

Panel 1: Traditional Healing in Bhutan

Panel Organiser: Dr Françoise Pommaret (CNRF)

Panel description: outstanding

Participants and abstracts

1.2 Colour, Thread and Cloth in Religious Contexts and Healing Rituals in Bhutan

Karin Altmann

The Bhutanese medical system is an integrated and recognized part of Bhutanese culture and tradition, strongly influenced by Buddhist concepts when it comes to identifying the sources of sickness in local explanatory models. Local deities, demons and spirits play a significant role and are considered responsible for certain afflictions. To obtain healing, people in rural Bhutan often consult religious and ritual specialists.

In Bhutan's religious contexts and the "art of healing", colours as well as threads and cloths take on special meaning. In these contexts threads and cloths can be invested with protective powers and are thus part of many healing rituals all over Bhutan. Colours are an important aspect of a person's identity or "essence" and this becomes obvious in the special significance of threads and cloths used for ritual purposes. For example, the five primary colours (white, yellow, red, blue and green) correspond to the five elements, to directions of the compass, to deities, to calendar years, to the astrological setting of a person's birth date and accordingly to a person's character as well as to different qualities and emotions. A horoscope reveals which colours will be most efficacious in the case of sickness and a lama, or religious teacher who is conducting a healing ritual, provides instructions about what kind of colour, thread and cloth to use. Usually a shrine made of wood and thread will also be erected to ward off evil spirits and illness. These shrines consist of one or more wooden crosspieces, wound with coloured yarns that look like a spider web. For particular purposes special textiles are also in use. Their colour and format usually depends on the locality, the illness and the horoscope of the person, who is to be healed.

This paper, which is based on seven months of anthropological fieldresearch in Bhutan will for the first time shed light on the role of colours, threads and cloths in the cross overs of Bhutanese religion, healing and medicine.

1.02 Technology, Social Change and Medicine: An Ethnographic Case Study from Rural Bhutan

Ulrike Cokl

Within the context of Bhutan's unique development strategy, the public health care system offers patients the facilities to choose between traditional Bhutanese medicine and "modern" biomedicine. So far we lack an in depth understanding of the perspectives, perceptions, experiences and choices of patients in Bhutan, especially in rural areas. This paper will explore the question of why and how people resort to one or another medical tradition or combine both, and in this sense it will touch on the relevance of gender in this process.

I will present a view from the field, based on observations and interviews from ethnographic fieldwork I conducted for 6 months in a village in Bhutan. The establishment of a feeder road into the village brings along new kinds of trans-local connectedness and increased mobility, which in turn have brought about a variety of material and non-material changes and transformations on different levels and in various domains, one of which is the medical domain, its explanatory models and strategies.

Within this, I could identify three trends:

1. New Resources which were not accessible before (at least not to this extent) are now available through increased mobility by the road (e.g. “modern” biomedicine and associated ideas and concepts)
2. Local resources are being modified, combined, re-negotiated and “creolized”
3. Local resources remain more or less unaffected by new influences and are of continuing importance

In this case study I will show that intensified trans-local connections and increased mobility stimulate a re-negotiation and re-evaluation of accustomed strategies in the medical domain due to an increase of choices. Different medical traditions meet through their exponents who represent different discourses on the source and treatment of diseases and ailments. How villagers choose, combine and evaluate certain treatments depends on their personal agency and social position as well as on their perceptions of the kind and source of suffering.

1.03 Traditional Asian Medicine and Leprosy in Bhutan

Judith Justice, PhD, MPH (University of California at San Francisco)

In Bhutan, leprosy is among the major health challenges with one percent of the population estimated to be affected. The unanswered questions surrounding this historical and stigmatized condition motivated an in-depth study, beginning in the 1980s. This research focuses on the people affected by leprosy (e.g., patients, families and communities), and beliefs about its causes, prevention and treatment. In addition to the government supported allopathic health services and Bhutanese Medicine System, people also consult a range of other traditional practitioners and religious healers. Current research provides a long-term perspective on the changes taking place during a twenty-year period, since the availability of effective treatment. The study of leprosy in Bhutan is especially important because of the greater acceptance of people with leprosy than in surrounding Asian countries (e.g., Tibet, Nepal, India, Bangladesh) where leprosy remains among the most feared and stigmatized conditions. A cross-cultural comparison suggests factors contributing to these differences, in addition to the influence of the WHO-supported global program to eliminate leprosy (Global Alliance for the Elimination of Leprosy/GAEL).

1.04 People’s perceptions on “healthy eating” in Bhutan: a focus on chillies

Dr Akiko Ueda, Associate Professor (Global Collaboration Centre, Osaka University
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Bhutanese diet is known for its abundant use of chillies. Chillies are not “a spice” which is used a pinch or two, but are recognised as vegetables. The people buy chillies in kilos in a market. The concept of “healthy eating” in recent years however has started changing eating patterns in Bhutan, and these changes have been accelerated by import of foreign foods and restaurants. The awareness of negative impact of taking chillies on their health, particularly on the digestive system, seems to be higher in the urban area than in the rural areas. A new trend has emerged that some people in the urban areas, especially among the relatively well-educated group, started not giving chillies to their children. Some people who are aware of negative effects of animal fat and excessive salt in-take tend to avoid traditional dishes such as *paksha paa*. The paper will examine where people get these ideas of “healthy eating”. The level of awareness on “healthy eating” seems to vary among various groups in society. The paper will identify this varying degree of awareness with social, educational, regional background of people. The paper will also explore the role of traditional medicine in promoting

“healthy eating” in Bhutan, and examines matches and mismatches between the opinions of traditional doctors and the people’s perceptions on “healthy eating”, especially on chillies.