

Social Change, Religion and Medicine among Brokpas of Ladakh

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ABSTRACT The present study focuses on relationship between religion and medicine in context of social change among Brokpa, a distinctive cultural ethnic community nestled in central Ladakh on an offbeat track. The Brokpas of Dah-Bema are the one of the last remnants of an ancient and unique culture known generally under the 'Dards'. For Brok-pa ethnicity is the only form of defining status. The socio-religious belief system of Brokpa has its basis in the concept of pollution. In the Brokpa villages, strangers were and are not welcome. Brokpa practice two contradictory religions side by side- traditional 'Minaro' religion (spirit worship) as well as Lamaism. Their religious beliefs and rituals were originally in essence demonolatry, ancestor worship and nature worship. With the passage of time, these religious beliefs have absorbed Buddhist ritual and practices as well. Brokpa's rites of exorcism are the use of prayers, fumigations (burning of juniper) and animal sacrifice. Brokpa place great emphasis on coercive rites of exorcising and destroying demons. Brokpa worship nature-mountains, flowers, water spirits, earth spirit and ibex horns a natural out come of their ecological conditions. According to Brokpa traditions, shepherds who come down from pasture grounds are permeating with purity. Traditions prohibit women from coming close to the Juniper shrine (*Chillgi Deuha*) at *Dah-Drouk (pasture ground)*. One can best comprehend the Brokpa medicine largely in terms of cultural belief and definition in their environmental setting. The Brokpa village under study juxtaposed between two cultural, social and religious systems. Cultural values and context play a greater role in conceptual frameworks to understand health and illness perceptions. In Brokpa culture, the cause and effect of illness for all time rests on religious beliefs. Four systems of treatment are available to them: herbal; ritual care; biomedicine and *amchi* medicine beside home remedies. Brokpa admit personal use of herbs, spiritual cure and preventive measures. They integrate herbs, especially *Chillgi* (Juniper) into religious belief pattern and spiritual cleaning. The Juniper (*Chillgi*) tree holds a special significance for Brokpa, as it cleans the atmosphere of evil spirits. Brokpa make use of juniper in their religious ceremonies as anti-pollutant. In Dah, local discourse on causes on sickness is changing along with changing environmental and social conditions. The diseases not related to local environment are not treatable by local methods. Dah provides a striking example of a culture and society, which subjected to strong outside influences. The pressure of these outside influences has caused increase in their ceremonies of traditional folk religion as it provide a coping mechanism for Brokpa to deal with rapid changes that have occurred during recent decades. In Dah, the medical power, in the past transformed in to social power because of the *Lha-bab's* monopoly on therapeutic care and the people's dependency on them. Local accounts of health and sickness among Brokpa suggest that the explanations of ill health are undergoing subtle redefinition as they draw comparisons between past and present conditions. It is interesting to note that Brokpa of Dah, while remained within the traditional framework through dependency on each other, and through fear of supernaturals, yet in Dah, pragmatism proves stronger than belief, at least in the matter of health care. For health care, they mostly depend on biomedicine along with their precautionary rituals and taboos. However, in the past *lha-bab* were more important than *amchi*, because they specialised in centric modes of healing. The social relations of healing embedded in the local setting. The priestly officials- *Lha-bdag*, *brongopa* and *lha-bab* play an important role in being a means and channel to express and deal with social suffering involved in the Brokpa's loss of fear of loosing identity, ethnic discrimination and recent changes. Ritual taboos, complex of pollution purity and organised system of ritual prescription regulates the life within the village as well as between and within each household.

INTRODUCTION

Culture and medicine primarily focus on the dialectical relationship between cultural systems and the organisation, institutional practices, power and thoughts of medical knowledge. Societies everywhere develop set of cognition for defining disease: system of healing and curing. The medical patterns occupy a place within the total configuration of society. Varied social institutions and practices have arisen across time and space simply because affliction

and sickness, pain and suffering, morbidity and mortality are a ubiquitous part of the human conditions. The relationship between culture and medicine expands beyond a strictly dyadic relationship and include numerous sets of social, political, economic, philosophic, religious and ethical issues. The present study focuses on relationship between religion and medicine in context of social change among Brokpa, a distinctive cultural ethnic community nestled in central Ladakh on an offbeat track. A different language, customs and racial characteristics and

religious practices of the Dards are still present in the population groups' of Dah-Hanu and Chiktan-Garkun in Ladakh.

The planned development sponsored by government of India is changing society rapidly. Social change refers to processes of alternatives in social values, beliefs, legal system and social institutions. This change also affects people in everyday life, their thinking, acting and reacting to change. The medical system is one of the social structures that are changing by modern life. Health care is one of the priorities of the Indian government to create and sustain human development. The actual process of transformation and interaction is culture and area specific. H. R. Rivers who long back affirmed that 'the practice of medicine is a social process' (1924/1999: 55) pointed the importance of medical systems and its practitioners. Rivers, Clement's (1932) and Ackernecht's (1946) medical anthropological studies were restricted to only traditional or comparatively simple societies because of conceptual limitations. Their models were essentially 'static'. Paul's (1955) system model approach made possible to study the medical systems of modern or complex societies as it is a dynamic model. It made possible to study nature and consequences of change. Turner (1968) dealt with the social function of healing rituals and Foucault (1973) depicted medical practitioners as agents of social control.

Frankenberg (1980, 1981) and Camaroff (1981, 1982) have pointed out that outside factors influence local pattern of resort, arguing that the arrival of modernity usually leads to demise of traditional medical practices, to the benefits of cosmopolitan medicine. Kendall's study (2001) in Korea described how modernity challenges 'superstitious' healing practices and define them as ancient relics utilised by 'backward' cultural groups. However, Kendall argues that despite the power differential, these healing practices continue to thrive. Evans (2004) reported that the Government of Vietnam has banned shamanistic rituals, yet local gods and shamans have strong following despite official disapproval. One of the largest and most wide spread of the belief systems is Dao Man, the mother Goddess religion, wherein Len Dorg practices spirit possession rituals, where spirit mediums channel various god and goddesses connected to the cult. Common people go to spirit mediums for a divination and a ritual for

healing and pragmatic purposes. Harris (2001) study of Iban of Sarawak explores the significance of shamanism in the politics of healing, on the cusp between western anthropological imagination and the traditional. The social relations in Iban longhouse communities in Sarawak are central to the satisfactory enactment of healing work. Medical knowledge becomes the sight of that difference and the incorporation of indigenous medical knowledge becomes part of cultural identity. Dean (1978) believes that illness beliefs are sensitive indicators of social change in a society. Following her study in Ugandan society, she came to conclusion that illness can be regarded as social phenomenon as a way to get at people's religious and cosmological ideas without inquiring about them directly.

"Tradition and modernity are widely used as polar opposite in linear theory of social change" (Gusfeld, 1967). Traditional societies are neither static, nor inconsistent or structurally homogenous. The relation between traditional and modern does not necessarily involve displacement, conflict and exclusiveness. Modernity does not necessarily weaken tradition. "Both tradition and modernity form the basis of ideologies and movements in which the polar opposites are converted into aspirations, but traditional forms may supply support for, as well as against change" (Gusfeld, 1967).

Some important questions have emerged about the impact of global political and economic structures and processes on health and disease. It expand the content within which medical anthropology operates and brings it closer to the perspective of public health practice by explicitly seeking to contribute to the creation of global health systems that serve the people (Bear, Singer and Susser, 1997:33). Critical medical anthropological studies focuses on health care systems and how they function at multiple levels, including- the *individual* level of patient experience; the *micro level* of physician-patient relationship; the *intermediate level* of local health care systems, particular hospitals and clinics; and the *macro social* level of global political-economic systems.

Kleinman's (1981) differentiation of disease, health and sickness is a tool to approach the disease/health concepts of experts (biomedics, traditional healers) and patients as well as their social context. Kleinman's Explanatory Model (EMs) play an important part in exploring

the many healing systems used in India and in clarifying the reasons why patients claim certain types of healing. Klienman (1997) further introduced the cultural *interpretative* model to provide a means of balancing the externalised, objective view of disease with the subjective experience of illness.

Lock and Scheper-Hughes (1990) developed the context of *sufferer experience* as an important dimension to the study of health. They developed a metaphorical framework of the 'three bodies' to facilitate the understanding of multiple layers of health and illness- *the individual body*; *the social body*; and *the body politic*. Sickness, in this framework, is implicit as a "form of communicator" among all three levels, a kind of individual-level expression of social truths and social contradiction.

The health-sickness process is a tangible veracity for all people all over the world. Any study of social change, of outside influences on local social and medical structures must first examine the local ethnographic context, before taking the next- crucial steps of examining larger structural factors. Health and illness cannot be studied in isolation from the socio-cultural context they take place in (Klienman, 1980) and even the medical role of the practitioner has strong social implications.

Healers across the world might work on different premise and follow diverse practices however, the main goal is to cure sickness and maintain good health. As traditional practitioners are not a homogenous body, they perform different social roles. They act as shamans, oracles, faith healers, herbalists, bonesetters, traditional birth attendants, and institutionalised or non-institutionalised practitioners of classical medical traditions like Ayurveda, Homeopathy, Unani, Siddha and Tibetan Medicine. Traditional healers like shamans, oracles and faith healers are being considered as cultural psychotherapists by Klienman and Sung (1979), Finkler (1980), Csordas and Klienman, (1990), Eigner (2001). All cultures have shared ideas about sickness, health and health maintenance. These beliefs help people make sense of the world around them. Both lay people and health professionals tend to combine their society's health belief systems with knowledge gained through first hand experience.

The traditional healer is an expert in curing diseases with out having basic knowledge of

disease causation and treatment. However, he shares the knowledge of disease, which is pertinent to that particular culture. He understands the concepts of illness and knows all about causation and origin of disease as rest of the members of the society comprehend. The concept of "person" was at the core of the traditional Cosmo vision. This united the perceptions and functions of the physical body with the concept of subjective entities that encouraged it, gave it strength, vigor and resistance. Under colonialism, our culture suffered conceptual losses due to the clash of different visions of the cosmos. With the advent of modernisation, new techniques and natural resources from other parts of the world brought and incorporated according to necessities. As a resource for health care, traditional medicine still benefits ethnic groups and rural, urban and popular cultures in our country. As an alternative practice to official medicine, it retains its effectiveness and social legitimacy for large number of people.

Traditional healers are an integral part of the culture and communities in which they carry out their work. Since for majority of the world's population, the traditional/folk healers are for one or another reason, the only available provider of therapeutic care. Often functioning biomedical facilities are not available in remote areas or if at all present, people do not utilise their services. Various healers in medical-'culture' claim and present different translations of culture. The use and practice of this knowledge is a responsibility that implies socially recognised and legitimised power. The traditional healer had a specific name in each culture, had the authority and respect of his community for his commitment to maintain the well-being of everybody. In addition to general health problems, they also treat problems not considered as sickness by biomedical doctors- the *culture-bound syndromes*. The traditional healer, as defined by the W.H.O (1976), is a person who is recognised by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background, as well as on the knowledge, attributes and beliefs that are prevalent in the community, regarding physical, mental and social well-being and the causation of disease and disability. Some of the traditional practitioners are located on the lowest

hierarchical ranks in their communities, playing only a marginal social role beyond their medical practice (Indian Traditional Birth Attendant), while others have considerable status like the practitioners of the classical medical systems. In many other communities, the traditional healers play an important role. In many societies, the traditional practitioners are complementary to biomedical care to treat health problems of both physical and non-physical type (Bhasin, 1997, 1999, 2002, 2004, 2005, 2007, 2008).

This study deals with Brokpa Dards of Dah, part of Ladakh in India under the administration of Jammu and Kashmir state. It concerns with medicine, as a social institution and its relation with contemporary social and religious life of Brokpa and Brokpas' relationship with other Ladakhis, Indian national society, transnational political, economic and health agendas as well as individual and institutional relations to medical practitioners of indigenous, traditional and biomedicine.

Few anthropological studies in the area have given an interesting account of Brokpa, describing them as casteless unlike other Dard communities (Drew 1875). Dr. Francke conducted the most exhaustive study among Brokpa in 1907. He has studied all the 18 hymns of these people, which they sing during their traditional festivals describing their origin, their ancestors and cultural traits. Heber and Heber (1926) published their experiences of 12 years spent in the Ladakh, with a description of its people; culture and religion, of the constraints of the climate, its fauna and flora have described some interesting facts about Brokpa. Dr. Michel Peissel (1984) undertook research in these areas about the origin of the Brokpa or the 'Minaro' as he prefers to call them. Dr. Peissel work has been criticised for the selective treatment of the sources from which he got information. "Some of his observations made without quoting any authority are startling", {cited from Book Review by Janet Rizvi and G.M Kakpori in India International Centre Quarterly 1984}. E. Joldan (1985) has described the Harvest Festival of Buddhist Dards of Ladakh. Rohit Vohra (1988) has investigated their preBrokpa traditions. Many married the Minaro women and accepted the Minaro traditions. The Bononah festival is one such tradition. The present inhabitants claim that they belong to the same stock and that the Minaro in ancient times had migrated from Gilgit as is

evident from the songs. Kloos (2004) study of Buddhist Dards of Hano analysed the social role of *amchi*, the local Tibetan healer from several prospective. He examined the roles, social status, and power of the healers incorporating both local history and present status of the *amchi* medicine and its protagonists. He has shown how the new influences of market economy and changing social norms have created existential crises for local healers, resulting in a reduction of their practices and a corresponding decline in their social status. Despite Hano being the only non-Tibetan region where *amchi*, medicine is practiced in a traditional way, and regardless of its exceptional history and culture, the author has not discussed the folk medicine of the area.

