

Traces of Folk Medicine in Jaunpur

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In a village compound built along a hillside in northern Uttar Pradesh, Puškarji, a 90-year-old healer, told my research assistant, Jyoti, and I about a valuable book that he had once possessed. "My father had a book that was later lost. It was a published book with mantra cures for illnesses; every method of healing was in that book. My father got the book from a man who lived beyond Tehri, a man who knew mantras. My father learned from that book; later I also learned from it." Unfortunately, Puškarji continued, he had loaned the book to a nephew who had never returned it. He had made repeated efforts to get the book back but without success. He spoke wistfully and angrily of this excellent printed book of healing lore that he used to possess. "Nothing bad ever happens in the house where that book is kept," he said.

Puškarji's lost book is a useful allegory for the subject of this article, which is the relationship between ethnography and the knowledge practices of certain elderly healers living in Jaunpur, a region of the Uttarakhand (the Himalayan foothills of northern India). In one register, the image of the lost book is reminiscent of the image of "lost culture" that often haunts ethnographic texts. Puškarji seems almost to share this nostalgic longing for vanishing knowledge. Yet the book also works as an image of contact between communities where knowledge is passed through oral tradition and cosmopolitan worlds where knowledge is transmitted primarily through writing. Finally, the book, by being both a collection of words signifying information about remedies and at the same time a powerful talisman that protects its owner from misfortune, also crosses the gap between two seemingly opposed modes of language: one that refers to events and one that enacts them. The first mode of language is the one practiced within academic discourse and through the modes of questioning usually employed in ethnographic research, including my own. From some scholarly perspectives, the second mode of language belongs to magical thinking or to the semiology of sympathetic magic where words and images are not simply representations but repositories of power.¹ It belongs to the category of performative language, which does not simply describe reality but produces it.

In the field of healing, sympathetic magic is associated with "folk medicine," an important trope against which professional or classical medicine is defined. In Indian contexts, the marginalization of folk medicine, such as healing mantras,

“supernatural” cures, and the “magical” rather than “rational” use of substances, no less than the marginalization of “folk religion,” including miracles, devotional ecstasy, and cross-caste charismatic movements, has infused these same practices with a powerful alterity. Professional practitioners of Ayurveda, a South Asian healing practice based largely in ancient and medieval texts, often tell stories about the powerful cures of people living in remote villages. In these narratives, the lost knowledge of ancient medical savants is associated with the secret knowledge of rural healers who are said to possess a special reverential relationship with medicinal herbs.² Ayurvedic professionals from pharmaceutical company agents to private practitioners speak of the remedies they have discovered or are hoping to discover from rural and especially *ādivāsī* people.³

In India *ādivāsī* and other rural people are a focus not only of national-medical desires for new patent-ready remedies, but also of scholarly desires for culture. Ethnic groups are characterized, in part, by their healing knowledge and by the organization of body and world implicit in this knowledge. These characterizations may be of regional political interest, insofar as they can be used to legitimate claims on state or nongovernmental organizations involved in rural development. In a 1995 issue of a newsletter published by an NGO working in Jaunpuri villages, an article written by Jaunpuri development workers described Jaunpuri music and dance, sorting it by style and usage. For the NGO and for some residents of the area, the idea of Jaunpuri culture is a pivotal tool, a rallying point, in soliciting outside interest and funds for educational programs and other services. The same NGO hoped to eventually publish an account of Jaunpuri healing.

In this article I discuss some of the difficulties in offering descriptions of Jaunpuri healing. Following the trail of cosmopolitan desires through the hills around Puṣkarji's home, I recount fragments of conversations with him and other local healers. I argue that these conversations do not sustain the construction of Jaunpuri medicine as a clearly distinct oral tradition from which we can disentangle ethnically defined strands of botanical and spiritual knowledge. Jaunpuri healers spoke to me not from a Jaunpuri cultural space but from a translocal and transnational space replete with spirit attacks and lawsuits, local cures and biomedical treatments, and mantras and published books.⁴ Indeed these healers, who claimed to have learned as much from print media and travelers as from gurus in the area, valued the eclecticism and inclusivity of their knowledge far more than its distinctiveness. Accordingly, they did not present their practices as an identifiable alterity available for cosmopolitan medicine, development discourse, or social science. As David Scott (1994) has observed, the important question for anthropologists to address is not whether or not culture is bounded but from whose perspective it is bounded or not bounded. It would certainly be possible to outline a roughly common repertoire of knowledge and practice that Jaunpuri healers access in innovative ways, depending on circumstances. What I argue here is not so much that “Jaunpuri healing” is nonexistent, but rather that it is not a meaningful category for Jaunpuri healers

themselves. Given the accelerating mobilization of concepts of culture, ethnicity, and tradition for a variety of political purposes, it is useful to notice where and when cultural boundaries are *not* being drawn. The conversations I recount below not only fail to support a reification of ethnic difference and a gulf between oral and written traditions, but they also open up an epistemological gap between ethnographic and local knowledge practices.

Ethnology and Rumor

Before returning to Jaunpur, what can be learned of cosmopolitan desires from the mix of rumor and ethnology through which rural healing is imagined? Romantic stories of ādivāsī and other rural peoples are based in a trope of authenticity, a positing of an utterly *heimlich* (homelike yet concealed) site of the national-cultural imaginary, as discussed for Japan by Marilyn Ivy (1995).⁵ The imagination of an Indian healing that lies beyond the reach of urban rationalities is not, however, quite like the “autoethnology” of Japan, in which a touristic search for the true cultural home is a form of the modern search for self. In cosmopolitan tales of ādivāsī healing lore I heard not so much a sense of cultural insufficiency, a nostalgia for rural life, as a sense of cultural ownership of rural healing, and an interest in protecting and capitalizing on its intellectual and spiritual property. Consider these stories:

A South Indian Ayurvedic student and his classmates took a fieldtrip into the forest to hunt for medicinal plants. As they were eating lunch, a man emerged from the trees, his skin shining with health. When the students asked him if he knew of any medicinal plants he said no. When they offered to share their rice with him, however, he disappeared and returned carrying pieces of a root. He boiled the pieces in water until they produced a white gel, which he sliced up and handed around. A short while after eating the gel the students felt satisfied and full of energy. For the rest of that day and the next they felt no hunger or tiredness. After the man left them they searched the area for the remains of the plant but found nothing. People with such knowledge will not even disclose it to their own children, the student told me, emphasizing the secrecy and rarity of rural lore. Such knowledge will be restored, he predicted, only when people again develop the purity of mind that allows them to intuit the medicinal powers of a plant simply by being in its presence.

At the other end of the country a friend in an Uttar Pradesh hill station told me that he had asked a *sādhū* (holy man) if he knew where to find a certain medicinal plant. The *sādhū* led him 20 kilometers to a place where the plant was growing out of a stone. It was small and gnarled, its tiny leaves shining with oil. My friend and the *sādhū* knelt down and performed *pūjā* (worship) to the plant. The *sādhū* told him that normally he did not reveal the location of these plants because there were only four or five remaining in the region. The endangerment of many species of medicinal plants due to overharvesting is well known in both rural and urban circles. Although scarce plants may serve as icons of lost folk healing, they serve even more as commodities in lucrative

business transactions. My friend's story indicates a resistance to such commercialization, a desire to shelter medicinal plants from capitalist overconsumption.⁶

Marie-Denise Shelton has identified two contradictory urges in modern primitivism: the "official," which conceives of "primitive" culture as inferior, and the "poetic," which conceives of it as redemptive (Shelton 1995:327). Kaushik Ghosh (1997) notes that for the 19th-century Bengali elite, the primitive was conceived as a site outside of the flow of history, which could serve as a healing force for the fractured identities of the urban colonized. Middle-class Bengalis thought of ādivāsīs as healers of the "sickness of the cities," a sickness born not only of industrial economy but also of colonial rule. Today the trope of ādivāsī healing in Indian cities is concretized, as supporters of indigenous medicine conceive of "tribals" as a potential resource in the struggle against the neocolonial hegemony of biomedicine. Ghosh points to a tension in Indian nationalism between the construction of the ādivāsī as a citizen who satisfies government employment quotas or occupies slums and the construction of the ādivāsī as an ahistorical figure who offers the possibility of cultural redemption (Ghosh 1997). Contemporary formulations of ādivāsī medicine move to ease this tension by separating the tribal himself from his knowledge, holding an image of the primitive as a dangerous 21st-century citizen, alongside an image of rural medicine as a cultural and economic resource.

The romanticism in the above stories of ādivāsī and rural lore is less interpolated with late-capitalist desires for exotic cultural experience than with desires for potentially extraordinary rural cures. For the South Indian students, the aim was not further contact with the ādivāsī man, but rather the location of the plant he had shared with them. Similarly, for my hill-station friend, the interest of his encounter with a rare medicinal herb lay not in the sādhu's reverence but rather in the plant's scarcity. In these stories the plants work as metonyms for stronger bodies or greater access to forest resources. In more official discourses, endangered medicinal plants, which constitute a multibillion rupee industry in India, work as metonyms of a stronger economic position in an international marketplace and an elevated image in the transnational cultural market. The Central Committee for Research in Ayurveda and Siddha (CCRAS) has been engaged in an extensive ethnobotanical survey over the last three decades. The list of achievements of this project includes a survey of 300 forest areas, a move to establish a Central Herbarium and Museum in New Delhi, the collection of 3,500 "folklore claims," and the arrangement of exhibitions of medicinal plants in India and abroad.⁷ In 1992 the wall of the CCRAS office in New Delhi was decorated with a framed picture of an herb iconically labeled Prestige Plant of Rajasthan.

Practitioners and pharmaceutical companies are eager to include ādivāsī remedies in the Ayurvedic or biomedical pharmacopoeia. Both drug company agents and practitioners who manufacture their own medicines use ādivāsī and rural labor not only to gather known plants but also to discover new plants. One representative of an Ayurvedic research institute told me that he was currently collecting herbal lore from an ādivāsī people in Central India. These people,

he said, have great knowledge. When “we” walk in the forest, he went on, we tire easily, but the *ādivāsī* emerge from the jungle running and full of energy. They are ingesting some plant during their journey, he said, but we have not yet discovered what it is. Here, a familiar romantic stereotype of the “primitive” as naturally healthy and robust has shifted: the physical strength of the tribal is not essentialized as an inherent quality but posited as the result of ingesting a particular plant. Yet the image still rests on a closer relationship with the “natural” world, for which the plant is a synecdoche at once poetic and pragmatic. Similar news and rumors drew me to the rural healers of the Uttarakhanda. One friend in the area told me, for instance, that villagers cure some illnesses by simply gazing at a particular plant and other illnesses by wearing a particular plant in a garland around their neck.

The residents of Jaunpur understand well the value of medicinal plants for urban businessmen. In 1995, a rumor was circulating in the area about a man who had sold a large quantity of roots at a scandalously low price to an agent from a major Ayurvedic drug company. When I asked people about the incident I was met with tactful silence. One Jaunpuri healer, Gokulji, told me that some middlemen from a nearby city had asked him several times for *jaḍi-būṭī* (medicinal flora and fauna), but he had no time to collect plants for outsiders. Anyone who gathers plants to sell, he added, must first obtain official permission from the forest office.⁸ He went on to name several plants that were commonly gathered in the mountains for commercial purposes.

