

Special Section Research Article

Traditional healers in an age of the pharmacy and Covid-19: The case of Tharu Guruwa in Nepal

Matthew Maycock and Kuchhat Narayan Chaudhary

University of Dundee

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Abstract

The *guruwa* have been a central part of Dangaura Tharu communities for many years, with various edicts referring to the role as far back as 1807. Within the existing literature, their role was conventionally defined as faith healers/shamans/Tharu cultural leaders. However, with the increasing influence of ‘western’ medicine as embodied by the exponential growth of pharmacies across Nepal, the role of the *guruwa* in Dangaura Tharu communities has evolved. In this article, we draw on several data sources including PhD fieldwork and subsequent research in a *kamaiya basti* in Kailali District, Nepal. Additionally, several interviews were conducted with *guruwa* in several Districts in 2020, to understand the ways that the *guruwa* are responding to Covid-19. It emerges that the Covid-19 pandemic constitutes a challenge as well as an opportunity to place the stature of the *guruwa* in Dangaura Tharu communities. Through analyzing the changes to the role of the *guruwa*, we consider the ways in which interactions with modernity are experienced and given meaning within Dangaura Tharu communities. We also explore the ways in which local modernities are shaped by specific histories and [Tharu] cultural practices. Finally, we consider what the future might look like for the *guruwa* in Dangaura Tharu communities, and how this critical role in the lives of many Dangaura Tharu communities might further adapt and evolve in the future. Ultimately, we illustrate that the role of the *guruwa* is at once both ‘traditional’ and ‘modern’.

Keywords

covid-19; Dangaura Tharu; Tharu community; guruwa; western and Tharu medicine

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Introduction

The *guruwa* have been part of Dangaura Tharu communities¹ for as long as anyone can remember, with various edicts referring to the role as far back as 1807 (Krauskopff and Meyer 2000:160). Whether they should be considered shamans, traditional healers or priests is not clear, as at different times they undertake parts of each of these roles. It is important to note that alongside the *guruwa*, there are other healers in Dangaura Tharu communities, including *baidawa* (ayurvedic or western medical doctor) and *surenya* (midwife) (Subedi 2019). However, in this article, we specifically consider evolutions in the role of the *guruwa* in Dangaura Tharu communities in Nepal as a consequence of modernity and the increasing influence of western medicine. This article considers tensions between ‘traditional’ and ‘modern’ health systems explored by Harper (2014) in Palpa district. Our analysis complicates simplistic binary oppositions relying on notions of the ‘tradition’ and ‘modern’ (Baudrillard 1987), to consider various interactions with modernity. This is explored through exploring the ways in which the ‘traditional’ role and place of the *guruwa* in Dangaura Tharu communities continues to evolve and find new ways to be transcend the ‘traditional’ and be at the same time ‘modern’. Interactions with modernity are shaped locally, and have been analyzed in a range of contexts such as Thailand (Klima 2009; Morris 2000), as well as in the context of Nepal (Pigg 1996; Pettigrew 2004, January; Carney and Rappleye 2011; Maycock 2012).

Our paper incorporates analysis of PhD fieldwork (of one of the authors, MM) and subsequent data collected between 2009-2017 in a *kamaiya basti* in Kailali district, far-west Nepal. This is complemented by interviews conducted with *guruwa* in 2020, facilitating an analysis of the ways in which the *guruwa* are responding to the Covid-19 pandemic, considered to be the biggest public health challenge of our time. Through analyzing the changing nature of the role of the *guruwa* we analyze what these changes illuminate about the ways

that Dangaura Tharu communities seek health advice and medicine and how this might provide insights into the impacts of ‘modernity’ among Dangaura Tharu. Our findings indicate that the *guruwa* remain a critical reference point in Dangaura Tharu communities, with the *guruwa* role evolving alongside wider changes in Dangaura society. This is evident in the creative responses to the Covid-19 pandemic that we explore in this paper.

Methods

Methodologically, our paper is based on ethnographic research undertaken in Kailali district in far-west Nepal in 2009 and shorter visits in 2011, 2014, and 2017 (Maycock 2011, 2012, 2014a, 2017, 2017a, b, 2014b, 2019). This eight-year timeframe has facilitated the reflection and refinement of initial insights into the changes in particular in a Dangaura Tharu *kamaiya* community in Kampur², Kailali district. Fieldwork was focused on generating the material for analysis through ethnographic methods, principally interviews and participant observation. These methods were focused on experiences of and testimony about the *kamaiya* system, the transition to freedom, and post-freedom experiences. During this fieldwork regular contact was made with a number of *guruwa* in this village and more widely in Kailali district, with one particular *guruwa* - the Kampur *guruwa* - the focus of multiple interviews and observations.

Complementing the above research, seven interviews were undertaken with *guruwa* in May 2020 in order to further reflect on changes to their role. All interviews were undertaken in Dangaura Tharu remotely using telephone, given that a lockdown was being implemented by the Nepali government at the time, making face to face research impossible. This posed particular methodological issues, given that many *guruwa* do not have mobile phones and reject such markers of modernity (Sharma 2014). More widely, our adapted methodology reflects issues faced in ethnographic research more widely where face to face methods and participant observation are

not considered safe or ethical (Fine and Abramson 2020; Schmid 2020).

