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**CULTURE AND HEALING: A SOCIOLOGICAL FORECAST OF BAKARWAL  
ETHNOMEDICINAL KNOWLEDGE**

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**ABSTRACT**

Ethnomedicine, as a cultural construct, illustrates the ways in which societies engage with environment, society and spirituality in their quest for health and healing. The Bakarwal nomads of Jammu and Kashmir in India maintain a valuable but at-risk tradition of ethnomedicinal knowledge, integrated within pastoralism, folklore and socio-religious customs. This dissertation offers a sociological projection of Bakarwal ethnomedicine by contextualizing it within extensive discussions regarding culture, modernization and the effects of globalization. The paper utilizes theoretical frameworks from functionalism, symbolic interactionism and postcolonial sociology to analyze the dual role of ethnomedicinal practices as healing systems and cultural identity indicators. It also looks at the risks that biomedical domination, climate change and changes between generations represent. The results indicate that Bakarwal ethnomedicine retains societal relevance; yet, its longevity is contingent upon cultural acknowledgment, intergenerational transmission and integration with contemporary healthcare systems. The research concludes that ethnomedicine serves as both a healing modality and a socio-cultural reservoir, providing insights into resilience, adaptability and cultural continuity despite contemporary transitions.

**Keywords:** Ethnomedicine, Bakarwal tribe, sociological forecast, culture and healing, traditional wisdom, medical sociology

**1. INTRODUCTION**

The relationship between culture and healing has been a central concern of sociology, anthropology and allied disciplines. **Health is not solely a biological condition but a socially constructed phenomena** influenced by cultural significances, social activities and institutional frameworks. Medical sociology has historically underscored that sickness and healing are culturally created processes that mirror the overarching patterns of society (Parsons, 1951). Illness is not solely a physiological dysfunction; it also embodies a social role, a moral condition and a cultural interpretation. Consequently, healing should be examined not merely as a technical or medical procedure but also as a sociocultural phenomenon encompassing symbols, rituals and collective worldviews (Kleinman, 1980; Good, 1994).

In this scenario, ethnomedicine becomes a crucial area of investigation. Ethnomedicine denotes the conventional medical knowledge and practices of particular cultural groups, frequently conveyed orally over generations. It encompasses herbal cures, ritual healing, divination and spiritual rituals, intricately connected to a community's

worldview and social structure. For a lot of marginalized and nomadic communities, ethnomedicine is not just a way to heal; it is also a way to keep their culture alive, learn about the environment and find out who they are. It exemplifies a manifestation of resilience in scenarios characterized by restricted access to biomedical systems or where cultural dissonance diminishes the acceptability of formal healthcare organizations.

The Bakarwals of Jammu and Kashmir, a Muslim nomadic pastoral group, are a good example of how culture and healing are connected in a complicated way. They traditionally practice transhumance, which means they move their sheep and goats throughout the Himalayan mountains and plains with the seasons. Their way of life, which includes being mobile, depending on the environment and being relatively isolated, has traditionally affected their health practices. The Bakarwals depend a lot on the plants and animals around them, spiritual healers (pirs) and oral traditions to find out what is wrong with them, fix it and keep it from happening again. For them, ethnomedicine is not a distinct, specialized field; rather, it is an integral cultural practice rooted on pastoralism, kinship and faith.

But the Bakarwals are going through big changes in their society, politics and economy that have put a lot of stress on this way of knowing. The growth of biomedical infrastructure has slowly made its way into their life, even though it is still limited in remote sections of the Himalayas. At the same time, conflicts, forest rules and changes in people's jobs have made it harder for them to move about, which has hurt the social and ecological grounds of their ethnomedicinal practices. Younger generations, influenced by education, urban living and biomedical narratives, frequently regard traditional healing as "backward" or "unscientific," resulting in generational disparities in knowledge transfer (Rashid, 2021).

The decline of ethnomedicine is not merely a question of medical replacement. It is a process that mirrors more extensive issues of cultural preservation, epistemic equity and social disparity. Postcolonial sociology elucidates the deliberate devaluation of indigenous knowledge systems under modernist paradigms of science and development (Fricker, 2007). The marginalization of Bakarwal ethnomedicine is a component of a broader epistemological politics, wherein "modern" medicine asserts universality while ancient systems are dismissed as folklore. This epistemic hierarchy affects both cultural identification and access to healthcare.