The present paper is based on information gathered from the field area in the year 1991 inhabited by Brokpa Dards. Data from secondary sources regarding development and social change in the area during last decades were also looked into.

AREA AND PEOPLE

Some 130 kilometers north-east of Kargil, there are villages of Dah, Hano (Hano Goma and Hano Yogma), Darchik and Garkon, situated on the northern bank of Indus on the road to Baltistan, inhabited by Dards (Fig. 1). Their neighbours know the inhabitants of these villages, as Brokpa. The word Brok means to Tibetan a high pastureland and Brokpa must mean a 'High-lander' (Drew, 1875, pp. 433). They are about 1920 in all (Census of India, 1981). Brokpa have their villages at the narrow valleys along the Indus River, surrounded by snow-capped mountains. The Brokpas inhabiting these villages are Buddhists. The Muslim Dard groups inhabit few villages in Ladakh (Dras village) and in north of Kashmir in Gurials and Tilel. The Muslim Dards from Marol in Baltistan to the Buddhist Dards in Ladakh formed a contiguous line along the Indus. In the 17th century the border between Ladakh and Baltistan at Gur-Gur-Do, separated the Dards. The Buddhist Brokpa Dard villages in the last few years have had an arbitrary jurisdictional division once again as subject of Leh District and Kargil Tehsil. Administratively Dah and Hano are in Leh District and Darchik and Garkon are in Kargil Tehsil resulting in Buddhist influence in the earlier and Muslim influence in the latter. Buddhist Brokpas of Dah speak

Brokskad, an offshoot of Dardic linguistic group. Villages of Dah-Bema, Hano Yogma etc. were under the *Kardari* or collectorate of the Skurbuchan.

The Brokpa were once a fierce people who resisted the authority and the culture of the Tibetan kings of Ladakh. Brokpa chieftain named Apo Tho Shali chose death by immurement rather than submit to tribute labour (*begar*). A Ladakhi King prohibited the Brokpa of Hanu to speak their own language; in return, he granted them the distinction of being officially 'Ladakhi' instead of 'looked down upon' Brokpa. Due to this Brokpa of Hanu, not only lost their mythic lore, but also eventually started practicing *amchi* medicine. Because of this, they are the only non-Tibetan ethnic group practicing Tibetan *amchi* medicine. Brokpa speak Brok-skad at home or with neighbours, Ladakhi with people from other villages, Urdu with army men and outsiders, broken English with tourists, hum latest tunes from Hindi films, read Urdu and say their prayers in Bodhi and Shina.

The origin of Brokpas is lost in antiquity. Phenotypically, they have Mediterranean features and fair skins, many of them have blond hair and blue eyes. They have preserved in their language and social customs many archaic traits of their Aryan ancestors through endogamy and oral tradition. According to Vohra (1989 a) the Dards living now in Dah-Hanu have probably migrated 1000 to 800 years ago, and the legend of three brothers-Galo, Melo and Dulo relate to that time (see, Vohra for details). At that time there already lived some people called Minaro (Vohra, 1984b:14) in the area, who were Dards too, though from an older migration. In the course of their migration, the first migrants settled at Sanid, which forms the eastern most helmet of Dah (Francke, 1905: 98-99).

The Brokpa of Dah, residing in a homogenous cultural area of Ladakh, surrounded by other ethnic groups on all sides Ladakhis, Purigpa and Baltis have preserved some Dardic specialties like pattern of dress, headdress, dispute solving mechanism and some ancient religious ceremonies. Their social organisation and religious systems show a continuity of traditional beliefs engrossed with Tibetan Buddhist ideas. However, differing in certain traits, Brokpa has adopted specific social institutions of traditional Buddhist structure. These social institutions have ascertained the success of Ladakhi way of life. (Bhasin, 1992). For Brokpa ethnicity is the only form of defining status. The socioreligious belief system of Brokpa has its basis in the concept of

pollution. In the Brokpa villages, strangers were and are not welcome. Brokpa purity /pollution belief postulate that the primary effects of pollution are on the individual, although ultimately if the pollution is prevalent and widespread, the community as a whole may suffer. The effects are usually mental or emotional, rather than physical.

The Buddhist Dards have adopted specific social institutions of traditional Buddhist social structure. The foremost of these are the laws concerning land tenure and marriage practices. These laws are to preserve intact, through the generations, a man's house and his fields. Families usually utilise their own labour for working on land, and villages have an intricate and extreme democratic system of sharing water from mountain channels, co-operation among families for heavy and labourious agricultural tasks, for birth, marriage and death ceremonies. There is hardly any gender specific division of labour and relations between sexes are most balanced.

Construction of road, improvement in the means of transportation and opening up of Ladakh for tourists has contributed to the exposure of these people to outsiders. The new economic opportunities intimidate traditional social and environmental balance. Four wars, the closure of border, the considerable presence of Indian Army and slow commercialisation of agriculture have played an important role in the socio-economic life of the people.

Dah-Bema

Dah village stretches along a narrow extremely green ledge above the otherwise barren gorge of the Indus River. The climate of the area is comparatively warmer than the other parts of Ladakh. Sun shines brightly during summer; as a result, the snowmelt flows towards the village and irrigates their fields. According to the legend of Gelo, Milo and Dulo, Dulo's son Gyalsingye born in a *nirda* pasture established his settlement here by shooting an arrow (*dah*). He found it at a spring - *Dhaphangsa*, the source of water of the village. He dug an irrigation channel and planted apricot trees. Even now, there is a hole at the place and Brokpa of Dah offer *chilligi* and women do not go near it. The Indian army is building a road to *Nirda* because of border trouble between India and Pakistan. Nearby there is a small pasture on other side of Indus-Baldez *nallah*. The village is not visible from the road

that snakes along the slope below it. There is no shop or tea stall near it but few locals run guesthouses in their homes where outsiders stay. Dah is a pleasant green village. It has dense vegetation with variety of herbs, shrubs and trees viz. *shukpa*, *stagpa*, *umbu*, *seva*, *skyrepa*, *spenme*, *kangtakari*, *askuta*, *garma*, *yuled*, *kumout*. The foliage is thick and light filters through the lattice of the grapevine and trees. A stream runs in background. Dah is situated on the right bank of Indus, below Hano Yogma (Fig. 1). Hano-Goma or Yogma, are two villages on the Hanu stream. Dah, latitude 34°37' longitude 76°33' is at an elevation of about 3,000 meters. Four hundreds and thirteen persons at a distance of 163 kilometers from Leh inhabit Dah with a total area of 171.59 hectares (according to village papers). The houses are scattered, surrounded by agricultural lands. The area abounds with apricots, walnuts, willows and poplars. Traveling up the Dah stream there are several summer habitations, which they occupy for a short while or longer according to the height at which they lie. While descending the first to come up to are Dunder, then Cilgiadi, then Cumavcings, which has cultivated fields. Higher up is Yaldodha that is the largest summer settlement and Brokpa from Dah and Garkun inhabit it. The village communally owns livestock grazing grounds at up the Dah stream higher up at Nirda or Uno Grung. Here shepherd have their huts.

Brokpas

Presently, the Brokpa of this area are peaceful; there is none of the natural dash or love of war. However, in the past they fought behind suitable defenses. Centuries of desultory warfare made them adepts at the art of fortification. The fort of Dah is located at the edge of a cliff, defended on two sides by Dah-stream and the Indus River and the third side by the village and the terraced fields. The Brokpa constructed the village from the defense point of view. Traditionally, Dah village was segregated into habitations in the fort at three levels: - *Dhan-Stot*, the upper-most; *Dhon-skil*, the middle level; and *Dhon-Jug*, the lowest level. These habitations were organised in accordance with their pattern of living-the priests; the cultivators; and the artisans, they had prescribed rights and duties in relation to the functioning of the village. They participated in festivals by first gathering as a unit and then

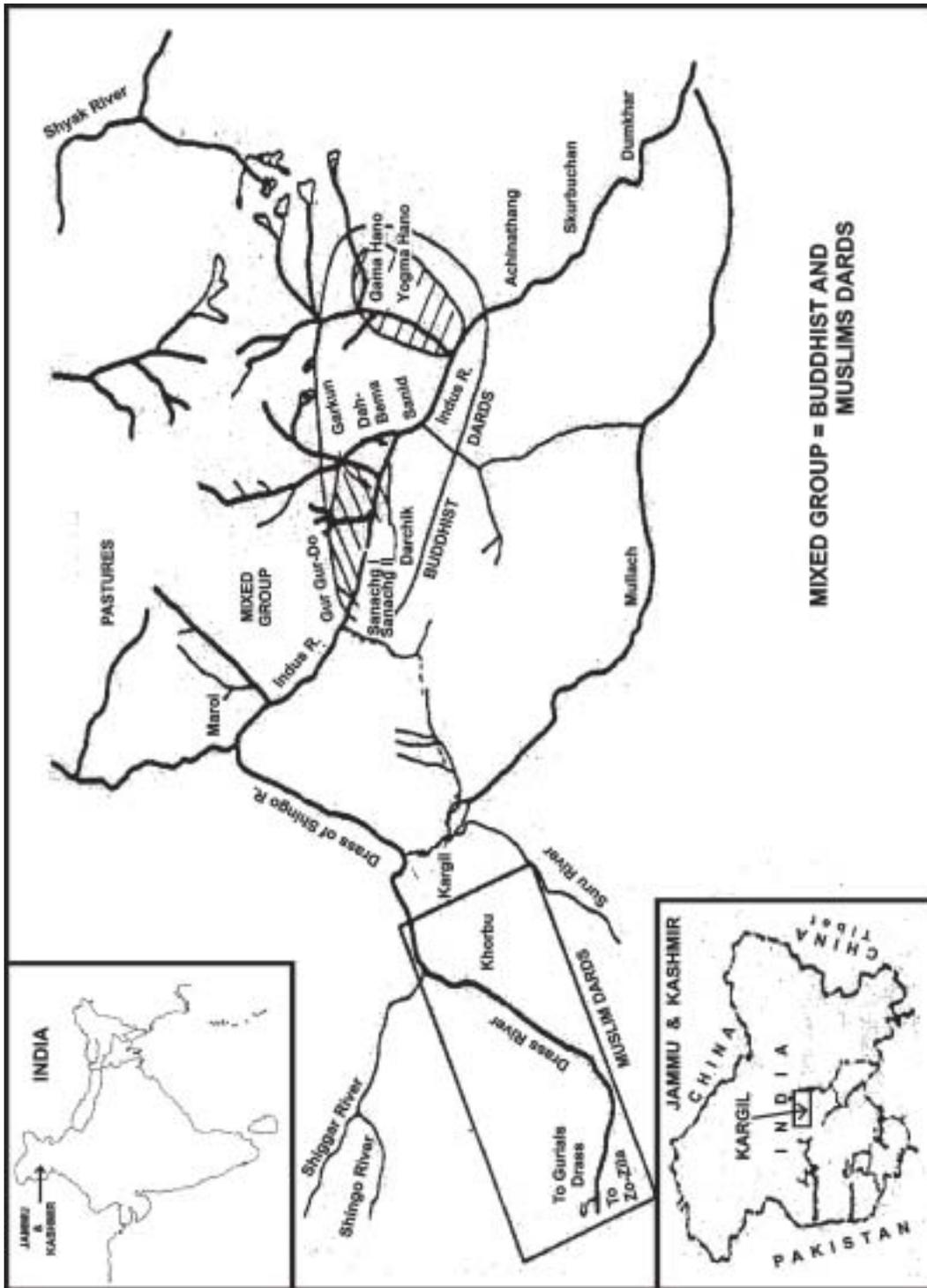
proceeding to the place where the celebration took place. The residential pattern in the fort at Dah consisted of rooms arranged in two three stories, with a common passage of entry and exist as if under one roof. The Buddhist gompa stands in the fort premises.

The settlement pattern of the old Dah village is similar, but a little more spacious. There are small alleys between 2 to 4 feet wide between the houses. At places, the houses have jointed roofs. The village situated on a slope above the fields, a high mountain wall backs it, and built in it. They use alleys as irrigation channels.

The hamlets, which are an extension of Dah village, are more sparsely populated. At some places, houses are side by side, at other places individual houses are in the middle of the fields. Every house has a small garden in which onions, tomatoes, turnips, large radishes, peas and some potatoes are grown. The kitchen is the only functional room in a traditional or modern house. In some houses kitchen is on the ground floor or in others on the first floor depending upon the space and the economic condition of the family. The hearth serves as decoration piece in the kitchen performing its normal function of providing fire for cooking as well as heating the room. There is no bathroom in Brokpa houses, as they prefer not to take bath. The Brokpa houses like all Ladakhi houses have a separate lavatory (*Chaksa*). They use *Chaklut* (night soil) mixed with *Pursh* (goat dung) as manure for enriching the soil.

