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‘When there were only gods, then there was no disease, no need for doctors’: forsaken deities and weakened bodies in the Indian Himalayas

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10 In this study the author analyzes the relationship between the individual
body and the body politic in a region of the north Indian state of
Uttarakhand, in connection with social changes occurring at the local and
trans-local level, which are impacting the status of the different healing
systems. By investigating these issues, this paper aims to shed light on some
of the complex ways in which practitioners and patients who take part in a
local method of healing, in this case ritual healing through possession,
15 respond to the expansion of biomedicine.

Keywords: individual body; body politic; healing; possession;
Uttarakhand; India; social change

Introduction

20 This paper is based on ethnographic fieldwork carried out between June 2006 and
May 2007 in a network of rural communities in the state of Uttarakhand, in the
central Indian Himalayas.

The fieldwork focused on the physical and interpretative itineraries set in motion
by problematic events, with particular attention to healing practices based on
possession rituals. The methodology consisted of participant observation of the
25 everyday life of villagers; observation and filming of healing sessions; and informal
and semi-structured interviews with healers and their clients about the problems that
affect people’s lives, about their healing choices, and about the outcomes of healing
sessions.

30 The villages where the research was carried out, all located in the upper part of
the Uttarkashi district, are inhabited by several caste groups ranging from Brahman
to Rajput to Dalit sub-castes. The regional economy is based on subsistence
agriculture, on remittances of those who have migrated to the Indian plains, on
activities linked to the increasing presence of tourists and pilgrims in the area and, to
a lesser extent, on animal herding and husbandry. In colonial times, this area was
35 never subjected to the direct control of the British and remained a separate Hindu
Kingdom under the name of Garhwal (Rawat 1989). Thus, the region was relatively
isolated. Only in the 1960s, as a result of India’s so-called ‘Border War’ with China in

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1962, was the main trans-regional infrastructure built, while private as well as public development schemes followed in the wake of military use. In the last five decades, social and economic change has been swift and profound.

The research delineated a complex scenario of medical pluralism. As has been observed in many south Asian contexts (Amarsingham Rhodes 1984; Beals 1980; Lambert 1996; Nichter 1989; Pigg 1990; Pinto 2008), patients and sufferers continually resort to different healing techniques in order to find the best solutions to their problems. Alongside these different healing practices, cosmopolitan medicine today occupies an important place in the treatment of illness. Cosmopolitan medicine has been known in Garhwal for several decades, through the drugs that in the villages are administered by trained as well as unqualified practitioners (see also Pinto 2008), the presence of a hospital in the district's main city, the existence of Primary Health Centres all over the district, the flourishing of many private medical surgeries, and the periodic organization of government funded health-checking camps.

One striking outcome of the research was the way in which, during verbal exchanges within performances of possession as well as during interviews with healers and locals, people's relationship with biomedicine appears charged with ambiguity. While in practice people call regularly on all kinds of healers, in their theorizing about healing they focus increasingly on the competition between deities and doctors. *Joitish* (astrologers), *vaidya* (learned practitioners of Ayurveda), *sadhu* ('holy men' who can provide healing through *mantras* or sacred verbal formulas, rituals, meditation practices and also herbal remedies), village health workers, nurse-midwives, vaccinators, veterinary assistants, tantra-mantra gurus (healers using tantric knowledge), *baki* (diviners who undergo possession), experts in herbal remedies (*jari-butti*) and practitioners of other forms of treatment (such as bone-setting, abdominal massage, cauterization techniques) all fade into the background as people centre their discourses on doctors and deities.

Within this local reflexivity on healing practices, the spread of biomedicine in Garhwal is at times spoken of as something that lessens the deities' power to heal and weakens people's bodies. As this paper will demonstrate, a correlation is made between the fact that deities are being forsaken by the people due to the success of doctors, and the weakening of people's bodies (their being subject to a greater number of illnesses).

This perception is well illustrated by the words of a Rajput man in the village of Jantu, located 30 km from the district capital, Uttarkashi. During an interview concerning the general health conditions of his village, the man suddenly stated:

When there were only gods, then there was no disease, no need for doctors. Now there are so many illnesses. And for every illness there is need for a special doctor, there is need for a special medicine. Before, we didn't have all these illnesses.

Such words highlight the feeling of a disturbing social change where a weakened body politic is reflected in the feeling of disempowerment at the level of individual bodies.

