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Ritualized Medical Pluralism: Understanding the Social Legitimacy and Practice of Indigenous Knowledge and Spiritual Healing System Embedded in Pheri Culture of Phree Community in Nepal

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Abstract

Background: Medical pluralism refers to the coexistence of multiple healing systems within a society. In Nepal, biomedicine exists alongside indigenous, spiritual, and ethnomedical practices, yet, research on preventive and ritual-based healing systems practiced by heterogeneous communities remains limited. This study examines the Pheri culture of the Phree (Pheriwala Jogi) community in eastern Nepal as an indigenous spiritual healing system that influences broader plural medical practices.

Methods: The study employs a qualitative ethnographic research design integrating participant observation, in-depth interviews, focus group discussions, oral histories, and insider auto-ethnography methods. Fieldwork was conducted in Fedap of Tehrathum (January - April 2025) with data collected from Phree ritual practitioners, community members, and non-Phree users and analyzed thematically within a medical anthropological framework.

Results: Findings show that Pheri culture constitutes a coherent indigenous medical system grounded in animistic, shamanistic, and tantric cosmology. Pheri ritual is used for both preventive and curative purposes, addressing illness attributed to spiritual affliction, cosmological imbalance, and social disruption. The widespread social legitimacy of Pheri healing has fostered a pattern of ritualized medical pluralism, whereby households combine biomedicine with indigenous and spiritual healing based on culturally specific explanatory models of illness.

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Conclusion: Pheri culture is a complementary and essential therapeutic domain in Nepal's pluralistic medical landscape, addressing dimensions of suffering beyond biomedicine. Its marginalization threatens both cultural continuity and community health resilience.
Novelty: The study introduces ritualized medical pluralism as a conceptual framework to foreground ritual healing as a central, preventive, and socially organizing medical practice rather than a peripheral alternative.
Keywords: Medical pluralism; Indigenous healing; Pheri culture; Medical anthropology

1. Introduction

1.1. Research Context

Medical pluralism is the coexistence of different medical practices, in which multiple healthcare systems operate concurrently and are based on different philosophies or worldviews. It incorporates the use of various medical systems, practices, procedures and methods, reflecting the various ways people think about illness and disease. By highlighting the multifaceted nature of medicine, this framework encourages a practical approach to investigating the cultural and personal significance of complementary and alternative medicine. As a theoretical construct, medical pluralism encapsulates most of the world's medical systems and remains a central theme in medical anthropology (Burghart, 1996; Durkin-Longley & Maureen, 1984; Good, 1994; Kleinman, 1980; Pigg, 1995, 1996; Baer 2022).

Medical pluralism encompasses all medical systems, highlighting their coexistence within pluralistic frameworks (Rashid, 2008; Stoner, 1986; Subedi & Subedi, 1992). This model asserts that most cultures host multiple medical systems that function concurrently, in contrast to earlier theories positing the dominance of a single medical system within any given context (Good, 1994). These systems include culturally developed ideas, values, and behaviours, which have been institutionalized in practice. In a pluralistic medical context, concepts from various systems often merge, resulting in unique hybridized practices influenced by the cultural milieu (Burghart, 1996; Pigg, 1995; Rashid, 2008). Medical pluralism is a subfield of medical anthropology that examines a variety of topics, such as how people view illness and disease, how they adopt practices from other medical systems, and how they react to more general medical phenomena. For example, individuals may categorize illnesses as personalistic or naturalistic (Foster & Anderson, 1978). This distinction frequently influences their choice of healers; for example, they may seek out allopathic practitioners for conditions they believe to be natural and turn to faith healers like *Jhankris* for ailments attributed to supernatural causes.

It's widely believed that some medical conditions are better treated by particular specialties or systems, while others might be better handled by different strategies. The idea of medical pluralism has been studied by academics in Nepal's many geographical and cultural contexts. Burghart (1996), for example, studied the communication and misunderstanding dynamics between Nepali healthcare professionals with Western

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training and their rural patients. Gellner (1994) examined the function of shamans in Kathmandu, paying particular attention to the social and ideological structures that support this urban medical practice. In order to compare their findings with Western conceptions of mental health conditions, Kohrt and Harper (2008) carried out a multidisciplinary investigation into psychiatry and the stigmatization of mental illness in Nepal. In Nepal, medical pluralism is a living reality where individuals simultaneously navigate multiple systems, including *Dhami-Jhankri, Lama, Guruwa, Guvaju, Jyotish* (astrologers), and herbal healers. Traditional healers are often chosen because they are familiar, friendly, less intrusive, and use explanations that are easier for the community to understand than those of biomedical practitioners (Subedi, 2023).

Shamanic healing is particularly powerful because it addresses the illness experience - the spiritual and emotional dimensions of suffering - which biomedicine frequently overlooks in its focus on biological disease. Furthermore, these traditional practices are not purely spiritual, as healers often combine their spoken mantras with medicinal herbs, physical massage, and symbolic touch (2023). The research on Śākta Tantric communities in Kerala highlights the continued relevance of vernacular religions and esoteric traditions, such as those of the Mantravādins, which operate alongside mainstream systems. Despite the dominance of modern science, the social legitimacy of these indigenous practitioners remains high, particularly for addressing ailments perceived as spiritual or cosmological in origin (Karasinski, 2026).

Nepal is a multicultural, multiethnic, multiracial, and multi-religious country. Since many aspects of socio-cultural and geographic diversities, naturally, there are different ways of dealing with illnesses and health issues. Every group has a different idea about what illness and disease are. These variations also demonstrate medical pluralism. Nepal is a country having hundreds of castes and ethnic groups. Among them, one of the ethnic groups is Phree (Pheriwala Jogi community), who reside in the hilly areas of eastern Nepal, primarily concentrated in Fedap Rural Municipality of Tehrathum district in Koshi Province of Nepal. Jogi community has Pheri culture which is socially recognized as the social protection system from the evil spirits in Nepalese society due to which Jogi community is called Phree as well as the title of ethnicity – "Phree" is believed to originate from Pheri culture. Accordingly, Phree was officially enlisted as an Indigenous Nationality of Nepal as per National Foundation for Development of Indigenous Nationalities (NFDIN) Act 2002. It is believed that the evil spirits (ghosts and many other kinds of phantom) hypnotize people and lead them to death or drive them crazy or chronic sickness and easily bring uneasy disturbance in human life and snatch human peace and happiness, disturb human mind by spreading fear in the living beings, give a lot of unbearable pain and anxiety or simply put them in a dilemma about their sanity, this way or the other. That's why, the Pheri ritual is thought to be necessary to placate and appease these spirits because of these factors. The overall values of Pheri culture are based on animism and shamanism (tantric religious values). Pheri (a horn of Barath/Krishnasar–blackbuck) is very essential instrument to perform the ritual and other religious ritual performance of Phree. During the months of Chaitra (mid-March to mid-April) and Kartik (mid-October to mid-November), in the nights from 12 pm to 3 am, Phree ritualists go to individual's house, blow

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sounds from special Pheri and early morning they go to individual house and receive donations and blessing. By doing this, people have faith and beliefs that they will have peace at home, get rid of evils planetary issues and nothing bad happens.

