

# **PRESENT STATUS OF TRADITIONAL MEDICINE IN NEPAL**

**RISHI RAM KOIRALA, NATIONAL AYURVEDA ASSOCIATION, NEPAL**

## **BACKGROUND**

The term Traditional Medicine (TM) refers to way of protecting and restoring health that existed before the arrival of modern allopathic medicine. As the term implies, these approaches to health belong to the traditions of each country, and have been handed down from generation to generation. TM includes diverse health practices, approaches, knowledge and belief incorporating plant, animal and/or mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to maintain well-being as well as to treat, diagnose or prevent illness (WHO).

The WHO Traditional Medicine Strategy paper 2002-2005 explains that traditional, complementary and alternative medicine attracts the full spectrum of reactions, ranging from uncritical enthusiasm to uninformed skepticism. Yet the use of traditional medicine remains widespread in developing countries. In many parts of the world, policy-makers, health professionals and the public are wrestling with the question about the safety, effectiveness, quality, availability, preservation and further development of this type of health care. Meanwhile, in many developed countries, complementary and traditional medicine is becoming more and more popular.

## **SITUATION OF EXISTING TRADITIONAL HEALTH SYSTEMS IN NEPAL**

Ayurveda, Amchi, Homeopathy associating with Unani, Naturopathy are the important traditional health system existing in Nepal. Among them, Ayurveda has been practicing since the time immemorial.

## **AYURVEDA**



Ayurveda is the omnipresent science of our rich tradition, heritage, and century-old knowledge. It is the most authentically recorded, culturally based health system in Nepal. Furthermore, this traditional knowledge provides great wealth and heritage to our nation.

The history of Ayurveda can be traced to different periods, the earliest being the Vedic period when the Aryans compiled the four Veda (1500-800 BC) with maximum reference in *Rigveda* and *Atharvaveda*. Ayurveda originated in heaven from Brahma. Brahma passed this knowledge to *Dakshaprajapati* then to *Ashwinikumars*. Then it transmitted to Lord *Indra*. On the earth, *Maharshi Bharadwaj* approached Lord *Indra* and got it. **(Pic. Yarchagubma herb)**

Two types of Ayurveda practitioners exist in Nepal. First, Ayurveda based traditional healers, who are practicing this knowledge since the time immemorial and it has been established as family profession and tradition. Second, academic Ayurveda practitioners trained from educational institutions, training centers, colleges and universities,

### **HOMEOPATHY**

This system has been recognized as a national health system and a homeopathy hospital is running by government since 2010 BS. The only one hospital in the country is located in Kathmandu with three graduated doctors studied in India. But the junior level technicians (total eight in number) associated with hospitals are from Allopathic background with refresher training on Homeopathy. There is no separate regulatory body to control and monitor this system of medicine and to register practitioners like in modern medicine (Nepal Medical Council) and Ayurveda (Nepal Ayurvedic Medical Council). The Unani system of medicine is also incorporated in this hospital. Nearly one hundred and fifty Homeopathy technicians are practicing in the Kathmandu city registering in Health Professional Council (informal data given by the staff of the hospital). It is learned that this system of traditional medicine has been running with several confusions and dilemma due the lack clear policy and planning the state. Recently, formal education in Homeopathy has begun in Nepal.

### **NATUROPATHY**

This is not an official system of medicine, but it has been well-practiced by the community. Training in naturopathy is provided by the private sector. There are private hospitals, training centers, clinics, and dispensaries in the country.

### **AMCHI**

*Amchi* is a Tibetan medicine or healing practice existing in the upper Himalayan region of the country. This is not an official system of medicine. There are two types of practitioners in this system. Some of them are institutionally trained and others follow the tradition. No official records regarding this system of medicine and manpower involved are available in Government offices. Reports show (as published in print Medias) that this system has been remarkably contributing in Northern area, especially Far Western Region, for treatment of various kinds of ailments using the locally available medicinal plants. The practitioners have been claiming official recognition and formation of separate regulatory body since long time.

### **FAITH & SPIRITUAL THERAPIES**

A large number of the population is still dependent on these practitioners. Basically they follow some ethno-traditional, *tantrik*, spiritual and Ayurvedic knowledge. Though they are not included in the official system of health care system, they are well known by different names in different communities.

