang people of Nepal are studied more by the foreign researchers than the Nepalese ones. Foreigners, mainly westerners are found more interested in their shamanic study including other community shamans in Nepal than in their cultural indigeniety. An outline of some major Tamang literature available to this researcher is presented here first. Then I have discussed the literature thematically including comparative analysis and commentary over the matter from my side.

Larry Peter (2007) has made a deeper participatory study of Tamang Shamans as an ethnographic study of ecstasy and healing in Nepal. He shows how Tamang shamans relieve the mental tensions of their patients, cure illness and by doing so restore equilibrium in destroyed interpersonal relationship within a family or village community by solving social conflicts in cultural binding. In his book ' Tamang Shamans: an Ethnographic Study of Ecstasy and Healing in Nepal', he presents the procedures and perspectives of shamans' training and found similarities between western training of psychotherapists and their working procedures. Both are didactic in their learning theories, procedures and methods and practical in training analysis and shaman apprentice's mastered trance. He himself participated as an apprentice to a shaman and collected experiences in the book. He could shake but could not fall in full trance and travel in a journey to spiritual world. He felt, "My personal circumstances, biases and lifestyle made it impossible to carry out a complete participatory experience" (p.40). But he claims that his experiences were acquired as an 'insider' though he was not a Tamang. (p. 54).

This book is a good study of Tamang shamanism from the perspective of western mind though it doesn't view shamanism in its broader spectrum of their 'habitus'.

David H. Holmberg (2005) has studied Nepalese Tamangs and published his findings and experiences in his book 'Order in Paradox: Myth Ritual and Exchange among Nepal's Tamangs'. His study not only presents Tamang culture and religious lifestyle from a westerner's view, but he observes contradictory constructs in their religious procedures. He observes paradox in monastic life and Buddhism as contradictory to Thai, Sherpa, Tibetan and Sri-Lankan. They associate Buddhism with death and other worldly concerns however they ritually pursue immortality and recognize *lamas* as *Shakyas* or Buddhas because of potential worldly benefits (p. 175). He points out contradictions this way:

Two contradictory reconstructions of Tamang practices are possible. On the one hand, they appear to violate essential criteria of Buddhist societies and to be non-Buddhist: on the other they show continuity with greater Buddhist ideology..... *Lamas* marry and remain part of the world, but they attend disciplined retreats where values of celibacy and social removal are expressed. *Lamas* do not beg (true of greater Tibet as well), but they make annual round through the village to collect grain. They do not moralize, but they articulate a karmic ideology in death rites, *Lamas* employ *lambs* for sacrifice even though sacrifice violets expressed values of nonviolence. *Lamas* have no permanent but don red for rituals. *Lamas* do not debate doctrine, but they have sects. They say *bombos* lie, but *lamas* employ *bombos* for ritual service (p. 208-9).

He observes similar social and cultural contradictory constructs in their cross-cousin marriage. He has collected observances of shamanic sounding and traditional healing of Tamangs in Nepal particularly in Tamdungsa area in Ganesh Himal region in Rasuwa district.

Gabriel Tautscher (2007) has also done a study of Tamangs in Kalinchok and Gosaikunda region in Sindhupalchok district, Nepal. Her study, on one hand, reveals the cultural lifestyle and religious faith of Tamangs, and on the other, their shamanistic healing tradition and Hinduisation of Tamang cultural life. In her book, 'Himalayan Mountain Cults', she has more focused on the study of Tamang history, history of Nepal and shamanistic ritual performances and presented in narrative style. Her analysis of Tamang history reflects common origin of Tamangs with Gurung, Thakali and Manangi (p. 23). Their concept of space and local binding is believed to be originated from their localized and territorial base of their natural life. She says:



Tamang can be defined as localized and territorial based on the sacredness of nature. The ritual local binding is mainly connected with pre-Buddhist shamanic tradition ..... This concept is central element in the fabric of their relationship to their living space (p.39).

‘Tantric Healing in the Kathmandu Valley’ by Angela Dietrich (1998) is about *Tantrism* prevailing in Kathmandu and patients’ experiences of curing. It presents some existing practices of self healing and ayurvedic treatment. Gender differences in the complaints of illness, Hindu and Buddhist *Tantric Healing*, *Jharpuk Baidya*, deriving origin from ayurveda but deviated to the faith on spirits, and mystic power are discussed with contrast and comparison in this book.

Casper J. Miller’s (1997) book ‘Faith Healers in the Himalayas’, is not a nationality based but a Shamanism based study in Nepalese hills, basically in Dolakha district. Because the majority inhabitants in the district are Tamangs, his study of Shamanism is more a product of the study of Tamang shamans in the region. His book is a good source of knowledge of shamanistic healing system, tradition and association with different ethnic cultures. It narrates the pilgrimages of the shamans to hills and mountain tops where their superior deities and source of power are located. Procedure of shamanistic healing, their perception of cosmology, illness and healing and traditions and associations are presented along with some cases of study. He has made analysis of shamanic culture and made comparison of shamanic healing with modern western psychiatric treatment. His one remark is typical of his comparison and conclusion:

Though a ‘*Jhankri*’ séance can create the optimum mental attitude of high expectations for a cure ( which in the case of hysterical illnesses or psychosomatic symptoms may in fact be the cure ) it is not sufficient in the case of decaying tooth..... Sufferers of diseases which are neither purely mental nor purely physiological will benefit most: not from a replacement of traditional *jhankri* methods by modern western medicines but from a combination of both. (p. 231)

He has an understanding that the *jhankris* are contributing much to the sick in terms of time, cost, attention, and shared worldview. So he recommends seeking ways to introduce modern medicines into the healing process. But when there comes the question of ‘how’ he feels hard to make a way out. He even makes a sad remark, “At last, in this part of Nepal, the *Jhankris* do not wield any political clout as oracles or act as agent of change and development” (p. 240).

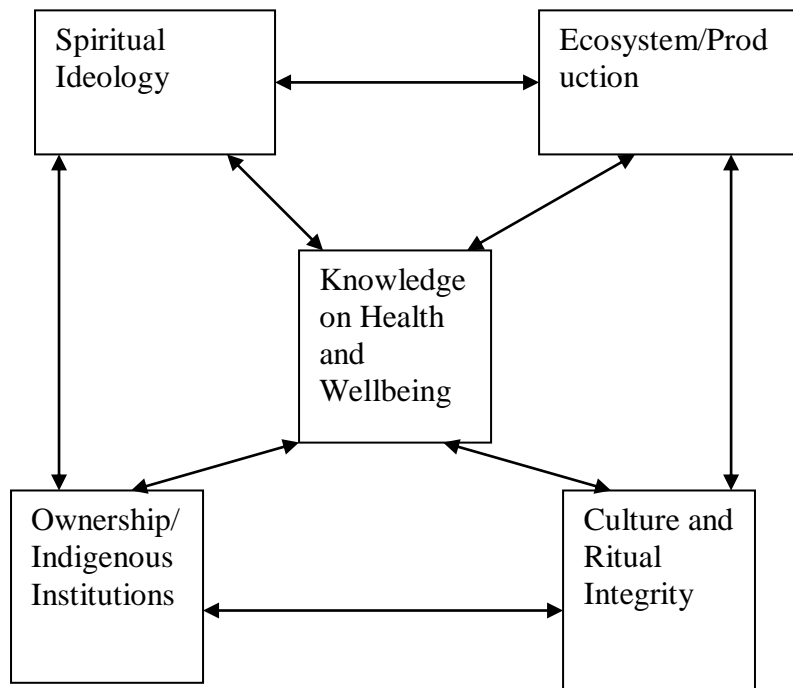
This conclusion is again the evidence of viewing indigenous knowledge and development from western perception of knowledge and research. His literature couldn't see much of *jhankris* if they cannot be the agents to carry out 'western' development to the villages. Anyway, Miller's literature on Nepalese *jhankris* is a worth mentioning work of research from western perspective of research.

Parsuram Tamang (2063 BS) in his book 'Tamang Nation: New Millennium Development Agenda' (Nepali edition), provides the history of Tamang, present position and organization structure, need of self development and proposes new millennium development agenda. It is a good literature to gather statistics on Tamangs of Nepal and while sketching future plan for Tamang self governance, liberation and development in new federal Nepal. In this sense, it is the literature of Tamangs' data and politics.

Tamang Nationalities (in Nepali) by Singman Tamang (2065 BS) is a simplified description of how Tamang customs are culturally performed and at the same time, presenting the identities of cultural Tamang nationality in Nepal. He is more commenting on what is prevailing and instructional of future. The book wants Tamang nationality to be modified towards monastic Buddhism leaving out the combination of Buddhism and animism.

Amrit Yonjan Tamang (2006), in his resourceful book 'The Context of Tamang Identity' (in Nepali), presents an analytical record of Tamang language, literature, culture and history.

A good literature in this field is 'Tamang Healing in the Himalayas' (2001) by Parsuram Tamang, Gyanlal Shrestha and Krishna Bhattachan. After a study of three VDCs, Goljong, Syafru and Ramche in Rawuwa district, the research team has published their interpretation and analysis of the findings from the perspective and stand point of indigenous Tamang people in Nepal. They advocated indigenous knowledge of healing to modern western treatment system. They have presented interdependent components of indigenous knowledge of health and healing in a diagramed form this way



(p.33)

Research Journals are a good source of contemporary literature. Different journals published in and outside Nepal present indigenous people of Nepal, their culture, spirituality, healing system and ‘habitus’. These journals have provided me a good literature to make a trans-cultural comparison on their health and healing system in and outside Nepal. They have given me a fertile ground to analyze, compare and contrast these systems, to find common universality of indigenous cosmovision, contrasts and diversities to formulate a holistic approach of health and healing system. The article, ‘Nature and Indigenous Spirituality: The context of Nepal’, by Chaitanya Subba (2057), is a mention worthy research article presenting the nature of indigenous people’s spirituality in Nepal in general and Kirat people of Nepal in particular.

Shamanism and religious healers are the commonalities of Tamang Buddhists and Kirat people in Nepal. He makes a concerning and moving remark: The indigenous people feel that their cultures and religions are at peril and cannot survive if necessary actions are not taken in time (p. 107). There is enough ground of commonality in his concluding remarks for all

indigenous people: Indigenous spirituality is inextricably linked with land, nature and their ancestry. It is an inner strength for them. They will be empowered if they could revitalize their indigenous spirituality, no matter what they name their belief systems (p. 113).

Madhusudan Sharma Subedi (2001) has discussed medical anthropology of Nepal with its history and present. Ferdinand Okada (1976) presents two cases of shaman curers in Kathmandu. Lary Peter (1978), who has a deep shamanic study of Nepal and has obtained Ph. D. in Tamang Shamanism, has also written an article 'Shamanism and Medicine in Developing Nepal' expressing the need of promoting and combining traditional healing system with modern western treatment systems. Andrea Nightingale has made a study in Humala region in the University of Wisconsin's College year in Nepal programme during 1978-88 and published her findings on 'Healing in a Remote Village' in 1988. This study presents the unfamiliarity and unavailability of western healing system in the remote villages and dependence and preference of shamanic healing in the regions. Likewise, 'Beyond the Remotest Health Post: Sickness Treatment and Therapeutic Journeys in the Hills of Central Nepal' by Hans-Christian Koie Poulsen (1994) presents the importance of shamanic healing in the central hills in Nepal showing the faith and familiarity of the shamans and the need of bringing them in the mainstream healing. These and many other journal articles on indigenous health and healing have given insight in this research work.

Online Research Journals are a vast source of literature if retrieving skill is used properly and the articles are judged rightly of their academic quality and their authenticity of knowledge. I have built confidence of the commonality of indigenous epistemology and ontology worldwide through the study of such research journals. The possibility of holistic healing approach appears and western biomedical system stands only at one side of it. Moreover, the emerging popularity of naturalistic approaches indicates the changing scenario of future health and healing approach.

Some other findings on Tamangs in literature in the relevance to this study are discussed in the following paragraphs.

#### Tamang as an Indigenous Community

Tamang, a nationality of Mangol origin, are believed to have entered in central hills of Nepal in the ancient age (Tamang, 2063, p. 1). On the basis of the literature available to me, there is

broad agreement as to their Tibetan origin, connected to the early Tibetan kings at the beginning of Buddhist era (Tautscher, 2007, p. 21). The classification of 12 Tamang clans echoes the early Twelve Tibetan kingdoms in central Tibet (ibid). Tautscher (2007) opines that Tamangs migrated from Tibet in the 9<sup>th</sup> century CE after the assassination of the last king Langdarma in Tibet. Parts of Tamang clan genealogies assign their origin to this time, which was a period of major Buddhist migration to the south of the Himalayas where they sought refuge from persecution in Tibet. The oral history tells us that Tamangs entered Nepal from 'Kuti', moved to northern Nepal crossing the Sunkosi (Tautscher, 2007, p111). But the field study shows that Tamangs are not ready to accept their Tibetan origin and they claim as indigenous people of Nepal. It is essential to go further on this regard. As the field of this study is not more concerned on this matter, I have left it further study.

According to available literature, they came down along with the teachings of *Padmasambhava* (Guru Rinpoche) who was a *tantric* sage of the 8<sup>th</sup> century from Swat valley (ibid, p. 50). It is believed that they adopted 'Bon' culture from ancient Stone Age and in the 8<sup>th</sup> century, they became the followers of *Mahayana* and *Hinayana* of Buddhist religion (Tamang, 2064, p.12). Tibetan *Mahayana* Buddhism integrated with early animism (Bon), is the religious faith of Tamang people (Tamang, 2001, p. 24). The present religious-cultural belief on Buddhism and Shamanism also supports this claim (field study and interviews). Tamang language indicates its common origin with Gurung, Thakali and Manangi (Hofer, 1979, p.7).

Ever since the 14<sup>th</sup> century it was through Tibetan Buddhist masters who also took part in the building and restoring of two main Swoyambhunath and Boudhanath stupas that Tibetan rulers maintained good relationship with the rulers elite of Kathmandu. Till the 19<sup>th</sup> century BS, the unification of Nepal, Tamang culture boomed in the central mountainous and hilly region becoming endocentric localized tribes. They have basically 12 clans and 18 castes (Tamang, 2064 BS, p. 7; Tautscher, 2007, p.28). Singman Tamang (2064 BS) presents 140 clans ( rui) of Tamang (pp. 8-9). A list of these clans is presented in Appendix 2.

Tamangs do claim that they were the indigenous people living in central hilly region of Nepal from south of Sanpo river in Kerung-Kuti to Mahabharat hill in the south which was *Tamsaling* (Tamang territory) in the history. Their thick residence in the hills around Kathmandu valley, mainly in Rasuwa, Nuwakot, Sindhupalchok, Makawanpur, Kavre and Dhading districts, supports this claim.

Tamang population comprises 5.6% of Nepal's population to be 5<sup>th</sup> ethnic population. Among 61 nationalities they are third in size, comprising 15.75% (Tamang, 2063 BS, p.2). In Nepal, they are the largest Buddhist population and their language falls in the fourth rank among 93 languages in Nepal (ibid). The purpose of presenting these statistics is not to go on the quantitative research but to indicate the importance and need of locating indigenous research in Tamang ethnic group in Nepal.

Physically, they are short or medium sized, robust, strong and healthy. They fall in Mongol race. In their nature, they are honest, friendly, never lying, never accepting dominance and living with self-respect. In their traditional dress, males wear *bhoto*, *bakkhu*, *patuki* with *khukuri* and women wear '*surke* and *sahama*' (field work). But, their present dress doesn't resemble their typicality. Their Tamang language differs in some degree from region to region or even from village to village, indicative of their localized nature (Tamang, 2064, p. 4-5).

Tamang community can be described as localized and territorial based on the sacredness of nature connected to pre-Buddhist shamanic tradition (Tautcher, 2007, p. 39). Members of the patriclan together with their shamans call upon their ancestral and protector deities and honour their territorial deities-affiliation to their terrain. This concept is central element in the fabric of their relationship to their living space (ibid and field study).

Through communal rituals and farming based festivals, they pay respect to land, mountains, lakes, caves, nature, animals, clan gods, gods, and spirits. Among their major festivals are *Lhosar/Lhochhar* (new year), *Nhara*, *Dhakpa*, *Chheju* (offering) *Yullha* (offering to protective god of the village), *Torpa* (offering to hunting spirit), and some Hindu festivals like *Dashain* and *Teehar* by some Tamang people who are closer to or influenced by Hindus. The connection of festivities with health can be traced at the point that the festivities match with seasons and nature. Moreover, they have performance roles from children to old people, men and women, *lamas* to peasants in such a way that they all have merry making and tension releasing opportunities.

Their worldviews and concept of space is the product of their pragmatic life, 'bon' religion and Buddhism. In the past, the life of a Tamang was determined by his/her local patriclan and marriage circle (Tautcher, 2007, p.41). The local communal rituals would reflect their

ancestral territorial rights. There was union between men and living spaces. These living spaces are seen as the seats of the protector, ancestral and territorial deities (field study; *ibid*)

The local features that distinguish them from the low land populations include a strong emphasis on kinship and clan structures and ethnicity bonds and a strong sense of identity as well as the higher position of women in these societies (Nathan et. al., 2004, p. 16).

### Tamang as Reconstructed Buddhists

Buddhism began as a revolt against the Vedic preoccupation with supernatural, rejecting the beliefs as well as the rituals that went with them. Following his own awakening to knowledge and wisdom- his enlightenment-the Buddha attracted disciples whom he taught the four noble truths: sorrow (suffering), source of sorrow (ignorance and desire), sorrow can be ended, and *nirbana*. Both sorrow and desire can be eliminated through the noble 'eight fold' path of 'dharma' (Madan, 2003, p.784). The Buddha was silent on the issue of the existence of the divinity. His teachings were said to be negetory (*nastik*) (*ibid*) that implies not believing over the existence of divine authority. This reveals the reconstruction in present Buddhism that shows faith on heavenly bodies and super authority.

The Buddha originated the idea of the monastic community of monks and nuns for the pursuit of true knowledge. After the split of Buddhism, one group held the Buddha to have been an enlightened human preceptor, the other claimed for him the status of a transcendent being (*ibid*).

It is believed that Buddhism and *Tantrism* were converged in the 7<sup>th</sup> century and a new school of *Vajrayana* emerged (*ibid*). This school spread in north of India, Sri-lanka and Tibet. It was in Tibet where it absorbed further extraneous element from Shamanism (*ibid*, p. 785). As the origin of Tamangs is traced in Tibet and entered in present Nepal, it can be said that they came with *Vajrayana* Buddhism plus Shamanism as their religion and combined cultural and ritual structures with it.

Buddhism of Tamang community can be said a reconstruction of state Buddhism. "The convergence of Buddhism with clan based- from some perspective –tribal society appears to be a violation of terms, for, more often than not, Buddhism is associated with state societies

and a universalizing and rationalizing ideology” (Holmberg, 2005, p.10). But it is not found in Tamang community as dominant influence (field data).

They have ritual differences from other Buddhist communities. Tamang ritual differences is an integral problem for theories in religion (ibid, 2005, p.4). They, in their amonasticism, suggest a new pole in the comparative study of Buddhist societies of greater Tibet, south Asia and south east Asia (ibid, p.9).

This can be reasoned on their insulated life in Nepalese hills for a long period in history as Holmberg (2005) mentions: ‘Buddhism became enveloped in a cultural system .... in their exclusion and relative insularity’ (pp. 49-50)). There were reasons of their tribalisation and deviation in their Buddhism. Situation compelled them to be insulated from outer world and to follow localized cultural rituals. The absence of state Buddhism in Nepal has allowed a system of balanced complementarities to emerge in Tamang religion (ibid, p.4). This Tibeto-Burman community not only remained insulated from outer world of religions and polity (in the past) but also remained relatively unstudied (Holmberg, 2005, p.5) of their culture, rituals and religion.

Basing on my findings in Deurali VDC, I came to argue that after the democratic move the Tamang began to compare their religion and culture with other Buddhist communities in the world to find contrasts and distinctions. Now they are reforming rapidly in their religion. I have described this reformation movement of Deurali VDC in respective part of this study. This needs to be studied and in the wider population for its universality.

#### Disease, Illness and Categories of Treatment

Disease is described as a malfunction or maladaptation in the biological or psychological sense (Kleinman, 1978, p. 85). Illness, on the other hand, expresses the experience of a patient with deviations from a state oneself defines as healthy, and the significance one, one’s family and environment give to these deviations (ibid). Sickness is the term comprising these both components, the entire coin with the two sides called disease and illness, so to speak. Sickness includes technical as well as personal, socialized explanatory models for illness or being ill, in the sense of absence of health. The differentiation between disease and illness demands different approaches. Disease may be handled by curing, that is a removal of physical symptoms, whereas illness may be handled by healing, i.e. a holistic approach (ibid,



p. 86). In this sense “Constructing illness from disease is a central function of health care systems (a coping function) and the first stage of healing” (ibid, p.520).

A system that deals all the above-mentioned condition in human life is a medical system. Every medical system is guided by certain premises, theories and principles regarding life, health, illness and treatment.

In the world of solution or treatment, numerous systems have been developed and are in existence. They have specialties of their own in the perception of illness, ways of diagnosis and carrying out treatment. Though there are numerous indigenous, eastern, western, cultural, traditional and modern health and healing systems in the world, some major ones in practice are listed here.

Homeopathy is a naturalized foreign medical system but some communities assume it to be indigenous (Grenough, 2003, p.313). Perhaps it is because its doctrines match many of the tenets of ayurveda. Its therapy is based primarily on dietetic alteration and on low dose prescriptions from a mostly herbal pharmacopeia (ibid). It is not much indigenous in Nepalese context.

‘*Unani Tibb*’ or Greek medicine acknowledges its origin in the Islamic learning from the 7<sup>th</sup> to 10<sup>th</sup> centuries. Unani system of treatment is less researched of indigenized systems. It attributes health and illness to God (ibid, p.312). Unani medicine has its roots in Galen’s humoral pathology. It developed in the Islamic sphere and arrived in Nepal via India. The Unani practitioners are called *Hakim* in India and *Jaanne* in Nepal (Blustain, 1976, p.96).

*Ayurveda* is the most ancient and widespread healing system which has deeply penetrated everyday life in different cultures and values (Grenough, 2003, p.310). Ayurveda, the knowledge of long life, is an old Hindu and Buddhist tradition of healing that arrived in Nepal from India and Tibet. It is based on the principle of the *Tridoshas*: *Vata Dosha*, *Pitta Dosha* and *Kapha Dosha*. These *Doshas* consist of two out of the five elements: ether, air, fire, water and earth respectively. One individual composition of these five elements and thus of the *tridoshas* is attributed to each human being. Everybody has the duty to keep, or in case of illness to recover, a balance of these elements and *doshas* through an adequate life style and diet, which are taught in ayurveda (ibid, p.312).

Ayurveda practitioners, who either studied ayurveda or followed a family tradition as Vaidhyas and have been trained by their parents, produce the herb mixtures they prescribe themselves or have them prepared by ayurveda chemists. Apart from herbal mixtures they also use massage (ibid).

Traditional Tibetan Medicine practitioners belong to two groups: first the *Amchi*, the herbal healer of Tibet, and second, some *Lamas*, Tibetan healers, practice their ceremonial healing, i.e. healing through mantras and meditation. The *Amchi* passes his knowledge along to disciples, often to his own children. The disciples accompany their teacher to gather experience; they learn to recognize and find medicinal plants and to produce herbal remedies. They also learn *moxibustion* and other techniques as well as astrology, which play an essential role in Tibetan medicine (Haubermann, 2006, p.554).

Natural Therapy is, generally, a way of treatment in which disorder between body and biological environment is corrected through the change in food habits, life style, bath, sleep, think, and such other natural activities along with the use of natural herbs, plants and animal parts.

Allopathic or biomedic treatment has its origin in the west and is rapidly influencing the world as a modern way of treatment. This is the norm of treatment in the western perception and uses chemical biomedicines along with operations in the treatment for different diseases. It has its foundation on modern science and experiment and it believes that research and experiments can find treatment of every disease. It doesn't believe on superpower and existence of soul beyond life. It is costly, demanding experts and has certain limitations and adverse effects.

Study of literature on Tamang of Nepal is not enough to frame a concept for the study of their indigenous health and healing. I realized it important and essential to go through the literature of major indigenous health and healing systems in the world so that I can form a concept regarding the universality of indigenous treatment, see its vitality globally and make a comparison between global indigenous healing systems and that of Tamangs.

### Dichotomy of Universality and Multiplicity of Indigenous Healing

Healthcare and healing are not inventions of western civilization but have existed as long as humankind. Indigenous traditional healing is an ancient, deeply rooted, complex, holistic health care system practiced by indigenous people worldwide (Struthers and Eschiti, 2004, p.13). It is older than modern western allopathic treatment and is in practice worldwide among different indigenous communities. They have typical precious systems from which important implications can be drawn in the study of indigenous health and healing systems. On this line, I studied major indigenous health and healing systems of the ethnic/indigenous peoples of different countries and picked out some typical and important features and systems to discuss here.

### Vietnam

Indigenous health and healing system in Vietnam reflects the beauty and strength of traditional health system. In some of the societies which are largely untouched by western 'civilization', such as the Kung in the Kalahari desert in Namibia (called 'Bushmen' by 'civilized' people) healthcare and healing is a community affair in which the whole community participates, mostly through ritual dancing and forms of religious ecstasies, combined with herbal means, altogether often with considerable success (Katz in Gerrit, 1987, p. 417). Western healers are studying these traditional healing systems as unfamiliarity with such indigenous concepts and terms may impede the western clinician's understanding of Vietnamese patients' complaints and their choices to attend western or traditional healers. The holistic perspective on health and human functioning characteristic of the Vietnamese culture is even influencing the western treatment system. As Phan and Silove (1999), point it out:

Difficulty in assessing the mental-health status of the Vietnamese community as a whole may be attributed in part to the tendency for western-based researchers to neglect indigenous constructs of mental illness and symptomatology when studying ethnically diverse communities. (p.81)

The term '*thuoc Nam*,' meaning Vietnamese medicine encompasses practices that employ a variety of substances, both organic and non-organic. Herbal medicines are distilled from various parts of plants, e.g. from leaves, trunks, roots, flowers or bark. Other medicines include mixtures made from whole or parts of animals, e.g. seahorses, deer horns, tigers' nails and bones, snakes' skin, livers and venom produced in various applications, e.g. topical, tablets, syrups, wines or as food.(ibid, p.87)

Thus, although *thuoc Nam* adherents receive no formal training, traditional formulae guide the practitioner in identifying illness and preparing herbal medicines according to principles that have been used across many generations.( *ibid* p.88)

The other indigenous method, Cosmological Readings, allows the practitioner to divine the etiology, course and outcome of illnesses by referring to various texts that are based on cosmological theory. Though it has many similarities with eastern astrology, it seems to have more connection with person's possessions and appearance as factors influencing the onset and course of the illness. For example, diagnosis may be derived from diverse sources of information such as the time, date and year of the patient's birth, the position of a person's house, bed or kitchen, the sites of the graves of immediate family members, and observations of the person's facial appearance, body shape, gait, palms, soles and voice. Such information may be combined with principles derived from *Chiem Doan/Nghiem Doan*, a doctrine based on the interactions between the planets and living things within the universe, to establish diagnosis and appropriate treatment (*ibid*, p.89).

Vietnamese also consult other traditional health practitioners. These include practitioners of *phu thuy* (witchcraft), *thanh dong*, *dong cot*, *co hon* (spiritual blessing) and sorcery. (*ibid*) Except for *thuoc Nam* and *thuoc Bac*, practitioners have tended not to prescribe traditional medicines but instead offer blessings of household articles and edibles, e.g. water and food, thus facilitating the healing qualities of the environment (Ngo, 1991, referred in Phan and Silove 1999, p. 87). Ritual activities may be suggested, for example, ceremonies for expelling bad luck or mischance, repositioning a grave, and adding a door or making a modification to an existing house. Praying and maintaining hospitable manners are also commonly recommended remedies (*ibid*). There are a number of proverbial sayings related to health and well beings of the people. They are useful to follow healthy behaviour and lifestyle indigenously. A list of some useful such proverbs in Vietnamese indigenous health system is given in Appendix 1.

Thus, the array of treatments offered in traditional Vietnamese culture appear to reflect the principles underlying notions of illness, namely, the holistic concept of mind and body (and hence the appropriateness of combining physical and spiritual treatments) and the importance of the relationship of individuals to their immediate environments as well as to the cosmos. In parallel with the eclecticism of belief systems underlying notions of ill-health, there is a

pluralistic array of agencies available that offer treatments using overlapping but also divergent techniques (Phan and Silove, 1999, p. 86-87).

## China

The fundamental framework of Chinese medicine was derived from the biophysiological concept of the *Yin and Yang*, and the cosmological concept of the five elements. The biophysiological concept was explained by Marciocia (1989, pp.85-86) as follows:

It could be said that the whole of Chinese Medicine, its physiology, pathology, diagnosis and treatment, can all be reduced to the basic and fundamental theory of Yin and Yang. Every physiological process and every symptom or sign can be analyzed in the light of the Yin–Yang theory. Ultimately, every treatment modality is aimed at one of these four strategies:

To notify Yang

To notify Yin

To eliminate excess Yang

To eliminate excess Yin.

According to Chinese belief, life is composed of two opposite forces- yin and yang. We are a finely balanced and tuned creation which needs to be kept balanced. Yang-male forces- are fiery and active. Yin-female forces- are becoming cold, less arguing and distant (Palmer, 1997, pp. 13-14). But every man or woman has balance of the two though predominantly one. Imbalance between the two is illness and attaining balance between them through food, needle piercing, habits, thought or yoga is the treatment. In this sense Chinese see Yin and Yang in landscape, water, trees, house design and such. They have direct relation to health of people.

In 1955, a Traditional Chinese Medical Academy was set up in Beijing for its development. The academy contributed in the revitalization of traditional healing. In the meantime, acupuncture is increasingly viewed as an important addition to the regular scientific medical practices in many western countries (Gerrit, 1987, p.419).

Other important indigenous Chinese healing approach is '*Thuoc Bac*'. These medicines were originated from the northern region of the South Pacific Continent, China. Various cults and traditions of practice have evolved over the centuries, ranging from naturalists who had no formal qualifications but who received direct training through informal apprenticeships to those practitioners who enroll for 2–3 years in more specified training programmes, and

physicians who complete 6 years of formal medical training. *Thuoc Bac* practitioners use a wide range of medicinal substances (Phan and Silove, 1999, p.88).