Every society develops its own perception and understanding of different healers and the medical tradition to deal with fundamental health concerns. Medical practices differ not only from society to society; the practices differ from culture to culture. Even in a single society, different ethnic groups may have different medical practices. Hence, Phree community has its own healing and medical practices through Pheri culture, and this is a spiritual healing practice adopted by wider society as well, but this plural medical practice has not been assessed yet from ethnographic method. In this article, I will provide a detailed description of how spiritual healing practices are carried out by Phree people through their Pheri culture and how this ritual is resulting in medical pluralism among Phree people and in a wider society.

1.2. Problem Statement

Medical pluralism encompasses various medical traditions, including those categorized as "folk sectors" (Kleinman, 1980). This framework provides individuals with a range of therapeutic options from distinct traditions. Since the 1970s, anthropologists have focused on medical pluralism in a number of fields, such as Ayurveda, Unani, folk medicine, and biomedicine in India (Leslie 1980), religious healing and biomedicine in China and Japan (Kleinman 1980; Leslie 1980), chiropractic, osteopathy, naturopathy, spiritual healing, and biomedicine in the U.S. (McGuire, 1983), and homeopathy, herbal medicine, and reflexology in Europe (Johannessen 1994). In Nepal, self-medication, indigenous medical practices, and the integration of Ayurvedic, homeopathic, and allopathic traditions highlight the diversity of medical systems (Subedi, 2001; 2023).

Medical practices vary significantly across societies, geographical regions, and cultural groups. Subedi (2001) notes that these practices consist of both cognitive and social systems. Cognitive systems, which reflect various theories of illness causation across traditions, include medical concepts, values, attitudes, and beliefs that direct health-related actions and practices. Conversely, social systems encompass organizational, institutional, and economic aspects of healthcare delivery and treatment. In order to evaluate the range of healthcare options available to people, it is necessary to look at both cognitive and social aspects of healthcare pluralism. Cultural factors strongly influence individuals' perceptions and interpretations of illness (Helman, 1995). Health and illness are experienced differently in every society, affecting how people understand causes and effects of issues such as health. Practices often differ, even for similar illnesses, as individuals categorize illnesses based on their severity and select treatments accordingly. As a subfield of anthropology, medical anthropology has developed as a holistic lens for understanding how people experience and respond to health and illness.

Scholars have examined the diversity of medical practices and the ways individuals navigate among them, paying close attention to how people perceive illness, explain its causes, understand its effects on the body, judge its severity, anticipate pathways to recovery, and experience fear or anxiety related to sickness (Durkin-Laungley & Maureen 1984; Streefland

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1985; Acharya, 1994; Dhungel, 1994; Gellner, 1994; Maskarinec, 1995; Pigg, 1995; Burghart, 1996; Subedi, 2001; Beine, 2001; Desjarlais 2003; Kohrt & Harper 2008). Much of this work, however, has focused primarily on well-established therapeutic traditions - such as Ayurveda, Tibetan medicine, or broadly defined forms of shamanism (*Dhami/Jhankri*) - and has largely examined their practice within relatively homogeneous and clearly bounded socio-cultural or ethnic groups.

In contrast, the Pheri culture of the Phree community represents a distinctive Indigenous Knowledge System rooted in animistic and shamanistic cosmology, tantric ritual practices, seasonal ceremonial cycles, and specialized spiritual technologies concerned with protection and healing. What makes Pheri-based healing particularly significant is its wide adoption and social legitimacy beyond the Phree community itself. Households from diverse caste and ethnic backgrounds regularly engage with Pheri rituals, alongside their own healing traditions, for the prevention and treatment of illness, protection from malevolent spirits and ghosts, the restoration of spiritual and cosmological balance, and the alleviation of misfortune, suffering, social turmoil, and emotional distress.

Despite its importance, existing research has paid limited attention to such preventive and curative dimensions of indigenous healing and to the forms of ritualized medical pluralism through which heterogeneous communities collectively engage illness, vulnerability, and protection. Pheri-based spiritual healing constitutes a coherent, adaptive, and deeply embedded medical system that actively contributes to Nepal's plural medical landscape. Rather than occupying a residual or peripheral role vis-à-vis biomedicine, Pheri culture functions as a complementary therapeutic domain addressing dimensions of illness that biomedicine cannot fully accommodate - namely spiritual affliction, existential anxiety, cosmological imbalance, and social disharmony. However, in lack of scholarly research, this system is still relatively undocumented and under explored. This study fills a gap in anthropological knowledge by providing an anthropological analysis of the Phree community of eastern Nepal in Pheri culture. Subsequently, this article presents Pheri-culture based spiritual healing as a main driver of the cohabitation of plural medical systems between heterogeneous communities and situates it in the broader discourse on medical pluralism and indigenous healing systems.

1.3 Research Questions

The central research question guiding this study is: What are the medical and healing practices of the Phree that have spiritually influenced other people's medical practices leading to ritualized medical pluralism in Nepal? Subsidiary research questions include:

1. How do Phree people conceptualize illness, misfortune, and healing within their cosmology?
2. What are the ritual procedures, material technologies, and symbolic logics of the Pheri healing system?
3. How do non-Phree communities perceive, evaluate, and utilize Pheri-based healing?

2. Research Objectives

The research objective is to explore how the spiritual healing practices of Phree community has been one of the traditional and ethno-medical healing options for the people from various

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caste and ethnic groups following different religions. Hence, this study aims to provide a comprehensive understanding of the Phree-community's Pheri culture-based healing practices that shape the medical decisions and practices of other people.

The specific objectives are:

- To ethnographically document the Indigenous Knowledge System underlying Pheri culture.
- To analyze Pheri-based spiritual healing as a form of ethnomedicine.
- To situate Pheri healing within Nepal's plural medical landscape.
- To advance theoretical understanding of ritual, healing, and medical pluralism.
- To inform anthropological and policy debates on Indigenous health systems.

3. Review of Literature

This study engages with three closely related fields of anthropological thought: (1) medical anthropology and the cultural construction of illness; (2) medical pluralism; and (3) indigenous healing and symbolic efficacy.

