



AN OVERVIEW OF HEALTHCARE SYSTEM OF TRADITIONAL MEDICINE IN NEPAL

Bibek Giri^{1,3} and Ashesh Malla^{2,3*}

¹Hoseo University, Republic of South Korea.

²Department of community medicine and public health, Chitwan Medical College, Tribhuvan University, chitwan, Nepal.

³Aadhyashree Professional Support and Services Pvt. Ltd, Bharatpur, Nepal.

Received date: 24 July 2023

Revised date: 14 August 2023

Accepted date: 04 September 2023

*Corresponding Author: Ashesh Malla

Department of community medicine and public health, Chitwan Medical College, Tribhuvan University, chitwan, Nepal.

ABSTRACT

The traditional medical system in Nepal has deep cultural and religious roots. While modern medicine is increasingly used, most of the population in Nepal still relies on traditional medicine. Ayurveda, Amchi, Homeopathy (including Yunani), and Naturopathy are important traditional health systems in Nepal. Among these, Ayurveda is the oldest and most popular. The government recognizes and provides Ayurveda and Homeopathy services. Traditional medicine is delivered by the Department of Ayurveda and Alternative Medicine at the national, provincial, and local levels. There are 61 district Ayurveda health centers and 305 Ayurveda dispensaries that provide services free of cost or at nominal charges. Traditional medicine utilization depends on the type of ailment, availability, and cost of medicine, and it is commonly used in rural areas where modern healthcare access and services are limited. This article emphasizes the importance of traditional medicine and its service delivery in Nepal.

KEYWORDS: Nepal, Traditional medicine, Ayurveda, Health system.

ABBREVIATIONS

TM: Traditional Medicine.

DoA: Department of Ayurveda

DoAA: Department of Ayurveda and Alternative Medicine.

INTRODUCTION

Traditional health care system is a heterogeneous term referring to a broad range of ancient health care practices, which was dominant until the application of the modern scientific method at the beginning of the nineteenth century.^[1] Traditional medicine is defined as the sum of total knowledge, skill, 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 illness.^[2] With this description, it becomes apparent that traditional medicines have a wide spectrum. On one side, it encompasses highly developed and sophisticated traditional medical systems such as Ayurveda, Unani, Siddha, and others; on the other side, it just covers knowledge/beliefs and spiritual theories.^[3]

TRADITIONAL MEDICAL SYSTEM IN NEPAL

The traditional medicine healthcare system refers to a

variety of historic medical practices that were predominant prior to the emergence of modern scientific medicine at the beginning of the nineteenth century.^[4] Although the use of modern medicine has been increasing over the years in Nepal, more than 75 percent of the population in the country is estimated to use traditional medicine.^[5] Ayurveda, Amchi, Homeopathy (including Yunani), and Naturopathy are the important traditional health systems in practice in Nepal.^[6] Among them, Ayurveda is the oldest and most popular traditional healthcare system in Nepal.^[7] The government not only recognizes Ayurveda and Homeopathy (including Yunani) in health service systems but also provides such services, with Ayurveda service providers having the greatest network and reach.^[2,8]

In fact, Traditional medicine (TM) has a strong cultural and religious background in Nepal.^[7] Indigenous and local communities have been using traditional and indigenous knowledge for centuries under local laws, customs, and traditions.^[5] There are more than 400,000 such knowledge holders.^[2] Because of cultural diversity, there is abundant belief that different types of diseases are caused by evil spirits and people seek care from faith healers. Astrologers, shamans locally recognized as

dhami-jhankri and priests of different ethnic and religious groups are the major providers of folk medicine. In rural areas, ethnic folk medicine, home herbal remedies, and Baidhya healing systems are commonly used for treating frequently occurring diseases like gastrointestinal diseases from locally and naturally available medicinal plants in farmland and forest products collected from nearby and accessible areas by traditional healers.^[5] These products are generally used internally in the form of decoction, fresh plant juices, and extractions whereas infusion, smoke, latex, resins, oil, and juices of plants are frequently used for external application.^[3, 9] Also, in urban areas, only small populations have access to modern facilities, therefore majority rely on various forms of medicines for therapeutic purposes.^[10]