At the same time, ethnomedicine may help create pluralistic healthcare systems, make people stronger and protect the environment. The Bakarwal's deep understanding of medicinal plants, grazing habits and seasonal changes is a type of local science that can help both people and animals get better. As the world deals with the loss of biodiversity, antibiotic resistance and the rising costs of biomedical care, ethnomedicine has a lot of potential as a supplementary and sustainable approach.

## **2. LITERATURE REVIEW**

### **1. Ethnomedicine in Sociological Perspective**

Ethnomedicine, as a body of knowledge and practice, has long been the subject of inquiry within medical sociology and anthropology. Early sociological scholarship, particularly the functionalists, treated traditional medicine as an integrative mechanism. Talcott Parson's (1951) theory of the "sick role" underlined that illness is not merely a

biological disruption but also a deviance from social functioning. Within such frameworks, ethnomedicine restores not only health but also social order by re-incorporating the sick individual into collective life.

Later, interpretivist and symbolic approaches emphasized the meaning-making dimensions of illness. Kleinman (1980) differentiated between “disease” (biological malfunction) and “illness” (culturally mediated experience). Good (1994) further highlighted how cultural narratives and symbols shape the perception of suffering. From this standpoint, ethnomedicine is not merely empirical pharmacology but also a symbolic system of healing, embedded in cultural scripts and rituals.

Postcolonial and critical sociologies add another layer by critiquing how indigenous knowledge is marginalized. Scholars like Fricker (2007) describe this as epistemic injustice, where local knowledge is devalued in favour of biomedical “universalism.” This framework is crucial for analysing the situation of communities such as the Bakarwals, whose ethnomedicine is systematically sidelined under modernization and state policies.

Thus, the sociological study of ethnomedicine combines functionalist, symbolic and critical lenses to understand how health practices reflect culture, reinforce social norms and interact with power structures.

## **2. Ethnomedicine Among Nomadic and Indigenous Communities**

Ethnomedicine is a key part of communities around the world that don't have easy access to biomedical facilities. Traditional healers among African pastoralists integrate ecological knowledge with spiritual practices to address ailments in both humans and animals (Fratkin, 1996). Nomadic cultures in Mongolia and Central Asia combine Islamic treatment with shamanic rites, showing how different medical systems can work together (Atwood, 2004). The medical practices of nomadic societies are likewise integrated with the environment. They may go to different ecological zones, from high-altitude herbs to lowland shrubs, by migrating with the seasons. This mobility adds to their pharmacopoeia, but it also renders them subject to government limits on migration, land privatization and climate change. The Himalayan Bakarwals have similar problems, such as fewer places to graze their animals and less access to woods.

Research from Latin America (Bastien, 1985) and Indigenous North America (Waldrum, 2000) illustrates that ethnomedicine serves not just as a therapeutic practice but also as a cultural emblem of identity and resistance. For numerous groups, the survival of traditional healing techniques serves as a means to express autonomy and oppose integration into prevailing biomedical frameworks.

## **3. Ethnomedicine in South Asia**

South Asia, characterized by its many medical systems, presents a rich environment for ethnomedicine research. India acknowledges various medical systems within the AYUSH framework, including Ayurveda, Yoga, Unani, Siddha and Homeopathy; yet, the traditional practices of nomadic and tribal communities sometimes remain unrecognized by institutional institutions (Banerjee, 2020).

Ethnomedicinal research among tribal populations in India records extensive pharmacopoeias. For example, the Bhil and Gond populations in Central India use herbs

from the forest to treat fevers, reproductive health and bone injuries (Jain, 2010). In Northeast India, tribes utilize medicinal plants such as *Artemisia* and *Curcuma longa* for physical and spiritual diseases (Lalramnghinglova, 2003). These studies demonstrate shared characteristics: significant dependence on ecological knowledge, oral transmission and the incorporation of ritual and spirituality into therapeutic practices.