In order to throw light on these matters, this paper takes into account two interrelated dimensions of the body that have been the focus of much anthropological theorizing about the body (Scheper-Hughes and Lock 1987): the 'body politic', referring to the political regulation, surveillance, and control of bodies (individual and collective), and the 'individual body', namely the individual

understanding and experience of the body.¹ In this study the author analyzes the relationship between individual body and body politic in Garhwal in connection with social changes occurring at the local and trans-local level, which are impacting the status of the different healing systems. By investigating these issues, this paper aims to shed light on some of the complex ways in which practitioners and patients resorting to a local method of healing, in this case ritual healing through possession, respond to the expansion of biomedicine.

Healing and divination practices linked to the cult of territorial deities: a local body politic

While the medical landscape in Garhwal is, as elsewhere in rural India, highly pluralistic, there is an important factor that makes the Garhwali case different from medical pluralism described for other Indian and Nepali rural contexts (e.g. Beals 1980; Lambert 1996; Pigg 1990). This is the important role in people's everyday lives of practices of possession linked to the cult of territorial deities. While many local deities have an active 'social life' through being protagonists of institutionalized practices of possession, the village deities – those linked to the cult of the deities that fall into the category of Grām or Gaum Devatā (or, if female, Devī) – have the strongest impact on people's daily lives through healing and divination ritual practices. Each village's tutelary deity has a mobile form called a *dolī*, consisting of a wooden palanquin that can be carried on the shoulders of two ritual specialists. People regularly come to the village temple to seek the help of the god. In order for people to communicate with gods, two men – the deity mediums called *pālgher* – take the palanquin on their shoulders; at this point the deity enters their bodies, which in turn start to move. The two mediums' body movements make the palanquin itself swing in different directions. These movements of the palanquin are regarded as a special language through which the deity expresses its will, which can only be understood by an elite group of knowledgeable people who 'translate' it for the public. The entire institution is controlled by the villages' hegemonic groups, which in the past were linked to the central royal power and which belong to the two upper castes of Brahmans and Rajput. Both the interpreters and the mediums come from these social groups. In some villages, in addition to the palanquin the tutelary deity uses other forms of communication, all entailing possession, such as communication through the words of a medium (*paśuā*) or the sound of a ritual drum (dhol) played by a low caste musician (*bajgī*). The legitimacy of the entire system is based on the belief that villagers are naturally subject to the will of the gods, who have control over the space of their village.² Local deities are considered kings over their territories, and the relationship that links them to their subjects is a combination of care and control. Virtually all personal or collective events must be brought before the village god's palanquin to be provided with meaning. Such events range from physical illness to unusual individual behaviours, emotional distress, household disagreements, subsistence practices, disputes between neighbours or relatives over land tenure, natural catastrophes, and sudden deaths. Aside from offering directions for action, territorial deities perform healing rituals that are often referred to as *rakhvālī*, which literally means 'protection' or 'the act of taking care of someone'.

The territorial deity's bodily technology

The power of care and control that characterizes the village deity's healing activity is played out within a specific body politic that has sometimes been referred to as 'government by the deity' (Sutherland 1998). Experiences of the body and its symptoms are continuously produced by living under the control of local territorial deities and being subject to their political regime. In other words, the territorial deities' body politic entails a bodily technology. This technology produces bodies that feel interconnected to the social body, to the village territory, to the soil and its productivity, to the territorial deity and its 'happiness', and that feel is strengthened when submitting to the local deities' performances of diagnosis and healing.

Local deities' body technology involves, for example, the activities of carrying the heavy wooden palanquin on one's own shoulders (as in the case of the two *pālgher* or porters); of making it dance during village festivals (an action that most men belonging to the higher castes have to perform); of accompanying the deity on its pilgrimages, sometimes barefoot; of undergoing long and physically exhausting possessions (as in the case of deities' mediums called *paśuā*); of enduring painful flagellations (as during the séances of exorcism executed by local deities); of bending down under the cloths (*patola*) of the palanquin for long periods while the deity confers blessings (*ashriwad*) and ritual formulas (*mantra*) on the sufferer or on some healing substances; of meeting certain requirements of bodily cleanliness at specific times; of following dietary rules, namely the avoidance of alcohol, meat and restaurant food (rules that have to be followed by the deities' mediums and by devotees asking the deities for relief from suffering). As an integral part of the individual's submission to the power of territorial deities, these activities contribute to the fact that, at the end of the healing process, the person often feels a sense of strengthening the body.

The three cases that follow provide ethnographic evidence for these observations. On the one hand, these examples highlight the way in which devotion to territorial gods implies certain bodily activities, which are sometimes especially physically taxing. On the other, they highlight how, at the end of the healing process, people often affirm that they feel a sense of health or bodily empowerment.

