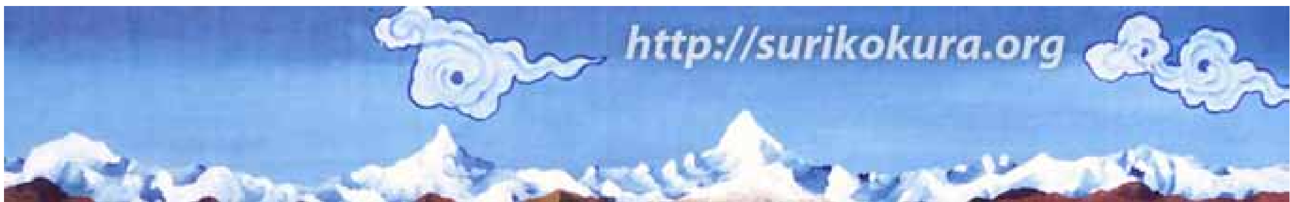

Chapter 5
Falling sick

A Kathmandu-based friend once advised me, "*You cannot work in countries like this and let yourself get depressed by people in villages dying – however sad. The simple statistics mean that out of the people you get involved with, over 18 months some are bound to die*". Although these words seem harsh, they were nevertheless true. A number of people whom I knew in Suri did die – and they did so from medical problems that would not have killed them had they lived in the West or (probably) in Kathmandu. The particular death that had upset me badly, and which had prompted my friend's remark, was that of Dadika Sherpa. I had spent a good many days with Dadika, and like the rest of her family, had watched her grow steadily frailer. I knew the reality of her illness, yet I had hung on to the hope that she would recover.

Aerogramme home, 6 August 1989

I attended Dadika's funeral yesterday. I was present at her death the day before, too… When I arrived in the early morning Dadika was lying by the fireside, breathing horrible bubbly breaths and moaning quietly – occasionally trying to call out and waving her arms about. By that stage she couldn't articulate anything and seemed delirious, her eyes rolling and her head covered in sweat – though Bude said her hands were stone cold. It was not a pleasant death... Poor Bude sat beside Dadika throughout her dying hours, tears streaming down his face and trying desperately to obtain some response from her, spooning sugared water into her mouth lest she feel parched, and even trying to get her to take a little millet gruel. He sent me off to the Health Post in the morning to fetch the "doctor" - the man refused to come – but though his presence would have given some support to Bude, some belief that something was being done, there actually was nothing that he could do, as he rightly said. I also felt that Bude was gaining more moral support from his family and friends, who had gathered in the house as custom requires. Many had stayed up the whole night with Bude and Dadika, and throughout the day as some people left, others came. Bude and his daughters were never alone in their grief.

Dadika died at 20 past one; her tiny, shrunken corpse was covered with white cloth, and by her head was placed a bowl of water, a bowl of grain; and a lighted ghee lamp. These latter were provided in case her soul needed them in its journey onwards. People split up to go and buy provisions for the funeral, grind flour to feed the guests, etc. Though Sherpa funerals are less financially demanding than Chhetri ones, they are still cripplingly expensive. Bude will inevitably go into great debt over the matter, but the rites are mandatory. Apart from his wish to express his love for his wife and his heartache over her loss, he cannot stint on her funeral for fear that her spirit (even one as kindly in life as Dadika's) will be aggrieved and return to haunt the family. Belief in ghosts is strong.

So the lama was fetched from the neighbouring panchayat of Jhankhu, and yesterday I joined the procession of mourners making their way up to the Sherpa cremation site on a wooded promontory high above Kasika. We were led by the clashing of cymbals and the mournful blowing of a conch, followed by three cloth banners – red, white, and what should have been black but was actually a floral print on dark blue background – the local village shop could provide nothing better. A lama's assistant carried a tanka (prayer picture) and other ritual paraphernalia. Many of us were weeping as we walked, and I found myself – perhaps not strangely – very comforted by the event. Dadika's body was burned high above her village, the pyre burning quickly despite the squalls of rain that periodically soaked us and raised great billows of smoke. Khaja *(a snack meal) was provided – jaad (local beer), boiled potatoes, rice, wheat and buckwheat roti (flat breads) – and we participated in this whilst we waited for the fire to burn low. Then we slithered our muddy way back down to the mundane matters of existence down below.*

The Upaha Pradhan Panch (Karnak Bahadur Karki) said to me, as I sat, very subdued, by the fire on the evening of the day Dadika died, "You must not grieve for Dadika. She is dead, she has gone. When you leave us, we will think of you, we will never forget you. But when you die, then we must forget you." Practical advice, but I wonder to what extent he could adhere to it himself if he was in Bude's shoes (except that Bude doesn't have any)….