3.1 Medical Anthropology and the Cultural Construction of Illness

Joralemon (2006) examines the significant influence that culture has on how we perceive and comprehend health, illness, and disease. He first challenged the dominant narrative that disease is exclusively biological with his argument that disease is significantly influenced by cultural environments. People interpret symptoms and assign causes and treatments based on their cultural beliefs and customs, which vary widely between societies. He draws a distinction between "disease" (the biological state) and "illness" (the social and personal experience) and emphasizes how cultural beliefs shape how people understand symptoms, assign etiology, and select therapies to treat it. Joralemon notes that even biomedicine, which is frequently regarded as a universal science, is a cultural system that has its roots in Western ideals such as scientific rationality, objectivity, and technology.

In their own cultural contexts, Joralemon emphasizes the legitimacy of alternative healing practices by presenting biomedicine as one of several medical systems. He talks about the ethnomedical systems -cultural frameworks that explain the origins of disease and direct therapeutic approaches - that exist in all societies. Understanding indigenous medical practices and healing traditions - also known as ethnomedicine - is crucial, according to Joralemon. These practices are culturally specific, and in order to fully comprehend how people approach these alternative health care systems, medical anthropologists must respect and research them. This provides a theoretical ground for exploration of Phree community's Pheri culture-based healing practices.

Joralemon touches on how social inequalities influence health outcomes. Illness is shaped by culture, but also by economic and political systems that create inequities in terms of access to healthcare and exposure to disease. It can oversimplify cultures by broad extrapolating and doesn't fully capture how globalization and power dynamics structure medical systems. In a similar vein, medical anthropology has frequently stressed that illness is not an exclusively

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biological phenomenon, but a culturally mediated experience, mediated through social relations, moral perspectives, cosmology and power relations (Good, 1994; Joralemon, 2006). The difference between disease – a biomedical pathology–and illness – a lived, socially interpreted experience – has been foundational to explaining why practitioners of the same illness can seek different healing modalities (Kleinman, 1980). From such a standpoint indigenous healing practice cannot be qualified solely on biomedical impact. Instead, their value is in their ability to generate meaning, restore social order, reduce anxiety, and transform suffering into culturally comprehensible content (Kleinman & Sung, 1979).

Scholars advocate for reframing Indigenous Health Knowledge and Practices (IHKPs) as ethnoscience, recognizing them as valid systems of understanding developed through centuries of empirical observation. The current marginalization of traditional healers is identified as a political and policy decision, where the state's failure to grant these practitioners, a legitimate space demotivates the younger generation from preserving these traditions (Subedi, 2022). In her critical analysis of the Indian health system, Guite (2022) examines the pervasive hegemony of biomedicine and the systemic marginalization of traditional medical practices. She argues that the current medical landscape is structured as a tripartite hierarchy: at the apex is biomedicine (modern Western medicine), followed by codified classical systems such as Ayurveda and Unani, while non-codified folk and spiritual traditions - including those of bonesetters and traditional birth attendants (dais) - remain relegated to the bottom. This hierarchy is presented not as a natural outcome but as a "manufactured" status rooted in postcolonial power relations and a specific form of scientific rationalization that dismisses folk practices as "irrational". Guite posits that this marginalization is deeply intertwined with the social identity and lower social ranking of traditional practitioners, which renders them devoid of the institutional power and legal recognition enjoyed by biomedical professionals. By requiring formal certification and university-based education, the system frequently excludes specialists whose knowledge is oral, regionally diverse, and non-textualized. This process effectively pulls power away from indigenous practitioners and reflects a heavy biomedical influence even within the curricula intended for traditional medical training. Furthermore, the research identifies a "trajectory of reducing power" driven by globalization and commodification. Guite observes that while pharmaceutical companies and forest officials often profit from the extraction of medicinal resources and indigenous knowledge, the original custodians of this expertise rarely receive credit or financial benefit-sharing. To counter these inequities, Guite calls for a shift toward "inclusive sustainability" through "positive discrimination". This approach advocates for protecting, promoting, and strengthening traditional knowledge on par with modern medicine to ensure that the health system is truly accessible and that "no one is left behind" in the pursuit of global sustainable development goals.

3.2 Medical Pluralism

Leslie (1980) discusses the idea of medical pluralism where there are systems - biomedicine, native healers, alternative healing, traditional medicine -- within a society that may interact with one another. Leslie uses examples from his own ethnography of different communities to

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illustrate how people tend to manoeuvre through these many different medical systems in rather complicated ways. Medical pluralism is something we see in health care systems globally, according to Leslie, and this pluralism results from the interaction among different medical traditions. He asserts that the coexistence of multiple medical systems is not a temporary or superficial feature but is deeply embedded in cultural, social, and historical contexts. Kleinman (1980) further refined this framework by identifying three overlapping sectors of healthcare: the popular sector (household care), the folk sector (non-professional healers), and the professional sector (institutionalized medicine). Subsequent studies in Nepal have demonstrated that health-seeking behaviour is rarely linear. Patients frequently move between healing systems based on perceived causality, severity of illness, economic access, and moral expectations (Pigg, 1995; Subedi, 2001). Hence, the medical pluralism involves complex processes of negotiation, competition, and collaboration between different medical systems, which are influenced by the values, beliefs, and resources of the societies in which they operate. Medical pluralism provides a theoretical perspective in the context of the cultural and systemic relationships of the Pheri culture-based spiritual healing practices, as well as on the co-constitution of plural medical practices in wider society.

The contemporary medical landscape, particularly in South Asia, is characterized by a tripartite hierarchy of care where biomedicine occupies the dominant apex, followed by codified classical systems (like Ayurveda), while non-codified folk and spiritual traditions are relegated to the bottom (Subedi, 2019; Guite, 2022). Despite this hierarchy, patients are fundamentally pragmatic, simultaneously navigating diverse systems to meet their health needs. In Nepal's Raji community, for instance, while 100% of households utilize modern hospitals, over 81% continue to consult Dhami-Jhankri (traditional healers), demonstrating that indigenous and biomedical systems co-exist through ontological necessity (Pathak, Oli, & Thapa, 2025). This pluralism is not limited to the Global South; in North-East Scotland, shamanism has re-emerged as an emerging vernacular healing tradition, fusing local pre-Christian roots with translocal spiritual influences to address modern psychosocial crises (Barmpalexis, 2022).

3.3 Indigenous Healing and Symbolic Efficacy

In his examination of Indigenous Health Knowledge and Practices (IHKPs) in Nepal, Subedi (2022) defines these systems as dynamic, homegrown knowledge developed over centuries through empirical observation, spiritual insight, and traditional teaching. He argues that IHKPs represent a holistic concept of health that integrates physical, mental, spiritual, social, and ecological dimensions, offering contextually relevant healthcare options that biomedicine often overlooks. Despite their historical utility, Subedi posits that a "dominant mindset" frequently discounts this indigenous expertise as primitive or merely "subjective belief," rather than a valid form of ethnoscience.

