PERCEPTION AND PRACTICES OF PEOPLE SEEKING CARE IN PUBLIC AYURVEDIC SERVICE IN MANGALTAR

A DISSERTATION

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LETTER OF RECOMMENDATION

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LETTER OF APPROVAL

The thesis entitled **"Perception and Practices of People Seeking Care in Public Ayurvedic Service in Mangaltar"** prepared by Mr. Bijaya Raj Joshi has been accepted as a partial fulfillment of the requirements for the Degree of Master of Arts in Sociology.

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Sincerely,

Bijaya Raj Joshi

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CTEVT	Council of Technical Education and Vocational Training
DDC	District Development Committee
DOHS	Department of Health Services
ENT	Ear, Nose & Throat
HIV	Human Immunodeficiency Virus
GoN	Government of Nepal
MAA	Mangaltar Ayurveda Aushadhalay
MOH	Ministry of Health
MOHP	Ministry of Health and Population
NARTC	National Ayurveda Research and Training Center
TU	Tribhuwan University
UTI	Urinary Tract Infection
VDC	Village Development Committee
WHO	World Health Organization

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CHAPTER I

INTRODUCTION

1.1 Background Study

Healthcare system is a medical practice that provides healthcare services to the people. Nepal is a developing country with social, ethnic, cultural, religious and geographical diversity. There exists different healthcare practice among the people. Government of Nepal broadly classifies two types of healthcare system in Nepal; traditional and modern systems (Raut & Khanal, 2011).

Traditional system is practiced from the ancient time as an art of remedial based on traditional use of plants, animals or other natural origin cultural behavior, social practices, spiritual beliefs and superstitions (Karmakar & Muhammad, 2012). Practices of traditional medicine have been adopted in different regions and cultures without the equivalent advancement of international standards. For primary healthcare approximately 80% of Nepalese population depend on traditional medicine and it is now a recognized system of medical practice (Raut & Khanal, 2011). The declaration of Alma-Alta in 1978 said that the mobilization of traditional medical system is important to make "Health for all" a reality complementary and alternative medicine healers are familiar with the social and cultural background of the people are accessible, respected and experienced. Due to various reasons allopathic doctors are reluctant to serve in rural areas (Alma-Alta, 1978).

With the advancement of the allopathic healthcare system people are being attracted towards it (Drug bulliten, 2010). Ayurvedic system is one of the traditional systems which is defined as the omnipresent science of our rich tradition, heritage and century-old knowledge and is one of the most authentically recorded, culturally based health systems in Nepal (Koirala, 2016).

The study uses the definition of traditional medicine by WHO (2002) diverse health practices approaches, knowledge and beliefs incorporating plant, animal, and or mineral based medicines, spiritual therapies, manual techniques and expresses applied singularly or in combination to maintain well-being, as well as to treat diagnose or prevent illness.

Health seeking behavior is a usual habit of a people or a community that is resulted by the interaction and balance between health needs, health resources, socio-economic and cultural as well as national/ international contextual factors. It is behavior of using health services within existing health system or treatment seeking behavior of the latest illness as reported by them. Many South Asian people think that integrating the ancient system of Ayurveda with allopathic medicine is the key to providing universal healthcare, perhaps because practitioners of traditional medicine remain the primary healthcare providers for millions of people in South East Asia, especially in rural areas (Subba, 2004).

All societies have also developed traditions regarding the use of local plants as an essential aspect of health maintenance and disease treatment. These traditions are both wide spread; where virtually everyone knows some plants, and professional, where common bodies of empirical knowledge developed through clinical experience are regarding plant use. Medical use of plants has been existed in Hindu culture since time immemorial. All the four Vedas namely Rig-veda, Yajur-veda, Sama-veda and Atharva-veda contain the medicinal knowledge. In particular of Atharva- veda (2000 BC-1500 BC) deals largely with the principle of Ayurveda "the science of life," which combined herbal medicine, dietetics, body work psychology and spiritually to serve itself a consolidate therapeutic systems (Joshi & Joshi, 2005).

Sociology in medicine may be described as the application of sociological concepts, knowledge and technique in effects to clarify medical and social psychological problems in which medical workers are interested. In this instance, sociological knowledge supplements

medical knowledge in order to find solutions to what are essentially medical problems. Study of human behavior is extremely important and difficult in public health and in any community oriented programs. The mere opening and establishment of hospitals or treatment by any government or voluntary agencies does not immediately ensure that all the people will use the facilities whenever they fall sick (Gartaula, 2012).

The study is to identify why, when and how people come to choose healthcare service from the public ayurvedic service center in a rural area. And the result thus helps to define the perception and practices of people seeking care in public ayurvedic service in a rural area depending upon their past history of healthcare choice, psychological, socio- economic condition.

1.2 Statement of the Problem

Research is a quest for new knowledge important to an identified area of interest i.e. a problem through applications or the scientific process. The process of health research issued to determine health needs and plan health care for users. It is used as a basis for gaining and using information about users to help them, restore, maintain or promote health. Depending on the diagnosis knowledge from a number of disciplines may be used in this process to help users solve particular health problem. Nepal will continue to face the challenge of reducing absolute poverty and promoting human development. To alleviate poverty in the country will need strong and macroeconomic policies, well-developed social, health and physical infrastructures strengthen institutions and equitable distribution of resources and basic social services. The basic human needs of the most vulnerable and unreachable segment of people in remote and rural areas cannot be gained (Gartaula, 2012).

In Nepal as in worldwide the existing health system has been difficult to maintain due to the increased demands and keeping the problem in view in many countries, series of efforts have been made to facilitate and share the responsibilities of government with private sectors.

During the early period, when the distinction between sociology in and of medicine achieved relatively wide currency, there was a belief that to work in medicine was less respectable for the sociologist. Sociologist can help identify some of the problems that result from changes in hospital or organization and goals (Gartaula, 2012).

In recent years along with modern healthcare system some of the traditional healthcare system is gaining people's belief. A little effort have been made by sociologist, medical professional, public health workers, and other research workers at different time period about perception and practices of people seeking care in public Ayurveda service in a rural area, its impact and value.

The health care system in Nepal has suffered from a number of problems in the past including a lack of village orientation, weakness in implementation of plan, weakness in monitoring and evaluation, centralization of resources and unfilled posts. Nepal is a virgin territory as far as research is concerned. We do not for example have standard figures regarding the health status of the Nepalese. Answers are lacking for many of the biomedical and public health problems in the country. The conventional health care system does not tackle the multiple causes of ill-health, which is the synergistic outcome of factors like malnutrition, infection, unsafe water, poor sanitation, little education, depressed status of women, early marriage, frequent child births and lack of health related education (Dixit, 2014).

The choice of healthcare system by the people with the socio economic aspect has never been the focus area of study. Thus regulatory bodies are not clearly guided how to provide the basic health need with patient compliance and to upgrade the existing healthcare at the local level. Thus, the study describes health seeking behavior of people in Ayurvedic Service Centre.

1.3 Objectives

The general objective of this study is to find out perception and practices of people seeking care in public Ayurveda service healthcare system with in Mangaltar VDC of Kavreplanchok district.

The specific objectives are to:

- Describe the socio-cultural understanding of people about ayurvedic and other medical traditions.
- Explore the cause of seeking ayurvedic medical care.

1.4 Significance of the Study

Human illness is not only a physical condition but a symbolic one as well. What we experience as health or illness is based on the perceptual judgments we make about the relative quality of our physical and psychological condition. The meanings of individuals assign to their health status are strongly influenced by their cultural background and experiences. These culturally based meaning strongly influence the health care choices and decisions to make, their relative confidence in their health care providers and the treatment regimen and even their actual physical responses to health care treatment (Subedi,2001).

In the birth of the clinic, Foucault describes the "clinical gaze" which is when the physician perceives the patient as a body experiencing symptoms, instead of as a person experiencing illness. Even in the era of the bio psychosocial modal, the physician's perspective is largely through a biomedical lens where biology and behavior cause disease. The next time you are with a patient in even the most routine clinical encounter, try expanding your clinical gaze by investigating the patients, but the information you will learn, will help guide you to better care and a healthier patient (Kandula, 2016).

Therefore, the study helps to identify the pattern of choice of public Ayurveda service depending upon their social and economic background. This provides a rough sketch of

rational of public Ayurveda service and the people's attitude towards it. Thus the study is helpful and significant in guiding the regulatory bodies where to focus, how to upgrade it and provide the basic health need for the people.

1.5 Organization of the Study

The study is organized into five chapters. The first chapter deals with introduction of subject matter. Similarly, the second chapter deals with the literature review, third research methodology, fourth introduction to the study area, fifth data presentation and data analysis and the sixth chapter deals with conclusion respectively.

CHAPTER II

LITERATURE REVIEW

2.1 Healthcare Tradition in Nepal

According to Subedi (2003) patient seek both traditional and modern medicine for healthcare depending upon perception of effectiveness. The choice of healers is shaped by a wide range of factors, among them perceptions of efficacy, practical considerations (such as distance), symbolic considerations, the perceived cause of the ailment and whether it is viewed as life threatening, and personal attributes of the patient. The presence of alternative sources of health care can significantly affect the choice of health care services. Thus, in assessing health care service utilization, various factors associated with medical pluralism need to be considered seriously (Subedi, 2003).

Traditional medicine in Nepal serves as primary healthcare system for 80% of population. And the traditional healthcare system used by the people varies in wide range. This variation for healthcare system is because of the diversity in geography, ethnicity, culture and tradition. These traditional healthcare systems are in the edge of extension as there is no documentation of such healthcare system (Raut & Khanal, 2011).In Nepal traditional healthcare system mainly divided into medical providers and faith healers. Ayurveda, Tibetan, Unani, Homeopathic healthcare system are major traditional medical healthcare providers. Dhami-jhankri is the major faith healers who act as mediators between the material world and the world of spirits (Shankar, Paudel, & Giri, 2013).

2.1.1 Allopathic Medical System in Nepal

Allopathic system also known as biomedicine, modern medicine, western medicine etc. is a type of healthcare system which is based on the germ theory of disease and studies of anatomy and physiology (Subedi, 2003). According to him allopathic healthcare system

manifest ill health by various signs and symptoms result from pathological process in the biochemical parameters, such as weight, height, blood pressure, heart rate.

