Use of Herbal Medicines by Traditional Healing Practitioners: A Case Study of Phoksundo VDC of Dolpa District in Nepal

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Submitted By:
Ajay Kumar Mahara
Principal Investigator

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Ajay Kumar Mahara

Principal Investigator
ABSTRACT

In Nepal, traditional healing practices play a strong role in maintaining psychological and physical well being of the majority of rural people who do not have access of satisfactory modern health services. Most of the medical doctors prefer to work in urban areas where they get more opportunities. The modern health services are not accessible to the population of rural areas. The practices of healing of rural people are beyond the proper access of modern health center, health worker and health education. Traditional healers and locally available medicinal plants play vital role in the lives of the rural peoples. The situation of traditional healing of the people of the Dolpo is not different from the rest people of the country, people of the Dolpo region prefer to consult with Amchis, the local traditional healers.

A study on "Use of Herbal Medicines by Traditional Healing Practitioners: A Case Study of Phoksundo VDC of Dopla District in Nepal” has alone to fulfill the objectives to find out the use of different healing practices in the selected areas as well as to identify the factors related to use of the healing practitioners and their herbal medicines by the community peoples. Beside these, this research also tries to ascertain the measures taken to promote the traditional healing practices and sustainable use of herbal medicines.

Out of 99 households, 30 percent (i.e. 30 households) were selected by using proportional stratified random sampling Procedure. Data was collected from the selected household head using questionnaires. Data were tabulated in a chart to prepare analytical tables under different headings and sub-headings. Interpretation was made on the basis of percentage, causes count and comparing with other variables.

Majority of people had positive attitude on traditional healing practices. In their opinion, it was cheap, locally available and regular service, that’s why they went to the traditional healing practitioners for their treatment. On the basis of the interview taken with the people of village, this present study tries to give suggestions to the government, and to the concerned NGO, INGO and other social institutions. It tries to give suggestion to them about training to the traditional healing practitioners about health education, self-awareness and encourage them to use modern health service and provide them with the facilities to easy access of the herbal plants.
# TABLE OF CONTENTS

- Letter of Recommendation
- Acknowledgements
- Table of Contents
- Abstract
- List of Tables

## CHAPTER I: INTRODUCTION  1-5

1.1 Background  
1.2 Statement of the Problem  
1.3 Objectives of the Study  
1.4 Rationale/ Justification  

## CHAPTER TWO: REVIEW OF LITERATURE  6-8

## CHAPTER III: METHODOLOGY  9-11

3.1 Study Site and its Justification  
3.2 Research Questions  
3.3 Research Hypothesis  
3.4 Study Variables  
3.5 Target Population  
3.6 Sample Size  
3.7 Sampling Frame  
3.8 Tools and Techniques for Data Collection  
3.9 Limitation of the Study  
3.10 Constraints in Data Collection  

## CHAPTER IV: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PHOKSUNDO VDC  13-17

4.1 Population Composition of the Sampled Household  

CHAPTER V: HEALING PRACTICES AND THE USE OF HERBAL MEDICINES

5.1 Healing Practices in the Study Area
   5.1.1 Self Medication/ Home Treatment
   5.1.2 Traditional Healers
   5.1.3 Modern Medicines

5.2 Preferable Place of Treatment

5.3 Location of Health Center

5.4 Health Problems and Healing Choices

5.5 Peoples’ Attitude towards Traditional Healers

5.6 Use of Herbal Medicines

5.7 Collection of Herbal Plants

CHAPTER VI: EXPERIENCING THE AMCHI PROFESSION

CHAPTER VI: SUMMARY, CONCLUSION AND FINDINGS

6.1 Summary

6.2 Major Findings

6.3 Conclusion

6.4 Recommendation

REFERENCES

ANNEXES
LIST OF TABLES

Table No. 1  Distribution of Population of the Sampled Household by Age and Sex

Table No. 2  Distribution of Sampled Household on the Basis of Caste/Ethnicity

Table No. 3  Distribution of the Respondents according to Religion

Table No. 4  Distribution of Sampled Household according to Educational Status

Table No. 5  Distribution of Sampled Household according to Occupational Involvement

Table No. 6  Distribution of Respondents According to Their Choice on Place of Treatment

Table No. 7  Distance of Health Center from the House of Respondents
CHAPTER-I

INTRODUCTION

1.1 Background

Nepal is one of the poorest countries in the world and ranked among the ten lowest income countries in the World Bank’s (1998) Development Report. Nepalese peoples face a large number of problems like unemployment, poverty, illiteracy/ignorance, inaccessibility and lack of modern health care services.

It is well known that poverty and poor health has vicious relation. Therefore, poor health is one of the major problems of Nepalese peoples especially in the rural communities. The poor health condition ultimately resulted high rate of infant, child and maternal morbidity and mortality.

If we analyze the nature of health problems of Nepal, most of them are preventable. Because of the less effort, commitment and lack of clear area and problem specific planning, the preventable problem cannot be prevented as expected. The modern health care service system has been expanded significantly over the last two-three decades. Even though, it is still not accessible to most of the population of rural areas. The contributing factors to inaccessibility and less utilization of the modern health care services are poverty, ignorance, and strong beliefs on traditional healing practices than modern one, unavailability of trained health worker in the GoN/ Health care delivery institution. Since most of the Medical doctors preferred to work in urban areas where perceived that the more opportunities are available.

Nepal has one of the world’s highest maternal mortality rates in the world: 515 per 100,000 live births. As estimated 99,000 under-five deaths occur in Nepal each year. Only 45% of children have received vaccination (BCG, measles, DPT, OPV) for the six common vaccine preventable childhood diseases. High infant and maternal mortality rates are directly related to poor maternal health, inadequate safe motherhood practices,
inadequate childcare practices and child nutrition. The national health care system reaches only to 15% of the population (UNICEF, 1996:37).

According to WHO reports, 80% of the world population depends on traditional medicine for their primary health care needs. In developing nations like Nepal, and particularly in a remote region such as Dolpo, problems related to limited access to reliable and affordable modern medical facilities create an even greater urgency for the promotion of traditional systems of medicine that are locally prevalent and viable.

If we analyze the medical system, multiple health and medical system coexist simultaneously and sometimes uneasily in the country. Such system can be divided into four categories: the home based treatment, traditional faith healing system, traditional Ayurvedic/ herbal/homeopathic system, Unani system and modern allopathic system. In addition to that Tibetan healing systems and naturopathy are also practiced in selected areas of the country (Nepal Human Development Report- 1998 Pp. 60-64). It is also stated that until the early 1950s most health care was provided by family members and indigenous practitioners of several kinds, including herbalists and spiritualists (Justice, 1989: 8).

Despite of the emphasis given to modern health care service sectors by the government the increased extension of public health units and facilities have not provided adequate access to health care services. The residents in Mountains report a lower level of access than those in the Hills and Terai (NHDR, 1998: 64).

Studies in this widely accepted treatment system are inevitable because of its contribution for the improvement of the health status of millions of people. Innovation and the advancement in the field of modern medicine have brought drastic changes in the health status of people but it is not applicable for majority of poor people and for those who dwell in rural and remote areas. Most of the modern health centers and hospitals exist; all are located in urban centers. In such, situation the majority of people is deprived of
getting benefit from existing modern health facilities. The use of modern medicine seems almost impossible for them so they are still competed to knock the door of indigenous/traditional healers like Amchis, Dhami-Jhankri, Sudeni, Baidhya and other herbal practitioners found in their community or societies throughout the country.