One of the innovative and exemplary aspects of health-care in China is the introduction of the system of “barefoot doctors”. These are medical workers, men and women, often recruited in the rural areas and trained in some elementary knowledge of medicine, to be sent into villages all over the country to promote the participation of the local people in their own health situation (Gerrit, 1987, p.418).

The cosmological theory, or the five-element concept, postulated that a person’s well-being is affected by particular components of his/her environment. The environment is composed of five elements: earth, wood, fire, metal and water, with the latter four elements each representing one phase of a four-season cycle: spring, summer, autumn and winter. All four seasons interact interdependently with the earth and consequently govern human bio-physiological functions and psychological well-being. The mental component is not regarded as having an independent identity but is integral to a human’s health and well-being.

This notion was explained by Marciocia (1989) this way: ‘Unlike western medicine, Chinese medicine views the body–mind not as a pyramid but a circle of interaction between internal organs and their emotional aspects’ (p. 129). Any disturbance of the interrelationship between the five elements would systematically disturb the bodily functions as well as the person’s emotional and mental well-being. (Phan and Silove, 1999, p.86)

#### Cuba:

The health-care system in Cuba is now known to be one of the best of the Americas (including USA). Elements of traditional healing, particularly *santeria*, a mixture of originally African and Christian spiritual healing methods, are tolerated side by side with scientific medicine, as they appear to satisfy certain needs of people (Gerrit, 1987, p.419).

#### Russia

Russia is best example of how the use of modern science can cultivate the traditional indigenous healing approaches and answer the mysteries of cosmic energy. Different experiments opened up the probability of indigenous technologies to be developed and used for modern holistic approaches of health and healing. Experiments with a combination of

acupuncture and *Kirlian* photography in Kazakhstan University in Alma Ata have demonstrated the existence of currents of vital energy in people and between people and their environment called bio-plasma which seem to, at least partly, explain certain forms of psychic healing (e. g. the laying of hands) and other ‘paranormal’ phenomena (Ostrander and Schroeder, 1978: 214-236).

Thus terms like ‘*biotronic healing*’ and ‘*bioenergo therapy*’ have become fashionable in the Soviet Union and beyond. Coxhead (1976 in Gerrit, 1987, p.431) has pointed out that ‘bioplasma’, the energy detected by scientists in the Soviet Union, could be the same as what Third World peoples have recognized as *Qi*, *Mana* and *Prana* and can be made visible by *Kirlian* photography. It is the kind of force or energy, which permeates and sustains ourselves and our environment and which has been used by priests, shamans and ‘indigenous medicine men’ in past and present.

## Africa

Africa is perhaps most studied place on indigenous healing systems in the world. The people have strong faith on traditional healing and therefore, modern western treatment has no easy reach there. Traditional healing is seen effective more in mental, psychological and socially/culturally originated illnesses.

The tie between man and land in Zimbabwe, as in many other African countries, is not only a material one, but is also religious and spiritual. Land belongs to God, the ancestors, and particularity to the founders of a lineage, clan or tribe who have been buried there. Some of the most important land- marks, certain hills, ponds or trees, are named after ancestors, whose spirits are honoured there. Every descendant is entitled to enough of this land to survive with his family. It is allotted mostly by the chief, most direct descendant of the founders of a clan, who thus possesses considerable power (Schoffeleers, 1978, 124)

Schoffeleers(1978) shows how, in various Central African societies, irregularities in the social order, such as murder, incest, public immorality, are known to be followed by irregularities in the ecological order, particularly droughts: management of nature depends on

the correct management and control of society. He indicates: “This is a profound intuition, and it is also one which is at the heart of ecological thinking in African societies. It is a concept which the industrial world has largely lost but which it has to restore to its rightful place if it desires a lasting solution to its ecological order” (Schoffeleers, 1978: 126)

## India

India provides a good example of how governments could support the preservation and promotion of indigenous technologies. It is India that many of the indigenous health and healing systems have been studied, promoted and brought as important rival healing systems to western treatment systems. The government has done this in many ways and they can be good learning examples for Nepal.

First, India has an ‘Indigenous Knowledge Systems National Programme’ that is led by a highly respected scientist. This programme has the aim of auditing, documenting and supporting research associated with indigenous knowledge (Kuramoto and Sagasti, 2002, p.242). In addition, there are other more specific programmes to promote and popularize these knowledge systems, and India has developed a large database on indigenous knowledge and biodiversity heritage (ibid).

Second, although India does not have formal laws to prevent anyone from appropriating knowledge from the indigenous community, it has made various efforts to protect indigenous knowledge.

Third, India has wide institutional platforms to screen, preserve and promote research on indigenous knowledge.

Fourth, India has managed to provide a market to indigenous knowledge via the validation of alternative medicinal and health care systems, and the accreditation of hospitals and clinics that applied these alternative methods.

Finally, although there is no formal mechanism for integrating indigenous knowledge and innovations at university or school level, different initiatives are aimed at training people and at promoting research. (DACST 2000; RAFI/UNDP 1995 in Kuramoto and Sagasti, 2002, p.242)



## Australia

The smoke bush (*Conospermum*) is a plant that is widespread in Western Australia, and indigenous people used it for a variety of therapeutic purposes. During the 1960s the US National Cancer Institute, under license from the Western Australian government, collected and screened the smoke bush for scientific purposes. In 1981 some specimens were sent to the United States to be tested for possible anti-cancer chemicals, but no cancer resistant properties were found. In the late 1980s the smoke bush was tested again for potential substances that could cure AIDS. In the early 1990s the Western Australian government granted a license to an Australian multinational pharmaceutical company to develop a substance named *Conocurvone*, which was able to destroy the HIV virus in low concentrations. Some estimates stated that the Western Australia government could receive royalties exceeding US\$ 100 million by year 2002 if the substance was successfully commercialized, but there are no clear provisions for the indigenous people who had first identified the plant for its therapeutic and healing properties (Kuramoto and Sagasti, 2002, p.243). This instance reveal high probability of many of the herbs and substances used indigenously to be very important in the invention of many vital cures if they are properly studied and promoted.

## The Philippines

The Philippine custom of grandparents, married children and grandchildren living together in a residential compound lays importance on family identity rather than an individual. Acknowledgement of hostile feelings is culturally unacceptable (Shakman, 1969, p.280).

Empirical knowledge of herbs accounts for the success achieved by some healers in the treatment of certain organic conditions, the treatment of mental illness suggestive techniques are the essence of the therapy (Shakman, 1969, p.280).

Shakman (1969) presents a number of cases studied in the Philippines in which indigenous healing systems have produced very dramatic results. In '*bulo-bulo*' treatment, an unusual stone is placed on parts of body to extract garbage, which is the cause of illness (p. 281). He encountered several examples of such successful treatment. A woman, who couldn't cure her stomach pain for five years in the treatment by physicians, felt that the pain was gone for the first time after *bulo-bulo* treatment (ibid). Some examples of even some 'operations' without

making any cut in the body by the spiritualists are presented among the cases in his study (p.281-83). A woman recovered her lost voice immediately after such operation. These healers (many of them) even don't accept fees for their treatment as their cultural and religious belief of their duty. He presents many instances in which physicians were patients in these traditional healers and they recommended patients to these indigenous healers (ibid, p.284). It is also noted that these healers often recommend patients to the physicians, according to the nature of their illnesses. Along with these cases in study, Shakman establishes the validity and efficiency of traditional treatment. He argues that this type of treatment is more plausible in mental illness and remote areas where there is no reach of modern physicians (p. 286).

From above discussion, I have prepared following table to summarize some universalities and typicalities of indigenous health and healing across the countries:

SN	Country	Typical health/healing feature	Basic assumptions
1	Vietnam	<ul style="list-style-type: none"> <li>➤ Whole community participation.</li> <li>➤ <i>Thouc Nam</i> treatment system using plants and animal parts.</li> <li>➤ Cosmological Reading including <i>Chiem Doan/Nghiem Doan</i>.</li> <li>➤ <i>Phu Thuy, Thanh Dong, Dong Cut, Co Hon</i> practices</li> <li>➤ Numerous health related sayings.</li> </ul>	Herbal, astrological treatment, collective participation
2	China	<ul style="list-style-type: none"> <li>➤ Acupuncture from the principle of Yin and Yang.</li> <li>➤ Traditional Chinese Medical Academy</li> <li>➤ <i>Thuoc Bac</i>: Indigenous Chinese medical system based on natural, herbal and other ways of treatment.</li> <li>➤ System of 'barefooted doctors' trained with indigenous treatment combined with modern system and sent to every village.</li> <li>➤ Cosmology with five element concept.</li> </ul>	Balance of Yin and Yang is healthy body
3	Cuba	<ul style="list-style-type: none"> <li>➤ <i>Santeria</i>, a mix of African and Christian spiritual healing system.</li> </ul>	Faith on spirit
4	Russia	<ul style="list-style-type: none"> <li>➤ Modern science cultivated indigenous healing system.</li> <li>➤ <i>Kirlian</i> photography that answered the mysteries of cosmic energy.</li> <li>➤ Psychic healing with laying of hands.</li> <li>➤ <i>Biotronic</i> healing and <i>bioenergo</i> therapy.</li> </ul>	Science can justify the use of cosmic energy in treatment

		➤ Bioplasma detected as source of cosmic energy.	
5	Africa	<ul style="list-style-type: none"> <li>➤ Spiritual tie between land, ancestors and illness.</li> <li>➤ Social and ecological disorder, crimes and sins as causes of illness and correction, well management and order over them as ways of good health.</li> </ul>	Avoidance of sin and disorder to be healthy,
6	India	<ul style="list-style-type: none"> <li>➤ Indigenous Knowledge System National Programme led by scientists.</li> <li>➤ Ways to protect indigenous knowledge</li> <li>➤ Screen, preserve and promote research on indigenous knowledge.</li> <li>➤ Marketed indigenous products with various strategies.</li> <li>➤ Training and promotional activities for indigenous knowledge</li> </ul>	Ayurveda can maintain health and cure, Government's role in promotion of indigenous healing
7	Australia	<ul style="list-style-type: none"> <li>➤ Indigenous herbal plant <i>Conospermum</i> (smoke bush) on the way to be proved a source of medicine for HIV.</li> <li>➤ Scientific study and research over indigenous herbal plants.</li> </ul>	Injection of science in indigenous knowledge on health
8	Philippines	<ul style="list-style-type: none"> <li>➤ Contribution of joint family and family identity in treatment.</li> <li>➤ Cultural belief of hostile feeling as cause of illness.</li> <li>➤ <i>Bulo-bulo</i>, an effective indigenous technique of treatment using a special type of stone</li> <li>➤ Effective and shocking healing instances by spiritual healers including operation without a cut.</li> </ul>	Faith on magic power and cosmic power

These are only few instances of the vitality of indigenous health and healing systems worldwide. If in-depth studies are made, it is probable that they can bring a revolution in the existing health and healing systems in the world. Western approach of health and treatment is not only one and rivalless system of treatment. A combination of these approaches can develop a holistic and more advanced health system for humankind.

#### Looking back at Review of Literature

After the study of all the categories of literatures mentioned in previous chapter, I came to realize that there is a need of in-depth study of indigenous health and healing system. The first part, Tamang literature revealed that their concept of health and healing is basically spiritual. Most of the studies in the past concentrated on the shamanic healing. Few of the studies tried to cover cultural and biological aspects as the constituents of Tamang health and

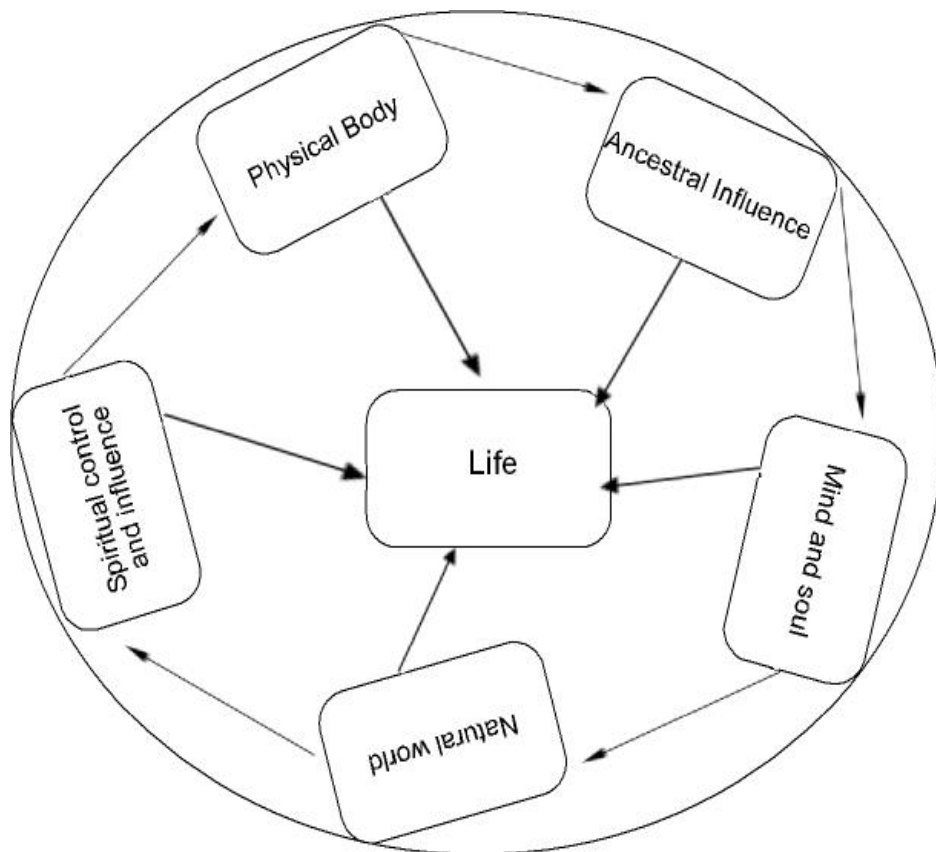
healing. But they lack in-depth study of all the constituents of their health and healing system. I wanted to study Tamang health and healing system as a holistic, comprehensive and aggregated concept of Tamang knowledge and perception on not only their spirituality, but in their geographical location, everyday lifestyle, economic, social, cultural, religious and moral parts of life. These literatures lacked the holistic approach in perfect sense to cover up all the constituents of their health and healing. In this situation, true understanding of their health and healing system is not possible. At the same time, those elements included in the literature don't present in-depth study to prove their role in their state of health. The elements need to be explored in depth.

Likewise, the study of cross cultural literature on health and healing gave me insight that there are multiple indigenous approaches of treatment and at the same time there are some commonalities on them to call them indigenous. It opened up the need of further study to show the potentiality of such healing and there exists the probability of promoting many indigenous healing and treatment approaches into modern alternative approaches of treatment if they are properly studied and developed. I wanted to compare Tamang health and healing knowledge with other indigenous knowledges and see its potentiality and the probability of its promotion. In this regard, there is a big gap in this field of study and it is not complete. The rational of this research exists here and the research question is justified.

Likewise, I realized the need of further study in an attempt to bring out indigenous health and healing system as a holistic approach, which cannot be limited on only spiritual healing. In fact this holistic approach comprising of many perspectives with perfect sense of what constitute the sense of 'Healthy Life'. In the track of holistic concept, there is the need of detail study of the epistemology and ontology of Tamang knowledge on health and healing in which many perspectives are missing and what are raised are incomplete in the lack of adequate explanation. Thus, my attempt in this study was to see indigenous health and healing system as a concept of 'healthy life.' In this line, I have prepared my conceptual framework of the study, which also points out the empty ground and need of exploration in this field.

Conceptual Framework:

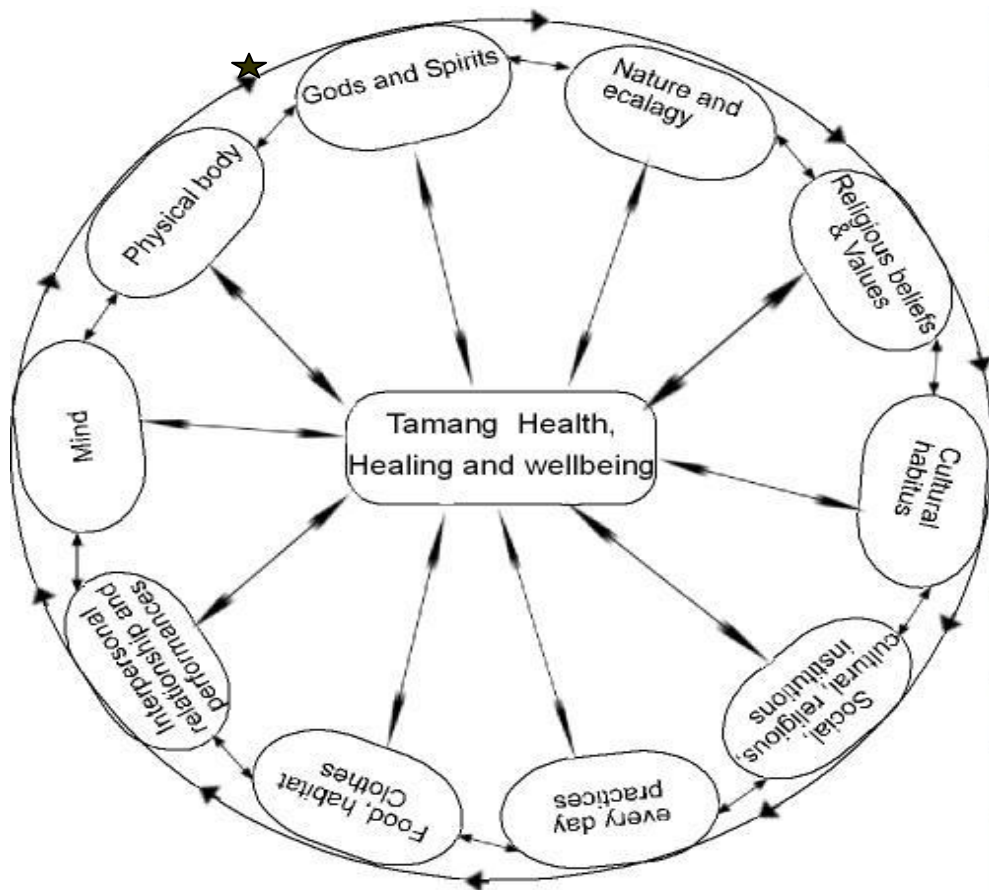
After consultation and analysis of the literature in this field, I developed a framework of the concept of my research initiating with the main features of literature that needed further in-depth study and then proceeding to the new constituents that needed to be explored. In this process, I realized that before the conceptual framework of this study on health and healing of indigenous Tamang people, it is essential to understand the conceptual framework of ‘Life’ in Tamang perception because the whole frame work of health is dependent on their concept of life. I have developed following diagram to present their concept of life in a concize form:



The framework of life for Tamang people is extended beyond physical body. Life covers even to soul after physical death. In this perception of life, concept of health in Tamang perception is essential to develop. Health is not limited in physical well- being now. It is the explicit relationship, balance and order between humankind, natural world and spiritual world. It is also the equilibrated state of body constituents with the mind (spirit) and nature (time, environment and ecosystem) (Tamang, 2001, p.8). This is also the cosmovision or world view of Tamangs. Thus their knowledge on health delivery system is holistic rather than compartmental in approach. Therefore, cosmovision is the central key of Tamang healing system. Haverkot and Hiemstar, as quoted in Tamang (2001, p.8) clarify it this way:

Cosmivision includes assumed relationship between the spiritual world, the natural world and the social world. It describes the roles of supernatural powers, the way natural processes take place and the relationship between mankind and nature.

In this context, I have developed the conceptual framework of this research including the dimensions of health and healing in Tamang perception to make it a concept of healthy life this way:



If all these aspects that constitute health are in balance, there is good health and wellbeing. Thus, it is a holistic approach of health rather than associated only with physical body. The study of Tamang health and healing should include all these constituents of good health and healing. A balance between them is defined as good health or healthy life and when the balance breaks, the repair of this breaking is healing. I have taken it as a frame to be explored. In my study, I have examined these constituents and analyzed their potentiality.

## Chapter Three:

### Study Field, Indigenous Knowledge and Biological Elements of Health and Healing

This chapter begins the presentation of my field findings. In this chapter, I have started with the short introduction of my study field and then moved to the typical nature of indigenous knowledge and their health knowledge, as I felt, is essential to see before presenting the constituents of Tamang health. As like presented in the conceptual framework of this study, I have found many factors that constitute Tamang health and healing. I have divided them in two categories- biological and cultural. In this chapter, I have presented these biological constituents. While doing so, I have used the theoretical framework that I developed for this study. In this line of presentation, I have justified the field with literature where possible and have created packs of knowledge when field contrasts with literature and when field is quite a new finding.

#### Introduction to Study Field

##### Chapali Bhadrakali VDC

Chapali Bhadrakali Village Development Committee is located at the north of Kathmandu district. To the north lies Nuwakot district, to the east Baluwa and Chunikhel VDCs, to the south Mahakal VDC and to the west lie Buddhanilakantha and Khadka Bhadrakali VDCs. Shivapuri National Reserve lies in the north of this VDC covering the northern hilly range of the village. The village lies about 200 meters east of Buddhanilakantha Temple. Its geographical location is  $26^{\circ} 38'$  to  $27^{\circ} 40'$  north latitude and  $85^{\circ} 22'$  to  $85^{\circ} 26'$  east longitude. The area of this VDC is about 8 square kilometers (VDC Profile, 2057).

The population of the village, according to survey in 2058 is 4060 and present estimation is 5000 (VDC report). Ward numbers 3, 4, 5 and 6 are situated at the northern slope just below the Shivapuri reservation and the population of these wards comprise of about 90% Tamangs (VDC Survey). Even the fast growing immigration and urbanization in Kathmandu valley could not change the ethnic composition of these four wards. It seems as if these Tamangs in these wards are unaffected of the rush and change all around them. About 1100 Tamang families live in these wards (survey).

Though the mother tongue of Tamang community here is Tamang language, they all can communicate in Nepali language and their discourses among Tamangs often occurs in Nepali. Basically, these Tamang here are Buddhist but their Buddhism is much influenced by Hinduism and they follow a religious combination of 'Buddhism+ Animism + a greater influence of Hinduism' particularly in rituals and festivities. It is at present that an awareness of Buddhist non-sacrificial tradition is growing with the increasing consciousness of their religious and linguistic identity. It is evident that they are able to save basic forms of their Tamang culture and tradition amongst the all-round interference and influence of other communities. Geographically, the four wards under study are situated at the foot and down slope of Shivapuri hill where Shivapuri Waterbase Reservation is located and is covered with forest. The land faces south, open to east and west, so that the sun rays hit the residences from morning to evening. About 2 kilometers above the residence, 'Nagi Gumba' is located amid the forest on the hill above the residential places. About 50 Anis are studying Buddhism there. Several small streams, originated in the hill, flow to south through the village. Three community forests are located in this VDC. The landscape of the wards is the miniature form of the northern hilly region of Nepal. It looks alike with Deurali VDC in Nuwakot which is the other study field of this research. The geography of the area has special significance in this study. So a keen observation and study of the geography is made and implications are drawn in the respective chapters.

Modernity has less influence in these wards. Majority of them are still dependent in agriculture. Very few use family planning devices and a big number of them are still illiterate. Except few, their house structures, cattle houses, home made alcohol preparation sheds, dresses of men and women, their everyday activities, all resemble a hilly Tamang village, distinct from their surrounding of other ethnic groups but unique of their community. What deviations of them, observed, from their hilly community are: their more use of Nepali language, less number of 'manes' and 'gumbas' in the village, less number of lamas and bombos, more Hinduised feast, festivals and rituals and more involvement in Hindu activities and visit to Hindu gods and holy places. Almost every house has a Buddhist prayer room or altar. Some of them have placed the prints of Buddha and Goddess Laxmi in their prayer rooms together.

To a greater interest to this researcher, an ancient ruin of bricks expanded in about ten ropanis of land is found in ward no.8. A shrine with the statue of *Shakyamuni* Buddha at the center part is built there. After making a study and consulting literature it was known that the place



was excavated by a team of archaeologists led by Dr. Annatoli Yankoblev Setenko from Leningrad University. The study found that the specimen were the Stone Age equipments similar to Mangolian Gobi specimen (Tamang, 2063, p.1). Those Mongols of that age are claimed to be the ancestors of present Tamang and are believed to have come here through Tibet and were the first inhabitant of the Valley (ibid.). At present, this place is under land plotting for residential sell of the land and is sure of disappearance soon if special programme is not implemented to preserve it and make a study of it. The Tamangs in this area say that this was the residence of their ancestral king and they are the descendents of these ancestors.

#### Deurali VDC

Nuwakot lies from  $26^{\circ} 45'$  to  $28^{\circ} 20'$  north latitude and  $85^{\circ}$  to  $85^{\circ} 45'$  east longitude, ranging the height from 457m.to 5144 m. from sea level (District Profile, 2062). Among its 61 village development committees, Deurali VDC lies  $26^{\circ} 55.8'$  to  $27^{\circ} 57.51'$  north latitude and  $85^{\circ} 02.53'$  to  $85^{\circ} 07' 41.28''$  east longitude (ibid). The VDC is 4 k. m. from district headquarter, Bidur. The hilly land of the VDC ranges the height from 760 to 2492 m. from sea level. The population of the VDC with the area of 18.77 k. m., was estimated 4277 in the year 2062. The population growth rate was measured only 0.76% (ibid). Above 99% (ibid) of the population is Tamang here speaking Tamang language as their mother tongue and following a combination of Buddhist and Shamanic religion except very few Hindus and Christians (field study). A new group discarding animism in Buddhism is found emerging with its separate gumba and sangha in this VDC. Literacy rate of the VDC is only 35.3% with percentage of women being only 24.2 and of men 47.2 (district profile). There are 3 primary, 1 lower secondary and 1 higher secondary schools in the VDC. The villagers are preserving 4 community forests with an area of 338.17 hectares in the village. These forests contain precious herbal plants, trees, bushes, birds and wild animals.

Major occupation of the villagers is agriculture which is substantial in nature. They keep some animals and poultry in almost every house. An allopathic health center and two medical shops in the village are trying to provide modern western patterned treatment to the village population but the majority of the villagers are not so keen on visiting this health centre in their illness. Rather, they consult herbalists and *bombos* in their localities.

Dearali VDC has geographically special features. Upper parts of the hills are covered with forest. Residential areas are below the forests and agricultural areas are below the residential areas. The peaks of every big or local hill are the residence of their deities as protectors of

their village. The top of Lok Gill, main hill of the village, is the residence of '*Shib-dda*' and '*Shakyamuni Buddha*'. The streams, water sources, caves and rocks are the residences of lords or spirits. As geography in connection with health is one major area of this study, I have studied and discussed the geography of these villages in the respective places of this study.

The whole village is divided in three 'Gumba Territories'. Deurali Gumba is the centre for ward numbers 4, 5 and 6, Gogane for 7, 8 and 9 and Okhrenei for 1, 2 and 3. But Lamas' trainings and ceremonial happenings (Gufa Basne) of the whole VDC occurs in ward no. 6- Deurali Gumba. The Tamang of this VDC have typical housing structure, cultural construct, religious vision and special daily life style. As these are the main study areas of this research, they are discussed in detail in the respective places of this thesis.

### Knowledge, Indigenous Knowledge and Role of Nature in Health

When I came back from the field, I realized that Knowledge, as opposed to information, is created in a specific context shaped by geographic, economic, social or political aspects of people and field in the study. Knowledge creation is not automatic; it requires a process of learning (Kuramoto and Sagasti, 2002, p.216). But there are not formal educational institutions for the teaching and learning of indigenous knowledge. Oral tradition is an indigenous method of transmitting knowledge from generation to generation (Subba, 2057, p.100). It is not systematically arranged and stored and thus is in danger of being eroded and extinct. My study attempted to systematically document the knowledge of Tamang in health and healing from my field.

Today, indigenous people are no more 'stone age', 'savage', 'primitive', 'uncivilized', 'barbarian', 'subhuman inferiors', 'non-human savages', or 'people without souls' (Bodley, 1994, p.363) and it is true to the Tamangs in the study. The Tamangs are the original inhabitants of the territory and who seek to maintain political control over their resources and their small-scale cultural heritage. They have tremendous store of culturally transmitted knowledge about the world around them.

Almost half of the total population of indigenous people in Nepal is Buddhist (Subba, 2057 BS, p.97). It was found that more than 90% of Tamangs in the study area were Buddhists. These people were the practitioners of cosmic religions- intimately associated with nature- the natural cycle of seasons; inorganic matters such as rock, water and mountains.

I found that Tamang knowledge is close to and in organic harmony with the lives of the people who generated it. Modern knowledge is abstract formulation and exists divorced from the lives of people. Indigenous Tamang knowledge provides a basis for local-level decision making in matters of food security, human and animal health, education, natural resource management and various other community-based activities. Thus, it is closely related to different aspects of survival and subsistence, thus generating a vast body of knowledge and, for that reason, it is extremely valuable (MOST and CIRAN in Kuramoto and Sagasti, 2002, pp.227-28)

Tamangs of Nepal live close to nature in harmonious relationship with their environment. They have tremendous knowledge of ecosystem, crops, medicine, hunting, fishing, regarding living and nonliving objects in their surrounding. Their behaviour is interwoven with natural environment, ecosystem, seasonal cycles and all living beings. There are several places, stones, rocks, mountains, caves, rivers, confluences, plants, trees, groves, forests, birds, animals and many other creatures considered as sacred objects. They regard natural objects and organisms having life. Many taboos and rituals are associated with these organisms (Subba, 2057 BS, p.99).

Their spirituality is basically founded on their relationship with nature. The Tamang people in the study area respect and honour the earth as 'mother'. They have deities or spirits and myths relating to their lands. They can establish their link with their ancestors only through the sacred sites of their lands. Thus spirituality is deeply associated with their lands, religious beliefs and practices, which are directly related to adaptation strategy with nature and shamanism facilitates greater personal harmony with it (ibid, p.97).

