

[Click here to email this article](#)



## **Healing traditions in Nepal**

Shankar PR, Paudel R, Giri BR

### **Affiliations:**

Dr. Ravi P Shankar MD

Department of Pharmacology

Manipal College of Medical Sciences

Pokhara, Nepal.

Mr. Bishnu R Giri

Eighth semester medical student

Manipal College of Medical Sciences

Pokhara, Nepal.

Dr. Raju Paudel MD

Department of Internal Medicine

Manipal College of Medical Sciences

Pokhara, Nepal.

### **Address for correspondence:**

Dr. P.Ravi Shankar

Manipal College of Medical Sciences

P.O.Box 155

Deep Heights

Pokhara, Nepal.

Phone: 00977-61-440600

Fax: 00977-61-440160.

E-mail: [ravi.dr.shankar@gmail.com](mailto:ravi.dr.shankar@gmail.com)

**Abstract:**

Nepal is a small developing mountainous country in South Asia. A variety of ethnic, cultural and religious groups inhabit Nepal. Traditional healthcare providers can be divided into medical providers and faith healers. Ayurveda, an ancient system of medicine is based on the tridosha theory of disease. Ayurvedic medicine is inherent to Nepal and was strongly encouraged in the medieval period of her history. Ayurvedic hospitals, dispensaries and medicine manufacturing units were established.

Tibetan medical practitioners are called ‘amchis’ and the medical system is commonly practiced in the mountainous regions of Nepal. Schools for ‘gso ba rig pa’ have been established in Nepal. Nepalese faith healers are termed ‘dhami-jhankris’ and act as mediators between the material world and the world of spirits. Western allopathic medicine was introduced in the medieval period and recently many hospitals and dispensaries of allopathic medicine have been established.

The Institute of Medicine, the first allopathic medical college was established in 1972. Recently many medical colleges have been established in the private sector. Complementary and alternative medicine is widely practiced in Nepal. Proximity, affordability, easy availability, family pressure and favorable community opinion are common reasons for preferences.

Integration of complementary medicine into the undergraduate allopathic medical curriculum can be considered. Courses on integrative medicine for undergraduate medical students should be debated. Students of complementary medical practices should also have an idea about allopathic medicine.

[Click here to email this article](#)

Nepal is a small developing country in South Asia sandwiched between two Asian giants, China and India. The Hindu culture of the Indo-Gangetic plains and the Buddhist culture of the Tibetan plateau have intermingled in Nepal to create a complex, fascinating mosaic. Nepal measures around 500 km from west to east and around 200 km from north to south. There are three main geographical regions, the terai or the plains (height varying from 100 to 400 m), the mid hills and the mountains. The land rises within a distance of around 100 km from the plains of the terai to Mt. Everest at 8848 m, the highest point on Earth.

The plains are mainly inhabited by people who speak Indo-European languages and practice Hinduism. The mountains are settled by people who speak Tibeto-Burman languages and practice Tibetan Buddhism.<sup>1</sup> The hills are inhabited by people who speak languages of both families and practice Hinduism with many Buddhist, animistic and shamanic influences.

The rate of population growth is high (around 2.3%) and the estimated population in 2006 is around 26 million. Various indigenous groups like the Tharus, Chepangs, Rautes are also found in Nepal.

### **Healing traditions in Nepal:**

**Ayurveda:** Ayurveda by definition means the science of life. The origin of Ayurveda is traced back to the Vedic times around 5000 BC. The medical knowledge in Atharvaveda, one of the four Vedas is said to have gradually developed into Ayurveda.<sup>2</sup> Ayurveda is based on the 'tridosha theory of disease'. The three doshas or humors are vata (wind), pitta (gall) and kapha (mucus). A disturbance in the equilibrium of these humors causes disease.

[Click here to email this article](#)

In the Ramayana, a Hindu religious epic, Lord Rama had fainted during a fierce battle and Hanuman, the King of the monkeys was asked to bring the ‘Sanjibani buti’ from the Himalayas to treat him. Being unable to find the specific herb, the whole mountain peak was carried down to Lanka by Hanuman.<sup>3</sup>

The traditional health care providers in Nepal can be classified as faith healers and medical providers.<sup>4</sup> The medical providers can be divided into a) Baidhya-Kabiraj and b) Jadi-butiwala. Baidhya and kabiraj are ayurvedic physicians who use elixirs, metal preparations and herbs to treat illness while the jadi-buti walas use only herbs to treat illness.<sup>4</sup>

