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ORIGINAL ARTICLE

TRANSFORMATION OF CONVENTIONAL MEDICAL PRACTICES: AN ETHNOGRAPHIC INVESTIGATION FROM AMPPIPAL GORKHA, NEPAL

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Abstract

Residents relied on these age-old healing techniques, which were deeply ingrained in the community's practices. A Sociocultural Analysis of Amppipal, Gorkha's Current Status of Conventional Health Practices was provided by this study to examine how people view and interact with healthcare delivery and the modifications made to conventional medical procedures. It has been observed that contemporary medical procedures are significantly displacing customary medical procedures. Conventional medicine has long dominated healthcare practices in the Amppipal community to investigate the ways in which contemporary health services are altering socially accepted health practices. The study clarifies the complex interplay between conventional medical practices and Gorkha's evolving healthcare system. In Gorkha, conventional and contemporary medical interventions coexist, with modern healthcare services taking center stage. Nevertheless, it is noteworthy that significant shifts have taken place in the application of conventional medical practices, partially due to the growing impact of contemporary healthcare services. These are the goals for this study; to evaluate Amppipal Hospital's contemporary healthcare services in addition to the conventional medical practices used in the study area. It demonstrated their tenacity in the face of contemporary health care services' encroachment. Contemporary medicine has made remarkable strides in diagnosing and treating a wide range of medical conditions, especially those caused by infectious agents such as viruses and bacteria. These results highlight how crucial it is to acknowledge the changing dynamics between modernity and conventional in the context of healthcare delivery, while also appreciating and protecting conventional health practices as an essential component of the local culture and healthcare system. In this study, both an analytical and a descriptive research methodology were applied. The result were obtained, It has been discovered that the social, economic, cultural, and political circumstances that rural residents currently face influence which medical services are chosen.

Keywords: Conventional Medical, Contemporary Medical, Modernization, Amppipal Hospital, Transformation.

INTRODUCTION

In Nepal, there are numerous medical traditions among the various castes and caste groupings. Nepal is a multi-ethnic and multicultural nation, and as such, the diverse communities here have different primary health care practices, beliefs, attitudes, and concepts, as well as cultural variances and similarities (Acharya,

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1994). In Nepal, Conventional medicine is deeply rooted in both culture and religion. For ages, local communities and tribes have used conventional knowledge in accordance with local laws, conventions, and traditions (Koirala and Khaniya 2008). In Nepal, the use of conventional medicine is currently dwindling. Though it started in the seventeenth century, contemporary medicine did not become widely accepted until the last fifty years (Shankar, 2013).

Reducing morbidity and mortality in the developing countries has been made possible in large part by the advancement of contemporary medicine and the growth of contemporary health services (Niraula, 1994). It offers vital contemporary health services like monitoring health status, diagnosis and research, information, education and empowerment, community partnership mobilization, policy and planed new development, law and regulation implementation, personal health service connection, enabling and evaluation. Additionally, research is changing conventional medical practices (CDC, 2014). Health services have frequently shown that important determinants of consumption are aspects of perceived need (Fosu, 1989).

The perceived severity of the sickness and the suitability of the formal health system to address the complaint are related to curative care. According to Cultural Anthropology theories, the difference between the services received and what the patient expected affects how satisfied they are. Currently, research on health services focuses on evaluating the role and effect of private and public health services, the caliber of care provided, and local managers' coordination of multiple service providers (Atkinson, 1993). With an emphasis on health behavior, anthropology has joined the field of health care research by investigating the causes of service use or non-use and improving user or provider assessments of the offered services (Saillant & Derge, 2007).

These modern health services are starting to influence the traditional medical practices in society. In contrast to cultural change that happens gradually or incrementally over time, conventional transformation is described by Khondker and Schuerkens (2014) as a fundamental shift in culture. "Conventional transformation" encompasses a wide range of historical institutional and cultural changes that occur in societies. In various societies, these contradictions ultimately lead to different cultural revolutions and reforms (Fang, 2016, p. 10). An increasing number of structural changes are being characterized by the term "conventional transformation," which generally implies a critical stance toward earlier concepts of development theory (Li, 1995). Political, cultural, and social action may be advanced by research in the field of conventional transformation studies. In social science, the term "Conventional Transformation" refers to the alteration of society's systemic features, which encompasses modifications to the social system's current parameters, such as its technological, economic, political, and cultural restructuring, and it has an impact on the infrastructure of production creating novel technological solutions (Khondker & Schuerkens, 2014).

Cultures also have different ideas about illness, disease, and health and hygiene. Changing people's conventional health beliefs and behaviors requires access to health care, as well as the availability of alternative therapeutic and preventive measures (Regmi, 2001). Enhancing primary healthcare in many rural areas while providing contemporary healthcare. Persuasion is a useful tool for changing health-related behaviors and public health concepts. It is not an easy task



to change people's attitudes and behavior because it involves numerous cultural factors.

Over the course of ten years, Ampipal Hospital's cutting-edge medical services have contributed to the cultural structure's change. The idea of people selecting healthcare services is evolving as a result of these services. Individuals choose for new, contemporary health care systems over conventional healing modalities. Conventional cultural health care systems overlook aspects of modern health care, such as medical treatment, costs, counseling, doctor-patient relationships, and hospital policies. The modernization process is also causing these changes in the community. Urbanization and development processes are part of the modernization process; globalization, empowerment, and health reform are all intertwined. Thus, through the provision of health services, modernization is also facilitating cultural transformation.

THEORETICAL REVIEW

Critical Medical Anthropology

According to Jennifer J. Carrol (2013), the study of medicine and medical practices is the main emphasis of Critical Medical Anthropology (CMA), a sub-field of Cultural Anthropology. For her, it also refers to a particular set of medical theories and methods that take into account the moral, cultural, and philosophical frameworks ingrained in medical procedures. Her main point is to define medical anthropology. She thus assists me in applying critical medical anthropological viewpoints to health practices. However, she says nothing about how CMA views medical procedures and the interplay between conventional and contemporary medicine. Nevertheless, I have focused on how contemporary and conventional medicine interacts using the critical medical anthropological theory.

According to Maher (2002), CMA adopts the stances that, in matters of health and medicine, the social and biological spheres are equally significant since "epidemics are fundamentally social processes". Therefore, rather than focusing on quantitative data or evidence that could support conventional statistical or epidemiological studies, critical medical anthropologists are more likely to concentrate on the social aspects of health (Individual behavior, social relations, social structure, economic forces, political economy, systems of belief, etc.) when conducting research related to health and illness. Maher has made it easier for me to understand how social interactions, political economy, economic forces, individual behavior, and belief systems relate to health. However, she doesn't discuss the various medical specialties and how they relate to one another.

