levels of medicine in a central nepali village

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What is medicine? For the average westerner, the word may conjure up images of stethoscopes, pills, and doctors in white jackets. The causes of illnesses are neither spirits which must be propitiated nor unknown forces acting under some cosmic whim; rather, they are impersonal agents, such as viruses or bacteria, which can be clinically tested for and treated. While there is, of course, a variety of folk remedies and philosophies designed to handle specific minor maladies, diagnosis and cure are to the layman rather mysterious processes which are best handled by those who have had the necessary training in biology, anatomy, and pharmacology. "Medicine", to the western mind, is based on the notion that science, with its methodology of research and experimentation, is potentially capable of combatting any sickness and curing any disease.

The villager in Nepal, like his western counterpart, also has ideas about what medicine should be, respect for those specialists who can diagnose and cure, and a faith in the basic validity of the system. This paper will explore methods of healing within a village of central Nepal. As will be seen, there are various techniques of curing - herbal, ritual, western - all of which are integrated into a system designed to deal with the problem of illness and pain.

Lig Lig Dumre,[1] situated in western Gorkha district, is a village of 430 people divided into five caste groupings - Chhetris (141), Damais (77), Kamis (24), Sarkis (40), and Muslims (148). The site was particularly advantageous for the study of village medicine for three reasons: 1) The economic base of the village is still agriculture. A few of the men have gone to Calcutta or Kathmandu to work, yet influences from the city remain minimal and there have been no radical changes in the traditional social order. 2) The presence of both Hindus and Muslims allowed a comparison of two systems of ritual medicine. 3) Approximately one hour's walk from Dumre is the United Mission to Nepal hospital at Ampipal. Providing a wide variety of western health care services, the hospital increases the medical options available to the villagers and adds a new dimension to the local system.

And what is that system? For the sake of clarity, several spheres will be delineated. It must be understood, however, that all of these levels are interrelated; the peasant is acquainted with each of them and some of the principles operating in one sphere are applicable to the others. Further, healers specializing in one type of curing are familiar with the techniques of the

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The jhankri in a state of possession. (Photo by the author)

other village practitioners. In sum, the divisions presented here are a heuristic device; how all of the levels operate together, and how the villager decides which healer to visit, will be discussed later.

When a villager falls ill, he can consult any of a number of local healers. His first step may be to present his problem to family and friends in the hope that some simple advice and a few words of sympathy may be enough to make him feel better. Alternatively, he may head for the teashop where he may be convinced by the owner to buy a bottle of ayurvedic medicine brought up from Kathmandu. If there is a baidhya in the teashop at the time, he may have his pulse read to determine whether the illness was caused by spirits, by anxiety, or simply by too much chili pepper in last night's dinner. A Jaisi Brahman, if he is also there, may attempt to determine by his own methods whether a spirit or god is involved. And, of course, the layman drinking tea will compare the patient's symptoms to his own experiences and offer what he believes to be sound advice. Depending on the diagnosis, the patient may be instructed to boil and drink a certain leaf, worship a certain god, chew a certain root, change his dietary habits, or drink a glass of water into which a verse (mantra) has been blown. Instead of going to the teashop, however, the patient may go in search of the local ritual healer (jhankri). Again, depending on the diagnosis, the healer may say a few mantras, write out an amulet (jantar) for him to wear, tell him to come back at night when he can go into trance and consult with the gods, or recommend that he seek help elsewhere. Should the sickness be particularly acute, the patient may decide that a trip to the hospital is in order. Depending on which healer had been consulted, the cause of the illness could have been attributed to anxiety, an upset in the hot-cold balance of the body, witchcraft, intestinal parasites, or a malevolent ghost. The method of diagnosis could have involved the reading of three different arteries in the wrist, an x-ray machine, or a consultation with the spirits. Cures could have ranged from surgery to exorcism. Not only techniques, but philosphies would have varied; seeing illness as due to the conscious actions of gods (or, in the case of witchcraft, humans) is vastly different from viewing it as due to the impersonal actions of germs. In sum, the peasant experiencing illness is offered a dizzying array of divergent alternatives - from friends' advice to ayurvedic, herbal, ritual, and western medicine. Which form, or forms, of healing he chooses is for him a problem of fundamental importance.

Before discussing the various levels of medicine (aushadhi), it would be advantageous to explore some of the commonly-held beliefs about the way the system works. In all societies, everyone has some knowledge of and familiarity with medical practices. Such knowledge can range from simple home remedies to a sophisticated understanding of physiology. In central Nepal, the repositories of such information are the baidhyas.[2] While most of them can

exorcise spirits, their major role is in dealing with illnesses that are believed to be anatomically based. They are the ones who perform diagnoses and, through their extensive experience with plants, prescribe the cure. Because there is no clear rite of passage to being a baidhya, figuring out exactly how many there are in Dumre presents a problem; within the village, however, there are four men (three Muslims and one Damai) to whom people regularly turn for advice. The majority of baidhyas receive their training from other baidhyas. Yet there are also several books on baidhyako aushadhi printed in Kathmandu[3] which provide remedies for ailments ranging from dog bites to burns to eye infections. While these books are not generally available and many of the baidhyas are illiterate, one of the village healers claimed to have gotten the bulk of his knowledge from these sources. In sum, it is the baidhyas who may be viewed as the general practitioners of village medicine.

The most fundamental of medical ideas is the division of foods and illness into hot (garmi) and cold (sardi) categories. Health involves a balance in the body between garmi and sardi; should an imbalance occur, illness is bound to result. Table I presents a list of those foods classified by informants as "hot" and "cold."

Table I

Garmi - popped corn, chicken, goat, wheat, mango, chili pepper, eggs, cooked cucumber, lentils, biscuits, sugar, tea, home-made wine (raksi), milk bread (both millet and wheat), onion, clarified butter (ghiu), all spices, ginger, garlic, tumeric (besar), tobacco, mustard oil, apple.

Sardi - boiled corn, millet, pumpkin, tomatoes, pulse, candy, raw cucumber, rice beer, radish, lime, lemon, tangerine, potato, bean, gourd.

When asked to tell why a certain food was garmi or sardi, the baidhya's standard answer was "Because it is." Nor could they explain why, for example, cooked cucumber and raw cucumber are in different categories or why millet should be sardi but millet bread should be garmi. While there appeared to be no conscious criteria governing the classification, there was almost universal agreement among the independently-interviewed informants on which food belonged in which category. Also interesting is that fact that both rice and water are considered neutral, i.e. neither garmi nor sardi.