When I sought information about Jaunpuri healing from an NGO in the region, I was handed a copy of an article on regional “ethnomedicine” authored by P. C. Joshi (1993). Joshi is concerned not so much with medicinal plants as with etiological perspectives. He had conducted ethnographic research a decade earlier among the Khos (sometimes spelled *Khas*) who are comprised of speakers of Jaunpuri, Jaunsāri, and Rewai dialects.⁹ His essay was explicitly situated within a medical anthropological frame informed by Loren Eisenberg and Arthur Kleinman’s distinction between illness and disease (Kleinman 1988). Joshi works from the premise that particular cultural discourses of “illness” (subjectively and socially constructed experience) compose ethnomedical systems that are integral to local culture and, therefore, key to effective national health care planning.

Joshi organizes the knowledge of illness in Jaunsār into spiritual and naturalistic categories, sketching a classificatory distinction between *doṣ*, illness that is due to “superhuman” or “supernatural” forces, and *bīmārī*, illness that is due to “the state of imbalance in the body in terms of ‘hot-cold,’ ‘wind’ and ‘air’ humours” (1993:257).¹⁰ In a given illness experience, he writes, both *doṣ* and *bīmārī* may be involved, necessitating both “supernaturally” and “humorally” oriented treatments. Joshi delineates a typology of supernatural beings, which includes *devata* (gods) and *devi* (goddesses) associated with various kinds of illness. The *devi* include the *matri*, who are “culturally postulated fairy beings” divided into two categories, pure (*succi matri*) and impure (*maśān matri*) (1993:261). Other types of *doṣ* are *dag* (witches), *dankin* (the evil eye), and

bis-būtī (a set of mysterious ingredients possessing supernatural powers passed down through families) (1993:265).

Joshi's account outlines the quasi-Ayurvedic ideas that have led some scholars and practitioners to consider ādivāsī medicine "pre-Ayurvedic" (as I was told by one urban researcher) or a "folk" wing of Ayurveda.¹¹ He notes that the Khos, like many others worldwide, recognize hot and cold principles in the body that can be disturbed by diet, climate, and lifestyle. An excess of one principle is treated with medicines that are associated with the other. Along with cold, *bai* (air, related to the word *vāyu*) is also contrasted to heat. The ailments associated with hot correspond roughly to ailments associated with *pitta* disorders, while the ailments associated with cold correspond roughly to ailments associated with *kapha* or *vāta* disorders.¹² Excess heat, for example, produces skin eruptions, fever, and diarrhea while excess cold or air produces swelling, constipation, mucous discharges, and rheumatism. Joshi observes that the Khos also recognize a wind (*baguri*) that enters the body from the outside, causing pain and swelling. Unlike *bai*, *baguri* is not considered an inherent force in the body. Like *bai*, however, *baguri* is treated with hot therapies, especially massage with warm oil.

For the most part Joshi represents Khos ethnomedicine as a coherent system based in clear typologies of illnesses, cures, and healers. He notes, however, the wide diversity of ideas among healers about pulse and pulse examination, which is important to the diagnosis of both *bīmārī* and *doṣ*. Some Khos practitioners perceive only one pulse in the wrist, which indicates shifts of hot, cold, and wind. Others perceive three pulses, which indicate disturbances due to the intake of hot, cold, or oily substances. Still others, he reports, perceive a different pulse for every *bīmārī*. All agree that it is the size, shape, and motion of the pulse that determines the particular disturbances. Among the Khos, as in many urban Indian communities, an ability to diagnose illness solely through the pulse is often taken as a consummate indicator of the healer's skill. With its ethnodivinity and ethnobotany, its rudimentary "humors" and quasi-miraculous pulse diagnosis, Khos healing seems to constitute a distinctive folk medicine. Such a representation is complicated by my conversations with Jaunpuri healers in 1995.

Pan-Local Knowledge

When I met the elderly Jaunpuri healer whom I will call Gokulji, he was working many hours a day in his terraced fields. Nonetheless he found time in the hot afternoons and evenings to speak with me and Jyoti about healing.¹³ He was one of a few elderly people in the area who were considered experts in medicinal herbs. Although Gokulji's ideas showed traces of the Khos theory described by Joshi, his practice was an eclectic mix of local and pan-local lore, Ayurveda, and miscellaneous healing modalities that he had learned from passing strangers or print media. The two aspects of Gokulji's practice that he had learned exclusively from his own grandfather were pulse examination and the ten or twelve mantras he knew for ailments ranging from snakebite to navel

displacement. Within Gokulji's knowledge it was nearly impossible to separate out the "folk" strands from the Ayurvedic, the local lore from the lore that had traveled from neighboring or distant peoples or the oral traditions from the written traditions. Gokulji was a bricoleur who pieced together his practice from a variety of sources. Because he himself was hardly concerned to maintain a distinctive Jaunpuri tradition, he borrowed from everywhere and loaned to everyone. Such heterogeneity of healing methods is long familiar to medical anthropologists.¹⁴ What concerns me here is how this heterogeneity may call into question the very notion of ethnic medicine. Gokulji's eclecticism was driven by a prioritization of effective cures over locally specific concepts, an emphasis on recipes and therapies over distinctive explanatory models. He and other Jaunpuri healers were more interested in healing others by any methods than in defining or defending Jaunpuri knowledge. The comments of these healers support Helen Lambert's insight that rural Indian healing focuses less on etiology than on prognosis (Lambert 1992). They also limit the meaningfulness of the category of "Jaunpuri medicine."¹⁵

At the time of our conversations Gokulji was 70 years old. He had two sons and 12 grandchildren. He had studied through fourth standard, which in his generation was quite an extensive education for a farmer's son. One of his own sons had a master's degree and worked as an officer in the forest department. During one of our earliest conversations, we squatted on the earth floor in his dark windowless *cān*, the small hut near his fields, watching rain fall across the square of light in the doorway and breathing in the fragrance of rain on dry earth. From his grandfather, he told us, he learned about *tantra-mantra*, which he more frequently referred to as *jhaḍ-phūnk*. *Jhaḍ* means sweep and *jhaḍ-phūnk* involves "sweeping" or cleansing the patient, usually with the feather of a particular bird or the leafy branch of a particular plant. Gokulji knows mantras and *jhaḍ-phūnk* for several different illnesses, including headaches that are felt only on one side of the head (often translated by scholars as migraines), snakebite, ghost and spirit attacks, pain that moves from place to place in the body, and navel displacement, among others.

Joshi's taxonomy of spirit entities notwithstanding, Gokulji de-emphasized the differences among troublesome spirits. He told us:

It happens like this, no? Some person somewhere becomes afraid. And some little thing happens to him, a fever occurs, his heart leaves him, and he is damaged [*kharāb*]. *Jhāḍ-phūnk* is for this. Or a *sayyad* [in this case, a bothersome Muslim spirit] has struck someone, a *bhūt* [ghost], it's the same thing, call it a *sayyad*, call it a *bhūt*, call it a man-lion, call it Bhairav [a terrifying being associated with Śiva], *jhaḍ-phūnk* is also for that. And it is also for many illnesses [*bīmārī*].

When I asked him the difference between *bhūt* and *chāya* (shadow, shade) and *piśāc* (a usually malevolent spirit of the dead), he responded, "Oh, these are all the same thing. There are different names, but they're all the same thing."¹⁶ On another occasion he elaborated, "That is just a way of talking. Chaya happens, *bhūt* happens. In the old language it is *chaya*: the shadow of something falls

onto someone. And in the new language they say *bhūt*, *piśāc*, *sayyad*.” By implication the distinctions among these beings depend on contexts of speech and practice. Puśkarji told us that *piśāc* did not harm and in fact might even heal. Other Jaunpuri said that *maśān*, usually known as spirits of the restless dead, attack children, causing them to feel uneasy and scream. When a neighbor asked Puśkarji, “What is a *chāya*?” he attempted even less of a definition than Gokulji, saying simply. “When a child is afraid, and a dog barks in the darkness.” *Chāya* was here defined not as a being but as an ambiance, its status as an omen overshadowing its ontological reality. The explanatory model faded before the event, which chillingly conveyed the vague effects of an uncanny atmosphere that precedes sickness.

Another time, when I asked Gokulji about *bhūt*, he gestured to Jyoti and said, “Ask her father; he is a *pandit*; he will tell you about *bhūt*.” (Jyoti had told him that her father was a teacher.) Gokulji went on, “*Pandits* can tell you about *bhūt*.” Jyoti, a college student, replied, “No, in my household no one knows about them.” I said to Gokulji, “You have experience with patients who have been struck by *bhūt*. This is why we ask you.” By way of reply he said that he had not yet found a particular book he wanted to show us. Mohanji, another healer in the area, known primarily for his snakebite cures, also referred me to *pandits* for more information on healing: “*Pandits* know, right? About many things, *mantra-muntra*, *bhut-bhat*, *jhadna-jhudna*, *pandits* know those things.” Exchanges such as these suggest that for these practitioners, knowledge of ghosts, mantras, and *jhād-phūnk* is not so much local knowledge, as knowledge that is available from non-Jaunpuri scholars and widely circulating literature.

Gokulji did specifically distinguish certain agents of illness, such as *dankan*, a word Joshi’s respondents had used to mean the evil eye (Joshi 1993:263). Gokulji told us that *dankan* was the same as *dāk* (presumably equivalent to Joshi’s *dag*, the “witches” who eat animals and humans): “People call them *dāk*, they call them *dankan*. They eat animals with their mantras: they eat men.” “*Curelanī*?” Jyoti asked. “*Curelanī* are a different thing.” Gokulji replied, thus making it clear that some distinctions among entities were important.¹⁷ He went on to tell us, “The courts do not accept witches or ghosts as true. But, because they’ve been written about, they must be very old. I say that it’s like this: these days lawsuits attack people in the same way. It’s obvious; if there are no *dankan*, then why have they been written about? They had power.”

There will be more to say later of the importance that Gokulji places on written knowledge. For now, I want to call attention to two crucial assertions: first, that witches and ghosts are not recognized in contemporary judicial discourse and second, that lawsuits themselves are similar to witchcraft in that enemies seek to injure one another through powerful and specialized syllables. Although Gokulji is not concerned to construct a taxonomy of spirits, he is concerned to convey that the harm done by courts when they deny the existence of ghosts is little different from the harm done by ghosts themselves. He offers his knowledge of ghosts not as a form of ethnodemonology but, rather, as a response to the cosmopolitan complexities of village life.¹⁸ He acknowledges

witchcraft and lawsuits as parallel forces, embodying the ill will that people feel toward one another in his social world. In another conversation he told us that he had won six court cases in his life. "There is a suit pending just now in a nearby town," he said. "Some people are envious of me, he said, but their envy does not affect me."