Kleinman, A. and Sung, L. H. (1979) consider the effectiveness of indigenous healing practices and consider the factors that make them work. Native healers, although operating frequently outside the traditional biomedical worldview, are capable of healing through an intricate relationship of cultural, social and psychological processes (1979). They also claim that the effectiveness of indigenous healers is linked not just to using folk remedies or rituals but is an

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intrinsic part of their bond with the patient and, more broadly, their community. Indigenous healing engages with the whole patient - body, mind, and social environment - it is not just treating the disease's physical manifestation but rather the entire mental, psychological, spiritual disturbances and sufferings, experienced by people. Hence, they argue that healing is not a purely functional or biological idea; rather, the indigenous healing is holistic. Therefore, they suggest the success of a therapeutic work was fundamentally tied to the patient's own feelings and relations with his or her community at large, and for that process of healing itself is crucial. And it is so in indigenous healing, where culture, traditions, and customs help healing to function more fully as an interrelated whole; that process also serves rituals and symbols help patients interpret their illness and deal with it. They further contend that indigenous healing modalities attend to the emotional and psychological dimensions of illness - that are usually not considered in biomedicine at all - and their input is important to the healing process. Rituals, mantras and sacred objects serve not as superstition but as technologies, redefining perception and experience. However, much of the literature remains generalized, treating Indigenous healing as a homogeneous category. There is limited ethnographic specificity regarding distinct ritual forms such as Pheri culture. These arguments provide theoretical perspectives and relevance to the Phree community's Pheri culture based spiritual and indigenous healing practices. The authors place heavy emphasis on symbolic efficacy, which risks overshadowing the practical or pharmacological aspects of indigenous treatments. In addition, they also make broad strokes on indigenous practices at best, at worst, simplifying or homogenizing all the different healing systems, traditions and healing communities in general.

A critical concern across the literature is the substantial intergenerational erosion of traditional medical knowledge (Subedi, 2022). Research among the Tharu community indicates a sharp decline in herbal literacy, with younger generations often knowing only a small fraction of the medicinal plant knowledge held by their ancestors. Documentation efforts are vital to counter this loss; for example, researchers have documented 112 medicinal plant species used by the Baram people in Gorkha to treat 41 distinct health conditions (Devkota, & Acharya, 2025). Furthermore, the documentation of oral texts - such as the "worlds of words" recorded by Professor Gregory Maskarinec - serves as a benchmark for preserving shamanic technology and allows indigenous communities to reclaim ancestral knowledge that was nearly lost (Subedi, 2023). In Kerala, the study of Tantric ritual manuals (*paddhatis*) similarly provides essential insights into esoteric modes of worship and healing that were historically marginalized in academic discourse (Karasinski, 2026).

Ritual practices in contemporary Nepal are positioned as sophisticated psychosocial technologies rather than mere superstitions (Subedi, 2023). The Mangsuk ritual of the Yamphu community serves as a cultural institution and a transformative learning space, where members connect with ancestral spirits to learn communal ethics and ecological values (Rai, & Rai, 2021). Healers like the *Guruwa* or *Dhami-Jhankri* utilize mantras - described as "tools of the mind" - to restore order to a "chaotic social world". These rituals often address the illness experience - the emotional and spiritual dimensions of suffering - which hospitals often overlook. Moreover, contemporary shamans are increasingly involved in social reform,

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actively campaigning against harmful practices like *Chhaupadi* (menstrual isolation) and child marriage while referring patients to biomedical facilities when appropriate (Subedi, 2019; 2023).

3.4 Research Gaps

Despite extensive research on medical pluralism, the critical gaps remain: a lack of detailed ethnography on Phree and Pheri culture, insufficient theorization of ritual as a medical technology and lack of exploration on both preventive and curative aspects of spiritual/cosmological ritual healing among diverse and culturally complex populations where pluralistic medical traditions coexist. This study on Phree community's spiritual healing practices will serve as a unique case study to supplement the existing literature. The localized perspective from these healing practices offers special insights into how multiple medical practices can coexist and how one community's healing ritual is adopted by others within seemingly heterogeneous cultural settings.

3.5 Theoretical Framework

3.5.1 Explanatory Models of Illness

The study draws primarily on Kleinman's (1980) explanatory model, which emphasizes how individuals and communities interpret illness causation, appropriate treatment, and expected outcomes. In the Phree context, illness is understood through a personalistic explanatory model in which agency is attributed to spirits, ancestral forces, planetary alignments, and cosmological imbalance (Foster & Anderson, 1978).

3.5.2 Ethnomedicine and Indigenous Knowledge Systems

Ethnomedicine refers to culturally embedded systems of health knowledge developed through long-term interaction with specific ecological, social, and spiritual environments (Quinlan, 2022). Pheri culture constitutes such an ethnomedical system, integrating ritual, cosmology, ecology, and social relations.

3.5.3 Towards a New Concept: Ritualized Medical Pluralism

This suggests that ritualized medical pluralism may serve as a conceptual lens with which to understand how Indigenous ritual healing systems function in plural health settings. In contrast to static approaches that place folk healing beneath biomedicine, ritualized medical pluralism acknowledges ritual healing as a dynamic, mobile, and socially validated therapeutic realm that supplements rather than competes with biomedicine.

4. Research Methods

4.1 Research Design

This study is grounded in a qualitative ethnographic research design, chosen to capture the lived experiences, meanings, and practices surrounding ritualized medical pluralism within the Phree community. The ethnographic approach employed in this study offers a sophisticated and context-sensitive understanding of embeddedness of indigenous knowledge and spiritual healing in everyday life and cultural practice. This study uses qualitative approaches such as participant observation, in-depth interviews, oral history, and reflexive insider ethnography.

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Taken together, these methods allow to investigate not just the practices that the people do in respect to healing and ritual, but how they interpret illness, efficacy, and legitimacy within a Pheri-based cultural context within which to understand illness, cure and legitimacy. The blend of methods facilitated a richer and more layered examination that was attentive to personal story, experiences and communal culture logics.

4.2 Field Sites

The ethnographic field work was carried out in Oyakjung village, in Ward No. 2 of Fedap Rural Municipality Tehrathum District, in Koshi Province, which is one of the primary settlement areas of the Phree community. The total population of Phree as per national Census 2021 was 921, which is 4.8% of total population of Fedap Rural Municipality and more than 80% of Phree population is in this area. The selection of this site was made considering the ongoing vitality of Pheri ritual and the existence of ritual specialists and community members who participate actively in indigenous and spiritual healing practices. Selection of this study site enabled prolonged engagement with everyday social life, ritual enactment and health-seeking behaviours and it placed medical pluralism into a wider ecological, social and cultural context.