Many of the maladies experienced by the villagers are also seen as either garmi or sardi. Toothaches, which are sardi, can be kept from causing too much pain by a bottle of raksi. Headaches are of two kinds. Garmi headaches, caused by spending too

long in the sun, are cured by resting in the shade. Aspirin should never be taken as it is itself garmi. Sardi headaches, covering all other circumstances, are cured by aspirin. The diagnosis of a particular headache as garmi or sardi is not determined by such questions as: Is it throbbing or dull? Is it on one side of the head or all over? Rather, and quite logically, it is determined by asking the patient what he had been doing when the pain started. If he had been plowing his fields, then his headache is obviously garmi.

While everyone agreed on the classification of toothaches and headaches, other illnesses presented more of a problem. One baidhya, for instance, insisted that if a person has localized body aches and a dryness of the nose and mouth, then his illness is garmi. If, on the other hand, his entire body aches, then the chances are good that it is sardi. Another baidhya maintained that such a simple method of diagnosis is inadequate and that only a proper reading of the pulse can distinguish the two (see below). A second area of disagreement concerned fevers and vomiting. All of the baidhyas stated that fevers can be either garmi or sardi. One, however, claimed that the fever is sardi if it comes only at night and that it is garmi if it comes during the day and night, or during the day only. The others disagreed and insisted that other factors, such as diet, would have to be considered. Getting a definitive classification of vomiting proved impossible. Of the three baidhyas interviewed separately, one said that again, other factors need to be evaluated; another stated that it is always caused by the body being sardi; and the third contended that it can be either garmi or sardi, but that if it was garmi, then the patient had "cholera".[4]

One way of finding out if an illness is hot or cold is, of course, to ask the patient what he had been eating. Too much chicken meat the night before, for example, might demand a diet of tomatoes. Another, more reliable means of diagnosis is through the pulse (naari hernu; lit., "looking at the wrist"). Not only can one discover if the sickness is garmi or sardi, but more importantly, one can pinpoint its exact cause. There are believed to be three major arteries in the wrist, all of which must be read. Speed and strength of the pulse are obviously important factors; yet there are also subtle differences in blood flow that escape laymen, but which baidhyas claim to pick up. For example, there are, as will be seen, 108 evil spirits which can cause the pulse to beat "fast" (chhito). Experienced baidhyas maintain that by "reading the wrist" they can distinguish which of the 108 is at the root of the illness. On a less esoteric level, there are other major readings:

- "slow" (bistarai) - illness caused by pichash, a kind of ghost commonly blamed for minor ailments

- "soft" (gilo) - caused by coughs
- "soft" (naram) - caused by too much sugar or fats in the patient's diet
- "small" (saano) - caused by spicy foods
- "very small" (ekdam saano) - caused by bitter or sour foods (amilo)
- "large" (thulo) - caused by a witch (boksi) having watched the patient eat

Of significance is the fact that while listening to the pulse, the baidhya will ask the patient about his symptoms, diet, and medical history. It's from these questions, as much as from the pulse, that the diagnosis is made. And because the baidhyas read the pulse in both arms, villagers occasionally grumble about the incomplete physical examinations at the hospital, where attention is paid to only one wrist.

Once the diagnosis is made, the baidhya will prescribe the cure. Very often this will involve "blowing" (phuknu) a mantra into food and water and feeding it to the patient (see below). Alternatively, the roots, leaves, or bark of different plants, prepared in various ways, may be recommended.[5] Shilajit (bitumen) is considered invaluable for the cure of stomach aches. Many teashops also carry a small stock of ayurvedic medicines manufactured in Kathmandu; yet aside from being able to prescribe black pills for coughs and yellow ones for stomach aches, the baidhya knows as little about these medicines as the average American knows about the remedies bought in the pharmacy.

In addition to dealing with illness, the baidhyas also serve as the repositories of local medical knowledge. Which foods are good (e.g. limes because they "clean the blood"), which are bad (e.g. corn because it causes stomach upset) and which are to be periodically avoided (e.g. sugar and peanuts when you have a cough) are only a sampling of the kinds of advice offered by the baidhya. For their services, the baidhya usually receives no payment beyond a cup of tea or a cigarette supplied by a grateful patient. Only if a special herb or prolonged treatment is required does a few rupees change hands. One Muslim baidhya explained that he heals people for "good works" and that the acceptance of money would cancel out the religious merit he would otherwise receive.

The type of medicine described thus far is one with which a western doctor might feel reasonably comfortable. Granted, the specific methods of diagnosis and cure are different than those in a western hospital; yet the system is still based on the notion that health and illness are organic and physiological in nature. It is when the discussion turns to ritual medicine that a shift in paradigm is necessary. While on the conceptual level the Hindu and Muslim systems are significantly different, the Muslims have, in practice, adopted many of the Hindu beliefs and practices. What

will be presented, therefore, is the Hindu system; Muslim variations on this theme will be discussed later.

When discussing ritual medicine, the basic premise that sickness is caused by impersonal, unsentient agents must be laid aside. All of the spirits, be they witches or ghosts, choose their victims, decide the nature of the illness, and verbally argue with the healer. It is a highly personal system in which social and psychological factors play as important and as obvious a role as the medical factors.

According to the local Hindu cosmology, there are 108 gods, 108 goddesses, and 108 kinds of spirits. While all of them are theoretically capable of making a person ill, none of the goddesses, and only one of the gods (naag), were involved in any of the cases studied during the research period. It is primarily the spirits (jaasu) which figure prominently as the cause of sickness. Yet of the 108 jaasu, most of them, such as sanaichar (who harms seven-and-a-half year old children) and ulka (who controls meteors and comets), are unknown to all but a few of the villagers. In the final analysis, it is only six of the 108 jaasu - boksi, masaan, dankini, bai, pichash, and vir - which are held responsible for the great majority of illnesses.

But before giving a brief description of the various jaasu, one rather crucial point must be made. The illnesses treated by both baidhyas and western doctors cover essentially the same range - headache, fever, dysentery, etc. Yet those specializing in ritual medicine must learn to deal not only with these ailments (all of which may be caused by a jaasu), but with one other as well. Trance (kaamnu), the possession of a person by a jaasu, can manifest itself in different degrees of ecstasy, ranging from mild possession, in which, for example, only the patient's hand is trembling, to full possession, in which the jaasu speaks through the patient and "plays with the brain" (dimaag khelaaunchha).[6] The trance can be either spontaneous, in which the spirit comes of its own will, or induced by the shaman. Further, it may be the only manifestation of the illness or it may be accompanied by any number of symptoms.

