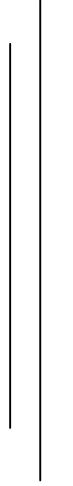


TRADITIONAL HEALING PRACTICES AMONG THE THARUS
(A CASE STUDY OF KATHAR VDC OF CHITWAN DISTRICT)



**A Thesis Submitted to the Central Department of Sociology and
Anthropology for the Partial Fulfillment of the Requirements for the
Master of Arts in Sociology**

BY

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Dedicated to
my late father Kedar Nath Acharya
and
late cousin Manoj Acharya (Former DGM Salt Trading Corporation Ltd.)

TRIBHUVAN UNIVERSITY

CENTRAL DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

LETTER OF RECOMMENDATION

This thesis entitled "Traditional Healing Practices among the Tharus (A case study of Kathar VDC of Chitwan District)" submitted by Krishna Kumar Acharya for the partial fulfillment of the requirement of the Master of Arts in Sociology is prepared under my guidance and supervision. Therefore, I recommend this thesis for final evaluation.

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(Kapil Babu Dahal)

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LETTER OF ACCEPTANCE

This thesis entitled "Traditional Healing Practices among the Tharus (A case study of Kathar VDC of Chitwan District)" submitted to the Central Department of Sociology and Anthropology, University Campus, by Krishna Kumar Acharya for the partial fulfillment of Masters of Arts in Sociology has been accepted.

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Krishna Kumar Acharya

Date: 2066/09/09

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ABBREVIATIONS

⁰ C	:	Degree Celsius
B. A.	:	Bachelor of Arts
B. Ed.	:	Bachelor of Education
B. Sc.	:	Bachelor of Science
CBS	:	Central Bureau of Statistics
KM	:	Kilo Meter
Pvt. Ltd.	:	Private Limited
SLC	:	School Leaving Certificates
VDC	:	Village Development Committee
WHO	:	World Health Organization

CHAPTER I

INTRODUCTION

1.1 Background

In Nepal, most of the people live in rural areas with various cultures, customs, traditions, beliefs, values and practices where adequate health care delivery system is not accessible. People still believe in and practice traditional health care practices rather than modern medical health care practice and they prefer to go to *Dhami*, *Jhankris*, and *Jharphuke* etc. for the treatment.

Since the time immemorial, Nepalese people have been following traditional medicinal practice and has been transformed from generation to generation. It is believed that diseases causation is wrath of gods and goddesses including unfavorable planetary effects, evil spirit, witchcraft, evil eye and breach of taboos. Therefore, *Dhami* and *Jhankris* are perceived to be chosen by the gods to save and nourish their creation. These traditional healers treat the ailments by *mantras*, by worshipping god and goddesses, blood sacrifices by *manshaune* etc. The *Dhami* and *Jhankris* are healers whose techniques are rooted in a spiritual rather than a microbiological concept of disease. While Western medicine tests for germs and microbes, *Dhami* and *Jhankris* search for the spirits, ghosts and gods whom they see behind disease (Shrestha and Lediard, 1988).

Traditional healing includes naturopathy, ayurvedic medicine and spiritual therapy. In Nepal, the total number of traditional healers was between 400000 and 800000 in 1980, which averages to 1 traditional healer per 50 to 100 people (Shrestha 1978). Moreover, as most medical doctors remain in urban cities, it is not an

exaggeration to say that traditional healers are much more accessible than doctors in rural areas.

Stone (1976) had found that some form of traditional healing mostly tries to cure patient by blowing mantras that will remove evil spirit from body of patients. The chanting of *mantras* go like this “*Ma Tero Ichchha Pura Garchhu*” (I will give you whatever you want). Another is significant link maintains between a person and ghost or evil spirit collectively called *lago*. The *lago* category covers species as *bhut* (ghost), *pret*, *pichas*, *masan*, *boksi* (human witch), *nags* (water spirits) and *bhume* (earth god).

Tharu is one of the oldest ethnic groups of the *Terai* region (southern plains along the length of Nepalese foothills), living in villages near dense malaria-infested jungles in regions that were isolated over the millennia since long ago. They work usually as farmers or peddlers. Tharu people are living in the Surkhet Valley in the west mountain region, Chitwan Valley, Dang Valley, Deukhuri Valley, Sindhuli and Udyapur in Inner *Terai* Valleys of Nepal and the *Terai* plains on the border of Nepal and India. Tharu people make up 6.63 percent on Nepalese population (CBS 2001).

1.2 Statement of the Problem

Tharus have lived harmoniously with nature over the centuries and accumulated a vast knowledge of traditional medicine and plants, which had been used to cure various ailments.

The gods are believed to have the ability to heal diseases and sickness. According to traditional culture of Tharus, gods are given a *bhagal*, a promise of something, on condition that the sickness is cured, in any events of misfortunes,

plagues and horror dreams. Tharu would first approach *Guruba* or *Bharra* or *Gurau* for treatment of diseases. Such *Gurau* use herbal medicines to cure illness. They will also try to appease gods through beating drums and offering sacrifices. Tharus believe sickness comes when the gods are displeased, and the demons are at work.

There are many literatures about the healing practices in many community and ethnic groups. None of the literatures that I found has focused about the traditional healing practices in the Tharus community of Chitwan District. Therefore, this study is important to know about the healing practice and procedures that are prevailing in the Tharu community of Kathar VDC in Chitwan District.

1. Is there any variation by economic status and education background to prefer to go to faith healers?
2. Are the traditional healers more accessible than the doctors?
3. What are the causes and contributing factors for seeking traditional health care practice in order to reduce mortality and morbidity related to different diseases?
4. Is there prompt treatment in traditional healing than in modern medicine?
5. What are the common practices of traditional healers to treat diseases in Tharu Community?
6. Do the traditional healers refer to the modern medicine?

1.3 Objectives of the Study

The general objective of this study is to find out traditional health care practices among the Tharu community in the study area. The specific objectives of the study are:

-) To identify the causes for preferring traditional health care practices,
-) To explore healing processes carried out by traditional healers,
-) To find out the inter-relation between traditional health care practices and modern medical practices among the Tharus.

1.4 Significance of the Study

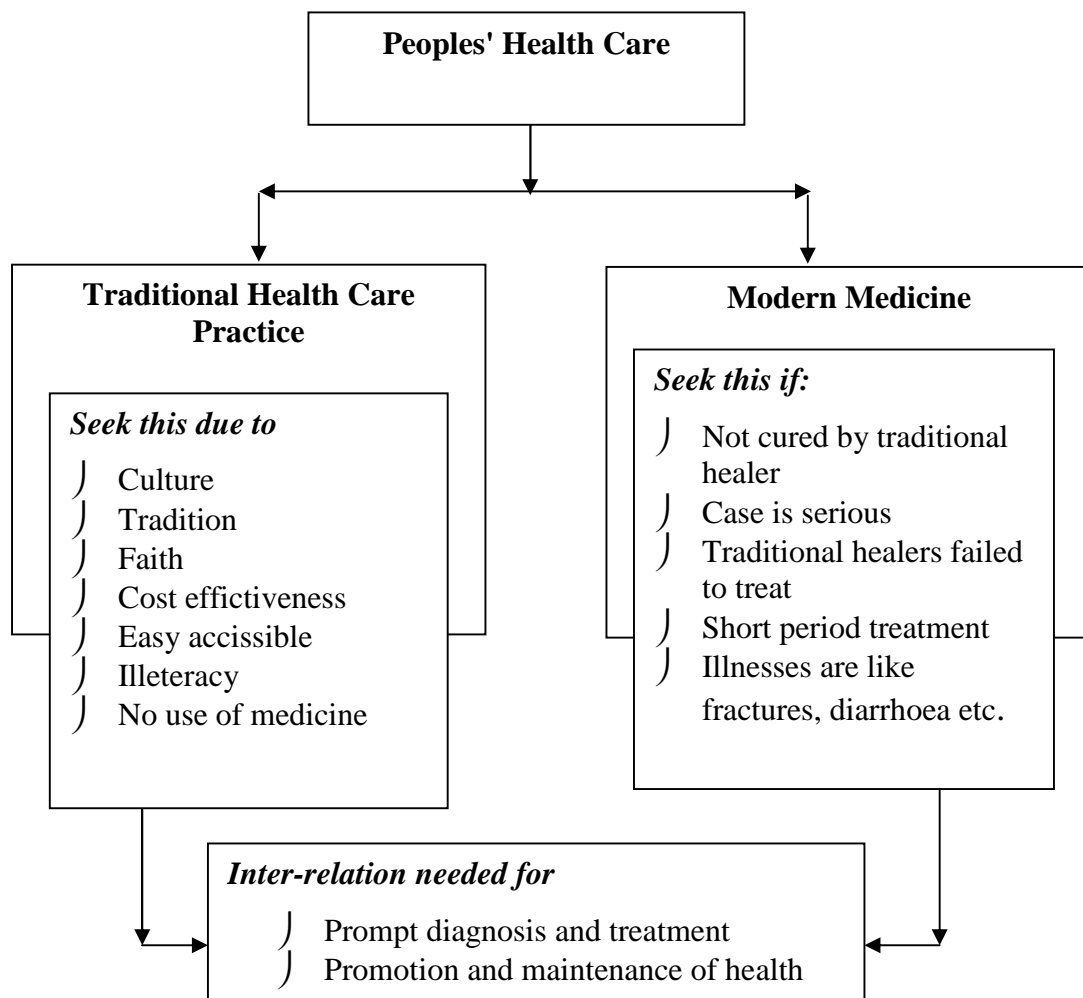
Majority of population in our country still adopts traditional health care practice. In this 21st century, only the traditional practices may not be enough to cure the chronic diseases. Therefore, traditional healing needs to be strengthen and improved in the course of time. Therefore, this study is necessary to describe Tharus regarding the causes of disease and illness, their logic behind seeking traditional health care practice and to explore their view regarding interrelation between traditional health care practice and modern medical health care practice. Researchers, planners and policy makers can get benefit from this study.

1.5 Conceptual Framework

The conceptual framework in figure 1 states the interrelation between traditional and modern health care practice. People prefer to go for traditional healers because of their culture, faith and tradition. In addition, traditional treatment methods are cost effective because they do not need to pay for traditional healing or in some

cases they will pay whatever they like to pay but not any compulsory cost. Traditional healers are easily accessible and already known to them because they live in the same places. Most of the people visit traditional healers because of their illiteracy but some literate and educated people also visit to traditional healers due to their customs and cultures of first go to traditional healers in the village before going to modern medicine. Some people fear to use modern medicines due to their side effects and some allergic habits. The following figure explains the cases when the people visit to traditional healers and the cases those visit to modern medical practitioners.