Shamanism and the Literature on the Tharu *Guruwa*

Shamans have been a consistent focus within ethnographic research in indigenous communities in Nepal for many years (Höfer 1994; Müller-Ebeling et al. 2002; Nicoletti 2008; Peters 1981; Riboli 2000; Sagant 1996). Specifically concerning the Dangaura Tharu, Krauskopff and Meyer (2000: 160) indicate that there are various edicts referring to the role of the *guruwa* as far back as 1807. Conventionally, the *guruwa* were consulted about health matters, but occasionally they also advised about spiritual issues or concerns relating to Tharu culture. They also had roles and responsibilities in the Tharu traditional irrigation system. According to Guneratne, writing about the *guruwa* in Chitwan Tharu society:

The *gurau*³ is essentially a healer. When Tharus wish to draw an analogy between the *gurau* and a contemporary institution, they invariably compare him to a medical doctor. (Guneratne 1999: 12)

Guneratne states that the work of the *guruwa* goes beyond spiritual matters to include administering cures for diseases using various medicines:

The *gurau*'s work as a healer is not confined to intercession with gods and spirits to discover the cause of illness; the *gurau* also seeks to cure disease through the medicinal use of roots and herbs and other skills. (Ibid.: 13)

Subedi found that Nepalis often use herbal remedies and traditional healers before turning to modern or 'western' medicine:

[Modern medicine and health care] are only sought as a last resort, usually for the serious and persistent problems. (Subedi 2003: 155)

This indicates that traditional and modern forms of medicine are both used flexibly and interchangeably, indicating a medical plurality (Kleinman 1980; Pigg 1992, 1996; Subedi 2019). Although Subedi does not explore the reason, cost is an important influence here. Seeing a *guruwa* does not always incur a cost, whereas using modern medicine does. However, we are not sure that Subedi's claim regarding the primacy of faith healing across Nepal is applicable among the Tharu today, as certain changes are happening here in these communities that we explore below in relation to the position of the *guruwa* in Dangaura Tharu communities. Guneratne contradicts Subedi's position by indicating that many of the Tharu with whom he undertook research often turned first to western medicine, which is taking on greater significance in Dangaura Tharu communities (Guneratne 1999: 12). According to Guneratne, the two forms of medicine complement each other:

Women are likely to have more faith in the *gurau* than are men, particularly younger men with some education. Both men and women however will have recourse to both doctor and *gurau* to treat illness. (Guneratne 1999: 13)

Here, we see that increasing levels of education has an influence on ways in which the role of the *guruwa* is changing. Guneratne indicates that these gender differences apply within his field site in Chitwan specifically and that these differences are due to women being less exposed to outside influences as they are more rooted in the village, where the *guruwa* plays an important role. Men travel and migrate more and are more likely to be formally educated than women. However, this does not seem to be why the *guruwa* is exclusively a male role. One learns to become a *guruwa* by training with an existing *guruwa* for several years. The training is offered without charge and the *guruwa* cannot turn down anyone who asks for it. Women never approach the *guruwa* for training, as a female *guruwa* was inconceivable in Dangaura Tharu

communities. Younger generations of Tharu men show limited interest in becoming a *guruwa*. Consequently, the importance of the *guruwa* is being slowly eroded, particularly in relation to health; however, they seem to be becoming more involved in consultations about Tharu culture. This significant evolution of the *guruwa*'s role is analyzed in more detail below. The decline about *guruwa* being a source of guidance for health matters represents the decline of a certain vision of the Tharu body, as well as the associated ways of healing it:

Belief in the efficacy of the *gurau* is in decline among Tharu generally (but less so among women than among men). Nor are young men interested in taking up the calling. (Guneratne 1999: 14)

Alongside the shifts in religious practice outlined above there is also a decline in the importance of the *guruwa*, in particular concerning the rituals they are traditionally expected to perform on occasions such as marriages and deaths. Guneratne states that where life cycle rituals are concerned, Tharus will call on the *Bahun*; where illness and 'shamanistic' work is concerned, they summon the *guruwa*:

The balance of ritual power has shifted in the direction of the *Bahun* and the cultural tradition he represents, as Tharu society has become more Nepalized (and thus hinduised). The *gurau* on the other hand, like the tiger, has become a threatened species in Chitwan. (Ibid.: 20)

Bahun priests area available in the Terai all year, due to the eradication of malaria, and the associated clearing of forests. These changes in ritual power had a profound impact not just on Tharu hunting and gathering practices but also on cosmological considerations.

Maycock has further analyzed the role of the *guruwa*, complementing Guneratne's analysis, but using the concept of masculinity to analyze their role in post-Maoist

