

The Nepalese Traditional Concepts of Illness and Treatment

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Shamanism is as exotic as dentistry
Mircea Eliade

Introduction

The indigenous system of healing reaches back to time immemorial. It requires a long and complex apprenticeship. This indigenous system of diagnosis, treatment, and healing has evolved in a process of trial-and-error, empirical observation, and experimental procedures over the millennia, and is an on-going process, not dissimilar to modern medicine. Indigenous diagnosis and treatment use the natural resources at their disposal as well as the attitudes, values, beliefs, and ritual in their healing technology.

The traditional Nepali concept of disease does not include the germ theory. The Nepalese see illness as external to the body, caused by malevolent powers that make an unwelcome entry into the body which disturbs the normal balance creating a host of sicknesses. The person suffering does not know for sure what the ailment is all about and how soon it could be done away with. Because the sickness has come from an external source, through external agents, the solution to problems must be found in the cosmic system, in the indigenous cosmology that controls the breadth of our movement and our relationship with the cosmic order.

It is believed that the essence of the body has been captured by some power causing disease, destruction, and often, death. It is the healer who will try to release the soul or balance the system and make it function normally.

Limitation of the study

In the context of Nepali culture, the expression “traditional healing” may include several methods that are applied by experts to cure the patients. They may include: (a) *janne/dhami/jhankri*, traditional *tantric* shamanic healers; (b) *vaidya/jyotishi/ayurvedic* astrologist; (c) local priest-experts; (d) simple users of herbs and powders.

For the purpose of this article, though, the writer will focus on the first category with some references to the rest.

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Basic Principles

The perspective of this paper is the theory of the Veda, more specifically the Atharva Veda and its *tantra*. Atharva was the name of a seer of early times.

The spiritual healing system rests on the following major theoretical premises:

- Theory of Cosmic Unity: A healer has his own cosmos in which man is a part of the great system;
- Human vulnerability: Man is a weak being; he has to surrender to the striking force, he has to follow what the experts recommend;
- Human destiny: A way to reconcile with the loss; accepting it as a result of what has been done unknowingly, previously;
- Recognition of the Unseen Power: Veneration of the Power of the unseen;
- God-Human relation: Man speaks for God, God helps him with cure.

In the final analysis healing rests on the principle that balancing the influence of the unseen with the seen world is essential to maintain order against chaos that may lead to human sickness and other problems including losses of all kinds and dimensions.

Commenting on the role of shamanism in Nepali culture Marie Norman mentions:

“To a village Nepali whose reality includes evil spirits and hungry ghosts which attack and cause illness, the concept of germs and bacteria very likely seems as far-fetched as the opposite to us (Westerners – writer). If you consider it, does a view of Illness based on the behavior of ghosts sound any more improbable than one based on tiny invisible evil bugs that attack the body and fight tiny battles with tiny invisible good bugs? In many ways the first explanation for diseases is easier to believe.”

Here, perhaps the writer is not trying to prove or persuade that illness is actually caused by evil spirits. What she is trying to say is that, logically, belief in the evil spirits’ power to cause illness has the same strength as the belief that it is the bacteria that cause illness.

Expert Order

In Nepal, like in many other countries, the traditional healers or practitioners can be grouped in three or even four categories. They range from experts on stars and planets, herbs and exotic texts, general practitioners and those who have the blessing of divine spirits and carry one or more of them “on their back” as they say. The following are the main categories, most popular and available in all regions of the country:

- Sophisticated order – the astrologer, priest who uses Sanskrit texts, uses some mantras for the purpose of pacifying the evil and warding off their effects on the person under treatment;
- Shamanic order – the *tantric* shaman who uses the oral tradition; a system in collaboration with divine power;
- Elders, novice – third order at the most local level with simple techniques for quick relief until real treatment begins.

Methods adopted by a Nepali healer

Diagnostic orders;
Soliciting the help of deities possessed by the healer.

a. Primary level

Phukphak - jharne	– blowing of breath into the body;
puja	– worship of deities;
bali	– small sacrifice of animals;
jantar mantar	– wearing healing amulets.