Traditional healing in Nepal includes a wide variety of practices carried out by Jaributi wala or Baidya (herbalist), Sudeni (birth attendants), Dhami-Jhankri, Janne Manchhe, Amchis, Faith healers and diviners depending their own word view (Subedi 2007). The situation of traditional healing of the people of the Dolpo is not different from the rest people of the country, people of the Dolpo region prefer to consult with Amchis, the local traditional healer. Traditional medicine has been widely practiced in Nepal from time immemorial. The varying systems of traditional medicine provide wide range of preventive, promotive, curative and rehabilitative services (Ministry of Health 1999).

1.2 STATEMENT OF PROBLEM

It is a fact that different communities in the different areas of the country posses various types of alternative medical knowledge, system that have been practiced from ancient time. The localized nature of the institution and the prohibitive cost of modern or allopathic health services also force most have had to rely on home remedies which span from deviation to traditional (faith) healing and use of herbal remedies (NHDR, 1998:60).

In Nepal, traditional healing system play a strong positive role in maintaining psychological and physical well-being of the majority of rural people whom do not have access to satisfactory modern health services (Shrestha, 1986).

Despite of these facts, most of the professional health workers, even policy makers think that traditional healing system is primitive one and non-scientific and connected with witch craft (Plotkin, 1994). In some of the cases, the traditional healing system is taken as mythical, less rational and meaning that man becomes less dependent on the forces of nature, while modern medicine is regarded as more scientific with man controlling the
natural world. But on the other hand, the traditional healing practices are historically and culturally developed health care system prevalent in Nepalese communities. Modern health services mostly favored and managed by governmental sectors but could not reached to needy peoples of most remote areas of the country. Whereas traditional healing practitioners are providing health care services through their own effort, knowledge and skills. Basically faith healing, herbal medicines, psychiatric and natural cure are being a part of their wider health care system. The traditional healing system with using herbal medicine as an alternative to modern health care system could contribute a lot in our rural areas.

Rajbhandari (1994: 29), mentions about one of the difficulties encountered in the research of medicinal plant science of Nepal is to retrieve easily scientific references. Though work on Nepal has been conducted by various scientists since the beginning of the 19th century, no consolidated information is available till now. The present study tries to fulfill the long-felt need of research workers, teachers and students of plant science, agriculturists, foresters, ecologists, environmentalists, planners and agencies connected with the development in the field of plant science as well as ethno medicine.

The practices of healing of rural people are depending upon the access of modern health center, health worker, health education and traditional system. Overall, the bad health condition, high CMR, high MMR, low life expectancy, inadequate infrastructure, lack of education, cultural tradition and lack of proper equipment are the problem of rural people to maintain their health and solve their health problem.

It is therefore, the investigator intended to investigate in the use of traditional healing system and healers and herbal medicines by stating the problem as “Use of Herbal Medicines by Traditional Healing Practitioners: A Case Study of Phoksundo VDC of Dolpa District in Nepal”.
1.3 OBJECTIVES

General

The general objective of the study is to identify the use of herbal medicines by traditional healing practitioners in Phoksundo VDC of Dolpa district.

Specific

This research focuses on the following specific objectives.

- To find out the use of different healing practices in the selected areas.
- To find out the use of herbal medicines in traditional healing practices.
- To identify the factors related to use of the healing practitioners and their herbal medicines by the community peoples
- To ascertain the measures taken to promote the traditional healing practices and sustainable use of herbal medicines.

1.4 RATIONALE/ JUSTIFICATION

Use of herbal medicines to cure the illness is not a new approach in healing. Many plants synthesize substances that are useful to the maintenance of health in humans and other animals. Herbal plants are the main source of medicine from the ancient period. Herbal medicines are locally available, cheap, have no side effects and scientific. A large number of plants can be used to cure different diseases and a single plant is used to cure different diseases. Different parts of plant such as roots, stem, bark, leaves, flowers, fruits etc are used for the treatment of different diseases but the utilization of these plants may vary according to the peoples and places.

In the study area local peoples are known to use the plants of medicinal values in various ways. Local healers know many plants and their uses as the medicinal properties of plants. In the recent context, peoples are more onto medicinal plants both indigenously and commercially. The study area is rich in medicinal plants. Peoples have their faith on the utilization of these plants. So, this study attempts to cover the herbal use by traditional healing practitioners from the Phoksundo VDC of Dolpa district.
CHAPTER-II

LITERATURE REVIEW

In order to make the proposed study more effective, effort have been made to collect and review past publications, documents, reports related to the study and articles pertaining to the area of study. There are several researches and studies have been carried out in Tibetan Medical system, which has been taken as inspiration by traditional healing practitioners. In mountain and high Hills of Nepal, by ethnicity, socio-cultural system and traditions are more or less similar with the Tibetan one. Therefore, most of the Nepali researchers have taken the background information, history and reference in their research and studies. It is proved and accepted that there are many evidences of close inter-relationship among religion, health and healing practices or systems. In most of the cases, Dhami/ Jhakris (Faith healers), Baidyas or Amchis (Herbalists) are well accepted and respected by the peoples especially of the rural areas.

Very few studies have been undertaken on traditional healing practices relating the use of herbal medicines by individuals and organizations in the context of Nepal. Therefore, the investigator found some difficulty to get most relevant literatures, however effort and attempts have been made to collect and review the following literatures.

Haimendorf (1995: 10), have described in his study report on “Medical Traditionalism in Sherpa Community” that the tendency of people in developing countries to become more committed to Western medicine as they become more involved in capitalist production. This paper examines the interdependence of socio-economic and medical systems by suggesting explanations for the persistent use of traditional medicines by Nepalese Sherpas who are drawn into the world’s capitalist economy through tourism. The upper Khumbu has a plethora of therapists who belong to three general categories: orthodox Buddhist practitioners, unorthodox religious or shamanic practitioners and biomedical practitioners. Orthodox Buddhist practitioners include Rimpoches, Gyeshis, village
Lamas, Thawas and Amchis. Rimpoches or monastic lamas and Gyeshis, Buddhist scholars are always considered to be reincarnate persons. While Rimpoches are nearly always abbots of monasteries, Gyeshis generally live outside of the monasteries within villages.

Village Lamas are actually monks who received some training in a Buddhist monastery but have broken their vows. They are called Thawa-lokpu (literally a monk-broken, or one who has broken his vows), but are learned enough to perform most village rituals and to read and write Tibetan language. They live in the village and are generally married. Thawas are monastic monks who reside away from home in monasteries as students of religion. Like village lamas, Thawas are not physicians. Finally, Amchis are physicians trained in Tibetan medical philosophies. Often Amchis are considered to be reincarnate beings, although they do not generally reside in monasteries. The two permanent Amchis of the upper Khumbu both received their training in Tibet prior to the 1950s. One of them is considered an incarnation of a very high lama who previously lived in Tibet. The other is considered an incarnation of an Ngawa lineage, indicating Tantric abilities to perform black magic at the request of clients. Amchis practice medicine based upon Ayurvedic medical traditions that came to Tibet along with Buddhism during the eighth century A.D. Their diagnoses may use examinations of the patient’s pulse, urine, sputum, feces and eyes, and their treatments use an extensive pharmacopoeia, massage ointments, dietary restrictions, prescribed behaviors, and moxibustion, burning and cupping techniques.