From the field, it is observed that there should be two sacred sites in the village indicating male and female lords in each. One was located under a grove of trees and was considered the seat of the lords of the earth, king and queen of the earth. They considered them the most powerful deities in the village. The second group was located by a rock of cliff where water came out from the rock. They were even considered *Mahadev* and *Satidevi*- symbolic representation of male and female lords

This connection between human and nature was observed in both the VDCs in the study area. In Deurali, Shiva is located on the top of the village hill and in every peak of village hills, local protector deities are located. In Chapali Bhadrakali VDC, Shivdda is located on the

Shivapuri hill where the big 'Seto Gumba' is built and deities reside there. The hills are covered with forest protected by the villagers as sacred region from where streams flow to irrigate their cultivated land in the middle part or at the feet of the hills below their residential areas. The rivers and streams are sacred places too. Only a proper balance between them brings fortune, precious life and well being to the villagers. Any violation of these culturally structured regulations and any misbehave to these natural objects, like water pollution, deforestation or not paying tributes to their deities can cause disasters to the villagers (interview). The field reveals evidently that their life is fully in tune with nature and their belief on the spiritual beings is the backbone of their cosmovision. Their concept of health, wellbeing and healing is based on these premises.

#### Tamang Ecology, Herbal Cure and Health

Ecology and natural environment is closely associated to indigenous people. When I studied the ecology and natural environment of the study field and saw its connection to the health of the indigenous people, I clearly found that the wisdom of indigenous Tamang people is of great importance to maintain healthier village environment and to develop a health system typical of the geographical locations. Preservation of natural environment and forest is closely associated to maintaining health of the village community. I brought the nation's condition of ecology and environment conservation and felt that government is failing to preserve forest through implementation of law and regulations. State management of forest has neither preserved natural capital, nor provided adequate livelihood sources for the indigenous people dependent on forest (Nathan et. el., 2004, p. 15).

But forests and natural resources are traditionally and culturally preserved in the lifestyle of Tamang people. Forests are integral to the 'cosmovision' of this community. New forms of law that derecognize customary and collective rights over nature by sanctioning alternative uses affect subsistence patterns rendering them illegal (Brara, 2003, p.169). This reveals the need of reviving the customary right of indigenous people over the natural resources in their territories.

Eco-sociology heralds with planetary ecology and so does environment in our times in sociological categories (Brara. 2003, p. 175). Who are the concerned bodies of the environment and who should have the control over the sources is a prime question. But the

fact is that the eco-sociology has direct effect on health and healing sociology of indigenous people.

With the study of the role of ecology on the life of the population in study field, I consulted some literature to see how conservation of nature is attested to the local people than the government. I found that collective action and struggle to retain control over the use of natural resources critical to subsistence is commonly attested in a variety of locations. One such struggle over a resource and its meaning occurred in Garhwal, India, in 1972, when women of this region hugged trees to prevent them from being felled by a sports-goods contractor, licensed by the state (Brara, 2003, p.170). This restraint was effective in restraining tree falling locally. This *Chipko* movement became an archetype for an environmental form of resistance to the falling of trees (ibid).

Is this *Chipko* movement to be understood as an attempt at gender justice? Why women initiated in the preservation of ecology? I became concerned with Eco-feminism which was the term first coined by the French writer, Françoise d'Eubonne (Brara, 2003, p. 171). It was a revolt against gender discrimination on one hand and against the natural destruction on which indigenous people's life and health is depended on the other.

On the light of this literature and reflection of my field findings, I analyzed the connection of ecology with the health of the study population. I found that the indigenous wisdom of maintaining forest and plantation of medicinal herbs are of great values. Moreover, their expertise of particular skills on particular fields can be of great value if they are studied and combined with modern economic, social or health management. For example, local herbalist's knowledge of identification of medicinal herbs, making honey, preservation of bamboo and its proper utilization, forest preservation regulation are few to mention

My field reflected that plantation and worshipping of sacred herbs and trees is a part of religious landscape and surrounding of the residences in Tamang villages. Different parts of trees and plants are considered sacred and essential of cultural occasions. They are the residences of deities. Different leaves and flowers must be offered to different gods (see Appendix 9 for the list). The vitality of the religious tradition in sacralizing diverse animals, trees, fruits, flowers and leaves is commonly attested. Their agriculture and animal husbandry are dependent on forest resources. Therefore, they have built and developed effective and sustainable mechanism of controlling and preserving these resources.

While analyzing my field data, I realized that one particularly fertile area of research has been in the use and management of renewable resources such as forest and water. Their preservation is important for environmental health and they are crucial to the well-being of the people in these regions (Waistcoat, 2003, p. 344). The structures by which they used the natural resources are central to well-being of the people in that region. It is indicative of Tamang villages that the hills and mountains are residences of their deities and thus forest and watersheds are worshipped and protected. Glances of their forest and ecology protection are presented in Appendix 13. It is deeply associated with their religion and cultural life. It is also mention worthy that women are directly associated with the forest products and they are more concerned and aware of their preservation. In the study VDCs I found that Tamang women have more initiatory role and contribution in their preservation.

In these study fields, I also found that Tamang people have a good knowledge of not only herbal plants but edible plants and wild food. They are high container of life force energy, resistance building capacity and curative properties. They can collect edible mushroom, wild fruits, wild honey, edible leaves, stalks, roots and green vegetables from the forest. I could estimate that about 10% of their whole eating is covered by wild products which are not only contributing in their food stuff but more importantly, to their health and resistance building because such wild products contain herbal medicines, long life elements and resistance building elements. *Bombos*, *lamas*, *Sangdungs* and shepherds are plant specialists. Local *bombos*, *lamas* and other healers contact and contract with the shepherds and other people who frequently spend time in the forest to supply them with a number of medicinal herbs and animal parts which are used in treatment (field data). Some plants and herbs are available only in high altitudes and takes many days to bring. So there is a contract between the healers and the shepherds about such herbs. Sometimes, they themselves go to the forest to collect them. Many of the shamans and lamas are expert of these medicinal herbs. Some are found in the locality. They even plant them around their houses and nearby forests.

A shaman who is also a research participant of my study has planted a number of such herbs around his house. If some of these herbs are administered wrongly without proper knowledge of using them, they may take lives. The healers are fully convinced of their healing power by combining these herbs with their spiritual procedures. The shaman points out the need of their proper use this way:

I cannot give you these herbal plants to use them in your own way. I have to make them in the right composition and administer on you in my presence. Some of them are so dangerous that they may take your life if not used in the right way. Big care must be taken while identifying the type of illness and problem. If there is wrong identification and wrong use of herbal medicine, they can kill you (field interview)

The shaman demonstrated me some herbal plants, which he has grown around his house and explained what they are used for. Some glances of such plants are given in Appendix 13. From his explanation, I found that such healers combine spiritual healing along with the herbal medicine. But the problem is that he has nowhere to get formal training of the use of such medicine. He gathers knowledge from his *guru* but not other healers. In this process, I observed that these healers are skeptical of other healers and do not share their knowledge with them. This has made their transfer of knowledge linear not horizontal. This also indicates the urgency of institutions teaching indigenous skills of treatment.

The surrounding, geography and ecological condition of the place, residential structure and the climatic condition there are vital to good health. I found that religious beliefs penetrated the building manuals of Tamang community and influenced the architectural principles of the built environment. This aspect has been well brought out in the studies of residences as well as of holy places (Brara, 203, p. 150). The study of rural settlement sites also brings out the close association of ecology, ethnicity and knowledge of particular cultivation/pastoral techniques, especially at the time of the foundation of village residences (ibid, p.166) and I found this literature exactly applicable in Tamang residences of my study area.

I found that Tamang residences in the study VDCs reveal fundamentally similar geographical landscape and settlement and are found crucial in their healthy life. Most of their houses face east and south so that the sunrays go inside the house from morning to evening. It helps to destroy germs and insects. Even when their houses are dense, openness between the houses is maintained in such a way that the sunlight and fresh air are not blocked to every house. This aspect of field study is very difficult to present here in words exactly as it is the observational phenomenon. But I am convinced that there is indigenous skill and technology applied and has connection with their healthy life. I have tried to capture this aspect in the camera and some photos of their residences and surrounding environment are presented in Appendix 13.

In the study villages, I found that even general villagers know well about a number of plants useful for various medicinal purposes. They prepare and use them for these purposes on different illnesses. A research participant shaman claimed that he can join any bone fracture

with the help of herbal preparation. The villagers said that they don't go to health centres for bone fracture as the local herbalists do it better in a few days. The best part of such medicines is that they are natural and have no any side effects. They build resistance power and heal the sickness. A list of major medicinal herbs and plants used by the healers and people is presented in Appendices 4 and 5.

A sad part of medicinal herbs is that Indian companies have employed a number of local agents in the hills and mountains to collect and export them in nominal price of k. g. and tons. Even the government has given license to them for collection and export of them as there is no any company in the country to use them as raw materials. Such works are responsible in the decline and extinction of many precious herbs. This is also an exploitation of indigenous people's rights of their natural resources of my study areas.

It is their right of management and use of natural resources preserved by them. They should get the benefit of them if they are used by outsiders as they are their "cultural capital" (Bourdieu, 1986)) and should be converted into their economic capital. It is not only environmental services but also indigenous people's cultural products and knowledge (of medicinal herbs and plants) that are being extracted from them free of charge. This free extraction imposes all other costs on the indigenous peoples and is at the heart of their unequal exchange with the rest of the world (Nathan et. el., 2004, p. 29).

### Subsistence Farming, Health and Healing

Tamangs in the study VDCs are mainly farmers and their farming is mainly for subsistence use. They produce almost all of their needs- crops, vegetables, spices, animal products and poultry products. They keep a pair of oxen, few cows/buffaloes, some chicken/pigeons, pigs and other domestic animals in their farms in complement to their farming(field observation). Agriculture and animal husbandry support each other. Agricultural products feed the animals. Beside meat and milk products, animals help to produce compost fertilizer and to plough the field.

Farmers in these study VDCs generally don't use chemical fertilizer and pesticides but they use compost and green fertilizers and natural pesticides like '*titepati*' and ash in their crops and vegetables so that their products are natural, hygienic and energetic. In their food, purity and naturalness is given priority. Their cattle graze in the forest and graze in the grass



containing herbal bushes so that meat and milk products contain them and are of high health potentiality. Pure food of their own product is one major constituent of their healthy life.

They produce almost all types of crops needed to them so that they can grow them without using chemical fertilizer and pesticides. The interesting perspective observed in the field study was that they produce and consume types of crops like millet, wheat, barley, maize and such. It is believed that such crops contain minerals and long life elements more. A research participant in Chapali Bhadrakali VDC fed me bread from millet flour though it is not easily available in his locality and is not tasty to eat. It came to be known that they buy such crops from far hills and like to eat such food almost daily than tasty rice and modern dishes. From this finding, I also came to realize the reason why modernity of concrete and marbles is returning to the age of dry grass roofed houses and huts. I also felt happy feeling that I discovered one major secret of Tamang people's good health.

From the interviews with the research participant, I came to know that most of their food consumption is from their own production or collection from the nearby forests as they are adopting subsistence farming. These products match with their climatic condition and are healthy. Women are expert of storing crops and food in natural ways. In storing of their crops, they use *titepati*, *timur* and such natural insecticides (see Appendices 4 and 5) that cause no harm in health. They manage all types of food for their family members so that even at the scarce seasons, they can eat balancedly. Thus, the role of Tamang women is important in their good health. I have discussed this role as a major constituent of their good health separately in this study. I have also mentioned a general list of their crop and vegetable production in Appendix 7. It is appropriate to claim that their subsistence farming, types of crops, vegetables, animals they keep and the quality of food they consume are vital constituents of their good health and well-being.

## Chapter Four

### Socio-Psycho-Cultural Constituents of Health and Healing

This chapter is the continuation of field findings. In this chapter, I have presented the socio-psycho-cultural elements of Tamang health and healing. Mainly, I found their health constituents in their belief system, faith healers, rituals and festivities, life cycle ceremonies, lifestyle, their institutional life and women's skill. I have presented these findings hereunder.

#### Tamang Belief System, Health and Healing

I found that Health and healing system of Tamang community depends on their perception of their cosmos because it builds up their percept of health and treatment. Therefore, it is essential first to see the Tamang perception of their surrounding and universe before entering into their perception of health, treatment and wellbeing. Tamang notion of territory or village is the residence consisting of living and non-living beings all around. Human beings, natural and supernatural beings of different characters live all around in the region/village. Among Tamang communities, the same deities reappear at the same sites: in every house by the hearth, in every village by a grove of trees and at a nearby water source and in every region. The Tamangs in the study had their communal religious centre either on a sacred mountain or by a mountain lake or in a forest.

For them, the cosmos extends from localized space to worldly heaven. Divinities inhabit worldly spaces from house to regional mountain and Buddhas reside in celestial heavens. Harmful spirits are inherently unstable (Holmberg, 2005, p.113). Village geography of the study location reflects this overarching cosmic scheme. The Buddhas are housed in a *gumba* high on the hill and look down on human and divine residences whereas harmful agents roam in the margins of these fixed spaces.

As my fields show, the life and work of Tamang people are controlled by supernatural beings but these beings are beyond human control. The only way to live in tune with them is to honour them, according to their nature, get their favour or stop them causing harm by pleasing them. Their rituals are acts for this purpose. This is the clue to perceive their health interpretation (Tamang, 2001, p. 48). This view perceives illness not only caused by nature but by the negative encounter with spiritual world or human misbehaving or not respecting

them. Along with medicinal treatment, ritual to correct disharmony with the spiritual world is a must for the cure. Thus, the three basic elements of cosmovision are nature, spirit and society and rituals are the performances to attain balance between the three. In this sense, caste societies differ from clan base societies in which equal services are exchanged symmetrically (Holmberg, 2005, p.32). Tamang people, who belong to clan-based society, follow the culture of exchange and pay tribute to natural objects like land, mountain, water and plants for their contribution to them and for the belief that spiritual deities live on these natural objects as well.

In their concept, land (rock) is symbol of male and water is female. The trident stuck on the rock makes water flow. On the other hand, water is the symbol of fertility. In this sense again, they consider rain falling from *Mahadev* (sky, high mountain, here male) to provide fertility to earth (here female). This concept is reflected in the explanation of a shaman this way:

Land and rocks are the residence of *Shibdda* and water is of *Satidevi*. Water is in the land. Water comes from the rock, water spouts from the earth, because it has rained a lot from the sky, from *Shibdda*, and makes the earth fertile. This is good; otherwise there would be no water, there would be no crops, the people would have nothing to eat. We offer both these mother and father as they make our life possible (field data).

This reveals their belief system. According to research participants in the field, a child receives flesh and blood from mother and bone (rui) from father-that is their clan. Human continuity has very beautiful connection with nature continuity. 'It is not the earth itself regarded as female but the fertility and fertile water. The high part of land, rock, caves,... are male identities. It is therefore that in every house and in each village, in every region, there is a ritual centre located on top of the mountain or at a mountain lake where lord of land and mother deities are located. Tamangs consider the rocks and ponds as the seats of *Mahadev* and *Setidevei* and name them accordingly. They are the patrons and protectors of a definite region. On the regional basis, they can be elder or younger.

They perceive the spiritual world in three categories:

- a) God/Goddess Category (Lha): Lords of the soil (Syi:bdda-ne:da), clan god (kulgi-la), house deities, fire gods, river/water gods, women gods (Tsen), *nag* or serpent god (Saplu/Lu), Mother god (Mamos) and a number of other gods and goddesses residing in different places, responsible for different aspects of life and activities, fall under this group. Generally, they are the protectors of human beings and are not harmful

unless misbehaved. They have the power of controlling other spirit categories. So they are worshipped and rituals are offered to get favour from them and to control harmful spirits.

- b) Ghost Category: Different types of *Mangs*, *Lanai* (male and female *Banjhakri*), spirits of dead bodies, when not properly cremated and ritually performed, *Chhauda*, *Boksi* and *Bayus* fall in this category. They are mischievous, troubling, causing harm to human beings. They can cause illness and even take the lives. Offering by *bombos*, controlling them through Gods by *lamas* and removing them forcefully by *bombos* are the ways to get over from them.
- c) The *Bir/Masan* Category: This category of spirits originates from corpses in the cremation places. They are dangerous and of goblin nature but one who has skills of handling them can also use them for benefits like performing impossible works. If they attack, skilful *bombos* can send them away by offering.

As these three categories of spiritual world exist in their cosmovision, same applies to their concept of illness and healing from them. Only faith healers can handle them. In the whole of indigenous healing system, faith healing is an integral part. Without it, they have no confidence of the treatment. Principally, it is true that unless healers win patients' faith, treatment is incomplete. In this sense, their healing is successful as the healers win the faith of the patients and they have full confidence of their recovery.

Tamang attribute disasters, misfortunes and troubles of all sorts to the slight errors *lambus* make or to improper procedures. So they have the strong sense of formalism. The rite is effective if it is carried out correctly and it assures the right order of the ritual.

.

### Tamang Faith Healers and Healing

The Tamangs in the study area have adopted and followed spiritual and cosmological healing as their major way. It is generally classified in two categories though they mostly overlap in their fields- religious and shamanistic. Religious healing by religious agents (lamas, priests...) doesn't directly deal with the agent of illness but make deities control the agents and heal the inflicted. On the other hand, shamanistic treatment directly deals with the agent

of illness and applies measures to recover health. I have discussed their healing knowledge and systems in headings below respectively.

### Shamanism

‘Shaman’ derives from a term the Tungos of central Asia use to refer to one of several ritual practitioners (Holmberg, 2001, p. 143). It may be the first human profession (ibid). The origin of shaman was in the human mind (ibid). The following quote depicts it more.

A shaman is a person who at his will can enter into a non-ordinary psychic state (in which he either has his soul undertake a journey to the spirit world or he becomes possessed by a spirit) in order to make contact with the spirit world on behalf of the members of his community (Reinhard, 1994, p.16).

Shamans are called with different names in different groups of people in Nepal. *Dhami-Jhakri* in Hindu communities, *Bombos, Lambus or Syangtan* in Tamang, *Puimbo*(male) and *Ngiami*(female) in Sunuwar, *Pajyau* and *Khepra* in Gurung or Tamu, *Phedangma, Samba, Yeba or Yema* in Limbu, *Nokcha Nokchoe* and *Mangba* in Rai, *Bhusal* in Magars, *Gurau* or *Guruva* in Tharus, *Pandey* in Chepangs, *Urau* in Botes (Subba, 2057, p.108) are some names of shamans in their communities. They play a primary role in the religion of these communities. Their values and procedures differ from religion to religion but shamanic realm has commonality in most of these religious systems. From my experience of shamans in other religions and comparing them with the shamans in Tamang community in the study field, I came to the conclusion that difference in shamanism of different religions is only tilting towards the religion on the background of which it stands.

Shamanism is ‘community recognized religious vocation that involves the production of altered states of consciousness (Peter, 1999, p. 8). Altered state of consciousness is ‘a mental state which can be subjectively recognized by an individual as representing a difference in psychological functioning from the individual’s ‘normal’ alert waking state’ (Krippner, 1972, p. 1). These definitions and characters of shamans in general are true to Tamang shamans, Bombo, Lambu or Syangtan. They are part time healers and their income is only supplementary and obligatory. In this sense, they are volunteer health workers in the community for the philanthropic reason.

A shaman gains mastery of spirit in his/her trance by attaining control over the spirits using his/her body as a placing (Shirokogoroff in Peter, 1999, pp. 9-10). This possession situation is

any altered state of consciousness indigenously interpreted in terms of the influence of an alien spirit (Carpanzano in Peter, 1999, p.10). As shamanism has universality on its basic features, it was found true in Tamang shamans in the study fields.

Shamans have not only their immense knowledge of myths, legends and other folklore of oral tradition, but also they have invaluable traditional wisdom to manage ecosystem. They are the experts of esoteric language, occult practices, rites of cultural symbols and sacred sites. They are repository of knowledge about plants, animals, medicines, hunting, fishing, cropping, seasonal cycles, environment and extra human world (Subba, 2057, p.102). This is true to Tamang Shamans. It reveals clearly that their curing is not limited to spirits and their handling. By using indigenous techniques, a shaman tries to rectify the disharmony between the human world and the cosmos (ibid, p.103) on one hand and on the other, a shaman uses his/her immense knowledge discussed above in maintaining good health, wellbeing of the people and curing them from illnesses. Tamang shamans are discussed below with their roles in healing:

#### Bombo

In the midst of the sun rays,  
A costumed bombo I am not,  
In the midst of the moon rays,  
I have dressed.  
When all breathing, moving beings sleep,  
When the sun sleeps,  
I dress (as a ) bombo,  
Come take my bombo's body.  
Come take a golden horse.  
Come take a silver horse.  
By the sky trial let's fly.

(Source:Holmberg, 2005, p.142)

Above oratory from literature shows how a *bombo* perceives him/her. *Bombo* is a Tamang Shaman and main indigenous healer or health agent in his/her community. He/she establishes his/her contact to the superhuman mainly (but not exclusively) by means of specific ecstatic techniques, such as trance and possession. When I combined my field data with the literature, I hold the knowledge that *Bombo*'s direct communication with superhuman is in three categories:

- a) *Lari niba*: to go on to the God
- b) *Neri niba*: to go to the sacred places or other world
- c) *Lajye cunba*: to be grasped by the god (field data combined with Hofer, 1981, p. 31; Tamang, 2001, p.35)

### Dress and Ritual Implements of Bombos

Though I found considerable differences in the dress and implements used by *bombos* in the study field, I have tried to prepare a generalized feature of it after the study of different *bombos* and then by consulting the literature on it. *Bombos* use their ritual dress set along with symbolic materials and ornaments during their possession and soundings. Head dress (*Sarot*) is adorned with peacock feathers, porcupine needles and cowrly shells. His/her ritual chain of *rudrachhe* nuts combined with bells is put on down the neck round the body. He/she uses a ritual knife (*phurba*) and blows his/her drum (*nga*) with a beautiful drumstick having a beautiful knife shape handle and in a shape of a snake. He uses sword, sacred vase of brass and trident (*trisul*), the symbolic weapon of *Mahadeva*, the skull of a horn-bill representing a mythical bird, *khung* (garud-eagle) and an important animal to fight with the human adversaries. He/she wears white robe from head to toe and enters into trance in his/her journey to spiritual world (field study, Tamang, 2001, p.35). A glance of their dress and implements is shown in Appendix 13.

According to the *bombos* in the study area, their repertoire includes three types of sounding: calendrical soundings (according to calendar in rituals), incidental soundings (for cure and household purification) and pilgrimages (in regional festivals-to their deities). Shuddering is taken as evidence that divinities have alighted on the back of *bombos*. *Bombos* shake these beings on and off quickly. In the narration of a *bombo*, the sight of the place they travel in their flight, is like this:

After we put the divinities on us, we travel to the other world, the kingdom of them. When we reach there, it is like a flash of daylight. It is very bright just like sunshine or lighting. Then it becomes black like night. It can be back and forth like that. Then we sit there and meditate. We ask the divinity about the patient. We get some hints and gestures, which we narrate to the audience (field data).

Their spirituality is based on the belief in spirit which animates all living and non-living organisms of the surroundings containing superhuman characteristics. Their cognitive world is structured, guided and governed by these animistic forces. I realized that this spirituality is

the cause of the inclusion of animism as Subba (2057 BS, p.100 ) points out shamanism as a concept of god founded in combination with animistic beliefs.

#### Sangdung or Lambu

*Sangdung* is called as *Lambu* in some locations. They are also divine healers combined with herbal treatment. They also have divine vision, trembling and possession but they don't use drums and are less capable of handling evil spirits. They worship gods and prevent evil spirits from harming. They use wild plants and flowers to please them. Their cosmovision, healing principles and procedures are like that of *bombos* but they have limited repertoire of texts and ability and they may not have got full apprenticeship and 'dikshya' from *gurus*. Their procedure of acquiring knowledge and skills is similar to *bombos*. *Bombos* and *sangdung* are similar. Pupil *bombos* practice as *sangdungs* under the supervision of *guru* before they become *bombos*.

#### Labteba

*Labteba* is the ritual specialist of clan gods. To get blessings in farming, household, family and health, clan gods must be pleased. Sometimes, immoral acts by clan members, like incest in the clan, disturb the clan gods and cause illness. In such cases, *Labteba* is needed to cure the patient and to correct the disorder.

#### Religious Healer: Lama

Lamas are full time religious specialists in Tamang Buddhism. They don't have direct experience with the deity as shamans have. Lamas are the religious authorities with Buddhist texts. They are mainly responsible for performing religious rituals. But they are also designated with duties to prevent and cure illness, which are believed to be the result of physiological as well as supernatural disorder. Tibetan Buddhism has also integrated age -old tradition of indigenous healing practice and the use of medicinal plants. Therefore, healing is an integral part of the religion (Tamang, 2001, p.38). Lamas study both religious and medical texts. There is rich written literature in Buddhist text about health and healing, medicinal plants and animal parts, processing and composition of traditional medicines (ibid). Lamas have also religious duty along with the faith healing and medical treatment for the people.



Here, I have given a fresh look from my fieldwork of the two VDCs to perceive the healing power of lamas.

From the field study, interviews and consulting literature (Tamang, 2001, p.38), I came up with the fact that lamas introduce three ways of healing and treatment:

- a) Spiritual exorcism- *Lamas* recite mantras, religious texts and rituals, seeking help of gods to drive evil spirits away. *Kurim* is the ritual text through which they drive away evil spirits. They also use sacred rice, incense, sacred water, and *torma* in the treatment. If they suspect evil spirits, they recommend the patient to consult a *bombo*. Thus, there is a good understanding of the fields of treatment. They also recommend the patient to consult the health post, according to nature of sickness. But vice versa never occurred in the locality as biomedic healers never accept the validity of indigenous spiritual treatment. This gives rise to many questions for discussion.
- b) Ocupuncture- It is the ancient Chinese treatment system in which certain parts of body is pierced with needles and put there for a certain time to obtain balance between *yin* and *yang* forces in the body. I have also described about this system of treatment in review of literature. Keeping these literatures and the field findings in mind I, found that *lamas* believe that taking out bad blood from the body also cures certain illness. Some skilful lamas apply this method of treatment. But no skilful *lama* was encountered in the study field applying this method. It is the oral story the research participants tell about them.
- c) Herbal treatment- The *lamas* use herbal medicines and animal parts to cure illnesses. This Tibetan herbal healing is very rich literature and an effective system of treatment. As Tamang *lamas* follow Tibetan texts, they are trained in herbal treatment according to their level of rank and study. The *lamas* in the study field are found to be knowledgeable on herbal treatment and the types of herbal plants found in their locality. It discussed more under herbal treatment.

From the study of all these Tamang healers, it is manifested that healing is completely in tune with their cosmos and belief systems. Shamanic sounding always occur at night as shades and evil spirits are only accessible at night but *lamaic* rites occur during day (Holmberg, 2005, p.110). This principle was found applicable in the study fields as well.

*Lamas* and *bombos* are not exclusive but complementary (ibid, p.4). In the study field, it was observed that *Lamas* and *lambos* can and do replace for all sorts of rituals except death rites. *Lamas* also propitiate divinities and exorcise evils without killing. But Tamang *lamas* can be said sacrificial as they employ others when to sacrifice or use dough images for sacrifice. This is the influence of animism over Buddhism in rituality. *Lamas* also try to control spirits through divinities than directly.

Despite these similarities, it was also observed that there are also some differences in the practices of the two categories. *Lamas* are referred to as *Shakyamuni* or Buddha. *Bombos* have special relation to *Shibda* who is the father deity on Tamang shamanism and Hinduism both. *Lamas'* altars are raised high off the ground; *bombos'* off the ground but much lower. *Lamas* first invoke the celestial Buddhas, proceed down through the high mountain divinities and eventually arrive at the village and household divinities. *Lambos* invoke in the opposite. *Lamas* derive power from words/ texts, *bombos* from unique powers of sights/sacrifices (ibid, p, 115). Almost all of the ritualists and healers share common cosmos. *Lamas'* cosmology was found based more on Buddhist texts and *bombos'* based more on animism and they have clear understanding of each other's repertoire.

These indigenous Tamang healers generally do not charge for their healing but they are doing it for the common good of the villagers. What they get is what the patients offer them as gifts. They are part of the communities and work for philanthropic reasons. There is close cultural, religious and behavioural relationship between the healers and the patients.

#### Faith Healers and Knowledge Transfer

In analysis of the field on how the knowledge of these Tamang healers is transferred and how learning takes place, I found that they receive knowledge on health and healing system from their elder family members (father, grandfather, uncle or maternal relatives). In the case of learning shamanic skills, if their bodies tremble arbitrarily during their childhood or youth, they are suitable candidate for the training of *bombos*. They take apprentice from other close *bombos* to become a new *bombo*. There is a very hard path and long period of practice (apprenticeship) for which there must be very close, trusty, affectionate relationship between the *sisya* (apprentice) and the *guru* (teacher). So, generally, knowledge transfer takes place with one's own family members than from outside. This is the indigenous method of

knowledge transfer. Even if the *guru-sisya* bond is outside the family relation, the relation is so faithful, trustworthy and confidential till death.

Apprentice *bombo* has to offer *syalgar* (gift) of a bottle of liquor and other things, with deep respect, each time the ceremonies take place. Literature says that the apprentice faces dangerous problems like bleeding from the nose, losing weight, uncontrolled jump (possession) (Tamang, 2001, p.36), sometimes going mad and even losing life (field data). But it is the responsibility of the '*guru*' to save the '*sisya*' from all these dangers and make him/her a successful *bombo*. The main difficulty of the '*guru*' is to enable his/her '*sisya*' in identifying gods and evil spirits and in diagnosing the sickness. Their training course generally includes:

- a) Pondering or thinking over or finding the cause (*jokhana herne* )
- b) Ritual texts and techniques
- c) Herbal medicine
- d) Throw away the evil spirits
- e) Beat the drum and make '*tormas*'
- f) Trembling/dance
- g) Identifying gods and spirits, placing them and handling them (field data combined with Tamang, 2001, p.36)

The research participants whom I consulted many times believed that trembling and possession cannot be taught. They should come naturally depending on the god's or spirit's choice of the placing body. Such teaching and training takes place at home, in jungle, in isolation, at cremation places, and at sacred caves (*guptabas*) (interviews)

There must be very balanced and high expertise in handling of Gods and Spirits. Otherwise, situation may go out of control and can be dangerous. For example, in their sounding, after calling *Nakhle Mang* (a very dangerous spirit), they immediately implore *Sib:bdda* to protect all that it destroys (interview with a shaman)

*Lamas*' skill learning is also similar to the shamans i.e. they learn from their elder family members. But it is not enough. They must go through monastic learning for a long time to get mastery of Buddhist texts and ritualistic procedures. It is mandatory to spend from few weeks to several months in the cave (*gufa basne*) and receive the declaration (*dikshya*) of their *guru* to get authority of a lama (interviews).

