



concepts of illness and curing in a central nepal village

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INTRODUCTION

The research on which this description of illness and its treatments is based was carried out in the village of Dhungagaun.¹ Dhungagaun is located roughly 50 miles north-west of Kathmandu, in Nuwakot District, Bagmati Zone. The village spans roughly 1000 feet, from an elevation of 2000 feet at the lowest settlements along the Trisuli River, up to 3000 feet.

Dhungagaun is predominantly a Brahman-Chetri village; and over half of its 2000 inhabitants are of the high (sacred thread-wearing) castes. Aside from Brahmans and Chetris, other high castes are represented (Jaisi and Thakuri), as well as middle-ranking Matwali groups (Newar, Gurung, Magar, Tamang) and Untouchable castes (Damai and Kami).

Today, all of these groups in Dhungagaun interact within a common Hindu, Nepali-speaking, caste society. Yet the Matwali groups have varied somewhat in their adaptations to the dominant Brahman-Chetri culture of this region. The Gurungs and Magars of Dhungagaun have lost their traditional language and culture and are served by Brahman priests (pandits and purohits). Likewise the hill Newars of Dhungagaun do not speak Newari, though they have retained aspects of their Newar traditions. In the loss of their language and their practice of farming, the hill Newars mark a contrast with the more numerous Newari-speaking shopkeepers of the nearby bazaar town of Trisuli. Of all the Matwali groups, the Tamangs have undergone the least acculturation. Though many speak Nepali to outsiders, Tamang is spoken among themselves. They also do not employ Brahman priests. Though only two Tamang families live within Dhungagaun at present, several Tamang settlements are found at elevations above Dhungagaun.

Along with caste, kinship organization is fundamental to social and economic life in the village. Villagers are divided into patrilineal clans (thars). The unity of the patriline is ritually expressed in the common worship of clan dieties, or kuldevta. Those kin who come together for kuldevta worship are explicitly recognizing their common thar identity; and it is this group that is referred to as euta kul (one kul or one whole). Thars are grouped into larger patrilineal units called gotras. The thars and gotras are significant both in defining membership in kin groups and in the operation of marriage rules. Thars and, for the high castes, gotras are exogamous units.

Headache treated by jharnu using broom. (Photo by the author)

Within this patrilineal organization, villagers live in virilocal, joint-family households, with the eldest functioning male member as household head. The household unit is particularly important because it is a primary economic unit. Its members are a corporate group. The basis of this economic unit is land; and the village economy is overridingly one of subsistence, wet-rice agriculture.

As with most of Nepal, traditional life in Dhungagaun is being effected by the country's development efforts. Of major importance, this rural area is the site of the Indian Cooperation Mission's Hydroelectric Project, which began its operations in the early 1960's. As a result of the Project, the village was linked to Kathmandu by road; and Project jobs were made available to several villagers, providing one alternative to full-time farming. This area has also been effected by educational development, agricultural programs and family planning projects.

Of greatest importance to this study of traditional treatments of illness is the opening of Dhungagaun to medical development. Aside from the government health centers in Nuwakot District, villagers have access to a small hospital in Trisuli, built by the Indian Cooperation Mission. Today, villagers are clearly aware that new alternatives to their traditional treatments exist. And much of the complex interaction between the traditional and the modern in Dhungagaun can be seen within the realm of illness and its treatments.

This report begins with a discussion of local conceptions of illness causation and the principles behind curing. The use of herbs, mantras and amulets is covered, as well as techniques for appeasement of supernatural forces. Another section deals with the local medical specialists in Dhungagaun and observed patterns in the consultation of a specialist. A discussion of the cultural and psychological aspects of illness is also offered. Finally, I have attempted a brief analysis of the interaction between traditional curing practices and modern medical alternatives.

Medical development in rural Nepal presents a great challenge to the Nepalese Government and other development agencies. It is my belief that an understanding of traditional practices regarding illness will facilitate the attempt to introduce new conception of illness and its treatment in Dhungagaun will be of use to those engaged in Nepal's medical development efforts.

A. Principles behind the process of becoming ill

Central to local conceptions about illness is the notion of the body having multiple links with the metaphysical universe, any one of which may be related to illness. One link is maintained between a person and the planets, as determined by astrological calculations. A misalignment between one's self and the planets

spells misfortune. A person in this condition is said to be in a state of graha bigrayo (his astrological position has gone wrong; sometimes also expressed as "the planet gods have become angry before him"). Many types of misfortune, including illnesses, may be attributed to graha bigrayo. If an individual's physical, mental, or social adaptations are severely affected by the planets, the condition is called khadko (lit. crisis). Khadko, when it refers to physical or mental illness, applies to conditions with vague, otherwise unaccountable symptoms that persist over a long period, or to the physical effects of extreme ill-luck. Instances of a gradual loss of weight, a darkening of the skin, apathy, neurotic disorders or behavioral problems may (depending on the specialist consulted) be labeled khadko. In Dhungagaun, I have heard this condition applied to a young boy who suffered thinness and disinclination to attend school; to an adolescent who repeatedly disobeyed his parents; and to a man who suffered injuries from an ill-fated fall.

Another significant link maintains between a person and host of "evil spirits" collectively called lagu. The lagu category covers species as bhut, pret, masan, pichas, bir (spirits formed from souls of people who have died in an "improper" way,² or for whom death ceremonies are not performed), bokshi (human witch), devis (manifestations of the goddess Kali), nags (water spirits), and Bhume (earth god).³ The lagu category applies to any harmful spiritual force about which one can express the attack made with the verb lagnu (to strike/to attack). Thus, one expresses a state of illness from these forces as bhut lagyo, naga lagyo, etc. The lagu are opposed to another order of spiritual beings which includes Hindu gods worshipped in temples, the kuldevta (clan gods), graha (planet gods), and the bayu (an ancestor spirit). These spiritual forces do not attack individuals or directly inflict harm. They can, however, become angry (if, for instance, they are neglected in worship). In this case one does not express his relation to these spirits with the verb lagnu, but with the verb bigranu (to go wrong)--e.g., graha bigrayo, bayu bigrayo. The displeasure of any of these spiritual forces places one in a state of sin and moral danger, but only the case of graha bigrayo is, as discussed, related to specific events of illness in individuals. The lagu, on the other hand, simply attack innocent people from their own malicious needs. Here, the individual is morally neutral, but his physical or mental state is endangered.

Villagers radically disagree on just what many of the lagu are. This disagreement is particularly evident in the first class of lagu--the souls of people who have died improperly. Some informants suggest, for instance, that a pichas is the spirit of a dead person for whom death ceremonies are not performed. Others say a pichas is the spirit of a "small caste" person who dies by accident. No one is able to specify how a bhut differs from a bir or pichas in essence. Asking what each of these spirits are

will inevitably invoke references to people, or particular classes of people, dying in an improper way; but there is virtually no agreement on how the particular spirits are, by such processes, brought into being.