Figure 1: Conceptual Framework for Choice of Medical Practice



In another way, we can see in figure 1 that the disease is not cured by traditional methods and the case is serious, people visit to modern medical practitioners. In case, the type of disease is complex and there is no way to treat by traditional healers or traditional healers failed to treat the disease, people like to visit modern medicine. In case, the treatment takes short period and they do not have to go repeatedly, they visit modern medicine. People prefer to go allopathic treatment in case of fractures, diarrhoea etc. The interrelationship between traditional and modern medicine is needed because if the case of the patient is serious, the traditional healers should refer the client to the hospital for the maintenance of good health of patient.

1.6 Organization of the Study

The whole thesis is divided in seven chapters. Chapter one is the introduction of the study and literature review is presented in chapter two. Research methods used in this thesis are given in chapter three. Chapter four contains study area and bio-demographic status and chapter five is perception about health. Traditional healing practices are presented in chapter six and in the last or seventh chapter conclusion and summary of thesis is given.

CHAPTER II

LITERATURE REVIEW

2.1 Conceptualizing Traditional Healing

Traditional healing comprises medical knowledge systems that developed over generations within various societies before the era of modern medicine and include herbal, *Ayurveda*, *Siddha* medicine, *Unani*, ancient *Iranian* medicine, *Islamic* medicine, traditional *Chinese* medicine, acupuncture and other medical knowledge and practices all over the globe (Koirala 2005).

The term Traditional healing refers to way of protecting and restoring health that existed before the arrival of modern allopathic medicine. As the term implies, these approaches to health belong to the traditions of respective community/group of people, and have been handed down from generation to generation. In this context; the World Health Organization (WHO) defines traditional medicine as: “The health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being” (WHO, 2008).

Traditional healings believe in holisticity of human being and understand the mind-body relationship in that framework. Just like a human being is an integrated entity and cannot survive in pieces and health is an integrated state of well-being of the whole body, experts that treat specific organs or areas of the body cannot treat ill health efficiently. The natural harmony of the body can only be restored by an integrated and holistic approach.

Traditional Healers use natural methods of treatment, because these were the resources that have nurtured the human race - and in fact all life - since the beginning of time. Traditional Healing treatments are always integrated and involve a combination of approaches such as psychotherapies, herbal medicine, nutritional therapy and physical therapies.

2.2 Studies about Tharus in Nepal

Nepali as well as foreign writers and researchers have mentioned about Tharu in their books and articles. Among them, Baburam Acharya (1953), Dor Bahadur Bista (1967), Rishikeshav Raj Regmi (1999) are the Nepali writers who mentioned various aspects about Tharu. The first foreigner who mentioned about Tharu is Buchanan Hamilton (1938). Likewise, Sylvain Levi (1980) has also mentioned about Tharu in his article. Arjun Guneratne (1994) in his Ph. D, studied about the socio-cultural and other many aspects of Tharu of Chitwan District.

Different researchers have mentioned the origin of Tharu differently. Acharya (1953) describes that Tharus belong to *Mongol*, who used to speak *Kirat* in the hills and they (Tharu) later learned Aryan language from *Mongol* and thus they were formed separate group. Therefore, Acharya claims that Tharu's original place cannot be beyond the Himalayas. It means, according to Acharya, Tharus were originated from the hills of Nepal.

Chemjong (1967) gives another view about the origin of Tharu. His view is more or less similar to that of Baburam Acharya. He mentioned that Tharu is one of the branches of Kosh, the sub caste of *Kirat*.

Baral (1947) has different view about the origin of Tharu. He described that Rajput women of Chitaur were sent to Northern hills with their servants to protect them from Muslim invasion in twelfth century. The Rajput women expected their husbands to come for long. However, their husbands did not come back again. As they did not see hope of returning their husbands, they got married with lower caste people of the area and their servants, who came along with them. Thus, the off springs from such reunion were called Tharu.

Bista (1967) has given similar argument as Baral about the origin of Tharus. According to him, Tharus came from Rajputana in India at the time of the Islamic invasions. He has mentioned about the settlement of Tharus in Nepal that they are among the oldest groups to inhabit in the *Terai* region. They are mainly located in the Central and Western *Terai*, which is traditionally called *Tharuwan* or *Tharwot*, which consists of forestland along the Southern base of Siwalik mountain range and South a few miles into the *Terai* itself. They usually live very close to the heavily forested regions.

Gautam and Thapa (1993) give another similar view to Bista and Baral about the origin of Tharu. According to them, Tharus were migrated from Thar Desert of India. They have mentioned that Tharus were the descendent from the liaison between Rajput women and their servants as they were fled away from being victimized from Muslim invasion in *Rajputana*. They have also described about the physical characteristics of Tharu that they resemble the *Dravidians* at a glance, but they look different on closer inspection. They further cleared that facial features of Tharus' are of Mongoloid kind with depressed nasal roots. Majumdar (1942) also argued Tharu

as *Mongloid* tribe. According to him, Tharus cannot be placed in any other tribes and caste through DNA test.

According to Nesfield (1985), Tharu is originated from the word "Thar" which in the lowest colloquial language signifies a man of forest, a name sprung from the language of the tribe itself, which is now for the most obsolete. An aboriginal name derived from Sanskrit is the fit appellation of an aboriginal casteless, un-Brahmanised tribe whose customs have been only modified by contact with those of the Aryan invaders. He further elaborates that after the fall of the Buddhist dynasty of Kannauj, Tharu descended from the hills and occupied Ayodhya. Meyer (1995) also presented similar views to Nesfield about Tharu. According to him, the forest people came from many regions at different times to seek peace and shelter of the jungle; the environment molded them over a long period into groups of special people, all of them called Tharu.

Ramananda Prasad Singh (1988) has given completely different views about origin of Tharu. He argues that the Tharu originated not in the Thar Desert or Rajasthan, as some have said, but in Nepal and are descended from the kings of Banaras. These descendants, divided into two clans known as the *Sakyas* and the *Kolyas*, settled in the woods around Kapilavastu; the Buddha's father Suddhodana was an elected leader of his people, the *Sakyas*. He was not a king but a large *bhumipati*, or land lord. That Suddhodana was an elected leader is important, because Singh envisages the Tharu as having lived in self-governing village republics with elected leaders.

Singh further elaborates that Sakyas and Kolian people became initiated later on in Buddhism, after Buddha having gained enlightenment and having many

disciples came to Kapilavatsu to meet his family. The people of those two clans who conducted themselves according to Buddha's original doctrines as reported by their elders came to known as Therabadins. The followers of Therabad Buddhism came to be called "Sthavir." It is from this word that the name "Tharu" derives. From stavir to thavir and from thavir to Tharu is an easy and logical verbal transition. This interpretation of the word "Tharu" is logical and in keeping with their traditional values and behavior.

Ramananda Prasad Singh is the best known and most articulate of the small number of Tharu intellectuals. All Tharus, at least not those of Chitwan, do not necessarily share the idea that Tharus are descended from the clan of Buddha. Singh's thesis is a flattering one, and many Tharus who consider themselves to be Hindu are willing to entertain it; there is no contradiction being Hindu in the present but being descended from the clan of the Buddha. In, Chitwan, the Tharu subscribe to the theory of Rajput origins, which has also been recorded for Tharu groups elsewhere in the Terai (Chaudhari 1952).

Regarding the socio-cultural status of Tharu, different researchers have expressed their views in different ways. Bista (1967), has mentioned about the different aspects of socio-economic and cultural life of Tharu based on his field observation. He has mentioned that Tharu has their own religion and they worship many god and goddesses. Among them, some are Hindu God and goddesses too. In the Eastern *Terai*, they invite Brahmin priest even in their own religious rituals as well. They use *Brahmin* priests in the wedding ceremony and other festivals as well. He divides Tharu into main categories, namely *Pradhan* and *Apradhan*. *Pradhans* are of six different kinds and are all considered superior in social status to the *Apradhans*.

He further mentions that Tharu marriages are monogamous, most marriages are early and arranged by the parents of the couple concerned and always take place within the tribe but except member of the same gotra unit. Joint family system exists in the Tharu community but there is a wave of reform among educated young Tharus. They have changed their food habits, reformed their religious practices and introduced modern education in their community as the effect of globalization.

The important feature of Tharu society is the hierarchic relationship among the family members. After the death of the father, the eldest son becomes the chief of the family. Tharu villages are centered on the headman and village assembly, which is composed of all the household leaders of the locality (Regmi, 1999). He further says that the economy of the Tharus is base on agriculture and animal husbandry. They no longer cultivate cotton but buy cheap clothes. They live in joint families in compact, nucleated settlements. The household consists of large extended families (Ibid.).

Pyakuryal (1982) has assessed the general socio-economic situation of the Tharus and mentioned that they are one of the major ethnic groups, which are most marginalized in Nepal. Major reasons to be backwardness and superstitions are mainly due to their physical and social isolation from development activities and contacts from other people and their culture. They are unschooled; they lack awareness about their rights and privileges. The gap between them and non-Tharus is very widely spread.

Arjun Guneratne studied about the Tharus of Chitwan in his Ph.D. thesis. He summarizes his views as:

"The most important issue acting as a catalyst for the genesis of Tharu identity has been the loss of land both a symbol of identity and the root factor in

development of ethnic consciousness. Although the Tharus are the indigenous people of the *Terai*, who cleared the forestland for cultivation for the first time, they failed to understand the significance of registration of land; and last but by no means the least, many of them lost some or all of their lands due to migration through chicanery and fraud" (Guneratne 1994).

According to Guneratne, Tharus of Chitwan are marginalized farmers. Some of them are landless and some have little land. Most of them are poor and cultivate the land of landlords as tenants and earn their livelihood.

Most of the reviewed literatures above mention that Tharus are marginalized and poor which mainly depend on agriculture for their livelihood. They have lack of awareness and believe in traditional healing practices when they get sick.

2.3 Healing Traditions in Nepal

Traditional healing practice is very important in the daily life of rural people of Nepal. For a long time, *Dhami* and *Jhakris* are well respected by rural people in their community. The health situation of the country is very severe because the doctors do not want to go to the rural areas as they practice in urban areas to make money. In Nepal, very little attention has been given to the health sector by the government. The availability of the health service for the people is grossly inadequate and limited. The national figure shows that there is only one doctor for 12,661 people, 144 hospitals consisting 6550 beds in the country (CBS 2001). This shows that due to the lack of modern medical facilities the traditional healing has an important role in the rural Nepal.

According to Shankar et. al (2007), the healing practices in Nepal are grouped as: Ayurveda, Tibetan medicine, Faith healing and Western medicine. Similarly, Koirala (2005) categorized traditional healing practices in Nepal as: Ayurvedic, Homeopathic, Naturopathy and Unani and he further mentioned that a large number of the population is still dependent on spiritual practitioners. They follow some ethno-traditional, *tantrik*, spiritual and Ayurvedic knowledge. Though they are not included in the official system of health care system, they are well known by different names in different communities. Homeopathic system has recently been recognized as a national health system and a homeopathy hospital is running by government. The Unani system of medicine is also incorporated in this hospital. Naturopathy is not an official system of medicine, but it has been well practiced by the community. Training in naturopathy is provided by the private sector. There are private hospitals, training centers, clinics, and dispensaries in the country.