## **AYURVEDA: PRE-HISTORIC LEGENDS OF HIMALAYA IN NEPAL**

The root of Ayurveda dates back to the Vedic period. Ayurveda, the life science, is also the oldest authentically recorded science in existence today. Based on the pre-historic documents, the first international Ayurveda congress was held on the lap of the Himalayas. According to the *Charak samhita* there were 52 eminent scholars, rishi and experts that gathered there and performed meditation, afterwards discussing, developing and documenting this science. Therefore, the Himalayan region receives recognition and praise for its highest knowledge, aspiration, purity, and harmony of life. This region is also the source of many highly valued medicinal plants. Ayurveda is an ancient art of healing or medicine, which has been practiced continuously throughout Nepal, India, Sri Lanka and a few other countries since ancient times. This knowledge of Ayurveda can be found in a number of manuscripts, books, healing practices, in cultural functions and ceremonies, and the teachings and practices of traditional healers. In fact, the practice of Ayurveda is essentially a culturally based health system. Furthermore, it was a way of life for the community, and its educational value was highly regarded.

## **THE CULTURAL HERITAGE OF THE HIMALAYA**

Nepal is one of the richest countries in culture, tradition, and knowledge of Ayurveda and traditional health practices. In fact, Ayurveda has a strong cultural and scientific heritage in this country. Nepal eluded foreign invasions in its history and has unique socio-cultural and traditional practices. These practices still exist today, in various different ways such as: ethnic or tribal groups, social, familial, generation to generation, ritual, or ceremonial practices, daily routines or spiritual practices, diets or self-healing practices, traditional healers, yogis, monks, lamas etc. among the institutional trained practitioners.

The majority of people in Nepal continue to rely on this system of health care. Ayurveda and the traditional medical wisdom and practices are prevalent in the community and are totally dependent on locally available medicinal herbs, knowledge, technology and their application. The country has contributed many valuable medicinal and aromatic plants, locally termed as **jadibuti**, and the indigenous people have been using them in traditional ways for their health and economy since time immemorial. This system contributes to a major role in the health care system (Rishi, IUCN).

## **RESOURCES OF TRADITIONAL MEDICINAL IN NEPAL**

*Classical manuscripts:* Ayurveda is a system of health which is based on its basic principles, the consciousness, proto-elemental, time, space, and its evolving theories concepts. It has deep history in taxonomical, pharmacokinetic, pharmacological, and clinical studies of drugs and the findings are used for the detailed study of individual constitution, pathological states, disease conditions, drugs, formulations, forms, and dosages. Therefore, these manuscripts are not merely documents of individual records, but they provide widespread theoretical foundation and explanation. There are nearly 4000 copies of hand written manuscripts that exist. These manuscripts are written on leaf, bark and hand made papers. The languages are *Sanskrit, Pali, Newari, Nepali* and other local

languages, and are also recorded in *Tibetan* language. The contents of these manuscripts are concerned with plants, flowers, food, animals, cosmetics, minerals, tantric, basic principles, life conducts, diseases, yoga, rituals, environment, astrology, crystals, Ayurveda philosophy and more. These authentic manuscripts are the real wealth of this country.

*Traditional Practitioners/Healers their knowledge, practices, concepts, innovations, technology, and recipes:* These groups of traditional practitioners are deeply rooted in the culture of Ayurveda. They have aspired to reach the cultural values, norms, and respect of the people. They are readily available and work as a member of close relatives or family members. They are capable of managing a diversity of health problems with locally available resources. They are the repository of this culture and science, and are the wealth of the nation. A large number of the population still depends upon these practitioners. Traditional and indigenous knowledge has been used for centuries by indigenous and local communities under local laws, customs and traditions. Fundamentally, they follow Ayurvedic, ethno-botanical, ethno-traditional, *tantrik*, spiritual and *Amchi* knowledge. This knowledge has been transmitted and evolved from generation to generation. The estimated number of these practitioners in Nepal is 400,000. Although they are not included in the official system of health care as a health practitioner, their role is highly important. Some of them who are currently practicing are the 23rd generation of practitioners in their family. This generation to generation practice is handed down through the family and also through master-disciple tradition. In a survey done by consultants, it was found that there were four hundred and fifty five traditional practitioners identified and interviewed. They were from 142 villages of six Village Development Councils of the Gorkha district of Nepal. Most of the practitioners were familiar with the knowledge passed down through generations.