The most important of the jaasu, and the most feared, is the boksi, or witch. Unlike the other spirits, which are non-corporeal, the boksi is a woman living in the village who is believed to have the power to cause illness. Their identities are generally well-known to the people of the village, although there is occasionally doubt as to the extent and frequency with which some of them practice their art. This doubt stems in part from the way "boksihood" is acquired; rather than inheriting the necessary powers, one must learn the knowledge (gyaan) through a long apparenticeship under the guidance of an experienced boksi. It is said that a boksi must teach her daughters and her sons' wives. I was told of one woman

in the village who, upon finding that her mother-in-law was a boksi, fled to her natal home for six years to escape having to learn the gyaan, returning only after her husband had moved into a house of his own. There is no inherent reason why a boksi cannot train a non-kinsman, but as one informant succinctly stated, "Would you trust an outsider with all that power?"

Sunday, Tuesday, and Thursday are the nights on which boksis hold their worship to masaan. On these occasions it is believed that the boksis don iron dresses (visible only to other boksis, thus making them appear naked to everyone else), disshevel their hair, and congregate at a prearranged spot. What occurs at this worship was a matter of sheer speculation among my informants; none of them had ever seen these meetings and they all maintained that any non-witch who did witness them would die.

One interesting point on which informants expressed disagreement concerns itself with the ability of the boksi to cause harm to a healthy person. Some villagers asserted that a witch could harm a person at any time. Others contended that she could not cause illness unless her victim already had some malady, however minor. For example, a boksi could not by herself cause a headache, but once a person had a headache, she could increase and prolong the pain. Similarly, a scratch or cut is said to occur through happenstance, but after occurring could be used by the boksi as a vehicle for inflicting greater harm.

Turner defines masaan as "burning ground where the dead are burnt; burial ground; cemetary; - ghost."[7] Hitchcock refers to masan dokh as the "Graveyard Spirit."[8] In their descriptions of masaan, the villagers certainly emphasized this macabre aspect. He is said, for example, to live in the river near the cremation grounds and to emerge every night to count the grains of sand along the bank. But more important, masaan is the king of all the jaasu. Thus, at the start of a healing ceremony, a shaman must always invoke the name of massan, and the successful completion of a ritual cure will often require that a chicken be sacrificed to masaan. The chicken, in fact, serves as a vehicle through which the illness can be removed from the patient's body. On the occasions I have seen a chicken used, the shaman repeatedly rubbed it along the affected part of the patient's body in the belief that the pain would be transferred to the animal.

When a boksi dies, her spirit is transformed into a dankini. Described by one informants as "the wife of masaan", the dankini is, like masaan, purely malevolent. At one healing ceremony I attended, the patient jumped up while in a trance and shouted that a dankini had entered the room. It was only after the shaman had taken the necessary steps to scare it away that the healing was able to continue.

There exist in the village cosmology two kinds of spirits that could be identified as "ghosts" - bai and pichash. If a corpse is touched by a tiger, jackal, rat, cat, cow, dog, snake, or (if the deceased was of high caste) a low caste individual, it is believed that the ghost (bai) of that person will return to harm his patrilineal kin. The bai can be either male or female; even a child can become a bai if he has died at least eleven days after birth, the traditional time at which names are given. How soon after death the bai appears varies greatly. In one case, the bai returned within a year after his death; in another, three or four generations elapsed before the ghost made its presence felt.

Regardless of when the bai emerges, its discovery and propitiation follow a fairly consistent pattern. When a person becomes sick he will attempt to determine the cause. While a shaman (jhankri) may decide that a bai is responsible for the illness, he cannot, initially at least, identify who that bai was in life. The ghost at this point is referred to as a kaacho bai(lit., "unripe bai") and is capable of inflicting its greatest harm. After an undetermined period, the patient, or a member of the patient's family, will go into trance. This shaking is caused by the bai and is taken as a sign that the ghost is anxious to reveal its identity. Once that person (called the daangri) goes into trance, a jhankri will be called in and the bai will be urged to reveal who he (or she) is, why he has caused the sickness, and what must be done to appease him. Eventually, the bai will speak and reveal his identity and the necessary method of propitiation. Very often this includes the building of a small temple (baithan) the sacrifice of a goat or chicken, and periodic worship.

A pichash, like a bai, is a "ghost, goblin".[9] Unlike the bai, however, the pichash is not the result of a body having been touched after death. Rather, it is the ghost of someone for whom the proper funerary ritual had not been performed. Again unlike the bai, the pichash can harm anyone in the village, not just his patrilineal kin. Further, the pichash is localized; he has his own spot in or near the village which villagers avoid at sunrise and sunset, the two times he is believed capable of doing his greatest harm. Should it be decided that a pichash is responsible for an illness, a relatively simple cure is prescribed. Food is set aside for the ghost at a cross-roads. Ghiu is then burned in the hope that it will attract the pichash. Once it is thought that the ghost has arrived, the healer will then chant a secret verse and thus cure the patient.

In addition to the witches and ghosts discussed above, there are fifty-two varieties of a spirit called vir. The invisible vir are inherently neither good nor evil; their role depends on who controls them. Should a boksi gain dominance over a vir, she can send it to cause illness. Should a jhankri control it, he can send it to protect health.

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The determination of whether an illness is caused by a jaasu can be made by almost any of the village healers. Jaisi Brahmans can make the diagnosis and, if a god is involved, prescribe the correct worship (puja). But for a variety of reasons, the villagers of Dumre only rarely consult with these healers. First, the nearest Jaisi lives two villages away. Second, should it be found that a boksi or bai is responsible for the sickness, the Jaisis, because they do not go into trance, are often unable to follow through on a cure. Finally, Jaisis are often ignorant of such practices as reading the pulse and are unfamiliar with herbal remedies.

Baidhyas, because they can operate on both the herbal and ritual levels, are in greater demand than the Jaisis. How they perform diagnoses and initiate cures has been described earlier. In cases of jaasu-related illnesses, their medical kit consists primarily of secret verses (mantras). How these mantras are used, i.e. the form of the cure, varies greatly. Assume, for example, that it has been determined that a pichash is responsible for a certain patient's stomach ache. While one baidhya might say his mantra into a glass of water and then feed it to the patient,[10] another might blow it directly onto the patient's stomach, all the while hitting him with a small broom. Another method is to blow the verse into rice which is then cooked and eaten. Alternatively, I saw one case in which a Muslim baidhya treated a Newar's upset stomach by blowing into a bottle of raksi. Mantras can be in any language - Nepali, Hindi, Urdu, or Arabic - and some baidhyas even have verses in a secret language understood only by them.