The first example concerns a 14-year-old boy from a Rajput family in the village of Dharali. Too busy in working in their fields, his parents had decided not to accompany the territorial god on his annual pilgrimage to Gangotri but to send their son in their place. During the night, the boy started to suffer 'a lot of pain in one leg, and the leg became very swollen'.³ After interrogating the palanquin of the territorial god, the reason given for the pain was that his parents had refused to follow the deity on the annual pilgrimage. The god told them to make a votive offering (*uthāñā karnā*) and to promise to accompany the deity on his pilgrimage if the child recovered. The morning after, the child felt better: 'the leg was exactly as if nothing had happened to me'. The case well exemplifies how devotion to territorial deities is strictly related to bodily activities; in this case it involves the performance of a pilgrimage.

Another case concerns a Brahman family living in Baghial village, near by the district main town of Uttarkashi. The elder son of the family, Sunil, was regularly possessed by the deity of Baghial village. A few months after Sunil had left the village to join the navy, his father experienced severe pain in the lower part of the belly. Urgently hospitalized in the main district clinic, he was operated on immediately for

180 appendicitis. After the operation, which was declared successful, he went home but failed to recover from the pain in the belly and all over the body. When he went back to the hospital to have the stitches removed, doctors found that everything was satisfactory. Back in the village, he consulted the god, who told him that the only way to get well was to make his son return. The punishment (*dos*) of the god had fallen on the family. After Sunil left the navy and returned to the village, where he
185 started again to undergo possession, his father felt completely cured. As above, the case of Sunil's father shows how, within this body politic, someone's body may be in pain due to a member of his social group disrupting the harmony with the territorial deities. Likewise, a feeling of individual bodily strength can emerge from the fact that one's relative (in this case the man's son) surrenders devotionally to the deity's will.

190 In the multi-caste village of Pata, a 16-year-old girl from a Rajput family, suffering from stomach pain, episodic fainting and aggressive behaviour was sent by the village god medium to see a doctor. At first her family bought some ayurvedic medicine from the market (a herbal tonic for 'strength'), but later when the symptoms persisted, she went through several admissions to the district hospital.
195 Diagnosed with severe gastritis, she was treated with a herbal calming tonic, antibiotic medication (the doctors told the author that it was to kill any *H. pylori* present) and acid blockers. Nevertheless, each time after returning home she started complaining again of stomach pain and behaving aggressively. When the family decided to consult the village god once again, he ordered them to organize an exorcism to get rid of the ghost of a woman who had died while giving birth in a
200 nearby village. During a fairly violent ritual, consisting of several phases all orchestrated by the village god's palanquin, the ghost was invited to manifest itself in the girl's body and talk; then the girl (or rather the ghost inside her) was beaten by several mediums, and she was finally inducted to vomit before falling unconscious to the floor. At the end of the ritual, after receiving the territorial god's *mantras* and a protective amulet, she told the anthropologist how the hospital had been a much less
205 painful and more pleasant experience. She said she was now feeling pain all over her body and that the next day her face would be swollen and ugly due to the beating she had received. Nevertheless, she added, 'Tonight I will be sleeping between my parents because I am still very scared, but from tomorrow I will feel fine!' In this case, enduring flagellation is part of the subject's moral and devotional duty, as well as a necessary path to healing. Moreover, the sufferer affirms that she feels an empowerment of the body.

215 Taking these cases together, one notices how local healing is not always the first resort (see also Lambert 1996). On the contrary, when possible and available (for example in villages like Pata and Baghial, which are located close to the road leading to the district's main city), biomedicine is either the first option or a therapy which is being pursued alongside ritual healing. Nevertheless, as was also shown by Amarsingham Rhodes (1984) in a Sinhalese context, even when the efficacy in
220 biomedical terms could be attributed to biomedicine, people often attribute it to the territorial deity. As Amarsingham Rhodes points out, this is not only due to the fact that the diagnoses given by deities are powerful polyvalent symbols that can confer meaning and sense on individual experiences in religious and social idioms. It is also due to the fact that the patients undergo a powerful performative aesthetic
225 experience, which makes them feel healed (Desjarlais 1996). The performative practices linked to the institution of the territorial deity – with the ritual traversing of

his space, the rich aesthetic of dancing and oscillating in different directions, and the variety of bodily activities involved in its healing and divination sessions – make possible the experience of bodily empowerment, together with the feeling of the link between the body, the deity, the territory and the community.