The ways of communication have much improved due to the presence of Indian army and the construction of the road up to Chopodok in 2000. There is a daily bus service between Hanu, and Bema, Fridays a direct bus from Leh to Hanu which returns on Saturday, and Sundays a direct bus from Hanu to Khaltse and back.

Five sections or *mohallas* namely- Sanid, Bema (Plunder, Bema means river sand, sand is in abundance here.) Lastieance, Baldez and Dah have 73 houses. In 1991, there were 413 Brokpa (189 males and 224 females) inhabiting the five *Mohallas* of Dah with an average family size of 5.9 individuals. At present, Dah is inhabited by 542 person, out of which 287 are males and rest of 225 are females, with sex ratio of 889 (*Source*: Census of India, 2001). The inhabitants of these hamlets possess their ancestral homes in the old Dah village. They also have houses in the higher valley pastures at Dah-Drouk where they graze



their animals and cultivate their summer crops. There are five *Nallah* of snowmelt and a river, which serves as water source. Water is brought to homes in container and cans etc. The networks of canals carry-off water from these *nallah* to fields irrigating eighty-three hectares of the total area. The region stretching along the Dah stream to its source is a large area. This area was supposed to be summer pasture *nirda* of the Minaro in ancient time. The *nirda* pasture is a beautiful place. There is large juniper tree, festooned with prayer flags which Brokpa worship as a shrine called *Chilligi Deuha* (juniper shrine). At a higher altitude there is a place called *Mal-Mal Khatu* where Minaro used to dance. Just below, it on right side descends the *Yangdring* stream. The Brokpa cast over the pasture the daily ration of rock salt for the flocks.

Drew (1875) described Brok-pa as casteless society unlike other Dard communities. However they have three castes like division-priests, cultivators and artisans. The artisans' castes include-*Garra* (blacksmiths), and *Shinkan* (carpenters). Anybody can be a musician or play musical instruments. Musicians here enjoy respect, because they do not belong to *Mon* class as in other parts of Ladakh. They do not constitute a separate class in society as *Mons* or *Bedas* in Ladakh or *Doms* in Gilgit. Brokpa play *Dang-Dang* (Brass Drum). In Dah-Bema, out of 73 households, five households are of *Garras* and five households of *Shinkan*. Marriages are not permissible between cultivators and *Garras* because of low-status of blacksmiths. Buddhists associate iron and steel with material used for making weapons for taking life. This has led to the relegation of the metalworkers to the lowest of the quasicastes. The low-status of the blacksmiths continues to persist here. In case of intercaste marriage, there is lot of protest; however, there are no social sanctions to prevent it. The lower caste may take wives from the higher, but not *vice-versa* (except in case of priests). Consequently, married daughters in intercaste marriage cannot enter their parental house. After three generations of marriages with the higher caste, the progeny can have normal social relations with the parental house.

The family is the effective unit of day-to-day life in the Brokpa village, owning its own property and handling its own economic affairs. Beyond this, the wider social organisation of the village incorporates families in various ways, into relatively stable relationships with their fellow villagers. Each person in the village stands at the centre of a

particular network of formal, personal relationship with certain other men. Some of these relations are established by birth (patrilateral and matrilineal kin), some by marriage-his own and those of sisters and daughters and some deliberately. A man looks to these people for friendship, sympathy, advice, affection and help.

Representation within the village community is through the hereditary *Pha-spun* groupings. *Phaspun* membership is lifetime, which ends at the time of death. The *Pha-spun* is not essentially an exogamous group and inter-*Pha-spun* marriages do take place. The members of each *Phaspun* reciprocate help during birth, marriage and death ceremonies. At the birth (*skethk*) of a child, one-month period of pollution is observed. During this period of pollution (*Bhambak*), the entry of the villagers is taboo in the household. However, after seven to ten days, *Pha-spun* members pay visit, though they refrain from eating or drinking in the house where birth has occurred. During this time, the *Pha-spun* members help in carrying out the daily duties of the effected household, which they themselves cannot perform because of fear of pollution. Cooked food as opposed to raw foodstuff is the primary medium by which pollution is transmitted, that is why socially imposed *zen-ches* which does not permit non-*pha-spun* members to eat or drink in a house defiled by a blood of child birth (*bang-thip*) or a corpse (*ro-thip*). Likewise, the humans, who if contaminated also contaminate their house gods. As patrons of same *pha-spun*, they are exempt from the godly retribution but at the same time can assist in meal preparation under certain circumstances. They set a temporary kitchen outside the defiled house where pure food and drink can be prepared.

During the marriage celebrations after the family members and the Mother's brother, the *pha-spun* members play the most prominent role. After the marriage ceremonies, a *pha-spun* carries all the bride's belongings and dowry to her new home.

When death occurs in the family, the *Pha-spun* members arrange for the last rites. Only the *Pha-spun* members can carry the dead body for cremation, which the family members are not to witness.

Pha-spun provides individual with social identity of key significance in their society. In the village Dah and its four hamlets-Lastience, Bema, Baldez and Sanid there are male representatives of the nine different *Pha-spun*.

Brokpa, households belong to hierarchical lineages- *Ruscen* and *Rusmet* and *Ruscen* having a higher status. The members of *Ruscen* lineages do not marry in the *Rusmet* lineages. The *Phaspun* groupings of the village have *Ruscen* as well as *Rusmet* households as its members. *Ruscen* consider them as "pure" and do not except *Kilta* (basket) and rope from *Ruscen* household for fear of pollution.

The literacy rate is low in the area, but with government efforts, educational institutions have started working. There is one middle school; in 1991, there were two primary schools, at present there are three primary schools and one industrial training centre in Bema. The middle school in Bema has two teachers. For further studies, the nearest school is in Hanu. The most encouraging change in the Brokpa way of life is the new enthusiasm for education among the young. At first when the school was, opened Brokpa vehemently resisted for fear that their children would learn only English and forget their own language and culture. Indian government started bilingual, subsidised schools with Brokpa teachers.

Apart from these amenities, there is a dancing place *Cangra* shaded by two big walnut trees in the village for social gatherings. Being one of the main centres, people from Sanid, Bema (Plunder) Lastieance, and Baldez come to Dah for important social functions and for Bononah in autumn, held after every two years. At the end of the village, there is one gompa and ruins of old fort and houses.

Brokpas do not bury their dead, but cremate them. Their cremation ground—*Roshaksha*, is at the bank of the Indus at particular spot at a lower altitude than the village premises. They call Lama to perform funeral rites. After the cremation, they give the cap of the dead man to the Lama

There is no electricity in the area. Even the P.W.D. (Public Works Department) rest house has no water or electricity connection. A Medical Aid Centre (MAC) was located at Bema for the whole area (1991). It had no full time doctor, only a compounder and auxiliary male nurse. An *Amchi* (Doctor with knowledge of Tibetan medical system) visited the area in 10-15 days. The people depended more on Lamas and local quacks, or on exorcists. Shaman (*Lhama/lhapa*) healers claim to be able to affect mirac-ulous cures. However, with the time things seem to have changed. There is one Child Welfare Society

in Dah. There are Health Sub-Centres in all the three main villages of Hanu, as well as in ChopoDok (army) and there are five practicing *amchi* in Hanu Yogma and Hanu Gongma. There is no *amchi* in Hanu Thang, but a Muslim practitioner (*ackoon*). There is a *lhamo* (a female oracle) in Hanu-Yogma and two ritual healers-*onpo*, one each in Hanu Gongma and Hanu Yogma. As with the improvement in the means of transportation, it has become easy for Brokpa of Dah- Bema to avail the diverse means of health care

Land use—Dah Bema

Total Area of the Village = 171.59 hectares
 Irrigated by source PC = 82.96 hectares
 Unirrigated = 8.90 hectares
 Cultivable waste including
 Gauchar and groves= 3.24 hectares
 Area not available = 76.49 hectares
 for cultivation

Source: Census of India, 1981

The mainstay of the economy of the Brok-pa is agriculture, supplemented by animal husbandry. They produce two crops in a year and grow barley, wheat, buckwheat, mustard, maize, *razma*, *masoor*, *urad*, and *karje*. They grow vegetables like carrot, cauliflower, cabbage, tomatoes, onion, potato, turnip and radishes. Brokpa grow apricot, raisin, black and green grapes, walnut, apples and cherries. Brokpa rear mostly sheep, goats, Dzogs, Bulls and horses. The Brokpas do not rear cattle because of religious taboo. Poultry farming is also taboo. The soil of the area is alluvial, ranging from sand to clay, and is suitable for cultivation of wheat, barley, gram, peas and Lucerne (*Alfa-Alfa*) in irrigated areas. In the high pastures, many wild plants grow. The palatable of these are *Ashpit* (fodder with yellow flower), *Pashu*, *Khumkhum* and *Khakhas*. Brokpa use *Chillgi* as firewood, as these people do not use cow dung or *Dzo* dung for fuel because of religious taboo. There are many kinds of flowers- *soklo*, *skalzung pomsyu*, *chobo*, *guchegas*, *gyas* etc. Three types of ornamental flowers- *Skalzung*, *Tung-Tung kaliman* and red *Sholdo* an all weather plant of berry species 7grow on the mini terraced fields. Brokpa women use these flowers in their headdress. The *alkekengi* (a wild strawberry) brings wealth and protection against demons; the others have a mere decorative purpose.

A network of irrigation ditches, irrigates village agricultural lands. Water regulated by a

hereditary *La-bdag* (official) responsible for irrigation. Strict laws and rules regulate the building, maintenance and use of the village's communal irrigation ditches. No body crosses these ditches, lest the water-spirits should be annoyed. If water gods (*Klu, naga*) and the earth-spirits (*sa-bdag*) get annoyed, the former would keep back the water on the mountains and the latter, at the command of the Earth mother, would keep the earth-door closed so that the earth would with-hold her procreative power. People prepare a *lustor*; an offering of pellets of bread-yeast, and throw it into the stream and spring in order to purify himself and placate the water spirits. Ritually unclean person *Ba-nagspa* (through contact with a mother during childbirth or just by present in the house during confinement) and *Ro-nagpa* (is one who has become unclean through contact with a corpse), make the *Lha* (gods) and the *Lu* (water-gods, snake spirits) angry and the angry spirits will make water dry-up and crops will wither in the fields.

The Brokpa villages had remained independent and self-sufficient until quite late in the history of the region. Till now, these show the conspicuous absence of an over arching political order regulating their village life. There is one selected headman (*Go-ba*), who works for three years. His duties include collection of revenue, arrangement of festivals and registering birth and death statistics. There is one *Domspun* (village chowkidar) to round up stray animals and restore it to the owner in order to prevent crop damage. However, these posts are of fixed duration, but the term may be extended or terminated.

Apart from these individual appointments, there are certain families in the village with the hereditary occupational status. The families of these officials (*Lha-bdags*) have a sort of religious sanction to conduct the first ritual operation on behalf of the villagers.

There is no traditionally institutionalised decision-making unit. There are no well-defined pillars to uphold the decision-making unit. Among Brokpas, there are broad differences of wealth or status (*Ruscen* and *Rusmet* lineage), which has social as well as economic implications, however it neither guarantee political power nor give them authority to make decisions. The influence of religious leaders is rather restricted. The whole system is highly inefficient and leaves many open ends. They settle on the disputes in the village by an oath. Ecological conditions in the area do not

permit for the prolonged fights as the village community is small, and people need each other.

In 1980, Buddhist Association constituted by the three to four elected or nominated members from each village was established. The members of Buddhist Association are arbitrators to settle disputes of land, water, wood etc. The members are mostly village elders or otherwise influential persons. However, a Panchayat consisting of one or more villages, with a locally elected *sarpanch* at its head, is also working in Dah, including Hanu and Achinathang. It has also a representation in the Ladakh Hill Development Council in Leh, thus extending the political organisation of the area.

Food Habits

The traditional Brokpa diet based on locally grown foods such as barley and hardy wheat prepared most often as *tsampa/sattu* (roasted flour). It takes in different ways. Other important foods include potatoes, radishes, turnips, and *Gur-Gur Cha*, a brewed tea made of black tea, butter and salt. Dairy and poultry sources are out of menu because of religious taboos. Brok-pa takes three meals a day; *Chin-nana* (Breakfast); *Beh* (Lunch) and *Ganzang* (Dinner). Brokpa vary with respect to the amount of meat (mainly mutton) that they eat. Household's economic position decides the consumption of meat. It is only during festivals and rituals all have greater access to mutton.

No religious ceremony or festival would be complete without the serving of *Chaang*. Special holy fields called *Newne* are set apart for the growing of barley to make *Chaang* for religious festivals. *Chaang* is home brewed from barley and millet, partially seasoned by the addition of salt and pepper.

In a study of body morphology and lung functions in Dards of Ladakh (Bhasin and Singh, 1992), the values of height, weight ratios for Dard Bodhs when compared with population groups staying in the neighbourhood show higher height-weight-ratio (HWR) than Bodhs of Changthang, but lesser than Bodhs, Baltis and Tibetans of Ladakh, Gujjars and Dogras of Kashmir and Jammu. It is a known fact that height-weight of the body is affected by the nutrition. For body mass index (BMI), again Dard Bodhs show higher value than Bodhs of Changthang and Baltis of Ladakh but lower than other population groups of Ladakh (Bhasin and Singh, 1992).

