

Oral Traditions and the Transmission of Healing Knowledge in the Tharu Community: A Buddhist Epistemological Perspective

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Abstract

This study explores the oral transmission of healing knowledge within the Tharu community through the lens of Buddhist epistemology. The Tharu, an indigenous group with a rich ethnomedical tradition, preserve their healing practices through intergenerational oral narratives, rituals and apprenticeships. This research examines how key Buddhist epistemological concepts pratyaksa (direct perception), anumana (inference) and sabda (verbal testimony) align with and validate the Tharu modes of knowing, memory and practice. It argues that Tharu healing knowledge is not only empirical and experiential but also deeply spiritual, ethical and community embedded. The paper investigates the roles of healers, the significance of sacred speech and the cosmological interpretations of illness in both Buddhist and Tharu frameworks. The study further engages with contemporary challenges such as formal education, digital disruption and gendered marginalization, which threaten the continuity of oral knowledge systems. By integrating Buddhist ethical principles karuna (compassion), ahimsa (non-harm), and samma ajiva (right livelihood). Ultimately, the paper advocates for a pluralistic epistemology that honors indigenous wisdom and fosters dialogue between oral cultures and philosophical traditions.

Keywords : Tharu tribe, Oral tradition, Indigenous healing, Buddhist epistemology.

1. Introduction: Foundations of Tharu Healing and Oral Traditions

The Tharu community possesses a rich and deeply rooted tradition of healing that is largely transmitted through oral means. This system of knowledge reflects not only a medicinal understanding of plants and illness but also a spiritual and social worldview shaped by centuries of lived experience. Unlike written biomedical texts, Tharu healing knowledge is embedded in cultural practices, communal memory and ritual performances making oral tradition both the medium and the method of preservation and continuity.

1.1. Structure and Function of Oral Knowledge Systems in Tharu Healing

Tharu oral healing knowledge can be broadly categorized into four main forms: ritual chants (mantras), mythological stories, practical plant lore and symbolic ceremonies. Mantras are recited by traditional healers during healing rituals, often believed to activate spiritual forces or appease

ancestral spirits. These chants are memorized verbatim and passed from teacher to apprentice over years of oral repetition and performance.

Stories and myths also play a crucial role. These narratives often explain the origin of diseases, the power of certain plants or the significance of spiritual beings. By embedding healing knowledge in storytelling, the Tharu community ensures that even those not formally trained as healers are exposed to foundational cultural and medicinal knowledge. This knowledge often serves multiple functions as a therapeutic resource, a moral guide and a means of cultural identity preservation.

Additionally, oral instruction about medicinal plants where to find them, how to prepare them and what ailments they treat is passed down through observation, hands-on guidance and seasonal practices.

1.2. Intergenerational Transfer: Elders, Apprentices, and Family Lineages

Oral healing knowledge among the Tharu is deeply intertwined with kinship structures. Elders, especially grandmothers and grandfathers, often play a significant role in teaching basic herbal remedies and household healing practices to younger family members. In many cases, healing knowledge remains within certain lineages, passed from parent to child in a carefully curated process of oral mentorship.

This form of knowledge transmission reinforces social bonds and collective memory. Healing knowledge is not seen as individual intellectual property but as a communal asset that must be guarded, respected and transmitted in a spirit of duty and responsibility. The elder's role is not merely as a knowledge holder but as a living archive connecting past generations to future ones. In recent decades, however, this intergenerational flow has been disrupted by modernization, migration and formal education systems that rarely value oral or indigenous epistemologies. Nonetheless, efforts are emerging to revitalize these traditions through community healing festivals, ethnobotanical documentation projects and culturally sensitive education programs that reaffirm the value of Tharu oral traditions in preserving both health and heritage.

2. Buddhist Epistemology and Indigenous Knowledge Systems

The relationship between Buddhist epistemology and indigenous knowledge systems presents a fertile ground for examining how different cultures validate, preserve and apply knowledge. In the case of the Tharu community an indigenous group in the Terai region of Nepal and India, healing practices and cosmological beliefs are deeply rooted in oral transmission, ritual experience and intuitive understanding of nature. Buddhist epistemology, with its emphasis on perception, inference and verbal testimony, provides an insightful framework for understanding the transmission and legitimacy of Tharu healing knowledge. Despite the Tharu being historically animist and shamanic rather than strictly Buddhist, the cultural proximity and philosophical intersections with Buddhist worldviews offer rich avenues for dialogue and comparative reflection.