Political economy provides the framework for critical medical anthropology, according to Seiji Yamada's 2007 discussion. According to her definition, critical medical anthropology is an academic and applied endeavor to comprehend and address health, illness, and treatment issues in terms of the interplay between the political economy at the macro level, the political and class structure at the national level, the health care system at the institutional level, the popular folk beliefs and behaviors in the community, the micro level of illness experience, behavior and meaning, human physiology, and environmental factors. This work is anthropological in the sense that it is comprehensive, grounded in history, and focused on the tangible aspects of social relationships and social knowledge as well as the culturally



constructed meaning systems. Crucially, political economy is intended to inform the ethnographic method in critical medical anthropology. She discusses the CMA's focus on institutional health care systems, political economy, and popular folk beliefs and behaviors. She aids in my understanding of the political and economic relationships between hospital health care systems, regional conventional healing practices, and modern and conventional medical practices. However, she says nothing about how one medical system influences the development of another. Additionally, I have discussed how the community's conventional medical system is being transformed by the contemporary medical system.

The field of medical anthropology, as discussed by Hans A. Baer, Merrill Singer, and Ida Susser (1997), focuses on the numerous causes of disease and illness as well as the diverse ways in which different human populations react to these conditions. For them, the processes are influenced not only by physiological factors but also by emotional and cultural factors. A few major ideas from medical anthropology are introduced, including those related to health, illness, patient experience, the medical system, medical pluralism, bio-medicine, medicalization, and medical hegemony. These ideas ought to help me better understand how health-related problems relate to the arrangements and cultural processes of the contemporary world. A brief history of medical anthropology is also provided, as it is a branch of anthropology with the potential to bridge the gap between cultural and physical anthropology. They demonstrated how medical anthropology has incorporated ideas from many theoretical stances in social science and anthropological theory. These viewpoints provide valuable insights into health-related matters, but they did so within a theoretical framework known as critical medical anthropology.

They employ this critical approach, as do many other medical anthropologists, because they think that power and social inequality are the main factors that determine health and health care. This perspective views health issues within the context of encompassing political and economic forces that pattern human relationships, shape social behaviors, condition collective experiences, reorder local ecologies, and situate cultural meanings, including forces of institutional, national, and global scale. Critical medical anthropology, as a theoretical perspective, has been discussed in greater detail along with various other theoretical perspectives within medical anthropology. In addition to an attempt to engage and expand the political economy of health approach, critical medical anthropology is a reflection of anthropology's general shift toward political-economic approaches. They assist me in examining the patient experience, the medical system, bio-medicine, medical pluralism, medical hegemony, medicalization, and the political-economic relationship between health-related issues and contemporary cultural processes and arrangements. However, they don't discuss how the contemporary medical system changed conventional medicine or how modernization sparked this change, topics I covered in my study.

One social group's dominance or power over others is known as hegemony. It can be used to describe the "asymmetrical interdependence" of political, economic, and cultural ties within and between nation-states, as well as the variations in social classes within a country (Straubhaar, 1991). According to Hall (1985), hegemony is defined as "dominance and subordination in the field of relations structured by



power". Hegemony, however, is a strategy for acquiring and retaining power rather than just social dominance. The ability of one group to effectively lead and dominate other groups in society is referred to as hegemony. This can be accomplished through influencing voters, government officials, or communication channels. For instance, certain lobbying organizations might hold a strong influence over congressional leaders. Special interest groups' dominance is intended to be diminished and their ability to influence individual voters increased by regulations that forbid or restrict their political spending (Baer & Susser, 2003). They concentrated on defining the term "hegemony" and associated topics, which made it easier for me to comprehend the hegemonic dynamics of power dynamics, dominance, and other aspects of the relationship between conventional and contemporary medicine. However, they don't talk about the hegemonic relationships and power dynamics within the health system. They don't give a damn about how the thesis discusses how the modernization process affects the hegemonic relationship.

According to Weber (2016), bio-medicine, also known as allopathic medicine or conventional medicine, is the commercial medicine practiced in Western cultures and has been a significant area of medical innovation. However, bio-medicine reflects the values and beliefs of its creators because, like medicine in other cultures, it is shaped by the conditions and beliefs of the culture. According to him, bio-medicine aims to be impartial and unbiased, but the goal of science is to identify falsities rather than truths. According to Weber, science is socially constructed, and cultural preconceptions and presumptions may have some influence on scientific ideas and practices. Real science looks for the best solution to problems rather than the "truth" best response up until a more suitable one is discovered. Medical science is not advancing science itself under the influence of its hegemonic masters; rather, it is generating strong elites who can maintain their dominance and power while stifling real scientific advancement. Weber concentrated on the biomedical hegemony that is practiced under the guise of allopathic or bio-medicine. This idea has helped me to focus my analysis of how bio-medicine has affected the community's traditional healing methods. However, he ignores the thesis' discussion of how bio-medicine supports modernization efforts to transform conventional medicine.

According to Lian (2017), a biomedical approach to human life broadens the scope of the medical system by incorporating new disciplines. The biomedical perspective on human life is becoming more and more powerful and influential in both existing legal domains and new, non-medical domains due to this cultural imperialism. Currently, society is providing a cultural hegemony for contemporary biomedical perspectives. He cited Gramsci's assertion that cultural dominance is the result of "the 'spontaneous' consent given by the great masses of the population to the general direction imposed on social life by the dominant fundamental group," in this case, doctors. He evaluates the biomedical system's moral crusade, which calls for a critical perspective on medical domination. It has been suggested that granting techno-medical systems the authority to establish acceptable behavior standards can lead to cultural homogenization, needless alienation and shame, and a decrease in our tolerance for human diversity. His main argument regarding how we should assess this development is that, even if the decisions are based entirely or mostly on professional, value-neutral assessments, leaving these normative decisions to



professional medical systems amounts to abdicating responsibility for the creation, modification, and maintenance of technological systems' cultural norms and values. He believes that through physicians, bio-medicine is extending its cultural hegemony into previously uncharted territory. This idea makes it easier for me to comprehend how traditional healing methods in Gorkha are being supplanted by cultural hegemony. However, he makes no mention of how biomedical hegemony has changed conventional healing methods, as discussed in the thesis.

According to Salter et al. (2015), the established biomedical hegemony of knowledge, governance, and values clashes with the demands of increasingly knowledgeable health consumers who are able to identify and pursue their own interests. According to them, how does domination respond to the consumer market's challenge, and what does this reveal about its operating system? An examination of how biomedical innovation is hegemonic in general, how closely it is linked to the market for research funding, how current political forms of consumer involvement function, and how bioethics functions conceptually as a statutory agency. It examines the hegemonic challenge posed by consumer demand through the global practice-based market of medical innovation, the response of national and international scientific institutions and the restatement of orthodox model values, and the cooperative role of bioethics. They are using the example of modern health inventions. Lastly, they discuss the conflicts that exist within the hegemonic biomedical model between the fundamental roles and ideals of the doctor and the scientist, the demands that the public is making of health care, and how these conflicts are being exacerbated by the advent of political compromise. They underlined how bio-medicine's hegemonic traits and its hegemonic power response to subjugate other health system types. They support my analysis of the power dynamics and domination patterns in the political and economic interactions between bio-medicine and conventional healing. However, they do not address the thesis's discussion of how biomedical hegemony supports the modernization process by transforming conventional healing methods.