Ayurvedic medicines are inherent to Nepal and the conditions prevailing in the country. However, due to population pressure and unplanned development, the hills and mountains are getting denuded of shrubs and plants with healing properties and also the practitioners are becoming old and dying, raising questions about the future of Ayurvedic practice.<sup>5</sup>

Nepalese history and the history of health development can be divided into the ancient (first century to 879 AD), medieval (879 AD to control of the Kathmandu valley by King Prithvi Narayan Shah - 1768 AD) and the modern period from 1769 onwards.<sup>6</sup> The Lichhavi kings in the fourth to seventh century had established ayurvedic hospitals or aarogyashalas. The Malla kings of the Kathmandu valley during the medieval period also supported the development of ayurveda. King Pratap Malla (1641-74 AD) established an ayurvedic dispensary at the Royal palace in Kathmandu.<sup>6</sup> The current Singha Durbar baidyakhana or traditional medicines manufacturing plant is the continuation of the dispensary. King Tribhuvan in 1952 issued a royal order to provide

[Click here to email this article](#)

medicines to the common public at production cost. The baidyakhana has been functioning under the Ministry of Health (MoH) since that time.<sup>7</sup> Around two dozen private companies are also successfully manufacturing herbal drugs.

The first educational institution to be developed in the history of the health sector in Nepal was the Ayurveda College. The college was functioning under Tribhuvan University (TU). Several institutions are functioning under the Mahendra Sanskrit University and are producing Ayurvedic health assistants.<sup>7</sup>

The Naradevi Ayurvedic hospital is the oldest in the country. Nepal has an ayurvedic hospital with 100 beds in Kathmandu, a hospital in the western region with 15 beds, 14 zonal, 55 district ayurvedic aushadhalayas and 216 dispensaries throughout the country.<sup>7</sup> Ayurvedic medical colleges have also been started in other cities in Nepal.

#### **Tibetan medicine:**

Tibetan medicine recognizes that the physical world, including our bodies is largely a product of our individual perception and the mind directs the body towards sickness or health.<sup>8</sup> A physician helps to guide the patient towards greater self-awareness. When harmony prevails between the internal human physiology and the forces of the universe, then nature's intelligence is thought to flow spontaneously through the cells of the body.<sup>8</sup>

Tibetan medical practitioners are called Amchis and the healing practice is common in the upper mountainous regions.<sup>7</sup> The practitioners can either be hereditary or can be trained in institutions. In 1998, the Himalayan Amchi Association (HAA) was formed comprising more than 100 amchis from Nepal.<sup>9</sup> The organization aims to improve the standards of healthcare delivery by amchis, conserve medicinal plants and improve

[Click here to email this article](#)

educational opportunities for and networking among the amchis. Tibetan medicine called amchi medicine in Nepal is accurately termed 'gso ba rig pa'.<sup>9</sup>

Tibetan medicine is popular in the mountainous areas of Nepal adjoining the Tibetan plateau. However, Tibetan refugees have carried the system to other areas of Nepal. This medical system is popular also in the Tibetan autonomous region of China, Ladakh and the Buddhist Himalayan areas of India. In Nepal, amchi were educated within a master-apprentice framework. A variety of factors are decreasing the motivation of young people to follow in the tradition of their elders as amchis. There are four small schools of gso ba rig pa in Nepal.<sup>9</sup> The Lo Kunphen school is located in the arid Mustang region of Nepal bordering Tibet. The school combines academic and clinical training in Tibetan medicine with a modern school curriculum.<sup>9</sup> Practical experience is seen as a vital part of the training and medicinal plants are also cultivated.

### **Faith healing:**

Faith healers in Nepal can be divided into a) dhami-jhankri b) pandit-lama-gubhaju-pujari and c) jyotishi.<sup>4</sup> Dhami-jhankri are shamans, pandit-lama-gubhaju-pujari are the priests of the different ethnic and religious groups in Nepal while jyotishi are astrologers. Dhami-jhankris act as mediators between the spirit world and the material world of day to day life.<sup>10</sup> Attacks by different types of spirits are believed to be common causes of illness in Nepal. The dhami must diagnose the type of spirit and either make an offering and placate the spirit or suck the offending spirit from the patient's body using a spirit bone usually the human femur.<sup>10</sup>

[Click here to email this article](#)

Colorful costumes, drumming, chanting, dancing and singing are all used during Shamanic ceremonies. The ritual often also involves the sacrifice of either a rooster or a black goat depending on the complications.<sup>11</sup>

India witnessed a great tantric period between the 7<sup>th</sup> and 13<sup>th</sup> centuries. The Mughal invasion in India led to migration of Hindus and the re-emergence of this cult in both Nepal and Tibet. The gubhajus, priests of the Newar community and the Lamas from the monasteries had access to this cult which became an integral part of faith healing.

