Traditional Healers of Nepal: Their Knowledge, Skill, Practices and Technology

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ABSTRACT:

Background: Nepali people have been using traditional medicine since time immemorial. The majority of the population (80%) depend upon traditional medicine for primary health care in rural areas. However, documentation on the status of traditional healers (THs) in Nepal is scanty. This study aimed to analyze the status of socio-demographic characteristics, knowledge, skill, practices, and technology of THs in Morang, Nuwakot, Myagdi, Surkhet, and Kanchanpur districts of Nepal.

Methods: A cross-sectional study was conducted in the districts from February to May 2014. A total of 105 THs were interviewed using semi-structured questionnaires. Data were summarized using frequency, percentages, and tables. Responses on the following topics were obtained: socio-demographic characteristics, knowledge, skill, practices, and technology.

Results: In general, 73.9% of respondents were males, with only 26.09% females. The greater proportion of (43.20%) THs were senior citizens above 46 years. Majorities (56.48%) of THs have been to primary school and were Hindu. A majority of THs (29.50%) acquired knowledge from traditional practitioners. Other sources of acquiring knowledge were family-based apprenticeship, training, and the supernatural. History taking was used by 60.30% of THs for diagnosis of illness. Over forty-five percent of THs had been practicing for 1-3 decades. THs (6.21%) of Morang and Surkhet consulted over 1000 clients per month. Most of the THs (40.02%) used medicinal herbs as the means of healing. A total of 20% THs agreed, referring complicated and unsuccessful clients to health institutions. THs used traditional tools and techniques to diagnose diseases. THs prescribed medicines prepared from medicinal herbs or in combination with minerals and animal byproducts.

Conclusion: THs have acquired traditional medical knowledge, skill, practices, and technology from their ancestors, colleagues, self-study, traditional teachers, training, etc. THs use many traditional tools and techniques to diagnose diseases and treat clients with medicinal herbs. THs are the main source of primary health care providers for rural peoples.

Keywords: Traditional healers, Traditional Practices, Medicinal herbs, healthcare

INTRODUCTION

Nepal is a rich country in culture, tradition, and knowledge of traditional health practices. In fact, traditional healing practices have been a strong cultural and scientific heritage in this country. The majority of people (80%) in Nepal continue to rely on these health care practices both in rural and urban communities.¹ These healing practices include plant, animal, and mineral-based medicines, massage, spiritual therapies, and various other techniques that are unique to different regions and cultures.² In many cases, traditional knowledge has been orally passed for generations from person to person. Some forms of traditional knowledge is expressed through stories, legends, folklore, rituals, songs, and even laws.³ Traditional medicine (also known as indigenous or folk medicine) comprises knowledge systems that developed over generations within various societies before

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modern medicine. Traditional medical practices vary among geographic regions and cultures. Three factors legitimize the healer’s role - their own beliefs, the success of their actions, and the beliefs of the community. Traditional medicine is defined as “the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve, or treat physical and mental illnesses”. In countries with limited access to allopathic medicine, THs are often the primary source of health care providers in rural and urban areas. Eighty percent of African people use traditional medicine (TM) to meet their health care needs. In many Asian countries, Traditional medicine (TM) continues to be widely used, even though allopathic medicine is often readily available. In Japan, 60–70% of allopathic doctors prescribe Kampo medicines for their patients. In Malaysia, traditional forms of Malay, Chinese and Indian medicine are used extensively. In China, TM accounts for around 40% of all health care delivered and is used to treat roughly 200 million patients annually. For Latin America, the WHO Regional Office for America (AMRO/PAHO) reports that 71% of the population in Chile and 40% of Colombia’s population use traditional medicine. Similarly, 60% in Uganda, 60% in Tanzania, 70% in Rwanda, 70% in India, 80% in Benin, 90% in Ethiopia, 80% in Nepal, 80% in Sri Lanka, and 70% in Bhutan use TM for primary health care. In many developed countries, various government and non-government reports state that the percentage of the population who used traditional medicines is 46% in Australia, 49% in France, and 70% in Canada, 42% in the USA, 38% in Belgium, and 75% in France. THs of Nepal can be categorized as Dhami-Jhankri, Pandit-Lama-Gubhaju-Pujari, and Jyotishi. Dhami-Jhankri Jare shamans, Pandit-Lama-Gubhaju-Pujari, are the priests of the different ethnic and religious groups, while Jyotishi are astrologers. Dhami-Jhankris play a role as mediators between the spirit and the material world of life. Attacks by different types of spirits are believed to be common causes of illness. The Dhams predict the type of spirit and either make an offering and placate the spirit or suck the offending spirit from the patient’s body. They use a human femur for it as a tool. The Dhami-Jhakris also use colorful costumes, phuknu (blowing evil spirit away), tantra-mantra (chanting, entering a trance to wrestle with the spirits of disease), drum beating, animal sacrifice, animal byproducts, minerals, and jadibuti (crude herbs and herbal medicines) and singing during Shamanic ceremonies. The ritual often also involves the sacrifice of either a rooster or a black goat, depending on the complications. Some of the THs use Jama (unique clothes), Dhyangro (drum), Akchhata (Special Rice grain), Rudraksha Mala and Ghanti Bhayako Mala (garlands), Dumsi Kanda (a unique cap with a horn) and Mayur ko Pwankh (feather of the peacock) as the most common tools to diagnose and treatment of ailments in the local communities. THs typically treat patients using various traditional techniques. Although such techniques and tools are often criticized for being unscientific, it has proven to effectively relieve pain and other health problems by its hypnotic effects. The total number of THs in Nepal was estimated between 400,000 to 800,000, which averages 1 TH per 50 to 100 people. As there are only 15,000 to 20,000 medical doctors in the country, THs are 100 to 200 times more accessible to rural patients. Therefore, THs are the only available source of health care for many rural populations.

