

## **Ethnic Knowledge of Magar on Treatment Practice in Morang District**

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### **Abstract**

The Magar community in Nepal has a rich heritage of health and healing practices, including *Jharphuk*, shamans who treat illnesses using a holistic approach. Their practices involve spiritual, psychological, and physical dimensions, emphasizing communal support and preserving their cultural heritage. Health practices change over human development, influenced by knowledge and experiences. Nepal's diverse healthcare practices, including indigenous healing practices, offer alternative medicine. This paper explores the health status of Magar, an indigenous Nepali nationality, and their traditional healing practices in Morang district, focusing on their socio-cultural conditions and treatment practices. The ethnographic study investigated socio-cultural presentation, historical information, and disease treatment patterns using exploratory and analytical designs, utilizing descriptive data from selected respondents and key informants. It examines the Magar population in Morang District and Kerabari Rural Municipality, focusing on ward 7 and *Jharphuk* highlighting inadequate health facilities and skilled manpower. The research used primary and secondary sources, including literature reviews, interviews, field visits, and interviews with traditional healers to gather information on health practices, treatment systems, and ethnic knowledge. It also explores the traditional healing practices and beliefs of the Magar community in Nepal, emphasizing their importance in their healthcare system. It suggests enhancing healthcare by professionalizing healers, promoting health education, and integrating indigenous treatments with modern medicine.

**Keywords:** Treatment practices, Ethnic knowledge, *Jharphuk*, Magar community, Cultural practices

## Introduction

Nepal is a multi- cultural, multi- lingual, multi- religious and multi- caste/ethnic country. It is among the richest nations in terms of traditional diversity and caste culture. Indigenous peoples have unique mother tongues, folk cultures, beliefs, and customs for healing (Bhattachan, 2000, as cited in Thapa, 2012). According to CBS (2011), 25.16% of population in Nepal is living below the poverty line. Nepal features among of the world's weakest demographic and health statistics. Every society has a strong interest in its members' health. A state of wholeness that is interconnected with both the biotic and abiotic components of one's surroundings and other people is known as human health. One of the most fundamental human rights, needs, and responsibilities is access to health care. Health has considered as a major indicator to measure development position of a society/nation. Magar is one of indigenous communities of Nepal. Magar is one of the Mongolian group of people. The caste spread all over Nepal. They have their own culture, religion and mother tongue. The population of Magar in Nepal contains 7.20%, 7.10%, 7.12%, and 6.9% of the total population according to census of 1991, 2001, 2011, and 2021 respectively (CBS, 2011; National Population and Housing Census, 2021). In 2010, the Nepalese population's life expectancy at birth was 64.1 years. The development of medical facilities has resulted in a decline in death rates, particularly among infants and children, over the past ten years, which has led to a notable shift in life expectancy. Census 2011 reported that 73.8% households can reach primary health centers within half an hour (CBS, 2011). It shows the positive changes in accomplish health service to get better health status of people of Nepal. The mode of treatment is highly dominated by the indigenous/traditional healing system in Nepal.

The state of people's health has drastically changed as a result of innovations in modern medicine, but this has not helped the vast majority of the impoverished or those who live in remote or rural parts of Nepal. Urban areas are home to the majority of today's hospitals and clinics. Most people in this situation are unable to benefit from the current state of modern healthcare facilities (Rai, 2012). Janajati is that community which has its own mother tongue and traditional cultural yet do not fall under the conventional fourfold Varna of Hindu or Hindu hierarchical structure (Karki, 2015). The characteristics of the Janajati group includes (a) a unique a collective identity, (b) own dialect, faith, customs, culture, and way of life; own customary egalitarian social structure, (c) customary territory or region, (d) historical accounts,

whether written or verbal, (e) declare themselves as "We feeling" that they have no significant influence over politics and governance in contemporary Nepal *Janajati* (CBS, 2003).

Historically, many of these *Janajati* group used to occupy a particular custom or territory and thus many of them claim that they are the true "first shelter" (Adivasi) of Nepal, like the caste Hindus, the *Janajati* can also be divided into two distinct regional groups Hill *Janajati* and Terai *Janajati* (CBS, 2003).

The germ theory is not part of the conventional Nepalese understanding of illness. The Nepalese view illness as something external to the body, brought on by demonic forces that invade the body, upsetting its natural equilibrium and resulting in a variety of ailments. The afflicted individual is uncertain about the nature of their illness and when it will go away. Since the illness has been brought about by outside forces, the indigenous cosmology that governs our movement's extent and our relationship to the cosmic order is where the answers to issues must be found in the cosmic system. It is thought that a supernatural force has taken hold of the body's essence, causing illness, devastation, and frequently, death. The healer is the one who will attempt to free the soul or restore equilibrium to the system so that it can operate normally (Mala & Chhetri, 2009).