One of Puškarji's neighbors told us bluntly, "Ghosts strike when people take offense [*ciḍh se*]." His cow used to give him a lot of milk until he quarreled with his neighbor. After that the cow stopped giving milk altogether. "This happens a lot in our Jaunpur," he said. When people see others prospering, they try to harm them. "They harm them through their animals, or through their rupees," he added. He did not specify whether he was speaking of a loss of wealth effected through legal paperwork or through mantras. It seemed, finally, that the difference between the two might be as insignificant as the difference between bhūt and chāya. A neighbor's ill intentions will produce harm one way or another. For him, spirits are not part of a separate "supernatural" or even "natural" realm; they are an integral part of the social world. Far from being pushed out by the establishment of modern powers such as courts, they operate alongside them, maybe even through them.

Yet, even as spirits are part of the social world, they also arrive on the wind. In our second conversation, Gokulji told us:

Sometimes a chāya strikes someone. . . . For that I do jhād-phūnk and the patient is fine. . . . In the mountains this is very common. . . . When it happens, the wind [*havā*] moves. It's a matter of wind. It happens to someone whose planets are in a bad position [*kharāb*]. This is for sure. I have cured many people of this. The person becomes afraid. It has to do with fear. Suppose you are going somewhere, and something strikes you, and it isn't a stone. Your body feels afraid. It happens then, right? Chāya happens. A ghost [*bhūt*] strikes, a piśāc strikes, a sayyad strikes. There are so many things.

He went on to say that the Uttarakhand was the land of the gods. "All the people here tie protective strings around their necks," he said. "The gods also have to eat after all. There are many different gods and goddesses here, the Nāg serpent, the Pandavas, and so on."¹⁹ When I asked more about the wind, he said, "Nothing is seen. It is wind. It's just there. Suppose you are going somewhere at night and a ghost is somewhere around. There is some knocking, cracking sound. Your body feels scared. That's all. If you happen to get a glimpse of it then you don't know what it is." He went on to describe the signs of spirit attack, saying, "The person's face looks strange, his gaze also is strange. Some people babble. When someone behaves like this, then right away it is obvious that something has happened to him." In another conversation, he reiterated that ghosts only attack those who have a weak horoscope (*rāśī*), in other words, he said, those who are afraid. Puškarji also told us that bhūt strike those with weak planets.

On another day I asked Gokulji to clarify the relationship between the wind and a weak horoscope:

It's like this: if you have good planets, then no one will be able to do anything to you; nothing will happen. Right now, even if there is a ghost or a demon around, it cannot do anything to you. Now if your planets are in a bad position, if they become weak, then it can strike. It happens at that particular time. . . . There are worlds above, just as there is a world here. Look, this is an old idea. The vehicles of the gods move along a particular path. At a certain time something moves into that orb, and then it happens. People always say that above there are nine planets and 14 houses in the sky. Just as this is one world, there are other worlds, the wind sphere [*mandal*], the space [*gagan*] sphere, the sun world, the moon world, the star world, there are various worlds, right? It is said that there are 14.²⁰ Whether this is the truth or a lie, God only knows. But I've heard people say it. Suppose some bad planet is affecting me. It comes in a gust of wind. People say that a ghost has struck, a *dankaṇ* [witch] has struck, or a man-lion, or Goril [a mytho-historical hero]. Some particular thing has struck, that's all.

Another Jaunpuri man, not regarded as a healer, but with an interest in cures, told us, "We worship nine planets, which visit us in the form of *bhūt* and *dankaṇ*." Like Gokulji, he defined a *dankaṇ* as a woman who uses mantras to harm people. Spirits, like other social agents, are endlessly versatile, appearing as man-lions, unhappy dead, or restless historical figures, working through a neighbor's jealousy, a weak horoscope, physical fear, and gusts of wind. In these conversations, spirits are less entities than events: spirits happen, whether through a sudden breeze, a sense of terror, or an envious glance.

In *jhaḍ-phūnk* for adults who have suffered some *jhatkā* (sudden shaking or gust of wind) from *bhūt*, Gokulji speaks mantras into a bronze vessel supplied by the patient's family or into a small object to be threaded on a string and worn by the patient. Puṣkarji knew a cure for rabies in which he first spoke the mantras into milk that had been poured into a bronze pot and then gave the milk to the patient to drink along with an herbal medicine. Gokulji also sometimes performed *jhaḍ-phūnk* over a gourd that had been placed on the patient's foot. Afterward the gourd is cut as a sacrificial offering to the spirit who has harmed the patient. In *jhaḍ-phūnk* for children, mantras are spoken into a bracelet, which is then tied onto the child's wrist. One day Jyoti and I accompanied Puṣkarji to visit a young girl who had been crying and shouting the night before. The mother was concerned that she had been struck by the evil eye (*nazar*, lit. gaze), or by fear. After feeling the girl's pulse, Puṣkarji diagnosed her with fear. He told the mother to provide him with a particular fruit. He would speak mantras into it and then tie it onto the girl's neck. Later, he told us that the girl had a weak horoscope. Gokulji drives away spirits by sweeping the person with either an eagle feather, a swatch of a particular kind of grass, or a branch of nettles or thorns, while reciting mantras. Mohanji, another healer in the area, performs *jhaḍ-phūnk* for poisonous snakebite. First he cuts the patient's skin near the bite, then he waves incense smoke, praying to the snake for a cure. Finally he cleanses the patient with a hawk or eagle feather, tapping the feather on the floor between sweeps and reciting the appropriate mantras five or six or seven times.

The shifting of the navel to the right or left of center, which Gokulji called *nāl caḍhna* or *nāl paḍna* ("climbing navel" or "falling navel"), is widely thought to be responsible for certain kinds of abdominal pain. When I asked an Ayurvedic practitioner in a nearby town about this diagnosis he said, "It's not like that. People believe that the navel slips around, that's true. . . . But the navel doesn't move. There is a pain in the stomach and people interpret it that way." Yet, even this practitioner's son, who practiced a little Ayurveda himself, was surprised to hear that the navel does not actually move. As Gokulji told us, "Suppose someone goes to the doctor and his navel has fallen. Now what does the doctor know about nal? He will say it is stomach pain and he will give stomach medicine. But it will not be cured." According to Gokulji, navel displacement is the result of lifting heavy things. Besides pain, other signs of navel displacement include not being able to eat or defecating too frequently. When the navel has slipped to one side it is felt at a different place. When it has slipped to the back it is not felt at all.

Gokulji's cure for navel displacement could only be performed on Sundays in the early morning. Before one of these cures, I woke just before dawn to a racket of chattering insects. Jyoti and I were sleeping on a friend's roof a half-mile from Gokulji's village. We hiked down to his house and waited with the patient, a young man in his twenties, on a rice sack on the verandah. The day before, Gokulji had found the plant and had told it, "Brother, I will take you tomorrow for a person whose navel has fallen." In the early morning when it was still dark he went to harvest the root. Soon after our arrival, he returned and washed his hands and face. He held five grains of rice, which the patient had brought from his home, and a piece of the plant root tied to a white string. He lifted an ember from his hearth and dripped a little mustard oil on it from a can. Holding the root and the rice in his fist, he waved them through the mustard oil smoke. Then he returned to the verandah and swept the air in front of the patient's body on both sides, front to back, head to foot, with a grain of rice. When he finished sweeping, he handed the grain of rice to the patient and repeated the sweeping with the next grain and the next, until he had handed over all five grains. During the cure he spoke the appropriate mantras rapidly and quietly to himself. After he finished, he instructed the patient to eat the rice. The young man popped the grains in his mouth and chewed them. Gokulji asked the patient where he felt the pain. The young man placed his hands on the right side of his abdomen close to his navel. Gokulji squatted then and tied the root onto the patient's left ankle. Then he stood and slapped him three times on the lower back. He warned the patient not to lift anything heavy or stamp his feet for eight days. After drinking chai we hiked down to another village where Gokulji treated a woman for the same problem.

Gokulji told us that he had learned cures not only from his grandfather but also from others. When I asked him about the others, he replied, "Who knows how many men there are who have some knowledge, no? [I learned from] anyone who came here, anyone people said knew a lot or knew about a particular thing. Suppose you knew a certain thing, and then you told it to me. It was like

that." Early on he mentioned that his grandfather had had only scanty knowledge of medicinal plants. Gokulji had acquired nearly all of his knowledge of *jaḍi-būṭī* from Puṣkarji during the course of one day. He said, "When he came to my place one day as a guest, I said to him, 'Friend, you know about *jaḍi-būṭī*. Teach me also.' Then he taught me." Because Gokulji could already recognize the plants, he needed only to learn their uses. Gokulji's knowledge of local plants was extensive; on one hike with us through the countryside, he pointed out dozens of plants, and described their medicinal properties. The cures involving these plants were, however, not always specific to the local landscape. A remedy to stop the blood flow from a wound had been learned from a *mahatma* (a holy man) from Himachal Pradesh. After the man told him where he was from, Gokulji replied, "Everything from the entire world comes to me here." Gokulji praised the knowledge of Bengalis who, he said, know a great deal about plants and tantra-mantra. After describing a Bengali remedy for snakebite, he added, "I haven't seen it myself, but I've heard about it from many others." In one conversation he described an incident in which he and a Bengali shared medical knowledge:

There was a Bengali. He was a very important man too. He knew all the remedies. He said he was telling me an excellent medicine for snakebite. I told him, "You people lie. Sure, you know the remedy, but you are not telling me the right medicine." I went and got the same snakebite medicine from my own house and handed it to him and said, "What is this?" Then he fell at my feet and said, "You are the guru; I am the disciple."

Mohanji told us that when he was a child, itinerant *vaidya* (Ayurvedic practitioners) with bags of medicines used to visit his village. These Jaunpuri healers, then, have been influenced by many currents of healing knowledge throughout their lives.

When Gokulji heard from us that Mohanji, who lived in a village a few miles distant, had several medicinal uses for a local herb that differed from his own uses, he asked us to describe the treatments. When we were finished, Jyoti asked if Mohanji had given us correct information. "It is not for me to say," Gokulji replied. "There are a variety of methods, no?" In this way Gokulji could broaden his knowledge even from the haphazard cross-pollinations of anthropological fieldwork. Mohanji's and Gokulji's uses of this particular plant, locally called *saundi*, both overlap with and diverge from one another. Gokulji makes a paste of the leaves to treat spider bites. Mohanji uses it to treat baldness, toothache, and tuberculosis. For some of these ailments he ties the root on the body (a use of the plant unknown to Gokulji), as well as applying a poultice of the leaves on the affected area. Both Gokulji and Mohanji use *saundi* to treat intestinal worms.²¹ Puṣkarji makes an infusion of *saundi* that he told us could be taken for almost any ailment. These differences are a reminder that the category of Jaunpuri healing is complicated not only by the inclusion of nonlocal knowledge but also by wide variations in local knowledge.