Generally, *lamas* are hereditary. They get the knowledge of Tibetan script, texts and ritual performance procedures from their father/grandfather. But anyone who has the resources for the study, pay for the *guru (lopan)* and paraphernalia can become lama undergoing the process of learning. Hereditary lamas are ‘ancient’ and newborn lamas are ‘hunters’. They must undergo several retreats from initiation (*wang*) to several years’ training. Interesting fact here is that learning is associated with practical participation and performance perfection. *Lama* training of monastic community and a monastic community differs and one doesn’t want to stay together with the other. During their training, they involve in feasts and rites with other superior *lamas* learning the procedures, painting banners and making dough images. In the final stage, they should be able to erect a *gumba* in their single design and effort with images of Buddha. It adds rank, prestige and authority to them.

They must acquire secret mantras otherwise the texts are incomplete. They must be able to fill up missing places in the text to do the rituals (i.e. do these gaps with the knowledge learned during the training). *Lama*’s prestige and rank depends on their duration (experience) and the number of junior lamas whom he has been a *lapon* or *guru*. *Lamas* are the forms of the Buddhas on earth and they have direct link with the Buddhas in heaven. They hand over the soul of the deceased to Buddha in peace. Thus, Tamangs not only consider the health of their physical body but also the health of the soul after death.

All these procedures of knowledge transfer and the rituality have great significance to health of the healers and the community. We can draw many implications to health system and modern education system from these indigenous teaching learning systems. They are discussed in the respective chapter.

### Rituals, Festivities, Health and Healing

Tamang rituals are simultaneously activating Tamang people in Tamang imagination and responding to their existence. Tamangs follow Tibetan calendar for their rituals and festivals. In this calendar, there are twelve year cycles bearing the names of twelve animals- mouse, ox, tiger, hare, dragon, serpent, horse, sheep, monkey, bird, dog and bore (Holmberg, 2005, pp.109-10). After a cycle of twelve years, one element is counted among the five elements- water, wood, fire, iron and earth, thus making a cycle of sixty years (interviews combined with Tamang, 2001, p. 46, Holmberg, 2005, pp.109-10). Buddhist notion of time is linear in contrast to the cyclical notion of time in Hindu system.

Twelve -year cycle of time has big significance in ritual and practical life. Individuals reckon their ages and past events in terms of twelve years. A child develops life force (*so*) and enters into adulthood in twelve years and it renews in every twelve -year cycles. Tamang do not perform full -scale mortuary ritual for a child who hasn't passed through a twelve -year cycle (interviews).

Their festivals fall on this calendar following the seasons of the year. Generally, their worship falls in the full moon or dark moon as their calendar follows lunar system of counting. They don't celebrate *Buddha Jayanti* but celebrate *Kala Salgen'*(for the protection of their animals) which indicates bigger influence of Animism over Buddhism.

But present scene is changing and is more inclined to Buddhism leaving out Animism (field data). They have started to celebrate Buddhist festivals if they were missing in the past. A new sect has evolved in line with following royal Buddhist traits in the study field. Their Buddhist consciousness is overtly increasing. I have described this shift of faith at relevant places in this study.

The celebration of festivals differs in different locations. *Lhosar* (new year) is celebrated uniquely in *Maghe Sankranti* (first day of the month *Magh* in Nepalese calendar). Tamang of Deurali celebrate *Chheju* in *Magh* (March/April), *Mhane Dance* in *Baisakh* (April/May) and recite *Kurim* in *Shrawan* (July/August). There are numerous festivals all the year round but it seems that they match the seasonal need and perception of climatic condition and deities' positions. For example, *Sajyi*, a worship for the better condition and protection of crops, is celebrated in February, just before the first sowing of maize plantation. *Phuitamba*, which is the offering of wheat to the deities, is celebrated after harvesting wheat in *Chaitra*. For different major crops, different seasonal worship occasions are set up as rituals.

Taking knowledge of available past literature interviews and field study, I observed and took visual ethnography of their one of the longest and most important dance-drama festival, '*Chheju*' in Gogane Gumba in Deurali 9. The festival's vitality to the villagers is revealed in the events that all the works except essential cores are prohibited in the village during the festival. The whole territory (of the *gumba*) is defined as a bounded and contained community. It is celebrated for ten days. In the last three days, no one can leave the village and no exchange of things to outside the village be made. A number of lamas keep on reciting the texts inside the *gumba*. Dances and dramas outside reveal the events of Tamang history. It

is such a festival that everyone in the locality, whatever his/her age or sex be, is deeply lost in the rituals and festive events of dancing, singing, recitation and offerings. This is the festival of not only rituals but of joy, fun and merry making. Some glances of the festive celebration are presented in Appendix 10.

The pilgrimage of all the villagers to Nagi Hill, the residence of their deities at the top of their residential hill, led by *bombos*, is a moving occasion to them. It is not only the occasion to offer tribute to their deities and spirits, but a time of merry making and confidence building. In the journey, *bombos* shake from house to house in their formal dresses uttering mantras and ascertaining wellbeing of every house. All the villagers are deeply lost in their faith and cultural construct so that there is ritualistic performance and full fledged entertainment.

Entertainment is complementary objective of the festival being primary one the protection of the village from evils, gathering power and well being. It symbolically reflects *lamaic* culture and the society governed by them in the local level. It is the occasion of reunion of all the relatives from outside the village.

The spiritual confidence, benefit and wellbeing for the villagers are at one side, but, on the other, deeply lost state of entertainment for all aged people, the music, the melody of recitation that can be heard in the whole village through the loud speakers, dramas, dances ..... all must have a great connection with the mental and physical health of the community. The works run very systematically in the division of labour and expertise. At the completion, each gets rewarded, according to the gravity of contribution. This makes them involve with deep attention and devotion.

Their concepts of time, festivities and other activities are in tune. Intensive agricultural labour precedes rainy season and continues through them well into the dry season when the main harvest occurs. During greater freedom after crops harvest, they complete all the necessary cores, festivities and rituals. During this period, simple and elaborated obligations to feasts increase. Neighbours, affines and friends from near and far drop by or are invited as guests. Memorial death feasts, festivities and rituals, marriages, pilgrimages, all occur in dry season (field data). In the whole, there are number of health constituents in the ritual life of Tamang people. They contribute in their healthy life mentally, physically and socially. Their potentiality and implications are discussed in respective places.

## Life-cycle Ceremonies, Health and Healing

From the field, I have gathered that Tamang people perform many cultural and religious ceremonies, from birth to death, to mark the stages of life, to bring the favour of deities and to pass the life after that in tune with their cultural construct so that there is health and well-being. Among numerous life cycle ceremonies, some major ones are discussed here from the perspective of their health:

- a) Conception Ceremony: When it is known that women are conceived, bombos perform this ceremony for the safety and well-being of mother and child.
- b) Naming Ceremony ( *Namjung/Thapsang/Nochungi*): With the birth of the child, the mother and the household becomes impure. Naming ceremony from 7<sup>th</sup> to 9<sup>th</sup> days by *lamas* purifies the mother, the child and the household from evils, gives a name to the child and socializes the new child as family member. Shanti Lama, a research participant, describes the procedures of naming ceremony this way:

Before the birth of a child, family members give emphasis on light labouring activities by the mother. They say it facilitates the child birth. Naming ceremony occurs on seventh or ninth day after birth by a lama. Generally names are chosen from the first letter of the day of the child birth. Previous evening leaves of *Titepati* are put in water and that morning, mother and child bath with the water. Some bath of the vapor from a hot stone. Lama performs the rituals and recites the texts. *Dhupi* incense is burnt in the fire and thick smoke is produced in the room where the mother and the child stayed, to purify the house. The house is cleaned with red soil and cow dung. Relatives bring gifts to mother and child. There is feasting and merry making (interview).

The notable facts here are *titepati* (see Appendices 4,5 and 6 for the list of all the herbal and sacred plants Tamangs use in different occasions) is a pesticide plant. They claim that the smoke of *dhupi* and *titepati* has power to kill germs and insects. They are used in summer to send away mosquitoes and flies from the house. Red soil and fresh cow dung has power to kill germs. Some more remarks from her interview reveal the indigenous wisdom this way:

Pure and hot mustard oil is used to massage the body of the child and warming the child by fire is frequent. If there is stomach disorder, dry ash is rubbed on the stomach and the child feels better. I can't tell the names but the lama brings some special firewood and burns to produce nice smell and pleasant atmosphere in the house on the occasion of naming ceremony. .... Mother is given more liquid things to drink. Young hot '*chhang*' facilitates breast feeding.... (interview).

Mixed firewood from plants like bhalayo, ghoge amilo, bainsh, titepati, dhasingare, patpate, kukurdaini, unyun, siru, dubo, chandan, dhupi, paiyun, etc are used either as incense or medicinal on such occasions to create wholesome place for the baby and mother.

- c) Rice feeding ceremony (*can kwaba*): This is the starting of eating solid food and is celebrated from three to six months age of the child. Because of this festival, they feed the child only from the breast of the mother till this festival is celebrated. It is strongly related with the good health of the baby.
- d) Hair cutting ceremony (*chywar*): It is the first hair cutting occasion of the child in which *bombo* frees the child from the protection of the deities. The child is given in the hand of the deities till the *chywar* ceremony. It is the faith that the child is protected better this way. This belief also protects the child from the infections that might occur due to the cuts in skin during shaving of the hair.
- e) Marriage Ceremony: The clans in the Tamang village are divided into almost reciprocal halves and they become two halves of givers and takers for marriage. Exchange marriage is common in their culture, belief and tradition. They have many mythological stories of the need of exchange culture. Caste societies differ from clan base societies in which equal services are exchanged symmetrically (Holmberg, 2005, p.32). Perhaps cross-cousin marriage also has its root on this exchange culture. The other reasons may be their insulated condition of the past. "Tamang couldn't contact marital links into the higher echelons of Nepalese society. Tamang headmen were tied to local system of marriage and a local system of authority. .... this generated a restricted and insular endogamous socio-political domain" (ibid, p. 45). This community remaining isolated from outer world due to various reasons is perhaps the reason of their exchange marriages and cross cousin marriages.

Elopement from a festival, mock capture, reciprocity and negotiation seduction and capture, arrange to return from a festival together are some traditional ways of choosing marriage partner but formal cultural wedding ceremony is essential to legitimize the marriage culturally. Such ceremonies sometimes occur even in the old age and before death (field data).

After the choice and decision, the marriage takes place in the groom's village in the presence of *lama* or *lambu* as a ritual performer. Groom's father presents the couple with



milk and mother serves them meat. The groom's clan sister gives him another white turban as a tie of brother and sister. Three days after the wedding, the couple along with husband's father returns to bride's parents' home and stay a night there. Marriage is not complete until the husband and his natal kin convey customary gifts to the wife's natal kin.

This exchange legitimizes the children of the union and gives them a clan affiliation. This must be done before a son's tonsure ceremony. If a woman has no son, this ceremony may occur till her death rites. In this ceremony the woman receives a hoe, a sickle, a bronze bowl and some wealth which is culturally assigning the duty of washing the face of her natal kin's (father, brother) corpses at the time of death. Son-in-laws are responsible for all the cremation tasks of the corpses. (Field data)

- f) Death rites (*ghewa/gral*): On death of someone, they perform ritual importantly to send the soul to heaven. The ritual called '*ghewa*' is most significant and elaborated one. From the days 13<sup>th</sup> to 49<sup>th</sup> after death, '*ghewa*' is celebrated for about 3 days. They believe that after 49 days, the soul takes birth in a creature form or becomes spirit or settles in heaven according to the consequence of rituals. So the purpose of '*ghewa*' is to send the soul to *Shakyamuni* Buddha for which Buddhist *lama* introduces 'way' to *sorga*. If not properly sent, the spirit of the soul roams round the relatives and troubles them (interviews).

This is a ritual duty having its significance on redeeming the debt of the dead by relatives, paying their respect and love and performing the responsibility. This brings mental satisfaction to think that their dearer one now rests in peace in heaven and doesn't suffer. This satisfaction is the originator of good health to the relatives and community. Through the ritual procedures, the whole community by heart realizes the success of sending the deceased in '*sorga*'. For the ceremonies, shamans are not used, but lamas with their texts protect the soul from being stolen by evil spirits and guiding them way to Buddha.

After *ghewa*, they pay tribute to the deceased every year on special occasions (e.g. *Mangshir Aunsi* or *Sadbieu Aunsi* (in November/December), continued for three years and the 3<sup>rd</sup> year is the last to pay the tribute. In this year, they erect a pole containing colored flag with sacred '*mantras*' written there, on the summit of a hill, symbolizing 'the tree of life'. (Tautscher, 2007, p.76)

Though Tamangs are Buddhist, they believe on soul (*bla*) and its immortality. Buddhist *Lama* introduces the way to lead the consciousness (soul) of the deceased into the land of ‘*sorga*’, a heavenly realm, before the next rebirth. In folk belief, however, after the death the soul stays near to the place and people they knew during their life time (Tautscher, 2007, p. 69). The dichotomy of the stay of soul on the other world and on earth is manifested here. The dichotomy of the existence of soul and following Buddhist religion is also mention worthy here. Buddhism in its first and mainstream form doesn’t believe in the existence of soul and another world (ibid). But the Tamangs in the study area have reconstructed Buddhism on their spiritualism and pragmatism.

All these ceremonies have certain rituals based on their world views and cultural habitus. These ceremonies make them believe that the balance of the cosmos is attained through them. They have peace and satisfaction of accomplishing their responsibilities properly. These ceremonies not only maintain the health and wellbeing during life but also the health of the soul after death. But they are guided by their health knowledge as product of their century long experiences. All these occasions end with feast and liquor offering for the attendants. There is implication of their celebrating life cycle ceremonies on their healthy life. I have discussed over them in discussion part.

### Lifestyle, Health and Healing

Tamang people’s lifestyle and livelihood from agro-pastoral activities is another way of maintaining good health. In the study of Deurali village, none was found with the symptom of high blood pressure, sugar and indigestion. Its reason can be found in regular, systematic physical exercise and active life style. They have belief that one displeases god if he/she doesn’t see the dawn glowing light from the east i.e. sleeps till late in the morning. The proverb, “Early to bed and early to rise, makes a man healthy, wealthy and wise” is true to Tamang people. Working systematically in their field and pasture, walking regularly, eating natural food, taking fresh and clean air and drinking naturally clean water are major constituents of their good health

Tamang people’s life is in tune with nature. Nature itself is seen as a good care giver and healer. Their activities are guided by seasons. Most of the feasts and festivals are in tune with seasons. Major festive occasions are in winter season after the harvesting time. There is good digestion of food and food remain fresh long in winter. During this time they bring their

cattle down to the farms and in summer up to the pastures. The farm land is dry in winter and they engage in other activities like bringing everyday needs and clothes from town markets, celebrating festivals, offering to deities and spirits, collecting firewood, and preparing things needed all the year round, repairing residences, visiting relatives, collecting herb etc. They are experts to be in tune with nature and seasonal changes.

They eat according to seasons, wear according to seasons and act with the seasons. Cooking style of food, combination of types of food and seasonal or climatic setting of food is vital to health. Their food preparation strategies are natural and healthy. In these techniques, the nutrients of food are not destroyed. They also eat many foods raw and uncooked or less cooked. They have festivities and rituals mostly in winter season. They are skilful in matching food with seasons and climates. Thus, their skilful lifestyle in tune with seasons and climate is found a major health constituent of Tamang people in the study field. They are the experts of these skills. It helps them to remain healthy and strong preventing illness and diseases and building high resistance in their bodies.

#### Right Thought, Right Action: Secret of Indigenous Good Health

After making ethnographic study of Tamang lifestyle, culture and religion, I found that harmony and balance in the body and mind is central to health and well being in Tamang notion of health. English word, 'disease' (dis-ease) also means 'no longer to be at ease' or in balance or in harmony (Palmer, 1997, p. 52). It is seen clearly that regulation of speech, sex and food are elemental in Tamang social life, It is said that evil transgress all restrains (Holmberg, 2005, p. 124). If we indulge in bad doings and thinkings, our life loses balance and loses health. In Tamang community in the study field, it is clearly indicative of maintaining social order by strictly obeying social and moral code of conduct. If these codes are violated, they are punished by superpowers and nature. This prevents them from involving in such evils. Then there is not evil thinking in mind, body becomes healthy with the healthy lifestyle.

By studying their behaviour, I could attain the knowledge that the ontology of their perception teaches them the difference between right and wrong doing and their consequences. Demerits/sins accumulate from killing, lying, cheating, gossiping, fighting, jealousy, sorcery, theft, and the like. To avoid *pap* (dikpa), one must do good works (Holmberg, 2005, p.192). This is the guideline of their ontology. It is proportionately

associated with their health and the health of the others as their behaviour doesn't harm others in their health. The rituals are the keys to overcome the sins caused in innocence. If they cannot perform them successfully, their health in lifetime is badly affected with confrontation and regret and the health after life is spoilt by not securing 'nirvana'. The fear of suffering after death prevents them from involving in sinful activities and thus provides them good health.

When I studied their activities, I found that labour is highly valued in Tamang culture. They don't like people staying idle and not doing labour. Labouriousness is always associated with good health. Naturalness of food is given priority than their artificial tastes and luxury. They cook their meals in firewood so that they are natural, warm and tasty. Generally they cook by boiling their meals than frying and simmering. They are not much spicy and thus are hygienic. I have mentioned already that they prefer to eat such crops and food that contain high health and life elements.

I have found healthy habits in their cultural belief and construct. In their culture, evil spirits take without giving (exchange) but gods don't forget to give after taking. So exchange is divine quality that every human must maintain. Tamang are totally inclusive in their principle of exchange. Where there is no exchange, they don't give or give unwillingly. For example, *bombos* give to some harmful spirits angrily throwing the food and sometimes they trick and deceive them. On the contrary, when they are offering to *Sib:dda*, they offer as if to royal dignity. This culture enables them to give and receive when they are sort of the things. This prevents them from scarcity and the whole community becomes like a family.

In their praise and plead to *Sib:dda*, Tamang desire of remaining in order and not indulging in evils is clearly reflected. A part of a *bombo's* oration to *Sib:dda* is shown here as an example:

I have bowed respectfully and offered golden rice and array of gifts including incenses, popped corn, milk, egg, millet, beer, liquor, money, meat and cooked rice. Wake up and take them father/mother take them. Suppress our evil doings like dissension, gossip, fighting, bragging. Don't indulge us in them. Don't indulge us in sins. Keep us away from sinful works that displease you. Give us power to make us healthy and strong. Make our feet like iron, backs like gold, watch over us, our children, and our livestock (recording from the field).

#### Drinks and Health

Uses of alcoholic products which are fermented and distilled at their own home have also great contribution on attaining and preserving health condition. They believe that alcoholic products have connection with super powers in different ways. It is the very pure immortal medicine that must be offered to deities and spirits in every ritual. They have many mythological stories behind this belief. According to a story, the fermentation chemical, 'marcha' was produced from the plants that grew from the milk of Goddess tigress. *Marcha* is made from the combination of different plants- *chapo*, *dhungrijhar*, *kure/furke jhar*, leaves of *bhimsenpati* (male), *chupchupe*, bark of *kathar* (jack fruit) and leaves of *gaitehare*.

The process of making *morcha* can be revealed this way: Cutting/plunking from trees → drying leaves/barks/suit → grinding them → mixing one dust:eight flower → cake making → fermenting for seven days → cake drying (interviews combined with Tamang, 2001, p.52).

Besides its sacredness, it has health properties too. From the observation of their consuming alcoholic products I realized that right use of alcohol at right times has numerous utilities. In general, it releases from mental anxiety and helps to enter into mental relaxation. But in particular, it has numerous cultural associations. Because it has association with superpowers, it has power to create hard bonds of feelings and brings out inner feelings. Offering alcohol has cultural strength of ending big antagonisms and establishing cordial relationship. It has cultural power of assimilation. From analyzing the field ethnography, I realized that this aspect of these products has great role on establishing social order and harmony. It reflects the corrective and rehabilitative approach of justice and punishment. It is observed that they are habitual to keep the limit of drinks and generally they don't go beyond the limit. According to Amrit Yonjan (interview with him as a resource person), *chhang* (homemade beer) has high digestive potentiality. I have observed that those who consume it generally don't have problems of indigestion and stomach disorder.

When I observed the process of making home fermented alcoholic products and their consumption, I concluded that they are not only cheaper but highly nutrient and energetic food or drink. The process, in which they are fermented, makes it contain high calories of energy and minerals. It is prepared in low cost but gives high utility if used properly. On many stomach disorders it is used in different ways. For example, a mother with infant is given this to produce more milk for breast-feeding. When it is boiled with different spices and herbs and drunk, it cures indigestion, cold and other many disorders (field study and

interviews). In fact both fermented and distilled liquors are indigenous products later industrialized and marketed. Indigenous people should have its patent right.

From the ethnographic study in Deurali VDC, I also found that a new sect of Tamang Buddhist is found emerging. They don't kill and don't use alcohol in any occasion. They follow amonastic Buddhism not with combination of Shamanism. This new finding is discussed at proper places in this study.

### Tamang Institutional Life, Health and Healing

Institutions are socio-cultural construct. In modern perception, they have political significance, but in indigenous communities, they have control over their vision, culture and life style. They cannot imagine existence without them. So indigenous territory includes distinct cosmology containing faith, taste, notion of beauty and means of livelihood (Tamang, 2001, p. 39). These cultural institutions of my study areas have greatly influenced on their health and healing systems. In case of Tamang community in the study area, it is organized, maintained and regulated through them. For them, the meaning of their land is associated with their faith and vision. So that they very rarely sell their land as their lords reside in their home, their land and their territory. They live in clan society and their concept of life is constructed with land. So their control over their locality and their indigenous cultural institutions are associated with their healthy life.

In Tamang society, every cultural institution from community to territory is composed of seven members on the basis of their expertise and work division.

- a. Choho- President
- b. Mulmi- Incharge of treasury
- c. Nagapta- Yogi, religious authority
- d. Dopta- Scholar
- e. Ganba- Respectable Person
- f. Tamba- Historian, Genealogist
- g. Gaurai- Secretary (combination of interviews and Tamang, 2001, p.40)

This division of responsibility resembles the modern scientific institutional structure and knowledge. *Choho* presides over their cultural performances. *Mulmi* handles all finance and treasury aspects. *Nagapta* guides and controls if any fault occurs in the ceremony from the religious prescription. *Dopta* provides scholarly knowledge on different aspects of the ceremony. *Ganba* is the symbol for ceremonial respect. Old and respectable person is given

this position. *Tamba* analyses clan history and decides in the confusions of marriage or other clan references. *Gauri* handles the record keeping and meeting arrangements. The importance of such institutions on the health of the community lies in the fact that they maintain order and norm in which all the cultural and social performances proceed. There is health of the individual and the community in this order and system.

From the interviews with the research participants, I found that for different feasts and festivals, the number of members and the structures of the committees differ and sub committees are formed with extended responsibilities. Their cultural performances are automatically, systematically and democratically conducted in their highest satisfaction to their survival; otherwise troubles and sufferings begin in their communities and disturb their personal and social health and well-being. One example of connection of institution with their health can be mention worthy of their death rite ceremony. It is the responsibility of the community and the family to perform the death rite of the deceased so that the soul joins the Buddhas in heaven. Otherwise, it suffers, roams in the locality and troubles the family and the community. If the soul doesn't rest in peace, the relatives have feeling that they failed to perform their duty to their dear one and failed to return for contribution of the deceased. This makes them mentally and physically unhealthy. If the death rite ceremony (*ghewa*) is not performed with proper ritual success, it not only affects the health of the people in the family and community but to the 'health of the dead' (soul). The importance is reflected in the way they form the committee and perform the rite in institutional pattern. From the field findings and consulting literature, I found that the committee for the *ghewa* ceremony is formed this way:

- a. Lama- President
- b. Ganba- Respectable old Man
- c. Tamba – Historian
- d. Kangyaer- Manager
- e. Katauke- Coordinator
- f. Chyangma- Manager of Drinking
- g. Chyuba- Manager of Firewood
- h. Bombo- Shaman for Sickness and Illness
- i. Byon Raba Dorje- Security Guard
- j. Choho- Village Headman
- k. Umje- Director of Musical Instrument
- l. Laiba- Store Keeper (combination of interviews and Tamang, 2001, p. 40)

This differed from the organization structure of their community institution as its function differs. Here, *lama* is given full authority of presiding the ceremony as he is expected to lead

the soul to heaven. At their feasting, *Chyangma*, a respected woman is given the responsibility of drinks and *Byon Raba Dorje* is given authority of managing the safety matters. Musical departments are handled by *Umje* and so on. I found that cultural life of the community is in perfect order and division based on the expertise of the social role players. This organized institutional life ascertains the right performance of the ceremonies and thus good health of the member by bringing peace and satisfaction from the performance

Marriage system in Tamang community makes a basis for all communal organizations and is associated with the health not only during life but even after life. They had cross-cousin marriage system but it is disappearing now. They have 'exchange' condition of wife-givers and wife-takers and they are assigned cultural duties to both the sides during life time and after death by performing a rite called '*Wonde*'. *Wonde* gives responsibilities to both parties, for example, to a daughter or sister to clean the dead body of her brothers or parents. 'Wife-takers' have to take on the impurities by cremating the corpses of their 'wife-givers'. One community doesn't belong to only one side but to both the sides by the exchange marriages.

These cultural customs and their institutional structure have big significance in the health of the community members in general, and the women and the souls in particular. They maintain proper order in the society. In the study field, it was found that Tamang women entertained a bit respectable and less discriminatory status in their society in comparison to other communities. As there are exchange marriages, they can't be treated discriminately and are trusted in their natal homes from the very beginning. Their clan caste does not change in marriage. After death, her body is disposed only after the permission of her maternal relatives (Interviews). One woman research participant in Deurali VDC is the chairperson of Sange Choiling Gumba Committee and is leading the community there. These cultural and institutional practices have not only maintained equitable gender status but also a balanced condition in their health and happiness (field study).

During marriage ceremony, a five member committee from five clans is formed. *Tamba* presides over rice feeding, hair cutting and marriage ceremonies. *Bombo* presides over cure, illness and health related problems (interviews; Tamang, 2001, p. 40). Thus, it was found that they have a tradition of superiority of the expertise rather than that of power. Not only different people are given due importance in different fields of their superiority, women are given importance in the fields of their expertise mainly controlling food and health of family and community members.



The study VDCs contain many community forests and other natural resources. They have organizations to formulate rules and regulations to ensure the enforcement of rules against over exploitation of forest/pasture and wrong use of natural resources and to impose sanctions on defaulters. The defaulters may have to face social ostracism or pay a penalty fee or lose their use rights for specific periods. This clearly reveals that the institutional life of Tamangs is crucial in the regulation and conservation of natural resources. This conforms the sustainable use of these resources and contributes in the good health and wellbeing of the community.

These few instances from the study field concerning their institutional life reveal it clearly that their life system is governed by the institutions and is very systematic. If this system is broken, it breaks the balanced health condition of the community. Their institutions are in survival strategies, management of natural resources, cultural and social walks and in every part of their life. If they lose cultural control over their resources, their indigenous institutional life breaks and thus the bond of health and well-being breaks. Institutional life keeps them out of criminal and sinful path as they have to follow the rules and regulations ascertained to them through the institutions. It prevents them from mental and physical unhealthy life. These institutions protect, preserve and ascertain sustainable use of natural resources in the locality. Biological preservation and sustainable use of the resources bring them good health and wellbeing. But it can be seen that community's access to and control over the resources is becoming weaker and this is adversely affecting indigenous health knowledge and their well being.

### Contribution of Women's Skills in Tamang Health and Healing

I observed the performance of women in family and community life and studied it from the perspective of community's health in the studied VDCs. I found that women's performance and skills are vital elements of Tamang health and healing system. Tamang perception of gender roles, performance of gender practices in cultural and ritual life, religious beliefs regarding gender roles, skills of women in the management and control of family food and hygiene, their knowledge of child rearing and herbal cures have vital role on the health and well being of the community. They do believe that restoring balance between male and female is essential for good health. For them, healthy, culturally recognized and construct guided relationship between the two sexes is a most for harmony and balance. In Tamang society, unhealthy relations are sins and cause of destroying balance and thus cause of illness.

Though the Tamangs in the study field follow Buddhism, they don't adopt celibacy and give importance to family life. In philosophical elaboration, the dichotomies of male and female and their union are linked to distinctions between *samsara/nirvana*, compassion/wisdom, subject/object or consonant/vowel (Holmberg, 2005, p. 187). Tamang justify their family life saying that the existence of one is impossible in the absence of other. It reveals that they give importance on family life and relation between the two genders.

The clan status of women in Tamang people reflects the position of women in their perception. There is still strong belief in the study field that Tamang don't imagine women as being absolutely transferred from one clan to another by marriage. Women's clan is her natal clan. But some of them use their husband's clan and thus there is dual affiliation of women. Cultural responsibility of face washing of her kin gives her a significant, almost equal, status with her brothers in her kin family.

In the studied communities, sisters who marry away from village should return at least once a year in order to offer sacrifice to local earth divinity who can afflict those who leave the village. This is indicative of their unending affiliation to their natal home and village. Culturally, Tamang women have dual roles. Women are empowered in significant ways through these dual associations of natal- marital sides. I found that these women were working as mediators in most relational aspects. They occupy privileged position in negotiation and communication between her natal and married families. Women not only derive power from their mediator position, they retain certain autonomy in their husband's homes.

It was found that exchange marriage culture has given women a status of trust and confidence in her husband's home. Very few instances of cruel treatment, exclusion and discriminatory condition were reported in the studied VDCs. The relationship with other members in the family was found generally smooth and majority of women had property possession condition almost equal to their husbands. It had positive role on elimination of fear in her mind.