Religious Beliefs and Rituals of Brokpas

Religion is responsible for many differences and norms affecting the fundamental values and behavioural patterns in life including health behaviour. Brokpa practice two contradictory religions side by side- traditional 'Minaro' religion (spirit worship) as well as Lamaism. Despite the fact that Brokpa are Buddhist, the tradition of spirit worship and nature worship persists. Their religious beliefs and rituals were originally in essence demonolatry, ancestor worship and nature worship. With the passage of time, these religious beliefs have absorbed Buddhist ritual and practices as well. Brokpas' Minaro religion is a communal religion wherein all Brokpa have to participate in cults of household, *pha-spun* (clan), village and community. It is a part of their obligation as a Brokpa towards their protective deities and spirits of the area. The link with the community becomes very strong in cases where the ethnic-religious identity itself happen to be at the risk of being put out, hence ensues the strong solidarity as seen among Brokpa Dards, factually surrounded by other dominant religious customs. The religious differences strengthens the boundaries between Brokpa Dards and the neighbouring Ladakhi majority population. The 'official' religion of Brokpa is the Tibetan form of Buddhism. Wherever, Buddhism has gone, its Gods have overshadowed indigenous shamanistic and polytheistic beliefs and practices. Under Buddhist supremacy, ancient local deities either become ancient history, or else reduced to the ranks of the mountain spirits. Only in these most secluded valleys, the old gods are remembered and alters are adorned with sacrificial offerings of juniper branch and goat's blood. Although nominally converted, Brokpa acceptance of Buddhism was superficial. All Buddhism has been able to accomplish is to provide prayer ritual for birth, marriage and death ceremonies. At present, there is one lama in Dah village and prior to him, there was one more. They have not abandoned their 'pagan' traditions. They continued to worship mountain spirits, and celebrate Bononah festival. The mountain spirits appear to be the epithet of natural forces, exhibiting the life giving and life threatening attributes of the mountains. These spirits enviously guard their domain against human encroachment. That is why Brokpa traditionally regarded the upland pastures and the mountains beyond as sacred

places, the sanctified domain of the spirits. Brokpa regard cattle and fowls unclean and so do their supernaturals. However, spirits favour goats, because these animals resemble ibex (*Capra ibex*), the "livestock of mountain spirits". Therefore, shepherds with their goats can go up to upland pastures. The connection between goats and the supernaturals is the basis for both quasi-religious beliefs among the Brokpa regarding the sacredness of goats and for the indispensable role, they play in the initiation and oracular performance.

The main function of Brokpa religion is to help people to cope with the problem of suffering and provide means for getting relief from the distress. The popular religion of Brokpa is demonolatry. According to Brokpa good spirits and the evil spirits, people the world. Trees, rivers, rocks and other natural objects are the homes of these spirits. However, Brokpa propitiate only the spirits and not the actual objects. That which is not explained pragmatically is the actions of supernatural and the people's viability to cope with such acts forms the basis of religious system. Brokpa rituals primarily serve to insure that a person will have a long and healthy life and suffer few misfortunes. Brokpa perform curing and purification rites. The supernaturals have a malevolent nature and wreck vengeance on transgressors, striking them with dreaded altitude sickness, crushing them with tumbling boulders or else sweeping them away with roaring avalanches and lethal pulsating mudflows. They are also capable of harming people in the villages by stealing their children, injuring their livestock, and blighting their crops. However, the supernaturals also bring good fortune, health, and prosperity to those who know how to honour them and avoid offending them. . The shepherds who do not take care of their flocks, neglect their duties or allow them to damage the fragile pastures invoke the wrath of the mountain spirits. To propitiate these mountain spirits and so ensure their own security, the ancestor of Brokpa erected alters, sacrificed goats, and burned sacred juniper branches in their honour. Like every major religious and cultural tradition world wide, the Brokpa religion has 'espoused the idea of spirit possession and the need for some sort of exorcism' (Lewis, 1995). Brokpa's rites of exorcism are the use of prayers, fumigations (burning of juniper) and animal sacrifice.

The introduction of Tibetan Buddhism to Dah area was with the arrival of three monks from Spiti to Hanu in 1779. They converted Brokpa and majority became Buddhist outwardly at least. Dainelli (1925) during his visit to Dah in 1913-14, while sketching the Dah Gumpa, enquired about the faith of the local inhabitants and they did not report themselves as Buddhists. Until now, they have been able to maintain their seclusion and closed system by endogamous marriages, from either within the village or from the neighbouring Buddhist Dard villages. Outsiders are not welcome in the village premises as Brokpa are petrified of pollution. Brokpa has kept back their physical isolation until 1974. Since then, the growth of tourism, army stations, opportunities for waged labour, expanding cash economy, as well as the spread of education, lowland Indian tastes in dress and music, have been major forces impinging on traditional Brokpa society.

Presently, Brokpa worship large numbers of deities and main deities have shrines dedicated to them. Brokpa worship these deities during the yearly festive cycle. Some of these have specific functions assigned to them while others are vague and must be regularly appeased with bloody sacrifices. Brokpa believe that all living beings are caught up in cycle of birth, death and rebirth. According to their belief, there are often interactions between the different worlds or realm and different form of life. Waiting to be reborn, deities may increase their merits by improving the quality of life for other living beings. Helpful well-intentioned spirits referred as "lha", while ill intentioned, harmful spirits referred to as "dei". Deities and demons occupy different realm-*Lha-yul*, *Ma-yul* and *Klu-yul*. Often deities and demons have overlapping functions and hence are not distinguished. Brokpa distinguish between semi-gods and semi-demons and place them hierarchically. Reverence of few deities is local only. Brokpa in need do not pray to a Buddhist deity, but to the spirits of the land as they believe that spirits, witches and ghosts act as both mischief makers and deliverers of disasters. They worship the spirits of land and water for good health, ample rains, excellent harvest and prosperity.

Sringmo Lha-mo is the main deity and worshipped in all Buddhist Dards villages. All villages have a shrine (*deuha*) dedicated to her. She accepts animal sacrifice. However, the cow

is taboo to her. The shrine of *Sringmo Lhamo* is a shallow cave high up on rocky ridge. The Buddhist Dards have preserved the names of two *pha-lha* deities and each of them has a *lha-tho*. There is one *Lha-tho* (shrine) of deity *Lha-mo* on Sanid Lung-pa (stream) which belongs to the *Pha-spun* Takure. Other Brok-pa Dards *Pha-spun* have no separate *Lha-thos* for their groupings. Their worship is not restricted to a *pha-spun* but the entire village visits these shrines. Only two generation back, some Brokpa from Dah settled on a plateau, which previously served as pasture and developed in to Lastiance hamlet. This hamlet receives the first rays of sun and Brokpa here worship *Usha lha -mo*. However, Brokpa Dards built *Lha-tho* on high rocky grounds and on roof tops for protection against diseases and ill luck and for the fertility and prosperity of the household. Along with these *Lha-thos*, Brokpa keep *Chillgi* (Juniper) leaves and goat horns. They keep these at high places for fear of pollution. *Brokpa* Dards are not iconolater and they worship deity in its existence in a mountain crevice (a cave like opening). Brokpa *Lha-tho* are two to four feet high pile of stones erected in worship of the *Lha*. On all celebrations, they offer food and prayers. Brokpa place great emphasis on coercive rites of exorcising and destroying demons. The execution of religion is in the hands of trained specialists. A family supplies hereditary priest.

Underlying the entire socio-religious complex of beliefs are the concept of pollution, impurity, purity and sacred. Brokpa worship nature-mountains, flowers, water spirits, earth spirit and ibex horns a natural out come of their ecological conditions. The concept of 'pure-impure' plays an important role in the life of Brokpa. The state of purity/impurity is always occurring within the household, between the households, between the kin's and between the villagers and outsiders.

When a person or place is impure or polluted (*Chitu*), purification is symbolically cleansing oneself or place with the smoke of smoldering *Chillgi* (Juniper). On all these occasions the house is smoked with *Chillgi* and utensils washed in water boiled with *Chillgi* branches and leaves. Through all the yearly festivals related to agriculture and pastoral activities, purificatory rites are undertaken before starting any rituals. During *Losar* (New Year) a procession of villagers, carrying burning Juniper torches cleanses the atmosphere, thus chasing away the impurity of the past year

Among Brokpa, the purity is an attribute of the environment, all the regions above the settlement *i.e.* the mountains, the pasture ground, lakes, glaciers, and streams taking their origin from these regions are pure. There are certain trees, flowers and animals, which inhabit higher regions, are symbols of purity. According to Brokpa traditions, shepherds who come down from pasture grounds are permeating with purity. The sweet smelling flowers from the pasture grounds are similarly associated with purity. Thus whosoever goes to mountain and glaciers acquire some of its attributes.

Purity and impurity are inherent in sexes; Females are relatively less pure than males, until old age when they become sexually neutral. Traditions prohibit women from coming close to the Juniper shrine (*Chillgi Deuha*) at *Dah-Drouk* (*pas-ture ground*).

Brokpas practice three types of ritual: (a) the rituals, which are associated with *rites-de-passage* *i.e.* birth, marriage, aging and death; (b) the yearly festivals associated with economic activities- agriculture and rearing of livestock (these take place at the beginning or the successful completion of their agricultural activities and the pastoral cycle); and (c) the traditional *Bononah* festival, which is celebrated once in three year. Brokpa keep these rituals alive through oral traditions and live performance. Brokpa worship different deities during the *Bononah* festival.

These festivals are social events with religious overtones. The whole village takes part in these festivals. The events attached with individual's life may or may not bring the entire village, as these are social events. Traditionally, kins from neighbouring villages came to participate in the *Bononah* festival. Afterwards, the Dards of Ganok converted to Islam and stopped celebrating the festival.

In the ancient times, they celebrated the *Bononah* festival at the pasture grounds of *Nirda* and the *Minaro* King sat on a stone throne called *phons katu* near the Juniper shrine. It was all a male domain and woman could not even come near it.

The central religious duty of looking after the ceremonial life of Brokpa is by three priestly officials- *Lha-bdag*, *brongopa* and *ha/bab lhapa/lhama*. They are the treasure house of folk knowledge and keepers of traditions, fortunetellers, soothsayers, who were able to predict

the weather, the singers of heroic epics, historical songs and myths and shamanic hymns and prayers.

Lha-bdag

The *lha-bdag* (caretaker of the gods) belongs to *Rus-cen* lineage and has the hereditary function of servicing the village deity. The *lha-bdag* who performs during *Bononah*, *Losar* and *Gunla* festivals comes from a Gangeldepa house of *Rus-cen* lineage. He sacrifices animals at the shrine (*deuha*) on behalf of the villagers. He attains elevated status during this time because of the ritual restrictions and taboos he observes. There are three *Lha-bdags*, one responsible for the irrigation work, one for cultivation and one for servicing the village deity. All the three *Lha-bdag* belong to different *Pha-spun* from *Rus-cen* lineages. They do not form a caste by themselves. There are two additional households within the same *Pha-spun*, assigned the role of second and the third substituting *Lha-bdag*'s. The need for second and third substitute arises during the period of pollution. For instance in case of birth and death, the prohibition period is long and *Lha-bdag* cannot perform his duties, during that period second or third can take over. Certain ethnic groups living in Gilgit, Hunza and Baltistan have partially preserved their traditional structure like Dah.

Brongopa

The *brongopa* recites hymns during the festivals. The post of *brongopa* is not hereditary. Young boys learn these from the elders. Fixed numbers of boys receive training for singing and playing musical instruments. As *lha-bdag* and *lha-pa* have to wear, a white woolen cap given to them by village *gopa* during the *Bononah* festivities, so do the *brongopa* and those boys who play the musical instruments. They sleep at the village *cangra* (*lhaspa*), where festivities take place.

Lha-bab/Lhama/lhapa (Shaman)

There is one *Lha-bab* (Tib. *lhama* /*lhapa*) in Dah who communicates with the supernatural, and performs the role of Shaman. The *Lha-bab* is different from *Lha-bdag* who worships the village deity. They act as mediums to facilitate the spirits' incarnations. *Lha-bab* like *Lhama/Lhapa*

of Ladakh are trained, blessed and initiated, and it is only good deities, the helpful *lha* that are able to gain control over them. They are healers of the community. *Serlha Gyapo* helps in times of illness through the *lha-bab*. All Buddhist Dards worship this deity.

However, these three priestly officials- *Labdag*, *brongopa* and *lhapa/lhama* have different functions to perform according to their vocation, but they all have to observe ritual prescriptions during the *Bononan* festival. As Buddhist Dards have three priestly officials- *lhabdag*, *brongopa* and *lhapa/lhama*, Kafir society also has three priestly officials namely *uta*, *debilala* and *pshur*. Like Brokpa, among Kalash too the priest belongs to a specific clan. He also leads the spiral dance during festival.