## **HERBAL RESOURCES**

Herbal resources are other form of Ayurvedic wealth. The geographical structure and advanced bio-diversity has made it possible for the Himalayan country to grow different valuable medicinal plants. The Medicinal and Aromatic database of Nepal covers 1624 species of plants found in wild state or cultivated or naturalized or imported belonging to 938 genera and 218 families. These are known to be used as medicine in Nepal.

As described in Ayurveda, the Himalayan **Jadibuti** are used for healthy body and happy mind. These are used in different means such as toiletries and cosmetics; incense and aromas; health promoting agents, supplements and medicines; natural manures, pesticides; environmental cleaning and protection; food, food additives and drinks etc.

Protection and preservation, development and commercialization of indigenous knowledge and herbal resources have become an issue. Herbal resources have been over exploited as usual and indigenous knowledge either humiliated or under threat of piracy. It has been estimated that four out of five medicinal plants utilized by human beings are collected currently from the wild. Since herbal resources are one of the most reliable sources of income for a majority of the people living in rural areas, competition for harvest begins before the right season.

Locals do not have scientific knowledge or technology and tools to harvest. Probability of regeneration, therefore, becomes lesser by the year and finally reaches extinction. There are two urgent steps required to check this: First, the local people who rely on such natural resources for their lives must be trained; second, encourage them to cultivate these herbs commercially. Research has found that due to change in socio-psychological factors and educational patterns, the present generations of traditional healers do not follow the old methods. This is a threat to indigenous knowledge (Bhupendra, THT, 2004 June 22)

## **INSTITUTION/ORGANIZATION OF AYURVEDA/TM IN NEPAL**

The institution of Ayurveda is the first health service provider as well as academic health technician-producing institute, whose inception was before the arrival of modern medicine. However, the century old heritage is running at tortoise pace due to extreme lack of responsible and accountable organizations/institutions for preservation, promotion, and development of this sector. They are unable to capitalize on this resource, even in the least amount.

*Ministry of Health:* Ministry of Health has already set up a focal unit – *Ayurveda & Alternative Medicine Section* which is responsible to develop necessary planning, policies, rules and regulations regarding all kinds of traditional medicine existing in country and play vital role in corporation, coordination, direction and monitoring and other organization related to TM under the ministry. The following organizations/ institutions are working currently under the ministry.

*Department of Ayurveda:* This Department is under the Ministry of Health who looks after government networks of Ayurveda and policy and planning. The constraints of manpower, visionary leadership, budgetary allocation, prioritization of activities, and lack of activity monitoring matrixes have been realized recently for the development of this sector.

*Ayurveda Hospitals:* Two Ayurveda hospitals – one in Kathmandu with hundred beds (Nardevi Ayurveda Ausadhalaya under Ayurveda Ayusadhalaya Development Committee), and a regional hospital with 30 beds (more 10 beds with cabins in internal resources) are running in Dang.

*District Ayurveda Health Centers:* 61

*Zonal Ayurveda Dispensaries:* 14

*Local Ayurveda Dispensaries:* 216

*Council of Ayurvedic Medicine:* Apex body to control, monitor and regulate Ayurveda professional and traditional healers and academic institutions. Following three categories of professional has been registered in the council:

*Ayurveda Physicians:* Graduates are registered as a full fledged member of the council.

*Ayurveda Para-medicals* are registered under a sub-committee of the council.

*Traditional Ayurveda practitioners* are enrolled and licensed for their practice. For this that is having three generations of practicing of Ayurveda and at least minimum of 50 years age groups (deadline is for one year) are eligible for enrolling. Due to this limitation, many other traditional healers

are not able to get enrollment for licensing practice. The discussion is going on amending this clause and incorporate training component to upgrade their knowledge and bring them into the main stream.