History of allopathic healthcare system shows it was first started in Nepal during the Malla dynasty by Christian Missionaries. The Missionaries came to Kathmandu and met King Pratap Malla, who allowed them to preach, teach and run health education services in Kathmandu. Their curing service was praised by the people of valley. The further development of allopathic healthcare is seen in Rana regime. The Prithvi Bir Hospital was established with 30 beds in 1890. There was lack of qualified health workers and nurses thus were brought from India. In 1933 the Department of Health Services (DoHS) was established to manage and regulate the health care facilities in Nepal. After the democracy a vast change has taken to provide basic health services to the people. Mainly after 1951 different types of primary and secondary health care facilities were added in the many parts of the country (Dixit, 2014). The country divided into 75 districts, 14 Zones and 5 development regions and in 1964 regional health care concept was brought (Shankar, Paudel, & Giri, 2013). According to the Constitution of Nepal 2015; the health structure in the country becomes three levels; federal, province and local health care institutions.

2.1.2 Ayurvedic Medical System in Nepal

Ayurvedic is based on the classical Sanskrit medical tradition. Ayurveda is also defined as science of life as it is composed of two words Ayur which means life and Veda means science or knowledge. This tradition of healing has been practiced in South Asia since ancient times. It has a well-developed system of physiological characteristics of the ill person, system of illness and detailed with large pharmacological knowledge of herbs and their manufacturing method. Ayurveda is based on the tridosha theory of disease. The three dosha or homours are vata (wind), pitta (gall), and kapha (mucus). A disturbance in the equilibrium of these three humours causes of disease (Subedi, 2003).

In Nepal, during the Lichchhavi King Amsu Verma had established Arogyashala or ayurvedic hospital healing for rulers. In the same way King Pratap Malla also used the ayurvedic medicine and established an ayurvedic dispensary in the Hanuman Dhoka Palace. Therefore, it is believed that present Singha Dubar Vaiyakhana was established during that time (Dixit, 2014).

In this field, two types of Ayurvedic practitioners exist in Nepal. First academic ayurvedic practitioners trained from educational institutions training centers, colleges and universities, second Ayurveda based traditional healers who learn the knowledge and skill of profession from their family viz. father or from the gurus / teacher (Raut & Khanal, 2011).

2.1.3 Homeopathy Medical System

A German physician Samuel Hahneman (1755- 1843) founded and developed the concepts and theories about Homeopathy system of treating in the eighteenth century. In this holistic medical system, forces of body, mind and emotions are thought to be constantly working to bring and maintain a state of equilibrium balance (Gewali, 2008). In Nepal homeopathy was introduced in 1920 A.D as a natural healing system in the public sector. There is only one homeopathic facility with hospitalization facilities for six patients (Subedi, 2003). This system has been recognized as a national health system and homeopathy hospital is run by government since 2010 B.S. The only homeopathy hospital is in Kathmandu with three graduated doctors studied in India (Koirala, 2016).

2.1.4 Unani Medical System

The Unani system of medicine has its origin in Greece. Unani medicine considers disease as a natural phenomenon and symptoms are created in the body in response to the disease. Diseases are diagnosed through nabs (pulse feeling), stool and urine examination. It is based on the four humors like hot, moist, cold and dry characterize of the human body (Gewali, 2008). The Unani healing tradition’s preventive, promotive and curative services has an

extremely limited reach among the public (Subedi, 2003). This system has been recognized as a national health system and the Unani system of medicine is also incorporated in homeopathic hospital in Kathmandu (Koirala, 2016).

2.1.5 Naturopathic Medical System

This is not an official system of medicine, but it has been well-practiced by the community. Naturopathic medicine is comprehensive system of healthcare system within complementary and alternative medicine that incorporates different modalities (Khanal & Khanal, 2014). Training in naturopathy is provided by the private sector. There are few private hospital, training centers, clinics and dispensaries of naturopathy in the (Koirala, 2016).

2.1.6 Acupuncture Medical System

Acupuncture is an ancient therapy of traditional Chinese medicine that treats pain and illness special thin needles inserted into the skin in particular points of the human body. This practice of remedy based on Chinese Ying Yang theory where Ying means negative (-ve) and Yang means positive (+ve). Acupuncture was started in China thousands years ago and after spread to Japan, Korean peninsula and elsewhere in Asia (WHO, 1991). Acupuncture is widely used in healthcare systems in the countries. It is not officially recognized by the government of Nepal although it is well practiced in general public only private sectors of Nepal (Khanal & Khanal, 2014).

2.1.7 Yoga

Yoga is an ancient philosophy and practice of health and well-being. Thousands of years ago when yoga was first conceived and practiced. People led physically active lives by necessity. There were no modern tools and equipments for mechanization of work so the daily of the people provided with full of physical exercise. So, yoga is oriented not to give people more exercise although a system of healing with special emphasis on mind. Patanjali is an ancient institute of yoga (Khanal & Khanal, 2014).

2.1.8 Reiki Healing

Reiki healing is a practice that is used probably thousands of years old. It is thought to have first been used by Tibetan Buddhist monks although it was systematized in the late 1800's by Dr. Mikao Usui a Japanese Buddhist. The Usui system of Reiki is a very simple yet powerful form of healing which is easily given and received by anyone. The word Reiki has made in two words: Rei means universal and Ki means life force or energy. It is based on the five basic principles in its healing method. Reiki healing is used in private sector in Nepal (Khanal & Khanal, 2014).

In a basic Reiki treatment a healer lays hands on a person's body in different positions allowing the energy to flow to the affected parts. By drawing an extra amount of Reiki energy, the patient feels more at peace and relaxed. Reiki also works to cure the root cause of disease by clearing and healing the energy. Giving Reiki healings also benefits the healers because they use their channels to allow the Reiki energy to flow to their patients. Reiki practitioners can apply it through a wide range of meditative techniques, which complement other spiritual discipline. It also helps to produce mindset and change the quality of life (Rigdzin, 2013).

2.1.9 Tibetan Medical System

Amchi who has the background of Tibetan medicine, he brought the concepts of the body becoming hot or cold as a result of eating hot and cold food (Dixit, 2014). In Nepal it is popularly called Amchi and Amchi are the names given to Tibetan medicine doctors or practitioners. This type of healing practice is existing in the upper Himalaya region of the country. This is not official healthcare system medicine of Nepal (Koirala, 2016).There are two types of practitioners in this system. Some of them institutionally trained and others follow the tradition. Himalayan Amchi Association established in 1998 in Kathmandu works for the recognition and support of the Tibetan medicines. Lo Kunphen School situated in

Lomonthang, Mustang provides academic and clinical education (one year course) on the traditional Tibetan medicines (Raut & Khanal, 2011).

2.1.10 Folk Medicine

It is defined as the treatment of ailments outside clinical medicine by remedies and simple measures based on the experience and knowledge handed down from generation to generation. In Nepal it is not an official health related practices that is traditionally existed and is learned verbally through observation and demonstration. Nepal possesses more than sixty culturally rich ethnic and indigenous groups. Folk medicine employs principles and practices sourced from this indigenous cultural development in treating system of illness. It consists of material of biological and mineral origin but the plant materials of predominate and come to for front (Raut & Khanal, 2011). Folk medicine builds an extremely close relationship with the nature or habitat from where plants are obtained. Plants in the form of medicine from the surrounding and hence they are not alien to both of those who treat and who are treated. People develop a close harmony with healers, surrounding nature as well as with the medicines (Gewali, 2008).

2.1.11 Faith Healing (Shamanistic)

Faith healing system is defined as a method of treating disease by prayer and exercise of faith in god and they are not included in the officials' system of health care system in Nepal. According to RP Gartaula, the various appellations by which shamans are called in Nepal vary from community to community and also there are subtle differences in the practices as follows: Dhami-Jhankri, Pandit- Lama- Gubhaju-Pujari, Jyotishi, Guruwa, Fedangwa and Bijuwa (Gartaula, 2012).

Dhami-Jhankri

Shaman who exercises evil spirit from the body of sick people and they use drum and sticks in their nightlong healing rituals. A Kirat shaman is called Mangpa. Shamans are called

Bijuwa in the eastern part and Guruwa in Tharu community in western part of Nepal. Some other names are Ojha, Fedangwa, Phukne Manchhe etc. The Dhami-Jhakri use ritual mantra and diagnose the type of spirit. They cure either offering or placating their own powerful spirit bone or stick. Ban-Jhakri shamans are assumed to live in the cave of forest.

Pandit-Lama-Gubhaju-Pujari

They are the priest of the different ethnic and religious groups in Nepal. Gubhaju are the priest of Buddhist Newar, Lamas are the priest at Buddhist Monastries and Pandit-Pujari are the Hindu priest. They all diagnose and cure illness through prayers and rituals.

2.2 Philosophy of Ayurvedic Traditions

Every science has its roots somewhere in the philosophy, before verification and application every science was a philosophy. This applies Law of Gravity of Isca Newton and theory of relativity by Sir Einstein too. Because philosophy is a result of keen observation and intuitive analysis, when these both are proved and applied this brings the science in existence. So at a stage all the sciences were philosophies. Most of the modern sciences have departed themselves from their philosophical roots, but sciences like Ayurveda still carry the philosophical linkage of their roots with them. This is the prime aspect of Ayurvedic philosophy, according to Ayurveda these are the energies, which are responsible always for the any kind of working. We human beings, our physical bodies are the results of the same energies. These energies are Triguna -Sattava, Rajas and Tamas on the primary level and on other level these becomes Tridosha- Vata, Pitta and Kapha (Frawley, 2011). As these are specific terms or names of the three types of humors in the body, meaning or comparative to these terms depending upon their qualities, actions and behavior are; vata is compared to air, pitta is compared to fire and kapha is compared to mucus and water. Other important basic principles of Ayurveda which are briefly mentioned here are; Dhatus- They are seven in number, namely- chyle, blood, muscles, fatty tissues, bone, marrow and semen. Mala-These

are the waste materials namely urine, faces, sweat etc. Srotas- These are different types of channels which are responsible for transportation of food, dhatus, malas, and dosha. Agni – These are different types of enzymes responsible for digestion and transforming one material to other. All these factors need to function in a proper balance for good health. They are inter-related and are directly or indirectly responsible for maintain equilibrium of the TRIDOSHA (Kapur, 2016).