The study revealed that Tamang costume requires hospitality. They treat guests, visitors, beggars, travelers and officials generously (field data). This hospitality part is generally the task of women. All hospitality is ritually managed by women who honorifically serve food

and drink. Position of *Chhangma* in '*ghewa*' also reveals it. It was found that this duty part added status to them and contributed in maintaining healthy family relations.

Tamang women in the VDCs were found generally not encouraged to participate in social and political institutions and committees. But they had roles in cultural and religious institutions. This is indicative of their cultural priority over social ones. The vitality of cultural institution is on this point that these institutions and organizations are essential to encourage women participation in social life and in their empowerment.

In Tamang culture, wealth literally and figuratively 'sits' with women once they become members of their marital home (Holmberg, 2005, p.80). This cultural construct is important to provide economic status to women in their husband's home, which is the main clue of gender equality. My study showed that women often had control over household's capital resources. They are coequal with men in the management of the household and have direct involvement in the consumption and distribution of the household production. The entire health of the family members is in her hand as she prepares and serves meals and she has control over food resources. She is the expert of storing food, preserving it and managing scarcities. She knows the food requirements of every member in the family. She has the skill of food preparation and serving. In cultural and ritual ceremonies, women have entire control and responsibility of food preparation and service. Quality of food and hygienic serving have vital role in the health of the members and Tamang women have decisive role in it.

In Tamang cosmology, '*Tsen*' is a spirit always attached to women. It passes from mother to daughter and goes to her married home along with the property given by her kins. It traces a matrilineal relation. Once attached through a woman, to a particular household, '*tsen*' affects general domestic wellbeing. If it is well pleased, it brings general blessings of prosperity, wealth, strength and offspring into the household and, if neglected, it can 'sting' (ibid, p.152). Metaphorically, this '*tsen*' may be referring to women and their vital role in the wellbeing of the family. If they are pleased, there is health and wellbeing in the family and if not, disasters. So it is their tool to get love, power, possession and friendly treatment on one hand and a scapegoat of accusing women by men in family sufferings on the other.

Tamang women in the study revealed that they have rich knowledge on women related problems, health and healing. They use herbal cures, food restriction, selection, spiritual settlement and ritualistic settlement for their healing and wellbeing. Tamang women have

skills of child rearing and healing. Child's *blas* and life force are culturally associated with mother. They know well the biological and spiritual causes of children's illnesses, their prevention and curing. They know many herbs and home medicines for the children and women problems. They know well the types of food for their children. In conclusion, indigenously constructed gender roles and knowledge of women regarding health and well being of children and other family members and their management of family food has vital role in their health and wellbeing. This shows that women's skills and their family roles are vital constituents of Tamang health and healing.

## Chapter: Four

### Observed Reality of Tamang Health and Healing System

In this chapter, I have included some observed realities found in my study of Tamang health and healing system as the elements of importance in their health and healing system. In doing so, I have presented the importance and essentiality of Tamang health and healing first and then I have presented some valuable aspects and elements found in the study location.

Let me begin with the definition of the traditional (indigenous) healer that WHO has given. This definition clearly includes Tamang healers as indigenous.

A person who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on social, cultural and religious background as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causation of disease and disability (WHO in Kristvik 1999, p.122).

#### Scientific Diagnostic and Treatment Procedures

The processes of treatment of Tamang healers in the study field resemble its similarity with modern western treatment procedures. The three steps of processes they follow are: preventive, diagnostic and curative, which match with the modern treatment processes.

In their preventive measures, I found that settling spirits, gods and superpowers, preventing them from causing harms, following proper habit of food, drinks, clothes, ornaments, settlement, shaping activities according to cultural code of conduct and natural laws, performing rituals properly, avoiding mental anxiety and fear, maintaining balance between biological and social life are some major ways. The study field showed that people have peaceful, labourious, and relatively natural life and they don't suffer from diseases of heart, sugar, blood pressure and such. Not only the Tamang healers adopt preventive measures, but also the whole population is applying preventive strategies in their lifestyle, activities and food habits. The ecological and geographical setting is also one of the vital preventive components in the community.

Among the diagnostic procedures adopted by these Tamang healers are: examination of pulse, eyes, nails, face and body, taking narrative description from the patient and analyzing

it, observing stool, urine and other discharges, studying the causes of illness spiritually (*jokhana herne*), asking superpowers about the cause of illness and getting information from the relatives are the major ones.

After studying field data, I have grouped their concept of disease causation under natural, supernatural and human agencies. Treatment sought can broadly be grouped under folk treatment and scientific treatment. First group includes religious (rituals, ceremonies), magical and domestic. Scientific group includes allopathic, ayurvedic, unani or other though they don't call them by their names.

The cause of illness is not only biological in the perception of Tamang people but it is also metaphysical and socio-somaic (Tamang, 2001, p. 39). So, treatment or healing is also sought accordingly, within their cosmovision. As they believe that life and work are controlled by divine beings and spiritual forces inhabiting from their houses to every natural object and cosmos, they perceive the spiritual causes of different illnesses and seek the treatment accordingly.

In their curative realm, herbal cure, getting help and favour from deities and spirits, taking certain types of food, involving in specific activities, correcting biological, cultural and social disorder and maintaining harmony, offering to the deities or spirits to exchange good health are some ways they apply.

From the study, it is clear that Tamang health knowledge system is one major indigenous knowledge systems in Nepal. It is the product of centuries long practices of self regulating life systems in the hills and mountains of the country. Likewise, I realized that the nature of Tamang indigenous healing knowledge is innovative, adaptive, experimental, rural, combined with context, interpretive and experience based. It is more implicit than explicit.

It is a general principle that methods of treatment are associated with the concept and cultural set up of causing illness because a person seeks treatment according to the cause of illness in his/her belief. Tamangs perceive that many of the diseases are caused due to violation of some moral, cultural and social laws by individuals or groups. This perception of illness is highly effective belief in maintaining social order and norms to maintain good health of the community members. Due to the fear of some disaster or illness, they don't break social, cultural, natural and religious laws and thus the society runs orderly. Modern treatment lacks

this aspect and so the system is incomplete. Social and natural disorder is the main root of illness in modern life. Adoption of indigenous approaches can help correct this disorder.

Healthcare was originally not only dealing with curing from sickness but also with maintaining a proper balance between men and their natural environment. It was based on a pragmatic knowledge of the possibilities of this environment, based on a longstanding experience with it (Gerrit, 1987, pp. 416-17). Tamang health system has high pragmatic capacity of solving problems. In the field of medicine, there is now more appreciation for indigenous healing practice (ibid, p.416) and this applies to Tamang health system as well. With this understanding, I realized that I had a misunderstanding that indigenous and traditional are synonymous terms. Now I am convinced that indigenous and traditional are not synonymous. Indigenous may be a very newer and modern too (Tamang, 2001, p.4). So an indigenous health or healing approach can be either traditional or modern but it has its origin in the indigenous epistemology of knowledge (Gerald, 1993, quoted in Tamang, 2001, p.5)

My perception of medical system is perhaps faulty when I classically view health system and interpret it. It is first essential to form a right concept of health system. In this connection, I found Young (1983) having this opinion:

Medical belief systems are sets of premises and ideas which enable people to organize their perceptions and experiences of medical events and to organize their interventions for affecting and controlling these events. In a nutshell, they are ways of defining problems and generating solutions to these problems (p.1205).

Seeking solution is always guided by the perception of its cause i.e. seeking treatment is led by the perception of the cause of illness. While classifying the causes of illness, Subedi (2001) mentions them as individual causes, natural world, social world and supernatural world (p. 35) in the perception of people. In this perspective, Tamang perception on illness and cure is valid and justified to call it a system. It has high potentiality in the setting of their cultural construct.

### Popular and Valid Healing

After discussing the nature and concept of indigenous health and healing systems and endorsing Tamang health system as one of the major indigenous health system, now it is essential to see how dominant this 'neglected' treatment system is in the present world and

how vital it is in the whole of health and healing genre of knowledge. Some figures speak themselves regarding the influence of indigenous healing in the country. For example, back in 1978, it was estimated that there were 400,000 to 800,000 traditional healers or shamans in Nepal in comparison to 500 doctors and 334 nurses ( Shrestha and Lediard, in Subba, 2057, p.108). This makes us generalize that there are no less than 10 shamans in a village implying that about 90% of the total population is dependent on traditional and indigenous healing in Nepal (Tamang, 2005, p. 5).

At the same time, modern western treatment system could not attract rural people for their treatment and could not create a good faith and attachment towards it. In the study of Christine (1988, p 43) she found the lack of faith of the villagers to the health centre as a main problem There are many reasons behind it. Prof.. Mahendra Nepal, in an interview with researcher Haubarmann (2006), gives following reasons for people in their illness going to faith healers:

1. They have long term relationship
2. Mostly local
3. Culturally same group
4. Low cost
5. Easily available
6. Meet on time
7. Simple way of curing
8. In the same religious background
9. Kin relationship
10. Faith (p.599)

I found it true in my study field. I found that the question of costs for treatment and everything involved - trip to hospital, stay in hospital, food, medication or surgery – decides why patients consult a shaman or other traditional healer first who assesses the complaints and gives an appropriate diagnosis. Their lower income compels them to choose cheaper and easier way of treatment. This tendency was found stronger in the study areas where western medical facilities are scarce. Absence of western and other scientific treatment in the villages encourage them to depend on traditional and cultural healing and treatment system. ‘Another important point is that patients do not see biomedical therapies and traditional healing methods as mutually exclusive options but in many cases make use of different therapy approaches consecutively or simultaneously. What I see is therefore a plurality of healing systems on one hand and a pluralistic approach in using them on the other’ (Haubermann, 2006, p.558).



By presenting this analysis my meaning is not that Tamang indigenous healing is adopted by the community only because western treatment is unavailable. There are many aspects found in their health and healing system, which are absent in the western system. Tamangs have rich store of practical knowledge relating to everyday life, farming, rituals, spiritualism, health and healing. They are vital and pragmatic in maintaining their good health. But what I found in the study is that they are gradually disappearing in the lack of their proper study, application, reformation and revitalization. Science and research has not entered in these areas and they have not been raised as alternative approaches.

### Potentiality of Spiritual Healers

Tamang spiritual healers include shamans and lamas. I reflected upon the field findings and examined the connections between the literatures regarding the curing potentiality of Tamang spiritual healers. Here, I found Holmberg (2005, p.142) aptly fitted with my understanding when he noted down the curing ability of *bombos* this way:

*Bombos* cure, go mad, and shake. They shoulder divinities and spirits, carry them off; toss them about in the air as one should bounce a small child. They invite harmful agents to consume their flesh. They go into the divine and achieve dreamlike revelatory states, journey to hidden hills to clarify the condition of life force (*So*), search out lost shadow souls (*Bla*) from the margins of order and foretell the future.

This is the percept on *bombos* by a western researcher who has western cultural construct. As I have already mentioned, cause of illness and treatment sought depends on the perception of the patient and it is guided by his /her cultural construct. In the cultural construct of Tamangs, the rituals of *bombos*, honour divinities, invoke power, exorcise evils, appease *tсен*, clarify the condition of shadow soul and call back, shoulder spirits, carry off pollutions, revitalize life-forces, and invoke blessings. The symbolic manipulations of each individual sequence work toward protecting, energizing, and revitalizing the sponsors and their houses and fields. This works and satisfies the service seekers. This is one of the functions of treatment. In this function the service seekers must be satisfied from the treatment and it must be able to create faith on the service provided. Through this study, I could imbue the knowledge that Tamang faith healers have that potentiality.

In my observation and interviews, I found that before starting treatment, they pass through diagnostic steps by examining pulse rating, eyes, face, tongue, body, stool, urine and getting narrative from the patient and relatives. I realized that this diagnostic phase has vital role in

the treatment success as treatment follows according to the identification of problem. *Bombos* generally treat all types of illnesses. But it is also found that for some typical cases, they refer the patients to health posts, hospitals and to *lamas*, religious healers. This indicates their clear understanding of the type of illness and field of treatment. But no any patient has ever reported to be sent to these indigenous healers by the western health workers.

I found that in their rituals, egg, *torma*, holy water, herbs and according to the gravity and type of sickness, chicken and lamb are required as sacrifice to please the spirits to make them recover health. The remarkable feature of their treatment, as I observed, is that along with spiritual/ supernatural treatment rituals, they apply herbs, special materials and animal parts and prescribe dietary and behavioural restrictions (field finding). I have discussed herbal cure as a vital constituent of their health and healing in previous chapter. They have immense pragmatic knowledge of herbal cure. In some cases, I found that their herbal treatment is far better than modern western treatment, for example, in the case of bone fracture (field finding). I have discussed the potentiality of herbal cure below. Thus, the treatment system of spiritual healers is holistic in nature. Majority of the patients, who I consulted during the time of research, reported me that they got better and were satisfied from the treatment provided by these spiritual healers. Moreover, the treatment was free of cost or at a very nominal cost.

#### Seven/Nine Souls (*Blas*) and their Recovery

Among the study findings, it is the belief of my research participants that every human, mainly child, before attaining life force (maturation), has seven souls (*blas*). Some believe on nine (Holmberg in Tamang, 2001, p.35). These seven *blas* belong to seven mothers. These seven mothers are linked to the well being and illness of a child. All but one souls leave the child's body to seek refugee with respective mothers. The child becomes ill with weakened state and becomes vulnerable to attacks of malevolent forces. The *bombo's* task is to bring the soul back to sick child. They pay homage to these seven mothers on different occasions. They put seven vases of water with different coloured flowers on them, mainly '*so mendo*', a life force flower on which the souls of children play. A life force tree is erected outside the house to restore life force in the child. Tamang people have full faith on the ability of *bombos* for doing so.

The research participants say that an individual develops life force at about age twelve and it grows up like a tree on a heavenly hill. Such life force tree of children is very weaker and it often damages or bends over, which is sickness state. The *bombos* have ability to retrieve lost shadow soul and revive life force so that sickness is cured. During sounding and trance, they reveal their conditions, bring the shadow soul back and erect tree saplings outside the house resuscitating the damaged life force.

It is remarkable here that children's life force is associated with the care of mothers. There is the connection of real mother with the concept of seven mothers who carry the soul of the child at night to the mountain tops and to flowers. Tamangs believe that wandering shadow souls cause our dreams and thus they are always careful to call out the names of people before waking them; otherwise, the roaming shadow souls will not return to the body. When children show obvious fright, parents call out, 'come shadow soul come' to avoid loss of shadow soul (interviews).

If some harmful agents are in the patient's body, *bombo* coaxes them into the bodies of sacrificial subsistence thereby releasing human from their afflictive grasp. But harmful elements are not invited to the sounding until the exorcist sequence and then not into the altar but to the side. Dealing with them needs support of deities. With the help of deities, they sometimes also deceive the spirits.

For the western mind with different cosmovision, these indigenous healers, mainly *bombos*, are a mystery of their behaviours and power. Holmberg (2005, p. 147) states that in his presence, a *bombo* ate fire coals and danced with the red hot fire-grate over his head while a *bombo* was sounding. Villagers also reported that he had excitedly flown from grove to grove in the village. This compelled him to think that there is some kind of power in them. They could not conclude it comparing it with Yoga or Meditation in oriental medical sciences. When they have no faith on the cultural construct of Tamang faith healers, the only way for them to rest is in mysticism or conjuration. There are instances to claim that *bombos* and other faith healers have certain energy to be applied in their curing of the patients. But it needs further research to find what sort of power it is and how it works. Russia's invention of *Kirlian* photography (see review of literature) is one attempt in this field and it should go ahead to answer the question about such cosmic power. But this is beyond the limit of my study.

In conclusion, indigenous, mainly shamanistic, healing is a holistic approach in which a shaman tries to cure illness not only in body but in mind, cosmos, nature, and social polity. In this respect, I want to quote the physicist Fritjof Capra (1983: 309):

The universal shamanistic view of human beings as integral parts of an ordered system is completely consistent with the modern systems, view of nature, and the conception of illness as a consequence of disharmony and imbalance is likely to play a central role in the new holistic approach. Such an approach will have to go beyond the study of biological mechanisms and, like shamanism, find the causes of illness in environmental influences, psychological patterns and social relations. Shamanism can teach us a lot about the social dimensions of illness, which are severely neglected not only in conventional medical care but also by many new organizations that claim to practice holistic medicine.

This extract reveals the need of holistic health approach and I found Tamang faith healers in line with this approach. They have vital role and faith in the community but this aspect of healing and treatment needs further study and revitalization with the application of science and technology.

#### Psychotherapy: A Potential Technique of Spiritual Healers

Besides, above mentioned potential aspects of Tamang healers, I found that connection of the mental satisfaction and belief of the patients have vital role on cure. I realized that healing power of *bombos*, other shamans, lamas and other Tamang healers is not only in acts they do but is more in their words, their charming magical power and gestures. In related literature too, their curing power is valued as Tambiah (1968, p. 202) points it out this way:

The creativity of their recitations and orations works in two ways- first, magical power of their recitation and manipulation and second, words and language combined with gestures and manipulations. Language is an artificial construct and its strength is that its forms owe nothing to external reality. .... Non-verbal action excels in what words cannot easily do. They express multiple implications simultaneously.

This is western percept. But I found that beside the power of spiritual cure, their oration worked psychologically and homeopathically by metaphorically associating the specific context in which the *lambu* performs with primordial events. Their expertise of history telling, using decorative and figurative language in the cultural context and cosmovisional construct has power to affect in the mind and body of the patient who has also same cultural context. They can situate the location of the village by reciting hundred to eight hundred place names and hundreds of historical happenings and consequences. The archaic language

is convincing. I could guess, may be this all builds up the confidence of healing and thus builds resistance power in the patient or may be it works according to their cosmovision, but it works.

My interest concentrated on the *bombo*'s appearance and procedures, which are strong enough to full realization of his power to audience. I am convinced that *bombo*'s rituals have cultural recognition and the performance arouses deep feeling of reality on the client that is based on the cultural construct. I realized that his power of treatment is at this point. Here, I understood that the creation of confidence is a powerful and major part of treatment. It increases resistance in the body, satisfaction in the mind and grows 'power of life force'. In fact, the base of any treatment is the growth of resistance in the body, strong will and confidence of becoming better. The sounding of his equipments, *mantras* and the melodious tune of his voice, pleading and urging the deities for the betterment of the client in the cultural construct of the client, has power of healing. This atmosphere and its effects in healing cannot be expressed in words but it is a matter of feeling. It also shows that anyone outside the cultural 'habitus' of the community cannot realize the healing strength of this atmosphere. Here, at this point, is the key of the success of shamanic healing.

Familiarity of healers with the patient is a must for effective treatment. But the allopathic healers are strangers and matter of fear to ignorant villagers. They are afraid to ask questions to the health workers (Nightingale, 1988, p 35). But the villagers may feel more comfortable with a shaman (Ibid).

The same thing applies to their rituals for fertility of land, wealth and betterment of the village. After the ritual, there grows feeling of certainty that the locality is protected by deities, production is supported by them, all gods and spirits are in favour of their well being and such have strong power on creating healthy feeling, feeling of satisfaction and courageous excitement on daily activities. An important role of a healer is to create belief that the healing works and Tamang healers are highly successful in doing so.

Tamang shamans relieve the mental tension of their patients, cure illness and by doing so restore equilibrium in disturbed interpersonal relationships within a family or village community. It is sometimes by solving social conflicts that shamans heal the afflicted. I found that shamans in the community have very deeper knowledge on the conflicts and relation between the members in the families. Their cure includes the strategies of settling the

conflicts, which can be the cause of a person's illness. For example, a husband doesn't listen to his wife and keeps her in full domination. She has fallen ill. In this case the *bombo* arranges a sounding treatment in which the husband must be the organizer and initiator. During sounding, she shudders and the spirit speaks through her. Her husband must respect what the spirit speaks and follow it. This settles their conflict and her illness also gets cured (field observation).

While analyzing this psychotherapeutic role of these spiritual Tamang healers, I consulted western medical science literature on such psychological treatment and found that western medical science values such treatment as a vital branch. In their percept too, shamanic healing may be working by affecting psychological transformation (Holmberg, 2005, p.144). When we seek their interpretation of shaman's emotional significance, they argue that it can only be ascribed after the culture as a whole has been examined (Beteson cited in Holmberg, 2005, p. 145). This is what I examined in this study and found that the actual healing element is hidden in the common cultural construct of the healer and the patient.

The function, the shaman fulfills in a community, is often equated with that of healer/ psychotherapist in the western system. When we make a comparative study, we find that the shaman's training and the training of western psychotherapist offer some striking similarities: both are 'didactic' (learning theories, procedures and methods) and 'practical' (the psychoanalyst's own training analysis and shaman apprentice's own mastered trance) (Peter, 2007, p.2, clarification added). This indicates the scientific procedure of shaman training and effectiveness of their healing from psychotherapeutic perspective.

In this line I again want to quote a literature that verifies this finding. Referring to James Dow, John H. Bodley (1994b, p.122) points out the psychotherapeutic use of shamanic treatment this way:

Shamanic treatment may involve important psychotherapeutic techniques including the power of suggestion, the restructuring of social relations, catharsis, and stimulation of neuro-chemicals. .... Whatever the healing mechanism might be, shamanic ritual works because culturally defined symbols are manipulated in ways that influence body-mind relationship.

Here, my understanding is that the healing mechanism is the cultural construct and cosmovision of the two parties. Likewise, the mechanism can be the cosmic power, which needs further research and exploration to verify it. As *Kirlian* photography (discussed in

literature review) has revealed such hidden energy, it may be confirmed one day that they apply such potential hidden power in their treatment.

### Potentiality of Lamas in Health and Healing

I have mentioned in pervious chapter that that lamas use three ways in their healing. From the field I found that they were powerful healers when their learning was perfect in the past. The reason my research participants gave of their less effectiveness at present in their locality is the lack of complete and competent study by present lamas but not due to inefficiency of lamaic treatment. In this regard, one research participant told the story of their power in the past, this way:

When they had true knowledge, abilities and power in the past, they could control natural calamities like draught, hailstone, flood, earthquake and plague and save the communities. In return, they used to get some crops from every household as reward for their protection at the time of harvest as *lamapathi* ..... They are the protectors of our houses and locality. When they erect flags with Buddhist *mantras* near the house, on the house top, mountain top in our locality, we have direct connection with heavenly deities and are protected by them. This power of deities prevents evil spirits from entering into our village and houses (interview data).

This gives the answer of our curiosity why every house has colourful flag, every hill top has flags, *chortens* and *gumbas* have flags and why their deities and holy places are situated on the hill tops. It reveals the potentiality of *lamas* as health agents in their cultural construct. When the community and residence is not protected by deities, they are vulnerable the evil spirits and possible dangers and illness caused by them.

To explore the potentiality of *lamas* in herbal cure, I also went through their history in literature. According to history stated by Tautcher (2007), Karmapa Lama who arrived from Kyirong to Gosaikunda for meditation, saved the Malla kingdom from plague and he was given a large *guth* by the Malla king. The Lama became the Buddhist sovereign of this area. His descendent still owe the *guthi* in this region and are obliged to provide rice for the meal in the festival (p.162). This indicates the *lamas*' power of treatment and knowledge of their-medicine. The shore region of Gosaikunda Lake is still reputed for the variety and quality of medicinal herbs growing there (ibid). This also justifies the effective treatment system associated with *lamaism* in the past.

I am not meaning to present that their healing is inefficient at present. My field reveals them as potential healers in the present situation too. They are respected practitioners. They preside over memorial death rites, rescue the shadow souls of the dead into rebirth or guide them the way to heaven. They preside over ten-day dance drama festival (*Chheju*), provide an array of protective, propitiatory exorcist ritual services. They rebind the world into orderly form. They are the experts of herbal plants and cure. They adopt both preventive and curative measures for the wellbeing of the community. I have presented the potentiality of herbal and natural cure hereunder.

### Potentiality of Herbal Cure and Natural Health

As discussed in previous chapter, herbal cure is one major component of Tamang healing system. It is an established fact that ayurvedic treatment is one major rival health system in the east. India in this case has successfully established it as an alternate to western treatment system ((Kuramoto and Sagasti, 2002, p.242)). It is widely used in China, India and Nepal (ibid). Moreover the West is adopting it gradually as a popular treatment system due to its naturalness and having no side effects (ibid). This shows that this oldest health and healing system of the world is an indigenous approach of health and healing that has special meaning to the present world as well.

As I found both categories of Tamang healers- shamans and *lamas* are found as the expert of herbal cure. They have deep knowledge on herbal plants and their use. I have presented global condition of indigenous healing that reflected the efficiency of indigenous healing in different countries. That also revealed the initiation taken by these countries in the revitalization and promotion of such systems. These attempts are opening up the indication that indigenous herbs are the source of scarce medicines and treatment if they are studied properly. Australian, Russian and Chinese cases presented in the review of literature indicate it clearly. In this line, herbal treatment system of Tamang people has very high importance in generating an effective rival health and healing system if they are studied and revitalized.

I have mentioned some instances of herbal treatment adopted by *bombos* and *lamas* in previous chapter. Almost all the members of my study field go to herbalist in the case of bone fracture instead of going to modern hospital. These healers' cure is seen far better than in hospitals in this case (field data). An attempt of introducing scientific methods and revitalizing it can work to develop it as better treatment than given in modern hospitals.



Nepal's geography and availability of varied herbs abundantly can open up a new horizon of herbal cure and the probability of establishing it as an effective rival system if Tamang herbal cure system is studied properly and revitalized.

My study field very nicely and clearly demonstrated that prevention from illness and natural healing are major components of indigenous health system. This could be one of the reasons that the Tamang people in the study region have healthy life. Besides this they had their healthy habits, food habits, management of their ecology and healthy cultural construct. Here I argue that their life is in tune with the nature. Due to these all, they very rarely fall ill. In my interpretation, this is the most important aspect of indigenous health system one should value, promote and imitate. I also realized that modernity has been destroying these elements and it is the reason of growing health problems. Here again I realized that building hospital is not a better solution of promoting health than stopping people from going to hospital. In my percept, preventive aspects and healthy habits should be included as vital components the definition of health system. In this sense, there is high potentiality of Tamang health system.

### Music Therapy in Health and Healing

Tamangs in my study field have an immense stock of music, songs and dances performed in their ceremonies, rituals and cultural life. I have found very strong connection of songs, music and dances with their healthy life. Here I could feel that there is a strong religious-philosophical conviction that music – as an audible musical transposition of cosmic sound – nurtures the spirit, soul as well as the material body (Gerhard, 2006, p.623). My feeling emerged out of the Tamang rituals that contain a big part of songs, dances, melodious recitation of religious texts, lore and *mantras*. I tried to examine my understanding with the brain research that describes the human brain as a socio-cultural organ (ibid, p.625). This examination gave me knowledge that a remarkable aspect of Tamang rituals and festivities is that the music and melodies, songs and dances have power to make them forget all their anxieties, pressureful everyday cores and sufferings. This provides the Tamangs, no matter they are sick and/or healthy, a full refreshment and thus health and well being.

I also reflected some of the literatures that claim that human being is a universal and at the same time, a culture-specific being with regard to music perception (Gerhard, 2006, p.623).

They also indicate that human being might be able to transfer basic emotional moods like joy, calm, peace etc. through a loving and joyful therapeutic relationship in support of the music (ibid, p.626). The reason is that a universally human level is the location for the psycho-physiological effects of rhythms (drums, rattles, etc.) and sound spaces (harmonic overtone singing, gong, etc.) (ibid). I sought answer to the query of my field why their festivals, rituals, life ceremonies contain plenty of musical performances, songs, dances and melodious recitations. The answer gave me satisfaction to find their high potentiality on the wellbeing and healthy life of Tamang community. They all were functioning as the components for music therapy to them and were providing healthy minds in their healthy bodies.

The level of culturally shared experience with pertinent associations may be illustrated with the following example: Most people in western culture associate the Christmas carol “Stille Nacht, heilige Nacht / silent night, holy night” with a festive or joyful mood (ibid, p.625).. Let us now imagine a family singing this song in front of the illuminated Christmas tree when the father breaks down with a heart attack and dies. One might assume that what this song will evoke in this particular family in future will not be a festive mood but grief (level of subjective experience). Like this, there must be similar subjective experience of cultural construct regarding the festivities and musical environment of these Tamang people. This feeling is sure to have curative as well as well being power.

Health cannot be considered in its isolation. It is the aggregate of the effect of all aspects of our life. In this sense, I agree with Aldridge (2005, quoted in Gerhard regarding the meaning and nature of health) who said, “ ... health is a performance that can be achieved. Health is not simply a singular performance; it is performed with others” (p.628).

From the observation of *Chheju* and other festivals in the study field, I have collected enough data to generalize the fact that in every performance of their religious occasions, there are plenty of elements that construct their health and wellbeing. Their performances occur in groups of the community. The typical feature of their performances is observed that these celebrations provide events appropriate for different age groups, sex groups and interest groups. For religious interest, there are performances dealing with deities, for old people, there are dances appropriate to their interests, for children there are funs and dramas and so on. I have found this matching feature less in other communities I have ever studied. This is

typical of Tamangs as their potentialities and thus I hold the view that this is an important element for the healthy life of the people.

Music and melodies are vital in health and healing as stated above. Freeing oneself in merry making occasions to release all tensions and to acquire refreshment for further walk of life is equally essential for good health. Above all, they are fully satisfied and confident that they pleased their deities, spirits, protectors and clan gods in their festivities. This satisfaction and confidence is vital element in their good health. The role of such activities has big contribution in their maintenance of health problems and keeping balance in their health. These activities might have freed them from mental anxiety of their every day burden, pain, sorrow and suffering and contribute in maintaining good health, well being and healing.

There are many systems of music therapies in the line of modern treatment (Gerhard, 2006, p.630). But we are turning our blind eyes in the indigenous culture, which contain such vital health and healing component. Tamang rituals, ceremonies and religious performances are accompanied by music, songs and dances. Besides, the religious texts are melodious and musical. It creates deep and strong bond with their feelings and cultural construct. This feeling not only removes their monotony and boredom, but also works as a healing constituent (ibid). While observing the performances, I found that they get so deeply lost in the music, songs and dances during the performance that they forget all their sorrow and pain. It provides mind refreshing element and keeps their mind and body healthy. This is the important and vital constituent of Tamang healthy life. My field made me realize that Tamangs minds were healthy with the music and songs and this made their body healthy. This realization helped me understood the importance of music therapy that has been embedded with the Tamang culture. It is where I realized that this is one of the potentialities of the Tamang's healing system.