4.3 Data Collection

Data were collected through multiple and complementary qualitative techniques over the course of the fieldwork from January to April 2025. Through participant observation, I actively observed the Pheri ritual of Phree community and its spiritual healing aspects in Mach/April. In-depth interviews were conducted with 10 Pheri ritual performers to document their knowledge, ritual roles, and perspectives on illness, healing, and social legitimacy. In addition, two focus group discussions (FGDs) were carried out with 18 Phree community members across different age groups and genders to capture diverse experiences, beliefs, and patterns of health-seeking behaviours. Similarly, three FGDs were conducted with 27 non-Phree people representing Limbu, Bhujel, Chhetri and Dalits (Kami and Damai) caste/ethnic groups who utilize Pheri healing practices, providing insight into the broader social reach of these rituals beyond ethnic boundaries. Participant observation formed a central part of the research, involving close observation of healing rituals, preparations, and interactions between healers and clients. Throughout the research process, auto-ethnographic reflections were systematically recorded, drawing on the researcher's insider position to reflect on personal experiences, observations, and positionality within the field. Data collection continued until thematic saturation was reached, with no new themes emerging across interviews, FGDs, and observations. Triangulation of multiple methods ensured the credibility and completeness of the findings. Data were analyzed using a reflexive thematic analysis approach. Transcripts and field notes were read repeatedly, followed by inductive coding to identify recurring patterns related to illness beliefs, ritual practices, and health-seeking behaviour. Codes were then grouped into themes, reviewed across data sources, and interpreted within a medical anthropological framework while maintaining reflexivity.

4.4 Ethical Considerations

Ethical considerations were central to all stages of the research. Participants' informed consent was obtained, and confidentiality and anonymity were preserved, as requested. Cultural

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adherence was accomplished through adherence to local norms, observance of ritual boundaries, and dialogue with community leaders and elders. Given my insider status within the broader cultural setting as researcher belonging to Phree community, reflexivity was continuously practiced balancing emic insights with analytical distance. This reflexive engagement allowed me to critically examine my own personal assumptions and relationships while preserving the depth of insider knowledge essential for interpreting Pheri culture-based healing practices.

5. Results

5.1 Pheri culture and ethnic identity of Phree:

The "*Pheriwala*" Jogi/Phree community represents one of the marginalized and minority ethnic groups in Nepal. But, there is a widespread misunderstanding among the general population that Jogi, Sanyasi, and Sadhu Santa are terms that are interchangeable, as they mean similar things. The word "Jogi/Yogi" is a derivative of "Jog" or "Yog," but means different spiritual and religious connotations. More specifically, "Jogi" means a state of emptiness or detachment and "Sadhu" or "Saint" stands for someone who is a practitioner of meditation who has renounced familial, sexual and social ties. Similarly, "Santa" describes a person engaged in religious practices without involvement in domestic affairs, and "Sanyasi" signifies someone who has entirely relinquished both family and household responsibilities. Because of these overlapping connotations, individuals such as priests, temple *Mahantas*, *Sadhus, Santas, Babas,* and even beggars practicing Tantrism are often collectively labeled as "Jogi." This has led to the erroneous assumption that the "*Pheriwala*" Jogi community belongs to the Sanyasi tradition. However, the *Pheriwala* Jogi community is distinct from such interpretations. The name "Pheriwala" comes from the unique Pheri culture, which is central to their identity (Jogi, 2026). "Phree" is one of the enlisted Indigenous Nationalities of Nepal, that owes its origins to the traditional cultural practice of roaming from village to village twice a year conducting the 'Pheri' ritual. The Pheri is a long, shallow instrument that makes a distinctive sound when blowing and is involved in many rituals and ceremonies, including those relating to marriage, birth, and death. These cultural practices and artifacts provide valuable insights into the beliefs and traditions of the *Pheriwala* Jogi community (Chakraborty, 2023).

The National Committee for Development of Nationalities (NCDN) undertook detailed ethnographic studies of the 61 groups identified as Janajati in the official schedule between 1998 and 2000, which also included an in-depth research of the Phree Indigenous Nationality. Researcher Rudra Thapa conducted the comprehensive study of the Phree community and in the fieldwork across villages in Kavrepalanchok, Makawanpur, and Lalitpur - areas identified as the historical ancestral territory of the Phree in documents prepared by NCDN, Thapa (2000, cited in Jogi, 2026) encountered only the individuals from Jogi community who were actively engaged in Pheri cultural rituals. These individuals were commonly known by various local names, including Kambar Jogi, Kawar Jogi, Kamar Jogi, and Pheriwala. According to the Pheriwala Jogi practitioners and other local residents, it was likely that the Pheriwala or

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Kambar/Kawar Jogi groups were in fact the people historically referred to as Phree. They suggested that the ethnonym "Phree" may have evolved linguistically from terms associated with Pheri ritual practice - such as Pheriwala, Pheri, Phiri, and eventually Phree. The term Phree is thought to have been given its name by the traditional cultural practice of Jogi community to perform the Pheri ritual (Adhikari, 2016; Pandeya, 2008; Shrestha, 2014; cited in Jogi, 2026). Due to this finding, it can be claimed that the people who write the family name "Jogi" in their formal official documents who only follow the "Pheri" culture are the Phree people. The Jogi people known as Jogi, Yogi, Kawanr and Kambar are called Phree people who practice animism and shamanism (tantric religious values) based Pheri ritual, and the spiritual healing practices (Jogi, 2026).

Sharma (1982) and Briggs (1973) mention that during the ancient times there was a significant influence of the *Kanphata* Nath-Yogis of the Nath Sampradaya, Yoga and Shaiva disciples of *Gorakhnath*, particularly in the Karnali region who practiced *Hath Yoga* and adhered to the *Panchamakar* - a set of five ritual elements comprising alcohol, meat, fish, symbolic gestures (*mudra*), and sexual union (*maithuna*). Many men and women joined the Nath Sampradaya in an effort to elevate their social status in view of caste hierarchy defined by Nepal's civil code 1854 and the slavery system. Some women were also offered as *sadhya* or *mudra* to Nath ascetics in pursuit of spiritual power (*siddhi*). This resulted in the presence of numerous women in Nath camps. Children born from unofficial unions were considered ineligible to become Nath, necessitating a distinct social arrangement for their integration. *Gorakhnath* addressed this issue by designating these descendants as Kambar or Kanwar Jogis, who were excluded from the core Nath practices, such as the ritual ear-splitting rite (*kanphata - Karma chalaune*), a prerequisite for full initiation into Nath-Yogi practices. These individuals were barred from collecting alms during the day and practicing Shaivism, a privilege reserved for the initiated *Kanphata* Nath (Bouillier, 1993). However, they were entrusted with a sacred duty: to protect humanity from evil spirits and ghosts while maintaining reverence for nature and the earth, as tantrik disciples of Gorakhnath, not Shaiva disciples. These karma nachalne (non-initiated) Jogis were sent to eastern Nepal to fulfil this duty. *Gorakhnath* is said to have bestowed upon them the *Pheri* - a horn made from the blackbuck (*barah* or *krishnasar*) - along with sacred mantras and the *Bhairung*. These elements endowed them with divine authority to ward off evil spirits. Consequently, the ancestral lineage (*kul*) of the Phree Jogi is identified as *Bhairung*.