Each of these spirits is, however, associated with particular attributes, about which there is general agreement. Bhuts wander about, unseeable, attacking their victims at crossroads at night. Masans dwell about the ghat (burning place of the dead) and, hence, riversides. Although most people maintain they are unseeable, one Tamang jhankri claimed he had seen them and could show them to anyone who cared to accompany him to the ghat at midnight. He described those he had seen in ghoulish terms--some with no heads, some with body parts in the wrong places, etc. Of pichas (and also of bhuts) people say they are attracted to dirty places--houses where people are ill, places where people defecate, and so on. The pichas in particular is attracted to illness and is able to make wounds worse or further weaken those already in an ill state. Birs have few characteristics as a group. Most local specialists in the treatment of illness maintain there are 52 types of bir; but I did not find a practitioner who could list more than a few. Some birs are said to resemble pigs; others, buffaloes; and others, men. Many are associated with colors. The names of a few are kalo bir (a black bir), dwanse (blackish-brown), singlare (black and white and "like a man"), and dare-masan bir ("a bir with a long tooth").

Despite their descriptive differences, all of these spirits share in common the ability to harm people or their livestock through causing illness or death. Further, all attack from hunger; and their attack is designed to elicit food offerings from their victims. Sometimes these offerings are considered as a substitute for the victim's own body which the spirit desires to eat. Finally, all of these spirits attack of their own volition or at the direction of a bokshi.

The types of lagu thus far discussed are considered asexual. Only the devis (female) and the god Bhume (male) are given a sexual distinction. Although priests will explain that devis are manifestations of the Hindu goddess Kali, most villagers consider them merely as distinct and unrelated goddesses. Unlike the other lagu, various devis are worshipped regularly, or during specific festivals. But in times of devi lagyo illness, special offerings must be made to the particular devi responsible. The most common illness-inflicting devis are those which attack children--e.g., Akash Devi (Devi of the sky) whose shadow may fall upon children and harm them; and Simbu (also called "Nepale" on account of her origin in the Kathmandu Valley). Aside from attacking of their own accord, most villagers maintain that devis can be sent by bokshis.

Bhume, the earth god, is also regularly worshipped; and, in Dhungagaun, his shrine is next to that of Devi. Attacks by Bhume, as well as attacks by the nags, are rare. Unlike the other lagu,

Bhume and the nags attack from anger (over human disturbance of water or earth) rather than hunger. Further, they attack only of their own accord and are not sent by bokshis.

In certain respects villagers conceive of their spiritual world along the model of caste. As mentioned, villagers are unable to distinguish (in essence or origin) the "dead soul" lagu division. In explaining this problem, several informants draw a direct comparison between the human castes and these lagu divisions: Brahmins, Chetris, and so on, are all people but have different names and habits; in the same way, bhut, pret, etc., are all lagu with different names and characteristics. Further, the lagu and other spirits are ranked. Informants agree that there is a major division between the lagu and all other spirits, the later being "higher". Among the lagu, the "dead soul" divisions and bokshis are lowest of all; devis, Bhume and the nags are higher. Among non-lagu spirits discussed here, the bayu is lower than the kuldevta.

Of all the lagu, the pichas assumes particular importance because of its relation to the bayu. A person who dies in an "improper way" may become a pichas. This spirit may, then, harm human beings at random or it may inflict harm on its own living kul members in an effort to become a bayu of that kul. If the kul members then worship their ancestor-pichas, this pichas is transformed into a bayu and passes out of the lagu category. Although villagers cannot well distinguish a pichas from a bhut or masan, it is universally agreed that only a pichas can become a bayu. In general, a pichas wishing to become a bayu will confine its illness infliction to the babies and livestock among its living kul members rather than harm the adult kul members themselves. Once a pichas is transformed into a bayu (and, by implication, receives regular worship) it ceases its harm.

The unit which carries out bayu worship is identical to the unit which worships kuldevta in common; and nearly every kul in Dhungagaun has one or more bayus.

Only a local practitioner, called in Dhungagaun a janne manche (one who knows), is able to determine whether illness in one's children and/or livestock is due to an ancestor-pichas wishing to become a bayu. If the family accepts this diagnosis, they must summon a janne manche for the ritual transformation of their ancestor-pichas. The male kul members gather together and the janne manche invokes their bayu into his body. The pichas speaks through the possessed man to make its wishes known. The janne manche then asks the pichas to enter whatever kul member it seeks as its most promising vehicle for future invocations and worship. One kul member then becomes possessed. A fire will have been built and if this kul member, in possession, enters the fire briefly, the

act stands as proof that the pichas (and not some other interfering spirit) has possessed him. The chosen kul member must hire the janne manche to teach him the secret mantras (formulas of words) needed to invoke the bayu on his own. This person then becomes the bayu-invoker for the regular worship of the bayu by its kul; and he must later transmit this knowledge to his own patrilineal descendents before his death.

The creation of a bayu not only cures the ill and prevents further trouble to a kul, but the bayu can also be invoked at any time by a kul unit for advice on their subsequent illness cases. The bayu is said to "know things" and is able to specify how a person became ill and what he must do to recover.

Although bokshis are considered in the lagu category, they are a particularly distinctive form of lagu such that witchcraft constitutes a special and third, link between the body and the metaphysical universe. Two distinct ideas on witchcraft are locally expressed: 1) that witches are evil people who deliberately learn their magic in order to harm others; and 2) that there is "a little bokshi in everyone", an unconscious phenomenon that normally lies dormant, but can be activated in times of anger or jealousy. Most janne manches maintain that both of these conceptions are true: everyone, unconsciously, is a potential witch, but particular individuals deliberately practice witchcraft on their enemies. Most villagers confine their interest to the first conception and many are unaware of the second.⁴

In the first case--deliberate witchcraft--the power to harm lies not in the individual witches but in the mantras that anyone can master to use against another. In the second case, it is said that some people "have the evil power in their eye", such that the person transmits harm to another by looking at him, his food, etc. Some people have this power in the hand, with harm transmitted through touching.

In either case, villagers overwhelmingly agree that the motivation behind witchcraft is jealousy (of another's possessions, marriage alliances, education or general prosperity) or anger (as when a person fails to cooperate with the bokshi's interests). One informant gave the following illustration of witchcraft through jealous (unconscious type):

Suppose I have bokshi in the hand and I see your pretty bangles and I touch your arm like this (touching me) and say, "Oh what pretty bangles, where did you get them?" In this case I harm you through the arm by touching.

Another informant provided an illustration of witchcraft from the anger motive (deliberate type):

Suppose a man, Ram, owns a very good buffalo that gives a lot of milk. A woman (bokshi) comes to see if she can buy the buffalo. Ram offers a price but it is very high. The woman tries to make him lower it, but he refuses. Then a few days later the buffalo becomes very ill. This is bokshi work. The woman has made the buffalo ill.