People's War Nepal (Maycock 2012, 2014a, 2019). This research considers issues of embodiment and the performances of masculinity of the *guruwa* within the context considered in this paper of changing modernities in Tharu Kamaiya communities. This is the only research to explicitly consider the importance of performances of masculinity on the role of *guruwa*. In a substantial text, Sarbahari (2012) outlines in some detail the role of the *guruwa* within a wider framework of analyzing Tharu spiritual knowledge. This book is the conclusion of a study on Tharu Guruwa System (2011 - 2012) in Deukhuri, Nepal. Sarbahari states that the Tharu people perform their rituals through *guruwa*, which is different than Hindu Brahmin communities, with the *guruwa* also having an important role in the management of traditional Tharu irrigation systems. However, in recent years the Tharu are increasingly utilizing Hindu Brahmins for their ritual ceremonies, increasingly marginalizing the *guruwa* system in Dangaura Tharu communities. This study outlines Sarbahari's views of the working process of the *guruwa* healing system in Deukhuri valley. Before western medicine was imported into Nepal, no alternates to the *guruwa* were found in Dangaura Tharu communities. Therefore, before the introduction of western medicine, *guruwa* had significant respect and prestige within Tharu society. Sarbahari indicates that the economic status of the *guruwa* is poor, and there are few Tharu young people deciding to become a *guruwa*. This is indicative of the wider decline in the influence of the *guruwa* in Dangaura Tharu communities. Within the theoretical framing of medical pluralism, Subedi (2019) builds on the notion that the *guruwa* and the folk medicine that they administer is in decline and is situated at the bottom of State hierarchies of medicine. Cumulatively, the existing literature relating to the role of the *guruwa* within Dangaura Tharu communities outlined in this section suggest interactions with modernity at multiple levels. There is a recurring theme cutting across the literature that relates to a decline in the influence of the *guruwa* and of Tharu specific traditional approaches to

health and healing. It is within this context that this article is situated, a context within which the Covid-19 pandemic emerges as constituting a further subversion of the role of the *guruwa*. This resonates with research about the *guruwa* by Krauskopff and Meyer (2000) that explored the political importance of the *guruwa* in Rana and pre-Rana times in Nepal. This was a consequence of the *guruwa* having the knowledge to control both wild animals and evil spirits, they were key to opening up the Terai. Therefore, the changes in the role of the *guruwa* is part of a longer historical trajectory for Tharu shamans that has been an erosion in status, as both science and modern bureaucratic forms of governance have combined to erode their standing.

Modernity in Dangaura Tharu communities

In this section, we first define what we mean by modernity and interactions with modernity and consider how other researchers in Nepal have developed this concept, as this is critical for shaping the analysis of the data that follows. This section will illustrate how the approach that is taken to modernity in this article illuminates aspects of the evolution in the role of the *guruwa* that we subsequently explore, where this role becomes at the same time both ‘modern’ and ‘traditional’. The importance of modernity for this article relates to a specific understanding of the influences and changes in Dangaura Tharu communities in Nepal.⁴ This is a constant evolving and shifting process, throughout this article we consider a range of interactions between modernity and the role of the *guruwa* that illustrate change and continuity in both. More widely, this facilitates an exploration of the ways in which interactions with modernity are a critical part of the changes in the role of the *guruwa* in Dangaura Tharu communities that are the focus of this article. In order to provide a starting place for considering various aspects of modernity, we first consider Giddens’ perspective:

Modernity is a double-edged phenomenon. The development of modern

social institutions has created vastly greater opportunities for human beings to enjoy a secure and rewarding existence than in any type of pre-modern system. But modernity also has a sombre side that has become very important in the present century, such as the frequently degrading nature of modern industrial work . . . (Giddens 1991: 7)

In some senses the understanding of modernity above, and the transition Giddens mentions from pre-modern systems, would correspond with multiple changes in Dangaura Tharu communities that to varying degrees come together and are shaped by the evolution of the role of the *guruwa*. However, there are no straightforward interactions and modernity and the ways in which they illustrate that the role of the *guruwa* has and is evolving. In relation to bonded labor specifically, while the *kamaiya* system was abolished in 2000, what this means for transitions to modernity is in question.

While significant changes are evident in the lives of many Tharu following such as end of the *kamaiya* system and the Maoist People’s War, we argue in this article that these events do not in fact represent a clear juncture or ‘break’⁵ between pre-modernity and modernity as the interactions between Dangaura Tharu communities and modernity are more complicated and nuanced than this might account for. Similarly, while the impacts of the Covid-19 pandemic are currently unclear, that this might in fact strengthen the role of ‘traditional’ healers such as the *guruwa* particularly in a context within which ‘modern’ or western medicine is seen to be ineffective, and modernity and the connectivity that come with it the cause of the pandemic. This reflects a questioning of any assumed links between pre-modernity and modernity and specific events such as the Maoist People’s War.

Before considering the interactions between modernity and the role of the *guruwa*, we now outline what modernity means more broadly in Nepal. In this section we focus

on the local contours of modernity that are influenced by mainstream development process and discourse. This illustrates the influence of aspects of development on certain aspects of Dangaura Tharu communities in relation to health, which we discuss below. We focus here on Pigg's research on various aspects of modernity, although many other researchers have investigated aspects of modernity in Nepal, including Adams (1998), Ahearn (2001; 2004), Fisher (1990), Guneratne (1999, 2002), Harper (2014), Liechty (2003, 2010) and Ortner (1999). We are focusing on Pigg (1992, 1996, 2001) for a number of reasons, but principally because her work focuses on the development process in a framework of changing attitudes to shamanism (something we consider in more detail below in relation to the *guruwa* who perform a type of shamanic role within Dangaura Tharu communities). Pigg's research indicates that there are particular associations made in Nepal between development and modernity, which help to shape how modernity is understood in Nepal. For Pigg, modernity:

...is quite literally a worldview: a way of imagining both space and people through temporal idioms of progress and backwardness. (Pigg 1996: 161)

