

# Use of local health traditions for prevention and cure of diseases by households in northern India

## Abstract

**Introduction:** “Traditional” medicine is a system of medicine that has been practiced in its country of origin for many years. More emphasis is being given to include the Traditional Systems of Medicines into the National Health System. Local Health Traditions (LHT) where household food items and plants are used as medicine is widespread in India.

## Objectives:

- i. To determine the knowledge about medicinal plants and food items used as medicine.
- ii. To document the use of LHT for specific disease conditions.
- iii. To elicit community perception of any change in utilization of LHT

**Methods:** The study was carried out in the urban slums and poor neighbourhoods of Aligarh city. One hundred households belonging to lower middle class, poor slum dwellers or homeless households purposively selected. Efforts were made to assess the attitude towards value of LHT in their day to day existence. Care was taken that no leading questions were asked.

**Results:** More than 104 plants were named by respondents as being useful for treatment of different ailments. The use of home remedies for acute conditions was high (50% -98%). Home remedies were also extensively used for chronic diseases. A large number of household foods and herbs were used to improve lactation. Traditional home remedies were also used for care of newborn.

**Conclusion:** The respondents were universally aware of the value of LHT and utilized it for both acute and chronic disease. There is change in practice over time of LHT. LHT should be viewed as complementary to other systems.

**Keywords:** Traditional medicine, local health traditions, complementary and alternative medicine

Volume 7 Issue 6 - 2018

**Ansari MA, Khan Z**

Department of Community Medicine, Aligarh Muslim University, India

**Correspondence:** Athar Ansari, Department of Community Medicine, JN Medical College, AMU, Aligarh-202002, India, Tel +91 98972 67621, Email atharansari777@rediffmail.com

**Received:** January 30, 2018 | **Published:** December 28, 2018

## Introduction

“Traditional” medicine is a system of medicine that has been practiced in its country of origin for many years, while “complementary and alternative” medicine (CAM) refers to a traditional system of medicine that is practiced in a country other than the country of its origin, like Tibetan medicine when practiced in India.<sup>1</sup> Traditional Medicine (TM) includes a broad and divergent spectrum of systems of healing which are popular in India. Almost half the population in many industrialized countries now regularly use some form of T/CAM (United States, 42%; Australia, 48%; France, 49%; Canada, 70%), and considerable use exists in many developing countries (China, 40%; Chile, 71%; Colombia, 40%; up to 80% in African countries).<sup>2</sup> They include codified and systematised forms of knowledge and healing grouped under AYUSH (which includes Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy), and other non codified traditional home remedies and folk practices together termed as Local Health Traditions (LHT). In India, Some of these evolved systems are Ayurveda, Unani, Siddha, Yoga and Naturopathy. Ayurveda has existed in India since about 4000 BC. The other systems also date back to hundreds of years. Homeopathy, although of German origin, is also widely practiced in India.<sup>3</sup> The Local health Traditions are remedies which have been passed down over generations by oral tradition and are not written down. They include use of household food items and locally available plants and herbs for preventing and healing common ailments.

## Government of India vision and policy

It has been increasingly accepted that no single medical system has the best solution to all modern health care needs. Although Allopathic system of medicine has been the dominant system for planning and developing of health service since independence, a number of alternative systems of medicine (AYUSH and LHT) have existed side by side and are well accepted and utilized by the community in India.<sup>4</sup> In fact these systems of medicine have a far greater degree of outreach and manpower, particularly in the rural area, compared to modern Allopathic system. Recent studies have also demonstrated that a large number of foods and plants used by the population as LHT have been validated by the science of AYUSH.

Keeping this in mind, in 2002 a separate policy for Indian Systems of Medicine (AYUSH) was proposed with a separate ministry, and the vision that it will be eventually integrated with National Health Care Delivery Systems. In an effort to bring the AYUSH systems at par with the Allopathic System of Medicine and to improve the doctor patient ration, the 11<sup>th</sup> five year plan (2007-2012) Task Force suggested co-location of AYUSH doctors and para medics in the PHC, CHC and DH. In 2005, the launch of National Rural Health Mission (NRHM) included the mainstreaming of AYUSH and revitalization of LHT. Because of the existing systems of TM and LHTs in the community, there is increasing policy importance in Public Health Care of Traditional Medicine in all settings. LHT is relevant for a large chunk of population in India not only because of its healing properties

and acceptance, but because it is an indirect saving of household expenditure for primary health care. A Task Force on Traditional Health Practices and Practitioners, set up by the Department of AYUSH in 2009, did give its recommendations for an organized effort to validate and certify the local traditional health practitioners.<sup>5</sup>