Koirala further elaborated that modern allopathic medicine has been tremendously developing. Although its services have not reached to majority of the population, most of the essential facilities are now available especially in urban area. Despite geographical, financial, technological, and others constraints huge investment from private sector in education, health service and manufacturing industries, has remarkably contributed to promote health status. Nepal is able to produce international standard human resource, drugs and services.

Achard (1983) states that traditional healing has many forces in Nepal. For many villages in the hill, the first person to be contacted in case of diseases is a *Dhami-Jhankri*, the local faith healer. The belief of evil spirits as the cause of all diseases prevails widely. Education has not yet changed this attitude. *Jhankris* work on a

purely spiritual basis, they exercise evil spirits and magic procedures. He further shows that the reason behind seeking traditional health care practice is the strong belief that the disease is caused by spiritual forces and not by bacteria or snake poison as such.

Drucker (1977) states that, in Nepal there are two cultures of sickness and treatment, the traditional one of the indigenous healer and that of the modern doctor. The people do not see bacteria, water or viruses as causes of illness, but regard sickness as one of a series of misfortune with evil influences as the cause which need to be propitiated. They use a passive and eating terminology to describe sickness rather than the more active and military terms of the west. Village healers are not paid in cash and one paid only after the cure takes place.

Shrestha (1978) in his book faith healer writes that a force for change in seeking health practices, *Dhami, Jhankris* can play a culturally appropriate and compellingly cost effective role in Nepal's struggle to come to grips with its population crisis. He also says that the traditional healers believe in spirit possession and the villagers believe in the *Dhami, Jhankris*. The villagers still seem to prefer to consult *Dhami Jhankris* first. The *Dhami, Jhankris* are well accepted for their ability to mediate between individuals in the community and supernatural powers that cause illness and care seem to control human health, famine, misfortune and other natural calamities.

Zimba (2002) writes that traditional healers are the major healthcare providers in rural Nepal, despite the rapid spread of modern health care services to the rural areas since the 1990 democratic revolution. In Nepal, traditional healers typically treat patients using various traditional techniques. These include the following treatments,

used singly or in combination: *phuknu* (blowing evil spirit away), *Tantramantra* (chanting, entering a trance to wrestle with the spirit of disease), drum beating, animal sacrifice and *Jadibuti* (herbal medicines). Although such techniques are often criticized for being unscientific, recent studies have proved the effectiveness of traditional herbal medicines, and chanting for relieving pain and other health problems by its hypnotic effects. These treatments are carried out using a variety of traditional tools. The most common tools include *Jama* (special clothes), *Dhyangro* (drum). *Rudraksha Mala* and *Ghanti Bhayeko Mala* (garlands), *Dumsi Kanda* (a special cap with thorn) and *Mayur ko Pwankh* (feather of peacock). More recently traditional healers have become interested in learning about modern medicine and using modern tools as this type of health care has become more available in rural community.

Paudel (2002) states that, in Nepal, blessing from the gods is sought before commencing any new venture. The concept of '*atma*' (spirit or soul) is important to understand the work of traditional healers. If the *atma* is disturbed, the system will be spoiled with possible mental or physical disruption to the body. Nepali people believe that success and failure, good and bad, all depend not only on one's efforts, investments and labour, but also on one's luck. People believe that good spirit or *atma* comes from the gods and that problems or sorrow come to them through devils, if they do not obey the gods. To solve human needs and problems, the gods have several alternatives. Among the alternatives is the giving of power through dreams to a few chosen people. In Nepal, these people are called traditional healers, '*Dhami/Jhankri*'. Many people are so deeply rooted within their tradition that at times of trouble they first consult with their nearest traditional healers. Without the healers' permission, they will not go to others even when medical services are available nearby.

Jha et. al. (2005) write that there are different kinds of traditional medicine. Some of these are Ayurvedic medicine, the Chinese yin/yang system and homoeopathic medicine. These are complex systems of medicine with written books and registration procedures for recognition. Others are small-scale, informal and passed on orally through traditional healers taking on apprentices to study under them.

Traditional healers treat a number of conditions with herbal extracts acting on the body metabolism. In the developing countries, traditional healers are an important resource who should be fully employed in the effort to provide adequate health care. They include herbalists, divine healers, spiritual faith healers, traditional midwives, shamans, traditional Chinese doctors, bonesetters and others.

The reviewed literatures above are relevant and beneficial for the present research. The literatures sheds light on many aspects about the origin and socio-economic aspects of Tharu community. They give concept about traditional healing and the traditions and practices prevailing in Nepalese rural communities. The procedures and types of healing practices seem different in different tribe, ethnicity and community but almost their essence is same that they are far behind the modern medical practices and not much “scientific” rather spiritual and based on faith.

CHAPTER III

RESEARCH METHODS

3.1 Rationale for the Selection of the Study Area

Chitwan district lies in the Central Development Region and in Narayani Zone of Nepal. Many people with diverse culture, ethnicity, occupation, belief, tradition, custom, education etc. stay here. Kathar is one of the VDC situated within the Chitawan district.

The study was conducted within the Kathar VDC of Chitawan district, Nepal during July and August 2009. Kathar VDC is situated central part of Chitawan. Kathar VDC is surrounded by Bandara in its east, Kumroj in its west, Khairahani in its North and Chitawan national park in its south. The total area of the Kathar VDC is 17.64 Square KM and it is 24.3 KM far from the headquarter Bharatpur.

This VDC constitutes many culture and different ethnic groups. After *Brahmin/Chhetri*, the second majority of the population is Tharus and many of them follow Hindu religion. The literacy rate of this VDC is 70.1 percent. Many people prefer traditional medical practices. The main occupation of Tharu people of Kathar VDC is agriculture and they are busy in their agricultural works which gives them only few income. Therefore, they do not have adequate money to go to hospital for treatment. Not only this, majority of the population is found to have more belief on traditional causes of diseases e.g. ghost, witchcraft, divines, sins, wrath of gods, goddesses etc. All these reasons made the researcher to select this area for study.

In addition to the above reasons, the other major reason for the selection of this area was that it is one of the VDC of Chitawan and in Chitawan District, there are many health institutions existing and accessible too. However, people of this VDC still prefer traditional healing system for the treatment of the diseases. This made the researcher to select this VDC as research area.

3.2 Research Design

This study is based on descriptive research methods. This study has described various factors causing disease, different practices regarding treatment of the diseases, the reasons for preferring traditional healing system, observing the practices done by traditional healers and findings whether people prefer to inter-relate traditional health practice and modern health practice.

3.3 Universe and Sampling

Among 310 households in ward no. 3 of Kathar VDC, 260 households belong to Tharu community. Among these households, 50 household are taken for the study. A person in the household either household head or any member who is found at the time of visit is interviewed. The data collected here is individual level data rather than household level. The sampling technique is purposive; therefore, study is done to the people whom the researcher met and thought that they will give valuable information.

3.4 Collection of Data

Considering the design of the research, quantitative and qualitative data from the primary and secondary sources were collected using different data collection techniques. Structured questionnaire (open as well as close ended) was used to collect

necessary information regarding the objective of the study to describe the content. The response of the community people was taken maintaining complete confidentiality. The collected data are re-arranged and tabulated where necessary to facilitate the purpose of the study. The data were collected by using following techniques:

3.4.1 Questionnaire

This technique has been used to collect primary data for the research study from the sample respondents using structured questionnaire. The quantitative data and information related to demographic data, causes, advantages to seek traditional health care practices and the treatment methods have been obtained through interview technique. The researcher reached to the 50 households of ward number 3 of Kathar VDC and their heads were interviewed to get the reliable data.

3.4.2 Interviews

Some of the respondents who perform healing like Man Kumar Chaudhari and some old aged people like Baijanath Chaudhari were interviewed in this research because they could give more information about healing. In providing interview to the researcher, they gave some valuable informations about healing practices in Tharu Community of Kathar VDC.

3.4.3 Observation

In the time of field visit of Kathar VDC, the researcher observed the healing practices in Tharu communities in some households. How the traditional healing practice is performed and who provides and who gets benefit from traditional healing were observed in the field.

3.4.4 Use of Secondary data

The secondary data from published and unpublished source are used in this research. The researcher collected some information from the Kathar VDC office as unpublished data and collected the published data from the publication of Chitwan District.

3.5 Data Presentation and Analysis

The raw data collected were tabulated in excel spread sheets. On the basis of the percentages, graphs and tables made, the analysis is done. For analysis the information provided by the key informants are also considered valuable.

3.6 Limitations of the Study

This study was limited only with the 50 households' heads of the family who were seeking traditional health care practice in the Kathar VDC. Therefore, finding of this study may not be generalized. All of the sample population was from Tharu community . Therefore, this study may not be representative for other communities.

CHAPTER IV

STUDY AREA AND BIO-DEMOGRAPHIC STATUS

4.1 People and Place

The total population of this Kathar VDC is 10648 and the total number of households is 1902. Among the total population, the number of males is 5420 and the number of females is 5228. The male and female population of Kathar VDC divided according to the ward numbers is shown in Table no 1.

Table 1 : Population Distribution by Ward Number and Sex

Ward No.	Male	Female	Total
1	493	453	946
2	432	412	844
3	835	771	1606
4	395	383	778
5	419	400	819
6	586	560	1146
7	486	464	950
8	790	800	1590
9	984	985	1969
Total	5420	5228	10648

Source: Kathar VDC, 2009.

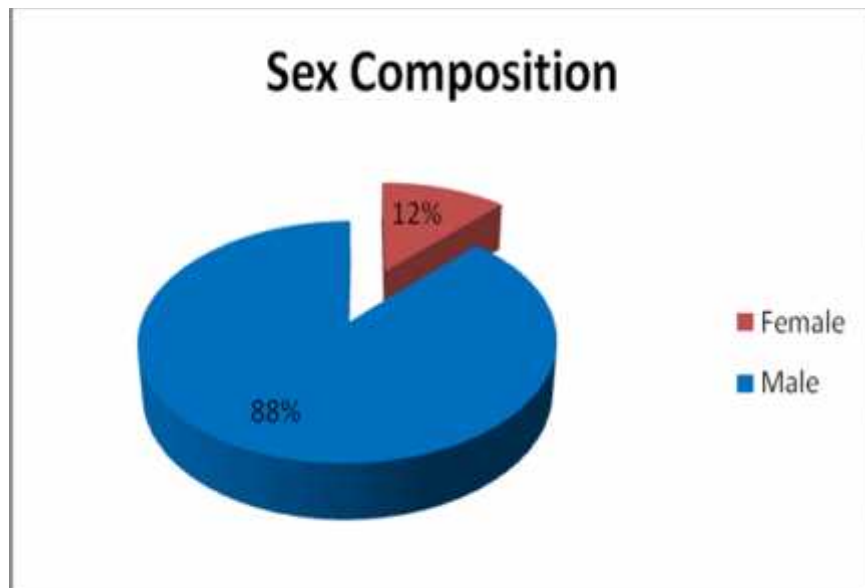
As we see in the above table, the male to female ratio of Kathar is 1.04. The male population is slightly higher than female population. In the course of field visit of Kathar VDC, the researcher noticed female are more prone to traditional healing practices but in case of most of the houses the male are the head of the family. This table can give the actual picture of gender diversity in population but female are less

participative to the decision making about health matters in the patriarchal Tharu community in Kathar.