A healthy person will have the doshas, dhatus and malas in standard in terms its amount, quality and utility. When the doshas inside the body becomes imbalanced due to external or internal factors, a person will suffer from a disease. Disease is the result of imbalance of the doshas. For example, if the agni (five) is disturbed ama (undigested food) are accumulated, the srotas (channels) are blocked and assimilation of the food are hampered resulting in the creation of disease. In treating diseases, dravya (drugs) with specific guna (properties) and karma (action) inherently presented in the dravya (drugs) are prescribed. All dravya (drug) is also made up panchamahabhutas (earth, water, fire, air and space). Which of these elements donate the dravya (drug) decides its guna (properties) and karm (action). As everything in the universe is composed of panchamahabhutas (earth, water, fire, air, and space), there is no basic difference between the composition of the dravya (drug) and human body. Taking into consideration of the principle of similarity, a particular dravya (drug) with specific guna (properties) and karma (action) is prescribed in a human disease with particular symptoms. The source of dravya (drug) could be from the plant or animal kingdom or even from the inorganic source such as minerals and metals. The dravya (drug) may take the form of decoction, pills, power, wines and oils. In Ayurveda, the diagnosis is of the disease is done through the examination of pulse, urine, feces, tongue and eyes as well as by taking the patients history to find out the current problem (Gewali, 2008).

2.2.1 Eight Fold Classification of Ayurveda Therapy

Kayachikitsa (General Medicine)

This treatment pertains to the diseases occurring to all organs of the body, examples are fever, diarrhea, jaundice, anemia, liver diseases, bronchitis, hypertension, heart diseases, kidney ailments, skin diseases etc.

Shalyatantra (Surgery)

The major and minor surgical procedures, different diseases are cured in Ayurvedic treatment, fistula-in-Ano, for example, is treated with the ksharasutra treatment. A cotton thread is impregnated with euphorbia latex followed by ash (kshara) of Achyranthes aspera and finally coated with turmeric power. Administering the thread in the fistula wound cures the disease.

Shalakyatantra (ENT and Ophthalmology)

The disease occurring above the neck such as mouth cavity, nose, ear and eye come under this category.

Bhutavidhya (Spiritual Therapy and Psychiatry)

Through the influence of gods and goddesses, demons, witches and planetary stars,people suffer frompsychiatry conditions. In this treatment such psychiatric conditions are removed with the help of trantra mantra, blessing and animal sacrifices.

Kaumarabhritya (Pediatrics and Gynecology-Obsterics)

This therapy takes care of children diseases, infertility, family planning and gynecological ailments.

Agadatantra (Toxicology)

The conditions arising from the animal poisoning such as snake bite, scorpion sting etc, as well as plants and mineral poisoning are covered in this treatment.

Rasayanatantra (Rejuvenation Therapy)

This treatment aims for long life, prolonging youthfulness and maintaining natural or beauty.

Vajikarna (Fertility Therapy)

In this category of the treatment, impotence in both male and female and other forms of sexual disorders are treated and solved.

2.3 Ayurvedic Medical System and Structure of Nepal

Since time uncountable, the Ayurveda has been a major source of health care in Nepal. Two types of ayurvedic physicians called the vaidhya or kaviraj exist in Nepal. First type belongs to those who are trained in the ayurvedic colleges and universities. The other type includes those who learn the knowledge and skill of the profession from their father or gurus (teachers) and obtain the required knowledge and skill about the healing practice.

Ayurveda is the first health service provider as well as academic health technician- producing institute, whose inception was before the arrival of allopathic medicine. However, the century old heritage is running at tortoise pace due to extreme lack of responsible and accountable organizations for preservation, Promotion and development of this field.

2.3.1 Ministry of Health

In the Ministry of Health, the government of Nepal has already set up a focal unit Ayurveda and Alternative medicine section which is responsible to develop necessary planning, policies, rules and regulations regarding all kinds traditional medicine existing in country and play vital role in corporation, co-ordination, direction and monitoring other organization related to traditional medicine under the ministry.

2.3.2 Department of Ayurveda

This department is under the Ministry of Health who looks after government networks of Ayurveda and policy and planning. The constrain 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.

2.3.3 Ayurveda Hospitals

Two Ayurveda hospitals- one in Kathmandu with hundred beds (Nardevi Ayurveda Hospital under Ayurveda Hospital Development Committee) and a regional hospital with 30 beds (more 10 beds cabins in internal resources) are running in Dang: Zonal Ayurveda Hospitals- 14, District Ayurveda Health Centers- 61 and Local Ayurveda Health Posts- 305.

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

2.3.5 Academic Institutions

The first formal technical education started in the country was in Ayurveda. In 1928 Nepal Rajakiya Ayurveda Vidyalaya started in Nardevi, 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 begun 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 allopathic health services. Ayurveda campus TU is the continuing institute of Ayurveda Campus. Other training institutes under Nepal Sanskrit University and CTEVT in the periphery are running. At present, one graduate level Ayurveda College, seven three years course educational institutes, and three fifteen-month training institutions are running legally throughout the country.

2.3.6 Ayurveda Pharmaceutical Sector

There is one government owned producing unit, Singha Durbar Baidyakhana 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 the time.

2.3.7 National Ayurveda Research and Training Center (NARTC)

NARTC was set up as a national level research and training institution on third April 2011, under Ministry of Health and Population (MoHP), Government of Nepal (GoN). Ayurveda Health care system has been facing many fold scarcities of physical facilities, human resources and financial support since time immemorial, with the realization of these facts from all aspects, the center has been established in cooperation with Government of People's Republic China. NARTC's organization structure has been set up under Development Board Act of GoN. It has organized provisionally into two divisions i.e. Research and Hospital and Training and Administration. These two divisions work for research, training and health care services. Development Committee of the center issues policy directives approves programs and reviews progress, whereas the executive body oversees institutional operation as well as implementation of overall plan, policies and programs endorsed by the board.

2.3.8 Ayurveda Health Policy 1996

For the accomplishment of the objectives by the National Health Policy 1991, the sociality of Ayurveda treatment which has been preserving health and curing disease from ancient times is timely. Its principle objectives is to improve health condition of mass people and make them self-reliant on health services by officially and mostly entities which are easily available and can be used. It has committed to improve upon qualitatively and quantitatively the Ayurvedic related infrastructures such as Department of Ayurveda, central and district

Ayurvedic hospitals, Sigh Durbar Vaidyakhana, the ayurvedic dispensaries and other private organizations. The policy has emphasized as herbal farming, production of herbal medicines and development of herbal medicine based enterprises. Ayurvedic human resources of high in the field of education, health and preparation of medicines are envisaged to be produced. The policy points out the necessity for establishing an international standard Ayurvedic research institute for doing meaning and useful Ayurvedic researches.

2.4 Empirical Studies

Similar studies have been carried out by different researcher and ayurvedic institutions and there empirical studies rely on experience or observation alone, often without regard for system and theory (Gartaula, 2012). A study by Durkin-Longley in Nepal, shows that specific illness ideally are brought to practitioners of one medical traditions; jaundice (Kamalpitta) is brought to the ayurvedic doctor, mental illness to the dhami-jhankri and jharuke vaidys, and accidents to the modern (allopathic) medical practitioners (Subedi M. S., 2003). The "ecology and economy" of the body and person in Ayurvedic thought fundamentally differ from the mechanistic and compartmentalized biomedical model of body. As it is widely practiced in South Asia, Ayurveda regards the patients daily practices social relationships, and environmental surroundings to be integral to diagnosis and treatment (Nichter, 1980).

Healthcare seeking behavior is any activity undertaken by individual for the purpose of finding an appropriate treatment in the event of illness. The behavior depends on several factors that include historical patterns of services used, illness type, and severity, pre-existing beliefs about illness causation accessibility of services options, convenience, and quality of service provision as well as age, gender, and social status of the sick person (Chowdhury, Khan, Patel, & Siddiq, 2015).

Socioeconomic factors like education, income source, culture of the locality and the demographic factors affects the choice for healthcare system (Mehata, 2011). Healthcare

systems contribute a major role in maintaining good health. Most people belief in traditional healthcare, mainly populations of urban area have a strong faith on traditional healthcare system for jaundice and sexual problems. Beside that socioeconomic factor like education and income has strong influence for the choice of appropriate healthcare system. The study area preferred different traditional healthcare systems but most of them were not aware about the exact therapy (Karmakar & Muhammad, 2012).

Ayurveda teaches harmony with Nature, simplicity and contentment as keys to well-being. It shows us how to live in a state of balance in which fulfillment is a matter of being, not becoming. It connects us with her well-springs of creativity and happiness with in our own consciousness, so that we can permanently overcome our psychological problems. Ayurveda provides a real solution to our health problems which is to return to oneness with both the universe and Devine within. This requires changing how we live and perceive, medical treatment begins when we fall sick. It is a form of disease treatment, a response to a condition that has already occurred. It aims at fixing something already broken. However, if medicine begins with the treatment of disease, it is a failure because the disease is already harming us. At this late stage, radical and invasive methods may be required, like drugs or surgery, which has many side effects (Frawley, 2011).

The medicinal formulation has been administered as much as one please without knowing their correct dosage etc. rises trouble to the patient, just as the combination of Ghrita (ghee) and Honey in equal quantity. In a very small dose of drug provides ineffective to disorder like little water to flagrant fire and on the other hand, as excess water for the crop. Hence keeping mind the severity of disorder and potency of drug should not be administered in appropriate small doge (Gopal, 2011).

A number of infection diseases are described in Ayurveda but great importance is not given to pathogens as their cause. Ayurveda emphasizes internal factors, the condition of host

behind all diseases, even those appearing to come from the outside. It is well known that if the soil remains sterile, the seed will not grow. In the same way, if the internal energies are balanced, disease has no field in which to act. Ayurvedic medicines are derived from the mineral, vegetable and animal kingdoms. More than, 20000 species of medicinal plants and herbs are found in India, out of which 2000 are found to be the most efficacious for use in Ayurveda (Ranade & Deshpande, 2006).

