

PRIORITY AREA 10: TRADITIONAL MEDICINE

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Role of Medicinal Plants Used in Different Disease in Hilly Region (2003)

Paudel B

Background

In our country modern health service are yet to reach the mass of rural people. As more people live in rural areas, they could not access the modern health service due to lack of transportation facility, poverty and lack of manpower in the health service providing center. The rural people mostly depend upon agriculture. Most of the time they have to spend on farm and had no time to seek health center. So, in such context medicinal plants which are locally available could be the good alternatives. This study therefore aims to know the role of medicinal plants used as medicine in various diseases.

Methods

A total of 100 samples household were selected including traditional healers. The respondents were selected randomly dividing ten from each VDC. The study was carried out in 10 different village of Baglung district having different geographical altitude and multi ethnic group.

Results

It was found that medicinal plants are the first level of health care providers to majority of the population of the study area. Modern health service utilization rate was found to be low. The traditional system of treatment consists of two main components which were usually followed by dhami jhakri rather than local vaidya. First part is the spiritual treatment where varieties of events take place after the diagnosis. Second part of the treatment is popular than first part in the study area which consists of providing herbal preparation with or without selective diet or food.

Conclusions

Medicinal plants are well within the rural economy and traditionally accepted by people. They felt easier to use local herbs than to buy medicine they need not to buy medicinal plants. There is a need to develop medicinal plant system as an integral part of health service.

Keywords: health care providers; health service; medicinal plants; modern health service; traditional healers; traditional system; treatment.

Herbal Practices in Salyan District A Field Survey (2008)

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Background

The indigenous knowledge about the uses of plant resources is at the verge of extinct. It is scattered and is communicated by words of mouth. Moreover, this knowledge is limited to older people who are mostly illiterate. There is lacking of recording such a vast and valuable knowledge. Thus, this study aimed to document such important folklore remedies which the people have acquired by long experiences

Methods

The medicinal plants that are used locally in Salyan district in different disease were collected for herbarium specimen. Their local names, scientific names, family names, method of usage, dosage and duration of treatment provided by the informants were also collected and analyzed scientifically. The Main source of information was field survey which includes structured questionnaire, interview and personal observation. The data was collected in all the eleven *illakas* of Salyan District to represent the respondents from all over the district. A total of ninety two (92) famous traditional healers were given the questionnaires.

Results

Altogether 74 species of higher plants belonging to 48 families have been recorded here having different traditional medicinal properties. 12 species of them were in unidentified forms (seed, stem, root, fruit, cut pieces, leaf, gum etc). The samples were not scientifically identified due to lack of sample condition. These species have been used to treat various ailments at the local-level. It includes the treatment of dislocated bones, migraine, cough

and cold, diarrhea, indigestion, anthelmintic, dyspepsia, skin disease, ophthalmic troubles, antidotes etc. 44.19% of traditional healers said that the reason behind using herbs is because of their knowledge of medicinal plants, 36.33 % said that they use herbs because they are cheap and easily available. 13.58% use herbs because it is their traditional profession and 5.85 % use herb to treat the patient because there is no any health institution near to their village.

Conclusions

There is still a common belief that medicines from plant source have no side effects. But it is remarkable that there are some toxic plants which are more hazardous and may become fatal if administered by unknowledgeable person or learner, healer or taken crude. Awareness on the proper use of medicinal and aromatic plants is urgent in the context of Nepal.

Keywords: medicinal and aromatic plants; medicinal plants; herbal practice; knowledge; traditional healers; treatment.

Use of Herbal Medicines by Traditional Healing Practitioners: A Case Study of Phoksundo VDC of Dolpa district in Nepal (2009)

Mahara AK

Background

In Nepal, traditional healing practices play a strong role in maintaining psychological and physical well being of the majority of rural people who do not have access of satisfactory modern health services. Most of the medical doctors prefer to work in urban areas where they get more opportunities. The modern health services are not accessible to the population of rural areas. The practices of healing of rural people are beyond the proper access of modern health center, health worker and health education. Traditional healers and locally available medicinal plants play vital role in the lives of the rural peoples. This study was carried out with the objectives to find out the use of different healing practices in the selected areas as well as to identify the factors related to use of the healing practitioners and their herbal medicines by the community peoples.

Methods

Out of 99 households, 30 percent (i.e. 30 households) were selected by using proportional stratified random sampling Procedure. Data was collected from the selected household head using questionnaires. Data were tabulated in a chart to prepare analytical tables under different headings and sub-headings. Interpretation was made on the basis of percentage, causes count and comparing with other variables.

Results

Majority of people had positive attitude on traditional healing practices. In their opinion, it was cheap, locally available and regular service, that's why they went to the traditional healing practitioners for their treatment.