In Jammu and Kashmir, ethnomedicinal research involving Gujjars and Paharis (ethnic relatives of the Bakarwals) underscores the utilization of high-altitude flora such as *Nardostachysjatamansi*, *Saussureacostus* and *Rheum emodi* for various ailments, including digestive and respiratory conditions (Khan & Manzoor, 2020). Nonetheless, comprehensive social examination of these activities is still scarce, with the majority of research situated in

botany or ethnopharmacology. This gap highlights the necessity for a sociological perspective, concentrating not only on the existing cures but also on the mechanisms and reasons for their persistence or decline within evolving cultural contexts.

#### **4. The Bakarwals and Their Ethnomedicine**

The Bakarwals are a transhumant pastoral group that speaks and practices the same things as the Gujjars, but they move around in a different way. They move between the lowland Jammu plains and the high-altitude Kashmir pastures depending on the season. Their manner of existence depends a lot on livestock, forests and family ties (Sharma, 2016).

The Bakarwal's ethnomedicine shows how mobile and knowledgeable they are about their environment. People and animals both use herbal treatments a lot. For instance, *Artemisia absinthium* is used to cure fevers, *Nardostachysjatamansi* is used to treat neurological problems and animal fat formulations are used to treat broken bones (Dar, 2019). Women are very important in midwifery and taking care of sick children, while men generally take care of sick animals. Faith healers use amulets (taweez) and prayers to help people spiritually.

Bakarwal ethnomedicine is more than just a way to treat people; it has a lot of meaning and is shared by many people. During healing rituals, people pray, share stories and reinforce morals, which strengthens their confidence in God and their bond with each other. Oral transmission of knowledge, which commonly happens during migration or community events, is unstable when things go wrong.

Recent academic research cautions against a generational transition. Younger Bakarwals are more and more likely to use government or private biomedical services, especially when they are sick. This leads to a lack of knowledge since elder's ethnomedicinal knowledge is not being passed down in a structured way (Rashid, 2021). Climate change and limited mobility make it much harder to get to therapeutic plants. These processes render Bakarwal ethnomedicine a vulnerable knowledge system, necessitating immediate sociological and policy intervention.

#### **5. Sociological Forecasting of Knowledge Systems**

In sociology, forecasting means looking at current structures to guess what might happen in the future. Bell (1997) characterizes forecasting as encompassing both descriptive elements (what is probable) and normative aspects (what is preferable). This methodology has been utilized in medical sociology to forecast changes in health

behaviors, systems and cultural practices. In the context of ethnomedicine, sociological forecasting investigates: Decline trajectories, characterized by the erosion of traditional knowledge due to modernization; Hybridization trajectories, where traditional and biomedical systems coexist; and Revival trajectories, marked by cultural resurgence and policy acknowledgment that rejuvenate traditional knowledge. For the Bakarwals, these trajectories are influenced by structural constraints (movement restrictions, state laws), cultural influences (religion, identity, gender roles) and natural pressures (climate change, biodiversity loss). Forecasting thus offers a perspective to transcend static description and engage in a dynamic sociological examination of the future of ethnomedicine.

## **6. Nomadic Communities and Health Practices**

Health practices of nomadic groups globally are intricately associated with their mobility, ecological context and socio-cultural structure. Nomads adjust their medical expertise to different ecological zones they come across during seasonal migrations, unlike those who stay in one place. This mobility gives them access to a wide range of medicinal plants and animal resources, which not only adds to their pharmacopoeia but also helps them create very adaptable systems of healing. For instance, the Samburu, who are African pastoralists, use herbal treatments and spiritual ceremonies to cure both human and animal illnesses. This shows how nomadic medicine is holistic (Fratkin, 1996). Nomadic people in Mongolia and Central Asia use a mix of Islamic healing traditions and indigenous shamanic knowledge to treat illnesses (Atwood, 2004).

At the same time, nomadic ethnomedicine has some structural weaknesses. Limitations on migration, land privatization and climate change impede access to medical resources and hinder the transmission of knowledge across generations. Healthcare marginalization is prevalent, as state systems frequently do not offer culturally suitable biomedical services to nomadic populations, necessitating dependence on traditional healers. Importantly, ethnomedicine in nomadic tribes also serves as a sign of cultural identity and independence, showing strength in the face of outside forces. These global trends offer a comparative framework for comprehending the Bakarwals, whose ethnomedicinal practices exemplify analogous processes of ecological dependence, cultural symbolism and marginalization.