5.2 Sacred rites and esoteric customs

The Phree community's religion is rooted in animism, shamanism, and tantrism, with an emphasis on ancestral worship and Guru *Gorakhnath* veneration. People believe in a spiritual world, where spirits and ancestors co-exist. They also believe in the use of mantras and tantric rituals to ward off evil spirits and bring good luck and prosperity. They have their own shamans and traditional ritual specialists to perform religious and cultural rituals. Ancestral worship is an essential aspect of the Phree community's religion. Every Phree household has a sacred space called *Kul*, where they keep their traditional ancestors. They believe that their ancestors' spirits can bring blessings and prosperity to their families and seek their guidance and protection through various rituals and offerings. *Kul Puja* or *Bhairung* Puja is one of the most

Nepal Journal of Multidisciplinary Research (NJMR)
Vol. 9, No. 2, June 2026. Pages: 284-307
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important religious practices of the Phree community. During this ritual, they venerate their ancestors and seek their blessings. This festival is typically held once a year, during *Baishakhi/Chandi Purnima*, in each of the Phree households. The old male kin member acts as a priest who is known as *Jhakri*. Only Phree kin members are invited to participate in this rite. Cocks and hens are sacrificed at the time of ritual. The *Jand* made three and one night before the *Bhairung* puja with millet, a bottle of *raksi*, uncooked rice, two one side cooked bread (rot) made of rice flour (cooked in fire and ash), a bread (*Babar*) of rice flour cooked in mustard oil, fried soya-bean, some cow ghee and some plants are required for the *Bhairung* puja.

This rite is mainly concerned with household protection and prosperity. It is done to worship the ancestors so that the ancestors may protect them from enemies, sufferings, accidents which may occur during the year. They also worship the Pheri during the *Bhairung* puja to keep it effective and active for defeating the evil spirits. Every time when new crop is harvested, first the crop is to be offered to the *Bhairung* or ancestors and every new made *Jand*, newly slaughtered meat and other food items are also to be offered in the time of first use. When somebody becomes very sick, the elder member in the family immediately worships *Bhairung*/*Kul* and Pheri by expressing regrets for known or unknown mistakes or ignorance in respect of *Bhairung* and the Pheri (Jogi, 2012). In socio-cultural practices of Phree, there is no practice of age-ritual *(bratabandha)* and wearing of *Janai* (sacred thread), traditionally they did not use Brahman priests to perform their rites and rituals and there is no hierarchical Hindu *varnashram* system within *Phree* community

5.3 Metaphysical and transcendent acts of Phree, Pheri culture-based healing practices and medical pluralism

Phree people serve as traditional ethno-spiritual faith healers, offering healing remedies and services to those in need. Their priest, and shaman, known as *Jhakri*, perform various rituals and spells, injecting their tremendous power over the people, rescuing them from misery, illness, crisis, starvation, and other problems. Phree people use their powerful Pheri ritual to deliver people from the clutches of bad and black spirits that constantly push them into turmoil, suffering, problems, and unhappiness. Phree people get special requests from people late at night to treat their sick family members, and they heal them instantly using the methods described above. They utilize power from *Bhairung* and Pheri during healing, as well as certain specific alms with individuals in the name of offering sacrifice to the Pheri. In addition to their powerful Pheri ritual, Phree ritualists also offer spelt water (Jal) to drink so that people can feel pain free in their bodies. They also offer spelt ash, known as Bibhuti, which is to be marked on the forehead to make people feel free of the disease's anguish. While healing, Phree also offers *rudrakshya* to the people because it is thought to protect them from evil spirits and other negative beings (Chakraborty, 2023). Phree's healing practices are not limited to the spiritual realm. They also provide practical remedies for physical ailments. So, they offer people with spells to relieve headaches, body aches and stomach issues, for example. They also use herbs and other natural remedies to cure various ailments. These remedies are passed down from generation to generation and are an integral part of Phree healing practices. When people seek

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the Phree's help, they provide special *daan* (donation). These offerings include black goat or cock/hen, black garments, metal, money, etc.

The spiritual healing services of Phree have led to the adoption of medical pluralism among wider communities including Phree community as they have been adopting ethno-medical practice, including empirically based natural remedies from plants and healing rituals with supernatural elements and the professional medical practices/western allopathic medical facilities. Phree community's spiritual healing service is an additional medical practice for many caste/ethnic groups in addition to their ethnomedical/indigenous healing practices i.e. *Dhami/Jhankris/*Shamans, traditional healers, *bhakal* and worshiping of gods/goddesses in various temples, herbal practice and self-medication, ayurvedic treatment, exercise and meditation, homeopathic tradition, allopathic medical practice etc.

5.4 Pheri ritual - traditional safeguard customs in a wider society

Pheri ritual is one of the most important ethno-religious-spiritual attributes, continuously practiced, across both rural and urban spaces since time immemorial (Jogi, 2012). They believe themselves to be the loyal tantric disciples of *Gorakhnath (not Shaiva disciples)*, as *Gorakhnath* knew the world is featured with innumerable evil spirits and authorized them to protect human beings from the evil spirits (Ghosts, *khyak, kitchkani, kankal-kawoncha, bhauta, preta, pisach* etc) characterising the world. *Pheri* is very essential instrument to perform the ritual and other religious ritual performance of Phree community. Some people know the Pheri as *Shringinad (*Kandel, 2004). During the months of *Chaitra* (mid-March to mid-April) and *Kartik* (mid-October to mid-November), in the nights from 12 pm to 3 am, *Pheriwala* Jogi people visit every household in a village or a particular region and blow 'Pheri" in four corners of the house as it is believed that evil spirits are active during that period. In the process, they produce a series of uncanny sounds supported by spiritual *mantras* often hard to decipher by ordinary people. They start to chant *mantras* before reaching to the house. After reaching to the house, they blow the Pheri in four corners of the house along with chanting *mantras*, and then they blow the Pheri near Main Pillar (*mul tham*) of ground floor inside the house and other floors of the house.