### Need for the study

More and more emphasis is being given to include the Traditional Systems of Medicines into the National Health System so that community has the choice of choosing the system of medicine most acceptable and approachable to it. Local Health Traditions (LHT) where household food items and locally available plants are used as medicine is widespread in India, both in low income and high income groups. So far very little serious effort has been made to survey ground realities with regard to acceptance and utilization of LHTs in the community. Knowledge of medicinal plants in the community is not written down but passed on by oral tradition. This knowledge is still available by oral tradition but it is threatened to be lost if not documented. According to a survey conducted by National Health System Resource Centre (NHSRC) in 2010, 6200 plant species constitute resource base of Local Health Traditions and about 200 of them are now threatened due to commercialization. There is a dire need to document the knowledge and practices prevalent in LHT, especially since most of this is orally transmitted by now ageing healers. The very limited national and international literature on traditional medicine is also a reason for studying the utilization of LHT in poor and marginalized communities. The evidence base which will be created by such studies will help policy formulation.

**Objectives:** The study was carried out with the following objectives:

- To determine the knowledge about medicinal plants and food items used as medicine at household level
- To document the use of LHT for specific disease conditions
- To elicit community perception of any change in utilization of LHT over time and the reasons for this change.

### Methodology

The study was part of a larger study planned and carried out by Centre of Social Medicine and Community Health, Jawaharlal Nehru University, New Delhi in 18 States of India. The present study used the same standardised tools for eliciting information. The study was carried out in the urban slums and poor neighbourhoods of Aligarh city. One hundred households belonging to lower middle class, poor slum dwellers or homeless households were purposively selected. These households were visited, sometimes two or three times to build a rapport. Household members who gave consent (preferably older men and women who had more knowledge of LHTs) were interviewed in friendly, non formal manner and the findings noted on proforma developed for the larger study. In-depth interviews were also carried out side by side and the findings noted. Efforts were made to assess the attitude towards value of LHT in their day to day existence. Care was taken that no leading questions were asked. The findings were noted on a proforma and computerised and analysed using SPSS 20.

### Results and discussion

LHT refer to health promotive, preventive and curative methods generally accepted and used by households of different socio economic strata. Some of these remedies have their roots in the locally prevalent

Traditional Medical Systems such as Ayurveda and Unani Medicine, but they are practiced by households as home remedies or self care. Households also use the services of various traditional folk or faith practitioners, which have no legal sanctity but are accepted by the people over generations. The questionnaire was so designed that the respondent was comfortable with the kind of information we expected to obtain from them. Starting with questions about commonly known medicinal plants, common food items used as medicine were noted and then questions about specific LHT used for specific diseases were asked.

### Awareness of medicinal plants and herb

The household respondents were asked to name the locally available plants and herbs of medicinal value and their use in specific conditions. The response showed that knowledge and awareness of plants having medicinal value was universal. More than 104 plants were named by respondents as being useful for treatment of different ailments. Some commonly known medicinal plants such as Neem and Tulsi had common uses and were known to all. For use of 10 most common plants (Table 1).

### Awareness of medicinal use of food items

Specific questions were asked about the medicinal use of food items that they know about. 100% respondents were aware about food items and their perceived medicinal properties. Common everyday items such as haldi (turmeric) Ginger, Garlic, salt and Sugar was named as having medicinal properties in specific conditions. Apart from plant based items, many food items with animal, mineral or sea origin were also mentioned. For example, use of fat of fish for joint pains, rock salt for digestion, and choona (slaked lime) for treating injuries were mentioned. The respondents identified 90 common food items and other household items as being of medicinal value. For use of common food items as medicine (Table 2).


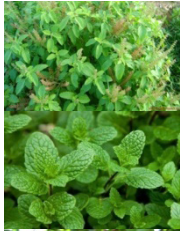

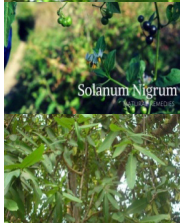



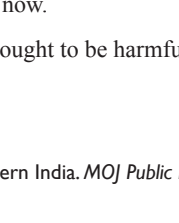

### Use of LHT by the community

It has been advocated that LHT are most often used only in the poorest regions where public and private health services are also poorly available. However, in the survey of 18 states by NHSRC (2010), it was seen that LHT are popular in Tamil Nadu and Kerala, the states having the best functional public health systems, thus indicating a "felt need" for LHT and AYUSH. In the present study also, there was no difference in usage of LHT between low income group and middle income group families. The use of LHT in the form of home remedies was assessed from the household interviews and in depth interviews. The respondents were asked about use of home remedies in general and for certain specific conditions. Good response was elicited when households were asked about use of home remedies for specific conditions. 73% respondents reported using home remedies for the latest episode of illness in the family. The use of home remedies for acute conditions like cough and cold, diarrhoea, minor cuts and burns, insect bites, was high (50% -98%). Home remedies were also extensively used for chronic diseases such as diabetes, joint pains and constipation (Table 3). Majority of families waited for a few days for the episode of illness to be over. If there was no response or the condition became worst, private health practitioner (usually AYUSH or Quacks) were consulted. Government health facilities were used only in few cases. Folk healers and Faith healers were also extensively used for certain conditions such as Jaundice, malnutrition and mental illness. Broadly, Allopathic medicine and Hospital was preferred for

serious conditions and for emergencies. Reasons for preference of LHT were:

- A. Previous family or community experience in getting cured
- B. Belief in long term healing effect of traditional medicine
- C. Side effects of allopathic medicine
- D. Easy to use (community can relate to it)
- E. Easily available and cheap
- F. No other options of health facility available

**Table I** Common medicinal plants and their uses as perceived by the households

S. No.	Name of plant	Perceived medical use	Pictures
1.	Neem ( <i>Azadirachta indica</i> )	Skin Diseases, infections, kaja, ritual purification, gum diseases	
2.	Tulsi or Holy Basil ( <i>Ocimum sanctum</i> )	Cough and cold, fever, worms	
3.	Podina or Mint ( <i>Mentha arvensis</i> )	Digestion, acidity, pain in abdomen	
4.	Amrood or Guava ( <i>Psidium guajava</i> ) Leaves and fruits	Cough, mouth ulcers, constipation	
5.	Kali Makoy or Black Nightshade ( <i>Solanum nigrum</i> )	Swelling over body, arthritis	
6.	Arjun ( <i>Terminalia arjuna</i> )	Blood pressure	
7.	Karela or Bitter gourd ( <i>Momordica charantia</i> )	Diabetes, worms	
8.	Andawwa or Castor oil plant ( <i>Ricinus communis</i> ) leaves	Injury, throat pain	
9.	Shehtoot or Mulberry ( <i>Morus nigra</i> ) leaves and fruits	Throat pain, cough	
10.	Papita or Papaya ( <i>Carica papaya</i> )	Digestion, constipation, burns	

**Change in practice over time**

The respondents were asked about any traditional health practices in the family which are not used now or which have changed over time. 40 respondents recounted practices which were used by their families or communities, but are not used now. Reasons for change

- i. Certain herbs and plants not easily available any more.
- ii. Many young people don't believe in home remedies any more.
- iii. Doctors are easily available now.
- iv. Certain practices are now thought to be harmful.

- v. No knowledge of home remedies in young.
- vi. Readymade alternatives are available in market.
- vii. Some home remedies are difficult and time consuming to make.

**Use of home remedies for mother and child care**

Questions were asked regarding any deliveries in the households during the past 3 years. There were 77 deliveries in all, of which 37 were in Government Hospitals, 7 in Private Hospitals and 34 were home deliveries conducted by dai or member of household.

**Table 2** Common food items used as medicine by the households

S. No.	Name of plant	Perceived medical use	Pictures
1.	Adrak or Ginger ( <i>Zingiber officinale</i> )	Cough and cold, digestion	
2.	Haldi or Turmeric ( <i>Curcuma longa</i> )	Cuts, minor injuries, strength or immunity, skin diseases	
3.	Ajwain or Bishop’s weed ( <i>Trachyspermum ammi</i> )	Flatulence, joint pains, digestion, after delivery	
4.	Sarson ka tel or Mustard oil ( <i>Brassica nigra</i> )	Cuts and burns, massage of newborn, joint pains	
5.	Kali Mirch or Black pepper ( <i>Piper nigrum</i> )	Cough	
6.	Heeng or Asafoetida ( <i>Ferula assafoetida</i> )	Digestion, flatulence, cramps in newborn	
7.	Shahad or Honey	Cough, strength	
8.	Lassan or Garlic ( <i>Allium sativum</i> )	Chest massage with oil, blood pressure, digestion	
9.	Pyaz or Onion ( <i>Allium cepa</i> )	Heatstroke, burns, digestion	
10.	Choonaa or Slaked lime	Injuries, cuts, insect bite	

Specific questions regarding use of home remedies during pregnancy did not yield positive response, the majority of women stating that mother should keep doing normal work. Very few women mentioned extra meals for mother and rest in the afternoons. During delivery, home remedies were used by 17 of 34 women who had home delivery. A large number of these women advocated drinking ghee

with tea or milk for smooth delivery. Seven recommended squatting position for easy delivery. 22 women took help of dais or ANM after delivery. A large majority of women used home remedies for proper lactation. A large number of household foods and herbs were used to improve lactation, including zeera (Cumin), makhane (Lotus seeds) and gond (Plant resin). Thus we see that while traditional

home remedies had little role to play during antenatal period, it was commonly used in post natal period, especially to promote lactation. Traditional home remedies were also used for care of newborn. These

included positive practices such as breast feeding and oil massage as well as harmful practices such as giving of ghutti (Table 4).