## Chapter: Six

### Finding and Discussion

In this chapter, I have established connection between the literature, theory and findings to generate the product of this study. During the analysis stage of my research in the previous two chapters, I have answered two questions of my study: components of Tamang health and healing system and their potential elements. While doing so, I have presented thematic findings from the data and interpreted them. It is now essential to put these findings in the light of the theoretical frame of my study to see inter-connection between the two and to go beyond the data to generate new knowledge from this study. For this purpose, I did three works simultaneously. I revisited the literature I studied; I consulted the presentation of the field and evaluated them in the light of my methodologies and theories. In this process, I have listed some major findings in substance first and then linked them to the theories and discussed them. Following were the major findings of my study:

#### Findings Related to Tamangs' Health System

1. Tamang studies in the past on health and healing were mainly concentrated on shamanistic and spiritual healing and thus missing out major constituents of their healthy life. Likewise, global literature of indigenous health and healing showed some systems developed with the implementation of modern technology and some were in line to this direction.
2. Definition of health to Tamang people was not limited to physical wellbeing. It covered mental, physical, spiritual wellbeing and satisfaction, according to their cosmovision and habitus. It was not only under their control, but also in association with the cosmic superpowers.

#### Findings Related to Tamangs' Healing Practice

1. Religious, cultural and ritual values, practices and performances, herbal cure, life style, subsistence farming, ecological setup and systematic use of nature and natural resources, food preservation, preparation and consumption techniques, women's skills and role in

them, moral and healthy habits, labouriousness and nature in-tuned living were major constituents of their health, healing and wellbeing.

2. Healing in tune with the cultural construct, faith, satisfaction and confidence and thus effective, focus on preventive measures and building life force, naturalness, psychotherapeutic and music therapy elements, herbal and natural cure without any side effect, following systematic and scientific procedures and cultural assimilation between the healers and the patients were some major potentialities of Tamang health and healing system.
3. Methods of healing were sought according to the perception of cause of illness and they depended on their cosmovision and faith. Their healing methods were plural and holistic.

#### Findings Related to the Usability of Tamangs' Health System

1. Shamanic and lamaic healings were valid, justified and functional in the interpretation of their cultural construct, habitus and cosmovision. Moreover, the detection of cosmic energy with the use of Kirlian photography ( see literature review) made it probable in the experimental mode too that they applied special power or energy in their possession and healings. It demanded further exploration.

#### Findings Related to Tamangs' Endangered Health System

1. Though Tamang people had precious indigenous arts, skills, technologies, knowledge and performances, they were endangered in the lack of their systematic study and documentation, preservation, revitalization and injection of science on them. They had undergone a process of colonization and acculturation and thus erosion.
2. Tamang health and healing system had a big common ground with western healing system. But allopathic system denied the existence and significance of indigenous Tamang healers. As these indigenous healers were popular in the community due to their many significant reasons, allopathic treatment could not be well adopted in this community. There was the need of coexistence, communication and acceptance between the two in the process of building a new holistic approach of health and healing.

I have discussed the above major findings and other general findings in connection with my literature, theoretical framework, and field reflections in following paragraphs.

## My Findings and the Literature

When I reflected my field with the literature, I found two aspects, viz. studies of Tamang health and healing in the past were concentrated on the shamanic cure, and secondly, many indigenous communities throughout the globe have multiple health and healing approaches and techniques, some of which were developed to a certain levels to be popular and effective and some of which were on the line to prove them effective base for the near future advancement in health and healing systems (see literature review). Both these literatures and my field study indicated the probability of developing some new approaches of health and healing based on indigenous systems if proper study and promotion are laid on them. They also indicated the need of comparative study of various indigenous systems for the probability of developing a holistic health system.

Also in contrast to the literature, my field findings clearly showed that faith healing and spiritual healing are only parts of Tamang healing system which constitute mainly with other preventive elements that are embedded in their environment, lifestyle and culture. In their curative line too, many constituents other than spiritual ones have decisive vital roles in their healthy life. I also found that the major healing elements prevalent in faith healing are found not only in the power of the healers but fundamentally in the feelings of the patients. This feeling is possible only when there is cultural assimilation between the two parties- healers and the patient. Thus, I came to state that, same cultural and social sharing between the healers and patient is an essential requisite of effective cure. Modern biomedic treatment lacks it and therefore it is necessary to cross-fertilize Tamang communities' health system with the allopathic system.

## My Findings and the Theories

### My Findings and the Theories of Indigenization in Research

I also revisited my theory and methodology to see my study findings from the glasses of these theories. Taking the guideline of indigenous approach to research, presented in my theoretical framework, I could understand that majority of researches carried out on Tamang in the past were borrowed consciousness (Atal, 2004) of the west. Here I argue that I have used alternative perspective (ibid) and came up with the new meaning and definition of health and

well being. Moreover I argue that the percept of health components cannot be determined by outsiders but it is the insider view of the persons in the community.

When I attempted to answer what has determined the percept of health and healing of Tamang community in the study area, I found the theory 'Locus of Control' appropriate to explain it. Locus, Latin word for location or place, is a psychological term referring to a person's belief about what causes the good or bad results in his/her life, either in general or in a specific area such as health (Lefcourt, 1966). According to this theory, health may be attributed to three possible outcomes - internal factors, such as self-determination of a healthy lifestyle, powerful others, such as one's doctor/healer and luck (ibid). One's locus can either be internal (meaning the persons believe that they control their lives) or external (meaning they believe that their environment, some higher power, or other people control their decisions and their life) (ibid).

For Tamang in the study, their health is controlled not only by them, but their deities, spirits, their surrounding, their behaviour and interaction with them. For them, having physically sound body is not enough to be healthy. It should be combined with spiritual balance and the healthy spiritual life after death. This made me conclude that mental satisfaction is a vital constituent of their wellbeing

All these findings demanded to see the meaning of health and well being from new perspective and to define health and well being on this new context. I have redefined the concept of health and healing in the light of these finding, keeping the feelings of the client at the centre. I organized my new definition of health and healing in the following paragraph.

For me, health is not just a matter of physical body. It is happiness and satisfaction in one's life. We say that one is healthy when one is spending happy and content life. There are numerous factors that constitute happiness and satisfaction. Among them, good physical condition is only one constituent. Happiness is directly and indirectly proportionate to the cosmovision and locus of a person. If the condition of living satisfies him/her, that is healthy life. But if the system of recovery and treatment satisfies him/her, that is healing. Health doesn't only concern with the living state. But it extends up to before or after life states and up to other living or non- living beings in connection, on the basis of a person's cosmovision. There is not any proper system of health and healing that can be claimed to be right or wrong. It depends on the locus of the receiver.

I argue that this is new premise of the perception of health and healing. It is more associated with the mind than the healing of only body. I have also brought the finding that the elements of what we call a healthy life for Tamang in the study are complicatedly embedded in the whole of their living. Preventive part of healthy life is the major component of their good health and these preventive components are intertwined in their whole of their biologically, socially and culturally constructed life. Treatment is only secondary constituent of health and well being.

As mentioned in the theoretical framework, aspects of indigeniety are embedded in the orientation towards the study of cultural products as constructed reality. In this connection, the task of a social researcher is not to construct social reality but to find out how it is constructed by the actors in the game of construction and to test the multiple social constructions of reality against each other (Mukharji, 2004, p.36). Here I argue that I have neither created nor imposed my concept of reality upon the social construct of Tamang. But I showed how they were constructed and contributed in the healthy life model of Tamang. I answered the question 'how' they maintain healthy life based on their cultural, social and religious construct. As I discussed in previous chapter, the elements of health are embedded on how they celebrate festivals and rituals, how they make their life in tune with natural phenomenon like seasons and ecology, how they produce/prepare their food and consume and how they follow moral codes of conduct in their daily activities.

The findings revealed that their ritual and cultural life follow the laws of nature. They are in tune with nature and therefore nature protects them. This is the typical feature of indigenous health knowledge. It is seen that they worship their respective deities before every crop plantation season and after every harvesting. They offer before diggings for their new house and before child birth, feeding, hair cut, marriage and so on. The flux of wet and dry, labour and leisure, scarcity and abundance, social dispersion and reunion, ritual quiescence and florescence pattern life and health significantly. How big wisdom and healthy vision! Beliefs are designed accordingly. One research participant expressed the connection of deities and spirits with seasons this way:

Summer to spirits and deities is just like night to us. They go to their respective places; close their doors as we do in our houses at night, and sleep. In winter after the harvesting season, they wake up and come around the villages feeling hungry. So we offer them with varieties and ask them what we need (interview).



It is based on their cosmovision that these deities have influence on their activities. They make the crops better and protect well if they are offered before plantation. The crops become nourishing and healthy to eat after offering them to deities first. They don't cause harm on any ceremony when they are worshipped and offered. Their culture is based on exchange and respect. They exchange protection and favour from their deities for their offering and it is their respect to offer first to those who protect them. The satisfaction from the offering has psychological connection with their feeling of health, confidence and it makes their life healthy and gives them wellbeing.

#### My Findings and the Localization, Acculturation, Deculturation and Colonization

My study revealed that spirituality of Tamangs is experiencing tremendous pressures of change and decline. When I searched the reason of this, my literature showed me that the pervasive process of cross-acculturation and deculturation, diffusion of doctrinal religions, assimilation and integration (Subba, 2057, p.111) were major causes. This search enabled me to understand that Tamang culture and religion has undergone a long process of change. In the first instance, it is observed that Tamangs had been deconstructed from state Buddhist trend due to their localized and insulated tribal life after they entered Nepal.

In my analysis, the localization of Tamang culture has mainly two reasons- isolation from great Buddhist culture of Tibet and outer world and the imposition of certain restrictions and orders along with growing cultural colonization in the country after unification of Nepal and imposition of Rana orders. This intensified the process of social and cultural introversion (Holmberg, 2005, p. 176). They were isolated from Tibet and were also denied full participation in the nation's socio-polity. Thus, their own socio-religious and socio-cultural pattern emerged. So, it can be said that Tamang Buddhism is their localized product of State Buddhism and their culture is the product of localization and isolation. Therefore, I argue that Tamang health and healing system, as a product of their cultural, religious and functional life, is unique and productive, based on pragmatic values.

At the mean time, their indigenous culture, life style and values could not develop as a distinct alternative system as they have been deculturised and acculturised after the formation of unified Nepal. Colonized influence of Hinduism is clearly manifested in many instances. Many sacred places, gods, goddesses, feasts and festivals are common with Hindu followers though their religious identification and deities located there differ in their perception and

construct. It is not clearly evident to claim who invented them and who later accepted. But many of such sacred places in the region of Tamang residences can be guessed initiated by them and migration of Hindus later gave them Hindu names and worshipped. The opposite is also seen in some regions but Hindu religion seems to be colonially expanded with their deities, festivals and faiths. From the field and literature, it can be clearly said that after the unification of Nepal, Hindu culture expanded to north and established its dominance in some regions. The Hindu rulers were very tactful to handle this situation.

I was keenly interested on studying the influence of then rulers in the indigenous culture of Tamang people in Nuwakot. I had observed geographical atmosphere of the location and made an ethnographic study of the place. With the help of my study as well, I argue that Tamangs were not trusted by the rulers of the time, their culture underwent a critical time of invasion and they were forced to work for the rulers of the time in worse condition against their will. A research participant expressed his anger against the rulers this way:

The *bahun* king employed Tamangs only as *pipas* and as labourers in his gun powder factory. He built temples and forced us to contribute for the *puja*. He sent police to spy our villages at night. They did bad behaviour to the villagers. He defeated our king and broke the agreements made. We were called *bhotes* and treated badly. He captured our *guthis* and gave them to those who served him. Old people in the village told the story this way. In our *Chheju* festival, we dramatize the history of our king and his fight against the enemy (interview).

Only after democratic movement in 1950, and the rise of their cultural awareness, the *guthis* were returned to Tamang *gumbas* (Tautscher, 2007, p. 111). In recent years, awareness of preserving indigenous cultures, languages, religions and identities have speeded up. Among Tamangs today, one can notice a frequent shifting from Hindu to Buddhist.

There can be seen not only acculturation among Tamang and Hindu but also coculturation between the two. I want to take an event from literature to justify my field. Here I bring Tautscher (2007) who mentions an instance of Dolakha Bhimsen. According to him, Tamangs claim that Dolakha Bhimsen was discovered by a member of Moktan clan as their protector (p.128-30). The influence of Hindu tradition on Tamang shamans can be seen in their belief on the power of trident which is the weapon of lord Shiva. It also resembles the influence of ancient bon culture (ibid, p. 133). The author reiterated that coculturation of Tamang Buddhist and Hindus (ibid) is best manifested in Gosaikuunda which is the powerful deity for both. Classical Hindu myth of 'Samundra Matthan' is applied to the origin of

Gosaikunda Lake, its sacredness and the trident of *Mahadeva* which originated the Trisuli river. This myth is true to both Hindus and Buddhists (Tamangs). This is not only the example of acculturation but also of co-existence of different religious traditions so characteristic of the Himalayan region (ibid, p. 138). *Tikka Lama* (ibid) who puts on *teeka* as blessing to the pilgrims in Gosaikunda also reveals Hindu *tika* blessing culture well adopted in Tamang Buddhism.

My point here is that Tamangs in Nepal promoted co-culturation. This co-culturation on one hand is the result of the communities in Nepal with contrasting culture and tradition to settle together and on the other, the development of unique Nepalese type culture as a product of opposites together in coexistence. As Holmberg opines, “The history of Nepal is not simply one of Hinduization. .... On the contrary, the encounter of Indo-Nepalese, Tibetan and other Tibeto-Burman speaking groups has resulted in a mutual accommodation of contrary cultures into structure that is uniquely Nepalese” (p.5). Despite this, it is true that it has an adverse effect on the features of Tamang culture and tradition and they have undergone a bitter path of colonization and acculturation. Many original Tamang health and healing systems have disappeared or destructured due to this process.

#### My Findings and the Bourdieu’s Cultural Capital, Habitus and Sacredness of Religion

Cultural capital is an asset that has been acquired; it enables people, collectively, to generate relations of distinction which are instituted as social or status hierarchies (Bourdieu, 1986). On this distinction of Tamang cultural capital, their elements of health and healing are found formulated. Likewise, dominant class is able, in effect, to impose its definition of reality upon all other subordinated classes (ibid). Tamangs were influenced by the dominant culture of Hindus so that their Buddhism was forced to endorse Hindu customs and festivals. Moreover, their language was influenced by the dominant Nepali language. A big influence was on their health and treatment system by the western health system. Their health approaches are not being transferred effectively in the new generation to survive them as effective health approaches. Though their habitus determines their health system, they are not able to convert their cultural capital into economic capital (ibid). They could not revitalize their health system as a dominant healing system due to the colonized influence of western approach.

In addition, indigenous herbal plants and knowledge of herbal treatment by Tamang healers is their cultural capital. They have full right of converting this into economic capital. But

opposite is taking place. On the contrary, the export of herbal medicine to India by the brokers is the exploitation of their cultural capital. These lines uttered by a research participant show the painful condition of the herbal medicines in these indigenous communities:

Some years ago, we could find the herbs easily in the nearby forests. Now they are scarce only in the high hills. When the rainy season passes, many boys employed by the contractor come to the forest to collect these plants. They carry them to India. They are the people with permission by the government and we cannot stop them from destroying the forest. We cannot find these plants after some years. Treatment of the villagers cannot be done after that (field data).

National and multinational organizations are exploiting the right of these Tamang people in the name of Intellectual Property Regimes (IPRs). It would erode the already fragile rights of Tamang community to control the use of their knowledge. One of the biggest issues has been whether a product derived from traditional knowledge can truly be called an invention - one of the prerequisites for the right to patent (Gakuru, --). If any so called invention is made basing on the indigenous knowledge, its patent right should go to the indigenous community.

Many western industries are trying to claim the intellectual property rights of knowledge and products that rightly belong to non-western indigenous knowledge traditions (Mukharji, 2004, p.33). This is the proof of the fact that big part of traditional knowledge is part of universally valid knowledge. This also shows the need of patent right of many indigenous knowledges and products to benefit them, not the west.

There are numerous plants and knowledge systems in Tamang traditional health system. But one after the other, they are loosing their identity of these inventions. This is the reason why I advocated for the protection of Tamang health system. Through such preservation, these knowledge systems ought to be individually and separately protected as these may produce technological/industrial revolutions as witnessed in other countries.

Besides, the activities, feasting, merry making, dance, recitation and other performances have strong positive impact in people's health when they are performed with deeper feelings and they are associated with cultural 'construct' and 'habitus' (Bourdieu, 1986).

In the participatory study by Larry Peter (2007), he himself participated as an apprentice to a shaman and collected experiences that he could shake but could not fall in full trance and travel in a journey to spiritual world. He felt, "My personal circumstances, biases and

lifestyle made it impossible to carry out a complete participatory experience” (p.40). This literature and my study guided me to conclude that possession and shamanic healing is the matter of habitus and its role, effect and significance can be interpreted in the cultural construct of the two parties.

Besides these matches of my findings, some of the findings could not agree with Bourdieu when he said that religion is sacred and radically different from everyday life (Bourdieu in Tannaka, 2003). My findings proved opposite. There I realized that Tamang religion is more associated to daily life, their health system and their healing. In addition, they even modified their religion to match it with their real life. It is where I argue with my finding that there should be an addition in Bourdieu’s principle that religion is associated with everyday life and it modifies according to the need of practical life.

#### My Findings and the Kaupapa Maori Theory

Maori theorization validates the worldviews of indigenous people on the basis of their knowledge and perception. It is their owned and controlled assets (Mana, 2003, p.118). This is done with their language only that has access to conceptualize and internalize in spiritual terms their body of knowledge (ibid). In this connection, I found that bombo’s healing/curing has high importance of Tamang language. It is only with their language speaking community that the oration of their spiritual healers makes meaning and thus works in psychotherapeutic way. Anyone, outside their language cannot perceive its power of curing. They never consider the supremacy of Nepali or any other language to their own. This also revealed the need of the healers in the same cultural construct of the patients. This is the reason why modern western approach of treatment couldn’t be effective in indigenous communities.

Maori theorization uses critical theory for emancipation from oppression on the basis of ethnicity, race, caste or class (ibid, p.119). The authentication of Tamang faith healers is best justified here. At the same time, control of Tamang world percept and its authentication is proved valid on the basis of this approach. It provides ethnographic validity to their religious and shamanic performance in the process of maintaining health and doing treatment. Their present struggle for emancipation from Brahmanic Hindu religion and culture can be justified on the basis of this critical theory.

At the same time, my findings contrasted with the indigenous approach and Kaupapa Maori theory in the fact that denial of borrowings from principles and systems outside the community couldn't always bring well being to the community members. Tamang bomboism and Lamaism are in peril due to their denial of borrowing technology from outside and blending them.

### My Findings and the Structuration Theory

Giddens's structuration theory (in Ritzer, 2000) focuses on social practices, relationship between agency and structure as vital for understanding social action and human motivations. Customs, laws, traditions and behavioral codes are structurally established in order to bring about harmony in the modes of existence for humanity and society to prevail. In all these structures, I looked for the constituents of Tamang health. As presented in previous chapters, I have found their health system as an aggregate of many constituents and their health concept is holistic.

As findings indicated that rituals, offerings and sacrifices are part of exchange in which receiving without giving is a sin. For Tamangs, divinities are like headmen or kings and harmful agents are like beggars but with dangerous weapons. The former are wanted but reluctant guests, the latter uninvited but persistent presences. If no rituals are performed, divinities are in the verge of forgetting human and in the case of evil spirits, destroy human beings (interviews). An old research participant expressed the need of rituals this way:

The gods live in heaven. If we don't call them, they forget us and don't come to bless and protect us. The bad spirits live in the village and come to our houses feeling hungry. They don't do us any good. But make us sick if we don't give them food from time to time. If we call gods in our village, they keep these evil spirits under their control and they cannot cause harms to us and our animals (interview).

After rituals, Tamangs are satisfied that they have performed their duties. They have confidence and mental satisfaction that deities are now in favour of them and are protecting them. This mental satisfaction and confidence is the clue of their mental as well as physical health. They are free of fear and are stimulated to work further. From the observation of their well organized life, I realized that all their rituals build up a system that makes their way of life based on their perception of cosmos. Their life is also guided by faith, vision and perception. In this process, I also realized that happiness goes according to perception and

confrontation, anxiety and bad health start in the opposite and truth lies in the perception of people.

It is clearly manifested that health of Tamang people is closely associated with the structure and order of life. As quoted in Rana (2006, p. 167), Keen (1975) opines that order, embedded in everyday experience, can be grasped through reflection. My study grasped the reflection of Tamang's structure and order in their health. When there is order and structure, there is good health and decline of it causes imbalance and illness.

#### My Findings and the Cognitive Behavioural Therapy

The rituals and festivities of Tamang as elements of treatment can be interpreted in line with the Cognitive Behavioural Therapy (CBT) developed by Albert Ellis(1955) (in wikipedia). Because thinking and emotion have a cause and effect relationship, Ellis believes that the thoughts we have become our emotions and the emotions we have become our thoughts. This theory suggested that nearly all psychological dilemmas can be redirected in a positive (helpful) manner with the changing of the suffering individual's thought processes (ibid). It also reiterates that extensive evidence has proven the effectiveness of combining CBT with pharmacotherapy in treating the most severe psychiatric disorders (ibid). Tamangs in this regard correct their negative and wrong thoughts by directing them positively through their rituals and cultural performances. And the instructive cure of bombos and lamas has this curing element.

#### My Findings and the Phenomenology

In phenomenological interpretation, the concept of presence and absence are the objective correlates to filled and empty intentions (Rana, 2006, p.166). In my study, Tamang concept of health and healing is found as an aggregate of both absence and presence. How the health of living people (presence) is influenced by the dead souls (absence) is clearly revealed in the expression of one research participant this way:

I could not perform the death rites of my dear father properly due to some problems. Every night, he visited me in the dreams and asked me to give him the needs. He told me that he could not rest in peace and had to move hungry and suffering. This made me so worried and suffering. I wanted to accomplish my duty as a son towards my father despite my poverty. I called a lama and carried out some rituals. Since then, he didn't visit me in the dreams and I could sleep peacefully (interview).

This expression reveals how absent dead father troubled the living son and his health and gives the justification of rituals and rites for the good health of the living persons. Without the rituals, their well being and healthy life is not possible. The point here is that their customs, rituals and festivities are very vital constituents of their good health and satisfaction.

### My Findings and the Grounded Induction

I have discussed the role of music therapy in treatment in the previous chapter. My study revealed that festivity itself is a big preventive measure and healer to indigenous people. A balance of seriousness and fun, duty and refreshment is a must for the healthy life and for the recovery from mental or physical illness. Their festivities and performances provide them adequate refreshment and joy to maintain good health and balanced life. There is a proper calculation of seasonal appropriateness and time gap coverage in their festivities and cultural performances. Most of the festivity performances include dance linked together in chains and all of them stamp their feet together in a symmetrical pattern. Their singing stands on their cultural construct carrying deeper meaning for their mind. Many fun making events appropriate for different age and sex groups are included in almost all of their festivities. As I discussed the potentiality of music therapy in health and healing in previous chapter, I argue that one major factor of Tamang good health is their abundance of dances, music, songs and melodies in their religious and cultural life for all group of people.

I now turn my discussion on findings from the study of Tamang shamans and their possession. I studied the cause of possession and its role in healing. My literature compared possession with *bhakti*. Louis Dumont, in Tannaka (2003), showing commonality in *bhakti* and possession, opines that both, possession, a functional feature of folk religion, and *bhakti*, a characteristics of many sects, rest upon a common psychological condition (p. 874). It is found true that the possession of Tamang shamans is based on their devotion and full faith on their gods and spirits. I concluded that faith is a type of power.

From my experience of Hindu shamans, I have compared them with Tamang shamans and found that there is also commonality of possession in both. Two types of spirit possession are common in both religions: possession by deities and by evil spirits. Divine possession is a specialist's case. When human beings are polluted, they are not allowed access to deities and thus are vulnerable to the attack by evil spirits.



Some possessions can be forms of resistance- social or religious. When possessed, the authority had to accept possessor's advice and change the decision. For example, one who cannot resist or protest her husband or father or so in everyday life, can openly go against him when possessed, as her words are considered divine. This means resistance in everyday life is assumed to be of non-religious character. But, possession is one of the significant forms of culturally/religiously valid resistance (Tannaka, 2003, p. 879) and this gives legitimization of resistance.

From the nature perspective, possession is of two categories- one that happens to ordinary people, that is spontaneous and the other that is attained by shamans that is voluntary (Oesterrich in Peter, 1999, p. 10). Shamanic or voluntary possession has experiential feature of control whereas spontaneous possession is considered as illness. Shamans manipulate spirits in socially recognized ways (Firth, in Peter, 1999, p. 12) and therefore, it is voluntary. But, if it happens to ordinary people, it is out of control, brings harm and illness to the possessor. This also confirms my claim that it is a matter of cultural construct. Shamanic healing works in the cultural construct of the two parties with same construct. But it works may be it is psychotherapeutic matter or matter of cosmic power. As Kirlian photography, invented in Russia (see literature review) could show the existence of cosmic energy, it is the matter of further study on the cosmic power of Tamang spiritual and faith healers.

#### My Findings, Sacrifice and Anthropological Perspective

On the basis of my field and literature, I want to discuss the sacrifice that the Tamang shamans use. My field revealed that they have full faith on the existence of spirits and Tamangs use sacrifice in the principle of exchange, as it is the principle of their life.

Their sacrifice can be studied from different perspectives. In the opinion of Veleri (1985) sacrifice in anthropological perspective has four general theories:

- a) Sacrifice is a gift to the gods and is part of process of exchange between gods and human.
- b) Sacrifice is a communion between man and god through a meal
- c) Sacrifice is an efficacious representation
- d) Sacrifice is a cathartic act (p .62)

In Tamang cosmovision, sacrifices are obligation in the sense that divinities and harmful agents are facts of the world. Their existence and power is unquestioned and to neglect or

offend them is to terminate productive relations causing their retreat (of Gods) or their unbridled assault (by evil spirits). In this sense, sacrifices are justified and validated.

#### My Findings and the Reformation Movement with its Indications

From the studies in Deurali VDC, a new move of non-sacrificial Buddhism was observed. A new *gumba* is being set up and non-sacrificial Buddhists are growing and influencing shamanic communities with non-shamanic rituals. This community has established Sange Choiling Gumba in Deurali where chairperson and *ani* both are women. This community doesn't employ shamans in their healing and rituals. Instead, lamas cure with the power of *mantras* and overpower spirits with the help of deities, mainly *Shakyamuni* Buddhas. They don't sacrifice, don't eat meat and don't offer and don't use alcohol in their rituals. A contradiction of offering by shamans and non-sacrificial rituals in the religious and holy places is evident. It may decline the use of shamanic healing and rituals and may take a turn to non-sacrificial monastic Buddhist ritualistic culture in the days to come. In the words of Chairwoman of Sange Choiling Gumba, this indication is revealed this way:

We are Buddhist. We didn't have the tradition of sacrifice in the past. But in the middle age, we were led to the wrong path of displeasing *Shakyamuni* Buddha. It was not our true religion. Now we don't sacrifice any animals. We don't call *bombos* when we are sick. Our *lamas, anis and gurus* utter mantras, ask Buddha to overpower the bad spirits and cure the sick. We don't offer and use alcohol as our gods don't want it. The number of followers in this *ahimsa* is growing everyday and one day all will realize that they followed wrong path and come back to the right path of *dharma* (interview).

Tamang didn't embrace orthodox theory ((Holmberg, 2005, p.32) in the past, nor will they in future. They easily adopted sacrifice in their rituals in the past and underwent ritualistic life when they were insulated from outer world and were forced to develop their own ritualistic life. Due to their pragmatic and dynamic nature, it can be said that they can easily adopt reformation in the recent context of their life. So, a radical change is taking place in their ritual life and they are reconstructing themselves in the light of decolonization and at the same time with the universalities of Buddhism. Their future direction is indicated by the reformative movement going on in Deurali VDC. It is indicative of the growth of non-shamanic, monastic and karmic Buddhist Tamang communities.

Recently, they have realized their position and are in a process to shift back from 'abstraction of an anthropology of ritual and myth to a more concrete approach (Buddhism)' (ibid, 2005,

p.9). They are accelerating a shift of returning back to mainstream Buddhism from the declined condition of the past. This change is sure to bring changes in their beliefs on health and healing. My study can predict that shamanism is in danger in Tamang healing. Buddhist faith healing and herbal healing will grow in its place. Likewise, the role of ecology and lifestyle in maintaining health are important in Tamang community and will remain equally important in future.

After the post modern and decolonizing move, Tamangs began to be aware of their status and they came in contact with the outer world to realize that their religious beliefs and values contrasted with Buddhism in state societies. So reformation process is underway.

But it is predictable that Tamang Buddhism will not return to monastic, celibate and renunciated state Buddhism as adoption of Buddhist forms in a local style is nowhere more obvious than in Tamang rituals. *Lama's* altars are vivid images of amonasticism and their involution of Buddhist ideology into the regularities of local society (see the pictorial decoration of *gumbs* in the glances in Appendix 13) will not permit them to move to monastic societies. But its combination of Animism with Buddhism is in danger and reformation in recent trends is heading towards it in Deurali.

They combined ritualism with Buddhism and now are moving back to Buddhism but it is noncelibate and amonastic. Amonastic Buddhism can be said as a product of Buddhism when applied in social life. Monastic Buddhism and celibacy cannot continue human life. Male and female concept of Tamang and amonasticism in their perception can be said a right perception from social-anthropological viewpoint. So Tamang lamas and other Tamang Buddhist practitioners engage themselves in family life like all other Tamangs. A Tamang Lama explains his pragmatic view this way to justify this:

Life is the creation of God. For the continuation of life, there are males and females. Everything is male and female. It is like earth and sky. It is like rain and soil. If there were only celibate nuns and monks, humans would die out and disappear. All living breathing things must exchange in marriage (interview).