*Academic Institutions:* The first formal technical education started in the country was in Ayurveda. In 1928 AD *Nepal Rajakiya Ayurveda Vidyalaya* was started in Naradevi, Kathmandu for the production of Ayurveda manpower i.e. *Vaidyas* of all levels up to *Acharya*, equivalent to a Bachelor of the present day standards in contrast to the technical education in the modern system. In spite of the fact that Ayurveda is traditional and that formal education began much earlier than arrival of the modern medical system, since the advent of “democracy” in 1950, the emphasis and all out efforts has been on the modernization and expansion of modern health services. Ayurveda Campus TU is the continuing institute of Ayurveda *Vidhyalaya*. Other training Institutes under Mahendra S. University and CTEVT in the periphery are running. At present, one graduate level Ayurveda College, seven three-years- course educational institutions, and three fifteen-month training institutions are running legally throughout the country.

*Ayurveda Pharmaceutical Sector:* There is one government owned producing unit, *Singha Durbar Baidhyakhana Vikas Samiti* (started from Malla dynasty 357 years ago with a high reputation in its history) running below capacity and constraints of quality measures. There are 32 other private Ayurveda pharmaceutical companies, with limited capacity and some of them are not functioning all of the time.

*National Ayurveda Research & Training Centre:* Governments of Nepal & China have signed recently for the establishment of this institute and this is a recent development in Ayurveda sector in Nepal.

*Other:* There are a significant number of institutions - Public, Development Partners’, I/NGO and Private Organizations and Institutions involved in Medicinal plants including NTFPT - involved in this sector. There is minimal coordination within the Ayurvedic sector, which is very important and vital for the overall development of the country and Intellectual property rights issues..

#### Status of traditional medicine: A glance

System	Ayurveda	Homeopathy	Other
<b>Manpower</b>			
Graduated/post graduated	239	3 (associated with government hospital, no authentic record available of private practitioners)	
Certificate level (equivalent)	754	-	
Training (15 months)	308	-	
Traditional Healers	Nearly two dozens traditional healers have been registered to legalize their practices.		

<b>Educational Institutions</b>			
Graduate Level	1 (state-owned)	1 (recently established by private sector)	
Certificate level	7 ( 6 by private sector)	-	
Training	3 (private sector)	-	
<b>Health Services (all state-run)</b>			
Central Level	1	1	
Regional	1	-	
Zonal	14	-	
District Level	61	-	
Dispensaries	216	-	
<b>Manufacturing companies</b>			
State-run	1 (Singh Durbar Vaidya Khana)		
Private	Around 30 (No reliable data is available)		

### **AYURVEDA HEALTH POLICY (AHP) 2052: BACKBONE OF THE DEVELOPMENT OF AYURVEDA\***

For the accomplishment of the objectives identified by the National Health Policy, 2048 (1992), the specialty of Ayurvedic treatment which has been preserving health and curing diseases from ancient times is timely. Its principal objectives is to improve health condition of mass people and make them self-reliant on health service by officially and mostly utilizing local medicinal herbs and medical entities which are easily available and can be used.

Some key features of AHP:

***Provision of Inter institutional and People's participation:***4.1 Health workers, wizards, women volunteers, birth attendants, workers of social organization, who are providing medical service by way of herbs in a traditional manner in rural areas will be provided with trainings of growth, promotion, collection, protection and use of herbs, and people's participation will be mobilized in the Ayurvedic treatment service.

***Encourage Herbs farming, production and enterprise of medicines:*** Qualitative business of herbs will be encouraged by developing model herbs farms in Himalaya, Mountainous and Terai regions and providing the people with knowledge on the use of the herbs in domestic treatment and their preparation, protection and promotion.

Co-ordination will be made with governmental and non-governmental associations related with the herbals, so as to maintain standard in domestic trade and export to foreign countries by identifying genuine herbals.

Governmental and non-governmental Ayurvedic medicine manufacturing companies established or to be established in the country will be encouraged to manufacture qualitative medicines on the basis of 'Good Manufacturing Practice'

---

\* Translated by Dr Shyam Mani Adhikari, Ministry of Health Nepal, available at: [www.ayurvepal.com](http://www.ayurvepal.com)

and imports will be reduced and export promoted.

**Ensure Ayurvedic education and manpower development:** Taking into consideration of paramount role of qualified, efficient and duty-bond manpower in the technical field like treatment, a National Ayurvedic Institute, equipped with necessary equipments as well as a research centre, will be established under Tribhuvan University, for enhancing and carrying on further development in effective production of Ayurvedic manpower carrying out functions being dedicated to the field of Ayurveda and in standard of quality of its various dimensions (education, health, and preparation of medicines).