## **7. The Bakarwal Tribe and Ethnomedicine**

The Bakarwals are a nomadic Muslim community in Jammu and Kashmir that depends on moving their herds across Himalayan pastures during certain times of the year for cultural and economic reasons. This transhumant way of existence has resulted to a unique collection of ethnomedicinal knowledge that is closely linked to ecology, faith and social order. Their remedies mainly use high-altitude medicinal plants like *Nardostachys jatamansi* (for neurological disorders), *Saussurea costus* (for respiratory problems) and *Artemisia absinthium* (for fevers), as well as animal-based treatments and rituals (Dar, 2019; Khan & Manzoor, 2020). Women are the main caregivers during delivery, for children and for ordinary illnesses. Men, on the other hand, are more likely to cure animals, which is important for the community's economy.

For the Bakarwals, ethnomedicine is not just about mending the body; it also has spiritual and symbolic meanings. Faith healers (pirs) use prayers (duas), amulets (taweez) and spells to bring the body, spirit and community back into harmony. Healing rituals are things that people do together that build trust, unity and Islamic faith. But modernity,

climate change and limited access to woods have put this system of knowledge at risk. Younger generations are using biomedical services more and more, which makes it harder for them to pass on knowledge to older generations. So, Bakarwal ethnomedicine is both a fragile part of their culture and an important cultural treasure that needs to be studied right now.

## **8. Sociological Forecasting of Knowledge Systems**

Sociological forecasting is anticipating the evolution of cultural practices predicated on prevailing structural factors (Bell, 1997). Forecasts are not just guesses; they are important ways of thinking about how traditions could change as social, political and economic forces are put on them. Utilizing this framework for Bakarwal ethnomedicine enables us to predict its possible futures: persistence, hybridization, or deterioration.

## **3. METHODOLOGY**

The research design of this study is qualitative and interpretive, drawing from the traditions of cultural anthropology and medical sociology. The objective is to comprehend the social, cultural and symbolic dimensions of medicinal practices within the Bakarwal community, rather than merely cataloguing them. The methodology integrates descriptive, interpretive and analytical methodologies in light of its emphasis on forecasting.

### **Design of Research**

Based on a desk-based qualitative study, the paper utilizes secondary data, including ethnographic accounts, published articles, policy documents and comparative studies of nomadic ethnomedicine. Complementing this is a sociological theorization of culture and healing that employs frameworks from postcolonial sociology, symbolic interactionism and functionalism.

### **Units of Analysis**

The Bakarwal community of Jammu and Kashmir serves as the unit of analysis, with a particular emphasis on their cultural beliefs, ethnomedicinal practices and healing rituals. Analytical categories include gender roles, generational distinctions and the impact of mobility on the transmission of knowledge.

### **Methods of Data Collection:**

There are numerous sources from which data is compile:

1. Ethnographic Literature: Narratives by researchers who have conducted research on the Bakarwals and other nomadic communities.
2. Scholarly Publications: Research on medical sociology, anthropology and ethnopharmacology.
3. Comparative Frameworks: International research on the health practices of nomadic communities.
4. Policy Documents: Government reports on AYUSH, Scheduled Tribe welfare and nomadic healthcare schemes.

### **Analytical Approach**

There are two phases to the analysis:

1. Sociological Interpretation – In order to clarify its social functions, meanings and structural marginalization, ethnomedicine is investigated from functionalist, interactionist and postcolonial perspectives.
2. Sociological Forecasting – The study delineates potential trajectories for Bakarwal ethnomedicine under modernization and globalization, including decline, hybridization and revival, using William Bell's (1997) framework.

### **Ethical Considerations**

The study recognizes that ethnomedicinal knowledge is a cultural heritage that is community-owned, despite the fact that secondary data is the primary source. The analysis is consistent with the ethical standards of indigenous research by avoiding commodification and emphasizing cultural respect.