Modernization, Change and Transformation

According to Hussain et al. (1981), modernization refers to the entire range of changes and profound adjustments that a traditional society must go through in order to become modern. According to modernity, Matunhu (2011) noted, policies meant to improve the standard of living for the impoverished include distributing knowledge and information about more effective production methods. He believes that modernity theorists depict modernization as a process of change in which outside forces impact people and cultures, and that nations progress in modernity at varying rates depending on their versatility and adaptability. He stated that in this scenario, people ought to be inspired to embrace modernization and the shifting social and economic landscape. It has to do with giving up one's cultural values. Broader values, customs, and attitudes in larger contexts are altered as a result of modernizing culture. Examining how modernization has led to the development of new cultural norms and values as well as changes to traditional cultural practices is beneficial. However, they neglect to consider the various medical specialties. I examined medical systems in my study area and their interactions with one another from the standpoint of modernization.



How does the industrial revolution's modernity of social life affect people's lives today is explained by Giddens (1991). He claims that because of modernity's mobility, global influence, and degree of subversion of ingrained habits and customs, it is unlike any previous form of social order. According to him, modernity fosters a diversity of lifestyle options, including for those from lower socioeconomic classes, as more people are compelled to choose between various local and, increasingly, global alternatives as tradition loses its hold on people. Classes are among the choices. He helped me comprehend the various social health orders and the dwindling local traditional healing methods.

However, he fails to see how process modernization influences and advances contemporary health practices while transforming conventional medical practices. I have examined how Ampipal's traditional healing has been transformed by contemporary medicine thanks to the modernization process.

In a 2000 discussion of modernization theories ranging from Karl Marx to Daniel Bell, Ronald Inglehart and Wayne E. Baker made the case that significant cultural shifts will result from economic growth. However, some have contended that cultural values have a persistent and independent impact on society, including Max Weber and Samuel Huntington. They put to the test the hypothesis that systematic shifts in core values were associated with economic growth. They discover proof of both the persistence of particular cultural traditions and broad cultural change. A move away from absolute norms and values and toward values that are more logical, tolerant, reliable, and participatory is linked to economic development. They concentrated on how socio-cultural transformation and change are a result of economic development. However, they fail to consider how globalization, other forms of development, and the intervention of modern knowledge can alter and transform conventional medical practices. I have discussed how socio-cultural change and transformation are influenced by physical development, the intervention of contemporary knowledge, the globalization process, and urbanization.

As it provides a descriptive and explanatory framework of the transformations a conventional or underdeveloped society goes through as it transitions to a modern state through processes of economic growth and expansion as well as social, political, and cultural changes, the Modernization Theory can be seen as a theory that spans many different disciplines. This essentially means that it makes an effort to illustrate the ways in which society develops the influences on this development, and potential responses from society to such a shift. According to Hussain et al. (1981), the term "modernization" refers to the entire range of drastic changes and transitions that a conventional society must go through in order to become modern. It was helpful in describing how conventional healing methods have drastically changed and how conventional health practices have been replaced by contemporary health services. They appear to be more appropriate than more precise terms like "evolution", "progress", "differentiation" or even "development" which often conjure more particular mechanisms, processes, and directions of change, for indicating modernization (Haferkamp & Smelser, 1992). This concept made it easier to comprehend how the, "The evolution of the community", the distinctions between conventional and contemporary medicine, and the advancement of health. Modernity asserts that policies meant to improve the living



conditions of the impoverished frequently involve the dissemination of knowledge and information regarding more effective production methods (Matunhu, 2011).

According to modernity theorists, a country's ability to adapt and change course determines how quickly it becomes modern. According to these theories, modernization is a process of transformation in which outside forces has an effect on both the individual and the culture. In this instance, modernization necessitates motivation in order to keep up with the rapidly shifting social and economic landscape. It has to do with a person letting go of their cultural values. The wider values, customs, and attitudes of the larger contexts must shift as a result of modernization of culture. These concepts made it easier to comprehend how socioeconomic and cultural contexts are changing in terms of behavior, standards, and health-related values.

Giddens (1991) explains how modernity-the social structure that emerged from the industrial revolution-influences people's lives today. He explains that modernity's global influence, dynamism, and extent to which it subverts ingrained customs and habits set it apart from all earlier forms of social order. Observes that people are forced to compromise on lifestyle choices between ranges of local and, increasingly, global options the more tradition loses its hold. As a result, modernity encourages a variety of lifestyle options, giving even those from the lowest social classes some degree of choice. This concept aided in the understanding of how the modernization process changed customary medical practices and supported the advancement of contemporary health in this study. Modernization theory describes how external factors impact cultures; as a result, it focuses on how larger contexts' broader values, norms, and attitudes change. Tradition gradually loses its hold as people are forced to choose between a growing number of local and global options for their lifestyles.

Khondker and Schuerkens (2014) synthesize different theoretical strands such as modernization theories, dependency and world-systems theories, globalization and multiple modernity theories, and present social transformation, development and globalization through various theoretical approaches to the study of social transformation. Among these, they demonstrated a few theoretical stances for examining social transformation. In order to examine how the conventional healing system is changing socio-culturally, I have opted to study modernization theory. However, they are unconcerned about the medical system, their interactions with it, or how the modernization process led to this change. Which is why I used modernization theory to examine how contemporary health services contribute to the cultural shift in the Gorkha district.

The relationship between political liberalization, cultural change, and economic development is examined by Abdollahian et al. (2012) frequently using the framework of traditional modernization theory. According to them, contemporary research aims to expand traditional theory in order to bring it closer to the empirical world. According to the human development perspective, economic growth spurs cultural advancement and the emergence of liberalizing social values, which in turn support functional democracy. They develop a novel econometric procedure to estimate the parameters of highly nonlinear, continuous time models, formalize the dynamic causal structure specified in the human development perspective using a systems dynamic approach, and validate our formal model using five waves of data



from the World Values Survey (WVS). According to their findings, development is highly path-dependent and nonlinear. Successful secularization and expressive political behavior are prerequisites for the establishment of long-lasting democratic institutions, and both depend on economic progress. In order to generate demand for a secular and expressive political marketplace where democratic institutions can survive and flourish policies and institutional arrangements must be adapted to, not exceed a country's level of economic progress. They only emphasize how important it is for economic growth or development to bring about cultural change. This made it easier for me to comprehend how conventional health practices are changing as a result of economic development. However, they haven't examined other factors that contribute to cultural change and transformation, like the use of contemporary technology, the globalization process, urbanization, and awareness and education, all of which are examined in this study.