Miscellaneous methods depending on local cultural traditions.

b. Secondary level

<i>Chinta basne</i>	– use the tantric cosmos for special possession effect;
Referral cases	– supposing the case is beyond the capacity of the healer.

Agents of problems

a. *Lagu*, unseen mobile agents affecting health; b. *bayu-batas*, bad air carrying evil power which have adverse effects on human body; c. *bhut-pret*, spirits such as ghosts; d. *masan*, spirits dwelling in cremation areas; e. *grahadasha*, problems related to and caused by stars and planets; f. *boksi*; g. other local, stray agents that keep making their rounds in human settlements, key movement zones

These agents range from general unseen forces to death and *pitri* related forces, angered gods, planets stars and finally human beings with jealousy, envy or other forms of enemy. Their ranges of power as well as focus vary from case to case.

Why is traditional healing popular?

In traditional societies like in Nepal traditional healing practices form part of folk beliefs, tradition and wisdom. They also indicate the fact that before any form of classic religion, ancestor worship and magic formed the major faiths of the people. In

more recent times when regular modern health facilities came, they did not reach the rural areas. Therefore, the village healer is still a resource with the inherited skill, wisdom and popularity. In brief, the reason for the existence of the traditional healing practices can be summed up, as follows:

- the healer and the patient are on the same wave length;
- free treatment and follow up support;
- lack of better alternative in villages;
- the agreement of both the parties to do away with the problem;
- trust in supernatural forces in situations/culture where formal education, scientific outlook is lacking.

Where is the traditional healing more prevalent?

In modern times, health facilities are being put in place. The nation's oldest modern medical facility, the Bir Hospital, for example, is more than a century old. Modern medical facilities are available in the regions but not in the remotest areas.

That is, traditional health services exist:

- in the western hilly regions of Nepal where development is lacking;
- in all the communities which possess traditional, conservative culture;
- in many tribal groups such as Tamang, Danuwar, and others where health facilities are lacking and shaman is a powerful person with high ranking prestige and power in the society.

Healers and Development

Development planners now realize that there are no adequate health facilities in village Nepal. Therefore, inclusion of healers and midwives in the context of change and development was thought essential given the traditional context of Nepali culture. Thus, recent changes have given new roles to these traditional experts in healing. Also, NGOs and doctors are now approaching them for help because they command respect among the people. That is, these experts can be used for the development activities at the local level.

A brief introduction to few prominent healers and their style of work is presented here.

Ratna Kaji Bajracharya, Bungmati, Kathmandu

Ratna Kaji Bajracharya, now 70, comes from a family of Buddhist priests and astrologers. He is thus traditionally trained and qualified to practice astrology, herbs, *mantra* and other forms of spiritual healing practices in one package. But in more recent times Ratna thought that his package was not sufficient so he has learnt to march in tune with the times. Now he proudly hangs a stethoscope over his leaning shoulder, makes crude ayurvedic liquids and even checks blood pressure and

heartbeats. With ashes, a small *vajra*, a broom and a horoscope of the patient spread in front of his small table, he hums some Buddhist chants and treats the patient in style. He also offers *puja* to various deities. The new medical ornaments make RK's tool of trade more effective and influential. The ever-grinning RK is a well modified personality compared to ten years ago.

Ratna Kumari (RK), a female healer

Now aged about 45, Kumari was a popular healer in Bhaktapur area when this writer met her about 15 years ago. She received her clients in a three story building at Sallaghari, Bhaktapur. Her financial condition has improved so much that she has moved to a five billion rupee house nearby and uses the whole ground-floor for her services. Fifteen years ago she was a beautiful dame in her early thirties. She used her charms and power to attract her followers who were predominantly young school boys and college-age youths of semi urban and rural areas. With time and with the increase of urban-related psychological problems among young and old she claimed to change her human form into (lowly) animals when required during divining congregation and to attain extra power to heal even more effectively. At times she becomes unconscious for weeks and does not take any food or drink. These supernatural feats have elevated her position well above other healers in the eyes of her devotees, who have now named her *shaktimata*. Her spiritual journey from RK to Srijana devi to *shaktimata* has been economically lucrative, socially prestigious and spiritually powerful. She has been able to expand her network to regions outside Kathmandu.