TRADITIONAL MEDICINE SERVICE DELIVERY

Traditional medicine is an ancient medical system indigenous to Nepal with deep roots. According to the report.^[11] The system works through simple and therapeutic measures along with promotive, preventive, curative, and rehabilitative health of people. As one of the three departments of the Ministry of Health & Population (MoHP), DoAA is responsible for programming, management of information, and supervision, monitoring, and evaluation of the Ayurveda Service programs. The Department of Ayurveda and Alternative Medicine (DoAA) primarily manages the delivery of Ayurveda and Alternative Medicine Services and promotes healthy lifestyles through its network of facilities across the country.

At the formal level, the state is the major provider of Ayurveda services. Ayurveda health services are being delivered at national, provincial, and local levels. There is one Ayurvedic Hospital (Nardevi) with 118 beds (including 18 cabins) in Kathmandu, which is the national-level Ayurveda Hospital.^[5] The departments in the central level Ayurveda Hospital include Internal Medicine (*Kayachikitsa*), Surgery (*Shalya*), ENT (*Shalakya*), Pediatrics (*Baal Roga*), Gynecology (*Stri Roga*), and Obstetrics, Acupuncture, Moxibustion, and Panchakarma. Moreover, one Provincial Hospital (Dang) with 30 beds, 14 Zonal Ayurveda Dispensaries, and 61 District Ayurveda Health Centers are located at the provincial level while 305 Ayurveda dispensaries provide health services at a local level in the country.^[11] All these Ayurveda facilities are providing services free of cost or at a nominal charge.

TRADITIONAL MEDICINE SERVICE UTILIZATION

The use of modern medicine has been increasing over the years in Nepal. Over 75 percent of the population in the country is estimated to use traditional medicine.^[5] Nepal is not exempt and in areas of the country where modern health care access and services are limited, herbal medicine is the basis of treatment of most illnesses through traditional knowledge.^[12] The use of traditional herbal medicine depends upon on type of ailment,

availability of medicine, and cost preferences in Nepal.^[3] It is assessed that around 90% of Nepalese people reside in rural areas where access to government health facilities is lacking.^[13] These individuals depend predominantly on traditional herbal medicine for their primary health care. It is evident from previous studies that traditional medicine fulfills 2/3rd the primary health care needs of Nepal.^[3] Most of the Nepalese population does not have the choice of allopathic medicine due to unavailability and high cost and they prefer to complement their treatment with the traditional medicines.^[3, 14] Moreover, in 2017/18, there was a total of 1,544,699 patients were served through various health service delivery units. Out of this total, 1332697 patients were served in outpatient departments (OPD), 85764 patients in outreach clinics, and 44415 patients were served through camps.^[11]

NATIONAL STRATEGY AND POLICY ON TRADITIONAL MEDICINE

Various national policies and strategies on traditional medicine (TM) are present in Nepal. The Ayurveda and Alternative Medicine unit in the Ministry of Health (MoH) is responsible for formulating policies and guidelines for Ayurveda and other traditional medical system. Recognizing the importance of alternative medicine, the Government of Nepal endorsed the National Ayurveda Health Policy in 1996. The principal objective of health policy can be attained only through the utilization of locally available medicinal herbs and entities by either industrial production or clinical production by traditional practitioners for their patients.^[7] Various national policies have highlighted the importance of Ayurveda and other TM services in primary health care.^[11] The Constitution of Nepal has called for the prevention and promotion of traditional Ayurveda medicines along with naturopathy and homeopathy. The National Health Policy (2014) and National Urban Health Policy (2015) have called for the development and management of TM systems through long term planning.^[8,15] In the Second-Long Term Plan (1997-2017), the Ministry of Health identified the need for 'Essential Health Care Services' in the Ayurveda System in the Second Long Term Plan too. It has prioritized the use of medicinal herbs from peripheral level dispensaries to central level Ayurveda hospitals to improve the health conditions of mass people and make them self-reliant on health services.^[7,8] Moreover, the plan approach paper (2019/20-2023/24) for the fourteenth plan of the government of Nepal has guided the government to better preserve, manage and utilize the herbs available in the country.^[11]