The categories of “natural” and “supernatural” illness were not rigidly demarcated in Gokulji’s thought. Through pulse he could diagnose both fevers and ghosts; he used the same word *davai* for medicine that was ingested and medicine (such as the root in the cure for navel displacement) that was used in ways an urban practitioner would consider magical. Moreover, even illnesses that were not caused by spirits (such as baldness, navel displacement, particular fevers, and toothache) could be healed with mantras and the tying of roots onto the body. Yet it would be misleading to frame Gokulji’s practice as a “magical” folk medicine against “rational” medicines such as Ayurveda. Caraka, one of the most cited of the ancient Ayurvedic authors, lists entities such as gods, ghosts, and demons as causes of insanity and mentions evening and secluded areas as times and places they are particularly likely to strike (Sharma 1981, vol. 1:290). For such attacks he recommends reciting mantras, wearing roots, and making offerings, among other remedies (1981, vol. 1:292). Among the cures for insanity, Caraka lists touching the patient with bristles of a particular plant or with an iron rod. Caraka and other ancient Ayurvedic authors also describe the use of mantras for poisons, tumors, swellings, sores, and fever (Zysk 1989). In a history of Indian medicine in the classical age, P. V. Sharma (1972:97) notes that specialists known as *narendra* cured illnesses resulting from spiritual entities or poisons by reciting mantras or tying roots or stones on the patient’s body. Such methods are also described in late-19-century manuals of Ayurveda. One book recommends tying *tulsi* leaves and black pepper along with a particular root to a patient’s ear to drive away bhūt. It also describes mantra for insanity due to bhūt, which are to be recited 21 times while performing jhaḍ-phūnk with an iron object and a peacock feather (Amrtasāgar [author unknown] 1899:38, 140–141). Another book of the same era describes jhaḍ-phūnk with a grass used for thatching (Singh c. 1900:362–363). Gokulji’s practices could as easily be considered Ayurvedic (albeit disavowed by modern institutional Ayurveda) as pre-Ayurvedic.²²

One evening when we were sitting on the floor of a neighbor’s home, Gokulji told us he was planning to teach his healing knowledge to one of his grandsons. Our host asked if he would teach him as well. Gokulji said, yes, he would teach him about jaḍi-būṭī (medicinal plants) and jhaḍ-phūnk. Our host replied that he was only interested in jaḍi-būṭī. Clearly our host was interested in learning jaḍi-būṭī rather than jhaḍ-phūnk, because medicinal herbs can be reconciled with modern biological science.²³ They are sought after by pharmaceutical companies and used in urban clinics and hospitals. They have a recognized value in a global economy. They are more easily included in a universalist fund of healing knowledge than is jhaḍ-phūnk, which has yet to be discovered by the international market in shamanism. Gokulji himself admitted that he has more confidence in his knowledge of jaḍi-būṭī than in his knowledge of jhaḍ-phūnk. Yet his doubt was directed more at his own abilities than at jhaḍ-phūnk per se: he suspected that others possessed more powerful mantras. Moreover, several of his stories suggest that even jaḍi-būṭī can work in miraculous and unpredictable ways. One day he told us the story of two

childhood friends. One became a wealthy army doctor, the other a village healer like himself. The army doctor fell ill. He consulted several doctors and tried several cures, all to no avail. When his old friend visited him, he asked him for medicine. As the friend was returning home, he saw a burnt tree whose ash was scattered over the ground. The ash was white and appeared to glow. He gathered a little of the ash, gave it to his doctor friend, and so cured him. Can you guess why he was cured? Gokulji asked us. Birds used to perch on that tree. When the tree burned, their droppings were cooked into a medicine. Gokulji told us another story of a man who kept returning to a doctor with an undiagnosed disease. Eventually the doctor grew tired of seeing him and gave him a poison to kill him off. When the patient took the poison his condition improved. Another man present said that he knew a similar story. Someone from his native village had severe knee pain. It was so intolerable that he ate a poisonous herb with the intention of killing himself. He slept for two or three days. When he awoke he was thirsty. He drank some buttermilk and was well again. Healing defies rational explanation. If the mysteries of rural healing are a focal point of urban imagination, mysteries of healing in general are a focal point of Gokulji's imagination.

Grassroots Etiologies

In addition to tantra-mantra, Gokulji also learned pulse examination from his grandfather. Describing for us the difference between a doctor and a pulse-reader, he said:

Suppose you said you had a fever, the doctor would give you fever medicine. If the fever goes down from that medicine, then fine; if not, then he will try another medicine, then a third medicine, until the illness disappears. Whereas a pulse-reading vaidya, he will first tell you, brother, you have this particular illness inside your body, and you will say, yes, it's true. While the doctor will try this medicine and that medicine, continually changing the diagnosis.

According to Gokulji, there are four or five different pulses. "Now look. Put your hand like this. It will speak in different ways. Some are in front, some in back, some on this side, some on that side." He described pulse movements indicating worms, excess vāyu, cold, heat, typhoid, and ghosts. He said that through pulse he could distinguish among the various types of fevers such as typhoid, pneumonia, or excess heat in the body. "Understanding *nāḍī* [pulse] is very difficult," he said. "With *nāḍī* it is like this: anyone who has a vague idea of it, holds onto it."

When I asked how his grandfather had learned about pulse, Gokulji replied, "He must have learned from his grandfather or from his father. This is an old art of ours. . . . It happens like this: someone gets an idea of something, and then he ponders it." Gokulji's method of learning pulse was in accord with the method described by urban Ayurvedic pulse experts.

I didn't read about pulse in a book. No one gave me lessons. I learned from grandfather like this: he examined your hand, your pulse, then he said, now this kind of pulse moves like this: look. Then I held the pulse. First he examined it, then I examined it. He said, a pulse moving like this is from this illness, from worms, say; then he examined another person and said look, a pulse moving that way is from that illness. And I examined it. So I developed an "idea" about it. Why should I pretend that I took a course? I don't tell lies. I'm an old man now, but I have never told a lie. Period [*bas*]. Whatever I have done, I have done it honestly. Now some people keep engaging in idle talk, saying I did this, I did that. What good is that?

For further information on pulse examination, he recommended that I visit an Ayurvedic college in a distant town: "Where Ayurvedic medicines are made, no? They teach pulse there; they teach Ayurveda." He also referred me to a young practitioner in a nearby town. "He examines pulse and gives medicine. Many people go there for Ayurvedic medicine. He has good medicine." Ironically, whereas Ayurvedic college students and their professors sometimes referred me to "traditional" practitioners for a deeper knowledge of pulse, here one so-called traditional practitioner referred me to institutionally trained practitioners for a deeper knowledge of pulse.

Although Gokulji acknowledged what he had learned from his grandfather and other men, he also spoke very highly of the knowledge he had acquired from certain books. From these books he learned the bulk of his knowledge concerning the bodily forces of hot, cold, and wind. In our very first conversation he mentioned a book he had bought for 33 rupees in a distant market town some 40 or 50 years before. The book, entitled *Vaidastha*, contained information about numerous illnesses and their Ayurvedic remedies. It included information on the causes of illness and instructions for concocting particular medicines. It listed the number of bones in the body and the number of *nāḍī* (in this context, bodily channels). His son had since lost the book, but Gokulji still sang its praises. He said, "If that book had not been lost. . . . I tell you: that book was the sort of thing that if a person had 'time,' he could learn how to make all the medicines." Gokulji also possessed another slim book entitled *Ghar kā Vaidya* (Household Vaidya) (Kakkar 1977). On the title page the author announces that the book is for those doctors, *vaidya*, and *hakīm* (practitioners of Islamic healing) who have faith in native medicines. It is organized according to illness categories such as "sugar," women's diseases, jaundice, and so on. Gokulji said that the book also contained many excellent remedies.

As mentioned earlier, Puśkarji had also learned from a book that he valued highly. The importance of this book lay not only in its instructive content but also in its very being, which warded off bad luck. The valorization of these books could be taken as a fetishization of writing in which inscriptions are thought to embody power in and of themselves because they have been so often used by bureaucratic authorities to seize power.²⁴ In the context of Jaunpuri healing, however, it is not only writing that is simultaneously an instrument and embodiment of power but also objects like roots and mantras, which carry no bureaucratic aura. Mantras are both communications to spirits and vehicles of healing energy, while certain roots are used as both drugs and amulets.²⁵

Such versatility problematizes the very distinction between functional and fetishistic uses. There will be more to say of these books further on. In any case, the praise of the books complicates the ethnological quest for cultural content implied by the phrase “Khos system of medicine.” Because much of Puškarji’s and Gokulji’s wisdom had been learned from the missing books, it could not easily be framed as knowledge indigenous to Jaunpur.²⁶

Mohanji, known locally primarily for his treatment of snakebite, also credited his most important knowledge to a particular book. He had obtained the mantras for his snakebite cure from a Jaunsāri man, the father of one of his classmates, who had worked in a hill station town. “He was called everywhere to do *jhād-phūnk*, when someone fell ill or when a ghost attacked someone.” Mohanji used to watch the man perform cures. One day the classmate brought Mohanji a book of cures belonging to his father. Mohanji copied down the mantras for snakebite cure because they were unknown in his own village. The Jaunsāri man also knew about medicinal plants. “If I had had better sense,” Mohanji said, “I would have copied more.” Like Gokulji, Mohanji thought of mantras as an esoteric but circulating and universal knowledge rather than an ethnically bounded knowledge. He mentioned that many great books had been taken out of India by foreigners. “Whatever great mantras they might have contained no longer exist,” he said. He also acknowledged that many of the mantras and curing methods of villagers and Himalayan pandits cannot be found in any books. Nonetheless he conjectured that the Jaunsāri man from whom he copied the snakebite mantras must have, in turn, copied them from some other book. Not only the ethnic boundedness, then, but also the orality of this so-called folk knowledge is called into question. Joshi recounts that the Brahmin healers who diagnosed and performed prayers for misfortune caused by supernatural forces used knowledge derived from a book that was believed to have been brought from Himachal Pradesh (Joshi 1993). Whereas Mohanji said that the mantras he had copied were in “mountain language” (perhaps Jaunsāri), Gokulji told us more than once that the mantras he had learned from his grandfather were in Hindi. It is even imaginable that they were learned at one point from early Ayurvedic books published at the beginning of the 20th century. Many of these books included mantras and *jhād-phūnk* techniques for various illnesses (e.g., *Amrtasāgar* [author unknown] 1899; Singh c. 1900). In any case the mantras belong to knowledge that migrates via personal contact and print media, crossing and recrossing the boundaries drawn between ethnically defined knowledge and universal knowledge.

It was this same combination of books and hearsay that was responsible for Gokulji’s biomedical concepts. The Jaunpuri healers subscribed to the idea, recorded by Joshi, that there are beneficial worms (*kīde*) in the stomach that digest our food (Joshi 1993, 1995). For Gokulji this was not local belief but simple fact. After he had told me that worms in the stomach were sometimes harmful and sometimes not, I asked, “Do they do some work in the stomach?” He replied, “They do the work of digestion. They eat.” “Eat what?” I asked. “Whatever food I eat,” he replied. “They carry out that process.” “You mean digestion occurs

through worms?" "Yes." Over time, however, the full versatility of the word *kīḍe* (which can refer to any kind of insect) became clearer. Both Gokulji and Mohanji told me that baldness was caused by *kīḍe* in the skull that ate the roots of the hair. Mohanji told me that the plant *saundi*, whose root he tied onto the body for toothache and whose leaves he applied to the skin for baldness, could be ingested for internal *kīḍe*, such as intestinal worms, cancer, or tuberculosis. Here he seemed to use the word *kīḍe* to stand for any invisible entities of modern biology, such as cells and bacilli.