**Table 3** Use of home remedies for acute and chronic health conditions

S. No.	Disease	Home remedies used
1	Cough and cold	Tulsi tea, ginger + tulsi tea, honey + kali mirch (black pepper) powder, milk + haldi powder, roasted guava, warm salt + water gargle
2	Diarrhoea and indigestion	Khichri for digestion, kanji, rice water, sugar + salt solution, banana, podina juice, ajwain, heeng chooran, big cardamom + saunf (fennel seed), bel pathar sharbat (wood apple), nag champa (plumeria) flower, powdered mango seeds, roasted zeera (cumin seed), kala namak (black salt)
3	Cuts, minor injuries and burns	Haldi paste, haldi + choona paste, mustard oil, kerosene oil, neem leaves or neem bark paste, pure ghee + crushed potato juice, banana stem juice, geru, phitkari (alum), chaulai leaves (amaranth)paste, mahua (honey/butter tree seeds) oil
4	Juandice	Radish, sugarcane juice, faith healer
5	Diabetes	Karela juice, Jamun (Indian black berry), arjun tree bark, new neem leaves (kopal)
6	Joint pains	Mustard oil massage, fish fat massage, kalaonji (nigella seeds) + ajwain + methi (fenugreek) powder, kalonji oil, til (sesame) oil, tarpeen (turpentine) oil, arandi (castor) oil, haldi, gheekwar (aloe vera)

**Table 4** Home remedies mentioned by households for mother and child care

S.No.	Description
	Home remedies for health in pregnancy
1	1. To do routine work 2. Extra rotis for mothers 3. A little rest in after noon 4. Inj. Tetanus toxoid
	Home remedies used for safe home deliveries
2	1. Squatting position for delivery 2. Drinking ghee + tea or ghee + milk for smooth delivery 3. Massage of abdomen by dai
	Home remedies for health pregnancy after delivery for mother and lactation
3	1. 32 booti solution to get rid of unhealthy blood 2. Sonth (dried ginger) + jiggery + haldi solution with bath with ajwain + neem leaves, 3. Roasted zeera (cumin seeds) with milk 4. Makhane (lotus seed) + gond (plant resin) + ghee laddoo (sweet)
	Home remedies used for healthy baby
4	1. Breast feeding 2. Ghutti of ajwain + saunf 3. Massage with oil + sunbath 4. Honey water

## Recommendations

LHT should be viewed as complementary to other systems, particularly AYUSH. The gaps in knowledge of population should be addressed. Families have expressed repeated concern that the younger generations have very poor knowledge of traditional medicine. Another concern is that the dosage of traditional medicine used should be standardised. One way of giving a boost to AYUSH and LHT is to give in service orientation to allopathic doctors and para-medics on

the value and use of AYUSH and LHT. Those among them who are interested may be given further training, thus meeting a 'felt need' of the population. The recommendations of Indian Public Health Standards (IPHS) to cultivate local medicinal plants and herbs in the compound of PHCs and CHCs are important for strengthening LHTs in the community.<sup>6</sup> It is also recommended that State Medicinal Plant Board (SMPB) and local community organizations such as Village Health and Sanitation Committee (VHST) and Traditional Healers Associations should coordinate this effort. Acknowledgement: The

resources of The National Health Systems Resource Centre, NRHM were very helpful. Dr. Gargi was Research Assistant and did extensive field work for the study.

## Conclusion

The LHT are still very much a part of people's knowledge and practice. The respondents were universally aware of the value of LHT and utilized it for both acute and chronic disease. The knowledge of locally available plants and food items used for LHT has been documented with their specific uses. These remedies often borrow from the Unani and Ayurvedic systems of medicine. There is change in practice over time of LHT. This change is due to several reasons such as loss of knowledge, loss of medicinal plants, and easy availability of allopathic doctors. Validation by NHSRC (2010) of people's knowledge of plants and foods as well as home remedies in light of AYUSH science, (which is similar to this study) was found to be high, varying from 70-90% for common illness such as cough and cold, diarrhoea and diabetes.

## Acknowledgments

None.

## Conflicts of interest

Author declares that there is no conflicts of interest.

## References

1. World Health Organization. *Traditional medicine*. 2016.
2. Payyappallimana U. Role of Traditional Medicine in Primary Health Care: An Overview of Perspectives and Challenges. *Yokohama J of Soc Sci*. 2010;14(6):727.
3. Roy V. Time to sensitize medical graduates to the Indian Systems of Medicine and Homeopathy. *Ind J of Pharm*. 2015;47(1):1-3.
4. Nagel S. *Handbook of Global Technology Policy*. New York: Marcel Dekker; 2001:170.
5. Priya R. The status and role of AYUSH and local health traditions in public health. *Newsletter of Int. Ins of Asi Stud*. 2013;65:25.
6. AYUSH to ink pact with WHO to spread significance of Ayurveda. *Economic Times*; 2016.