

notes on two shaman - curers in kathmandu

Ferdinand E. Okada

Despite the advance of modern medicine in Nepal the role of the shaman as folk curer remains strong.¹ In a survey of 19 village panchayat areas² (a collection of rural settlements into one administrative area), not one was without its shamanistic curer who went under such various names as jhankri, dhami, janne or jhar-phuke. While these appeared to depend greatly on the exorcism of possessing spirits to cure diseases, there were, in addition, practitioners of a perhaps more rational or scientific system (from the western viewpoint) who depended on the curing properties of traditionally known herbs and plants.

Of those who may be broadly grouped as shamans an estimated 600 were said to be present in these 19 village panchayat areas, serving a population of some 67,000 (in 1971). The vast majority of them, however, did not seem to engage in their calling on a full-time basis; that is, for most of them subsistence farming was apparently the primary source of livelihood and curing was a secondary occupation from which they made a little extra income in cash and in kind (rice, meat, cloth). Their significance lies in their numbers and in their ubiquitous presence.

Also found in the same areas were 39 baidya (traditional doctors), 14 compounders with some knowledge of modern medicine and, of government-trained personnel, two health assistants and one nurse.

Eight of these areas had relatively easy access, within two hours' walk, to a modern hospital, clinic or health post. This access to modern facilities does not appear to have displaced shamanistic curers. In one instance, ten were found within 20 minutes' walk of a well-equipped and well-staffed hospital; in another area served by a health post and also with fair access to several hospitals, 98 were found in a population of 7,000. Shamans live within urban Kathmandu and this paper is concerned with the details of the curing-practice of two of them.

While it is true that people readily avail themselves of modern medical facilities and services, whenever and wherever possible, seeing a shaman or going to a hospital (or to a baidya or a doctor, for that matter) are not mutually exclusive acts. In many instances an ailing person goes, or is taken, to a shaman first, then to a hospital if he feels he has not improved. He may again go back to the shaman. This time lag before receiving adequate modern medical care can be serious, of not fatal, in a number of cases.

In order to obtain more detail on the role of the shaman as folk curer, attempts were made to establish rapport with several in urban Kathmandu. Of the half-dozen or so who were willing to talk in general terms about their profession, two turned out to be willing to disclose details of what may be called their "case books" and be observed on occasion. One was known as, and called himself, a dhami, the other, a jharphuke. The working assumption that these two terms were synonymous turned out to be wrong in detail. Thus the various terms, including janne and jhankri, may all refer to different types of shaman-curers to a greater-or-lesser degree.

Both the dhami and the jharphuke are Tamang in ethnic origin (though, as far as is known, there are no caste or ethnic restrictions on becoming a shamanistic curer, it is suspected that certain groups have a proclivity to it) and both are part-time practitioners. The dhami is a low-ranking civil servant and the jharphuke is an entrepreneur who rides about the streets of Kathmandu selling loaves of bread from a tricycle van.

The Dhami (See Appendix I)

The dhami is a 28-year old Tamang from a village on the northern periphery of Kathmandu Valley. As a child of twelve, while at play, he said, he fell down unconscious for some unknown reason and was carried to a dhami (another Tamang) who restored him to his senses. The older man told the boy that this loss of consciousness was a sign from God that he was being summoned to become a dhami and that it would recur unless he acquiesced. Being frightened, the boy began his training on an auspicious day with the dhami and, along with the secrets of the profession, he was given his own mantra (magic incantation). He started practising as a dhami at the age of twelve.

The dhami is married, has three sons (none is in school though old enough) and rents the ground floor of a small two-story house in a rather unfashionable section of Kathmandu. His job in government probably brings him about Rs. 200 a month, but he regards his work as a curer, which brought him Rs. 116.50 in the month of Marga, 2032 B.S. (17 Nov.-15 Dec., 1975), as his primary occupation.

