

Mapping the availability of Ayurveda and other Complementary Medicine Services Centers in Nepal

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EXECUTIVE SUMMARY

Traditional and Complementary Medicine (T&CM) comprises of wide spectrum of practices to prevent and cure diseases .The terms like complementary, alternative, non-conventional medicine are homogenously used in different countries in reference to traditional medicine. The classification of practices and definitions of Traditional Medicine varies in different countries depending on the availability, accessibility, cultural and historical significance, and regulations.

In Nepal T&CM is implied as Ayurveda and Alternative medicine. National Health Policy 2074 defines other Alternative system as Yoga, Naturopathy, Sowa Rigpa, Homeopathy, Unani, Traditional Chinese Medicine, and traditional medicine and practices.

There is very limited knowledge about institutions providing T&CM service, Information on what conditions do patients usually consult for at T&CMs, type of services they provide, exact location of the particular kind of services and number of T&CM providing institutions inside Kathmandu Valley will be beneficial to service seekers

This study aims to collect information on the availability of Traditional and Complementary service facilities through GIS mapping to provide a complete picture of spatial distribution of facilities in Nepal.

The study was conducted in two phases; initially data was collected from Kathmandu valley including Kathmandu, Bhaktapur and Lalitpur. In the second phase we collected the data from all over Nepal. For the purpose of data collection, we included the following system of T&CM practices: Ayurveda, Homeopathy, Naturopathy, Acupuncture and Amchi(Sowa Rigpa). Herbal medicine centers were excluded from the study. For assessing information about availability of the services on those centers, a semi structured questionnaire was designed. Similarly, for location information Garmin GPS device was used.

The majority of complementary medicine centers were practicing Ayurveda followed by Homeopathy. The third most practiced system was Acupuncture. Acupuncture was mostly practiced in conjunction with Ayurveda or Naturopathy. Amchi was least practiced system in Nepal.

A rigorous research on challenges and opportunity and identify gaps associated with Ayurveda and Complementary Medicine practices will assist in future development of this system.

ACRONYMS

AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy
DAHC	District Ayurvedic Health Center
ERB	Ethical Review Board
GIS	Geographical Information System
GPS	General Positioning System
NCCIH	National Center for Complementary and Integrative Health
NHIS	National Health Interview Survey
NHRC	Nepal Health Research Council
SPSS	Statistical Package for Social Science
T&CM	Traditional & Complementary Medicine
TCM	Traditional Chinese Medicine
ZAD	Zonal Ayurvedic Dispensary

INTRODUCTION

Background

World Health Organization (WHO) defines Traditional Medicine as “the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses “[1, 2].

Traditional and Complementary Medicine(T&CM) comprises of wide spectrum of practices to prevent and cure diseases [3]. The terms like complementary, alternative, non-conventional medicine are homogenously used in different countries in reference to traditional medicine[2, 4, 5].The classification of practices and definitions of Traditional Medicine varies in different countries depending on the availability, accessibility, cultural and historical significance, and regulations [1,5].

National Center for Complementary and Integrative Health (NCCIH)groups T&CM practices into seven broad categories that include natural products,traditional healers,Ayurvedic medicine, Traditional Chinese Medicine(TCM), Homeopathy,Naturopathy, Acupuncture[6].

India has mainstreamed theAYUSH(Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy) system of medicine as scientifically accepted indigenous medicine with a view to put forward increased attention for its educational and research development[7].

In Nepal T&CM is implied as Ayurveda and Alternative medicine. National Health Policy 2074 defines other Alternative system as Yoga, Naturopathy, Sowa Rigpa, Homeopathy, Unani, Traditional Chinese Medicine, and other traditional medicine and practices.

National Health Interview Survey (NHIS), 2002states that at least one third of adults use Complementary and Alternative Therapy worldwide[8]. A survey on popularity index by WHO showed that Ayurveda, Herbal medicine, Unani, Siddha, Yoga, Spiritual therapy are mostly practiced and popular in South East Asia Region [9].

More than two third of the population in Nepal relies on traditional practices for the primary health care, primarily due to the its accessibility, affordability and its alignment with cultural practices [10, 11]. There are estimated at least 400,000 traditional medicinal practitioners in Nepal practicing different modalities like ritual or ceremonial practices, spiritual practices, diet and self-healing [4]

Like in most of the developing countries, despite the dependency of huge population on T&CM, there is lack of reliable information of availability of these facilities [12]. Information on the availability and accessibility of such services will help the service users to locate the chose appropriate T&CM facilities for their health care needs. Creation of health care centers database and mapping also helps to show the spatial distribution and information about location. Mapping can be used to illustrate the information on service provisions, understanding localities, and analysis and display of information.

The History of mapping as a healthcare tool dates back to more than 150 years initially used by Dr. Robert Cowan, by showing the positive association of fever to the overcrowded areas[13, 14]. Since then, use of mapping in healthcare has been in upward trend; either to study the causative factor, mortality rate [13] or accessibility of health facilities among the population group.

GIS provides tool for instant visualization of the information to the public on the accessibility as well as the expertise of identified and categorized health facilities.[15].

RATIONALE

In many parts of the developing countries, Traditional system of medicine remains the primary source of health care. As stated earlier, two third of the population in Nepal use Traditional and Complementary System of Medicine. However, there is very limited knowledge about the availability of institutions providing T&CM services. Information on what health conditions do patients usually consult for at T&CMs, type of services T&C Moffer, number of T&CM providing institutions in Nepal would be beneficial to policy makers, service seekers. In addition, there is limited knowledge on the documentation and recognition of suitable and effective practices because of limited researches in T&CM in Nepal as a result, intended benefits of T&CM are still not validated. .

Furthermore, providing reliable information on access to services providers could be the foundation to establishing of T&CM and future researches.

OBJECTIVES

General objective

This study aims to generate the evidence on the availability of Traditional and Complementary service facilities through GIS mapping to provide a complete picture of spatial distribution of facilities in Nepal.

Specific Objectives

The specific objectives of the study are:

1. To assess the availability of Ayurveda and other complementary services providing institutions.
2. To assess the services provided by Ayurveda and other complementary medicine services providing institutions.
3. To map the location of Ayurveda and other complementary services providing institutions.

METHODOLOGY

Study Design:

This was a cross-sectional descriptive study carried out in Nepal. Semi structured interviews were carried out with the supervisors of the District Ayurvedic Health Center (DAHC)/ Zonal Ayurvedic Dispensary (ZAD) to obtain the information on the Ayurveda and other Complementary Medicine centers operating in that particular district.

Sampling

All the supervisors of DAHC / ZAD were approached to obtain details of all the registered and non-registered Ayurveda and other Complementary Medicine Centers. There are 75 District Ayurvedic Hospital / Zonal Ayurvedic Hospital throughout Nepal.