For Pigg (1992, 1996), development in Nepal is synonymous with modernity and the development process carries modernity with it (cf. Carney and Rappleye 2011). Pigg reflects this position in a nuanced way that opens up a space for consideration of how modernity is shaped locally:

... development establishes an ideological encounter in which universalist notions of progress and modernity meet locally grounded social visions. (Pigg 1992: 492)

She continues:

Embedded in the Nepali usage of *bikas* (development) is what we call an ideology of modernization: the representation of society through an implicit scale of social progress. (Ibid.: 499)

The relevance of Pigg's perspective on modernity is not that modernity is simply being absorbed into Nepali society, but that modernity is being transformed as it unfolds locally. Critically, for this paper, Pigg indicates that within Nepal Shamans are caught up in the meanings of modernity (Pigg 1996). We take this perspective in this paper through exploring not just the local contours of modernity in Dangaura Tharu communities, but also Pigg's analysis of how these local modernities become critical for the way that Tharus (and others) interact. Modernity/development is given meaning and reformed locally in specific settings to create 'alternative, interactive modernities' (Appadurai 1996, 65). By analyzing the evolution of the *guruwa* role, this article offers a unique insight into Tharu modernities, themes also explored by Harper in research in Palpa district (2014). In this article we are advocating for a deeper and longer analysis, considering the gradual evolution of change in Dangaura Tharu communities, that the concept of modernity we have outlined in this section helps to analyze. The broader social change and role of the *guruwa* in Dangaura Tharu communities provides a unique perspective on these wider debates.

The Kampur Guruwa

One of the authors [MM] spent some time with the *guruwa* in Kampur *basti*⁶ and observed him practicing, mainly in 2009. His practice mainly consisted of minor rituals to alleviate minor aches and pains such as backache and headache among others. The rituals were designed to make the *budh* (ghost or witch) leave the patient and thus alleviate the pain, and refer to a Tharu-specific cosmology (cf. Guneratne 1999; McDonough 1984). The *guruwa* are always male and always elderly because, as an elderly man in Kampur *basti* told me "All the *guruwa* are men, as men are good at this. Look at the pharmacist, too." This points to a significant continuity of gender-specific roles of authority and influence, across diverse forms of medicine. The quote above also points to an influential

manifestation of modernity within Kampur, a the nearby pharmacy and the drugs and advice available there, resonating with other studies that have analyzed the impacts of cross-border medical travel in Nepal about modernity (Dahal 2022). To return to Pigg (1992), the influence and prominence of the pharmacy and western medicine in Kampur, is a manifestation of progress and modernity. If the *guruwa* didn't adapt and change in response, they would become increasingly peripheral within Dangaura Tharu communities.

The majority of the *bastis* and Tharu villages that MM visited in Kailali had at least one *guruwa*, who might provide services for a number of villages. In many instances, these were elderly men who were accorded a certain level of respect in each village due to their knowledge of spiritual and health matters. The wider Tharu community often referred to *guruwa* as being highly knowledgeable about Tharu customs. This was respected in each *basti*, particularly given the revival of pride in Tharu customs resulting from the Tharuhat movement in Nepal in the post Peoples War era (Maycock 2011). However, the *guruwa* were rarely involved in politics as such matters are seen as largely incompatible with their focus on health and spiritual concerns.

MM met the *guruwa* in Kampur on many occasions in 2009 (and once in 2014). He may have been the oldest man in Kampur (although no one knew for sure). As one of the more prominent people in the *basti*, it was important for MM to meet and spend time with him to secure a sort of approval to undertake research in the *basti*. In Kampur he seemed to be uniformly respected, and when he walked around the *basti*, people acknowledged him unlike anyone else and watched what he was doing with interest. They seemed to accept his behavior, which was sometimes eccentric and different, as he was a man who knew things that the other villagers did not, in particular a certain interpretation of Tharu culture and history. In a way the *guruwa*'s role constitutes a specific form of cultural literacy

(Bourdieu 1977) that is intertwined with older gendered forms of Tharu identity. He dressed much like anyone else of his age in the *basti* and lived with his family, although he seemed detached from them in a way. He told MM that he was very focused on Tharu spiritual matters and that his family were less important to him. Perhaps because of how young and old villagers viewed and talked about him with reverence, there was something different about this man.

The multiple performances that coalesce to form the position of the *guruwa* correspond to a specific attribute of masculinity and spirituality. *Guruwa* in general represent a specific form of masculinity and masculine power in the *bastis* and were particularly targeted by Maoist cadre during the People's War (PW).⁷ The Kampur *guruwa* told me that this was a particularly difficult time for him, as Maoist cadres had beaten him up more than once, and it had been difficult for him to practice his rituals openly during the PW. This illustrates the importance and prominence of the *guruwa* at that time: they represented a certain type of spiritual challenge to the form of Maoism that the PLA advocated. Maoists are anti-religious, and spiritual leaders such as the *guruwa* represented a 'valid' target during the PW. To a degree the focus on the *guruwa* by the PLA illustrates the extent to which the PLA didn't view the *guruwa* as simply having a role of the past, but that this is a role that has relevance in the current as well as the future.