This suspicion was reinforced when Gokulji told me about the red and white *kīḍe* in the blood. "These are *kīṭānu* [very tiny, not visible to the naked eye]," he said. "If a man is healthy, then he has red *kīḍe* inside. They are in the blood. They can be seen with a microscope. If the white *kīḍe* become too numerous then the person becomes sick. Why? His blood is not being made." When I asked him some days later how he had learned about the *kīḍe* in the blood, he said that he had read about it in an Ayurvedic book.

It was written in the book that if a lot of red *kīḍe* are produced—the blood *kīḍe*—then the person remains healthy. He will not get sick. If the white *kīḍe* have spread then they press against the red *kīḍe* and the person can become ill. Now God only knows whether that is the truth or a lie. I just read what was written. For this, someone must have used "science."

In this way red and white blood cells have become part of Gokulji's understanding of tiny entities that contribute to health and disease. Biomedical notions, with a dash of skepticism, are incorporated into his thought along with regional herbology, Ayurvedic theory, and translocal cures. Indeed he told me that he even used to dispense "English" medicines obtained from a pharmacy. It is quite possible that the Khos concept of digestive worms draws on earlier bookish accounts of the benevolent intestinal microbes of European medicine.

In the past Gokulji had treated his patients not only with local plants but also with Ayurvedic drugs, which he learned from books and obtained from pharmacies in nearby towns. He used *cyavanprāś*, a well-known Ayurvedic tonic, to treat headache and a condition of dryness in the body. He knew the recipe for *triphalā*, another very common Ayurvedic medicine. He described a medicine that he referred to as ten-root decoction, which he used to obtain from an herbalist in the market to treat certain women's illnesses.²⁷ One day he told us the following story:

Once some vaidyas came to the mountains and to my village. Now it's no longer this way, but in those days if someone planted *arabī* [a locally grown vegetable considered to increase *vāyu*], I also planted it in my field, you planted it in your field, a third person in a third field, a fourth in a fourth. Many fields of *arabī* were planted. We also used to grow a lot of *kulthī* [a black gram considered to be hot and soothing to *vāyu*]. Those men saw the *arabī* and said, "Friends, this *arabī* is very *vāyu*. So these people will need a lot of medicine; these people are *vayuwale* [i.e., people with excess *vāyu*], so they will take lots of medicine." Then they walked further, and they saw fully grown *kulthī*. And they said, "Brothers, let's get out of here. Along with the illness, here is also the cure. [He laughed.] Here, nothing doing."

In this story Gokulji not only shares the vaidyas' knowledge of vāyu but also delights in using this knowledge to thwart their desire to exploit local illness.

Another medicine he used to purchase from an herbalist was a medicine for fever that he called "number four mixture." He told us a story of curing an old woman with number four mixture. When I asked him on another occasion if he knew the recipe, he said no and then went on to say:

Not one old medicine remains! Where are the old medicines now? Some medicines no longer exist. One of the medicines I used to bring home I can no longer get anywhere. Vikasnagar, Dehra Dun, Mussoorie [large towns within a several mile radius of his home], I traveled far and wide, and it wasn't anywhere. I asked in every place. These three or four medicines were the very 'top.' One was *amṛtbindu*, and one was number four mixture.

The third was *rocak* powder. From Gokulji's point of view, medicines are vanishing not just from local forests but also, and equally as crucially, from regional herb stalls.

It is clear that many of Gokulji's ideas about the forces of heat, cold, and wind in the body correlate closely with Ayurvedic notions of *dosa*. These ideas were learned from the missing Ayurvedic books. He recognized two kinds of vāyu, one in the joints, which manifested as rheumatism (*ghaṭhiya bai*) and one in the stomach, which manifested as excess gas. He listed the cold or vāyu-inducing foods that could cause or exacerbate those ailments. He described stomach problems that resulted from excess heat in the body. He used the word *pitta* in two senses, one to refer to a substance that exists not only "inside people" but also "inside everything," and the other to refer more specifically to bile. These two senses might mix in a particular illness account. He told us, "Pitta, that is a hot thing. When there is bad weather, or when someone eats sour food or cold food, his *pitta-pāt* is disturbed. Bile is no longer made. . . . That person develops boils, pimples, sour burps." He said that bitter medicines could reduce the heat in the body and clean the blood. He noted that some people were more hot or cold or vāyu by nature. He himself has had more vāyu in his body since childhood, he said. For many years, whenever he ate vāyu-aggravating foods he developed a stomachache.

Gokulji does not conceive of his wisdom as distinctively rural, let alone distinctively Jaunpuri or Khos. What he knows of hot, cold, and windy forces or of herbal remedies is part of a larger stream of knowledge that flows over ethnic and regional borderlines. Wondering how he would respond to urban images of ādivāsi and village knowledge, I said to him, "Sometimes I talk with prominent vaidyas, and sometimes those people tell me, 'Ādivāsi people have a lot of knowledge, but it is secret so we don't know it.'" Gokulji replied, "Yes, so you are thinking like that, right? You can learn about it from books, which jaḍi-būṭi have these effects, which jaḍi-būṭi have those effects. There is a book that has photos of jaḍi-būṭi, no? People gather jaḍi-būṭi with that. . . . The names are written in it. It has photos of all the plants." This comment further emphasizes that Gokulji regards much of his healing wisdom as public

knowledge rather than a local specialty. In addition, the comment is a reminder that the value of healing knowledge lies not in its cultural affiliation but in its utility for healing illness.

Often, when I inquired about etiology, Gokulji would respond with a recipe. When I asked if Vaidastha discussed the causes of illness, he told me that it contained the formulae for medicines. When I pressed the question, he said that the book discussed causes too, but he did not recall them. When he told us that bitter substances alleviated heat, I asked if other flavors had particular physical effects. He answered with a recipe for a cold medicine containing black pepper and lemon. When first explaining our purpose in speaking with him, I relayed the intention of the NGO with which I was associated to learn about Jaunpuri culture. Gokulji replied that the herb he had just told us about for open cuts could be acquired easily from the forest. For his perspective, the significance of his healing lore is decisively curative rather than cultural. In the midst of one of our discussions of hot and cold, we asked Gokulji the signs (*lakṣaṇ*) of excessive heat in the body. His reply was brusque, "What happens from excess heat? The head becomes heavy, develops a headache; fever rises, causing shivering and pain in all the joints, what else?" Then he broke in, "You have studied for a bachelor's degree; all these things are written in books, yet you keep asking me all this? Now you people should be teaching me. I've seen all the pictures. They show the whole person—even the bones, the veins—making him an empty hollow thing; they show what this is, what that is. All that is found in 'biology,' right?" In describing the anatomical body as an "empty, hollow thing," Gokulji reminds us of the oddness of a biomedical body in which bones and veins are depicted as objects in a neutral space. More importantly, in referring us to such diagrams, he suggests that our questions betray a similar mode of knowledge in which medical theories are isolated against a neutral ground, devoid of social intention or practical significance. The subtle way that my search for Jaunpuri cultural knowledge was rewarded with an eclectic assortment of practical knowledge was accentuated even more in the conversations with Puṣkarji to which I now turn. It is in these conversations that the implications of the divide between academic and pragmatic knowledge are most acutely felt.

Social Science and Mantra

It was dusk as Jyoti and I hiked up a steep path to the village where we hoped to meet Puṣkarji. We had caught a ride to the trailhead from a nearby market town in the back of a lorry, jammed among sacks of grain and large silver milk cans. The trail wound its way to three residential compounds interspersed with terraced fields. Nightfall found us sitting on a stone verandah with our hostess and several neighbors, drinking tin cups of water then chai, as a few stars appeared. We explained that we had come to learn about medicinal plants and *jhād-phūnk*. This remark sparked a conversation among the men about a number of commercially valuable local herbs. A few boys questioned the men closely on the descriptions of the plants. Our hostess told us that

Puṣkarji lived alone now, his wife dead, his children gone. Recently some young men had come here from a distant village to learn his mantras.

I had been told that Jaunpuri medicine was “dying out.” Nonetheless there were still a handful of elderly men who were reputed to be experts; Gokulji was one of these and Puṣkarji another. The work of gathering Puṣkarji’s knowledge, however, proved to be complicated by a disjunction between his knowledge practices and the ones in which I had been trained. While I was attempting to construct a knowledge *about* healing, Puṣkarji attempted to teach me a knowledge *of* healing. Although this chasm occasionally opened in conversations with Gokulji as well, it was easily forgotten due to his pleasure in the art of conversation, his bemused forbearance, and his familiarity with modern education through his children and grandchildren. Puṣkarji, on the other hand, was nearly twenty years older, separated from any younger relatives, and living in a village that has less contact with social service agencies than any other in Jaunpur. For Puṣkarji, knowledge of curing was equivalent to an ability to cure. For the anthropologist, on the other hand, knowledge of curing could be abstracted from the ability to cure. Yet all my efforts to claim an interest in the first and disinterest in the second were perceived by Puṣkarji and others in his village as rhetoric and perhaps even a deceptive cover for some other interest. I argue that this epistemological rift is not due to any gap in the knowledge of the healer but rather to a peculiar superfluity in the knowledge practices of academic researchers. This superfluity is what Jacques Derrida (1976) might call nostalgia for presence, an invocation of a cultural content believed to be discoverable through the speech of our research subjects. It is a superfluity that is deeply embedded in the implicit semiotics of scholarly work.

Having heard that we wished to speak to him, Puṣkarji came to the house where we were staying the morning after our arrival in the village. After I explained our project, he said he had an errand in another town and would return later. We breakfasted and chatted with the neighbors. One man told us that Puṣkarji was very knowledgeable. He knew tantra-mantra and jaḍi-būṭī for fever and headache and especially effective cures for rabies and snakebite. People came from far away to be healed by him. Another neighbor told us that Puṣkarji would want money from us. He said that he himself knew a few cures, tantra-mantra for chāya, an herbal paste for headache, herbs and mantra for snakebite, but he did not charge money. He resented that Puṣkarji had not returned a *thālī* (metal platter) he had supplied for a cure for his granddaughter when she was bitten by a jackal. The neighbor told us how to cure baldness with the “milk” of a particular tree. He said he learned cures from his father who learned in turn from his grandfather.

Another man said that every medicine grew in the mountains. There were even medicines that could make a person immortal, but unfortunately no one around there knew them. When I asked whether he thought people there had ever known them, he replied that probably long ago they had. His remarks quickly dispatched any lingering urban expectation that villagers have a closer relationship with ancient knowledge. I was reminded of Gokulji’s comments

about the gradual ruin of the world. There used to be so much wheat in his fields, he said, but now touching the wheat plants was like touching a thin cloth. He rubbed the hem of his cotton *kurta* (long shirt) between his fingertips. When Jyoti asked the reason for the ruin, he replied simply, “The *kaliyug* [literally, the dark age]. There is no love left between people.” Warmth has vanished from relationships. It was prophesied that in the *kaliyug*, brahmins would lie and cows would eat filth. Eventually the world would end. “In such times,” he said, “a person’s intellect is wrecked.” He referred us to the 18th *skandh* (section) of the Mahabharat. “Everything has been clearly written,” he said. Apparently indigenous knowledge was no less of an absence for these villagers than it was for city dwellers.