### **Cultural Context**

The Bakarwals are a pastoral community that migrates seasonally between the high-altitude pastures of Kashmir and Ladakh and the lowland plains of Jammu, trailing their flocks of sheep and goats. They are transhumant. This cyclical mobility establishes a lifestyle that is profoundly influenced by ecology, kinship and faith, all of which influence their approaches to health and rehabilitation. The diverse ecological zones they traverse provide them with a comprehensive understanding of medicinal plants, which they use to create remedies for common maladies such as fevers, wounds, digestive issues and respiratory illnesses.

Religious and cultural practices additionally influence the process of rehabilitation. The Bakarwals, who are Muslims, incorporate Islamic prayers, amulets (taweez) and blessings into their medical treatments, which provides remedies with both spiritual legitimacy and moral significance. Communal settings are frequently the site of healing rituals, which serve to reinforce collective solidarity and shared identity. Oral traditions, including stories, proverbs and lullabies, are instrumental in the transmission of medicinal knowledge, thereby integrating it into the broader cultural memory.

Therefore, the cultural context of the Bakarwals serves as evidence that ethnomedicine is not a solitary endeavor, but rather a comprehensive cultural system that is integral to community life, spirituality and livelihood.

### **Social Organization and Healing**

The Bakarwal's social organization is instrumental in the organization, transmission and legitimization of healing practices within the community. Age, gender and spiritual authority are the factors that stratify the distribution of ethnomedicine knowledge. Elders are considered the stewards of medicinal wisdom, as they have acquired experiential knowledge of animal-based remedies, plants and ecological cycles over the course of decades of migration. By virtue of their authority, healing is associated with both tradition and experience. Women are essential in the healthcare sector, particularly in the areas of childbirth, childcare and domestic remedies. They serve as primary caretakers and midwives,

frequently formulating herbal concoctions to alleviate fevers, digestive issues and postpartum recovery. In contrast, the treatment of livestock is the primary concern of males, which is indicative of the importance of animals in Bakarwal subsistence. In another domain, spiritual healers (pirs or faqirs) offer amulets, incantations and petitions to treat ailments that are perceived as spiritual or supernatural in nature.

This division of responsibilities guarantees that the healing process is multifaceted and collective, encompassing the physical, social and spiritual aspects of illness. Additionally, the organization of healing within kinship and community networks reinforces reciprocity and solidarity, illustrating that ethnomedicine serves as a system of social cohesion and cultural continuity in addition to providing healthcare..

### **Symbolism in Healing**

Healing among the Bakarwals beyond the medical treatment of illness; it embodies symbolic significances that bolster cultural values, moral order and social identity. From a symbolic interactionist standpoint, each phase of healing—gathering herbs, concocting medications, or executing rituals—functions as a communicative act that imparts values of faith, trust and belonging. For example, people commonly gather herbs while doing duas (Islamic prayers), which turns natural things into holy medicines in a symbolic way. This action shows that many believe that healing power comes from both plants and supernatural blessing. Amulets (taweez) with verses from the Quran on them are a sign of protection and comfort, especially against illnesses that are said to be caused by supernatural forces, such the "evil eye." Likewise, communal involvement in healing rituals, wherein elders or spiritual healers recite poetry or administer herbal pastes, signifies shared accountability for health and wellness. In this framework, illness is not just seen as a biological problem, but also as a loss of equilibrium between the body, spirit and community.

So, symbolism in healing turns ethnomedicine into a cultural performance that strengthens identity, community and spirituality. These symbolic traditions guarantee that healing surpasses the individual, functioning as a reaffirmation of the Bakarwal's collective cultural perspective.

### **Sociological Analysis**

#### **Functionalist Perspective**

From a functionalist perspective, ethnomedicine preserves the social structure of Bakarwal existence. It guarantees communal resilience in isolated areas where biomedical resources are limited. Ethnomedicine serves as a tool of social integration by promoting norms of reciprocity, such as sharing medicines and assisting in birthing. Changes in this system, including limits on migration or improvements in healthcare, put the tribe's health practices and social balance at risk.

#### **Symbolic Interactionist Perspective**

Healing among Bakarwals is a symbolic gesture that gives disease meaning. A fever can be seen as both a bodily problem and a spiritual problem. Healing rituals bring back symbolic order, which lets people reframe their pain in ways that make sense in their

culture. This process of constructing meaning explains why ethnomedicine is still around even when there are biological options.