The Kampur *guruwa* drank and smoked much like the other men in the *basti*, although like other men his age, he never went to local drinking dens. There were certain aspects of his behavior that corresponded with more mainstream performances of masculinity in the *basti*, although he on different on spiritual and health matters. When MM asked him why he had decided to become a *guruwa*, he said that he had always been interested in spiritual matters, and particularly in his (and wider) pan-Tharu heritage. The timing of his becoming a *guruwa* is interesting: he had decided to take the training when

he was no longer able to work as much as he had previously. His body and physical capital seemed to have been profoundly affected by his many years of bonded labor in the *kamaiya* system. One could see, in his frail body, the hardship of extremely long hours of demanding work and a poor diet over many years. He told MM that being a *guruwa* enabled him to transcend the negative and lasting physical results of being a bonded laborer. His focus on spiritual matters helped him to replace the negative implications of his damaged body with the more positive and less physically demanding role of a *guruwa*. This is an variation on Leder's (1990) view that the body is taken for granted, or disappears, until aging and/or ill health bring it more strongly into focus. This *guruwa* responded to the changed appearance of his body through ageing and ill health by focusing on spirituality, in an effort to make his body disappear once more. It was unclear whether he was successful in this, but he certainly wanted to give the impression that he was full of vigor and energy in public situations, most of which he shaped through his role as a *guruwa*. According to him, this energy was a direct result of his becoming a *guruwa* and embracing his Tharu heritage.

Over the course of a number of conversations, MM came to see how this *guruwa* located himself and was situated amongst various locally formed hierarchies and forms of cultural capital. His position initially indicated that the *guruwa* represents a counter discourse to Hindu forms of spirituality, that have a significant influence with Dangaura Tharu communities (Maslak 2003; Rajaure 1982; Skar 1995), alongside Buddhism and Tharu spiritualities (Rajaure 1982). However, after further examination this appeared not to be the case. This is a consequence of the instances in which the *guruwa's* performance of spirituality referred to Hindu spirituality (for example, in the ways he positioned himself as a spiritual reference point in the *basti*) but these performances didn't subvert the hegemonic status of Hindu spirituality that was evident throughout the *basti* through posters and statues of Hindu deities

in all houses. Here MM is concerned with the local level of hegemonic spirituality, a level at which Hinduism is hegemonic and therefore the reference point for some (but not all) performances of spirituality by the *guruwa*. Despite this, there are some significant disconnections that relate not only to differences in the performance of certain religious practices but also to other performances and practices (such as drinking and smoking), that appear to have little to do with certain types of Hindu spirituality.

When MM discussed with the Kampur *guruwa* the inroads that Hindu religious practices have made into the Dangaura Tharu communities, as Guneratne mentions above with reference to Chitwan, he seemed ambivalent about this. The Kampur *guruwa* also seemed ambivalent about 'western' forms of medicine as represented by the local pharmacy (or *medical*) and district hospital in Dhangadhi⁸. This was something that had largely displaced a key historical aspect of the *guruwa* role, that of healer and is an influential manifestation of modernity across Nepal (Dahal 2022). It was evident that in most instances the people of Kampur *basti* did not go to the *guruwa* in relation to health issues, but far more frequently visited the pharmacy in the adjacent village (this was observed throughout my fieldwork). If there was a more serious health issue that needed attention, villagers went to the local health center or the district hospital in Dhangadhi. The Kampur *guruwa* reacted to these changes in the use of health services and advice by re-orientating their role as cultural reference points and arbiters of Dangaura Tharu cultural practice. This we argue is the critical area where we can observe the impacts of modernity (in this instance reflected in pharmacies and use of western medicine more widely) on the role of the *guruwa*, providing an insight into the wider interactions with modernity in Dangaura Tharu communities. Such changes have been explored in other contexts in Nepal, in particular in reference to Ayurvedic medicine (Cameron 2010, 2008), but they have not been considered in Dangaura Tharu communities until now. Ultimately, it would have been

inconceivable in previous generations that rural Dangaura Tharu communities such as those in Kampur would have sought health information and healing from any other source than the *guruwa*. In particular younger generations in places such as Kampur are not using the *guruwa* in these ways; if they consult him, it is to clarify cultural issues.

Having considered the *guruwa* in Kampur *basti* and the ways in which this role has evolved in response to an increasing influence of Hinduism in Dangaura Tharu communities as well as western forms of medicine as interactions with of modernity locally, we now move on to analyze more contemporary evolutions in the role of the *guruwa* in 2020.

The Role of the Guruwa in 2020

Complementing the above section, a number of interviews were undertaken with seven *guruwa* located in multiple districts in 2020. On average, the *guruwa* interviewed had 30 years experience, focusing on religious roles with partial or secondary healing roles within their communities. The *guruwa* discussed a number of particular areas of expertise, including infertility, menstruation problems, fever, headaches, toothaches, epilepsy, snake and scorpion bites and general health problems. All seven *guruwa* were asked to outline their current role. Responses were diverse, reflecting differences in the role and stature of the *guruwa*. Responses included a focus on community and notions of bad or evil spirits:

My role is focused on controlling or defending my village from evil spirits that had been causing harm.

A *guruwa*'s role is focused on the prevention all kinds of bad and evil in Dangaura Tharu communities.

The majority of responses related to the *guruwa*'s role in relation to *puja*⁹ within Dangaura Tharu communities:

I worship as the head *guruwa* at community *puja*.

I am a normal *guruwa* therefore I do not have big responsibilities for community *puja*.