The above is the case of whole Kathar VDC. Here we have to find some bio-demographic status of the surveyed people such as sex composition, age composition, marital status and educational background too.

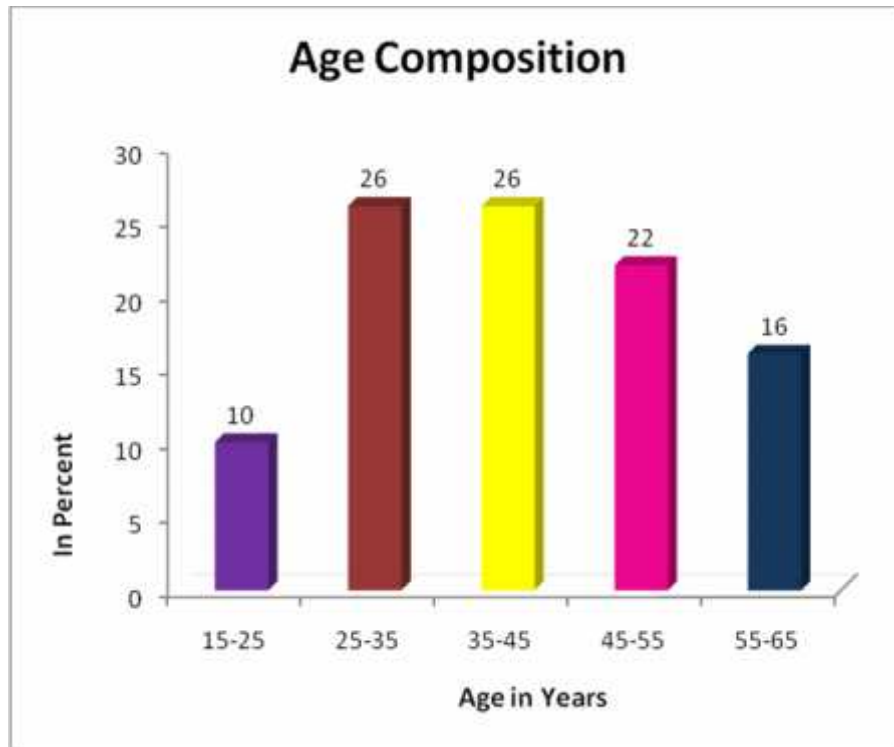
Among the fifty respondents eighty eight percent were male (forty-four persons) and the rest twelve percent were female (six persons). The figure 2 shows the sex composition of the respondents in Kathar VDC.

Figure 2: Sex Composition



The age composition in range of fifty respondents of Kathar VDC is shown in Figure 3. This shows that twenty six percent are of age range 25-35 years. Similarly, twenty six percent are of age range 35-45 years. Twenty two percent are of age range 45-55, sixteen percent are of range 55-65 and ten percent are of age range 15-25.

Figure 3: Age Composition



According to the above figure, it is clear that sixty-two percent respondents are below the age of forty-five. This shows that about two third respondents are young household heads and rest own third is over forty-five years. While comparing the healing behavior of respondents it is observed that irrespective of the age, they have common tendency of faith in traditional healing practices.

4.2 Climate

The climate of the Kathar VDC is tropical in nature. The temperature of the VDC reaches upto 35°C in summer and falls upto 2°C in winter season. Since, the sudden change in climate affects the health behaviors of people; the people of Kathar

VDC also face many seasonal diseases as the season changes from winter to spring or spring to summer or summer to autumn or autumn to winter.

In most of the times, the seasonal changes in climate also bring some kind of diseases. The seasonal fever, cough, common cold, hot flue etc. are the seasonal diseases. Most of the people under survey prefer to go to traditional healers in case of seasonal diseases too.

4.3 Major Crops, Vegetables and Fruits

Though Kathar VDC cultivates all type of crops, the major crops of this VDC are rice, wheat, maize etc. Likewise, the major fruits of this VDC are bananas and pineapples. The people sell fruits in Chitawan. However, many types of vegetables are grown in the VDC; the famous and major ones are potato, cauliflower, radish and spinach. The health is related to the nutrition in feeding habits. The people of this VDC whatever grow do not consume all but sell the majority of parts and purchase other daily goods and services they need.

Production of household crops, vegetables and fruits is important for the maintenance of good health and balance diet of the people. Even though, majority of the parts of crops, vegetables and fruits are sold in the market; they consume their household production as their necessity. In case of illness, the traditional healers also suggest about what to eat and what not to.

4.4 Health Facilities

There is one sub-health post in Kathar and this VDC is not so far from Bharatpur, the headquarter of Chitawan District. It is already mentioned that Kathar is 23.4 KM far from Bharatpur and takes half an hour to reach Bharatpur. Many

hospitals like Bharatpur Hospital, Bharatpur Medical College Teaching Hospital, B.P. Koirala Memorial Cancer Hospital etc. are accessible from Kathar. Not only these, there are many private clinics and medical shops in Bharatpur. Besides this, the people of this VDC also take health facilities from Chitwan Eye Hospital, Kalika Nurshing Home, Manakamana Nursing Home and Asha Hospital Pvt. Ltd. situated in Bharatpur.

They have many opportunities of Modern medicine in their periphery, the researcher observed that they have prioritized the traditional healing practice more than modern one because of easy access in their village, cost effective etc.

4.5 Marital Status

Majority of respondents were married. Figure 4 shows the marital status of the respondents. Eighty eight percent were married while twelve percent were unmarried.

Figure 4: Marital Status



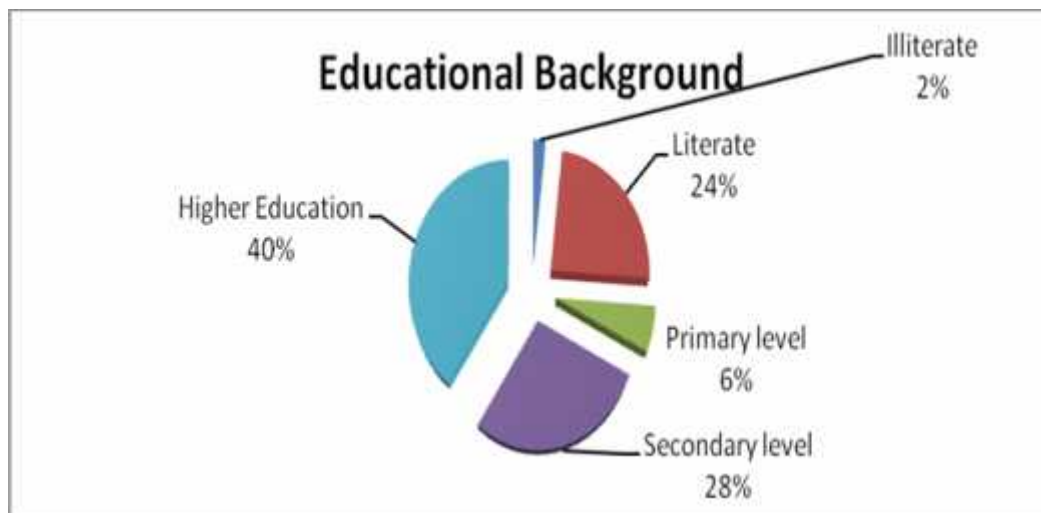
Taking into consideration the marital status of the respondents, we tried to find out if there is significant difference in the healing attitudes between married and

unmarried people. The survey result shows that both types of respondents are equally faithful in traditional healing.

4.6 Educational Background

Forty percent respondents have higher level of education, i.e., higher than SLC (Among them, two percent have Master degree, eight percent hold Bachelor level degree as B.A., B.Ed. and B.Sc. and the rest have Intermediate level). Twenty-eight percent hold secondary level of education, six percent primary level, twenty-four percent literate and two percent were illiterate. This suggests that majority of the respondents are SLC and more in education.

Figure 5: Educational Background



The survey result suggests that the respondents with higher education, secondary level education, primary level education, literate and illiterate; all have faith in traditional healing. Here we can see a clear difference that the respondents with higher education go to traditional healers first for primary treatment and simple diseases but for chronic and complex cases, they visit to hospital. In case of others, irrespective of the complexity of the cases, they visit traditional healers first.

4.7 Caste/Ethnicity

Concerning ethnic population, the majority of this VDC are of *Brahmin/Chhetri* groups and the second largest group is of Tharus. Besides this, it constitutes different ethnic groups like *Magar/Gurungs, Satar* etc.

Table 2: Population by Caste and Ethnicity

Caste/ Ethnicity	Population	Percentage
Brahmin/Chhetri	5579	52.39
Tharus	4337	40.73
Gurung/Magar	338	3.17
Satar	394	3.70
Total	10648	100.00

Source: Kathar VDC, 2009

Tharus are the second largest ethnic groups in Kathar VDC. Regarding the social behavior of the people of Kathar VDC, the health care practice of Tharus in this VDC is very important. For the availability of healthy human resource in the village, we need to know about the treatment and care of their health.

4.8 Religion

Hinduism is the main religion followed by the people of Kathar. Besides this, the other religions are Buddhism, Muslim, and Christianity. People have their own culture and tradition and celebrate different festivals according to their religions. The following table shows the religious composition of Kathar VDC.