One of the allegedly most common techniques of witchcraft involves the transmission of harm to a person (or animal) through his food. A bokshi may deliberately transmit this harm by ritually "blowing" (phuk garne) a mantra onto the food that the victim will eat. In discussions of witchcraft, villagers express that for this reason it is dangerous to eat outside one's own home. Further, should one fall ill after a communal wedding feast, witchcraft is inevitably suspected. Another common technique (restricted to deliberate witchcraft) involves the bokshi's use of other lagu beings. Bokshis, it is said, worship the evil-doing lagu and are able to send them to harm their victims. According to one informant, the relationship between bokshis and the other lagu is like that between Ram and Hanuman of the Ramayana: as Hanuman was the helper and servant to Ram in his epic exploits, so the lagu are the agents of the bokshis. When one is attacked by a bokshi-sent lagu, however, the counter magic involves appeasement of the lagu through ritual feeding rather than any action directed toward the bokshi.

Villagers maintain that although bokshis can be either men or women, they are usually women. All of the bokshi accusations I have heard in Dhungagaun have been against women. However, male janne manches are generally suspected of knowing both good and evil mantras and harming those who displease them.

A final, a overriding, link between man and the metaphysical universe which pertains to illness is the concept of fate (karma). Often the notion of karma is invoked as an ultimate explanation for one's illness. For instance, if a person is repeatedly ill through witchcraft, he may claim that his "bad karma". accounts for his being so susceptible to bokshi jealousy and anger.

In this light it is interesting to note that one's illness is frequently discussed within a larger story of "bad luck", rather than as a singular incident. When asked about his health, a person may not simply mention, for example, stomach troubles, but may recite a story of property loss and death in the family over a 5 - year period within which his stomach troubles emerge as only the latest misfortune.

A strong notion of fate, or karma, might seemingly suggest a lack of interest in illness prevention or treatments. Yet this is clearly not the case. Local "common sense" rules for illness avoidance (e.g., one is not to eat sugar or fish in times of a cold; one must sleep covered at night to avoid swelling, etc.) are observed; and for most illnesses, treatments abound. Rather, a link between the notion of fate and inactivity in times of illness seems to clearly arise only at the point where death becomes a real possibility. As death approaches, people explicitly express that the ill person's "day may have come" and that whether or not the person lives is completely out of anyone's hands. Although illness can be cured, one's time of death cannot be altered. A common saying in the village expresses this conception of death and fate:

हुने कुरा टर्ने काल नआई मर्ने

"Things which will be, are inevitable; until one's deathtime comes, one cannot die" (my translation).

Aside from these links between the body and the metaphysical universe, there are innumerable ways in which villagers perceive that a person becomes ill through his connections to the physical world. These types of illness are called angsarwi and are opposed to illnesses connected with the supernatural. The major categories of angsarwi illness--namely those involving air and food--will be noted briefly.

The main principle behind air/food-borne ailments is a double opposition between hot and cold on the one hand, and inside/outside on the other. Air may be either hot (garmi) or cold (chiso) and effects the body from the outside. Several foods are either hot (gharam) or cold (sardhi) and effect the body from the inside. Exposure to the hot air may result in any generalized discomfort or fatigue and is particularly related to headache pain. "Cold" air--by which is usually meant moving air, or wind, of any temperature--is related to swelling. It is believed that moving air enters the body through the pores of exposed skin, causing a general body swelling or, if entering the stomach, bloating. This concept is often invoked by villagers as an explanation for why they remain fully clothed in hot weather, at night while sleeping, etc. Women who have just given birth are considered particularly vulnerable to the swelling effects of "cold" (moving) air and are for this reason kept fully clothed and in a draft-free, fire-heated room even in the hottest months when temperatures soar (see Bennett-Campbell, 1974: 37).

Food is related to a variety of stomach troubles. Food that has "gone bad" (kharab) or has been tampered with by a witch is considered an obvious source of stomach pain. The hot-cold distinction is also readily referred to for stomach discomforts. Locally, particular foods are placed in an innately "hot" or innately "cold" category. Examples of "hot" foods are meat, eggs, milk, and tea; of

"cold" foods, yoghurt, mohi (a mixture of yoghurt and water), cucumbers and bananas. Several foods, particularly staples such as cooked rice and other grains, are not categorized as either hot or cold. On the other hand, all cooked food that is eaten while very hot is considered to be transformed into the "hot" category, even if such a food is in its natural state a "cold" food (e.g., lentils). Ideally, one maintains a balance of hot/cold in their food intake. If one consumes foods of either category in excess, illness results, expressed as either a feeling of hotness (gharam) or coldness (sardhi). Although there are many herbal and other remedies for these conditions, the most common cure for hotness or coldness is consumption of foods in the opposite category.

Aside from suffering sardhi or gharam, one can be affected by a more severe breaking down of the sardhi-gharam balance, a condition called sardhi-gharam bigrayo (a breaking down of hot/cold; also called dagdhi bigrayo). Interestingly, this condition is not only caused by unbalanced consumption of hot or cold foods but also by "cold" air entering the body through the pores. It is believed that air can so affect a person when they are already in a state of weakness. In this condition, one feels hot inside and cold outside. Generally the condition is also accompanied by swelling or puffiness. Sardhi-gharam bigrayo may also be caused by eating hot food in cold air or cold food in the hot air. A common remedy for sardhi-gharam bigrayo again reflects a mixing of the hot-cold balance. A host of spices--some in the hot category and some in the cold category--are ground up together. Half of this mixture is fried. The process of frying transforms those spices in the cold category into the hot category. The fried half is, then, all "hot". This portion is then mixed with the unfried half (which is half "hot", half "cold"). The resulting substance is reground and eaten, a portion at a time for several days. The treatment is said to effect an internal cooling and an external warming.

Within this context of physical-and metaphysical-related illness, there are additional notions about the process of becoming ill that are reflected in the words and expressions villagers use to discuss their ailments. The language of illness in Dhungagaun presents an image of man as being helplessly preyed upon by larger illness forces. This notion can be seen by contrasting the illness imagery of the Nepali spoken in Dhungagaun with that of English. English speakers often employ a military imagery to designate illness processes--e.g., in references to germs invading or attacking the body. Although this military imagery suggests that an individual is somewhat victimized by illness, it also implies that he can, as it were, survive by counter-attack--e.g., references to "fighting off a cold" in particular, or "combating diseases" in general. In English, illness is a war in which we participate.

In Dhungagaun, the idea of victimization by illness is expressed, but the counteridea of one's potential control over his illness is not. Here, the notion of man being helplessly preyed upon is

expressed with the imagery of food and eating: diseases and ailments become like personified forces that feed upon man. For example, one word for heart trouble, heart attack, or chest pain is mutukhane: "heart eating". Similarly, a food-eating image surrounds the word dhamki (asthma). One would not likely use the term dhamki in talking to a dhamki sufferer himself, or with reference to a close relative. This is because of the expression "dhamki ko ahar", uttered to an enemy in times of quarrel. In the context of an insult the phrase means "you are nothing but the food of the asthma disease." Parallel insult phrases can be formed from the illness words haija (cholera) bhirungi (syphilis). Finally, malignant supernatural forces, as discussed, attack from a state of hunger and inflict illness as a means of being fed by their victims. There is also the notion that some of these spirits are attempting to eat the body of victim.