Ayurvedic medicines play an important role in diseases as well as for maintaining the health. Charak has supported this view and mentioned that the child becomes healthy very shortly by using the appropriate drugs and wholesome diet. Once the child returns to his normal health, he should follow various rules of hygiene. For this purpose the child should be advised diet (ahar) and daily routine (vihar) opposite to place (desa), time (kala) and the nature of child itself. If anything is uncongenial to the child, that should be stopped gradually, because the wholesome (satmya) substances may be come unwholesome (asatmya) after some time, use of wholesome substance provides health become strength (Kuman, 1999).

Therefore, main healthcare medical traditions are allopathic, ayurvedic, homeopathic and unani. These are running in the country wide by government policy and other healthcare traditions are found private or indigenous. Among the different healthcare system ayurvedic healthcare is the vital one which covers primary health facilities for majority of the population. Ayurvedic healthcare system is one of the ancient healthcare facilities based on the tridosha theory. Ayurvedic healthcare has been a pioneer healthcare system for the country.

CHAPTER III

METHODOLOGY

3.1 Rational of the Selection of Study Area

The study area was targeted among the patients coming for healthcare service at Mangaltar Ayurveda Aushadhalay (MAA) as it provides ayurvedic health facility, covers health service for five V.D.C's i.e Mangaltar, Bhimkhori, Chapakhori, Walting and Mechchhe which means patient has easy access and being familiar with the local community. It is 40 km far from district headquater Dhulikhel. The BP Highway is through this place so that it is easy to assess public bus or private jeep. On the other hand side I choose this place to observe the socio-culture harmony, climax, reality, facilities and complexities of rural area.

3.2 Research Design

This is an explorative study with in which research is conducted to explore the perception and practices of people seeking care in public Ayurveda service in Mangalter V.D.C of Kavre district of Nepal. This study also assisted researcher to develop relationship between the people's choice for healthcare system and socio-economic status.

3.3 Universe and Sampling Procedures

For the study twenty respondents were selected purposefully by considering their age, sex, education, economic status, culture, religion, distance from the MAA. Children and very old people were excluded from the study. All the respondents were interviewed for single time which lasted from one hour to two hour. In order to study their perception and practice for the ill condition respondents were asked open ended and close ended questions. To the respondents I introduced myself as a research person trying to find out what is the perception and practice regarding ayurvedic medicine. As the research was not aimed for particular age group, sex, educational status, culture so no such boundaries were kept while was choosing respondents coming at the MAA. During interview I attempted to minimize my directiveness

to allow them to speak out what exactly they think regarding the ayurvedic medicine and to stop.

3.4 Sources of Data

For the study the data are in primary form. For the primary data collection a checklist was developed. The respondents were requested to give the answer to the checklist verbally. These answers were noted on the notebook which later was computed.

3.5 Data Collection Tools and Techniques

The data collection tool and technique is checklist developed. Qualitative checklist was prepared to generate the realistic and the accurate data from the field. The respondents were requested to give verbally so that a complete history and the socio-economic factors which alter the choice and perception of health facility are easily extracted.

3.6 Data Analysis

After collection the entire recorded checklist the data were treated as a qualitative data and analyzed based on the basic sociological factors. Finally the conclusion has been drawn how people coming to MAA think about ayurvedic treatment and factors affecting it.

3.7 Limitation of the Study

Nepal being diverse in culture, geographical location, ethnicity the study may not represent view of all population of Nepal regarding public Ayurveda service. All the study area may not have same healthcare infrastructure. Study population is in small so it may not represent total population of country. This dissertation was an attempt of sociological enquiry.

CHAPTER IV

INTRODUCTION TO THE STUDY AREA

4.1 Introduction of Kavreplanchok District

Kavreplanchok district is located in the Mid-Central Development Region and Bagmati zone of Nepal. It is situated at the center which Eastern part is linked with Dolakha and Ramechhap, Western part is with Kathmandu, Bhaktapur and Lalitpur, Northern part is Sindhuplanchok and the Southern part is Sindhuli and Makawanpur districts. It's total coverage area is 1,396 km2. It's height from the sea surface level is 1,000 to 2,000 m. According to the national census survey, 2011; its total population is 381,937 and total households are 80720.

Geographically, it is situated in the mid-hilly region where three types of climate zones are found, the Subtropical, the Temperate and the Sub-alpine types of climate zones. According to the governmental geo-political and administrative division, there are 75 VCDs and 5 municipalities. Dhulikhel is the districts headquarter of Kavreplanchok. It is 30Km. far from Kathmandu, the capital city of the country.

Kavreplanchok district is in a diverse form where various castes, religions and ethnic groups stay in harmoniously. It is a district of mixed society where Brhaman, Kshetry, Tamang, Magar, Newar, Gurung, Damai and others are the residents. Religiously, 62.57% people are Hindu, 34.62% are Buddhists and 0.08% people are the Muslims in this district.

4.2 Brief Description of Mangaltar VDC

Mangaltar is a Village Development Committee of Kavreplanchok district having 9 wards. It is a rural but one of the famous VDC in Roshi area. It is one of the 75 VDCs of Kavre. It is 40 km south of district headquater Dhulikhel. The toital area of the VDC is 23.14 sqkm. The climate is temperate climate with Hills, Mahabharat Range,cultivated land and greenery it out standing geographical features of the VDC. Bhimkhori, Walting and Mechchhe VDCs are to

the east and Kharpachok and Sipali Chilaune is to the west. Whereas Chapakhori and Pokhari Narayansthan is to the north and Budhakhani is to the south. Agriculture is the main occupation of the people in this VDC. Except this, some people are engaged in the business, teaching profession, foreign employment and others. Mangaltar is also mixed society where Brhaman, Kshetri, Magar, Tamang, Dalit and others stay. Among of them, Tamang caste is the majority caste of this area. That's why there are various types of socio-cultural and economic combinations among the people. Most of the people of this area believe on the traditional, cultural and social values and norms. Previously they gave first priority to the traditional health care systems like dhami-jhakri, lama and folk medicines. Only after the failure of the traditional treatments, they used to go to the hospitals and health posts. Currently, most of the people believe in the governmental health facilities because of the free health service of the government policy. There is not any hospital facility and only available MAA and Health posts. Mangaltar people are often depended on Dhulikhel and Kathmandu in the context of serious health treatments. The following table shows the caste/ethnic composition of the VDC at Mangaltar.

Table 4.1 Population by Castes/Ethnic Group for VDC (Source: VDC Profile 2010.)

Kshetri	23(0.49%)	Kami	171(3.65%)
Bharaman	558(11.92%)	Dami	34(0.73%)
Magar	704(15.04%)	Thakuri	219(4.68%)
Tamang	2661(56.86%)	Gharti	23(0.49%)
Newar	254(5.43%)	Pahari	33(0.71%)

The table shows that the VDC has mixed ethnic groups and rich cultural heritage. There are Tamang, Magar, Newar, Brhamin, Kshetri, Thakuri, Kami, Damai, Gharti, Pahari and others scattered in the different parts of the VDC. All these different ethnic groups are living

together in harmony since long time. The following table shows the population by mother tongue at Mangaltar.

Table 4.2: Population by Mother Tongue for VDC (Source: VDC Profile 2010)

Nepali	2013(43.01%)
Tamang	2656(56.75%)
Newar	11(0.24%)
Total	4680(100:00%)

In the study area most of the people speak Tamang language 56.75%, after Tamang, Nepali is the second language 43.1%, Newari 0.24% and others language also used by the local people while communicating to each other. The following table shows the population by religion at Mangaltar.

Table 4.3: Population by Religion for VDC (Source: VDC Profile 2010)

Hindu	2021(43.16%)
Bauddha	2646(56.54%)
Christan	13(0.28%)
Total	4680(100:00%)

In the study area most of the people are followed Buddha religion 56.54%, after Hindu is the secondary 43.18%, Christen is the third 0.28% and others.

According to the Mangaltar VDC profile 2010 the total population of Mangaltar is 4680 with 745 household.

Table 4.4: Number of households and population by sex (Source: VDC Profile 2010)

Ward	Household	Total	Male	Female
Total	745	4680	2374(50.73%)	2306(49.27)
1	27	192	110	82
2	42	258	126	132
3	60	439	220	219
4	49	297	150	147
5	99	581	308	273
6	72	400	190	210
7	77	492	252	240
8	184	1153	587	566
9	135	868	431	437

Population according to VDC profile 2010 is 4680 and household is 745. Based on earthquake report 2015, the current population is 5998 and household is 1025. Among them more than 50% of the population is male. The majority of the population is Tamang, magar is second, Brhamin is third, Newar is fourth and so on.

4.3 Demographic and Socio-cultural Condition

The Mangaltar VDC of Kavre district, which was a population of 4680 with 2374 males and 2306 females of VDC survey (VDC profile, 2010). The VDC had 745 households. Mangaltar is a heterogeneous by ethnicity, culture, religion etc. In Mangaltar Tamang, Magar, Kshetri, Brhaman, Newar, Kami, Damai, Thakuri, Gharti, Pahari etc, were living together with harmony. Total population of the VDC approximately 56.86% Tamang dwellers majority was found. Although it is known as multi caste/ethnicity VDC so that ten caste/ethnicity people have been living together with religious tolerance since ancient time. In

the VDC 43.01% Nepali, 56.75% Tamang and o.24% Newari speakers were lived. Most of the people speak Tamang mother tongue in this area.

Nepal is a multi- lingual and multi-religious country. Therefore, in this VDC was found three different religion community people like Buddhist, Hindu and Christian but majority are of the Buddhist followers. Same way, people celebrates different kind festivals like Buddha Purnima, Dashain, Tihar etc. Agriculture is the main occupation in this VDC. 92% of the total populations are agriculture based whereas 8% of populations are service, business and other occupation VDC of Mangaltar. Almost of the people participate in farming although geographically most of the area of VDC is covered with steep land surface being a hill region.

Age: life expancy rate of Nepal is average 63.7 year whereas 64.1 year in Kavre district. Most of the youth generations are engaged in different kind of occupations in the village but not get any profit. So that youths are going to out of VDC in search of job possibility like city or abroad. That's why; we can found very old men, women and children in village.