Dadika died of tuberculosis (TB), a disease these days often associated with AIDS, although this was far less so twenty years ago, and certainly did not apply in Dadika's case. TB was and remains a very common disease in Nepal, the bacteria spreading easily in the poorly ventilated houses and in situations in which many people crowd tightly together (as is often the case during festivities, on bus rides, etc). Many Nepalis view it in some way as a curse of the gods, something shameful that is better to hide and accept one's fate. Though a lively and resourceful woman, Dadika seemed to do just this as she slowly grew weaker before our eyes. At my strong encouragement, she did seek treatment at the nearest hospital, in Jiri – but by

then it was simply too late. I wondered afterwards if I had done the right thing, as it meant she was away from her husband and daughters for two whole months not long before she died. When I now think back to the walk that she made back to Suri from Jiri, I am simply amazed by her strength of will and inner resources. It's a demanding walk for a person in full health, let alone someone so frail – but she must have been absolutely determined to get home.

When she first became ill, Dadika had received treatment from a *jhankri,* or traditional faith healer, the usual first recourse of villagers in those days, and still that favoured by many. The *jhankris* are men (I never met a female one, and indeed they are uncommon) who "communicate" with evil spirits, and force them out of the body of the person supposedly possessed, as described below.[1] Often they also have special knowledge of the medicinal plants that should be used for different illnesses.

Aerogramme home, 4 December 1988
The Bahun's baby fell sick the other day – vomiting, diarrhoea – but not really serious. Still, after he had been unwell for a number of days, the jhankri *was called. The* jhankri *is the village medicine man; he may be any caste although like castes tend to serve like castes. As there isn't a Bahun* jhankri *in Suri, the Bahuns called a Chhetri. The important thing is that he is open to being possessed by a spirit... "Treatment" generally involves the muttering of various incantations and blowing on the person taken sick – but the baby's treatment was the full works. After supper, we all sat downstairs; the* jhankri *took up his place before an offering of uncooked rice, a lamp, money (a 10 rupee note[2]), and an egg, amongst other items. The rice and money he later pocketed as his fee. As we watched, he slowly went into a trance and then became frantic as the spirit "possessed" him. Mother called out to him to say who was responsible for putting a curse on the baby, and the reply came from the* jhankri *in veiled hints that the family later pieced together (I guess this absolves the* jhankri *from any difficulties as it can always be claimed that they came to the wrong conclusion from the hints given).*

Coming out of the trance, the jhankri *called out to Madusudan and then rushed out of the house, throwing small pieces of white rock hither and thither as he went. We women had to hide our faces under our shawls; Madusudan followed the* jhankri *and together they distributed, at high speed, pieces of wood into which iron nails had been banged, as well as bits of white rock, around the premises of the building and into every room (I'm still finding bits of rock in mine). Then it was over, and all that remained to be done was to hide the offered egg in a safe place away from the house – this having become the residing place of the evil spirit that had possessed the baby. An anthropologist could no doubt deduce much from the symbolism; I was more interested by the reaction of Gayatri, who is after all an educated young woman, and Mother, for whose common sense and sharpness of mind I have great respect. Both giggled when they had to hide their faces, but were also anxious to work out the clues to determining the perpetrator of the curse on the baby. They seemed to take it very seriously. Whether or not they did or said anything to the suspect, I do not know.*

I was later told that the significance of the nails lay in the fact that they are made of iron, which is a deterrent to evil spirits. The wood chips should have been of a particular tree species that is irritating to the skin[3] – and thus, it may be assumed, irritating to spirits as well.