B. Principles behind curing

1. Foods and herbs

A great variety of herbal and food mixtures are commonly prepared and used for nearly any illness. Many such remedies are known by all villagers, though several are taken only on the instruction of local practitioners. A great number of herbs are available locally from plants growing around every house. Some are available in the village forest areas and are considered more difficult to obtain. Still other herbs and medicinal substances (and generally those which are considered most potent) are found only in the high lekh (mountain) areas. These are collected by Tamangs who live at such altitudes and are sold to individual villagers, local practitioners and baidhyas (see section C. 3 below) in the bazaar areas. Of these medicines, the most potent and frequently sought are kasturi (from the musk deer and thulo aushaudi (lit. "big medicine"), a root of a particular lekh plant).

There are two important concepts involved in the relation between food preparations and illness: 1) the use of special food for the maintenance of an internal hot/cold balance (as discussed) and 2) the idea of tagatilo or "nutritious" foods helping one develop a state of good health or to recover from conditions involving thinness or weakness. Tagatilo foods are said to give one strength. Meat, eggs, and foods rich in ghee are tagatilo. Generally these foods are considered "heavy" and more difficult to digest, as opposed to "light" foods such as fried corn, skinned peanuts and youghurt. Any vitamin tablets, available from the hospital or in the bazaar, are considered tagatiolo (and called tagatilo aushaudi, "nutritious medicine").

2. Appeasement of harmful supernatural forces

If a person believes he has been attacked by a lagu (a diagnosis that only a janne manche or astrologer can give) the cure

will involve an appeasement, through ritual feeding, of the particular malignant spirit. In some cases, a lagu is first appeased with a promise of a later feeding ceremony. Such action is generally taken if the arrangements for such a ceremony cannot be made immediately. It is believed that once a promise is made, the lagu involved will decrease its harmful effects in face of the mere suggestion of an imminent feeding ceremony. A promise to a lagu is made by placing some acheta (consecrated rice) in a cloth and putting it between the beams of the ceiling inside one's house. While placing the acheta, one verbally informs the lagu that this act shall serve as a guarantee for a later feeding ceremony. Often a janne manche summoned to treat a patient will himself make the ritual promise to the lagu inside the patient's house. In this case, he may also put a mantra into the acheta. His act is called acheta utaune (raising the acheta). If the patient (or a family member) makes the promise it is called bhakal and no mantra is used.

Ritual appeasement of devis, nags and Bhume are relatively simple. Generally a janne manche diagnoses these spirits as responsible for an illness, but the patient himself carries out the ritual act of appeasement. An appeasement of these spirits is termed puja and involves the preparation and offering of foods to the spirits. The devis, however, are distinctive in that they generally require a blood sacrifice.

The forms of appeasement for other lagu cover a great variety of complex ritual activity. Here, only two common types of illness ritual will be described: 1) the ritual feeding of lagu through setting out of a food plate and 2) the blood sacrifice to a bir.

a) The lagu food plate

Lagu-feeding is termed manchanu if done for a bhut, masan, or bir; and parsanu if done for a pichas (i.e. a non-kul pichas that attacks any individual) or pret. Lagu-feeding may be done either by a janne manche or by the male relation of the ill person. Often women prepare the food plate; but women do not participate in any other part of the ritual.⁵

A food plate is made from leaves of the sal tree. Uncooked rice and other grains are placed inside the plate as food offerings. Strips of cloth (cloth offerings) are placed over the food. Finally, a murti (statue)⁶ is made to represent "a person" and is placed in the center of the plate. The murti is often made out of mud and resembles a human figure, with corn silk stuck into the head as hair. Most informants did not know why a murti is put in a lagu plate. A few suggested it was merely put there so that the lagu would recognize the plate as a human offering. Wicks must also be placed in the plate (:to be lit, so that the lagu will find the plate in the dark"). For this, smaller leaf plates are made and attached in a

circle to the rim of the larger plate. One wick is put in each smaller plate. The wicks are often colored, either red (abir), yellow (besar) or black (from ash).

Blood (of a chicken, pigeon or goat) may be added to the plate although this practice is rare. Generally, the addition of a blood offering is made in accordance with the instructions of a janne manche conducting the ceremony. Birs, however, are felt to have a strong desire for blood; and if a bir is appeased with a food-plate ritual, blood is inevitably added to the food offerings.

After the plate is prepared, a janne manche or male relation of the ill person sprinkles water over the ill person and circles the plate about his head. As he circles the plate, this person chants commands to the lagu. The chant does not follow a set formula, but is merely a formal explanation to the lagu (in whatever words the speaker chooses, but with rhythmic voice) that he is being fed and must, therefore, cease his harm. Next the patient is instructed to pull out a bit of his hair and a piece of his fingernail, which are then tossed into the plate. In contrast to their explanations for the murti, informants clearly indicated that a victim's hair and fingernail are given to the lagu as a symbolic substitute for the victim's own body which the lagu wishes to eat.

Lagu plates are set out on paths or cleared areas away from houses at night. The exact location and ritual manner of placing the plate for the lagu may vary according to which lagu is involved and any particular instructions from a janne manche.

b) Blood sacrifice to a bir

A bir is considered the most dangerous of the lagu and is generally appeased with blood. Although birs may be dealt with by manchanu, more severe cases of bir attack often require a more complicated ritual sacrifice. For these ceremonies, a janne manche is generally required.

The bir is also distinctive for its manner of attack: other lagu approach people at, say, crossroads, mysteriously inflict their harm, and depart. Birs, on the other hand, may enter their victims⁷. A person so attacked is likely to fall into possession (kameko), during which he trembles and speaks the words of the bir. Birs control the victim's mind and use his speaking apparatus. When in a state of bir possession, a person is said to be unaware of what he is doing and saying. When not trembling, the victim is ill with any variety of symptoms--coughing, weakness, body pains, fever etc. A person attacked by a bir may spontaneously tremble, or a janne manche may be needed to call forth the bir and thus induce possession in the patient.

However the bir makes his presence known, another person (often a janne manche) carries on a conversation with it while the patient trembles. The pattern of these conversations is simple and recurrent: the bir is asked what it wants; the bir wants food offerings, especially a blood sacrifice; the family of the patient promises delivery if the bir will cease its harm. Bargaining takes place between the parties over what will be offered, how soon and whether a janne manche is needed to perform the ceremony. When an agreement has been made, the bir departs and the trembling of the patient stops. Often another person must shake the victim and call his name before the victim ceases trembling.

Although birs may, as recorded, attack of their own volition, serious illnesses diagnosed as bir attack are often accompanied by speculation and gossip on the possibility of witchcraft. Sometimes the janne manche consulted will specify whether a witch is behind the trouble.