The *Pheriwalas* have to visit at least nine houses in one night and should go alone to perform the Pheri ritual. They spend half an hour to one hour in each house to perform this ritual. The other people should not look at the Pheri or touch it. Phree elders use different *mantras* (spells) during Pheri ritual. Although, there is variation in *mantras* across place, age group and generation and in terms of use of language. Phree's *mantras* are considered as pre-vaidik *mantras*. In *mantras*, they pray for air, water, fire, sky and the land urging various *Bhairungs* to please them and to protect human beings from all forms of evil spirits. It is believed that these evil spirits (ghosts and many other kinds of phantom) hypnotize people and lead them to death or drive them crazy or chronic sickness and easily bring uneasy disturbance in human life and snatch human peace and happiness, disturb human mind by spreading fear in the living beings, give a lot of unbearable pain and anxiety or simply put them in a dilemma about their sanity, this way or the other (Bajracharya, 2005). That's why, *Pheri* ritual is supposed to be necessary to pacify them.

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Vol. 9, No. 2, June 2026. Pages: 284-307
ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)
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The next morning, they collect alms or what they also call *Navada (*Kalo mas (black lentil), salt, Pigment powder/turmeric, Chilly, Til, Oil, Nine paisa, Black cloth and any grain (rice, maize etc) from the individual households of the village/region where they have performed the *Pheri* ritual in the night. In the morning, they say 'Jai *Gorakhnath*' standing in front of main gate of house and collect the alms (*Navadan*), since they respect the *Gorakhnath* as their *guru* or teacher. They collect alms for the *nau graha santi* (peace to the nine planets of the solar system) for the members of the households. They believe, they have the power to carry along with them all the planetary problems of human being inflicted upon by different locations of nine planets revolving around the solar system (Jogi, 2012). Rural people often wonder why *Pheriwala* did not visit their houses if, by chance, a particular village or a region is left out during the period, as superstitiously, Pheri culture is one of the important ethno-religious-spiritual attributes in force across Nepal. The key informants during research noted that one *Pheriwala* visits one pre-demarcated village/region, as decided in advance in the common shelters. There is no overlap in the performance i.e. no two *Pheriwalas* perform in the same village at the same night. If it happened, the two *Pheriwalas* perform collectively. In that case, one of them would be a junior or a disciple.

Photo-1: *Pheri* instrument

This culture has wide social recognition from all caste and ethnic groups in Nepal since time immemorial. Spiritually, this culture and tradition is being considered as social protection mechanism or system in Nepalese society. All the religious followers of Hinduism, Buddhism, Kirant, Animism and Tantrism, have strong belief in existence of ghosts and evil spirits. Comparatively, the Janajati communities (ethnic groups) of Nepal like Rai, Limbu, Tamang, Gurung, Magar, Tharu, Newar, Majhi, Chepang, Dhimal, Santhal etc have strong belief on the ghosts and different forms of evil spirits, their impact on human lives and need of the pacifying rituals. In this context, people believe that if *Pheriwala Jogis* blow *Pheri* in the house supported by special *mantras* twice a year, no evil spirits would attack or create horror in the house throughout the year. Due to these believes, the Pheri culture has been acknowledged by everyone as a religious and spiritual protection system. As a result, there is a wide social recognition to the Pheri culture. It has been recognized as distinct cultural attribute and identity in Nepalese society and its followers have been regarded as a separate ethnicity or ethnic group (Jogi, 2012).

6. Discussion

6.1 Situating Ritualized Medical Pluralism within Anthropological Theory: Ethnographic Insights from Pheri Culture

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Vol. 9, No. 2, June 2026. Pages: 284-307
ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)
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Ethnographic evidence from the Phree community suggests that ritual healing does not merely coexist with biomedicine but actively organizes health-seeking behaviours. Pheri ritual is considered as a required medical intervention for different types of illness and sufferings - the latter being the cause of spirit intrusion (*bhuta lagne*), planetary disturbance (*graha bigreko*) and ancestral anger (*Bhairung risayeko*). In such cases, biomedical treatment alone is widely considered insufficient, even when symptoms appear physical. Families may visit a health post for fever, chronic pain, or unexplained weakness, but if recovery is delayed or symptoms recur, the illness is reclassified as spiritual in origin and immediately referred to Pheri ritual.

This ethnographic pattern complicates classical formulations of medical pluralism that emphasize individual choice and pragmatic switching between medical systems (Kleinman, 1980; Subedi, 2001). In the Phree case, the movement between biomedicine and Pheri ritual is not driven by preference alone but by ontological assumptions about what kinds of forces cause illness. Here, pluralism is not simply additive; it is structurally organized by ritual mediation. Parallel anthropological analyses of ritual healing have often relied on the concept of symbolic efficacy to explain why ritual practices achieve therapeutic success (Kleinman and Sung (1979), drawing on Lévi-Straussian structuralism, argued that Indigenous healing works by transforming diffuse suffering into culturally intelligible narratives, thereby restoring moral order and emotional stability. Ethnographic observation of Pheri rituals indicates that ritual efficacy is understood locally not as symbolic persuasion but as direct intervention in the causal field of illness. During Pheri performances conducted in the middle of the night - ritual specialists blow the blackbuck horn (*pheri*) at the four corners of a household, chant mantras invoking elemental forces and multiple forms of *Bhairung* and audibly command malevolent entities to leave the domestic space. These actions are understood by practitioners and clients alike as materially dislodging spiritual agents from the household environment. The blowing of the horn is believed to be intolerable to spirits, while the mantras are regarded as activated speech acts that compel compliance. Householders frequently describe observable outcomes following the ritual: disturbed sleep patterns resolve, children stop crying at night, chronic fear subsides, and persistent illness becomes manageable. These results are not interpreted as placebo effects but as evidence that spiritual causation has been neutralized. From this ethnographic standpoint, symbolic efficacy alone is insufficient to explain how Pheri healing is understood and mobilized within the community (Kleinman & Sung, 1979).

Ritual theory, particularly the work of Turner (1967) and Douglas (1966), provides further tools for understanding the centrality of Pheri healing. Turner's analysis of ritual as a mechanism for managing liminality and crisis resonates strongly with the Phree context, where Pheri rituals are performed during transitional moments - seasonal change, unexplained illness, family misfortune, or perceived rupture in household equilibrium. Illness, in this framework, is not merely bodily malfunction but a sign that the moral and cosmological boundaries of the household have been breached. However, while ritual theory helps explain why Pheri rituals are socially compelling, it does not fully address why these rituals function as medical necessities rather than moral commentaries on illness. Among Phree households, failure to perform Pheri ritual after signs of spiritual affliction is not interpreted as a moral failing but as

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a medical risk that may result in prolonged illness, madness, or death. Thus, ritual operates not at the symbolic margins of medicine but at its core. Ethnomedical literature has long recognized that Indigenous healing systems possess internally coherent logics grounded in culturally specific etiologies of illness (Foster & Anderson, 1978; Hughes, 1968). Pheri culture exemplifies a personalistic medical system in which illness is frequently attributed to intentional agents - spirits, ancestors, planetary forces—rather than to physiological imbalance alone. What distinguishes Pheri healing from many ethnomedical systems, however, is its preventive orientation. Pheri rituals are performed biannually in the months of Chaitra and Kartik, regardless of whether illness is present. These rituals are specifically portrayed as a preventive treatment against future damage of the household. The timing of the ritual aligns with seasonal and astrological transitions, moments understood as periods of heightened vulnerability when spirits are most active. In this way, Pheri healing extends the notion of prevention from biomedical risk and immunity to cosmological exposure and temporal danger (Douglas, 1966; Pigg, 1995).