Reflecting on my reactions to *jhankri* treatments, I am surprised by my own degree of uncritical acceptance. I recorded, for example, the application of a poultice of chicken meat to a burn blister without apparently having made any suggestion to the user that this might not be a good idea. I myself was also treated by *jhankris* on one occasion.

Aerogramme home, 25 May 1989
I have had the most peculiar allergic reaction – or that is what I suppose it to be….It started when I was walking out here from Charikot, with some red, raised blotches and intense itching around my knees. This gradually spread upwards during the day, reaching my waist by the evening – the more I scratched, the more it itched. I stayed the night at Mulabari, at Sita's house – or rather, in the loft of their animal shelter/hay store, which they've just had enlarged (I couldn't sleep in the main house, for fear of bringing into it the evil spirit that has attacked me). The loft was a lovely cool, smokeless place in which to sleep – except that I kept waking up, itching horribly!

Sita couldn't have been nicer. She made me local beer to help me sleep; cooked me the nicest food she could and brought it to me to eat where I was; and called the jhankri. *Her husband is a* jhankri *himself, and a highly respected one at that, but he was away, so she called another one. He waved red beads around my body, recited various charms, and blew on me to get the spirit to go away. It wasn't very receptive, I'm afraid – the next day I was worse. The rash was still spreading, and I was feeling very drowsy, but I decided to walk on up to Nakpa anyway. By the time I reached there, the rash was up to my upper arms and neck. Here, too, I received nothing but kindness and sympathy, and another* jhankri *was called to my assistance. In fact in total I've received "treatment" from a* jhankri *four times, and whilst I jokingly tell people that* jhankris *are unlikely to be able to help a disbeliever such as me, it would be churlish to refuse given the faith that everyone places on them – at least for conditions such as mine. The general consensus of opinion is that I must have met a hunter on the path, and that an evil spirit (possessing him due to his animal killing activities) passed from him to me….*

My rash eventually passed, confirming the view of everyone in the village that the *jhankris* had been efficacious. I myself was left with a sneaking respect for them; a *jhankri* in a trance is certainly an impressive sight. I saw *jhankris* in action on a number of other occasions during the time I lived in Suri – including at a specific festival known by

its location, Shepding. This occurs at *dhanne purnima*, the full moon in October/November, and entails worshipping the powers believed to reside in the Shepding tree shrine. The shrine lies in a damp overgrown hollow, not so very far from the health post. My letter describing the event has gone missing, but I have photos and memories of six or seven *jhankris* gradually making their way up the winding path to the rhythmic banging of drums, stopping regularly to consume local beer and spirits proffered by people along the way. It was evening, and people thronged all around; the moon was bright in the clear, cold night sky, and near the shrine, stalls had been set up selling tea and other light refreshments. The occasion was one to enjoy, but without frivolity; there was a clear sense of awe at the capacity of the *jhankris*, and the power of the spirits being invoked.[4]

Whilst *jhankris* offered treatment to both men and women, as men, they were rarely asked to treat women who had reproductive health problems. Births were often only attended by the mother-in-law or other female household members, who had no more knowledge than their own experience. I also knew of cases where the woman had given birth completely alone. Traditionally in Hindu culture, birth should take place outside the family home – strictly, the woman should "sit in a cave" (this is the direct translation) for the birth and for eleven days afterwards. In practice, the "cave" is often the cowshed – not the most hygienic of birthing locations. The widespread belief in the purifying powers of cow dung also meant that, in the past at least, it was often applied to the cut umbilical cord, resulting in high levels of tetanus infection – and the death of both mother and child.

Complications concerning menstruation and childbirth were a taboo subject of conversation except when I was alone with the woman concerned. This extract from a letter mentions one such situation.

Aerogramme home, 8 June 1989
She asked me for what can best be translated as some "body tightening medicine" (!) She says that her body has never been the same after the birth of her first child (the baby died); her husband was absent on seasonal migration at the time, and her mother-in-law made her work in the fields almost immediately afterwards. She says that sometimes her insides protrude and she has to push them back inside again… I've told her that she ought to see a doctor, but she has no faith in the health post "doctors" (medical assistants), and I must admit neither have I! There's certainly no possibility of her family agreeing to a trip to Charikot to see a proper doctor, at least whilst she remains in apparent reasonable health.

