

Conference Report

Entangled Medical Futures: Plural Medicine, Climate-Altered Worlds, and More-Than-Human Care in Highland Asia

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Entangled Medical Futures gathered scholars, clinicians, and students from Bhutan, Nepal, India, Europe, and North America for three days of sustained discussion on therapeutic life in Highland Asia. Organised by Michael T. Heneise (UiT The Arctic University of Norway), Amrit K. Virk (University of Edinburgh), Jeevan R. Sharma (University of Edinburgh), and Rebecca King (University of Leeds), with support from the British Academy, the workshop was hosted jointly by the Centre for South Asian Studies and the Edinburgh Centre for Medical Anthropology, in collaboration with UiT and The Highland Institute. Across the event, participants examined how healing is practiced, contested, and reconfigured within ecological change, infrastructural precarity, and shifting therapeutic expectations.

The organisers opened by framing Highland Asia as a region shaped by movement, ritual interdependence, and multispecies entanglement, where the boundaries between illness, environment, and social obligation are often porous. This perspective



Figure 1: Old College, University of Edinburgh
(Photo by Muhammed Zahid Bulut, 2022)



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encouraged participants to treat “entanglement” as a methodological orientation that attends to the simultaneity of human, spiritual, ecological, and institutional relations. The workshop’s hybrid format, designed around South Asian time zones, fostered meaningful cross-border participation and lent a deliberative rhythm to the discussions.

The opening panel, chaired by Jelle J. P. Wouters, explored embodiment, affliction, and more-than-human care. Deki Yangzom examined Bon-Buddhist understandings of *drib* in Bhutan, highlighting how illness indexes ruptured relations between humans, spirits, and landscapes. Tsering Sangmo Lama discussed the changing position of Amchi women in Dolpo as they navigate shifting therapeutic and infrastructural conditions. Rajya Laxmi Gurung traced the formation of *dhāmī* healers in far-western Nepal, showing how affliction, kinship, and community recognition animate the emergence of ritual specialists. Across these papers, healing appeared as an effort to restore relational balance rather than an isolated biomedical intervention.

recitation, gesture, and sensory attunement shape women’s experiences of pain, risk, and ritual protection. Together, these papers underscored the role of sound, devotion, and atmosphere in producing therapeutic efficacy.

Day two opened with *Santhal Healing Worlds*, chaired by Heneise. Because Jagriti was ill and unable to present, Heneise delivered *Blood, Beds, and Borders*, a study of treatment itineraries in Arunachal Pradesh marked by infrastructural breakdown, long-distance travel, and the complex moral and emotional labour borne by families during medical crises. Ram Kishor Soren traced transformations in Santhal healing in Jharkhand, examining how colonial and postcolonial regimes reshaped - but never eclipsed - Indigenous therapeutic knowledge. Nibedita Mukherjee discussed ethnobotanical expertise among women healers in Purulia, emphasising continuities in ritual practice amidst shifting political and ecological conditions. The panel emphasised the endurance of Indigenous therapeutic repertoires within fragile health infrastructures.



Figure 2: PluriMed Conference Logo (*Photo by the author*)

The next session, chaired by Rebecca King, turned to sonic and devotional modalities of care. Debashree Dattaray highlighted how Karbi medicinal knowledge is situated within wider cosmological frames that organise relations among humans, ancestors, and the land. Vineet Gairola examined *Jāgar* practices in Uttarakhand, showing how drumming, chant, and embodied rhythm generate affective states that enable collective healing. Hiba Haroon analysed Sufi-inflected childbirth practices in Lakshadweep, illustrating how



Figure 3: Meenal Rawat, PhD candidate in South Asian Studies, University of Edinburgh, presenting a paper (*Photo by the author*)

The subsequent panel, chaired by Amrit K. Virk, examined how therapeutic knowledge is learned, transmitted, and institutionalised. Indranil Pramanik and John Bosco Lourdusamy presented a historical and ethnographic study of tribal healing in Jharkhand, challenging dichotomies between “religious” and “scientific” medicine and showing how local epistemologies remain entangled with state and missionary histories. Meenal Rawat analysed the dynamics of mental distress in Uttarakhand’s Johar Valley, focusing on how caste, gender, and ritual authority shape therapeutic experience. Sumeet Jain explored the multiplicity of mental health strategies across transnational contexts, reflecting on how people navigate psychiatric systems alongside Indigenous and community-based resources. The session illustrated how healing expertise coalesces through apprenticeship, situational improvisation, and moral responsibility rather than formal curriculum alone.

The afternoon discussion, led by King, centred on antimicrobial resistance (AMR). Drawing on “One Health” and “Planetary Health” frameworks and on ethnographic research tracing antimicrobial use across households, livestock care, and precarious ecologies, she argued that AMR emerges from deeply relational processes rather than from clinical misuse alone. By linking pharmaceutical markets, climate-altered environments, care labour, and microbial life, King showed how antimicrobials circulate within plural medical worlds shaped by uncertainty and constraint. Her intervention prompted wide discussion on how AMR reorients questions of responsibility, vulnerability, and governance in highland therapeutic landscapes.