A janne manche's ceremony for a blood sacrifice to a bir only takes place at night. It involves: 1) building a structure for the invocation of spirits, 2) invoking spirits, during which the janne manche goes into possession, 3) a conversation between the janne manche and the bir, with final bargaining and agreement, and 4) a ritual blood sacrifice to the bir.

Ceremonies of this type (as well as other special curing ceremonies performed by janne manches) involve two distinct processes, or functions. One is the cure of the patient. Another is the invocation of other spirits for information or advice sought by other assembled people. These spirits are the janne manche's own special gods (see section C. 1 below). As the janne manche invokes his spirits, assembled people ask the spirits questions about their particular troubles and the future (e.g. "How can my sick child become well?"; "Will my wife, who ran away to her maiti, return?"). This portion of the ceremony occurs first, before the patient is attended. The assembled group may merely consist of the family of the patient (if the family has been careful not to mention the performance of the ceremony to their neighbors) or it may consist of a large crowd of villagers.

The structures built for the performance of this ceremony vary in detail from janne manche to janne manche. But generally a design is drawn on the ground with rice flour, on top of which are placed food and other paraphernalia brought, upon the janne manche's instruction, from the patient's house. Common items in such an assemblage are: uncooked rice, paisa coins (later given to the janne manche), red and yellow powder, ash, oil wicks, incense, ghee, and an egg. The janne manche's own paraphernalia is also set here, which may include items as a knife, porcupine quills, and wooden images. Each portion of the assemblage seems to have one of two functions--either to attract needed spirits or to keep away unwanted spirits and other evil powers (e.g. bokshis) and so protect those

assembled. Food items perform the former function; and the janne manche's knife, quills etc. perform the latter function.

The janne manche calls forth spirits by his mantras and his tapping with a stick on a tin plate (explained as "music to summon the spirits"). The janne manche goes into possession with each spirit and the spirits speak through him. If outsiders (non-family) attend such a session, they may petition the janne manche to invoke advice-giving spirits on their behalf. Petitions are made by taking a leaf-plate full of rice and piasa, touching it to one's forehead, and placing it by the janne manche. In contrast to the ceremonies of Tamang jhankris described by Hofer (1973: 171) petitions are made in succession and the janne manche knows immediately for whom he is invoking spirits.

When these invocations are over, the patient for whom the janne manche was summoned is brought forth and seated on a mat before the janne manche. At this point, the patient and the mat on which he sits become untouchable. Following the invocation of the patient's bir and the final bargaining, a sacrifice is performed. The sacrifice may take place either amid the janne manche's paraphernalia or (especially if a large animal such as a goat is sacrificed) at a shrine built for this purpose away from the house. Generally, the janne manche uses an assistant (who may be his own pupil-apprentice) to perform the cutting while he utters mantras.

3. The mantra and jhar phuk

Another major principle behind the curing process is the use of the tantric mantra. The mantra, as mentioned, carries power within itself; its effective application requires only that one learn it properly. The application of the tantric mantra in curing follows a two-stage process: 1) the utterance of the mantra, and 2) the placing of the mantra onto the body of the patient by the technique of "blowing" (phuk garne). Blowing is generally accompanied by another process called jharnu (lit. to take out, to sweep or shake off). A janne manche takes an object (e.g. a broom), passes it slowly across the patient and then forcibly thrashes it to the ground. This action is said to take out the ill condition (the pain, the influence of spirits etc.) of the patient and to literally transfer it out of his body. When a janne manche uses mantras in the application of both the techniques of "blowing" and "taking out", the process is referred to as jhar phuk.

Mantras in jhar phuk are used for any and all illnesses and ailments, regardless of whether a condition is angsarwa or caused by a lagu. Only the mantra and the janne manche's particular paraphernalia will vary according to the nature of the condition. Generally, jhar phuk is performed as a first measure for any illness, with other curing techniques attempted if the patient does

not recover. It is also used in combination with other types of treatment--e.g., a janne manche will generally do jhar phuk on his patient both before and after performing a sacrifice to a bir.

Of greatest importance, the janne manche's mantras and technique of jhar phuk are considered the most effective counter-measure for illnesses connected with witchcraft. If a bokshi has inflicted harm with evil mantras (i.e., without sending other lagu to inflict harm), jhar phuk is essential. The janne manche is said to have "good" mantras that can directly nullify the "bad" mantras of the bokshi.

The idea of treating witchcraft-related illnesses through action directed toward the bokshi herself is only minimally expressed in the village. Most janne manches maintain that direct bokshi harm can only be treated with mantras and that if a bokshi sends another lagu to do harm, the lagu and not the bokshi must be ritually fed. Only one janne manche I interviewed claimed that it was conceivable to ritually appease (through feeding) a bokshi. On the other hand, many villagers are unaware of just what a janne manche is doing in his rituals, and several claim he is appeasing the bokshi herself (or, rather her "soul") when for the same rituals, the janne manche maintains he is appeasing a bokshi-sent lagu.

Most janne manches do claim that they have the power to nullify, sicken, or kill bokshis, through the use of mantras. Yet, I have never heard of any of these actions actually being performed. Nullification techniques are socially perilous (e.g., forcing the bokshi to eat human feces, or pulling out her hair); and most janne manches maintain they will not harm or kill a bokshi because it would be sinful.

For certain illnesses, janne manches use the mantra alone without the accompanying technique of jharne. For instance, one particular use of the mantra is for the literal removal of trouble-giving matter in the body. In such cases, it is suspected that a bokshi has inflicted the harm by placing putla inside the body of the victim. The bokshi obtains some substance from the body of the victim (such as hair or fingernail), the victim's possessions (a piece of cloth from clothing), or something that the victim has touched. The bokshi then blows an evil mantra onto this item and, through the power of the spell, the object literally enters the person's body, causing pain. A commonly observed putla extraction is the removal of dirt from a victim's body. The bokshi, it is said, picks up the dirt from the ground over which the victim has just walked. She blows a mantra into the dirt and then tosses it into the victim's body. For the removal of the dirt, the practitioner places a container of water on top of or next to the pained portion of the patient's body. He blows a mantra onto the pained part of the body and, within minutes, the putla dirt appears in the water, first clouding it, then settling at the bottom of the container.

4. Amulets

For more serious cases of lagu-caused illnesses, janne manches make amulets for their patients to protect them against future harm from all lagu. The amulets are made after other curing ceremonies are performed for the patient. The other curing ceremonies are performed for the patient. The patient is instructed to wear the amulet on his person at all times. Amulets are said to be 100% effective against all lagu, but they are only effective for a limited amount of time, as determined by the janne manche. Amulets are normally made to last anywhere from one month to a few years, but janne manches vary greatly on the length of time for which they will guarantee their amulets.

There are two types of amulets: jantra and buti. A jantra contains a mantra written on paper which is then folded up inside a piece of cloth and worn around the neck on a string. A buti contains "medicines"; and, as with the jantra, these are wrapped in cloth and worn about the neck. The medicines are generally herbal plants and animal parts (claw of leopard, skin of a jackal, etc.), both of which must be obtained from the jungle or the high lekh areas. The janne manche must obtain these substances himself or buy them from Tamang traders. As a general rule, butis are made for children and jantras for adults.