### **Postcolonial and Critical Perspectives**

Postcolonial sociology criticizes the marginalization of indigenous knowledge in the context of biomedical hegemony. The government routinely calls ethnomedicine "unscientific," which makes it less valuable. These epistemic inequalities (Fricker, 2007) result in cultural estrangement and generational discontinuity. For the Bakarwals, whose mobility is already limited by political borders and military in Jammu and Kashmir, the loss of ethnomedicine signifies both cultural and cognitive deprivation.

### **Forecasting Bakarwal Ethnomedicine**

A sociological forecasting lens can help us understand the future of Bakarwal ethnomedicine by predicting how cultures will change depending on current social, ecological and political variables. One possible effect is decline and marginalization, when biomedical domination, loss of grazing grounds and climate-induced scarcity of medicinal plants weaken traditional practices. The generational change in which younger Bakarwals favour formal healthcare exacerbates this decline.

Another path is hybridization and adaptation, when traditional and biomedical treatments work together. For instance, families would utilize herbal teas or plant-based poultices for minor health problems and go to the hospital for more serious ones. This merging shows cultural pragmatism, as it lets the community keep parts of its heritage while yet getting modern healthcare.

The third prediction is revival and acknowledgment, which means that ethnomedicine will be kept alive through pride in one's culture, record-keeping and government assistance. Government programs under AYUSH and partnerships with schools could help prove Bakarwal cures, making sure that medicinal plants are passed down from generation to generation and used in a way that lasts.

The future of Bakarwal ethnomedicine will rely on how well the tribe can handle outside challenges. If given respect and support, ethnomedicine can continue to be both a therapeutic system and a cultural reservoir, helping people stay strong in the face of modernization.

## **4. DISCUSSION**

A sociological forecasting perspective can elucidate the future of Bakarwal ethnomedicine by anticipating cultural transformations in response to prevailing social, ecological and political factors. One probable effect is decline and marginalization, which happens when biomedical dominance, loss of grazing land and climate change make it harder to find therapeutic plants. The generational shift, where younger Bakarwals prefer formal healthcare, makes this decline even worse.

Another way is hybridization and adaptation, which is when traditional and biomedical treatments work together. For example, families might use herbal teas or plant-based poultices for minor health issues and go to the hospital for more serious ones. This

combination displays cultural pragmatism because it lets the community preserve some of its traditions while yet getting contemporary healthcare.

The third forecast is revival and acknowledgment, which indicates that ethnomedicine will stay alive because people are proud of their culture, retain records and get help from the government. AYUSH government programs and partnerships with schools could help prove Bakarwal treatments. This would make sure that medicinal plants are passed down from generation to generation and used in a way that lasts.

How successfully the Bakarwal tribe can deal with problems from outside will determine the future of their ethnomedicine. Ethnomedicine can still be a way to heal and a way to keep culture alive if it is respected and supported. It can help people stay strong in the face of modernization.

## **5. CONCLUSION**

This paper has examined the interplay between culture and healing by contextualizing Bakarwal ethnomedicine within a sociological framework. The analysis shows that ethnomedicine is not just a way to stay well; it is also a cultural system that helps people stay connected, find their identity and make sense of their lives. A social prediction posits three possible futures: decline, hybridization, or resurgence.

To keep Bakarwal ethnomedicine alive, we need to understand its cultural and social importance, make sure it is passed down from generation to generation and include it in

healthcare models that are open to many different cultures. In addition to its medical importance, ethnomedicine provides extensive sociological perspectives on resiliency, cultural continuity and the politics of knowledge. The examination of Bakarwal healing underscores the imperative for sociology to perceive health not merely as biological welfare but also as a cultural and social construct.

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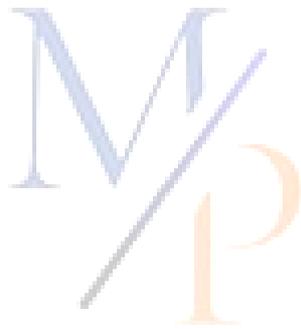
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