During that month he had ten patients, six of whom came to his home. He went as far away as Thankot and Bhaktapur (approximately 10 km to the east and west, respectively, of Kathmandu City) for four more, being called for in a taxi or rickshaw by the relatives of the patients. Almost all the fees he earned in Marga came from these four: Rs. 107 and, since for three of them a goat sacrifice was involved, some meat to take home. He also, of course, received some food and drink during these "house calls." No set fee, however, is asked from any patient; they pay according to their means. Fees received ranged from 50 paisa to 50 rupees during the period under discussion.

Seven of the ten cases were explicitly stated to be the result of some form of witchcraft or spirit possession. Three included the sacrifice of a goat at temples near the patients' home and in three more cases (including two where witchcraft was not specified), the disease was transferred, with incantations and drumming, to the skulls of dogs which were later buried at a crossroads. In one case the disease was transferred to an egg. All involved the administration of herbs, curd and/or water over which a mantra had been muttered.

The herbs are kept on a dog's skull in the dhami's home before he uses them. Among other equipment he uses are the feather of a peacock, the prickly spine of a porcupine, the ringed, curved short horn of a goral, a round deer-skin drum, an iron trident (symbol of the God Shiva) and a sacred book of mantra. He also has three assistants (two Tamang and one Chhetri) who are called in when complicated and difficult curing rituals are undertaken.

One other piece of equipment is a plate made of charesh (anti-mony?) on which the dhami drops a handful of whole dry rice grains as he mutters his incantation. Depending on specific parts of the plate on which the grain falls and their position, he reads the physical condition of the patient. He also feels the pulse of the patient and these two acts, he claims, can tell him the nature of the disease. In more elaborate rituals, he can identify and exorcise the possessing spirit which can include more elaborate rituals such as the lighting of large sacred fires. In one instance where a goat was sacrificed to the witch because it demanded either a four-legged (goat) or two-legged (human) life, the witch was identified as the elder sister-in-law of the patient. It should be noted that witches in Nepal are believed not necessarily to be malicious but, willy-nilly, can endanger relatives and friends. Once a witch is propiated it is said that the danger to the particular victim is ended. It should also be noted that a right angle crossroad is considered to be particularly dangerous, being a spot where evil spirits are thought to congregate at night.

The patients of the dhami - he considered ten to be a normal number of cases for him for a month - was comprised of four males and six females ranging in age from one year to 50. In ethnic/caste background, there were one each of Chhetri, Magar and Tamang, two Brahmin and five Newar.

The Jharphuke (See Appendix II)

The jharphuke is a 56-year old Tamang from Kavre Palanchok District, immediately east of Kathmandu Valley, the only son of a man who was himself a jharphuke. Taught by his father, he started practising his calling at the age of thirteen in his home district.

He is married and has one son and three daughters, all of whom are in school. He has rented the top floor in a three-storied house in a suburb of Kathmandu. During the day he engages in what he considers his primary occupation: the selling of loaves of bread from a tricycle van with which he plies the streets. The bread is obtained from a bakery and is sold at about Rs. 1.50 a loaf depending on weight, a profit of five paisa (he says) on each. In any case, re-loading his tricycle as necessary, a good day may see a profit of Rs. 50; more usual is a profit of Rs. 20 or Rs. 25 daily. It is not surprising that he can afford to educate formally all his children.

During the month of Poush, 2032 B.S. (16 Dec., 1975-14 Jan., 1976) he saw 20 patients, which he considers a normal number for a month, and got cash fees totalling Rs. 154. Fourteen patients who called on him paid a total of Rs. 57. He called on six patients, getting the remaining Rs. 97. As with the dhami, the jharpukhe asks no set fee and the patients pay according to their means. The highest fee received during the month was Rs. 50 (from a patient in Kirtipur on whom he had ten "house calls" over a period of a fortnight) and the lowest was Rs. 2.

Three of his 20 cases involved possession by a spirit. The remainder ranged from pitta ko rog (hepatitis) through headache to a nose-bleed. In all but four cases, the main treatment consisted of the muttering of an incantation which he blew over the body of the patient, sometimes in short quick puffs, sometimes as a long exhalation. Mantra were also blown over herbs, water or amulets which were, on occasion, prescribed. Restrictions on the eating of fish, meat or oil were placed on those suffering from pitta ko rog, ghau khatira (boils and ulcerations) and jwar (high fever).