I was in fact unaware at the time of the huge problem of uterine prolapses amongst women in Nepal, a problem hidden by the silence of shame and embarrassment. These days, the issue is nationally recognised and coordinated attempts are being made to address it.[5]

So have things changed in Suri? Yes, general medical provision and awareness of health issues have definitely changed for the better. For a start, the health post gives a far more favourable impression than it did in the past. Constructed with Swiss assistance back in the 1980s, its location remains bleak and often damp, in a hollow swathed in low cloud. However, it was strategically placed, being within reasonable access from most settlements. It is especially convenient for people living in the higher reaches - who tend to be amongst the poorest in the area, and most likely to need health care. I remember in the past being unimpressed by the paucity of medicines available, and the regular absences of the "doctor" (health worker), who seemed to spend more time away than at his work station. Both the posting of staff and medical supplies were government responsibilities, and the system functioned poorly. I was particularly horrified on one occasion to see needles being re-used after a quick wash in warm water.

It is thus a striking contrast today to see the health post cupboards well stocked with a variety of medicines, to note basic equipment in use (including a sterilisation unit for syringes), and to talk with health workers who clearly know their subject matter - even if some are more conscientious than others with regard to their presence[6]. Many villagers comment with appreciation that the health post got a "promotion" (they use the English word). In practice, this means that it has become a Primary Health Centre (PHC), staffed by three health workers – for villagers, its title remains the "health post". One case in which its services almost certainly saved a life is that of Sita Tamang. Sita is a quiet, pretty woman in her early thirties. She married Padam Bahadur after his first wife Langamaya died, and has served the role of step-mother to his children whilst being unable to have her own.

Diary extract, September 2008
Sita clearly prefers to remain silent as Padam Bahadur talks. She sits listening close by, engrossing herself in her step-granddaughter, on whom she lavishes cuddles and kisses. Padam Bahadur, by contrast, seems eager to talk about all the things that have happened in my absence.

During her first pregnancy, Sita became sick and Padam

vBahadur took her to the health post, where they were told that the baby had died in the womb. She lost it, and did not become pregnant again. Eventually they decided to seek medical help in Kathmandu. There they stayed for a month, spending Rs 36,000[7] on medical fees, without any obvious result. Nine years later, however, she did become pregnant again. Her pregnancy was difficult from the start, so they decided to go to Dolakha. Here they spent Rs 2,500 to be told by the doctor that there was nothing that he could do and that they should go to Kathmandu. By this time they were both quite anxious, and Padam Bahadur begged the hospital to provide an ambulance. None was available. Indeed, no vehicle of any kind seemed to be available until a truck came along and offered to take them to the city for Rs 5,000. Padam Bahadur remonstrated that this was a huge amount for him, as a poor farmer, to pay. A man he knew, who also knew the driver, intervened to support him, and the driver finally agreed to the sum of Rs 3,000. To put this in perspective, the regular bus fare from Charikot to Kathmandu is currently some Rs 90-120 (depending on the speed and comfort of the bus).

Thus they travelled in the back of a bumpy truck to Kathmandu, Padam Bahadur comforting Sita as best he could over what must have been at least six hours, and possibly more. They finally arrived at the hospital at which they had sought treatment nine years previously. The medical team was able to locate the records from before; indeed, the couple recognised amongst the staff many of those who had treated Sita earlier. An operation was conducted (one assumes a Caesarian), but as the first time round, the baby was already dead.

Once Sita was discharged from the hospital, the couple returned by bus to Charikot but were unable to get seats on the onward bus to Singati. Padam Bahadur thus carried Sita all the way home – an arduous day's walk at minimum, including a descent of over 1,000m and another climb of similar height at the end. At Sunkhani (about half way), some of her stitches broke and a gaping wound appeared. Being shy to ask for help, however, Padam Bahadur simply continued, and brought his wife to the health post, which lies not far from their house. The staff there gave her oral medicine as well as ointment to apply to the wound, and gradually, over a period of two months, it healed. Even now, however, some 18 months after the operation, she still feels quite weak and unable to do really hard physical labour.