Shifting of health practices are observed over the period of human development throughout the record. This is dependent on the acquiring of new knowledge as well as based on experiences. Allopathic system is said to have based on science, whereas non-allopathic system might embrace all three phases. From the very beginning, pluralistic medication or health care practices have massively existed in Nepal. Indigenous or local healing practices, folk medicine or other traditional medicinal practices are known as alternative medicine to modern medicine (Rai, 2012). Therefore, the community belief relevant to their culture or overall health system can be a prospective and considerable area of study to make modern health services more like-minded to the confined system due to the geographical, cultural and other aspects of spread settings. Hence, study seems necessary to explore the ethnic knowledge of Magar for treatment of illness in Morang district.

### ***Ethnic Knowledge***

Ethnic knowledge refers to the understanding and awareness of the diverse ethnic groups, their cultural practices, social structures, and historical contexts within a specific region (Bennett et al., 2008). Ethnic Knowledge refers to the unique insights, skills, and experiences that individuals from diverse ethnic backgrounds bring to an organization. This knowledge is shaped by their cultural heritage, traditions, and personal experiences, which can significantly contribute to the organization's overall knowledge base and innovation capacity (Khurram & Giangulio, 2019). Ethnic knowledge refers to the understanding and practices that are specific to a particular ethnic group, often passed down through generations. This type of knowledge is deeply rooted in the cultural traditions, beliefs, and experiences of the community (Meusburger et al., 2015). Indigenous Knowledge Systems (IKS) and Ethno-medicine theory have been adopted to strengthen this study from a theoretical point of view.

### ***Indigenous Knowledge Systems (IKS)***

IKS refers to the unique, traditional knowledge held by specific cultures or communities, developed over centuries through interactions with their environment. This knowledge encompasses a wide range of areas, including agriculture, medicine, and ecology. IKS is integral to the survival and identity of indigenous communities and is passed down through generations orally or through practice (Grenier, 1998). One of the key characteristics of IKS is its holistic nature, which integrates the spiritual, social, and environmental aspects of life. It offers sustainable solutions to challenges faced by indigenous communities and is particularly relevant in fields such as healthcare and conservation. IKS is also gaining recognition as valuable for modern scientific approaches, as it often addresses local problems in ways that are culturally appropriate and environmentally sustainable (Agrawal, 1995).

### ***Ethno-Medicine***

Ethno-medicine is the study of traditional medical practices among various ethnic or cultural groups. It examines how different societies understand health, illness, and treatment, often focusing on the use of natural remedies derived from plants, minerals, and animal products (Etkin, 1993). Ethno-medicine is deeply embedded in the cultural context of the community and is usually associated with indigenous knowledge systems. Traditional healers, rituals, and local

medicinal plants often form the backbone of these practices. This approach to medicine is based on empirical knowledge that has been tested and refined through generations of practice. Ethno-medicine provides an alternative perspective to biomedicine, emphasizing the cultural and ecological dimensions of healing (Good, 1994).

IKS promotes a holistic view, connecting nature, spirituality, and society. It emphasizes sustainability, using local knowledge to protect the environment and support long-term survival. IKS helps preserve cultural identity through practices passed down orally and through rituals. Similarly, ethno-medicine demonstrates how cultural norms influence healing. It is based on empirical information gathered over many generations, particularly in the case of natural treatments and herbs. Biomedicine and ethno-medicine work together to enable effective and culturally sensitive treatments. The foundation of this method is the healer-patient relationship, which is frequently spiritual and intimate.

### ***Modern Health Practices Among the Magar Community***

Magar is one of the indigenous nationalities of Nepal, with their own mother tongue, folk culture, beliefs and traditional healing practices. The health status of Magar is influenced by various factors such as poverty, lack of modern health facilities, geographical remoteness, cultural norms and values, and indigenous knowledge. This study raises the question of whether Magar are getting access to proper health care and if not, why. It also seeks to understand how Magar perceive and treat illness and disease, and the relationship between their socio-cultural conditions and treatment practices. Magars are one of the tribal tribes of Nepal with their mother tongue, folk culture, beliefs and traditional healing methods. Therefore, the purpose of this study is to investigate the ethnic knowledge of Magar for the treatment of illness in Morang district of Nepal.