There are nearly 4,000 copies of manuscripts related to the tradition and cultures of the country in Nepal. Three thousand and six hundred medicinal herbs were found in wild state or cultivated or naturalized or imported belonging to 938 genera and 218 families. These are the synonyms of medicine in Nepal.

This study was cross-sectional and included five districts from three geographical and five development regions of Nepal. THs play an essential role in delivering primary health care to local communities as they treat people in resource-poor settings. These people have poor access to conventional health services and could not afford the same health services. However, the contribution of THs to the public health care system in the districts and other cities where modern health services are found aggregated is not well documented, and studies conducted so far are limited on socio-demographic characteristics, knowledge, skill, practices, and technology of THs about traditional medicine. Therefore, this study was aimed to document socio-demographic characteristics, knowledge, skill, practices, and technology of THs. The study might be useful as baseline data for future evaluation of the significance of THs’ socio-demographic characteristics, knowledge, skill, practices, and technology for the public health system.

METHODS

Description of the study

Nepal is a small Himalaya country situated between two giants’ countries in the north and south. It is geographically divided into three regions, i.e., terai, hill, and mountain. Similarly, it is politically divided into five developmental regions from north to south. This study selected areas from each geographical and political division. This study was cross-sectional, including five districts from each development region, i.e., Morang, Nuwakot, Myagdi, Surkhet, and Kanchanpur. Morang and Kanchanpur lie in terai, Nuwakot and Myagdi lie in the hill to a high mountain, and Surkhet lies in the hill region. Morang from the eastern development region, Nuwakot from the central development region, Myagdi from the western development region, Surkhet from the mid-western region, and Kanchanpur from the far-western region were selected for the study. A total of 105 THs were selected by stratified simple random sampling from the secondary data available at District Ayurveda Health Centers, Ayurveda Aushdhalaya (Ayurveda Dispensaries), and Netra Jyoti Sanghs of respective districts. THs were visited at their clinics and homes. All of the respondents from the study districts were willingly participated.
Research design & sample

The study used a cross-sectional design. The study method was quantitative. A total of 105 THs, comprising of 77 males and 28 females, were interviewed. Respondents were selected by stratified simple random sampling. The study districts were stratified into three strata. The stratification took into account the geographical regions, namely terai, hill, and mountain. Stratification also took into account the main ethnic divisions of the study districts, namely Brahmin, Chhetri, Indigenous in Nuwakot, Myagdi, and Surkhet districts; Madeshi in Morang and Kanchanpur districts. Each stratum was included 35 Village Development Committee (VDC). Each stratum was mapped to determine 35 THs. At least one traditional healer (TH) was selected from every VDC. THs were identified through key informants, including local authorities, health workers from local health facilities, schoolteachers, and elders in the community.

Data collection

The data from THs were collected using semi-structured questionnaires from February to May 2014. Face-to-face interviews were conducted with THs. Information on demographic characteristics, usage, and types of traditional medicine, sources of healing, knowledge, skill, number of visitors per day, and the types of diseases treated by healers was collected. The final survey was translated from English into Nepali, the predominant language spoken in the hill and mountain regions. It was modified and back-translated into English before being retranslated into Nepali. Following verbal informed consent, respondents had the option of completing the survey themselves or administered by research assistants in their language. The majority of respondents chose the administered method, with a large majority receiving it in Nepali.