Study site and its justification

The study was initially conducted inside Kathmandu valley including Kathmandu, Bhaktapur and Lalitpur. Kathmandu Valley was initially selected for the study because there is wide spectrum of T&CM practices within Kathmandu Valley as compared to the rural areas.

Later, with the plan to conduct the study in Nepal, we approached 75 District Ayurvedic Health Center(DAHC)/ Zonal Ayurvedic Dispensary(ZAD) in Nepal. DAHC/ZAD was approached as.It was considered necessary to have at least baseline information on the availability of Ayurveda and other Complementary System that is being practiced in Nepal.

For the purpose of data collection, we included the following system of T&CM practices: Ayurveda, Homeopathy, Naturopathy, Acupuncture and Amchi(Sowa Rigpa). Herbal medicine centers were excluded from the study.

Data collection tools/techniques

We used two different techniques for data collection for Kathmandu Valley and all over Nepal.

In the Kathmandu Valley:

The initial list of service providers inside Kathmandu Valley was obtained from company registrar's website.Department of Ayurveda was approached for another set of list for the completeness and updated information on the service providers. After both the lists was compiled, field investigators, visited the listed facility and they also inquired if they knew any other Traditional Medicine Center in that area. This method ensured that the possibility of missing any centers was relatively low.

The co-investigators and other field staff collected the data through interviews and questionnaires with the representative of the institution.

On approaching the center, enumerators located latitude and longitude of the center through GPS device. Data was collected regarding type of service based on the information provided by institution.

For assessing information about availability of the types of services in the centers, a semi structured questionnaire was designed. Similarly, for location information Garmin GPS device was used. The duration of the study was of 3 months.

Field staffs with academic background in public health or nursing were selected for data collection.

They were trained on data collection tool & technique and provided with data collection manuals and forms. Also, field supervisor checked the accuracy and quality of data collection in each district.

Arc Gis 10.2 was used to locate the latitude and longitude of the institutions. The administrative map of Kathmandu Bhaktapur and Lalitpur from the local government was used as the base map. For the ease of data collection, the places were divided into clusters. Kathmandu was divided into 13 clusters. Lalitpur and Bhaktapur were considered as one cluster each. GIS software was used for institutional mapping.

Within Nepal

For the data collection outside of Kathmandu Valley, we first approached Department of Ayurveda for the list and contact information of District/Zonal Ayurvedic Centers of Nepal. After we obtained the contact information from them we approached the supervisors/ Doctors of District Ayurvedic Health Center for the details information on the Ayurvedic and other Complementary Medicine Centers operating in that district.

After the details of the study had been explained to the representative of the DAHC/ZAD over the telephone, we then sent the semi structured interview form through the email. The details of all the centers operating in that particular district was obtained from the representatives of DAHC/ZAD. The reason to approach DAHC/ZAD was that all the centers are required to register their structural and service information in their corresponding DAHC/ZAD.

Data Analysis

The data were entered in epi-data initially and were transferred into SPSS version 16 for data analysis. Descriptive presentation was done using SPSS. Frequency and percentage were calculated for the categorical values.

Ethical Consideration

Ethical approval to conduct the study was obtained from Nepal Health Research Council (NHRC)-Ethical Review Board (ERB). The co-investigators and other field staff collected the data through interviews and questionnaires with the representative of the institution.

Separate ethical approval was obtained to conduct the study within the valley and all over Nepal

The objectives, methods, risks and benefit, need of this study, expected outcome of this research were well explained to all the participants. Participants were given choice to fill the questionnaires themselves or, if they wished, data collectors interviewed the participants to obtain the relevant information. Rights of the participants not to answer any of the questions or to withdraw from the study at any point of time were respected.

FINDINGS

Findings from the study:

We approached representatives of District Ayurvedic Health Center/Zonal Ayurvedic Dispensaries DAHC/ZAD of all 75 districts and explained all the risk and benefits of the studied and mailed the questionnaire on the provided mail. We at least had a three follow –up calls to reach them. Out of 75 DAHC/ZAD we were able to collect the information from 68centers. There was no response from 7 DAHCs; hence we excluded the centers from those corresponding districts from the study. The findings from the information provided by the representatives of DAHC/ZAD are presented further.

Table 1 Number of Ayurveda and other Complementary Medicine Services Centers

System of Medicine	No. Of Institutions
Ayurveda	565
Homeopathy	75
Naturopathy	48
Acupunture	52
Aamchi	11
Unani	1

***The total entities add more than as there is combination of more than 1 system in various centers**

We found that majority of T&CM centers practiced Ayurvedic system of medicine, followed by Homeopathy. Acupuncture was the third most practiced system, followed by Naturopathy being practiced in 48 centers. Acupuncture was most commonly practiced in combination with Ayurveda, Naturopathy or Homeopathy. Amchi was the least practiced system. We also found one Unani Medicine Practicing Center in Province 1.

Of 667 T&CM centers, there were five research Centers. Four of these centers were exclusively practicing Ayurveda System of Medicine and one was practicing combination of Ayurveda and Naturopathy. All of the research centers were located in Kathmandu Valley.

Table 2 Distribution of type of traditional and complementary medicine centers in Nepal at provincial level.

	Province 1	Province 2	Province 3	Province 4	Province 5	Province 6	Province 7	Total
Ayurveda	100	57	150	58	90	27	46	528
Homeopathy	20	0	21	2	6	0	2	51
Naturopathy	2	0	10	1	2	0	0	15
Acupunture		0	7	1	0	0	0	8
Amchi		0	2	3	0	0	0	5
Unani	1	0	0	0	0	0	0	1
Ayurveda + Homeopathy		0	2	1	0	0	0	3

Ayurveda + Homeopathy + Acupuncture	1	0	13	1	1	0	0	16
Ayurveda +Amchi		0	1	0	0	0	0	1
Ayurveda+ Naturopathy	1	0	4	0	1	0	0	6
Ayurveda+ Naturopathy + Acupuncture		0	8	0	0	0	0	8
Ayurveda+ Naturopathy + Amchi		0	2	0	0	0	0	2
Hoemopathy Naturopathy +Amchi		0	1	0	0	0	0	1
Homeopathy+ Acupuncture		0	1	0	3	0	0	4
Naturopathy + Acupuncture	1	0	13	0	2	0	0	16
Naturopathy + Amchi		0	1	0	0	0	0	1
Acupuncture +Amchi		0	1	0	0	0	0	1
Total	126	57	236	67	105	27	48	667
Percentage	18.89	8.55	35.38	10.04	15.74	4.05	7.20	100