Here again, my findings contrasted with Bourdieu and came to agree with the criticism of Tannaka (2003) as Bourieu premised on the assumption that religion is sacred and radically different from everyday life. My findings didn't say that the two are distinct. In this sense, I realized that Tamang cultures and values are created in practical walk of life, rather than

following orthodox principles. Adjustment and modification according to localization is found in them. This implies that Tamangs living in the locality closer to Hindu and closer to or in Buddhist community differ due to this localization. But the present move is heading them to a new form of Buddhism i.e. monastic, non-shamanic Buddhism. This may bring changes in their cosmological perception, concept of illness and cure, health and healing systems of Tamang people in future days.

### My Findings and Western Biomedical System

Here, under this sub-topic, I am comparing Tamang health and healing system with the western biomedical system, which has been the synonym of health and healing. I have attempted to show the distinctions and commonalities between the two and explored common grounds for the blending and coexistence of both. I have also discussed the nature of indigenous health and healing system and features of Tamang health system in previous chapters and in this chapter above. So I am not mentioning them again here for the comparison. But I need to bring some premises and features of western healing system for the purpose of comparing and discussing the two systems. For this, I take help of the literature on western health approach and then discuss comparing them with my field.

'Medicine', to the western mind, is based on the notion that science, with its methodology of research and experimentation, is potentially capable of combating any sickness and curing any disease (Blustain, 1976, p. 83). Their concept of health and well being doesn't include other systems of health and healing. In this regard, western biomedical system is single dimensional approach of healing. They cannot realize the true holistic nature of health and healing (Haubermann, 2006, p.561).

The impact of western civilization and the resulting destruction of traditional social patterns have another consequence in the widest meaning for health of the word. It destroys traditional forms of social security without which there is no health (Haubermann, 2006, p.571)

This situation is surely very painful to patients and their healing because health and healing is incomplete in a single system of treatment. Health, in-fact, is a holistic approach and demands a number of perspectives in healing as it is associated with the perception of the cause of illness by the concerned and treatment is sought accordingly. Mental satisfaction can be said a part of healing. But unfortunately, indigenous approach of health and well-being is

at edge, denial and neglect in the percept of western approach. My study revealed that this is the central reason why indigenous people have no faith on western approach of treatment. As I have already discussed the new definition of health and healing and also showed why majority of village people go to indigenous and faith healers, there is the urgency of correction in the perception of western healing.

Research of herbal medicine as part of traditional healing received much attention after Alma Ata declaration of health for everyone by WHO. WHO intends to integrate traditional healers in the health care system with radical development and promotion of traditional medicine in the following two ways (WHO, 1978:9; in Kristvik, 1999:122):

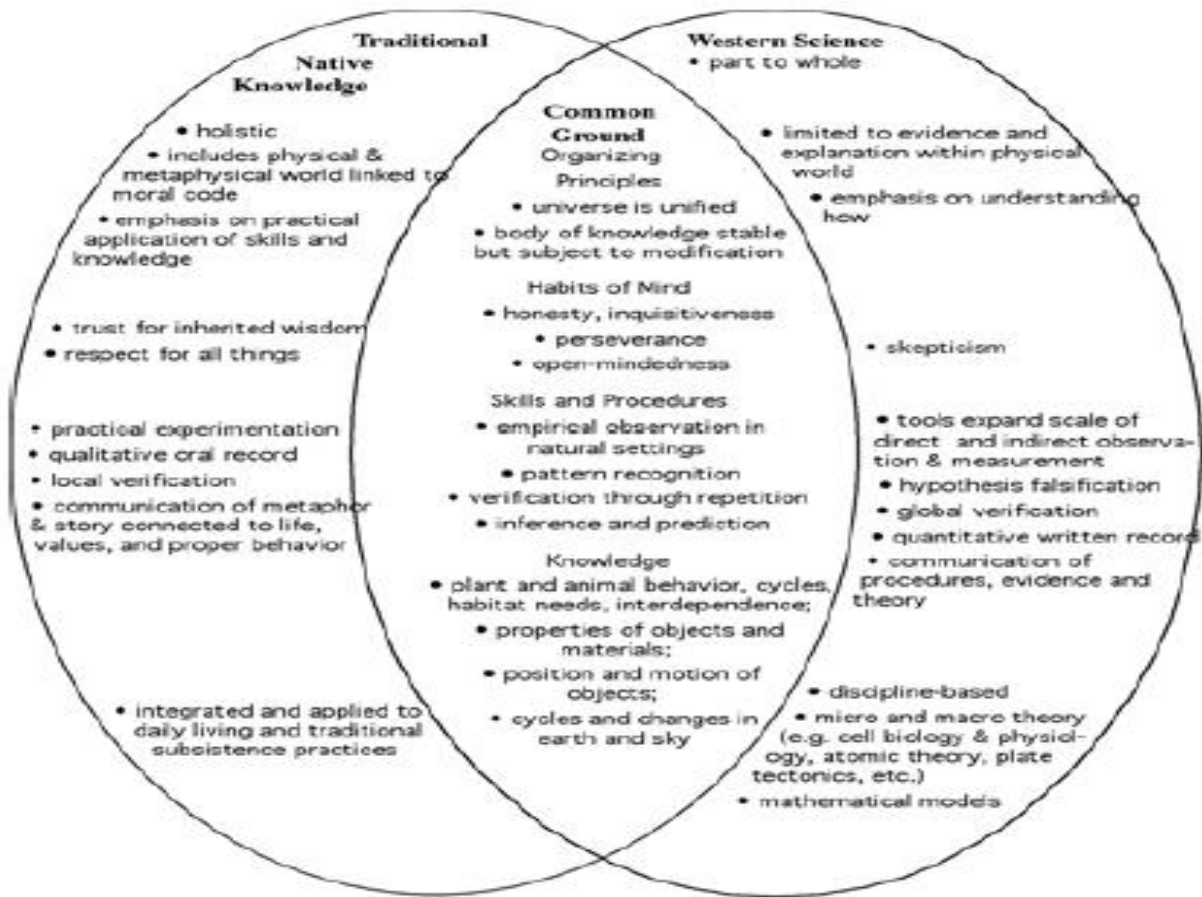
1. Giving recognition to traditional practitioners and incorporating them into community development programmes.
2. Retraining traditional practitioners for appropriate use in primary health care.

It is controversial in these two ways of promoting traditional medicines and healers. The first way of placing traditional healers on the same footing with biomedics, is almost completely reversed in the second- to train the traditional healer properly – in the biomedical sense, in order to send him/her back to the village as an advertising expert in biomedical procedures and diagnose patients for biomedical symptoms in order to refer them to biomedical health facilities. When I analyzed it from indigenous perspective, I found that there is the major error of western mind in viewing traditional healers. Another major contrast I found between the two is that modern medicine operates absolutely outside the social and spiritual context of traditional societies.

#### What Then?

There is the need of realization that one is incomplete in the absence of other. We must seek the common grounds between the two and ways to make a holistic approach combining the essential elements of both the systems. For this, there is not only sad part when one compares western and indigenous knowledge systems. Despite some distinctive and contrasting features, they have many common grounds; can share a lot from each other if we try to find the commonalities. This provides a ground for blending the two and developing a holistic approach of health and wellbeing. It is not the right way to take traditional and western epistemology and ontology of knowledge mutually exclusive. They are complementary and have a big common ground between them. G.B Gurung (2009, p 69) quotes G. Richard

(2000), for the following diagram which presents the overlapping ground of the two. This common part of the two may be the ground for blending the two types of knowledge.



Source: Richard, G. (2000) in Gurung (2009, p. 69)

Thus, I reached to the point that there must be a meeting point between Tamang worldviews of health and healing and the modern western approaches of treatment as modern science is leading to the centuries old holistic views of health and healing. It is the view that modern physics comes to similar conclusions as the age-old worldviews as Hinduism, Taoism and Buddhism (Capra 1983). Instead of accusing and denying each other, now it is wise to accept the fact that indigenous knowledge is the mother of modern knowledge and blending of the two is compulsory for the development of holistic approach on health and healing system.

For this purpose, we must understand first that indigenous health and healing is not only spiritual healing. I have already mentioned that there are a number of constituents of Tamang health and healing. They are rich with precious health knowledge. To identify and improve this knowledge, it is first necessary to make an inventory of their indigenous techniques and

of the situations in which they have been successfully applied. They should be improved and standardized as influential forms of knowledge. Second, it is also necessary to evaluate, modify and further develop these technologies and practices, partly by injecting into them modern knowledge and technology components through what has been referred to as 'technology blending' (Kuramoto and Sagasti, 2002, p.229). At the same time indigenous knowledge can also be injected in other systems of knowledge in the process of blending.

In the final stage of this discussion, I have come to the conclusion that Tamang health system is holistic in approach. It includes spiritual healing and is based on the premise that health and treatment depend on the perception of the people. It is constituted of the happiness and satisfaction. In addition, Tamang concept of health is a complex system comprising of a number of elements that constitute it. It is more preventive in nature. A number of healing systems are in existence and can be adopted in the choice of the users but they are not mutually exclusive, rather, have the nature of complementary. And this generation of knowledge can be of great importance in further study of health system and development of more pragmatic, economic and holistic health and healing system at least for Tamangs of Nepal.

## Chapter Seven

### Conclusion, Implication and Reflection

In this chapter, I have drawn conclusion of my study on two fields-health and education. Then, I have forwarded some implication on the basis of it. While doing so, I have used my findings and my theoretical frame. But in some essential instances, I have gone beyond them as I am using grounded theory to some extent in the creation of some packs of knowledge. Next, I have presented my reflections from the study process and study field and finally presented some implication to further study.

I realized that health and education are matters of equal concern for all the people- rich or poor, educated or illiterate, urban or tribal. As Ivan Illich (-, p.2) opines, rich and poor alike depend on schools and hospitals which guide their lives from their world views, and define for them what is legitimate and what is not. The two are basic requirement for all. This reiterates that these two are the matter of national concern. In this regard, 'the principle of education and health for all' should be effectively applied. But in the context of our country, these two are beyond the reach of indigenous and poor people due to their unaffordability and the cultural capital of the dominant group of people in these two fields. It is the fact that demands the promotion of traditional health and healing system in one hand and on the other hand, there is a need of extension of the modern health facilities. Koirala's (2009) observation aptly fits to address the health issue of the marginalized people. He says:

Indigenous people have very interesting technique of taking high satisfaction in cheaper cost. An American needs a hundred rupees to pay for the equal satisfaction taken by an indigenous Nepali at the cost of one rupee (p 10).

On this backstop, I could draw number of conclusions out of the discussion chapter and drew educational implications simultaneously.

#### Conclusion # 1: Need of Conceptual Correction

I came to the conclusion that we have to redefine health, illness, healing and well-being from holistic approach. This approach places indigenous health and healing in central position and changes our attitude towards it. As I have proposed the new definition of health and wellbeing in previous chapter, there is the need of taking health and healing on this frame. It opens up the path for reorganization of indigenous health system as part of health and healing



system and for revitalization of indigenous approaches and institutions with the introduction of science and technology.

The next conclusion I drew is that we could not establish the functional relationship between cultural health and healing system of time immemorial past with modern and ultra modern western allopathic treatment system. I also realized that what was missing in the indigenous health system was the lack of applying advancement of technology and modifying the system.

These two conclusions above helped me draw some educational implications. First is the correction of the health concept and inclusion of indigenous health knowledge in our education. The other implication is the establishment of basic indigenous health institutions in the community for the community members as well as for the students.

#### Conclusion # 2: Need of Respect, Reorganization and Promotion of the Indigenous Health and Healing System

My study helped me conclude that health and healing system has a conceptual divide between a single modern, rational, mechanistic and science based bio-medical system on one hand and the plurality of traditional, holistic, spirit-suffused and context dependent system on the other (Grenough, 2003, p.309). This divide was nurtured by the modern health system, which doesn't accept the existence and efficiency of indigenous system for treatment. It also imbued the knowledge that modern health system is regarded as the synonym of civilized, modern and developed lifestyle and the other as the synonym of primitive, superstitious, tribal and backward life. It is where I concluded that instead of getting state protection, indigenous healers and their holistic approach of healing and wellbeing is labeled as conservative, orthodox, superstitious, foolish, and unscientific and they are criticized badly through media. But the study shows that reality is greatly different. The potentiality of their system in the raising of people's health status is misunderstood and misinterpreted. This misunderstanding needs correction.

The next conclusion I drew is that modern healers with western approach disregard indigenous healers. They are unfamiliar with indigenous approaches that their treatment activities in indigenous communities are not only inefficient but are creating bigger problems.

This opens the door that knowledge of indigenous systems should be the major part of state recognized training texts for the modern healers.

I also hold the conclusion that the greatest problem in the preservation and promotion of indigenous health and healing system is the denial attitude of its acceptance as a practical and effective health system. There is no readiness to raise and modernize the indigenous health system as a rival to western system or an important constituent of holistic health and healing system.

Another conclusion that I could draw was that both indigenous and modern health systems could marry each other. This can be done so if we have willingness of promoting indigenous system, it can get support of modern technology and can come up as a rival system to western approach reducing the harms and demerits of it and becoming a better system. It can contribute a vital role in the development of holistic system of health and healing.

In drawing the conclusion of this study, I was aware that some of the most interesting recent studies (as mentioned in cross cultural indigenous healing literature) have tried to grasp the vivid complexity of the interplay among systematic and irregular professional, and popular, exotic and domestic practices from the patient's as well as healer's perspective under a variety of ritual, ideological, institutional and regional conditions (ibid). There I know that when the western system of healing alone fails in the treatment and wellbeing of people, there will come the realization of the need of promoting indigenous systems for building up of a holistic system. But, by then, much of indigenous knowledge will have been extinct and it will have been too late for the initiation of revitalization process. This shows that research and promotion of indigenous systems should be carried out to preserve this precious knowledge as a gift for humankind before it is too late.

These conclusions related to respect, reorganization and promotion of indigenous healing system enabled me to draw some educational implications. Firstly, Government should recognize indigenous health approach as valid and alternative approach. Secondly, it should get entry in the training and education syllabus. Thirdly, there should be provision of certifying indigenous healers on the basis of the evaluation system developed. Lastly, study and research should be carried out on the indigenous techniques introducing scientific methods so that their potentiality can be verified and promotion is possible.

### Conclusion # 3: Need of Coexistence, Sharing between Indigenous and Modern Health and Healing Systems for Holistic Approach

This study helped me conclude that we should seek ways on how both modern and indigenous systems get on and communicate with each other. These two systems are not mutually exclusive. Both sides require respect for their own knowledge, methods and therapy results; but biomedics in particular often have problems recognizing such knowledge and successful outcomes on the other side, since biomedical methods appear incomparable to those of traditional healers. But both approaches are less different than might be assumed at first sight (Haubermann, 2006, p.565).

In the afore-stated view, Kristvik (1999) underlines the need for incorporating traditional healers and traditional understandings of illness in all efforts to fight illness in Nepal. She sees shamanistic healers in a key position. She says, “Both medical and indigenous practitioners are involved in attempts to understand more of the mysteries of life and death. Both attempts are necessarily incomplete and are undergoing constant change” (p. 101). Her saying gives a clue that indigenous health and healing system is cheaper or without any cost for the people. At the same time, indigenous healing has many cultural and relational benefits. But modern western treatment is beyond the affordability of poor people. In biomedic treatment, a poor has to pay his/her three months’ income just to be admitted in a modern hospital in case of his/her sickness (Ilich, -, p.4) and it is beyond their imagination. In such condition, the essence of preserving and promoting indigenous health and healing system is a must.

A big challenge stands when we think of adjusting indigenous and biomedical health and healing systems. Our mentality is the biggest problem because we think the two as mutually exclusive and think it impossible to adjust traditional methods into modern ones. Our mind doesn’t think it necessary and possible to blend the two. I agree with Haubermann about an approach for testing a “hybrid system“ in practice on the concept of a combined, integrative approach involving physicians and traditional healers ( ibid,p. 579). Blending of both the systems can produce a better, sustainable and holistic health and healing system.

From the villager’s point of view, the process of integrating traditional health and healing with the modern health has already begun (Blustain, 1976, p.103). From the authority part, the indigenous healers require reorganization along with the plans, policies and practices of

health system. This process reminds the process of blending the 'bare footed' health workers and development of acupuncture treatment system in China (see literature review). It also reminds the role of Indian government in raising the knowledge level of the traditional and indigenous health and healing system operators.

These conclusions above encouraged me to draw some educational implications. Firstly, a team of experts should be appointed and assigned the task of finding the commonalities and contrasts between the two systems and to list the potential healing and health elements prevalent in the indigenous health and healing system. Secondly, a syllabus prepared with the inclusion of these potential elements should be made compulsory in the training and education of health workers. Thirdly, similar such syllabus from modern health system should be prepared and training of indigenous healers should be organized. Lastly, a big number of basic health workers should be trained on the basis of basic holistic health syllabus including preventive and curative health knowledge and essential elements from all the health systems. They can work as 'bare-footed' doctors in the Nepalese villages.

Conclusion # 4:. Herbal Medicines, Ecology and Preventive Health Measures are the Secret of Indigenous Health:

My study concluded that herbal treatment is a vital constituent of health and it needs to be preserved and promoted as an indigenous approach. But the facts revealed that herbal medicines and plants are declining and disappearing due to our false policies, neglect of them and lacking the industries producing herbal medicines

Likewise, my next conclusion is that proper ecological environment and eating additive free, natural and health building food makes people healthy. Suffering from social disorder and urbanization, unhealthy manners and complexities have adverse effect on health condition. Western studies reveal that sperms in urban men count low and urban life style is the origin of many 'western' diseases. This indicates the hazards and crisis approaching soon in the western 'civilized' lifestyle and 'advanced' allopathic treatment system. Indigenous and holistic approaches of health and healing system can overcome these crises.

This conclusion led me to draw some educational and health implications. It is first essential to have our positive attitude on herbal treatment so that we proceed on implementing protection programmes of herbs with community control over them by guaranteeing the

protection and decision making right of the people for their promotion and preservation. My second implication is that we can start herbal farming, protect and preserve herbal plants and control the flow of their export by the brokers and dealers from establishing herbal factories in different locations. This not only promotes herbal treatment and health, it contributes on conversion of their cultural capital into economic capital through their patient right or their right of ownership over their knowledge, skills and products to raise their life standard.

My third implication from this conclusion is that education with the preventive approach of health should be provided from basic school level to community people so that we can build healthy society. Tamang health system teaches us 'prevention is better than cure'. Their knowledge teaches us plenty of preventive measures of health and wellbeing. Treatment should not be sought only after we fall ill. But health behaviour begins from birth. All the behaviours, habits, lifestyle, food, surrounding ecology, culture, religion, customs and social relation in aggregate determine the wellbeing of people.

My final implication from this conclusion is that, we should start education campaign on the need of eating natural and healthy indigenous food that are additive free, contain health building elements and are cheaper. Establishment of factories processing local healthy food, like barley flour, millet flour, fruit juice, herb juice and such, not only promotes these people's economic status but also increases trust and popularity of the indigenous health approaches. Apart from it, I hold the belief that indigenous technology gets popularity and promotion and nation gets healthy citizens.

#### Conclusion # 5. Indigenous Women Have Precious Health Knowledge.

As I have presented in my findings that indigenous women have potential knowledge on health constituents like food preservation and preparation, eco-management, women's and children's health and healing. This knowledge is vital in the promotion of health in the families and community. Likewise, women are concerned users and agent of protecting biodiversity and surrounding environment.

On the basis of this conclusion, I have made implication that we should revitalize and promote women's indigenous health knowledge. This implies that programmes of empowering women with their indigenous knowledge of food preservation, preparation and consumption; health and treatment of women and children with reorganization and promotion

of the knowledge in institutional level, are essential. Their skills and potentialities in this field should be systematically studied, documented and utilized.

#### Overall Implications

Reflecting over the above conclusions and implications I have drawn some overall implications in the following paragraphs. While doing so I have mentioned the implications along with their justification and ways on how they can be carried out. This is done on the basis of my findings and theoretical premises.

##### 1. Restructure Health Education Network

To preserve and promote precious indigenous health system, building up health training institutes in regional and local basis and production of local knowledge based healers and health workers is essential. The reason is that the present health education network from primary to university level is dominated and controlled by western allopathic system. But the indigenous health system has not been given any place in trainings and institutions. In such situation, indigenous health and healing system is sure to extinct within few years if not protected and preserved. It is also clear that in our health network, indigenous approaches are not given valid place and are not established with reorganization. This implies that we have to establish local health networking systems including all health and healing systems and combining ayurvedic health and healing system with spiritual healing.

##### 2. Explore Cosmic, Spiritual and Psychotherapeutic Energy Used by Spiritual Healers

In this context of findings, I realized that it is essential to make a systematic study and promotion of shamanic knowledge by institutionalizing it and blending it with other systems of health and healing in holistic approach. I also knew that discarding spiritual healers in indigenous healing is faulty act. Though cosmic energy and role of superpower has been a mystery for modern science, some researches, as I mentioned Russian Kirlian photography in literature, have revealed the probability of the existence of such energy and faith healing may have justification in addition to its psychotherapeutic and cultural significance. This energy needs exploration and study with modern technology.

##### 3. Utilize Cultural Healing and Music Therapy in Healing

There is a need of study and promotion of this knowledge on role of music in healing. As a creation of knowledge, my study has revealed that music therapy is one of the potential elements of Tamang health and healing. Tamang songs, recitations and dances are intrinsic part of their health and healing. Prioritizing cultural studies and promoting them with the new approaches and technologies, revitalizing their religious songs and dances and institutionalizing this skill is thus essential for its promotion.

Modernity enters into indigenous area as superior stuff demanding from them rather than valuing their skills and abilities and learning from them. Instead, modernity destroys indigeniety. This is where I imply that ways of blending indigeniety with modernity is a most for humankind and well being. This also demands a good study on how to combine indigenous knowledge to introduce it in the modern systems of health. In some aspects, one is to be prioritized and in some, the other. In doing so, one has to realize that indigenous knowledge is superior in preventive, healthy habits and holistic approach of well being whereas western biochemical system is better in epidemics and transmitting diseases. They cannot be mutually exclusive.

We should learn from what Ram Dev, the propagator of Patanjali Yog system, is doing in Nepal, India and in the world. He has expanded not only yoga but also a wide range of health and healing products popularly marketed across the globe to maintain health and cure illness with natural methods and medicines. He has a network of his own market, workers, products and educators. His popularity is growing day by day. Even a single person's attempt on promoting indigenous health and healing system can achieve such success, why not the attempts by communities and governments. This also proves the potentiality of indigenous techniques to heal the human beings.

For all these reasons, indigenous health education is essential to be introduced in school and university education so that indigenous health manpower needed for the nation can be produced and people get educated on preventive health system and indigenous healing system. I have proposed an indigenous health university and local institutions with its tentative framework in Appendix 3.

#### 4. Deconstruct the Education System

In line with the findings in previous chapter and the conclusions discussed above, I come to the implication that we should deconstruct and reconstruct our education in the new premises of post modernism and indigenization. The greatest need of education system in new Nepal is to identify our geographical, social, cultural and economic realities and plan our education system on this base. While doing so, education, its functions, structure and relation of it with the society should be re-defined. As I mentioned in my findings and discussions, it is reflected that Tamang indigenous knowledge on health and their process of teaching and learning give us a lot while restructuring our education system. I have mentioned some other implications in this line along with their reasons hereunder.

When we study our education system from the lenses of indigenous approach, we realize that it is based on the ancient model of British education in India. It emphasizes on the banking of knowledge in the learners (Friere, 2007). It has a normative standard throughout the country. It doesn't take into account the indigenous cultures and their knowledge systems. It is designed in the principles to serve the elites and dominant class.

We didn't let western investigation method to be flourished in our education system (Koirala 2064 BS, p. 263) nor did we develop our education system based on our culture and tradition. Due to this situation in education, the poor have always been socially powerless. The increasing reliance on institutional care adds a new dimension to their hopelessness (Ilich, -, p.2) and indigenous and poor people have always remained in this state. Ilich even went further clarifying the situation that instead of equalizing chances, the school system has monopolized their distribution (p12). It is where I realized that modernization is giving birth to poverty. Its definition classifies people into poor. This is modernized poverty (ibid, p.3) and is a worldwide phenomenon. All these facts reveal the condition of our present education system.

In the study of education from the perspective of Tamang children, we find these conditions true to them and find them strangers in the system. When Tamang children go to school, their family language code is switched to school language code. This change places these children in a new environment where communication gets lost. Though education in mother tongue has already begun, it has not been implemented effectively and the process hasn't been complete yet.



Moreover, their family cultural code also switches to school cultural code which is the cultural capital of dominant class. As a result, indigenous learners are victimized by the 'cultural capital' of the dominant class in schools. They are forced to follow the culture and learning process of the dominant class in their language so that indigenous children remain 'backward' in classroom performance. Their learning is not connected with their local and cultural realities and thus learning is fruitless in their practical lives. Because of such nature of education, Ivan Illich (--) even came up with the following opinion:

My analysis of the hidden curriculum of school should make it evident that public education would profit from the deschooling of society, just as family life, politics, security, faith and communication would profit from an analogues process (p.2)... We need the constitutional disestablishment of the monopoly of the schools and thereby of the system which legally combines prejudice with discrimination (p.11).

Only by pointing out flaws in existing education system, we cannot escape from the responsibility of equalizing the opportunity and making education inclusive. On this direction, the opinions of Illich are again instructive as he says, opportunity for skill learning can be vastly multiplied if we open the 'market' ( p12). This market should mean the market of liberal education and market of practical education.

Most people acquire most of their knowledge outside school. .... Most learning happens casually (Ilich, -, p.12). And liberal education for the open ended exploratory use of skills learned can reduce the obligation of schools (ibid). It also advocates for the vocationalization of education, which is more important than core learning. Indigenous system can give a lot in this process. In their everyday practices, there is science and vocational skills. But neither our science includes this indigenous art in education nor is indigenous vocational skill counted in the formal line of education.

In our existing educational system, students learn the major western scientific inventions from an early age, and rightly so, but seldom do they learn about grassroots or higher level inventions and innovations developed by local individuals, institutions or communities. Even when local contributions are taught, these are referred to with terminology, which may generate contempt rather than respect for the native and innovative genius.

Therefore, traditional technological processes should form an important aspect of our science curriculum. We must study our own traditional ways and then innovate when necessary to suit our modern lifestyles. We should look to our traditional technologies for improving our

present condition rather than frowning on them and looking extrinsically. It is in this context the education system should encourage young generation in the study of indigenous skills and technologies and prepare them for the continuation and promotion of indigenous technology if we don't want our indigenous technology extinct.

My study helped me understand that the existing modern education system is working as an insulator for learners to disconnect them from indigenous, traditional and local knowledge. This is creating danger of complete extinction of such precious knowledge in the new generation. This means new education system has no any connection with local system of knowledge. It is producing strangers in their own motherland.

Therefore, we have to make our learners be familiar with our indigenous culture and for this, community culture should get space in schools. Bringing community culture at school can be done in two ways- bringing society in school and bringing school to society. First can be done by using local native teachers and guest teachers, designing localized curriculum and instructional materials. Second can be done organizing programmes by school in the community on different fields like study and research and exchanging with the community in the areas like health, culture and religion. A networking system by forming community-school organization as part of school teaching component can serve for the purpose. Sometimes community and sometimes school culture can be placed at centre and the other decentred (Darrida, 1996).

Practical implication of knowledge and involvement of learners in practical skill learning is higher in indigenous knowledge transfer. This means learning theoretical knowledge in combination with practical performance is the beauty of indigenous teaching-learning process. If it is applied in present educational process, it makes education useful in everyday life on one hand and makes teaching learning effective and faster on the other. Unless theories are transferred in practice, there is no utility of education in practical life.

In *Pedagogy of the Oppressed*, Paulo Friere (2007) suggests that allowing students or individuals to have ownership of their knowledge is equivalent to respecting their culture, tradition, and identity. He writes that educators can avoid teaching students as if they are empty vessels and abandon the education goal of deposit-making. When education is not taught merely as "banking" information, students have the opportunity to understand the relevance and meaning of the knowledge they are being taught. Indigenous children are talent

but differently. We expect them to understand things in our way and label them backward but we never take trouble of knowing things their way. This shows the need of localizing our education system and indigenizing the ontology and epistemology of our knowledge system.

In such system of education, curriculum can be designed on the local and regional basis as a product of systematic blending of local and global knowledge. It can be prepared with the help of local experts on participatory approach. Immediate fruitfulness from education to learner, his/her family and community should be the guideline of selection and gradation of the curriculum. This change demands that teachers should be trained with high priority on local and community knowledge. Moreover, study of the social and cultural environment, from which children come to school, should be made compulsory for the teachers so that children don't feel strangers in school when children's culture becomes the culture of the school environment.

#### 5. Introduce Indigenization in Education System

The above discussion turns our attention on the indigenization of education. In Nepal's context, ruralization is more important than urbanization. In this regard, we need to consult indigenous theorists regarding the nature of education. According to Smith (2003), the followers of *Kaupapa Maori* theory apply following principles in planning and implementing educational systems:

1. The principle of self-determination or relative autonomy over key decision making in cultural, political, economic and social preferences.
2. The principle of validating and legitimating cultural aspirations and identity by the community as taken for granted.
3. The principle of incorporating culturally preferred pedagogy in education system.
4. The principle of mediating socio-economic and home difficulties.
5. The principle of incorporating cultural structures which emphasize the 'collective' rather than the 'individual' such as the notion of the extended family.
6. The principle of a shared and collective vision / philosophy.

The Maori theory can be expanded to south Asian countries which have a long history of traditional educational systems based on different religious and indigenous systems. They have co-existence with modern education systems. Madarsha education system in Bangladesh, Monastic education in Bhutan, Maktab schools in Pakistan, Pathsala and monastic education in Nepal are some examples (Aikara, 2004, pp.331-33). Maldives provides a unique mix of traditional and modern education. The traditional indigenous

educational institutions of the island communities provide basic Islamic religious education and basic literacy (ibid). Hinduism and Buddhism influenced the traditional systems of education in Nepal. But the educational institutions languished due to the lack of state support (ibid). Nepal has prioritized in non-formal education but this system of education has not been very effective to eradicate illiteracy due to its disjoint nature with indigenous and cultural lifestyle (ibid, p.337). Even pre-school education is emerging as a system of education to prepare children for formal system of education. In this sense, there exists the need of basing pre-school education in cultural and indigenous knowledge and system.