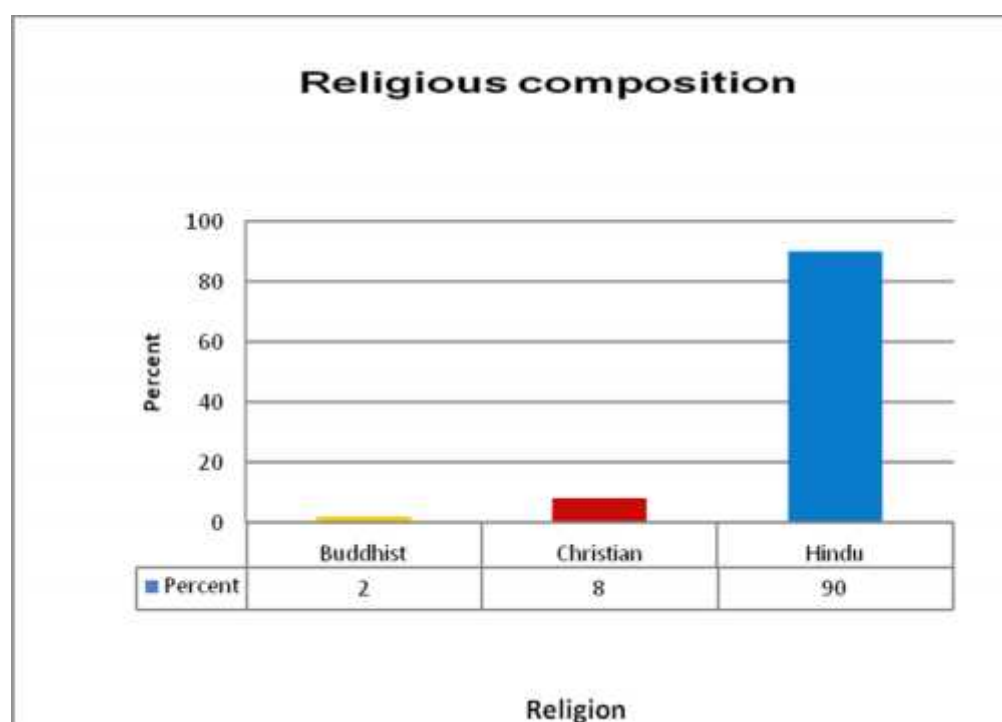
Table 3: Population by Religion

Religion	Population	Percentage
Hinduism	8474	90.78
Buddhism	747	8.00
Muslim	68	0.73
Christianity	40	0.43
Other	6	0.06
Total	9335	100 percent

Source: District Profile of Chitwan, 2004

Majority of the respondent were Hindus (ninety percent). Eighty percent were Christian while as two percent were Buddhists.

Figure 6: Religious Composition



The above table shows the diversity of religion in Kathar VDC. While in the field visit, the researcher wanted to know about the healing behavior of the Tharus

people of Kathar with different religion and experienced that regardless of their religion people have similar behavior in case of health care practices. Most of them first consulted to the traditional healer in case of illness. This shows that the religion does not affect to go to traditional healers.

4.9 Economic Activities

Majority of households of this VDC have agriculture as main economic activities. The households also perform activities as: manufacturing, trade/business, transport, services and others. Table 4 shows the economic activities of the people of Kathar VDC.

Table 4 : Households by Economic Activities

Activity	Households	Percentage
Agriculture	1290	76.15
Manufacturing	18	1.06
Trade/Business	61	3.60
Transport	22	1.30
Services	253	14.94
Others	50	2.95
Total	1694	100

Source: District Profile of Chitwan, 2004

The above table provides information about the diversity of economic activities of people of Kathar VDC. In the Tharu community too, they were found diverse in their economic activities but similar in the health care practices.

Majority of respondents were engaged in agriculture. Table 5 shows the occupational status of the respondents. Agriculture is the occupation of fifty percent

of the respondents. Twenty-two percent are service holders as government service, teachers, and employ of private institutions. Eight percent are labor, six percent are businesspersons, two percent are politicians, eight percent are students, two percent are carpenter and two percent are *Gurau*.

Table 5: Occupation

S. N.	occupation	Frequency	Percent
1	Agriculture	25	50
2	Service	11	22
3	Labour	4	8
4	Business	3	6
5	Politics	1	2
7	Student	4	8
9	Carpenter	1	2
10	<i>Gurau</i>	1	2
	Total	50	100

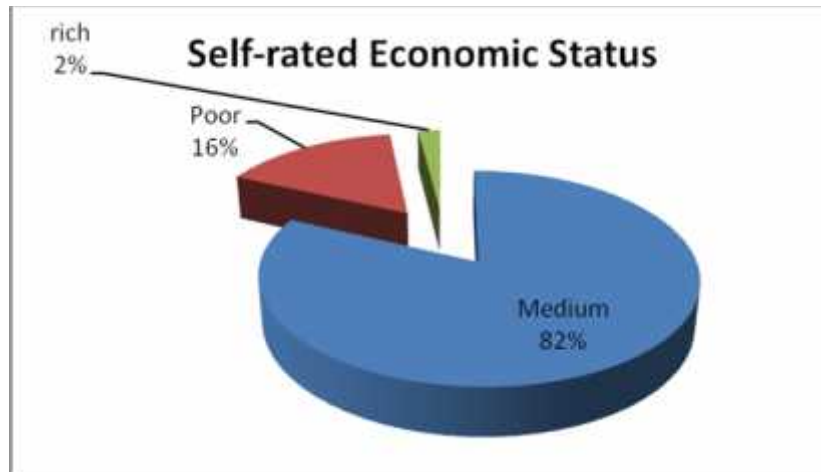
The survey result is not much different from the VDC statistics of the people of Kathar VDC. Regardless of their economic activities, the healing behavior is more or less similar because all go to traditional healers. However, the service holders, students and politicians have slightly different attitudes because they like to go to modern medical practitioners in case of the diseases that cannot be treated by primary treatment.

4.10 Self-rated economic Status

The respondents were asked by the researcher to rate their economic status by themselves. They rated themselves among the three groups and the result found is as:

eighty two percent rated themselves as medium, sixteen percent rated themselves as poor and two percent rated themselves as rich.

Figure 7: Self-rated Economic Status

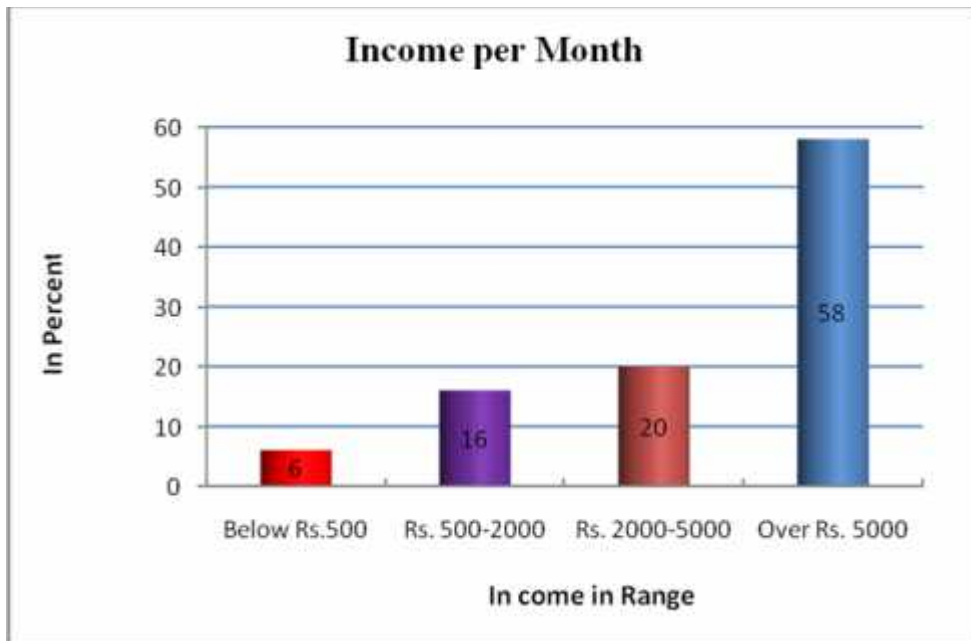


Self-rated rich are more conscious in their health status and go to modern medicine because they have more money than others have and can easily purchase the medicine prescribed by the doctor. They also go to traditional healers but in non-serious cases only. In other way, the medium and poor status people always prefer to go traditional healers rather than doctor.

4.11 Income per month

Fifty eight percent of respondents have income over Rs. 5000 per month. Twenty percent have income of Rs. 2000-5000, sixteen percent have income of Rs. 500-2000 and those having income below 500 are six percent.

Figure 8: Income per Month



From the result of questionnaire and field visit, it is found that income per month matters for the healing behavior in Tharu community. Some of the respondents who have more than Rs. 5000 income per month frequently visited doctor when they became ill but other were satisfy with traditional healing is non-serious cases.

CHAPTER V

PERCEPTION ABOUT HEALTH

5.1 Healthy Person

The respondents were asked -What do you understand by a healthy person? They expressed their perception in a diversified way. Majority of them who are middle aged said that a person is healthy if he is mentally healthy, physically active and socially sound. Relatively old aged people have different perception about health. They think that a healthy person means a person without any diseases. They have also common view that a healthy person does not have defect in his body.

A healthy person can do his/her daily activities himself/herself without support of anybody. For example, s/he can cook, eat, go to work, sleep well etc. Some respondents also mentioned completely different views about healthy person such as neat and clean person, talent person, successful persons. but their views are not consistent with the general perception about health. If a person is not neat and clean or not talent it is wrong to say him unhealthy.

They have a very good perception about health. They do not agree that a person only with sound physical health is not healthy; rather he/she needs to be healthy mentally and socially too. This means they defined health in a broad sense. Only a healthy person with sound physical, mental and social condition can perform good works. A healthy person is a happy person as well.

5.2 Need to be Healthy

The second question about the perception of health asked to the respondents was: why do you need to be healthy? The most common view about the need to be healthy is for happy life and work properly. According to them, we need to be healthy for happy life, which is the main motto of life. Some of the respondents were with different views such as, we need to be healthy for building nation, fulfill the need of the family, to be success in every walk of life etc. Considering their views, a healthy person can be successful but only the good health is not the indicator of success.

We have a proverb "Health is Wealth". If a person is healthy, s/he can work and make money or need not spend money for treatment. Definitely healthy person may be happy but only sound health does not bring happiness in life. However, it is obvious that an unhealthy person is always in tension and off course, unhappy. In broad sense, if a country has healthy human resource, it can be used for nation building but for it, skilled human resource is necessary.

5.3 Causes of Disease and Act of God/ Devil

The third question about the perception of health asked to the respondents was: how does disease occur? They listed many factors that are responsible for disease such as climate change, environment pollution, foods availability and using habits, heredity, and imbalances in foods and timing, micro-bacteria, parasites etc.

The respondents are from rural areas but they are aware about the contemporary global issues such as climate change and environmental degradation. No doubt, there may be varieties of causes of disease according to the nature of disease but the answer given by the respondents are also of much importance. They

mentioned that imbalance in food nutrient and not taking foods in time may cause some types of diseases.

Some diseases, which are communicable and caused by micro-bacteria and parasites can be transferred from one person to another by means of air, water or foods. However, the non-communicable diseases may be due to hereditary characters or lack of proper elements in foods. Sometimes, hurts, accidents etc. cause fractures, bleeding, bone ruptures etc.

The respondents were asked: Is illness curse of god? Big majority (ninety two percent) replied that illness is not the curse of god because god is not devil to curse. A few respondents (eight percent) replied that sometimes god/goddess can curse if s/he will become furious and angry by some reasons.