Early the next morning Puśkarji returned and squatted near us on the terrace. Immediately he instructed us, “Write down the mantras.” Because mantras were not our main interest, I tried to open a conversation by asking about the cures for which he was known. He told us his cures for snakebite and rabies. A little later, insisting that we should see the plant used for snakebite, he disappeared into the fields and came back with a small plant bearing tiny seed pods. He placed it on the concrete and inscribed a circle around it with his finger to demonstrate how one must first walk around the plant before uprooting it. He broke off a leaf and showed us a tiny drop of white liquid that appeared at the stem. If milk like this oozes from the plant, he told us, the patient will be cured, but if blood oozes from the plant, then he will die. After showing us the plants, Puśkarji again instructed us to write the mantras. I was puzzled because both Gokulji and Mohanji had been very protective of the mantras they knew. Mohanji had said they were secret; Gokulji had apologized that he had to teach them to a member of his own family before he could recite them onto my cassette. Nonetheless, Jyoti copied Puśkarji’s mantras for snakebite and rabies. After reciting them he reached over to touch her hand, saying formally, “Now that you have written it, it is yours.”

It was when we began to ask him about heat and cold and *vāyu* that he became impatient. When I asked him, for example, about the signs or features of heat (using the Hindi word *lakṣaṇ* for sign), he replied, “Whoever is hot inside is hot, right? So what is the *lakṣaṇ*? The *lakṣaṇ* is: Give cow’s milk.” He went on to further describe the treatment for such cases. Jyoti rephrased the question, saying, “What happens in the body because of heat?” “Fever, headache, what else?” he said. When I asked, “What happens in the body because of *vāyu*?” he told us the foods that should be eaten to calm *vāyu*. The village *paṭvāri* (registrar of the village’s land accounts and mediator between the village and various social agencies) interrupted from his doorway, asking sarcastically, “Doctor sahab, how many kinds of *vāyu* are there?” “Seven,” Puśkarji replied. “What are they?” the *paṭvāri* pressed. “I no longer remember,” Puśkarji said. He went on to describe the method of preparing a particular remedy for *vāyu*. When I asked him whether he knew people who had a predominance of heat or cold or *vāyu* from birth he replied, “I’ve told you how to make the medicine for

vāyu. Didn't I just have you write down the medicine for heat?" Finally he said, "Look, I have given you the mantras. What else can I tell you?"

Our hostess's mother-in-law came outside to sweep the verandah. She told us that ordinarily Puṣkarji did not teach anyone the mantras, but lately out of need for money he had been forced to do so. Both Gokulji and Mohanji lived in extended families, owned land, and were in good health. Puṣkarji, however, lived alone with no land of his own, dependent on neighbors for his meals. Moreover, as we later discovered, he needed money for *śarāb* (in this case, home brew) with which he eased his chronic stomach pain and lightened his mood. Puṣkarji spoke with us for a while longer about remedies. At one point he asked the *patvāri* about his delayed pension, complaining that someone must be "stealing, not dealing [*harta na karta*]." When I asked him about pulse, he reiterated that he had already told us the mantras. After an hour or so of conversation, we gave him money for the mantras and arranged to meet with him the next day. After he left, the *patvāri* asked how blood could ooze from a leaf. "It's impossible," he said. He told us we should go to a proper *vaidya* who would have true knowledge. "Puṣkarji," he said, "does not know much."

This first conversation with Puṣkarji is indicative of a rift in our two knowledge practices. Again and again any questions about etiology or diagnosis were deflected or reinterpreted as questions about cures. For the most part, my efforts to penetrate beyond methods to some explanatory model were disappointed. I reasoned that Puṣkarji's memory was affected by old age and alcohol. I also fell back at first on the anthropological notion of lost tradition, recalling that I had been warned that the medical art of Jaunpur was "dying out." Although I knew I could not expect the full complexity of a healer's knowledge to emerge in the first few conversations, I had never met such a strong reluctance to discuss illness process. Puṣkarji's comments seemed to indicate that causes and signs of disease were self-evident or even irrelevant. What mattered were the cures and most importantly the mantras, which were clearly, in Puṣkarji's view and the view of the neighbors, the most valuable part of his knowledge. After a time my quest for etiology began to seem absurd even to me. Semiotic theorists have noticed the relationship between ethnology and psychoanalysis (Silverman 1983:129–130). Both of these disciplines read language as revealing primarily the world of a speaking subject rather than the world of objects. In the case of ethnology, we sift through the speech and practices of our informants for signs of their cultural world view. Culture, like the unconscious, is believed to be concealed but decipherable through the answers and actions of our informants. During my time with Puṣkarji, I combed his statements for underlying knowledge. My research rested on a semiotic structure in which I considered the words and deeds of the healer as signs of particular cultural referents. Just how foreign this knowledge-making project was in this particular village struck me very gradually over several conversations.²⁸

In an early conversation with our hostess, for example, she cautioned us to learn the cures well. Jyoti explained that we did not intend to use the cures ourselves; we simply wanted to observe them. She seemed to believe us. Yet the

next day she encouraged us to try a certain cure for naval displacement. In our final conversation with Puškarji, he tried to sell us a snakeskin that could be used for a particular illness. A college student home on vacation explained to him that we were interested not in learning to cure but in learning *about* curing. Puškarji responded by saying, "That's just a way of talking." I reminded him that the NGO with which we were working (and with which he was familiar) was hoping to preserve his knowledge. He said he understood. Yet later, when repeating the recipe that involved the snakeskin, he said with some irritation, "I brought the medicine for this cure, but you don't want to buy it. You could have made the remedy yourself." I realized that my claim to a detached scholarly interest had been heard as rhetoric. It was pointless for me to attempt to disassociate myself from marketable knowledge. After all, the strange artifacts of social science, such as this article, built out of scraps of people's lives and side effects of their motives, are also a kind of marketable knowledge. Because the marketability of that knowledge was unfamiliar to him, my insistence that I did not want to market the cures seemed like a lie.

I might have concluded that Puškarji was refusing to rise to the next level of abstraction, a metaknowledge of medicine or of culture. Instead my awareness was turned not to a gap in his knowledge but rather to a strange excess in my own. Although a scholarly knowledge of curing is no more detached from subjective interests than a practical knowledge of curing, it rests on a principle of detachment. This principle rests in turn on a semiotics in which the signs of social scientific discourse are assumed to represent certain real world referents. The relationship of the discourse to these referents is supposed to supersede the relationship to other social scientific discourse. It is assumed that authorial position is driven by the pursuance of truth rather than the other way around. In this way scholarly knowledge is dependent on what Derrida (1976) has called a metaphysics of presence, a constant invocation of an objective world discoverable through signifying practice.²⁹ Yet my explanations of my research, like the speech of those with whom I spoke, revealed as much about myself, the speaking subject, as about an object world. Scientific speech is itself a form of rhetoric.³⁰

The discontinuity between a social scientific semiotics and the semiotics of the snakebite curer is especially evident in the great importance placed by Puškarji on mantra. For his mantras, which invoke the symbolic capital of numerous authorities from serpents of various types to "sons of big city vaidyas," are valuable not so much for what they mean as for what they embody. These healing chants work not through the effectiveness of symbols (Lévi-Strauss 1963) but through the effectiveness of substance. Their power is of the same order as that of the bronze pot used in Puškarji's cures or the mustard oil smoke used in Gokulji's cures.³¹ Puškarji labeled the explanation of my research as "just a way of talking," a discourse to no purpose. Mantras, on the other hand, are a discourse with a tangible purpose and potency. The words are not supplements in the Derridean sense, designed to both augment and supplant the signified.

They are sonic objects, chanted not to replenish a latent presence or replace it, but to enact a cure through particular combinations of syllables.

Scholars have long debated whether and how mantras qualify as language.³² Some scholars characterize mantras as primarily performative utterances, which effect healing (in this case) rather than representing information (e.g., Findly 1989; Taber 1989). Wade T. Wheelock points out that Vedic mantras have value as technical means to an end, while Tantric mantras have value in and of themselves as sonic manifestations of the divine (1989). He also suggests that the efficacy of mantras originally derived from their compelling truth. He and others (e.g., Coward 1989) suggest that the performativity of mantras may be intertwined with meaningfulness. Mantras may appear to be meaningless only because the hearers or the speakers are not able to access the esoteric meaning. Moreover, the power of mantras may lie partly or wholly in the speaker's pondering of the words. Harvey P. Alper (1989) points out that effective mantras are sometimes paradoxically considered both the cause and the result of an enlightened state of mind. That is, mantras are most effective if the speaker recites them with a transcendent awareness that the mantras also work to engender. From my limited experience of Jaunpuri mantras, I suspect that they are less referential than evocative. That is, they serve less to refer to existing objects, events, or deities than to manifest states of mind or matter. Performative utterances as defined by J. L. Austin (1965) have no truth value, but only a capacity to be effective or ineffective. The words of Jaunpuri mantras, on the other hand, seem to have both. Perhaps Jaunpuri mantras can be understood as *transformative* utterances that both perform an action and enliven a truth latent in the words themselves.

My conversations with Jaunpuri healers do not support tidy taxonomies of illness and healing. The healers' knowledge was strongly shaped by the circumstances in which it was voiced. In one conversation with Puškarji and neighbors, I asked whether *bhūt* and *maśān* were the same or different. A neighbor leaning in the window said they were different, but the college student home on vacation said they were the same; "synonyms," he added privately to me. After a brief argument the man at the window conceded, saying that god also is one though he has many names. Like the *paṭvāri* who questioned Puškarji on the typology of *vāyu* and then advised me to talk to a proper *vaidya* with "true"—that is, systematic—knowledge, the college student understood that learning about "ethnomedicine" involved developing taxonomic categories. He himself, however, was collecting Puškarji's recipes and mantras in a notebook for his own use in performing cures. For Puškarji and many of the villagers, the language that conveys medical knowledge is clearly substantial at times, like the mantras, or dialogical, as in the controversy over the meanings of *bhūt* and *maśān*. How far it is referential to an organized body of Jaunpuri medical classifications is much less certain.³³ Mark Nichter has cautioned against excessive attention to taxonomy over "taskonomy." Healing language, he argues, is as much indicative of practical circumstances as referential to conceptual categories. Similarly, "knowledge production is episodic and

often ephemeral" (1989:90). At the risk of pushing this insight further than Nichter would endorse, I suggest that the referential intentions of Jaunpuri healing talk are inevitably entangled in other discursive intentions, both social and political.