My responsibility is to worship *charai puja, asadhi puja, hareri puja, nikasi puja, lawangi puja* in the community and also worship individual *puja* too, if any households request this.

There was very little discussion of health-related matters, or anything to do with what Guneratne identified as the central role of the *guruwa* as a 'healer' or the *guruwa* being analogous to the role of a medical doctor (Guneratne 1999: 12). These comments then consolidate the notion that the *guruwa*'s role has evolved substantially in recent years and is currently far removed from how it was conventionally viewed. This we argue is a consequence of the interactions with modernity (in this instance embodied by pharmacies and western medicine) in Dangaura Tharu communities. All of the *guruwa* interviewed were asked about how their role had changed over the years. The availability of western forms of medicine was a consistent theme in these responses, indicating that Dangaura Tharu communities now rely on pharmacies, hospitals and other manifestations of western medicine:

Now we have medicals [pharmacies] in every village. People go to medical clinics. Therefore, people do not come [for] initial treatment. When they tried western medicine, then they come as a last chance. Therefore, we are not busy in the traditional healing system.

Right now we have good health post access in the villages. So that we are suggesting people visit doctors first. If there is no relief from medical treatment then we suggest people come to us. Before, we had difficulties in accessing the health post; then, we did not have options and the patient came

directly with us. We are not unhappy [about] changing our roles.

The *guruwa* quoted below (and several others) advised people approaching him with health issues to go to the hospital first, as he was concerned about the risk of not advising this:

Now I do not take any risks. I advise people to go to hospital first. Remotely I worship deities to help patients recover. My cultural responsibilities have not changed.

Resonating with previous research that has analysed the *guruwa* system as occupying the bottom of hierarchies within a medical pluralist framework (Subedi 2003; Subedi 2019), the *guruwa* below stated that he advised people to use western medicine before they turned to the *guruwa* system:

Occasionally patients are cured at weddings. Therefore, I would advise Tharu people not to depend on the *guruwa* system. Also, I want to say, do not neglect the *guruwa* system if the western medicine fails to cure you; come at once to us. Our spiritual powers will heal you.

This seems a very pragmatic response to the influence of modernity within Dangaura Tharu communities, where the influence of pharmacies continues to increase. Pigg (1992) indicates that in the Western imagination, Shamans can be viewed as obstacles to science, here we see evidence of something quite different, through the *guruwa* above advocating that some Tharu should use western medicine. Many of the *guruwa* reflected on the ways in which people needed help in relation to health matters, stating that on a number of occasions hospitals were not able to treat the person. Therefore, *guruwa* were visited last if other forms of medicine were unsuccessful:

Nowadays, patients come to visit us after having been in hospital. When they are treated for a long time in the hospital but don't improve or improve only slowly, then they come to try

us at last. Ultimately, the *guruwa* are not a health care priority within Dangaura Tharu communities.

It is important to note that some *guruwa* were resistant to the idea that the *guruwa* system was changing, or under threat in anyway:

Now nothing is challenging the *guruwa* system.

This section has shown that some *guruwa* accept and adapt to the changes that are happening in Dangaura Tharu communities regarding their declining role in health matters, while others are resistant to these changes. The role of the *guruwa* has always been shaped by these interactions, illustrating that the *guruwa* role can at once be 'modern' and 'traditional'. This role in many ways has successfully evolved therefore ensuring that the *guruwa* remain relevant and influential within Dangaura Tharu communities. More widely this further complicates Pigg's critique that Shamans are often used to present 'premodern' and have been "handy symbols in the construction of "modernity" (1992, 161). The evolution of the *guruwa* role [to use Pigg's terminology, the Shamans within our study] role, our paper suggests that the associations between the *guruwa* and 'tradition' are tenuous at best and overlook the complexity of the changes and evolution in the *guruwa* role we analyze in this paper.

The Covid-19 Pandemic and a Resurgence in the Role of Guruwa

The Covid-19 pandemic has resulted in a comprehensively observed lock-down across Nepal, and is widely being discussed as the most significant public health challenge globally, including in Nepal (Asim et al. 2020; Marahatta, Paudel, and Aryal 2020; Sapkota et al. 2020). This creates particular challenges for qualitative research such as this, given that face to face research was not possible at the recent time of data collection and many *guruwa* did not own mobile phones. The *guruwa* have responded to the Covid-19 pandemic in interesting and

creative ways, particularly as the health services that people have started to use in recent years are now closed. For example, one *guruwa* stated:

Due to lock-down people do not like to go to hospitals and they are coming to my house. I am doing tantric treatment maintaining distance. Some treatment I am doing remotely and sometimes I go to their home for treatment. But we maintain distance.

Here we see the *guruwa* undertaking his work but also observing social distancing, and the *guruwa* finding new relevance in a context where other [western] health information and support is not available. In this sense the Covid-19 pandemic might be an opportunity for traditional healers such as the *guruwa* to re-frame their role and re-imagine it within a time of lock-down.

Over a number phone interviews with one particular *guruwa* we explored the implications of the *guruwa* working within the context of the Covid-19 pandemic and observing social distancing. This *guruwa* practiced in Dang district¹⁰ and had been a *guruwa* for 40 years. During the initial interview, he stated that he had spiritually protected his community from Covid-19. He claimed to have cured three Dangaura Tharu and one Magar patient within the previous week, while stating he had respected social distancing throughout.