TRADITIONAL MEDICINE EDUCATION AND TRAINING

The formal education in Ayurveda started in 1928 with the establishment of *Nepal Rajakiya Ayurveda Vidyalaya*, which produces Ayurvedic manpower known as '*vaidyas*'.^[2] Training in Ayurveda and herbal products is provided by the DoA.^[16] Homeopathy education is

provided by a single Homeopathic college, however, Unani practitioners get education and training from India.^[2], and Naturopathy training is provided by the private sector.^[4] Similarly, Tibetan medicine education is provided by *Lo Kumphen School* and its training by the *Himalayan Amchi Association*.^[2]

TRADITIONAL MEDICINE RESEARCH

A single governmental research institute named *National Ayurveda and Research Training Centre* was established in 2011 to provide evidence-based therapy, transfer advanced skills and technology to practitioners, and develop high-quality research laboratories.^[16]

TRADITIONAL MEDICINE PROVIDERS

Since 2001, a national-level regulation on indigenous TM and Ayurveda providers has been in place^[17] and two types of TM practitioners exist in Nepal: Informal and formal.^[16] The informal TM practitioners are especially, spiritual and faith healers, astrologers, and different cultural/religious priests,^[18] and reportedly, there are more than 400,000 traditional healers.^[2] Due to cultural diversity, there is a widespread belief that illnesses are inflicted by evil spirits, leading individuals to seek treatment from traditional healers. Likewise, there are about 450 registered Ayurvedic physicians and around 1300-1900 diploma-level Ayurveda practitioners.^[16]

ROLE OF TM INTEGRATION INTO THE NATIONAL HEALTH SYSTEM

Officially, TM is partially integrated into the national healthcare system in Nepal. As the Ayurveda system has a wide coverage from the early decades, it has always been properly regulated, however, though the government has recognized homeopathy and Unani, these are under the same Ministry with similar organizational mechanisms. The norms and regulations for conventional medicine and TM in terms of manufacturing, registration, dissemination, drug management, research works, export/import, etc. are managed by the same section of the Ministry. Though the country has integrated some traditional medicines into the national healthcare system, there is a lack of appropriate models, policies, and guidelines for almost all traditional medicines except Ayurveda.^[19] Lack of policy and regulatory councils such as the Homeopathy policy/council, funding, and human resources have restricted the initiation of even the basic TM research into clinical trials, safety, and efficacy.^[19, 20] Therefore, the integration of TM into the national health system is urgently needed to achieve Universal Health Coverage (UHC) and Sustainable Development Goal 3; related to health and development in the TM sector.

CONCLUSION

Overall, many issues in the TM healthcare sector are identified. more than two-thirds of the population in Nepal relies on traditional practices for primary health care, primarily due to its accessibility, affordability, and alignment with cultural practices. The government's

priority on the single Ayurveda system and negligence of other TM may affect the distribution and utilization pattern of TM among the population across the nation. Moreover, the lack of adequate research, training, and research institutions on TM could potentially increase the risks related to improper use of TM among people.

The Ministry of Health and various stakeholders should not only prioritize the TM but also integrate it with Western medicine to reconstruct the National Health System and to meet the healthcare needs of the whole population. However, the scarcity of evidence-based research, unqualified TM manpower, and political instability are the key barriers to it. Thus, it is crucial to investigate the utilization pattern and correlates of TM among the country's population to determine overall issues related to TM to formulate an effective policy and strategy to integrate TM into the national health system and to improve the welfare of patients.

