

### Ethno-medical Practices in Nepal: A study Among the Hyolmos

Ram Hari Dhakal

Rainbow International College

Tribhuvan University, Nepal

[rdhakal30@gmail.com](mailto:rdhakal30@gmail.com)

#### Abstract

*Ethno-medical analysis focuses on cultural systems of healing and the cognitive parameters of illness. It is a traditional non western subject matter of anthropology about the medical knowledge of tribal, peasant and other pre-industrial people. This study is the overview of Nepal based on the ethnographic fieldwork in the Hyolmo community of Melamchi Ghyang, Sindhupalchok aiming to investigate the ethno-medical practices prevalent in the community. Information was gathered by using a number of data-collection techniques like key informants interview, focus group discussion and participant observation. Necessary information was collected through observation examining locale's ethno-medical practices. Gathered data were thematically analyzed and interpreted. Herbal practices and faith healing is very common in Nepali rural areas whereas Ayurveda, homeopathy Unani etc. are very rarely practiced and almost no practice among Hyolmos. Due to the establishment of health post and availability of medicine, young and educated people have more interest in allopathy. Thus alongwith the touch with modern world, ethno-medical practices are decreasing.*

**Keywords:** Ethno medicine, Herbal practice, Ayurveda, Faith healing

#### Background of the Study

Ethno-medical studies of health and healing are the major province of medical anthropology. It is a sub-division of medical anthropology, the lineal descendent of the early interest of anthropologists in the medical institutions of non-Western people. Anthropologists focus on the field of primitive medicine in a cultural complex that includes various materials and non-material cultures, i.e., either medicine or beliefs; and next is medical practice as a part of social structure, i.e., the network of relations between groups or persons. Anthropologists' concern is to deal about different indigenous medicines which are practiced by tribal people.

Ethno-medicine is the folk ideas and practices concerning the care and treatment of illness available within particular cultures that is outside the framework of professionalized, regulated scientific medicine. Ethno-medical analysis focuses on cultural systems of healing and the cognitive parameters of illness. This approach often attempts to discover the insiders' viewpoints in describing and analyzing health and systems of healing. Treatment in this kind of medical practice commonly involves empirically-based natural remedies, frequently from plants, and healing rituals with supernatural elements.

Ethno-medicine includes those beliefs and practices relating to disease which are the products of indigenous cultural development and are not explicitly derived from the conceptual framework of modern medicine (Gartoula 1998; Hughes 1968). It is the traditional non-western medical system. It is a traditional subject matter of anthropology about the medical knowledge of tribal, peasant and other pre-industrial people. It is the study of ethnography of health and healing behavior in various societies. It also refers

to the study of traditional medical practices which encompasses methods of diagnosis and treatment. Ethno-medical studies are conducted to evaluate the efficacy of traditional health care practices; the prevalence of illnesses and the distribution of knowledge about illness attributes; the negotiations and instantiation of illness identities.

Various kinds of plants, roots, leaves, etc. are applied in treatment procedure with the help of local knowledge. In addition to medicine, spiritual and supernatural powers are also practiced to cure diseases. It is more prevalent in traditional society. Along with the touch with modern world, ethno-medical practices are decreasing, which is one of the concerns of this research.

A key concept in ethno-medicine is "explanatory model," introduced by Arthur Kleinman (1978, 1980). Explanatory models (EMs) are notions about the causes of illness, diagnosis, and treatment options. In a clinical encounter, the EMs held by practitioners, patients, and families often differ. The ensuing communication and negotiation of decisions for managing illness leads to the cultural 'construction' of illness. To the extent that disparity among EMs continues because of cultural, ethnic or class differences, communication remains problematic (McElroy 1996). Attention has been given since the mid-1980s to integrating ethno-medicine and ethnoecology, as in studies of indigenous people's knowledge of medicinal plants. There is also strong interest in clinical applications of ethno-medical treatments (McElroy 1996).

The western medical practices came in practice in Nepal recently. Even though it is still limited in urban areas, many of the rural people are still deprived from the service of this category. They have been depending on ethno-medical practices from time immemorial. This

study is based on the ethnographic fieldwork in the Hyolmo community of Melamchi Ghyang, Sindhupalchok aiming to investigate the ethno-medical practices prevalent in the community and gradual transformation in practice. Information was gathered by using a number of data-collection techniques like key informants interview, focus group discussion and participant observation. Local teachers, political and social leaders and elderly people were taken as key informants in this study. Necessary information was collected through observation examining locale's ethno-medical practices. Gathered data were thematically analyzed and interpreted.