2.1. Key Concepts in Buddhist Epistemology: Perception, Inference and Testimony

Buddhist epistemology or *pramana theory* is traditionally concerned with the valid means of acquiring knowledge. Three foundational pramanas or "instruments of knowledge" are central: perception (*pratyaksa*), inference (*anumana*) and verbal testimony (*sabda*).

Pratyaksa (Direct Perception) involves firsthand, experiential knowledge. It is the most immediate form of cognition and is foundational in both Buddhist and indigenous knowledge systems. In Tharu healing, direct perception is central to learning medicinal practices. Healers identify the efficacy of herbs by observing plant behavior, animal interactions and patient outcomes. The apprentice healer learns not by reading texts but through observation and bodily engagement identifying textures, smells and visual signs of plants. This aligns with the Buddhist view that ultimate truth arises from direct insight, particularly in meditative or mindful states.

Anumana (Inference) refers to reasoning based on observation and prior knowledge. In Buddhist philosophy, this method allows practitioners to extend understanding beyond immediate perception, such as inferring fire from smoke. Similarly, Tharu healers infer disease causation or treatment efficacy based on patterned relationships, seasonal illnesses, behavioral symptoms or ritual imbalances. A healer may infer the presence of a spiritual disturbance based on a recurring dream or bodily symptoms, thereby choosing a ritual chant or herbal remedy accordingly.

Sabda (Verbal Testimony) the third mode, affirms the authority of oral transmission from a reliable source, such as the Buddha or a lineage holder. In the Tharu tradition, knowledge transmitted orally from an elder or spiritual leader is considered sacred and trustworthy. Similar to the Buddhist view, such testimony is valid if the speaker is deemed morally upright, experienced and free from delusion. In both traditions, the teacher-student relationship is central, knowledge is not merely transferred but embodied, practiced and refined through ethical engagement.

These three modes of knowledge affirm that Tharu oral healing traditions are not primitive or unscientific but rest on structured epistemic foundations. They validate a worldview where healing knowledge is gained through experience, reasoning and trusted oral lineage all consistent with Buddhist epistemological frameworks.

2.2. Orality and Sacred Authority in Buddhism and Tharu Practice

Both Buddhist and Tharu traditions assign profound importance to oral transmission and the sacred authority of speech. For centuries, Buddhist teachings were preserved orally by monks before being written down. The early Buddhist sangha emphasized memorization of discourses (*suttas*), with monks reciting them in group rituals to maintain accuracy. This reliance on orality reflected the epistemic belief that truth is not located in writing alone, but in the embodiment of speech through ethical and mindful conduct.

In the Tharu context, a similar reverence for the spoken word exists. Healing chants (mantras), ritual invocations and medicinal instructions are transmitted orally and considered efficacious because of who speaks them and how they are spoken. This sacred dimension of orality also reinforces memory, identity and continuity. In both Buddhism and Tharu practice, oral authority is relational, not abstract, it depends on the transmission within a guru-disciple lineage, often marked by rituals of initiation, tests of trustworthiness, and ethical maturity. The spoken word, therefore, carries both epistemological weight and moral responsibility.

In a world where literacy is often seen as the gold standard of knowledge, these traditions challenge the assumption that truth must be written to be valid. They also raise important questions about how oral traditions can survive and adapt in an age of rapid digital and textual dominance, where sacred speech risks being reduced to data or misused without context.

2.3. Healing and Karma: Understanding Illness Through Buddhist and Tharu Cosmologies

In both Buddhism and Tharu cosmology, illness is not merely a biological dysfunction but often seen as the result of imbalanced relationships, spiritual, moral, environmental or social. The Buddhist doctrine of karma, the law of cause and effect not only explains the moral consequences of actions but also influences how disease and suffering are interpreted. According to this worldview, negative karma (from harmful actions) may manifest in physical illness, which must be resolved not only through medicine but through ethical purification, mindfulness or spiritual merit.

Similarly, Tharu healers often interpret illness as resulting from spiritual disturbances, ancestral disapproval or moral transgressions, especially those involving disrespect of nature, elders or sacred customs. The ritual healing process, therefore, includes acts of apology, offering or rebalancing not unlike Buddhist practices of confession or meditative healing. In both traditions,

health is viewed as a state of harmony within the body, the community and the unseen spiritual world.