The claims of social distancing were slightly complicated through discussing aspects of the ritual ‘*aachhat*’¹¹ he had administered. Two of the female patients had menstruation problems, both visiting him at his home. He performed a ritual, ‘*aachhat*’. In this process the *guruwa* at the very beginning prays to the deities and give a random quantity of uncooked rice to his patient. The patients touch their forehead and other body parts with the rice and return the rice to the *guruwa*. Then the *guruwa* observes the touched rice (to see their client’s *aachhat*) and diagnoses the problem in their client in their own way (using their spiritual powers), using mantras and the formula. After diagnosing the problem, they give the

same touched rice, *aachhat*, to their patient. The clients are supposed to swallow two to three rice grains and the leftover they either keep under their pillow or somewhere close to them, depending on how serious their case is, until they recover. But if the patient’s case is serious and they do not recover by this basic ritual, the next step is to chant mantras. To maintain the two meters distance required during the lock-down, the *guruwa* gave them the *aachhat* to eat without touching either patient, although the rice was touched by both the patient and the *guruwa*.

The same *guruwa* discussed instances of having phone consultations with patients as opposed to their coming to his home. This *guruwa* discussed treating a patient from Rolpa via the phone. The patient in this instance was a baby with a fever, and the mother called the *guruwa* for spiritual treatment as western medicine was not working and not very accessible during the lock-down. The *guruwa* diagnosed the baby’s problem through the initial *aachhat* process and identified poor eyesight as the problem. He subsequently cured the baby’s poor eyesight through his spiritual powers remotely over the phone. The *guruwa* also discussed curing other patients remotely, chanting mantras and spells over the phone. This reduced the necessity of patients coming to his home, although some in the local vicinity still did this. To specifically protect himself from Covid-19, this *guruwa* stated:

First, I bath early morning and kept cow milk, incense sticks, beetle nut, cardamom and cloves and went to the *maruwa*.¹² Then I cleaned the *maruwa* and worshipped all the deities of the *maruwa*. At the same time, I pray to the deities to protect me from coronavirus, by offering a *puja*.

He was sure that there were no cases on Covid-19 in his catchment area, as a consequence of these precautions and worship at the *maruwa*. It is evident in interviews with other *guruwa* that there was an increase in

demand for the *guruwa*'s services within the context of the Covid-19 pandemic:

In this critical situation of COVID-19 I have been working with patients. They are coming to my home, prevention is not my responsibility. I am responsible in ward no. 1 and I have protected the whole ward with my supernatural power to protect it from Corona virus.

Other *guruwa* commented on different aspects of their response to Covid-19, through using their powers to protect their villages from the pandemic:

I have worshiped at the *maruwa* last month to protect from the COVID-19 pandemic. I have tied both villages from my supernatural power. Until today God is protecting our villages. Also healing patients if they come to me.

Again, the *guruwa* above suggests a reinvigoration of the aspect of their role that relates to health, something not considered in the previous section or literature on the *guruwa* for a number of years now. Most of the *guruwa* interviewed in 2020 discussed Covid-19. There was a recurring theme that they were casting spells to protect their villages from the pandemic, and that they were busier during the pandemic due to other sources of health advice not being available. This material on the impacts of Covid-19 on the role of the *guruwa* suggests a potential resurgence of their traditional role of protector of the community and a continued importance for this role within Dangaura Tharu communities in 2020. To an extent this resonates with historical accounts from 1807 analysed by Krauskopff and Meyer in which a particular *guruwa* (Tetu Gurau) was to:

....protect the people from the threats of elephants, tigers, evil spirits, disease and epidemics. (Krauskopff and Meyer 2000: 134)

Conclusions: What is the Future of the Guruwa?

Data collected and analyzed in this paper relating to the Covid-19 pandemic suggest that the role of the *guruwa* in Dangaura Tharu communities is undergoing change, and reflecting in previous literature relating to the *guruwa*, this has perhaps always been the case. *Guruwa* role within Dangaura Tharu communities have always and will continue to be influenced by locally specific interactions of modernity, such as increasing levels of education, migration and access to technology such as mobile phones. Those *guruwa* who use a mobile phone are able to adapt their practice and treat their patients remotely in the lock-down in ways that western health professionals might not be able to, and which secures for the *guruwa* a partial restoration of their former role as healer. Further research is required to more fully analyze the consequences of the Covid-19 pandemic on the ways in which Dangaura Tharu communities seek help and advice in relation to health and what this might mean for the role of the *guruwa* in the longer term. That increasing numbers of Dangaura Tharu in multiple districts may be turning to the *guruwa* within the context of the lock-down in Nepal, suggests a continued relevance of this role in Dangaura Tharu communities and a further evolution of this role. When asked what the *guruwa* role might look like in the future, some *guruwa* were quite fatalistic, and felt that this role will disappear:

The *guruwa*'s role is decreasing day to day. In the future it will be completely finished. The *guruwa* system is in crisis because religious change is high in our community.

Conversely, other *guruwa* were more positive and looked towards the new generations as potentially supporting the continuation of their role. One remarked that it was critical that *guruwa* find ways to engage with the younger generation to enable their practice to continue to resonate in rapidly changing communities.

“We *guruwa*,” he said, “must transform and translate our knowledge for the new generation.”