SC/UK (1995: 33), the evaluation study revealed that a majority of trained traditional healers have a good knowledge of modern health care. However, about half of them did not promote the modern health care to the community. In most of the communities, villagers do not distinguish between trained and untrained traditional healers in the use of their services. Their preferences for traditional healers are generally based on easy accessibility and the popularity of traditional healers.
WWF/ Nepal (1997: 40), mentions about the availability of most useful medicinal plants at Shey-Phoksundo National Park and its buffer zone, Dolpa in their report of Conservation of Plant Resources, Community Development and Training in Applied Ethnobotany (1997) that altogether 286 plant species were found to be ethnobotanically important having one or more use values. The ethnobotanically important plants are grouped into 6 broad use categories. Among these use categories, 205 species are medicinal followed by 66 species of food plants, 32 species of firewood, 10 timbers and 6 fodders. In about 105 (33%) cases whole plants are used. Other most commonly used plants are fruits and seeds (22%), root and rhizome (18%), leaves (11%), flowers (11%), stem and wood (7%). As per the findings on major medicinal plants, the upper Dolpa area is found to be very prominent for most useful medicinal plants such as Atis (Delphinium Himalayai), Kutki (Picrorhiza scrophulariiflora) and Samayo (Valeriana wallichii) are harvested by most of the households. Among them, Padamchal was harvested by the highest number (84%) of the people.

The majority of the people of the national park and buffer zone area preferred herbal treatment by traditional healers rather than modern medical services. But reasons behind it are still not clear. Peoples’ health in Dolpa is quite poor.

As a breakthrough of healing with using herbal medicine, two remarkable Tibetan doctors, Dolma and Dolkar (1934-1989) introduced to an extraordinary family of herbal doctors from Kyirong in Western Tibet whose ancient medicine roots had been nurtured with wisdom and experiences to continue into the 20th century and to successfully confront its medical challenges as the mother of Tibetan medicine.
CHAPTER-III
METHODOLOGY

This section describes the study area, research design, nature and sources of data, sampling procedure, tools and techniques of data collection and data analysis and presentation.

3.1. Study Site and its Justification
Phoksundo VDC of Dolpa district has been chosen as the study site for this study. Dolpa, the largest district of the 75 district of Nepal, is one of the 5 districts of the Karnali zone, situated in the mid western development region of Nepal. Dolpa is the rural and remote district of Nepal, where the modern health facilities are inadequate due to geographical condition as well as lack of skilled manpower in health sectors. Amchis (traditional healing practitioners) play a vital role in the local health services. They mostly use herbal plants in their healing. The local culture is highly influenced by the Tibetan culture, which prefers the use of medicinal plants in healing.

Despite these, the availability of medicinal plants in Shey-Phoksundo National Park and its Buffer Zone has also influenced the local healing system. So, peoples of the study area mostly use medicinal plants to cure their illness.

These are the reasons for the selection of this particular area as study site of this research.

3.2. Research Questions
This research is mainly based on the following research question.
• To what extent do the people use different healing practices in the study area?
• To what extent does the herbal medicine corresponds with traditional healing practices?
• How are the different factors affecting the use of traditional healing practitioners and their herbal medicine?
3.3. Research Hypothesis

- Herbal medicines have been used as first choice of healing at local level.
- Amchis and other traditional healing practitioners use herbal medicine as a main source of medicine.
- Healing practice of the study area is almost depended on the herbal medicine.

3.4. Study Variables

This study mainly focuses on the use of herbal medicine by traditional healing practitioners. So, this study mostly depends on the traditional healing practitioners and healing practice because healing practice is the independent variable of the study and the use of herbal medicines depends on the healing practice and practitioners.

3.5. Target Population

The target population of the study is the people of the Phoksundo VDC of the Dolpa district. Moreover, the target population of the study is traditional healing practitioners (Amchis and their follower), who use herbal medicine in healing.

3.6. Sample Size

The Phoksundo VDC of Dolpa district observes of 635 total population, among whom 296 are female and 339 are male. There are all total 99 households in this VDC.

Among the population of Phoksundo VDC, practitioners of traditional healing and herbal medicine were selected as sample of the study. Among them 6 traditional healers (Amchis) and 30% of the total households, who practice traditional healing and herbal medicine were selected following the method of proportional stratified random sampling in order to collect the information about use of herbal medicine.

3.7. Sampling Frame

The universe of the study is the population of the Phoksundo VDC. To select the sample from universe, the list of the household and traditional healers (especially Amchis) was
collected from the VDC. They were divided according to their settlement, healing procedure, medicine making procedure and so on. After the division, they were selected using the proportional stratified random sampling method.

3.8. Tools and Techniques for Data Collection
The following tools and techniques were used to collect various data for the study purpose.

- **Interview Schedule**: semi structured questionnaire was prepared to generate the realistic and accurate data from the respondents.
- **Observation**: the method of non participant observation was used to observe their activities and practices regarding traditional healing and herbal medicines.
- **Focus Group Discussion**: focus group discussion was conducted to know the role and use of herbal medicine by traditional practitioners and its impact on the population.
- **Case Study**: 5 case studies were done on individual level. These case studies help to know about the use of herbal medicine by traditional practitioners.
- **Key Informants’ Interview**: Key informants’ interviews were conducted using unstructured questionnaire. The traditional healer, health worker, local known knowledgeable people and local teachers were selected as key informants to know the use of herbal medicine by traditional practitioners.

3.9. Limitation of the Study
The following limitations have been anticipated in this study.

- Only 30% of the household were included in the study. Therefore, the result of the study may not be generalized in each and every circumstance.
- The nature of data is more qualitative rather than quantitative.
- Since the traditional healing system in Bhotia (with Tibetan culture) community and Khas community in Dolpa is different, the study only focused on the Bhotia community and traditional healing system of AMCHIS (local doctor-in Tibetan language), who use herbal treatment rather than faith healing.
3.10. Constraints in Data Collection

During the field work, the researcher had to go through different difficulties. These constraints more or less affected to gather reliable data from the respondents despite the regular effort to overcome through such constraints.

Following are the major constraints faced by the researcher during the study:

- There was the problem of language to communicate with the local peoples. Although we had an interpretator with us that made us feel easier to communicate, in some cases the interpretator could not explain in an appropriate way. So, the respondents could not answer appropriately.

- The traditional healers (Amchis) did not want to disclose about the dose and forms of medicines in case of some medicinal plants. It was because, they wanted to maintain secrecy of the use of herbal plants. So, we did not forced them any more in such cases.

- It was not the favourable climatic condition to visit the study area in the winter season. Most of the villagers had migrated temporarily from the village to Dunai, Nepalgunj and Kathmandu.
CHAPTER-IV

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PHOKSUNDO VDC

The chapter deals with the data analysis and interpretation of the data, collected through interview method. All obtained data were first arranged in skeletal frame using hand tallying, analyzed and interpreted thoroughly on the basis of research objectives.

This chapter consists of socio-demographic characteristic of the study area. The chapter deals with the sub topics such as population composition, caste/ethnic composition, religion, education and occupation of the sampled household and the respondents.

4.1 Population Composition of the Sampled Household

According to the record of Phoksundo VDC in Dolpa District, the total population of the VDC is 635, where 296 are females and 339 are males. There are total 99 households in Phoksundo VDC. 30 households were taken as sampled households, where the total population was 168.

Table No. 1: Distribution of Population of Sampled Household by Age and Sex.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>8</td>
<td>7</td>
<td>15</td>
<td>8.92</td>
</tr>
<tr>
<td>10-19</td>
<td>14</td>
<td>11</td>
<td>25</td>
<td>14.88</td>
</tr>
<tr>
<td>20-29</td>
<td>9</td>
<td>12</td>
<td>21</td>
<td>12.5</td>
</tr>
<tr>
<td>30-39</td>
<td>23</td>
<td>21</td>
<td>44</td>
<td>26.19</td>
</tr>
<tr>
<td>40-49</td>
<td>17</td>
<td>18</td>
<td>35</td>
<td>20.83</td>
</tr>
<tr>
<td>50-59</td>
<td>10</td>
<td>7</td>
<td>17</td>
<td>10.11</td>
</tr>
<tr>
<td>60 above</td>
<td>7</td>
<td>4</td>
<td>11</td>
<td>6.54</td>
</tr>
<tr>
<td>Total</td>
<td>88</td>
<td>80</td>
<td>168</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field Study, 2009

The Table No. 1 shows the population composition of Phoksundo VDC of Dolpa district. 88 among 168 peoples in the sampled households are male and 80 are female.
Approximately 25% population of the sampled household are dependency population because they are economically inactive (below age 14 and above 60 were categorized as economically inactive population). We can conclude that the dependency population and sex ratio of this VDC is higher. Agricultural dependency, socio-cultural norms and value (e.g. giving high emphasis to the son) poverty, are the main cause of the growth of the dependency population and sex ratio. High dependency ratio is economically and socially not favorable to the community as far as to the country.