In some contexts the amulet is associated with the janne manche who made it and reflects a degree of competition between practitioners. For instance, if a janne manche is summoned to treat a person who is wearing an amulet made by another practitioner, he may order the client to throw the amulet away before he will attempt his own cures.

C. The Specialists and the Pattern of Consultation1. The janne manche

Of all the specialists employed by villagers for illnesses, the janne manches are consulted most frequently. In Dhungagaun, one can distinguish three types, or grades, of janne manche: 1) those who know mantras for a variety of illnesses and practice jhar phuk 2) Those who are additionally able to make jantras and butis, and may know a few special curing techniques, e.g. putla extraction and 3) those who are, beyond all the above, able to invoke spirits.

The janne manches in the last category each have a set of spirits which they may call. One of these is inevitably their own bayu. The others are termed "guru" and each will have a separate name as well. The janne manche acquires these spirits (or the techniques for invoking them with mantras) from another janne manche

whom he has employed as his teacher. Often a father will transmit his curing knowledge and his "guru" spirits to a son. These spirits are male and female (devi) gods. They do not include lagu spirits although a janne manche may be able to invoke these as well. Some of the guru gods of janne manche are Tamang gods--e.g. the god Changrashi. Acquiring these spirits from Tamang jhankris is a common practice.

Villagers maintain that the term jhankri should not, technically speaking, be applied to their local janne manches. A jhankri, they point out, is a Tamang practitioner "who has long hair". But in practice the term jhankri is rather loosely used; and in several contexts the janne manches are referred to as dhami (medium) jhankri or dhami-jhankri.

Janne maches of Dhungagaun undergo no initiation ceremony, nor does an individual become a janne manche through any special spiritual "calling" or original possession. The janne maches, further, wear no special costume during their ceremonies. Though they become possessed by spirits, they take no "journey" to the heavens or the underworld. In all these respects they differ from, and represent a far less elaborate complex than the Tamang jhankris of the higher settlement areas (as, for example, described by Höfer, 1973) or the shamans of other areas of Nepal (see, for example, Watters, 1975).

One becomes a janne manche simply by learning how--learning mantras, the techniques of diagnosis and spirit invocation. Although it is said that anyone, man or woman, can learn the practice, only men in Dhungagaun actually do so. The number of men in Dhungagaun who regularly apply mantras to the ill (and/or practice ankat herne and the making of amulets) is seven. Aside from these men, janne manches from other villages may be summoned to Dhungagaun only two men (one Chetri, one Brahman) are able to invoke spirits in curing.

Villagers maintain that Tamangs are particularly powerful practitioners. The Tamangs they call however, are with rare exception, not shamans such as Höfer (1973) describes. Instead they are the highly acculturated, Nepali-speaking Tamangs who live in lower areas and whose practice does not differ from that of other village janne manches. One such Tamang jhankri, who was summoned to Dhungagaun, claimed that he learned his mantras and curing techniques from a Newar Gubaju of the Kathmandu Valley.

During the process of becoming a janne manche, one commonly acts as an apprentice to an experienced practitioner for a number of months. Often a janne manche uses an apprentice as an assistant during curing. The apprentice must pay his guru for his teaching services. Commonly expressed motivations for becoming a janne manche are "to help others" or "dharma auncha" (to acquire religious

merit). Monetary rewards may also be substantial, although no janne manche relies totally on curing work for his livelihood.

Janne manches, and other native curers, use three common techniques of diagnosis: pulse-reading (nadi herne) rice-reading (ankat herne), and the invocation of spirits. In pulse-reading, the speed and direction of the pulse indicate what has afflicted the patient. Janne manches vary, however, on how they interpret these dimensions of a pulse. One janne manche claims that a rapid pulse that beats up and down (literally perpendicular to the wrist) indicates attack by a bhut; a rapid pulse back and forth (parallel to the wrist) indicates attack by a nag.

There are two different methods used in ankat herne. In one, the patient provides the janne manche with a plate of uncooked rice that he has touched; the janne manche takes a bit of rice and lets it fall onto a cleared portion of the plate. He then looks to see if the rice kernels have fallen into an odd or even number. This process is repeated several times and the sequence of numbers is remembered. It is the combination of the even/odd numbers that carries the message, the diagnosis. In the second method, the janne manche "awakens" (jagaune) the rice with a mantra. He then "remembers the gods" and mentally calls all spirits to "sit" on the plate of rice. He picks up a bit of rice and lets it fall on the plate. The rice will fall on the sitting place of a particular spirit, that spirit then being claimed as the cause of a client's illness.

In diagnosis through spirit invocation, the janne manche will generally invoke his own bayu. The bayu will then speak through the janne manche and reveal the cause of a patient's trouble.

Janne manches maintain that they employ these three techniques of diagnosis in a definite order: first they will read a client's pulse. If the results of this diagnosis prove inadequate, they will do ankat herne; and only if all else has failed will they resort to the invocation of their spirits.

Janne manche curing practices are many and varied. Those commonly observed--bhut feeding, blood sacrifice to a bir, spirit invoking, putla extracting and mantra blowing--have been briefly described. Although general patterns are evident, there is considerable variation in detail from janne manche to janne manche. There is also variation with the same janne manche on different occasions. Each janne manche appears to have his own collection of techniques, paraphernalia, and mantras, as well as his own set of spirits to invoke. Much of his work is considered secret knowledge: others should not hear his mantras or learn just what he puts inside of an amulet.

Janne manches tend to have an ambiguous social position. First, although their work is considered necessary and beneficial, it is not considered "high" or "good" in itself as, say, priest work would be considered. Further, villagers believe that those who know the "good" mantras for curing also know the bad ones (witchcraft mantras). The janne manches I have interviewed also claim they know the harm-giving mantras as well as those for curing. In discussing janne manches he has employed, one villager commented, "We must always be somewhat afraid of them because if they are displeased with us, they have the power to harm us." A common way to displease a janne manche is to fail to pay him enough for his services, or to call in another janne manche.

Janne manches will rarely state their prices, but will instruct their clients to "give what you want". For simple sessions of mantra blowing, usually no money is given at all. Also, for larger ceremonies in which the patient does not recover, no large sum of money is given. For these, however, the janne manche does receive the paisa coins used in the rituals; and for any service of ankat herne, he will take the paisa put in the plate of rice. When a janne manche makes a jantra or successfully cures a patient with, say, a sacrifice to a bir, the issue of money becomes important. Bargaining takes place between the janne manche and his client family, however much the janne manche may say "give what you want". In Dhungagaun jantras may cost 1-5 rupees and the total expenditures for a successful cure through bir sacrifice up 30 rupees. These payments in rupees are also supplemented with payments in grain and other foods.