Data processing and analysis

A pilot survey was conducted in Banke district with five THs. It was primarily to pre-test the survey questions. However, it was also to discern the willingness of THs to share information and opinions on their knowledge, skill, practices, and technology with researchers. Excellent cooperation was received in the pilot, and this was replicated in the final survey data collection effort. All the data collected from the field were checked and rechecked for consistency by the field research assistants. Data was edited, finalized, and coded for entry. Excel datasheet was used for importing the data. Finally, data were cleaned, and tables were generated. Descriptive analysis (frequency and percentage) was done using the Statistical Package for Social Sciences (SPSS) full Version 18.

RESULTS

1. Socio-demographic characteristics of THs

Sex of Respondents: In general, 73.9% of respondents were males, with only 26.09% females. It shows gender disparity for the role of women in patriarchal societies. The act of healing is held sacred by traditional families, so they mostly pass on to males who are considered heirs in families, especially in the country’s Terai and hill regions where the inheritance system is patrilineal.\(^\text{18,19}\) In patriarchal societies, males have to bear all primary responsibilities for caring, food, social relations, and females are looking after household activities.\(^\text{19}\)

Age of Respondents: The survey results showed that a greater proportion of (43.20%) THs were senior citizens above 46 years, while only 8.74% belonged to 16-30 years. We found a decline in the number of practitioners with a decrease in the age group. Discussions with respondents further revealed that this trend is mainly due to the youth’s lack of interest in becoming apprentices.

Education: Study revealed a decrease in the number of THs with an increase in education level. About 35% of the Nepalese adult population has never been to school. A majority (56.48%) of THs have been to primary school. However, the rest (5.61%) of THs never went to school; they know to read and write.

Religion: All except two participants were Nepali. The majority were Hindu (88.29%), 1.10% were animist tradition, 9.60% were Buddhist, and 1.00% did not record. Although traditional beliefs vary from one ethnic group to the others, the belief in ancestral spirits is common. Traditional healing practice suffers a threat of survival as the transfer of knowledge to the younger generation decreases day by day because they are less interested in traditional practices and religion. This spiritual aspect of traditional medicine practice makes it unattractive to researchers. It also makes documentation on the practice difficult as some aspects cannot be explained.

Occupation: The survey showed that most of the THs were (56.70%) involved in agriculture. A minority of THs were known in the communities by the name of Vaidhya (Traditional Medical Practitioners 3.83%), herb traders (5.78%), Dhami-Jhakri (Shaman 3.56%), Jyotishi (Astrologers 0.95%), Mata (priestess 3.16%), Pujari (Priest 2.01%), Grihani (Housewife 1.82%), Lama (Monk 0.91%), Traditional pharmacist (1.05%) and Hakim saheb (Job retired persons) (8.73%).\(^\text{9}\) THs had different names in different ethnic groups. THs’ primary professions were different in the communities. It was found that the patient’s treatment patterns vary by place, religions, ethnic groups, and types of THs.
2. Knowledge of THs

Sources of knowledge: Out of 105 interviewee, 29.50% acquired the knowledge either from friends or people (Traditional Practitioners) who treated them when they suffered the same conditions earlier in life. In the study, 22.64% acquired the skill and knowledge either from some training provided by Ayurveda health institutions or similar private and non-governmental institutions. THs got such training of one to four months by institutions working in traditional healing practices at the local level. About 22.40% trained in traditional medical practices by the tradition of traditional guru (Traditional teacher). Over twelve percent inherited the practice from direct blood relations, mostly parents or grandparents (Ancestral), i.e., family-based apprenticeship. A few THs (10.50%) acquired the skills and knowledge naturally (Supernatural) therefore said they were chosen by their ancestors to heal. In most cases, those acquired the knowledge and skills by inheritance were the assistants in clinics of senior THs. After the death of senior THs, the assistants took over the practices or established new clinics separately. The knowledge and skills of traditional healing practices are usually held sacred by traditional families. The secrets of skills are only disclosed to trusted family members. Thus not even all children of a parent qualify to inherit the knowledge and skills on the practice.

The annual need for medicinal herbs: This survey revealed that 24.3% THs used up to 25 kg, 14.8% THs used 26-100 kg medicinal herbs to prepare medicines to treat diseases of their clients annually. Although 60.9% THs used medicinal herbs to treat their clients, they did not record the amount of medicinal herbs. The average consumption of crude medicinal herbs by a TH is roughly 62.5 kg annually.