Sex: Total population of this VDC was 4680, whereas 2374male and 2307 female. Literacy rate was found according to sex wise 30.45% male and 28.1 female of the VDC. Being a literacy awareness people were provided equal opportunity both sex. Today, women discrimination or home violence was decreased and social stratification became less in the village. The males were main responsibility of earning money to go to city or abroad where the females were staying at home with housewife and serve their children in the study area.

Occupation: In local society, if we have a job or position all the people respect and look positively. 92% people's occupation is agriculture and 8% people are service holders like teacher, health worker, business, daily wages and abroad employee. According to VDC profile (2010) only 39.87% family are supported by their farm production for whole year, while 25.37% family have six to nine months food from their farm production. 22.55%

families have farm production for three to six months and rests of the families have production for less than three months.

Caste/Ethnic Groups: The Mangaltar VDC is one of the symbols of multi caste/ethnic society. Hence, ten caste/ethnic group people have been living with together since past. Almost all the dwellers are Tamang in the study area. According to VDC profile (2010), 56.86% Tamang, 15.04% Magar, 11.92% Brhaman, 5.43% Newar, 4.68% Thakuri, 3.65% Kami, 0.49% Kshetri and 0.71% Pahari, o.49% Gharti and 0.73% Damai were found in the study area. Mangaltar situated in hill region and remote rural area of Kavre district, So that there is less chance of generating income source because lack of infrastructure like transportation, electricity, health, education etc. almost all the people depended on farming but it does not support to survive them. In the village 92% people were engaged in the agriculture and 8% services or others. Most of the people followed traditional tools and methods of farming so it is not beneficial them. There is lack of modern tools and technology in village and other hand; geographically it is difficult to farm production to supply to the adequate market. The main crops are paddy, maize, wheat, millet etc. in the study area.

4.4 Economic Status of the people in Mangaltar

The economic status of household mainly based on agriculture. The family income source is depended on the condition and size of the physical facilities, the number of animal husbandry, environmental sanitation and land holding, forest and water resource, business or cash generating activities. These indicators are not absolute index to measure economic status of the people in the study area although the income source to determine a higher social status and influenced education and health index such as low mortality and malnutrition rates. Higher social economic status generally has greater access to services and resources. The main economic activity of the study area was found to be agriculture. 92% of the total

populations are agriculture based where as 8% of people service holders, business, and foreign employee and others occupation VDC of Mangaltar.

Almost all of the population is engaged in farm activities. Even the few people who are engaged in off- farm activities would still like to call themselves as farmers. For e.g. a school teacher said that the he spends more time on his farm rather than in the school. Besides the agriculture people are also participate in business, animal raring, services, daily wages etc. in the study area.

After the earthquake 2015, most of the people lost their family member, animals and their dwelling places so that may be loose their economic activities with very weak. The numbers of livestock they possess also influence the economic status of the people. As there are very little cash transaction in the village, sale or exchange of livestock for fulfillment of basic needs plays most important role in the village economy. Similarly, although the animals they may not be very productive in terms of animal products as milk, meat, eggs the villagers still have to rare animals just for the sake of compost. It provides only alternative supports for their survival for animals rare as cow, ox, buffalo, goats etc. in the village. According to VDC record, the economic condition of the village is average as Nepali villages 80% of the villagers economic condition is middle level where as 20% are below the poverty level.

4.5 Educational status in the study Area

The educational status of the study area was found very low in the comparison to the district figure. The literacy rate of Kavre is 69.8% where literacy rate of male consisted of 79.5% and female is 60.92% (DDC, Kavre, 2013).

There are ten schools including eight government schools one higher secondary, one lower secondary, six primary school and two boarding school. According to VDC profile 58.50% of the total population of the village is literate. Among them 30.49% are male and 28.1 %are female. The level of education was found to be directly related to the problems behavior

and practices on health. Most of the literate household careful an available health facilities and perception and practice on disease severity and knowledge on causative factor was high compared to the illiterate households. While measured the environmental sanitation and the living standard of the people, it was found highly influenced by the level of education. They knew that almost all the houses where their children or some educated people had made pit toilet, though it was the sign of automatic safe work. Same way, immunization of children, iron tablets and tetanus vaccines to the pregnant mothers and awareness on oral rehydration therapy when their children fall sick, majority in higher percentage compared to the households lack of education.

4.6 Health Tradition in the study Area

Mangaltar provides a real health facility to observe interaction between traditional and modern or allopathic healthcare system in Nepal. There are Dhami, Jhankri, Priest Lama, Astrologer, Folk healer, traditional midwives, who real illness and appease misfortunes in traditional ways to the people cure themselves. Their practices bridge two important aspects of their life i. e. religion and medicine. They believe traditional healers able to free from bad evil or mental satisfaction.

In this area, there are two government health facilities center services, first is Ayurvedic Aushadhalay and second is Health Post. Both types of health post provide healthcare facilities to the population of whole Mangaltar area. People can choose freely to take healthcare services according to their illness. Most of the people know about both health institutions. The Ayurvedic health post service run by four staffed by 1 Kabiraj (ayurvedic health assistance), 1Baidhya (auxiliary ayurvedic health worker), 1 medicine preparation Assistance, and 1 Administration Assistance peon. Similarly, in the Health Post service run by four staffed by1 Health Assistance, 1 Auxiliary Nurse Midwife, 1 Auxiliary Health Worker and 1 Administration Assistance Peon.

Major health problem found in the VDC includes; gastritis, constipation, piles, jaundice, arthritis, sinusitis, chronic bronchitis, uric acid diabetics etc. people used ayurvedic medicine from Ayurvedic Health Post. Where on the other hand side disease of skin as scabies, dermatitis etc., infective and parasitic diseases of the respiratory system e.g. pneumonia, bronchitis, asthma etc. diarrhea, emergency treatment as stitch, dressing, bandage etc. the health post also provides the immunization for children and pregnant mother, malnutrition, family planning services and health education and counseling for cancer and HIV/AIDS patients. Recently, the health post is running by birthing center with collaboration of VDC. The local people use both modern and traditional ways of healthcare tradition on a situational basis and realize their role accordingly.

4.7 Accessibility and Health Condition

Most of the people in Nepal, normally in the rural area people accessed to local healers like lama, dhami, Jhankri at first condition. The socio-cultural beliefs and religious traditions their first seeking care to local healers than after it was not beneficial they went to health post or city hospital. In the study area, there two types health services provided by the government of Nepal.

Access to health services: The VDCs main health services provider institutions are found tree types traditional healer, health post and ayurvedic health post. Approximately 74% people of household access health post services within one hour, 1.48% households took till three hours and 24.56% households more than three hours of the study area. 99.73% households access to hospital services within six hours from Mangaltar VDC.

Chronic Health Problems: normally, villagers are lack of awareness about health problems than city context. Although socio-cultural and religious concepts at first they go to traditional healers after than they compelled to go to health post in this condition the disease born into sever and it needs hospital treatment. Unfortunately, became a poverty they haven’t got

money for hospital treatment. So that they comeback in the village and followed traditional healers. The main chronic problems are bronchitis, arthritis, cancer, uric acid, leucorrhea, skin/dermatitis, heart and kidney, hypertension, asthmatic and so on. According to VDC record, there were 9 male and 9 female suffering from chronic problems in the study area.

Knowledge of Different Medical: The VDC literacy rate is 58% so that most of the people awareness their health and know about different medical services. Normally, in the village people go to traditional healers in the case of bad spirits. Acute, surgery and emergency cases they followed health post and private medical for allopathic medicines. Same way immunization, family planning they go to health post. Besides, in the chronic and non-communicable problems they followed ayurvedic health post or ayurvedic medicines people of Mangaltar.

Traditions: According to VDC Profile (2010), there are three kind of tradition exiting in here. 0.67% people used lama, dhami and jhankri, 98.12% people from health post for allopathic medicines and 1.21% others like ayurvedic medicines. I fund people could freely choose these traditions according to their illness like bad spirit and mental satisfaction for lama,dhami, jhankri, fever, headache, acute pain, surgery etc. cases for health post and chronic bronchitis, gastritis, piles, impotency, sinusitis, uric acid, arthritis etc. problems ayurvedic health post in the study area.

4.8 Sanitation and Water Supply

In Mangaltar, the water supply good and naturally, here is found natural water resources. In the study area most of the people use public taps and some are own personal taps. 90% people are used taps water in the village, 0.94% is tubal, 7.25% people drink water from well (Inar, Jaruwa) and 2.01% from river stream and ponds.

Sanitation problem is one of the major problems in this area. Most of the dwellers are illiterate and have been living in ancient and traditional way, although we are in twenty first

century. They do not have good knowledge about pollution and its effect in the health. Most of the villagers go to toilet near the river or ponds and side in the foot path in the village. According to VDC profile 24.16% people have toilet, 4.30% people have temporary toilet and71.54% people haven't got toilet. Given the inadequate sanitary measures infections and respiratory disease have become a part of life among the local people. Recently, an approach is taken towards to improve of sanitation problem. The VDC is invested in sanitation programe to make toilet every house in the village.

4.9 Transportation and Communication facilities

Mangaltar has been the regular bus services from Banepa and Kathmandu because the B.P. highway through in this VDC. It is 40km far from Mangaltar to Dhulikhel and it takes two hours to reach in the Mangaltar. Other hand side link roads are joined by every village in the VDC. One can easily reach to Mangaltar by public bus or private jeep.

There are two networks provide communication facilities one is Nepal Telecom and other is Ncell. Although those have provides poor network services, rarely to found the clear network otherwise normally with disturbance mood.

4.10 Housing Condition

Normally, in the village houses are made with stones, bricks and mud and roofs with dry grass, tile, slate, zinc and concrete. The tradition houses are made up with stone, mud, grass and slate with roofs. According to VDC profile there are four types of houses stayed in the village. 24.83% houses made with hut, 25.50% houses made with tile, slate and Jhingati, 49.26% houses with zinc and o.40% houses with concrete. I found after the earthquake 2015, people eager to make with zinc or concrete house in the village.