#### **Ethno-medical Practices among Hyolmos**

The ethno-medical perspective focuses on health beliefs and practices, cultural values, and social roles. Originally limited to the study of primitive or folk medicine, ethno-medicine has come to mean the health maintenance system of any society. It also encompasses knowledge and values of specialists and lay people; the roles of healers, patients or clients, and family members; the implementation techniques, legal and economic aspects of health practices; and symbolic and interpersonal components of the experience of illness. Pluralistic societies often encompass several ethno-medical systems. Humoral medicine, derived from ancient Greek medicine, coexists with systems in Latin America, the Middle East, Malaysia, Indonesia, and the Philippines. Ayurvedic medicine in India and Chinese traditional medicine hold humoral elements with the elements of other systems (McElroy 1996). The various ethno-medical practices have been developed by various caste and creeds in Nepal too.

The disease-illness distinction is important conceptually in the study of ethno-medicine. Disease, defined clinically as deviation from medical norms, is considered to be a Western bio-medical category and not universal. Bio-medical terms such as 'hypertension' or 'diabetes' may not correspond to diagnostic categories of a given ethno-medical system. Illness, in contrast, is the experience of impairment or distress, as culturally defined and constructed. Cause of the illness may also be located in social and spiritual realms, so that ethno-medical aetiology may include sorcery, soul loss, and spirit intrusion (McElroy 1996). In this sense, ethno-medicine is broader than the western bio-medical category which also incorporates the causes of illness by supernatural power.

Ethno-medicine or folk medicine comprises knowledge systems that developed over generations in various societies before the era of modern medicine. It is the health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being.

Practices known as traditional medicines include Ayurveda, Siddha Medicine, Unani, ancient Iranian medicine, Islamic medicine, traditional Chinese medicine, traditional Vietnamese medicine, traditional Korean medicine, acupuncture, traditional African medicine and many other forms of healing practices.

Folk ideas and practices associated with treatment of illness available within local cultures is ethno-medicine. They commonly involve empirically based natural remedies from plants and healing rituals with supernatural elements. Ethno-medical analysis focuses on cultural systems of healing and the cognitive parameters of illness.

Ethno-medical practices on healing are major emphasis in medical anthropology which uses *emic* approach to describe healing system. It includes different indigenous medicines practiced by people. Actually it is the study of ethnography of health and healing behavior of different societies. It includes herbal and other folk practices described in the respective sections below.

#### **Herbal Practice**

The World Health Organization (WHO) has estimated that more than 80% of the world's population in developing countries depends primarily on herbal medicine for basic healthcare needs (Vines 2004). Medicinal plants are the primary source of medicine for 70-80% of the mountain population; and they solely rely on traditional medicine and health care, since access to other health care systems is non-existent (ICIMOD 1994). The herbal practice to cure illness is widely used in rural areas. It is the traditional practice that community people use medical plant products available nearby. The knowledge of herbal medicine stems from spirituality, customs, livelihood strategies and the resources available nearby. Medicinal herbs are main ingredients of traditional herbal medicine, and the traditional herbal medicine is considered as the main lifeline. Herbal medicine is a good example of indigenous knowledge, which has affected the lives of people all over the world (World Bank 1998).

Hyolmos follow different herbal practices traditionally for the recovery of health as they live in the storehouse of various herbs. All the informants answered unanimously that they use *kutki*, a local herb, for many illnesses such as fever, gastritis, diarrhea, common cold and cough. It is soaked in hot water for three to four hours and then drunk. It is very bitter in taste but very much effective and useful for health recovery. Locals have strong belief in it. It is available above the altitude of 4,000 meters. *Kutki* is brought by the cow, sheep and yak herders who go up in high altitude in summer while shifting animal shed and give the locals as present. There are many other important herbs that can be found in local jungle as the village is joined with Langtang National Park.

The herbs found in the local jungle are *Jatamasi*, *Nirmasi*, *Panch aunle*, *Yarsa gumba*, *Ban lasun*, *Ban satuwa*, *Ban karela*, *Chiraito*, *Bojho*, rhododendron and so on. Among the herbs, *panch aule* is used for and *chiraito* for cough and fever. But many of the villagers do not recognize them, nor do they know about its use. There is also the problem of skilled manpower to collect herbs. On the other hand, people are not allowed to enter the jungle area to search for such herbs.