In his 1999 work, William C. Cockerham explores the reasons behind the rise in adult mortality in the former socialist nations. The speaker brought up certain accounts that attribute the decline in life expectancy to specific risk factors such as alcohol misuse, smoking, and inadequate nutrition. These factors stem from societal norms and behavioral patterns that are widespread in the community. The fact that so many people in the former Soviet bloc smoked, drank alcohol, or ate less nutrient-dense food to the point where their lives were noticeably shortened does not support his claim that these behaviors are to blame for the high rate of premature deaths. He offered an examination of the connection between societal variables and the ongoing low mortality rate that persisted between the middle of the 1960s and the 1980s, increasing in the 1990s as a result of a long-term decline. His central thesis is that social conditions shorten lives and can actually be the main contributor to widespread premature mortality; health is not just a matter of biology and medical care.

Cockerham concentrated on seven former Soviet member states: the former Czechoslovakia, Bulgaria, Romania, Hungary, Poland, and Russia. The people of these nations were united by the military alliance of the Warsaw Pact, lived under communist regimes, and had comparable social, economic, political, and healthcare systems. Because the Russian Federation is the epicenter of the rise in mortality, he focused his discussion and analysis on it when dealing with the former Soviet Union. Albania and the former Yugoslavia were left out because they were not Warsaw Pact members and were not under the direct control of the Soviet Union. Furthermore, an analysis of mortality from natural causes is not possible for the former Yugoslav state due to the deaths and social disruption caused by the tragic ethnic civil war. In addition to reviewing the evidence for a social basis for the decline in life expectancy and analyzing its specific social determinants, Cockerham also looks at the nature of the 74-year socialist experiment and the quality of the data. He contributed to the investigation of the sociocultural causes of the community's conventional medical practices' decline. However, he fails to consider how contemporary medical procedures might undermine conventional methods of healing. Thus, with the aid of the modernization process, I examined how traditional health practices have been transformed by means of contemporary medical systems.

Mohyuddin and Ambreen (2014) talked about the attempts made in the health care sector to comprehend the cultural beliefs and practices of the native people.



Understanding the nature of development, the internal and external forces causing the changes, and the real beneficiaries of the development was the primary goal of this study. Additionally, an attempt has been made to learn about the village's healthcare practices, which included allopathic and faith-based medicine. The indigenous people used conventional and spiritual healing systems at first, but as their economic status and literacy rate rise, they are becoming more receptive to contemporary medical practices. Gorkha has seen numerous changes over the past thirty years. Due to increased media awareness and the transition from subsistence to a market economy, the use of allopathic medicines has increased as a result of the native population choosing to pursue secondary sources of income. Additionally, they attempt to investigate the transition from traditional to modern healthcare and the differences in native people's health-related beliefs and practices, the effects of which have been examined at the micro level in light of hegemony theory. They aid in my comprehension of the cultural norms and beliefs of the locals in the healthcare industry, as well as the nature of development and the internal and external forces influencing the changes. However, they do not discuss how the hospital's contemporary health services, which are involved in the modernization process and the shift from traditional healing methods, support the changes discussed in this study.

The 2014 study by Mohyuddin et al. addresses research findings about contemporary and conventional biomedical healthcare systems. For them, an attempt has been made to learn about the village's medical system, which encompasses views and ideas about health and sickness in addition to the practices that the locals have created or adopted to preserve and improve their health. The indigenous people used conventional and spiritual healing systems at first, but as their economic situation and literacy rate improve, they are now more likely to favor contemporary medical procedures. There haven't been many changes over the past thirty years. The transition from subsistence to a market economy has led to a rise in the use of allopathic medicines as indigenous people have begun to pursue secondary sources of income. In addition, researchers tried to investigate the differences in Native Americans' health-related beliefs and practices and the transition from conventional to contemporary healthcare. At the micro level, the effects of these modifications have been examined in the context of global system theory. However, reading this article in light of hegemony perspectives at the micro level aids in understanding the process of changing from conventional to contemporary health care beliefs and practices. They aid in my comprehension of how contemporary medicine intervenes in the conventional medical system, how the market economy grows, and how these developments contribute to the transformation of the conventional medical system. However, they don't discuss how modernization and justice in hospital health policies are influencing the study's focus on how traditional healing practices are changing.

RESEARCH METHODOLOGY

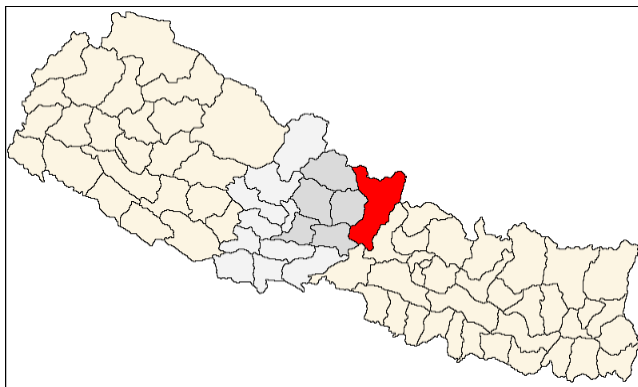
An exploratory and descriptive study design is used in this investigation. These kinds of designs enable thorough investigation of the topic, enabling in-depth comprehension and examination of customary medical procedures and community healthcare behavior. The study is qualitative in nature and aims to reveal the



community members' complex nuances, perspectives, and experiences. The study was carried out in the Palungtar municipality's ward number 3 Amppipal precincts, which is located in the Gorkha district. This geographic location was selected because it is pertinent to the study of customary medical practices in the area. The primary method employed in this study to delve deeply into people's perspectives, experiences, and beliefs regarding traditional healthcare behavior were in-depth interviews. The contextual understanding was enhanced by key informant interviews, which gave access to specialized knowledge and insights into the community's traditional health practices. As a key informant, I have chosen a local activist and member of the hospital staff. For this study, information was gathered via the Knowledge and Information Infrastructure (KII) on medical care, health services costs, counseling, doctor-patient relationships, hospital policies, medicalization, development, urbanization, globalization, empowerment, modernization processes, and the influence of health services on cultural dynamics.

The technique of observation played a crucial role in observing and recording customary health behaviors, practices, and interactions in the community. Participant observation gathers distinct observation data regarding globalization, modernization, healthcare costs, counseling, beliefs, rituals, and customs from the viewpoints of insiders (Within the Amppipal Hospital) and outsiders (The surrounding hospital's areas and communities). The following subjects were covered in the unstructured interview: beliefs, rituals, customs, healthcare costs, counseling, globalization, empowerment, modernization, and relationships between doctors and patients. Medical care, health service costs, counseling, doctor-patient relationships, healing choices and practices, community rituals, beliefs, and customs, as well as modernization and transformation and how new, modern health services have changed traditional medical practices are all covered in this case study. A review of secondary literature was carried out alongside the collection of primary data. To set the scene and deepen the investigation, this involved a thorough review of previous studies, academic papers, and relevant publications.