Change in harvesting method of medicinal herbs in a decade: In this survey, 64.48% of the respondents claimed changes, whereas 35.52% did not agree with any changes in harvesting medicinal herbs in a decade. It can be justified that farmers adopt some medicinal herbs as income-generating crop and use modern technology to get more benefits from the production.20 Good Agriculture Practices of medicinal herbs are applied by professionals to produce a quality crude drug that includes modern tools and techniques for producing, harvesting, collecting, storage, and supplying medicinal herbs.20

Problems in collection and availability of medicinal herbs: THs had faced several problems that included scarcity of herbal plants in local areas, identification, extinction, and collection. The study indicated that 53% and 29.10% of THs found scarcity and extinction of medicinal herbs, respectively. A few 1.40%, 2.60%, 1.56%, and 5.56% of THs found nonavailability of transportation to the bush, time-taking process, long-distance, and ban in the collection from natural habitat respectively. Over one percent indicated the lack of certificates and appropriate equipment for harvesting parts or the whole of the medicinal herbs as the main challenge.

Source of collection of medicinal herbs: In this Survey, 66.21% THs collected herbs themselves from their yards or forest, 20.11% THs bought herbs from markets, and 13.67% THs employed others to collect herbs from the resources for the preparation of medicines for patients. It is a tradition of THs to prepare medicines themselves for their clients, so they collect fresh medicinal herbs from natural habitat. The above data also supports that traditional medical practices are also affected by the modernization of societies.

Extinction threats of Medicinal herbs: In this survey, 29.11% of THs noticed extinction, 41% indicated no extinction, and 29.90% did not know about the extinction of locally available medicinal herbs. However, many medicinal herbs in the study area were mainly threatened by anthropogenic and natural factors.

The popularity of traditional practices before and after a decade: In this survey, (n=62) 60.12% of THs indicated change, while 39.90% indicated no change in the popularity of traditional practices. There were changes like increased number of patients, awareness, demand, and notion about traditional medical practices and THs. It is due to resistance, many side effects, complications, expensive, and non-accessibility of modern medicines in remote areas.

3. Skill of THs

Diagnosis of diseases: In the survey, the majority (60.30%) of THs diagnosed diseases and causes of illness by physical examination and by history-taking. During history taking, the patient or person accompanying the patient was interviewed about the disease’s sign and symptoms, the duration of the conditions, age of the patient, and history of similar ailments in the family. In the examination, they observed signs of diseases such as face color (29.49%), pulse feeling (24.55%), tongue examination (9.26%), and laboratory investigation (4.10%). On the other hand, a minority (11.91%) of the THs used a combination of history-taking, physical diagnosis, and divination in identifying diseases and determining the type of medication.

Methods of treatment: The majority (51%) of THs used medicinal herbs, 28% used jhar-phuk (Tantra-mantra, spiritual), 11% tied medicinal herbs in neck and hands, 6% used readymade medicines for the treatment of diseases and causes of illness. On the other hand, 4% of THs used different means of treatment. These types of treatment are inherited in particular ethnic communities. These methods also differ from one ethnic group to another.

4. Practices of THs

Treatment preferred by THs when they become sick: In this survey, 25.45% of THs visited Dhami/Jhakri, 29.20% visited sub-health post/health post/district hospital, 19.11% visited Ayurveda health institutions, and 26.43% consulted others.
Health institutions nearby clinics of THs: In this study, 21.60% of THs had their clinics nearby sub-health posts, 26.31% had nearby health posts, 24.40% had nearby district hospitals, 24.78% had nearby Ayurveda health institutions, and 14.29% had nearby zonal hospitals. The evidence indicated that THs could easily refer patients to health institutions. It needs to develop a relationship between THs and health institutions. On the other hand, THs must be beware of referring unsuccessful and complicated patients to the nearby health institutions.

Duration of practices of THs: In this study, 32.07% of THs had been practicing from one to two decades, 13.6% from two to three, and 26.23% from one to ten years.

It indicates the decline of interest of the young generation towards traditional medical practices. The Most older practitioners have been practicing over a long period without any modifications in processing and packaging products. They asserted that traditional techniques must not be changed. Looking at the statistics presented above, the THs practicing for less than ten years were the youth. However, this may not necessarily be so since, in most cases, young were assistants to the older practitioner. They only practice within the community after the death of the practitioner. It again raises how long one must work understudy with the older practitioners before s/he can practice. It may also be one reason why the youth are less interested in the practice.