The availability of correctly prescribed antibiotics at the PHC has no doubt saved other lives. TB is also said to be far less common in the village – mirroring the overall reduction in Nepal in the last 20 years[8] due to the wide availability of very effective treatment. Diagnosis and treatment is offered at PHC level, Suri being no exception[9]. Maternal and neonatal deaths and other complications following childbirth have also decreased. One reason is public health campaigns through the radio and through local health workers; another is that most Suri women now give birth at the PHC - the financial incentive (Rs 1,500) offered by the government to those who do so, being very effective. Professionally monitored births mean that uterine prolapses are less common and can be quickly treated if they occur. As a further improvement, a separate delivery building is currently being constructed.[10]

As for *jhankris* – they are still active in Suri. The positive role that *jhankris* can play in community health care is now quite widely accepted in Nepal, to the point that in some areas – including Dolakha district - they are being offered training to bridge the gap between their world view, and that of Western medical practitioners[11]. Of course some *jhankris* prefer to avoid any such association with Western medicine, but those of Suri it seems to have been viewed in a positive light[12]. At least, villagers whom I asked thought it a good idea, and said that they preferred to go to *jhankris* who had received such training.

General standards of heath have improved not only because of the better functioning of health services, but also due to improved drinking water and sanitation facilities. There were a few drinking water pipes in Suri 20 years ago, but they were often broken and/or ill repaired, and most people drank stream water. Amoeba and giardia were the inevitable distressing and debilitating results – at least as far as I was concerned. I clutched my water bottle dosed with iodine wherever I went, but this in itself was not enough - from time to time the bugs got through. Villagers no doubt had greater innate resistance, but they too complained of intestinal problems.

Today, almost all households have access to a drinking water spout, and most also boast a simple toilet. Twenty years ago, toilets were virtually non-existent. Much giggling accompanied my first enquiries on this matter, when I was told to "go to the forest". The only toilets that were to be seen - outside the primary school of Surigaon - were an overflowing, stinking disaster. The children squatted by the main path in preference; this then became (I strongly suspect) a ready source of hookworm infection, particularly during the monsoon. Anyone who has ever felt a close furry presence behind when trying to relieve themselves will know one of the important functions of dogs in a Nepali village. The following extract is a shocking example in this regard.

Aerogramme home - No date 1988

I think I explained that dogs are not really viewed as pets here. As guard dogs they can be quite vicious, and there's always the danger of rabies from a bite, so I've tried to cultivate good relations with all the dogs along the paths that I frequent. Actually if you make a point of greeting them rather than the usual response they get of a stone being thrown at them, they generally become quite touchingly friendly. The real reason that people don't really like dogs, though, is that apart from guarding, they serve as the local waste disposal agents….. Rukmini told me the other day of terrible case in the village of a dog cleaning up the diarrhoea of a baby boy lying out on a blanket in a field whilst his mother worked nearby – and going too far. It ate the baby's testicles! The family tragedy was unspeakable – the baby boy was the much cherished son after five daughters, and there he was, rendered impotent before he could even walk…

This story has a happy ending – at least as far as the baby is concerned; the dog met a short, sharp end at the hands of the boy's father. The baby was taken - at great expense at the time - to Kathmandu for surgery. He then grew up in Suri, where speculation on the part of other villagers can be imagined. As a young man, he moved out of the village, married - and is now a father himself, thus putting speculation well and truly to rest.

Still, it's no wonder villagers have a rather different attitude to dogs than Westerners, and I suspect that the noticeably reduced number of dogs in Suri today is related to the fact that almost every household now has a toilet.

The picture of improved health today is not entirely glowing, however. People may suffer less from readily preventable health problems, but if they do have a serious illness or an accident, specialised treatment is far away and not always affordable. As Sita Tamang's example illustrates, those who have few outside contacts and very limited negotiating power are easily exploited when in need of rapid care. Sita's reproductive problems cost the family a considerable amount of money, in addition to all the anguish that they endured – and she is still childless. It is a simple fact that better health care for a wider range of problems is available in the district centre of Charikot, and better again in Kathmandu. Yet getting there and paying for treatment is beyond the resources of many households. For women it may be particularly difficult - especially if the men in their family, who would normally organise their health care, are absent on migration.