The ambiguous social position of janne manches and the fact that many of their clients' illnesses persist uncured, results in a pattern of shifting clientele for each janne manche. A common pattern is as follows: a family member becomes ill and the family's regular janne manche is summoned. After repeated treatments the ill does not recover. Family members become disillusioned with the janne manche. They claim that either he doesn't really have the power to effect a cure or he is displeased with the family and deliberately does not cure the patient. Another janne manche is called, the patient recovers and faith in the new janne manche is firm. Later, another family member falls ill (or the previous one suffers a relapse). The second janne manche is recalled and the entire cycle may start over again.

2. Astrologers and Priests

Astrologers and priests are also frequently consulted for illness cases. In general, the astrologer is consulted for a diagnosis and the priest summoned to do a puja on the recommendation of the astrologer.

Through astrological calculations, the astrologer is able to determine whether the trouble is due to a misalignment in the

patient's planets. An astrologer may also mention lagu, witchcraft or other inauspicious events as influencing a case of illness. But the astrologer, performs no curing functions.

Although a priest does not directly diagnose an illness in a manner comparable to the astrologer or janne manche, he may, after observing a patient, recommend a particular puja to assist a patient's recovery. The puja ritual carried out by a priest for illness is called graha shanti swasti. It consists of 3 parts: rudri--offerings made to Shiva; putika--offerings made to Devi; and hom--offerings made into a fire for the 9 planets. These 3 rituals are generally done together, although they each may be done alone without the others. They may be done at any time to ensure general well being to a family, but they are arranged in particular when a household member is seriously ill. In the former case, all family members participate in the puja; in the latter, only the ill person participates.

3. Baidyas and Doctors

Finally, in cases of illness people may consult a baidya or a western trained doctor. The baidya deals in Ayurvedic medicines. There are no baidyas in Dhungagaun, but in Trisuli bazaar there is one medical store and the practice of making and dispensing these medicines has been handed down from father to son in this family over generations. Medicine in this shop comes from two main sources: 1) India (manufactured medicine), and 2) the lekh (high mountain areas). Tamangs collect the lekh medicines and sell them to the baidya.

There are, likewise, no medically trained specialists in Dhungagaun; but doctors are available in Trisuli through the hospital. The baidya shopkeeper and the doctors explicitly deny any validity to the supernatural treatments employed by local practitioners.

These specialists of illness treatment do not mark discrete categories, each with internal, discrete theories of illness. Rather, from the point of view of village conceptions, the practices of these specialists and the theories behind them are in several senses merged and overlapping.

First, one person may simultaneously be two or more different kinds of specialist. Most janne manches who invoke gods or practice jharphuk are also knowledgeable of herbal medicines and may in some cases dispense them without the use of mantras or supernatural curing techniques. Most priests, as well, are at least partially knowledgeable in astrology and may diagnose illnesses from astrological calculations. Further, a priest may simultaneously be a janne manche. One of the local practitioners in Dhungagaun, who invokes gods in curing, is also a Brahman purohit.

More important, case histories of the ill reflect that in prolonged cases of trouble, a great variety of specialists may be summoned simultaneously, followed by equally various and simultaneous treatments. In another respect, one does not generally base his choice of specialist on the metaphysical implications behind the work of such a specialist. One village woman, for instance, was suffering from a swollen, oozing sore. Some relatives urged her to see a doctor; others, to call a janne manche. The woman herself opted for the janne manche, explaining that she knew the man would only "blow" on her painlessly, whereas the doctor "might hurt" in giving an injection or tampering with the sore itself. That the work of the doctor and the janne manche are based on entirely different principles, each with conflicting implications about man and the universe, was irrelevant to her.

Some particular cures themselves reflect a mixture of natural and "magical" elements. The following, for example, is a common remedy for fever known to most villagers: dubo grass, cumin seed, the weed bhanjiraj, and 7 grains of rice are mashed up with water and eaten. Although most villagers offer no explanation for why 7 grains of rice are needed (as opposed to, say, 6 or 8), it is clear from many ritual contexts that the number 7 (along with 9 and other odd numbers) has magical significance. Villagers respond to the number and maintain that the medicine would not work if any even number of grains were used. Janne manches will say that the "7 grains of rice" is tantric kura (tantric thing) and therefore carries special power as does a tantric mantra.

In some cases, the question of which specialist is consulted is a function of the illness itself. Minor discomforts, wounds and sores are often treated with herbs; for more serious injuries, the hospital is almost always used; and fits of trembling (almost diagnostic for bir attack) will inevitably bring forth a god-invoking janne manche. Except for these specific, easily discernible cases, the larger pattern is not a matter of who one consults when, but who one consults first. As an illness persists uncured, one generally consults specialists in the following order: janne manche; astrologer and/or priest; doctor. Possible reasons behind this pattern are varied. One is availability. The services of a janne manche are easily available; somewhat more time and effort are required to organize the services of the priest and especially of the doctor. Expense may also be a factor. Fees to a janne manche are minimal (unless a complicated ceremony is required) whereas the cost of a puja may slightly strain resources.

The doctor's services (if consulted through the hospital rather than privately), however, are free, yet the doctor is often consulted only after all else has failed. Villagers express a lack of trust in the doctor's treatments; there are also problems with attitudes toward the hospital itself, which will be dealt with later. A final factor may be a natural reluctance to confront the seriousness of a case. In this respect the selection of a

specialist coordinates with a pattern in the diagnoses of the patient. Janne manches tend to originally declare a patient is, say, merely bhut lagyo and it is only later, when the patient has not recovered, that talk of witchcraft or more dangerous spirits begins. Summoning a priest or calling a doctor are further indications that an illness is potentially serious.

D. Cultural and Psychological Aspects of Illness and Curing

Villagers view knowledge of astrology, mantras, witchcraft, and other matters relating to illness and curing as highly specialized. Insofar as they consult a specialist and obey his dictates, they trust his word. But they do not, in general, know just what he does or why--the ideology, in effect, behind his practice and their own behavior that he directs. The villagers are clearly relating to the systems of curing on an emotional rather than an intellectual level. The perceptible moods of elation that follow, for instance, god-invocation curing ceremonies, are evidence of the emotional level of client participation. In several instances, the participants in these ceremonies have little idea just what spirit the ceremony is meant to appease or how the practitioner managed to effect appeasement.

It is interesting to consider to what extent the janne manche is aware of, or manipulates, the emotionally responsive and intellectually uncritical position of his clients. Most janne manches would not, of course, discuss their practice in these terms. One did, however, admit to me that there was nothing genuine in his use of the ankat herne diagnosis technique:

It is only something to show the people.
I use it as a device to give myself time
to think about the ill man; and when I
am doing the reading of the ankat, I am really
reading the man's face, for that is where
you will see why he has become ill.

A major part of the sociological aspects of illness and curing has to do with witchcraft and witchcraft accusations. As mentioned, it is commonly agreed that witches strike through jealousy or anger; and, not surprisingly, witchcraft accusations are made against those with whom one has important relationships or with whom one is in competition for resources. The two most common patterns in witchcraft accusations are: 1) against one's family head's brother's wife, and 2) against females of a family who (allegedly) wanted one's bride to be given to them in marriage.