4.2 Caste/Ethnic Composition

Caste/Ethnic group is one of the major compositions of population in the community. The word caste/Ethnicity denotes such a group of people who is identified on the basis of common culture, work, and has a sense of collective identity. The caste also denotes hierarchical division of society on the basis of ritual performance and occupation. These groups have common occupation, language, religion and may occupy a given territory.

Table No. 2: Distribution of Sampled Household on the Basis of Caste/Ethnicity

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Caste group</th>
<th>No of household</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sherpa/ Bhote</td>
<td>26</td>
<td>86.66</td>
</tr>
<tr>
<td>2</td>
<td>Chhetri</td>
<td>1</td>
<td>3.33</td>
</tr>
<tr>
<td>3</td>
<td>Kami</td>
<td>1</td>
<td>3.33</td>
</tr>
<tr>
<td>4</td>
<td>Others</td>
<td>2</td>
<td>6.66</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field Study, 2009

Table No. – 2 show that the sampled household has Sherpa and Bhotes majority. It is clear that the highest position is occupied by Sherpas and Bhotes (86.66 % household) where as other casts/ ethnic groups are fewer in number. Chhetri and Kami have occupied 3.33% -3.33 % of the house hold respectively.
Since the majority of the village population is occupied by Sherpas, the community of Phoksundo VDC is more homogenous than other community of Nepal. They have similar types of social, cultural and economic background.

4.3 Religion and Religious Beliefs:
Nepal is a secular state though so Nepalese can follow any religion. Every people have their own religious beliefs. The people, who do not have belief on god, also involve directly or indirectly in religious activities. The religion gives us lots of knowledge as well as moral lessons.

Table No. 3: Distribution of the Respondents according to Religion

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Religion</th>
<th>No of Respondents</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hindus</td>
<td>2</td>
<td>6.66</td>
</tr>
<tr>
<td>2</td>
<td>Buddhists</td>
<td>28</td>
<td>93.33</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field Study, 2009

According to the table, 93.33% population of the sampled household has strong belief on Buddhist religion. So, the cultural and religious practices and belief systems are guided by Buddhist philosophy in the study area. This VDC is highly influenced by Tibetan culture.
4.4 Educational Status of sampled household:
At present "Education has taken as basic human right". It is saying that "by life chances we refer to such thing as the chance to survive the year of life to get a good education." Everyone has to get the chance of higher education. Because of various reasons people are unable to acquire a higher degree of education. In my study area the main reasons of not having high education were: lack of interest, economic status, lack of opportunity, cultural traits, norms values etc. people are unable to gain the same level of education as shows in the following table:

Table No. 4: Distribution of sampled household according to Educational Status

<table>
<thead>
<tr>
<th>Education</th>
<th>No. of Respondents</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illiterate</td>
<td>17</td>
<td>56.66</td>
</tr>
<tr>
<td>Literate</td>
<td>4</td>
<td>13.33</td>
</tr>
<tr>
<td>Primary (1-5 class)</td>
<td>5</td>
<td>16.66</td>
</tr>
<tr>
<td>Secondary (9-10 class)</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Higher (above S.L.C.)</td>
<td>1</td>
<td>3.33</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field Study, 2009

In this community, 54.44 percent people are literate, which is higher than the national record as 53.74 percent. About 16.16 percent people attend primary education, 10 percent people attend lower secondary and secondary education and only 3.33 percent people have the opportunity for higher education. It is better than the national record but not satisfactory because every people has right to get the higher education.

According to Headmaster of Amchi Boarding School of Phoksundo (Rigmu) only some peoples of this VDC get higher education and majority of the people of this VDC were unable to get higher education because of the poor economic condition, traditional concept and due to the lack of availability of formal or non-formal educational opportunity. Therefore, people should be aware themselves about the importance of education. The government has to pay more attention to improve the lower economic condition of the citizens and citizens also should improve themselves to change the
traditional concept. Educational opportunity should be given by conducting formal and non-formal educational programs.

4.5 Economy and Occupational Involvement Status:
According to respondents they mostly do not have other occupational alternatives except agriculture and livestock raising. They have limited job opportunity in the rural areas. Occupation is very important factor to improve human life. It is determined by their choice, interest, qualification, inclination, capacity and opportunities.

Table No. 5: distribution of sampled household according to Occupational Involvement

<table>
<thead>
<tr>
<th>Occupation</th>
<th>No. of Household</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>13</td>
<td>43.33</td>
</tr>
<tr>
<td>Livestock Raising and Trading</td>
<td>8</td>
<td>26.66</td>
</tr>
<tr>
<td>Business</td>
<td>5</td>
<td>16.66</td>
</tr>
<tr>
<td>Service</td>
<td>2</td>
<td>6.66</td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
<td>6.66</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field Study, 2009

(Others include the daily wage labor, porter and Leather Worker)

The Table No. 4 shows that the main occupation of 70 percent people is Agriculture and livestock raising and trading, 6.66 percent people are involved in service, 16.66 percent people are involved in Business and 6.66 percent people are involved on other (like daily wage labor, porter, tailoring, Iron worker and leather works).

Most of the people (approximately more than 75 percent) are dependent more or less in agriculture. According to respondent, most of the people are involved in agriculture but their production is insufficient for feeding their own family because they are unable to apply new technology in their farming. There is negligence about seed and fertilizer. As a result they get less production from their land.
CHAPTER-V

HEALING PRACTICES AND THE USE OF HERBAL MEDICINES

The collected data were analyzed under the different headings and sub headings according to the objectives of the study, the quantitative data were presented on the simple tables and qualitative data were critically analyzed and presented on the basis of theme of the research.

5.1. Healing Practices in the Study Area
During the research period the general information on healing practices were collected. People mentioned various things in their own ways as how they understood on various issues, for example, seeking treatment from traditional healer, Health post etc. In some cases they also mentioned that they themselves had known different kinds of herbs from their field and forest which they use without consulting any one.

In Phoksundo VDC different ways of healing practices were found. They are broadly classified into these three categories as follows:

- Self medication/home treatment
- Traditional healer
- Modern medicine

5.1.1. Self Medication/Home Treatment:
Self medication deals with self-prescribing and prescribing by non-medical agent or family member. Self medication practice includes the use of herbal medicine, allopathic medicine and physical therapy.

Generally, people use herbal medicine for self medication. Herbal medicines are made out of simple ingredients, which are usually available in the villages. They include seeds,
roots, bark, leaves of the trees and flowers etc., which are easily prepared by the family at home and consumed when they fall sick.

5.1.2. Traditional Healers:

Traditional healers are considered as the social volunteer in the societies. They are the administrator of the social and cultural orders. Traditional healers include the,

- Amchis/Lama
- Dhami/Jhakri
- Baidya
- Jyotishi
- Sudeni
- Janne-manchhe, etc.

The traditional healers are well accepted by the villagers and are well respected for their ability to medication and mediate between individual in the community and the Holy Spirit that cause illness.