Yet when it comes to the exorcism (jhaarphuk) of spirits, baidhyas operate under a severe limitation. Since they do not go into trance, they are unable to consult with the gods and pinpoint the cause of the illness. Knowing that a boksi is at the root of the problem is the necessary first step. But being able to determine who that boksi is, why it has made the patient ill, and what must be done to propitiate it, are the essential elements of a permanent cure. Where the illness is due to the action of a pichash or weaker boksi, the mere blowing of a mantra may be sufficient. But in cases of severe illness involving a bai or a powerful boksi, baidhyas, because they cannot make the crucial specific diagnosis, can at best offer only a temporary alleviation of the pain. One jhankri maintained that if a person has been made sick by a boksi (boksi laagyo) and comes to him within ten or twelve days after the onset of the illness, then a mantra blown into water would in

itself be sufficient; but if the patient were to delay visiting him and allow the illness to become well-advanced, then full treatment, with trance and possession by the gods, would be necessary to complete the cure.

The ritual healers par excellance are the jhankris. In Dumre there is only one jhankri, a Damai. There are others nearby, however, and the villagers have a pool of five or six to choose from. Each has his own specialty - i.e. one is reknowned for his ability to exorcise boksis, another for his experience with bais - and the villagers choose their shaman on that basis. Unlike the jaisis or baidhyas, jhankris are capable of making a precise identification of the witch or ghost.

The power of the jhankri stems from his ability to communicate with and control the spirit world. Despite the great variety of illnesses with which the jhankri must deal, all healing ceremonies (aushadhi garnu; lit., "to do medicine") follow essentially the same pattern. First, the shaman will use his gyaan to establish contact with, and become possessed by, the gods. Which god (or gods) he calls (jhiknu; lit., "to pull out") is strictly a matter of choice; each shaman has his favorite god whose counsel he values and trusts. Very often the advice of only one god will be needed. Occasionally, however, the complexity of the illness or the refusal of the offending spirit to leave will demand consultation with several deities. At one healing I attended, the jhankri was possessed by, and received conflicting advice from, five gods. Once the jhankri has become possessed, he will summon the spirit responsible for the illness and demand that it possess the patient. After the patient has gone into trance, the jhankri will leave his trance and question the spirit: "Are you a boksi? Are you a bai? Why have you made this person ill? What must be done to get rid of you?" At no point does the jhankri as the spirit its name; rather, only by indirect questions (e.g. "How many sons do you have?" "Are you a Chhetri or a Damai?" "Is you home north or south from here?") does the jhankri gain enough clues to learn its identity. Jhankris claim that demanding the spirit's name would cause unnecessary offense and make the cure more difficult. Some villagers, however, maintain that the indirect method of interrogation and the ambiguity of the clues provide the shaman with an excuse should the cure prove ineffective. Because the initial identification of the boksi, bai or other jaasu comes from the daangri (trancer) himself, the daangri, in effect, performs a self-diagnosis. Periodically, however, the jhankri will re-enter an ecstatic state and, after a consultation with his own gods, pass judgement on the veracity of the daangri's claim. If the daangri (or more accurately, the spirit speaking through the daangri) has told the truth, then the healing will proceed to the issue of how to exorcise that spirit. If, on the other hand, the jhankri's

gods fail to confirm the self-diagnosis of the daangri, then the whole process of identifying the spirit must begin anew.

The jhankri must not only determine the cause of the illness, he must also prescribe the cure. In the case of a vir or a bai, this involves worship and the sacrifice of an animal. With boksis, however, more aggressive tactics may be necessary. It is thought that once the patient is possessed, all physical sensations are felt not by the patient, but by the boksi.[11] The jhankri, therefore, often beats the daangri (i.e. the boksi) in the hope that this will persuade the witch to leave the patient for good. In the local idiom, it is said that the boksi "eats" (khaanu) its victim. To ensure the success of the cure, the shaman will sacrifice a chicken and "feed" it (in a symbolic sense) to the boksi as a substitute for the patient. If need be, the jhankri can threaten to use his own gyaan to kill the boksi's own children. The ultimate aim is to receive a promise from the witch that she will cease harming the patient, but because witches are such evil characters to begin with, no one is ever really sure whether her assurances can be believed. If the patient does not get well, it is common to blame the perfidity of the boksi. This results not in the denial of the validity of the system, but rather in the belief that stronger measures (e.g. beatings) will be necessary the next time.

To a westerner, the whole idea of spirit possession and ritual healing might appear as a rather futile exercise. And for some illnesses, such as tuberculosis or leprosy, it is. Yet it must be remembered that a great many maladies, such as stomach aches and sore threats, are self-limiting, i.e. they get better whether or not any action has been taken to cure them. Thus, a headache which was "cured" by aspirin might probably have gone away just as quickly had the patient drunk water into which a baidhya had blown a mantra - or had the patient done nothing.

But far from being a superfluous addition to an ailment's natural course, ritual healing is valuable in the treatment of certain kinds of social and psychosomatic illnesses. To demonstrate the role of the jhankri as a social broker, summaries of three case studies will be presented. As an introductory note, it is important to understand that the need for everyone "to get along" (milnu) is a strong village ethic; public accusations and fights are discouraged and the person who consistently shows his anger is labelled by the villagers as "stupid". As the following examples will show, ritual healing provides a mechanism through which private grievances may be publicly aired.

> 1) Approximately eight years ago, a woman in a neighboring village accidently killed her son. Afraid of the consequences, her family conspired to blame another man who, after a

police investigation, was sent to prison for six years. Upon his release and return to the village, he goes into trances. A _jhankri_ was hired and the man, while in trance, claimed that his illness was being caused by the _bai_ of the murdered son who wanted the truth to come out. The woman's family, again afraid of the consequences, produced its own _daangri_ who claimed, while in a state of possession induced by the _jhankri_, that the _bai_ was not that of the murdered son, but rather that of a man who had gone to India generations before and had died there. Clearly, both sides were using the medium of shamanism to vindicate themselves. The parties to the conflict could have gone around the village protesting their innocence. Yet by resorting to the use of _jhankris_ to get their message across, their arguments were not only presented in a more socially acceptable forum, but also carried the sanctions of the gods.