#### **Western medicine in Nepal:**

Western allopathic medicine was first introduced in Nepal by Christian missionaries during the medieval Malla period.<sup>6</sup> The missionaries working in China and Tibet were allowed to work in Kathmandu by King Pratap Malla. Their healing work was appreciated by the people of the Kathmandu valley. Later, however, a number of problems arose and they were expelled from Nepal.

The Ranas ruled Nepal for 104 years (1847-1951) and this was an important era of health and hospital development.<sup>6</sup> Several hospitals were established and as there was a lack of qualified health personnel in Nepal, doctors and nurses were brought from India. Khokna leprosy asylum was the first health institution and was established in 1857 AD.<sup>12</sup>

The Prithvi Bir hospital with 30 beds was established in 1890 and during the same period a cholera hospital was established.<sup>3</sup> In 1933, the Department of Health Services (DoHS) was constituted to manage the health facilities in Nepal.

In the period after 1951, several new secondary and tertiary healthcare institutions were established.<sup>6</sup> The private sector and the non-governmental organizations (NGOs)

[Click here to email this article](#)

were also involved in healthcare delivery. The country was divided into 75 districts, 14 zones and 5 developmental regions and in 1964 regionalization of health services was carried out. Single specialty hospitals in psychiatry and ophthalmology and the primary healthcare system were established.

### **Western medical education in Nepal:**

The Institute of Medicine (IoM) in Kathmandu was established in 1972 under Tribhuvan University (TU) and trains all categories of health workers. The BP Koirala Institute of Health Sciences (BPKIHS) was started at Dharan, Eastern Nepal in 1993.<sup>13</sup> The Manipal College of Medical Sciences (MCOMS), the first medical school in the private sector started functioning in 1994. Following this a number of other medical colleges teaching allopathic medicine were established.

A National Academy of Medical Sciences (NAMS) was started in Bir hospital to offer postgraduate training.<sup>3</sup> IOM, BPKIHS, NAMS provide postgraduate training in Nepal and some of the private colleges offer postgraduate courses in basic science subjects.

Many students from India and Sri Lanka join medical colleges in Nepal. The ratio of foreign to Nepalese students is about 60:40. Nepal is earning a substantial amount of foreign exchange from 'medical education tourism'.<sup>14</sup> Nepal is now producing around 250 doctors each year at little cost to the national exchequer. Presently about 300-350 Nepalese students join medical colleges within Nepal and about 150-200 are graduating from foreign colleges.<sup>3</sup>

### **Patient perspectives about complementary and alternative therapies:**

[Click here to email this article](#)

In Nepal more than 50% of the population uses Complementary and Alternative Medicine (CAM).<sup>4</sup> In developed western countries, the use of CAM treatment modalities is widespread and increasing. In 1993, Eisenberg and coworkers had shown that about one-third of Americans regularly used CAM and close to 75% of patients using CAM modalities never informed their primary care physicians about it.<sup>15</sup> In Australia, CAM has become a widely used form of healthcare<sup>16</sup> and a government survey has shown that 42% of Australians report using CAM.<sup>17</sup>

In developing countries, more than 80% of the population still depends on CAM.<sup>18</sup> In Pakistan, a developing country in South Asia around 70-80% of the population especially in rural areas use CAM.<sup>19</sup> A study in Pokhara city and a nearby village in Nepal in the year 2001 had shown that CAM remedies constituted 32.2% of the total drugs consumed and visits to CAM practitioners accounted for 28% of the visits to health practitioners.<sup>20</sup> Pokhara city is an urban area and this may have accounted for the lower use of CAM.

In the west, many people believed that CAM practices are natural and they have minimal risks and few adverse effects.<sup>21</sup> The fear of disapproval and censure prevents many patients from reporting CAM use to their allopathic physicians. In developing countries also these beliefs are common. However, here CAM was the original treatment modality on which an allopathic system has been superimposed.

In Pakistan, a recent review had reported that proximity, affordability, availability, family pressure and the strong opinion of the community were important reasons for consulting a CAM practitioner.<sup>22</sup> These reasons are applicable in the Nepalese context also. In Nepal, traditional healers are first consulted by people at the time of

illness and trouble. People often do not go to doctors and western medical services without the permission of the traditional healer.<sup>23</sup>

**Integration of CAM into medical systems:**

In many developing countries, the government has started dispensaries and hospitals of traditional medicine. However, in many countries, allopathic medicine has become increasingly important and CAM has tended to become marginalized.