Beine (2012) stated that The Sen Dynasty's views and methods for providing healthcare are part of modern culture. Like an archaeologist using what is known as a "ethnographic analogy"—living, related cultures to draw conclusions about the culture they are studying—we can strengthen our earlier conclusions about medical practices during the Sen Dynasty by drawing on what we know about current medical practices among the Palpa population. It is possible that some traditions have survived from earlier times if the people of Palpa (and other

related but geographically separated groups) still follow them today. The researcher came to the conclusion that these modern customs are a living relic that are probably evocative of earlier traditions from the Sen Dynasty.

It can speculate, with some degree of confidence, about the health practices that the people of Palpa were probably using during the Sen Dynasty thanks to the history and knowledge of the Rajput's earlier medical practices, the practices of dynasties that were related by marriage and blood, and what we see practiced by their modern descendants. A picture is painted of a society that probably had access to (and used) a range of pluralistic medical practices, ranging from the traditional healing practices of the dominant Magar populations of the study area to the Rajput-influenced Ayurvedic and allopathic precursors and the Shah-influenced allopathic methods. Our research into the cultural foundations of the Sen and related dynasties, along with our ethnographic analogy method of examining the dominant Magar culture, paint a plausible picture of healthcare beliefs and practices during the Sen Dynasty, albeit one that is undoubtedly speculative (Beine, 2012).

According to Sapakota (2008), ethno-ecological observation of the Magar in Bukini, Baglung, Western, Nepal, the community faces challenges related to education, the environment, and the local economy. The Magars' reliance on clothing, food, and leisure grows, and their financial circumstances deteriorate. Even though the number of educated people has increased, most of them are uninterested in working in agriculture and lack knowledge about agricultural production. Important information about plant people and their interactions with their surroundings is possessed by a small number of people. The younger, better educated Magars ought to understand the value of traditional knowledge and adapt it to new circumstances. The study emphasizes the close connections that exist between individuals, their natural surroundings, and culture, all of which have an impact on their social standing. In the review of above literature focused on subject's socio-cultural condition, health care system and ethnic knowledge for treatment system. Thus, the researcher comes to a decision to conduct a study on socio-cultural condition and ethnic knowledge for treatment of illness and disease at Magar community. Specially, socio-cultural factors of Magar and their ethnic knowledge has played vital role for changing treatment pattern of illness. Consequently, this study is equally meaningful in context of ethnographic study. The findings of this research peak up to draw the new facts and figures in the treatment of Magar community.

### ***Theoretical Perspectives on Illness and Disease***

Divine theory is a theological theory which deals the causes of disease or illness in divine or supernatural power (Baidya et al, 2068 BS). The Magar culture also have belief the supernatural power which is reviewed above. At their birth ceremony, death ceremony they worship the god, so they believe supernatural power. The researcher needs to find out the relationship between divine theory and treatment system of Magar community. Ecological theory of disease is a modern theory at present in the field of health. According to this theory, health is determined by different factors such as socio-cultural, environmental factors, experiences, heredity, etc. It deals if positive and constructive interaction between health and its determinants; man became healthy, if negative interaction between health and its determinants; man became unhealthy or ill health (Baidya et al, 2068 BS). So, the researcher needs to know how the Magar interact their socio-cultural environment. Are they using their ethnic knowledge / experiences for treatment of illness or disease? So, the researcher has looked through ecological theoretical perspective. Divine theory is less scientific and ecological is more social and scientific, thus researcher has used both of them to study.

### **Methodology**

#### ***Research Design***

The study had based on the ethnographic approach. The research design had concerned the investigation of socio-cultural presentation, historical information and treatment pattern of illness and diseases. The research had designed exploratory as well as analytical. The accumulated information and data from the selected respondents and key informants had discussed with descriptive way.

#### ***Study Site and Population***

Magar is an indigenous/ethnic community of Nepal. The settlement area of Magar is all over the country. According to the 2021 census, 142 caste/ethnic groups were found in Nepal. Out of total population, Magar covered 20,13,498 (6.9%). Of these, 8, 10, 315 (2.78%) speak *Magar Dhoot*, 91,753 (0.31%) speak *Magar Kham* and 1225 speak *Magar Kaike*.

The study population of the study area were the total population of the Magar, who were currently lived in Kerabari Rural Municipality of Morang district. Morang district with an area of 219.8 sq km has a total population of 34,504 (CBS, 2021). Among them, according to the

National Census 2011, the population of Magars in Kerabari village municipality is 4,234 and 3,771 people speak Magar language (Karki, 2019).