Neglected gods, weakened bodies

In many instances, therefore, while the patient undergoes different treatments, the ultimate healing efficacy is attributed to territorial gods. Nevertheless, as the cases above demonstrate, it is evident that biomedicine today occupies an important position in people's health-seeking strategies. In addition to its acclaimed efficacy, especially in treating certain kinds of diseases, the popularity of allopathy is linked to the fact that it is the main form of Indian Government health service. The growing popularity of biomedical treatments may also be explained by the fact that their faster efficacy is more suited to the ideologies of productivity and speed, which are spreading at a time of dramatic economic and social change (Halliburton 2009). It is also important to stress that biomedicine enjoys, in the hills of Garhwal as in other local contexts, a certain amount of prestige value owing to its associations with modernity, the urban lifestyle and cosmopolitanism (see also Lambert 1996; Pigg 1990). However, the variable discourses regarding medical pluralism and biomedicine also show at times no coherence with people's actual behaviour.

At times, it would seem that biomedicine has been quite unproblematically integrated into the local aetiological system and into people's health-seeking itineraries. In some conversations with locals, gods and doctors and their systems of healing seemed to complement one another. While illnesses (*rog*) that have a purely physical cause (*bhautik*) and stem from physiological processes can only be treated by doctors, deities' possessed mediums are the only experts in curing forms of sorrow deriving from the evil eye (*nazar*), distress originating from attack by external spirits (*upri, hawa*), sorrows deriving from the falling on some person of the shadow (*chāyā*) of fairies (*mātri*), problems caused by the action of a deity initiated by a person against his enemy (*ghāt*), and troubles triggered by the rage of a god when offended by personal or collective human behaviour (*dos*). According to this discourse, doctors and gods seem to be granted different fields of competence depending on the origin of the illness, whether natural or supernatural. This discourse legitimizes the ongoing healing power of local gods despite the spread of biomedicine.

On other occasions, the relationship between ritual healing and biomedicine is seen as more problematic. The healing power (*śakti*) of gods is sometimes spoken about in nostalgic terms, as in the sentence that gives this paper its title, and the blame for the gods' diminished power to heal is put on the spread of biomedicine. This argument is often adopted by both priests and lay persons to explain and justify ritual failures, as for example when an exorcism or a healing ceremony does not prove efficacious even after a long time and several attempts. People often explain the persistence of the problem with a discourse that entails a circular feedback loop. Increased recourse to 'modern' ways of healing, and increased adoption of a modern lifestyle generally, diminishes people's faith in gods and induces devotees to forget their ritual duties towards them. This in turn lessens the local deities' power to heal, a power that is perceived as based on a relationship of reciprocal exchange between belief (*śraddhā*) and celebration (*pūjā*) on the people's side and the bestowing of bliss

and healing by the gods. The weakening of the deities' power to heal induces more recurrent ritual failures, which in turn increases demand for biomedical remedies. In this reasoning, modernity, in the form of biomedical power, is thought to have broken a rule of reciprocity on which the moral economy of ritual healing is based. This rule, which has been widely recorded in other Hindu contexts, governs both spiritual and human relationships; the superior being (for example a god or a human being of higher status) receives veneration and respect, and gives bliss and help in return.

A local priest from Deepa's village commented as follows on the healing functions of his village deity:

Kandar Devta, Someshwar, Naag Devta these are all local gods because they are accepted and worshipped by local people. As long as you worship them, they will help you. In Gita [Bhagavad Gita] it is said: 'To us who accept and worship, he only will help us...' Now people believe less and lose faith in gods, they worship doctors. Gods get angry as they don't get celebrations and offerings. These gods will not help you. Therefore today people are not getting any benefit. If people don't show feeling and respect for the god the god becomes less effective. This means that as long as we have respect for the god, things will go smoothly, but the moment we become careless toward the god, he stops helping us.

A second argument that is employed to talk about the problematic relationship between healing and biomedicine in Garhwal centres on the issue of bodily discipline. After the territorial deity had tried for a long time to cure the lung of a 35-year-old man who, nevertheless, failed to recover and was hospitalized in the district clinic, a temple priest observed:

Our bodies are becoming weak. People are not able to refrain from smoking, from consuming alcohol. They are not attentive to what they eat. So then they need doctors. Gods will keep helping us only if we have good thinking, if we do good work, and if we keep our bodies strong and healthy. Now people eat things which are not clean, they eat animals, they drink alcohol and if they don't pay attention to the things they do with their bodies, then the gods will run away far from these people and their bodies will become more and more weak. Then people eat so many pills when they are sick and need to recover fast. In the past, we didn't need all these pills.