Similarly, Programme of producing bachelor-level manpower in Ayurveda will be conducted so that physical infrastructure will be developed in harmony with the objective to provide master level and P.H.D. level Ayurvedic education in the future.

**Management of Ayurvedic Manpower:** Various organizational structures under the Ayurveda Group will be made responsive and service-oriented for consolidation of management aspect of Ayurvedic manpower. Ayurvedic doctors and Ayurvedic health workers will be provided with the same allowances and special facilities as doctors or health workers of other systems are receiving or will receive.

**Ayurvedic Research:** there will be established an Ayurvedic Research Institute furnished with the required equipment, for research of international standard in matters related with the use of Ayurvedic medicines and entities and the Ayurvedic treatment.

**Provision of Resource Mobilization:** Assistance of native and foreign donor agencies will be made available so as to provide financial support to various programmes of Ayurveda, to mobilize the acquired financial source by promoting export of herbs and prepared medicines and to assist in the implementation of the said programme.

**Nepal Ayurvedic Medicine Council:** Establishment of Nepal Ayurveda Medical Council in national level for fixing necessary standards of Ayurvedic education and service, registration of doctors, well arrangement of fixation, monitoring and evaluation of their jurisdiction.

**Achievements of the formulated policy:** Concisely, For the sake of development of Ayurveda manpower as well as education, several objectives are resplendently designed in AHP (Ayurveda Health Policy)-1995 realizing global demand and future of Ayurveda. Educational institutions to produce graduate, post-graduate and PhD level; National Ayurveda Study Center for quality service, management of manpower, research on Ayurveda and resource management; etc are the major objective. However even after a decade of policy promulgation, there is no significant progress observed except the establishment of Nepal Ayurvedic Medical Council (Bhupendra TKP, 18<sup>th</sup> Nov, 2006).

## **LEGAL STATUS AND REGULARITY SITUATION**

The use of medicinal herbs in Nepal's traditional medical system dates back to at least 500 AD. In Nepal, traditional medicine, although low profile, has been an integral part of the national health system. Parallel to the allopathic system, traditional medicine is encouraged in all spheres because of its efficacy, availability, safety, and affordability when compared to allopathic drugs

The policy of the Government, based on five-year plans, involves a system of integrated health services in which both allopathic and Ayurvedic medicine is practiced. Ayurvedic clinics are considered to be part of the basic health services, and there is a section responsible for Ayurvedic medicine in the Office of the Director General of Health Services. The programmes for health services included in the Fifth Five-Year Plan make provision for four Ayurvedic hospitals, one in each of the four development regions. The Ayurvedic Governmental Pharmaceutical Unit works to provide inexpensive medicaments.

The Ayurvedic Medical Council was created through legislation passed in 1988. Section 2.1 of this Act gives the Council's mandate as, among other things, steering the Ayurvedic medical system efficiently and registering suitably qualified physicians to practice Ayurvedic medicine. In Section 4, the legislation sets out highly detailed provisions for registration that classify applicant practitioners into four groups according to their qualifications and experience in Ayurvedic science. By Section 5.2.2, membership in a particular group fixes the range of Ayurvedic medicines that a practitioner is permitted to prescribe. Registered practitioners enjoy a monopoly over the practice of Ayurvedic medicine: direct or indirect practice of Ayurvedic medicine by other medical practitioners is forbidden by Section 5.1.1. Section 5 of the Act enables registered Ayurvedic practitioners to issue birth and death certificates as well as certificates concerning the Ayurvedic medical system and patients' physical and mental fitness (WHO).

## **FOR THE BETTER FUTURE OF TRADITIONAL MEDICINE**

Immediate step need to capture, protect, and commercial exploit the natural resources, medicinal plants, Traditional Medicine and their related intellectual property rights for the overall sustainable growth and development. For this following actions are important and Nepal is far behind in this process.

1. *Documentation*
2. *Information Dissemination:*
3. *Training:*
4. *Research and Development:*
5. *Intellectual Property Right and benefit sharing:*
6. *Exchange programs for students and professionals:*
7. *Exchange of science and technology:*

\*\*\*