Brokpa Traditions

Brokpas have some distinct traditions, which separate them from other Ladakhis. These people consider *Chillgi* (Juniper) sacred. Brokpa hold cow in abhorrence. They do not drink cow's milk, nor do they eat or make butter from neither it nor do they burn cow-dung-the most common used fuel in Ladakh. Cows and fowls are offensive to their gods. For ploughing also, they use bull or *Dzo* (a hybrid between cow and yak). Only for crossing yak with cow, they put up with a cow in the village or near it, but they have as little as possible to do with them. If a cow dies, they call people from Achinathang to take the carcass. There is heaps of *Dzo* dung in the villages, but people would not use it for manure or for fuel. They use goat's milk in the households. For a Brokpa, the goat is *nor* or wealth. Generally, a household has at least 15-30 goats and sheep, but few households have more than 100 sheep and goats.

Yato-Grun Feast: Brokpa has a unique tradition of celebrating *Yato-Gung* or feast of merit. *Yato-Grun* is particularly important for men and women who have completed cycles of six *Loskor* (one *Loskar*= 12 years). This type of merit making leads to acquired higher status, and consequently a higher grade of purity.

Brokpa celebrate girls first *Loskor*, by throwing a large feast to the whole village. The first cycle for the girl is of importance as they would be entering puberty. A girl's puberty signifies potentiality for childbearing. Everybody is wel-come for *Chaang* and meals

Brokpa believes that with age a spiritual maturity is achieved. The importance attached to age signifies their belief in ancestor worship. Brokpa cremates their dead outside the village at lower altitude, considered to be impure; but worship their ancestors within the village or at *Pha-spun Munal* at higher altitude.

Bononah Festival

Once in three years the Brokpa of Dah celebrates their Dard festival with their deities of *Bononah* Pantheon. For centuries, the Bononah, the community annual festival had altered between Dah, Hanu and Ganoke. Brokpa of Hanu has abandoned the song festivals of Bononah because that attracted outsiders and Brokpa of Ganoke have converted to Islam.

Brokpa of Dah celebrates Bononah in October before the harvesting and threshing of second crop. It is time when livestock, shepherds, and the households, which cultivate their crops at higher altitude, also join. They bring flowers of various colours with strong sweet smell from the glacial heights (for its purity) to decorate their caps and *Chillgi* wood for making torches.

It lasts for five days. It starts four or five days before the harvest. During these five days, they sing Dard songs, which relates to their belief in the primordial days when gods and human lived together. The Brokpa believes that their ancestors danced with the *Lhas* (gods), who migrated with them from Gilgit to *Dah-Drouk* (mountain pasture). The *Lhas* were fond of dancing and because of this, Brokpa's hunting and agricultural activities suffered. This harmonious relationship between *Lhas* and Brokpa ended with by the intrigue of an old woman. This also resulted in the creation of heaven and earth. The deities who lived together with the humans in harmony departed. During these five days, the priest (*Lha-bdag*) prays in isolation in order to invite their deities to come and participate in the festivities with the humans. They play *Lharna*, the music for the gods and burn incense to appease the gods. Outsiders are not welcome in the village premises, for the fear of pollution.

The Brokpa are keeping *Bononah* festival traditions alive by celebrating every three years; in the yearly festive cycle, the rituals are not only learned but are live performances to the deities, who are to be pleased, periodically to avert the supernatural wrath. They perform rites to produce

a harmonious relationship between man and the supernatural. This also serves as social occasions where large numbers of people come together for conversation, drinking and general gaiety.

The festival starts by bringing the *Lha* to the dancing square down the village. A teenager boy plays the role of the *Lha*. *Lha-bdag* manages the festival because he knows all the hymnals to sing during the festival. They sacrifice two small goats in the morning near the *Lha-rock*, and bring their carcasses to the square. These are cut into small lumps for distribution. The *Lha-bdag*, village headman (*Mokhdam* or *Goba*) and other elders starts dancing and climb the rock to bring down the *lha*. The *Lha* dressed in white woollen gown and conical cap leads the procession carrying *Phoks* (the incense pot). The musician plays the *Lharna* while others dance. They keep *Phok* in the square of the village and the *Lha* disappears. Then *Lha-bdag* and *Brongopa* sing the hymnals describing the migration of their ancestors from Gilgit, under the leadership of the *Gil-Singe* (Lion of Gilgit). The festival lasts for five days. No body drinks on the first day of the festival. However, it is permissible on other days of festival but not on the dancing place. The final day of the festival coincides with the death anniversary of their ancestral leader *Gil-Singe*. In respect of their ancestral leader, they take off their caps and keep silence for a few minutes.

On fifth day, harvest begins. Few strands of crops are harvested and fastened to the main pillar of the house as an offering to the house-God. (*Sa-bdag*), and few are offered at the village *Lha-tho*.

Household Worship: In all Brokpa houses, the hearth is central to the life at home. One end of the hearth facing the wall and in between the two is *Sa-bdag*. It consists of three upright stones, of which, one at the back of the hearth is the largest, about two feet in length. It is representative of the house god and the binding force for the family members living in the household. The founding father carried it down from the mountains. On this stone, they place an offerings for the *Lhamo* (Goddess) from every dish cooked there, before eating it. Prior to every meal, they offer a prayer by sprinkling three times, with first three fingers in the direction of *Sa-bdag*. Brokpa also offer first fruits of harvest to *lhamo*. Out-siders cannot touch it or come near it. The touch of an outsider may pollute it thus affecting the success and fertility of the

household. A girl once married cannot touch the *Sa-bdag* of her natal family for fear of pollution. She cannot enter the animal shed once she is married, for fear of fertility of the herd.

Pha-spun Worship: Each *Pha-spun* has a common '*Munal*' where they perform ancestral worship. *Munal* is a crevice in the rock where the descendants of the same *Pha-spun* deposit the bones or ashes of their members. They offer burning *Chillgi* (Juniper) leaves and special dishes on *Mamani* festival (that Brokpa celebrate in the memory of their ancestors, on 19th of December) as well on several celebrations. Each *Pha-spun* partakes in feasting separately. This *Pha-spun* worship of ancestors represents the family authority and reverence extended into the supernatural realm.

Village Worship: *Lah* has its shrine on particular high mountains located in the crevice in the rocks. *Lhatho* (Brok-skad: *Deuha*) are constructed for protection against diseases and ill luck or for the fertility and prosperity of the household. *Lha-tho* are two to four feet high piles of stones erected in worship of *Lha* and on all festival occasions food and prayers are offered. Brokpa keep these on high rocky ground and on house rooftops where there is no danger of pollution. Along these *Lha-tho*'s, they also keep *Chillgi* leaves and goat horns. *Lha-bdag* takes care of village ceremonial life. The *Lha-bdag* regularly offers sacrifices to the respective deities during festivals

Festivals linked to Agriculture and Livestock: Cultivation and livestock rearing are the basic economic activities of the Buddhist Dards. Agricultural and pastoral activities are interwoven with many religious ceremonies. There is a *Lha-bdag* in the village who announces the day for beginning of the agricultural activities. He plays an important role in the village agricultural activities by observing the journey of the sun across the mountains. Jettmar (1975) reports that construction of irrigation canal is celebrated as a religious act. Deity *Gang-si-lhamo* is associated with irrigation and building of water canals. The shrine of deity is in Dah and Garkon. This deity protects the glaciers from where the water comes. The *Lha-bdag* responsible for the irrigation, offers salty grain and prayers on behalf of the villagers to the deity *Gang-si-Lha-mo*, before the construction of a new canal and the repair works on old ones. Then he opens the water canal and first waters the field. After this

ritual operation, the villagers begin their irrigation work. He supervises irrigation system, dividing the water equally among the fields. Cultivation season starts with the celebration of 'Sontas' held approximately 20 days prior to the *Bhi* festival. First crop sown towards the end of the February and the beginning of March. During *Sontas*, *Sattu* (Tib: *Tsampa*, roasted barley flour) marks are put on the door of the houses and on the faces of children. Following day, *Lha-bdag* for cultivation ploughs the fields symbolically. He ploughs the first three furrows in the field (*Bhi*) and then sows the first grain. This followed by cutting the hair on the bull's neck and then the yoke put on the neck to which plough attached.

In June, *Gunla* - the festival of sheep and goats is celebrated. *Lha-bdag* sacrifices a kid goat to appease the deity and offers prayers to *Zang-Mande* for the fertility of livestock. The shrine of the deity *Zang Mande* is between Dah and Garkon. This festival lasts for three days. The meat of the kid goat is cooked in the *Ghee* (Clarified butter), contributed by all the villagers. *Lha-bdag* takes the major share and distributes the leftover among villagers. Livestock moves to higher valley pasture for summer months. The movement of livestock is necessitated both by the lack of edible plants at this altitude and secondly the crop is ready for harvesting. The livestock enter the village after the harvest.

The harvesting begins between end of June and beginning of July. The *Noh* (Tib: *Shrubla*) festival is celebrated at this harvest, festival of sheep and goats which lasts for five days. First, they tie few corns of the barley or wheat crop on the main pillar of the house and on the *Sa-bdag*. Soon after, they sow second crop of *Cha* (Buckwheat).

After harvesting and drying the crops, in the mid-August, they celebrate festival of *Khudaskhal*. After which the grain is threshed with the help of four or five bulls, which circulate round the *Khal* (a circular place, plastered with earth), filled up with the crop followed by a feast, given in rotation by few households.

In the first week of December, they celebrate the New Year festival 'Losar'. During the lazy winter months, it is a time of great activity for seven days. Even they celebrate *Losar* as their ancestors in Gilgit used to do. On the eve of the *Losar*, they light torches made of pieces of *Chillgi* tied round a stick and throw at a particular place in the village. Brokpa makes sheep and goats of

dough for this occasion and decorates their kitchen walls with crescent and other designs. They make *Sattu* marks on the door along with a polo stick made out of dough. The complex of symbols and rituals allow that certain symbols are used although the meaning of what they symbolise has long been forgotten. For the ordinary villagers it is tradition that counts with or without detailed explanation. The ibexes and Juniper branch please the family god or the village God. Besides these, Brokpas carry food and drink to the *pha-spun Munal* and offer food to their ancestors. They lit oil lamps in the house as well as the *Munal* and sacrifice animals if possible.

Contributory feasts accompany all Brokpa festivals. Celebration of *Bononah*, *Gunla*, and *Noh* (Shrubla) is a grand feast for villagers and for their gods and spirits.

DISEASE, HEALING AND CURING

Disease Perception

Every culture has its particular explanation for ill health. Religion is responsible for many differences and norms affecting the fundamental values and behavioural pattern in life including health behaviour. Every religion has three aspects: values, symbols and practices. In case of healing rituals, the rituals heal somatic symptoms. The distinction between natural and supernatural exists in all cultures. According to Lohmann (2003), a super naturalistic world-view or cosmology is at the heart of virtually all religions. For him the supernatural is a concept that exists everywhere, even if each society expresses it differently. Supernaturalism attributes volition to things that do not have it. On the other hand, for Lampe (2003), "supernaturalism" is a problematic and inappropriate term like the term "primitive".

In the western world, people usually do not make a distinction between illness and disease. Disease is an objectively measurable category suggesting the condition of the body. By definition, perceptions of illness are highly culture related while disease usually is not. Largely, research in medical anthropology, make use of a pragmatic orientation, but a powerful alternative position also prevails, focusing on negotiation of meaning as key to understanding social life. One can understand the healing ritual

by combining “Performative” approaches from the anthropology of religion with the “Critical-Interpretive” approach of Medical Anthropology (Sax, 2002)

Indigenous Disease Theory and Causes of Sickness among Brokpa

Brokpa’s understanding of disease causation, its dynamics and its treatments are elements of their culture. Ideas and practices relating to illness are for the most part inseparable from the domain of the religious beliefs and practices. Good and bad spirits, witches, sorcerer, forest divinities, spirits of deceased and angry gods and goddesses, breach of taboo and evil eye, distribute illness and misfortunes to community. Brokpa of Dah explains, diagnose and treat psychological distress in terms of sorcery and displeasure from spirits or due to other social causes. For the Brokpa, spirits of envy, hatred and quarrelling cause illness. The spirits of enmity and jealousy cause illness through evil thoughts. In Dah, certain spirits identify with abnormal health conditions, specific diseases, madness, epidemics and the like. Some aspects of many diseases are associated with the influence or intrusion of a spirit. However, some of them do comprehend the natural causes of few diseases like malaria, fevers, cough and cold and gastric disorders.

Disease Incidence

The culturo-ecological conditions in the area are responsible for the prevalence of gastroenteritis and acute respiratory infections among children and infectious diseases and nutritional diseases among the adult population. Smoke pollution in traditional kitchens with poor ventilation to avoid heat loss is injurious to health. They suffer host of diseases, including rheumatism, intestinal worms, cataracts, goiter, trachoma, pneumonia, dysentery and skin diseases.

Health Care System

As illness explanations often radically differ from culture to culture, so are the ways and means for curing illness. Medicine in Ladakh, of which Dah-Bema is part, consists of lay and non-literate, as well as institutional and literate medical practices. The health care system of Brokpa comprised a

use of herbs and plants, ritual cures, treatment by *lhapa*, amchi medicine and allopathic medicine.