The declaration of Alma-Ata in 1978 said that mobilization of traditional medical systems is important to make 'Health for all' a reality.<sup>24</sup> CAM healers are familiar with the social and cultural background of the people, are accessible, respected and experienced.<sup>21</sup> Due to various reasons allopathic doctors are reluctant to serve in rural areas.

Many modern medical practitioners view the increasing use of traditional medicines as a failure of allopathic medicine to satisfy the healthcare needs of society. Traditional medicine is considered to be full of spiritual and magical practices and modern medicine is seen as based on logic and verifiable by experiment.<sup>25</sup> The two forms of healthcare are seen as opposites and any meaningful collaboration is excluded.

However, modern medicine has often failed in conditions where behavioral, emotional or spiritual factors have an important causative role. In these conditions, traditional medicine has been more successful. With the increasing prevalence of psychosomatic disorders in modern society, traditional medicine will play a more important role.<sup>25</sup> Two authors in a recent review had concluded that though, allopathic medicines can address the symptoms of disease, only traditional medicine can heal conditions which can be traced to social or spiritual disorders.<sup>25</sup>

[Click here to email this article](#)

In remote areas of Nepal, CAM practitioners can be trained to provide medical care through the existing health network and can improve acceptance of immunization and other modern healthcare practices. Community health volunteers trained in both CAM and modern medicine can be a major force for change in the village community.<sup>26</sup> In Nepal, traditional healers have been trained to identify and refer patients with eye problems.<sup>23</sup>

This training can be expanded to include the majority of CAM practitioners and traditional healers. They should be made aware of modern medical practices, immunization and proper mother and child health practices. A closer collaboration between allopathic and traditional medical systems if properly organized can be of benefit to all concerned.

Other CAM modalities like Reiki healing, acupuncture, homeopathy is gaining in popularity mainly in the cities and towns of Nepal. The Pashupathi homeopathic hospital is the only homeopathic hospital and has six inpatient beds.

### **Integrative medicine:**

Integrative medicine (IM) can be defined as an approach to the practice of medicine that makes use of the best available evidence and takes into account the whole person (body, mind and spirit). It incorporates both conventional and CAM systems of medicine.<sup>27</sup> Integrative medicine is taught in many medical schools in the west and there is an emphasis on teaching the human dimensions of care in clinical settings.<sup>28</sup> CAM is closely linked with the cultural and religious traditions of the country and the people and learning CAM may acquaint the students with their rich cultural heritage.

[Click here to email this article](#)

In Nepal, programmes on IM are lacking. Kathmandu University is planning however, to introduce sessions on medical ethics for undergraduate medical students. In a previous study, a majority of the students had a favorable attitude towards CAM but were reluctant to allow concurrent use of CAM and allopathic remedies by their patients.<sup>29</sup> The students were in favor of introducing sessions on CAM in the curriculum and agreed that the fifth semester may be the best time to do so. A recent study had suggested that students had a positive attitude towards IM<sup>30</sup> and the possibility of introducing IM in the curriculum needs to be explored. However, more studies are required.

[Click here to email this article](#)

**Conclusion:**

A variety of medical systems exist in Nepal. Ayurveda, Tibetan medicine and faith healing are the major indigenous medical systems. Western allopathic medicine was introduced in the seventeenth century but became dominant only during the last fifty years. Alternative medical systems are popular due to various reasons. The possibility of introducing integrative medicine in undergraduate medical curricula should be explored. CAM practitioners should also be made aware of modern allopathic practices and greater integration between the two systems in healthcare delivery should be explored.

References:

- 1) Bezruchka S. Trekking in Nepal: A traveler's guide. Seattle: The Mountaineers, 1997.
- 2) Park K. Park's textbook of Preventive and Social medicine. 17<sup>th</sup> edition. Banarsidas Bhanot, Jabalpur, 2002.
- 3) Shrestha B. Success in medical; education in Nepal. <http://swiss-nepal.ch/uploads/newsletter/88-medical-education.pdf>. Accessed on July 16<sup>th</sup>, 2006.
- 4) Gartoulla RP. Alternative medication practices (dissertation). Darjeeling (India): North Bengal University, 1992.
- 5) Dixit H. The quest for health. Kathmandu: Educational Enterprise (P) Ltd., 1995.
- 6) Marasini BR. Health and hospital development in Nepal: Past and present. J Nep Med Assoc 2003;42:306-11.
- 7) Koirala RR, Khaniya BN. [www.asiatraditionalmedicine.it/archivio/file/000/schede/Presentation\\_on\\_Health\\_Practices\\_In\\_Nepal.ppt](http://www.asiatraditionalmedicine.it/archivio/file/000/schede/Presentation_on_Health_Practices_In_Nepal.ppt). Accessed on July 16<sup>th</sup>, 2006.
- 8) Tamang TY. A glance to the Tibetan medical tradition. Reflections Millennium batch 2000. Pokhara; 2005: pp. 62-3.
- 9) Craig S. A crisis of confidence: A comparison between shifts in Tibetan medical education Nepal and Tibet. [www.siennacraig.com/writing/academic/pdf/Crisis\\_of\\_Confidence.pdf](http://www.siennacraig.com/writing/academic/pdf/Crisis_of_Confidence.pdf). Accessed on July 16<sup>th</sup>, 2006.