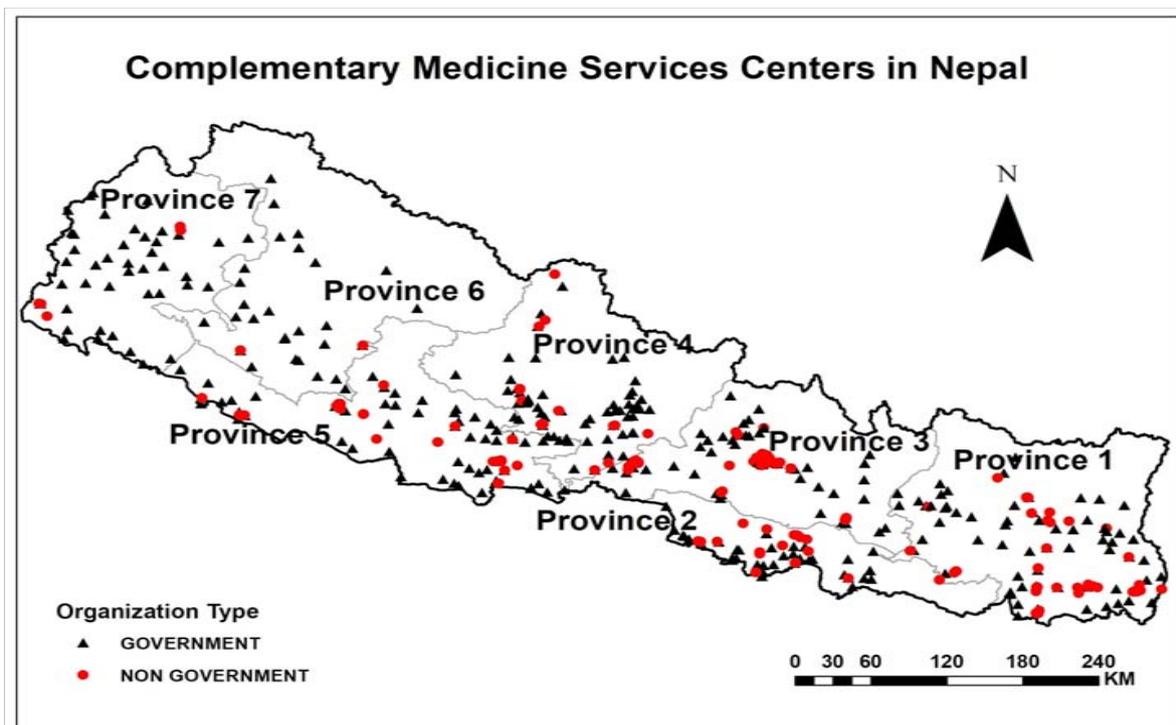


Figure 1 : Ayurveda and other Complementary Services Center in Nepal

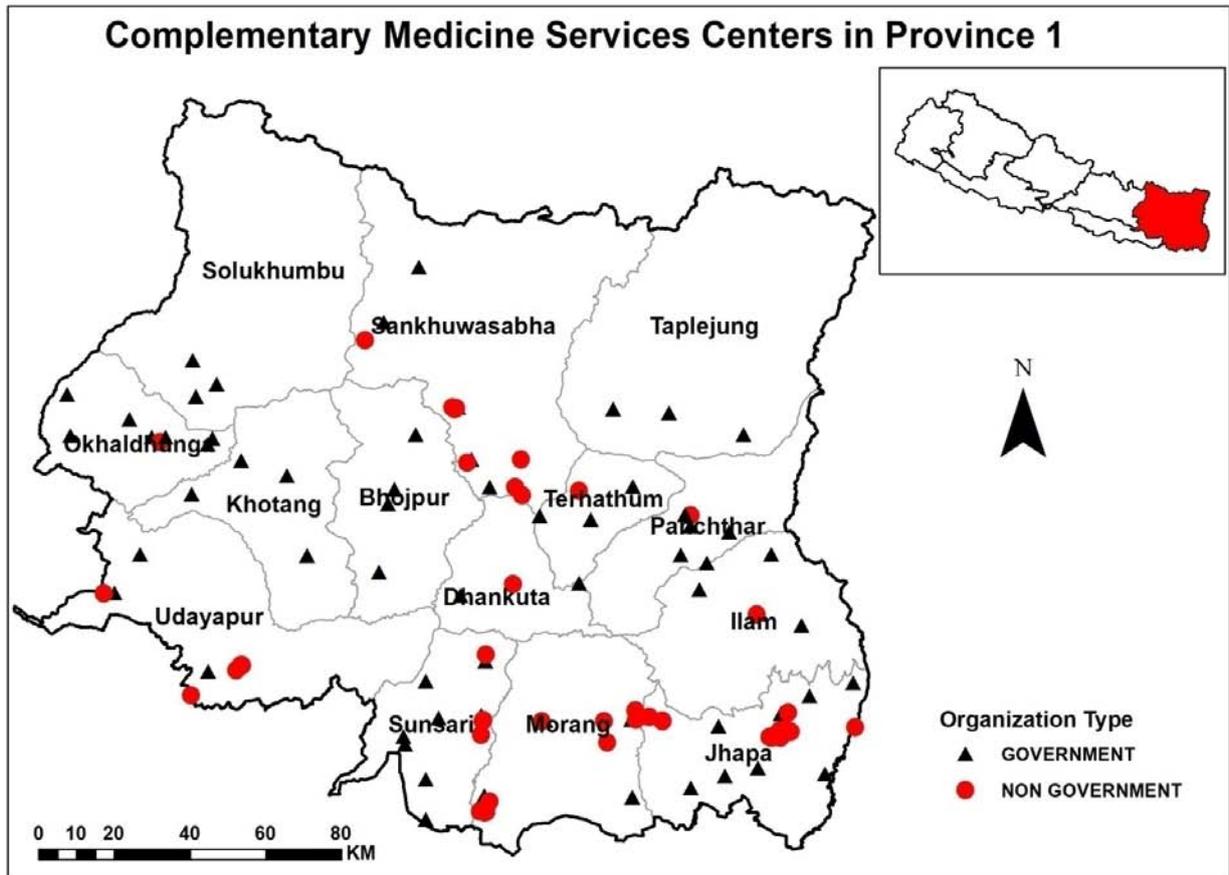


Figure 2 Ayurveda and other Complementary Services Center in Province 1

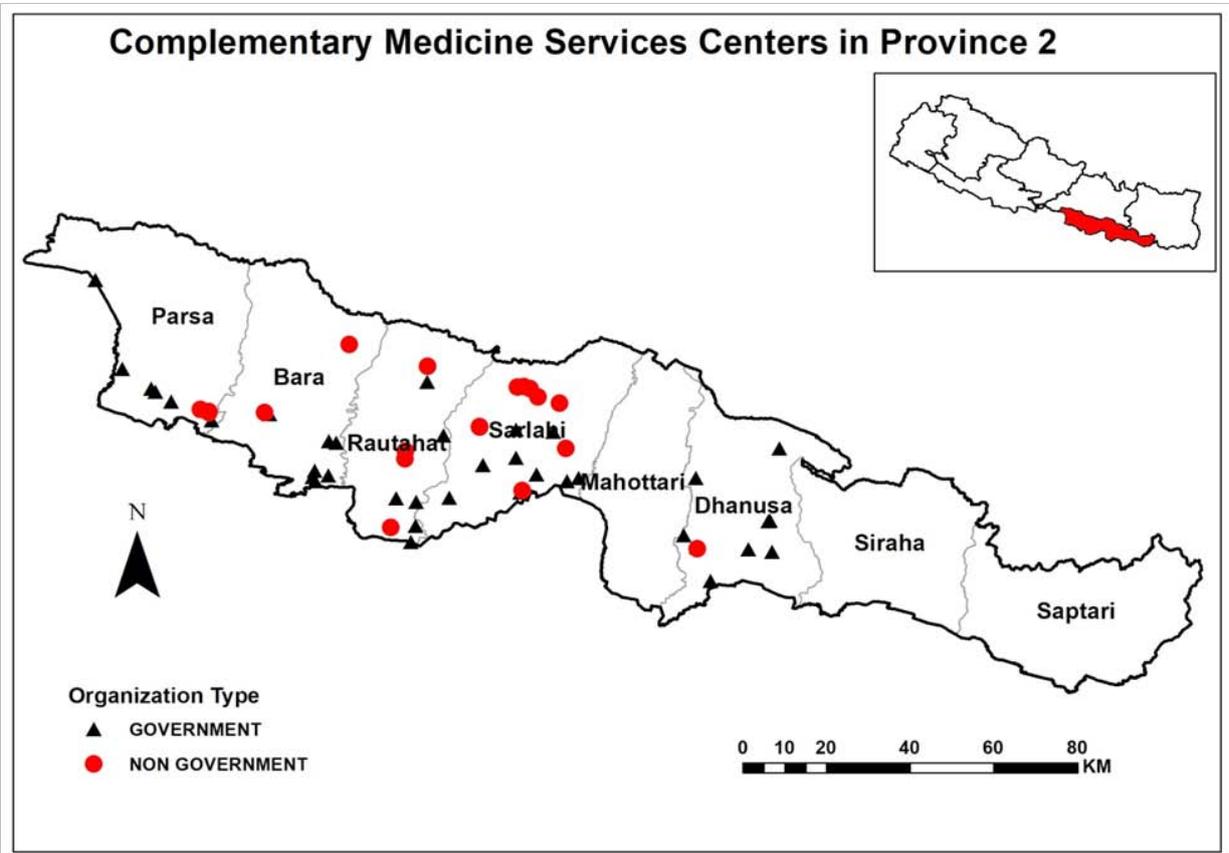


Figure 3 Ayurveda and other Complementary Services Center in Province 2