Consultation of average number of patients in THs’ clinics: From the survey, 48.44% of respondents attended more than 50 clients per month, 24.28% attended less than 100 clients per month, 21.07% attended less than 500 clients per month, whereas 6.21% attended less than 1,000 clients per month. THs of Morang and Surkhet districts treated more than 1000 clients per month. Meanwhile, it is estimated that in Nepal, every one TH attends to approximately 50 to 100 patients, while one doctor attends to about 20,000 patients.\(^1\)

The consultation of the average number of clients in traditional clinics clears the role of THs in health services. On the other hand, people with access to orthodox health services are likely to access traditional medical practices simultaneously. The reasons are accessibility, cultural acceptability, affordability, perceived efficacy, and psychological comfort. It suggests integrating both health care services as it has already been practiced in China and India.

Referral cases and collaboration with rural health workers: In this study, 20.58% of the THs referred patients to health institutions, while 79.42% had not referred. They referred patients to health institutions when the patient’s illness was beyond their professional capacity and skill. Referral health institutions for THs were sub-health posts, health posts, district hospitals, zonal hospitals, and Ayurveda health institutions.

Means of healing: From the survey, 4.50% of THs treated through the combination of both herbs and spiritual means, 23.45% treated solely with tantra-mantra (spiritual means), 20.96% with self-prepared medication, 40.02% by parts of medicinal herbs, and 4.77% of THs treated patients with readymade medicines available in markets.

Traditionally, healing is done in several ways. It is either done by solely using herbs’ parts, through the consultation of ancestral spirits or gods and a combination of both. The survey also revealed some disparities within the districts. Some depended mainly on herbs while others on the combination of both herbs and spiritual means. Although this study may not be directly interested in the spiritual aspect of the healing process, this revelation helps us understand how some disease conditions are perceived at the community level.

Consultation fee: The survey revealed that 36.76% of THs charged a consultation fee, whereas the rest (63.24%) did not. THs took some fees for their services; others do not charge any fee at all and depended on clients’ goodwill in the form of gifts for survival. The fee charged usually took the form of foodstuff (cereals), poultry, goat, pigeon, clothes, and a small amount of money though these vary from community to community.

5. Technology used by THs

Types of herbal medicines used to treat diseases: The survey revealed that 40.19% of THs used Dhulo (Powder form), 38.19% used liquid (Juice of fresh herbs) form, 13.45% used paste form, and 5.55% used tablet form of medication for their clients. THs prepared these medicines in their pharmacies. The sources of medicine for the majority of interviewed THs were herbs, animal byproducts, and minerals. All healers used both dry and fresh parts of herbs for the preparation of remedies. The majority of the healers indicated crushing, powdering, squeezing, and pounding to prepare herbal drugs. All healers stored medicinal herbs in powder or dried and cut into pieces in a closed container. The time of storage varied among the healers and depended on the type of medicine. The medicine doses were measured using a cup, spoon, glass, pinch, and lid of the container. Further, it was determined by the patient’s age, the physical status of the patient, the severity of the disease, and the experience of the individual healer.

The cost of medicine was paid immediately after getting the treatment and showed variation from healer to healer and type of disease.

Diagnostic tools and techniques: The survey showed that 13.28% of THs used tools to diagnose diseases, while 86.72% of THs didn’t use tools. The tools used included BP set, stethoscope, sindhur (colors), rice grain, rudraksha, and dhyangro. Some of the tools are primitive and have no scientific proofs for using it as diagnostic tools.
DISCUSSION

A large number of THs are senior citizens. This trend mainly argues due to the lack of interest of the youth in becoming apprentices. The number of THs was also decreased with an increase in education level. A vast majority of THs were found under the secondary level of education. Mostly low educated and older persons join the training, traditional practitioners, and traditional guru to be a TH. A study in Tanzania got similar findings on sex, age, and educational level of traditional healers. The study found that Youngers are less interested in traditional medical practices, which may threaten the existence of traditional medical practices. In Nepal, 80% of rural people rely on traditional practices for primary health care needs. It is similar to a study conducted in Uganda and Ethiopia, where 80% of the population meets their health care needs through traditional medicines. Although their primary profession is agriculture, a minority of THs are known in the communities by the name of Vaidhya, Dhami-Jhakri (Shaman), Jyotishi (Astrologers), Mata (priestess), Pujari (Priest), Grihani (Housewife), Lama (Monk), Traditional pharmacist and Hakim sahib (Job retired persons). It is also found that the patient’s treatment patterns vary by place, religions, ethnic groups, and types of THs.