Conclusions

Training to the traditional healing practitioners about health education, self-awareness is needed. They should be encouraged to use modern health service and provided with the facilities to easy access of the herbal plants.

Keywords: healing practice; herbal medicines; herbal plants; traditional healing practitioners.

Present Status of Traditional Medicines and Medicinal and Aromatic Plants Related Resources and Organizations in Nepal (2009)

Koirala RR¹, Khaniya BN

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Background

Traditional medical system has close relationship with the nature and natural resources. Preservation of traditional medical systems and preservation of natural resources are the two sides of a coin. Indigenous knowledge not only identifies but also provides the system of management of natural resources. The objective of this study was to review present situation of indigenous medical knowledge and its resources and activities of government and non-government organization in this sector.

Methods

Various localities including Kathmandu valley, Biratnagar, Pokhara, Banke and Bardiya were visited to collect relevant data and information. Besides, data and information were gathered surfing websites of various national level organizations and telephone talk with the concerned persons. In course of the study information based on about 150 traditional healers from the visited areas, nearly 5 dozens I/NGOs working in the sectors of medicinal and aromatic plants and Ayurveda were documented.

Results

Research/scholarly articles published in various national and international journals, specimen taken by international research institutions etc have been

threatening the local resources and knowledge rather than their preservation and promotion since no laws, acts, rules and regulations have been developed to protect them resulting in their easy piracy. Traditional medical practitioners and medical knowledge holders are not in natural resource list and they are in a state of extinction/erosion, codified knowledge or prior arts, non codified knowledge or practices or technologies are under serious threat.

Conclusions

Steps must be taken to identify traditional healers in the country, document their knowledge and identify the locally used medicinal plants and other resources.

Keywords: knowledge; medicinal and aromatic plants; organizations; practitioners; preservation; traditional healers; traditional medicines.

Status of Ayurvedic Medicines Available in the Markets of Nepal (2009)

Adhikari SM, Regmi BM

Background

A large number of Ayurvedic medicines have been being used in Nepal since the time immemorial. The popularity as well as market of Ayurvedic medicines has been increasing day by day. Though the raw materials for most of the Ayurvedic medicines are available within Nepal, most of the medicines in Nepalese market are imported from outside the country. On the other hand, as there is no laboratory facility or well established mechanism for standardization and monitoring so far within the country to assure and control the quality of such medicines, many questions are raised regarding the quality, safety and efficacy of these medicines. Hence, substandard Ayurvedic medicines also might have been brought to the market which not only defames Ayurvedic physicians and decreases faith to the Ayurveda but also creates a risk of public health hazards. It requires very urgent and serious multi-dimensional attempts by concerned authorities and other stakeholders to manage and regulate this situation. In this context, present study was designed to identify and explore some of the issues and problems of Ayurvedic medicines available in the market of Nepal.

Methods

Three cities of Kathmandu valley and six other densely populated cities to represent all development regions were selected on the basis of number of Ayu medicine stores and transaction of medicines in those cities. Lists of top

selling 10 Ayu medicines were collected from 87 medicine stores and detail list of information was collected from 26 stores among those. Altogether one hundred and twenty seven samples of the top selling five classical Ayu medicines representing various packing sizes and manufacturers were collected from retailers in Kathmandu valley. Observation and study on packing, label and properties of the selected five classical medicines were conducted by direct observation and using some available tools and methods/measures like measuring tape, Vernier caliper, measuring cylinder, pan balance, electronic weighing machines, incubator, water bath, pH meter, refractometer and digital camera, as applicable. Comparative studies on various samples were noted on the spot immediately after observation/test using specific formats/sheets and code. All the data were put into computer, edited as required, processed and analyzed with MS-excel and SPSS 10.0.

Results

The research found 1029 items of Ayu medicines among which 235 (22.84%) were only Nepali (manufactured within the country), 669 (65.01%) were only Indian and the remaining 125 (12.15%) were both Nepali and Indian manufacturers. Similarly, classical and patent medicines were found to be 458 (44.51%) and 571 (55.49%) respectively. The study also identified 201 Ayu medicines as top selling items among 870 names collected from 87 medicine shops. The study revealed that there is no basis or similar criteria followed for packing and labeling of Ayu medicines available in the market of Nepal, whether manufactured by domestic or foreign manufacturers. The research also found marked differences in colour, taste, smell, fineness, pH, unit dose, etc. within the five classical medicines. There were big variations in quality among the same medicines manufactured by different manufacturers and even in different batches of the same manufacturer in some cases.

Conclusions

Although the study found so many variations regarding the production, prescription and marketing of Ayu medicines, they are still popular in the Nepalese as well as global markets. The efficacy and popularity of these

medicines can be further increased if the quality and safety measures are assured through the development and adoption of standardization and quality control mechanisms.