CONFLICT OF INTEREST

The authors have no conflicts of interest associated with the matters presented in this paper.

ACKNOWLEDGEMENTS

We would like to acknowledge all the authors whose works were reviewed in this article for their valuable contributions. Their research has laid the foundation for the field and has greatly informed our understanding of the topic.

FUNDING: There is no specific funding.

AUTHOR CONTRIBUTIONS

Both authors have an equal contribution in conceptualizing and writing this article.

ORCID

Ashesh Malla <https://orcid.org/0009-0007-7373-1209>.

Bibek Giri <https://orcid.org/0009-0007-2803-1721>.

REFERENCES

1. Manandhar NP. Medicinal plants used by Chepang tribes of Makawanpur District, Nepal. *Fitoterapia*, 1989; 60(1): 61-8.
2. Gewali MB, Awale S. Aspects of traditional medicine in Nepal. Japan: Institute of Natural Medicine University of Toyama, 2008; 140-2.
3. Raut B, Khanal D. Present status of traditional healthcare system in Nepal. *International Journal of Research in Ayurveda and Pharmacy*, 2011; 2(3): 876-82.
4. Raut B, Khanal D. Present status of traditional healthcare system in Nepal. *International Journal of Recent Advances in Physics*, 2011; 2: 876-82.
5. Koirala RR, Khaniya BN. Present status of traditional medicines and medicinal & aromatic plants related resources & organizations in Nepal. Nepal Health Research Council, 2009.
6. Prakash J. Ayurveda vs Covid-19: Developing an

- Influence towards Good Health. *Sch J App Med Sci.*, 2021; 1: 65-9.
7. Nepal Go. National Ayurveda Health Policy Population MoHa, 1996; 2052.
 8. Ministry of Health and Population GoN. National Health Policy, 2014; 2071.
 9. Kunwar RM, Mahat L, Acharya RP, Bussmann RW. Medicinal plants, traditional medicine, markets and management in far-west Nepal. *Journal of ethnobiology and ethnomedicine*, 2013; 9: 1-10.
 10. Chhabi R, Do Y, Ahn D, Lee K, Kim C. Changing pattern of complementary and alternative medicine in Tikapur Nepal: a hope for future health. *Altern Integr Med*, 2014; 3: 1-5.
 11. Government of Nepal MoHaP. DoHS Annual Health Report services DoH, 2019; 2075-2076.
 12. Kunwar RM, Shrestha KP, Bussmann RW. Traditional herbal medicine in Far-west Nepal: a pharmacological appraisal. *Journal of ethnobiology and ethnomedicine*, 2010; 6: 1-18.
 13. Manandhar NP. *Plants and people of Nepal*: Timber press, 2002.
 14. Kunwar R, Acharya R, Bussmann R. Medicinal plants in Nepal Western Himalaya: status, trade, use and community management. *Journal of Ethnobotany Research & Applications*, 2010; 9.
 15. Ministry of Health and Population GoN. National Urban Health policy, 2015; 2072.
 16. WHO. Regional Office for South-East A. Traditional medicine in the WHO South-East Asia Region: review of progress 2014–2019. New Delhi: World Health Organization. Regional Office for South-East Asia, 2020; 2020.
 17. WHO. WHO global report on traditional and complementary medicine 2019. Geneva: World Health Organization, 2019; 2019.
 18. Koirala RR, SP KBS, Aryal K, Bhusal C. Quality and effectiveness of service provision of traditional medicine based health service centres in Kathmandu Nepal. *Journal of Nepal Health Research Council*, 2013.
 19. Koirala RR. *Country Monographs on Traditional System of Medicine (Nepal)*, 2007.
 20. Department of Ayurveda. National Ayurveda Health Policy 2052 (1996). Kathmandu, Nepal: Ministry of Health, 1996.