These cosmologies also share the belief that mental, emotional and spiritual states affect physical well-being. Buddhist healing texts emphasize mindfulness, compassion and wisdom as foundational for health. Tharu healers similarly focus on psychological and emotional factors using chants to calm fear, rituals to restore peace and herbal teas to balance the body.

Moreover, both traditions embrace holism, where diagnosis involves looking at the whole person, not just symptoms. This stands in contrast to biomedical reductionism and affirms the legitimacy of traditional knowledge systems that incorporate cosmology, ethics and lived experience into healing.

In the face of global cultural loss, both Buddhism and Tharu healing wisdom remind us that knowledge is not merely to be stored, it is to be lived, remembered and shared with care.

3. Challenges and Modern Impacts

Traditional knowledge systems such as those of the Tharu community face increasing pressure in the context of modern socio-economic change. While globalization, technological advancement and the spread of formal education have brought improvements in quality of life for many, they have also contributed to the marginalization and erosion of indigenous knowledge particularly in oral cultures where wisdom is not written down but embodied, spoken and ritually performed. In Tharu communities, the oral transmission of healing knowledge is deeply embedded in daily life, seasonal rhythms, gender roles and spiritual beliefs. This section explores three major modern challenges: the impact of formal schooling, the tension between digital and oral memory and the gendered dimensions of knowledge transmission.

3.1. Modern Education and the Decline of Oral Transmission in Tharu Communities

The expansion of state-run education systems, often designed in alignment with Western models of literacy and scientific rationality, has had a double-edged impact on indigenous communities. While improving literacy and access to formal employment, schooling systems tend to disregard or even devalue non-literate knowledge forms, such as those preserved through oral traditions. In the Tharu community, this has led to a visible decline in interest among youth in learning traditional healing methods, particularly those requiring long periods of memorization, apprenticeship and spiritual discipline.

In many cases, Tharu children are taught in Nepali or English, not their mother tongue, leading to language loss that directly undermines oral heritage. Since healing chants, plant names and ritual knowledge are encoded in the Tharu language and dialects, linguistic erosion automatically jeopardizes the survival of ethnomedicinal wisdom. Furthermore, time that might have once been spent learning from elders helping in the collection of medicinal plants, participating in rituals or listening to stories is now consumed by school schedules and academic exams.

Unlike traditional knowledge transmission, which is relational, contextual and community-centered, formal education promotes a linear, individualistic and abstracted approach to learning. Indigenous knowledge, by contrast, is holistic, it connects people to place, history and spirituality. As Tharu students are drawn into modern institutions, many internalize the idea that their own traditions are backward, irrelevant or inferior to biomedical or technological knowledge. The result is a generational disconnect where elders are no longer seen as sources of knowledge and healing practices become relegated to memory or nostalgia rather than living tradition.

3.2. Digital vs. Oral Memory: Can Buddhist Mindfulness Inform Ethical Knowledge Preservation?

In response to the erosion of oral traditions, some researchers and organizations have turned to digital documentation as a means of preservation. Audio recordings, video interviews, mobile

apps and online databases offer tools for capturing endangered languages and practices. While these technologies offer potential, they also raise critical concerns especially when considered in contrast to the mindful, embodied learning that defines oral traditions.

Oral memory in the Tharu context is not passive recall, it is active, attentive and relational. Knowledge is learned through repetition, participation and deep listening. A healing chant or herbal preparation is not just remembered; it is practiced, refined and internalized in the presence of a trusted elder. This process demands presence of mind, emotional connection and ethical responsibility. In contrast, digital technologies often promote fragmented attention, fast consumption and decontextualized information. Watching a ritual on a screen or reading about a plant in an app does not transmit the same depth of understanding as participating in it under the guidance of a healer.

Here, Buddhist mindfulness (*sati*) offers an important philosophical tool. Mindfulness emphasizes focused awareness, ethical reflection and being fully present in the act of learning. Buddhist epistemology does not separate knowing from the moral and mental state of the knower. This can inform a more ethically grounded approach to documentation, where the focus is not merely on content capture but on respectful engagement, consent, contextual understanding and reciprocity.

Furthermore, digital preservation should not be seen as a replacement for oral tradition but as a complementary support system. Buddhist inspired principles such as non-attachment, right intention and compassion can guide researchers and institutions to avoid exploitative practices ensuring that digital tools empower communities rather than extract their knowledge.