In contrast to the dhami's treatment of spirit possession, those three patients of the jharpukhe possessed by a spirit of a serpent (nag lageko) or a god (deuta lageko), got no more than the blowing of a mantra over their bodies. The jharpukhe claims, however, that he knows how to exorcise a witch (bokshi bakaune) after the fashion of a dhami and does so if it becomes necessary. It was, he says, a part of his training. Indeed, his equipment duplicates that of a dhami in some respects: sacred book of mantra, prickly spine of a porcupine, the horn of a goral and a drum. In addition, he has a sacred string of beads, a bell, some bones of a snake and a thurpi, a trowel-shaped wooden symbol of power. He has no peacock feather, trident or skull of a dog as found with the dhami. He has no assistants. It is probable, however, that the dhami's trident and the jharpukhe's thurpi, for example, serve the same function.

The jharpukhe's patients were comprised of eleven males and nine females, ranging in age from six years to 40. In caste or ethnic background they were eight Newar, seven Tamang, three Brahmin and two Chhetri. There appears to be no significance in the

Appendix I. The "Case Book" of the Dharni for the Month of Marga, 2032 B.S.

Note: Water, herbs (kept on the skull of a dog) and curds and amulets have the dharni's mantra blown over them.

Abbreviations and symbols: X = Yes M = Male B = Brahmin N = Near
F = Female C = Chhetri T = Tamang

S.N.	Diagnosis/Symptoms	Treatment	Patients			No. of Visits	Seen at dharni's home	Total cash fees (rs.)
			Age	Sex	Caste			
1.	Sukenas (daily loss of weight, growing pallor, loss of appetite).	Herbs before morning meal for 3 days	16	M	C	3	x	3
2.	Sukenas	Herbs and curds for 1 day. Amulet for 5 mos. Disease transferred to skull of a dog, later buried at a crossroads. No black dal for 9 days.	6	F	N	1	x/	1
3.	Sukenas	As above.	1	M	N	1	x	1
4.	Khana ma kuphat pareko (eating of bewitched food; stomach pains)	Water before meals for 3 days. No black dal and meat for 7 days.	15	M	N	2	x	3
5.	Bokshi lageko (possessed by a witch; paralysis)	Herbs for 1 day. Amulet for 6 mos. No curd, meat, black dal for 7 days. Disease transferred to an egg.	3	F	N	1	x	0.5
6.	Bokshi lageko	Herbs for 1 day. Amulet for 3 mos. Goat sacrificed to propitiate the witch.	30	F	T	1	Thankot	50
7.	Bokshi lageko (trembling and muttering)	As above.	40	F	B	1	Thankot	30
8.	Bokshi lageko (loss of appetite; constant crying)	Herbs for a day. Disease transferred to skull of a dog, later buried at a crossroads.	1	F	N	1	Bhaktapur	5
9.	Deuta lageko (possessed by a god; giddiness, feverishness)	Water for 1 day. Amulet for 5 mos. Goat sacrificed at god's temple.	50	M	Magar	1	Kathmandu	22
10.	Bhut lageko (possessed by a ghost; giddiness)	Curd and water to be taken once a day before main meal on 3 alternate days. Meat to be taken for 3 consecutive days.	3	F	B	1	x	1

Appendix II. The "Case Book" of the Jharphuke for the month of Poush, 2032 B.S.

Note: Water, herbs and amulets have the Jharphuke's mantra blown over them.

Abbreviations and symbols: X = Yes M = Male B = Brahmin N = Newar
 - = No F = Female C = Chhetri T = Tamang