In the Phoksundo VDC there is an Amchi hospital, which provides them treatment through herbal medicine and other natural and super natural healing. The Amchi hospital tries to institutionalize the traditional lamanistic healing for the improvement of the health status of the people of Phoksundo VDC.

5.1.3. Modern Medicines:

In the study area, modern medicinal treatment is provided by the government through health post and by private sector through medical shop. There is one health post located in the Phoksundo VDC but there is no medical shop at the study area. So, people of the Phoksundo VDC used to visit the medical shops at Dunai Bazaar to buy medicine. The health post provides primary health care service to the people.
5.2. Preferable Place of Treatment:

People of the Phoksundo do not go to the same place for treatment. The researcher found that the people who are educated and have high economic status give high priority to hospitals but who are poor in every aspect choose traditional method for treatment.

Table No. 6: Distribution of Respondents According to Their Choice on Place of Treatment

<table>
<thead>
<tr>
<th>place</th>
<th>No of Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Post</td>
<td>08</td>
</tr>
<tr>
<td>Amchi/Lama</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
</tr>
</tbody>
</table>

Source: Field Study, 2009

On the basis of above table it can be said that, majority of the people of the Phoksundo VDC go to the Amchi hospital (Gangchhan Mengkhang in local language) for their treatment and only some people visited the health post. According to respondents those people, who go to modern health centers, also consult with the traditional healer. The reasons for consulting with traditional healer are cheapness, locally available and belief on tradition.

CASE

Tsering Lama, 18, peon in health post by profession, had been suffering from diarrhoea for two days. Since all the staffs of the health post were absent for the last two months, he had to visit Amchi hospital for his treatment.

The head Amchi Shree Lama diagnosed his problem by counting the hand pulse and Tshema method. For this, he counted the beads of garland and enchanted mantras. He offered some flowers and a little amount of rice to his god. After that, he prepared powder from the roots of Atis (Aconitum Heterophylum) and gave him one tea spoonful powder to eat.

Tsering was suggested to take that medicine for five days. In return, the head Amchi was paid fifteen rupees for the medicine.
On the basis of observation, it is concluded that till now significant number of people visit traditional healers. In so many cases, even easily curable diseases get severe due to improper treatment and sometimes patients may lose their lives. Because of the lack of good health education and unavailability of medical facilities they are compelled to choose such traditional practices.

5.3. Location of Health Center

Geographical location of the village also affects the people to reach to the health centers on time. Some people cross some distance quickly but it takes little more time to the other people. However, it do not make significant different to reach to the health center.

<p>| Table No.7: Distance of Health Center from the House of Respondents |
|-------------------------------------------------|-----------------|-----------------|</p>
<table>
<thead>
<tr>
<th>Health centers</th>
<th>Time to reach</th>
<th>No of Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>1 day</td>
<td>30</td>
</tr>
<tr>
<td>Amchi Hospital</td>
<td>3-4 hour</td>
<td>30</td>
</tr>
<tr>
<td>Health Post</td>
<td>3-4 hour</td>
<td>30</td>
</tr>
<tr>
<td>Medical Shop</td>
<td>1 day</td>
<td>30</td>
</tr>
</tbody>
</table>

Source: Field Study, 2009

There is no hospital near this VDC. It takes 1 day (10-12 hours) to reach the nearest hospitals. There is no any facility of modern vehicles in this village. They have to go on foot. There is one health post, which is located in the center of the VDC it takes maximum 4hours to reach there. Health workers do not regularly attend the health post. Even though, the health post is also close and there is no medicine. Patients have to purchase medicine from the medical shop; it charges money as they like. The hospital takes 1day to reach and the charge is also expensive. So the medical service is very far from their reach. To solve this problem, the government should provide sufficient medicine to the health post. Health workers should be removed. People should be aware about their health.

5.4. Health Problems and Healing Choices

Health is a holistic phenomenon which includes the physical, mental, social.... well being and not merely absence of disease. So the people of the study area are facing the various
kinds of health problems but here we only deal about the diseases or physical and mental disorder of the people and where they consult for their treatment and choices of treatment.

Most occurring diseases on the locality are common cold, cough, influenza, headache, abdominal pain, fever, high altitude, injuries, epistaxis due to high altitude, asthma, respiratory trait infection that is pneumonia, bronchitis, rhinitis sinusitis etc. In such cases most of the people of the study first consult with Amchis and if the problem can’t be solved by the Amchi then they visit the district hospital for further treatment. But generally they don’t want to visit the local health post because health post is always closed and occasionally opened.

5.5. Peoples’ Attitude towards Traditional Healers
It was observed that local people’s first priority for healing were the traditional healers because these healers lived with them and had known each other from a long period of time. As they lived within a village and had family relationship, both the provider and recipient had common understanding. Another positive aspect was the traditional healers were always found close to the patient’s home and they were flexible in their time table, not like government health workers who work only from 10 am to 5 pm. Though health centers have been established, absence of health personnel and lack of medicines have always been troublesome for the local peoples.
Comparatively it is easier to pay traditional healers for the treatment because they also accept goods or grains instead of money. Some healers also provide free services to poor peoples. These kinds of flexible characteristics of traditional healers have made them popular among the local peoples.

Language also has played a crucial role for the local peoples’ choice for healing options. According to our respondents, they feel more comfortable with Amchis to tell about their health problems than with the health workers, who generally, are from outside the local areas.

CASE

Thinle Baiji, 40, a permanent resident of Palam village of Phoksundo VDC, had a swelling on his right hand for the last five days.

“I was chopping fire wood, when it started aching. I waited for next three days hoping to be alright. But instead of getting well, it started swelling. So, I visited the Amchi”, Thinle said, who was waiting for his turn at the Amchi hospital.

Shree Lama, the head Amchi, first, counted the pulse of Thinle’s hand and followed the Mundhu method to keep out pus from his swelling hand. He used needles and straws for this. He then made a paste of the medicinal plant Paanch aunle and put it on the wound of the swelling part. The wound was covered with cotton and wrapped with bandage. He also suggested him to put on the paste until the hand becomes normal.

After four days, when the researcher visited the Palam village, he saw that Thinle was working in the field. When asked if his hand was still swelling, he answered, “It has already become normal. I am, now, able to work with this hand. The Amchi’s magic treatment is so effective.”
The methods of healing by Amchis generally impress the patients. They diagnose the disease by feeling the hand pulse. Amchi practice has scientific proofs and by reading the medical texts in Tibetan language, they treat the patients. This kind of practice makes any patients impressed with the Amchis.

So, local peoples’ attitude towards traditional healing is positive in Phoksundo VDC. They not only prefer Amchis for their medical treatment but are also interested in this profession. So, they prefer their children for Amchi education.

5.6. Use of Herbal Medicines
Herbal medicines in Phoksundo VDC are used in two ways. Firstly, general peoples collect and use herbal plants as medicines according to their knowledge. Secondly, traditional healers (Amchis) use herbal plants as medicines as per the rules of Tibetan texts.

Local peoples, in general cases of treatment like bleeding or injuries, use herbal medicines on their own ways. The knowledge about the use of herbal medicines has been transferred to them from their elders and ancestors from the aged back. But in the case of complex diseases, they visit Amchis.

Amchis, on the other hand, use herbal plants as medicines on the basis of Tibetan texts of medicines. They use different parts of herbal plants like stem, roots, seeds, fruits, leaves, barks to cure different diseases. A detailed chart, which includes the local name, botanical name, parts used, form of medicine, dosage, method of usage etc has been presented in annex-2.

5.7. Collection of Herbal Plants
The main source of the medical herbs is the forest of Shey Phoksundo National Park, from where peoples collect medical plants with the permission of National Park office.
Beside this, Amchis also collect herbal plants from Tibet or purchase from the local herbal traders as well as herbal traders from outside the districts.