Outcomes & Findings



Source: <https://www.tibetdiscovery.com/nepal-tours/nepal-maps>

Fig 1: Map of Nepal Locating Gorkha



The village is home to mixed communities of Brahmins (Pokharel, Devkota, Neupane), Pariyars, Khas Chhetri, Achami (Sarki) Kami, and Dalits. The Ghale families consider themselves local kings and have been ruling various places in eastern Amppipal despite the region's small size because of their links with the kings and Ghale rulers during the Ghale and Panchayat periods. They controlled a sizable chunk of the territory. They claimed to be the heirs of the royal king. Common Khas Chhetris like Sarkis and Pariyars were still considered warrior subjects even though they were in greater numbers. That was not the case in other villages. Although the majority of the population was made up of Kshetri and Brahmins, one or two Ghale families ruled. Ghale inherited most of the customs that were created with political and commercial interests in mind. While the Sah ruling family does not currently reside in the village, some of its members have moved from surrounding areas to live in Gorkha's market area. But there are other, more populated areas close to Ghale or Shahs. In the local caste system, they hold the top spot. It is believed that the priest of the Ghale and common areas is a Brahmin. Dalits and other castes have distinct hierarchies. In the Gorkha, there is also a hierarchy between Chhetri and Dalits. Palungtar, like the other region, has its own unique society.

Beliefs within a Community

In Nepal, cultural attitudes and beliefs play a major role in shaping healthcare decisions. The foundation of human thought and social customs is faith. Trust is fostered by established customs within a community. Palungtar-3's populace supports conventional medicine. Still, opinions about healthcare evolve in tandem with society. The political and socioeconomic climate in a community influences people's beliefs. In addition to being physiological states, societal beliefs also influence health and illness. This influences decisions about health care and seeking medical assistance. It affects patients' trust in medical professionals as well as the recommended course of care. This may also have an impact on how the body reacts to medical interventions. Health care utilization and medication adherence can be adversely affected by cultural practices and attitudes regarding health and seeking treatment (Wosti et al., 2011). Health beliefs describe how diseases are acquired, how to treat or cure them, and who should be treating them. These beliefs are found in every culture. Likewise, the inhabitants of Palungtar-3 followed a different faith. Raju Sunar (Name changed) claims that people automatically think of conventional treatment approaches when they have a particular health problem. In addition, traditional healers were thought to be the solution to medical problems. The member community adhered to conventional practices because they had been done that way for a very long time. Thus, people are accustomed to it. Conventional wisdom and health concerns immediately came to mind. On the other hand, fresh cultural viewpoints on healthcare are currently developing. People have faith in hospital care to take care of their health problems. Therefore, the community's use of medical treatment techniques ought to be guided by faith.

Customs within a Locality

It may be considered disrespectful or improper in some cultures to make physical or eye contact, while it is expected in others. When it comes to choosing a medical provider, men and women in the Amppipal Village behave differently.



According to Vaughn et al. (2009), a patient's mentality, culture, beliefs, and ethnic traditions can influence their comprehension of medical concepts, procedures, and decision-making guidelines. Morals influence culture, which in turn influences behaviors related to health. There was also a widespread belief that living a moral life would improve one's health. Decisions regarding health care are often influenced by family members in certain cultures. One may decide to accept and follow medical treatments, depending on how men and women are viewed in society. In certain cultures, making eye contact or physical contact is expected, but in others, it might be considered disrespectful or improper. Women are not even allowed to touch other people when they are menstruating. Moreover, even though it is regularly observed, witchcraft is seen negatively in the community (Maila mama). It is detrimental if he does that because it is the cause of the illness. A person's behavior when seeking medical attention, as well as their willingness to accept specific treatments or behavioral modifications, can be influenced by their spiritual and religious beliefs. Amppipal Village in Palungtar Municipality-3 was a typical community with unique traditions. Bale Kami (Name changed) told me that different people follow different codes of behavior. There was a time when people believed that God would provide for them if they behaved well and showed others kindness and hospitality. Palungtar-3's inhabitants behaved politely and graciously toward visitors. They thought they couldn't annoy people. They keep social harmony and consensus intact. They participated in all customs and events held by the community. Everyone was willing to lend a helping hand to those in need. They thought that collectivism could be used to solve health and community problems. They prayed to God for solutions to all their problems and happiness. But during this time, the behaviors associated with these customs are also changing. People are kept busy by their jobs. They don't have enough time to follow the centuries-old tradition. Their financial security is all that matters to them. If they are sick, they go to Amppipal Hospital, but they don't think it's proper to follow customs.

Villager's Healing Choices

The process of choosing which course of action to take when treating a health issue is known as "healing choice." People's thoughts generate healing options based on their perceptions, knowledge, beliefs, and awareness of what is best to do for a particular health issue. Based on factors like economic status, trust in the healthcare system, and service accessibility, people select their treatment plans. A person's treatment options are influenced by a number of variables, including the economic standing of their family, their location, their level of education, and the culture of their community. Individuals create their own cultural norms in order to heal. Every culture uses a different approach to healing. Treatment choices therefore reflect specific cultural values. Numerous therapeutic approaches were employed in Amppipal Village to address health issues among the populace. Because they were more affordable, quicker to obtain, and required less time, the majority of them underwent treatment using conventional methods. However, within conventional healing methods, individuals employ varying techniques based on the nature of the issues. People went to contemporary medical facilities like the local government health center and the surrounding pharmacies when the conventional treatment options failed to address their issues. Prior to the founding of Amppipal Hospital,



conventional medical practices were the people's first option for care, followed by contemporary medicine. But now, after the intervention of modern health services in the community, the first choice of the people is Amppipal Hospital, the second choice is the hospital outside the district and the third choice is the conventional treatment method. An old woman Gita Nepali (name changed):

“Paila Paila gaugharma yahiko Upachar le pani hunthyo tara ahile bhane hospital janu parchha Purano sabai kura haraera gayo ahile ta j jasto vayapani hospital Jani jamana Aayo”.

Since these conventional remedies were easily and affordably accessible in the neighborhood, people with health issues turned to them for relief. Examples of these conventional remedies include shamanism, Dharmi/Jhankri, and local herbs. Since everyone adhered to the customs of the local culture, they were all required to do as they were told. Amppipal Village, Palungtar Municipality-3, had very poor health conditions prior to the construction of Amppipal Hospital. People are limited to using the conventional healthcare system for treatment, regardless of their medical condition. Therefore, they turned to their conventional method of healing first. However, if this approach proves ineffective, they will only accept responsibility for an early death in situations where they are unable to pay for treatment outside of the district. But once Amppipal Hospital begins operating out of the yard, the community's health situation improves. Amppipal Hospital offers free, convenient, and high-quality medical care.