3.3. Gendered Knowledge: The Role of Women in Healing and Memory Preservation

In many indigenous cultures, women are the primary custodians of practical healing knowledge, especially in areas such as midwifery, child health and home-based herbal remedies. This is also true in the Tharu community, where older women often grandmothers or mothers-in-law pass down plant based medicine and therapeutic rituals to younger women through daily household practices. However, this gendered knowledge is among the most vulnerable to disappearance, partly because it is informal, domestic and rarely documented or publicly acknowledged.

Unlike male healers who may perform community-wide rituals, female healers often work quietly within the family sphere. Their practices preparing herbal decoctions, guiding childbirth, treating fevers and performing protective rituals for children are integral to health and survival, but lack the social prestige or institutional recognition given to formal medicine or even male-led spiritual healing.

Modernization and gender dynamics also play a significant role. As women gain access to education and employment, their time for informal healing apprenticeships decreases and traditional practices are sometimes seen as burdensome or unscientific. Additionally, gendered divisions in knowledge transmission may lead to the loss of female healing lineages, particularly if daughters or daughters-in-law move away from traditional extended family structures.

Addressing this issue requires a gender-sensitive approach to knowledge preservation. This includes ensuring that women's voices are included in research, creating safe spaces for intergenerational dialogue among women and valuing domestic healing practices as essential components of indigenous medical systems. Buddhist ethics, particularly the principle of equanimity (*upekkha*) and compassion (*karuna*), can provide moral grounding for such efforts emphasizing the inherent value of all beings and the necessity of overcoming structural and cultural biases.

In addition, Buddhist narratives themselves include female healers and wise women, suggesting that spiritual and healing wisdom is not gender-exclusive.

The challenges facing Tharu oral healing traditions are not isolated or accidental, they are deeply linked to broader systems of modernization, institutional power, technological change and gender inequality.

Preserving Tharu healing traditions is not simply about saving “old” knowledge, it is about recognizing the living wisdom carried in everyday rituals, elder stories, women’s remedies, and spiritual practices. It calls for a culturally sensitive, ethically grounded and community-led approach that ensures indigenous knowledge remains rooted, relevant and respected for generations to come.

4. Revitalization and Ethical Frameworks

As traditional knowledge systems such as those of the Tharu community face the pressures of modernity, globalization and cultural erosion, the urgent need for ethical revitalization frameworks becomes clear. Reviving oral healing traditions is not simply a matter of cultural preservation, it is also a moral responsibility. In this context, Buddhist ethical principles provide a valuable lens through which sustainable and respectful preservation efforts can be shaped. Complementing this, community-centered strategies rooted in local participation and intergenerational continuity offer practical models for protecting and nurturing Tharu healing knowledge in ways that align with indigenous worldviews and cultural sovereignty.

4.1. Buddhist Ethical Principles in Protecting and Reviving Oral Traditions

Buddhism emphasizes ethical living not just as a personal virtue but as a foundation for social harmony and collective well-being. Three principles in particular compassion, non-harm and right livelihood offer a powerful moral framework for efforts to safeguard endangered oral traditions.

Compassion (Karuna)- Applying compassion to cultural and intellectual preservation involves respecting the value of indigenous knowledge, acknowledging the historical injustices faced by communities like the Tharu and responding with empathy-driven action. Preservation should not be motivated merely by academic interest or cultural tourism but by a deep understanding of how oral healing traditions are tied to community resilience, identity and dignity.

Non-Harm (Ahimsa)- Non-harm is one of the most fundamental Buddhist precepts, extending beyond physical violence to include harmful intentions, exploitative relationships and ecological destruction. In the context of indigenous knowledge, *ahimsa* can be interpreted as a call for culturally non-invasive preservation practices.

Ahimsa also calls for environmental care. Since much of Tharu healing knowledge is based on plant use and ecological cycles, conservation of forests, water bodies and biodiversity is essential. Reviving oral traditions must go hand-in-hand with ecological stewardship, a value deeply rooted in both Buddhist and Tharu worldviews.

Right Livelihood (Samma-Ajiva)- Right livelihood encourages individuals to earn and operate in ways that do not harm others and instead contribute to the greater good.