There are certain methods of collecting the herbal plants. Amchis follow these rules to collect the herbal plants:

- For making diarrhea medicines, collections should be done in winter.
- For making vomiting medicine, an energetic person is needed who can bear pain and work hard and who can collect in time.
- The person who will collect medicinal plants should be clean and should bath.
- Mantras should be chanted while collecting.
- All the plants from same place should not be collected. One-third should be left. Some flowers should be plucked but not all, so that some remaining flowers can reproduce.
- One-third of the seed should be left. One should collect bark from the branches of big tree. If one collects barks from small trees then one should cut some trees from different places and not from the same place.
Amchis have become an inseparable part of health services in the Himalayan regions like Dolpa, Rasuwa, Gorkha, Mustang, where there is shortage of allopathic medical care and no hospital as such. Under the guidance of Tibetan philosophical treatment system, Amchis heal peoples by chanting Mantras, pulse counting, different methods and herbal medicines.

There is one government-run health post in Phoksundo VDC, but it does not provide complete or dependable health care or medicines. Usually, there is a problem that no Health post workers wish to stay in the health post. In this situation, to develop the health condition of the local peoples, Amchis play an important role in the village. They advise local peoples more about their behaviors and food habits. They provide health services and herbal medicines, which are locally available. And, peoples also have faith towards these Amchis.

There are all total six Amchis in Phoksundo VDC, who are partially fulfilling the needs of doctors and health services in the local area. Amchis are the most preferable health providers in the village. These Amchis, in spite of the government’s indifference towards Amchi profession, have been serving the village and the villagers. They use local herbal plants as medicines. A few case studies are presented here under.

**CASE-1**

_Pangma Chhewang Lama, 32, has been providing health facilities to the local peoples of Phoksundo VDC as an Amchi for the last 5 years._

_Pangma’s father was a renowned Amchi of his time in the village. He always wanted his son to be an Amchi and used to teach him about different herbal medicines and the_
method of healing. But Pangma was not interested in Amchi profession. So, one day, at the age of 15, he flew away to Kathmandu in search of his future. He worked as a houseboy in a Tibetan refugee’s house at Bouddha for about two years. He was discontented with his life in Kathmandu. So, one day, he again returned back to his village.

“I, now, realized my father’s will. So beside the household work, I also started helping my father in his profession”, Pangma recalls his past.

Pangma’s father died five years ago. Since then, Pangma has been handling his father’s profession. He is fully satisfied with his profession. “This profession is service oriented. Local peoples mostly prefer Amchis for medical treatment. Most of the time the health centre remains closed. So, they visit Amchis”, Pangma says.

“There are certain rules of collecting and preparing herbal medicines. We have to follow the rules of Tibetan medical texts for that. Mostly, I visit the jungle of Shey-Phoksundo National Park for the collection of herbal plants. We have to take permission from the range post”, Pangma shares his experiences.

CASE -2
Shree Lama, 50, one of the Lamas at Phoksundo monastery, is also the head of Gangchhen Mengkhang (Amchi Hospital) of Phoksundo VDC.

Shree was born as the second son in a Lama family. At the age of 5, he was sent to monastery of Pungma, a village of Phoksundo VDC, to be a monk. There, he was taught by Khekorji Lama. After the completion of elementary education, he was sent to Mendicon monastery of Himanchal Pradesh in India, where he studied Amchi education under the guidance of Tibetan Lamas.
After the education of twelve years in Himachal Pradesh, he returned back to his native village and started serving the local peoples as an Amchi. He has been providing health services to the Phoksundo VDC for more than thirty years.

In 2000 AD, with the co-operation of World Wildlife Fund and Shey Phoksundo National Park, an Amchi hospital was established in Phoksundo VDC. Since then, he has been working as the head of Amchi hospital.

“Amchis diagnose the diseases by feeling the hand pulse of the patient. We also provide treatment according to the state of stars and planets of the patients. We follow the astrologic rules while doing treatment. There are different methods to cure for the different diseases. In the case of swelling and infections in skin and subcutaneous tissue, we follow the **Mundhu method**. This method needs needles and straws to keep out pus and infected fluids from the wounds or related organs. Similarly, Fire method is used for the treatment of physical injuries and body ache. This method, in Tibetan language is called **Mey method**. Amchis use threads of cotton and in case of unavailability of cotton, they use wool of sheep and yaks. In case of other diseases, we use herbal medicines for treatment”, the head Amchi shares his experiences.

“Jaundice, Gastritis, common cold, cough, abdominal pain, headache, convulsion, physical injuries etc are the most frequently seemed health problems in this area. In the case of normal diseases, other Amchis provide treatment to the patients. Similarly, moderate types of cases are referred to us by them and when the cases are serious, we refer the patients to district hospitals of Dolpa, Nepalgunj medical college and other places”, Shree Lama says.

According to Shree Lama, herbal plants and medicines are collected from the local area and purchased also form outside the district, sometimes from Tibet and Kathmandu. They provide free check up facilities for the peoples but they take some amount for the medicines and other treatment methods like Mey and fire methods.
“There is the problem of high altitude and climatic change while collecting the herbal plants by Amchis. Beside this, the main problem is the economic problem faced by Amchis. The government has not paid any attention to promote Amchi profession in this area”, Shree expresses his dissatisfaction.

**CASE -3**

Namdak Lama, 46, one of the Lamas at Phoksundo monastery, is also an Amchi of Gangchhen Mengkhang (Amchi Hospital) of Phoksundo VDC. He is originally from Rigmu village of Phoksundo VDC. He is involved in this profession for twelve years. Namdak passed his secondary level’s education from Simla and got the Amchi education from Tenzing Mendi monastery at Himanchal Pradesh in India for seven years.

According to Namdak, there are five Amchis at Phoksundo VDC beside him. Among them, four are at Amchi hospital and two are in the village. These four Amchis are also the lamas at Phoksundo monastery.

“I generally prefer the method of pulse counting and **Kshema method** to diagnose the disease. Kshema method means the counting the beads of garland of sandalwood. Beside these, for the treatment of a patient, I use the method of pasting, pressing and acupuncture”, says Namdak.

According to Namdak, the most frequent visitors to him are the patients of Gastritis, common cold, cough, abdominal pain, headache, convulsion, physical injuries etc .He also handles the delivery problem of women.

“**Kutaki, Chiraaito, Chutro, Daale Chuk, Yarchagumbu, Paanch Aunle, Triphala, Guchchhi Chyau, Padamchaal** are the mostly used herbal medicines by Amchis. They also use Kasturi as medicine. These medicines are used in solid, liquid and paste forms. Solid form is further divided into powder and pills form”, Namdak tells the method of preparing herbal medicines.
CHAPTER-VI

SUMMARY, CONCLUSION AND FINDINGS

6.1. Summary
The importance of traditional health care practices cannot be neglected in remote area such as Dolpa where the rural peoples lack access to modern medical facilities. The existing health centers do not have adequate medicine, trained health workers and proper equipments. Most local people prefer herbal treatment by traditional healers, which is cheaper and available. Given the poor accessibility of Dolpo and reluctance of health workers from outside the district to provide year round health services and the high cost of modern medicines, the locals continue to depend upon local healers and the locally available medicinal plants for their health care needs.

It is accepted that the traditional healers contribute significantly in local health care. They lack recognition and assistance. So, this study has examined the traditional healing system and use of herbal medicines in the Phoksundo VDC of Dolpa district.

The overall objective of the study is to identify the use of herbal medicines by local peoples and traditional healers. To gain the reliable data for the study a semi structured interview schedule has been used in 30 % of the total households as samples. Other tools like observation, FGD, case-study and key informants’ interview are also used.