Regarding the first case, conflicts between brothers mark one of the major social cleavages readily observable in village life. Villagers often say that brothers are "pulled apart" by their wives after marriage. However, it might be equally argued that the

conflict between brothers begin well before their respective wives exert an influence, and that it rests in their direct competition for shares in the family's resources. In this case, women, as accused witches, become a vehicle through which the brother-brother conflicts are expressed, rather than the cause of that conflict.

The second pattern may represent a conflict over marriageable girls as a resource. It may, however, merely be an expression of other conflicts between individuals and family units. For instance, the attributed witchcraft motivation of "they wanted our bride/daughter-in-law" is sometimes directed against the same people of the first pattern--i.e., the household head's brother's family.

In general, the pattern in the village is for separate family units to have a network of potentially accusable witches rather than a set of "known" witches that all villagers accuse. Just as a family will have their kul gods and their bayu, they will have their witch. Though neighbors and other relatives may be aware of a particular family's witchcraft accusation, they do not concern themselves in the matter, avoid the person accused, etc. Witchcraft accusations are a private affair, whispered about the home; and rarely is much ever made of them.

There are some exceptions to the general pattern of witchcraft described here. Accusations are occasionally made against one's neighbor (no relation) with whom one does not generally get along. Neighbors tend to keep a close watch on each other's fortunes and relations of mutual jealousy are common. I also knew of one case where a woman entirely unrelated to a troubled family was suspected of witchcraft. The woman was from another village and had eloped into Dhungagaun. The accusation was first made by an astrologer (also from another village) who was summoned for a diagnosis of an ill family member. He merely described the offending witch and the family quickly presumed her identity. This woman, then, may be approaching a village-witch category. However, as the case proceeded this accusation was quickly forgotten in favor of one against the family's regular witch.

IV. The Interaction between Traditional and Western Medicine: A Summary of Conclusions

As mentioned, the alternative of modern medical practices is being introduced in Dhungagaun along with other forms of development. I have found that in several contexts of illness treatment, villagers easily combine Western medicine with traditional practices. Such observations suggest that villagers have little difficulty integrating Western medicine with their own traditions on an ideological level. Even where these systems of medicine are explicitly recognized as incompatible, this recognition is not

necessarily reflected in behavior. For instance, villagers unquestionably maintain that "doctor medicine" is totally ineffective for cases of illness caused by witchcraft. Yet even in cases where witchcraft is strongly suspected, villagers do make use of the alternative sources of Western medicine in combination with traditional treatments. In my opinion, people are not in this process violating the general principles of their witchcraft tradition, but are merely allowing their interpretations of particular cases of illness to remain sufficiently ambiguous for multiple diagnoses to be simultaneously considered.

Traditional and Western forms of medicine are, however, more sharply distinguished in other respects; and some measure of conflict between them occurs on social and institutional levels. First, I have found that although villagers display a high regard for Western medicines (pills, ointments, injections, etc.) they are somewhat less enthusiastic about the institutions of Western medicine, such as the Trisuli hospital. My research suggests, that the hospital is used infrequently or as a last resort, not because it embodies a system of alien or threatening ideas of illness, but because it lacks institutional success or institutional integration with village life. Specifically, villagers point out that the quality of hospital services varies according to one's wealth and status, that doctors give only cursory examinations, that distributed medicines are old, and that provision for the observation of local caste restrictions is not made.

Secondly, there have been repercussions from the fact that developing agencies explicitly oppose modern and traditional medicine. Educators instruct school children to abandon their "superstitious" beliefs in illness causation. Doctors deny the validity of local practitioners and encourage patients not to summon them. Local practitioners, in turn, occasionally discourage clients from going to the hospital. With the lines drawn in this fashion, villagers are presented with a new realm of opposing symbols for incorporation into their social life. Of relevance here, villagers in particular contexts seek to be identified with the "modern" world, which, in this area, is largely defined as the world of the educated. Symbolic denials of traditional medical practices and confirmation of Western medicine is one of the ways in which such identification is effected. This public identification tends to occur in contexts other than those in which a specific case of illness is being treated; and in several instances a person's public stance on medicine does not coincide with his actual practices.

Thus, Western and traditional medicine are distinguished on an institutional plane as reflected in attitudes toward the hospital and in a certain amount of competition between doctors and local practitioners. On the other hand, actual treatments of illnesses reflect a high degree of integration of these systems. These

observed contexts of integration in the actual treatments of illness suggest to me that the disparity between Western and traditional medicine is not an ideological conflict over systems of medicine. It is, rather, a social and institutional conflict expressed through the rhetoric of medicine and the symbols of "supernatural" versus "modern" treatments of illness. The rhetoric has been provided by the explicit oppositions between traditional and modern medicine made by development personnel. As such, these repercussions from medical development that I have observed in Dhungagaun are involved with the much larger issue of "modernization" and with the effects of all the development forces that are reshaping rural Nepal.

NOTES

1. Field work in Dhungagaun (psuedonym) took place between April, 1974 and September, 1975. Research was carried out under a fellowship granted by the Social Science Research Council's Foreign Area Fellowship Program. However, the conclusions, opinions, and other statements in this publication are those of the author and not necessarily those of the Fellowship Program. I am grateful to Gabriel Campbell, Lynn Bennett, and Andrew E. Manzardo for their assistance with earlier drafts of this paper.

2. There are several types of death that are considered "improper" and result in the dead person's "soul" becoming a pichas, bhut etc. The commonly mentioned ones are death by fire, death by any "accident" e.g. falling from a tree, falling into a river; and death from dog or snake bites.

3. Among the lagu, devis, Bhume and the nags seem to me to occupy a unique position. Possibly they can occupy positions in both the lagu and the non-lagu categories, depending on context. These spirits, except when related to specific illnesses, are not feared or considered as evil. Further, they may be worshipped in contexts in which illness or harm is not an issue. One Brahman pandit maintained that "according to the Hindu dharma" these spirits should not be considered as lagu at all, but that villagers mistakenly think of them as lagu because janne manches have begun to refer to them as such when diagnosing illnesses.

4. Some villagers and local practitioners make a distinction between bokshi (deliberate witch) and dankini (unconscious witch). Others, however, maintain that these two terms are synonomous and that both may refer to either type of witch.

5. The presence of women is said to displease most lagu, and women incur danger through contact with a lagu food-plate once it has been set out. For instance, it is commonly believed that if a pregnant woman crosses over a food-plate that has been set on the ground, her unborn child will develop an illness called sukwa betha (thinness and drying up) and may die.

6. Some janne manche maintain that a murti is not necessary in lagu feeding and suggest that it is a Tamang practice which Hindu groups later adopted.

7. Whereas some villagers maintain that spirits actually enter the body (birs, the bayu etc.) others claim such spirits only "sit on the shoulders" of those in spirit possession.

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A Damai jhankri calling the gods by banging on a plate.
(Photo by the author)