Endnotes

1 Father Miller, who studied the *jhankris* of Dolakha district, commented that all of them "have a world view that they share with their patients. Briefly, it consists in a belief in powerful invisible forces whose uncontrolled intrusion into our visible world brings disorder of all kinds: sickness, misfortune, disharmony in relationships….the *jhankri*, by virtue of his calling and training, has the ability to come into controlled contact with them and negotiate their withdrawal." Miller, C. (1979) *Faith Healers in the Himalayas Centre for Nepal and Asian Studies*, Tribhuvan University, Nepal; Reprinted 1987, Sahayogi Press Pvt Ltd, Kathmandu Nepal.

2 This was then equivalent to the cost of a cooked meal of rice and vegetables bought locally.

3 The tree is *Bhalayo, Rhus succedanea*

4 Father Miller writes in similar vein about the much larger and more famous Kalingchok festival (which takes place on the full moon of Saun – July/August), although there time of greatest significance is dawn, and the worship includes animal sacrifice.

5 In 2008 a major awareness campaign, the Uterus Prolapse Alliance, was launched to try to reduce the stigma attached to the problem and encourage women to come forward for treatment. According to one website (nowpublic, 3 December 2008), there are, "an estimated 600,000 women in Nepal suffering from uterine prolapse, a debilitating condition in which the muscles supporting the uterus weaken, causing it to descend into the vaginal canal. Some of the women live for years with the uterus completely outside of the body. A third need immediate hysterectomies. The combination of pain and shame drives those afflicted to desperation: "Sometimes they apply mud or pieces of flip-flops... they cut a piece of slipper and put it in the vagina just to hold their falling womb, because they have been suffering from so much pain," said Samita Pradhan, Secretary of the Uterine Prolapse Alliance (UPA), a network of women's organizations and partner of The Advocacy Project (AP). "There have been cases of women applying cement inside their vaginas just to hold their uterus." http://www.nowpublic.com/health/new-campaign-nepali-women-targets-uterine-prolapse

6 Apsara Khadka, a young Auxillary Nurse Midwife who by September 2010 had been posted to Suri for some 2 years, was particularly helpful in providing information.

7 With current exchange rates fluctuating at around NRs 70-75 to the US $, this is equivalent to roughly US $ 500.

8 Today the government's National Tuberculosis Centre (NTC) estimates that some 90,000 people in the country have one form of TB or another.

9 Treatment is provided on the basis of a sputum test, which is carried out at the PHC. The Directly Observed Treatment Short-Course (DOTS) programme, under which patients have to take medicines every day in front of trained health workers, has an almost 90% success rate. According to NTC, annual TB-related deaths have decreased from 10,000 to less than 7,000 in the last decade, as a result of increased detection and treatment success rates. See IRIN (Integrated Regional Information Networks), UN Office for the Coordination of Humanitarian Affairs Nepal: TB still killing 5,000-7,000 people every year Kathmandu, 25 April 2008 http://www.irinnews.org/Report.aspx?ReportId=77433; also The Journal of Young Investigators, Volume 19 Issue 6 December 2008 Childhood Tuberculosis in Nepal http://www.jyi.org/features/ft.php?id=102

10 The construction is being supported by the project LIILI – Local Infrastructure and Livelihood Improvement Project – which is financially supported by SDC and implemented by Helvetas. A budgetary contribution was also apparently made by the RHDP.

11 Father Miller was convinced that jhankris had an important role in the treatment of the sick. He even wrote, "at least according to the world view of his villager patients… the doctor is treating symptoms while the jhankri is getting at causes. There is room, and need, for both." Miller, ibid

12 This training was provided by the Swiss-supported Rural Health Development Project (RHDP), which has placed particular emphasis on the issue (Kate Molesworth, *personal communication*). See also: *Molesworth*, K., Karki, Y. and Koirala, I. (2005) *Rural Health Development Project, Nepal Report* of the 2005 External Review. Swiss Tropical Institute, Basel. Conducted on behalf of the Swiss Agency for Development and Cooperation