Integrating right livelihood into preservation efforts means supporting sustainable economic models such as community herbal gardens, traditional health centers or Tharu cultural education programs that provide income while keeping traditions alive. It also entails recognizing and compensating the intellectual and cultural contributions of indigenous healers, rather than treating their knowledge as public domain.

4.2. Community-Centered Strategies for Safeguarding Tharu Healing Knowledge

While ethical frameworks are essential, revitalization must ultimately be led by the Tharu community themselves, who are the true custodians of their oral traditions. Effective preservation is participatory, not extractive, it fosters capacity-building, intergenerational exchange and local leadership.

Several community-centered strategies can be instrumental in safeguarding Tharu healing knowledge:

Oral Documentation and Digital Storytelling- While orality should remain a living tradition, documenting oral knowledge in ethical, accessible and culturally sensitive ways can serve as an

important backup. Community-led recording of chants, healing stories, herbal practices and rituals using local languages and formats can help preserve knowledge that might otherwise be lost with the passing of elders.

Intergenerational Healing Gatherings and Cultural Schools- Creating intentional spaces for elders and youth to come together can revive traditional forms of apprenticeship and knowledge sharing. Seasonal healing festivals, forest walks, ritual reenactments and storytelling circles allow oral traditions to be practiced in context not just remembered as artifacts.

Collaboration with Monastic and Ethical Institutions-

Buddhist monasteries, especially those sympathetic to indigenous causes, can be valuable allies in the effort to preserve oral traditions. Monks and nuns trained in mindfulness, ethics and spiritual healing may share mutual respect with Tharu healers and help develop ethical codes for knowledge preservation, transmission and public sharing.

Collaborations can also involve joint workshops, where Buddhist scholars and Tharu elders explore shared values such as non-violence, compassion and reverence for life, while strategizing sustainable models of cultural resilience.

Revitalizing Tharu healing traditions requires more than preserving information, it demands a living ethical relationship with the knowledge, its bearers and the ecosystem from which it emerges. Buddhist ethical principles such as compassion, non-harm and right livelihood offer not only a moral compass but also a spiritual foundation for preservation efforts that honor the dignity and autonomy of the Tharu people.

Conclusion

The transmission of healing knowledge in the Tharu community offers a profound example of how indigenous oral traditions function as sophisticated, context-sensitive and spiritually grounded systems of knowledge. Far from being static or superstitious, these oral practices are dynamic, adaptive and rooted in lived experience, communal relationships and environmental awareness. Viewed through the lens of Buddhist epistemology particularly the concepts of *pratyaksa* (direct perception), *anumana* (inference) and *sabda* (verbal testimony). Tharu healing knowledge emerges as a legitimate and holistic epistemological system.

Healing in this context is not merely a biomedical act but a moral and cosmological process that involves restoring balance within the individual, the community and the natural world. Yet, these traditions face increasing threats from modernization, formal education, digital technologies and gendered marginalization.

To preserve and revitalize Tharu healing traditions, it is crucial to adopt ethical and community-led approaches grounded in Buddhist principles such as compassion, non-harm and right livelihood. These values not only affirm the dignity of indigenous knowledge systems but also offer a path toward respectful and sustainable cultural preservation.

References

1. Acharya, S. *Tharu: A Study of the Tharu People of the Terai*. Kathmandu: Himal Books, (2004).
2. Gurung, H. *Indigenous Healing Practices and Ethnomedicine among Nepalese Communities*. Kathmandu: Tribhuvan University Press, (1996).
3. Gupta, A., & Das, M. *Oral Tradition and the Transmission of Ethnomedical Knowledge: A Case Study from the Tharu Tribe*. *Journal of Ethnobiology and Ethnomedicine*, (2017) pp. 1-12. <https://doi.org/10.1186/s13002-017-0152-1>
4. Harvey, P. *An Introduction to Buddhist Ethics: Foundations, Values and Issues*. Cambridge University Press, (2000).

5. Keown, D. *Buddhist Ethics: A Very Short Introduction*. Oxford University Press, (2005).
6. Lama, K. *Knowledge and Oral Transmission in Himalayan Indigenous Communities*. *Asian Ethnology*, (2012), pp.263-280.
7. Narayan, K. *How Native Is a "Native" Anthropologist?*. *American Anthropologist*, (1993) pp.671–686. <https://doi.org/10.1525/aa.1993.95.3.02a00100>
8. Rahula, W. *What the Buddha Taught*. New York: Grove Press, (1974).