2) The second case involves the woman mentioned earlier who ran away when she discovered that her mother-in-law was a _boksi_. For a variety of reasons, the two women do not get along. Last summer the younger woman had a son but was unable to provide milk for it. Aside from nutritional deficiency, anxiety is the prime factor leading to failure to lactate.[12] Eleven days after her son's birth, at the traditional naming ceremony, the mother asked the Jaisi Brahman for a diagnosis. The Jaisi, after asking the pertinent questions, said that the illness was due to her having offended _Naag_ (the snake god), that she would have to do _puja_, and that she would be able to feed her son within a week. After two weeks had passed with no improvement in her condition, she and her husband finally called in a _jhankri_. While the _daangri_ was in a state of ecstasy, the spirit identified herself as the patient's mother-in-law. When the cure was finished, the _jhankri_ assured the woman that the spirit had been exorcised and claimed that within four days she would begin to lactate. After three days the woman did, in fact, begin to produce milk in small quantities, and after a week she was able to feed the child without the need of a wet-nurse. While the timing

may have been coincidental, the more likely explanation is that psychosomatic factors (i.e. her unfortunate relationship with her mother-in-law and her trust in the *jhankri*) had an influence on her ability (and inability) to feed her son.

3) One night after the completion of a healing session, a young Kami girl who had been sitting there watching started to spontaneously go into trance. It turned out that the girl was being possessed by her elder brother's wife, a *boksi*. The spirit revealed that she wanted to kill the *daangri* because she wouldn't give her (the *boksi*) any food, because she had had sexual relations with men of other castes, and because "she is evil." On one level, it could be said that the woman was verbalizing guilt feelings. But what is of significance here was the role of the *jhankri*. In a cross-examination that lasted over an hour, the *jhankri* trapped the *boksi* in a logical dilemma: yes, the *daangri* is evil, but religion says that murder is also evil, and if the *boksi* killed the *daangri*, she (the *boksi*) would be as much of a sinner as the *daangri*. Once he got her to admit to the contradiction, the *jhankri* immediately changed tactics. Rather than arguing with the *boksi*, he sympathetically told her that everyone knew about her problems with her sister-in-law, that they all agreed that the *daangri* had treated her badly, and that he would speak to the *daangri* when she left the trance. In return, the *boksi* promised that she would do no further harm.

In each of these three examples, the *jhankri* served a different function. In the first case, he was the mechanism through which the actors expressed otherwise unexpressable conflicts. In In the second he performed a psychotherapeutic function, helping the woman overcome her anxieties. And in the third example, he functioned as a social worker, arbitrating in a domestic dispute. In sum, one must view *jhankris* not only as practitioners dealing with physiological problems, but also as an important component of the social network. The significance of that role is recognized by the villagers as well. One *jhankri* complained to me that people are always trying to bribe him into naming their enemies as the *boksi* responsible for an illness. In one instance, a patient promised him eight chickens and fifteen bottles of *raksi* if he would confirm his story. Once, when I asked whether I could be *boksi laagyo*, the *jhankri* replied, "You haven't, but you could.

But why should you? You're a foreigner, you haven't made anyone angry at you, you don't have land, you don't hire labor, you don't go around criticizing people. Do you? So why should a boksi hurt you?" In effect, the jhankri was confirming the social origins of certain illnesses. And once that assumption is made, the healing process as well must operate on the social level.

It is the Hindu system of ritual healing which has been described thus far. Yet the Muslims of Dumre also have their own concepts concerning illness and curing. The most fundamental of these relates to the classification of spirits. As has been noted, Hindus believe that there are two types of ghosts - the bai and the pichash. Muslims, however, maintain that there is only one kind of spirit, the deoti. A soul becomes a deoti, not by the corpse having been touched by an animal or by the funerary rites not having been performed, rather, only a person who has died a "bad death" - either by fire, drowning, falling from a tree, hanging, or having been killed by a bear or tiger - becomes a deoti in the afterlife. Like the bai, the deoti possesses only its patrineal kin and causes all sorts of ailments. Yet here the similarity ends. While the illness may be felt at any time and any place, the actual trance can occur only at night and only near the hearth (chuhlo) inside the house. Once it has been determined that a deoti is involved, the members of the household must clean the house and bathe, after which a Muslim curer is summoned. The healer is never referred to as a jhankri, but instead as a jaanne (lit., "knower"), a term also applied to the Hindu jhankri. The distinction between the jaanne and jhankri is more than just a linguistic technicality. What is crucial is that the Muslim jaanne does not go into trance. When the time comes for calling up the spirit and urging it to possess the patient, the jaanne merely reads the Koran and lets it be known that the deoti's presence is required. The deoti then comes and possesses either the patient or any of his patrilineal kin who are present. Yet here, too, a terminological problem arises. As noted, states of possession among the Hindus range from a simple trembling of the hand to a complete state of ecstasy. Among the Muslims, however, possession entails merely the quivering of the hands, during which time the deoti speaks through the daangri's mouth. There is never an altered state of consciousness and the man in trance can listen to what the deoti is saying, smoke a cigarette, even walk around.[14] The jaanne does not have to argue and fight with the deoti as the Hindu jhankri does; it is expected that the spirit will be honest in revealing its identity and the reason it has caused the illness. Exorcism consists of a reading from the Koran and the feeding of sirni (a type of bread made from millet or rice, sugar, and ghiu) to the people present. To ensure that the deoti does not return, the jaanne may make a palita (a written amulet similar to the Hindu jantar but which contains verses from the Koran).

When asked what happens to a person's own mind while in trance. one jaanne replied, "Nothing happens, the deoti just speaks through his mouth. Hindus are afraid of their gods (deota). Ours do absolutely nothing." He then went on to explain that under some circumstances, the Muslims even ask a deoti to possess a healthy person. If, for example, an object has become lost, it is believed that a deoti has the power to come and reveal where it may be found.

The Muslims, therefore, have their own ideas about spirit-related illnesses and cures. One fascinating question concerns the relationship between the Hindu and Muslim systems. When asked to comment on the healing practices of the other group, both Hindus and Muslims expressed doubts about their effectiveness. One Hindu stated that he could not understand how the Muslim jaannes could cure patients if they neither went into trance nor sacrificed chickens. A Muslim, on the other hand, summed up his opinion of jhankris by saying, "I'll tell you what they do. They call up all kinds of devils and then they fight those devils with their own. Then, they tell you they need a chicken. And they need rice. Then they eat the chicken and the rice. It does nothing." On this level, therefore, it would seem that the two groups have no respect for each other's medical systems.