DISCUSSION

Amppipal Hospital

United Mission to Nepal founded the Amppipal Hospital in 1968, and in 2001 the local community took over management of the facility. Presently, it offers the entire range of primary care, overseen by a full-time general practitioner. With a capacity of 45 operational beds, the hospital has 15 beds. Obstetrics, general surgery, orthopedics, trauma, and non-communicable diseases are the Health care related services that are offered. Amppipal is a tiny village in Nepal's Gorkha district that is surrounded by mountains. Serving more than a million residents of the surrounding areas, the hospital is perched 1,020 meters above sea level atop a hill above the Chepe River. As of right now, it is the only location in the region offering regular surgical treatment facilities. Most patients are from the districts of Gorkha, Lamjung, and Tanahun, and all patients receive both inpatient and outpatient care at the hospital. A local committee is in charge of the hospital. The district government intended for the hospital to have 14 beds, but 46 beds are kept because of the high demand for its services. A hospital in this area faces significant challenges due to the unreliability of the local electric grid. In order to install solar energy at the hospital by 2023, GRID is collaborating with local partner Gham Power, as a result of the hospital's high electricity costs and unstable electric service. The installation of a solar electric system with energy storage will guarantee that the hospital can continue to run its essential services in the event of a power outage. It will also reduce hospital expenses, allowing savings to be reinvested in the services provided to the 55–110 patients who visit Amppipal Hospital on a daily basis (<https://nepalmed.de/amppipal-hospital/?lang=en>).



Medicalization

The process of classifying and treating non-medical issues as medical issues that frequently call for medical care is known as "medicalization." The word "medicalization" grew to include the study of various human ailments. Numerous social repercussions of medicalization include the pathologizing of individual differences and the individualization of problems while downplaying the importance of social and political context (Crossman, 2018). The social process of culturally classifying a human experience or condition as pathological and treating it as such is known as "medicalization." Pathology identifies Palungtar's problem in every health during this time. Conventional knowledge is not used by people to diagnose their health issues. Instead of using conventional medicine, they use contemporary medicine to treat their health issues.

It was discovered during the study that nearly all of the patients who practiced health problems in the hospital had issues. There is a growing trend in society to follow the hospital when experiencing health issues. There was now a contemporary medical culture for healthcare. They visit the hospital to receive care for all of their medical issues. They believe the hospital's advice regarding their issues, and the hospital treats them as such. Instead of utilizing conventional medical practices, the majority of people opt for contemporary medicine in hospitals to treat their health issues. Rather than accepting the definitions of conventional healing, they preferred the pathological explanations of their health issues. Lalita Kumal (Name changed), a woman, said. "Paile Paile Ghaughar ma herauni Phukauni Garera sancho hunthiyo Tastai anya birami parda gaugharaka Baiddha Harule Jadibuti Babayara diyar khayapochi Sancho hunthio Ajabholi ta Hospital Jani chalan Aayo". Every health issue is treated with conventional methods such as shamanism, dhami/jankri, and local herbs since they are easily and affordably accessible in the community. However, since Ampipal Hospital opened, things have changed, and people now see conventional physicians for all medical issues. Contemporary scientific knowledge has taken the place of conventional healing knowledge in Ampipal village, Palungtar-3. The Gorkha contemporary medical system has gained popularity among the populace for treating health issues because the hospital's services are more beneficial to the public.

Additionally, the hospital has given the local population access to a wide range of other services, including jobs, education, and awareness-raising. Individuals have been persuaded to adhere to the hospital's policies regarding development, justice in health, health promotion, primary healthcare delivery, and the right to health care. As a result, Ampipal Village, Palungtar-3's traditional medical system has undergone modification.

Health Services Cost

According to the hospital's administration, there are some health care services provided by Ampipal Hospital which is totally free for patients. Through Ampipal Hospital in Gorkha, Possible, a non-profit healthcare organization, offers the world's impoverished access to high-quality, reasonably priced healthcare. Possible is a trailblazer in the field of sustainable healthcare, an approach that combines the finest elements of public, private, and charitable models. Apart from offering complimentary medical care to Gorkha, Possible's global volunteers

collaborate and advocate on various matters impacting the welfare of impoverished individuals in rural Nepal. A few instances are the cultural and economic forces pertaining to the denial of resources, women's status, domestic abuse, active screening, and the necessity of political decentralization in order to effect socioeconomic change in underprivileged areas. According to Ramesh Sarki, a former employee of Amppipal Hospital, Many services-including surgery and medication-are provided without charge, safeguarding everyone's fundamental right to access basic and emergency healthcare. Similar to the hospital offers charity to patients who are extremely impoverished and have not obtained insurance and cannot afford any form of medical care. In addition, the hospital provides a bus service that runs seven days a week to transport patients from various parts of the municipality to the hospital.

According to the government of Nepal's provisions, the hospital offers him some incentives such as mother security programs and provides transportation for delivery services. Additionally, the hospital provided free food management for IPD patients. A few managed incentives for mini lab and vasectomy users. Previously, the hospital provided free door-to-door follow-up care for people who are also closely connected to the facility for chronic conditions like diabetes, asthma, and hypertension.

People are drawn to the hospital by the free services offered, disregarding culturally customary health practices due to the extreme poverty of the local peoples. The majority of them rely on India. Thus, they are unable to provide expensive medical services and do not even have a health investment plan. They adhered to conventional health systems for this reason. Most health issues are resolved by hospitals for people. They are happy with the hospital's services and have faith in it.

Doctor Patient Relationships

In Amppipal Hospital, Service provider Dr. Pravin Kunwar (Name changed) claims that their mission is to demonstrate to the world's impoverished that it is feasible to provide them with high-quality, affordable healthcare in everything they do. Patients are more at ease with the service provider because of their extremely familiar demeanor. The hospital makes such policies and maintains very personal relationships with the public in order for the hospital to successfully persuade people to frequent it. Hospital procedures and policies aim to familiarize patients and encourage them to discuss their concerns honestly. Service providers keep a case history on file, which facilitates treatment planning. They smoothly handle their patients in accordance with cultural norms. They treat their patients as members of their own families and view their problems as their own because of the cultural code. They give their patient's care top priority. They receive good health services and operate efficiently under all conditions. They largely succeeded in lessening the patient's medical issues. First, the healthcare provider spoke with the patient and paid close attention. To help the patient feel at ease in correspondence, they spoke in the local tongue. They interact with the patients normally, using language that is understandable to them. People are drawn to the hospital by its procedures, policies, and conduct, which disregard customs.