The Brokpa’ belief regarding illness and healing was eclectic, often an article of faith, and at the same time pragmatic. Apart from the Health Centre, there was no other allopathic, Ayurvedic or Homeopathic clinic. The Primary Health Sub-Centre is working in a rented room in a private house. It has stock of few common medicines like antibiotics, cough syrups, vitamins and painkillers. It has a staff of two trained persons, a nurse and a pharmacist. The next better biomedical facilities are the army hospital in Achinathang, the civil hospital in Khaltse and SNM hospital in Leh.

Traditional or local medicine remains an important source of medical care in the developing countries even though the government health care programs (Jaspan, 1969; Kleinman, 1980) do not officially recognise it. In traditional medical systems worldwide, afflictions that beset body and mind explained in both naturalistic and super naturalistic terms. When a wound does not heal, when a sickness does not respond to treatment, and when the normally expected and predictable does not happen, other explanations beyond the organic are sought (Hughes, 1978).

There were no organised herbal treatment clinics or healers in Dah. However, every household knows how to treat simple problems with the plants available in their backyards or spices from their kitchens. Herbs can be prepared in a variety of forms depending on their purpose. Such techniques include juice squeezed from herbs; mashing herbs into a paste; decoction or extracting the active ingredients by boiling down the herb in water; hot infusion like hot tea-herb steeped in hot water.

Brokpa treatments include soups prepared from local ingredients and various topical applications for wounds. The soup of turnip, *qeech* (local medicinal plant) and wild cherry administered to sick person. Coriander (*Coriander sativum*) leaves are ground and boiled in water to make a tonic for abdominal cramps, diarrhea and flatulence. They soak mint (*Menthe*) leaves in water and make herbal tea or add to soup. They ground *saunf* (Fennel seed) and use it for dysentery, as a digestive stimulant, and for excessive thirst. They also use ground and boiled *Kala zeera* (Black Caraway) as a digestive and in flatulence, to increase appetite

and to cure hiccough. They use Wild Thyme in case of inflammation, fever, and headache and stomach pain. They take juniper berries as remedy for urinary tract infection. They treat a person who suffers from pain in the back, chest or ribs by putting warm ashes in piece of cloth and putting at location of pain. For healing wounds, they apply bitter apricot kernel paste. *Tsampa* a 'hot' food, in addition, of being used as a food, it is used during childbirth also. It is common belief that application of butter and *tsampa* mixture on the naval area speed up the process of delivery. Brokpa put a paste of cooked barley flour and ghee upon the naval of newborn to hasten healing by protecting it from moisture and dirt. The application of *tsampa* in birth practices, as first feed to newborn babies and its importance in health care practices governed by traditional beliefs. Women take roasted apricot kernels and apricot juices. Normally, Brokpa of Dah, do not purchase food from outside, as here are no shops in and around the village. Brokpa grow their staple food, vegetables and fruits. Women suffer from infectious diseases and use local health resources to get relief. All these factors affect women health and infant mortality.

Tibetan Medicine in Dah

Tibetan medicine is a derivative of the Indian and Chinese medical systems. An *Amchi* is practitioner of traditional Tibetan medicine. Every major village and hamlet in Ladakh has been having an *amchi* of its own. The services of *amchi* have always been significant for the people of Ladakh. Before 1960, *amchi* and *lhapa/lhamo* (the spirit mediums) used to be the health providers and even after the introduction of biomedicine with all the government support, it has not been able to replace the two. Although *amchi*, like their western counterparts, specialise in the treatment of the physical illnesses, the etiology of illness and actual treatment of diseases are entirely different.

At the time of research, there was only one *amchi* in Bema. The *amchi* medicine came to Bema via Hanu. In the 1970s the director of health department in Leh announced on the Leh radio station for the recruitment of the government *amchi* on fixed salary. Tashi Bulu, a resident of Hanu Gongma whose grandfather had already worked as *amchi* in Hanu, applied for the post and was selected. Health director appointed him as Government *amchi* on salary of Rs. 300 per month and Rs

1500 worth of medicinal raw material per year. He treats sick from the villages of Hanu, Dah-Bema and Achinathang free of charge. *Amchi* medicine reached Brok-land after two *amchi* families decided to reside in Hanu Yogma. Before the arrival and subsequent settlements of these *amchi* in Hanu Yogma, an *amchi* was visiting this area occasionally since late 19th century. The tour included the villages of Ganoke, Dah, Bema, Hanu, Turtuk and sometimes villages in Baltistan. The *amchi*, who visited this area, had five sons and one of them came to this area, took a wife from neighbouring village-Achinathang and eventually settled here. In course of time, the Brokpas also started learning the *amchi* medicine. At present there are five practicing *amchi* in Hanu, four in Hanu Gongma, (two of them are on government pay roll) and one in Hanu Yogma.

Tibetan medicine is independent of religion but borrows from its elements to serve its medical and social, collective and individual interests. The medicine is never an isolatable speculation; it is the medicine of socio-historical, political and cultural context. Tibetan medicine is scientific in nature; however, the political use of religion by healer's association is an assertion of identity in a region marked by inter-religious tensions

Shamanic Healing and Divination

Besides Buddhist *amchi*, an indigenous folk religion with many shamanic features still prevails here. There were traditional shamanic healers *Lha-bab* who embodied spirits or deities during trance states. The ritual and social functions of *Lha-bab* was of curing and divination. According to Landy (1974) the traditional healer role stands at the interstices religion, magic and social system and gain its power from this position. *Dumen* and *Lie Nakrn* are the deities with whom the *lha-bab* entered into communion and in this state of trance; he had the power to heal diseases and utter oracles. Earlier reports support this fact that the *lha-bab* among Buddhist Dards could utter oracles. When Shaw visited this area in 1876, '*lhapa*' (Tibetan word for spirit medium) had ceased to perform since 12-15 years earlier, after Buddhism was introduced (Shaw, 1876:6). However, after the introduction of Buddhism in this area, the office of the *Lha-bab* changed in to *lhama/lhapa* like other parts of Ladakh.

While Eliade's (1964) description of shamanism stresses ecstasy and the shaman's ability to go into trance and travel to the realm of

sacred powers, among Brokpa shaman in contrast of ecstatic trance, rather than going to spirits, the spirit comes to them. The *lhama/lhapa* neither chooses their status as healers nor desires it. Usually, a person starts with a shamanic vocation, which usually goes along with mental disturbance, an acute life crisis, and general emotional distress. In the initial stages, the concerned person tries to reject the shamanic vocation. The crisis reaches its peak in a trance, which enables the appearance of a spiritual being and thereby only then sanctions the person's capability to be an oracle healer. The individual thus chosen must serve the community as healer of both people and animals. Although possession and shamanic vocation occur involuntarily and both *lha* (divine forces) and bad spirits may possess the person as both are always present in the body and can become active. He/she approaches a high-ranking lama for assistance. The high-ranking lama or *rimpoche* approves the possession by one or many *lhas* and separates them from other spirits who possess the body of the *lhama/lhapa*. Subsequent teachings and initiations (*lha-pog*) takes place in consecutive stages by an elderly *lhama/lhapa* (*ge-rgen*). In this way, indigenous folk religion subjugated under the rules and premises of Buddhism. He or she must be trained first i.e. learn consciously how to go to into trance, a training which involves great effort and self-denial, both physical and financial. They experience great stress during this period. The burden connected with the office of oracle and healer does not delight all, instead they see it as the fate decreed by the spirits and the gods. Even the practicing *lhama/lhapa* are under great strain, feel so severely beaten up after a healing session that they can barely perform their daily duties at home and in the fields after a trance. Most *lhama/lhapa* does not want their children to follow the profession.

Yet in the Ladakhian context, not to accept this calling means life-long confrontation with the opposing powers of good and evil for the person. They also have the option to perform *tum*, a ritual to stop the deity from entering the body. This is how an individual threatened with life or death can enter a change state of consciousness with non-specific symptoms of illness, through a structured transformation reach state of best health and finally practice as oracle and healer. (Schenk, 2001). Some times, it is not

feasible to refuse the demands of willful spirits who calls some people to assume their position; once they initiated; they draw their powers from them and trained under the guidance of a learned lama. All *lhama/lhapa* know the names of the particular deities who possess them, because they introduced themselves to their patients and their teachers by their names. *Smanla Gaypo* is the god of medicine. Meditation is an important part of healing power. Each *lhama/lhapa* stays in meditation for specified time each year. At present, there is no practicing *lhapa/lhama* in Dah. The last living *lhapa* is old and cannot perform. No new *lhapa* initiated. The new generation is not interested in the profession because of the hardships incurred in.

DISCUSSION

Health status of people of Ladakh, of which Dah is geographically, politically, historically and culturally a part, is related to its habitat, human settlements and amenities available there. The absence of detailed health statistics such as mortality, morbidity, infant mortality rates and prevalence of different diseases hinders assessment of the health status of the Brokpa of Dah. The benefits of modern curative and preventive medicine are not reaching these people satisfactorily. There is one Medical Aid Centre with a skeletal staff and one *amchi* working in the area. The Brokpa of Dah-Bema are the one of the last remnants of an ancient and unique culture known generally under the 'Dards' whose influence at one point spanned from northeastern Afghanistan to Central Tibet and whose fame is even recorded by the ancient Greek and Roman writers. One can best comprehend the Brokpa medicine largely in terms of cultural belief and definition in their environmental setting. Though prevailing customs and belief pattern are governing their life, yet one cannot overlook the recent changes and current issues. Culture as a whole helps in shaping society's medical elements and there is a functional interrelationship amongst the parts of medical pattern. Health and disease are both cultural and biological; we confine ourselves to cultural parameters.

Social change refers to processes of alternatives in social values, beliefs, legal systems and social institutions. This change also affects people in everyday life, their thinking and reacting to the change and other people in society.

The Brokpa village under study juxtaposed between two cultural, social and religious systems. Until recently a traditional society, the Brokpas are gradually coming out of their shell. However, unlike most other tribes, which have increasingly adapted to and adopted modern culture, technology and education, the Brokpa still by and large zealously cling to their traditional mores. However, this does not mean that these people have not felt the thrust of the Indian administration at all. Changes are slowly coming to this area. The area is experiencing full penetration of Indian infrastructure. Government built roads, health posts, schools, and controlling arms of Indian democracy made themselves omnipotent through these institutions and police stations, army check posts, banks and postal services scattered throughout the region.

Cultural values and context play a greater role in conceptual frameworks to understand health and illness perceptions. In Dah, local discourse on causes on sickness is changing along with changing environmental and social conditions. There are new health risks and shifting social vulnerabilities as the region becomes involved in development programmes. The Brokpa are aware of the various aspects of the rapidly changing reality and factors that might make people ill rather than specific diseases. Local accounts of health and sickness among Brokpa suggest that the explanations of ill health are undergoing subtle redefinition as they draw comparisons between past and present conditions. These processes are associated with new diseases and dependencies on outside help. This area like rest of Ladakh has been in a process of change. The three wars between India and Pakistan and subsequent development of the area, road construction and other factors of social change are not risk free processes. There is general concern about road bringing more outsiders at their doorstep- and their diseases to the area. However, it will also relieve Brokpa from the burden of having to carry the seriously ill out of Dah to a nearby health centre or hospital in town.

Outside influences in Dah, have affected the Brokpa culture. Ladakhi culture and society, of which Dah-Bema is part has been subjected to strong outside influences and has been affected by stationing of armed forces and Indian administration; Muslim rule from Jammu and Kashmir; development programmes and breakup of traditional laws of marriage and inheritance; and large scale tourism.

The Brokpa form a distinctive cultural ethnic community having preserved in their language and social customs many archaic traits of their Aryan ancestors through endogamy and oral tradition. However, differing in certain religious traditions, Brokpas have adopted specific social institutions of traditional Buddhist social structure. The nature of assimilation, among Brokpa Dards in Ladakh is that they did not abandon their traditions of the country of their origin nor irrationally emulate Buddhist culture. It is general assumption that inequalities between ethnic groups will disappear once migrants adopt customs, practices and beliefs of the 'host society'. According to Mason, this is "over simplistic culturalist explanations" (Mason, 2000, p. 93) on which assimilationists base their ideas upon and assume that a norm exist to which newly arrived minorities are likely to conform, and furthermore, they rarely take full account of the material differences that may account for health variation between ethnic groups (Nazroo, 1998). Brokpa predict day-to-day life on the assumption that social identity and social relations are timeless and ineradicable; he himself is loyal to his home village to the point of fierce chauvinism and is ready to believe anything about men in other villages.