Anthropological studies of shamanism and spirit healing in the Himalayas have documented how ritual specialists mediate between human and non-human worlds to restore health (Maskarinec, 1995; Desjarlais, 2003). Yet these studies often focus on individualized healing encounters rather than the household-level, spatially organized, and cyclic nature of Pheri healing. In the Phree case, the household itself is treated as the primary unit of medical concern. Ritual action targets physical spaces - doors, corners, pillars - rather than individual bodies alone. This spatial focus reflects a medical ontology in which sickness is located in the environment as much as in humans. In contrast, critical medical anthropology deepens this further by demonstrating how Indigenous healing systems function in unequal power relations. Despite the widespread reliance on Pheri ritual across caste and ethnic lines, Pheri practitioners occupy a marginalized social position. Their labour is essential to communal well-being yet remains economically precarious and institutionally unrecognized - a pattern consistent with Pigg's (1996) observations on the credibility and exclusion of Indigenous healers in Nepal and Farmer's (1999) critique of epistemic hierarchies in health systems.

This ethnographic context demands a conceptual framework that moves beyond existing models. The concept of ritualized medical pluralism is proposed in which ritual healing functions not as a parallel belief system but as a medical infrastructure that stabilizes plural therapeutic regimes. The theoretical shifts toward the ontological turn and multinaturalism argue that anthropologists must respect the incommensurability of these different worlds, viewing ritual practices as an ontological necessity rather than mere belief (Zhang, 2025). Within these relational cosmologies, the boundaries between human and non-human actors - including ancestors, spirits, and plants - are permeable, and ritual serves as a vital medical technology for maintaining cosmic and societal balance. In the Phree context, ritual does not simply accompany biomedical treatment; it mediates between different ontologies of causation, enabling households to intelligibly combine health posts, herbal remedies, *Dhami/Jhankri* healing, and Pheri ritual without perceiving contradiction. Ritualized medical pluralism thus shifts analytical focus from individual choice to ontological necessity. It asks not why people

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move between healers but how different kinds of illness require different forms of intervention. By foregrounding preventive ritual, cosmological causation, and collective protection, this framework expands medical anthropology's capacity to account for Indigenous healing systems as epistemically productive, socially indispensable, and medically legitimate components of plural health landscapes (Good, 1994; Kleinman, 1980).

Anthropological discourse frames ritualized medical pluralism as a sophisticated and pragmatic landscape where individuals simultaneously navigate multiple therapeutic systems based on the perceived origin of their suffering (Subedi, 2023). This navigation is fundamentally rooted in the distinction between disease -the biological condition diagnosed by modern doctors - and illness, which represents the subjective human experience of suffering and social disharmony that rituals are uniquely equipped to address. The shamanic creation of "worlds of words," in which practitioners utilize mantras - defined as "tools of the mind" - to negotiate with invisible forces during night-long dramatic performances. Unlike the narrow biological focus of biomedicine, ritualized medical pluralism frequently identifies the household as the primary unit of treatment, positioning ancestral spirits as guardians whose appeasement is essential for the health and prosperity of the entire family (Rai & Rai, 2021; Subedi, 2023). The theoretical contribution of this study therefore lies in repositioning ritual at the centre of medical pluralism. Rather than asking why individuals choose among multiple healers, ritualized medical pluralism asks how multiple ontologies of illness necessitate multiple therapeutic regimes. By doing so, it interrogates biomedical exceptionalism without romanticizing Indigenous healing and thus offers a comprehensive framework for considering how plural medical systems are upheld through ritual mediation, preventive cosmology, and collective protection.

7. Conclusion

This study has explored the Pheri culture as one of the unique Indigenous healing systems at the center of Nepal's plural medical setting, situated in the Phree (Pheriwala Jogi) community. By means of long-term ethnographic work, insider reflexivity and comparative anthropological analysis, this research reveals that Pheri-based spiritual healing is not marginal and residual, but is actually a socially organized, legitimate and preventive medical practice that structures the health seeking behaviour of different caste, ethnic and religious communities in a salient and meaningful way. The findings challenge linear and hierarchical models of medical transition that predict a progressive substitution of culturing practice methods with biomedicine. Instead, the evidence points to a predictable consistency, in which different medical systems treat distinct ontological dimensions of illness. Biomedicine is frequently pursued with regard to physiological symptoms in both Phree and non-Phree households, and Pheri rituals have been regarded as a necessary means of healing illnesses that are ascribed to spirit intrusion, planetary disturbance, ancestral displeasure, and vulnerability at the household level. This movement between treatments is not haphazard or driven by preference choices but is informed by culturally situated explanatory models of causation and efficacy.

Nepal Journal of Multidisciplinary Research (NJMR)
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ISSN: 2645-8470 (Print), ISSN: 2705-4691 (Online)
DOI: 10.3126/njmr.v9i2.95229

By foregrounding preventive rituals performed cyclically and spatially at the household level, the study expands anthropological understandings of health beyond individual bodies to include environments, cosmology, and social relations. Pheri rituals operate simultaneously as therapeutic practice, protective technology, and moral infrastructure, reinforcing collective wellbeing and managing uncertainty during moments of perceived cosmological risk. Their widespread adoption across heterogeneous communities further underscores the social legitimacy and integrative capacity of Indigenous healing systems.

Conceptually, this study advances ritualized medical pluralism as a new analytical lens. Unlike classical models that frame ritual healing as subordinate, symbolic, or supplementary, ritualized medical pluralism recognizes ritual as a central medical modality that mediates between multiple ontologies of illness. This framework shifts attention from individual choice to structural necessity, revealing how plural medical systems are sustained through ritual organization, preventive cosmology, and collective care. Ultimately, this study argues that understanding health and healing in Nepal requires taking Indigenous ritual systems seriously as epistemically valid, socially productive, and medically necessary. Recognizing such systems is not an act of cultural romanticism but an ethnographically grounded response to how people actually experience illness, protection, and wellbeing in plural therapeutic worlds.

Author Contribution

The author independently designed the study, conducted data collection and analysis, and prepared the manuscript.

Conflict of interest

The author declares that there are no financial or nonfinancial competing interests. This research did not receive any specific grant from funding agencies.

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Nepal Journal of Multidisciplinary Research (NJMR)
Vol. 9, No. 2, June 2026. Pages: 284-307
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