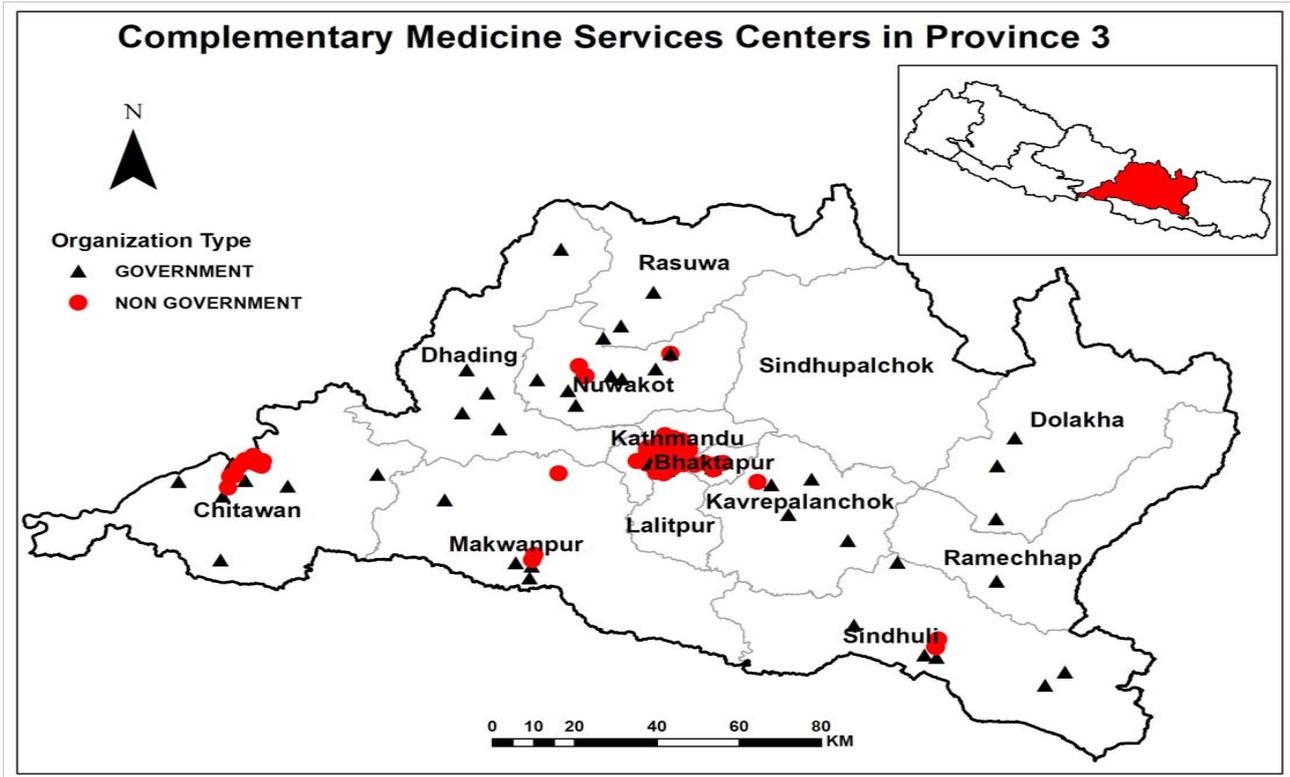


Figure 4 : Ayurveda and other Complementary Services Center in Province 3

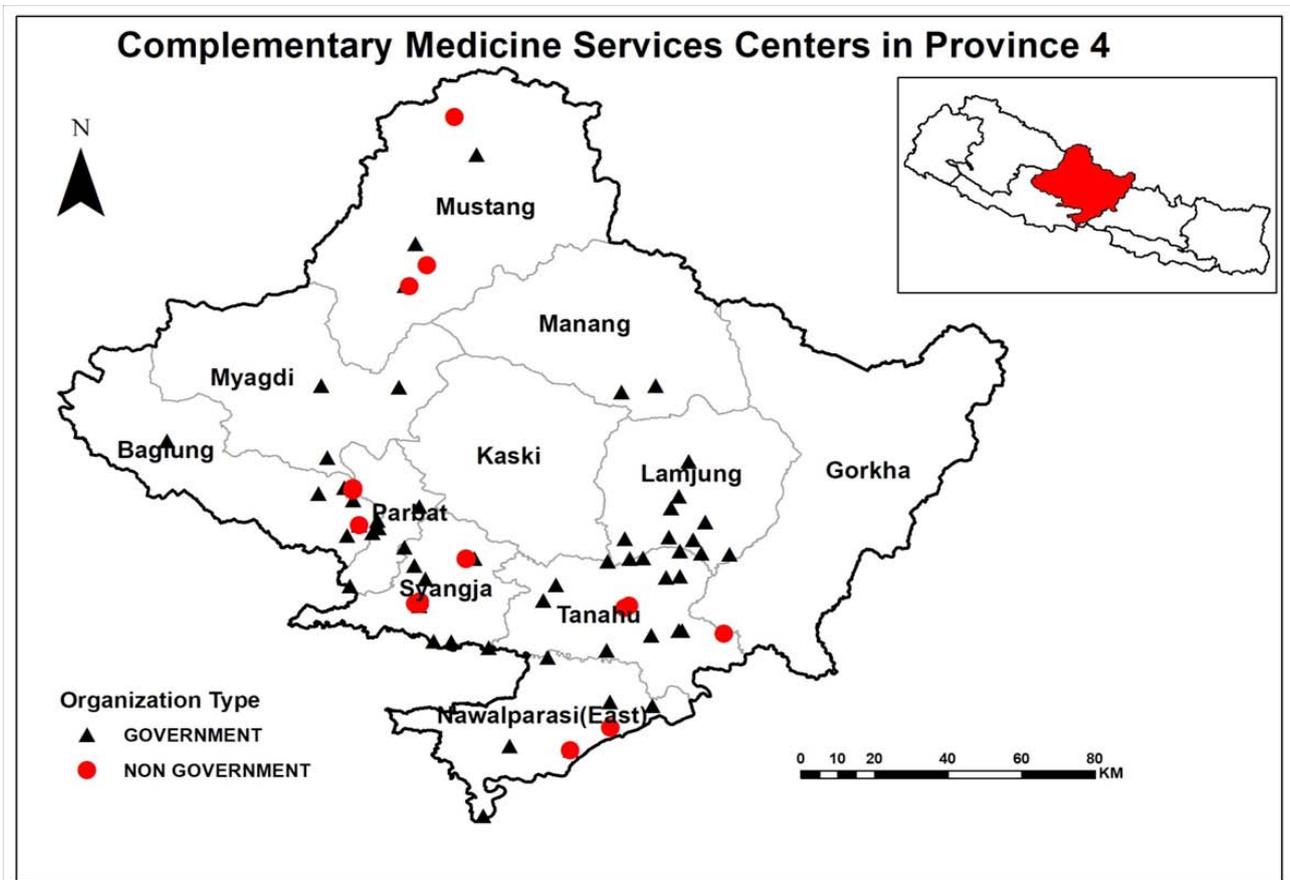


Figure 5 : Ayurveda and other Complementary Services Center in Province 4

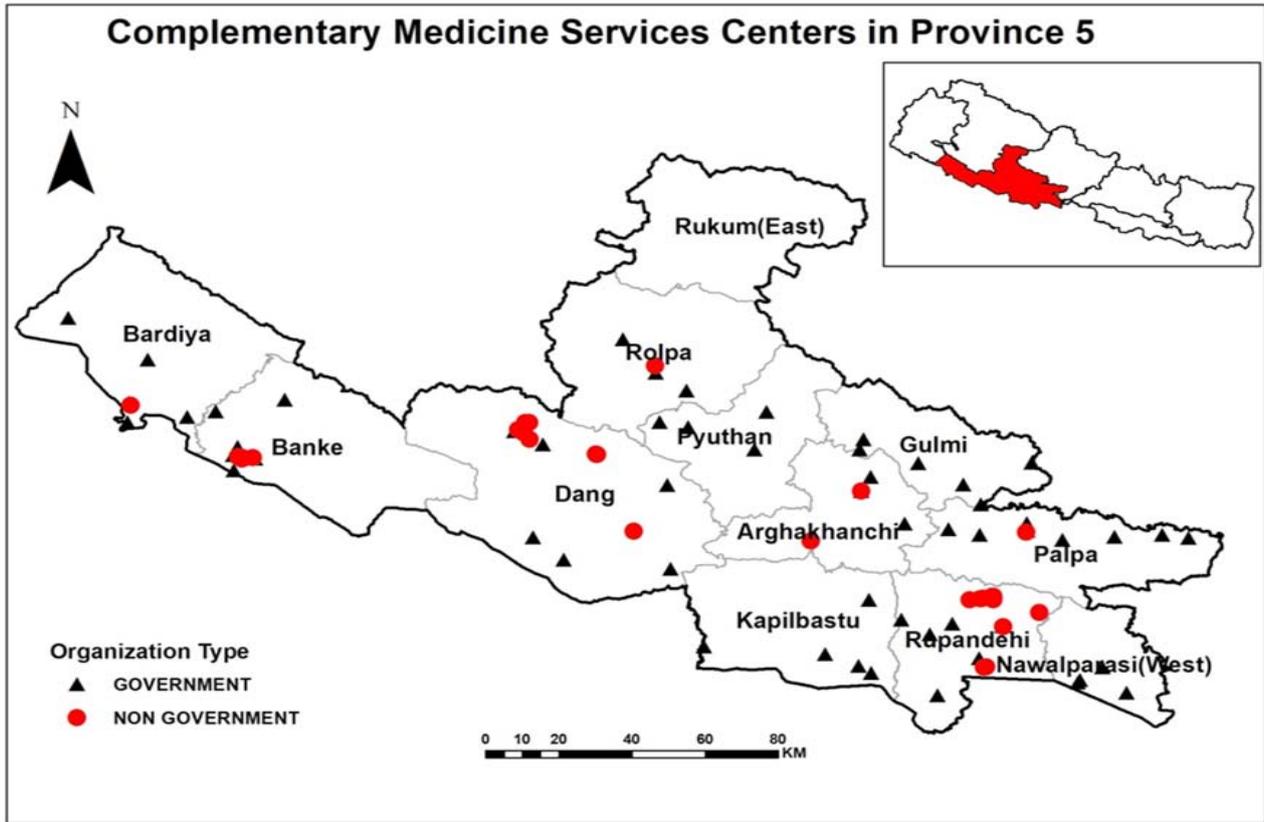