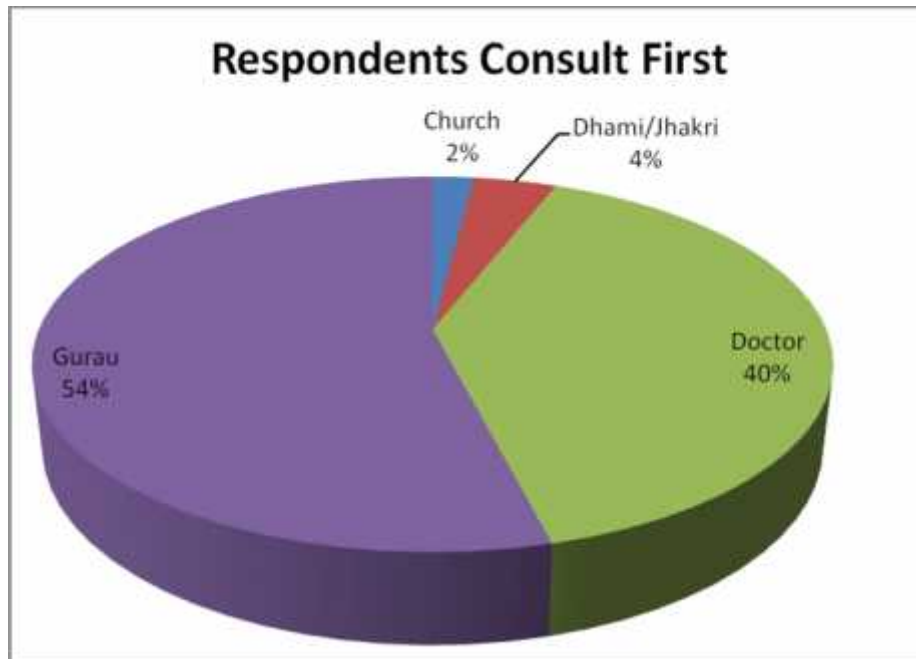
Regarding the act of devils, two third (sixty six percent) replied that illness is act of devil because in their tradition devil is always bad spirit and it always suffers others including human beings. One-third respondents (thirty four percent) replied that illness is not the act of devil but it is the act of micro bacteria, viruses and other reasons.

5.4 First Consultation in Case of Illness

Another question was if you get ill whom do you consult first and why? Majority (fifty four percent) answered that they consult *Gurau* first. The reason they go to *Gurau* first is that *Gurau* are easily accessible in village and by tradition, they believe in them. Fourty percent answered that they consult the doctor first because doctor has his expertise, he diagnose the disease and cures well, it is scientific method

too. Four percent said they go to the *Dhami/jhakries* and two percent said that they go to Church because of their tradition and belief.

Figure 9: Respondent Consult First

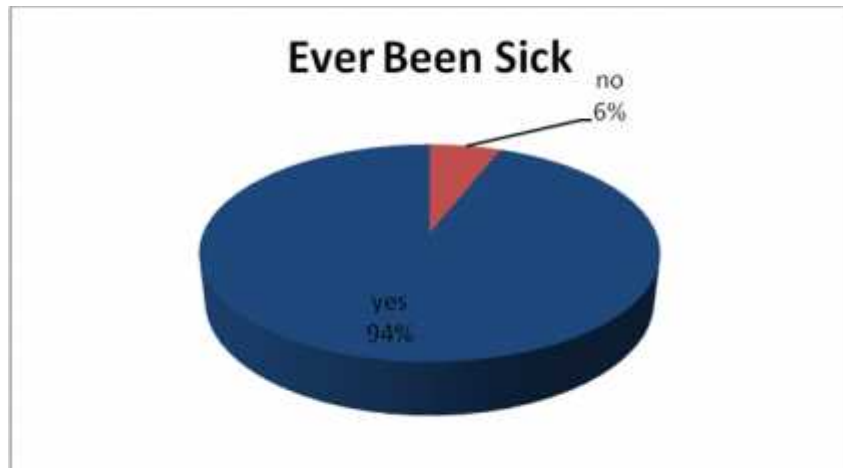


Majority of the respondents being medium level of income and more than secondary level education still consult *Gurau* (the traditional healers in the Tharu community) first. A significant portion goes to doctor first but the Christian respondents first go to Church for pray when they are ill. Small number goes to *Dhami* and *Jhakries*. Here *Gurau* and *Dhami/Jhakries* are not so different in treatment procedures but *Gurau* is from Tharu Community and *Dhami/Jhakries* may be from other community as well.

5.5 Types of Sickness and Duration

The question was: Have you ever been sick? Almost all (ninety four percent) replied that yes they have been sick and only six percent replied that they have never been sick.

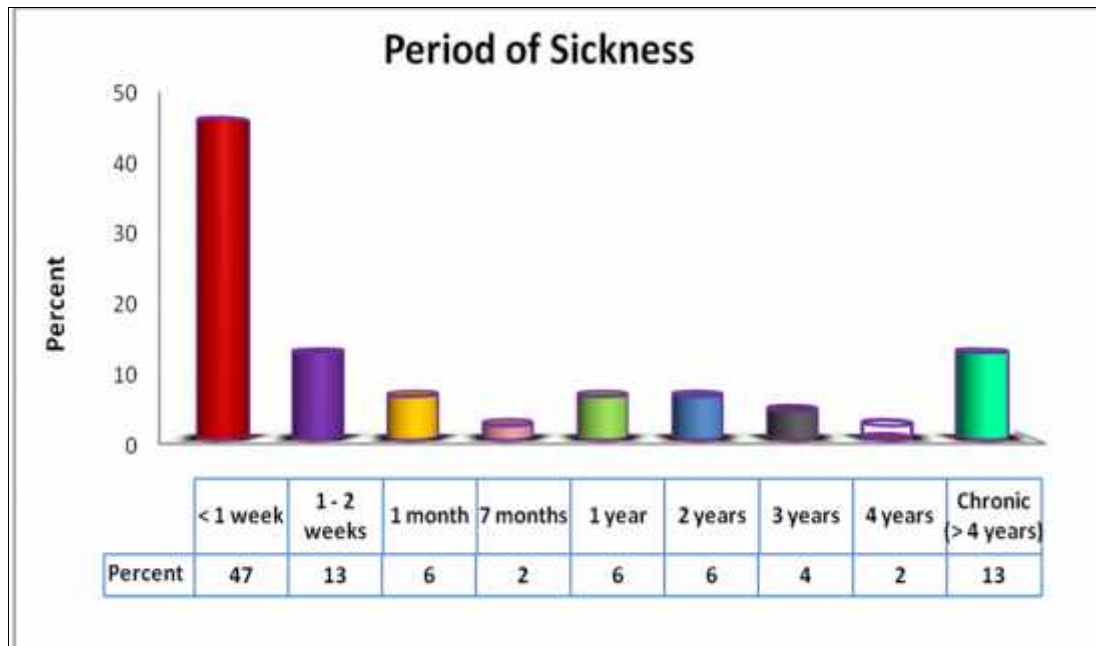
Figure 10: Ever Been Sick



The persons those replied that they have been sick mentioned diversity of sickness as: Bronchitis, chest infection, faint, fever, headache, vomiting, Gastric and limber pain, measles, Small pox, diarrhea, stomach ulcer, tuberculosis, typhoid, urine infection, allergy of nose, appendicitis, tonsil, asthma, common cold, gynae problems, jaundice, neuron problems, blood pressure, stone etc.

The respondents those replied that they have been sick were asked about the duration of their sickness. Forty seven percent were sick for less than one week due to faint, small pox, measles, diarrhea, fever, headache, common cold etc. Thirteen percent were sick for one to two weeks from typhoid, tonsil etc. six percent were sick for one month from jaundice, gynae problems, coughing etc. Two percent were sick for seven month from stone problem. Six percent were sick for one year from tuberculosis, six percent were sick for two years from gastric and limber pain, four percent were sick for three years from neuron problems. Two percent were sick for four years from gastric and thirteen percent were chronic patients of blood pressure, gastric, asthma, gynae problems etc.

Figure 11: Period of Sickness

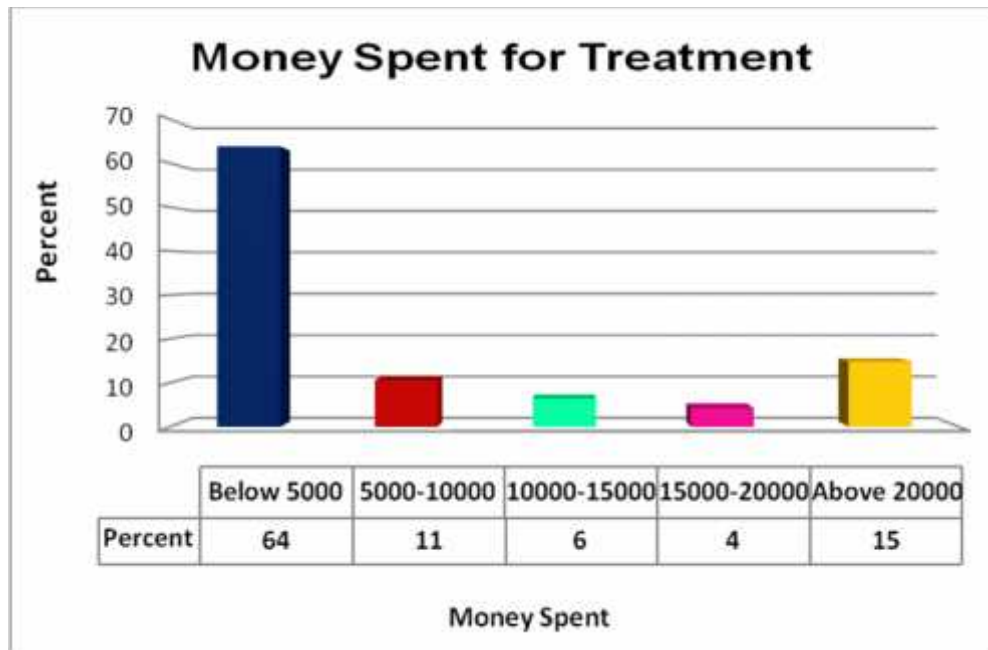


Here most of the respondents who were suffered from jaundice visited *Gurau* rather than doctor because they believe that there is no proper modern medicine for jaundice and herbal medicine is better in jaundice. The respondents who have chronic illness more than four years such as: blood pressure, gastric, asthma, gynae problem were visiting *Gurau* than doctor because the disease was not cured completely by modern medicine.

5.6 Money Spent for Treatment

Those who became sick spent some money to either visiting *Gurau/Dhami/Church* or doctor. Among them sixty four percent spent less than Rs. 5000, Eleven percent spent Rs. 5000-10000, six percent spent Rs. 10000-15000, four percent spent 15000-20000 and fifteen percent spent more than Rs.20000 and maximum upto Rs. two lakhs for treatment of illness.