In this study, traditional medical knowledge has been learned from traditional practitioners, traditional guru (Traditional teacher), ancestors, supernatural, and health institutions’ training. In Ethiopia and Tanzania, family-based apprenticeship was the source of knowledge for the majority of the healers. In Nepal, the knowledge and skills of traditional healing practices are usually held sacred by traditional families. The secrets of skills are only disclosed to trusted family members. Thus not even all children of a parent qualify to inherit the knowledge and skills on the practice. A few of THs claimed to adopt new harvesting technology to get more benefits from the production. In South Africa, they had taken account of preserving from fungal and microbial contamination that supports Good Agriculture Practices on the cultivation of medicinal herbs. It provides quality drugs to the patients. There are several problems raised in the collection and availability of medicinal herbs due to scarcity and extinction of medicinal herbs, non-availability of transportation to the bush, time taking process ban in the collection from natural habitat, lack of certificates and appropriate equipment for the harvesting of parts or whole of the medicinal herbs. It is a tradition of THs to prepare medicines for their clients, so they collect fresh medicinal herbs from natural habitat- yards or forest. It is also similar practices in THs of Zimbabwe. Results show that modernization in traditional medical practices has been introduced due to the existing western medicines scenario in Nepal because some of them use BP sets, Stethoscopes, and others. THs are familiar with the diagnosis of illness by history taking, physical examination, and sometimes divination to identify diseases and determine the types of medication. In the examination, they observe signs of diseases such as face color, pulse feeling, tongue examination, and laboratory investigation too. A few THs use tools and techniques for the diagnosis of diseases, which include Sindhur (colors), Rice grain, Rudraksha (Elaeocarpus Granitrum), and Dhyangro (Drum). It is also used by THs of Tanzania to diagnose diseases except using the Rice-grain, Drum. These tools are primitive and have no scientific proofs for using them as diagnostic tools. We found that Popular traditional practices have been changed like an increased number of patients, awareness, demand, and notion about traditional medical practices and THs. It may be due to resistance, many side effects, complications, expensive and non-accessibility of modern medicines in remote areas.

Several studies showed that the majority of patients visiting traditional healers were from rural areas who were mostly lower class and low-income generating citizens. It is similar to the study done in Trinidad. However, it is different from the studies conducted in California, Israel, and Colombia, where clients, those with high-income levels, had used traditional medicine.

This high efficacy perception may be because traditional medicine was embedded in the belief and culture of society. The study conducted in the United States to investigate possible predictors of alternative health care use indicated that those with higher education and poorer health status were associated with alternative medicine use. It is not in agreement with the current study. However, the level of education had a contribution to visiting traditional healers’ clinics.

THs use medicinal herbs, Jhar-phuk (Tantra-mantra, spiritual); fasten part of medicinal herbs in neck and hands, use readymade medicines to treat diseases and causes of illness. These methods also differ from one ethnic group to another. A study in Nepal found spiritual healing reduces mental tension causing healing of illness.

THs were found conscious about their health. They visit other Dhami-jhakri, sub-health posts, health posts, district hospitals, and Ayurveda health institutions when they become ill. Most of the THs of this study area have their clinics nearby sub-health posts, health posts, district hospitals, Ayurveda health institutions, and zonal hospitals. It is found similar in Ethiopia. This evidence indicates that THs can easily refer patients to health institutions. However, a few of THs are only referring unsuccessful and complicated clients to nearby health institutions. It needs to beware THs on patients’ referral to nearby health institutions organizing awareness programs by concerning government authorities. A study conducted in Ethiopia shows that a minority of THs referred patients to modern health when the patient’s illness was beyond his professional capacity and skill.
The majority of the older practitioners have been practicing over a long period without any modifications in diagnosis, treatment, collection, processing, and packaging of herbs and its finished products. It asserts that the tradition of traditional practices has been deep-rooted. They do not agree to change the tradition. This type of practice has also been found in Ethiopia. In this study, some of THs have been practicing from one to ten years. They are the young generation. However, this may not necessarily be so since, in most cases, the young are assistants to the older practitioner; they only practice within the community after the older practitioner’s death. It again raises how long one must understudy the older practitioners before s/he can practice. It may also be one of the reasons why the youth are less interested in the practice. Some of THs charge consultation fees for their services; others do not and depend on clients’ goodwill in the form of gifts for survival. The fee charge usually takes the form of foodstuff (cereals), poultry, goat, pigeon, clothes, and a small amount of money, which vary from community to community. It is similar to a study done in Nepal.