Magar population in Morang District and Kerabari Rural Municipality is the total population of Magars living in Nepal and abroad. Modern health facilities are inadequate in Morang district due to geographical conditions and lack of skilled manpower in the health sector. Since two of the researchers are resident of the same district, it has been claimed that real information has been collected about Morang district.

### ***Sample and Sample Techniques***

For this study, ward number 7 under Kerabari rural municipality of Morang district has been taken as a sample based on purposeful sample selection method. People of the Magar community living in that ward and living in *Jharphuk* have been taken as the sample of this study.

### ***Source and Nature of Data***

The sources of data of the research were primary and secondary. Primary and secondary data were collected. For secondary data, different literatures with related to the field, were reviewed. Different books, journals, articles, websites, etc. were retrieved. For primary data, the researcher was conducted interview with the selected respondents for collect information. The interaction and observation were done for the collection of opinion.

### ***Data Collection Technique***

The field visit was done to get above stated objectives. During collecting primary and secondary data, the following techniques were applied;

### ***Key Informant Interview***

Key informants were traditional healer (*Jharphuk garne*). Interview was used to collect the general information about the practice of health service and views on traditional and modern health treatment system.

### ***Interviewed Schedule (Field Survey)***

Interviewed schedule was used as major research tool. Face to face interview was conducted in selected research area. Prevalence of disease, ethnic knowledge for treatment of illness, treatment system etc. was tried to explore during interview.



## **Findings and Discussion**

### ***Ethnic Knowledge of Magar for Treatment of Illness***

The ethnic knowledge and tradition of *Jharphuk*/shamanism play a crucial role in the healthcare practices of the Magar community in Nepal. In our research, we conducted interviews with individuals who practice *Jharphuk* to gain insights into the traditional healing methods and beliefs prevalent among the Magar people.

### ***Origin and Essence of Jharphuk***

The interviews shed light on the origins of *Jharphuk*, tracing its roots back to the ancestral beliefs and practices of the Magar people. It emerged as a holistic approach to healing, encompassing spiritual, psychological, and physical dimensions. The essence of *Jharphuk* lies in its belief that sickness often stems from disturbances in the spiritual realm, necessitating intervention through rituals and ceremonies to restore harmony and balance.

### ***Traditional Healing Practices of Jharphuk/Shamanism***

The interviews revealed that *Jharphuk*, also known as shamans, are revered figures in the Magar community who possess unique abilities to communicate with spirits, enter trance states, and provide divinations for healing purposes. These shamans are believed to have a deep connection with the spiritual world and are sought after for their guidance in diagnosing and treating illnesses.

### ***Role of Jharphuk/Shamanism in Healthcare***

The traditional healers, or *Jharphuks*, are considered as intermediaries between the physical and spiritual realms. They use rituals, mantras, and herbal remedies to address various health issues and spiritual afflictions within the community. The practice of *Jharphuk*/shamanism reflects the holistic approach of the Magar people towards healthcare, where the mind, body, and spirit are considered interconnected. Our discussion elucidated the pivotal role of the *Jharphuk* practitioner within the community. These individuals undergo rigorous training, often passed down through generations, to acquire the knowledge and skills essential for performing rituals effectively. They serve as mediators between the human and spiritual worlds, employing a combination of prayers, incantations, and herbal remedies to heal ailments and alleviate suffering.

### ***Community Perceptions and Beliefs***

The interviews with *Jharphuks* shed light on the community's perceptions and beliefs regarding illness and disease. The Magar people attribute sickness to various factors, including spiritual influences, evil spirits, and supernatural forces. The role of *Jharphuk*/shamans in diagnosing and treating these illnesses is deeply ingrained in the cultural fabric of the community. Our analysis revealed the communal nature of *Jharphuk* rituals, with the entire community often involved in the process. Family members provide support and assistance, while elders impart wisdom and guidance. The efficacy of *Jharphuk* is intertwined with the collective belief system of the Magar people, who view illness not merely as a physical ailment but as a manifestation of spiritual imbalance requiring holistic intervention.

### ***Implications for Healthcare Practices***

The study underscores the importance of preserving and respecting the ethnic knowledge and traditions of *Jharphuk*/shamanism in the Magar community. By acknowledging the role of traditional healers and integrating their practices with modern healthcare systems, healthcare providers can offer more culturally sensitive and effective services to the Magar population. Despite the enduring relevance of *Jharphuk* within the Magar community, our discussion also highlighted its evolving relationship with modern healthcare practices. While some individuals continue to rely solely on traditional healing methods, others opt for a combination of *Jharphuk* and modern medicine, recognizing the complementary benefits of both approaches. This integration reflects the adaptive nature of cultural traditions in response to changing societal dynamics.