Figure 12: Money Spent for Treatment



According to the respondents, the modern medical service is expensive. In some cases such as surgery, it is very expensive. Traditional healing is not much expensive. Some traditional healers ask for some money, however, most of them do not ask but accept what the client will give them.

Cost effectiveness is one of the factors that the Tharus under survey visit traditional healers rather than doctor. This finding is consistent with the framework that we talked in the introduction part.

CHAPTER VI

TRADITIONAL HEALING PRACTICES

6.1 Types of Traditional Healer

All of the respondents visit the traditional healers. Even those who believe in modern medicines also visit the healers because of their culture and tradition in village. Some of them have strong faith in traditional healing. The observation of the field shows that the women and the illiterate people are more faithful to traditional healing than the others. The types of traditional healers those practice healing in Kathar VDC are categoried as: *Ghar Gurau*, *Patarethiya Gurau*, *Lal Gura*, *Raj Gurau*, *Dhami*, *Jhakri*.

Ghar Gurau is that who takes care of some certain families. Like family doctors, all of the members of a family first visit to their *Ghar Gurau* in Kathar. When the children are ill, *Ghar Gurau* are consulted first. *Ghar Gurau* heals diseases by *mantras*, *jharfuk* and some psychological techniques. Guneratne (2002) also mentioned about the *Ghar Gurau* in his book that Tharu people of Chitwan invite *Ghar Gurau* first to see if any person is sick in their home.

Patarethiya Gurau takes care of 5 villages. This type of *Gurau* is senior in hierarchy than *Ghar Gurau*. He has also deeper knowledge of herbal medicine and mantras than *Ghar Gurau*.

Lal Gurau takes care of 8 to 10 villages and senior in hierarchy than *Ghar Gurau* and *Patarethiya Gurau*. He has also deeper knowledge of herbal medicine and mantras than *Ghar Gurau* and *Patarethiya Gurau*. Unlike the former two *Gurau*, *Lal*

Gurau heals the disease by giving sacrifice of animals and birds like *khasi/boka* (he goat) and *kukhura* (hen).

Raj Gurau is the highest position in hierarchy of *Guraus*. *Raj Gurau* who is by name superior *Gurau* and treats by *mantras, tantra, mar, sambhar*, and has deeper knowledge of herbes than other *Guraus*. According to Baijanath Chaudhari (aged 44) of Nawalpur of Kathar VDC; In the ancient time, the *Raj Guraus* were endorsed by the King and Rana rulers by providing them *lalmohar*.

According to Baijanath Chaudhari, if the case is serious and they failed to treat themselves, the lower position *Gurau* in the hierarchy of *Guraus* must refer to the higher *Gurau* in the hierarchy. This means *Ghar Gurau* refers to the *Patarethiya Gurau*, *Patarethiya Gurau* refers to *Lal Gurau* and *Lal Gurau* refers to *Raj Gurau*. In this way, according to the nature and seriousness of disease in the Tharu Community, the patient is referred from bottom to top side of the *Guraus* hierarchy and the orders and verbal circulars transmit from top to bottom of the *Guraus* hierarchy.

Most of the respondent under survey visit *Gurau* (traditional healers in the Tharu community) because they have *Gurau* tradition and they still want to keep this tradition for healing diseases. In the study, it is found that more than eighty percent respondents replied that they seek help from *Gurau* when they become sick. The rest replied that they go to the *Dhami* and *Jhakri* who are similar to *Gurau* but are popular in *Pahade* community.

6.2 Traditional Healing Procedures

According to Man Kumar Chaudhari, one of the key informant of this research, Tharus worship various gods in the form of animals such as dogs, crow, ox and cows.

Such gods are seen in Hinduism. Tharus have their own deity, commonly known as *Bhuinyar*. Tharu in East Nepal call their deity *Gor-raj*. Traditional healers in Tharu community believe that the disease is caused if their deity is dis-respected and the devils are active. Therefore, the traditional healers, *Guraus*, try to satisfy the deity by giving them *bhakal* and chase the evil spirit from the body of patients by providing sacrifice. They mainly provide- *bhakal*, herbal medicines, sacrifice, *mantras*, worship to god etc. for treatment.

According to a key informant of this research Mr. Man Kumar Chaudhari aged 58 who is *Gurau* himself, *Gurau* treat the patient according to the nature of disease. First, they see the pulse of the patients, observe if they have fever or not, other symptoms of the patients and finally use things such as as: herbal medicine, *mantra* and *fukfak* for treatment.

While taking interview with the researcher, Man Kumar Chaudhari, mentioned that in case of fever, the *Gurau* gives his patient a *buti* (white cloth wrapped with black thread) which contains the root of *dalchini*, *dhup* and cow dounge with *mantras*. In case of fracture, *Gurau* makes a *bhakal* in the name of patients that he will sacrifice pigeon or hen with alcohol, clove, bitternut and bandage the fractured part by the creeper of *sapeni* herb with *mantras*.

He further explained about the healing procedures that treatment by healing is case specific. In case of fainting, the *Gurau* provides *jantar* to his patient which is a small container made by the metals such as: gold, silver, copper, brass and iron. Inside the *jantar*, *Gurau* puts *bhojpatra*, a piece of monkey's bone, a small piece of deer's horn, a small piece of donkey's hoof, a small piece of the shell of *aregathe* insect, a small piece of the body of centipede, a small piece of the tail of scorpion, some

sesame and some barley inside it. The *janter* is made like a garland in the neck of the patient with black thread and worshiped every Tuesday by *Gurau* by his *mantras*.

Jaundice is a very common disease the respondents think that it is treated completely by traditional healing. Mr. Man Kumar Chaudhari also mentioned about the healing process of jaundice. In jaundice, *Gurau* provides the patients specific herbal medicine made by the roots and the creeper of *pahela* herb. He advises the patients not to eat milk, oil, ghee, meat and fish but he advises them to eat some seasonal fruits among papaya, mango, banana, apples, sugarcane, cucumber etc. which are available in their places.

We have a proverb- “prevention is better than cure”. For prevention from diseases, *Guraus* suggest that the people of the Tharu community should worship *Brahma Baba* in some specific days such as: *Aunshi*, *Purnima* and *Nawami* of *Dashain*.

Considering the information provided by Man Kumar Chaudhary, Tharus of Kathar VDC have very ancient types of healing procedures, which we can also find in many of other communities in Nepal.

6.3 Why Tharus opt for Traditional Healing

The respondents mentioned many advantages of traditional healing practices. In their view, it is easily accessible in their place and they do not need to go far for simple treatment. They think that this treatment is less expensive and very much beneficial for poor people. As the treatment is done with herbal medicine and *fukfak*, there is no side effect. The *Gurau* is an already known person in the local community and they have by tradition and culture, faith in him.

About two third of the total respondents replied that traditional health care practice is easily accessible in their village. They also mentioned that they believe in traditional practices. Other replied that for immediate treatment, due to lack of doctor, or to save money or due to lack of consciousness they go to traditional healers.

In case of jaundice, *bayu/ganu/ gola* (gastric), *gynae* problems and primary treatment, it is very useful to go to the traditional healers. For complex cases, such as the surgery and if the patient is serious, it is better to go to modern medicine. Most of the respondents replied that in some cases such as jaundice, the traditional healing treatment is adequate but in other cases, it is not adequate.

Four percent replied that every case is curable by traditional healing, sixty percent realized that to cure every cases by traditional healing is not possible, thirty six percent said that there are some cases, which can be cured by traditional practices but in most of the cases traditional healing cannot cure.

There are many advantages of traditional healing practices such as less costly, easily accessible and no side effects. The people of Kathar VDC visit traditional healers because they have still belief in it, it is less expensive and for immediate treatment of the disease. In most of the disease they visit the *Guraus* and if the case is very serious or if it could not be cured by traditional medicine, they visit to the medical practitioner.

6.4 Knowledge about Other Traditional Healings

There are some other types of traditional healing practices too. Homeopathy and Naturopathy are among them. According to Koirala (2005) , homeopathy is a type of traditional healing imported from Germany while naturopathy is being practiced

from centuries back. The respondents were also asked about their knowledge of these practices and only few showed that they know about them.

Regarding Homeopathy, only six percent respondent replied that they know about the Homeopathic Medicine and the rest did not have any knowledge and practice about Homeopathic Medicine. Those who replied that they know about Homeopathic Medicine said that they have taken help from the Homeopathic doctor or practitioner and they give small white round sweet medicine dipped into alcohol.

Only ten percent respondent replied that they know about the Naturopathy and the rest did not have any knowledge and practice about it. Those who replied that they know about Naturopathy said that they have sometimes taken help from the Naturopathic practitioner and they treat by giving soil, hot water treatment, ice treatment or treatment by some natural objects.

Some of the respondents are aware of the other types of traditional healing practice except allopathic such as homeopathic, naturopathic etc. Although they use traditional healing practice, they think that this type of healing is not adequate for treatment. In the view of the respondents, even though the modern medicine is expensive and not easily accessible in Kathar VDC, in most of the chronic and serious case they visit to the modern medicine because not every case is curable by traditional healing practice.

6.5 Modern Health Care Practice

Only six percent respondents replied that they have never gone to modern medical health care because they do not have belief in modern medicine. Among the respondent who do not go modern medicine, one is *Gurau* himself. He always uses

traditional medicines and never goes to modern medicine. Other go to modern health care practice because they said that traditional is primary and if the case is serious traditional does not work.

Among the respondents, all of them replied that modern medicine is expensive. Among them seventy-eight percent replied that modern medicine is expensive but twenty-two percent even said that it is very expensive.

Fifty eight percent of the total respondents replied that modern medicine is not easily accessible because in their village they do not get every kind of medicines, rest forty-eight percent replied that it is somehow accessible for them but they also realized that it depends upon the cases and nature of the disease.

6.6 Interrelationship between Traditional and Modern Healing Practices

Only four percent replied that traditional healing treatment is sufficient but the rest ninety six percent revealed that it is not sufficient. In their view, traditional healing can do simple cases and primary treatment but if the case is serious, it is better to go modern medical service. They mentioned the cases that a patient must go to hospital rather than *Gurau* such as: accident, delivery, fracture appendicitis, hydrosol, surgery and most emergency case.

Ninety-two percent respondents replied that traditional healers refer to modern medical care; six percent replied that they do not refer and the rest two percent replied that they sometimes refer and it depends upon case.

Those who replied that traditional healers refer to modern medical care mentioned that in the following cases they refer to the medical care:- if he could not

treat, after *jharfuk* but not cured case, accident, continuous bleeding, snake biting, hurts, if traditional healing is impossible and surgery case

All of the respondents agreed that modern medical care training is necessary to the traditional healers. This version of respondents is consistent with the view of Guneratne (2002) because he mentions that training is necessary for *Gurau* to treat the patients in Tharu community of Chitwan.

Those respondents who pointed out about the need of training to the traditional healers pinpointed that they need training in the topics as:- primary treatment, external organs related diseases, to identify disease, about the use of medicine etc.