But when an examination is made of what the members of both communities actually do, the picture changes radically. Because the Hindu bai can harm only patrilineal kin, they are of no concern to the Muslims. But boksis, pichash, masaan, and vir can harm anyone, and despite claims by the more orthodox to the contrary, the Muslims of Dumre believe very strongly in their power and readily admit to it. In effect, they have integrated elements of the Hindu spirit world into their own belief system. On the one hand, Muslims claim that the form of trance experienced by the Hindu jhankris is inspired by the devil (shaitaan); in dealing with the deotis the jaannes do not need to enter a state of ecstasy. On the other hand, however, Hindu concepts of ritual medicine are based upon the premises that the jaasu themselves cause people to go into trance and that only through a trance can a proper cure be initiated. And for the Muslims, this poses a dilemma - how can you justify the regular use of a practice which is both recognized as necessary and condemned as satanic? For the majority of Muslims the problem is resolved by employing both the Muslim jaannes and the Hindu jhankris. For minor exorcisms, the jaannes read the Koran and say their mantras. Should the cure be unsuccessful, however, they will then hire a jhankri to go into trance and consult with the gods. From the Muslim point of view, the integration of the two systems is demonstrated by the fact that one day the religious leader (wastaj) of the Muslims said that he was suffering from a headache caused by a pichash - and that he had received the diagnosis from a Jaisi Brahman.

The Hindus, for their part, have incorporated Muslim elements into their healing strategy. Some of the Hindus value Muslim _mantras_ more than those of their own _jhankris_ and _baidhyas_. The reasons given for the preference were vague, but one high-caste Hindu said that he believed the Arabic _mantras_ were more effective because he could not understand them. One _jaanne_ had a different explanation, based on his perceptions of the relative hygiene of the Hindus and Muslims. "We rinse ourselves after we defecate; the Hindus don't. How can _mantras_ work if you are not clean?" If the Muslim healers fail to cure, the Hindus will resort to a _jhankri_. But what if the patient's health still does not improve? In some cases, those with enough money make a pilgrimage to _dargah_, just across the border from Raxaul. What is significant (and surprising) is that _dargah_ is a Muslim holy place.[15] According to one Hindu who had just returned from there, the cure consists primarily of a session with a Muslim "_jhankri_" who, while in a trance, commands the patient to "throw off" the spirit. A Muslim _jaanne_, on the other hand, insisted that the healer does not go into trance; rather, it is the mere holiness of the place which exorcises the _jaasu_. In any case, the patient who wishes to be cured must sacrifice a chicken to Allah and donate money and rice to the shrine. One Hindu, when asked whether he felt uneasy about engaging in what was essentially worship to the Muslim god, simply said, "It works."

Before discussing the role of western medicine in the village, it would be beneficial to briefly summarize the arguments presented thus far. In one sense, there are various levels of medicine (herbal, ayurvedic, ritual) and various kinds of healers (_baidhya_, _jhankri_, Jaisi, _jaanne_). Yet all of these components are integrated into a complete and interrelated system. The method of diagnosis is the same regardless of whether the illness is caused by too much _sardi_ in the body or by a _boksi_. Further, both herbal and ritual cures are used simultaneously. For example, a patient undergoing treatment by a _jhankri_ will often ask the _baidhya_ for medicine to alleviate the painful symptoms; similarly, a person with, say, a cut might ask the ritual healer for a _mantra_ to protect him from spirits (see below). _Jhankris_ are familiar enough with herbal medicine to prescribe the leaves and roots of various plants; _baidhyas_ have the _mantras_ to perform minor exorcisms (indeed, the three Muslim _baidhyas_ are also _jaannes_); and Jaisis can diagnose the illness and send the patient to the appropriate specialist. In sum, while there are spheres of medicine, they all operate within the context of a larger system.

The United Mission to Nepal hospital at Ampipal, situated one hour's walk from Dumre, has been in existence for approximately seven years. With a staff of three doctors, several western nurses, and a large staff of Nepalis, the hospital is equipped with an x-ray machine, an operating room, an out-patient clinic, a laboratory, and a well-stocked pharmacy. Just as important as

the facilities it offers, however, is its approach to medicine. Basic understandings about the nature of illness, the methods of diagnosis, the techniques used in treatment - all are western in orientation. There is no discussion of boksis or mantras, and patients are never referred to a baidhya or jaanne. In short, the medicine offered at the hospital varies greatly, both in philosophy and content, from that of the village healer. The doctors and jhankris operate under different assumptions and each is more than a little mystified by the practices of the other. On that level, it would be tempting to say that the two types of curing represent separate and irreconciable systems which are competing for the attention and loyalty of the villagers.

Yet from the villagers' point of view, the problem is not one of opting for one method at the cost of repudiating the other; instead, it is one of deciding which form of curing is more effective given a specific illness. The villagers have had enough experience with both the hospital and the baidhyas to have developed a certain amount of sophistication about their relative effectiveness and limitations.

Before discussing when, and for what ailments, the people go to Ampipal, it is necessary to explore village attitudes towards the hospital. Among the Hindus and Muslims, there is a strong ethic in favor of doing "good works" (raamro kaam) for the purpose of religious merit. People assume, therefore, that the missionaries have come to Nepal for the same reason and there is the underlying feeling that by going to the hospital they are doing the missionaries a favor by allowing them to acquire their own form of religious merit. There is also an economic side to the hospital: for many people it is a place where menial jobs are paid well, where agricultural surpluses can be sold, and where academic scholarships are provided to those who believe (or profess to believe) in Christianity. Just as crucial is the fact that, for the Nepalis, the hospital is a symbol of the wealth and development of the western world and, by implication, the poverty and underdevelopment of their own. One night, while sitting outside, one villager looked across the valley to the electric lights at the hospital and remarked, "It would be so nice if we could have lights like that here. But we're so backward, what can you do?"

The villagers often express more specific attitudes about the hospital which have a bearing on whether or not they go there for treatment. A common complaint concerns the amount of time they have to wait - to get their card, to see the doctor, to pay, to pick up the medicine. Unless the out-patient clinic is exceptionally busy, the patient can be back home by the early afternoon. Yet regardless of how long it takes, he is still in the position of having to lose a day's wages or neglect his fields. The clinic operates efficiently, but when comparison is made with the baidhya, whose diagnosis and cure can take five minutes, a visit to the

hospital is inevitably seen as a long, wearying process.