According to the priest, the sufferer – like so many other patients who come to see the local gods – does not take proper care of his body. It has been argued that, in Hindu contexts, a correlation is made between one's bodily state, bodily discipline, and the moral and ritual condition of the person, in particular the right of the person to enter into relations with deities (e.g. Parry 1989). The words quoted above indicate a vicious circle: the loss of self-discipline by people in Garhwal prevents them from being in the state of ritual purity that is needed to perform worship and maintain a close relationship with deities, and, as a result, the gods no longer support or heal them. This, in turn, will contribute to the weakening of people's bodies, enhancing their need for constant repair by the biomedical system. The body is here taken both as the mirror of, and the possible agent for, a reform of this state of affairs.

Discussion

Local reflexivity about the body politic and especially about the impact of biomedicine upon ritual healing is imbued with a certain ambivalence. It is here argued that an understanding of these different discourses that are emerging in

320 contemporary Garhwal can be achieved by taking into account several interrelated
dimensions, namely the local body politic (involving deities controlling and
protecting the territory and local bodies), the individual bodily experience, and the
impact of contemporary social change on the status of biomedicine as well as on
local practices and perceptions of the body.

325 First, on a political level, one can see how these discourses might be motivated by
a fear of the elites controlling the workings of the palanquin, an important means of
control that is part of everyday village politics. The prestigious status of biomedicine
can be perceived as eroding the political power of local deities and making their
verdicts less compelling.

330 However, one might also see in these discourses the penetration of trans-local
discourses about healing into the local setting, a way of reflecting about social
change and a social means to position oneself vis-à-vis this perceived change. It is
remarkable how the wide range of practitioners available in the area fades into the
background as people focus predominantly, in theorizing about healing, on the
335 potential compatibility or competition between deities and doctors. National and
trans-local discourses about progress in many contexts have made biomedicine into a
symbol of modernization and cosmopolitanism (see also Pigg 1990), as opposed to
the hill dwellers' superstitious practice of ritual healing through possession. The
dichotomy has entered local ways of thinking and introduced a new kind of
340 reflexivity. To stress one's disbelief in healing through possession might become a
means of integration into this 'modern' society. To underline the higher power of
one's own territorial god may, in turn, serve to defend one's identity and to state the
possibility of being modern while at the same time preserving one's own traditions.

345 Finally, at the level of the individual body, this paper has demonstrated that
being subjected to the power of territorial gods, their diagnoses and their healing
sessions involves bodily activities that, taken together, can bring about a person's
renewed sense of health and make them feel, in different ways, the interconnected-
ness between their individual body, the collective body and the territorial deity.

350 Nevertheless, nowadays Garhwalis are not only local ritual subjects. They are at
the same time mobile actors, living in an interconnected world and exposed to trans-
local discourses about modernity and progress. Consequently people's embodied
sense of self is simultaneously shaped by different local practices and discourses.
Now, more and more locals start to feel that it is not only more efficacious but also
355 more prestigious to undergo biomedical treatment, vis-à-vis their integration in the
larger national context. Conversely, the experience of the body as imbued with power
given by the territorial god and dependent on the moral conduct of all community
members is increasingly linked, in people's everyday perception, with the stereotype
of their marginality and supposed backwardness in the eyes of the wider society.
Ritual healing becomes at times embarrassing or inappropriate in the changing social
360 field. But this practice, with the bodily experience that it produces, is nevertheless
part of people's everyday experience. A form of 'hysteresis' (Bourdieu 1972) may be
produced in people's lives by a discourse that confers on ritual healing, namely their
everyday experience, a status of superstition. This perception may contribute to the
emergence of the critical discourses that have been analyzed here, which focus on the
365 neglect of deities by the people and the consequent weakening of their bodies. These
discourses show that, while making use of biomedicine, social actors perceive and
express in religious and somatic terms the destabilizing effect that the encounter with

biomedicine is producing, not only on local politics but also on their bodily knowledge and experience.

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380 **Notes**

1. Scheper-Hughes and Lock mention also a third kind of body, the social body, namely the body as a symbol or map with which people shape or understand their environment (Scheper-Hughes and Lock 1987).
2. This complex system of divine jurisdictions is found in several nearby areas of the central Himalayan region. See also Berti (2001), Bindi (2009), Sax (2002: 157–85), Sutherland (1998), Vidal (1988).
3. Interview with Sajal Panwar, Dharali, 09-2006.

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