CHAPTER V

PARTICIPANTS, PERCEPTION AND PRACTICES OF AYURVEDIC MEDICINE

5.1 Demographic and Socio-Economic Variables

Nepal consists of a large variety of ethnic communities with different languages, cultures and religions, but similar socio-political and economic structures (Gurung, 1990) in the study area people have got different language, socio-cultural and religions. Their main economic sources based on the agriculture and other services. 92% people are engaged in agriculture and 8% populations have got only business, services and abroad employee and so on. On the records of the population of public Ayurvedic health care services from MAA has shown two fiscal years. MAA established since 2045, than regularly provides health services in the field of Ayurveda. In the fiscal year 2071/72, ayurvedic health service holders were 1470 in total, 822 males and 648 females. Similarly, fiscal year 2072/73, 1655 in total have taken ayurvedic health services whereas 902 males and 753 females. Most of the service holders problems were arthritis, gastritis, piles, sinusitis, leucorrhoea, uric acid, jaundice, chronic bronchitis etc. According to the records most of the male and female had found the common problems were arthritis and gastritis. Almost of the service holders came from Mangaltar and surrounding VDC's area. It is found that, these two fiscal year service holders have shown that average ratio of increasing two hundred per year. It is found that people are attracting towards ayurvedic medicine every year.

5.1.1 Age Group and Ayurvedic Medicine Seeking Behavior

In this study, out of 20 respondents 5 respondents were selected from age group 21-30, 7 from 31-40, 5 from 41-50 and 3 from 51-60 age groups. I have selected four age groups purposefully. Analyzing the above fiscal years records under 20 age groups have less

attraction towards ayurvedic medicines. Most of the ayurvedic services seeking are from 20 to 84 years old patients but I have selected 20 to 60 age groups in this study.

In the study, according to age group 21-30, respondents found that perception to ayurvedic medicine first they go to hospital treatment for their illness. They have taken allopathic medicine according to doctor's suggestion for fifteen days or one month than followed two or three times. If it does not improve their illness, they become psychologically very serious because they are standing young age. After sometime they followed faith healers for mental satisfaction in the village. It was not resulted they came to ayurvedic medicines and they use regularly. That they found to improve their illness and they have positive attitude and believe on ayurvedic medicine. One of the respondent told "before this illness I have never believed in the ayurvedic treatment and have never gone for that. But now if I get any problem first comes to MAA and ask for suggestion whether to have ayurvedic treatment or allopathic one".

Age group 31-40, respondents also come to second chance to take ayurvedic health post. Before somebody go to hospital treatment and others followed faith healers in village. Both healings are not benefited, they use ayurvedic medicine and free from illness. They found good follower of ayurvedic medicines. One of the respondent told about ayurvedic medicine in the village and she brought her neighbor to MAA who suffering from chronic illness.

Age group 41-50, some respondents use ayurvedic medicine directly because they choose ayurvedic medicines at first for any diseased condition because they believe it is any side effects. "My first choice is ayurvedic medicine because I have heard these medicines have no side effect" said Suresh Shrestha. Other respondents were come back after allopathic hospital and faith healers. Then solve their problem by ayurvedic medicines they have increased deep believe and interest towards Ayurveda.

Age group 51-60, respondents are easily known than other age group users and it is found that they have good experienced about ayurvedic medicine. All the respondents are suffered chronic illness like arthritis, chronic bronchitis etc. they believed that ayurvedic medicine is the milestone for their problem. I found that they use ayurvedic medicine with proudly because it no side effects and can be used for long time without any doubt.

5.1.2 Sex and Use of Ayurvedic Medicine

In the sociocultural basement sex has played the vital role according to their choice and illness. Same way ayurvedic service holders are not variant in the sex I have selected 20 respondents of them, 10 male and 10 female in this study. In the study area, male respondents are more familiar than female. Male have positive and belief in ayurvedic medicine with long experience although female are unknown of health services and some were fed up with allopathic medicines and local healers. After using the ayurvedic medicines some female respondents found positive attitude towards Ayurveda. One of the female respondents said, “For chronic patients like gastritis, jaundice, gynecological cases it is best to have ayurvedic remedy”.

5.1.3 Education and Use of Ayurvedic Medicine

Education plays a vital role in human development as they have a direct impact on the quality of life (Gurung & Tamang, 2014). Education is the light of life so that according to their education ability, they have own decision power and knowledge of different health traditions and health awareness. Educated people are more health conscious and have better knowledge about medicines benefits and side effects then uneducated ones. Among the twenty respondents 8 were educated, 3 were literate and remaining 9 were illiterate in the study.

In the study area educated respondents were found to be very aware than uneducated respondents. Educated respondents choose the health care facilities according to their problem whereas uneducated respondents have found to follow same services continues

because lack of decision power and education. One of the respondents, teacher of the local school, said, “Ayurvedic medicine is good for chronic bronchitis, sinusitis, women’s cases, hypertension, and so on whereas for fast relief in severe headache, high fever, injuries, common cold, dermatitis etc. allopathic treatment is best”.

5.1.4 Economic Status

Survival depends on an individual’s ability to access and perform economic activities (Gurung & Tamang, 2014). In the study area, lies in hill region and rural village. The main economic activities depended on the agriculture and animal husbandry. Other economic sources are business, teaching, health worker and daily wages. Their agriculture depended on the rainfall because there is no irrigation facility and land is not fertile although some have small piece of land area. The main crops are maize, wheat, millet, soybean, pulses and vegetables. When the respondents are divided according to the economic status majority viz. 9 respondents have satisfactory economic condition. 1 of the respondent has strong and 1 of the very poor while 4 in good and remaining 5 in poor economic status. Some respondents have just survived for three months from their farm. In the study are there is lack of industry and opportunity of other economic activities. One of the respondent, who have good economic condition said, I first go to hospital treatment in Kathmandu and took medicine according to doctors suggestion for one month but it is not cured, than I use to ayurvedic medicine.” Next respondent, who have low economic condition said,” I heard that the hospital treatment is more expensive. So I go to local healers in the village and follow home remedy.”

In the study area, the respondents who have good economic condition in minor illness they go city hospital and spent large amount of money and it is not resulted they come to use ayurvedic medicines. On the other hand who have low economic condition they first use faith healers in the village than they come to use ayurvedic medicines.

5.1.5 Occupation and Use of Ayurvedic Medicine

About 76% of total population in Nepal still belongs to traditional agriculture system as their main source of economy and rest of do other jobs. The main occupation in the study area is

farming, whereas 92% people engaged in the agriculture and 8% people only business, services and others. The condition of cultivation is very poor being a lack of irrigation, hill land surface, unfertile land with small piece and traditional tools and methods. Among the twenty respondents 8 have farming occupation, another 8 are having local business, 3 are teacher and 1 of the respondents are health worker.

One of the teacher respondent said, I go to hospital treatment to check different lab test and x-ray report." Other daily wages respondent said, I believe on Dhami-jhankri so I follow them at first and easy to meet in the village."

The respondents who have good condition found that to go to hospital in city than who have got low condition at first they followed local healers in village after they come to the MAA.

5.1.6 Religion

About 80% of total populations are Hindu religion follower who lives all over Nepal, about 10% Buddhist religion people live Himalayan region to mid hill, and 4% Muslim religions people and rest other religions people live in different part of the country. Majority of the respondents' viz. 13 follow Hinduism, 6 follow Buddhism and 1 is Muslim in this study. According to religion perception towards ayurvedic medicine majority of the respondents have found from Hindu religion. Same respondents believed to ayurvedic medicine because history of Ayurveda related to Hindu religion and epics. In Buddhist epic found that about ayurvedic medicines and to use.

One of the Hindu respondent said, "My family believes on god and fate so that we called Jyotishi and Dhami-jhankri at first in any problem". Buddhist respondent said, any problem we called Lama at home for shamanism and scarified one black cock for bad evils, than it is not cure we go to hospital treatment."

Almost of the respondents have first go to Lama, Dhami- jhankri and second time they come to use ayurvedic medicine. Muslim uses to the ayurvedic medicine if allopathic medicine is not fruitful.

5.1.7 Caste/Ethnicity and Use of Ayurvedic Medicine

Ethnicity, in any society of the world, is fundamentally a procedure of categorization of people into different types in terms of various indications. This process of categorization and the consequent categories create social boundaries among people which are manifested in particular behavioral patterns in everyday life (Upadhyay, 2013). Respondents represented different ethnic group, from twenty respondents there were 4 Bhramins, 5 Tamangs, 3 Kshetri, 3 Dalit, 2 Magar, 2 Newar and 1 Muslim.

One of the Brhamin respondent said, "I am satisfied by cure with ayurvedic medicine without any doubt and fear." Kshetri respondent said, "I like to use bitter taste ayurvedic medicine because it has fast relief capacity than other tastes." Tamang respondent said, "I like to use ayurvedic medicine at last condition because its main problem is to control eating habit". Dalit respondent said, "I have got great belief of ayurvedic medicines so I suggest the people to use ayurvedic medicine for good health".

In the study area, Brhamin, Kshetri, Dalit have good perception towards ayurvedic medicine than Tamang, Magar respondents. Tamang and Magar respondent's cann't control food and drink habit than others. So they use the ayurvedic medicine at last condition.

5.2 Perception towards Ayurvedic Medicine

An anthropological study shows that no community in the world is without some knowledge on illness interpretation and method of treatment. In the study area, there exist ayurvedic, allopathic and faith healing. Faith healing and home remedies are directly linked with the cultural and religious values, norms and beliefs. Dhami-jhakri, lamas, jyotishi are the one

who provide faith healing for the people in the area. Allopathic service in the area is provided by government health-post and private community pharmacy available. Ayurvedic service is provided by the MAA. As different healthcare facilities are available people have different choice for the treatment which is guided by their socio-economic and demographic character. Thus perception regarding the ayurvedic medicine is also not uniform.

People of the study area believe that "If witches and bad sprits attacks there is no allopathic or ayurvedic solution you have to go for shamanism". There are people who rely on ayurvedic or allopathic medicines, yet time and again they approach faith healers. These people have multiple perception like, "when we go for shamanism, it provides internal satisfaction to us". People say "it has been our culture to go for faith healing as it protects us from bad sprits".