Another factor working against the hospital is its cost. By American standards, medical care at Ampipal is amazingly inexpensive - Rs. 20 for a chest x-ray, Rs. 1 for thirty aspirin, and Rs. 2 for laboratory tests.[16] Yet by the time the various bills have been added up, the total cost can sometimes reach as high as Rs. 30 and 40 - a considerable sum for a peasant who earns an average of four rupees a day, baidhyas, on the other hand, do not take any money, and jhankris charge approximately Rs. 15 to 20 for their work. Of course, should prolonged and complicated treatment be necessary, both jhankri and hospital expenses can be extremely high.

A third consideration concerns itself less with the actual operation of the hospital than it does with the villagers' expectations of western medicine. Cures should be immediate and any illness which does not improve right after the "eating of medicine" (aushadhi khaanu) confirms the views of some that the hospital is just a waste of time and money. The problem is exacerbated by the fact that as soon as an improvement is noted, the patient will stop taking the medication. And then, should the illness recur or fail to go away completely, the blame is often placed on the hospital. Finally, to the villager's way of thinking, the methods of diagnosis at the hospital do not always meet the standards set by the baidhyas. As mentioned previously, the fact that the baidhyas read the pulse in both wrists makes the doctors' reading of one wrist seem incomplete. Further, because the villagers believe that the stethoscope should be placed on the stomach, not the heart, some people are skeptical about the care they receive at Ampipal.

In the majority of cases, treatment at the hospital is sought only after village cures have been attempted. Given the fact that the baidhyas' services are cheaper, faster, and closer than the doctor's, it is only logical that villagers should seek out the local healer first. But more than just convenience, the village healer has the advantage of being able to deal with spirits. One informant stated that, "Hill people always think that all illnesses are caused by jaasu. It's like their first aid." Doctors operating under western concepts are viewed as unequipped to deal with boksis and any illness involving trance is immediately brought to the attention of the jhankri. The ritual side of medicine is never mentioned to the doctors in the belief that "they just wouldn't understand" or that "they would laugh at our ignorance." One man whose wife had been in trance declared, "If it was an upset stomach, I could take her to the hospital. If it was TB, I could take her to the hospital. But it's not an upset stomach and it's not TB, so what's the use of taking her to the hospital?"

Yet the fact remains that the villagers do go to the hospital. When asked to list those illnesses which they thought were best treated at Ampipal, people gave various responses. One young

Chhetri claimed that only cuts, fevers, and broken bones should be taken to the clinic. A Muslim jaanne placed worms, cuts, and burns in his list but then added that stomach problems should be included, should the medicine of the baidhya fail. The jhankri maintained that for sickness not involving spirit "the hospital has won" but that "the hospital can't cure illnesses caused by jaasu."

A model consisting of spirit-nonspirit, jhankri-doctor dichotomies, however, would be too simple to explain how the villagers manipulate the medical options available to them. On both the practical and conceptual level, western medicine is integrated into the village system. One example might serve to demonstrate how different strategies are employed in the curing process. In early 1975, the owner of the teashop began to suffer from severe abdominal pains. One person who had been sitting there decided that it must be constipation and, after lying him down on the floor, started to rub mustard oil onto his belly. After ten minutes his stomach began to rumble and this was interpreted as a good sign. He was then fed three packets of a worm medicine manufactured in India, after which a towel was tied around his waist as tightly as possible in the hope that that would get his bowels moving. After an hour his condition still had not improved, and when he began to vomit it was interpreted by the crowd that had gathered as a sure sign that he was boksi laagyo. A Muslim jaanne arrived and blew mantras on him, all the time waving the air over his stomach with a sickle and hitting him with a small broom. He finally said a mantra into water and had the patient drink it. By evening he was still in pain and discussion turned to whether or not he should be taken to the hospital. One group favored carrying him to Ampipal immediately, another recommended calling in a jhankri to exorcise the boksi, and yet another group thought that it might be best just to sit tight and hope that it got better by itself. In the end he was carried home and a jhankri was summoned. The jhankri did not go into trance, but he did confirm the earlier diagnosis that a boksi was responsible. He too blew mantras and wrote out a jantar for the patient to wear. Two days later, after he had begun to feel better, the patient went to the hospital where he had a full examination and was given an injection and pills. Within a few days he was back working in the teashop. Whether the cure had come from the jhankri, the hospital, or whether the teashop owner would have gotten better anyway is irrelevant for this discussion. What *is* important is that all medical possibilities were tried.

It was stated earlier that if a person's illness involves trance, hospital medicine is considered useless. Yet should a jaasu cause others forms of sickness, such as stomach pains or fever, then while only a jhankri can initiate a final cure, the hospital can alleviate the pain. For example, a fall from a tree might be explained as having been caused by masaan entering a person's brain and making him dizzy; yet it is generally agreed

that the resulting broken arm is best taken care of at the hospital.

An important theme running through many of the villagers' discussions about medicine is the previously noted belief that any ailment, however minor, gives a boksi the opportunity to cause additional suffering. Throughout the research period I was constantly being asked to bandage cuts. The need arose not from a fear of complications due to bacteria, but rather from the fear that an open wound would be an invitation to a boksi to increase and prolong the pain. What is interesting is that western medicine (in this case antiseptic ointment and band-aids) is seen as a means of prophylaxis against the spirit world. One young man went so far as to say that the hospital serves as a sanctuary within which the jaasu cannot enter. Everyone else I spoke to disagreed with this claim and explained the advantage of western medical practice in such terms as, "If you take hospital medicine you get better faster and the boksi has less time to make you sick." If there is the suspicion that a boksi (or other jaasu) has already begun to work to the patient's detriment, a ritual healer will be asked to provide the necessary mantras or jantar. One man who had been stung by a wasp went immediately to the hospital for treatment; yet when his arm continued to swell up he had a baidhya blow a mantra onto the affected area. Another person who was being treated for tuberculosis at the hospital had a baidhya come every day, not because he thought that his disease had been started by a boksi, but because he did not want a boksi to take advantage of his condition.

Village and western systems of medicine, therefore, do not operate at the exclusion of the other. From the patient's point of view, the building of the hospital merely increased the options available to him. Which form of curing he will seek depends on many factors - education, wealth, previous experience, pressures from family and peers, age, and travel, among others. It also depends to a great extent on his own perceptions of the nature of illness. For example, when a "crazy" (bolaha) woman from a nearby village came through Dumre, some people explained her condition as being due to two jaasu possessing her simultaneously and fighting for control of her mind; others maintained that her mental illness was the result of her brain having "dried out" (gidi sukyo). Which cause is believed by her kinsmen to be the most accurate will obviously have an effect on which form of curing is sought.