This might also be complemented by the *guruwa* themselves, by expanding their skill base and insights into a range of disciplines (incorporating health, Dangaura Tharu culture etc...). As a *guruwa* remarked to us, “Increasing our disciples and transforming *guruwa* skill and knowledge is critical.” He added that these new skills related to new health challenges such as Covid-19, and to changes within Dangaura Tharu communities such as increased migration and movement (Maycock 2017b). Returning to question of the interactions between modernity and the role of the *guruwa* within Dangaura Tharu communities, what does the Covid-19 pandemic represent? In relation to modernity, Covid-19 is the most recent manifestation of what Michael Peters (2022; Peters, McLaren, and Jandrić 2022) has called viral modernity. According to Peters, this viral modernity is ‘a concept that is based upon the nature of viruses, the ancient and critical role they play in evolution and culture, and the basic application to understanding the role of information and forms of bio-information in the social world’. Our paper illustrates the ways in which the Covid-19 pandemic, as the latest manifestation of viral modernity has further influenced and led to the evolution the role of the *guruwa* within Dangaura Tharu communities. The pandemic, and in particular the lockdown associated with it, has resulted in a new relevance for the *guruwa* and a reinvigation of their role. Further questions then emerge about the longevity of this new relevance: has this sustained after the lock-down has eased and pharmacies and hospitals reopened?

Even so, and resonating with previous studies, our discussion indicates a continued decline in the influence of the *guruwa*, and a change in their role away from an orientation around health matters due to interactions with modernity, embodied by the pharmacy and the Covid-19 pandemic as a manifestation of viral modernity. This article extends previous studies on the

guruwa to consider what this still critical role means in Dangaura Tharu communities in the context of 2020 and the Covid-19 pandemic. Ultimately, while the role of the *guruwa* has been shaped by interactions with modernity and in particular the influence of western medicine. The response of the *guruwa* to the Covid-19 pandemic illustrates the flexibility and enduring relevance they have in Dangaura Tharu communities in Nepal. Ultimately, the role of the *guruwa* is at once modern and traditional, it will be fascinating to observe the ways in which modernity influences the role of the *guruwa* in future.

Matthew Maycock, PhD, is Baxter Fellow in Community Education in the University of Dundee and an Honorary Research Fellow at the University of Glasgow. He was previously an Investigator Scientist within the Settings and Organizations Team at SPHSU, University of Glasgow. His PhD at the University of East Anglia analyzed modern slavery (the Kamaiya system) through the theoretical lens of masculinity. Throughout various university studies, Matthew has consistently worked on gender issues with masculinity being a particular focus. Matthew has been visiting Nepal since 1997, in particular Tharu areas in the mid and far-west.

Kuchhat Narayan Chaudhary has been working as education expert in different non-governmental organizations in Nepal since 2008. Recently, he has worked as a mother tongue curriculum expert under SIL LEAD/SIL International/USAID's Early Grade Reading Program and he has assisted to the Curriculum Development Center to Develop grade 1 -3 curriculum, student books, teacher guides, and teacher training manuals in three different languages. He has researched Tharu indigenous knowledge of Storage Pest Management, Student Continuous Assessment System, Alcohol, Drugs and Development. He has completed an MA from Tribhuvan University and Post Graduate Diploma in Primary Education from Kathmandu University.

Endnotes

1. In this article we specifically focus on Dangaura Tharu communities, but it important to note that the Tharu are a diverse indigenous group in Nepal with many diverse peoples (Guneratne, 1999).
2. Kampur is pseudonym for the name of this village to protect the identities of the villagers living with it.
3. This is the Chitwan Tharu word in the original.
4. Chhetri 2005; Guneratne 2002, 1999b, Guneratne 1999a, 1996; Hu 1957; Krauskopff 2002, 1995, 1989; Krauskopff and Meyer 2000; Maiti 2004; Maslak 2003; Maycock 2011; McDonough 2000, 1997, 1984; Meyer 2003; Meyer, Meyer, and Rai 1998; Müller-Böker 1999; Ødegaard 1997; Rajaure 1982; Shrestha et al. 2000; Skar 1999; Srivastava 1958; Verma 2009, 2010.
5. The criticism of the idea of 'break' used here reflects Appadurai's (1996, 2-3) analysis of this.
6. *basti* is a Nepali word meaning settlement, denoting a place smaller and more precarious than a village.
7. One of the authors (MM) met a number of *guruwa* in other villages and *basti* who had had similar difficult experiences during the PW, MM was also was told of instances where *guruwa* were killed by PLA cadre during the PW. Problems for the *guruwa* during the PW were also discussed in the later fieldwork conducted for this study.
8. Dhangadhi is the district headquarters of Kailali district.
9. *puja* refers to a type of prayer or religious ritual
10. Data on the incidence of Covid-19 in Nepal generally, and in districts such as Dang where *guruwa* practice is limited and of poor quality. However, according to an online news story dated 9 July, 2020 (www.onlinekhabar.com), in Dang district 599 people had tested positive for Covid-19. 378 people have been discharged from hospital while 219 people are still being treated in

hospital. There is no data on the numbers of people who have been in quarantine and isolation, nor is the data disaggregated by gender and caste.

11. Guruwas perform a ritual called '*aach-hat*' which is a first step or basic part of the healing process they administer.

12. *maruwa* is a kind of temple. Every Tharu village has a *maruwa*

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