- 10) Faith healing.  
[http://www.welcomenepal.com/new/interests\\_bodymindsoul\\_faithhealing.asp](http://www.welcomenepal.com/new/interests_bodymindsoul_faithhealing.asp). Accessed on July 16th, 2006.
- 11) Westbury V. Traditional healers: the Shamans of Nepal.  
[www.truia.net/papers/VirginiaShamans.pdf](http://www.truia.net/papers/VirginiaShamans.pdf). Accessed on July 16th, 2006.
- 12) Mali IB. Leprosy services in Nepal. *J Nep Med Assoc* 1966;3:225-9.
- 13) Shankar PR, Mishra P, Dubey AK. Modern medical education in Nepal. *The Clinical Teacher* 2006;3:65-8.
- 14) Editorial. Medical education tourism in Nepal. *J Nep Med Assoc* 2004;43:1.
- 15) Eisenberg DM, Kessler RC, Foster C, Norlock FE, Calkins DR, Delbanco TL. Unconventional medicine in the United States. *N Engl J Med* 1993;328:246-52.
- 16) Coulter ID, Willis EM. The rise and rise of complementary and alternative medicine: a sociological perspective. *Med J Aust* 2004;180:587-9.
- 17) Bensoussan A. Complementary medicine- where lies its appeal? *Med J Aust* 1999;170:247-8.
- 18) Bodeker G, Kronenberg F. A public health agenda for traditional, complementary, and alternative medicine. *Am J Public Health* 2002;92:1582-91.

- 19) Hussain SA, Saaed A, Ahmed M, Qazi A. Contemporary role and future prospects of medicinal plants in the healthcare system and pharmaceutical industries of Pakistan. <http://www.telmedpak.com/doctorsarticles>. Accessed on July 16th, 2006.
- 20) Shankar PR, Kumar P, Theodore AM, Partha P, Shenoy N. A survey of drug use patterns in Western Nepal. *Singapore Med J* 2003;44:352-6.
- 21) Konefal J. The challenge of educating physicians about complementary and alternative medicine. *Acad med* 2002;77:847-50.
- 22) Shaikh BT, Hatcher J. Complementary and alternative medicine in Pakistan: Prospects and limitations. *eCAM* 2005;2:139-42.
- 23) Poudyal B. Traditional healers as eye team members in Nepal. *Community Eye Health Journal* 1997;10:4-5.
- 24) Declaration of Alma-Ata. International Conference on Primary Health Care. Alma-Ata, USSR, 6-12 September, 1978. [www.who.int/hpr/NPH/docs/declaration\\_almaata.pdf](http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf). Accessed on July 16th, 2006.
- 25) Iwu MM, Gbodossou E. The role of traditional medicine. *The Lancet Perspectives* 2000;356:S3.
- 26) Curtale F, Siwakoti B, Lagrosa C, LaRaja M, Guerra R. Improving skills and utilization of community health volunteers in Nepal. *Soc Sci Med* 1995;40:1117-25.

[Click here to email this article](#)

- 27) Kligler B, Maizes V, Schachter S, Park CM, Gaudet T, Benn R, Lee R, Remen RN. Core competencies in integrative medicine for medical school curricula: a proposal. *Acad Med* 2004;79:521-31.
- 28) Brach WT, Kern D, Haidet P, Weissmann P, Gracey CF, Mitchell G, Inui T. Teaching the human dimension of care in clinical settings. *JAMA* 2001;286:1067-74.
- 29) Shankar PR, Das B, Partha P, Shenoy N. Medical students' opinions about complementary and alternative medicine: a questionnaire based survey. *J Inst Med* 2003;25:9-12.
- 30) Shankar PR, Subish P, Das B, Dubey AK, Upadhyay DK. Student attitude towards integrative medicine in a medical college in Western Nepal: a questionnaire-based study. <http://www.aaimedicine.com/jaaim/jun06/attitude.php>. Accessed on July 16th, 2006.