In order to foster trust between the public and Amppipal Hospital's service providers, the hospital established strong doctor-patient relationships. The fact that



Amppipal Hospital offers excellent, affordable, and convenient in-home medical services makes the public very appreciative of it. They also observed highly recognizable behavior from service providers. People from Gorkha previously died and suffered from a variety of health issues. They have easy access to high-quality medical care now that the hospital has opened. They therefore have a great deal of faith in the hospital and its staff. People go there to have their medical issues resolved. The hospital solves almost all of its problems. If a hospital is unable to solve a problem, they make excellent suggestions, recommend other, more suitable locations, and even help the hospital get to those locations. Individuals want a service provider who understands their problem and meets their expectations, and they anticipate receiving good responses from the services offered. In order for people to follow the hospitals and have faith in them. And Ram Achhami, a client (name changed), stated:

“Daktar le ramrari kurakani gardachhan kya vyako ko kaso vyako ho sabae Kura ramrari sodkhoj garchhan Hamilai ramrai subidha dieka chhan Hami khusi nai chhau”.

Doctor speaks with them in a friendly manner. The doctor inquires about their issue, listens to it, and makes excellent recommendations about what to do and what not to do. The way a doctor interacts with his or her patients affects how the hospital handles medical issues in general. People's perceptions of the system are based on how service providers behave.

Transformation of Conventional Healing Practices In Amppipal Palungtar Municipality-03, Gorkha, the practice of shamanism has virtually disappeared. People are using conventional healing methods because they are more conscious, educated, and contemporary. Shamanistic customs such as Jharphuk, Dhami/jhakri, Luto Falne, and sato phukauni have nearly vanished from society. Those treatment approaches are being used by very few people. Almost the most compelling argument for ending these practices is the availability of numerous free services, including hospital services. Individuals first seek treatment from contemporary medicine, only turning to shamanism in the event that contemporary medicine proves ineffective. Healing with conventional methods takes longer. Contemporary medicine, however, expedites healing. When free contemporary medicine is available close to a community, everyone uses it instead of conventional medicine due to the fact that people now labor in any capacity to survive. They are pressed for time. They are happy as a result and follow the hospital. Numerous services have been offered at the hospital's doorstep. For this reason, the hospital's policies and programs have an impact on people.

Few people still follow Dhami/Jhakri customs in Amppipal village, Palungtar-3, such as Deuta Bolauni, boksi, Sato gayako. When a patient is unable to recover, they go to a conventional healer after first choosing a hospital. People could trust contemporary medicine despite conventional practices because Amppipal Hospital's services resolved their health issues. Mental health issues are frequently resolved by Dhami/Jhankri practice. It takes a while for this process to heal, and there is no full cure. However, people now go to the hospitals for mental health issues after community hospitals were established and mental health services were added. Later, this service was partially replaced by the Dhami/Jhankri system.



Almost all local conventional herbal medicine obtained through Vaidya has been replaced by hospital services. Ampipal Hospital provides specialized services in place of conventional methods like cloth making, pati shaking, mud shaking, abortive herbs, sally, a local herb for jaundice, piles, and snakebite. Due to the ease and accessibility of hospital treatment for these issues, these customary practices are no longer frequently used in the community. During the course of the study, it was discovered that the community had entirely abandoned these customs. Since it is believed that herbal medicine is not a scientific field of study. Herbal remedies were unable to continue to be that beneficial to individuals and groups. Additionally, healing takes a long time and might not be complete. Healing comes at a cost.

Options for treatment are the procedures that people use when they require medical attention for a health issue. Various healing practices were used by the community during the study period. However, there are various methods that make use of conventional healing techniques. Hospitals in the contemporary health system rank first in terms of patient preferences, followed by conventional treatment methods. When it came to health issues, people turned to modern medicine rather than customary remedies. Since individuals are impacted by the hospital's policies and initiatives. The hospital offers analysis services to meet people's modern needs. As a result, people go to hospitals to satisfy their need for healthcare. People look for fulfillment, and the hospital gave them that fulfillment by taking care of their medical issues.

Beliefs among people also evolved. They formerly held beliefs in shamanism, local herbal medicine, Dhami/Zhakri, and folk customs. However, they now trust contemporary medicine to treat their illnesses. After ten years of use, people have developed habits related to the hospital. People's attitudes within the society also underwent change. Contemporary medicine was widely used for health issues there, despite conventional medical practices. The hospital was successful in influencing people's perspectives on healthy behavior. Frequent visitors to the hospital include those with health issues as well as employees, trainees, and members of the community. Thus, the hospital was successful in making an impression on people's thoughts. Hospitals are only associated with health issues. The community's original beliefs, norms, values, and culture have now been replaced by the hospital's culture, which also subverts customs, beliefs, values, and healing methods.

People now seek treatment at the hospital. They no longer participate in health and prosperity rituals. As more people visited hospitals, ritual performances to treat illnesses became less common. People figuratively carry out rituals at random to safeguard their culture and identities. The younger generation does not participate in rituals like the elders do; older people only perform rituals on a regular basis. They only carry out rituals and submit to their elders. Around this time, ritual performance for medical care was nearly completely replaced by hospital culture. People are now more reasonable. They don't squander time on conventional methods. However, they concentrate on profitable work to make money. They begin searching for benefits at any employment. Additionally, they are aware that the customary ritual performance will not be beneficial to them. There is an alternative to receiving treatment at a nearby hospital in the event of a health issue. They look for explanations from providers of both conventional and contemporary medical care.



Conventional medical procedures take longer than contemporary ones. Thus, they opt for contemporary medicine over conventional medicine. They also know that they will not benefit from the conventional ritual performance. In the event of a health concern, there is an alternative to getting treatment at a nearby hospital. They seek explanations from medical professionals who provide both conventional and contemporary treatments. Contemporary medical procedures are faster than conventional ones. They choose contemporary medicine over conventional medicine as a result. Ampipal Village, Palungtar-3, is undergoing development, urbanization, and justice processes. Contemporary cultural values and customs are dwindling. As a hospital, they created new standards, values, and beliefs. People's ethics and beliefs became more rational after neoliberalism and globalization spread throughout the community through a variety of means. They started to focus on the market. Additionally, the market influences modern medicine, which causes them to fall. People look for service providers that are easy to work with, respond quickly, and are effective. For medical issues, they receive these conveniences, prompt attention, and efficacy from the hospital. As a result, they choose contemporary medicine over conventional forms of healing. They don't have time for collective decision-making, community involvement, or consensus. Individualism is prevalent among people. They looked only for advantages to themselves. Thus, unlike in the past, their conventional customs are no longer observed in the community. The community abandoned the old values and adopted new ones for their daily lives.

People depart during this time to engage in conventional medical practices. Since they had no other options for healing, people followed their own personal healing systems. However, some sought treatment at the cutting-edge medical facilities in Thati Pokhari. However, because medical stores were very costly, conventional medicine was mostly used. Nowadays, the Ampipal hospital is primarily followed. Since hospitals offer the public free and high-quality medical services. However, the hospital swiftly and successfully treats their issue. As a result, the community's use of herbal medicine is almost entirely replaced by the hospital's effective services.