Unlike RK the male from Bungmati, she is rather famous among females with *boksi* (witch) traits. For those who have other physical ailments, she has blesses water, herbal powder and other down-to-earth ingredients. She accepts no other assistant than her husband, with whom she claims not to have physical relation. Since she has risen in her spiritual ladder, he manages the highly portable dispensary in front of her altar and the royal seat. They have raised three kids together, all of them now grown up to be college students. The success story of RK's progress is the story of a beautiful young lady healer, who has improved her status, prestige and income to a very high level at the expense of the desperate people's faith, young volunteers' efforts, using her attractive style as well as her personality. She appears and lives in her moderate shrine-like residence with the power always on the rise. RK's charming face is not accessible to her devotees as she remains veiled while in trance. She will bless upstairs with her *darshan* on certain days of the week, those who can afford to put big money bills on her altar. RK thus works as a consulting healer also, her consultation fee growing to be more than a MD.

RK of Bhaktapur differs sharply in terms of style, chain of followers, shows and pomp, and the flow of incoming cash and the kind scattered around the healing seat, the family coterie, and above all the location (one is in a rural setting south of the main city of Patan, whereas the other is right on the highway). Her age and femininity also play important pull factor for the crowd, which is willing to pay small amount even to enter the holy compound. Three days a week it seems to become a

mini *mela* (fair) at a pilgrimage site. And, with the *shaktimata*, the living divine healer, residing there in person, this place is a pilgrimage for thousands who feel to suffer from one kind of problem or the other and therefore flock there to seek and find a cure that works and lasts. Her base is thus always secure, the superstructure she is always ready to create, manipulate and maintain at their expense.

The Cinta ceremony

Cinta is the most common feature of the traditional tantric healing in rural Nepal. This phenomenon refers to the special ceremony organized and officiated by one special category of healer – commonly known as *dhami* and *jhankri* – in order to bring the disease-causing evil spirit – be it witch or other spirit – to justice in the presence of the sick person and thus taking the power out of the victim's body.

Cinta is a very dramatic performance where the performer is the main healer, often assisted by his assistant novice. Depending on the skill and fame of the healer, the *mandap* prepared for the purpose may look like a ritual worship place prepared for marriage, initiation or other form of an elaborate *puja* with a big fire in the middle of the yard, and a comfortable moving and dancing space for the performer.

After invoking the deities of his choice, the *dhami* goes into trance. Trance is actually the heart and soul of the *Cinta* ceremony. Once the *dhami* goes deeper and deeper into the cause of suffering, he is in a state of unconsciousness. He comes out and goes back in – all night – repetitively. He takes deep breaths while in trance, shows fighter type energy, thwarts the evil forces to their proper sphere, and coerces them to stay clear out of the victim's body; the sooner, the better, he warns. There is often a duet to be heard in the process – *dhami* questioning and the victim responding in the language (some people claim even in the voice) of the human agent. This is more so in the *boksi* cases. Normally *boksis* do not accept the charges but once overpowered by the expert, they are forced to confess. In the hand of the powerful healer they must leave the victim forever, honouring the power of the healer and leaving the patient to the mercy of the healer. The ultimate goal is: The victim must walk free from all sorts of symptoms and problems caused by the black magic spell cast by the *boksi*. The duet that often takes place during the ceremony is very interesting and worth noting. The *dhami* or *jhankri* keeps forcing the *boksi* to confess and leave the victim. She does not accept the charges but may continue giving reasons for preying on the individual. There are jealousies, personal conflicts, clashes and other issues involved in the attack on the victim by the *boksi*. For other types of attacks, the *dhami* may organize animal sacrifice to appease the divine and demonic forces and restore the health of the patient. In all types of situations, the *cinta* is a hectic, complicated and time consuming ritual organized and understood by experts only.