Keywords: ayurvedic medicines; classical medicines; manufacturers; patent medicines; prescription; production; quality.

Service Quality and Effectiveness of Privately Run Traditional Medicine Based Health Service Providing Centers in Kathmandu (2012)

Koirala RR, Khaniya BN

Background

Traditional medicine based health service centers were found almost never monitored and evaluated once observed by the incumbents of concerned agencies at the time of establishment. This research is, therefore, an important step that assesses the present situation of health centers and the outcomes could be a strong input for policy makers and planners as well as other researcher to continue similar study in future.

Methods

Data and information were gathered through interview, observation, questionnaires. A format was prepared based on the Guideline-2061 prepared by Ministry of Health and Population as a tools to gather information regarding infrastructure, human resources, services, tools and equipments, drugs and other. Different 25 (five from each system- Ayurveda, Naturopathy, Homeopathy, Acupuncture and Amchi) registered hospitals or clinics were

selected by simple random method and 132 patients were selected at convenient of the researchers ranging from 5- 7 from each of 25 centers. These data and information were gathered between January and February of 2012, however interaction with some of the practitioners was continued until data were analyzed to get personal experience, knowledge and information in particular issues as per need for the research.

Results

Out of total 132 patients interviewed, 59.85% patients' first visit was the modern hospitals before visiting traditional medicine based health service centers, 64.4% believed modern medicine could not cure their problems, 75% were suggested by relatives and other known persons to visit traditional medicine centers. Hospital level service centers were found only in Ayurveda and Naturopathy. Basic physical infrastructures as specified by the ministry were found almost fulfilled by the most of the health centers. Post-graduate human resources were seldom available in the centers. Even if available, they were providing general services rather specialized service as per their educational background. Referral systems from one to another systems or one to another physicians within the systems was found nominal. Treatments and therapies offered by the centers were almost general services rather specialized in the terms of quality. Except one reported in Ayurveda, almost none of the centers have prepared treatment protocols that guarantee consistency in service and quality. Perception and experiences of both service providers and service users were positive and found satisfied. During the study, interviewed physicians agreed that health service centers in traditional medicine are not able to provide quality service that meet global standard because of lack of skilled human resources, quality drugs, modern tools and equipments which are basic necessity of health centers. Most of the centers were found struggling for sustainability since they were not able to provide specialized services.

Conclusions

Nation should be clear in recognition of traditional systems of medicine, adopt appropriate model for integration into national health care system,

encourage private sector to import quality technology, facilitate private sectors to establish educational, research and development organizations, develop inter-sectoral networks and efficient monitoring and evaluation mechanism. Frequent discussion and interaction with the practitioners among various systems of traditional medicine is important not only to share knowledge and experience to each other but also develop harmonious relationship among them.

Keywords: effectiveness; health service center; perception; service quality; traditional medicine.

Situation Analysis and Documentation of Traditional Healing Practices and Resources in Chitawan District (2013)

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Background

Indigenous knowledge and natural resources are still under the threats of both unethical uses by outsiders as well as bio-piracy. Various misconceptions and false labeling against the practitioners and practices are still major threats and humiliating to the integrity of community people and their century old culture. In such situation if the state did not take serious initiation to recognize and record healer, healing practices and other related resources, it leads to extinction of such cultural wealth of the country. This project thus aimed to explore the present situation of practices of indigenous

knowledge and documentation of indigenous knowledge, knowledge holders and knowledge practitioners as well as associated bio resources.

Methods

Data were gathered by structured interview and observation. Traditional healers were selected on the basis of 'recognized, respected and active in practice' without gender, caste, age and ethnicity bias as informed by the key informants. Municipality and village development committee were selected by random sampling methods. Eight VDCs and 1 municipality were visited for data collection. Data were gathered during July 5-15, 2012 and Dec-16, 2012 to Jan 29, 2013. Local people especially female community health volunteer and VDC or ward secretary were considered key informants.

Results

One hundred and nine plants were recorded which have been used by the traditional healers. Among them 97 were identified by their scientific names and 68 are enlisted as medicinal plants of Nepal. Likewise, 12 types of minerals and other common things and 8 types of animals or animal parts used for preparing medicine were recorded. Similarly about 45 types of common ailments were reported in the words of healers for which people visit them and they provide treatment. Among them, most common were gastritis, joint pain, diarrhoea, lower abdominal pain, cut injury, cough and cold and so on. In case of drugs, in general, pate, powder, juice and decoction are common form of herbal drugs that traditional healers prepare. Almost all traditional healers believed that their century old traditional healing practices are in verge of extinction.

Conclusions

The country should initiate necessary legal and policy steps to assure the rights over the knowledge and practices of traditional healers.

Keywords: documentation; healing practices; knowledge; medicinal plants; practices; traditional healers.