Derrida has criticized Lévi-Strauss for distinguishing between "political" and "intellectual" purposes of writing. In "The Writing Lesson" Lévi-Strauss recounts that the chief of the Nambikwara read out the items to be exchanged between his people and the Europeans from a sheet of paper covered with wavy lines imitative of European cursive. Lévi-Strauss concludes,

The symbol had been borrowed, but the reality remained quite foreign to them. Even the borrowing had had a sociological, rather than an intellectual object: for it was not a question of knowing specific things, or understanding them, or keeping them in mind, but merely of enhancing the prestige and authority of one individual—or one function—at the expense of the rest of the party. [Lévi-Strauss 1961:290]

The incident involving the Nambikwara chief is the catalyst, for Lévi-Strauss, of a series of musings on writing, resulting in the conclusion that writing's most basic function is to enforce the power of its authors. He extols the resistance of those Nambikwara who, after the incident, abandoned their chief out of an understanding "that writing . . . had allied itself with falsehood" (1961:293). Derrida notes the nostalgia in this passage for a "unanimous people assembled in the self-presence of its speech" who would resist the deceit of writing (1976:134).³⁴ If I slipped into a similar nostalgia in my interactions with Puškarji, I would be tempted to say that he resisted the potential deceptions in the knowledge practices of anthropologists, bureaucrats, and *paṭvāri* who use formal and written language to confuse, twist, and double-deal, all in the name of fact. Such an interpretation ignores the mistrust that permeates even his relationships with neighbors and kin. Gokulji commented that some people in his village considered him a liar and a fake, while some of his neighbors have faith in him. Similarly, some of Puškarji's neighbors regarded him as an adept, others as a cheat. The supposedly self-present orality of local talk is as rife with stinginess, deceit, and power plays, as it is rich in hospitality, jokes, and unexpected kindness.

Derrida speaks of Rousseau's dream in which communities that rely on oral communication are imagined to enjoy "transparent proximity in the face-to-face of countenances and the immediate range of the voice." He writes that "the anthropologist too uses this dream, as one weapon or instrument among others" (Derrida 1976:138). This dream rests on the faith that words hold closer to their meanings in speech than in writing. This is the faith of the ethnographer who treats the spontaneous statements of her respondents as transparent representations of their thoughts. In studies of South Asia, this dream has been complicated by the labyrinth of connections between oral lore and classical texts (e.g., Blackburn 1988, 1991; Hildebeitel 1991). Jaunpuri villagers themselves claim a special relationship to the Pandavas of the Mahabharat. In the case of Puškarji and the other healers in the area, Derrida's proposition that

even supposedly oral language is already a kind of writing—never innocently referential, always discursively strategic—is quite literally correct. Far from directly revealing an “authentic” oral tradition, a localized ethnomedicine, the oral knowledge of Puškarji and the others reflects translocal market flows of popular medicine and local interpersonal nets of suspicion, conflict, and negotiation into which anthropologists are also drawn. Akhil Gupta (1998) has demonstrated that the agricultural discourses of village farmers in northern India cannot be explained by shared indigenous theories of soil and plant life. Seemingly native ideas are interwoven at all turns with biological science, economic concerns, and class, caste, and gender politics. Similarly the discourses of Jaunpuri healers cannot be explained through recourse to shared indigenous medical notions. Seemingly local ideas are intertwined with cosmopolitan medical theories, economic worries, jealous competition, and the politics of forestry. It is in this politically inflected cross-traffic of concerns that the practicalities of healing knowledge take shape and the peculiar superfluities of social scientific knowledge become apparent. In the end, the pursuit of a distinctive local healing knowledge based in oral tradition turns out to be related to Ayurvedic businessmen’s pursuit of miracle herbs. Both these desires drive us to document or patent supposedly oral lore as a kind of “natural resource” whose value is extracted and processed through the written word. Meanwhile, how many conversations, not invested in ethnic boundaries of knowledge or in distinctions between orality and writing, and yet wrestling with day-to-day questions of truth and power, go on without us?

Notes

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1. The relationship between sympathetic magic and signification was first brought to my attention by Taussig 1993.

2. This process is, of course, not unique to India. Indigenous peoples worldwide are associated with plant remedies and “natural” healing.

3. The Hindi word *ādivāsī*, literally “original resident,” is usually translated as “tribal” or “indigenous.” It refers to Indian peoples who are considered to descend from groups living in the Indian subcontinent before the Aryan migration into the region. Jaunpuri are officially designated as *ādivāsi* people.

4. Stacy Leigh Pigg (1996) has offered us much insight into the village as a transnational space.

5. Here Ivy draws on Freud’s (1963) discussion of the uncanny (*unheimlich*).

6. See Trawick 1991 for another instance of resistance to global capitalism within the discourses of indigenous healing lore.

7. The quoted segments are taken from a list of accomplishments posted on a bulletin board in the CCRAS office in New Delhi in the early 1990s.

8. Forest departments throughout India regulate the collection of medicinal herbs.

9. Joshi conducted his fieldwork primarily in Jaunsāri villages.

10. *Doṣ* literally means trouble. In Ayurvedic contexts, in contrast to among the Khos, *dosa* has come to refer to explicitly naturalistic forces in the body similar to the humors of medieval Europe. *Bīmāri* is the most common Hindi word for physical illness.

11. For various anthropological accounts of Ayurveda, see Alter 1999; Cohen 1995; Jaggi 1981; Langford 1995, 1998, 1999, 2002; Leslie 1973, 1976, 1992; Nichter 1980, 1981a, 1981b, 1989; Nordstrom 1988, 1989; Obeyesekere 1976, 1992; and Zimmermann 1978, 1980, 1987, 1992, 1995.

12. In Ayurveda, illness is generally thought to result from an aggravation of one or more of the three bodily *dosa*, *vāta* (or *vāyu*), *pitta*, and *kapha*.

13. My conversations with Gokulji and other Jaunpuri healers were held in Hindi. Translations of direct quotes are by myself. A few paraphrasings were composed by my research assistant whom I here call Jyoti.

14. See, for example, Mark Nichter's assertion that "popular health culture [in India] is a bricolage" (1989:190) or Khare's account of the eclecticism of a *vaidya*, a doctor, and a *hakīm* (Muslim practitioner of Unani medicine) whose practices range from "biomedicine to shamanism, including room for magico-religious forces and astrological influences" (1996:843).

15. One reviewer has warned against confusing the "inarticulateness" of my respondents with a lack of systematicity in Jaunpuri healing. It is an important caution. On the other hand it seems to me that anthropologists have more often erred on the side of reading tidy systems into messy ethnographic conversations than failing to discern systems concealed by haphazard conversations. I ask the readers to take my skepticism of systematicity as an attempt at a corrective. By quoting my respondents at seemingly "inarticulate" moments I hope to draw attention to the contingencies of conversation that are often elided in ethnographic accounts in favor of consistent summaries of belief. As Beals observes, "On the whole, particularly if questioning is restricted to a single individual who has been trained to be consistent and well organized in the anthropologist's terms, an organized and consistent picture of folk medical doctrine emerges. As more persons are interviewed, this consistency and organization dissolves" (1976:189). The elderly healers discussed here were not so trained.

16. Having worked primarily in urban India I had only a sketchy knowledge of different classes of hauntings. I also suspected there would be local and personal variations in the imagination of these entities. One reviewer points out that Gokulji's seeming disregard for the distinction between *bhūt* and *chāya* is highly unusual in Uttarakhand. I am not able to say whether he gave less salience to this distinction than others did in Jaunpur or whether he deliberately downplayed the distinction in our conversations, perhaps to emphasize his modernity.

17. Jaggi defines *churel* (a regional variant of *curelanī*) as the spirit of a woman who has died during pregnancy or childbirth and who brings disease and death to both women and men (1982:49).

18. See Pigg 1996 for an apt discussion of Nepali villages as transnational spaces.

19. *Nāg* is a regional spirit associated with a particular mountain peak in the area. The Pandavas are the five brothers who were victorious in the epic war of the Mahabharat. For recent scholarship on the Pandavas, see Sax 2002.

20. According to Indian lore, there are 14 worlds, which include the earth, six regions above it, and seven regions below.

21. The use of saundi to treat stomach worms is also reported by Joshi (1995) for Khos outside of Jaunpur.

22. For various discussions of the range of what might or might not be considered Ayurvedic practice, see, for example, Langford 2002, Nordstrom 1988, Zimmermann 1992, and Leslie 1976.

23. See Prakash 1999, Arnold 1993, Abraham 1998, and Nandy 1990 for a variety of insightful discussions of the significance of European science to an Indian national imaginary.

24. See Skaria 1996 for a discussion of the fetishization of writing among ādivāsi people in Western India.

25. Suśruta, the ancient Ayurvedic author, wrote that mantras contain both truth and *tapas*, the powerful heat that is the fruit of asceticism (Zysk 1989).

26. It is possible that the importance of the books was exaggerated in my presence, especially in response to taxonomical questions that invited bookish answers. Even taking this potential exaggeration into account the books clearly were a highly valued source of information and benefit.

27. Gokulji could not recall the ingredients of "ten-root decoction," but since he obtained it from an Ayurvedic shop, it may have been one of the ten-root decoctions mentioned in Ayurvedic texts for the treatment of various ailments. See, for example, Sharma 1981, vol. 2:112, 256, 312.

28. I do not mean to imply that this academic knowledge practice was foreign to other north Indian villages. As I mentioned above, it was quite familiar to Gokulji, several of whose children had attended college.

29. There are, of course, non-Derridean ways of understanding the curious excesses or deficiencies of academic objectivism. Bourdieu (1977), for instance, has brilliantly analyzed the gap between the simplistic schematics of certain kinds of anthropology and the complexities of local practice. I am entirely sympathetic with his analysis insofar as it invites us to relinquish tidy models in favor of the nuanced ambiguities of narrative. Nonetheless, Derrida remains an irreplaceable source of inspiration in that he shows how scholarly exercises are embedded in semiotic structures that can never be entirely overcome.

30. For various elaborations of this point, see, for example, Haraway 1991, Latour 1999, and Martin 1991.

31. Such objects, of course, might also be considered to have symbolic efficacy, exerting a force more cultural than practical. Such an interpretation, however, explains the effectiveness of words or objects for the social researcher but not for the user. Padoux, for example, argues for the "symbolic efficacy" of mantras since their effectiveness is due to cultural convention (1989:306).

32. See, for example, the various arguments represented in the anthology *Understanding Mantras* (Alper, ed. 1989).

33. In my view, no language is transparently referential to a body of information. However, much scholarly language does purport to be referential in ways, I suggest, that these healers' language may not.

34. Ajay Skaria argues that Derrida's critique "glosses over the close links between writing and political domination" (1996:56). Although his point is well taken, I do not agree that Derrida's argument treats "all writing as being devoid of power." Rather I would argue that his argument treats all writing, including that of nonliterate communities, as suffused with power. Hence his question, "Is there a knowledge, and above all a language, scientific or not, that one can call alien at once to writing and to violence?" (Derrida 1976:127).