It is reliable that THs prepare medicines in their pharmacies. The sources of medicine for the majority of interviewed THs are plants, animal byproducts, and minerals. THs use both dry and fresh parts of medicinal herbs, minerals, animal byproducts to prepare powder, juice, decoction, pills, and paste. The majority of THs indicates crushing, powdering, squeezing, and pounding as the methods of preparations of herbal drugs. It seems similar to the study done in Pakistan.

The medicine doses were measured traditionally by using a cup, spoon, glass, pinch, and lid of the container. Further, it has been determined by the patient’s age, the physical status of the patient, the severity of the disease, and the experience of the individual healer.

CONCLUSION

In Nepal, most of the traditional healers are senior citizens and are not well educated. They have acquired traditional medical knowledge, skill, practices, and technology from their ancestors, traditional practitioners, traditional teachers, and health institutions’ training. THs use traditional tools and techniques and consume local medicinal herbs, minerals, and animal byproducts to prepare medicines at traditional rural pharmacies. There is a lack of cooperation and coordination between THs and conventional practitioners. THs’ knowledge, skill, practices, and technology of treatment are traditional and further needs improvement and collaboration with the traditional health care system. It can be improved by organizing awareness training for both THs and orthodox practitioners at the local level. Equally, there is a need to educate traditional practitioners’ regarding the significance of various government regulations and legislations in their traditional healing practices. However, additional health policy and development of controlling mechanism for them on treatment-related issues would seem necessary. It is suggested of integrating both health care services as it has already been practicing in China and India.

By addressing these, traditional medical practices will better integrate them into the primary health care system.

However, concerning traditional tools and techniques, preparation of medicines, traditional methods of treatment (consulting ancestors) used by most of these healers in determining the efficacy of remedies, it indicates a need for scientific investigations to establish their safety and effectiveness.

Ethical Consideration

This study was granted by Ayurveda and Alternative Medicine Section, Ministry of Health and Population in 2014 AD. The High-level committee of the ministry approved the study. Before commencing the interview, the study aim was elaborated to the participants, and verbal consent was obtained from THs that participated in the study.

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ABBREVIATIONS: Not Applicable

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REFERENCES:

1. Anonymous (2012). Ministry of Health and Population, Government of Nepal: Ayurveda Research and Training Center, Kathmandu, Nepal. Annual Report. 2(2):3.
2. WHO (2005). World Health Organization. Traditional Medicine Strategy. Geneva: World Health Organization.
3. Shrestha RM, Lediard M (1980). Faith Healers, a Force for Change: Preliminary Report of an Action-research Project: Educational Enterprises.
4. Payyappallimana U (2010). Role of traditional medicine in primary health care: an overview of perspectives and challenging.
5. WHO (2002-2005). World Health Organization. Traditional Medicine Strategy. Geneva: World Health Organization.
6. WHO (1998). World Health Organization. Report: Technical Briefing on Traditional Medicine. Forty-ninth Regional Committee Meeting, Manila, Philippines: Regional Office for the Western Pacific.
7. Fisher P, Ward A (1994). Medicine in Europe: complementary medicine in Europe. Bmj. 309(6947):107-111.

8. Anonymous (2001). Health Canada. Perspectives on Complementary and Alternative Health Care: A Collection of Papers Prepared for Health Canada. Ottawa, Health Canada.

9. Shankar PR, Paudel R, Giri BR (2006). Healing traditions in Nepal. JAAIM-Online [Internet][Cited 2013 Nov 12] Available from: URL: http://www.aaimedicine.com/jaaim/sep06/Healing.pdf.

10. Poudyal AK, Jimba M, Murakami I, et al (2003). A traditional healers’ training model in rural Nepal: strengthening their roles in community health. Tropical Medicine & International Health. 8(10):956-960.

11. WHO (2008). World Health Organization. Traditional Medicine. Geneva: World Health Organization.

12. WHO (2008). World Health Organization. Traditional Medicine Strategy. Geneva: World Health Organization.

13. Peters L (1981). Ecstasy and healing in Nepal: An ethnopsychiatric study of Tamang shamanism: Undena publications Malibu, CA.

14. Bhattarai NK (1997). Traditional herbal medicines used to treat wounds and injuries in Nepal. Tropical Doctor. 27(1_suppl):43-47.