In the Asian context, indigenization has been pursued along four fronts (Atal, 2004, p.107):

- a. Teaching in national language and use of local materials.
- b. Research by insiders
- c. Determination of research priorities
- d. Theoretical and methodological orientation.

In the context of Nepal, none of them have been in the front. And the present debate of language can be settled by following the first point above. Moreover primary education in mother tongue and option of learning indigenous languages in primary schools has started but the issue has not been settled systematically. The biggest problem in Nepal is that curriculum doesn't include local knowledge and local materials are not getting space in education. This issue can be settled by developing curriculum in local and regional base and selecting content in nice combination of local and global knowledge. For example, starting health education with the knowledge of shamanic, herbal and religious cures and combining western or other approaches with the local ones to provide holistic health and healing knowledge.

As the points above suggest, we have to set priority of our research in the field of indigenous knowledge areas and prepare national and local research groups of different levels to carry them out. It also suggests that health and education systems are the primary fields of concern as they are directly associated to the problems of these people. This reiterates that it is essential to associate learning with research and make learning creative. We can borrow a lot from Tamang epistemology and ontology concerning values and morals in life and education process. As I have mentioned in previous chapter, they have strong bond of pupil-*guru* relation. They teach us that learning cannot take place effectively if there is not cultural assimilation between the learners and the teacher. It demands the teachers from local community in our schools. Tamang *gurus* impart education for philanthropic reason. They

have high bond of faith, confidentiality and control of knowledge between learners and teacher. They have culture of exchange. They always follow moral behavioural code, honesty, devotion and correction. But their learning process doesn't end at a point. It is where I realized that education system could borrow the qualities of these indigenous people and apply them for classroom instruction.

The ontology of indigenous knowledge and its transfer is very effective in the process of teaching-learning. Their apprenticeship system creates such strong bond of relationship between the learner and the teacher that there is full faith, responsibility and philanthropic motive in teaching. As a result, their transfer of knowledge is effective and success of teaching-learning is higher. Contrary to it, the modern education system lacks these qualities and teaching-learning process is not effective. Here, at this point, Maoris were right to develop their educational policies for protecting and preserving indigenous knowledge system through education (Smith, 2003). It is true in the context of Tamang knowledge and healing system as well. This implies that a complete deconstruction and reconstruction of education system introducing and promoting local and indigenous knowledge ontology and epistemology is a must if we have to preserve indigenous and local knowledge, which is the identity of indigenous people and is associated with their survival. If the function of education is to serve the society, it must be a well combination of global and local knowledge.

#### 6. Decentre Modernism with Post-modernism and Multi-centrism

Postmodern approach to schools, knowledge, methodology and learners can give solution to blend the indiginity with modernity. But at the same time, we have to take precautions of each other's limitations.

Modernism taught physical comfort as ultimate goal to learners. It increased criminality and individuality. As there was the need of non-linear thinking, modern approach is gradually being replaced by post structuralism, which demanded local relativism looking alternatives for the structuralism. As a result, there came the need of changing the nature of education and classroom.

In this new premise of multi-centrism, we should draw the picture of our schools and classrooms. In this picture, teacher will no more be a model of structures but an organizer and

a facilitator. Rather s/he will promote multi-centrism and coexistence of different worldviews and the knowledge systems.

#### 7. Develop Indigenous Health Schools and Institutions:

From the study of Tamang health and healing system, I have come to realize that Nepal's prosperity on health and education is possible through the establishment of health schools and university for the study of indigenous health systems. Such schools, colleges, university could revitalize the ayurvedic, cosmic, acupuncture, and other indigenous health approaches. This effort could be helpful to protect the rights of indigenous people to adopt their health system and modernize it.

Vidyanath Koirala (2009, p.10) also sees the probability of bringing a number of foreign students in Nepal for the study of indigenous health and healing systems here. He justifies it saying:

Nepal is a big store of natural resources including varieties of herbal plants, insects and animals. This is fertile land for research and study. .... In northern Nepal, there is traditional (indigenous) healing system. .. If we develop a medical curriculum with combination of allopathic, homeopathic, *amchi* and such (indigenous) as a holistic treatment system, we can attract a number of foreign students in this study (addition and translation mine).

In the same vein, when I consulted indigenous and Kaupapa theories, they were right to have the principle of self-determination or relative autonomy over key decision making in cultural, political, economic and social preferences in education and health (Smith , 2003). In this regard, I have presented a short conceptual sketch of such a health education center, schools, colleges, and a university hereunder:

Centre:

- A research team built from the experts in different indigenous communities
- A curriculum development and modification team
- A scientists' team to blend technology in the indigenous knowledge

Subjects

- Cultural/ritual health and healing
- Religious/Spiritual health and healing
- Ecological/natural health and healing

- Herbal/Ayurvedic health and healing
- Shamanic Healing

#### Teachers

- Ayurvedic Doctors
- Cultural/religious experts
- Ecologists/environmentalists
- Shamans

#### Students

- A certain number of indigenous youths
- Indigenous health practiseners
- Youths aiming to be doctors
- community (in local institutions)

#### Aimed Humanpower

- Villagers with basic knowledge of health and healing on indigenous approaches
- A number of middle level health workers in every village (with indigenous approaches)
- Doctors specializes in different indigenous areas
- Researchers, experts in indigenous health and research

#### Study Modes

- Theory and principles of indigenous health and healing
- Field study, research and practical work
- Training in community health centres

#### Organization

- Central university and bodies
- Subject specialized colleges
- Integrated health schools
- Local training centres

#### Objectives

- Develop a networking of indigenous manpower spread from every community to national level and make health a basic right of every individual
- Study indigenous health system of every community in the country and in the world and develop a holistic indigenous approach of health and healing
- Focus on preventive health system
- Introduce science in indigenous skills and technologies

- Develop a holistic health and healing system, popularize it as an alternative approach of health and healing
- Expand health service in every community according to their choice and interest and apply ‘prevention is better than cure’ in practice.
- Attract foreign students for higher studies in medical systems and research.

#### Resource

- National and international grants and donations
- Local resources - materials and institutions like VDCs, gumbas, temples, schools, community centres, health centres
- Learners’ contribution

These institutions can include preventive health measures along with the indigenous techniques of cure and herbal cure. Likewise, Gumba education can also contribute a lot in adult education, literacy education and health education.

#### Reflection

When I reached to my final stage of my study, I wanted to make a short halt to take a pause and look back at the academic journey of about one year as a researcher. The feelings I have got this moment are greatly different than my assumptions of the work while I set out for it before one year.

#### Reflection from the Study Process

I spent a big amount my time in the search of literature, theories and the focus of my study, thinking that it is the major part in the whole journey. I didn’t realize the complexity of its analysis, interpretation and writing part in the early stage. When I began to write and rewrite my analysis, only then I realized that writing could be a challenging process for a person involved in qualitative inquiry dealing with the issues of technique, form, style and link.

Likewise it was only towards the end of the research I found that understanding the true focus of a study occurs nearer the end than the beginning of a research inquiry. Though I was honest in my each stage, I am really shocked to feel how immature my imaginations of a research work were at the time of its planning before one year. This one-year placed me at a different position concerning my perception of a research work. I feel now really exulted that



it has placed my 'construct' of an indigenous researcher as what I am now and I am proud of my present ME in it. I realized the value of experience in the make of my present potential in this field. This experience is so precious that it cannot be compensated in any other way. This study gave me insight that a research work is many times a complex job to carry out than it overlooks in the beginning. But the joy and satisfaction of the mission after its completion is incomparable and the temptation to go into deeper for digging out grows as an endless hunger.

Looking back the stages of my journey, reflections of different points reel in my mind. I passed them one after the other adding gradual maturation and accuracy in each new proceeding.

When I was at the first step of reviewing literature, I found it tiresome to avail and select the relevant texts and pick out the concerned portions. But it was important stage to find the existing achievement in the field and perceiving it in different ways. This helped me in designing my research and determining my methodology and theoretical frame.

The reflection of my days in the field with research participants is adventurous to me on one hand and exciting on the other. In the beginning, I was driven by fear of working with the strangers and any thing that might happen to me. But after building rapport and knowing that Tamangs are one of the friendliest and most honest indigenous community, this time became the most exciting time of my study. The pleasure of being treated like a member of their family and participating in their activities is really exciting and funny in indigenous research. Perhaps this time will remain the most memorable time of this study for long in my life.

Processing data, analyzing and interpreting it and theorizing it is just opposite to fieldwork, regarding its nature. It is difficult to be the witness, the lawyer, the judge and the jury (Rana, 2006, p. 212) all by a single researcher at a time. Interpreting it in the frame of theories is a good exercise of finding associations and building perspectives. This is an important stage in the building of the knowledge. I found that my study mind had reached to some maturation by this time and could do it a little easily than before. Writing and rewriting in the frame of a study presentation is a complicated work. It is where I realized that guidance by the expert in format and arrangement of the preparation is essential to go across this final stage of the study work. When I wrote and rewrote this study in the guidance of my guide, I realized that only theoretical study couldn't prepare a researcher. One must carry out a complete study

work to achieve practical experience. At this moment I remembered the apprenticeship of Tamang healers once again and their focus on practical learning touched me very deeply once again. For me, the most joyful and satisfying moment of the study was when I completed the job, paused to take a long breath and looked back the long path I had walked moving the reflections of the days in the mind as a reel of a film.

### Reflection from the Study Findings

Only at the completion of my study, I came to my true realization that indigenous health and healing is so broad, potential and vital field of study for humankind. Before entering into it, I did not feel its great volume and strength. At its completion, it gave me eagerness to go deeper and deeper in my life until I can come up with its 'diamond'. This leads me to advice researchers to choose this field for the creation of golden knowledge that can cultivate humankind in the field of health and healing in future. In the beginning what tempted me to choose this field for my study were simply the mystery of spiritual healing and the healthy life of Tamang people that I observed in my life. When I went through Tamang literature in the beginning, I realized that shamanism was studied with preoccupied western mind and spiritual healing was presented as mainstream indigenous healing.

But when I went to my study field, I came up with a vastly different understanding that shamanism and spiritual healing was only one among numerous constituents of their healthy life. For them, health was the product of all these elements embedded in their social, cultural, religious and ecological structure of life. At this point, I felt joyous to see the order of well-blended and well-organized indigenous life, which was beyond the ability of modern science. At the same time, I became deeply moved to realize that such precious wealth of humanity was at peril and erosion. I felt content when Best and Kahn (1993, quoted in Rana 2006), opined as "every researcher has some of the characteristics of the ant, which brings its single grain of sand to the anthill" (p. 214). As an 'ant' in this mission, I took hope of many other 'ants' bringing other 'grains of sand' so that our 'anthill' of indigenous health and healing becomes complete for all human beings to use it as a holistic health and healing approach in their lives.

The greatest satisfaction I got in my study was when I compared the findings of my study with the global indigenous health and healing systems and their promotional states. This gave me hope that Tamang health and healing system is also possible to revitalize with modern

technology and can be blended with other approaches of health system. This comparison also made me optimistic that health hazards of the modern world can get solutions in the study of indigenous health systems. For instance, Smokebush in Australia (see literature review) is found probable plant for the cure of HIV/AIDS. So is the case of *Kirlian* photography (see literature review), which was developed in Russia and can detect cosmic energy.

The probability of mystic spiritual power of faith healing to turn into the reality is hidden in the future research. I was glad to find that the principles and basic assumptions used by modern allopathic treatment were long before discovered in indigenous systems. For example, modern healing systems have been using psychotherapeutic and music therapy treatments as new and effective techniques but this study revealed that indigenous healers have been using them effectively from time immemorial past.

I believe that this study could reveal how advance is the lifestyle of indigenous Tamang people whom modernity labels as "primitive and uncivilized" (Bodley, 1994, p.363). Their order of systems, culture, religion, lifestyle, social pattern and moral life are found vital constituents of their good health and well being. I realized that this is the beauty of indigenous life to live in tune with nature and ecology. I also came up with the knowledge that life, challenging the laws of nature, cannot sustain. But indigenous life is sustainable and well-adjusted with the laws of nature. On the other hand, the so called modern civilization has been facing the crisis of ecological destruction and its threatening adverse effects. It is with this knowledge; I came to realize that science alone without humanity couldn't work for humankind. In this regard, indigenous people have that humanity to blend it with science.

Likewise, I found that indigenous health system is primarily based on the preventive health but modern system is more concerned with healing and cure. I also knew that prevention is not only cheaper but is with no side effects and is natural. In this sense, indigenous approach is holistic in nature and it accepts many approaches. But the greatest shocking matter of my finding is why modern allopathic method denies the inclusion of indigenous healing system. Though indigenous healers send the patients to modern hospitals, according to the nature of illness, it was never found that modern healers sent the patients to indigenous healers. It is the truth that the two systems have not been mutually exclusive. It is where I hold the knowledge that one cannot be complete in the absence of other, but building a wall between the two is harmful and causing loss to the patients. I also feel that there is the need of breaking the wall

between the two, through communicating and building a holistic system by combining useful elements of the two.

In the line of health and healing perception of people, I have found the need of new understanding and I redefined health and healing with this new perception found in Tamang people in the study sites. Though I could not build theories from this study, I am very glad that I have built many packs of knowledge on indigenous health and healing system in general and Tamang system in particular. This made me content of being able to accomplish the mission of an ‘ant’ in the making of ‘ant hill’.

Along with the reflections of my study process and findings, I also paused to draw some implications for further research to generate new knowledge for which I felt essential but could not complete in my study due to its limitations and delimitations. I am hopeful that the emerging scholars will go further and deeper in these needs of digging to grow the height and size of this ‘ant-hill’ of indigenous health and healing system.

#### Implication to Further Study

After doing my job of an ‘ant’ in the process of making the ‘ant hill’, I am hinting some other fertile and probable research topics for the other ‘ants’ to enlarge it into a perfect place to live in it. A single research has its limitations and delimitations to cover all the essential research aspects for making a research topic implacable to full achievement. I feel myself incomplete to come up with indigenous health and healing as an implacable knowledge in its fullness from this single research. I also feel eagerness of answering some other research questions adjacent to this study to make my knowledge applicable in its fullness. At this moment, I feel it essential to carry out both qualitative and quantitative research works in some other research topics on indigenous health and healing system to make the accumulation of knowledge full and complete so that this can work for humanity. I recommend following research topics in this line:

1. Significance and potentiality of cosmic energy
2. Introducing science and technology in indigenous systems of health and healing
3. Ways of blending modern and indigenous health and healing approaches to develop a new holistic approach.
4. Comparative study of indigenous health and healing approach across the globe

5. Comparative study of indigenous health and healing in Nepal
6. Developing indigenous approach as alternative health and healing approach

## References

- Aikara, J. (2004). The Indigenous and the Modern Education in South Asia. In Mukherji, P.N. and Sengupta, C. (ed.). *Indigeneity and Universality*. 330. India: Sage Publications.
- Alexander, B.K. (2005). Performance Ethnography: The Reenacting and Inciting Culture. In Denzin, N.K. and Lincoln, Y. S. (eds.), *Qualitative Research* (3<sup>rd</sup> ed.), 841. New Delhi: Sage Publications.
- Atal, Y. (2004). The Call for Indigenization. In Mukherji, P.N. and Sengupta, C. (ed.), *Indigeneity and Universality in Social Science*. 103. India: Sage Publications.
- Atkinson, P. and Delamont, S.(2005). Analytic Perspectives. In Denzin, N.K. and Lincoln, Y. S. (eds.), *Qualitative Research* (3<sup>rd</sup> ed.), 824. London and New Delhi: Sage Publications.
- Blustain, H. S. (1976). Levels of Medicine in a Central Nepali Village. In *Contributions to Nepalese Studies*, 3; 83. Kathmandu
- Bodley, J.H. (1994). Indigenous Peoples. In *Cultural anthropology: Tribes, States and the Global Systems*. 363. Mountain View. California: Mayfield Publishing Company.
- Bourdieu, P. (1986). Forms of Capital. In J. G. Richardson (Ed.), *Handbook of Theory and Research for Sociology of Education* (pp. 241-258). New York: Greenwood.
- Brara, R. (2003). Ecology and Environment. In Das, V. (ed), *Sociology and Social Anthropology*. 141. India. —.
- Capra, F. (1983). *The Turning Point: Science, Society and the Rising Culture*, New York: Bantam.
- Carpenter, V. and Pilkington, C. M.(2008). Cross-Cultural Researching: Maori and Pakeha in Te Whakapakari. In *Qualitative Research*: 8 (2); 179. Sage Publication. Retrieved on 10<sup>th</sup> January, at 5 a. m from <http://www.sagepublications.com>
- Chatterjee, P. (--). Gandhi and the Critique of Civil Society: Writing in South Asian History and Society. In *Subaltern Studies III*. India: OUP
- Darrida, J. (1996). The Decentering Event in Social Thought. In Lemert, C.(Ed.). *Social Theory: The Multicultural and Classical Readings*. California: West View Press.
- Deloria, V. (1979). *The Metaphysics of Modern Existence*, San Francisco: Harper and Row.
- Dietrich, A. (1998). *Tantric Healing in the Kathmandu Valley*. New Delhi: Book Faith

India.

District Statistical Office Nuwakot.(2062). Nuwakot District Profile.

Dube, S. C. 1982). *Social Sciences for the 1980s from Rhetoric to Reality*. ISSJ. UNESCO. 34-36

Ensink, K.and Robertson, B.(1999). Patient and Family Experiences of Psychiatric Services and African Indigenous Healers. In *Transcultural Psychiatry* 36: 23 Retrieved on 4th March at 6 p. m. from <http://www.sagepublications.com>

Gakuru, C. (--). *Remodeling Traditional & Indigenous Knowledge*. Retrieved from <http://knowledge.cta.int/en/content/view/full/3006> on 18th January, 2009

Gartoulla, R. P. (1998). *Therapy Pattern of Conventional Medicine with other Alternative Medications – A Study in Medical Anthropology in Nepal*. Kathmandu: Research Centre for Integrated Development.

Gerhard, T.(2006). Traditional Oriental Music Therapy – A Regulatory and Relational Approach. .In *Music Therapy Today*, 8; 3. Retrieved on 8<sup>th</sup> March 2008 at 4 p. m.. from <http://www.musictherapytoday.com>

Gerrit H. (1987). Indigenous Healers and Western Dominance: Challenge for Social scientists? In *Social Compass*, 34; 415. Sage Publications. Retrieved on 9<sup>th</sup> March 2008 at 5 p.m. from <http://scp.sagepub.com>

Greenough, P. (2003). The Social and Cultural Framework of Health and Diseases in India. In Das, V. (ed), *Sociology and Social Anthropology*. India:—; 303

Gurung, G.B (2009). *Unveiling the Ways to Knowledge Generation, Continuation, Distribution and Control of the Pariyars: Commonalities and Points of Departure from School Pedagogy*. M. Phil. In Education Thesis, TU, Kathmandu

Haubermann, C.(2006). Shamanism and Biomedical Approaches in Nepal- Dualism or Synthesis? In *Music Therapy Today*, 5 (3); 514. Retrieved on 8th March 2008 at 9 p. m. from <http://musictherapyworld.net> .

Hofer, A. (1979). *The Caste Hierarchy and the State in Nepal*. Innsbruck, Universitatsverlag.

Hofer, A. (1981). *Tamang Ritual Texts I: Preliminary Studies in the Folk Religion of an Ethnic Minority in Nepal*. Wiesbaden: Franz Steiner Verlag.

Holmberg, D. H.(2005). *Order in Paradox: Myth Ritual and Exchange among Nepal's Tamangs'*. New Delhi: Motilal Banarsidass Publishers.

Holstein, J.A. and Gubrium, J. F. (2005). *Interpretive Practice and Social Action*. . In

- Denzin, N.K. and Lincoln, Y. S. (eds.), *Qualitative Research* (3<sup>rd</sup> ed.). 483. New Delhi: Sage Publications.
- Illich, I. (--). Why We Must Disestablish School. In *Deschooling Society*. --, --
- Kleinman, A. (1978). Concepts and a Model for the Comparison of Medical Systems as Cultural Systems. In *Social Science and Medicine*; 12; 85 – 93
- Kleinman, A. (1981). *Patients and Healers in the Context of Culture – An Exploration of the Borderland between Anthropology, Medicine and Psychiatry*. University of California Press; Berkeley, Los Angeles; London
- Koirala, B. (2064 BS). *Shikshyama Bailkalpic Chintan* (in Nepali). Kathmandu: AFO Nepal
- Koirala, B.(2009). *Pakkai Sano Chhaina Nepal* (in Nepali). In Naya Patrika Daily. 3:2
- Krippner, S. (1972). Altered State of Consciousness. In White, J. (ed.) *The Highest State of Consciousness*. New York: Doubleday and Company.
- Kristvik, E. (1999). Drums and Syringes; In *Bibliotheca Himalayica*; 3; 7; 220 Kathmandu.
- Kuramoto, J. and Sagasti, F. (2002). Integrating Local and Global Knowledge, Technology and Production Systems: Challenges for Technical Cooperation. In *Science Technology & Society*,7: 215. Sage Publication. Retrieved on 9<sup>th</sup> March 2008 at 9 p.m. from <http://sts.sagepub.com>
- Lefcourt, H.M. (1966). Internal Versus External Control of Reinforcement: A Review. In *Psychological Bulletin*, 65, 206-20.
- Levi-Strauss, C. (1963). The Effectiveness of Symbols. In Levi-Strauss, C. (ed), *Structural Anthropology*. pp. 188-201. New York: Basic Books.
- Madan, T.N. (2003). Religions of India: Plurality and Pluralism. In Mukhergi, P.N. and Sengupta, C. (ed.). *Indigenity and Universality*. p. 782. India: Sage Publications.
- Mana, K.H.. et.el. (2003). Kaupapa Maori Theory as a Resistance Against the Construction of Maori as Others. In *Q&R* vol. 8(2). Retrieved on 20<sup>th</sup> Magh 2065 BS at 9.30 p. m. from <http://www.sagepubliccans.com> .
- Marciocia, G. (1989). *The Foundations of Chinese Medicine: A Comprehensive Text for Acupuncturists and Herbalists*. Sydney, Australia: Churchill Livingstone.
- Miller, C. J. (1997). *Faith Healers in the Himalayas*. New Delhi: Book Faith India.
- Mookherjee, H. N.(2007). Research Methods in Cultural Anthropology and the University of Calcutta. In Pramanick, S.K. and Mana, S.(eds.) *Explorations in Anthropology*, 62. India: Serial Publication:



- Mukharji, P.N. (2004). Indigeniety and Universality in Social Science. In Mukhergi, P.N. and Sengupta, C. (ed.). *Indigenity and Universality*, 18. India: Sage Publications.
- Nathan, D. et. el. (ed.) (2004). *Globalization and Indigenous People in Asia: Changing the Local Global Interface*. New Delhi, Sage Publications
- Nightingale, A. (1988). *Healing in a Remote Nepali Village*. College Year Nepal, University of Wosconsis
- Oiler, C.J.(1986). Qualitative methods: phenomenology. In: Moccia P, (ed.), *New Approaches to Theory Development*. 75-103. New York: National League for Nursing.
- Oliver, P. (2005). *Writing your Thesis*. India: Vistaar Publications.
- Okada, F.E. ( 1976). Notes on Two Shaman Curers in Kathmandu. In *Contribution to Nepalese Studies*; 3; 112. Kathmandu.
- Ostrander, S. and Lynn S. (1978). *Psychic Discoveries behind the Iron Curtain*, New York: Bantam Books.
- Palmer, M. (1997). *Yin and Yang: Understanding the Chinese Philosophy of Opposites and How to Apply it in your Everyday Life*. London: Judi Piaktus Publishers Limited
- Peters, L (1979). Shamanism and Medicine in Developing Nepal. In *Contribution to Nepalese Studies*; 6; 2: 27. Kathmandu.
- Peters, L. (2007). *Tamang Shamans: an Ethnographic Study of Ecstasy and Healing in Nepal*. New Delhi: Nirala Publications.
- Phan, T. and Silove, D. (1999). An Overview of Indigenous Descriptions of Mental Phenomena and the Range of Traditional Healing Practices amongst the Vietnamese. In *Transcultural Psychiatry*, 36: 79. Sage Publication. Retrieved on May 4, 2008 at 5 p.m. from <http://www.sagepublications.com> .
- Poulsen, H.C.K. (1994). *Beyond the Remote Health Post: Sickness Treatment and Therapeutic Journeys in the Hills of Central Nepal*.. Frederiksholms Kanal 4, Kobenhavns University
- Rana, N. (2006). *The Experience of Being Victims of School Bullying: A Phenomenological Study*. Ph.D. Thesis. Kathmandu University
- Reinhard, J. (1994). Shamanism and Spirit Possession: The Definition Problem. In: Hitchcock, J.T. and Jones, R. L.(eds). *Spirit Possession in the Nepal Himalayas*. New Delhi: Vikas Publishing House, p.16
- Rip, A. (2003) Constructing Expertise in a Third Wave of Science Studies. In *Social Studies of Science*, 33; 419, Sage Publications. Retrieved on 8<sup>th</sup> February,

2009 from <http://sss.sagepub.com>

- Ritchie, M.A. (1996). *Spirit of Rain Forest*. Chicago: Island Lake Press.
- Ritzer, G. (2000). *Sociological Theory* (5<sup>th</sup> ed.). Singapore: McGraw-Hill.
- Saukko, P. (2005). Methodologies for Cultural Studies: An Integrative Approach. In Denzin, N.K. and Lincoln, Y. S. (eds.), *Qualitative Research* (3<sup>rd</sup> ed.). 841. New Delhi: Sage Publication.
- Scheurich, J. J. and McKenzie, K.B. (2005). Foucault's Methodologies: Archaeology and Genealogy. In Denzin, N.K. and Lincoln, Y. S. (eds.), *Qualitative Research* (3<sup>rd</sup> ed.) .841. New Delhi: Sage Publication.
- Schoffeleers, J. M. (1978). *Guardians of the Land, Essays in Central African Territorial Cults*, Gwelo: Mambo Press.
- Schwandt, T. A. (2001). *Dictionary of Qualitative Inquiry*. Thousand Oaks, CA: Sage Publications.
- Scupin, R. (1995). Band Societies. In *Cultural Anthropology: A Global Perspective*, 161 Englewood Cliffs, New Jersey: Prentice Hall.
- Shakman, R. (1969) Indigenous Healing of Mental Illness in the Philippines. In *International Journal of Social Psychiatry*, 15, 279. Sage Publication. Retrieved on 4<sup>th</sup> May 2008 at 6.30 p.m. from <http://isp.sagepub.com>
- Smith, G. H. (2003). *Kaupapa Maori Theory: Theorizing Indigenous Transformation of Education and Schooling*. Paper presented in 'Kaupapa Maori Symposium' NZARE / AARE Joint Conference Hyatt Hotel, Auckland, N.Z
- Smith, M. J. (2005). *Culture: Reinventing the Social Sciences*. New Delhi: Viva Books.
- Speziale, H.S. & Carpenter, D.R. (2006). *Qualitative Research in Nursing: Advancing the Humanistic Imperative*. Hagerstown: Lippincott Williams and Wilkins.
- Struthers, R. and Eschiti, V.S. (2004). The Experience of Indigenous Traditional Healing and Cancer. In *Integrative Cancer Therapies*, 3; 13. Sage Publications. Retrieved on 4th March 2008 at 5.30 a. m. from <http://www.sagepublications.com>
- Subba, C. (2057). Nature and Indigenous Spirituality. *Janajati*, 2:2:4. 97-115
- Subedi, M. S. (2001) *Medical Anthropology of Nepal*; Udaya Books. Kathmandu
- Tamang P.R. (2063). *Tamang Nation: New Millennium Development Agenda*, ( in Nepali). Kathmandu: Pragati Pustak Sadan.
- Tamang, P.R.et el. (2001). *Tamang Healing in the Himalaya: The Tamang Healing Knowledge and the Development Intervention in and around Langtang National Park of Central Nepal*. Kathmandu: Milijuli Publication

- Tamang, S. M. (2064). *Tamang Nation: From Past to Present*, ( in Nepali). Kathmandu: Barun Tamag.
- Tambiah, S. (1968). The Magical Power of Words. In *Man*, 3, 2; 175
- Tannaka, M.(2003). Religion and Everyday Life. In Das, V. (ed), *Sociology and Social Anthropology*. 861. India. — .
- Tautscher, G.( 2007). *Himalayan Mountain Cults*. Nepal and Italy: Vajra and Ev-K2-CNR Publications
- Tedlock, B. (2005). The Observation of Participation and the Emergence of Public Ethnography. In Denzin, N.K. and Lincoln, Y. S. (eds.), *Qualitative Research* (3<sup>rd</sup> ed.). 466. New Delhi: Sage Publication.
- Uberoe, J.P.S.. (2003). Civil Society. 364. In Das, V. (ed.) *Sociology and Social Anthropology*
- Ukyab, T. and Adhikati, S. (2000). *The Nationalities of Nepal*. Kathmandu: National Committee for Development of Nationalities, Ministry of Local Development, HMG.
- UNESCO. (2007). Best Practices on Indigenous Knowledge. *Joint Publication of the Management of Social Transformations Programme (MOST) and the Centre for International Research and Advisory Networks (CIRAN)*. Retrieved on 8<sup>th</sup> February 2009 at 7.30 p.m. , from <http://www.unesco.org/most/bpikpub.htm>
- Valeri, V. (1985). Kinship and Sacrifice. In Wissing, P. (trans.), *Ritual and Society in Ancient Hawai*. USA: University of Chicago Press.
- VDC Office, Chapali Bhadrakali. (2057). VDC Profile.
- Wescoat, J.L. (2003). Social and Cultural Geography. In Mukhergi, P.N. and Sengupta, C. (ed.). *Indiginity and Universality*. 342. India: Sage Publications.
- Wikipedia, the free encyclopedia online. Retrieved on different dates from [www.wikipedia.com](http://www.wikipedia.com)
- Young, A. (1983). The Relevance of Traditional Medical Cultures to Modern Primary Health Care. In *Social Science and Medicine*; 17 (16); 1205 – 1211.
- Yonjan, A. (2006). *The References of Tamang Identity* (in Nepali). Kathmandu: D.R. Public Housing.
- ---. (2005). Strategies of Inquiry. In Denzin, N.K. and Lincoln, Y. S. (eds.), *Qualitative Research* (3<sup>rd</sup> ed.). 376. New Delhi: Sage Publications.