S.N.	Diagnosis/Symptom	Treatment		Age	patient		No. of Visits	Seen at Jharphuke's home	Total cash fees (Rs.)
		Blowing over body	Other		Sex	Caste			
1.	<u>Kapal dukheko</u> (headache)	x	-	15	M	N	3	x	4
2.	<u>Mutu dukheko</u> (heart pains)	x	Only milk for 7 days.	25	F	N	3	x	3
3.	<u>Jwar ayeke</u> (high fever)	x	No fish, meat and oil for 7 days.	25	M	N	4	x	5
4.	<u>Jwar ayeke</u>	x	As above.	30	M	T	4	Baneshwar	7
5.	<u>Natri phuteko</u> (nose bleed)	x	-	6	F	N	1	x	2
6.	<u>Chau khatira</u> (boils & ulcerations)	x	Water for 2 days. No fish and meat for 7 days.	10	F	B	2	x	2
7.	<u>Phulo pareko</u> (cataract?)	x	-	12	F	B	3	x	10
8.	<u>Pitta ko rog</u> (hepatitis?)	-	Water for 2 days. No oil for 7 days.	30	M	N	2	x	6
9.	<u>Pitta ko rog</u>	-	As above.	16	M	B	2	Kathmandu	5
10.	<u>Jiu machalne</u> (paralysis?)	x	-	12	F	N	4	Kathmandu	20
11.	<u>Jiu machalne</u>	x	-	26	M	T	4	x	7
12.	<u>Jiu khane rog</u> (tuberculosis?)	x	Herbs for 15 days.	20	M	T	10	x	5
13.	<u>Jiu khane rog</u>	x	As above.	40	M	N	10	Kirtipur	50
14.	<u>Sukenas</u> (daily loss of weight)	x	Amulet for 6 mos.	10	F	T	3	x	3
15.	<u>Khana ma bigar pareko</u> (food poisoning?)	-	Water and herbs for 1 day.	7	M	C	1	x	2
16.	<u>Khana ma bigar pareko</u>	-	As above.	10	M	N	1	Kathmandu	10
17.	<u>Bahulaeko</u> (insanity)	x	Amulet for 6 mos.	17	F	C	2	x	3
18.	<u>Nag lageko</u> (possessed by a serpent's spirit)	x	-	40	F	T	1	x	2
19.	<u>Deuta lageko</u> (possessed by a god)	x	-	30	M	T	2	x	3
20.	<u>Deuta lageko</u> (possessed by a god; insomnia and loss of appetite)	x	-	25	F	T	2	Lalitpur	5

ethnic/caste background of these, and the dhami's, patients except to show their catholicity. Nor is there any significance to be drawn in a small sample of 30 total patients regarding age-groupings or sex ratio.

The jharphuke met his 20 patients 64 times and the dhami his ten patients, 13 times. Breaking down the total fees on a visit basis, the dhami was paid over three times as much as the jharphuke. And the dhami also received meat on three occasions.

Concluding Remarks

Though the dhami and the jharphuke may both be classed as magic curers, they represent different types, or sub-types, of shamans. The difference is due to methods of treatment of patients and is implicit in the jharphuke's statement that he can also use a dhami's method of exorcising witches. The dhami also more specifically attributes disease to witchcraft and is more of a specialist than the jharphuke whose patients, at least in this sample, showed a wider variety of symptoms.

It is not known how many shamanistic curers are to be found in urban Kathmandu, but an estimate of 150-200, based on their presence in certain neighborhoods is probably not far from the mark.

Given the scarcity of trained personnel in the modern medical services of Nepal, it may be worth considering ways to involve shaman-curers in a program for national health improvement. Because the jharphuke is more of a generalist than the dhami, he may be more susceptible to certain approaches. In any case, educational effort could emphasize the following: (a) reference of certain types of cases to a hospital or health center (as a rule, the shaman would find it easier to refer a case to an impersonal institution rather than to an individual doctor) and among them might be suspected cases of hepatitis, food-poisoning, cataract of the eye (or possibly trachoma), and so on; (b) to give further dietary and medical advice which do not run counter to modern practice (simple hygiene and sanitation advice, for instance) and (c) to add some beneficial substance such as glucose to his magic potions (the dhami's Case No. 8 where an infant is said to be bewitched is most likely a case of malnutrition). The suggestion made here is for a program of deliberate attitudinal change among the shaman-curers aimed at their acceptance of a role ancillary and not opposed to modern medical practice.

Notes

1. The field work of Bhaskar S. Rana is gratefully acknowledged.
2. Ferdinand E. Okada; "Profiles of Selected Gaon Panchayat Areas in Nepal" (ms).