There is a saying by many local informants about herbs. One of the informants interestingly informed that she knows the name of medicine but she should not tell the name of medicinal herbs because she has a belief that medicinal herb does not work effectively if she utters its name.

Kamal Basnet, a businessman living in Melamchi Ghyang for two decades, was asked about the herbal practices done by Hyolmos to get the outsiders view in this regard. He explains,

*Kutki is the most familiar herb used for fever, cold and cough. Chiraito is used for cough and fever. Taling (scented herb) is used with water for gastritis and Panch aule is for diarrhea. A famous herb Yarsagumba is also found above 4000 meters height. Hyolmos, till two decades ago depended either on Jhankris or in herbal medicine. Almost all villages had cow/yak shed; they used to go up shifting their shed and collected the herbs. The people in the past could recognize the herbs. Now only a few old Hyolmos recognize herbal plants but they cannot climb up the hill being old. Today's people neither can recognize nor collect the herbs.*

Many informants clearly expressed their ignorance on medicinal herbs. They do not recognize the herbs and for what problem they can be used. If they know, they do not have the idea to use. Chairperson of community forest shared,

*Here are no professional herbalists. People are not allowed to enter jungle in search of herbs. There are very few people who know herbs. A few herbs can be used by locals for their medication but it is not for sale. The national park has completely banned the collection of herbs for more than a decade. The people from other areas used to come to collect herbs in the past. We the locals did not know its value. Now we all are alert.*

Because of the modern facilities and ignorance of the use of folk medicine, herbal medical practices are decreasing. Now, this practice is replaced gradually by readymade allopathic medicine found in local health post.

### **Ayurvedic Traditions**

The word "Ayurveda" is derived from the Sanskrit root *Ayuh* (life) and *Veda* (knowledge). It is the science of life which traces its roots on Vedas. Ayurveda is also one of the world's oldest medical systems with its origin dating back to 1,500-900 BC (Gewali 2008). It was first recorded in the Veda, the world's oldest existing literature. The three most important Veda texts containing the original and complete knowledge of Ayurveda, believed to be over 1200 years old, are still in use today. These Ayurvedic teachings were customarily transmitted orally from teacher to student over 1,000 years. The wisdom of Ayurveda is recorded in Sanskrit, the ancient language of Himalayan Pradesh (India and Nepal) that reflects the philosophy behind Ayurveda. It is considered as one of the best systems of medicine alternative to allopathic treatment today.

Ayurveda has evolved in Nepal from the ancient time. Historical research has shown that king Pratap Malla and Malla kings of Bhaktapur and Patan encouraged Ayurvedic system of medicine by asking to prepare books on Ayurveda and creating opportunities for professional training (Marasini 2003).

According to the Ayurvedic tradition, which has its roots in the Hindu philosophy, all things within the universe are comprised of five elements. These elements are: *prithivi* (earth), *jala* (water), *agni* (fire), *vayu* (air), and *akasa* (ether). Ayurvedic medical knowledge also states that the human body comprises of these elements. As explained in the ayurvedic medical tradition, a person's body is composed of *prakriti* (the female component of the cosmos which forms the body) and three *dosas* or humors of *vata*, *pitta* and *kapha* (wind, bile, and phlegm), which are responsible for all bodily processes. The equilibrium of the *dosas* maintains health and imbalance results in ill health. In this tradition, diseases or disorders are caused by physiological imbalances resulting from poor food habits, environmental changes, and shock to the system. Diagnosis is done by pulse reading, physical examination, and appraisal of symptoms. Disorders are treated with herbal medicines, diet control, lifestyle control, surgery, meditation, and changing one's environment (Subedi 2003).

There are two types of practicing Ayurvedic practitioners in Nepal. *Vaidyas* are those who are trained professionally in colleges and universities and *Kaviraj* are those who have been informally trained by gurus or their families. Either trained persons or practitioners from three generations could only practice Ayurveda in the past in Nepal. From the time of King Jayasthiti

Malla, in the second half of the 14<sup>th</sup> century through the end of the Rana regime in the 1950s, only the high caste elites were permitted to enroll in formal education. Therefore, *Kabiraj* were not from low caste and ethnic groups. Some low castes might have hidden their originality of caste to get Ayurvedic knowledge (Cameron 2009).