6.2. Major Findings
Based upon the field data following are the major findings of this study:

- Approximately 25% population of the sampled households are dependency population because they are economically inactive (below age 14 and above 60 were categorized as economically inactive population).
• The sampled household has Sherpa and Bhote majority. The highest position is occupied by Sherpas and Bhotes (86.66 % household) where as other castes/ethnic groups are fewer in number.

• 93.33% population of the sampled household has strong belief on Buddhist religion.

• 54.44 % people are literate, about 16.16 % people have attended primary education, 10 % people have attended lower secondary and secondary education and only 3.33 % people have the opportunity for higher education in the study area.

• The main occupation of 70 % people in the study area is Agriculture and livestock raising and trading, 6.66 % people are involved in service, 16.66 % people are involved in Business and 6.66 % people are involved on other (like daily wage labor, porter, tailoring, Iron worker and leather works).

• In Phoksundo VDC different ways of healing practices were found. They were: Self medication/home treatment, Traditional healer and Modern medicine

• Majority of the peoples of the Phoksundo VDC go to the Amchi hospital for their treatment and only some people visited the health post. Those peoples, who go to modern health centers, also consult with the traditional healer.

• The reasons for consulting with traditional healer are: cheapness, locally available and belief on tradition.

• Most occurring diseases on the locality are common cold, cough, influenza, headache, abdominal pain, fever, high altitude, injuries, epistaxis due to high altitude, asthma, respiratory tract infection that is pneumonia, bronchitis, rhinitis sinusitis etc.

• Language also has played a crucial role for the local peoples’ choice for healing options. According to our respondents, they feel more comfortable with Amchis to tell about their health problems than with the health workers, who generally, are from outside the local areas.

• Herbal medicines in Phoksundo VDC are used in two ways. Firstly, general peoples collect and use herbal plants as medicines according to their knowledge.
Secondly, traditional healers (Amchis) use herbal plants as medicines as described in Tibetan texts.

- Amchis use different parts of herbal plants like stem, roots, seeds, fruits, leaves, barks to cure different diseases. They make different forms of medicines like powder, pills, oil etc of the medicinal plants.
- The main source of the medical herbs is the forest of Shey Phoksundo National Park. Beside this, Amchis also collect herbal plants from Tibet or purchase from herbal traders.

6.3. Conclusion

Health is a valuable asset for the socioeconomic development of the society. Proper care of health helps to improve the quality of manpower for the nation building. In fact health is both an instrument and a product of development and cannot be viewed in isolation from other social elements. Health is decisively affected by the cultural norms values, socio-economic status, education and the social environment.

There is one government health post which covers whole VDC. The staffs in the health post do not have right approach to assist these poor and ignorant people. Due to this reason, the health post is very much underused. Therefore people use other healing options, which the people choose on the basis of several factors such as, belief on the particular option, availability, distance, cost, traditional norms, values, and other cultural factors.

In general some of the main conclusion from this study could be summarized in the following points:

a) The household economy of the study area mostly depend on agriculture, most of people apply agriculture as their profession.

b) There are dual situation on healing practices; most of the people apply both traditional and modern healing practices for treatment.

c) First choice of treatment was found consultation with traditional healer (Amchis) and then they go to sub-health post, medical shop and other side.
d) Most of people give positive response to modern healing system but unavailability of service, distance and irregularity of health personals are obstacle for this.

e) People belief in traditional healing practice because of its regularity, cheapness, availability and cultural traits i.e. traditional trends, norms values, traditional belief system etc.

f) Reason for choice of one particular method / practice was influenced by several factors e.g. cause of illness severity, level of awareness of client, economic condition, cost for treatment, cultural norms values etc.

g) Traditional healers as well as local peoples mostly use herbal medicines to cure their illness. The knowledge about use of herbal medicines has been transferred from ages back in the local area. Similarly, traditional healers follow rules from the texts of Tibetan medical philosophy.

6.4. Recommendation

- Proper use of herbal medicines is possible only if there is proper knowledge about it. Amchi profession helps to promote the proper use of herbal medicines. So, Amchi profession should be established systematically. The government as well as NGOs and INGOs can play vital role for this.

- Amchis have been serving the local peoples as alternative health service provider in many remote districts of Nepal. So, this profession can be promoted and systematized for providing health services, where there is lack of modern health facilities. The government should think seriously about it.

- Local youths as well as other interested persons should be provided the Amchi education with free of cost. More Amchi schools can be established for this. Similarly, experts of medicinal plants, Ayurvedic medicines and Amchis from other countries can be requested to train Nepalese Amchis for quality education.

- The traditional healers should be registered and provided identity card for the facilities of free entrance in National park and local jungles for the easy access of Herbal plants.
REFERENCES


Save the Children/ UK-Nepal. (1997). *Traditional Healers and Health Post Peons as Alternative Health Care Provider*.


Annex-I

Interview Schedule (English Version)

A. Part One (Interview with selected household heads)

Demographic Profile

Name of HH head:……………………………

Name of Respondent:……………………..

Religion: Hindu………Buddhist………Christian………Other (Specify)…………

Education: Illiterate………….Literate……….Primary………Secondary……….Higher Secondary………

Occupation: Agriculture……….Livestock raising and trading……….Business……….Service……….Other (specify)………

a. Details of Family Members:

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Age &amp; Sex</th>
<th>Relation to HH Head</th>
<th>Education</th>
<th>Occupation</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td></td>
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<td></td>
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<tr>
<td>7</td>
<td></td>
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<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
b. Economic Condition:

1. What is your income source?

2. How much do you earn in a year?

…………………………………………

3. How much land do you have for cultivation?

…………………………………………

4. Is the annual earning sufficient for your family?
   a. Yes  b. No (if no, what do you do?)

…………………………………………

c. Healing Practices and use of herbal medicine:

1. Is there any of your family members became ill in these days?
   a. Yes  b. No

2. Did you seek any treatment of the ill person?
   a. Yes  b. No

3. From whom did you seek treatment?
   a. Amchi (Traditional Healers)
   b. Lama
   c. Self
   d. HP/Sub HP
4. Do you have common practices to visit traditional healers?

5. What kinds of traditional healers are practicing in your community?
   a. Amchi b. Jhankri c. Baidya d. Others (Specify)

6. What do you think about the role of traditional healers in your community?

7. In what types of health problems usually you would like to consult with the traditional healers?

8. What are mostly used herbal medicines by the traditional healers in your community?

9. Do you collect and sell any of the above-mentioned jaributi?
   a. Yes b. No

If ‘Yes’, give the name of the jaributi which you use to collect and sell.
   a. 
   b. 
   c. 

10. Do the traditional healers charge any fee for their services and medicines?
    a) Yes  b) No
If ‘Yes’, how much?

………………………………………………………………………………..

11. If traditional healers don’t charge for services or medicines do you need to compensate by:

a. No need of compensation  b. Goods  c. Food grains  d. Labour  e. others (Specify)

8. Do you use any medicinal plants for any diseases/ problems by yourself?
   a) Yes    b) No

If ‘Yes’, which medicinal plants do you generally use for what kinds of diseases?