CONCLUSION

Ten years ago, Ampipal was a popular place to receive conventional healing treatments for various health issues. Following that, ward number three of Palungtar Municipality was served by Ampipal Hospital's medical services. For the people of Gorkha and beyond, the hospital's policies, programs, and services are now effective. The hospital's policy of promoting justice in healthcare and improving health status served as a draw for visitors. People were drawn to their services and ceased using conventional medical practices as a result. Along with the decline of traditional practices, modernization was also bringing about changes in norms, beliefs, and customs. New cultures have led to the development of medicalizations. Most health issues are perceived by people from a medical standpoint. The expansion of contemporary medical services in hospitals and the rejection of conventional healing methods have been influenced by community development. The evolution of conventional medical practices and the advancement of contemporary medical services have also been impacted by the processes of



urbanization and globalization. Both are being influenced by improvements in health and education as well as economic growth.

Three general conclusions are deduced from the empirical findings reported in the analytical chapters. These are as follows:

It has been discovered that the social, economic, cultural, and political circumstances that rural residents currently face influence which medical services are chosen.

It has been observed that contemporary medical procedures are significantly displacing customary medical procedures.

Conventional local cultures and practices are changing in all domains, including health, and this is positively correlated with overall modernization processes (which include all development and globalization processes). A Brief Suggestion, Social change is the term used to describe any alteration to a society's social structure, including changes to its institutions, traditions, and interpersonal interactions. If it is sustained on a larger scale, it might lead to societal or social transformation. Consequently, it appears that the national, provincial, and local governments of Nepal ought to formulate a people-oriented policy and vigorously implement it in Gorkha and other locations, and that the country's recently implemented healthcare system ought to be made more widely available to everyone.

REFERENCES

- Abdollahian MA, Coan TG, Oh H, Yesilada BA. (2012).** Dynamics of cultural change: The human development perspective. *Int Stud Q.* 56:827–842.
- Acharya BK. (1994).** Nature Cure and Indigenous Healing Practices in Nepal: A Medical Anthropological Perspective. In: Allen M, ed. *The Anthropology of Nepal: Peoples, Problems and Processes*. Kathmandu: Mandala Book Point. p. 234-244.
- Atkinson SJ. (1993).** Anthropology in research on the quality of health services. *Rio de Janeiro: Saude Publication.* 9(3):283-299.
- Baer HA, Singer M, Susser I. (1997).** Medical Anthropology and the world system: A Critical Perspective.
- Baer HA, Singer M, Susser M. (2003).** Medical anthropology and the world system. Westport: Praeger Publishers.
- Carrol JJ. (2013).** Key Theories From Critical Medical Anthropology For Public Health Research. Part II: Medicine in the social system, Medicine as a Social System.
- Centers for Disease Control and Prevention (CDC). (2014).** The essential public health services An Overview. Retrieved from <http://www.cdc.gov/stltpublichealth>.
- Crossman A. (2018).** Different Types of Sampling Designs in Sociology and How to Use Them: An Overview of Probability and Non-Probability Techniques. ThoughtCo. Available from: <https://www.thoughtco.com/sampling-designs-used-in-sociology-3026562>.



- Fang J. (2016).** Non-institutional political participation: A case study of Chinese peasants during the transformation periods. Singapore: Springer. p. 9-29.
- Fosu GB. (1989).** Access to health care in urban areas of developing societies. *J Health Soc Behav.* 30:398-411.
- Giddens A. (1991).** Modernity and self-identity. Stanford: Stanford University Press. Globalization. Retrieved from: www.sociopedia.isa.
- Haferkamp H, Smelser NJ. (1992).** Social change and modernity. Berkely: University of California Press.
- Hall S. (1985).** Master's session of international communication association. Honolulu, Hawaii.
- Hussain A, Tribe K. (1981).** Marxism and the Agrarian question: German social democracy and the peasantry. Hong Kong: MacMillan Press Ltd:1890-1907.
- Khondker HH, Schuerkens U. (2014).** Social Transformation, Development and Globalization. *Sociopedia.*1-14.
- Koirala RR, Khaniya B. (2008).** Review of Present status of Traditional Medicines and Medicinal & Aromatic Plants Related Resources & Organizations. Nepal Health Research Council, Kathmandu.
- Li J. (1995).** Politics: A power analysis approach. Harbin: Heilongjiang Education.
- Lian OS. (2017).** Biomedical hegemony: A critical perspective on the cultural imperialism of modern biomedical perspectives on human life. *Forum Crit Stud.* The Arctic University of Norway, Tromso, Norway.
- Maher L. (2002).** Don't leaves us this way: Ethnography and injection drug use in the age of AIDS. *Int J Drug Policy.* 13(4):311-325.
- Matunhu J. (2011).** A critique of modernization and dependency theories in Africa: Critical assessment. *Afr J Hist Cult.* 3(5):65-72.
- Mohyuddin A, Ambreen M. (2014).** From faith healer to a medical doctor: Creating biomedical hegemony. *Open J Appl Sci.* 4:56-67. Retrieved from: <http://dx.doi.org/10.4236/ojapps.2014.42007>.
- Niraula BB. (1994).** Use of health services in Hill villages in Central Nepal; *Health Transition Review* 4, 151-166.
- Regmi RR. (2001).** Anthropological insights in the delivery of health services in Nepal. *Occasional Papers in Sociology and Anthropology.* (7):1-13.
- Saillant F, Derge G. (2007).** Medical Anthropology: Regional Perspectives and Shared Concerns. Malden, MA: Blackwell publishing.
- Salter B, Zhou SD. (2015).** Hegemony in the marketplace of biomedical innovation: Consumer demand and stem cell science. *Soc Sci Med.* 131:156-163.
- Shankar PR, Paudel R, Giri BR. (2013).** Healing traditions in Nepal. *JAAIM-Online* [Internet]. [cited 2024 Jul 11]; Available from: [URL:http://www.aaimedicine.com/jaaim/sep06/Healing.pdf](http://www.aaimedicine.com/jaaim/sep06/Healing.pdf).



- Straubhaar J. (1991).** Beyond media imperialism: Asymmetrical interdependence and cultural proximity. *Crit Stud Mass Commun.* (8):39-59.
- Vaughn LM, Jacquez F, Baker RC. (2009).** Cultural health attributions, beliefs, and practices: Effects on healthcare and medical education. *Open Med Educ J.* 2:64-74.
- Weber D. (2016).** Medical hegemony. *Int J Complement Altern Med.* 3(2).
- Wosti SP, Randall J, Simkhada P, Teijlingen EV. (2011).** In what way do Nepalese cultural actors affect adherence to antiretroviral treatment in Nepal?. *Health Sci J*, 5(1). Available from: <http://www.hsj.gr/volume5/issue1/516.pdf>.
- Yamada S. (2007).** An Ecosocial Approach to the Epidemic of Cholera in the Marshall Islands. p. 1-8.