The geographical scope broadened in the session chaired by Jain, where Jillian Schulte examined therapeutic itineraries among Bhutanese Nepali refugees in Ohio. Her work highlighted how plural medical repertoires persist and adapt in diaspora and how emotional ties to the Himalayas continue to shape idioms of illness and care. Anna Conci discussed shifting interpretations of wind disorders in Ladakh,

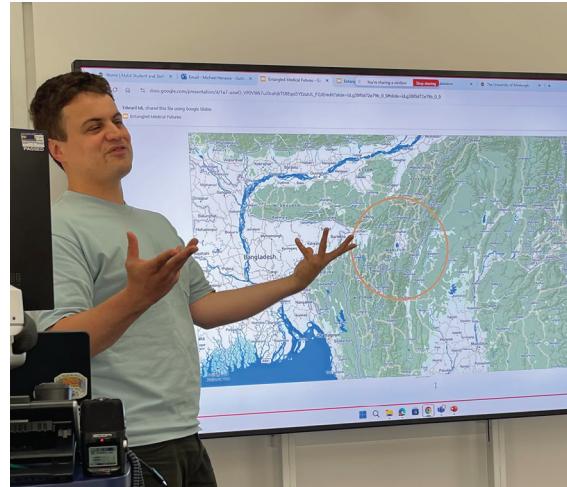


Figure 4: Edward Moon-Little, PhD in Social Anthropology, University of Cambridge, presenting a paper (Photo by the author)

tracing how social change and new forms of uncertainty shape local understandings of distress. Rayana Ghosh analysed reproductive care and diagnostic ambiguity in the Darjeeling and Kalimpong Hills, showing how women navigate intersecting medical systems while contending with gaps in infrastructure and expertise. Mobility—of bodies, stories, substances, and emotions—emerged as a defining feature of contemporary therapeutic life.

In the panel *Entangled Horizons*, chaired by Sharma, attention shifted to questions of authority, environmental loss, and therapeutic futures. Edward Moon-Little examined the ritual work of *maibi* and *maiba* healers in Manipur, attending to the ways in which authority is negotiated amidst political and social tension. Samridha S. J. B. Rana explored experiences of solastalgia among Nepali youth, reflecting on how environmental degradation registers emotionally and morally across generations. Patricia Mudelius analysed the diversification of Sowa Rigpa practice in Kathmandu, where practitioners navigate new markets, publics, and forms of expertise. These papers illuminated how therapeutic futures are shaped as much by political and ecological pressures as by inherited ritual forms.

The workshop concluded with *Negotiating Policy and Pluralism*, chaired by Stefan Ecks. Sharma drew on long-term research with Nepal's Female Community Health Volunteers to show how frontline workers mediate between state ambitions and local therapeutic expectations, sustaining what he describes as a "negotiated co-existence" within plural medical environments.

Wouters presented *Zomian Health Strategies*, reflecting on human–nonhuman relations in Bhutan and arguing that health cannot be separated from ecological and ritual entanglements. Ramya Iyadurai, a physician and professor at Christian Medical College, Vellore, described findings from her curriculum-development research, emphasising the need to integrate medical anthropology into postgraduate medical training to improve structural competence and responsiveness to culturally diverse patient populations.

Across the workshop, several conceptual threads recurred. Highland Asia emerged as a vantage point for examining mobility, ecological precarity, and multispecies relations. Entanglement functioned as an analytic revealing how healing traverses bodies, spirits, infrastructures, and landscapes. Plural medicine appeared as adaptive and improvisational, shaped by uncertainty and grounded in relational ethics rather than residual tradition. Ecological disruption - whether in the form of disappearing medicinal plants, altered wildlife patterns, or environmental grief - was shown to inflect therapeutic reasoning and practice. And the moral and

material labour of healers, volunteers, ritual specialists, and clinicians was repeatedly foregrounded.

The workshop's ethos was marked by extended discussions, shared meals, and the steady weaving together of concepts and experiences across disciplines and geographies. Participants identified several emerging trajectories, including comparative cross-border research on medical pluralism, enhanced pedagogical work on structural competence in South Asian medical training, and continued collaboration through the developing PluriMed Network.

Entangled Medical Futures offered a rich and sustained engagement with therapeutic worlds in Highland Asia. By bringing ethnographers, clinicians, historians, and public health scholars into dialogue, it illuminated how highland medical practices challenge assumptions within global health and open new pathways for understanding care, ecology, and uncertainty across the region.

Michael T. Heneise is an anthropologist and editor-in-chief of *HIMALAYA*. His research focuses on religion, healing, and ecological relations in the Himalayan region, with particular attention to medical pluralism and Indigenous knowledge.