Most of the people in the area when they are ill at first try home remedies then to the faith healers and at last if there problem is not solved either go for ayurvedic or to the allopathic medicines. When they seek healthcare outside of faith healing they are guided by different logics. These logics they have provided for treatment are the base which provided their perception regarding ayurvedic medicine. People of the study area mostly belief ayurvedic medicines have lower side effect in comparison to the allopathic medicines which have harmful side effects.

Some of the respondents believe allopathic medicines are mainly for the emergency cases like accidents, surgery, poisoning, injury, etc. and for the fast relief from the diseased condition as they provide symptomatic relief. While most of respondents believe ayurvedic medicines are good for chronic diseases like hypertension, diabetes, piles, jaundice, etc.

Generally people of the study area believe cost of allopathic medicine is much higher than that of ayurvedic medicine. This factor makes people to use ayurvedic medicine as it is affordable to them. Most people who are vegetarian have concept that allopathic medicine

may have used animal tissues for medicine so they prefer ayurvedic medicines. Further many people who are not ready for the surgical procedure for the treatment have positive attitude towards ayurvedic medicines.

5.3 Perception towards the Quality of Medicine

The popularity as well as market of ayurvedic medicines has been increasing day by day. A large number of Ayurvedic medicines have been being used in Nepal since the ancient time. Most of the traditional healers are in remote areas to allopathic healers or medicines is limited (Adhikari, 2008). In the study area, some people resort to both local and allopathic healers on a situational basis. Some people say that they use allopathic medicines whenever they can afford it, otherwise they seek the local medicines. Both medicines practitioners correlate with the social and economic background of the patients. The use of allopathic medicine is always associated with individuals of higher social, economic and educational status. People who do not have such status use the local medicine.

Some respondents know about ayurvedic medicines combination and quality that supplied by government only tablets and paste not syrup. It has own taste some paste are bitter and some are sweet or salty. Some believe that use bitter taste ayurvedic has fast relief capacity than others tastes.

Most of the respondents want to ayurvedic medicine because its quality and benefits are no further problem effects than allopathic medicines. They knew that ayurvedic medicines are prepared only plants and minerals. Some are they used daily ailments like fruit, vegetable, food etc. local folk healers took medicine plants near the forest although they have lack of adequate doges and quantity of medicine to provide adult and child.

I found some respondents for any kind of disease they first prefer to seek the ayurvedic treatment because they told for some case ayurvedic medicine works vital action like; arthritis, chronic bronchitis, women’s case, hypertension and so on.

5.4 Causes of Visiting Ayurvedic Health Post

Most of the patient's version on the relative performance of different healers was varied to the nature of the culturally perceived diseases and their expertise. For instance, patients with constipation jaundice or respiratory problems preferred ayurvedic healers due to long term and durable action whereas allopathic medicine relieved them temporarily (Subedi, 2001). If the people had some experiences in the past about a particular disease and if the disease had followed patterns then they would be quite confident about the causation and severity of that illness. Because of the past experiences and knowledge, people categories as mild, moderate or severe and make choice for appropriate treatment.

The visit of treatment was found highly influenced by the belief upon specific treatment method. In the study area, people made first visit of treatment as consulting with local healers because these lived together with them and had been known to each other for a long period of time. As they lived within the village and had family relationship as father in-laws, daughter in-laws, uncles etc. both the provider and the recipient have common understanding.

If a patient uses a variety of remedy but is not cure, he tries to find the alternative treatment. The members of every socio-cultural people have deep rooted beliefs that their own traditions must be useful if not the ideal system for handling the illness recognized by the culture. Therefore some of the respondents reached at the last time with fed up dhami, jhankri, lama or allopathic treatment. Some are unknown about the ayurvedic health post they took allopathic medicine or home medicine at first, than after they suggested by villagers or relatives to use ayurvedic medicine.

In the study are, most of the respondent causes of visiting main problems like gastritis, arthritis, jaundice, piles, chronic bronchitis, sinusitis, gynecological etc. Above these causes

at first they were healing by local healer than go to hospital treatment and last condition they reached for ayurvedic treatment.

5.5 Effectiveness

The efficacy and popularity of these medicines will further be increased if the quality and safety measures assured. Therefore, it needs serious attempts to standardize and control the quality of Ayurvedic medicines as well as the effective health services can be assured (Adhikari, 2008). Different medical traditions in Nepal are co-existing very well. Each tradition has own expertise, especially in certain illness. In many cases, most of the people seek ayurvedic for jaundice, dhami-jhankri for bad spirit, minor wounds home remedy and major wounds for allopathic treatment, they are consulted (Subedi, 2001).

Many of the respondents have positive attitude towards the ayurvedic medicine because they are effective in work than other traditions. One of the respondent said, “I have been using ayurvedic medicine Neeri since last five month for my stone problem and my problem is slowing down effectively without any problem.” Another respondent said, “I prefer ayurvedic medicines for the hypertension, diabetes, jaundice, UTI, kidney stone, and arthritis cases work in effective and comfortable way.”

In the study some respondents have been great belief in ayurvedic medicines. Other health problems they found good at relief like as seasonal common cold, body-ache, knee joint pain and fever also he used eager to ayurvedic medicine. They told ayurvedic medicines relief is very fast effective as same as allopathic medicine.

5.6 Side Effects

A side effect is usually regards as an undesirable secondary effect which occurs in addition to the desired therapeutic effects of a drug or medication. Side effects may vary for each individual depending on the person’s disease state, age, weight, gender, ethnicity and general health (Khanal & Khanal, 2014). The communication between healer and patient was

influenced by the different perception of illness found among the traditional and allopathic health care providers. Therefore most of the patients unknown about medicines benefit and side effects. After using the medicine they may have found some effects although they use medicine regularly without consulting to the healer. It makes them weak and born other problems also.

In the study area, most of the respondents believe allopathic medicines have harmful side effects. One of the respondent said, “When I had a itching problem they gave me injection which cured my problem but caused dizziness, anorexia, and nausea. Another respondent said, “Allopathic medicines have higher side effects so I want to use ayurvedic medicines instead of allopathic”.

I found some of the respondent view that allopathic medicines have some side effects although it relief fast but does not cure forever.

5.7 Cost of Care

Cost and accessibility of the medical care is an important factor in influencing the choice of a tradition of medical care. In the developing countries like Nepal, where the bulk of people live in poor economic conditions, the cost of specialist medical doctors’ fees, pathological test and medicines are usually beyond their means (Subedi, 2001). Some patient seemed seriously ill but they could unable to adequate treatment became a weak economic condition. Being a weak problem most of the remote area people compel to go local healers and they are far from the hospital facility.

In the study area, some respondents become a weak economic condition. They couldn’t reach to treatment in time instead of looking in the local healers and who are easily available in village. One of the respondent said, “Due to economic problem, I couldn’t checkup the doctor in time because I heard that the hospital treatment is more expensive”. Another respondent said, I go to hospital abdominal pain checkup, after the investigation my problem is peptic

ulcer and need surgery. They told me large amount charges so I can't pay money, and return at home." Most of people in village area are found farmers but their economic activity is based on the agriculture. Lack of different problems they couldn't get benefit from the farming in the remote area.

5.8 Perception and Experiences of the Respondents about Different Medical Traditions

A variety of medical traditions exist in Nepal. Ayurveda, Tibetan and faith healing are the major indigenous medical traditions. Allopathic medicine was introduced in the seventeenth century but became dominant only during the last fifty years. In the study area, I found most of respondents followed faith healing, Ayurveda and allopathic medical tradition. These traditions found respondents perception and practices to choice of seeking health care according to their illness and present the respondents own words as follows.

5.8.1 Allopathic Health Care System

Most of the respondents believe allopathic healthcare system is mainly for the emergency cases like accidents, surgery, poisoning, injury, etc. and for the fast relief from the diseased condition. Bir Bahadur Adhikari said, "I am an asthmatic so all the time I keep salbutamol Rota-cap with me for the emergency case". Mira Basnet said, "If government integrated allopathic and ayurvedic medicines it would be very helpful for the people of the remote area because for the emergency and short problems allopathic medicine is used and for chronic disease ayurvedic medicine would be used". Suresh Shrestha said, "For the cases like high fever, headache, dermatitis, injuries fast relief is needed so our family go for hospital service". "Every person wants to recover very soon so they must go to health post medicines", said Chandra Adhikari. Hari Khatiwada said, "We ourselves buy medicines like cetamol, painkiller, decold, antibiotic from the pharmacy for the treatment of fever, common cold, diarrhea, headache, etc."

Among the respondents who have already used the allopathic health care system think it is hard to afford as it needs high amount of money in every step viz. from diagnosis to buying medicines. Bali Shahi cried and said, “The doctors couldn’t save my child. They kept him in the hospital for one month and at last we have to return without our child. They looted us in giving us faith to save our child. Now we have no land and we have still to pay lone to the villagers”. Another respondent Mrs. Sunita Mainali said, “They told I have peptic ulcer which is to be treated surgically, for that we have to deposit forty thousand rupees so we can book the date for next week. But we couldn’t pay that much at the time and returned back without treatment”. Mira Basnet said, “For better health care people have to reach to either Dhulikhel hospital or to other private hospitals in Kathmandu which is very time taking and costly”. Kumar Mainali told, “Five year ago I had a back pain so went to Dhulikhel hospital and had a checkup. The doctor reported one of his spinal nerve is pressed and suggested for surgery. Then I went to inquiry for the charges, it was very high which I couldn’t afford so return back home without treatment”.

Most of the respondents believe allopathic medicines have harmful side effects. “When I had a itching problem they gave me injection which cured my problem but caused dizzy, anorexic, nausea”, said Maya Shrestha. Bire Kami said, “Allopathic medicines have higher side effect which is not the case for the ayurvedic medicine so I prefer ayurvedic medicine”. Mira Basnet, “Nowadays people are little bit aware to use allopathic medicine as they believe it has many side effects”. When Chandra Adhikari was having treatment for his neurological problem he said, “These medicines solved my problem but made me weak; this is the side effect of allopathic medicine so I fear to use allopathic medicine”. Amar Tamang said, “Allopathic medicines have higher side effect so I wanted to use ayurvedic medicines instead of”.