In the villages, the *cinta* ceremony often takes the shape of a fortune telling gathering. During the trance in progress, people from the audience may ask some questions of their choice and seek advice/answers from him. The queries may range

from marriage date, property loss, or other forms of problems faced by the inquirer. The *dhami* on his part tries to respond to the queries put forward by the audience that has made his performance of the night more attractive and meaningful. He pays them off by offering answers to all their queries.

Even when the healer is not in a state of trance, he still practices healing business/duties. That is, he carries the spirit who has blessed him with the power, and this power sits, as they say in Nepal, “on the back” of the experts. The physical touch involved in healing has thus power to heal. In fact, the healer is a double personality – one, the self, real normal human being, then the god, who alights from the back and comes to his side and assists him during the healing process.

Problems of modern facilities

The range of Nepali spiritual healers is complex, wide and multi-faceted. From the *dhami* communities of Mahakali, Karnali and Seti zones, the Amchi and Ghyabre of Gandaki, the Guruba and Ojha of Tarai, the Deuba and Deuma of Kathmandu Valley, the Bijuwa and the Fedangma of Kirat pradesh, to the priest-astrologers spread all over the hills, and the Lamas of the north, these experts function as spiritual paramedics in all cultures and regions of Nepal. Since the access to our allopathic medical system is geographically and materially limited, the request for and the role of these spiritual paramedics is obvious. Until recently, the ratio of an MBBS doctor and the population was 1:12,000 against the *dhami/janne* population of 1:70 individuals. This data itself proves the inability of the state health machinery to address the health problem of the people. To make the matter even worse, normally no MBBS doctors are willing to serve outside Kathmandu, including Nuwakot or Dhulikhel. The government has not developed scientific and human criteria to attract the doctors to the countryside and improve the poor health condition of the people. Therefore, the map of Nepal is still full of traditional experts who carry the burden as healers with their traditional medical kits and use it uninterruptedly almost for free. Time has put a challenge before them; those who have seen and felt this have managed to modify their package and impress the clientèle without losing their faces and their limited benefits.

The government medical agencies and NGOs have now recognized their role in the rural areas and therefore tapped them as valuable resources in launching awareness related activities. There are examples showing that even with such limited exposure to the new times, they have begun to adapt their style in order to walk in tune with the times. Those who have not been reached by those agencies, have remained unaware of the changing situation and still exert pressure on the people and often play with the life of their clients. There are also those who have been associated with curious researchers from abroad, cooperated with them and have managed to try their luck in the West. A few such experts are reported to have been flourishing in Germany and other countries as rare representative “showpieces” of Nepal marching

in the medieval ages. It is one important way of demonstrating that traditional healing is an important part of Nepali culture that resists change.

Role of the Media

The media is now bringing many *bokshi* cases to light. People are still beating them up, force-feeding them with human excreta and banning them from the villages. Even in city/urban areas, this is taking place on an almost regular basis. Few of them manage to save their life. No one protects them or rehabilitates them after the aggression. Even educated people are often reported to have taken part in humiliating the *bokshis*. If this is the case, we will have to wait long before the *bokshi* mentality is erased from average Nepali's mind and attitude.

There are thousands of NGOs at work in Nepal; the soil of this country seems to be very fertile for their prosperity. A large percentage of them are believed to be working to bring about desired social change in the countryside, among the poor, illiterate, the deprived and the marginalized. This is so sweet and appealing to hear. But the fact is that a large number of these so-called rural based organizations never see the target people, hang around in the city and establish what they call in their language "partners", the CBO (Community Based Organization) to fill in the gap. Where are the awareness campaigns that these organizations are claiming to carry out in their reports? Where are the CBOs and NGOs when a *bokshi* is beaten to death right under their nose? What happens to the social awareness campaigns that are prepared, "implemented" and paid for by the national and international donor agencies? These are vital questions which we should face as we enter the third millennium and are busy working on "millennium development goals" (MDGs). If the society is not ready to abandon old and worn-out practices it is almost impossible to carry the bag of change with our own recipes.