In Brokpa culture, the cause and effect of illness for all time rests on religious beliefs. Spiritual therapy, which also has had a deep presence in the Dard history, is indicator of the relationships of illness, beliefs and social change. Recent social changes are affecting the social structure and consequently health and sickness outlook. Young generations, are less sensitive towards spiritual therapy. Medicine is one of those cultural aspects that have fostered a realistic presence within a society. In spite of biomedicine, there is hidden presence and influence within the health care system. In most parts of India, multiple therapy systems and a diversity of health behaviour patterns coexist and this place is no exception. The status, growth and evaluation of co-existing therapy systems is influenced by cultural ideology, ecology, political patronage, changing social institutions, disenchantment with and romanticisation of values represented by therapy systems (or their supporters). In Dah, various kinds of medical practices co-exist within shared social and cultural spaces. There is uneven co-existence of the biomedical system based on western medical

training and traditional healing traditions in Dah. These medical systems are complementary, alternative and unconventional. Among Brokpa of Dah, the health care includes self-care, consultation with traditional healers and /or primary health care. Four systems of treatment are available to them: herbal; ritual care; biomedicine and *amchi* medicine beside home remedies. The State government has introduced biomedicine and *amchi* medicine (herbal and mineral tradition of Tibetan Medicine). The psychosomatic treatment in Brokpa aetiology includes appeasement of evil spirits and forces by sacrifice of animals, by offerings of grains and liquor, use of charms and amulets depicting sacred symbols. They use magical spells to divert the undesirable effects of evil spirits. Brokpa make dough figures and drawings of various kinds during different occasions having various symbolic meanings to ward off spirits who bring illness and misfortune. Some are for fertility of their animals, others for the prosperity of the household. The pluralistic medical situation of doctors and deities in tribal areas provide flexibility and fulfills different needs of the community. The folk systems are open as manifested by eclecticism of both the clients and practitioners, who adopt and adapt from an array of co-existing medical traditions. This openness of folk systems, as Press (1978) point out, manifested by the acceptance of inputs from other/alternative health systems, and inputs from institutional sectors such as religion and family.

Brokpa admit personal use of herbs, spiritual cure and preventive measures. They integrate herbs, especially *Chillgi* (Juniper) into religious belief pattern and spiritual cleaning. Brokpa have a strong faith in Juniper (*Chillgi*); and consider it, as benediction because their ancestors also used it. It is also a symbol of longevity, strength and fertility. The Juniper (*Chillgi*) tree holds a special significance for Brokpa, as it cleans the atmosphere of evil spirits. Brokpa make use of juniper in their religious ceremonies as anti-pollutant. They do so (fumigate with smoldering juniper) on coming back from any excursion outside the village. The women never use water for washing their faces having a belief that their *Barkat* (*grace* or charm) will go away with the washing, instead use *Chillgi* leaves. They use it for psychological problems, or against evil eye. This attitude of keeping the original charm or evil eye away has wider ramifications at the house and village level.

In order to maintain the purity of their household and that of village Brokpa take certain precautionary measures. This helps to preserve the fertility and prosperity thus keeping polluting influences from affecting the house or village. They do not allow any outsider to their houses. The outsider sits near the door. When they serve tea or food to an outsider, they do not take his cup or plate to hearth to fill but they bring food in vessel and serve. They do not allow any body to cross over the chimney on the rooftop, as it would cause pollution to the hearth and the house god. The *Lha-bab* (shaman) eats *Chillgi* leaves and inhales its smoke before performing any ritual or exorcism or going into trance. Brokpa religiously collect white blossoms of juniper tree and keep at their home.

The importance of Juniper (*Chillgi*) in Brokpa life is for its economic value too. In the barren wilderness of Ladakh where nothing grows wild, *Chillgi* grows in abundance in and around Dah. Juniper trees furnish them food, fuel and wood for shelter. Brokpa of Dah also sells bundles of *Chillgi* branches at Leh during *Losar* (New Year), where it does not grow as such. The concept of 'pure-impure' plays an important role in the life of Brokpa. The state of purity/impurity is always occurring within the household, between the households, between the kin's and between the villagers and outsiders. Change has not always been welcome in the area; there is a belief that change brings illness and diseases. The diseases not related to local environment are not treatable by local methods.

When a person or place is impure or polluted (*Chitu*), purification is symbolically cleansing oneself or place with the smoke of smoldering *Chillgi* (Juniper). On all these occasions the house is smoked with *Chillgi* and utensils washed in water boiled with *Chillgi* branches and leaves.

In traditional Brokpa religious ideology, broadly speaking, the shepherd was one of the several types of intermediary between the impure/domestic and pure/alpine spatial realms. Here the primary division of space is between the domestic, 'civilised' realm, centered on the village, and the savage, exterior realm. The latter has number of spaces, especially all higher regions above the settlement like mountains, pasture grounds, lakes, glaciers and the streams originating from these are pure. There are certain flowers, trees and animals inhabiting these areas and even colo-

urs are symbols of purity. They consider upper zone especially pure, by comparison with the village and other lowland spaces. Brokpa do not allow women, bovines and the dead- the primary sources of pollution to this upper zone. Men, rather than women, and caprids rather than bovines, function as intermediaries between the domestic and alpine realms. The exclusion of women from the mountain pastures was noted among the Kalash (Parkes, 1987). A similar prohibition observed among the Adyghe and Kabardian peoples of the Northwest Caucasus in pre-Soviet times (Topuria, 1970). The mediating role of sheep and goats is facilitated, no doubt, by the simple fact that these animals are more mobile on mountainous terrain than larger livestock, and can be led to high-altitude pastures. The blood of sacrificed goat has special purifying powers (Parkes, 1987). The female deities and demons who watch over the herds are very beautiful with radiant white skin. A man must be certain that he and everyone in his household are pure before he goes to mountains. The most serious occasions of impurity are death, adultery, and women's blood flow (i.e. menstruation and childbirth). The slightest violation, even if unintentional, of a taboo can have fatal consequences. "This is a sexual relation with a usual roles and variations inverted: the goddess is pure, unlike a human female, and she makes the decision to initiate, and terminate the love affair" (Tuite and Kevin, 1997)

Purity and impurity are inherent in sexes; Females are relatively less pure than males, until old age when they become sexually neutral. Traditions prohibit women from coming close to the Juniper shrine (*Chillgi Deuha*) at *Dah-Drouk* (*pas-ture ground*). The female body appears as a unique vessel of suffering and impurity in Buddhist medical and ritual practices. In particular, it considers how medical practices and folk rituals differ in their approach to female body. Both Tibetan medicine and Buddhism draw on similar discourse of causality and suffering, including an andocentric approach to the female body. While the central text of Tibetan medicine like the *Rgyud Bzhi* rarely differentiate female body and its ailments from complex source of individual and social suffering. The discourse constructs the female body as a privileged site of suffering in which being female is both a

calamity and punishment for the past deeds. This cultural discourse identifies the female body as both dangerous as well as in danger. As such, the female body offers a powerful model of danger and impurity in Buddhist discourse. The belief about pollution also means that women are discriminated during menstruation as well as childbirth. The beliefs about pollution also mean that those women cannot deliver in the main house near is warm, since the hearth spirits resides there. Brokpa dietary patterns especially exclusion of cow and poultry products and the burden of women's work have been responsible for the women and child health. Pregnant women take simple food, fermented wheat, *tsampa*, and different sorts of soups. At the time of childbirth, her mother gives *tsampa* cooked in water, salt and ghee, on the day of delivery. Relatives and friends also present restorative or curative foods. It is to abet the new mother's recovery, but also as a symbol of vitality and good fortune

Like other regions of Buddhist culture area, there are traditional shamanic healers among Brokpa, addressed as *lha-bab*. They look them as divine persons who embody spirits deities during trance states. In other parts of Ladakh there are two types of shamans; one who serve *gompa* (monastery) and the others are village shamans who practice healing sessions for villagers. The *gompa* shamans work for the welfare of the whole community and perform during festivals. The complexity of shamanism in Dah- is in part a reflection of geographical, linguistic and ethnological complexity of the region. There is no resident lama in Dah as the Buddhist Dards have three priestly officials- *lhabdag*, *brongopa* and *lhapalhama* who look after the ritual life of Brokpa. The - *lhabdag*, *brongopa* and *lha-bab* and the Lama do not contradict each other but co-exist as religious specialists. The Lamas offer prayers to the Buddhist gods and goddesses and propitiate the protective deities of the land while *lha-bdag* appease local spirits and offer sacrifice for the betterment of community. Lama also looks after the performance of rituals at time of birth, marriage and death.

In case of preference for medical care, Brokpas of Dah have conflicting views. Some prefer to go to Sub-Centre while others prefer traditional medicine. Brokpas of Dah are the only traditional Dards who have been able to preserve their traditional practices. Brokpas of

Hanu are the only non-Tibetan people who are practicing *amchi* medicine. Kloos (2004) study reveal that 58% of his informants went for *amchi* medicine giving reliability and efficacy of *amchi* medicine as the reason, while 26% went for biomedicine and 16% decided on the nature of sickness. However, he states of the same informant, only 48% used *amchi* medicine as a first resort, while 36% said they used sub-centre first, and again 16% decided according to their sickness. On evaluating, the patient's register books of the sub-centre and one *amchi* as well as statements made by other *amchi* Kloos recorded 'further strong shift in favour of sub-centre (Kloos, 2004: 116). The Brokpa of Dah, in case of sickness of longer duration, besides following the traditional rituals of purification and home remedies prefer to go to health centre. It is during sickness that the body is most vulnerable, the fundamental conceptions of the social order and the meanings of the traditions brought into questions as noted by Camaroff (1984) and Turner (1968). It is during sickness that the meanings of traditions confront alternatives of the present. Sickness episodes thus emerge as illustrations not only of the changing social world in which patients live, but also of the history, which helped to shape that world. Until there was no biomedical center in the area, the *lhama/lhapa* and *amchi* were providing medical care and treating the sick. Along with, the Brokpa of Dah were performing rituals to their deities and pursuing astrological predictions. The role of *lhama/lhapa* and *amchi* closely linked both to the theory of medico religious Tibetan literature as well as traditional socio-economic conditions. With the availability of biomedical facilities in the area and comparatively easy access to the doctors, the dependency of Brokpa of Dah on traditional sources of medicine has decreased. Pordie (2002) reports that due to change in the economic, environmental and socio-cultural situation, the social and medical powers of *amchi* challenged resulting in change in their social role. Among Brokpa of Dah, the *amchi* medicine never took roots. Brokpas of Dah were and are more involved in their rituals and purification rites than the rest of Dards in the area. However, with increase in the levels of education, and other avenues of earning money, the young have become rich in comparison to

their parent resulting in change in their thinking as well. Brokpa women ultimately perceive health and illness as domain of god. However, this does not imply that women do not identify factors in their environment that cause illness, for example diarrhea. They understand that certain elements in the environment such as dirt, animals, people, water and food are responsible for the onset of disease. Some people get sick because they have bad or weak digestive system. They also understand that children suffer from diarrhea because of change in season, teething and weaning. However, all know about reasons of diarrhea, but on more probing, all women said that supernatural or malevolent forces such as *nazar* or evil eye, demons, evil spirits were causes of sickness.

There is co existence of deities and doctors in the area with multi layered beliefs and practices in medicine. However, these two systems have been subject to social, economic and political change. A biomedical disease centered model underpins health care provision in the National Health System but the Brokpa, hold different discourses and understanding of health. Western construction of medicine is body and self, physiological and psychological; while the Brokpa, look for holistic approach, wherein every part of body integrated and connected. Low use of Brokpa of mental health services related to cultural specificities of explanation of illness i.e. different ways of conceiving health and sickness. Brokpa's explanatory model of mental health is different from biomedicine with a reluctance to view minor psychological symptoms in term of illness.

The problem regarding health services utilisation in India is that established indigenous forms of health care are readily available and compete with modern health care. There are different components of the decision to seek medical help and condition that affect the choice of a specific health care system. Studies have shown that though the presence of medical pluralism is a significant factor, which delays the use of biomedicine, but there are other reasons as well. However, in Dah, Brokpa have opted for biomedicine instead of traditional *amchi* medicine while retaining their traditional outlook

Dah provides a striking example of a culture and society, which subjected to strong outside influences. The pressure of these outside influences has caused increase in their

ceremonies of traditional folk religion as it provide a coping mechanism for Brokpa to deal with rapid changes that have occurred during recent decades. In Dah, the medical power, in the past transformed in to social power because of the *Lha-bab*'s monopoly on therapeutic care and the people's dependency on them. Brokpa connects the power to heal with the super personal character and a communion with the spiritual power. Religious differences and differential understandings and knowledge effect decision-making in health arena. They believe that the immoral behaviours sanctioned by immediate act of retribution by supernatural entities. The task of *lha-bab* is to appeal to supernatural entities in order to revoke their wrath. The task of *lhabdag* is to remind individuals of potential moral consequences of their behaviours. The Brokpa religion provides a more effective means of controlling demons and deities through *lhabdag* than *lha-bab* did. That is why; the *lha-bab* healing rituals have become less. It is in total contrast to what reported from other parts of Ladakh. According to Kressing (2003), the 'proliferation of shamanism' offers one of a number of possible coping strategies. There are cases of spirit possession among other Dard groups as well. Once mediums with different names, were common among Dardic speakers of neighbouring Shinkari (the area of the former Gilgit Agency), but by the 1800s were to be found only in Gilgit, Hunza and Nagar (Biddulph, 1880, 98). Elsewhere Islamic religious practitioners (c.f. Lorimer, 1929: 511) had superseded them. The mediums of Hunza called *bitan*. The source of *bitan*'s power lies in his ability to communicate with the *pari* (spirit). Like *lha-bab*, the *bitan* among Hunzakut are able to communicate personally with supernaturals, traditionally revered as oracles and holy men who exercised their supernatural power for the good of the community (Sidky, 1994). Before the introduction of Buddhism in the area, the *lha-bab* did not have to go for rigorous training. However, indigenous folk religion subjugated under the rules and premises of Buddhism. The medium who received the calling must be trained first i.e. learn consciously how to go to into trance, a training which involves great effort and self-denial, both physical and financial. They experience great stress during this period. All of these discouraged new initiations.