Some respondents believe the allopathic medicines are helpful for symptomatic relief only. Rohana Khatun said, “Allopathic medicines relief fast but does not cure it”. Another respondent Maya Shrestha said, “For the skin problem I went to the doctor and he gave me injection for five days two times daily. During medication the symptoms were improved but latter the problem was again seen and was progressing every day”. Phurba Lama said, “These medicines have no use because they work for the day when you take them after that your problem is seen again, I experienced this when I was suffering from sinusitis”. Another respondent Kanchhi Tamang believed, “These red and white color medicines couldn’t cure my problem rather add up other problems”.

Few respondents believe allopathic treatment have noncompliance because sometime they have to go through surgical process for the treatment which they think is not the case for ayurvedic treatment. Kumar Mainali said, “When my nerve was pressed the doctor told me to go for the surgical process”. Sunita mainali said, “When they identified stomach ulcer and told me for surgical remedy I was in tense condition as one of my brother gave up due to failure of spinal surgery”.

Some of the respondents have the view that allopathic medicines cannot cure all the problems. One respondent Mr. Chandra Adhikari believed it is useless it go for the allopathic medicine if witches or bad spirit attacks. Phurba Lama said, “For some chronic disease condition like diabetes, hypertension, etc. it is not beneficial to go for allopathic treatment”.

5.8.2 Ayurvedic Healthcare System

Many of the respondents have positive attitude towards the ayurvedic medicine because of their lesser side effect. One of the respondent Hari Khatiwada said, “I have been using ayurvedic medicine Neeri since last five month for my stone problem and my problem is slowing down and the best part is it haven’t shown any side effects to me”. Chandra Adhikari said, “These medicines (ayurvedic) do not have any side effect”. Maya Shrestha said,

“Ayurvedic medicine may or may not cure the disease but do not have side effects and complications”. “Nowadays many people are looking for ayurvedic medicine because of its fewer side effects” said Mira Basnet. “My first choice is ayurvedic medicine because I have heard these medicines have no side effect” said Suresh Shrestha.

Amar Tamang said, “I thought of using allopathic medicine but later one of my friend suggested me to use ayurvedic medicine because it has fewer side effect”. Laxmi Pant said, “I haven’t used ayurvedic medicine before but have heard that these medicines do not have side effect and take long time to cure”. Bire Kami said, “Allopathic medicines have much more side effects and complications although ayurvedic medicines don’t have such effects”.

Some of the respondents believe ayurvedic medicines are good for chronic diseases like hypertension, diabetes, piles, jaundice, etc. “Ayurvedic medicines can be used for long term diseases without any hesitation” says Chandra Adhikari. Another respondent Hari Khatiwada said, “I prefer ayurvedic medicines for the hypertension, diabetes, jaundice, UTI, kidney stone, arthritis”. “Ayurvedic medicines are good for the condition like chronic bronchitis, sinusitis, and gynecological cases” said Suresh Shrestha. “Though I am an allopathic medicinal practitioner but I prefer and suggest other to use ayurvedic medicine in the cases like gastritis, jaundice, and hypertension” said Mira Basnet.

Few respondents were unknown about the ayurvedic healthcare system and ayurvedic facilities provided by government. Bali Sahi said, “I thought of going to doctor for the treatment but it was too expensive, then one of my neighbor suggested me to have checkup at MAA, before this I haven’t known about such facilities”. Mira Basnet said, “MAA should go for promotional activities because many people do not know about the health care facilities provided by MAA”. “I didn’t know there are free health facilities provided at MAA by the government” said Laxmi Pant.

Few respondents have noncompliance for ayurvedic medicine as they have to control diet. “I am found of different foods but now due to the disease condition and the medicine I am using I have to control food habit” said Amar Tamang. “Individual has to take medicine regularly and should maintain diet habits are the main disadvantage of ayurvedic system” said Mira Basnet.” When I got my ear problem I went to different hospitals for the treatment but none of them could solve it. Later some of my customer at my tea shop suggested for ayurvedic treatment. They gave me the oil to put in the ear and oral medicine for one month. Now my ear problem is in improvement. Beside it’s all the positive aspect one drawback of ayurvedic medicine is that you have to control food habit”, Anju Tamang.

To avoid the surgical treatment the respondents have switched the choice of medicine from allopathic to ayurvedic system. Sunita Mainali one of the respondent said, “When I became unconscious at first took me to Dhulikhel hospital, later to different hospitals at Kathmandu. All of them went for different lab test and strongly suggested for surgical removal of ulcer. I feared from surgery because one of my brothers passed while having treatment by surgery. So I decided to go for ayurvedic medicine and now it has shown significant improvement”. Similar case was with another respondent Kumar Mainali, “I was suffering from back pain for last five years but it got worse recently and all the family member and neighbor suggested me to have checkup, so I went to Dhulikhel hospital. There based on lab analysis doctors advised me to have surgical treatment. I was scared with the surgery and cost of it. Then I switched my treatment from allopathic to ayurvedic and came to MAA”.

5.8.3 Home Remedies and Faith Healing

Respondent with strong religious and cultural belief make their first choice to faith healing. Chandra Adhikari said, “Regularly two to three villagers come to me for jhar-phuk with the problem of body ache, back pain. Sometime people with psychological problem also come to me. If my treatment didn’t work-out they go for hospital”. He further added, “If witches and

bad spirit attacks the hospital treatment does not work". Sita Magar said, "Lamas provide spiritual solution for unknown sickness and provide jadibuti for minor problems like fever, common cold, abdominal pain so we go to them at first". "We go to jyotishi or dhami-jhakri for any type of problem" said Kumar Mainali. Bire Kami told, "For anything bad in the home we call for lama or dhami-jhakri and they prevent to enter in the house". "We call lama jhakri at first to free from illness" said Anju Tamang. Phurba Lama believed, "It is good to go to lama if you have spiritual or psychological problems".

Those who are deprived of health facility go for faith healing. Bali Shahi for the first time came to MAA and told, "Before this for every problem I only went to dhami-jhakri". Bir Bahadur Adhikari remembers, "When I was young there were no health facility available and all people used to go to dhami-jhakri or vaidhya. And this is still the case for people far from the health facilities".

Almost all the respondent go for home remedies for minor cases like headache, stomach ache, fever, inflammation, minor injuries. "We use tulsi, turmeric, and garlic for problems of respiration, common cold and sometime cow urine as antiseptic, cow's ghee for massage" said Maya Shrestha. Kumar Mainali said, "Hot water in the morning time is best home remedy for any disease".

Some respondent in spite of having other medical treatment go for faith healing for internal satisfaction. This for some respondent is last hope for the remedy. "Time to time our family do shamanism activities at home based on newari culture to avoid bad spirit. Such activities provides internal satisfaction to the family"

Therefore, most of the respondents found their perception and practices towards ayurvedic medicines are determined on the different factors like awareness, accessibility, economy, occupation, ethnicity, distance etc. on the other hand socio-cultural background has played vital role to choose health facilities because we believe on god and fortune if we have

suffered from any illness. In the village such types of feeling are still in deep root in everywhere, so they first consult dhami, jhankri, lama, pandit, and astrologer and so on. They have got great power to lead the society because most of the people are uneducated, poor economic status and geographical diversity and other causes they couldn't directly go to the health care traditions. Normally most of the respondents reached the ayurvedic treatment in second times if they come from allopathic hospital or faith healers. I found that high economic status and educated respondents are at first go to allopathic treatment if it is not success they come to ayurvedic treatment. Some respondent who are uneducated and low economic status, first they go to faith healers in the village because faith healers are easily available in local area and economically it is cheap. After it is not helped their illness they come to ayurvedic treatment. The MAA records show people's perception and practices to increase in every year. Most of the respondent who are educated and aware their health they follow the ayurvedic medicine because it has less side effects than allopathic medicines. Remind respondents are only the access towards ayurvedic medicine because they couldn't go to out of Mangaltar mainly lack of economy and health knowledge. In this study most of the respondents found to positive and belief on ayurvedic medicine. Its merits is less chance of side effect than allopathic. So that people attract towards Ayurveda day by day.

CHAPTER VI

CONLUSION

The respondents chosen were those who came to MAA. Most of the respondents were from nearby villages and few were from the villages which take 4-5 hours walk from the MAA. Among the 20 respondents 10 were male respondent and 10 were female respondent. Male respondent were found to be educated while most of the female respondents were illiterate. The family economy of most of them is dependent upon the agriculture though some are from government service and local business man.

The respondents depending upon agriculture have poor to satisfactory economic status while respondents having additional economic source have relatively good economic status. Respondents having good economic status are mostly educated and they are keen to provide better education to their children. Those having poor economic status have hard life to sustain and educating their children is dream for them though they know education is must for children's future. Most of the respondents were from Hindu religion having Hindu culture, few were Newar, Magar, Tamang and Muslim having there characteristic culture.

Most of the respondents believe in home remedy rather than visiting any of the health service providers this is because of their strong cultural influence, economic constraints, educational level and uneasy access for health facilities (long distance to walk). Among the different causes cultural influence is major which have predominated ignoring their economic status, educational background and access to health facilities. They prefer to go for the dhami-jhakri, jhar-phuk, and other options based on their culture. If the problem is not solved then only they think of the second option.

Maximum respondents have used ayurvedic as well as modern health facilities and few were such that they have not known before this, that these facilities also exist. Respondent familiar to the health facilities were mainly from the nearby locality. Choice of health facility is

mainly based on the references provided by relatives, neighbor and other well-known person of that locality. Suggestion generally depends upon the disease they are suffering from and patient condition.

In the conclusion, the research study shows that for the emergency conditions like fractures, accidents, surgical cases, and other diseased conditions respondents believed allopathic health facilities can provide them better service because the facility provided and medicine used will act fast with respect to ayurvedic. And for the diseases like gastritis, jaundice, arthritis, gynecological, piles, impotency, sinusitis, constipation, hypertension, etc. they prefer ayurvedic health facilities. This is because they are guided by believe that allopathic medicines have side effects while the ayurvedic medicines have no such effect and for these diseases they generally have to take medicine for long time period or for life time so they fear to take allopathic medicine.

Most of them would switch to alternative health facility if they are not satisfied with one they are using for the particular disease. Among these 20 respondents around fifty percent have used allopathic medicine and not satisfied with it so they came for alternative choice the ayurvedic health service.

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