References Cited

- Abraham, Itty
1998 *The Making of the Indian Atomic Bomb: Science, Secrecy and the Postcolonial State*. New York: Zed Books.
- Alper, Harvey P.
1989 *The Cosmos as Śiva's Language-Game: "Mantra" According to Kṣemarāja's Śivasāstravimarśinī*. In *Understanding Mantras*. Harvey P. Alper, ed. Pp. 249–294. Albany: SUNY Press.
- Alper, Harvey P., ed.
1989 *Understanding Mantras*. Albany: SUNY Press.
- Alter, Joseph S.
1999 *Heaps of Health, Metaphysical Fitness: Āyurveda and the Ontology of Good Health in Medical Anthropology*. *Current Anthropology* 40(Suppl.):43–66.
- Amṛtasāgar [Author unknown]
1899 *Amṛtasāgar*. Lucknow, India: Munśi Navalkiśar.
- Arnold, David
1993 *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India*. New Delhi: Oxford University.
- Austin, J. L.
1965 *How to Do Things with Words*. New York: Oxford University Press.
- Beals, Alan R.
1976 *Strategies of Resort to Curers in South India*. In *Asian Medical Systems: A Comparative Study*. Charles Leslie, ed. Berkeley: University of California Press.
- Blackburn, Stuart H.
1988 *Singing of Birth and Death: Texts in Performance*. Philadelphia: University of Pennsylvania Press.
1991 *Hanging in the Balance: Rāma in the Shadow Puppet Theater of Kerala*. In *Gender, Genre, and Power in South Asian Expressive Traditions*. Arjun Appadurai, Frank J. Korom, and Margaret A. Mills, eds. Pp. 379–394. Philadelphia: University of Pennsylvania Press.
- Bourdieu, Pierre
1977 *Outline of a Theory of Practice*. Richard Nice, trans. Cambridge: Cambridge University Press.
- Cohen, Lawrence
1995 *The Epistemological Carnival: Meditations on Disciplinary Intentionality and Āyurveda*. In *Knowledge and the Scholarly Medical Traditions*. Don Bates, ed. Pp. 320–343. Cambridge: Cambridge University Press.
- Coward, Harold
1989 *The Meaning and Power of Mantras in Bhartrhari's Vakyapadiya*. In *Understanding Mantras*. Harvey P. Alper, ed. Pp. 165–176. Albany: SUNY Press.
- Derrida, Jacques
1976 *Of Grammatology*. Gayatri Chakravorty Spivak, trans. Baltimore: Johns Hopkins University Press.
- Findly, Ellison Banks
1989 *Māntrā Kaviśaśṭā: Speech as Performative in the Rgveda*. In *Understanding Māntrās*. Harvey P. Alper, ed. Pp. 15–47. Albany: SUNY Press.
- Freud, Sigmund
1963[1919] *The "Uncanny."* In *Studies in Parapsychology*. Philip Rieff, ed. Pp. 19–60. New York: Macmillan.

Ghosh, Kaushik

- 1997 The Primitive Locations of the National Modern. Paper presented to the South Asian Studies Colloquium, University of Washington, Seattle.

Gupta, Akhil

- 1998 Postcolonial Developments: Agriculture in the Making of Modern India. Durham, NC: Duke University Press.

Haraway, Donna

- 1991 Simians, Cyborgs, and Women: The Reinvention of Nature. New York: Routledge.

Hiltebeitel, Alf

- 1991 The Folklore of Draupadi: Saris and Hair. In *Gender, Genre, and Power in South Asian Expressive Traditions*. Arjun Appadurai, Frank J. Korom, and Margaret A. Mills, eds. Pp. 395–427. Philadelphia: University of Pennsylvania Press.

Ivy, Marilyn

- 1995 Discourses of the Vanishing: Modernity, Phantasm, Japan. Chicago: University of Chicago Press.

Jaggi, O. P.

- 1981 Āyurveda: Indian System of Medicine. History of Science, Technology and Medicine in India, vol. 4. New Delhi: Atma Ram and Sons.
1982 Folk Medicine. History of Science, Technology and Medicine in India, vol. 3. New Delhi: Atma Ram and Sons.

Joshi, P. C.

- 1993 Culture, Health and Illness: Aspects of Ethnomedicine in Jaunsār-Bawar. In *The Central Himalayan Panorama*. S. K. Biswas, ed. Pp. 253–280. Calcutta: Institute of Social Research and Applied Anthropology.
1995 Don't Let Me Down: Place of Worms in Culture and Reflections on Ethnophysiology in a Central Himalayan Tribe. *Journal of Indian Anthropological Society* 30:253–258.

Kakkar, M. L.

- 1977 Ghar kā Vaidya (Āsān Ilāj). Ghaziabad, Uttar Pradesh, India: Mohalla Atarpura Hapur.

Khare, R. S.

- 1996 Dava, Doktor, and Dua: Anthropology of Practiced Medicine in India. *Social Science and Medicine* 43(5):837–848.

Kleinman, Arthur

- 1988 The Illness Narratives: Suffering, Healing, and the Human Condition. New York: Basic Books.

Lambert, Helen

- 1992 The Cultural Logic of Indian Medicine: Prognosis and Etiology in Rajasthani Popular Therapeutics. *Social Science and Medicine* 34(10):1069–1076.

Langford, Jean M.

- 1995 Ayurvedic Interiors: Person, Space and Episteme in Three Medical Practices. *Cultural Anthropology* 10(3):330–366.
1998 Ayurvedic Psychotherapy: Transposed Signs, Parodied Selves. *Political and Legal Anthropology Review* 21(1):84–98.
1999 Medical Mimesis: Healing Signs of a Cosmopolitan Quack. *American Ethnologist* 26(1):24–46.
2002 Fluent Bodies: Ayurvedic Remedies for Postcolonial Imbalance. Durham, NC: Duke University Press.

Latour, Bruno

- 1999 *Pandora's Hope: Essays in the Reality of Science Studies*. Cambridge, MA: Harvard University Press.

Lévi-Strauss, Claude

- 1961 *Tristes Tropiques*. John Russell, trans. New York: Vintage.
1963 The Effectiveness of Symbols. *In Structural Anthropology*. Pp. 186–205. New York: Basic Books.

Leslie, Charles

- 1973 The Professionalizing Ideology of Medical Revivalism. *In Entrepreneurship and Modernization of Occupational Cultures in South Asia*. Milton Singer, ed. Pp. 216–242. Durham, NC: Duke University Press.
1976 The Ambiguities of Medical Revivalism in Modern India. *In Asian Medical Systems: A Comparative Study*. Charles Leslie, ed. Pp. 356–367. Berkeley: University of California Press.
1992 Interpretations of Illness: Syncretism in Modern Āyurveda. *In Paths to Asian Medical Knowledge*. Charles Leslie and Allan Young, eds. Pp. 177–208. Berkeley: University of California Press.

Martin, Emily

- 1991 The Egg and the Sperm: How Science has Constructed a Romance Based on Stereotypical Male–Female Roles. *Signs* 16(3):485–501.

Nandy, Ashis, ed.

- 1990 *Science, Hegemony and Violence: A Requiem for Modernity*. Delhi: Oxford University Press.

Nichter, Mark

- 1980 The Layperson's Perception of Medicine as Perspective into the Utilization of Multiple Therapy Systems in the Indian Context. *Social Science and Medicine* 14B (4):225–233.
1981a Negotiation of the Illness Experience: Ayurvedic Therapy and the Psychosocial Dimension of Illness. *Culture, Medicine and Psychiatry* 5:5–24.
1981b Idioms of Distress: Alternatives in the Expression of Psychosocial Distress: A Case Study from South India. *Culture, Medicine and Psychiatry* 5:379–408.
1989 *Anthropology and International Health: South Asian Case Studies*. Boston: Kluwer Academic Publishers.

Nordstrom, Carolyn R.

- 1988 Exploring Pluralism—The Many Faces of Āyurveda. *Social Science and Medicine* 27(5):479–489.
1989 Āyurveda: A Multilectic Interpretation. *Social Science and Medicine* 28(9):963–970.

Obeyesekere, Gananath

- 1976 The Impact of Ayurvedic Ideas on the Culture and the Individual in Sri Lanka. *In Asian Medical Systems: A Comparative Study*. Charles Leslie, ed. Pp. 201–226. Berkeley: University of California Press.
1992 Science, Experimentation and Clinical Practice in Āyurveda. *In Paths to Asian Medical Knowledge*. Charles Leslie and Allan Young, eds. Pp. 160–176. Berkeley: University of California Press.

Padoux, Andre

- 1989 Mantras—What Are They? *In Understanding Mantras*. Harvey P. Alper, ed. Pp. 295–318. Albany: SUNY Press.

Pigg, Stacy Leigh

1996 The Credible and the Credulous: The Question of "Villagers' Beliefs" in Nepal. *Cultural Anthropology* 11(2):160–201.

Prakash, Gyan

1999 *Another Reason: Science and the Imagination of Modern India*. Princeton: Princeton University Press.

Sax, William

2002 *Dancing the Self: Personhood and Performance in the Pandav Lila of Garhwal*. New York: Oxford University Press.

Scott, David

1994 *Formations of Ritual: Colonial and Anthropological Discourses on the Sinhala Yaktovil*. Minneapolis: University of Minnesota Press.

Sharma, Priya Vrat

1972 *Indian Medicine in the Classical Age*. Varanasi, India: Chowkhamba Sanskrit Series.

Sharma, Priya Vrat, ed. and trans.

1981 *Caraka Samhita*. 2 vols. Varanasi, India: Chaukhambha Orientalia.

Shelton, Marie-Denise

1995 Primitive Self: Colonial Impulses in Michel Leiris's *L'Afrique Fantome*. In *Prehistories of the Future: The Primitivist Project and the Culture of Modernism*. Elazar Barkan and Ronald Bush, eds. Pp. 326–338. Stanford: Stanford University Press.

Silverman, Kaja

1983 *The Subject of Semiotics*. New York: Oxford University Press.

Singh, S. P.

c. 1900 *Nutanamṛt Sāgar*. Bombay, India: Khemrāj Śrīkr̥ṣṇadaṣ.

Skaria, Ajay

1996 Writing, Orality, and Power in the Dangs, Western India, 1800s–1920s. In *Subaltern Studies IX: Writings on South Asian History and Society*. Shahid Amin and Dipesh Chakrabarty, eds. Pp. 13–58. New Delhi, India: Oxford University Press.

Taber, John

1989 Are Mantras Speech Acts? The Mimamsa Point of View. In *Understanding Mantras*. Harvey P. Alper, ed. Pp. 144–164. Albany: SUNY Press.

Taussig, Michael

1993 *Mimesis and Alterity: A Particular History of the Senses*. New York: Routledge.

Trawick, Margaret

1991 An Āyurvedic Theory of Cancer. *Medical Anthropology* 13:21–136.

Wheelock, Wade T.

1989 The Mantra in Vedic and Tantric Ritual. In *Understanding Mantras*. Harvey P. Alper, ed. Pp. 96–122. Albany: SUNY Press.

Zimmermann, Francis

1978 From Classic Texts to Learned Practice: Methodological Remarks on the Study of Indian Medicine. *Social Science and Medicine* 12:97–103.

1980 Rtu-Satmya: The Seasonal Cycle and the Principle of Appropriateness. *Social Science and Medicine* 14B:99–106.

1987 *The Jungle and the Aroma of Meats: An Ecological Theme in Hindu Medicine*. Berkeley: University of California Press.

- 1992 Gentle Purge: The Flower Power of Āyurveda. *In* Paths to Asian Medical Knowledge. Charles Leslie and Allan Young, eds. Pp. 209–223. Berkeley: University of California Press.
 - 1995 The Scholar, the Wise Man, and Universals: Three Aspects of Āyurvedic Medicine. *In* Knowledge and the Scholarly Medical Traditions. Don Bates, ed. Pp. 297–319. Cambridge: Cambridge University Press.
- Zysk, Kenneth G.
- 1989 Mantra in Āyurveda: A Study of the Use of Magico-Religious Speech in Ancient Indian Medicine. *In* Understanding Mantras. Harvey P. Alper, ed. Pp. 123–143. Albany: SUNY Press.