Figure 6 : Ayurveda and other Complementary Services Center in Province 5

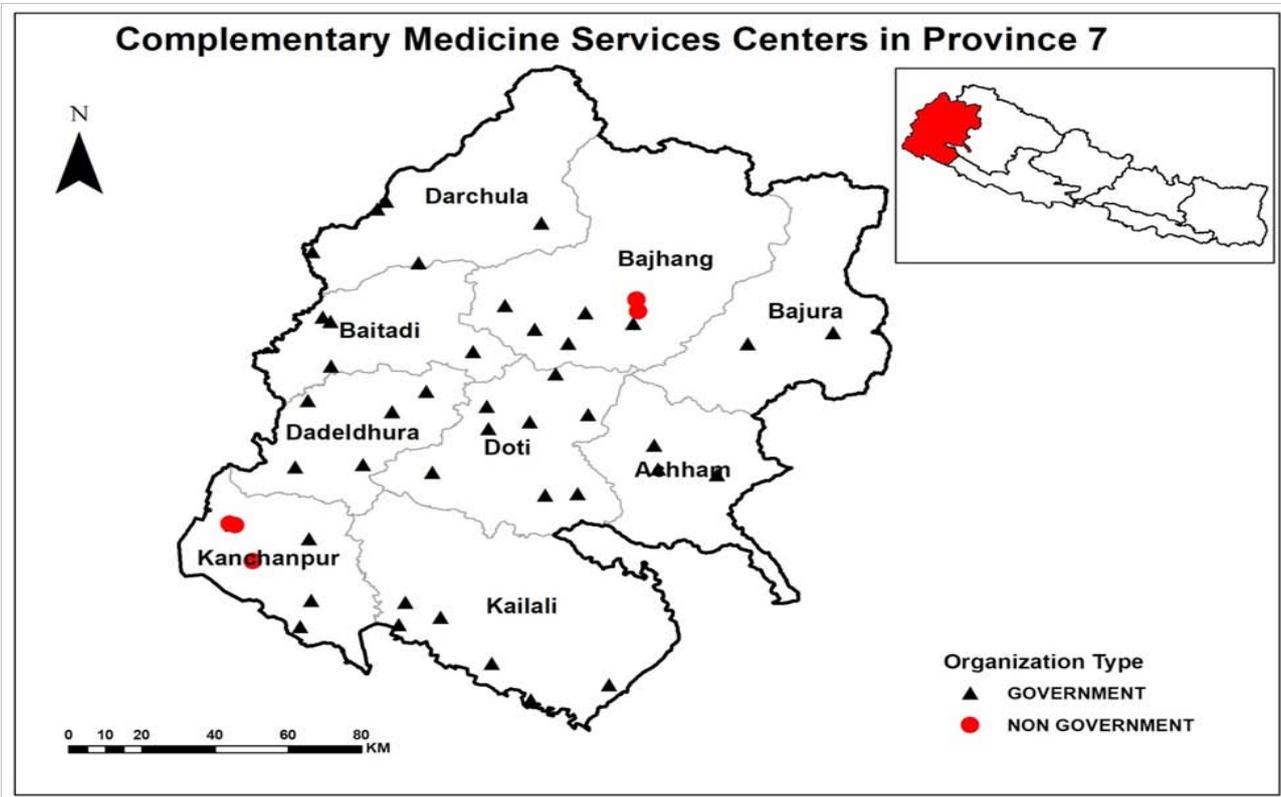


Figure 7: Ayurveda and other Complementary Services Center in Province 6

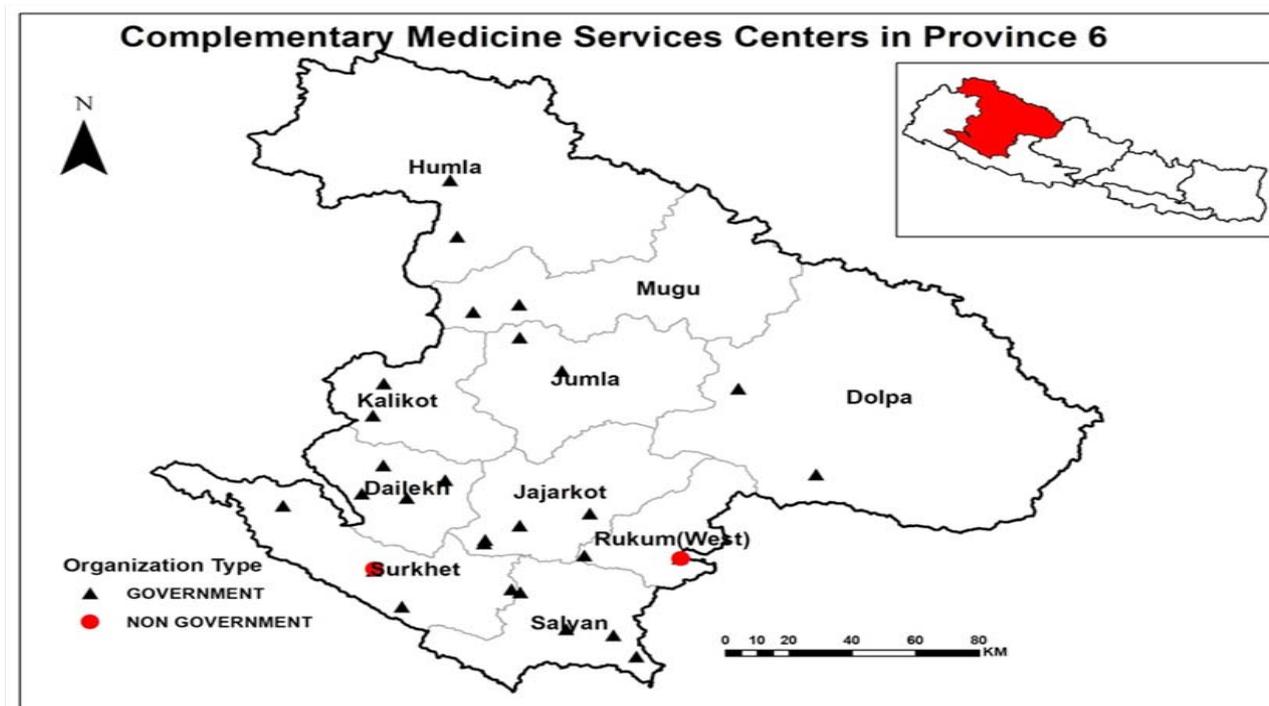


Figure 8 : Ayurveda and other Complementary Services Center in Province 7

Table 3 Type facilities on the basis of ownership

Classification of Centers in the basis of ownership (n=667)

Type of Ownership	Frequency	Percentage
Government	337	50.6
Private	324	48.5
NGO	3	0.5
Community	2	0.3
Semi Government	1	0.2
Total	667	100

The data showed that among the T&CM centers, privately owned centers were almost equal to the Government owned centers.