Nepalese people believe in the efficacy of Ayurvedic treatment in the long run, that is, as capable of achieving more permanent healing with no harmful side effects. It is the established healthcare system in Nepal. Nepal government has formally recognized this medical tradition. However, fewer resources are allocated to this system of medicine than to allopathic medicine. It is one of the popular alternative medical practices in Nepal. It is getting popular in the urban areas but is not prevalent in rural villages.

#### **Homeopathic and Unani Traditions**

Homeopathy is the next traditional medical system currently practiced in Nepal, and it is recognized by the Nepali government too and institutionalized in hospitals and clinics throughout the country. It was introduced in Nepal as early as 1920 as a natural healing system. Its healing is largely a private sector initiative, which encompasses approximately 500 practitioners and 100 clinics in Nepal. Within the public sector, there is only one homeopathic service facility with hospitalization facilities for six patients (MoH 1997).

The homeopathic medical tradition was originally founded by a German physician named Samuel Hahnemann during the eighteenth century and is based upon concepts concerning balance and imbalance within the body (Gewali 2008). The most important part of the homeopathic regimen is the "remedies" that are produced by its practitioners. According to the homeopathic tradition, in order to treat an illness a homeopathic practitioner must create a diluted solution for the patient to take based on the "law of similar," this means that any remedy made must be out of a substance that produces the same symptoms as the actual illness (Gewali 2008). For example, if a patient experiences food poisoning, a homeopathic practitioner would make a remedy for the patient made out of herbs and other substances that would induce the same symptoms as the food poisoning, except that the solution would be diluted several times.

Unani is also an officially recognized medical system in Nepal. Originally created in Greece, it is a medical system that was later altered and expanded upon by other Arabic cultures. According to Unani, disease is a natural phenomenon and symptoms are created in the body in response to the disease. Unani also posits that the body must be in balance. Instead of having forces or elements, the body possesses four humors. These four humors are: *dam* (blood), *belgham* (phlegm), *safra* (yellow bile), and *sauda* (black bile). Diseases are

diagnosed in Unani through the practice of pulse reading and also through the examination of urine and stool samples. The treatments that are offered by Unani can be placed under four types of therapies: regimental, diet, pharmacotherapy, and surgery (Gewali 2008). The Unani healing tradition, with preventive, promotive and curative services, has an extremely limited reach.

#### **Faith Healing Practices**

Nepal has a diversity of healing practices. Besides the above mentioned sectors, there are other treatment practices as well. Illness is diagnosed and cured by *gyotisis* (astrologers), *guru-purohits* (priests), or monks through prayers and rituals. The world of magical spirit affects health and can cause illnesses through the network of angry ghosts (spirits of persons who have died in violent or other unnatural deaths), monster-like *bhut-pretis* (spirits), angry gods and anti-gods, and *bokshis* (witch-person who can cast evil spells by performing inverted religious rituals).

In addition, the Tibetan healing tradition, acupuncture therapy, Japanese healing cults (Seimeiko), and naturopathy are also practiced in the selected areas of the country. All the options listed above are separate and distinct. All sorts of practices are not prevalent in every place of the country. Particularly the rural people of the country do not have easy access to all. They are compelled to follow the treatment practice whatever available in their area.

As allopathic hospitals are mostly located in city areas, in rural areas of Nepal a large numbers of indigenous and traditional forms of health care and alternative medical systems are in practice. These include: Ayurvedic medicine, Shamanism, Unani, homeopathic healing, Buddhist/Hindu healing rituals, and Vedic astrology, which are the factors attributing to the country's medically pluralistic structure (Gewali 2008; Pigg 1995; Subedi 1989). It shows the limitation of the access of this practice in rural areas.

#### **Conclusion**

The major traditional medical practices are self-medication, indigenous medical practices, Ayurvedic, Homeopathic and allopathic medical traditions. Each system might be associated with a certain religious or ethnic group. Ethno-medicine is the folk ideas and practices concerning the care and treatment of illness available within particular cultures that is outside the framework of professionalized, regulated scientific medicine. This kind of medical practice commonly involves empirically-based natural remedies, frequently from plants, and healing rituals with supernatural elements. It is the study of ethnography of health and healing behavior in various societies. It also refers to the study of traditional medical practices which encompasses methods of diagnosis and treatment.

World Health Organization (2008) defines traditional medicine as the health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being. Practices known as traditional medicines include Ayurveda, Siddha Medicine, Unani, ancient Iranian medicine, Islamic medicine, traditional Chinese medicine, traditional Vietnamese medicine, traditional Korean medicine, acupuncture, traditional African medicine and many other forms of healing practices.

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