Thanks to the media the *bokshi* and other cases depicting the worst level of social evils and practices are now coming gradually to light. People are still beating up the so-called *bokshi*, force-feeding them with human excreta, and banishing them from their own families, villages and world, while there are no scientific methods to prove or disprove that one is a *bokshi*. Very few are bold enough to come out to save their life and protect their human rights or to rehabilitate them after the aggression.

Conclusion

The healer is the only available recognized healing resource in village Nepal. He is therefore bound to say yes to the clients' calls and requests of all nature and dimensions – ranging from delivery and barrenness to pneumonia and bronchitis, including malarial fever and dysentery to name only a few common malaises. The list can be much longer during some seasons of the year. In all the cases, soul-loss is the obvious cause of diseases. That is, the invading spirit takes hold of the client's soul, weakens the immunity power gradually, renders it unable to function normally

and makes the victim sick. Restoring the strength of the soul, cleansing it from its wrong association and energizing it further to hold the body well is the challenge of the healer who has taken the case in his/her hands. The *chinta* and other rituals are organized by the healers in the healing process. The entire paraphernalia, the attacks on the invader show of the healer's power and prestige in the community, to other fellow-healers and to the public.

The soul-centred healing processes are meaningful. According to the *shamanic* cosmology, the soul is the central power of the body. After some external attacks on the body the soul becomes weaker and cannot handle the situation: the body becomes weak and unable to function normally in the absence of a strong soul. The soul, the body engine, has to be kept in good condition. After all, tracking the lost or weakening soul and bringing it back to the proper order in the body is what the healer is supposed to do. Once he does it, he is triumphant and enjoys satisfaction in what he/she does as an act of compassion, duty and unity with the supreme power, the ultimate healer, be it Shiva, Kali or other forms of divinity.

Are the healing methods discussed in this article still prevalent, popular and effective in Nepal? If so, why? These queries are relevant in this context. In village Nepal, these experts carry on with whatever knowledge and technique they have, mainly because:

- a. There is no alternative healing system;
- b. There is virtually no access to modern health facilities in the villages of Nepal that one could turn to in the hour of need; even if there is, it is not adequate, dependable and easily available;
- c. There are no well-trained health workers in rural areas;
- d. There is much trust in the divine power that heals;
- e. There is also trust in the two diametrically opposite forces – the benevolent and the destructive;
- f. The world of the spirits – both good and bad – is constructed by the believers as a concrete world that can be traversed by *tantric* healers.

During the last years, the government and private agencies working in the rural areas have been working with the healers in order to: a) create awareness among the people on several health related issues such as family planning, disease control, b) use their clout to take the modern health package to the rural mass, c) reduce the mortality rate, especially in water-borne diseases, delivery and other seasonal diseases, and d) gradually motivate the people to move toward the more scientific, modern medical system instead of the traditional *tantric* healing that does not have reliable and demonstrable scientific base.

Traditional healing is not just a rural phenomenon. In urban areas like Kathmandu also, there are plenty of practitioners who deal with the problems of all sorts. Observations have shown that in Kathmandu people visit Kumaris and such experts as *deo-ma*, *gubhaju*, astrologers and priests, Buddhist and Bon Lama priests and other experts to try their luck in issues such as property loss, diseases, friendship

and marriage at risk, family conflict, and of course, the evil-eyed *bokshi*. On the part of the experts, it is their duty to satisfy their clients using all the means they have to find, create and maintain a balance in their life experience. In the rural cultural and social context, a healer is rated on the basis of the satisfaction he/she can provide to the visiting clients.

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