<table>
<thead>
<tr>
<th>Medicinal plants</th>
<th>Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>a.</td>
</tr>
<tr>
<td>b.</td>
<td>b.</td>
</tr>
<tr>
<td>c.</td>
<td>c.</td>
</tr>
</tbody>
</table>

13. What is your suggestion for the proper use of medicinal plants in healing practice?

…………………………………………………………………………………………
B. Part Two (Interview with selected Traditional Healers)

Name of the traditional healing practitioner:……………………………………

Age:……………. Sex:……………. Caste:……………………………………

Occupation (Please give ( ) marks):

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>Amchi</td>
</tr>
<tr>
<td>Livestock raising</td>
<td>Jhankri</td>
</tr>
<tr>
<td>Business/trading</td>
<td>Baidya</td>
</tr>
<tr>
<td>Services</td>
<td>Lama/Guru</td>
</tr>
<tr>
<td>Others specify…………….</td>
<td>Others………………….</td>
</tr>
</tbody>
</table>

**Education**

a. Illiterate  b. Literate  c. Primary school level completed  d. Secondary level completed  e. higher level completed

1. How long have you been involved in traditional healing practice?

……………………………..Years.

2. Beside you how many of other traditional healers (Amchis/ Dhami/ Jhakri/ Baidya) are in your village?

………………………………………..persons.

3. How did you get the knowledge of traditional healing practice?

……………………………………………………………………………………
4. What things do you need at the time of healing?

……………………………………………………………………

5. Do you use herbal plants for healing?

a. Yes   b. No.

If ‘Yes’, what kinds of plants are being used?

……………………………………………………………………

6. What are the general methods of recognizing a disease?

……………………………………………………………………

7. What are your general methods of treating a disease?

……………………………………………………………………

8. Which are the main diseases or problems you treat?

a)………………

b)………………

9. Do you refer any case to other persons or institutions?

a) Yes   b) No

If ‘Yes’, where?

……………………………………………………………………

10. Which medicinal plants do you generally use for what kinds of diseases?

<table>
<thead>
<tr>
<th>Medicinal plants</th>
<th>which part</th>
<th>Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Root</td>
<td></td>
<td>a.</td>
</tr>
<tr>
<td>b. Stem</td>
<td></td>
<td>b.</td>
</tr>
</tbody>
</table>
c. Leaf
d. Fruit
e. Other (Specify)

11. From where do you get these herbal plants?

……………………………………………………

12. Do you get a pay from your client for your service or for the medicine?

…………………………………………………………………………………

13. List of medicinal plants used as herbal medicines in the course of your healing practices.

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Local name of the herbal</th>
<th>Nepali name if the herbal</th>
<th>Botanical name</th>
<th>Parts used</th>
<th>Used for</th>
<th>Form of medicine</th>
<th>Times per day</th>
<th>Dose</th>
<th>Method of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<td>4.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. What are your problems while collecting these plants?

………………………………………………………………………………………………

15. What is your suggestion for the proper use of medicinal plants in healing practice?

………………………………………………………………………………………………
<table>
<thead>
<tr>
<th>S.N.</th>
<th>Local name of the herbal</th>
<th>Nepali name if the herbal</th>
<th>Botanical name</th>
<th>Parts used</th>
<th>Uses</th>
<th>Form of medicine</th>
<th>Dose (Approx.)</th>
<th>Method of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Atis</td>
<td>Ativisha, Atis</td>
<td>Aconitum heterophyllum, Wall. Ex Royle</td>
<td>Root, Tuber</td>
<td>Diarrhoea, dyspepsia, cough, aphrodisiac</td>
<td>Powder</td>
<td>3 gm for 5 days</td>
<td>Oral</td>
</tr>
<tr>
<td>2.</td>
<td>Banviro</td>
<td>Banjira</td>
<td>Centratherum, anthelminticum Kuntze</td>
<td>Seeds</td>
<td>Round worm, indigestion, chronic fever</td>
<td>Powder paste</td>
<td>1-3 gm</td>
<td>Oral</td>
</tr>
<tr>
<td>3.</td>
<td>Bhutle</td>
<td>Jatamansi, Bhutle</td>
<td>Nardostachys Jatamansi Dc.</td>
<td>Rhizomes and roots</td>
<td>Epilepsy, hysteria, convulsions, spasmodic and colic pain as aromatic fumigation</td>
<td>Powder, oil</td>
<td>3 gm</td>
<td>Oral, fumigation</td>
</tr>
<tr>
<td>4.</td>
<td>Bisjara</td>
<td>Vatsnaabha</td>
<td>Acontitum ferox, Acontium chasmanthum</td>
<td>Roots, Tubers</td>
<td>Antiinflammatory, digestive, arthritis, fever</td>
<td>------</td>
<td>15 mg only after processing with other</td>
<td>Oral</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>5.</td>
<td>Chiraito</td>
<td>Tita, Chiraito</td>
<td>Swertia species</td>
<td>Whole Plant</td>
<td>Fever, intermittent fever, intestinal worms, skin diseases, jaundice</td>
<td>Powder paste</td>
<td>2 - 3 gm</td>
<td>Oral, local application</td>
</tr>
<tr>
<td>6.</td>
<td>Chutro</td>
<td>Ras nanjan, Chutro</td>
<td>Berberis aristafa Dc.</td>
<td>Root, Bark</td>
<td>Jaundice, piles, skin and eyes diseases</td>
<td>Powder, Decoction</td>
<td>1 - 3 gm, 50 - 100 ml</td>
<td>Oral, local application</td>
</tr>
<tr>
<td>7.</td>
<td>Dale Chuk</td>
<td>Dale Chuk</td>
<td>Hippophae salicifolia D. Don</td>
<td>Fruits</td>
<td>As tonic, blood purifier, appetizer, in cold, cough, menstrual disorders</td>
<td>Powder, paste, juice</td>
<td>2 - 5 gm, 5 - 10 gm, 10 - 20 ml</td>
<td>Oral</td>
</tr>
<tr>
<td>8.</td>
<td>Haati Jara Aunle</td>
<td>Paanch Aunle</td>
<td>Dactylorhiza hatagire (D. Don) soo</td>
<td>Tubers</td>
<td>Aphrodisiac and rejuvenating, endocrine disorder, diabetes, neurological problems, wounds</td>
<td>---------</td>
<td>2 gm</td>
<td>Oral, local application</td>
</tr>
<tr>
<td>9.</td>
<td>Katuko</td>
<td>Kutaki</td>
<td>Neopicrorhiza crophularaiflora (Pennel) Hong</td>
<td>---------</td>
<td>Jaundice, liver diseases</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Species</td>
<td>Parts Used</td>
<td>Uses</td>
<td>Formulation</td>
<td>Dosage</td>
<td>Route</td>
<td></td>
</tr>
<tr>
<td>-----</td>
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<td></td>
</tr>
<tr>
<td>10</td>
<td>Okhar</td>
<td><em>Juglans regia</em> Linn. Var. Kamaonia Dc.</td>
<td>Bark, Leaf, Fruit, Oil</td>
<td>Bark and leaves in intestinal worms, fruit and oil in rheumatism</td>
<td>Powder, expressed juice, oil</td>
<td>2 gm, 5-10 ml</td>
<td>Oral, local application</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Padamchal</td>
<td><em>Rheumaustrale</em> D. Don</td>
<td>Root, Leaf, Stem, Rhizomes</td>
<td>Constipation, indigestion, liver disorder</td>
<td>Powder paste</td>
<td>1 gm, 3 gm</td>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Pashanved</td>
<td><em>Bergenia ciliata</em> (Haw.) Sterub</td>
<td>Rootstock</td>
<td>Urinary calculi, chest pain, Eye, uterine tonic</td>
<td>Powder paste</td>
<td>3-6 gm, 50-100 gm</td>
<td>Oral</td>
<td></td>
</tr>
</tbody>
</table>
Annex- III

Photo Gallery

Researcher interviewing with the key informant

Researcher interviewing with the general respondents
Researchers with Ayurvedic Doctor at Dunai, Dolpa

Some Herbal Medicines found at the study area.
Amchi Hospital (Gangchhen Mengkhang) at Phoksundo VDC

Health Post at Phoksundo VDC remains closed during winter

THE END

Thank You!