15. Biswas A, See D, Kogon MM, et al (2000). Hypnotizability and the use of traditional dhami-jhankri healing in Nepal. International Journal of Clinical and Experimental Hypnosis. 48(1):6-21.

16. Stone L (1986). Primay health care for whom Village perspective from Nepal. Soc Sci Med. (22):293-302.

17. Peters L.T.G. (1998) Shamans: an ethno psychiatric study of ecstasy and healing in Nepal. Nirala, New Delhi.

18. Miller C (1979). Faith healers in the Himalayas. Kathmandu, Sahayogi Press.

19. Westbury V (2006). THs: the Shamans of Nepal. www.truia.net/papers/VirginiaShamans.pdf. Accessed on July 16th, 2006.

20. WHO (2002). World Health Organization. International Agency for Research on Cancer: Monographs on the Evaluation of Carcinogenic Risks to Humans. Lyon, France. (82).

21. Semali IA, Ainsworth M (1995). A profile of traditional healers in an area hard-hit by the AIDS epidemic: Kagera Region. Tanzania: The World Bank.

22. Tabuti J, Dhillion S, Lye K (2003). Traditional medicine in Bulamogi county, Uganda: its practitioners, users and viability. Journal of Ethnopharmacology. 85(1):119-129.

23. Kassaye KD, Amberbir A, Getachew B, et al (2006). A historical overview of traditional medicine practices and policy in Ethiopia. Ethiopian Journal of Health Development. 20(2):127-134.

24. Walwyn D, Maitsiotos B (2010). The role of South African traditional health practitioners in the treatment of HIV/AIDS: a study of their practices and use of herbal medicines. Southern African Journal of HIV Medicine. 11(2):11-17.

25. Gessler M, Msuya D, Nkunya MH, et al (1995). Traditional healers in Tanzania: sociocultural profile and three short portraits. Journal of ethnopharmacology. 48(3):145-160.

26. Hussain F, Arif M, Ahmad M (2010). Skin care knowledge, attitude and practices among Pakistani diabetic patients. Egyptian Dermatology. 6(1):5.

27. Botha J, Witkowski E, Shackleton CM (2004). Market profiles and trade in medicinal plants in the Lowveld, South Africa. Environmental conservation. 38-46.

28. Afolayan A, Kambizi L (2006). Indigenous knowledge and its impact on medicinal plant conservation in Guruve, Zimbabwe. Indilinga African Journal of Indigenous Knowledge Systems. 5(1):26-31.

29. Birhan W, Giday M, Teklehaymanot T (2011). The contribution of traditional healers’ clinics to public health care system in Addis Ababa, Ethiopia: a cross-sectional study. Journal of Ethnobiology and Ethnomedicine. 7(1):39.

30. Teklehaymanot T, Giday M (2010). Quantitative ethnobotany of medicinal plants used by Kara and Kwego semi-pastoralist people in lower Omo River Valley, Debub Omo zone, southern nations, nationalities and peoples regional state, Ethiopia. Journal of Ethnopharmacology. 130(1):76-84.

31. Clement YN, Morton-Gittens J, Basdeo L, et al (2007). Perceived efficacy of herbal remedies by users accessing primary healthcare in Trinidad. BMC complementary and alternative medicine. 7(1):4.

32. Leung JM, Dzankic S, Manku K, et al (2001). The prevalence and predictors of the use of alternative medicine in presurgical patients in five California hospitals. Anesthesia & Analgesia. 93(4):1062-1068.

33. Ben-Arye E, Karkabi K, Karkabi S, et al (2009). Attitudes of Arab and Jewish patients toward integration of complementary medicine in primary care clinics in Israel: a cross-cultural study. Social science & medicine. 68(1):177-182.

34. Astin JA (1998). Why patients use alternative medicine: results of a national study. Jama. 279(19):1548-1553.
35. Giday M, Teklehaymanot T, Animut A, et al (2007). Medicinal plants of the Shinasha, Agew-awi and Amhara peoples in northwest Ethiopia. Journal of Ethnopharmacology. 110(3):516-525.

36. Yineger H, Yewhalaw D (2007). Traditional medicinal plant knowledge and use by local healers in Sekoru District, Jimma Zone, Southwestern Ethiopia. Journal of Ethnobiology and Ethnomedicine. 3(1):1-7.

37. Chao MT, Wade CM (2008). Socioeconomic factors and women’s use of complementary and alternative medicine in four racial/ethnic groups. Ethnicity & Disease. 18(1):65.

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