The respondents suggested about the interrelationship between modern and traditional medicines as: continue to use traditional healing as well as modern, coordination is needed between them, improve traditional methods, use herbal medicine in modern medical practices, make a group of *Gurau* train them, research in traditional practices, use safely and publicize the use of non side effective medicine in modern medicine .

The respondents suggested some methods to improve traditional practices and use them in modern medical practices as: conserve bio-diversity and conserve herbs, continue using and testing herbs, government initiatives to coordinate the traditional and modern, improve, open herbal centers and research institutions.

All the respondents of *Kathar* VDC replied that they need hospital in their village. In their opinion, the traditional medicine is not sufficient for the complete treatment of disease, modern medicine is the most. In emergency, serious and chronic cases the traditional healers refer to the hospital. They think that traditional healing is

not bad but it need to be improved by giving training to the traditional healers about modern medicine practices in case of primary treatment and external use of medicine.

The traditional healers should be trained to diagnose the disease and where to refer the patient to go. They think that hospital is necessary in their village but they need to continue to use traditional practices in coordination to the modern one. The government should focus to preserve the positive things of traditional healing practices, use of herbal medicine for fewer side effects and preserve the culture and tradition but it should not be used blindly neglecting the modern medicine.

CHAPTER VII

CONCLUSIONS AND SUMMARY

7.1 Conclusions

In Kathar VDC people have faith in traditional healing, they are using this practice over the centuries because they have *Gurau* culture and tradition and they are lacking sufficient resources to go for moder medicine. Traditional healing practice should be preserved with its positive advantages.

Traditional healers are the first consultants of the patients in Kathar and they need to be trained because their treatment is related to the health of many people. Training some healers can be beneficial for many peoples and bad practices can be reduced only by training to the traditional healers. Therefore, training to the traditional healers is the most necessary factor to improve the healthy human resource in this VDC.

After visiting traditional healers, if the disease is not curable by traditional practice, people visit modern medicine practitioners. This proves the importance of traditional healing in modern medicine. The attempts should be done to make that traditional and modern practices are not contradictory rather supplementary. Herbal medicines and Yoga can be referred by doctors and some simple primary treatment can be done by traditional healers. Strong interrelationship between them is the most important thing to improve people's health.

The concerned authorities need to focus the improvement of traditional practices, preservation and use of herbal medicine and consolidation with modern medicine for the happy and healthy life of the people in the day to come.

There are many elements in the traditional system which are beneficial while many others are not. In the developing countries, traditional healers are an important resource who should be fully employed in the effort to provide adequate health care. They include herbalists, divine healers, spiritual faith healers, traditional midwives, shamans, traditional Chinese doctors, bonesetters and others. It is important to collect information about the attitude, knowledge and practices of traditional healers and give them proper and adequate training according to the local needs of the community. They can be brought into the nation's health care delivery system. They however need recognition, respect and reward. In countries where the needs are great and the resources scarce, traditional healers can play a significant role in helping the rural community to improve its health and quality of life.

7.2 Summary

The Tharus are one of the largest ethnic groups scattered from East to the West across the Terai region of Nepal. The main occupation of Tharus is agriculture and the agricultural life kept them isolated from the outside world in their own localities. They have their own culture and tradition but it also slightly differs among them with their locality.

The focus of this study is to find out the traditional healing practices among the Tharus of Kathar VDC of Chitwan District and to identify why they prefer traditional healing practice, how the healing process is performed. In addition, to see

the inter-relationship between traditional healing practice and modern medical treatment.

The main theme of the health care system is to maintain the health of people. For this, we can describe the choice between traditional healing and modern medicine in a framework. The framework shows that people prefer traditional healing because of faith, culture, tradition, easy accessibility of it, illiteracy, cost effectiveness and no side effect nature of the medicine. However, in case traditional healing does not cure the disease, the case is serious, traditional healer failed to treat, surgery cases etc. people will visit to modern medical practitioners. For the prompt diagnosis and treatment of disease and promotion and maintenance of health, the inter-relationship between traditional healing and modern medicine is needed.

While going through relevant literatures, we knew that traditional healing system includes *Ayurveda*, *Siddha* medicine, *Unani* medicine, ancient *Iranian* medicine, *Islamic* medicine, traditional *Chinese* medicine, homeopathy, naturopathy, *Jharfuk*, *Tantramantra*, *Dhami/Jhakris* etc. The traditional healing procedures of the different types of traditional healing are different but they are same in the sense that they all are far from modern scientific medical system.

The literatures reviewed about Tharu give different versions about the origin of Tharus. Some writers and researchers describe that Tharu belong to Mongol and originated in the Himalayas; some say that they are originated from *Rajputana* of India, other mention that they are originated from *Thar* Desert of India. There is still another version, which mentions that Tharus are the followers of Therabad Buddhism and later came to be called "Sthavir" and from this word that the name "Tharu" derives.

The literatures about healing suggest that the people of rural areas have great faith on healing. In some places and cases, the people only visit to the doctor if the traditional healer refers them to go to the doctor. The healing practices prevailing in Nepal are *Ayurveda*, *Dhami/Jhakris*, *Lamas*, *Jharfuk*, *Tantramantra*, herbalists, divine healers, spiritual faith healers, traditional midwives, bonesetters etc.

Kathar VDC of *Chitwan* District was selected as the study area of this research where fifty household heads of ward no. 3 in Tharu community were interviewed as respondents. Field observation and key informant interview were done to find the primary data for this study and the secondary data were used from the publication of Chitwan District and from the Kathar VDC record.

Majority of the respondents among fifty were male, married of middle aged, Hindus, medium level of economic status who engaged in agriculture with more than SLC and more level of education. As they have seasonal variation in their village, they produce different crops, vegetables and fruits. They sell the rest of the production in the market after their consumption and buy other necessary goods for daily life.

People of Kathar VDC have a very broad perception about health. They think that a person is healthy if he is healthy in many aspects such as physical, mental as well as social. According to their view, people need to be healthy for every activities and happy life. The unfavorable environment, climate change, imbalance in food habits and negligence may cause disease.

Majority of the people of Kathar VDC do not think that disease is curse of god; however, sometimes devil can cause disease. They mentioned climate change, environment pollution, foods habits, micro-bacteria, viruses and parasites are causes of disease.

People of Kathar VDC prefer traditional healing because they have faith in it, they have tradition of *Gurau* in Tharu community, and it is easily available in village and less expensive. In some cases, traditional healing is very beneficial without any side effect.

Tharu people of Kathar, go to *Gurau* and *Dhami/Jhakris* for traditional healing. *Gurau* are of different kinds such as *Ghar Gurau*, *Patarethiya Gurau*, *Lal Gurau* and *Raj Gurau*. The later *Guraus* are higher in the hierarchy of *Guraus*. These *Guraus* and *Dhami/Jhakries* use herbal medicine to treat disease. Side by side, they use mantra, *jantar*, *buti* and *jharfuk* too. They also provide *bhokal* and sacrifice of animals like goat, hen, duck etc. They treat according to the nature of disease and ask the patient not to use some foods and restrict some daily activities in the time of treatment.

In the view of respondents, the traditional healing practice is good in absence of medical practitioner and should be continued but it is not sufficient in every cases. The emergency cases and serious cases must be referred to the modern medicine.

The traditional healers need some of the training about the use of simple medicines and about treatments. As the people first visit the traditional healers, the traditional healers need the training to diagnose the disease if it is serious or not and where to refer the patient for further treatment.

The good and beneficial practices of traditional medicine should be preserved with our culture and tradition but they further need to be improved. Carefully traditional and modern medical practices should be used together as the supplementary to each other.

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ANNEX: QUESTIONNAIRE

Interview Schedule

Date of data collection

Serial no.

Place/Address

Ward No.

Instruction: The following questions will be asked to the head of the family in 50 houses. The question will be asked only after taking permission from the person and the answered form will be remained personal and secret. The answer will not be disclosed and the ethical aspect will be cared while taking interview.

A. BIODEMOGRAPHIC DATA

1. Age

2. Sex

i. Male

ii. Female

iii. Others

3. Marital Status

- i. Unmarried
- ii. Married
- iii. Separated/Divorced
- iv. Widow/Widower

4. Occupation

- i. Businesses
- ii. Service
- iii. Agriculture
- iv. Labour
- v. Vocation
- vi. Others, specify

5. Religion

- i. Hindu
- ii. Buddhist
- iii. Muslim
- iv. Christian
- v. Others (Specify)

6. Educational Background

- i. Literate
- ii. Primary Level (1-5 classes)
- iii. Secondary Level
- iv. Higher Education (SLC)
- v. Illiterate

7. Self -rated Economic Status

- i. Rich
- ii. Medium
- iii. Poor

8. Income per month

- i. below Rs. 500
- ii. Rs 500-2000
- iii. Rs. 2000-5000
- iv. Over Rs. 5000

B. PERCEPTION ABOUT HEALTH

1. What do you understand by a healthy person?

2. Why do you need to be healthy?

3. How do diseases occur?

4. If you get ill whom do you consult first and why?

5. Is illness curse of god? Give your view.

6. Is illness act of devils? Give your view.

7. Have you ever been sick?

8. How long have you been sick?

9. In your opinion what was the reason of sickness?

10. How much money did you spend for treatment?

C. TRADITIONAL HEALING PRACTICES

1. Which type of traditional healer do you seek help from?

2. What are the advantages to seek help from traditional health care practice?

3. What are the causes to seek help from traditional health care practice?

4. In which condition do you visit traditional healers?

5. What do traditional healers provide for treatment?

6. Do you think the treatment given by traditional healers is adequate?

7. Do you know about homeopathic medicine?

i. Yes

ii. No

i. If yes, have you ever taken help from them?

ii. If yes, how do they treat?

8. Do you know about naturopathy?

iii. Yes

iv. No

9. Have you ever taken help from naturopathy?

i. Yes

ii. No

10. If yes in QN 13, how do they treat?

11. Don't you ever go to modern health care practice?

i. Yes

ii. No

12. If no in QN 15, why?

13. In which case do you go to hospital?

14. Is modern medicine expensive?

15. Is modern medicine inaccessible?

16. Do you think is every case curable with traditional healing?

D. INTER-RELATIONSHIP BETWEEN TRADITIONAL AND MODERN PRACTICES

1. Is only traditional healing sufficient for treatment in your community?

2. In which case you must go to hospital?

3. Do traditional healers refer to medical care practice?

i. Yes

ii. No

4. If yes in QN 1, in which conditions?

5. Is it necessary to provide training about modern health care practice to traditional healers?

i. Yes

ii. No

6. If yes in QN 3, in which topics do the traditional healers need training?

7. If no. in QN 3, why?

8. What type of interrelationship needed between traditional and modern medicine

9. Do you have any ideas to improve traditional medical practices? Say your ideas.

Do you need any hospital and health centers in your village?