In the final analysis, medicine is based upon faith - faith in the ability of the healers, faith in the methods of curing, and faith in the philosophy and cosmology upon which the system is built. A westerner unfamiliar with village curing practices would undoubtedly look upon the trance of the jhankri with amused horror. Similarly, the increase in hospital visits over the past seven years[17] is indicative of the faith the villagers are increasingly placing in the hospital.

No system of medicine can guarantee a one hundred percent rate of cure. A patient in the west whose condition does not improve does not resolve that he will never again enter a hospital. Rather, he might ascribe the failure to the incompetency of the doctor, to a faulty diagnosis, to a malfunction in the testing equipment, to the prescription of the wrong medicine, or to his own failure to strictly follow the doctor's advice. All sort of excuses are built into the system and rarely will the patient throw up his hands and repudiate all that he had previously thought of as "proper medical care."

The villager as well has means for rationalizing medical failures. It is possible, for example, that the leaves he picked were too dry to be effective. Or perhaps the _baidhya_ had made a mistake in the reading of his pulse or the recitation of his _mantra_. If the healer had been a _jhankri_, it may have been that the _boksi_ had lied when she said she would leave, or the _jhankri_ may have consulted with the wrong god, or more probably, the _boksi_'s _gyaan_ was stronger than that of the _jhankri_. As with the western patient, faith is never shaken in the basic validity of the system.

One day a villager came to me and told me that his wife had been menstruating for over a week and that he was going to call in a _jhankri_ to cure her. The following morning I asked if she had gotten better and from a western point of view, his response was strange: "It's too early to tell. If she gets better, I'll take her to the hospital. If she doesn't get better, I'll go back to the _jhankri_." One would have expected him to say the reverse - that if one method had failed, he would have tried the other. But in this case his faith lay primarily with the _jhankri_, and the hospital was seen as playing only a supplemental role.

If there is one point to be drawn from the data presented, it is that the Nepali villager's concepts of medicine are not a _tabula rasa_ upon which westerners can freely impress all sorts of notions about viruses and antibiotics. Nor is the problem one of finding ways of replacing village methods with more "scientific" ones. While the hospital unquestionably has much to offer in the treatment of diseases, it could never pre-empt the psychotherapeutic role of the _jhankri_. If health care in Nepal is to be improved, one must start with the assumption that the villagers' faith in their own healing techniques - be they herbal or ritual - is not going to be shaken by the occasional visits of medical teams or even by the building of hospitals. The problem facing the public health worker is one of finding the means of integrating western ideas into the village system. From the villager's point of view, the process has already begun.

FOOTNOTES

[1]Research was conducted in Lig Lig Dumre over an eighteen month period (September, 1974 to March, 1976). I am grateful to the National Science Foundation for their generous financial support. I am also indebted to Dr. Tom Hale, Dr. Cynthia Hale, and Dr. and Mrs. Dell Haug, all of the United Mission to Nepal hospital at Ampipal, for the help and friendship extended to me throughout the research period.

[2]Baidhya is often translated as "doctor." Yet the inhabitants of Dumre reserve that term for the practitioners at the hospital, not for the village healers. The same distinction will be kept here.

[3]See, for example: Devkota, Kosnath. 1969. Nepalinighuntu: Anek Bhasha-Sangrahasahit. Kathmandu; Devkota, Rammin Acharya. 1972. Saadhaaran Chaltiko Aushadhi ra Gharelu Aushadhi. Kathmandu; Sharma, Purna Chandra. 1974. Aushadhi Purna Chandrodaya. Varanasi.

[4]It is unlikely that the informant meant cholera in its western usage. Many western names for diseases (e.g. typhoid, malaria) are applied to any number and type of illness. Similarly, any injections given at the hospital, be it anti-biotics or vitamins, is referred to by the villagers as "penecillin."

[5]For a list of such medicinal plants, see: HMG, Ministry of Forests. Department of Medicinal Plants. 1970. Medicinal Plants of Nepal. Bulletin of Department of Medicinal Plants: No. 3. Kathmandu.

[6]Giving exact parameters to the definition of "trance" still remains a basic problem in anthropology. While some might base it on a presumed altered state of consciousness, others might insist on the reading of physiological indicators. In am not concerned here with a psychophysiological definition of "trance;" rather, I am subsuming under the term all those forms of behavior which the villagers themselves would refer to as a trance state. In other words, the definition used here is emic, not etic.

[7]Turner, Ralph Lilley. 1931. A Comparative and Etymological Dictionary of the Nepali Language. London: Routledge and Paul Ltd. p. 496.

[8]Hitchcock, John T. 1967. "Nepalese Shamanism and the Classic Inner Asian Tradition" History of Religion 7: 149-158. Quoted from page 157.

[9]Turner, op. cit., p. 379.

[10]Rather than "saying" their mantras, baidhyas "blow" (phuknu) them. The term refers to the fact that after each verse, the healer emits quick whistle-like noises which help transfer the power of the mantra to the object being blown on. It is commonly believed that the efficacy of the mantras lies not only in the words said, but also in the breath of the healer.

[11]Needless to say, the boksi herself does not attend the healing session; rather it is her spirit which comes and possesses the patient.

[12]Cf. Cambell, E.J. Moran, C.J. Dickinson, J.D.H. 1968. Clinical Physiology. Oxford: Blackwell Scientific Publications. p. 621.

[13]Haapij and molaanaa are, respectively, the Urdu and Arabic words for these healers, but in fact, I never once heard them referred to by these terms. Also, although jhankris are also called jaannes, I will retain for the purpose of clarity, the Hindu-jhankri, Muslim-jaanne dichotomy.

[14]Again, some anthropologists may argue that this is not a true state of possession. But as before, the term "trance" is being used emically and the villagers themselves refer to it as a trance state.

[15]Dargah is not the name of a specific town or village. Rather, it is "a respectful term applied to the shrine of a Muslim saint in India. In spite of the Prophet's disapproval of building tombs, great reverence is paid all over the sub-continent to such tombs. The word dargah often includes a group of buildings of which the tomb is the nucleus." Fyzee, Asad A.A. 1974. Outlines of Muhammaden Law. 4th edition. Delhi: Oxford University Press. p. 327.

[16]Current exchange rate is Rs. 12/45 NC to $1 US.

[17]Dr. Tom Hale, personal communication.