Amongst the 337 Government entities, centers we found 335 to be practicing Ayurvedic Medicine out of which 5 centers also practiced Acupunctures. There were two Government Homeopathic Centers. There were no Government entities that provided Naturopathy or Amchi System of Medicine. However, there were two community owned centers which practiced Naturopathy and three NGO and one Semi Government Organization practiced Naturopathy.

Table 4 Type of facilities on the basis of structure

Classification of the centers on the basis of structure of facility (n=667)

Type of Institution	Frequency	Percentage
Hospital	42	6.3
Clinic	284	42.6

Health Center	64	9.6
Health Post	262	39.3
Polyclinic	5	0.7
Treatment Center	10	1.5
Total	667	100

Among the centers, most of them were run in clinical set up. Health post was second highest number taking the share of almost 40% of the total centers. Only 6.3 % were among the hospital set up.

Table 5 Frequency of the institution on the basis of other attached health facilities

Classification of the centers on the basis of other attached facilities (n=42)

If attached to other Health Facilities	Frequency	Percentage
Attached to Allopathic Services	3	7.14
Attached to Physiotherapy Services	39	92.86
Total attached facilities	42	100

Based on structure of the facility, data shows that around 19 % of the centers were attached with other health facilities. Among them, most of the facilities were attached with Physiotherapy centers. Ayurveda, Acupuncture and Naturopathy system were most commonly practiced in combination with physiotherapy.

Table 6 Type of facilities by services availability

Classification based on Services Available (n=667)

Services Available	Frequency	Percentage
Both Inpatient and Outpatient Services	42	6.3
Only Outpatient Services	625	93.7
Total	667	100

Only 42 of the total 667 facilities provided inpatient services. Among the 42 centers that provided inpatient services, 8 centers provided only Ayurvedic Medicine. 2 were only Naturopathy Hospital, 12 hospitals provided the service in combination of Naturopathy and Acupuncture. Rest of the centers was the combination of three or four systems.

Table 7 Number of Inpatients Services on the basis of inpatient capacity

Classification on the basis of Inpatient capacity (n=38)

Inpatient Capacity	No of institution	Percentage
< 10	12	31.58
10 and above	26	68.42
TOTAL	37	100

Among the centers providing inpatient services, 11 centers had capacity of less than 10 in-patients, 3 centers had more than 16 in-patient capacity. The largest hospital had 150 in-patient capacities.

Table 8 Frequency of institutions in the basis of Staff Strength

Distribution of the institutions in the basis of Staff Strength

No of Technical Staffs	Frequency	Percentage
1-2	410	65.39
More than 2	217	34.60
Total	627	100

Among the 627 institutions, 291 facilities had at least one practicing doctor in the facility while 346 institutions did not have doctors and were run by other technical staff that held diploma or certificate in their practicing system.

Doctors who practiced Ayurveda had either Bachelors of Ayurveda Medicine or Surgery Some doctors also held Masters in Ayurveda (MD). The common certificate held by other Ayurvedic technical staff were Diploma in Ayurveda and Certificates in Ayurveda.

Common degree held by Homeopathic Doctors was Bachelor of Homeopathic Medicine and Surgery.

In Naturopathy practices, most of the institutions employed Naturopathy Doctors. The common degree Naturopathy Doctors had Bachelor of Naturopathy and Yogic Sciences.

Acupuncture was commonly practiced by registered Acupuncturist. The registered Acupuncturist had either Diploma or Certificate in Acupuncture Therapy, Ayurvedic doctors or Naturopathy doctors also practiced Acupuncture. We also one center practiced Acupuncture by Physiotherapist and one by Amchi Practitioner.

Amchi was practiced by variety of degree holders. Among them 4 institutions employed doctor with specialization in Sorig Medicine.

Table 9 Type of facilities in the basis average per month patients' visit

Classification of Centers on the basis of no. of Patients Visit (n=564)

No. of Patient's Visit	Frequency	Percentage
≤100	134	23.76
101-200	112	19.86
201-300	99	17.55
301-400	78	13.83
≥500	141	25
Total	564	100

The above table shows the categorical value on the average volume of the patients visit per month. Number of patients ranged from 2 per month in some centers to over 5000. Most of the institutions reported their average patients visit per month as 50.

Table 10 Type of facilities in the basis of Years of Operation

Number of Institutions on the basis of Years of Operation (n =514)

Years of Operation	No of Institution	Percentage
Less than 1	14	2.72
1-5	221	43.00
6-10	49	9.53
11-15	42	8.17
16-20	65	12.65
21-25	42	8.17
>25	141	27.43
Total	514	100

The above table illustrates the categorical values on the basis of years of operation of the T&CM service institutions in Nepal. There are three institutions more than 100 years old owned by the Government. Five of the centers were more than 50 years old in which four are Ayurvedic centers and one is Homeopathy clinic. Most of the centers established in last five years.

Condition for which patients mostly visited for:

The most common diseases for which the patients visited are Gastritis, Piles and Fistula. Other common conditions for which the patient visited frequently were Rheumatoid Arthritis , Neurological Problems, Migraine, Skin disease, Depression and Anxiety, Diabetes, Hypertension, Gynecological disorder

Of all the commonly treated diseases in Ayurveda and other system, most were reported chronic and non communicable diseases.

Registration Status:

Of the entire private, semi- government, NGO and community institutions; 113 institutions were reported to have registered with either DAHC/ZAD. 40 institutions reported that their institutions have been registered at least with one of the following authority; Department of Drug and & Administration, Company Registrar, Gharelutatha Sana Udhyog. A large number of institutions (163) did not provide the information on the status of registration.

Table 11 Types of facilities based on the issues

Issues in Operating the Institution n=358

Status of Issues	Frequency	Percentage
Had Some Issues	154	43.02
Did not Have any Issues	204	56.98
Total	358	100

Among the ones who stated that they has some issues operating their institution; most common issues in the Government Sector was lack of adequate which lead to treating the patient with inadequate combination of medicine so the patient further complained about medicine did not work for them. Other common issue reported was that they did not have good infrastructure to provide all

the necessary treatments. Some mentioned that patient come for the treatment after the disease has advanced so it is difficult to cure such patients and especially when the patients seek the guaranteed treatment. Other issues faced were Patients seeking guaranteed treatment, delayed in the healing to cure the disease, lack of public knowledge and belief in traditional medicine, Need of Government focus of Ayurveda and other traditional medicine. Some of the Naturopathy Hospitals reflected on the need of Naturopathy College and Government Hospital to build skilled manpower for the system.