It is interesting to note that Brokpa of Dah, while remained within the traditional framework through dependency on each other, and through

fear of supernaturals, yet in Dah, pragmatism proves stronger than belief, at least in the matter of health care. The biomedicine prevails over ritual care. The ritual healing as practiced by *lha-bab* is ambivalent process, often looked down by the Buddhist monastic authorities despite their intimate involvement in it. By comparison, *amchi* are valued and seen as unequivocally part of the Buddhist tradition. For last three decades, the Brokpas of Dah have no practicing *lha-bab* nor any body initiated. Likewise, they have only one *amchi* as even the *amchi* medicine has not set up foundation in Dah. No body from Dah has tried to learn *amchi* medicine as a profession. For health care, they mostly depend on biomedicine along with their precautionary rituals and taboos. However, in the past *lha-bab* were more important than *amchi*, because they specialised in centric modes of healing. The social relations of healing embedded in the local setting. The priestly officials- *Lha-bdag*, *brongopa* and *lha-bab* play an important role in being a means and channel to express and deal with social suffering involved in the Brokpa's loss of fear of loosing identity, ethnic discrimination and recent changes. Ritual taboos, complex of pollution purity and organised system of ritual prescription regulates the life within the village as well as between and within each household.

REFERENCES

- Ackerknecht, E. H. 1946. "Natural diseases and rational treatment in primitive medicine." *Bulletin of the History of Medicine*, 19(5): 467-497.
- Baer H.A., M. Singer and I. Susser. 1977. *Medical Anthropology and the World System. A Critical Perspective*. Westport (U.S.A.), London: Bergin and Garvey.
- Bhasin, M.K. and L. P. Singh. 1992. "A study of body morphology and lung functions in Dards of Ladakh, Jammu and Kashmir, India." *J. Hum. Ecol.*, 3: 71-72.
- Bhasin, V. 1992. "Brokpa of Ladakh: A Case of Adaptation to Habitat." *J. Hum. Ecol.*, 3(2): 81-113.
- Bhasin, V. 1997. "Medical Pluralism and Health Services in Ladakh." *J. Hum. Ecol.*, 1:43-169.
- Bhasin, V. 1999. *Tribals of Ladakh: Ecology, Human Settlements and Health*. Delhi: Kamla-Raj Enterprises.
- Bhasin, V. 2002. "Traditional Medicine among Tribals of Rajasthan." *J. Soc. Sci.*, 6(3): 153-172.
- Bhasin, V. 2004. "Sexual Illnesses and Underutilization of Biomedicine among Tribal Women of Rajasthan." *Anthropologist*, 6(1): 1-12.
- Bhasin, V. 2005. *Medical Anthropology: Tribals of Rajasthan*. Delhi: Kamla-Raj Enterprises.

- Bhasin, V. 2007 "Medical Anthropology: Healing Practices in Contemporary Sikkim. Delhi. India", (Pp. 59-64) in V. Bhasin and M. K. Bhasin (eds.), *Anthropology Today: Trends, Scope and Applications*. Delhi: Kamla-Raj Enterprises.
- Bhasin, V. 2008. "Gaddis Folk Medicine: A Source of Healing." *Ethno Med.*, 2(1): 1-27.
- Biddulph, J.: 1971. *Tribes of the Hindoo Koosh*, Calcutta, 1880, Reprint Graz.
- Camaroff, J. 1981. "Healing and cultural transformation: The Tswana of Southern Africa." *Social Science and Medicine*. 15B: 367-378.
- Camaroff, J. 1982. "Medicine: Symbol and Ideology", in P. Wright and A. Treachers (eds.), *The Problem of Medical Knowledge*. Edinburgh: Edinburgh University Press.
- Clements F.E. 1932. "Primitive concepts of disease." *American Archaeology and Ethnology*, 32(2):185-252.
- Csordas, T.J and A. Kleinman 1990. "The Therapeutic Process", in T. M. Johnson and C.F Sargents (eds.), *Medical Anthropology: Contemporary Theory and Method*. New York: Praeger.
- Dainelli, G. 1925. *Le Condizioni della genii. Spedizione Italiana de Fillipi neIT Hemalaia, caracorium e. Tuschestion Cinese (1925) (1913-1914)*, Series-H, 9. Bologna.
- Dean, Virginia. 1978. *Illness Beliefs and Social Change: A Study of Lugbara of Northern Uganda*
- Drew, Frederic. 1976. *The Jammu And Kashmir Territories: A Geo-graphical Account (1875)*. New Delhi: Cosmo Publicaouons, Reprinted.
- Eigner, D. 2001 *Ritual, Drama, Imagination: Schamanische Therapie in Zentral Nepal: Eine Etnopsychologische Studie*. Wien: Facultas, Universtatferlag WUV.
- Eliade, Mircea. 1964. *Shamanism: Archaic Techniques of Ecstasy*. Bollingen Ser., Vol.LXXXVI. New York: Pantheon Books.
- Evans-Pritchard E.E. 1937. *Witchcraft, Oracles and Magic among the Azande*. Oxford: Clarendon Press.
- Evans, Leslie. 2004. *Spirit Possession Religions and Popular Rituals Flourish in Vietnam*. UCLA International Institute.
- Finkler, K. 1980. "Non-Medical Treatments and their Outcomes." *Culture, Medicine and Psychiatry*, 4: 270-310.
- Francke, A.H.: 1977. *Ladakh the Mysterious Land: History of Western Himalayas (1907)*. New Delhi: Cosmo Publications Reprinted.
- Frankenberg, R. 1980. "Medical Anthropology and Development: A Theoretical Perspective." *Social Science and Medicine*. 14B: 197-207.
- Frankenberg, R. 1981. "Allopathic Medicine, Profession and Capitalists Ideology in India." *Social science and Medicine*. 15A: 115-125.
- Foucault, M. 1973. *The Birth of a Clinic*. New York: Vintage Books.
- Foster, G.M. and B. Anderson 1978. *Medical Anthropology*. New York: Wiley.
- Gusfeld, Joseph R. 1967. "Tradition and Modernity: Misplaced Polarities in the Study of Social Change." *American Journal of Sociology*, 351-362.
- Harris, Amanda. 2001. "Presence, Efficacy and Politics in Healing Among the Iban of Sarawak", (Pp. 130-148) in Linda H. Connor and Geoffery Sameul (eds.), *Healing Powers and Modernity: Traditional Medicine, Shamanism, and Science in Asian Societies*.
- Heber, A. Reeve and Kelhleen, M. Heber. 1976. *Himalayan Tibet and Ladakh. A Description of Its Cheery Folk, Their Ways and Religion. of the Rigours of the Cli-mate and Beauties of the Country, Its Flora and Fauna (1926)*. New Delhi: Ess Ess Publication, New Delhi. Reprinted.
- Jammu and Kashmir 1986. *District Census Hand Book, District Leh, 1981*. Srinagar: Printing and Stationery, Jammu and Kash-mir.
- Jaspan, M.A.1969. *Traditional Medical Theory in South East Asia*. Hull: University of Hull.
- Jettmar, Karl. 1980. *Bohr and Dardistan*. Islamabad-Reprinted.
- Johnson T.M. and C. F. Sargent C.F. (Eds.). 1990. *Medical Anthropology. A Handbook of Theory and Method*. New York, Westport, London: Greenwood Press.
- Joldan, E. 1985. *Harvest Festival of Buddhist Dards of Ladakh and Other Essays*. Srinagar: Kapoor Brothers.
- Jones, Rex L. 1968. "Shamanism in South Asia: A Preliminary Survey." *History of Religion*, 7(4).
- Kendall, Laurel. 2001. *Under Construction: The Gendering of Modernity and Consumption in the Republic of Korea*. Hawaii: University of Hawaii Press.
- Kendall, Laurel. 2001. "The Cultural Politics of "superstitions in the Korean Shaman World: Modernity constructs its Other." in Linda H. Connor and Geoffery Sameul (eds.), *Healing Powers and Modernity: Traditional Medicine, Shamanism, and Science in Asian Societies*.
- Kleinman, A. 1977. *Writing at the Margin: Discourse between Anthropology and Medicine*. Berkely, C.A.: University of California Press.
- Kleinman, A. 1978a. "Concepts and a model for the comparison of medical systems as cultural systems." *Soc. Sci. Med.*, B 12: 85-93.
- Kleinman, A. 1978b. "Clinical relevance of anthropological and cross-cultural research: concepts and strategies." *Am. J. Psychiatry*, 135: 427-431.
- Kleinman, A 1980. *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine and Psychiatry*. Berkeley: University of California Press.
- Kleinman, A 1981. "On illness meanings and clinical interpretation: not 'Rational Man', but a rational approach to Man the Sufferer/ Man the Healer." *Cult. Med. Psychiatry*. 5: 373-377.
- Kleinman, A. and L. H. Sung. 1979. "Why do indigenous practitioners successfully heal?" *Soc. Sci. Med.*, B13: 7-26.
- Kleinman, A. and T. Lin. (Eds.) 1982. *Normal and Abnormal Behaviour in Chinese Culture*. Dordecht, Holland: Reidel.
- Kreeseing, Frank. 2003. "The Increase of Shamans in Contemporary Ladakh: Some Preliminary Observations." *Folklore Studies*, 62: 1-23.
- Lampe, Frederick (Fritz) P. 2003. "Creating a Second Storey Woman: Introduced Delineation between

- Natural and Supernatural in Melanesia". (November 2003).
- Lewis, J.R. 1975. *Encyclopedia of Afterlife Beliefs and Phenomenon*. Detroit M.I: Visible Ink Press.
- Lock, M. and N. Scheper-Hughes. 1990. "A Critical Interpretive Approach in Medical Anthropology: rituals and routines of Discipline and dissent", (Pp. 42-72) in T.M
- Lohmann, Roger Ivar. 2003. "The Supernatural is everywhere: Defining Qualities of Religion in Melanesia and beyond." *Anthropological Forum* (November 2/003).
- Lorimer, D.L.R. 1981. *Folk tales of Hunza*. Lahore: Allied Press.
- Parkes, Peter, 1987: 'Livestock symbolism and pastoral ideology among the Kafirs of the Hindu Kush' *Man (N.S)* 22:270-293.
- Paul, Benjamin D. 1955. *Health, Culture and Community; Case Studies of Public Reactions to Health Programmes*. New York; Russell Sage Foundation.
- Peissel, Michel 1984. L'or does fouimis: La decouverte de l' Eldo-rado grec an Tibet' Editions Robert Laffont.
- Pordie, Laurent 2003. *The Expression of Religion in Tibetan: Idea Conceptions, Contemporary Practices and Political Use*. IFB.
- Pordie, Laurent. 2005. *Panser le monde, penser les medicines* (Dressing the World's Wound s, Addressing Medical Issues) .Paris: Karthala Publishers.
- Sidky, Homayun. 1964. "Shamans and Mountain Spirits in Hunza." *Asian Folklore Studies*, 53: 67-96.
- Rizvi, Janet and C. M. Kakpori 1994. "Lost Kingdoms of the Gold-Digging Ants-A Book review." *India International Centre Quarterly*, 131-147.
- Schenk, Amelie. 2001. "Oracle and Healer in Western Tibet: Initiations and its Reflection" *Zeitschrift fur Ethnologie*, 126: 63-92.
- Scheper-Hughes, N and M. Lock. 1978. "The Mindful Body, A Prolegomenon to Future Work In Medical Anthropology." *Medical Anthropology Quarterly*. NS 1:6-41.
- Sidky, Homayun. 1994. "Shamans and Mountain Spirits in Hunza." *Asian Folklore Studies*, 53: 67-96.
- Topuria, N. 1970. "Winter and summer livestock pens in western Georgia." *Masalebi sakartvelos ethnographiisatvis* XV: 22-38.
- Tuite, Kevin. 1997. "Pelops, the Hazel-Witch and Pre-Eaten IbeX: On an Ancient Circumpontic Symbolic Cluster." Mai 12, 2003.
- Turner, V.W. 1968. *The Drums of Afflictions: A Study of Religious Processes among the Ndembu of Zambia*. Oxford: Claredon.
- Vigne, G.T.: 1981. *Travels in Kashmir: Ladak, Iskardo*. New Delhi: Sagar Publications.
- Vohra, Rohit. 1989a. *The Religion of the Dards in Ladakh: Investigation into their Pre-Buddhists Brog-pa Tradition*. Contribution to Himalayas Studies Ladakh Scribes: Vol. I Skydie Brown International, Luxembourg: S.D. Publishing Division.
- Vohra, R. 1989b. *Ethnography: The Buddhist Dards of Ladakh. "Mythic Lore -Household-Alliance System-Kinship"*. Luxembourg: Ettelbruck: Skydie Brown International.