### ***Challenges and Preservation Efforts***

Lastly, our analysis addressed the challenges facing the preservation of *Jharphuk* in the contemporary context. Rapid urbanization, socioeconomic shifts, and diminishing interest among younger generations pose significant threats to the continuity of this ancient practice. Efforts to safeguard and revitalize *Jharphuk* involve initiatives aimed at documenting oral traditions, promoting cultural awareness, and fostering intergenerational transmission of knowledge.

In conclusion, the ethnic knowledge and tradition of *Jharphuk*/shamanism in the Magar community reflect a unique blend of spiritual beliefs, traditional healing practices, and modern healthcare approaches. By understanding and valuing these cultural aspects, healthcare interventions can be tailored to meet the diverse needs of the Magar people in promoting their

health and well-being. our research underscores the rich tapestry of ethnic knowledge and tradition encapsulated within *Jharphuk* shamanism in the Magar community. Through the lens of our interview with a seasoned practitioner, we gained insight into the profound spiritual beliefs, intricate rituals, and adaptive resilience inherent in this centuries-old healing tradition. As custodians of cultural heritage, it is imperative to recognize, respect, and preserve such indigenous practices for future generations.

The paper examines the similarities and differences between IKS and ethno-medicine theory as they relate to the medical practices of Magar culture. IKS and ethno-medicine both highlight the significance it is to transmit traditional knowledge between generations. This reflects the *Jharphuk* customs of the Magar community. Additionally, both theories emphasize a holistic approach to healing that takes into account social, spiritual, and physical aspects of good health. Similar spiritual rituals combined with physical healing are practiced in the Magar culture through shamanic activities. The amalgamation of conventional and contemporary medical care is another similarity. The Magar people follow the coexistence emphasized by both IKS and ethno-medicine by combining traditional healing with contemporary medicine.

IKS encompasses a broad range of activities, such as environmental management and agriculture, whereas ethno-medicine is primarily concerned with health and healing. The Magar community's practice of *Jharphuk* focuses on the ritual of healing a sick person, so this practice is more closely related to ethno-medicine than IKS. While ethno-medicine emphasizes empirical knowledge such as the use of herbs, Magar practices focus more on spiritual healing. It is more aligned with the spiritual aspects of IKS than the empirical focus of ethno-medicine. Thus, this study highlights the spiritual dimension of treatment among Magar people, which is different from ethno-medicine's typical emphasis on practical treatments.

## **Conclusion**

This exploration provides valuable insight into the traditional healing practices and healthcare beliefs of this tribal group. A number of key findings can be drawn from a comprehensive analysis of community perceptions, practices and interactions with the modern health care system. The study underscores the cultural significance of traditional healing practices like *Dhami*, *Jhankari*, and *Baidang* within the Magar community, which have been integral to their healthcare system for generations. The Magar community is increasingly

embracing modern healthcare services, reflecting their adaptive nature and seeking comprehensive, effective treatment for various illnesses.

The study explores the Magar community's diverse beliefs about illness, highlighting their socio-cultural traditions and customs, which include attributing sickness to spiritual influences and seeking local healers. The research suggests enhancing healthcare practices in the Magar community by professionalizing traditional healers, promoting health education programs, and integrating indigenous treatment systems with modern allopathic medicine. The Magar community's traditional healing practices should be preserved and incorporated into healthcare interventions to improve overall health outcomes and well-being.

The importance of IKS and ethno-medicine in the healthcare of the Magar people is highlighted in this study. *Dhami* and *Jhankri* are two examples of traditional healing methods whose cultural roots are strongly intertwined with the healing practices of the Magar community. These practices are the product of the Magar community's health system passed down from generation to generation. The Magar community's healing system emphasizes both traditional healing and modern medicine. Both IKS and ethno-medicine similarly emphasize the importance of cultural traditions in healing. This study suggests combining traditional and modern healthcare. It is also recommended to preserve these treatment methods that are traditionally used in the Magar community. Preserving these practices can lead to expected improvements in the health of the Magar community.

In essence, the study underscores the importance of understanding and valuing the ethnic knowledge and traditions of the Magar community in shaping healthcare practices and promoting holistic well-being among this unique indigenous group in Nepal.

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