CONCLUSION

There is a wide variety of T&CM practices in Nepal. Study revealed that Ayurveda is the most practiced T&CM system practices in Nepal followed by Homeopathy. Ayurveda has a long history of practices in Nepal. The oldest of the T&CM institutions are century old 3 Ayurvedic Centers owned by the Government of Nepal. Most of the Government institutions practicing T&CM in Nepal were the Ayurvedic Centers. However there were no Government entities that practiced Naturopathy and Amchi System.

Acupuncture was commonly practiced in combination with Ayurveda or Naturopathy as an adjuvant therapy in most centers.

T&CM practices in Nepal were commonly by qualified and registered doctors in their respective system there were also practices were done by the registered assistants with diploma or certificate degrees.

RECOMMENDATION

Create national and province level information of different types of T&CM practices that can be available to the public would be useful in bringing all traditional systems under a single umbrella where they could be recognized, regulated and connected with each other to deliver better impact on population health in Nepal.

Influence of Complementary medicine is considerably high; however there are very few scientific studies to show the value of individual therapies convincingly. There is a need to develop conceptual models or frameworks for each system, create definite regulations, policies, planning, and building network infrastructure required for the overall developments of all the existing T&CM in Nepal.

A rigorous research by exploring barriers and challenges faced by the complementary medicine practitioner and opportunities ahead will identify the gaps and help to assist in filling those gaps.

Further, there is a growing demand for complementary medicine with the burgeoning morbidity and mortality of Non-communicable Diseases. Many patients seek complementary medicine along with the conventional medicine for the treatment of Non-communicable Diseases. In this scenario research on identifying the main scientific, policy, and practice issues related to CAM research and exploring and translating validated therapies into conventional medical practice to reduce the burden of disease due to Chronic Non-Communicable disease is very crucial.

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ANNEX

Data Collection Tool

For service Providers		
1	संस्थाको नाम : (Name of Institutes/Centers:)	
2	सम्पर्क व्यक्तिको नाम : (Name of Contact person:)	
3	संस्थाको ठेगाना: Address	State प्रदेश _____ Zone अञ्चल _____ District जिल्ला _____ Municipality /Rural Municipality नगरपालिका गाउँपालिका _____ Ward No वडा _____ Tole टोल _____
	Address (With Latitude Longitude and Altitude)	X _____ Y _____ Z _____
4	संस्थाको प्रकार: Type of organization:	<input type="checkbox"/> सरकारी (Government) <input type="checkbox"/> अर्ध सरकारी (Semi-Government) <input type="checkbox"/> निजी(Private) <input type="checkbox"/> गैर सरकारी (NGO) <input type="checkbox"/> अन्य(Others): _____
5	फोन नं. : Contact no: (Optional)	
6	के यो अनुसन्धान संस्थाको हो : Is it Research Center	<input type="checkbox"/> Yes (हो) <input type="checkbox"/> No (होइन)
7	यदि अनुसन्धान संस्थाको हो भने अहिले सम्म यस संस्थाबाट कति वटा अनुसन्धानहरू भए? If this is a research center how many researches have been conducted till date	_____ (N/A)
8	चिकित्सा प्रणालीहरू : System of treatment	<input type="checkbox"/> Homeopathic(होमियोप्याथी) <input type="checkbox"/> Naturopathy (प्रकृतिकचिकित्सा) <input type="checkbox"/> Ayurveda(आयुर्वेद) <input type="checkbox"/> Amachi(आम्ची) <input type="checkbox"/> Acupuncture(अक्कुपंचर) <input type="checkbox"/> Others (Specify)(अन्य) _____

9	उपचार विधिहरु : Services available(List down)	
10	के यो संस्थाअन्यकुनै स्वास्थ्य सेवा संकायसँग सम्बन्धित छ ? Is it attached to any other health facility?	A. Yes(छ) B. No(छैन)
11	कस्तो संस्थासँग सम्बन्धित छ ? Attached Facilities:	A. Allopathic System (एलोप्याथी) B. Physiotherapy (फिजियोथेरापी) C. Others(अन्य) _____ (Specify) D. N/A _____
12	यहाँ कस्तो सेवा उपलब्ध छ ? Type of Service Provided	<input type="checkbox"/> Inpatient Services (आन्तरिक सेवाविभाग) (No of Beds____) <input type="checkbox"/> Outpatient Services(बाहिरंग सेवाविभाग)
13	यो कस्तो किसिमको संस्था हो Type of center	<input type="checkbox"/> Hospital(अस्पताल) <input type="checkbox"/> Clinic(क्लिनिक) <input type="checkbox"/> Others (अन्य) _____
14	यो संस्थामा कति कर्मचारीहरु कार्यरत छन्? Total number of staff at center	Technical Staff (प्राविधिक कर्मचारी) Administrative Staff (प्रशासनिक कर्मचारी) _____
15	यो संस्थामा रोग निदानको प्रकृया Patient diagnosis criteria	1. Patient history(पुर्व रोगको जानकारी) 2. Laboratory Test(ल्याब जाँच) 3. Other examination of patient (please state) (अन्य) _____
16	विरामीको संख्या औसत प्रतिमहिना कति हुन्छ No of patient visit Average Per Month	(औसत प्रतिमहिना) _____
17	यो संस्थामा उपचार कालागि आउने प्रमुख ५ वटा रोगहरु कुनकुनहुन् Disease most frequently visited or treated for (Top 5)
18	यो संस्था कुनै निकायमा दर्ता गरिएको छ कि छैन Registration Status	Yes (छ) _____ No(छैन) _____ Don't know(थाहा छैन) _____
19	यदि छ भने कहाँ दर्ता गरिएको हो? If Yes, Where is it registered (recent registration)	_____

20	यो संस्था संचालन गरेको अवधिकतिभयो Years of Operation	वर्ष _____ महिना _____
21	के यो सस्थामा आएका विरामीहरुलाई अन्तकतै प्रेषण गरिन्छ ? Do you refer the patients to any other hospital or clinic	Yes (छ) _____ No(छैन) _____
22	यदिगरिन्छ भने कतागरिन्छ ? If Yes where do you usually refer your patients?	_____
23	उपचारकाक्रममा केही समस्याहरु आउछन् ? Do you have any issues operating your organisation	Yes (छ) _____ No(छैन) _____
24	कस्ता समस्याहरु धेरै आउछन् ?	_____